

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



13th February 2013

at 9.30am

in Committee Room A, Civic Centre, Hartlepool

Councillor John Lauderdale, Cabinet Member responsible for Adult and Public Health Services will consider the following items.

1. KEY DECISIONS

No items

2. OTHER ITEMS REQUIRING DECISION

- 2.1 The Local Government Association (LGA) 'Show us you Care' Campaign – *Assistant Director - Adult Social Care*
- 2.2 Adult Capital Grant Allocation – *Assistant Director – Adult Social Care*

3. ITEMS FOR INFORMATION

- 3.1 Regional Reablement Review Phase 1 Report – *Assistant Director – Adult Social Care*
- 3.2 Annual Complaints Report 1st April 2011 to 31st March 2012 – *Assistant Director – Adult Social Care*

4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS

No items



ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
13 February 2013



Report of: Assistant Director – Adult Social Care

Subject: THE LOCAL GOVERNMENT ASSOCIATION (LGA)
'SHOW US YOU CARE' CAMPAIGN

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non-key.

2. PURPOSE OF REPORT

2.1 To provide the Portfolio Holder with details of the 'Show Us you Care' campaign and to recommend that Hartlepool Borough Council joins the campaign that aims to:

- put adult social care on a sustainable financial footing in the face of demographic and cost pressures; and
- secure longer-term reform of the system to make it fairer and more transparent.

3. BACKGROUND

3.1 In 2012, the government published the Care and Support White Paper, a draft bill and a progress report on funding social care in the future.

3.2 The importance of this agenda cannot be overstated. Securing reform of care and support is crucial for all the people who depend on commissioned services or who are facing the uncertainties of how to fund care and support to meet their needs.

3.3 In the context of demographic pressures, reduced budgets and rising expectations, the LGA, the Society of Local Authority Chief Executives and Senior Managers (SOLACE) and the Association of Directors of Adult Social Services (ADASS) have committed to work together to ensure that a strong and united local government voice help inform and shape this crucial agenda.

The aim is to build a powerful consensus for reform from across the local government sector.

3.4 The following core principles lie at the heart of the White Paper:

- promoting independence and wellbeing;
- people should be in control of their own care and support and be assisted to achieve their full potential;
- organisations should collaborate across traditional boundaries.

3.5 The planned system reforms are based on the view that:

- the current system is crisis led;
- society is not maximising the skills and talents of communities;
- people do not have good information and advice;
- access to care varies across the country and is confusing;
- carers have no clear entitlements to support;
- the quality of care is variable and inconsistent;
- the system is not joined up;
- the growing and ageing population is only going to increase the pressures on the current system.

3.6 System reform will, however, mean very little if the issue of funding is not addressed as a priority alongside it but securing more investment in the current economic climate will not be easy.

3.7 The 2010 spending review set out real terms reductions of 28% in the central government grant to local government by 2014/15. Evidence from a budget survey by ADASS reveals that nearly £1.8 billion has already been taken out of adult social care budgets over the last two years and demographic pressures are growing at 3% per year. This, combined with the fact that 85% of councils are now operating at 'substantial' or 'critical' levels of eligibility criteria (Fair Access to Care Services) demonstrates the extent to which councils have to ration their care services to keep pace with demand.

3.8 The principles of the Dilnott Commission have been accepted. These are financial protection through capped costs and extended means testing as the basis for a new funding model of care. Decisions as to the final model will be made as part of the 2014/15 spending review.

4. THE 'SHOW US YOU CARE' CAMPAIGN

4.1 This campaign's aim is to ensure that the social care system provides certainty and stability for future generations, that it is fit for purpose and that it can be properly funded.

4.2 Unless the funding for social care is sustainable and realistic, there will be no alternative but to implement cuts to services. The Social Care White Paper

provides a good basis for reform of a dated care system and its associated legislation. However, without the fundamental funding issues being addressed these reforms will be largely unachievable. ADASS have put it starkly: “there is an immediate crisis in social care which needs to be urgently addressed now”.

- 4.3 If funding of social care to adequate levels is not resolved soon then, by 2020, the money available to fund council services across England and Wales will have shrunk by 90% in cash terms. This will be due to the rapidly rising cost of providing adult social care combined with the growing cost of delivering councils’ other explicit statutory responsibilities like social services, waste collection and concessionary travel which will absorb all of council spending.
- 4.4 Without the viable funding of social care put in place before the proposed timetable of the 2014/15 spending review elderly and disabled people, together with their carers, will face continuing uncertainty for at least a further three to five years.
- 4.5 The current crisis in funding needs to be addressed and resolved now. The ‘Show Us You Care’ campaign being spearheaded by the LGA is a concerted attempt to address this issue with government.
- 4.6 Further details about the campaign can be found on the following website:
<http://www.local.gov.uk/show-us-you-care>

5. PROPOSALS

- 5.1 It is proposed that Hartlepool Borough Council (HBC) signs up to this campaign which calls for:
- an immediate injection of money from the government to meet the rising demand for adult social care in the short term and;
 - a complete overhaul of the social care system, as proposed in the White Paper, delivered in a timely way.
- 5.2 In addition to signing up to this campaign it is proposed that:
- HBC uses the template supplied by the LGA to write to Iain Wright MP asking him to raise the funding issue with the Chancellor and request that this is addressed now and not postponed to the next Comprehensive Spending Review;
 - HBC considers a press release in the local media drawing attention to the crisis in funding social care and the potential for this to impact adversely on all council services if it is not addressed by government as a priority.

6. RECOMMENDATIONS

- 6.1 It is recommended that the Portfolio Holder agrees to the proposals above and endorses HBC's sign up to this worthwhile campaign.

7. REASONS FOR RECOMMENDATIONS

- 7.1 The LGA is calling on the government to ensure local authorities are resourced adequately so that they can deliver the services expected of them by local residents.
- 7.2 It is in the interests of both HBC and all the citizens of Hartlepool for the council to sign up to the 'Show Us You Care' Campaign.

8. CONTACT OFFICER

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ADULT AND PUBLIC HEALTH PORTFOLIO REPORT

13 February 2013



Report of: Assistant Director - Adult Social Care

Subject: ADULT CAPITAL GRANT ALLOCATION

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non Key – the decision relates to implementation of a capital project (under £100,000).

2. PURPOSE OF REPORT

- 2.1 That the Portfolio Holder approves the spending of Capital Grant to support a joint initiative with Housing Hartlepool as outlined in the report.

3. BACKGROUND

- 3.1 The Department of Health published guidance to Chief Executives and Directors of Adult Social Services on the Adults' Personal Social Services: Specific Revenue Grants and Capital Grant allocations for 2011-12 and 2012-13. The grant is designed to support three key areas of personalisation, reform and efficiency.
- 3.2 In 2009 the then Government published 'Valuing People Now' a new strategy for people with learning disabilities. The strategy focus is on what needs to be done at all levels to deliver the vision of equality and transformed lives for everyone. It is rooted in the over-arching aim of designing and delivering public services and support which meet people's individual needs.
- 3.3 The Council in conjunction with the Housing Partnership developed a new Housing Strategy for 2011 - 2015. It was produced in consultation with a wide range of partners, colleagues, stakeholders and residents.

- 3.4 Three main priorities for the strategy have been developed using a robust evidence base and these reflect the issues and priorities identified through consultation:
- Delivering new homes, contributing to sustainable communities
 - Improving existing homes, supporting sustainable communities
 - Meeting specific housing needs

4. PROPOSALS

- 4.1 This report provides an overview of a proposal for use of the Capital Grant to further support the Council's Housing Care and Support Strategy. The strategy highlights the need to 'increase the range and type of housing available to people with a disability' (ref HCS3.5).
- 4.2 It is proposed that Hartlepool Borough Council place a capital charge of £99,125 (62% of the property value) against the purchase of a property to enable a young man with complex needs and autism to remain close to his family home and be supported in an appropriate community setting.
- 4.3 Housing Hartlepool will contribute £61,875 (38% of the property value) and in addition will continue to maintain the property as required.
- 4.4 Hartlepool Borough Council will be granted first nomination rights to any future tenants
- 4.5 The property will be allocated to the tenant, through Housing Hartlepool.
- 4.6 The capital will be returned upon the future sale of the property or for other such purposes where it may be mutually beneficial.
- 4.7 The purchase price of the property has been conditionally agreed at £161,000.

