



Community and Wellbeing Scrutiny Committee

Wednesday 31 January 2018 at 7.00 pm
Conference Hall - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Conneely
Hector
Hoda-Benn
Jones
Nerva
Shahzad

Substitute Members

Councillors:

Aden, Colacicco, Crane, Ezeajughi, Kelcher, Mashari
and Stopp

Councillors:

Davidson and Ms Shaw

Co-opted Members

Alloysius Frederick, Roman Catholic Diocese Schools
Helen Askwith, Church of England Schools
Iram Yaqub, Parent Governor Representative (Primary)
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Jai Patel, Brent Youth Parliament
Samira Monteleone, Brent Youth Parliament

For further information contact: Nikolay Manov, Governance Officer
Tel: 020 8937 1348; Email: nikolay.manov@brent.gov.uk

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The press and public are welcome to attend this meeting.

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also a Prejudicial Interest (i.e. it affects a financial position or relates to determining of any approval, consent, licence, permission, or registration) then (unless an exception at 14(2) of the Members Code applies), after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences** - Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party or trade union).
- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral ward affected by the decision, the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who employs or has appointed any of these or in whom they have a beneficial interest in a class of securities exceeding the nominal value of £25,000, or any firm in which they are a partner, or any company of which they are a director
- any body of a type described in (a) above

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64.	
2 Declarations of interests Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda.	
3 Deputations (if any) To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Minutes of the previous meeting To confirm, as a correct record, the attached minutes from the following meetings of the Community and Wellbeing Scrutiny Committee held on: (a) Wednesday 22 November 2017; and (b) Wednesday 6 December 2017 (special meeting)	1 - 14
5 Matters arising (if any)	
6 Complaints Annual Report 2016-2017 This version of the 2016-2017 Annual Complaints report focuses on complaints performance in the Community Wellbeing (CWB) Department, Adult Social Care (ASC) directorate, Culture service and the Children and Young People (CYP) Department. The report covers the period from April 2016 to March 2017 and comparative data going back to 2013/14 has been provided where available.	15 - 76

Ward Affected:
All Wards

Contact Officer: Irene Bremang
Head of Performance and Improvement
Email: irene.bremag@brent.gov.uk
Tel: 020 8397 1822

7 Patient Led Assessments of the Care Environment (PLACE) Scores 2015-2017 77 - 84

The report provides an update on scores for Patient Led Assessments of the Care Environment (PLACE) at local hospitals.

Ward Affected:
All Wards

Contact Officer: Yvonne Smith
Head of Facilities, London North West NHS
Healthcare Trust

8 Update on the scrutiny work programme (If any) 85 - 100

The report updates Members on the Committee's Work Programme for 2017/18 and captures scrutiny activity which has taken place outside of its formal meetings.

Ward Affected:
All Wards

Contact Officer: Mark Cairns
Policy and Scrutiny Manager
Email: mark.cairns@brent.gov.uk
Tel: 020 8937 1476

9 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: Wednesday 28 February 2018



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

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Brent

MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE Wednesday 22 November 2017 at 7.00 pm

PRESENT: Councillor Ketan Sheth (Chair), Councillors Colwill (Vice-Chair), Conneely, Hector, Jones, Nerva, and Shahzad

Co-opted Members: Mr A Frederick, Ms Askwith, Mr Goulden and Ms Yaqub

Appointed observers: Ms Lesley Gouldbourne and Ms Monteleone

Also Present: Councillor M Patel

Absent: Councillor Hoda-Benn

1. **Apologies for absence and clarification of alternate members**

There were no apologies for absence received.

2. **Declarations of interests**

There were no declarations of interests.

3. **Deputations (if any)**

There were no deputations received.

4. **Minutes of the previous meeting**

RESOLVED that the minutes of the previous meeting, held on 19 September 2017, be approved as an accurate record of the meeting, subject to the following change:

- Agenda Item 9, page 7 - the word 'of' be deleted from the phrase 'a large of number of reports'.

5. **Matters arising (if any)**

A Member of the Committee commented that it would be helpful recommendations made by the Committee to specify the body they had been directed to and provide a timeframe for feedback. Pascoe Sawyers (the Council's Head of Strategy and Partnerships) said that the request had been noted and action would be taken to ensure that relevant organisations were made aware of recommendations.

