

Performance and Finance Scrutiny Sub-Committee **AGENDA**

DATE: Monday 30 September 2013

TIME: 7.30 pm

VENUE: Committee Room 5,
Harrow Civic Centre

MEMBERSHIP (Quorum 3)

Chair: Councillor Tony Ferrari

Councillors:

Paul Osborn

Sue Anderson (VC)
Graham Henson

Mano Dharmarajah

Reserve Members:

1. Chris Mote
2. Amir Moshenson

1. Jerry Miles
2. Ann Gate

1. Vacancy

Contact: Manize Talukdar, Democratic & Electoral Services Officer
Tel: 020 8424 1323 E-mail: manize.talukdar@harrow.gov.uk

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Sub-Committee;
- (b) all other Members present.

3. MINUTES (Pages 1 - 10)

That the minutes of the meeting held on 11 July 2013 be taken as read and signed as a correct record.

4. PUBLIC QUESTIONS

To receive questions (if any) from local residents/organisations under the provisions of Committee Procedure Rule 17 (Part 4B of the Constitution).

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Committee Procedure Rule 15 (Part 4B of the Constitution).

6. REFERENCES FROM COUNCIL AND OTHER COMMITTEES/PANELS (Pages 11 - 12)

To receive a Reference from the Government Audit and Risk Management Committee.

7. CHAIR'S REPORT (Pages 13 - 20)

Report of the Divisional Director, Strategic Commissioning.

8. REVENUE AND CAPITAL MONITORING QUARTER 1 2013-14 (Pages 21 - 38)

Report of the Director of Finance and Assurance.

9. CHILDREN AND FAMILIES SERVICES COMPLAINTS ANNUAL REPORT 2012-13 (Pages 39 - 66)

Report of the Corporate Director of Children and Families.

10. ADULTS SERVICES COMPLAINTS ANNUAL REPORT (SOCIAL CARE ONLY) 2012-13 (Pages 67 - 94)

Report of the Corporate Director of Community Health and Wellbeing.

11. ANY OTHER BUSINESS

Which the Chairman has decided is urgent and cannot otherwise be dealt with.

AGENDA - PART II - NIL

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PERFORMANCE AND FINANCE SCRUTINY SUB-COMMITTEE MINUTES

11 JULY 2013

Chairman: * Councillor Tony Ferrari

Councillors: * Husain Akhtar (1) * Graham Henson
* Sue Anderson * Paul Osborn

In attendance: Zarina Khalid Minute 140
(Councillors)

* Denotes Member present
(1) Denotes category of Reserve Member

131. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Members:-

Ordinary Member

Reserve Member

Councillor Mano Dharmarajah

Councillor Husain Akhtar

132. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda Item 8 – Chair’s Report & Agenda Item 10 – Progress Report on Scrutiny Review of Private rented sector housing in Harrow

Councillor Graham Henson declared a non-pecuniary interest in that he was the former Portfolio Holder for Performance, Customer Services and Corporate Services and had been involved in the Corporate Scorecard and had been a Member of Cabinet when the Housing Strategy had been

approved in 2012. He would remain in the room whilst the matters were considered and voted upon.

133. Appointment of Vice-Chairman

RESOLVED: That Councillor Sue Anderson be appointed Vice-Chairman of the Sub-Committee for the 2013/14 Municipal Year.

134. Minutes

RESOLVED: That the minutes of the Special meeting held on 4 March 2013 and the meeting of 23 April 2013 be taken as read and signed as correct records.

135. Public Questions, Petitions and References from Council and Other Committees/Panels

RESOLVED: To note that no public questions were put, or petitions or references received.

RESOLVED ITEMS

136. Chair's Report

The Sub-Committee received a report which set out issues considered by the Chair since the last meeting of the Performance and Finance Scrutiny Sub-Committee.

RESOLVED: That the report be noted.

137. Revenue and Capital Outturn 2012-13

The Sub-Committee received a report of the Director of Finance and Assurance, which had been previously considered at Cabinet on 20 June 2013. The report set out the Council's revenue and capital outturn position for 2012/13. An officer highlighted the following areas of the report:

- the council's outturn at the end of the year was showing a net under spend of approximately £1m, which was a significant achievement for the Council. This was mainly due to the implementation of a number of spending protocols;
- there were budget pressures as a result of long-term social care, staffing issues, the leisure centre contract and the recyclables contract;
- there were favourable variances in parking income, rental properties, and investment income;
- approximately £1m contribution had been made to the Insurance provision, which had not been budgeted for;

- there was a £0.4m surplus in the Housing Revenue Account, which was lower than budgeted for and the HRA balance stood at £3.18m;
- there had been a total spend of £31.8m in the Capital Programme and £65m in the revised Programme. There was a minor under spend of £2.4m in the Capital programme due to some slippage in the School Expansion programme, IT projects and projects in the Environment and Enterprise Directorate. This level of under spend was not uncommon and was due to delays in the granting of planning consent and in the area of procurement.

A Member stated that some aspects of the report did not contain sufficiently detailed information, for example, the figures relating to Whitmore school sports pitch were not easy to understand. The officer advised that the Capital monitoring figures highlighted changes that had occurred in quarter 4. The carry forward figures were from 2011/12 and would not show up in the original budget figures. The Capital Programme was agreed at the February Cabinet meeting each year, whereas the carry forwards were approved at year end. The officer undertook to provide Members with more detailed information regarding carry forwards from quarter one.

A Member stated that the figures relating to the Neighbourhood Investment Scheme (NIS) erroneously showed an under spend because projects funded by the NIS often took some time to complete and for funds to be disbursed. In his view, the monies had been spent but this was not reflected in the data. The officer advised that both revenue and capital expenditure were accounted for on an accruals basis and if works were carried out, then the expenditure is accrued and would have been included in the figures.

A Member sought clarification as to the difference between slippage and under spends and why these figures were listed separately in the Capital Monitoring data. For example, CCTV and Car parks were listed as zero in the slippage column and as 715 in the under spend column, furthermore, the commentary relating to these items contradicted the figures listed. The officer accepted that the commentary was at odds with the figures and would investigate and provide details to members.

A Member expressed the view that Members needed a better understanding of finance issues and their impact on performance. The Chairman requested that, in the future, officers should give greater consideration to how financial data was presented to Members of the Sub-Committee, and requested that live data regarding actual expenditure in relation to the NIS be provided to Members.

The Chairman requested information as to the actual level of the shortfall arising from social care, parking and recycling and whether these had been incorporated into the current year's budget. An officer advised that this was due to the ongoing issue of recruitment and retention of staff and the use of temporary agency staff in social care. The targets set for Recyclables had been high and had not been achieved. The officer undertook to advise Members whether these pressures had been addressed in the 2013/14

MTFS. There were no budget pressures on parking income as it had exceeded targets set.

A Member questioned why and how the overspend of £0.162m in the Children and Families Directorate was offset by an under spend in the Troubled Families ringfenced grant of £0.408m. An officer advised that this had been possible by carrying forward the ring fenced grant to 2013/14.

The Chairman queried why the £31m under spend in relation to building projects was deemed to be a common occurrence. He added that in his view, 60% of the Capital budget remaining unspent in the year it was allocated was an unacceptably high figure. The officer advised that there had been a number of issues in relation to the procurement activity. There were also additional delays due to the granting of planning permission for these projects and delays with IT projects. The Chairman stated that, in his view, this situation was indicative of a high level of error in the Capital forecasting process. A Member added that the Sub-Committee's comments regarding this matter should be referred back to the Improvement Boards, which were responsible for providing the forecasting data.

A Member stated that he was concerned that large sums of money would be carried forward in 2013/14 and that officers and Members might lose sight of these amounts. An officer stated that she would take on board Members' feedback regarding the format and content of the Revenue and Capital Outturn report when drafting future reports.

RESOLVED: That the report be noted.

138. Progress Report on Scrutiny Review of Private rented sector housing in Harrow

The Sub-Committee received a report which provided an update on progress of the recommendations made in the scrutiny review of private rented sector housing in Harrow in July 2012, and which had been incorporated in full in the Private Sector Housing Strategy approved by Cabinet on 11 April 2013.

An officer highlighted the following areas of the report:

- the Private Rented Sector Housing Strategy focused on improving quality and standards and partnership working with private landlords;
- twice as many people lived in private rented accommodation than in social housing in Harrow. In March 2013, there were 69 families in bed and breakfast (B&B) and this figure was rising;
- the Council had increased its stock of affordable homes and had exceeded targets set in this area;
- key areas of the Private Rented Sector Housing Strategy Action Plan were as follows:

1. increasing the supply of properties through the Help2Let Scheme, which was a social letting agency, providing cash incentives for landlords and investigating other sources of private rented accommodation;
 2. improving standards through promotion of the London Landlord Scheme, under which 120 landlords had received training to date;
 3. accessing additional grant funding from the Greater London Authority (GLA) through a successful West London Housing Partnership bid and the provision of information and advice sessions for tenants;
- the impact of new proposals such as selective licensing, would need to consider the potential impact on supply in the lower quartile of the private rented sector and the knock on impact this may have on homelessness demand;
 - inspection of B&B premises would be undertaken by the Environmental Health team when they had capacity;
 - landlords were being encouraged to increase the length of tenancies, which would offer greater security to tenants;
 - provision of additional support to vulnerable households and the 300 or so families which had been identified as likely to be adversely affected by the benefits cap;
 - the implementation of a number of energy efficiency measures such as the reduction of CO2 emissions in all housing tenures;
 - increased partnership working with landlords, including regular meetings of landlord forums.

A Member praised the work of Housing Services in achieving the outcomes set out in the report. An officer confirmed that Housing officers were liaising with officers in Housing Benefit.

A Member asked whether Harrow residents were accommodated in B&Bs outside Harrow. The officer responded that a few families had been placed in B&Bs in the Midlands and Bradford, and added that these were generally agreed by mutual agreement with the tenant. The Council also had some temporary accommodation in other parts of London. The Members asked whether, in the case of vulnerable families, Housing Services liaised with the local authority and other agencies where the temporary accommodation was located. The officer advised that, where appropriate, Housing Services liaised with Children and Families in Harrow to see if a move out of Harrow was appropriate, and monitored the re-settlement process for families that moved. However, as there was competition between local authorities for landlords,

officers tended not to advise local authorities about these families until after they had moved.

A Member stated that Newham Council had begun a new scheme to license all private landlords and asked if this measure was likely to be implemented in Harrow. An officer advised that he was unclear whether this would be possible under law and that Harrow's policy was to work in partnership with landlords.

A Member sought clarification as to the average length of stay at B&B accommodation and whether there was any data related to this. An officer advised that there was data available for those in B&B accommodation for longer than six weeks. There were twenty-eight families who had been in B&B accommodation for approximately three to four months and larger families tended to have longer stays. He added that, Harrow was a popular area to live in and the Council was in competition with neighbouring boroughs such as Brent and Ealing for private rented sector housing, which was in limited supply. Harrow was bidding for additional funding which, if granted, would help to reduce the number and length of those in long-term stays at B&Bs.

A Member questioned the intention to identify long-term empty properties where enforcement action in the form of compulsory purchase orders might be taken under the 2004 Housing Act. An officer stated that there were over fifty long term empties, but only a few would go forward for possible compulsory purchase. Several of these properties had been vandalised. He added that there would need to be a public enquiry and agreement by the Secretary of State before a compulsory purchase order could go ahead.

A Member asked whether there was any data regarding complaints from tenants, how these were dealt with and resolved, and any data relating to the impact of small grants to landlords. The officer advised that data relating to complaints from tenants related mostly to repairs, the progress of which were tracked. Officers tended to work with landlords to resolve any issues relating to general repairs and with the Environmental Health and the Enforcement teams on health and safety related repairs. Officers also periodically carried out satisfaction surveys with tenants, who, on the whole were satisfied.

Members voiced concern regarding the situation of those in B&B accommodation once the benefits cap was implemented and requested that this issue be reinstated on the Scrutiny watch list.

RESOLVED: That the report be noted.

139. Children and Families Performance

RESOLVED: In accordance with Committee Procedure Rule 4.1.1 – Part 4B of the Constitution, the Sub-Committee agreed that the following Member could speak at the meeting:

Councillor Zarina Khalid, Portfolio Holder for Children, Schools and Families.

The Sub-Committee received a report which set out the performance of the Children and Families Directorate for 2012/13.

The Portfolio Holder for Children, Schools and Families stated that she had recently engaged in wide-ranging discussions with officers from the Directorate. The Directorate had made good progress recently but still had a number of challenges, mainly related to workforce issues, to deal with.

The Corporate Director of Children and Families stated that following the findings of the Ofsted inspection of the Directorate in May 2012, an improvement plan had been implemented and completed. A new improvement plan, which arose from self-evaluation, quality assurance activities and service improvement priorities, was now in place.

The Ofsted inspection under the new framework had awarded 'Good' status to only three Children's Services in the UK, with 56% awarded 'Adequate' status and 33% awarded 'Inadequate' status. The Directorate had made significant progress against the findings and recommendations of the inspection and had identified areas where more remained to be done. She added that Ofsted had recently amended its inspection framework to be more rigorous and that an additional inspection of the service could take place at any time, and was likely in the Autumn of 2013.

The Corporate Director made the following additional points:

- Children and Families (C&F) Management Team had invited the Local Government Association (LGA) to undertake a peer review of Harrow's safeguarding arrangements. The review had identified areas where significant improvement had been achieved;
- a number of other reviews had been carried out over the past twelve months. These had resulted in the implementation of a number of measures and fed into the overarching Child's Journey improvement plan;
- the Directorate may be undergoing several concurrent inspections of its schools, children's centres and other settings at any one time;
- Harrow schools that had contracted the services of the Harrow Schools Improvement Service had benefited from this service;
- recruitment and retention of social workers continued to be an area of concern, with an increased number of posts filled by agency staff. There was generally a shortage of social care workers in London. An external human resources specialist project manager had been recruited and the service aimed to recruit 11 new social workers, advanced practitioners and a new service manager;
- the role of the Local Safeguarding Children's Board had been strengthened and was taking a multi-agency approach in dealing with safeguarding;

- the Early Intervention Service had a sizeable caseload, which was increasing and there had been a 154% increase in the number of referrals in April 2013 compared with April 2012;
- with regard to Children Looked After (CLAs), Harrow has had much lower rates than statistical neighbours. The service has now reviewed and lowered the threshold for social care intervention to ensure that need is met. The number of CLAs had increased from 151 to 187, which had increased pressure on resources.

A Member queried why two Primary Schools in Harrow had been downgraded following the Ofsted inspection. The Corporate Director advised that Ofsted had recently changed its inspection framework. 93-94% of Harrow's schools had been awarded either Good or Outstanding status, which was amongst the highest in the UK. Several schools had maintained their Outstanding status. C&F was working closely with those schools which had been downgraded to improve performance and raise standards. An officer added that there had been some disappointing results, however, Harrow was mirroring the national trend in this area. The Corporate Director added that some schools were experiencing higher levels of deprivation, but that the support services in Harrow were outstanding.

A Member asked what would be the likely effect of the loss of the quality assurance post. The Directorate had been obliged to find a number of efficiencies recently and was focussing on improving the skill-sets of chairs of boards, frontline work and staff training and development.

A Member asked which bodies the LGA peer review had been reported to and asked about the youth offending improvement plan. The Corporate Director advised that the general findings of the review had been reported to the Performance Board and to the Scrutiny lead Members. The Youth Offending, the CLA and the Safeguarding Improvement Plans were in place. The work of the Quality Assurance and the Early Intervention Team also had a significant impact on the service. Timescales were affected by the high level of staff turnover and by the increase in the number of cases. Education for CLAs was a priority for improvement and work was being carried out in partnership with Harrow School Improvement Partnership to improve outcomes.

A Member stated that it would be useful for the Sub-Committee to be provided with further data relating to the improvement plans. For instance, it would have been useful to see a monthly breakdown of activity for the months between April 2012 and April 2013. The Corporate Director advised that this data was available and undertook to circulate this to the Sub-Committee. An officer stated that significant improvements had taken place as a result of better planning and oversight.

A Member asked whether care leavers were involved in their care plans. The Corporate Director stated that there was a care leavers' support group and university graduates would be recruited during the summer months to undertake one-to-one mentoring with those at risk of becoming disengaged. The Council's Xcite team had been contracted to identify appropriate

traineeships and apprenticeships for those leaving care. An officer added that CfBT Education Trust had been contracted to achieve outcomes for the most vulnerable young people.

Referring to the Children's Social Care Scorecard, a Member pointed out that the figures relating to CL missing school for more than 25 days a year contradicted the summary comments and that there was in fact a significant improvement in this area. An officer agreed to update the commentary.

A Member asked about the experiences of those in care and leaving care. An officer stated that every LAC had five meetings a year with their independent reviewing participation officer, and also had the opportunity to meet with Councillors. The Corporate Director undertook to circulate a snapshot of this data to Members.

The Chairman requested that the outcomes relating to recruitment and retention strategy be provided to Members. The Corporate Director advised that this information was not in the public domain, and undertook to provide a briefing for Members during July 2013.

RESOLVED: That the report be noted.

(Note: The meeting, having commenced at 7.00 pm, closed at 9.15 pm).

(Signed) COUNCILLOR TONY FERRARI
Chair

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LONDON BOROUGH OF HARROW

**PERFORMANCE AND FINANCE SCRUTINY SUB-COMMITTEE –
30 SEPTEMBER 2013**

**REFERENCE FROM GOVERNANCE, AUDIT AND RISK MANAGEMENT
COMMITTEE – 23 JANUARY 2013**

**IT Disaster Recovery – Report of the Director of Customer Services and
Business Transformation**

The Panel received the report of the Director of Customer Services and Business Transformation, which set out the current arrangements and position regarding IT disaster recovery. She explained that she had not attended the previous meeting because she had not known the item was to be discussed, as it had featured in a much longer report.

She defined disaster recovery (DR) and described the varying levels of preparation that could be put in place to ensure the security of data and systems in the event of major disruption. Level 1 was the most basic and involved the regular copying and storing of data in a separate and secure location; the Council had always practised this level of DR. Level 2 has 3 options, (hot, warm and cold), as detailed in the report.

When Capita took over delivery of IT in 2010, officers had considered the potential for increasing DR capacity as this would now be Capita's responsibility, and represented a significant performance indicator within their contract.

Services had been consulted as to their individual risk and DR requirement, and their responses had informed the current DR capacity, with telephony, Frameworki and the internet identified as the priority areas; all three now had DR in place which has been user tested.

The original intention had been to locate a primary data centre in Capita's West Malling site with a secondary data centre in Laindon, which would place all the risk and responsibility for DR with Capita, but at a cost. However, the continuing financial situation and budget constraints had led to a proposal to retain the primary data centre in Harrow with the secondary data centre in West Malling, which would reduce costs but also return an element of risk (as landlord and 'host' of the centre) to the Council.

A Member observed that the report, as it stood, did not enable him to understand or discharge his role as a Member of GARMC in monitoring risk management in this area. Without more detail on accepted industry standards, benchmarking with other, similar authorities, and an assessment of comparative data, he could not establish if Harrow's current practice was satisfactory, or provide meaningful comment. He proposed that the Committee refer IT Disaster Recovery to Performance and Finance Scrutiny Sub-Committee for consideration.

Members discussed the levels and types of risk across services, and how to balance optimum levels of DR against costs.

The Director of Customer Services and Business Transformation pointed out that many of the issues raised related to Business Continuity (BC) rather than DR and suggested that a further report on BC rather than DR might be beneficial. It was agreed this was the case.

The Corporate Director of Resources described the cost / benefit spectrum, and the difference in dynamic between the private and public sector. In general, local authorities were not as reliant as the private sector on sophisticated IT systems to deliver income streams from a cash-flow perspective following a disaster, but required data and communications to support vulnerable individuals and groups and to meet statutory obligations.

A Member enquired if CIPFA provided advice on suitable mechanisms to assess acceptable levels of risk and proportionate costs. The Director of Customer Services and Business Transformation explained that 'SOCITM' was the industry organisation; benchmarking information would be available in 6 to 8 months time and she agreed to submit a further update report to the Committee.

RESOLVED: that

- (1) the report be noted;
- (2) a further report on Business Continuity be submitted to a future meeting of the Committee;
- (2) the matter of IT Disaster recovery be referred to Performance and Finance Scrutiny Sub-Committee for consideration.**

FOR CONSIDERATION

Background Documents:

Minutes of the Governance, Audit and Risk Committee of 23 January 2013

Contact Officer:

Una Sullivan, Democratic and Electoral Services Officer

Tel: 020 8424 1785

Email: una.sullivan@harrow.gov.uk

**REPORT FOR: PERFORMANCE AND
FINANCE SCRUTINY
SUB-COMMITTEE**

| | |
|-----------------------------------|---|
| Date of Meeting: | 30 September 2013 |
| Subject: | Report of P&F Chair's briefing for Quarter 1 2013-14 |
| Responsible Officer: | Alex Dewsnap – Divisional Director Strategic Commissioning |
| Scrutiny Lead Member area: | Tony Ferrari, Chairman P&F Sue Anderson, Vice-chair P&F |
| Exempt: | No |
| Enclosures: | Appendix A: Notes P&F Chair's briefing held on 4 September Appendix B: Watch list of items selected for further monitoring at Q2 |

Section 1 – Summary and Recommendations

This report sets out issues considered by the Chairman and Vice-chair since the last meeting of the Performance and Finance scrutiny sub-committee.