5. RISK

- 5.1 No other suitable accommodation in the town has been found. If this proposal is not supported, commissioners will need to explore specialist out of area placements which are generally very costly and will not enable the young man concerned to remain close to his family.

6. FINANCIAL CONSIDERATIONS

Scheme Title	Value required	Objective linked grant conditions
Capital charge against property	£99,125	Service improvement, personalisation

7. EQUALITY AND DIVERSITY CONSIDERATIONS

- 7.1 The capital improvement outlined will have a positive impact for some groups with protected characteristics and the range and types of housing options will be increased.

8. RECOMMENDATIONS

- 8.1 That the Portfolio Holder approves the proposal as outlined in the report and approves the funding arrangements in line with the delegated authority given as part of the 2012-2013 Medium Term Financial Strategy.

9. REASONS FOR RECOMMENDATIONS

- 9.1 Appropriate use of Capital Grant allocation as the grant is designed to support three key areas of personalisation, reform and efficiency.

10. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Localauthoritiesocialservicesletters/DH_122345

http://www.hartlepool.gov.uk/info/100007/housing/675/housing_strategy

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

11. CONTACT OFFICER

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ADULT AND PUBLIC HEALTH PORTFOLIO REPORT

13 February 2013



Report of: Assistant Director - Adult Social Care

Subject: REGIONAL REABLEMENT REVIEW
PHASE 1 REPORT

1. TYPE OF DECISION/APPLICABLE CATEGORY

No decision required. The Portfolio Holder is asked to note progress and next steps.

2. PURPOSE OF REPORT

- 2.1 This report provides the Portfolio Holder with the findings from Phase 1 of the Regional Reablement Review which seeks to identify the most cost effective, efficient and appropriate models for service delivery.
- 2.2 A further report will be provided to the Portfolio Holder following completion of Phases 2 and 3 of this project by the end of Spring 2013.

3. BACKGROUND

- 3.1 The focus of reablement is on restoring independent functioning and helping people do things for themselves rather than the conventional home care approach of others doing things for them.
- 3.2 The Social Care Institute for Excellence (SCIE) outlines the key message from research as follows:
- Reablement leads to improved health and wellbeing;
 - Reablement improves outcomes and reduces expenditure on ongoing support;
 - No single leading model of delivery exists;
 - Assessment and goal planning are integral to people achieving their individual goals;
 - More evidence is needed on how reablement influences outcomes in different models of service delivery;
 - It is probable that reablement is more cost effective in the long run than conventional home care and therefore worth investment.

- 3.3 In October 2011, Hartlepool Borough Council (HBC) developed an in-house reablement service alongside commissioned low-level support services, to promote people's independence, safety and wellbeing, prevent social isolation and support people to live as independently as possible in their own homes as well as contributing to timely, safe hospital discharges.
- 3.4 The low-level support services, the Multi-Link Service and the Reablement Service provide an interlocking pathway to maximise the numbers of people enabled to live as independently as possible in their own homes without further input from more costly specialist services.
- 3.5 Over the next 20 years, there will be a significant increase nationally in the over 65s population across the region with increasing numbers of people suffering from dementia and long-term disabilities. The demographic analysis demonstrates that, in Hartlepool, by 2031 there will be a:
- 42% increase in the numbers of people over 65;
 - 61.1% increase in the numbers of people with dementia;
 - 40.9% increase in the numbers of people with a learning disability.
- 3.6 These demographic pressures, together with reductions in funding, make it imperative to keep people as well and independent as possible for as long as possible before entry into the secondary social care system.
- 3.7 Between 2011 – 2013 the Department of Health targeted investment in reablement via health budgets to develop local reablement services in partnership with councils. It is currently unclear how much funding will be made available for 2013 – 2015 by the new Clinical Commissioning Groups. The best available research evidence (SCIE 2012) demonstrates savings of up to 60% on social care following a period of reablement.
- 3.8 Reablement is seen nationally as a vital way of delivering efficient and effective Adult Social Care Services. There is also recognition of the enormous challenges facing councils who are trying to meet service priorities within shrinking budgets and efficiency savings in line with corporate needs.
- 3.7 The regional review of reablement services aims to establish the most cost-effective and outcomes focused model for reablement services through a sound business case that demonstrates optimum cost control and volume management. There is a critical balance between improving services, managing increased demand and delivering savings.

4. THE REGIONAL REABLEMENT REVIEW

- 4.1 In July 2012, PeopleToo Ltd was commissioned by the North East Procurement Organisation (NEPO) and the Association of Directors of Adult Social Services (ADASS) to evaluate reablement services across the North East region.

- 4.2 PeopleToo Ltd is an organisation that has extensive experience in working with the public sector to deliver substantial financial savings and optimal service outcomes through transformation and collaboration processes.
- 4.3 The benefits of operating reablement services are widely recognised across the region with improved outcomes for people. The review was driven by the acceptance of the pressing need to establish how councils are going to manage increasing demand for reablement services with the growing demographic pressures and the delivery of ongoing financial improvement targets which all councils face.
- 4.4 Phase 1 of the review consisted of:
- Gathering, analysing and drawing comparisons across the regional demography, cost and performance data;
 - Considering predicted demographic pressures and trends;
 - Reviewing demand and volume data;
 - Evaluating the different reablement models;
 - Understanding the impact of reablement with each council along with existing and future reablement aspirations;
 - Gathering regional views on what reablement has delivered in respect of future admittance and length of stay in residential care.

5. THE FINDINGS FROM PHASE 1 OF THE REVIEW

- 5.1 Each of the 12 North East councils has adopted different models for their reablement services based on local and sub-regional priorities. Service configuration includes rapid response, home from hospital, residential and mobile rehabilitation, home-based reablement, assistive living technologies, reablement flats within extra-care facilities and integration with intermediate care. All these services contribute to a wider 'enabling and reabling' strategy. All councils stressed that reablement 'philosophically', forms one part of an entire preventative/intermediate care strategy.
- 5.2 Because each council has configured their service differently it is not possible to draw meaningful or accurate comparative data for establishing 'like for like' models. It is, however, possible to consider the effectiveness of each model and to focus on what works and in what situations in terms of:
- who has access to the service and how needs are assessed;
 - how the reablement service is configured;
 - what is actually delivered within the community setting:
 - the number of weeks over which reablement is provided;
 - the average number of hours an individual receives;
 - the cost of home-based reablement.
- 5.3 However, given the relative newness of most of the reablement services, both outcome measures and tracking of the impact on individuals are still under-developed. Further work is needed to understand the impact and

effectiveness of different models. This further analysis will be taken forward in Phases 2 and 3 of the project.

6. KEY OBSERVATIONS

- 6.1 11 of the 12 councils offer an 'intake' approach to delivering reablement i.e. referrals come from both community and health services. Only Stockton offers a model focused on hospital discharge.
- 6.2 Across the 11 councils offering an 'intake' model the following principles drive suitability for a service:
 - whether the person is likely to benefit from reablement;
 - people with learning disabilities or mental health problems where the intervention could last longer than 6-8 weeks.
- 6.3 While most councils provide a universal service to adults over 18 years old, in practice most people receiving reablement are over 65.
- 6.4 At present, only Darlington Council contracts with the independent sector to deliver reablement services. Current performance data for the provision of externalised services is limited, but the development and implementation of a common performance framework will provide data to establish its effectiveness.
- 6.5 Fair Access to Care Services (FACS) eligibility criteria are largely applied at exit from the service (10 of the 12 councils) with only 2 councils, Durham and Newcastle applying FACS on entry to the service and only Durham charging for the service. 8 of 10 councils apply FACS at exit from services to people categorised as substantial or critical. Sunderland provides services at all 4 FACS levels from low to critical.
- 6.6 There is strong evidence of operational collaboration with health colleagues across the region. Between 2010 and 2013 £27.9 million of funding has been allocated to the NHS to support reablement services and part of the funding. Across the region there are tensions evident with regard to ongoing funding as well as the pressures caused by hospital discharge arrangements and this is certainly evident in Hartlepool.
- 6.7 Unit costs differ considerably across the region from £31 an hour to £93 an hour. This range reflects different service configurations together with the fact that very limited use is made of private sector provision. Unit costs were calculated on the basis of controllable/direct service costs only, direct staffing costs for referral, assessment and review together with the number of contact hours available. It should be noted that 'home-based' reablement forms one part of a wider enabling/reabling strategy and the costs and benefits of the other elements of the low-level and intermediate care services form an integral part of measuring the overall benefit of reablement.

