

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH

**Venue: Town Hall, Moorgate
Street, Rotherham.**

Date: Monday, 21 July 2008

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the previous meeting held on 7 July 2008 (herewith) (Pages 1 - 5)
5. Joint Commissioning Framework (report herewith) (Pages 6 - 10)
6. Adult Services Annual Performance Report 1 April 2007 - 31 March 2008 (report herewith) (Pages 11 - 17)
7. Adult Services Complaints Annual Report 2007/08 (report herewith) (Pages 18 - 37)
8. Date and time of next meeting:- 8 September 2008

CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH
Monday, 7th July, 2008

Present:- Councillor Kirk (in the Chair); Councillors Gosling and Jack.

Apologies for absence were received from Councillor P. A. Russell.

1. MINUTES OF THE PREVIOUS MEETING HELD ON 23 JUNE 2008

The minutes of the meeting held on 23 June 2008 were approved as a correct record, subject to the inclusion of Councillor Jack's apologies.

2. HEALTHY COMMUNITIES

Steve Turnbull, Head of Public Health submitted a report and gave a presentation, in relation to the Healthy Communities Challenge Fund.

The Healthy Communities Challenge Fund enabled every town in England to bid for up to £5 million revenue funding (over 3 years) to make their inhabitants more healthy and active.

The initiative was outlined in the 'Healthy Weight, Healthy Lives' government strategy on obesity. The broad aim of the initiative was to support local areas to develop and test innovative approaches to promote healthy food choices and increased physical activity within their communities. The focus was very much on prevention of overweight and obesity.

Bids had to meet the following criteria:

- Bids must be joint bids between local authorities and PCTs
- Local areas would be required to at least match the grant from the programme
- Match funding can be revenue, capital or both but should not be from other Government ring fenced grants
- Evidence of a commitment to creating a healthy town
- Senior level commitment across the PCT and Local Authority (political and officer) with a proven record of partnership working. Endorsement of other partners is welcomed
- Clear demonstration of the links between obesity and other policy priorities

The selection process was a two stage process

- First Stage – Expression of Interest
- Second Stage – Full Bids

The Head of Public Health, RMBC would co-ordinate the submission of

the bid supported by officers from the PCT and RMBC Chief Executives.

The first stage deadline was tight which precluded the formation of a formal group to steer the bid. However, it was necessary to involve a wide range of officers, members and partners and it was intended to have a series of one to one and small group discussions on aspects of the bid.

Early discussions had been held and a wide range of ideas had been floated. The guidance clearly pointed the way for innovative and radical suggestions to help build the evidence base for future initiatives. There was a need to ensure that the application was focused and targeted specifically on maintaining and reducing rates of obesity in the population. In addition the council needed to be mindful of existing actions and whatever was put forward would need to build on what was already in place.

Early thinking suggested that there were at least two ongoing initiatives which both demonstrated our intent and commitment and ability to be bold and innovative. These initiatives were:

- Rotherham Renaissance
- Ministry of Food

There were other ideas that had been raised which would need to be considered:

- Air quality improvements and link to smoking and physical activity
- Promotion and provision of alternative forms of physical activity, eg green spaces, walking, dance, play including older people, street sports
- Prevention Plus – a targeted approach to identifying and supporting people and families who are at risk

Other dimensions which would need to be covered in the bid, eg ensuring the Council tackle not contribute to health inequalities and equalities and diversity issues.

A question and answer session ensued and the following issues were raised:

- A suggestion was made that a summary of the bid be sent to the 3 Rotherham MPs
- Efforts needed to be concentrated around school children, and teaching them what healthy eating was
- More time needed to be made available during a school week for physical education
- More contact was necessary with Head teachers, to encourage them to involve children more in after school activities
- Concern that many schools have a lack of facilities and that this should be considered when building new schools in the future

3D CABINET MEMBER FOR ADULT, SOCIAL CARE AND HEALTH - 07/07/08

Resolved:- (1) That the joint PCT/RMBC bid for funding under the Healthy Communities Challenge Fund be endorsed

(2) That the report be presented to the Adult Services and Health Scrutiny panel for information.

3. REVENUE MONITORING

Mark Scarrott, Service Accountant presented the submitted report which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2009 based on actual income and expenditure to the end of May 2008.

The approved net revenue budget for Adult Services for 2008/09 was £68.5m. This included the funding for demographic and existing budget pressures together with a number of efficiency savings identified through the 2008/09 budget setting process. Based on current forecasts there remained a number of underlying pressures, mainly around increased expenditure on Direct Payments.

The first budget monitoring report showed a projected overspend of £133,623 to the year end, although this excluded potential management actions still to be identified to mitigate the forecast overspend. Management actions to minimise this forecast overspend would be identified and quantified and included in the next revenue monitoring report

The latest year end projections showed there were underlying budget pressures on Direct Payments, within Physical and Sensory Disabilities and Mental Health services. Other projected overspends included additional unforeseen placements in to residential care for clients with Physical and Sensory Disabilities and overspends within Domiciliary Care management and administration teams over and above budget, due to forecast non achievement of vacancy factor and shortfall in budget. Pressures had also been identified in respect of increased energy costs within residential and day centres. These pressures were being partially offset by additional income from continuing health care for placements within Learning Disability services.

To mitigate the financial pressures within the service, all vacancies continued to require the approval of the Service Directors. Budget meetings with Service Directors and Managers had been arranged on a monthly basis to monitor financial performance against approved budget and consider potential options for managing expenditure within budget.

Councillor Gosling expressed his concern that we have been unable to project a balanced budget at this early stage. Tom Cray commented that this was a small variation against the total budget, budget clinics were being held and officers were working towards restoring a balanced

outturn. At the request of members Mark Scarrott confirmed that it the forecasted overspend represented 0.2% of the total net revenue budget.

Resolved:- That the latest financial projection against budget for the year based on actual income and expenditure to the end of May 2008 for Adult Services be noted.

4. DIRECT PAYMENTS

Tom Cray, Strategic Director for Neighbourhoods and Adult Services presented the submitted report which explained why Direct Payments were leading to extra costs for the Council.

Between 2006/07 and 2008/09 an additional £1.2 m had been invested into discrete Direct Payments budgets, with a further £7.8 m being invested into residential care, home care and supported living including extra care housing. These investments funded service commitments, service developments and increases in the demand for services.

The Directorate's continued commitment to in-house, block contracted residential, home care and day care services had restricted the ability to use these budgets flexibly. However this was being addressed through a more flexible approach to contracting arrangements.

Direct payments were being used as a top up to traditional services due to the lack of 'alternative options' that meet the changing needs and aspirations of our customers. Non-traditional services in house were not currently provided and commissioning of such services was at an early stage.

Consequently Direct Payments were being used to fund the transitional phase of service delivery in all sectors that we were currently in whilst different types of services were commissioned and reconfigured.

Delivering services through Direct Payments was a more cost effective way to support individuals than traditionally contracted services and was keeping the overall budget pressure down.

The delivery of the Commissioning Strategy Action plan over the next three years, transformation of services through social care to the independent sector would enable the Directorate to remove the 'double funding' effect. Funding available from these initiatives would be allocated across care budgets to support plans to improve quality and shift resources from current service provision towards personalisation and services that promoted independence.

Members asked how long block contracts had been in force, and how long they had to run. It was confirmed that all block contracts were being re-negotiated as their expiry date came up, with a view to building in more flexibility.

Resolved:- That the report be received and the contents noted.

5. EXCLUSION OF PUBLIC AND PRESS

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 2 of Schedule 12A to the Local Government Act 1972, as amended.

6. LAUDSDALE ACTION PLAN

Shona McFarlane, Director of Health and Wellbeing, presented the submitted report together with the action plan in relation to an update in respect of the Laudsdales Residential Home Investigation.

Resolved:- (1) That the content of the report be noted

(2) That the action plan be approved and its implementation supported

(3) That the action plan be monitored monthly.

7. DATE AND TIME OF NEXT MEETING:- 21 JULY 2008

Resolved:- That the next meeting be held on Monday 21 July 2008 commencing at 10.00 am.