Recommendations:
To note the report.

Section 2 – Report

Introductory paragraph

This report outlines the items considered by the Chair & Vice-Chairman at their briefing on performance and finance information for Quarter 1 2013-14.

The briefings of the chairman and vice-chair of P&F have been combined with the briefings of the Resources lead members, so Councillor Jerry Miles, policy lead member Resources, also attended the briefing.

A number of items were considered at the briefing:

- Revenue and capital monitoring report Quarter 1 2013-14
- Watch list of items identified for further monitoring at the previous briefing
- Corporate scorecard Quarter 1 2013-14

Notes of the briefing are available in Appendix A and the watch list is available in appendix B.

Financial Implications

This report deals with matters of financial throughout.

Performance Issues

This report deals with matters of service performance throughout.

Environmental Impact

There is no environmental impact associated with this report.

Risk Management Implications

There are no risk management implications associated with this report.

Equalities implications

An Equality Impact Assessment was not carried out as the report includes no proposals for service change.

Corporate Priorities

The work of the sub-committee addresses all of the council's corporate priorities.

Section 3 - Statutory Officer Clearance

Not required for this report.

Section 4 - Contact Details and Background Papers

Contact: Simone van Elk, Scrutiny officer, 020 8420 9203

Background Papers: No

Appendix A

NOTES P&F CHAIRMAN'S BRIEFING – Version 1 WEDNESDAY 4TH SEPTEMBER 2013

Attending:

Councillor Tony Ferrari (Chairman P&F), Councillor Sue Anderson (Vice-chair P&F),
Councillor Jerry Miles (policy lead member Resources)

Tom Whiting (Corporate Director Resources), Simon George (Director of Finance and Assurance), Fern Silverio (Divisional Director Collections and Benefits), Martin Randall (Senior Professional Corporate Performance and Planning), Simone van Elk (Scrutiny Officer)

NOTES

Revenue and Capital Monitoring report Quarter 1 2013-14

The Director and Finance and Assurance briefed the members on the revenue and capital monitoring report. At Quarter 1 the Council is forecasting overspending roughly £2.2m by the end of the financial year. The budget contains a contingency of roughly £3m which would cover the forecast overspending.

Income from parking is forecasting additional income of roughly £1m for the second year and the Director of Finance and Assurance will review whether this should be built into the base budget as income for the next financial year. Spending against the Capital Programme will be easier to assess at the Quarter 2 report as a large part of the Capital Programme for schools is spent over the summer.

Councillor Ferrari asked what percentage of the savings set out in the Medium Term Financial Strategy (MTFS) for 2013-14 and 2014-15 has been identified as difficult to achieve. Members were informed these savings totalled £5.542m, which is 24.3% of the savings set out in the MTFS. This amount is forecast to be partially off-set by alternative savings and additional income.

Watch list of items selected for further monitoring

The performance indicators currently on the watch list would stay the same. The corporate director advised including performance indicators on:

- staff sickness – average days per Full Time Equivalent excluding schools
- workforce with an Individual Performance Appraisal and Development (IPAD) in last 12 months
- the proportion of web forms and web visits as a percentage of overall contact

Action: the indicators to be added to the Watch list of items selected for further monitoring

Corporate scorecard Quarter 1 2013-14

Members were informed that the corporate scorecard had been changed. The performance indicators on the scorecard were linked directly to the corporate plan. The indicators are now mainly focused on the impacts on residents and not necessarily on measuring processes within the Council. Performance indicators that are measured annually would only be added to the scorecard as data became available.

Councillor Anderson asked what the total number of Care leavers not in education, employment or training at 19 was, as well as for further information around the rise in violent crime overall and domestic crime in particular.

Action: Members be provided with further information on the measures for Care leavers not in education, employment or training and Repeat incidents of domestic violence and the increase in violent crime.

Councillor Anderson asked about the percentage of residents that feel satisfied with the Council. The corporate director advised members that the percentage of people who feel neutral towards the council has increased. Both the percentage of people who are satisfied with the council and the percentage of people that are dissatisfied have gone down; however, those dissatisfied have decreased more, so the net satisfied figure has improved.

Indicators brought forward for further monitoring at P&F Chairman's briefing (Watch List) - updated following meeting on 4 September 2013

| Indicator | Selected for monitoring | Q1 status | Update at Q1 | Comments and actions from Q1 meeting | Keep on Watch List? |
|---|--------------------------|-----------|--|--|---------------------|
| Supporting and protecting people who are most in need | | | | | |
| Care leavers not in education, employment or training at age 19 | - | - | - | Advise members how many young people are involved in this measure. | tbc |
| % of new case contact episodes completed within 24 hrs | Q4 2012/13 | - | (Report made to Sub-Committee 11 July.) Measure no longer in use following changes post Munro report. | - | N/A |
| % of referrals to social care from partner organisations made using CAF | Q4 2012/13 | - | No longer on Corporate Scorecard or Directorate scorecard. CAF has been relaunched in 2013/14. | - | N/A |
| Initial assessments completed within 10 days | Q4 2012/13 | - | No longer used, see below. | - | N/A |
| (PAF C64) Timing of Core Assessments (NI 60) | Q4 2012/13 | - | No longer used. See next measure. | - | N/A |
| Assessments completed within 35 days | | LR | The service now uses a single assessment in accordance with Munro recommendations and DfE guidance. This is the replacement measure. See below. | - | Yes |
| <p>From 2011-12 to 2012-13 there were increases of over 50% in the numbers of core assessments carried out by social workers and Section 47 investigations. Continued increase has been seen in the first quarter of 2013-14 with 69 new child protection plans, against an average of 12 per month in 2012-13, and 40 new children looked after (CLA), compared with an average of eight per month in 2012-13. The number of applications for court orders that Harrow has made for children over the past year has doubled, from approximately 20 to 40.</p> <p>Comparison of 'front door' activity with statistical neighbours confirms that Harrow's assessment activity was comparatively low in previous years. The additional workload described has given rise to the necessity to create additional social work posts above establishment.</p> | | | | | |
| Homelessness - NI 156 - Number of households living in temporary accommodation - number of households we assist with housing in the private rented sector | Q2, 2011/12 (as a suite) | - | No longer monitored. See B&B below. | - | N/A |
| | | HR | Update provided to Chairman and Vice-Chair 9 July. Measure no longer on Corporate Scorecard. 52 against a target of 75. "We are reviewing our landlord offer to increase procurement." (Directorate scorecard) | - | Yes |
| - No of households in B&B at end of quarter - snapshot (Housing scorecard) | | LR | 81 against a target of 75. Increase in B&B (from 69) mainly caused by difficulties in procuring Private Rented Sector properties. (Taken from Directorate scorecard as measure not on Corporate Scorecard.) | - | Yes |

| Indicator | Selected for monitoring | Q1 status | Update at Q1 | Comments and actions from Q1 meeting | Keep on Watch List? |
|--|-------------------------|-----------|--|---|---------------------|
| ex-BV 212 Average time taken to re-let LA housing (days) | Q2 2012/13 | HR | Updates provided to Chairman and Vice-Chair. No officer required at briefing. Measure no longer on Corporate Scorecard. 25 days at June against a tougher target of 18 (hence High Red) but 18 days mid-August. | - | Yes |
| Keeping neighbourhoods clean, green and safe | | | | | |
| Repeat incidents of domestic violence (also Violent Crime) | - | R | Scoring changed on Corporate Scorecard whereby target is now a range. | Request for information around the increase in violent crime (including domestic) and the nature and location of incidents. | tbc |
| NI 184 Food establishments in the area which are compliant with food hygiene law | Q2 2012/13 | LR | All food establishments are required to be inspected; risk assessed and awarded a risk rating from high to low. The risk rating determines the period before the next inspection. Whilst high risk non-compliant premises are re-inspected as a matter of urgency, where the risk to public health is low, a lapse period of up to 18 months is allowed by the Food Standards Agency. These low risk premises technically remain non-compliant until the next inspection. In addition new premises are deemed non-compliant until the first inspection; therefore an increased number of new business starters reduces the percentage of food establishments which are compliant with food hygiene law. New technology due to be introduced this year should provide better management information in this area of enforcement. (In view of the change in meeting format an officer from the service has not been invited to this meeting. Members may wish to decide whether and how to set up a meeting.) | - | Yes |
| NI 192 Percentage of household waste set for re-use, recycling and composting | Q4 2012/13 | LR (Q4) | (The figure shown under Q1 in fact relates to the previous quarter as there is a long lag in the release of figures from an external agency.) Composting tonnages have remained constant. The drop in recycling is a continuing trend experienced by all high-performing boroughs across London over the last two years. It is thought to be due to a number of factors including a reduction in the weight of magazines and papers with less advertising; a continuing trend towards electronic delivery such as e-readers; and the success of a national agreement on reductions in packaging waste. The new Community Engagement Team will look at the practicality of a publicity campaign which will help residents identify what can be recycled or composted. A verbal update will be given on Landfill Tax. | Confirmed that Landfill charge (not "tax") will not exceed estimate as overall tonnages have decreased, which outweighs the reduction in percentage recycled. | Yes |

| Indicator | Selected for monitoring | Q1 status | Update at Q1 | Comments and actions from Q1 meeting | Keep on Watch List? |
|--|--|---------------|--|--------------------------------------|---------------------|
| Improved street and environmental cleanliness: - NI 195a – litter - NI 195b – detritus - NI 195c – graffiti | Q2, 2011/12 (litter/detritus); Q4, 2010/11 (graffiti) | HR - HR | Corporate Scorecard now contains the Litter and Graffiti measures. (The Directorate scorecard reports all four parts.) The quarter 1 survey result for litter is one percentage point over target but an improvement over the previous year average. The worst performing land use type was Industry and Warehousing. The figure for graffiti was consistent with previous quarters but remains over target. The worst performing land use was alleys and small footpaths. Much of the graffiti is on private land and the owners' responsibility to remove and the same applies to some of the instances of litter. Discussions are in progress with the survey contractor to establish whether it is possible to report separately on areas which are the Council's responsibility. | - | Yes |
| United and involved communities: a Council that listens and leads | | | | | |
| (None this quarter) | | | | | |
| Supporting our town centre, our local shopping centres and businesses | | | | | |
| Visits to libraries - number of physical visits | Q4 2012/13 | LG | Corporate Scorecard now contains a composite measure including this one. From Directorate scorecard: Target 312,500 for Q1, actual 313,054. Service commentary: The library service will be commissioned to John Laing from the beginning of September 2013. The contract includes the requirement for John Laing to increase visits by 2% per annum with penalty clauses if this is not achieved. | - | Yes |
| Effective & Efficient Organisation (formerly Customer & corporate health; and Resources) | | | | | |
| % householder planning applications approved | Q1, 2012/13 (former measure selected Q2 2011/12) | HR | No longer on Corporate Scorecard. 75% against target of 90% but 2 percentage points improvement. Householder planning appeals allowed (Directorate scorecard) for Q1: HR - 55% against 30% target. "Increase in householder appeals allowed reflects government stance on householder developments. Also some split decisions which count against the Council, and 'varied' decisions where the Inspector allows an alternative scheme. (Also counts against the Council)." | - | Yes |
| Proportion of web forms and web visits as a percentage of overall contact | Q1 2013/14 | A | Newly selected | Add to Watch List | Yes |

| Indicator | Selected for monitoring | Q1 status | Update at Q1 | Comments and actions from Q1 meeting | Keep on Watch List? |
|--|-------------------------|-----------|--|---|---------------------|
| Staff sickness - average days per FTE excluding schools | Q1 2013/14 | HR | Newly selected | Add to Watch List | Yes |
| Workforce with IPAD in last 12 months | Q1 2013/14 | HR | Newly selected | Add to Watch List | Yes |
| % forecast variation from budget: capital expenditure | Q4 2012/13 | A | Report made to Sub-Committee 11 July and item discussed at committee | | Yes |
| Current rent arrears as % of rent roll | Q4 2012/13 | - | No longer measured as %. See next. Interim update provided to Chairman and Vice-Chair. | | N/A |
| Overall current tenants' rent arrears (£k) | Q4 2012/13 | A | £441K against £440K target. No longer on corporate scorecard. | | Yes |
| Accident incident rate; and Reportable injury frequency rate | Q1 2013/14 | HR LR | - | Provide explanation of how rate is calculated in each case and supply back data calculated on this basis. | tbc |
| | | | | | |

REPORT FOR: CABINET

| | |
|-------------------------------------|---|
| Date of Meeting: | 12 September 2013 |
| Subject: | Revenue and Capital Monitoring for Quarter 1 as at 30 June 2013 |
| Key Decision: | Yes |
| Responsible Officer: | Simon George, Director of Finance and Assurance |
| Portfolio Holder: | Councillor Thaya Idaikkadar (Leader and Portfolio Holder for Business Transformation and Communications, Finance, Performance, Customer Services and Corporate Service, Property and Major Contracts) |
| Exempt: | No |
| Decision subject to Call-in: | Yes |
| Enclosures: | Appendix 1 - Revenue Directorates Summary Appendix 2 - MTFS Red Rated Items Appendix 3 - Debt Management |

Section 1 – Summary and Recommendations

This report sets out the Council's revenue and capital monitoring position as at 30 June 2013:

Recommendations:

1. Note the revenue and capital forecast outturn position at the end of June 2013;
2. Approve both the Revenue & Capital virements detailed in paragraphs 12, 15, 16 & 17; and 24

Reason (for recommendation)

To present the forecast financial position and actions required to be taken.

Section 2 – Report

Introduction

1. The 2013-14 quarter 1 revenue financial monitoring is reporting some early identified pressures to the revenue outturn position of £2.2m. This represents an adverse variance of 1.2% against the approved budget of £181.1m as summarised in the table below.

| Directorate | Original Budget | Carry Fwds | Adjust ments | Latest Budget | Forecast Outturn Pd 3 | Forecast Variance Pd 3 | |
|---------------------------------|-----------------|--------------|--------------|----------------|-----------------------|------------------------|-------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | % |
| Resources | 27,363 | 1,090 | 572 | 29,025 | 29,275 | 250 | 0.86 |
| Environment and Enterprise | 37,091 | 935 | 49 | 38,075 | 38,795 | 720 | 1.89 |
| Community, Health and Wellbeing | 77,722 | 686 | -45 | 78,363 | 79,018 | 655 | 0.84 |
| Children and Families | 45,078 | 552 | 206 | 45,836 | 46,408 | 572 | 1.25 |
| Sub-Total Directorate | 187,254 | 3,263 | 782 | 191,299 | 193,496 | 2,197 | 1.15 |
| Inflation and Corporate Items | 1,912 | | -134 | 1,778 | 1,778 | 0 | 0.00 |
| Contingency | 3,171 | | | 3,171 | 3,171 | 0 | 0.00 |
| Provision for Redundancies | 1,000 | | | 1,000 | 1,000 | 0 | 0.00 |
| Carry Forwards | 0 | -3,263 | | -3,263 | -3,263 | 0 | 0.00 |
| Contribution from Reserves | | | -480 | -480 | -480 | 0 | 0.00 |
| Capital Financing | -6,907 | | | -6,907 | -6,907 | 0 | 0.00 |
| Unringfenced Grants | -5,367 | | -168 | -5,535 | -5,535 | 0 | 0.00 |
| Contribution to Reserves | 0 | | | 0 | 0 | 0 | 0.00 |
| Total Budget Requirement | 181,063 | 0 | 0 | 181,063 | 183,260 | 2,197 | 1.21 |

2. The main areas of the £2.2m variance are summarised below :-
- Resources directorate – customer services & legal savings behind schedule
 - Environment and Enterprise directorate – public realm services savings not progressing due to the pause of the PRISM restructure
 - Community, Health & Wellbeing – vacancy, agency & procurement savings plans still being developed and the delayed decision on the outsourcing of library services
 - Children and Families – Teachers’ Centre facing pressure on achieving income targets and Targeted Services additional demand for placements & referrals
3. Due to the challenging financial environment and the risks around service demands & delivery, directorates face a challenging time to manage and contain existing & future issues which may arise in year, management continue to take actions to mitigate these pressures which are monitored and reported in a timely way.

Directorates' Position

Resources

1. The Resources Directorate at Quarter 1 is forecasting an overspend of (£250k)
2. The main projected variances are set out below:
 - Customer Services
 - (£200k) overspend on Telephony which relates to a MTFS saving which is currently behind schedule.
 - (£30k) overspend on ITO Costs - £100k additional costs arising from an increase in the number of users of Harrow's systems, partially offset by service credits on the Capita contract.
 - £150k under spend on the Harrow Help Scheme - there has been a lower than anticipated call on the scheme. The scheme is being more widely promoted to encourage take up, although the delay in welfare reform will have helped relieve the anticipated pressure on the scheme so far.
 - Procurement
 - (£89k) overspend on staffing.
 - Legal and Governance
 - (£50k) overspend on Shared Legal Practice - startup costs associated with expanding the practice to another borough.
 - (£100k) overspend due to the extended practice saving which will not be achieved in 13-14.
 - Directorate Wide
 - £60k under spend anticipated on vacancy management savings across the directorate.

Environment and Enterprise

3. The Environment & Enterprise Directorate at Quarter 1 is forecasting an overspend of (£720k)
4. The main projected variances are set out below:
 - Directorate Management
 - (£100k) overspend due to additional costs related to delay in PRISM.
 - Community Safety
 - £919k under spend mainly due to the over achievement of parking enforcement income.
 - Property and Infrastructure
 - £201k under spend on the salary budget mainly as a result of the property restructure.
 - (£135k) shortfall in staff car parking income.

- (£112k) overspend on building maintenance and landlord repairs
- (£16k) overspend on the re-tender of the cleaning contract.
- £24k under spend within Engineers due to addition capital project recharges mainly from the Town Centre project.
- £165k under spend within Traffic and Network management due to holding vacancies relating to PRISM £91k and additional income £74k relating to additional capital works & permits.
- £37k under spend within Climate change due to expected lower carbon emissions and consequently reduced CRC costs.
- Public Realm Services
 - (£1.026m) overspend due to the pause of the PRISM restructure.
 - (£324k) overspend within contract and hire lease – of which (£217k) is due to the PRISM pause impacting on the delivery of some of the MTFs savings.
 - (£220k) overspend due to pressures in achieving income targets across the service. These include trade waste (£81k) largely due to losing schools to a commercial provider; parks and open spaces (£56k), clinical waste income (£37k), CA site (£15k), Dry recyclable (£52k) due to lower tonnages, offset by more income from Allotments £21k
- Enterprise
 - (£79k) overspend within Planning Services as a result of reduction in planning (£127k) & building (£8k) fee income which is due to the new legislation 'neighbour notification', additional cost of appeals (£15k) for 73 Hinder Rd being offset by an under spend on salary £59k & additional Mayoral CIL admin fee £12k.
 - £45k under spend within Economic Development Research & Enterprise due to salary savings.
 - (£29k) overspend within Major Development Projects mainly due to salary costs.
 - (£75k) overspend within Corporate Estate due to salaries (£126k) pending the restructure of Property Services offset by over recovery of rental income £52k.

Community Health and Wellbeing

5. The Community Health and Wellbeing Directorate at Quarter 1 is forecasting an overspend of (£655k)
6. The main projected variances are set out below:
 - Adult Services
 - (£140k) overspend - the forecast generally assumes demographic growth will be fully needed and savings achieved. However, some savings have been RAG rated as amber or red, e.g. day services as final decisions have yet to be taken; late savings targets totalling (£142k) for vacancy management and agency costs have been rag rated as red as clear plans need to be developed. These late savings targets are the principal reason for the forecast overspend reported at period 3.

- Community and Culture
 - (£380k) overspend - a significant part of the forecast overspend is due to delayed decision making for outsourcing Library and Leisure services, together with the ongoing income shortfall. The estimated impact of this is approximately (£189k). The other key areas of pressure at this stage are in relation to the MTFS efficiencies at the Arts Centre (£100k), together with the allocations in relation to agency and staff vacancy factors (£52k).
- Housing General Fund
 - £93k under spend on Housing General Fund services due principally to the Help to Let carry forward of £90k being approved and added into budget.
- Public Health
 - Of the £8.874m grant for 2013-14 it is expected that £545k will be available to be carried forward into 2014-15. This reflects the contingent items less a possible increase in cost of school nursing and the additional requirement around Infection Control (agreed after commissioning intentions were approved).
- Transformation
 - (£228k) overspend - principally reflecting the additional procurement savings across the division notionally held in this area. A number of projects are underway which it is hoped will enable this saving to be achieved but this will be monitored and reduced when the programme has been quantified with more certainty.