- 6.8 Measuring the impact and financial benefits of reablement varies across the region. Councils recognise the need to measure the outcomes of reablement at exit from the services at 30, 60 and 90 days in line with national performance indicators. Currently no model is being applied to measure the long-term effectiveness of reablement. However, there is a growing recognition across councils that to be able to demonstrate overall effectiveness (both financially and operationally) there is a need to systematically track what happens to people who no longer require a service after their period of reablement, beyond the financial year in which they were successfully reabled.
- 6.9 By not tracking the length of time that people stay out of care, Councils are missing the opportunity to demonstrate the real financial benefits associated with reablement. Evidence shows that up to 85% of people who exit reablement with no service do so for up to 6 months post exit and up to 44% go on without a service for 12 months and beyond. By tracking these longer term cases it would be possible to accurately measure the actual return on investment for reablement services.

7. HARTLEPOOL AND ITS RELEVANT COMPARITORS

- 7.1 The Regional Reablement Review, giving comparative data across all 12 North East Councils, is available in the Members' Library. The following table shows comparative data for Hartlepool, Darlington and Redcar and Cleveland which have total populations over 65 between 15,700 and 28,200. It must be remembered that because councils have adopted different models for their reablement services, unit costs are not directly comparable.

Council	Total Population +65	Number of Referrals (12 mths)	Average Duration (weeks)	Average Hours per Episode	Users with no ongoing service	Unit cost	Average cost per Episode
Hartlepool	15,700	1163	5.9	33.8	73.9%	£33.46	£1131
Darlington	18,800	273	TBC	TBC	72.8%	TBC	TBC
Redcar & Cleveland	27,800	442	4	17	68%	£46.60	£792
Middlesbrough	21,900	375	6	36	71%	£32.00	£1152

8. CONCLUSIONS FROM PHASE 1

- 8.1 The overriding conclusion from Phase 1 is that it is unwise to make direct comparisons of unit costs and performance across the 12 councils due to the fundamental differences in operating models.
- 8.2 The different operating models and skill mixes mean that unit costs differ widely. Deploying specialist and professional staff at the 'front door' and

during the initial assessment stage drives up the costs significantly. Phase 2 will complete further analysis to establish the benefits and cost effectiveness of operating different models, linked to performance outcomes.

- 8.3 Measuring the impact and benefit of reablement needs to be consistent across the region and to be calculated over extended periods i.e. beyond the current financial year. This is the only way to determine whether the reablement programme is cost effective against the relatively high costs of developing the service.
- 8.4 Only a small number of people referred into adult social care are then referred into reablement services. If councils are to adopt the Care Services Efficiency Delivery (CSED) target of 80% of all referrals passing through reablement then this will have a considerable impact on the capacity of current services.
- 8.5 A significant proportion of referrals to reablement come from hospital discharges and there are wide variations across the region in the numbers of people requiring no further service after reablement. Councils should examine whether some of these groups would have received any service if reablement services did not exist as well as considering whether the links between hospital discharge and reablement are effective.
- 8.6 Re-referrals are an issue in most models of reablement across the North East region. In some instances, re-referrals are related to people previously declining services following financial assessment. Every council should evaluate the scale of this issue and decide how to manage it.
- 8.7 Given the demographic pressures in terms of population projections to 2030, it is essential that councils consider their reablement strategy and whether:
 - it is realistic and feasible to offer a universal service; and
 - whether a universal service is, in the long-term, cost effective in comparison to a targeted service.

9. KEY OBSERVATIONS AND CONSIDERATIONS

- 9.1 There are variations across councils in the number of weeks and hours offered by reablement services which mostly relates to longer times needed when working with people who have learning difficulties or dementia.
- 9.2 There is a critical requirement to track the ongoing benefits of reablement. Councils should compare the savings that result from avoidance and reductions in service use with the increasing costs of providing reablement. Cost benefits analysis should articulate what impact reablement is having in reducing the numbers and cost of those people entering social care.
- 9.3 There is an important role for wider low level and early intervention service as well as a potential increase in the role of the independent sector to

provide intervention and reablement based services – including assistive living technologies, telecare services and independent living facilities.

10. REABLEMENT SERVICE IN HARTLEPOOL

- 10.1 Current data indicates that the service is performing well with 73.9% of people using the service improving to the point of needing no further services.
- 10.2 The unit cost per hour is low compared to other local authorities in the Tees Valley.
- 10.3 Numbers of referrals into the service greatly exceed those of other councils which reflects the robust low-level services/welfare notices as part of an integrated reablement pathway.
- 10.4 424 referrals came from the community (36.5%) and 739 referrals came from health services / hospital (63.5%). Further work needs to be done to improve the numbers of people accessing reablement from the community.

11. PROPOSALS

- 11.1 HBC will continue to work with PeopleToo Ltd and the other 11 councils to evaluate reablement services across the North East region through Phase 2 and 3 of this project.
- 11.2 The Portfolio Holder is asked to note progress and next steps in the delivery of the North East Regional Reablement Review.
- 11.3 A further report will be brought to the Portfolio Holder at the end of Phase 3 which will identify the specific and relevant best practice across the region and any regional or collaborative opportunities.

12. CONTACT OFFICER

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ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
13 February 2013



Report of: Director of Assistant Director

Subject: ANNUAL COMPLAINTS REPORT
1st April 2011 – 31st March 2012

1. TYPE OF DECISION/APPLICABLE CATEGORY

For information - no decision required.

2. PURPOSE OF REPORT

- 2.1. To present the Annual Complaints Report of the Child and Adult Services Department for the period 1 April 2011 to 31 March 2012.

3. BACKGROUND

- 3.1. The Annual Report provides information on the complaints and representation frameworks appropriate in the department. It draws together information in relation to complaints that have been received and dealt with during the reporting period.
- 3.2. The report includes details of complaints relating to Children and Community Services. These come within either a statutory framework or the Authority's Corporate Complaints Framework and are also reported to the Children's and Community Services Portfolio Holder.

4. PROPOSALS

- 4.1 The report demonstrates learning that has occurred from complaints and also identifies trends emerging through the year's activity within the Complaints Framework.

4.2 The content of the report includes the following:

- Types of complaints and representations received 2011/12;
- Profile data on service users who were the focus of the complaints;
- Outcomes of complaints;
- Compliance with timescales;
- Learning lessons and service improvement

4.3 The report provides an analysis of recorded complaints, compliments and representations and draws comparisons with the previous year. Performance is highlighted in a range of areas so that practice issues may be considered.

5. RECOMMENDATIONS

5.1 That the Annual Report is noted and online publication agreed.

6. REASONS FOR RECOMMENDATIONS

6.1. It is a legal requirement in adult social care that an Annual Report be published on complaints, presented to the Portfolio Holder and made available to staff, the Care Quality Commission (CQC) and general public.

7. APPENDICES AVAILABLE ON REQUEST, IN THE MEMBERS LIBRARY AND ON-LINE

7.1 **Appendix 1** – Annual Complaints Report.

8. BACKGROUND PAPERS

8.1 Non applicable

9. CONTACT OFFICER

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Complaints, compliments and representations report 1 April 2011 - 31 March 2012

Hartlepool Borough Council
Child and Adult Services



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1. Introduction

Welcome to Hartlepool Borough Council's Child and Adult Services Department's Complaints, Compliments and Representations Annual Report. The report covers the period 1 April 2011 to 31 March 2012 and is for adult social care, children's social care and community services.

The report will be presented to the appropriate Portfolio Holders for Adult and Public Health and Children's and Community Services. It will also be provided to the Care Quality Commission (CQC), Ofsted, and made available to members of the public and Child and Adult Services staff on the Internet at www.hartlepool.gov.uk.

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Lessons learned and resulting improvements following enquiry into complaints;
- Performance in relation to our handling of complaints.

2. Background

Complaints and compliments are valued as an important source of feedback on the quality of services. Each complaint is investigated and, where appropriate, redress made. Equally important is the work to learn lessons to prevent a repeat of failure in service quality and continually improve services.

2.1. What is a complaint?

A complaint is any expression of dissatisfaction about a service that is being delivered, or the failure to deliver a service. The Local Government Ombudsman defines a complaint as *"an expression of dissatisfaction about a council service (whether that service is provided directly by the council or on its behalf by a contractor or partner) that requires a response."*

A complaint can be made in person, in writing, by telephone or email or through the council's website. It can be made at any office. Every effort is made to assist people in making their complaint and any member of staff can take a complaint.