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| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS |
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|-----------|---------------------|--|
| 1. | Meeting: | Adult Social Care and Health Cabinet Member |
| 2. | Date: | 21st July, 2008 |
| 3. | Title: | Joint Commissioning Framework |
| 4. | Directorate: | Neighbourhoods and Adult Services |

5. Summary

- 5.1 This report revises the joint working arrangements for Rotherham MBC (RMBC) and Rotherham PCT (RPCT) so that they reflect the priorities of the Joint Commissioning Strategy. The framework described explains how the two organisations will work together to plan, commission and deliver services.
- 5.2 The new framework complies with priority 5 of the Joint Commissioning Strategy which deals with effective governance. The main focus of the Joint Commissioning Framework is to deliver better outcomes for service users through partnership working.

6. Recommendations

- 6.1 It is recommended that the Cabinet Member;
- notes the Joint Commissioning framework,
 - notes the Governance issues associated with the framework, and
 - relinquishes the seat on the Adults Planning Board

7. Proposals and Details

7.1 In accordance with priority 5 of the Joint Commissioning Strategy, the planning arrangements have been realigned so that they can deliver the objectives of the strategy. The revised planning framework covers the following key areas:

7.2 *Role of the Adults Board*

The revised planning framework reinforces the role of the Adults Board as the decision making body with responsibility for joint commissioning activity. It has decision making powers with regard to;

- The development of the Joint Strategic Needs Assessment
- The endorsement of joint strategies subject to ratification by Neighbourhoods and Adult Services Cabinet Member and the RPCT Board
- Commissioning services which are subject to pooled budget arrangements
- Commissioning services which are funded through Health Act flexibilities
- Making decisions on areas of common interest where the Chief Executive of the PCT and Strategic Director of Neighbourhoods and Adult Services have delegated powers.

All issues that fall outside delegated powers require further approval by the RMBC Cabinet Member and the RPCT Board.

7.3 *Governance issues*

In the interest of good governance it is inappropriate that the Cabinet Member makes a decision under delegated powers in relation to a matter that they have been party to in a subordinate forum. For this reason, it is recommended that cabinet member no longer sits on the Adults Planning Board.

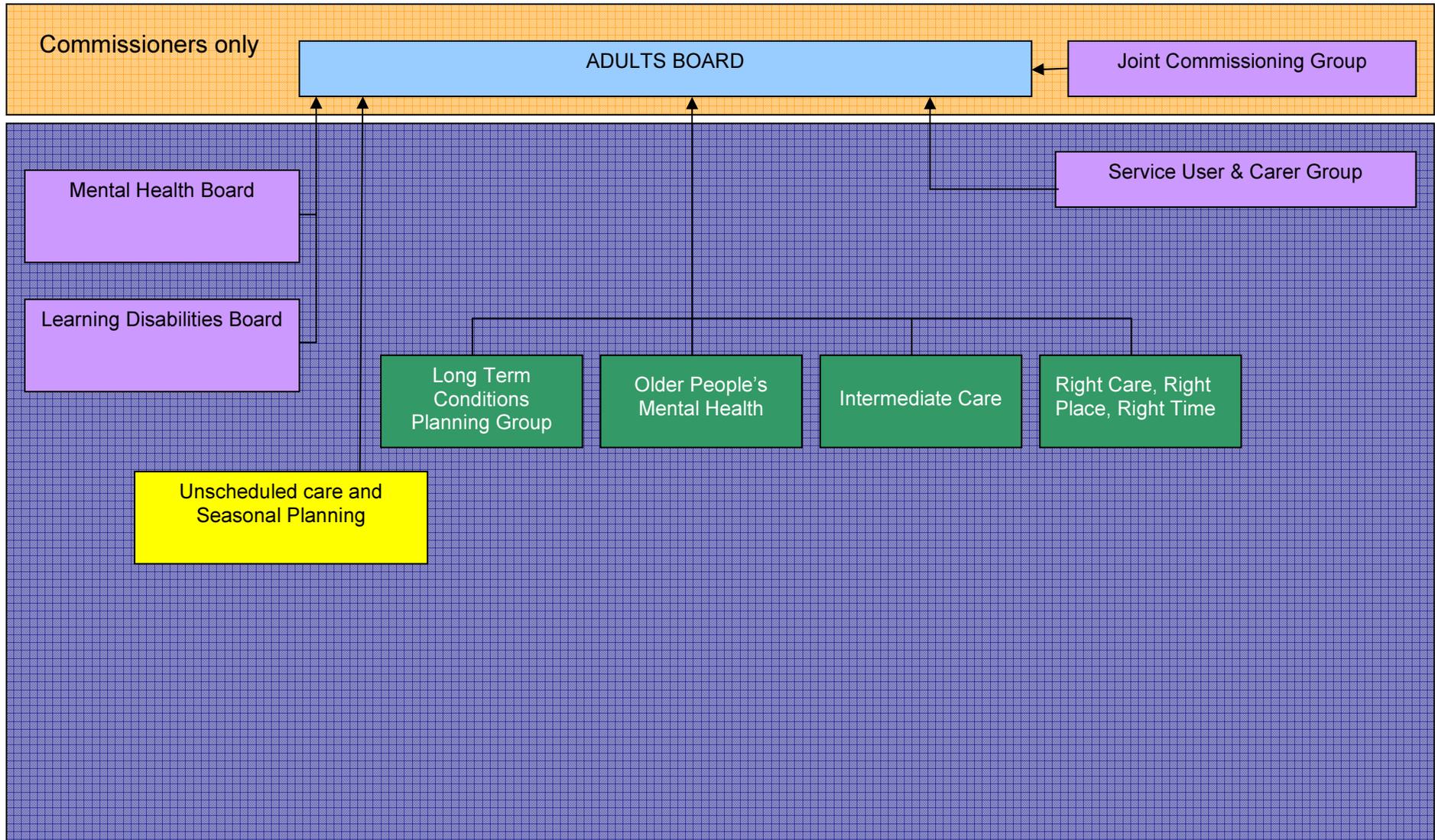
7.4 *Role of Priority Groups*

The priority groups will incorporate provider representation and broader stakeholder involvement. These groups act as the interface between service users, providers and commissioners. This ensures that the expertise of providers and service users and their knowledge of delivery can inform the commissioning process. The priority groups have been reconfigured to reflect the priorities of the Joint Commissioning Strategy, which are;

- Meeting the needs of people with long term conditions,
- Developing effective intermediate care services,
- Improving older people's mental health, and
- The right care in the right place at the right time

Figure 1 shows how the priority groups link into the Adults Board.

Figure 1: Structure of Priority Groups



7.5 Service User Engagement

Service users and carers are currently engaged in joint commissioning activity in a number of different ways. They are represented at all levels, including the Adult Planning Board and current planning groups. The Joint Commissioning Framework includes a service user and carer group, which brings together representatives from all planning groups so that they can share information and consider specific issues in detail.

Service user engagement has been enhanced by the use of citizen's juries, which have been used to inform and influence the planning process. The Adults Board will continue to use citizen's juries as one vehicle for service user engagement. It will develop an annual programme of juries specifically targeted at services where there is an intention to reconfigure.

7.6 Performance Management Framework

The Joint Commissioning Framework incorporates a performance management framework (PMF) which is split into three levels. Level 1 identifies those national indicators which can best be achieved through joint working. Level 2 incorporates a performance indicator suite for each of its priorities. It identifies three key indicators which will demonstrate successful implementation of the priority. Level 3 indicators focus on jointly commissioned services, measuring performance and outcomes for customers.

8. Finance

- 8.1 There are no additional costs associated with implementation of the revised joint commissioning framework.
- 8.2 The priority groups will be responsible for implementation of action plans and considering the cost implications of implementation.

9. Risks and Uncertainties

- 9.1 There are a number of risks associated with non-implementation of the strategy:
 - Failure to endorse the revised planning framework would compromise implementation of the Joint Commissioning Strategy.

- The improvement in outcomes for people with long term conditions, people requiring intermediate care and older people with mental health problems will be compromised if the revised planning framework is not agreed.