6. **Local Area Inspection of SEND**

Gail Tolley (the Council's Strategic Director of Children and Young People) introduced the paper which had been developed jointly with the Brent Clinical

Commissioning Group (CCG). The Committee heard that, in May 2017, Ofsted and the Care Quality Commission (CQC) had conducted a joint inspection of Brent to judge the effectiveness of the area in implementing the improvements within the Special Education Needs and Disabilities (SEND) reforms as set out in the Children and Families Act 2014. Ms Tolley said that the inspection report had been complimentary of the strategic leadership at the Local Authority and the relationship between the Local Authority and schools in the area, which demonstrated the strong link between education and care outcomes. However, there were some areas where the inspection team felt there had been reasons for concern (page 12 to the Agenda pack). These had included concerns about a lack of strategic leadership within the CCG related to implementation of the SEND reforms and the fragmented approach to joint commissioning leading to gaps in services and separated commissioned services being delivered by the same provider. Having been invited to comment, Sheik Auladin (Interim Chief Operating Officer at Brent CCG) advised that deficits identified by the inspection were being addressed and approximately £1.2 million would be invested in integrating services and joint commissioning, with outcomes expected in a short period of time. In relation to a question about improvement of frontline services, Sarah Basham (Vice-Chair of the Children's Trust and Co-Clinical Director at Brent CCG) said that therapists would be supported by the Designated Clinical Officer and the Council for Disabled Children to provide information in a format that would be compatible with Education, Health and Care (EHC) plans.

Ms Tolley added that an action plan, formally identified as a Written Statement of Action, had been agreed and it had been approved by Ofsted without comment. She informed the Committee that the monitoring dashboard had been updated, with the most recent version dated 3 November 2017. Furthermore, Sheik Auladin pointed out that ways to integrate health and Local Authority commissioning had been examined and work had begun on all actions included in the Written Statement of Action. The Committee heard that a further priority for the CCG would be to make joint commissioning arrangements work to address the issue of fragmented commissioning.

A Member of the Committee and an appointed observer raised the issue of SEND provision in academies, given the difference in funding and terms of reference for admission. Ms Tolley assured the Committee that the inspection team had visited both maintained schools and academies and they had not pointed out any differences in terms of experience and outcomes for children based on the type of school. She explained that there were two academies and two maintained special schools in Brent, with the majority of young people with additional needs educated in mainstream schools. Ms Tolley said that one of the areas where improvements could be made was the provision of school support for children at maintained schools. In relation to a further query regarding the potential academisation of a particular school, Councillor Mili Patel (Lead Member for Children and Young People) and Ms Tolley both confirmed that they had not been formally approached and suggested that as this was not directly related to the item under consideration it would be more appropriate for further discussion on this issue to take place outside of the formal committee meeting, which the Chair supported.

The Committee focused its attention on the recruitment and the work of therapists. Duncan Ambrose (Assistant Director at National Health Service (NHS) Brent CCG) said that it had been challenging to recruit audiology specialists so shared service

arrangements had been made with Hounslow; occupational therapists (one additional member of staff had been recruited so the number of cases on the waiting list had been reduced by 50%); and speech and language therapists. Mr Ambrose noted that action had been taken to address the shortages in the immediate term and an update on the situation was expected in January 2018. In terms of the need for extra resources, Dr Basham said that it would be more important to examine the resources currently available and consider how lessons learned could be implemented to ensure these went further without increasing budgets. Ms Tolley added that funding for education for children with additional needs and disabilities came through the Dedicated Schools Grant (DSG). She emphasised that the biggest impact on outcomes for children was and would be created by changes to the national funding formula and the high needs block, which combined with population growth, created additional pressure for funding special educational needs. Andrew Ward (the Council's Head of Finance – Children and Young People) commented on the High Needs Block and pointed out that the funding formula was well below the level Brent currently received and the small increase that had been applied was below the level of inflation.

As far as EHC plans were concerned, Mr Ambrose explained that there was a standardised template which determined the type of needs. New operating procedures had been introduced to allow health providers to write a summary that was tailored to their needs and provided a good understanding of the purpose of the plan. Brian Grady (the Council's Operational Director Safeguarding, Performance and Strategy) said that a high level of completion of EHC plans was maintained and, despite the current demand on the system, there would not be an increase of funding in real terms. However, Members challenged the amber status of completion of plans and Mr Grady clarified that it was a result of a comparison to previous reports.