Children and Families

7. The Children and Families Directorate at Quarter 1 is forecasting an overspend of (£572k)
8. The main projected variances are set out below:
 - Quality Assurance, Commissioning and Schools
 - (£250k) overspend - there is an estimated pressure on the Teacher's Centre mainly due to an expected shortfall of income resulting from the cessation of the rent and service charge from the Education Funding Agency (EFA) for the Avanti House Free School at the end of the academic year.
 - Targeted Services
 - (£151k) overspend - Placements pressure due to an additional 24 placements across in house fostering and external placements and is as follows:-
 - £150k under spend in Leaving Care
 - £56k under spend in House Fostering
 - £11k under spend in External Placements
 - (£283k) overspend in External Fostering
 - (£85k) overspend in Adoption
 - (£111k) overspend - due to a significant increase in referrals and overall activity the CIN and Access Services a combined potential budget pressure due to agency costs.
 - Special Needs Service
 - (£17k) overspend - there is a staffing pressure within the Children with Disability Team resulting from agency cover to resolve a current staffing issue.

- (£34k) overspend - a review of client costs in relation to respite care indicates a potential pressure.
- (£9k) overspend from pressures identified from the rent and service charges for the Alexandra Avenue Offices.

MTFS Savings

9. The final approved budget for each Directorate includes the 2013-14 MTFS efficiency savings approved by Council on 28th February 2013 of £22.8m and at present a 2014-15 MTFS saving target of £14.0m.
10. Appendix 2 attached is a table listing only the red rated items (those unlikely to be delivered in-year) for either 2013-14 or 2014-15. These currently total £5.542m (24.3%) in 2013-14, with a further £2.598m (18.6%) in 2014-15.
11. Officers are working to deliver the MTFS savings as soon as is practical.

Inflation & Corporate Items

12. A budget virement transferring £134k from the corporate items balance in respect of SSC adjustments and funding for Children's Services and Business Support has been requested and included within the directorate's budgets.

Contingency

13. At this stage there are no calls on the contingency by the S151 Officer. While not factored in to the forecast at this stage, there is a possibility that the £2m Welfare Reform contingency not being required.

Carry Forwards, Earmarked Reserves & Grants

14. The cabinet approved 2012-13 carry-forwards of £3.268m have now been included within individual directorate budgets.
15. Earmarked reserve balances including the Local Authority Area (LAA) Grant £339k and the Housing Benefit PFI grant £41k have now been included within the directorate's budgets.
16. The balance on the Transformation and Priority Initiatives Fund (TPIF) brought forward from 2012-13 is £1.117m. A total of £584k has been committed against this fund in 2013-14 in respect of Pot Holes, Harrow Card, Circles of Support and Welfare Reforms of which £100k has now been included within the directorate's budgets this currently leaves an uncommitted balance of £533k.
17. The balance on unringfenced grant has been increased by £168k due to additional Educational Services grant monies to be received in 2013-14 and this has been included within the directorate's budgets.

Capital Financing

18. At this early stage there is no variation to the forecast outturn.

Housing Revenue Account (HRA)

19. The forecast surplus for the year at quarter 1 is £444k which is £71k lower than the budget. This deterioration results from a technical adjustment between revenue and capital.
20. This technical adjustment, although having no impact on overall HRA balances, has the effect of transferring resources from revenue to capital reserves thereby reducing flexibility on revenue initiatives in the short term and increasing investment capacity in Major Works. This reflects the results of discussions, after the budget was finalised, with the Council's external auditors. The impact of this will be that in subsequent years, revenue contributions to fund capital expenditure will be reduced by an equivalent amount, and the HRA balance therefore restored to the levels previously assumed.

Reserves and Provisions

21. The Council must hold adequate provisions and reserves balances against known and anticipated events and in respect of its statutory duties as appropriate. General balances stand at £8.646m. All the provisions are reviewed on a quarterly basis. As at quarter 1 the Council has adequate provisions in respect of Insurance, Litigation and Employment cases.

Debt Management

22. The latest position on Council Tax, NNDR and Housing Benefits bad debts provisions is included within Appendix 3.

Capital Programme

23. The General Fund 2013-14 Capital Programme approved at council on 14th February 2013 was £29m and carry forwards of £30m were approved as part of the 2012-13 outturn report by the Cabinet at their 20th June meeting, increasing the overall programme to £59m.
24. Quarter 1 budget adjustments of £5.080m increase the General Fund Capital Programme further to £64m, the adjustments include:
 - CH&W - The DoH (Department of Health) have confirmed additional allocation of grant monies than budgeted
 - £522k - Community Capacity Grant to local authorities to support development in three key areas: personalisation, reform and efficiency
 - Children's - The DfE (Department for Education) have confirmed additional allocation of grant monies than budgeted
 - £381k - Devolved Formula Capital Grant
 - £4.413m - Capital Maintenance & Basic Need Capital Grant.
 - E&E – (£240k) reduction in the TfL (Transport for London) grant to bring inline with claims

| DIRECTORATE | Original Programme | Carry Fwds | Adjust ments | TOTAL BUDGET | Forecast | Forecast Variance |
|-------------------------------------|--------------------|---------------|--------------|---------------|---------------|-------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| CH&W | 3,545 | 2,543 | 526 | 6,614 | 5,685 | -928 |
| CHILDREN & FAMILIES | 6,404 | 11,997 | 4,794 | 23,195 | 23,195 | 0 |
| E&E | 13,798 | 7,007 | -240 | 20,564 | 20,565 | 1 |
| RESOURCES | 5,390 | 8,059 | 0 | 13,449 | 13,449 | 0 |
| TOTAL GENERAL FUND | 29,137 | 29,605 | 5,080 | 63,822 | 62,895 | -927 |
| TOTAL HRA | 7,633 | 757 | 0 | 8,390 | 8,139 | -251 |
| TOTAL GENERAL FUND & HRA | 36,770 | 30,362 | 5,080 | 72,212 | 71,034 | -1,179 |
| TOTAL BELOW THE LINE ITEMS | 12,411 | 0 | -4,413 | 7,998 | 0 | -7,998 |
| TOTAL CAPITAL PROGRAMME | 49,181 | 30,362 | 667 | 80,210 | 71,034 | -9,177 |

NOTE:

| General Fund Funding: | | | | | | |
|------------------------------|----------------|----------------|---------------|----------------|----------------|------------|
| Grant | -8,747 | -14,076 | -5,080 | -27,903 | -27,870 | 33 |
| Section 106 | | -427 | | -427 | -427 | 0 |
| RCCO | | -63 | | -63 | -63 | 0 |
| Capital Receipt | | 0 | | 0 | 0 | 0 |
| Borrowing | -20,390 | -15,039 | | -35,429 | -34,535 | 894 |
| TOTAL GENERAL FUND | -29,137 | -29,605 | -5,080 | -63,822 | -62,895 | 927 |
| HRA Funding: | | | | | | |
| Grant | | -42 | | -42 | -42 | 0 |
| DRF | -7,633 | -715 | | -8,348 | -8,097 | 251 |
| TOTAL HRA | -7,633 | -757 | 0 | -8,390 | -8,139 | 251 |

25. The only area of significant under spend within the General Fund is Community, Health & Wellbeing Directorate who are forecasting an under spend of £928k. This mainly results from Cultural services as they are anticipating a slippage on both the Headstone Manor £470k and Tithe Barn £425k project as they were awaiting a decision on Heritage Lottery funding.

26. The HRA capital programme currently forecasts an under spend of £251k compared to the overall programme budget of £8.390m.

27. At this stage it is anticipated there will be no call on below the line items.

Legal Implications

28. There are none directly related to this report.

Financial Implications

29. Financial matters are integral to the report.

Performance Issues

30. Good financial performance is essential to achieving a balanced budget. The financial performance is integrated with the strategic performance of the Council through quarterly Improvement Boards for each Directorate where the financial position is considered at the same time as performance against key projects, service KPIs (including customer data and complaints) and workforce. Monitoring of finance and performance is reported regularly to the Corporate Strategic Board and Cabinet and is also considered by the Council's Performance and Finance Scrutiny Sub- Committee.

Environmental Impact

31. There are none directly related to this report.

Risk Management Implications

32. The risks to the council and how they are being managed are clearly set out in the report: Risks included on Directorate risk registers? Yes

Equalities Implications

33. There are no direct equalities impacts arising from the decisions within this report.

Corporate Priorities

34. This report deals with the Revenue and Capital monitoring which is key to delivering the Council's corporate priorities.

Section 3 - Statutory Officer Clearance

Name: Simon George

Chief Financial Officer

Date: 14 August 2013

Name: Matthew Adams

on behalf of the
Monitoring Officer

Date: 19 August 2013

Section 4 – Performance Officer Clearance

Name: Alex Dewsnap

Divisional Director, Strategic
Commissioning

Date: 15 August 2013

Section 5 – Environmental Impact Officer Clearance

Name: Andrew Baker

on behalf of the
Corporate Director
(Environment & Enterprise)

Date: 14 August 2013

Section 6 - Contact Details and Background Papers

Contact: Simon George

Tel: 020 8420 9269

Email: simon.george@harrow.gov.uk

Background Papers: [Agenda for Cabinet on Thursday 14 February 2013, 7.30 pm](#)

**Call-In Waived by the
Chairman of Overview and
Scrutiny Committee**

NOT APPLICABLE

[Call –in applies]

Appendix 1: Revenue Directorates Summary

| Directorate / Service | Original Budget | Carry Fwds | Adjustments | Latest Budget | Forecast Outturn Pd 3 | Forecast Variance Pd 3 | |
|--|-----------------|--------------|-------------|----------------|-----------------------|------------------------|-------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | % |
| Resources | | | | | | | |
| Director of Resources | 969 | 100 | 0 | 1,069 | 1,056 | -13 | -1.22 |
| Strategy & Commissioning | 1,784 | 31 | 401 | 2,216 | 2,173 | -43 | -1.94 |
| Customer Services | 14,907 | 508 | 147 | 15,562 | 15,633 | 71 | 0.46 |
| HRD & Shared Services | -402 | 260 | 9 | -133 | -124 | 9 | -6.77 |
| Finance & Assurance | 6,517 | 151 | 15 | 6,683 | 6,668 | -15 | -0.22 |
| Legal & Governance | 3,594 | 0 | 0 | 3,594 | 3,745 | 151 | 4.20 |
| Procurement | -6 | 40 | 0 | 34 | 124 | 90 | 264.71 |
| Total | 27,363 | 1,090 | 572 | 29,025 | 29,275 | 250 | 0.86 |
| Environment & Enterprises | | | | | | | |
| Directorate Management | 708 | 609 | -459 | 858 | 958 | 100 | 11.66 |
| Community Safety | -2,479 | 12 | 7 | -2,460 | -3,379 | -919 | 37.36 |
| Property & Infrastructure | 15,502 | 164 | 463 | 16,129 | 15,967 | -162 | -1.00 |
| Public Realm Services | 21,321 | | | 21,321 | 22,883 | 1,562 | 7.33 |
| Enterprise | 2,039 | 150 | 38 | 2,227 | 2,366 | 139 | 6.24 |
| Total | 37,091 | 935 | 49 | 38,075 | 38,795 | 720 | 1.89 |
| Community, Health & Wellbeing | | | | | | | |
| Adult Services | 61,960 | 384 | -23 | 62,321 | 62,461 | 140 | 0.22 |
| Community & Culture | 7,839 | 90 | 62 | 7,991 | 8,371 | 380 | 4.76 |
| Housing (GF) | 7,099 | 108 | 0 | 7,207 | 7,114 | -93 | -1.29 |
| Public Health | 753 | 74 | 0 | 827 | 827 | 0 | 0.00 |
| Transformation | 71 | 30 | -84 | 17 | 245 | 228 | 1,341.18 |
| Total | 77,722 | 686 | -45 | 78,363 | 79,018 | 655 | 0.84 |
| Children & Families | | | | | | | |
| Children's Services Management | 616 | | | 616 | 616 | 0 | 0.00 |
| Quality Assurance, Commissioning & Schools | 6,091 | 461 | 161 | 6,713 | 6,963 | 250 | 3.72 |
| Early Intervention Service | 5,722 | 91 | -5 | 5,808 | 5,808 | 0 | 0.00 |
| Targeted Services | 17,879 | | 50 | 17,929 | 18,191 | 262 | 1.46 |
| Special Needs Service | 9,841 | | | 9,841 | 9,901 | 60 | 0.61 |
| Schools | 4,929 | | | 4,929 | 4,929 | 0 | 0.00 |
| Total | 45,078 | 552 | 206 | 45,836 | 46,408 | 572 | 1.25 |
| TOTAL DIRECTORATE | 187,254 | 3,263 | 782 | 191,299 | 193,496 | 2,197 | 1.15 |

Appendix 2: MTFS Red Rated Items

MEDIUM TERM FINANCIAL STRATEGY 2013-14 and 2014-15 Progress Monitoring

| | 2013-14 | 2014-15 | RAG | Comments | Officer Lead |
|---|-------------|-------------|--------|---|------------------|
| | £000 | £000 | Status | | |
| Resources | | | | | |
| IT / PMO | | | | | |
| Recharge utility costs for computer room to Capita - allocated to Resources | -95 | | R | Alternative savings have been identified to replace this item | Rahim St John |
| Reduction in Telephony Costs utilising SIP | -200 | | R | No significant progress on the procurement exercise to achieve this saving. Alternative compensatory savings being identified. | Rahim St John |
| Future trading with Academies | -25 | | R | Academies cannot benefit from the Council's self-insurance arrangements hence the appetite from academies to purchase their insurance through the Council is low, however we are working with the Insurance London Consortium to develop a product specifically | Karen Vickery |
| Legal and governance | | | | | |
| Reduced Number and Frequency Formal Committees | | -70 | R | Difficulties in reaching agreement on the meetings to be identified. | Hugh Peart |
| Efficiency savings in Mayor's office | -26 | | R | Agreement has not been reached on implementation of the savings required. | Hugh Peart |
| Expansion of Legal Practice Shared Service | -100 | -100 | R | Decision by potential partner delayed until November, will not deliver saving in 13-14 | Hugh Peart |
| Resources subtotal | -446 | -170 | | | |
| | | | | | |
| Environment & Enterprise | | | | | |
| Additional planning fees income following change from central government | | -290 | R | Outcome not deliverable. Alternative funding to close budget gap via income generation being explored | Stephen Kelly |
| Introduction of Civic Centre staff car parking charges and other free car parks | -135 | -45 | R | Deliverable however subject to consultation and approval. | Andy Parsons |
| PRISM efficiencies | -1,500 | -350 | R | Project pause and restart means that savings will be realised from April 2014. | Philip Hamberger |
| Review of loss making car parks | -150 | | R | Review of car parks commenced re-phasing of savings | Finlay Flett |
| Returning Parks to Open Space | -350 | | R | Plans to achieve savings drawn up and now awaiting agreement to commence. Linked to PRISM and the deliverability of various proposals will be delayed in line with impact of the PRISM pause | Jerry Hickman |

Appendix 2: MTFS Red Rated Items

MEDIUM TERM FINANCIAL STRATEGY 2013-14 and 2014-15 Progress Monitoring

| | 2013-14 | 2014-15 | RAG | Comments | Officer Lead |
|---|---------------|---------------|--------|--|---------------|
| | £000 | £000 | Status | | |
| Public Realm service reduction | -644 | -110 | R | Linked to PRISM and the deliverability of various proposals will be delayed in line with impact of the PRISM pause. | Jerry Hickman |
| Establishing the Harrow Home Improvement Agency as a stand alone organisation. Transformation Project | -75 | -75 | R | Not proceeding business plan being developed and savings to be found from elsewhere in the service | Andy Parsons |
| Reduce the number of off-street car park sites and dispose of selected car park sites | | -100 | R | linked to wider strategies of disposal and regeneration, that are being reviewed | Finlay Flett |
| Soft Market testing of statutory animal services and review of commercial animal services | -60 | | R | Linked to PRISM and the deliverability of various proposals will be delayed in line with impact of the PRISM pause. | Finlay Flett |
| Review Trade Waste | -220 | | R | The option to cease trade waste will lose the council £220k contribution to overheads. Seeking to retain the service and develop the service. A detailed business case is being developed. | Jerry Hickman |
| Undertake maintenance and cleaning of corporate premises only to the minimum standard necessary for statutory compliance. | -100 | | R | Savings could be achieved through aggregation of budgets based on actual costs from 2012/13 from all corporate buildings | Andy Parsons |
| Procurement Savings – others | -140 | -273 | R | Possible targets being identified | Procurement |
| Procurement – Category Management savings | -76 | | R | Source of savings to be identified | Procurement |
| Agency Staff – reduction in usage | -160 | | R | Working to reduce agency spend across the directorate & business cases are now required for agency staff | All |
| Staffing – Vacancy management | -150 | | R | Not expected to be delivered via vacancies, being delivered as part of the overall staff MTFS savings | All |
| Environment & Enterprise Subtotal | -3,760 | -1,243 | | | |
| | | | | | |

Appendix 2: MTFS Red Rated Items

MEDIUM TERM FINANCIAL STRATEGY 2013-14 and 2014-15 Progress Monitoring

| | 2013-14 | 2014-15 | RAG | Comments | Officer Lead |
|---|-------------|---------------|--------|--|--------------|
| | £000 | £000 | Status | | |
| Community Health and Wellbeing | | | | | |
| Older People Integrated Care | | -800 | R | Concern over the PCT financial position and the capacity within the PCT to work with the Council to deliver savings across both organisations. | Carol Yarde |
| Commercialisation Hatch End Pool, Arts Centre, Museum & Bannister stadium | -117 | -238 | R | The income targets were extremely challenging and will not be fully achievable for either the Museum [which will be closed until potentially November 2014 due to Tithe Barn works] or the Arts Centre. A Commercialisation project has been set up to develop and identify how the savings can be delivered in a longer time frame, requiring compensatory savings to be identified in the shorter term. | Ian Mc Nicol |
| Late savings – vacancy management | -110 | | R | Not expected to be delivered via vacancies given low level of vacant posts but expected to be delivered through management of compensatory savings across the directorate | All |
| Late savings – agency costs | -117 | | R | Unlikely to be delivered via this route given that the agency spend in this area is lower than the target allocated. Expected to be delivered through management of compensatory savings across the directorate. | All |
| Procurement Efficiencies | -207 | -77 | R | This includes procurement savings within Community and Culture as well as additional procurement savings targets agreed in February 2013. Work is underway with the Procurement Business Partner to identify savings across the directorate to deliver the overall savings target. | Procurement |
| CHW Subtotal | -551 | -1,115 | | | |
| | | | | | |

Appendix 2: MTFS Red Rated Items

MEDIUM TERM FINANCIAL STRATEGY 2013-14 and 2014-15 Progress Monitoring

| | 2013-14 | 2014-15 | RAG | Comments | Officer Lead |
|---|---------------|---------------|--------|--|-----------------|
| | £000 | £000 | Status | | |
| Children & Families | | | | | |
| Procurement Savings including placements | -500 | -70 | R | Procurement savings currently underway working in conjunction with the Procurement team and budget holders | Catherine Doran |
| Share of £1.92m ADDITIONAL SAVINGS - Children's Allocation | | | | | |
| Prices | -105 | | R | Work being undertaken with budget holders in agreement of 0.5% reduction. | Catherine Doran |
| Vacancy Rate 0.5% | -62 | | R | Work being undertaken with budget holders in agreement of 0.5% reduction | Catherine Doran |
| Agency savings | -66 | | R | Work being undertaken with budget holders in agreement of late agency cost savings | Catherine Doran |
| Procurement | -52 | | R | Work being undertaken with budget holders on Pro Class Expenditure 2011/12 saving allocations | Catherine Doran |
| Children & Families Subtotal | -785 | -70 | | | |
| | | | | | |
| Total Reds Across The Council | -5,542 | -2,598 | | | |

Council Tax

Currently, bad debt provisions (BDP) of £3.624m exist [£3.849m- £0.225k; w/off's done 01/04/13-30/06/13] for Council Tax against a potential BDP of £2.976m for debts accrued to 31 March 2013.

| COUNCIL TAX | Arrears as at 1 st of April | Arrears as at Qtr 1 | BDP | BDP as at Qtr 1 |
|--------------------|--|---------------------|-----|-----------------|
| | £000 | £000 | % | £000 |
| Pre 2009-2010 | 663 | 642 | 100 | 642 |
| 2009-2010 | 552 | 517 | 86 | 443 |
| 2010-2011 | 826 | 753 | 73 | 550 |
| 2011-2012 | 1,128 | 938 | 54 | 506 |
| 2012-2013 | 2,688 | 1,942 | 43 | 835 |
| Total | 5,857 | 4,792 | | 2,976 |

National Non Domestic Rates (NNDR)