10. Policy and Performance Agenda Implications

10.1 The Joint Commissioning Framework will have a positive impact on the following adult services key performance indicators:

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|---------|---|
| BVPI 54 | Older people helped to live at home |
| AO/C72 | Older people aged 65 or over admitted to residential/nursing care |
| AO/B12 | Cost of intensive social care for adults and older people |
| AO/C32 | Older people helped to live at home |
| AO/D41 | Delayed transfers of care |

10.2 In particular the revised framework will assist the local authority in achieving the outcomes set out in the Adult Social Care Framework for Performance Assessment. The main standards of performance which are relevant to include:

- The promotion of services which facilitate health and emotional well-being
- Promoting independence and supporting people to make the most of their potential
- Ensuring that people are encouraged to participate fully in their community
- Access to choice and control of good quality services, responsive to individual need
- Development of corporate arrangements which promote consistent, sustainable and effective improvement
- Commissioning and delivery of services to clear standards of both quality and cost

11. Background Papers and Consultation

- Joint Commissioning Strategy
- Intermediate Care Review
- Older People's Mental Health Review

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|----|------------------------|---|
| 1. | Meeting: | Cabinet Member for Adult Social Care and Health |
| 2. | Date: | 21st July, 2008 |
| 3. | Title: | Adult Services Annual Performance Report (1st April, 2007 to 31st March, 2008) All Wards Affected |
| 4. | Programme Area: | Neighbourhoods and Adult Services |

5. Summary

5.1 This report outlines the 2007/08 key performance indicator results for the Adult Services elements of the Directorate.

6. Recommendations

6.1 That Cabinet Member is asked to note the results.

7. Proposals and Details

7.1 At the end of the year, 15 (58%) key performance indicators achieved their year end targets compared to 47% last year. There are 11 indicators that are rated 'off' target, and are shown as a red triangle alert in Appendix A. These indicators are:

7.1.1 Intensive home care

A drop in the score from 13.99 (568 people) last year compared to 13.94 (569 people) this year. The drop in the score relates to an increase in the older people's population this year. This is based on a survey week in September and evidence shows that we have increased intensive home care provision since the week of the survey. This indicator is adversely affected by improvements in the provision of direct payments. This indicator maintains band 4 out of 5 position in comparison to other Councils.

7.1.2 Intensive home care as a proportion of residential care

Linked to the indicator above, the measure of performance improved compared to last year but fell just short of the target which was set at the start of the year. National data shows that in Rotherham the average hours of home care per person has increased by 4% since last year. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.3 Physical Disabilities and Older People users helped to live at home

These two indicators are affected by the increase in reviews. There were 2,070 more reviews undertaken during the year. Members have previously been advised of the problems found in our database where we have found a significant number of people on our system who were not receiving services as previously reported. Despite data quality issues, there have been better outcomes for these service user groups.

For people with physical disabilities, there is evidence of a notable increase in real outcomes for service users which have been made as a result of increasing the number of social care and occupational therapy assessments, aligning our adaptations activity with the decent housing programme, increasing the number of reviews and direct payments and improving the delivery of equipment and adaptations. As a result, there has been 3,485 more pieces of minor equipment delivered, an additional 115 users receiving direct payments and 28 more level access showers installed than last year.

For older people, 65 people are receiving direct payments compared to 56 last year and there have been 187 more assessments leading to a provision of service compared to last year. These indicators maintain band 2 out of 5 position in comparison to other Councils.

7.1.4 Percentage of equipment delivered in 7 days

The recording systems were changed during the year to improve the accuracy of reporting on this indicator. A number of errors in the system as a result of this scrutiny has led to a 3% fall in reported performance. There were 3,485 more pieces of minor equipment delivered this year compared to last year. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.5 People with Learning Disabilities helped to live at home

This service is rated top band in comparison to other Councils. There was a small reduction in the number of people that are helped to live at home due to a number of deaths. The service is now dealing with more older people with learning disability problems. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.6 People with Mental Health needs helped to live at home

This service is rated top band compared to other Councils. This service is managed in partnership by RDaSH (Rotherham, Doncaster and South Humber Mental Health Trust). The Directorate was not satisfied with the quality of the information provided and removed a number of records which did not meet our audit requirements. This indicator maintains band 5 out of 5 position in comparison to other Councils.

7.1.7 Acceptable waiting times for care packages

The service substantially increased productivity in 2007/08 which undoubtedly led to better outcomes for service users. The number of new assessments for older people that led to a provision of a care package increased by 138 this year, we removed the historic backlog and undertook 2,070 more reviews. This created additional pressure on our capacity to deliver care packages within 4 weeks of the initial assessment. We have since rolled out the brokerage service to all areas which is a service that arranges packages of care to take the burden away from social workers. The new 'Assessment Direct' service was also introduced to radically transform access and customer services. Waiting times are now much better. This indicator has dropped from band 5 to band 4 in comparison to other Councils.

7.1.8 Service users issued with a statement of need

The score did improve from 85.02% to 90.88% but fell short of the target of 97%. 213 additional statements of needs were issued as a result of increasing the amount of assessment and review activity. This indicator maintains band 2 out of 5 position in comparison to other Councils.

7.1.9 People under 65 admitted to residential or nursing care

This indicator did improve compared to last year with 5 less admissions. This fell short of the target set at the start of the year which was 1.49. This indicator maintains band 4 out of 5 position in comparison to other Councils.

7.1.10 Assessments leading to a provision of service

This indicator attempts to measure assessment activity, requiring Councils to sign post customers to other services rather than meeting the needs of all those who ask for an assessment through traditional social services. During 2007/08, we undertook more assessments that led to a service being delivered, 86.65% compared to 85.77% last year. There are no national comparison information available for this indicator.

The Commission for Social Care Inspectorate (CSCI) compare Council performance in bands. The aim is to drive improvement in services so that the majority of services are rated in the top band. At the end of 2007/08, 80% of performance indicators are within the top two bands compared to 60% last year. The indicators demonstrating significant improvement are;

7.1.11 The number of over 65s admitted to residential care or nursing care

This indicator measures the number of older people admitted to residential or nursing care which was paid for by the Authority. This year we reduced the number of Council funded admissions by 64 people compared to last year. This was achieved through the implementation of new arrangements for increasing access to NHS fully funded and Continuing Healthcare. An additional £720k was accessed from the PCT. The total number of residential and nursing care admissions increased during the year.

7.1.12 The percentage of annual reviews

There were 2,070 more reviews undertaken by social work teams this year compared to last year. Dedicated reviewing teams and performance management arrangements were put in place to ensure that this critical indicator of success improved. All service user groups benefited and this indicator is now placed in the top band compared to band two out of four last year.

7.1.13 Services for carers

There were an additional 816 carers assessments undertaken leading to the provision of 277 more carers services than last year. This indicator has improved from band 2 of 5 to band 3 of 5.

7.1.14 Direct Payments

There were an additional 86 users on direct payments compared to last year. Our work with mental health users has been held up as good practice nationally. There was also a significant improvement for Black and Minority Ethnic users where direct payments provision now closely matches the profile of the population (5.8%).

7.1.15 Acceptable waiting times for assessments

This indicator has improved by 10% on last year's performance from band 2 of 5 to band 3 of 5. 187 more older people were assessed compared to last year.

8. Finance

8.1 Service improvement has been achieved through an increase in investment in the base budget and accessing further funding available through the Local Area Agreement pump priming money and from the PCT. Expenditure on all user groups is higher than the national average which illustrates the Councils commitment to supporting vulnerable people. There were some budgetary pressures last year which mainly related to increasing the number and cost of care packages for those with physical and sensory disabilities and the cost of residential care packages for those with mental health needs.

9. Risks and Uncertainties

9.1 There are two main risks. The first risk relates to the quality, reliability and accuracy of the information that is reported for performance indicators. The service has invested into improving data quality this year and this has resulted in reducing the audit risk to the Authority. The second risk relates to the CSCI's annual performance assessment of the service. In November, CSCI advised us to improve performance in 6 critical areas. There has been a mixed picture of performance in these areas. We have improved performance in 4 out of the 6 areas which include services for carers, admissions to residential or nursing care, people receiving a statement of need and service users receiving a review. Our performance on helping older people and those with physical disabilities to live at home poses a risk to the service achieving a better star rating in the next round of assessments which will be concluded in November 2008. We are currently working with CSCI to exemplify improved outcomes for these user groups.