2.2. Who can complain?

A complaint can be made by:

- A person who uses services
- A carer on their own behalf
- Someone who has been refused a service for which they think they are eligible
- The representative of someone who uses services or a carer acting on their behalf. This could be with the consent of the service user or carer or in the case of someone who does not have the capacity to give consent, where they are seen to be acting in the best interests of that person.

- Anyone who is or is likely to be affected by the actions, decisions or omissions of the service that is subject to a complaint.

3. Child and Adult Services complaints frameworks

Hartlepool Borough Council's Adult and Children's Social Care, Children's Services and Community Services complaints framework is derived from the statutory procedure for complaints relating to Adults and Children's social care and the corporate complaints procedure for those relating to Community Services. The overall responsibility for the three areas rests with the Department's Complaints Manager/Assistant Director (Community Services). The remit of the Complaints Manager is:

- Managing, developing and administering the complaints procedures.
- Providing assistance and advice to those who wish to complain.
- Overseeing the investigation of complaints that cannot be managed at source.
- Supporting and training staff.
- Monitoring and reporting on complaints activity.

The framework covers situations where there is dissatisfaction about actions, decisions or apparent failings of services within the department.

3.1. Adult Social Care complaints framework

A single level integrated complaints process was introduced on 1 April 2009 with the implementation of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

These regulations place a duty on NHS bodies and adult social care organisations to coordinate handling of complaints and to advise and support complainants through the procedure.

A joint protocol for the handling of complaints that span more than one health or social care organisation had been developed to ensure a comprehensive response is provided to complaints that cross more than one organisation.

The complaints procedure aims to be as accessible as possible. The policy is flexible to ensure that the needs of the complainant are paramount and allows the Department and the complainant to agree on the best way to reach a satisfactory outcome. Full details of the complaints policy and procedure are available on the council's website. Briefly, on receipt of a complaint the level of impact is determined and complaints screened according to their content as being red (high impact), amber (moderate impact) or green (low impact). The process for handling the complaint is dependant on the impact.

3.1.1. Timescales for the resolution of complaints

Staff will always try to resolve problems or concerns before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

Since the introduction of the 2009 regulations the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The legislation allows for a more flexible approach to the amount of time in which complaints should be dealt with. In our policy, we aim for even the most complex of complaints to be completed within 65 working days of the complaint plan being agreed. If timescales cannot be met, a new timescale must be discussed with the complainant. Locally, timescales have been introduced for amber and green complaints of 40 and 20 working days respectively.

There is a time limit of 12 months from when the matter being complained about occurred to when a complaint may be made. After this time, a complaint will not normally be considered. However, the 12 month time limit does not apply where the local authority is satisfied that the complainant had good reasons for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

3.2. Children's Social Care complaints framework

The Children Act 1989 Representations Procedure (England) Regulations 2006 came into force from 1 September 2006. This procedure is for all representations received from children and young people, their parents, foster carers or other qualifying adults about social care services provided or commissioned by children's social care.

The Regulations are now fully embedded into the children's social care complaints system and information derived from complaints is included in the annual monitoring of children's social care and reported to Ofsted.

All children, young people or their families who make a representation are offered the services of an Advocate to enable their views to be effectively promoted.

There are three stages to the procedure.

» Stage 1

Local Resolution: The aim of stage 1 is to sort out the matter as quickly as possible. The complaint will be allocated to a manager who will contact the complainant to discuss the complaint. Stage 1 of the complaints procedure should be completed within 10 working days but if there are a number of issues to look into, this can be extended up to 20 working days. The complainant will receive a response to the complaint in writing.

» Stage 2

Investigation: This part of the procedure is used when the complainant remains unhappy after their complaint has been responded to at Stage 1 or the

complaint is sufficiently serious enough to warrant a more formal investigation. Investigations are conducted by an officer independent of the operational service being complained about. An Independent Person is also appointed at Stage 2. This is a statutory role and the Independent Person (who is external to the council) works alongside the Investigating Officer with a remit is to ensure that the process is open, transparent and fair.

Reports completed by the Investigating Officer and Independent Person are submitted to an Adjudicating Officer (usually at Assistant Director level).

The investigation and adjudication process should be concluded within 65 working days.

» Stage 3

Complaint Review Panel: If the complainant is dissatisfied with the outcome at Stage 2, they may request that the issues are taken to a Complaint Review Panel (Stage 3). The Panel consists of an Independent Chair and two independent panel members. The Panel considers the complaint and can make recommendations to the Director of Child and Adult Services.

The Director is required to make a formal response to any findings and recommendations of the Review Panel within 15 working days of receiving the Panel's report.

3.3. Corporate complaints

Where complaints are received in to the Department that do not come under the jurisdiction of the statutory social care complaints procedures, the Corporate Complaints policy provides the framework for resolution. This includes complaints in relation to community services but also includes any complaints relating to services provided by the Department not covered in statutory processes such as: special educational needs and the integrated youth service. Complaints in relation to schools are dealt with by individual schools and their governing bodies. Local authorities have no legal obligation to investigate the substance of a complaint regarding an individual child and have no powers of direction in this regard.

3.3.1. Formal complaint

Where a person remains dissatisfied with the service they have received or a decision made, they have the right to take their complaint to a formal stage. The complaint will usually be investigated by a Senior Officer. A written response to the complaint should be concluded within 15 working days.

3.3.2. Portfolio Holder

If a person remains dissatisfied with the response to their formal complaint, they have the right for the matter to be referred to the relevant Portfolio Holder who will review the documentation and the response to the complaint to determine whether or not an appeal should be heard by the General Purposes (Appeals) Committee.

3.3.3. Appeal

If the Portfolio Holder agrees to an appeal, the complaint will be heard by the General Purposes Appeals Committee which is made up of five councillors.

3.4. Referral to the Local Government Ombudsman

If, at the end of the relevant complaints procedure, the complainant remains dissatisfied with the outcome or the way in which their complaint has been handled under any of the procedures, they may ask the Local Government Ombudsman (LGO) to investigate their complaint. Complainants may also approach the LGO directly without accessing the complaints process. In those cases it is usual for the LGO to refer them back to the council for their complaint to be examined through the relevant complaints process before they intervene.

4. Principles and outcomes

Good handling of complaints and representations involves:

- Keeping the complainant at the centre of the complaints process;
- Being open and accountable;
- Responding to complainants in a way that is fair;
- Being committed to try to get things right when they go wrong;
- Seeking to continually improve services.

Statutory complaints are underpinned by the following:

- A procedure that aims to be fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following enquiry into complaints/representations;
- Lessons learnt following complaints and services improved;
- Monitoring being used as a means of improving performance.

5. Public information

Information about the complaints and representations framework is accessible via the council's public access points and also the council's website. Carers and service users of children's and adults social care are provided with leaflets explaining the procedure when they take up a new service and when care plans are agreed and reviewed.

Information in other formats such as large print or Braille or translation in languages other than English are made available upon request.

6. Summary of representations

6.1. Adult Social Care

6.1.1. Compliments

Compliments are generally recognised to be an indicator of good outcomes for service user and carers. They also serve to provide wider lessons regarding the quality of services.

During 2011/12, 22 compliments have been received relating to Adult Social Care. Appendix 1 provides some examples of compliments received during the period.

6.1.2. Summary and analysis of complaints

A total of 17 complaints were received. One complaint was transferred for consideration under the safeguarding adults procedures making a total of 16 complaints investigated. The number of complaints received has remained the same as last year.

Of the 16 complaints investigated, one was managed and responded to by the NHS in line with the partnership agreement in place with Tees, Esk and Wear Valleys NHS Foundation Trust (the local provider of NHS mental health services). On the remaining 15 complaints investigated and responded to by the Council, 12 of these have been concluded and 3 remain ongoing as at 31 March 2012. Details of the complaints concluded are outlined in Appendix 2.

6.1.3. Client groups

Adult Social Care			
Client group	2011/2012	2010/2011	2009/2010
Older Persons	9	14	17
Learning Disabilities	3	1	1
Physical Disabilities and Sensory Loss	3	2	8
Adult Mental Health (Integrated Service)	2	0	0
HIV/Aids	0	0	0
Substance misuse	0	0	0
Carers	0	0	1
Total number of complaints received	17	17	27

The service users who were the focus of the complaints were 1 (6%) male and 16 (94%) females.