Currently, bad debt provisions of £2.15m [£2.211m- £0.50k; w/off's done 01/04/13 to 30/06/13] exist for business rates (NNDR) against a potential BDP of £2.327m. Under Business Rates retention, the effect on the local authority is 30% of any surplus or deficit.

| NATIONAL NON DOMESTIC RATES (NNDR) | Arrears as at 1 st of April | Arrears as at Qtr 1 | BDP | BDP as at Qtr 1 |
|---|--|---------------------|-----|-----------------|
| | £000 | £000 | % | £000 |
| Pre 2012-2013 | 750 | 773 | 100 | 773 |
| 2012-2013 | 2,320 | 2,072 | 75 | 1,554 |
| Total | 3,070 | 2,845 | | 2,327 |

Council Tax and Business Rates Court Cost

Currently, bad debt provisions (BDP) of £710k (CT £620k+ NDR £90k) exists for Court Costs against a potential BDP of £706k. From previous years trends, this amount of provision appears to be adequate and in line with our overall provisions policy.

| Court Cost | Arrears as at 1 st of April | Arrears as at Qtr 1 | BDP | BDP as at Qtr 1 |
|-------------------|--|---------------------|-----|-----------------|
| | £000 | £000 | % | £000 |
| Pre 2010-2011 | 240 | 128 | 100 | 128 |
| 2010-2011 | 144 | 102 | 85 | 87 |
| 2011-2012 | 221 | 138 | 75 | 104 |
| 2012-2013 | 453 | 394 | 60 | 236 |
| 2013-2014 | 0 | 301 | 50 | 151 |
| Total | 1,058 | 1,063 | | 706 |

Housing Benefits

Currently, bad debt provisions of £3.2m [£3.258m - £0.58k w/off's 1/4/13 to 30/06/13] exist for Housing Benefit overpayment debt against a potential BDP of £3.675m (£2,712 + £963m = £3,675m). The under provision will be partly funded from improved collection on overpayments although this may still leave a balance that will need to be met from revenue.

| Housing Benefit DEBTORS | Outstand as at 1 st of April | Outstand as at Qtr 1 | BDP | BDP as at Qtr 1 |
|--------------------------------|---|----------------------|-----|-----------------|
| | £000 | £000 | % | £000 |
| Pre 2011-2012 | 1,169 | 1,075 | 100 | 1,075 |
| 2011-2012 | 822 | 827 | 100 | 827 |
| 2012-2013 | 1,529 | 1,011 | 50 | 506 |
| 2013-2014 | 0 | 1,013 | 30 | 304 |
| Totals | 3,520 | 3,926 | | 2,712 |

| Housing Benefit LIVE CASES | Outstand as at 1 st of April | Outstand as at Qtr 1 | BDP | BDP as at Qtr 1 |
|-----------------------------------|---|----------------------|-----|-----------------|
| | £000 | £000 | % | £000 |
| Pre 2011-2012 | 241 | 190 | 100 | 190 |
| 2011-2012 | 492 | 413 | 75 | 308 |
| 2012-2013 | 1,451 | 1,063 | 30 | 319 |
| 2013-2014 | 0 | 732 | 20 | 146 |
| Totals | 2,184 | 2,398 | | 963 |

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**REPORT FOR: PERFORMANCE AND
FINANCE SUB-
COMMITTEE**

| | |
|---------------------------------------|--|
| Date of Meeting: | 30 September 2013 |
| Subject: | Children and Families Services complaints annual report 2012-13 |
| Responsible Officer: | Catherine Doran, Corporate Director, Children and Families Services |
| Scrutiny Lead Member area: | Councillor Christine Bednell, Policy Lead Member & Councillor Victoria Silver, Performance Lead Member |
| Exempt: | No |
| Enclosures: | Appendix 1 – Annual Report for Children and Families Services Complaints for period 2012-13 |

Section 1 – Summary and Recommendations

This report sets out the statutory Children and Families Services complaints annual report for 2012-13.

Recommendations: None. For Information purposes only.

Section 2 – Report

Financial Implications

There are no specific budget issues associated with this report. All compensation payments are agreed by Service Managers and are funded within existing budgets.

Performance Issues

No PAF or BVPI indicators. However, complaints have a significant impact on the customer satisfaction KPI.

Environmental Impact

N/A

Risk Management Implications

Risk included on Directorate risk register? No

Separate risk register in place? No

Corporate Priorities

Please identify which corporate priority the report incorporates and how:

- Keeping neighbourhoods clean, green and safe
- **United and involved communities: a Council that listens and leads**
- **Supporting and protecting people who are most in need**
- Supporting our Town Centre, our local shopping centres and businesses

Section 3 - Statutory Officer Clearance

The Corporate Director determined the report did not require Financial or Legal clearance.

Section 4 - Contact Details and Background Papers

Contact: Report author: Stuart Dalton, Complaints and Information Requests Service Manager, 020 8424 1927

Background Papers: None

ANNUAL REPORT for Children and Families Services Complaints for period 2012-13

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1. EXECUTIVE SUMMARY

There were two new Ombudsman investigations this year and both were closed by the Ombudsman in the Council's favour. There have been only 2 Children & Families complaint local settlements in the last 9 years (where the Ombudsman concludes more action should have been taken by the Council) which is a remarkable achievement, considering the Council has agreed 106 local settlements overall with the Ombudsman during this time.

Stage 3 complaint numbers have also dropped from 5 last year to 2 this year, which is good progress.

Overall, the culture is positive with stage 1 complaint levels healthy across services, indicating the complaints process is accessible and there was consistently good complaints resolution work.

The highest profile complaint related to the Vaughan School expansion. Due to some exemplary strategic handling of the complaint, the complainants have chosen not to proceed to the Ombudsman. Independent investigation and both stage 2 and 3 concluded that re-consultation was not justified.

42

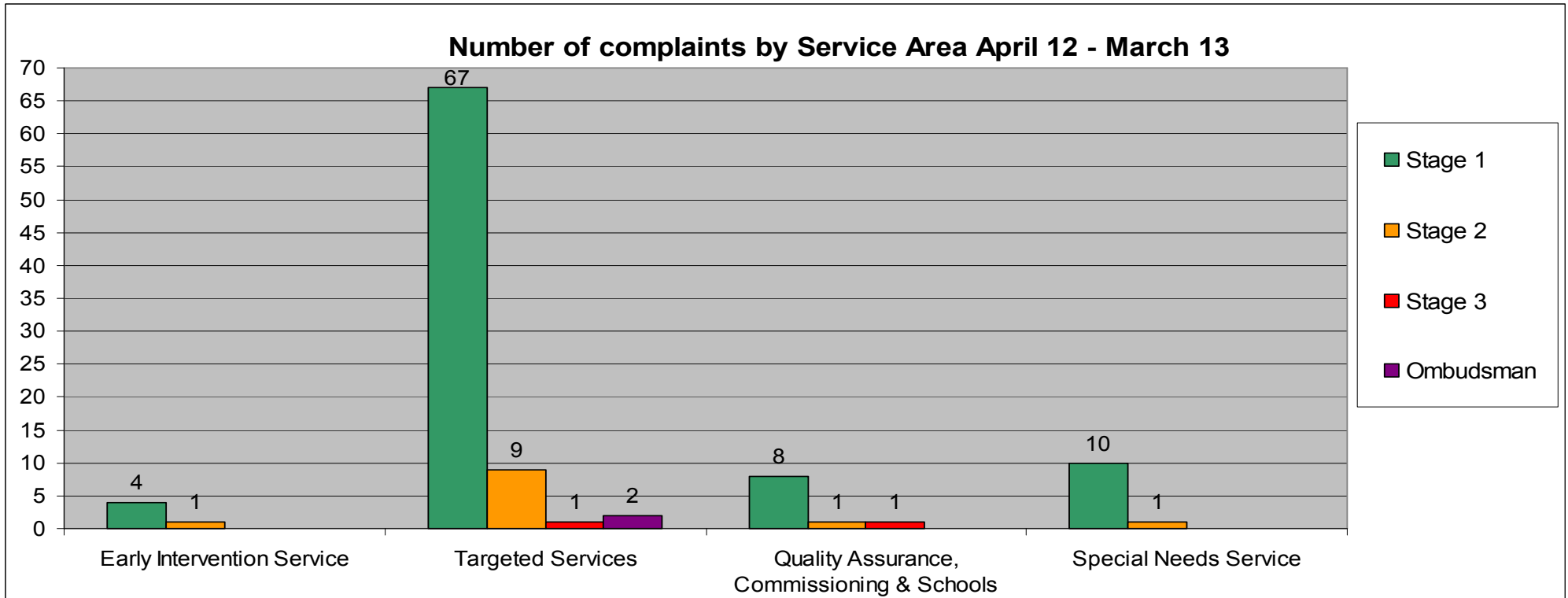
Of Targeted Services 9 stage 2 complaints, 6 were upheld or partially upheld and this reflects an area for improvement going forward. Equally, only 1 of the 9 escalated to stage 3 during this period.

2. Summary of Activity

Total complaints made:

Between 1 April 2012 and 31 March 2013 we received 89 Stage 1 complaints.

There were 12 Stage 2 complaints and 2 stage 3 complaints. Two complaints were investigated by the Ombudsman.



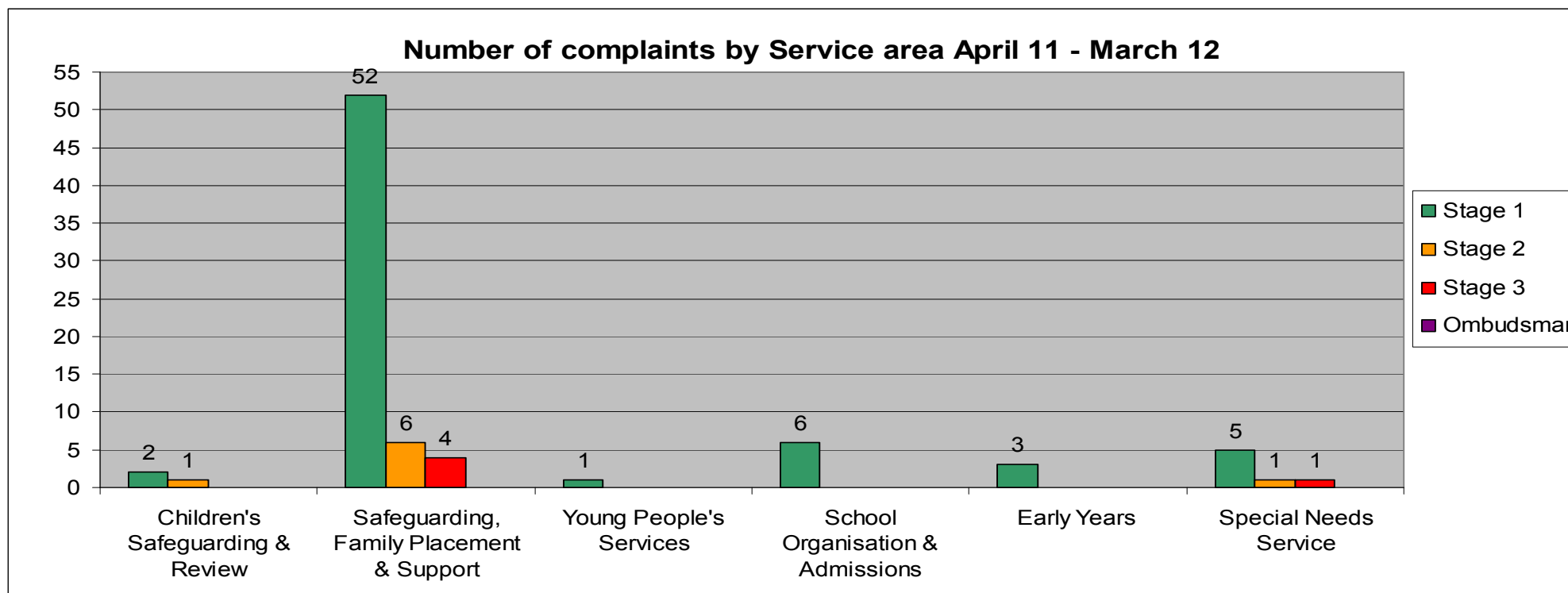
Key message: In the context of some very challenging stage 2 complaints, the escalation levels to stage 3 and Ombudsman have been very low.

Analysis: 67 is an increase in stage 1 complaints for Targeted Services, following 52 in 2011-12. Services should not be criticised for having high stage 1's per se as it can demonstrate an open accessible culture. Targeted Services will always receive significant numbers of complaints due to the nature of the work. However, the relatively high number of upheld stage 2 complaints for Targeted Services indicates some legitimate points have not always been recognised at stage 1.

The Complaints Service logged 41 potential stage 1's that were either resolved without a Stage 1 needed or the complainant chose not to proceed further.

Key action: Targeted Services to reduce stage 2 complaint numbers and particularly, the number of upheld or partially upheld stage 2 complaints.

2.1 Comparison with the year before (2011-12)



Analysis: Whilst service structures have changed, the patterns remain similar. A healthy level of stage 1's across services, with low escalations, although Targeted Services has much higher levels. Although it is expected that there will be more complaints generally in Targeted it is likely that this also reflects the need for more robust complaint responses and management.

Targeted Services continue to see higher number of complaints at stage 1 and 2 compared to historical levels, though this may be partly explained by them taking on additional functions including leaving care and youth offending.

Key action: Children and Families to identify a strategy to reduce the number of concerns escalating to stage 1 (including proactive early attempts at resolution).

2.2 Numbers of complaints compared to previous years

| | Potential | Stage 1 | Stage 2 | Stage 3 |
|---|-----------|---------|---------|---------|
| 2012-13 | 41 | 89 | 12 | 2 |
| 2011-12 | 35 | 69 | 8 | 5 |
| 2010-11 | 45 | 72 | 9 | 1 |
| 2009-10 | 40 | 60 | 7 | 2 |
| 2008-09 (potential complaints captured) | 33 | 49 | 5 | 5 |
| 2007-08 (letter-vetting and mediations) | | 57 | 9 | 1 |
| 2006-07 (mediations) | | 56 | 4 | 1 |
| 2005-06 (pre-mediation) | | 53 | 11 | 2 |
| 2004-05 (pre-mediation) | | 52 | 7 | 0 |
| 2003-04 (pre-mediation) | | 40 | 8 | 1 |

Key message: Councils that capture high levels of Stage 1 complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Councils that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CQC 2007]

Analysis: We have a healthy level of Stage 1 complaints (welcoming customer feedback). A significant number of issues are resolved informally meaning complainants choose not to proceed with a complaint (potentials).

3. Outcomes for key targets in 2012-13

In the last annual report the following were identified as key focus areas.

- To reduce levels of stage 3's. Outcome: Achieved (only 2, compared to 5 the year before)
- To highlight to the Divisional Director only one Young People's complaint was received and ascertain if there is any raising awareness that the Complaints Service can assist with. Outcome: Achieved.
- The Complaints Service to lead a session with Children Centre Managers to ensure all complaints are recognised and dealt with as complaints and explore are we maximising learning from user feedback. Outcome: Achieved (feedback is this has helped)
- Future reports will report against the new operating model Divisional Directorate structures. Outcome: Achieved.
- To closely monitor Early Years timescales and promptly flag any timescales not met to the Divisional Director (33% this year after 4 years of 100% compliance). Outcome: Achieved (100% compliance).
- To build on Safeguarding timescale progress and aim for 75% for next year. Outcome: Partially achieved (68% is close to 75% and a vast improvement on the 38% 3 years ago).
- Complaints Service to upload stage 2, 3 and Ombudsman decisions onto HOST. Outcome: Achieved.
- To monitor adjudication timescales and if there are delays to explore further solutions. Outcome: Achieved (The pattern of delays in adjudications has been addressed)

- Random checking to assess if introducing hunt groups and a messaging protocol has fully resolved delay complaints. Outcome: Achieved. (However, random checks suggest this is still an issue)
- Even where complaints escalate to stage 3, there still needs to be a learning meeting at some point to help staff and managers to recognise where mistakes have been made and appreciate the impact on the service user. Outcome: Not achieved (this remains outstanding).
- To embed holding learning meetings with Safeguarding staff following stage 2 complaints and invite the complainant to these meetings. Outcome: Achieved (All stage 2 responses now strongly encourage the complainant to meet. However, take-up has been low).
- Targeted Services training seminar around escalation themes and getting the tone right. Outcome: Achieved (however, it remains a work in progress).
- Targeted Services training on managing low engagement or non-compliance. Outcome: Achieved (and no further complaints suggests this has been addressed).

4. Focus for 2013-14:

- Targeted Services to reduce stage 2 complaint numbers and particularly, the number of upheld or partially upheld stage 2 complaints.
- Children and Families to identify a strategy to reduce the number of concerns escalating to stage 1 (including proactive early attempts at resolution).
- Business support to provide timescale reminders to Targeted Services managers.
- A separate communication, information, tone, customer service strategy to be included in the Children and Families Improvement Plan.
- All Children and Families Directorates to surpass the 75% timescale target.
- Priority to be given for Targeted Services staff to access relevant customer service training.
- Targeted Services staff to target robustly identifying and acknowledging errors or poor practice at stage 1 and ensuring this is addressed and learnt from. Agreement interviews for new Team Managers and Senior Practitioners will include a complaints management test.
- Targeted Services Stage 1 responses to be quality assured by the Service Manager to help improve trend identification at stage 1.
- The Complaints Manager meeting with Targeted Services Managers to explore themes from complaints and solutions.
- To review how complainants can be encouraged to engage with learning meetings post stage 2.
- For the Complaints Manager to explore how mediation can be used most effectively, within the context of less mediation capacity.

5. Stage 1 Complaints

| Year | Quality Assurance, Commissioning & Schools | Targeted services | Special Needs | Early Intervention Services | Other | Total |
|----------------|--|-------------------|---------------|-----------------------------|----------|-----------|
| 2012-13 | 8 | 67 | 10 | 4 | 0 | 89 |
| 2011-12 | 8 | 52 | 5 | 4 | 0 | 69 |
| 2010-11 | 10 | 42 | 8 | 10 | 2 | 72 |
| 2009-10 | 18 | 28 | 5 | 8 | 1 | 60 |
| 2008-09 | 8 | 26 | 10 | 3 | 2 | 49 |
| 2007-08 | 18 | 18 | 10 | 7 | 4 | 57 |
| 2006-07 | 11 | 30 | 6 | 9 | 0 | 56 |

Key message: Councils that capture high levels of Stage 1 complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Councils that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CQC 2007]

Analysis: Complaints numbers appear healthy across services with an accessible culture.

Last year's report suggested Special Needs and Early Intervention stage 1's were a little low. As a result the Complaints Manager delivered training to Children's Centre Managers to ensure all complaints are passed on given Early Intervention Service only had 4 complaints last year. That no more have come through this year, indicates low numbers are more likely due to a positive culture and good management. The Complaints Manager also met with both Special Needs management and Parent Partnership to reinforce the importance of correctly identifying all complaints. It is positive to see 10 stage 1 Special Needs complaints this year, especially given some excellent work saw none escalate to stage 3 or Ombudsman.

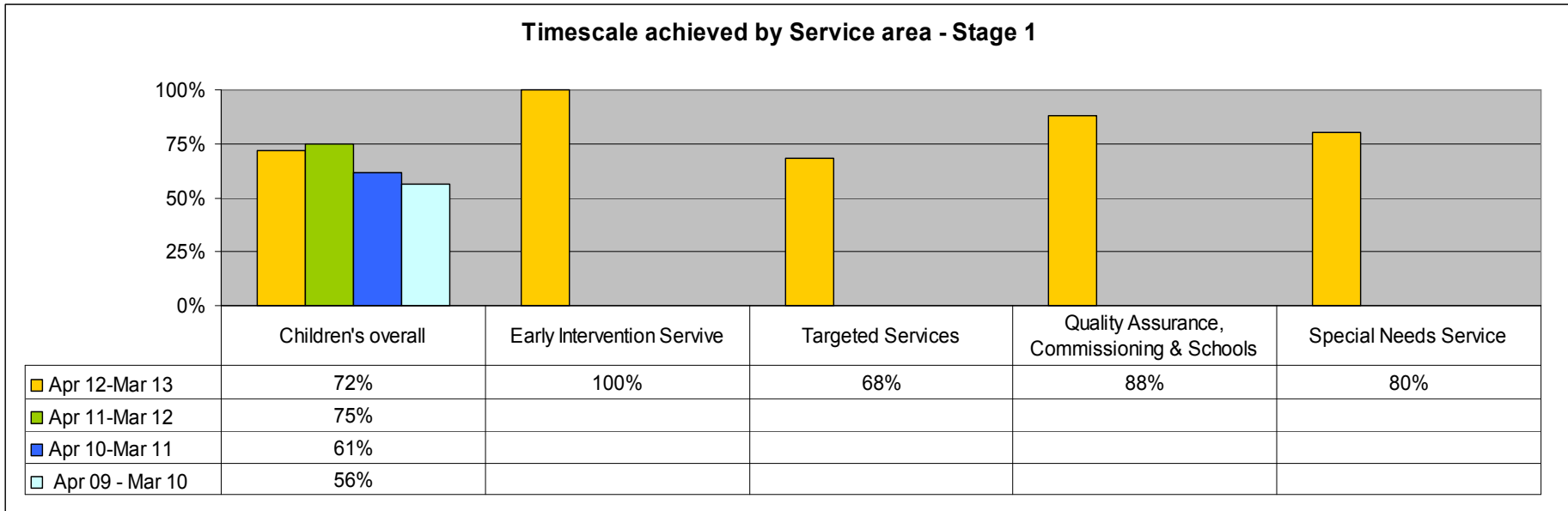
There has been some impressive complaint management in the Quality Assurance, Commissioning and Schools Service (QACS), particularly by the Admissions Service and relating to the Vaughan school expansion complaint.