10. Policy and Performance Agenda Implications

There were a number of performance management arrangements put in place this year to help individual workers improve their own performance and that of the service. This included:

- 60 performance clinics held during the year to understand performance and agree recovery actions,
- Changes made to management
- Regular communication with workers with initial resistance turning into workers now saying what a big difference it has made, and
- Help for social workers, 745 new assessments inputted by dedicated IT people, a dedicated review team was in place and brokerage was rolled out to all teams meaning more social work time to spend with customers instead of spending time arranging care packages or updating IT systems.

During the year the service has successfully negotiated targets for inclusion in Rotherham's new Local Area Agreement which covers the period 2008/2011. The areas selected because of their national and local importance for adults are:

- Supporting disadvantaged people into work,
- Increasing employability of working age adults,
- Providing more support to carers,
- Helping more people to live independently,
- Increasing the number of vulnerable people to achieve independent living, and
- Supporting a thriving 3rd sector.

11. Background Papers and Consultation

11.1 The report has been discussed with Neighbourhoods and Adult Services Directorate Management Team. The year end performance results for Adult Services are attached (Appendix A) and are compiled using the Corporate 'Performance Plus' management software. The indicators rated 'on target' are shown as a green star and those that are rated 'off target' are shown as a red triangle alert.

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email: john.mansergh@rotherham.gov.uk

| Appendix A: Neighbourhoods and Adult Services - Performance Indicator Outturns for 2007/08 | | | | | | | | | | | |
|---|-----|---|--|------------------------|---------------------|---------------------|-------------------|----------------|-----------------------|--------------|----------------------|
| Line No. | YTD | Measure | Good performance & Measure type description | Baseline 06-07 & Band | Qtr 1 June 07 | Qtr 2 September 07 | Qtr 3 December 07 | Qtr 4 March 08 | Compared to last year | 07/08 Target | Year End PAF Banding |
| Outcomes Framework 1: Improving Health and Emotional Well-being | | | | | | | | | | | |
| 1 | ★ | AS LPI PAF D40 Adult and Older clients receiving a review as a percentage of adult clients receiving a service (KT) | Bigger is better, 100 is best % Percentage | 45.66 2 of 3 | 14.74 | 26.41 | 44.32 | 75.04 | ✓ | 75 LAA | Band 4 of 4 |
| 2 | ★ | AS LPI PAF D41 Number or Delayed Transfers of care per 100,000 population aged 65 and over | Within range 0<20.12 is best Rate calculation | 9 rounded 5 of 5 | 12.31 | 13.86 | 15.21 | 16.87 | ✗ | <20.12 | Band 5 of 5 |
| 3 | ★ | AS LPI PAF D41 (RMBC) Number of delayed transfers of care per 100,000 population aged 65+ | Zero is best Number Count | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | → | 0.00 | Not PAF banded |
| Outcomes Framework 2: Improved Quality of Life | | | | | | | | | | | |
| 4 | ▲ | BV053 (PAF C28) Intensive home care per 1000 65+ | Bigger is better, 16+ is best Rate calculation | 13.99 4 of 5 | 13.94 | | | | ✗ | 16.00 | Band 4 of 5 |
| 5 | ▲ | BV054 (PAF C32) Older People helped to live at home | Bigger is better, 100+ is best Rate calculation | 79.79 2 of 5 | 72.39Rev (77.61) | 70.95Rev (72.29) | 71.79 | 69.72 | ✗ | 102 LAA | Band 2 of 4 |
| 6 | ▲ | BV056.03 (PAF D54) %Equipment <£1000 in 7 days (KT) | Bigger is better, 100 is best % Percentage | 90.67 5 of 5 | 82.93 | 88.51 | 87.59 | 85.30 | ✗ | 95.00 | Band 5 of 5 |
| 7 | ▲ | AS LPI PAF C29 Adults with physical disabilities helped to live at home | Bigger is better, 5+ is best Rate calculation | 3.05 2 of 5 | 3 | 2.9 | 2.6 | 2.73 | ✗ | 4.2 | Band 2 of 5 |
| 8 | ▲ | AS LPI PAF C30 Adults with learning disabilities helped to live at home | Bigger is better, 3+ is best Rate calculation | 3.13 5 of 5 | 3.04 | 2.98 | 3.02 | 3.02 | ✗ | 3.20 | Band 5 of 5 |
| 9 | ▲ | AS LPI PAF C31 Adults with mental health problems helped to live at home | Bigger is better, 2.3+ is best Rate calculation | 4.5 5 of 5 | 4.18 | | | | ✗ | 4.8 | Band 5 of 5 |
| 10 | ★ | AS LPI PAF C62 Services for Carers | Bigger is better, 12+ is best % Percentage | 4.28 2 of 5 | 1.06 Excl MH | 6.15 | 7.80 | 9.11 | ✓ | 9.00 | Band 3 of 5 |
| 11 | ★ | AS LPI 102 Number of protection plans in place | Bigger is better Number count | 25 | 8 | 19 | 30 | 40 | ✓ | 40 | Not PAF banded |
| Outcomes Framework 4: Increased Choice and Control | | | | | | | | | | | |
| 12 | ★ | BV195 (PAF D55) Acceptable waiting times for assessment (KT) | Bigger is better, 100 is best % Percentage | 75.94 2 of 5 | 77.85 | 82.58 | 84.13 | 85.24 | ✓ | 85 | Band 3 of 5 |
| 13 | ▲ | BV196 (PAF D56) Acceptable wait for care packages (KT) | Bigger is better, 100 is best % Percentage | 96.74 5 of 5 | 95.11 | 95.67 | 95.32 | 85.24 | ✗ | 98.00 | Band 4 of 5 |
| 14 | ★ | BV201 (PAF C51) Adults receiving direct payments (KT) | Bigger is better, 150+ is best Rate calculation | 137 4 of 5 | 150 | 140 | 154 | 159 | ✓ | 150 LAA | Band 5 of 5 |
| 15 | ★ | AS LPI (PAF C72) Number of admissions of supported residents aged 65+ to residential and nursing care | Lower is better, 0<90 is best Rate calculation | 106.36 3 of 5 | 120.44 | 120.82 | 112.73 | 90.67 | ✓ | 95 | Band 4 of 5 |
| 16 | ▲ | AS LPI (PAF D39) % of people receiving a statement of their needs and how they will be met | Bigger is better, 100 is best % Percentage | 85.02 2 of 5 | 86.13 | 89.13 | 92.16 | 90.88 | ✓ | 97 | Band 2 of 5 |
| 17 | ▲ | AS LPI (PAF C73) Number of admissions of supported residents under 65 to residential and nursing care | Lower is better, 0<1.5 is best Rate calculation | 2.25 4 of 5 | 0.19 | 1.09Acc 1.49proj | 1.42 | 1.9 | ✓ | 1.49 | Band 4 of 5 |
| 18 | ▲ | AS LPI PAF E 82 Assessments of adults and older people leading to a provision of service | Within range 68<77 is best % Percentage | 85.77% 3 of 5 | 84.22% | 85.46% | 85.23% | 86.65% | ✗ | 80.00% | Not PAF banded |
| Outcomes Framework 5: Freedom from Discrimination | | | | | | | | | | | |
| 19 | ★ | Ethnicity KT - Assessment / reviews | Lower is better, 0<10 is best % Percentage | 1.04 | 0 | 0.13 | 0.08 | 0.27 | ✓ | <10 | Not PAF banded |
| 20 | ★ | Ethnicity KT - Services | Lower is better, 0<10 is best % Percentage | 0.37 | 0.1 | 0.1 | 0.09 | 0.13 | ✓ | <10 | Not PAF banded |
| 21 | ★ | AS LPI PAF E 47 Ethnicity of older people receiving assessment | Within range 1<2 is best % Percentage & Rate calculation | 1.78% 3 of 3 | 0.88% | 0.97% | 0.77% | 1.09% | ✗ | 1.90% | Band 3 of 3 |
| 22 | ★ | AS LPI PAF E 48 Ethnicity of older people receiving services following an assessment | Within range 0.9<1.1 is best % Percentage & Rate calculation | 0.85% 2 of 3 | 1.19% | 1.17% | 1.02% | 1.06% | ✓ | 0.91% | Band 3 of 3 |
| Outcomes Framework 6: Economic Well-being | | | | | | | | | | | |
| Outcomes Framework 7: Maintaining Personal Dignity and Respect | | | | | | | | | | | |
| 23 | ★ | AS LPI (PAF D37) Availability of single rooms | Bigger is better, 95<=100 is best % Percentage | 100 5 of 5 | 100% | | | | → | 99 | Band 5 of 5 |
| Outcomes Framework 8: Leadership | | | | | | | | | | | |
| 24 | ★ | Ethnicity KT - Staffing | Lower is better, 0<10 is best % Percentage | <1 rounded | 2.61 | | | | ✗ | 0 | Not PAF banded |
| 25 | ★ | AS LPI (PAF D75) Practice Learning | Bigger is better, 17+ is best Rate calculation | 17.47 5 of 5 | 20.61 | | | | ✓ | 21.6 | Band 5 of 5 |
| Outcomes Framework 9: Commissioning and Use of Resources | | | | | | | | | | | |
| 26 | ▲ | AS LPI (PAF B11) Intensive home care as a % of intensive home and residential care | Within range 27<45 is best % Percentage & Rate calculation | 28 5 of 5 | 29 | | | | ✓ | 31.00 | Band 5 of 5 |
| <p>Red Triangle = Warns not on target and high risk - Action needs to be taken immediately to improve performance if we are to achieve target</p> <p>Green Star = Shows that performance is on course to achieve or exceed the year end target</p> <p>Improvement in performance</p> <p>Deterioration in performance</p> <p>No change in performance against last reported position</p> <p>YTD Signifies this PI is one of the CSC critical PIs for 2007/08</p> | | | | | | | | | | | |