All of the service users were White British and were aged as follows:

Age range (years)	Number of service users
18 – 25	1
26 – 35	1
36 – 45	2
46 – 55	1
56 – 65	2
66 – 75	1
76 – 85	6
86 +	2

Complaints which are considered either complex or have a number of elements are usually investigated by someone independent of the council. In 2011/12, Independent Investigating Officers were appointed to 7 of the 16 complaints investigated. The remaining 9 complaints were investigated and responded to internally.

6.1.4. Advocacy services

Of the 16 complaints investigated, 4 complainants chose to have an advocate to assist them with their complaints.

6.1.5. Timescales

There is no statutory timescale for investigating and responding to a complaint relating to adult social care. However, the internal adult social care complaints procedure identifies an indicative timescale of between 10 and 20 working days for investigating and responding to those complaints considered to be low impact. Of those complaints identified as having a moderate impact, the investigation and response should be aimed at being concluded within 40 working days and for those complaints considered high impact, the investigation and response should be aimed at being concluded within 65 working days.

» Low impact

Of the 15 complaints investigated in 2011/12 by the council, 6 were considered low impact. Two of the low impact complaints were completed within the indicative timescale. However, in the case of the remaining 4, these were completed between 32 and 36 working days. All extensions to the indicative timescales were discussed with the complainant.

» Moderate impact

Of the 15 complaints investigated in 2011/12 by the council, 9 were considered moderate impact of which 6 have been resolved. Of these, 2 were completed within the indicative timescale of 40 working days. With regard to the remaining

4 moderate impact complaints, 2 were completed within 45 working days and the remaining 2 took longer to complete owing to the number of elements to the complaint. All extensions to the indicative timescales were discussed with the complainant.

» **High impact**

Of the 15 complaints investigated in 2011/12, none were considered high impact.

6.1.6. Complaints ongoing as at 31 March 2011

Three of the 15 complaints investigated by the council in 2011/12 remain ongoing as at 31 March 2012.

6.1.7. Complaints considered by the Local Government Ombudsman in 2011/12

One complainant, whose complaints were considered by the council in 2011/12, approached the Local Government Ombudsman (LGO) on separate occasions with respect to 3 elements of complaint. The LGO considered 2 of the 3 elements together and advised the complainant that they did not intend to investigate the matter and set out the reason why. In the LGO's statistics for the year ending 31 March 2012 the reason for this was reported as "insufficient evidence of maladministration". In relation to the remaining element of complaint, the Local Government Ombudsman decided that they had no jurisdiction to investigate the complaint and recorded this as "not in jurisdiction".

6.2. Children's Social Care

6.2.1. Compliments

During 2011/12, 16 compliments have been received relating to Children's Social Care. Appendix 3 provides some examples of compliments received during 2011/12.

6.2.2. Complaints received in 2011/12

A total of 16 complaints were received. One complaint was withdrawn making a total of 15 complaints investigated. The number of complaints received has decreased by 19 from 2010/11. Details of the complaints concluded are outlined in appendix 4.

- Of the 15 complaints investigated, 14 of these have been concluded and 1 remains ongoing.
- 12 of the 15 complaints investigated were responded to at Stage 1 in the first instance. Of these, 11 complaints (92%) were resolved and concluded at Stage 1.
- The one complaint (8%) that was first considered at Stage 1 and progressed to Stage 2, was resolved at Stage 2.

- Of the remaining 3 complaints that progressed straight to Stage 2 given the number of elements and complexity of the issues raised, one of these was resolved at Stage 2, one progressed to Stage 3 Complaint Review Panel and the remaining one is ongoing.
- There were 2 Stage 3 Complaint Review Panels held in 2011/12. One of these was from a complaint received in 2010/11.
- Complaints were received from 4 males (25%), 10 females (62.5%) and 2 complaints (12.5%) were made jointly by couples (male and female).

6.2.3. Advocacy services

2 of the 15 complainants were assisted and supported by an Advocate during the complaints process.

6.2.4. Complaints considered by the Local Government Ombudsman in 2011/12

There were no complaints in relation to children's social care that progressed to the Local Government Ombudsman in 2011/12.

6.3. Corporate procedure

6.3.1. Compliments

During 2011/12, 19 compliments have been received relating to Community Services. Appendix 5 provides some examples of compliments received during 2011/12.

6.3.2. Complaints received in 2011/12

A total of 11 complaints were received during 2011/12 (further details are contained in appendix 6) which all related to services delivered within Community Services Division. All complaints have been concluded and resolved.

Complaints were received from 7 females (64%) and 4 males (36%).

6.3.3. Time taken to respond to complaints

The Corporate Complaints Procedure is required to operate within a timescale of 15 working days. Of the 11 complaints, 9 (82%) were responded to within the 15 working day timescale. The remaining 2 complaints have taken longer to fully investigate and respond to the issues raised. The extra time taken in these complaints was as a result of their complexity and as well as the complainant's serious health issues. On both occasions, an extension to the timescale was discussed with the complainant.

6.3.4. Complaints considered by the Local Government Ombudsman in 2011/12

There were no corporate complaints that progressed to the Local Government Ombudsman in 2011/12.

7. Lessons learned

Lessons learned are an important aspect of the complaints framework. Appendix 2, 4 and 6 respectively outline the context of some improvements that have been put in place as a direct result of complaints and representations received in adult social care, children's social care and community services.

8. Conclusions and way forward

8.1. Going forward

We continue to ensure that a person-centred approach is adopted for the handling and investigation of each complaint. We will continue to focus on ensuring that we monitor that: complainants receive appropriate and timely feedback on complaints; appropriate apologies are offered; and any service improvement recommendations are delivered.

8.2. Action plan

- We will continue to promote the complaints procedure for children's social care services to a range of networks to ensure that children and young people feel confident and able to approach the department with any particular concerns.
- We will continue to promote the availability of advocacy provision to complainants.
- We will develop an easy-read version of adults and children's social care complaints leaflets.
- We will ensure that information of the different complaints procedures will be shared with Healthwatch and the organisation delivering advocacy for NHS on contract award.

Appendix 1: Examples of compliments received across Adult Social Care services

"... the additional support provided by the Social Workers, both of whom went out of their way to explain the process for placement to both mother and me, showing kindness and consideration during a worrying period and enabling her smooth transition to the Care Home. My mother is very happy and settled and shows renewed signs of confidence and good humour."

From a service user's daughter about support from the Discharge Assessment Team.

"I would just like to say a very big thank you to all your kind and caring team, they were all so patient especially as mam is very deaf without hearing aids in and she is very rambling."

From the daughter of a service user about care workers.

"Amazing service, attention to detail and compassion from Social Worker during my mother's illness. A truly remarkable service to my mother. Ten out of ten."

From the son of a service user about a social worker from a Locality Team.

"My dad asked me to pass on his thanks and said that the OTA was very helpful, friendly and efficient and he was really pleased that this was dealt with so well."

From a service user's son about an occupational therapy assistant.

"... he said that you were wonderful and did a fantastic job for him getting his benefits sorted out. "

From a service user about a user property and finance officer.

"I cannot fault the care that I have been given during my convalescence. It is only due to your kindness and thoughtfulness that I have made such a speedy recovery. Many thanks and keep in touch with the excellent work."

From a service user about care workers.

"I would like to pay compliment to the Social Care Officer for her patience, kindness and all of the hard work that she has put in to organise and set up this package of care to meet my mother's needs and to help me enormously relieve some of the pressure, worry and stress I am under with caring for my mam by myself for the past 5 years, feeling at the end of my tether for the past few months. A big thank you."

From a service user's daughter about a social care officer in a Locality Team.