The number of referrals that Targeted Services are managing has gone up significantly in the last 2 years, partly due to adopting a more proactive, preventative model as well as changing demographics in Harrow. These changes have contributed to the increase in

stage 1 complaint numbers. Services should not be criticised for having stage 1 complaints as it shows service users feel confident they can raise concerns. Equally, opportunities for informal resolution should always be considered.

Key action: Children and Families to identify a strategy to reduce the number of concerns escalating to stage 1 (including proactive early attempts at resolution).

5.1 Stage 1 response times



Key message: Timescale achievement impacts on credibility and trust and indicates wider customer service standards.

Analysis: Quality Assurance, Commissioning and Schools Service, Special Needs and Early Intervention all surpassed the 75% target. Early Intervention achieved 100%. Special Needs achieved 80% (but got 100% in the two previous years). Quality Assurance, Commissioning and Schools Service also scored a healthy 88%.

In 2011, the Complaints Service introduced Leads for timescales which has helped improve timescales.

Encouragingly, Targeted Services timescales have improved. They scored 68% which compares to 38% three years ago. The goal for next year is to surpass the 75% target.

Key action 1: All Children and Families Directorates to surpass the 75% timescale target.

Key action 2: Business support to provide timescale reminders to Targeted Services managers.

5.2 Nature of complaints

| YEAR | Children & Families Total | | Quality Assurance, Commissioning & Schools | | Targeted Services | | Special Needs | | Early Intervention Service | |
|---|---------------------------|-----------|--|----------|-------------------|-----------|---------------|----------|----------------------------|----------|
| | 12/13 | 11/12 | 12/13 | 11/12 | 12/13 | 11/12 | 12/13 | 11/12 | 12/13 | 11/12 |
| Allocation of Keyworker | 1 | | | | 1 | | | | | |
| Breach of Confidentiality | 4 | 2 | | | 3 | 2 | 1 | | | |
| Chg To Service - Withdrawal / Reduction | 2 | | | | 2 | | | | | |
| Comms - Failure to Keep Informed/Consult | 14 | 6 | | 2 | 14 | 4 | | | | |
| Freedom of Info Act | | | | | | | | | | |
| Delay / Failure in Taking Action / Replying | 21 | 27 | 2 | 5 | 16 | 20 | 3 | 2 | | |
| Discrimination by an Individual | | | | | | | | | | |
| Discrimination By a Service | 1 | | | | 1 | | | | | |
| Failure To Follow Policy or Procedure | 5 | 2 | 2 | | 2 | 2 | 1 | | | |
| Level of Service (e.g. Opening Times) | 1 | | | | 1 | | | | | |
| Loss or Damage to property | 1 | | | | | | | | 1 | |
| Policy / Legal / Financial Decision | 9 | 1 | 4 | | 5 | | | | | 1 |
| Quality of facilities / Health Safety | | | | | | | | | | |
| Quality of Service Delivery (Standards) | 11 | 17 | | 1 | 9 | 12 | 1 | 2 | 1 | 2 |
| Refusal To Provide a Service | | 1 | | | | | | 1 | | |
| Staff Conduct - Attitude / Behaviour | 19 | 13 | | | 13 | 12 | 4 | | 2 | 1 |
| TOTAL | 89 | 69 | 8 | 8 | 67 | 52 | 10 | 5 | 4 | 4 |

Analysis: The three types of complaint that have seen noticeable increases are communication; policy decisions and staff attitude complaints.

It is positive that withdrawal/reduction in service complaints remain low which is a testament to the Directorate's preventative model and ethos. It is also positive to see delay and quality of service complaints have reduced.

Quality Assurance, Commissioning and Schools Service received 4 policy complaints after none the year before, possibly reflecting a more proactive strategic approach towards policy management.

Special Needs received 4 staff attitude complaints, which was flagged to the Divisional Director mid-year and there have not been any since, demonstrating good proactive action by Special Needs.

Early Intervention's figures do not indicate any strong trends or themes.

53 Targeted Services complaints relate to 4 customer service themes (communication, staff attitude, quality of service and delay). The most noticeable trend in Targeted Services relates to the increase in communication complaints, rising from 4 to 14. Information on the process (such as leaflets) has been a theme within complaints. Phone hunt groups and a messaging protocol have been introduced.

Whilst staff attitude complaints are always likely given the nature of Targeted Services, the Complaints Manager has provided dates for different customer service training to all the Service Managers in Targeted Services to consider for their front-line staff and positively there has been take-up as a result. In addition, the Complaints Manager has delivered training to Targeted Services managers on tone and culture. Delay complaints have reduced slightly from 20 down to 16.

Key action1: A separate communication, tone, information, customer service strategy to be included in the Children and Families Improvement Plan.

Key action2: The Complaints Manager meeting with Targeted Services Managers to explore themes from complaints and solutions.

Key action 3: Priority to be given for Targeted Services staff to access relevant customer service training.

5.3 Complaints upheld

| Service | 2012-13 Not Upheld | 2011-12 Not Upheld | 2012-13 Partially Upheld | 2011-12 Partially Upheld | 2012-13 Upheld | 2011-12 Upheld | 2012-13 Withdra wn | 2011-12 Withdra wn | 2012-13 Total | 2011-12 Total |
|--|-----------------------------------|-----------------------------------|---|---|---------------------------|---------------------------|-----------------------------------|-----------------------------------|--------------------------|--------------------------|
| Quality Assurance, Commissioning & Schools | 7 | 4 | 1 | 2 | | 2 | | | 8 | 8 |
| Targeted Services | 35 | 30 | 17 | 10 | 14 | 11 | 1 | | 67 | 51 |
| Special Needs | 6 | 2 | 2 | 1 | 2 | 1 | | 1 | 10 | 5 |
| Early Intervention Service | 1 | 2 | 1 | 1 | 1 | 1 | 1 | | 4 | 4 |
| Total | 49 (55%) | 38 (56%) | 21 (24%) | 14 (20.5%) | 17 (19%) | 15 (22%) | 2 (2%) | 1 (1.5%) | 89 | 68 |

Tip: All services make mistakes and it is the mark of a healthy complaints system that complaints are upheld at stage 1. A service should not be criticised even if 100% are upheld at stage 1. However, high percentages of upheld stage 2's compared to low levels of upheld stage 1's can indicate legitimate concerns are not being identified at stage 1.

Analysis: The percentage of not upheld complaints remains virtually identical at 55% (compared to 56% and 57% in the previous 2 years).

6. Equalities Information – Service Users

6.1 Stage 1

| Gender of Service User | 12-13 | 11-12 | 10-11 | 09-10 | 08-09 |
|-------------------------------|--------------|-------|-------|-------|-------|
| Male | 43 | 32 | 42 | 31 | 24 |
| Female | 43 | 33 | 30 | 27 | 23 |
| Unknown | 3 | 4 | 0 | 2 | 2 |

Analysis: No concerns noted.

Ethnic Origin of Service User

| Ethnic Origin 2012-13 | Total |
|----------------------------------|--------------|
| Afghani | 2 |
| African | 2 |
| Any other Asian Background | 5 |
| Any other Black Background | 4 |
| Any other mixed background | 1 |
| Any other White Background | 2 |
| Asian or Asian British* | 4 |
| Black or Black British Caribbean | 1 |
| Black or Black British* | 7 |
| Caribbean | 6 |
| Indian | 2 |
| Mixed* | 1 |
| Not known | 31 |
| Pakistani | 3 |
| Romanian | 1 |
| White & Black African | 1 |
| White & Black Caribbean | 5 |
| White or White British* | 10 |
| White Other* | 1 |
| Grand Total | 89 |

Analysis: New corporate ethnic minority categories have been introduced, making individual comparisons to previous years not possible. However, overall complaints from BME complainants remain healthy, indicating an accessible service.

| | 12-13 | 11-12 | 10-11 | 09-10 | 08-09 |
|----------------------------|--------------|-------|-------|-------|-------|
| BME percentage where known | 81% | 88% | 71% | 68% | 65% |

| Disability | Grand Total |
|-------------------|--------------------|
| No | 23 |
| Unknown | 52 |
| Yes | 14 |
| Total | 89 |

Analysis: No concerns identified. It is healthy to see those with disabilities able to access the complaints process.

Stage 1 Complaint made by

| | 12-13 | 11-12 | 10-11 | 09-10 | 08-09 |
|---|--------------|-------|-------|-------|-------|
| Service User | 19 | 16 | 21 | 16 | 19 |
| Parent/relative | 60 | 42 | 41 | 39 | 22 |
| Advocate (instigated by either carer or service user) | 6 | 7 | 9 | 4 | 4 |
| Solicitors | 2 | 2 | 1 | 1 | 2 |
| Friend, other | 1 | 2 | 0 | 0 | 2 |

Analysis: The vast majority of complainants are unsurprisingly the parent/relative on the young person's behalf. Equally, it is positive that a steady number of young people are happy to complain directly or through a professional advocate.

Publicising and making the complaints procedure accessible

The Complaints Service has a raising awareness strategy that includes a plan for outreach; information on the web; a freephone and texting facility; child-orientated literature; surgeries with staff; a wide training portfolio; we also monitor that leaflets are available at main service points and a complaints poster is available. The Council's also funds a local advocacy service to assist young people in raising concerns which during this period covered all of Children and Families unlike most Councils who only provide advocacy for children in need.

6.2 Stage 2 complaints

| Gender of Service User | 12-13 | 11-12 | 10-11 | 09-10 | 08-09 |
|-------------------------------|--------------|-------|-------|-------|-------|
| Male | 6 | 5 | 4 | 5 | 2 |
| Female | 5 | 3 | 5 | 2 | 3 |
| Unknown | 0 | 0 | 0 | 0 | 0 |

Analysis: No concerns noted.

| Ethnic Origin of Service User | 2012-13 |
|--------------------------------------|----------------|
| African | 1 |
| Any other Asian Background | 1 |
| Any other Black Background | 1 |
| Any other White Background | 1 |
| Caribbean | 1 |
| Indian | 2 |
| Not Known | 2 |
| Pakistani | 1 |
| White or White British* | 1 |
| White Other* | 1 |
| Grand Total | 12 |

Analysis: No concerns noted.

Stage 2 Complaints made by

| | 12 - 13 | 11-12 | 10-11 | 09-10 | 08-09 |
|---------------------------|----------------|-------|-------|-------|-------|
| Service User | 3 | 3 | 2 | 0 | 3 |
| Parent/relative | 5 | 5 | 6 | 6 | 2 |
| Advocate | 1 | 0 | 1 | 1 | 0 |
| Solicitors | 3 | 0 | 0 | 0 | 0 |
| Friend, Councillor, other | 0 | 0 | 0 | 0 | 0 |

Analysis: It is positive that 3 young people felt able to escalate their complaint personally. Harrow Law Centre is becoming more active in Children's work.

7. STAGE 2 COMPLAINTS

There were 12 Stage 2 complaints (compared to 8 in 2010-11 and 9 in 2009-10).

7.1 Stage 2 Outcomes

| Service | Quality Assurance, Commissioning & Schools | | | | Targeted Services | | | | Special Needs | | | | Early Intervention Service | | | | Children's overall |
|------------------------------------|--|-----------|-------------|------------|-------------------|------------|------------|-------------|---------------|-----------|-------------|-------------|----------------------------|------------|------------|------------|--------------------|
| | 12-13 | 11-12 | 10-11 | 09-10 | 12-13 | 11-12 | 10-11 | 09-10 | 12-13 | 11-12 | 10-11 | 09-10 | 12-13 | 11-12 | 10-11 | 09-10 | |
| Number | 1 | 1 | 3 | 0 | 9 | 6 | 5 | 5 | 1 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 12 |
| Upheld | | | 1 | | 2 | 1 | 1 | 2 | | | | 2 | | | | | 2 |
| Partially upheld | 1 | | 2 | | 4 | 3 | 1 | 3 | | | 2 | | | | | | 1 |
| Not upheld | | 1 | | | 3 | 2 | 3 | | 1 | 1 | | | 1 | | | | |
| Awaiting outcome | | | | | | | | | | | | | | | | | 1 |
| % fully upheld | 0% | 0% | 33% | N/A | 22% | 17% | 20% | 40% | 0% | 0% | 0% | 100% | 0% | N/A | N/A | N/A | 17% |
| % at least partially upheld | 100% | 0% | 100% | N/A | 67% | 67% | 40% | 100% | 0% | 0% | 100% | 100% | 0% | N/A | N/A | N/A | 25% |

Tip: Some of the best indicators as to how well services are managing complaints are the numbers and percentage of complaints that escalate from Stage 1 to Stage 2, whether Stage 2 complaints are upheld and what learning is identified from complaints. The better a service is at transparently and rigorously identifying and acting on errors at stage 1, the less likely it is that complaints will escalate.

Analysis: Early Intervention's one stage 2 related to a stolen IPAD and was not upheld. Early Intervention have not had an upheld stage 2, 3 or Ombudsman case in 5 years. For context, 6 years ago Young People's Services (part of Early Intervention) had 3 stage 2's in one year so it shows that all areas can see complaints escalate if not handled well.

Special Needs also had no stage 2 even partially upheld this year or the year before. For the context of this achievement, the above chart shows between 2009-2011, all 4 Special Needs stage 2 complaints were at least partially upheld.

The only QACS stage 2 related to the Vaughan school expansion and independent investigation saw 2 points of complaint upheld, 3 partially upheld and 12 points not upheld, out of 17 points. Independent investigation concluded re-consultation was not justified. The

strategic management of this complaint by QACS senior managers at stage 2 was instrumental in the case not proceeding to the Ombudsman.

Last year's annual report highlighted room for improvement of Targeted Services complaints partially or fully upheld (4 of the 6 Targeted Services complaints, equating to 67%). This issue persists with 6 of the 9 Targeted Services complaints this year fully or partially upheld so this is the key target for Targeted Services. Equally, for context that is still only 6 out of 67 stage 1 complaints. Probably the most important measures of Targeted Services standards is the Ombudsman has not found fault with Targeted Services (either local settlements or public reports) in 9 years, indicating robust Targeted Services complaint management overall.

Key action: Targeted Services staff to target robustly identifying and acknowledging errors or poor practice at stage 1 and ensuring this is addressed and learnt from. Agreement interviews for new Team Managers and Senior Practitioners will include a complaints management test.

7.2 Percentage of complaints escalating to Stage 2 2012/13

| Service | Stage 1 | Stage 2 | 2012-13 % escalating to stage 2 | 2011-12 % escalating to stage 2 | 2010-11 % escalating to stage 2 |
|--|-----------|-----------|---------------------------------|---------------------------------|---------------------------------|
| Quality Assurance, Commissioning & Schools | 8 | 1 | 13% | 50% | 20% |
| Targeted Services | 67 | 9 | 13.5% | 11.5% | 12.5% |
| Special Needs | 10 | 1 | 10% | 20% | 25% |
| Early Intervention Service | 4 | 1 | 25% | 0% | 0% |
| Total | 89 | 12 | 13% | 11.6% | 12.5% |

Tip: As a rough indicator, for services that get regular complaints having under 10% escalating from Stage 1 to 2 is impressive. Over 15% indicates work needs to be done.

Analysis: The value of looking at percentages is it shows that the percentage of Targeted Services complaints escalating to stage 2 remains stable and has not exceeded 15% in the last 3 years, indicating a lot of good work at stage 1 to resolve complaints.

Both Special Needs and QACS have delivered strong complaints resolution in recent years, with both achieving their lowest escalation rates this year out of the last 3 years. This is particularly impressive for Special Needs given the nature of their work will always involve some unhappy parents. The only stage 2 was an informed management choice to immediately escalate the complaint to

stage 2 without a stage 1, given the serious conduct nature of the allegations. Independent and HCPC investigation both concluded the complaint was unfounded.

Key action 1: To review how complainants can be encouraged to engage with learning meetings post stage 2 (to help reduce escalations to stage 2).

7.4 Stage 2 Response Times

| Service | Children’s overall | | Quality Assurance, Commissioning & Schools | | Target Services | | Special Needs | | Early Intervention Service |
|-----------------------|--------------------|-------|--|-------|-----------------|-------|---------------|-------|----------------------------|
| | 12-13 | 11-12 | 12-13 | 11-12 | 12-13 | 11-12 | 12-13 | 11-12 | 12-13 |
| Within time | 8 | 5 | 1 | 1 | 5 | 4 | 1 | 0 | 1 |
| Over timescale | 4 | 3 | 0 | 0 | 4 | 2 | 0 | 1 | 0 |

Context: At Stage 2, there is more emphasis on robustness than speed.

Analysis: Two thirds of stage 2’s this year were within timescale. The good news is there have not been any significant delays with adjudications this year.

7.5 Nature of complaint

| Type of Complaint | Over all | Quality Assurance, Commissioning & Schools | | | Targeted Services | | | Special Needs | | | Early Intervention Service | | |
|---|-----------|--|----------|----------|-------------------|----------|----------|---------------|----------|----------|----------------------------|-------|-------|
| | | 12-13 | 12-13 | 11-12 | 10-11 | 12-13 | 11-12 | 10-11 | 12-13 | 11-12 | 10-11 | 12-13 | 11-12 |
| Allocation of Keyworker | | | | | | | 1 | | | | | | |
| Breach of Confidentiality | 1 | | | | | | | 1 | | | | | |
| Chg To Service - Withdrawal / Reduction | | | | | | | 1 | | | 1 | | | |
| Comms - Failure to Keep Informed/Consult | | | | | | 1 | | | | | | | |
| Freedom of Info Act | | | | | | | | | | | | | |
| Delay / Failure in Taking Action / Replying | 1 | | 1 | 1 | | 2 | 1 | | | | | | |
| Discrimination by an Individual | | | | | | | | | | | | | |
| Discrimination By a Service | | | | | | 1 | | | | | | | |
| Failure To Follow Policy or Procedure | 2 | 1 | | | 1 | 2 | | | | | | | |
| Level of Service (E.g. Opening Times) | | | | | | | | | | | | | |
| Loss or Damage to property | | | | | | | | | | | 1 | | |
| Policy / Legal / Financial Decision | | | | 1 | | | | | | | | | |
| Quality of facilities / Health Safety | | | | | | | | | | | | | |
| Quality of Service Delivery (Standards) | 4 | | | | 4 | | 1 | | 1 | | | | |
| Refusal To Provide A Service | | | | | | | | | | 1 | | | |
| Staff Conduct - Attitude / Behaviour | 4 | | | | 4 | | 1 | | | | | | |
| TOTAL | 12 | 1 | 1 | 2 | 9 | 6 | 5 | 1 | 1 | 2 | 1 | | |

Analysis: After 2 Safeguarding stage 2 complaints last year identified a theme where staff practice could improve in cases of low engagement/non-compliance by the family, it is positive this appears to have been addressed through training, with none this year.

Whilst social worker reports are always going to be a common complaint, 3 stage 2's upheld or partially upheld points relating to social worker reports. This is covered in the Section 15 (Learning from Complaints).

Some good learning was extracted from the 3 Targeted Services cases relating to information provided to families. Leaflets have been produced on the child safeguarding process for families as a result. This is covered in the Section 15 (Learning from Complaints).

Key action: Targeted Services Stage 1 responses to be quality assured by the Service Manager to help improve trend identification at stage 1.

8. STAGE 3 COMPLAINTS

8.1 Stage 3 complaints by Service Area, Timescales and Outcome.

| Service Unit | Corporate/ Statutory | Setting up Panel (30 day timescale) | Panel report produced (5 day timescale) | Council Response (15 day timescale) | Corporate timescale met | Outcome |
|--|-----------------------------|--|--|--|--------------------------------|------------------|
| Targeted Services | Statutory | No | Yes | Yes | n/a | Partially Upheld |
| Quality Assurance, Commissioning and Schools | Corporate | n/a | n/a | n/a | Yes | Not upheld |

Analysis: Having only 2 stage 3's overall and only 1 for Targeted Services is low, which owes a great deal to the combination of robust investigation at stage 2 and sensitive adjudication by Divisional Directors.