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| ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS |
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1. **Meeting:** **Cabinet Member for Adult Services and Health**
2. **Date:** **21st July, 2008**
3. **Title:** **Adult Services Complaints Annual Report 2007-08**
4. **Directorate:** **Neighbourhoods and Adult Services**

5. **Summary**

- 5.1 This report provides information about complaints made during the twelve months between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006.

6. **Recommendation**

That members receive this report.

7. Proposals and Details

Performance 2007/08

- 7.1 This report provides information about complaints made between 1 April 2007 and 31 March 2008. Over the last 12 months the total number of complaints received has reduced from 425 to 228 (46%). A centralised system of recording complaints has been implemented to ensure that performance in handling complaints is consistent across all directorates. Details of each customer, each contact they make (interaction) and each complaint point are recorded. 125 (159 2006/07) customers submitted complaints.
- 7.2 Overall 94% of all complaints were responded to within the statutory timescales, compared to 88% (2006/07) and from 72% (2005/06). This is an improvement on last years figure with a significant improvement in responding to Stage 2 complaints, none of which were responded to out of timescales. This performance is the best in the Council for services who have received more than 10 complaints.
- 7.4 The merger of the Adult Social Services and Neighbourhoods was completed in April 2008. The complaints function is now fully integrated and works to an established customer defined service standard. This has led to significant progress being made in terms of improving performance in the following areas.
- Improving the timeliness of responses to customers
 - Improving the quality of responses
 - Learning from Complaints to identify service improvements, recognised nationally by the Cabinet Office.
 - Strengthening our performance management of complaints with monthly reports being presented to DMT.
 - Improving satisfaction of the complaint management process
 - Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas.
 - Training in complaint handling which has been delivered to all M2 managers in Adult Services.
 - Meeting the new Government Customer Service Excellence Standard, one of the first organisations in the country.

8. Finance

- 8.1 There are additional ongoing costs attached to not delivering an effective complaints service for the Department, particularly not effectively resolving complaints at Stage 1.

| | |
|--|---------|
| Stage 2 Independent Investigating Officers | £10,777 |
| Stage 3 Review Panellists | £649 |

9. Risks and Uncertainties

- 9.1 There are not risks and uncertainties associated with this report.

10. Policy and Performance Agenda Implications

- 10.1 This report provides information about complaints made between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006. The Complaints process primarily contributes to Outcome 4 (Increased Choice and Control) with links to Outcome 5 (Freedom from Discrimination and Harassment) of the new Outcomes Framework for Social Services.

11. Background and Consultation

- 11.1 The NHS and Community Care Act 1990 which requires local authorities to have complaints procedures in place.

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Annual Report

April 2007 to March 2008

Adult Services Complaints

Rotherham 
Metropolitan
Borough Council
Where Everyone Matters

Executive Summary

This report provides information about complaints made between 1 April 2007 and 31 March 2008 under the complaints and representations procedures established through the Local Authority Social Services Complaints (England) Regulations, 2006. The Complaints process primarily contributes to Outcome 4 (Increased Choice and Control) with links to Outcome 5 (Freedom from Discrimination and Harassment) of the new Outcomes Framework for Social Services. Details are given on the performance in responding within the deadlines contained in these to Complaints submitted under these procedures. Separate figures are kept for Adult Services because complaints regarding Community Care are covered by statutory regulations which are separate from the process covered by the corporate complaints process

Over the last 12 months the total number of complaints received has reduced from 425 to 228 (46%). A centralised system of recording complaints has been implemented to ensure that performance in handling complaints is consistent across all directorates. Details of each customer, each contact they make (interaction) and each complaint point are recorded. 125 (159 2006/07) customers submitted complaints.

Overall 94% of all complaints were responded to within the statutory timescales, compared to 88% (2006/07) and from 72% (2005/06). This is an improvement on last years figure with a significant improvement in responding to Stage 2 complaints, none of which were responded to out of timescales. This performance is the best in the Council for services who have received more than 10 complaints. The overall percentage was slightly reduced by delays in the setting up of the hearing of Stage 3 complaints within timescales due to a number of unavoidable factors detailed later in this report along with measures to be taken to improve this area.

The merger of the Adult Social Services and Neighbourhoods Programme Areas into the Neighbourhoods and Adult Services Directorate was completed in April 2008. The complaints function is now fully integrated and works to an established customer defined service standard. This has led to a number of significant progress being made in terms of improving performance in:-

- Improving the timeliness of responses to customers
- Improving the quality of responses
- Learning from Complaints to identify service improvements, recognised nationally by Cabinet Office.
- Strengthening our performance management of complaints with monthly reports being presented to DMT.
- Improving satisfaction of the complaint management process
- Promoting and increasing accessibility of the complaints procedure through the development of the internet, information packs and campaigns in our reception areas.
- Training in complaint handling which has been delivered to all M2 managers in Adult Services.
- Meeting the new Government Customer Service Excellence Standard, one of the first organisations in the country.

Performance in 2007/08

Stage 1

At Stage 1, 121 people made and received responses to 183 complaints compared to 144 people having 352 complaints considered the previous year.

100% of complaints were acknowledged within the standard of 5 working days.

94% of complainants received a response within the statutory timescales. This continues the annual trend of improvement in performance in 2005/06 when the number of Stage 1 Complaints responded to within timescale was 72%.

Table 1 Services receiving the highest number of complaints

| Service Area | Percentage |
|--|------------|
| Locality Team Older People | 21% |
| Community Occupational Therapy | 14% |
| Learning Disability | 10% |
| Client Services / Interviewing Offices | 7% |
| Business Unit | 6% |

The highest number of complaints relate to services provided by the Locality Teams (Older People) 21%, although this has significantly decreased by 10% over the last 12 months. Older people however make up the vast majority of people seeking or receiving services.