Appendix 2: Details of complaints and lessons learned in Adult Social Care services

Details of complaint	Outcomes	Lessons learned and where appropriate, actions taken
<p>The complainant, (GF), a service user, alleged that arrangements to carry out a re-assessment of his OT needs were not actioned and when he telephoned the department about this he was advised that a re-assessment could not be carried out until he had been re-housed.</p> <ul style="list-style-type: none"> ■ LOW IMPACT ■ PHYSICAL DISABILITIES 	<p>Complaint: Partly upheld</p> <p>Response: 32 working days</p> <p>Note: Complainant was updated on the progress of his complaint in writing before a final response was issued. This was owing to a delay encountered (exacerbated by summer time annual leave arrangements) in receiving information from another agency to corroborate information gleaned from the complainant.</p>	<ul style="list-style-type: none"> ■ Apology issued for the inappropriate response provided on the occasion the complainant telephoned the Department.
<p>The complainant, (YB), the daughter of a service user, expressed her dissatisfaction around:</p> <ul style="list-style-type: none"> • a formal mental health assessment for her mother not taking place; • the length of time taken for her mother to receive appropriate help; • the position she was left in trying to care for a vulnerable elderly lady with no offer of support. <ul style="list-style-type: none"> ■ MODERATE IMPACT ■ OLDER PERSONS 	<p>Complaint: Partly upheld</p> <p>Response: 40 working days</p> <p>This complaint involved interviewing staff from the Emergency Duty Team (EDT), delivered by Stockton Borough Council on Hartlepool's behalf, Tees, Esk and Wear Valleys NHS Foundation Trust and a domiciliary care provider.</p>	<ul style="list-style-type: none"> ■ EDT to inform the person who requests a formal mental health assessment if this does not go ahead to enable them to look into other alternatives with regards to support over a weekend period.

<p>The complainant, (CT), the daughter of a service user, alleged that there were inaccurate details contained in her mother's assessment and care plan documentation which was carried out on the ward during her recent stay in hospital.</p> <ul style="list-style-type: none"> ■ LOW IMPACT ■ OLDER PERSONS 	<p>Complaint: Partly upheld</p> <p>Response: 36 working days (this includes the period of time between the initial deadline, the re-arranged meeting requested by the complainant to feedback findings and the response being issued).</p> <p>Note: Team manager agreed a four-week timescale for investigating the complaint. The team manager arranged to visit the complainant to verbally feedback her findings the day before the four week deadline. However, the complainant cancelled the meeting and this was re-arranged for a later date. The response was sent following the re-arranged meeting.</p>	<ul style="list-style-type: none"> ■ Staff need to involve families within the whole assessment process to ensure that they are being provided with the correct information and so provide a good quality service. ■ A 'copy and paste' practice was identified and is to be discussed within all team meetings to make sure this is not common practice and ensure this does not continue in any situation. This will also be reinforced with staff during the supervision processes.
<p>The complainant, (LB), a service user, was unhappy with the outcome of the Best Interests Assessment carried out as part of her Deprivation of Liberty safeguards assessment and alleged that as well as factual inaccuracies in the assessment, the social worker did not listen to or seek the views of all involved in her care.</p> <ul style="list-style-type: none"> ■ MODERATE IMPACT ■ LEARNING DISABILITIES 	<p>Complaint: Not upheld</p> <p>Response: 14 working days</p> <p>Note: Reinforced with complainant that if she remained dissatisfied with the way (ie the process) a decision had been reached, recourse was via the Local Government Ombudsman. However, if the complainant remained dissatisfied with the decision or both the process and decision, recourse was via the Court of Protection.</p>	<p>None identified</p>
<p>The complainant, (DM), the daughter of a service user, alleges that:</p> <ul style="list-style-type: none"> • The care home should not have taken away her mother's walking sticks without a full assessment of her mobility needs and an 	<p>Complaint: Not upheld</p> <p>Response: 45 working days</p> <p>Note: This complaint spans two care homes and was investigated by someone independent of the council.</p>	<ul style="list-style-type: none"> • Dissemination of 2 recommendations (below) to all care homes in Hartlepool suggesting that they should give appropriate consideration to adopting the recommendations made into their operational practice:

<p>alternative means of supporting her walking and protection against falling implemented.</p> <ul style="list-style-type: none"> the attention to her mother's care has been inadequate and the consequence of this has been an unacceptable number of falls that have resulted in permanent injuries. <ul style="list-style-type: none"> MODERATE IMPACT OLDER PERSONS 	<p>The complainant was also represented by an advocate.</p>	<p>(1) Care homes should consider introducing an analysis of how falls are occurring where there are a cluster of falls recorded. This could include information on the location, the severity and type of fall, night or daytime etc. This information could be shared with relatives on a monthly basis and, of course, provide a topic for detailed discussion at Reviews.</p> <p>(2) Care homes should consider the management of formal discussion of concerns or complaints with relatives that could include brief written notes that could be read back to the relative to ensure that both sides have a proper understanding of what the issues of concern are. This is a practice adopted in the investigation of complaints that has frequently demonstrated how easy it is for both sides to assume a common understanding that is actually false.</p>
<p>The complainant, (JG), a potential service user, expressed her dissatisfaction about the overall outcome of her assessment of need.</p> <ul style="list-style-type: none"> LOW IMPACT PHYSICAL DISABILITIES 	<p>Complaint: Not upheld</p> <p>Response: 5 working days</p>	<p>None identified.</p>
<p>The complainant, (SC), a service user within learning disability services, alleged that the team manager reacted inappropriately to a statement made by her during a visit made to her home.</p> <ul style="list-style-type: none"> LOW IMPACT LEARNING DISABILITIES 	<p>Complaint: Not upheld</p> <p>Response: 36 working days</p> <p>Note: The complainant was represented and supported by an advocate during the complaints process.</p>	<p>None identified.</p>

<p>The complainant, (SK), a service user within mental health services, alleges that a member of staff from another service area disclosed her discharge date from hospital to her former partner.</p> <ul style="list-style-type: none"> ■ LOW IMPACT ■ LEARNING DISABILITIES 	<p>Complaint: Unable to substantiate</p> <p>Response: 33 working days</p>	<p>None identified.</p>
<p>The complainant, (JS), the sister of a service user within learning disability services, raised 15 separate elements of complaint. These spanned both the council's services around safeguarding adults and Deprivation of Liberty safeguards as well as the care provided by a residential care home commissioned by the council.</p> <ul style="list-style-type: none"> ■ MODERATE IMPACT ■ LEARNING DISABILITIES 	<p>Complaint: 8 elements of complaint upheld 5 elements of complaint partly upheld 1 element of complaint not upheld 1 element of complaint not proven</p> <p>Response: 87 working days</p> <p>This complaint was investigated by an Independent Investigating Officer.</p> <p>Note: The complainant was represented and supported by an advocate during the complaints process.</p>	<p>A total of 16 recommendations were made by the Independent Investigating Officer which included:</p> <ul style="list-style-type: none"> ■ Reminding team managers and principal practitioners about the content of the Advanced Safeguarding Chairing Course. ■ Auditing of policies to ensure there is reference to supporting evidence being made available that underpins the actions being carried out by the care provider. ■ Reinforce recording good practice. ■ Care Provider to implement checks to ensure their internal procedures are complied with. ■ Care Provider to revise their Medication Policy. ■ An apology provided to the service user and her family for those aspects of the complaint that were upheld or partially upheld.

<p>The complainant, (PL), a service user, was dissatisfied with some aspects of the home care service delivered to meet her assessed needs.</p> <ul style="list-style-type: none"> ■ LOW IMPACT ■ OLDER PERSONS 	<p>Complaint: Not upheld</p> <p>Complainant did not engage with the complaints procedure. The allegations were investigated as far as practicably possible and, in the absence of any further evidence from the complainant, these were unfounded.</p>	<p>None identified.</p>
<p>The complainant, (GS), the daughter of a service user, expressed her dissatisfaction around the quality of her mother 's assessment, alleged the care plan did not adequately reflect her mother's needs and alleged there was a delay in the implementation of the care package. There were a total of 12 elements of complaint.</p> <ul style="list-style-type: none"> ■ MODERATE IMPACT ■ OLDER PERSONS 	<p>Complaint: 6 elements were not upheld 2 elements were partially upheld 1 element was upheld 3 elements were not proven</p> <p>Response: 33 working days</p> <p>Note: This complaint was investigated by an Independent Investigating Officer.</p>	<p>5 recommendations were made and implemented by the Department including a review of the procedure for recording telephone calls.</p>
<p>The complainant, (MT), the grandson of a service user, was dissatisfied with response of the Telecare Service (a service ran in partnership with Housing Hartlepool) to an emergency situation involving his grandmother at her home. There were 7 elements of complaint.</p> <ul style="list-style-type: none"> ■ MODERATE IMPACT ■ OLDER PERSONS 	<p>Complaint: 4 elements were upheld 1 elements were partly upheld 2 elements not upheld</p> <p>Response: 88 working days</p> <p>Note: This complaint was investigated by an Independent Investigating Officer.</p>	<ul style="list-style-type: none"> ■ An apology provided to the service user and her family for those aspects of the complaint that were upheld or partly upheld. ■ A review of the joint Telecare Service by Housing Hartlepool and Hartlepool Borough Council is carried out. ■ The provision of specialist driver training is rolled out to Telecare response staff.