Targeted Services: The independent panel concluded the maternal grandparents should have been included in safeguarding discussions, even if their daughter did not want them involved. However, the Panel did not uphold the primary complaint around compensation. The Director offered a meeting and £1,000 compensation which the complainants declined, choosing to proceed to the Ombudsman instead.

Quality Assurance: The complainants did not want the proposed Vaughan school expansion to go ahead. They believed there was not proper consultation before it went to Planning and therefore wanted the proposals for the expansion re-consulted on. The independent reviewer at stage 3 did not uphold any additional complaints and concluded re-consultation was not justified. The complainants stated they are not proceeding to the Ombudsman.

9. Ombudsman complaints and enquiries

Key message: The most crucial test of successful complaints management is whether the Ombudsman issues reports of maladministration against the Council. The Ombudsman has not issued a report in the last 8 years relating to Harrow Social Services (Children's or Adults). The second test is whether the Ombudsman recommends local settlement (doing something additionally to resolve the complaint, indicating that something was missed internally).

9.1 Complaints made to the Ombudsman and Decision

| Service Area | Outcome of Ombudsman Consideration | | | | | Awaiting outcome |
|-------------------|------------------------------------|------------------|------------------------------|----------------------|----------------------------------|------------------|
| | Public report | Local settlement | No or insufficient injustice | Outside jurisdiction | Closed at Ombudsman's discretion | |
| Targeted Services | | | 1 | | | |
| Targeted Services | | | 1 | | | |

Analysis: The first complaint related to a delayed initial assessment. The Ombudsman closed the case following initial investigation, concluding there was no further case to answer following the use of independent investigators by the Council.

The second case was the first stage 3 complaint above where the grandparents were seeking significant compensation. The Ombudsman did not uphold the complaint and closed the case.

The Ombudsman also chose not to investigate a complaint where the complainant had approached the Ombudsman where the complainant had raised over 70 complaints raised at different times with the Council. The Chair of the LSCB had chaired a multi-agency complaint panel for robustness.

10. Escalation comparison over time

The following table indicates the percentage of complaints that have escalated from Stage 1 to Stage 2 and from Stage 1 to Stage 3. By measuring these figures as a percentage we can gauge customer satisfaction with our responses to their complaints. By measuring the level of Ombudsman local settlements and reports we can gauge how well the Council identifies fault and adequately addresses it.

| Year | Average % escalation rate Stage 1- Stage 2 | Average % escalation rate Stage 1- Stage 3 | Ombudsman local settlements | Ombudsman public reports |
|---------|--|--|-----------------------------|--------------------------|
| 2012-13 | 13.5% | 2% | 0 (Unknown) | 0 |
| 2011-12 | 11.5% | 7% | 0 (21) | 0 |
| 2010-11 | 12.5% | 1.4% | 1 (14) | 0 |
| 2009-10 | 12% | 3% | 1 (12) | 0 |
| 2008-09 | 10% | 10% | 0 (22) | 0 |
| 2007-08 | 16% | 1.75% | 0 (14) | 0 |
| 2006-07 | 7% | 1.75% | 0 (15) | 0 |
| 2005-06 | 21% | 4% | 0 (9) | 0 |
| 2004-05 | 13.5% | 0% | Unknown | 0 |
| 2003-04 | 20% | 2.5% | Unknown | 0 |

(The Ombudsman local settlements figures are in brackets for the whole Council)

Analysis: Whilst 12 stage 2's is a high number of stage 2's, the stage 1 to 2 escalation rate of 13.5% is not exceptional. The number of stage 3's escalating is only 2% so average.

Key message: There has been only 2 Children & Families complaint local settlement in the last 8 years which is a remarkable achievement, considering the Council has agreed 107 local settlements (or 2%) with the Ombudsman during this time.

11. Mediation and Alternative Dispute Resolution

Analysis: Mediation was used only 4 times and resolved 3 of those 4 complaints, compared to resolving 5 of 7 mediations the year before.

A number of complaints escalated where the complainant disagreed with the decision but the offer of mediation was rejected.

Equally, it is noticeable that mediation is being used less which may be due to reduced Complaints Service mediation capacity having taken on FOI and Access to Records. Reduced mediations may be a contributor to the number of escalations.

Key action: For the Complaints Manager to raise how mediation can be used most effectively, within the context of less mediation capacity.

Key message: The introduction of mediation in 2005-06 significantly reduced and continues to significantly reduce the number of complaints that escalate. Of 126 social care complaints where mediation has been used since it was introduced in 2005, mediation has resolved the complaint in 98 or 78% of those complaints.

12. Advocacy

Free independent advocacy is delivered for all Children & Families service users (bar school issues) by Kids Can Achieve.

Services advocacy related to:

| | |
|---|------------|
| Asylum (UASC) | 3 |
| Benefits BEN | 4 |
| Children in Need CIN | 15 |
| Children Looked After CLA | 17 |
| Children with Disabilities Service CWDS | 9 |
| Duty & Assessment D/ASS | 9 |
| Education Welfare Service EWS | 2 |
| Health HEA | 2 |
| Housing HOU | 14 |
| Leaving Care Team LCT | 10 |
| School/Further Education SCH/FE | 29 |
| Special Educational Needs (LEA) SEN | 12 |
| Other | 1 |
| TOTAL | 127 |

Reason for referral

| | | | | | |
|---|---|----|---|---|------------|
| Information, Signposting, Advice | A | 3 | Discrimination | K | 2 |
| Financial issues | B | 3 | Risk of exclusion (incl. eviction) | L | 4 |
| Complaint | C | 12 | Staff conduct – attitude/behaviour | M | 2 |
| CP Plans | D | 8 | Communication – delay or failure to keep informed/consult/take action | N | 0 |
| Support | E | 36 | Refusal to provide a service (incl. housing & CIN) | O | 4 |
| Failure to follow policy or procedures | F | 4 | Change to an individual's service – withdrawal/reduction | P | 4 |
| Client's inability to access provision (due to mental health/emotional needs) | G | 4 | Education/Statement provision | Q | 12 |
| Quality issues of placement (incl. schools & housing) | H | 27 | Policy Decision | R | 1 |
| Allocation/Re-allocation of Keyworker | I | 0 | Other | S | 1 |
| Breach of confidentiality | J | 0 | TOTAL | | 127 |

13. Complaints dealt with by the local authority and NHS Bodies

There was one joint stage 1 investigation during 2012-13 which related to breach of confidentiality and was upheld (which compares to one the year before).

14. Learning derived from complaints

Examples of learning identified from complaints during the year include:

| Problem Identified | Lesson Learnt - Action required |
|---|---|
| Three breach of confidentiality complaints | CalibottGuardian agreed to send reminder to all Children's staff of importance of protecting confidential information and how to access training. |
| Targeted Services were unaware a family were at risk of eviction | Produce a written protocol between Housing Resident Services, Children Services and Adult Care Services for when there is a child or vulnerable adult in the household and eviction action is being proposed. |
| 2 escalated complaints involved staff not managing non-compliance effectively | Safeguarding training on managing low engagement or challenging behaviour |
| Inaccurate advice given about | Access Harrow advised to put complex calls through to Admissions to |

| | |
|--|---|
| Admissions process by Access Harrow | answer |
| Independent investigator recommendation: Senior Managers should consider setting up a multi-agency forum /panel which considers the needs of children who have been subject to a Child Protection Plan over a period which includes two Review Child Protection Conferences. The purpose of the forum is to consider whether the Child Protection Plan is the best way of meeting the child's needs. | Agreed by Divisional Director |
| Phone calls not being returned trend | To produce a messaging procedure |
| IPAD stolen at a Children's Centre. With many people now carrying expensive personal equipment like IPADs and smartphones, more such claims are likely. | To produce a robust policy in conjunction with the Insurance Department to cover thefts at Children's Centres. |
| A compliance audit of agreed actions by the Complaints Manager identified some Targeted Services stage 2 actions not being allocated or stage 2/3 letters uploaded onto social care database | Business Hub staff to monitor agreed stage 2 actions to ensure they are completed Re uploading stage 2 & 3 complaint responses: Complaints Service to do from now on |
| A young person faces significantly increased university costs after the Home Office asked the wrong question of Children and Families. If staff had queried why the information was being asked this could have been avoided. | 1. Write to the Home Office advising them that future enquiries would benefit from an explanation as to why the information is being requested so that if Councils are asked a similar question on the future, the worker responding would understand and be able to provide a fuller more relevant response. 2. Employing a Connexions advisor. |
| Dissatisfaction with the school expansion consultation process | A review of the consultation procedure and processes including: -future consultations to include details about the building proposals at the earliest possible point. -future consultations engage those residents potentially most affected by the proposals at the earliest stage, and in line with the Council's consultation standards. -clear statements about the distinctions and links between the educational consultation and the planning processes To produce written guidance in relation to public questioners at Cabinet |
| Lack of a policy on financial support made defending refusal of financial support unnecessarily hard and repeat referrals not being analysed together | 1. To produce clear guidance on the framework for agreeing financial support packages (including means testing) 2. Work on thresholds to consider how repeat referrals are considered to assess whether there may be a higher need than the single referral considered in isolation may suggest, including the need for management scrutiny of repeat referrals |

| | |
|---|--|
| The financial difficulty a service user was in was not identified because she claimed everything was okay. If her income and outgoings had been examined this would have highlighted debts. | Changes to the assessment procedure on the social care database so that details of clients' income are scrutinised where appropriate |
| The weekly list of names of children put on Child Protection plans sent to Northwick Park had stopped when the responsible member of staff left. | This was addressed and a new responsible lead put in place before the complaint was made. |
| Three stage 2s upheld complaints about the quality/accuracy of assessment Social Work records and reports, including fair representation of the facts in reports | The Divisional Director to strongly reinforce the learning with her management team The Complaints Manager has been asked by the Director to hold a learning session with the four Service Managers to explore these themes |
| Three stage 2's upholding complaints lack of information provided / leaflets on the child safeguarding process for families | The development of a comprehensive set of leaflets for all elements of investigative and assessment work |
| A young person should have been given Leaving Care status | Targeted Services Divisional Director committed to liaising with the Divisional Director responsible for SEN to ensure co-ordination between the services is robust |
| Difficulties with contact sessions | When terminating a contact a risk assessment should be carried out and a letter to parents explaining the reasons sent |

15. Compliments

16 compliments were passed to the Complaints & Information Service this year (compared to 15 last year).

- Children with Disabilities received a compliment for 'helping make me a better mother and happier person'
- Catherine Alderson in Early Intervention received seven compliments about workshops she ran for parents.
- Shirin Kapasi in Children's assessment received two compliments, including for the 'exceptional way she treated us'
- The Complaints Service received two compliments
- Lynne Woodley in the Children with Disabilities Service received 'Been my heroine. This could not have happened without you so thank you SO very much for all your help with the assessment and making the recommendations that you did. Thank you also for your support and always for keeping X's best interests at the forefront of your mind. Much like mine.'
- John Crispin in Early Intervention, 'Providing an invaluable support not only to the Young people but also to X in challenging times'
- Samira Lafa 'Helpful. Highly cooperative, good personality and knowledge of culture, religion, ethics'
- Special Needs Transport: Sensitive to individuals needs providing an outstanding standard of service.

- The Commissioning Team received a 'Friendly, approachable and supportive' compliment

16. The Complaints Process explained

This report provides information about complaints made during the twelve months between 1 April 2012 and 31 March 2013 under the complaints and representations procedures established through the Representations Procedure (Children) Regulations 2006, and the Council's corporate complaints procedure.

All timescales contained within this report are in working days. Text in quotation marks indicate direct quotations from the 2006 Regulations or Guidance unless otherwise specified.

16.1 What is a Complaint?

"An expression of dissatisfaction or disquiet in relation to an individual child or young person, which requires a response."

However, "The Children Act 1989 defines the representations procedure as being for 'representations (including complaints)'." Therefore both representations and complaints should be managed under the complaints procedure (unlike for Adult social services, where only complaints need be captured).

16.2 Who can make a Complaint?

The child or young person receiving or eligible to receive services from the Council or their representative e.g. parent, relative, advocate, special guardian, foster carer etc

"The local authority has the discretion to decide whether or not the representative is suitable to act in this capacity or has sufficient interest in the child's welfare."

16.3 What the complaints team do

- Letter-vetting
- Liaising with services to try resolve the issue informally
- Mediation
- Training
- Raising awareness / staff surgeries
- Learning facilitation and agreed actions monitoring
- Deliver a unique complaints support SLA to schools
- Advocacy commissioning and support

16.4 Stages of the Complaints Procedure

The complaints procedure has three stages:

Stage 1. This is the most important stage of the complaints procedure. The Service teams and external contractors providing services on our behalf are expected to resolve as many complaints as possible at this initial point.

The Council's complaints procedure requires complaints at stage 1 to be responded to within ten working days (with an automatic extension to a further ten days where necessary).

Stage 2. This stage is implemented where the complainant is dissatisfied with the findings of Stage 1. Stage 2 is an investigation conducted by an independent external Investigating Officer for all statutory complaints and an internal senior manager for corporate complaints. A senior manager adjudicates on the findings.

Under the Regulations, the aim is for Stage 2 complaints falling within the social services statutory complaints procedures to be dealt within 25 days, although this can be extended to 65 days if complex.

Stage 3. The third stage of the complaints process is the Review Panel under the statutory procedure. Under the corporate complaints process, the Chief Executive reviews the complaint.

Where complainants wish to proceed with complaints about statutory Children's Services functions, the Council is required to establish a complaints Review Panel. The panel makes recommendations to the Corporate Director who then makes a decision on the complaint and any action to be taken. Complaints Review Panels are made up of three independent panellists. There are various timescales relating to stage 3 complaints. These include:

- setting up the Panel within 30 working days;
- producing the Panel's report within a further 5 working days; and
- producing the local authority's response within 15 working days.

Local Government Ombudsman

The Ombudsman is an independent body empowered to investigate where a Council's own investigations have not resolved the complaint.

The person making the complaint retains the right to approach the Local Government Ombudsman at any time. However, the Ombudsman's policy is to allow the local authority to consider the complaint and will refer the complaint back to the Council unless exceptional criteria are met.

**REPORT FOR: PERFORMANCE AND
FINANCE SUB-
COMMITTEE**

| | |
|-----------------------------------|---|
| Date of Meeting: | 30 September 2013 |
| Subject: | Adults Services complaints Annual report (social care only) 2012-13 |
| Responsible Officer: | Paul Najsarek, Corporate Director, Community, Health & Well-Being |
| Scrutiny Lead Member area: | Councillor Chris Mote, Policy Lead Member & Councillor Nana Asante, Performance Lead Member |
| Exempt: | No |
| Enclosures: | Appendix 1 – Annual Report for Adults Social Care Services Complaints for period 2012-13 |

Section 1 – Summary and Recommendations

This report sets out the statutory Adults Services complaints Annual report (social care only) 2012-13.

Recommendations: None. For Information purposes only.

Section 2 – Report

Financial Implications

There are no specific budget issues associated with this report. All compensation payments are agreed by Service Managers and are funded within existing budgets.

Performance Issues

There are no Adults performance indicators in the Department of Health's outcomes framework concerning complaints that has replaced the old CQC framework.

However, survey indicators of satisfaction, control etc. are now a key part of the national measures, and may be impacted if the level of complaints changes significantly.

Environmental Impact

N/A

Risk Management Implications

Risk included on Directorate risk register? No

Separate risk register in place? No

Corporate Priorities

Please identify which corporate priority the report incorporates and how:

- Keeping neighbourhoods clean, green and safe
- **United and involved communities: a Council that listens and leads**
- **Supporting and protecting people who are most in need**
- Supporting our Town Centre, our local shopping centres and businesses

Section 3 - Statutory Officer Clearance

The Corporate Director determined the report did not require Financial or Legal clearance.

Section 4 - Contact Details and Background Papers

Contact: Report author: Stuart Dalton, Service Manager, Adults & Children's Complaints, 020 8424 1927

Background Papers: None

**ANNUAL REPORT for Adults Social Care Services Complaints
for period 2012-13**

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1. EXECUTIVE SUMMARY

The overall picture is very positive and a real credit to managers and staff across Community Care. Complaints resolution is strong with low escalations (there were no upheld Ombudsman cases), there is consistent meaningful learning identified from complaints and timescale achievement was 79%.

The most notable trend related to the number of policy complaints following the introduction of the Fairer Charges policy (29 policy complaints in 2012-13 compared to only two in 2010-11). However, no complaints about the Fairer Charges policy were upheld by the Ombudsman and the policy brings Harrow Council into line with the majority of Councils.

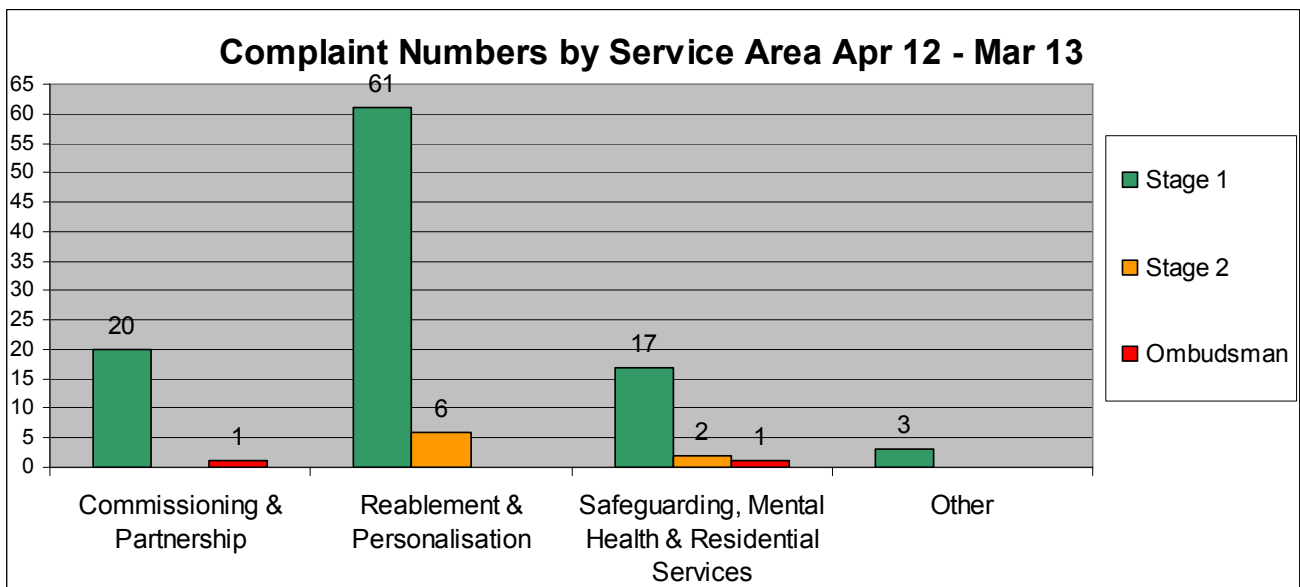
The quick action, efforts and resources dedicated by Adults management in trying to sensitively address issues as they arose during the year resulted in remarkably few escalations.

2. Summary of Activity

Between 1 April 2012 and 31 March 2013 we received 101 Stage 1 complaints.

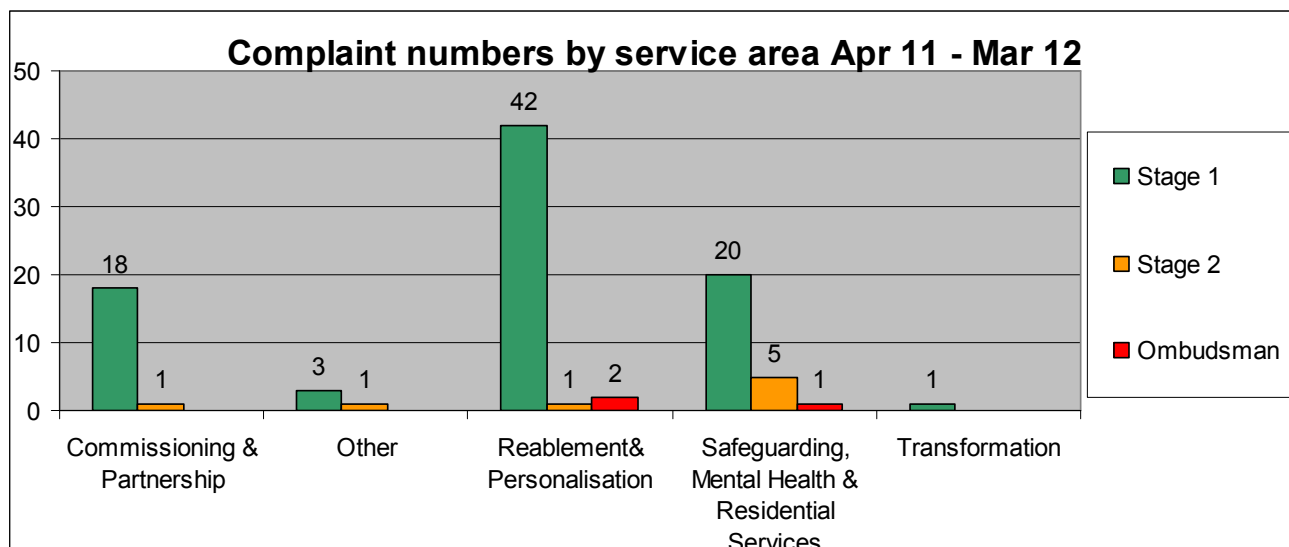
8 complaints progressed to Stage 2. There were no stage 3's. The Complaints Service dealt with 73 potential complaints that that were addressed without a Stage 1 needed.