Table 2 Category of Complaints

| Category | Percentage |
|---------------------|------------|
| Quality | 31% |
| Action of Staff | 25% |
| Delay | 13% |
| Lack of Service | 9% |
| Other | 9% |
| Refusal | 7% |
| Cost | 4% |
| Lack of Information | 3% |

At 31% of the total, Quality of Service is the biggest single issue people complain about. However this is a 4% reduction compared to last year which equates to 66 less complaints about the quality of service. Of the complaints submitted regarding quality 38%, were upheld or partly upheld. Where this occurs it is clear that Service Quality Standards are not being met. Learning from complaints meetings will therefore continue to emphasise the importance of these and complaints staff will discuss with managers practical ways of implementing these. We feel that this reduction has been as a result of the work which began in March 2007, where

in conjunction with customers, we reviewed, revised and re-launched Service Standards across the Directorate. Our externally recognised 'Customer

Inspection Service' made up of service users, has been testing all our services against these standards and has examined the responses and proposed actions taken in relation to

complaints about quality. Complaints staff will continue to work with the customer Inspection Service and it is anticipated that the reduction in complaints regarding quality this year will continue over the next 12 months.

The other large cause for complaint is Actions of Staff at 25%. Once again this has reduced by 58 over the last 12 months. We believe that this has been achieved as a result of strengthening of customer focus through training and communication, with outcome of this being the achievement of the Customer Service Excellence Standard for all our Adult Social Care Service, the first in the country. Of these 45% were upheld or partly upheld. 7 (33%) of the complaints upheld were from 1 customer and related to a single incident. Appropriate action has now been taken in respect of the staff responsible for the issues giving rise to this complaint.

Closer analysis of the complaints received showed it is common for people to complain about specific people when being given unfavourable information. In over half the interactions concerning the actions of staff, other issues have also been complained about. It is however important to ensure that staff promote a positive image and issues regarding how staff handle difficult situations will be raised at Learning from Complaints discussions. Agreed actions include ensuring full explanations are given to customers in cases where we are unable to meet a request. During the next 12 months complaints training will also be amended to include actions that can prevent issues escalating into complaints. Emphasising the importance of apologising to customers in cases where we are unable to meet their demands and ensuring expectations are not unrealistically raised will be an element of this training.

The area which has seen the most significant reduction is delay from 20% last year to 7%. Over the past 12 months we have improved performance in a number of areas – we have doubled the number of assessments carried out and improved waiting times with an average time now being 1 week and as a result have removed all backlogs. We have also trebled the number of annual reviews carried out. These actions and improvements have had a major impact on reducing the number of complaints.

6 of the 11 stage 1 complaints not responded to within time scales were submitted by 3 people. In one case a key member of staff who needed to be interviewed as part of the investigation was off sick for 1 month and this delayed the response to 3 complaints.

1 investigation was suspended pending an Adult Protection Strategy meeting which in accordance with the statutory complaints process takes precedence. The resulting delay was however a cause for concern and was raised with the Safeguarding Officer. Subsequently managers have been instructed that Adult Protection Strategy Meetings must take place at the first opportunity in order to reduce the risk to vulnerable people and minimise the disruption to other support the customer has a right to expect.

2007/08 is the first year where details of whether or not Stage 1 complaints about Adult Services have been upheld are recorded

Table 3 – Complaint Decisions

| Team | Upheld or Part Upheld | Percentage |
|--------------------------------------|------------------------------|-------------------|
| Learning Disability | 13 | 72% |
| Disability Community Support | 2 | 67% |
| Intermediate Care Fast Response Team | 9 | 60% |
| Disability COT | 15 | 58% |
| Business Unit | 8 | 57% |
| Other | 6 | 55% |
| Client Services Blue Badge | 6 | 50% |
| Hospital Team | 4 | 36% |
| Locality Elderly | 11 | 30% |
| Elderly Residential | 3 | 25% |
| Total | 77 | 42% |

The high level of upheld complaints in Learning Disability services relate to one incident. Community Occupational Therapy was the other area where a large number of complaints was upheld. This was due to delays in allocating staff to complete assessments. It is anticipated the establishment of Assessment Direct and the joint work being undertaken with the PCT should alleviate this problem over the next 12 months.

Stage 2

Between 1 April 2007 and 31 March 2008, 7 customers escalated 45 complaints to Stage 2. This compares to 11 customers escalating 70 complaints in 2006/07. These Stage 2 complaints were investigated by external investigating officers.

The average number of complaint points raised by each customer decreased from 10 to 5. The reduced number of complaints points has also coincided with a dramatic improvement in response times with 100% of complaints being responded to within timescales compared to 73% last year.

Improving the quality of Stage 1 complaint responses has been given a high priority this year and appears to be benefiting the authority by dramatically reducing the volume of complaints investigated at Stage 2. Customer Satisfaction information told us that the majority of people who progressed to Stage 2 felt that we had not answered the issues that they had raised at Stage 1. Our QA process, which was put in place in July 2007, has addressed this.

The number of complaints responded to within statutory timescales was 100%. This compares to 73% last year, 56% in 2005/06 and 16% in 2004/05. This dramatic improvement has coincided with the increasing (and now exclusive) use of external Investigating Officers. We have reviewed the way we commission external investigations to ensure that it is in line with Council Standing Orders and that there is clear service level agreement in place to ensure that timeliness and quality is being achieved.

The average response time for the period was 50 working days which is well within the 65 working days statutory timescale.

Table 4 Outcomes of Stage 2 Complaints

| Team | Total | % | Upheld/Part Upheld | % of Total Number of Complaints |
|-----------------|-------|------|--------------------|---------------------------------|
| Action Of Staff | 25 | 56% | 13 | 29% |
| Quality | 15 | 33% | 11 | 25% |
| Other | 3 | 7% | 2 | 4% |
| Lack of Service | 1 | 2% | 2 | 4% |
| Delay | 1 | 2% | 1 | 2% |
| Total | 45 | 100% | 29 | 64% |

27 of the complaints considered at Stage 2 were submitted by one person and related to services provided by the Independent Homecare service. 21 of these related to actions of staff and 10 were upheld. While one issue in particular seems to have given rise to a large number of complaints, significant learning issues were identified resulting from the investigation.

In all complaints (Stage 1, 2 and 3 customers receive an apology for the issues that gave rise to their feeling the need to complain.

At Stage 2, 64% of the complaints were either upheld or part upheld, a reduction of 1% compared to last year. The total number of complaints progressing to Stage 2 has decreased significantly and 27 (60%) of the complaints came from one customer. Of these 19 were upheld or part upheld and the issues related to this complaint have been outlined above. Of the remaining 18 complaints 7 (39%) were upheld or part upheld. A total of 29 complaints were upheld or partly upheld this year compared to 45 complaints last year. This represents a significant reduction (36%) compared to last year's figure.

Under statutory regulations Social Care complaints need to be investigated by a person independent of the service being complained about. In Rotherham, external consultants are used because it has been found to be more cost effective. They produce a report considered by a senior manager (the Adjudicating Officer) who sends a response with a copy of the Investigating Officer's report to the complainant.

Stage 3

3 people had 7 complaints considered at Stage 3. Under the Statutory guidelines Panels are supposed to be convened within 30 days of the Complaints Manager receiving a request to go to Stage 3. A further 5 working days are then allowed for the Panel to inform the complainant of their decision. A further 15 working days are then allowed for a final response to be sent from the Strategic Director. Therefore a total of 57 calendar days is allowed from receipt of the request to go to Stage 3 to the final response being sent from the authority

Under statutory regulations, the panel must consist of two people not employed by the authority, the Investigating Officer and the Adjudicating Officer. Unfortunately setting up the hearing for Stage 3 complaints was the only area to deteriorate during the last 12 months. In all 3 cases external factors caused delays in arranging the Panel meetings and therefore deadlines were not met. Reasons for delays included:-

- A customer being unavailable during the 30 day period. It was agreed with the customer to identify a later date
- The Adjudicating Officer was absent due to ill health when the original meeting was arranged. The Panel was therefore delayed by two months while awaiting his return
- The Investigating Officer was out of the country and could not be contacted for 5 weeks when the customer requested the complaint to be considered at Stage 3.