Appendix 3: Examples of compliments received across Children's Social Care services

"Just wanted to say thank you W for your time and help. It's been very much appreciated! It seems the world isn't full of awful people. Thanks again!"

From the mother of a service user about a social worker in Disability Services.

"I have taken instructions from M's Guardian in the case, LH, and she was extremely eager for me to write to you and express how impressed she was with the overall assistance and support which the Disability Team have provided to M and his family, both historically and recently. The Guardian was particularly impressed with the Social Worker, WC, in all areas, but particularly her commitment and efforts with the family. You will appreciate that it is unusual for a Guardian to instruct a Solicitor to write and acknowledge the efforts made by a particular team in care proceedings, but due to W and her team, Mrs H felt that this case warranted such expression. Such efforts have left Mrs H with complete confidence that those involved in M's life will continue to endeavour to meet his needs to the best of their ability."

From a child's guardian to a social worker in Disability Services.

"We have recently worked with T for 18 months. T is an excellent social worker and we forged a very good working relationship with him. T always had time to listen, was always supportive and always kept us informed of what was happening with the case."

From foster carers about a social worker in Prevention, Safeguarding and Specialist Services.

"During our time working with E, she has been firm but incredibly fair, and has helped us greatly improve our relationship. We would just like to say a massive thank you to E. We hope she has every success in her career for being a marvellous person who is magnificent and outstanding at her job. Once again thank you very much E it has been a pleasure."

From parents to a social worker in Prevention, Safeguarding and Specialist Services.

Appendix 4: Details of complaints and lessons learned in Children's Social Care Services

Details of complaint	Outcomes	Lessons learned and where appropriate, actions taken
The complainant, (JS), the uncle of a young person, expressed his dissatisfaction in the length of time taken for his nephew to access counselling support.	Response: 18 working days Resolved at Stage 1	None identified.
The complainant, (CC), the mother of young children and an unborn child, expressed her dissatisfaction with children's social care who were 'reopening' her case upon receipt of a domestic violence report received from another agency.	Response: 20 working days Resolved at Stage 1	None identified.
The complainants, (CL & CL), foster carers, alleged there was a lack of support and consideration shown to them in relation to the behavioural problems of one of the foster children and they were unhappy with the social worker expressing to them that there was no need to attend the LAC Review.	Response: 22 working days Resolved at Stage 1	Review early support for foster carers in relation to management of behavioural issues especially when the Department have very limited background information in respect of family functioning.
The complainant, (KJ), the guardian of 5 children, is dissatisfied with a response sent to his solicitor from the department in relation to the level of financial support for him and his wife in their role as carers for the children. The complainant also wishes to know how the calculation had been worked out.	Response: 14 working days Resolved at Stage 1	None identified.

The complainant, (CE), the grandmother of a young person, expressed her dissatisfaction in the manner in which the social worker spoke to her in relation to her enquiry.	Response: 16 working days Resolved at Stage 1	None identified.
The complainant, (AH), the father of a young person, expressed his dissatisfaction about the way in which an incident in relation to his daughter was handled by children's social care following a disclosure she had made at school.	Response: 18 working days Resolved at Stage 1	Reinforce with social workers that parents should be fully consulted and involved in the decisions that are made around their children when dealing with complex and challenging family situations especially as such decisions can have a long-lasting impact in terms of reunification and rebuilding relationships.
<p>The complainants, (C&RT), the parents of children who are the subject of Child Protection Plans, expressed their dissatisfaction around:</p> <ul style="list-style-type: none"> ■ no visit to the family being made by a social worker in over a month contrary to statutory guidance; ■ no attendance by any member of Child and Adult Services at the last Core Group Meeting; ■ the number of times there had been a change of Social Worker in the case; ■ the lack of a list of points they need to do to address professionals concerns around their parenting skills despite requesting one. ■ a change of worker from the Family Intervention Team. 	Response: 21 working days Resolved at Stage 1	Explanation provided to each point of complaint and an apology provided where appropriate.
The complainant, (JM), the mother of a baby, expressed her dissatisfaction in relation to the current social work involvement including a lack of communication and lack of a professional approach by the allocated social worker.	Response: 29 working days Resolved at Stage 1 Note: Meeting arranged with complainant to discuss complaint. Complainant did not turn up. When	Reinforced with the social worker concerned the importance of effectively communicating with families.

	complainant visited the office the following week and asked to speak to the Manager about a different issue, the opportunity was taken to discuss the complaint.	
The complainant, (WE), the mother of children in foster care, was unhappy when she visited the social worker, as part of a pre-arranged appointment, to find the social worker was on annual leave as well as her children rather than the social worker informing her of their temporary living arrangements.	Response: 17 working days Resolved at Stage 1	<ul style="list-style-type: none"> ■ An apology was provided to the complainant in relation to her visit to the office as well as £10 reimbursed for her wasted journey. ■ The social worker wrote a separate letter of apology to the complainant for the oversight.
<p>The complainant (AB), a young person, wished to complain about the social worker:</p> <ul style="list-style-type: none"> ■ taking photographs in his home without his permission; ■ reading text messages and deleting his girlfriend's telephone number from his telephone without his permission; ■ not turning up for a planned appointment with his mother. 	Response: 19 working days Resolved at Stage 1	<p>Remind social workers that they must:</p> <ul style="list-style-type: none"> ■ be very clear on whether they have permission to take photographs; ■ consult with the parent when they enter a home; ■ be realistic about the number of visits they arrange in the day.
<p>The complainant, (SU), the mother of a young person, alleges that:</p> <ul style="list-style-type: none"> ■ she, as well as a health professional, approached Social Services and asked for support in connection with her son. After an assessment it was deemed that there was no need for a social worker. The complainant is dissatisfied with this position. ■ the social worker who completed the assessment 	<p>Complaint: 2 points upheld 3 points partly upheld 1 point not upheld</p> <p>Response: 49 working days</p> <p>Resolved at Stage 2</p> <p>Note: The complainant was represented and supported by an advocate with her complaint. Initially, the complainant wrote one letter of complaint to both</p>	<p>The Independent Investigating Officer made a number of recommendations within her report which included:</p> <ul style="list-style-type: none"> ■ an apology for elements upheld or partly upheld; ■ reinforce policies and procedures with staff; ■ consideration of specialist training; ■ multi-agency planning meeting to move the case forward.

<p>had an unfriendly, unhelpful attitude and had seemingly made up her mind before completing the assessment.</p> <ul style="list-style-type: none"> the social worker who completed the assessment did not consult any other professional or agency to aid her understanding when completing the assessment. information that was passed from hospital to Social Services who, according to the complainant, misinterpreted the information. her son had been discriminated against because he does not have an academic learning disability; thus not allowing him to access some services. there is a professional lack of awareness around autism which impacts on the assessment process and services offered. 	<p>health and social care and a meeting was arranged for the complainant to meet with those appointed to investigate her complaint. The meeting explained how her complaint spans two different statutory complaints procedures and separate out the elements of complaint relevant to each.</p>	
<p>The complainant, (AA), the mother of a newborn baby, alleges that:</p> <ul style="list-style-type: none"> Supervised contact arrangements were instigated in hospital between her and her newborn baby and they shouldn't have been. A social worker had told her parents that they could change his feed and take him out without her prior approval. No help for her to look after her son was provided by Social Services. The social worker has only called twice in 4 months when the frequency of visits should have been weekly. 	<p>Response: 31 working days</p> <p>Resolved at Stage 1</p> <p>Note: Timescale protracted owing to number of points of complaint to investigate as well as annual leave of a member of staff who during the course of the investigation.</p>	<p>None identified.</p>

<ul style="list-style-type: none"> Personal questions were asked that had nothing to do with the case during a pre-birth assessment. The social worker arrived 40 minutes early for a pre-arranged appointment. The social worker missed 19 appointments. The social worker cancelled a meeting and did not inform her of this. Two social workers have lied in relation to historic events relating to her partner. Photographs have not been provided for her to see despite the social worker showing these to her parents. 		
<p>The complainant, (WE), the mother of 3 children, expressed her dissatisfaction in relation to the case management actions and decisions with regard to herself and her family. 27 separate elements of complaint were identified and the complainant chose to have an Advocate involved. This complaint progressed straight to Stage 2.</p>	<p>Complaint: 2 points upheld 4 points partly upheld 12 points not upheld 9 points not proven</p> <p>Stage 3 – Independent Review Panel upheld the Investigating Officer’s findings on each element of complaint contested. Two recommendations were made which were accepted and have been implemented by the department.</p> <p>Concluded at Stage 3</p>	<p>The recommendations implemented were specific to the case.</p>
<p>The complainant, (MD), the grandmother of 5 grandchildren, allege that:</p> <ul style="list-style-type: none"> The lack of communication between the team and the complainant resulted in uncertainty of roles or responsibilities. 	<p>Complaint: 3 points upheld Response: 35 working days Resolved at Stage 2</p>	<ul style="list-style-type: none"> A further public information factsheet is in development regarding services available for children in need. New guidance on assessing cases that have been reported to the Department should be implemented and monitored to ensure compliance.