The Ombudsman reviewed 2 new complaints during this period.



Analysis: All service areas deserve recognition for the hard work and good practice to achieve the current low levels of escalations. Only 2 complaints escalating to the Ombudsman is a very healthy position and demonstrates the proactive resolution skills and culture in the Directorate and the importance placed on good complaint management by managers.

2.1 Comparison with the year before



Analysis: Numbers at the different stages remain very similar for individual service areas compared to 2011-12.

The two noticeable differences relate to the increase in Reablement & Personalisation complaints from 42 in 2011-12 to 61 in 2012-13, which was expected with the introduction of a change of the significance of the Fairer Charges policy. This also explains the increase in Reablement & Personalisation stage 2's. The second noticeable difference is Safeguarding, Mental Health & Residential Services' stage 2's have reduced from 5 in 2011-12 to only 2 in 2012-13.

2.2 Numbers of complaints over time

| | Potential | Stage 1 | Stage 2 | Ombudsman |
|---|-----------|------------|----------|-----------|
| 2012-13 | 73 | 101 | 8 | 2 |
| 2011-12 | 88 | 84 | 8 | 0 |
| 2010-11 | | 70 | 7 | 0 |
| 2009-10 (new regulations) | | 75 | 6 | 2 |
| 2008-09 | | 66 | 5 | 1 |
| 2007-08 (letter-vetting and mediations) | | 73 | 10 | 2 |
| 2006-07 (letter-vetting and mediations) | | 118 | 10 | 2 |
| 2005-06 (pre-letter vetting; post-mediation) | | 76 | 5 | 0 |
| 2004-05 (pre-mediation) | | 81 | 12 | 1 |
| 2003-04 (pre-mediation) | | 90 | 13 | 1 |

Analysis: Escalation levels remain impressively low with only 8% escalating to stage 2 this year. The escalation rate from Stage 1 to Stage 2 dropped from 15% between 2003-05 to 9% between 2005-13, demonstrating sustained improved complaint resolution.

Stage 1 numbers are higher than average. This was a predictable consequence of a significant policy change, with the introduction of the Fairer Charges policy. Quarter 4 complaint levels reverted to traditional quarterly numbers of 20, indicating numbers should return to normal levels in 2013-14.

3. Outcomes for key targets in 2012-13

- Report back on whether Commissioning service timescale improvement has been sustained. Outcome: Achieved (75% target achieved)
- The Complaints Manager to bench-mark the numbers of residential (care home) provider complaints made to other comparable Councils to ascertain if reporting to Harrow is low or if it is the nature of care homes that complaint rates are low. Outcome: Achieved (this is a common theme for Councils – see section 8)
- All residential care home service users or next of kin are written to explaining their right of complaint to the Council. Outcome: Outstanding (timescale extended until 30 September 2013 – added to Focus for 2013/14 below)
- To explore uniform minimum residential care home provider complaint reporting requirements across West London Alliance. Outcome: Achieved (All new West London Alliance contracts will now have a uniform data reporting requirement)
- To explore advocacy accessibility in residential care homes. Outcome: Achieved (advocacy services such as Age UK have an outreach programme for care homes)
- For the Complaints Manager to attend a monitoring meeting at a residential home to see first-hand recording of complaints and feedback and see how the complaints process is being advertised and made accessible. Outcome: Achieved (The Complaints Manager did an unannounced visit and advertising of the complaints process and advocacy was clear and repeated at different parts of the home)
- To continue to target investigation training for managers where complaints have been upheld at stage 2. Outcome: Achieved (Further training delivered which received good/excellent ratings)
- To continue to work with reablement provider agencies to improve their response timescales. Outcome: Achieved (Commissioning timescales improved as a result)
- Analysis of delay in responding to service user complaints to be carried out with the Head of Service reviewing these complaints. Outcome: Achieved (There are now no areas with a trend of not meeting deadlines)
- Safeguarding, Mental Health & Residential Head of Service review the cases that have escalated to see if there is any learning. In particular, if any improvements can be identified to complaint resolution at stage 1. Outcome: Achieved (Excellent resolution efforts, resulting in only 2 stage 2's this year compared to 5 the previous year)

4. Focus for 2013/14:

- To maintain timescale compliance exceeding 75%
- To confirm in the next annual report, that the finance systems to implement the Fairer Charges policy are fully embedded and service users are happy with the financial information they are given
- For Commissioning to review communication complaints to see if any learning can be extracted and to aim for lower communication complaints in 2013-14
- Heads of Service to reflect over the cases that escalated to stage 2 and consider if they would change future strategies in light of these cases (given the success of the current approach they may be happy with no changes)

- Once the Ombudsman's annual letter is received, for future reports to adopt the Ombudsman's new outcome recording categories
- Following Ombudsman guidance to all Councils; to produce information for self-funders on how to access independent financial advice
- When the West London Alliance contracts are introduced to check that complaints data is being sent quarterly and enforce contractual compliance measures across West London Councils for non-compliance
- All residential care home service users or next of kin are written to explaining their right of complaint to the Council. Timescale extended to 30 September 2013

5. Stage 1 Complaints

| | Commissioning & Partnerships | Reablement, Personalisation | Safeguarding, Mental Health & Residential | Transformation | Other | Total |
|------------------|------------------------------|-----------------------------|---|----------------|-------|-------|
| Complaints 12/13 | 20 | 61 | 17 | 0 | 3 | 101 |
| Complaints 11/12 | 18 | 42 | 20 | 1 | 3 | 84 |

Note: Due to structure changes service area comparison cannot be made prior to 2011/12.

Key message: Councils that capture high levels of complaints invariably achieve high Star ratings as it demonstrates a willingness to hear concerns, address them and improve services as a result of them. Whereas Councils that capture lower levels of Stage 1 complaints tend to get lower star ratings. [Source: Jerry White, Local Government Ombudsman & Steve Carney, Head of Complaints, CQC 2007]

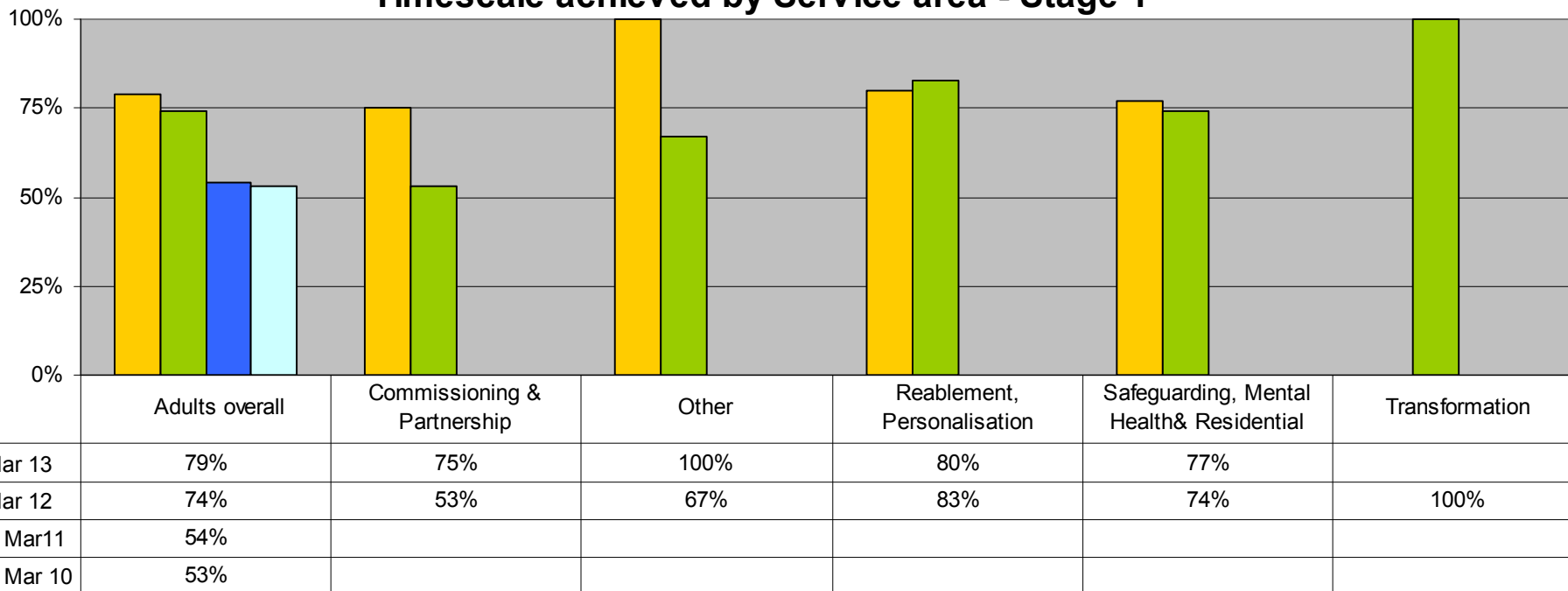
Analysis: Complaint numbers have remained healthy across all areas, which reflects a culture across the Directorate that is open to hearing and learning from feedback.

Ensuring all Commissioned service complaints are captured was made a key target after only 1 was captured in 2007-08. 20 were captured this year. This is particularly positive in the context there were no stage 2 complaints. This is the ideal scenario. A healthy number of stage 1 complaints with none escalating, showing openness combined with effective resolution.

Reablement and Personalisation by the nature of their work will always receive the largest share of complaints (this area manages all new referrals and circa 4000 community based clients). The increase this year of 42 to 61 reflects the introduction of the Fairer Charges policy, which is discussed in more detail in 5.2.

5.1 Stage 1 response times

Timescale achieved by Service area - Stage 1



75

Analysis The introduction of timescale leads within the Complaints Service has improved timescales for both Adults and Children’s complaints with the Directorate achieving 79% after 74% compared to 54% and 53% prior to leads being introduced.

All services achieved over 75% compliance, which is a strong position and reflects concerted efforts my senior and front-line managers to improve timescales in partnership with the Complaints Service.

Key action: To maintain timescale compliance exceeding 75%.

5.2 Nature of complaint 2012/13

| Type of Complaint | Safeguarding, Mental Health & Residential Services | Commissioning & Partnership | Other | Reablement & Personalisation | Adults overall 2012-13 | Adults overall 2011-12 | Adults overall 2010-11 |
|--|--|-----------------------------|----------|------------------------------|------------------------|------------------------|------------------------|
| Breach of confidentiality | 1 | | | | 1 | 1 | 0 |
| Delay / failure in taking action or replying | 4 | 2 | | 15 | 21 | 25 | 17 |
| Loss or damage to property | | | | | 0 | 2 | 3 |
| Policy / legal / financial decision | 3 | 1 | | 25 | 29 | 23 | 2 |
| Quality of Service delivery (standards) | 3 | 10 | | 11 | 24 | 14 | 15 |
| Level of Service (e.g. opening times) | | | | 1 | 1 | 0 | 1 |
| Refusal to provide a service | | | | 4 | 4 | 6 | 10 |
| Staff conduct * attitude / behaviour | 1 | | 2 | 2 | 5 | 3 | 5 |
| Failure to follow policy or procedures | 1 | 1 | | | 2 | 3 | 2 |
| Change to an individual's service - withdrawal/reduction | 2 | 2 | | | 4 | 3 | 10 |
| Communication - Failure to keep informed / consult | 1 | 4 | 1 | 3 | 9 | 4 | 4 |
| Discrimination by a Service | 1 | | | | 1 | 0 | 1 |
| Total | 17 | 20 | 3 | 61 | 101 | 84 | 70 |

76

Analysis: By far the most significant trend of complaint during the year related to the Fairer Charges policy. Any policy change of the level of the Fairer Charges policy would ordinarily see an increase in policy complaints. Policy and quality of service complaints are the two most frequent types of complaint and both have seen noticeable increases compared to 2010-11. Crucially, there have been no adverse Ombudsman findings in relation to implementing this policy.

The rise in quality of service complaints relates to disputed charges and wanting a clearer breakdown of costs in relation to the implementation of the Fairer Charges policy. System changes were agreed to address these issues. In the final quarter of the year, there were no quality of service complaints and only two policy complaints (compared to 27 policy complaints in first three quarters in 2012-13), suggesting these issues have been addressed from a service user perspective. Anecdotal staff feedback supports this view too.

It is important to emphasise that it was due to the quick action, efforts and resources dedicated by Adults management to trying to sensitively address issues as they arose with the Fairer Charging policy, that there were low escalation numbers.

In the early part of the year there were complaints about equipment orders and rejection to requests for residential placements. As is invariably the case with Community Care Directorate, they quickly learnt from complaint feedback and improved systems and procedures so we have not seen these complaints in the last two quarters of the year.

A highly positive trend relates to the continued reduction in refusal to provide a service complaints (four compared to ten in 2010-11) and reduction in withdrawal/reduction on service (four compared to ten in 2010-11), reflects the impact of a proactive reablement model.

There were not strong trends in Safeguarding, Mental Health & Residential complaints. It is positive to see their delay complaints reduce from eight in 2011-12 to four in 2012-13, after this being flagged in the previous annual report.

Delay and quality are invariably the two main reasons for commissioning complaints because of the nature of their duties. So it is interesting that there were four communication complaints and communication complaints, which may indicate potential learning opportunities. This may relate to how changes in how domiciliary care will be delivered from April were communicated. However, impressively, we have not seen a surge in complaints following the changed delivery model. This is a notable achievement for such a significant change for Commissioning and Partnership services.

Key action: To confirm in the next annual report, that the finance systems to implement the Fairer Charges policy are fully embedded and service users are happy with the financial information they are given.

Key action: For Commissioning to review communication complaints to see if any learning can be extracted and to aim for lower communication complaints in 2013-14.

5.3 Complaints upheld

| Service | Not Upheld | Partially Upheld | Upheld | Withdrawn | Total |
|--|------------|------------------|----------|-----------|-------|
| Safeguarding, Mental Health & Residential Services | 10 | 3 | 4 | | 17 |
| Commissioning & Partnership | 3 | 8 | 9 | 1 | 21 |
| Other | 1 | | 2 | | 3 |
| Reablement & Personalisation | 19 | 19 | 23 | 1 | 62 |
| Total 2012-13 | 33 (32%) | 30 (29%) | 38 (37%) | 2 (2%) | 103 |
| Total 2011-12 | 25 (30.5%) | 18 (22%) | 36 (44%) | 3 (3.5%) | 82 |
| Total 2010-11 | 21 (30%) | 17 (24.5%) | 30 (43%) | 1 (1.5%) | 70 |

Analysis: A percentage of 37% upheld stage 1 complaints is the lowest percentage since analysis of percentages started in 2010-11. This reflects service users complaining about a policy but their complaints were not upheld because the policy was properly consulted on and correctly formally approved via the democratic process. One trend was service users being unhappy with being charged a full day when they may only attend for a brief period at the Day Centre. These complaints were not upheld as the policy was applied correctly. However, it is useful feedback on where service users believe the policy could be improved.

All services make mistakes and it is the mark of a healthy complaints system that a proportion of complaints are upheld at stage 1.

The nature of commissioning complaints (delay and quality of service) means it is usual for the majority to be upheld or partially upheld.

Key message: Some of the complaints at Stage 1 involved errors but were resolved through excellent Stage 1 investigation and working sensitively with complainants/families.

6. Equalities Information – Service Users

6.1 Stage 1

Gender of Service User

| | 12-13 | 11-12 | 10-11 | 09-10 | 08-09 | 07-08 |
|---------|--------------|--------------|--------------|--------------|--------------|--------------|
| MALE | 62 | 35 | 29 | 33 | 28 | 28 |
| FEMALE | 37 | 49 | 39 | 42 | 37 | 41 |
| UNKNOWN | 2 | 0 | 2 | 0 | 1 | 4 |

Analysis: No concerns identified.

Ethnic Origin of Service User

The Council has adopted new ethnic minority categories. The below figures reflect how the service user is captured on our social care database. Many service users are still recorded under the previous equalities categories.

| Ethnic Origin 2012-2013 | Total |
|--------------------------------|--------------|
| African | 1 |
| Any other Asian Background | 2 |
| Any other mixed background | 1 |
| Asian or Asian British* | 15 |
| Caribbean | 3 |
| English | 26 |
| Indian | 10 |
| Irish | 5 |
| Mixed* | 1 |
| Not known | 6 |
| Pakistani | 1 |
| White or White British* | 29 |
| White Other* | 1 |
| Grand Total | 101 |

Ethnicity of all service users for comparison:

Age 18 - 64 BME = 59.5%

Age over 65 BME = 39.9%

All service users BME = 44.4%

Analysis: 38% of complaints where ethnicity was known came from service users from ethnic minorities which compares to 44.4%. National research indicates that members of some community groups are far less likely to complain due to cultural norms. Examples of trying to make the complaints service accessible includes paying for translators.

Complaints relating to service users with disabilities

| Disability | Total 12/13 | Total 11/12 | Total 10/11 |
|-------------------|------------------------|------------------------|------------------------|
| Yes | 92 | 82 | 58 |
| No | 1 | | |
| Not known | 8 | 2 | 12 |
| Total | 101 | 84 | 70 |

Analysis: It is unsurprising the majority of service users consider they have a disability.

Stage 1 Complaint made by

| | 12-13 | 11-12 | 10-11 | 09-10 |
|--|--------------|--------------|--------------|--------------|
| Service User | 23 | 24 | 18 | 30 |
| Relative/Partner (often informal carer) | 73 | 56 | 41 | 40 |
| Advocate –(instigated by either carer or service user) | 4 | 3 | 8 | 3 |
| Solicitors | 0 | 0 | 3 | 2 |
| Other | 1 | 1 | 0 | 0 |

Analysis: It is positive to consider that 77% of service users had assistance in raising their complaints. All service users are advised how to access advocacy support in making a complaint, when they first make a complaint.

6.2 Stage 2 complaints

Gender of Service User

| | 12-13 | 11-12 | 10-11 | 09-10 | 08-09 |
|---------|--------------|--------------|--------------|--------------|--------------|
| MALE | 2 | 2 | 2 | 3 | 1 |
| FEMALE | 4 | 6 | 5 | 3 | 4 |
| UNKNOWN | 2 | 0 | 0 | | 0 |

Analysis: No concerns noted.

Ethnic Origin of Service User

| | 12-13 | 11-12 | 10-11 | 09-10 | 08-09 |
|------------------------|--------------|--------------|--------------|--------------|--------------|
| White/British | 1 | 3 | 4 | 2 | 5 |
| Black British | 0 | 3 | 0 | 0 | 0 |
| Asian or Asian British | 3 | 1 | 2 | 3 | 0 |
| White Other | 1 | 0 | 1 | 1 | 0 |
| English | 1 | N/A | N/A | N/A | N/A |
| Other | 0 | 1 | 0 | 0 | 0 |
| Unknown | 2 | 0 | 0 | 0 | 0 |

Analysis: No concerns are apparent.

Complaints relating to service users with disabilities

| Disability | 12/13 | 11/12 | 10/11 |
|-------------------|--------------|--------------|--------------|
| Yes | 7 | 8 | 7 |
| No | | | |
| Unknown | 1 | 1 | |

Analysis: No concerns are apparent.

Stage 2 Complaints made by

| | 12/13 | 11/12 | 10-11 | 09-10 |
|--|--------------|--------------|--------------|--------------|
| Service User | 4 | 2 | 1 | 2 |
| Relative/Partner (often informal carer) | 3 | 6 | 3 | 2 |
| Advocate –(instigated by either carer or service user) | 1 | 0 | 3 | 2 |
| Solicitors | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 |

Analysis: It remains positive that service users have someone supporting them in making their complaint and this remains constant over time.

7. Stage 2 complaints

There were eight Stage 2 complaints in 2012-13 compared to eight in 2011-12.

7.1 Stage 2 complaint numbers and escalation rates

| Service | Stage 1 | Stage 2 | % escalating to formal complaints |
|--|------------|----------|-----------------------------------|
| Safeguarding, Mental Health & Residential Services | 17 | 2 | 12% |
| Commissioning & Partnership | 20 | 0 | 0% |
| Other | 3 | 0 | 0% |
| Reablement & Personalisation | 61 | 6 | 10% |
| Total 2012-13 | 101 | 8 | 8% |
| Total 2011-12 | 84 | 8 | 10% |

Tip: As a rough indicator, for services that get regular complaints having under 10% escalating from Stage 1 to 2 is good. Over 15% indicates work needs to be done.