In each case the complainant was kept informed of progress and raised no objections to the delay. However, we believe that this performance remains unacceptable. Over the next 12 months urgent attention will be taken to improve this situation. In particular attention will be given to reducing the risk of external factors delaying the arrangement of a Panel meeting. These will include:-

- Ensuring that complaints staff are aware of dates that Investigating Officers may not be available for panels for 6 months following their agreement to take on an investigation.
- A formal agreement is being drafted which will include an obligation on the part of Investigating Officers to ensure they are not absent for unreasonable periods of time following the completion of a Stage 2 Investigation.
- Exploring the possibility of appointing delegates in cases where a panel may be postponed due to unplanned sickness of a key member.

The Panel supported the Adjudicating Officers responses on 6 cases and upgraded 1 decision from part upheld to fully upheld. Of the 6 cases supported, 2 complaints upheld, 1 part upheld and 3 not upheld.

In cases where complainants asked for upheld complaints to be considered, they were appealing against the outcome. In one case the customer wanted a decision to refuse an extension overturned and in another financial compensation was requested. In neither case did the Panel overturn these decisions.

In each case the Panel supported the views of the Adjudication Officer with none of the complaints being considered being upheld.

Local Government Ombudsman

People submitted complaints to the Local Government Ombudsman and in one case a local settlement was agreed. 2 cases are still being considered by the Ombudsman

The case where a local settlement was agreed, was responded to within the statutory deadlines

One response took 59 days. A response was sent to the Ombudsman within the timescale stating that the Directorate thought the complaints were new and should therefore be registered at Stage1. The Ombudsman responded 32 days after the original query stating that because the relationship between the council and customer had deteriorated, the Ombudsman was going to deal with the complaint. Subsequent requests for further information have been received from the Ombudsman in this case and all responded to within the requested

timescales. A final decision is awaited from the Ombudsman but it is unlikely that the original delay will affect the overall view.

One response was 2 days late. The draft response was sent to the Chief Executives Office 2 days before the deadline and not sent to the Ombudsman for 4 days. This is disappointing and a number of actions will be taken to improve this. These include:

- Checking with the Ombudsman's Office that the reply sent is accepted as a response in terms of meeting deadlines.
- Draft responses will now be sent to the Chief Executives Office 7 calendar days before the final response is due

Customer Satisfaction of Complaint Handling

Over the past 12 months we have tested satisfaction on with every person who has made a complaint. All customers receive a satisfaction questionnaire within 6 weeks of receiving a response to their complaint. The results are collated. 25% of customers responded to the questionnaire and 75% of these were satisfied with the outcome of their complaint with 87% expressing satisfaction with how their complaint was handled.

This has tested whether the improvements that we have made to the way we handle and manage complaints are having a positive impact to customers. Satisfaction has improved in a number of areas:

- Satisfaction with overall complaint outcome has improved from 57% to 66%,
- Increased to 90% the percentage of people who would use the procedure again.
- Satisfaction with keeping people informed of progress 64% to 80%
- Satisfaction with the length of time it took to complete the investigation from 62% to 79%

We have put in place a system (REACT) which returns to the people who have expressed dissatisfaction to understand the reasons behind this. This has informed the Team Plan for the Service Quality Team for the next 12 months identifying a number of actions around the development of clearer service standards, access channels and improving information that is sent out to customer during and after investigations.

Learning from Complaints

Learning from Complaints discussions with accountable manager to promptly identify service improvements and changes in current practice now take place in respect of all complaints responded to. This approach has been recognised nationally and is part of the Cabinet Office Front Office Shared Service (FOSS) Developing Customer Insight report – May 2008 as best practice. We are also corporately leading the way in ensuring complaints lead to real improvements in services for customers.

Table 5 A Sample of Learning from complaints

| Issue | Recommendation | Improvement | Outcome |
|--|---|--|---|
| Staff member telling a customer they did not have the information to deal with an enquiry | Staff to explain that they do not currently have the required information and to promise to get back in touch with customer when they do. | Customers can now expect to have all enquiries answered in full. | Instruction issued to staff. Staff now ensure that note is made to make further contact with customer once further information has been obtained. Staff responsible for ensuring that all queries receive an answer |
| Customer left without service for several weeks following a re tendering exercise. | Customers to be informed immediately in future so that agreement on interim support can be agreed with the customer | Ensures that customer is fully involved with planning of their services when unavoidable changes take place | Commissioning process now specifies that all customers at risk of losing service (even temporarily) are informed immediately and are involved in agreeing contingency plans |
| Arrears for payments for home care allowed to build up in the case of a service user who had difficulty managing her finances | Follow up of debtors to be improved | Arrears not allowed mounting up. This improves cash flow for the authority and avoids undue distress to customers who accidentally overlook payments | A new computer installed which ensures reminders are sent to all customers with outstanding bills |
| Family members not included in care planning meetings when this had been done in the past. They were therefore not alerted to issues re the backlog of payments for care | Case notes to be fully consulted to check role of family in service user's care planning | Maintains contact with families who are important partners in enabling the authority to maintain vulnerable people in the community for | 1-1 Supervision will now be more robust. This links in with PDR process and is an intrinsic element of service quality standards which is part of all team plans |

| Issue | Recommendation | Improvement | Outcome |
|---|---|--|--|
| | | as long as possible | |
| A customer's Carers did not turn up as planned on several occasions. This led to her missing two meals | Purchase of an electronic monitoring system to improve QA. Programmes need to be addressed. | Managers will be aware immediately if there is a missed call as opposed to waiting for a report from the customer after the event | Reallocated programmes across 2 areas of the borough and put in place QA protocols – no complaints since September 2007 |
| Staff had assumed that a family member would act as interpreter for his mother. This meant her needs were not adequately assessed | On all assessments where English is not the first language of the service user Interpreter support will be offered in all contacts and family members will only be used if the service user explicitly states it. | This measure will ensure that people from ethnic minorities are not discriminated against in terms of being placed at the centre Person Centred Planning Process | The services standard for Assessments has been amended, in conjunction with our Learning from Customers forum, to reflect this change |
| 14 Complaints regarding waiting times for assessment have been received during the year | Establish a single enquiry number for all Adult Services Contacts | Qualified Social Workers will receive fewer requests for assessments from people who can be signposted to other support in the community. This should lessen the waiting time for assessments and ensure that Social Workers have the capacity to ensure all people receiving Community Care Services receive a timely annual review | As a result we embarked on business process re-engineering in conjunction with CSED to put in place 'Assessment Direct' – which has streamlined the way the customer accesses the service through all channels, dealing with the right person at first point of contact. Average waiting times now down to 1 week and backlogs have reduced. |
| 8 Complaints have been received regarding the | Customers to be directed to information | Clearer information | Guidance that the council works to be included in all |

| Issue | Recommendation | Improvement | Outcome |
|--|--|--|--|
| refusal of Blue Badge applications without reasons being given on the criteria on which applications are judged | clarifying eligibility criteria | will discourage people applying for badges if they do not meet the criteria. Customer expectations therefore less likely to be frustrated | responses where an application has been declined. |
| Customer complained that mother was placed in elderly residential care because she was over 65 and her real needs (physical disability) were not accounted for | This policy to be reviewed | Services to be more responsive to specific assessed needs | Service users no longer automatically referred to elderly services on the grounds of age alone. Policy has been revised to offer choice. |
| Customer complained that staff would not attend a case conference in Wigan | Social Workers now always inform customers if they do not intend to attend out of authority case conferences | Early indication form customer if new issues need to be considered by Social Workers in Rotherham. | The final decision on whether or not someone attends now made in consultation with customer |
| Customer told that the work with her mother had been suspended pending the resolution of a dispute re funding | Needs of customers to always take precedence | Needs of customers will always be met. Reduced risk of authority breaching its duty to vulnerable people | Team Managers reminded of this duty by memo and in team meetings |
| Complaints regarding staff conduct including: <ul style="list-style-type: none"> • Inadequate washing • Not following guidance in using equipment • Customer being spoken to inappropriately • Handling of the Stage 1 complaint by first line manager • Reaction of staff to customer once they knew a complaint had been raised • Customers role as carer not acknowledged | The Investigating Officer identified that the issues arose because the complaints had not been promptly dealt with at Stage 1. The manager had tried to make contact with the complainant but the complainant refused to meet. The manager attempted to deal with the issue through letter but this resulted in a breakdown in the relationship with the customer. The following | Early warning of situations likely to escalate Issues relating to potential breakdown in customer relations identified early The prospect of taking successful formal action with staff is | Remedial action taken sooner rather than later Action taken to ensure that positive relationship with customers is maintained Robust implementation of formal procedures facilitated Prevention of situation giving rise to these complaints being repeated Staff management process linked to |