<ul style="list-style-type: none"> ■ There were a number of recent referrals by education in the chronology which do not appear to have been progressed or not acted on. Given the long history of involvement, the question needs to be asked 'why'. ■ At the case conference the IRO, in her recommendation, stated that at the first core group meeting – the issues of finance would be discussed as would be the issues of Kinship Assessment. The Team Manager came over at the end of the case conference and advised she would be present but she did not subsequently attend. 		<ul style="list-style-type: none"> ■ Chairs of Child Protection conference to be reminded that any outstanding issues to be addressed following the conference should be dealt with separately from core groups.
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Appendix 5: Examples of compliments received across Community Services

"I visited the Library and found the staff very efficient and helpful when performing the usual library duties; directing me to the area I needed, then finding, setting up and explaining how to use the microfiche which was most likely to be of use to me.."

From a visitor to the Library

"My mam and I had a wonderful day at Hartlepool Maritime Experience, it was my mam's birthday so it was extra special for her. We just wanted to let you know how excellent our day was. We've planned for many years to take a trip down to Hartlepool but never got round to it until today. It was fantastic."

From a visitor about Hartlepool's Maritime Experience

"I have been going to water mobility classes, now on a Friday morning, and I cannot be too heartfelt in my appreciation of this form of supervised exercise. My mobility is now better than it has been for years."

From a user of Exercise for Life programme

"My cousin and I spent last week in Hartlepool in search of our Headland ancestors and want to let you know what excellent help we received from several of your staff. Each of these officers was not only helpful, efficient and knowledgeable but made us feel welcome ...!"

From a visitor about the Museums Collections Team and Library Service

"My husband and I have walked our dog at Summerhill for the past 6 years. We are now retiring and leaving Hartlepool so we wanted to thank you for all that you do to make Summerhill such an incredible resource for the people of Hartlepool. In our busy, pressured lives Summerhill had been a real God send where we have been able to 'escape' for some gentle exercise, fresh air, time to reflect and keep life in perspective."

From a visitor about Summerhill Country Park

"First time using new changing facilities and would like to quickly say what an improvement. Experience enhancing!"

From the a user about Mill House Leisure Centre

Appendix 6: Details of Community Services complaints and lessons learned

Details of complaint	Outcomes	Lessons learned and where appropriate, actions taken
<p>The complainant, (JD), a user of a leisure facility, wished to complain about the implementation of new guidelines around:</p> <ul style="list-style-type: none"> ■ No outdoor footwear to be worn in the changing area; ■ Changes in locker systems; ■ Pool partially cordoned off. 	<p>Complaint: Not upheld Response: 3 working days Resolved</p>	None identified.
<p>The complainant, (WC), a user of a leisure facility, wished to complain about the implementation of new guidelines around:</p> <ul style="list-style-type: none"> ■ No outdoor footwear to be worn in the changing area; ■ Changes in locker systems; ■ Pool partially cordoned off. 	<p>Complaint: Not upheld Response: 6 working days Resolved</p>	None identified.
<p>The complainant, (ML), a user of a leisure facility, expressed his dissatisfaction around adult to child swimming ratios and a lack of signage within the entrance foyer relating to the ratios.</p>	<p>Complaint: Not upheld Response: 9 working days Resolved</p>	Explanation provided including a copy of the risk assessment guidance for child admission policies together with photographs of the signage displayed.

The complainant, (SH-C), a user of a leisure facility, expressed her dissatisfaction around the debit card payment system being off line when she visited and no signage displayed to indicate this.	Complaint: Partly upheld Response: 15 working days Resolved	Introduction of regular specific receptionist briefings.
The complainant, (KA), a user of a library facility, wished to complain that she had not previously been made aware that one of the books she had borrowed was on a 'short-term' loan (ie 2 weeks only) and, as a result, she had incurred a fine.	Complaint: Upheld Response: 4 working days Resolved	<ul style="list-style-type: none"> Explanation provided around the introduction of the 'short-term' loan facility for books in high demand which carry a blue label on them thus making the short-term loan clear to the borrower. Regrettably, the book in question had an ordinary label on it when it should have had a blue label. An apology was provided for the error and the complainant was refunded the fine.
The complainant, (GS), a leisure centre user, wished to complain about the additional swimming pool time and space usage by a local swimming club thus restricting the general public usage.	Complaint: No finding Response: 7 working days Explanation provided around recent dialogue with the local swimming club and negotiations around usage of the swimming pool as well as the agreement reached to try and appease both the swimming club and regular swimmers using the facility. Resolved	None identified.
The complainant, (NB), a leisure centre user, was unhappy that when she visited the Leisure Centre, the swimming pool was closed to the general public due to primary school swimming lessons and alleged that the	Complaint: Not upheld Response: 13 working days Explanation that the display sign does state the swimming pool is closed between 9 am and 12 noon	None identified.

signage displayed did not indicated the swimming pool was closed to the general public.	Monday to Friday due to Primary School Swimming Lessons. Resolved	
<p>The complainant, (IE), a library user, alleged that:</p> <ul style="list-style-type: none"> ■ a member of staff had an unhelpful attitude; ■ a letter received from the library service didn't provide him with any information about how he could challenge the content of the letter; ■ there was no proper investigation into his complaint in the first place; ■ the initial response received raised something else that was irrelevant. 	<p>Complaint: 1 element upheld 1 element not upheld 1 element partly upheld 1 element not proven</p> <p>Response: 29 working days</p> <p>Note: Christmas and New Year holidays impacted upon the response times.</p> <p>Resolved</p>	<ul style="list-style-type: none"> ■ Apology provided for the elements of complaint upheld or partly upheld. ■ Reinforce importance of ensuring all information is included in correspondence and accurate information is relayed when initial enquires are dealt with.
The complainant, (JC), a library user, expressed her dissatisfaction around all libraries in Hartlepool being closed during the Christmas and New Year period.	<p>Complaint: Not upheld</p> <p>Response: 4 working days</p> <ul style="list-style-type: none"> ■ Explanation that the library service started to reduce Christmas opening hours in 2009 following a monitoring exercise on the usage and public consultation. ■ Notified the complainant that a variety of methods were used to publicise the closure including Hartbeat, website, book receipts and posters. <p>Resolved</p>	None identified.

<p>The complainant, (RS), a leisure centre user, expressed his dissatisfaction around a female member of staff entering the dry-side changing rooms whilst he was changing.</p>	<p>Complaint: Upheld Response: 8 working days Resolved</p>	<ul style="list-style-type: none"> ■ Signage to be installed advising customers that the changing facilities may be cleaned and checked by a member of the opposite sex. ■ A shower curtain to be fitted across the front of the shower entrance to reduce the chance of any further accidental embarrassment or upset. ■ Enquiries to be made with colleagues from other local leisure facilities to see if they have any other practices in place to reduce this type of incident occurring.
<p>The complainant, (EB), the parent of a child whose school attended an outdoor education facility, alleged that a worker spoke and acted inappropriately to her daughter causing her daughter to become upset.</p>	<p>Complaint: Not upheld Response: 103 working days Note: The delay encountered in this complaint related to the complainant's ongoing health issues, serious illness and family bereavement as well as the absence of the Investigating Officer owing to a sudden family bereavement. Resolved</p>	<ul style="list-style-type: none"> ■ One recommendation was made and implemented around Instructors ensuring that before an activity starts the leaders of the group are asked if any children have difficulties that they should be aware of or any specific measures that need to be taken into consideration.