Analysis: The Directorate saw only 8% of complaints escalate to stage 2 which indicates good early resolution standards. It is incredibly rare for no service area to exceed 15% escalation levels, indicating standards across the Directorate are good.

Key message: Low escalation levels combined with a lack of repeat trends in stage 2 complaints indicate high service standards.

7.2 Stage 2 Complaints and outcomes

| Service | Not Upheld | Partially Upheld | Upheld | Withdrawn | Awaiting Outcome | Total |
|--|------------|------------------|----------|-----------|------------------|----------|
| Safeguarding, Mental Health & Residential Services | | 2 | | | | 2 |
| Commissioning & Partnership | | | | | | |
| Other | | | | | | |
| Reablement & Personalisation | 2 | 1 | 3 | | | 6 |
| Transformation | | | | | | |
| Total 2012-13 | 2 | 3 | 3 | | | 8 |
| 2011-12 comparison | 2 | 2 | 4 | | | 8 |
| 2010-11 comparison | 3 | 1 | 3 | | | 7 |
| 2009-10 comparison | 4 | 1 | 1 | | | 6 |

83

Analysis: It is disappointing whenever complaints are upheld at stage 2 because it means that errors were not correctly identified at stage 1.

Whilst there were couple of cases where fault was not recognised prior to stage 2, independent investigation was purposefully used in some of the cases where it was recognised that the complaint would be upheld. However, independent examination was used in complex cases to determine the level of errors, identify the appropriate remedy and ensure the learning was extracted. This reflects sophisticated complaints management strategy to ensure a safe and fair outcome, rather than not recognising legitimate points at stage 1.

The Council has traditionally used independent investigators for high risk, high liability or legally-complex complaints. It was noteworthy that three complex complaints were investigated internally this year and were resolved due to the exemplary investigative and resolution work of the investigating officers. This was a real step forward. This prevented these cases escalating to the Ombudsman, where all could easily have done so.

Key message: Managers have demonstrated a genuine desire to improve their investigation and resolution practice with the result that internal investigation and front-line resolution standards have improved in recent years and are consistently of a high standard.

Key action: Heads of Service to reflect over the cases that escalated to stage 2 and consider if they would change future strategies in light of these cases (given the success of the current approach they may well be happy with no changes).

7.3 Stage 2 Response Times

| Service | Adults overall | | | Safeguarding Mental Health & Residential Services | Commissioning & Partnership | Other | Reablement & Personalisation |
|-----------------------|----------------|-------|-------|---|-----------------------------|--------------|------------------------------|
| | 12/13 | 11/12 | 10/11 | | | | |
| Year | 12/13 | 11/12 | 10/11 | 12/13 | 12/13 | 12/13 | 12/13 |
| Within time | 6 | 5 | 3 | 2 | | | 4 |
| Over timescale | 2 | 3 | 4 | | | | 2 |
| Total | 8 | 8 | 7 | 2 | | | 6 |

Context: The Council often uses independent investigators for stage 2 investigations given the seriousness of social care complaints and the next stage is the Ombudsman. At Stage 2, there is more emphasis on thoroughness than speed.

Analysis: 75% were in timescale, which is good achievement for stage 2 investigations.

7.4 Nature of complaint

| | Adults Total | | | Safeguarding, Mental Health & Residential Services | Commissioning & Partnership | Reablement & Personalisation |
|---|--------------|----------|----------|--|-----------------------------|------------------------------|
| | 12/13 | 11/12 | 10/11 | | | |
| Year | 12/13 | 11/12 | 10/11 | | | |
| Breach of confidentiality | | 1 | | | | |
| Delay / failure in taking action or replying | | 1 | 1 | | | |
| Policy / legal / financial decision | 5 | 2 | 1 | 1 | | 4 |
| Quality of Service delivery (stds) | | 2 | 3 | | | |
| Quality of Facilities / Health and Safety | | 1 | | | | |
| Refusal to provide a service | | | 1 | | | |
| Level of Service (e.g. opening times) | 1 | | | | | 1 |
| Change to Service - withdrawal/reduction | 1 | 1 | | | | 1 |
| Loss or Damage to property | | | | | | |
| Failure to follow Policy or Procedure | 1 | | 1 | 1 | | |
| Total | 8 | 8 | 7 | 2 | | 6 |

Analysis: Reablement & Personalisation received six complaints this year, with four relating to policy. Five of those six Reablement & Personalisation stage 2's were made in the first six months of the year following the implementation of the new Fairer Charges policy, meaning the last six months only saw one stage 2 complaint.

The other trend was two complaints related to service users/families seeking expensive adjustments to their property, such as extension, and escalating their complaint when the adjustment is denied (usually because there is a far cheaper way of meeting the need). Both these complaints were not upheld.

Apart from this there were no recurring themes in the complaints that escalated to stage 2. It is more the absence of recurring trends which is noteworthy because trends tend to indicate wider system or procedural issues. For example, it is impressive there were no safeguarding stage 2 complaints, given safeguarding enquiries are unlikely to be welcomed.

8. Commissioned Services

Key message: Only three Commissioned Services complaints have escalated to independent investigation (stage 2) in the last five years. Equally, those that do escalate are invariably the most serious types of complaint.

8.1 Homecare (domiciliary care) complaints and service failures

| Provider | Mears (formerly Supporta Care) | Care UK | Gentlecare – | MNA | Somali Carers | Penkz (formerly Wycare) | Carewatch | Westminster Homecare |
|--|--|-------------|--------------|-------------|------------------|-------------------------------|-------------|-------------------------|
| Complaints | 3 | 7 | 28 | 2 | 0 | 0 | 3 | 0 |
| Service Failures | 18 | 44 | 28 | 35 | 18 | 6 | 19 | 1 |
| Total | 21 | 52 | 56 | 37 | 18 | 6 | 22 | 1 |
| Volume of provision – i.e. no. of visits | 127,061 | 152,516 | 58,039 | 58,979 | 39,138 | 52,200 | 77,275 | 4,148 |
| % of service failure complaints upheld per volume of provision. | 0.02 | 0.03 | 0.096 | 0.06 | 0.05 | 0.01 | 0.03 | 0.02 |
| 2011-12 % for comparison | 0.02 | 0.28 | 0.34 | 0.01 | 0.01 | 0.01 | 0.01 | 0.08 |
| 2010-11 % for comparison | 0.02 | 0.14 | 0.19 | 0.01 | 0.06 | 0.013 | 0.03 | 0.1 |

[Below 0.1% is the service failure rate target threshold]

Analysis: All the service providers continue to surpass the acceptable percentage of the contractual threshold. This includes the two block contract arrangements which used to deliver the majority of the commissioned homecare in the borough. The other spot commissioned providers are well below the threshold of 0.1%, with only one provider Gentlecare actually reaching a point just below the ceiling limit.

During the year the Directorate have decommissioned the current block arrangements with the goal of advancing Personalisation. There has been a significant increase in the hours commissioned with spot providers over the last year with Somali Carers (now known as Capital Home Care) with the greatest increase of 110%. The part year effect of decommissioning the homecare block arrangements has seen Mears reduce by 34% and Care UK by 33% with this becoming zero by the end of March 2013.

As you would expect the number of complaints overall with the block providers have reduced significantly and from the reablement provider elements within the total hours. However the number of complaints for spot provider has increased though less than the comparative increases in hours delivered, hence the all providers remain below the contractual threshold.

8.2 Residential complaints

| Year | Complaints |
|---------|------------|
| 2012-13 | 1 |
| 2011-12 | 3 |
| 2010-11 | 4 |
| 2009-10 | 9 |

87

Analysis: It remains an issue that residential homes are not supplying complaint data systematically. Contracts wrote out to all homes in the borough on the 21 June 2012 and informed them again of their duties regarding complaint notification and reporting to the Council. The Complaints Manager has attended two provider forums to remind providers of this requirement.

A longer-term solution has been found with the Complaints Managers from Harrow and Brent attending the West London Alliance Contracts Procurement meeting and gaining agreement to introduce uniform complaints monitoring terms including providers having to produce an annual complaints report and agreeing complaints management will form part of the weighting for future procurement decisions. Once new contracts are issued by West London Alliance in 2014 we anticipate residential complaint reporting should improve because providers will lose contracts from a number of Councils if they do not provide the data.

As a short-term solution, the Complaints Manager recommended all residential service users and next of kin are written to explaining their right of complaint to the Council if we do not see an increase in reporting of complaints by residential homes. Given there has been no increase, it was agreed all service users or next of kin would be written to by 31 March 2013. Given, workload pressures, this was extended until 30 September 2013.

Key action 1: When the West London Alliance contracts are introduced to check that complaints data is being sent quarterly and enforce contractual compliance measures across West London Councils for non-compliance.

9. Stage 3 complaints

There is no statutory stage 3 complaint stage. The 2009 regulations do not expect them. There were no corporate stage 3 complaints this year.

Context: The removal of review panels makes it more likely complaints will escalate to the Ombudsman, meaning it becomes even more imperative that errors are identified at an early stage and robust remedial action is taken.

10. Ombudsman complaints and enquiries

Key message: The most crucial test of successful complaints management is whether the Ombudsman issues reports of maladministration against the Council. The Ombudsman has not issued a report in the last 8 years relating to Harrow Social Services (Adults or Children's). The second test is whether the Ombudsman recommends local settlement (doing something additionally to resolve the complaint, indicating that something was missed internally).

10.1 Outcomes and commentary

| Service | Outcome | Responded to the Ombudsman in time (28 days) |
|--|---|---|
| Commissioning & Partnership | To discontinue investigation - remedied through mediation | N/A |
| Safeguarding, Mental Health & Residential Services | Awaiting outcome | Yes |

Analysis: Since the introduction of the 2009 complaint regulations, which removed stage 3 review panels and in some instances sees just one Council response before the complainant proceeds to the Ombudsman, we have unsurprisingly seen an increase in cases proceeding to the Ombudsman.

The Ombudsman offered to chair a mediation meeting with the son of a service user, commissioning and the service user's GP, where the complainant had prematurely approached the Ombudsman. The mediation resolved the complaint.

We are awaiting the Ombudsman's decision for a complaint relating to Safeguarding which is assessed as low risk. The complainant is complaining about another Council (the responsible authority), the GP, hospital services and a care home. The Council's only involvement was to carry out a Safeguarding review because the relevant care home is in Harrow. The family do not accept the safeguarding conclusions which is the Council's small part in a far wider complaint to the Ombudsman. Safeguarding practice appears robust and transparently evidenced, with one learning point around providing information to health as well as the coroner.

Key action: Once the Ombudsman’s annual letter is received, for future reports to adopt the Ombudsman’s new outcome recording categories.

11. Escalation comparisons over time

| Year | Average % escalation rate Stage 1- Stage 2 | Ombudsman local settlements | Ombudsman public report |
|----------------|---|------------------------------------|--------------------------------|
| 2012-13 | 8% | 0 (Unknown) | 0 |
| 2011-12 | 11.5% | 2 (21) | 0 |
| 2010-11 | 11.5% | 1 (14) | 0 |
| 2009-10 | 8% | 0 (12) | 0 |
| 2008-09 | 7.5% | 2 (22) | 0 |
| 2007-08 | 13.5% | 1 (14) | 0 |
| 2006-07 | 8.5% | 0 (15) | 0 |
| 2005-06 | 6.5% | 1 (9) | 0 |
| 2004-05 | 15% | Unknown | 0 |
| 2003-04 | 14.5% | Unknown | 1 |

Analysis: 8% going from Stage 1 to Stage 2 is a good position to be in.

7 local settlements out of 107 local settlements for the Council in 7 years (7%) indicates it is very rare for the Directorate to miss errors or not take sufficient remedial action for identified errors.

The Council is making more early referrals to the Ombudsman, particularly in relation to disagreement with decision complaints.

12. Mediation

Analysis: In 8 of the 9 cases where mediation was used, the mediation meeting successfully resolved the complaint (compared with 5 of 6 the previous year). This shows how effective it is as an option in resolving even the most escalated and distressing cases.

Key message: The introduction of mediation in 2005-06 significantly reduced and continues to significantly reduce the number of complaints that escalate. Of 126 social care complaints where mediation has been used since it was introduced in 2005, mediation has resolved the complaint in 98 or 78% of those complaints.

Key message: The complaint escalation rate has reduced by a third since the introduction of mediation in 2005 from 15% to 9% of complaints escalating to Stage 2 since mediation has been used. This is doubly impressive given few responses prior to the introduction of letter-vetting in 2006 informed complainants of their right to a Stage 2 so escalation rates should have increased if anything.

13. Advocacy

Advocacy is an important protection for vulnerable service users who may otherwise not be able to easily raise or address concerns. Harrow has a number of local advocacy services covering the full spectrum of service user groups. Harrow Law Centre is now embedded as a further protection and provides free legal advice and support to service users.

All complainants are advised in writing about free independent advocacy and advocacy is also offered when the Complaints Service speak to complainants.

Analysis: 77% of service users had support from someone else in making a complaint, usually a family member.

Key message: Traditionally, service users had to use two advocates. One advocate for health issues and one advocate for social care issues. The Council has adopted a locally-based health complaints advocacy model which means advocacy can be delivered by one advocate for both health and social care needs with the aim to improve the overall outcome for service users through better joined up systems.

14. Complaints dealt with by the local authority and NHS Bodies

There were 7 complaints investigated and responded to jointly (compared to 2, 5 and 2 in preceding three years). None escalated beyond stage 1, indicating good joint investigation and resolution with health colleagues.

15. Learning Lessons/Practice Improvements

One of the strengths of the adults complaints model is all learning is centrally captured and completion monitored.

Below are some examples of high level learning extracted from complaints from in 2012-13.

| Problem Identified | Lesson Learnt - Action required |
|---|---|
| Complaints about having to go through reablement when service users feel reablement is not appropriate e.g. when the service user is terminally ill or has dementia | 1. To review the current reablement protocol to ensure our reablement process is flexible enough to respond to the needs of all service and potential service users including people with very complex social care needs. 2. Protocol for reablement care packages being rewritten to address this |
| In the case where the service user was | It is recommended that two different standard |

| | |
|--|--|
| seeking new accommodation to meet his increasing social care needs, whilst it was not a point of complaint, the investigator identified a lack of clear information & signposting in standard letters. | letters are used, a 'transfer to another worker' letter and a 'no further support' letter. Both letters would need to provide more detailed information for clients of changes that have taken place, the reason why and how clients are affected by the change |
| The service user did not accept the Disabled Facilities Grant (DFG) process and therefore did not apply. However, they were not given the terms of DFG in writing | DFG written information to be given to applicants |
| Bills not fully setting out what charges are for and examples of incorrect billing | Funding for changes to the automated system agreed including a project to improve data quality (and timeliness) to ensure that we bill correctly the first time around |
| A Service user was placed in a home that stated it could meet dementia needs but then struggled to meet his dementia needs | To explore dementia care accreditation for relevant Harrow residential homes and domiciliary care services via the APC |
| Ombudsman guidance to all Councils that Councils should be providing information about how to access independent financial advice for self-funders | Agreement to produce such a guidance document [see Focus for 2013-14 on page 7] |
| A 12 week property disregard request was rejected incorrectly | A review of the process for the 12 weeks property disregard |
| A service user was rejected for services following incorrect legal advice that the service user's country of origin meant they were not eligible | Legal asked to review connected guidance |
| A complaint investigation agreed there had been a delay in instigating safeguarding enquiries because the seriousness of the allegations was not initially clear | <ol style="list-style-type: none"> 1. Introduction of management authorisations at each stage of adults safeguarding process to ensure timescales are achieved and best practice followed 2. Social Workers to follow up each case that they deal with on the duty desk so that allegations are followed up and victims spoken to within 24 hours |
| Statements by the social worker raised an expectation that the Council would fund a placement when it should have been self-funded | <p>Memorandum to care managers stating:</p> <ol style="list-style-type: none"> 1. Care Managers must communicate the LA's funding arrangements clearly at the start 2. Teams need to ensure information will be given in future to all potential 'self-funders' at the point of assessment 3. Additional scrutiny of these points will be added to the routine file audits that the department undertakes |
| Increased complaints about financial | A review of the Joint Assessment Team (JAT) |

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| appeals and with it the likelihood of Om budsm an challenge | appeals process agreed to combine the JAT appeal reason and outcome forms into one form . The form to be amended: so JAT fill the form in the form in advance in future; a section added to set out rationale for decision; the appeal panel is only quorate if at least 2 Service Managers attend |
| A Stage 2 complaint highlighted lack of understanding by some staff regarding the disability registration process | 1. Staff training re info on disability registration to be improved 2. To ensure questions in the appeal process for disability registration are more appropriate & can incorporate additional factors of a disability |
| A pattern of missed and late calls by domiciliary care provider | This was addressed by moving some of the care provision to a different provider |
| Trend of complainants unhappy at 28 day gap after reablement | Safeguards are in place with a weekly Director's Panel to consider urgent cases; assessment of need during reablement and risk assessment |
| The Council stopped placing any further service users at a new, out of borough, care home after the Council was unhappy with the home's response to a serious complaint and their ability to care for high-end dementia. The family were pleased with the Council's response but not with the home's | The Council made a referral to CQC and the local Council's safeguarding unit. The safeguarding unit identified further, unrelated service issues at the home as a result of a report. This showed what good partnership work can do to safeguard vulnerable service users |

16. Compliments

There have been 44 compliments this year passed on for formal recording (compared to 27 in 2011-12). Examples include:

- Praise for a Shared Lives worker, 'She is like a ray of sunshine in my life... her cheerful attitude, has helped me overcome my depression'
- Appreciation from a the family of a deceased service user of how their mother felt about a social worker, 'She was remarkably kind and helpful and I wanted to put this on record' 'I would be most grateful if you could let Michelle know how well she is regarded and remembered.'
- 'I loved working with you and your staff at Vaughan Neighbourhood Resource Centre', praising the 'caring staff with magnificent skills and lovely atmosphere'
- Thank you for making my life easier despite the financial limitations
- How supportive and fantastic the transport service, drivers and escorts had been
- Immense gratitude at the patience, effort and dedication showed by all in the Personalisation service. Professional and kind.

- There were three compliments for the Complaints Service including, 'Thank you for making complaints process constructive, sensitive and speedy'
- There were a number of compliments for the Carers Lead including 'We would not have been able to cope without your support' and 'Many, many thanks for keeping me sane... you are a STAR!'

17. The Complaints Process explained

This report provides information about complaints made during the twelve months between 1 April 2012 and 31 March 2013 under the complaints and representations procedures established under the Health and Social Care (Community Health and Standards) Act 2003 and through the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009 and the Council's corporate complaints procedure relating to Adults Community Care Services.

All timescales contained within this report are in working days.

18.1 What is a Complaint?

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.

18.2 Who can make a Complaint?

- (a) a person who receives or has received services from the Council; or
- (b) a person who is affected, or likely to be affected, by the action, omission or decision of the Council.

18.3 Stages of the Complaints Procedure

From April 2009, regulations removed the traditional 3 stage complaints procedure for statutory complaints, replacing it with a duty to provide a senior manager organisational sign-off to every complaint response. The Council is expected to negotiate with the complainant how their complaint should be managed, including agreeing a timescale. If a verbal issue can be resolved by the end of the next working day, the regulations state this does not need to be recorded as a complaint.

Many complainants prefer a defined process and prefer to rely on the Council to identify a process to manage their complaint. To assist such complainants the Council produced a model procedure which complainants can use if they prefer. It is also used where complainants cannot be contacted to discuss how they want their complaint managed. Complainants are always advised in writing of their right to agree a different process if they prefer.

The stages of the Model procedure:

- 1) Local resolution

Timescale: 10 working days. 20 working days for complex

Organisational sign-off: Director of Adult Social Services

2) Mediation

Organisational sign-off: Director of Adult Social Services

3) Formal investigation

Timescale: 25 working days. 65 working days if complex e.g. requiring independent investigation.

Organisational sign-off: Corporate Director

For ease of understanding, the report uses a traditional stages reporting format. Local resolution being a Stage 1 and formal investigation a Stage 2. It is important to emphasise that these stages are very fluid so it is not uncommon to go immediately now to mediation or independent investigation.

Corporate complaints

A traditional 3 stage complaints process still applies.

Local Government Ombudsman

The Ombudsman is an independent body empowered to investigate where a Council's own investigations have not resolved the complaint.

The person making the complaint retains the right to approach the Local Government Ombudsman at any time. However, the Ombudsman's policy is to allow the local authority to consider the complaint and will refer the complaint back to the Council unless exceptional criteria are met.

18.4 What the complaints team do

- Letter-vetting
- Liaising with services to try resolve the issue informally
- Mediation
- Training
- Surgeries/raising awareness
- Learning identification and agreed actions monitoring
- Advocacy identification
- Chasing complaint responses

The introduction of letter-vetting in September 2006 by the Complaints Service has ensured that all complainants are informed in their written response of the right to go to the next stage if they are unhappy.