| Issue | Recommendation | Improvement | Outcome |
|---|---|--|--|
| <ul style="list-style-type: none"> Staff wearing inappropriate footwear | <p>recommendations were accepted and implemented by the Adjudicating Officer.</p> <p>The team manager to ensure that all staff are made aware of the staff code of conduct and the potential consequences of not complying with this</p> <p>A team meeting to be organised to emphasise the importance of following the staff code of conduct</p> <p>Team Manager to be reminded of importance of enforcing code of conduct</p> | <p>higher if issues are responded to immediately</p> <p>Culture of team recognising importance of maintaining high standards</p> <p>PDR and Supervision process linked to ensuring staff promote positive image of service</p> | <p>ensuring high quality customer care</p> |
| <p>The Revenue and Charging Team failed to send out reminders to customer regarding</p> | <p>More robust checking and follow up of payments required</p> | <p>Computer system implemented to review outstanding debts. This allows reminders to be sent before debts mount up</p> | <p>Improved cash flow for Directorate. Less risk of customer accidentally amassing large debt in respect of services</p> |
| <p>Customer had a review leading to service being reduced without the involvement of her daughter who had been involved in all previous reviews</p> | <p>All Social Workers and Social Services Officers are reminded of this and compliance checked as part of Supervision agenda</p> <p>All Social Workers and Social Services Officers are reminded of the need to familiarise themselves with the key issues about a service user before visiting to carry out a review or reassessment. Again this to be reinforced through Supervision process</p> | <p>Keeps family members involved in process</p> <p>Potential areas of friction identified and should inform the approach staff take with customer</p> | <p>improves likelihood of person being maintained in the community</p> <p>Reduce the instances of where one area of dispute leads to a more general breakdown of service to the customer</p> |
| <p>Neither the Customers role</p> | <p>Improve quality of</p> | | <p>Ensuring Carers</p> |

| Issue | Recommendation | Improvement | Outcome |
|--|--|---|---|
| <p>as a carer or her own needs adequately acknowledged or accounted for. The customer has cerebral palsy and was caring for her mother and learning disabled sister.</p> <p>Customer not informed of outcome of meeting to discuss a missed call she had raised as a Stage 1 complaint</p> | <p>carers assessments</p> <p>Improve monitoring of responses to Stage 1 complaints</p> | <p>Improve the quality of complaints responses to ensure that complainants get full responses</p> | <p>Assessments are done has been incorporated into Directorate Plan as a priority</p> <p>Responses to Stage 1 complaints to be checked by complaints staff before being sent. Complaints staff to monitor time taken to respond to complainants</p> |
| <p>Customer complained that CRAG guidance had not been followed in response a financial assessment of their mother's requirement to pay for care. This led to them placing her in care while a dispute was ongoing and placement was done privately and without Social Work Assessment</p> | <p>Teams to be reminded of obligation to offer assessments and ensure needs of vulnerable people are met as their primary priority</p> | <p>People have good access to services that maximise the quality of their live</p> | <p>Action to be agreed with Director of Care and Assessment</p> |
| <p>Complaints concerning policy of placing people over 65 in provision based on their age as opposed to other difficulties including disability</p> | <p>This policy be changed</p> | <p>A more flexible approach to meeting assessed needs</p> | <p>Decision made that assessments and care plans no longer restrict choices of provision on the basis of age.</p> |
| <p>Information a carer wanted keeping confidential was shared within the team</p> | <p>Staff training and supervision to ensure that staff ensure customers understand where information may go.</p> | <p>Strengthening of trust between Customer and Social Work Staff</p> | <p>Repeat of complaints resulting form Misunderstandings to be prevented</p> |

Finance

Expenditure

There are additional ongoing costs attached to not delivering an effective complaints service for the Department, particularly not effectively resolving complaints at Stage 1.

Table 6

| | |
|--|---------|
| Stage 2 Independent Investigating Officers | £10,777 |
| Stage 3 Review Panellists | £649 |

The reduction in the number of complaints being considered at Stage 2 has led to a reduction in expenditure on external Investigating Officers of approximately £5,000 over the year.

Compensation

Agreement to waive fees was agreed in one case on the recommendation of the Ombudsman (local settlement).

2008/09 Improvement Actions

The merger of the former Neighbourhood and Adult Social Services Programme Areas has already led to improvements to performance in handling complaints and ensure feedback is used to improve the quality of service that customers receive. During the next 12 months we will put in place:

- More robust performance management of complaints across the entire strategic Directorate. Improving performance in responding to Stage 3 complaints and Ombudsman enquiries will be prioritised. While a request from a customer to delay a Stage 3 panel meeting will be treated sympathetically (within reason) a target of ensuring that no panel is delayed due to lack of availability of professionals will be set at 100%.
- Complaints staff will continue to be robust in ensuring that recommendations resulting from complaint responses are incorporated into action plans and subsequently implemented
- Tracking performance in complaint handling across the whole Directorate will continue to further improve performance.
- Performance clinics aimed at areas where complaint performance is poor will take place.
- Continue to work with the PCT to develop a joined up approach to dealing with complaints, creating a seamless service for service users.
- The Corporate complaints database is now fully operational. This will be used to enable the Directorate make meaningful comparisons on performance in complaint handling across all Directorates. The development of the Corporate database will ensure outcomes from all complaints will be recorded.
- The successful training in complaint handling to first line managers in Adult Services will be rolled out to include all staff responsible for handling complaints across the Directorate. The course will be amended to ensure it is relevant to all service areas and will continue to emphasise the importance of achieving a local resolution and ensure lessons are learnt to minimise the risk of the complaint being repeated.
- Overall there has been an improvement handling complaints with significant progress made at Stage 1 and Stage 2 which account for 96% of the complaints dealt with. A key priority for next year will be to improve the performance in respect of Stage 3 complaints and Ombudsman enquiries while continuing to improve the performance at Stages 1 and 2.

Appendix A – Stages of the Complaints Procedure

- A complaint may be generally defined as “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority’s adult’s social services provision which requires a response”.
- A person is eligible to make a complaint where the local authority has a power or a duty to provide, or to secure the provision of, a service for him, and his need or possible need for such a service has (by whatever means) come to the attention of the local authority. This also applies to a person acting on behalf of someone else.
- **Stage 1 Local Resolution:** This is the most important stage of the complaints procedure. The Department’s teams and external contractors providing services on our behalf are expected to resolve as many complaints as possible at this initial point.

The Social Services Statutory complaints procedures requires complaints at stage 1 to be responded to within 10 working days (with an automatic extension to a further ten days where necessary).

- **Stage 2 Formal Investigation:** This stage is usually implemented where the complainant is dissatisfied with the findings of Stage 1. Stage 2 is an investigation conducted by either an internal manager or an external Investigating Officer. An Assistant Director (or person in a similar position of authority) adjudicates on the findings.

Stage 2 complaints falling within the Social Services Statutory Complaints procedures should, wherever possible be responded to in 25 working days. This can be extended to 65 working days provided the complainant has been consulted and is kept informed of progress.

- **Stage 3 Panel Review:** Where complainants remain dissatisfied with the response to their complaints about statutory social services functions, the Council is required to establish a complaints Review Panel. The panel makes recommendations to the Director who then makes a decision on the complaint and any action to be taken. Complaints Review Panels are made up of two independent people and one Councillor. There are various timescales relating to stage 3 complaints. These include:
 - setting up the Panel within 30 days;
 - producing the Panel’s report within a further 5 days; and
 - producing the local authority’s response within 15 days.

A further option for complainants is the Local Government Ombudsman (LGO) who is empowered to investigate where it appears that a Council’s own investigations have not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the Ombudsman normally refers the complaint back to the Council if it has not been considered under our procedure first.