A Co-opted Member referred to the 17% increase in requests for new EHC plans between October 2016 and October 2017 and enquired what the percentage in other boroughs was. Mr Grady said that work had been undertaken to find out the reasons for this increase and its scale in other areas. He acknowledged that requests for new plans had increased nationally, but did not dismiss the possibility that the figure could be a result of greater awareness. Mr Ambrose said that engagement with members of the public had been good and people had been actively involved in co-production of plans. However, specific challenges associated with getting the voice of young people heard and making sure they knew how to access Child and Adolescent Mental Health Services (CAMHS) remained. He noted that provision of mental health services in schools had been improved, meetings with headteachers had been set up and engagement activities had been planned, but this could take time due to the large number of schools in the Borough.

A Co-opted Member pointed out that the report had been presented to the Committee after targets had been agreed and the action plan had been set. In response, Ms Tolley said that this was due to the fact that the paper had to be submitted to Ofsted by a specific deadline

RESOLVED that:

- (i) The contents of the Local Area Inspection of SEND paper, be noted;

- (ii) The next steps to continue to address the areas of concern identified through the local area SEND inspection be endorsed;
- (iii) Details of a Human Resources Strategy for the delivery of the future therapy service model be provided at a future meeting of the Committee;
- (iv) Information about how the SEND budget in the health and social care system would be safeguarded be provided at a future meeting of the Committee; and
- (v) An update report on jointly commissioned services be provided during the 2018/2019 municipal year.

7. Effectiveness of Existing Support Arrangements for Care Leavers and Implications of Recent Legislative Changes

Councillor Mili Patel (Lead Member for Children and Young People) and Nigel Chapman (the Council's Operational Director for Integration and Improved Outcomes) introduced the paper which informed the Committee about the effectiveness of current services for care leavers and the implications of recent legislative changes introduced by the Children and Social Work Act in April 2017. Mr Chapman explained that one of the key changes was that the duty and responsibility to all care leavers was extended to the age of 25, regardless of their education and employment status. He directed the Committee's attention to section four of the report (page 35 to the Agenda pack) which provided information on the most recent Ofsted inspection that took place in September 2015. In response to the finding that the quality of support for care leavers required improvement, a specialist Leaving Care Team had been created, the number of Personal Advisers (PAs) had been increased and experienced managers had been recruited to support PAs. Nevertheless, the number of young people Not in Education, Employment or Training (NEET) remained a concern – although the proportion of care leavers in education, employment or training was above the national average (51% compared to 49%), it remained below the Borough's statistical neighbours (56%) (paragraphs 4.2 to 4.8 on pages 36 and 37 to the Agenda pack). Onder Beter (the Council's Head of Looked After Children and Permanency) said that despite the fact that 45 young people were in higher education, the number of care leavers in vocational training (apprenticeships) had to be improved – currently, three care leavers were in an apprenticeship, 12 awaited next month's allocation and eight had been supported into employment through the NEET panel, which would bring Brent to the national average.

A Member of the Committee asked how effective services for care leavers were and whether Brent Council followed the principles of corporate parenting. Mr Chapman said that this enquiry fell into the remit of the Corporate Parenting Committee and highlighted that key accomplishments had been the reduction of the ratio of cases to PAs, the increase in the number of young people accessing apprenticeships, and the provision of permanent accommodation to care leavers. Moreover, each care leaver had a pathway that addressed certain areas for support and guidance and over 90% of pathways were being completed on time.

In relation to PAs' workload, Mr Beter said that following the legislative changes, the Local Authority could support approximately 500 young people although the level of

support could vary as often care leavers did not all want or need the same level of guidance. Nevertheless, support remained available, if required, and very experienced managers and PAs had been appointed to deliver services under the new arrangements. As far as contact with care leavers was concerned, Mr Beter said that the Local Authority was measured on the number of people it kept in touch with and it was a requirement to maintain contact with care leavers who had to be able to access a service wherever they were. He reminded the Committee that Brent remained responsible for Looked After Children even when they had moved outside the Borough.

Andrew Ward (the Council's Head of Finance – Children and Young People) said that although the precise budget implications of the new local offer were not yet clear, there was a need for demographic growth to be built in so a new cohort of teenagers, currently growing up, could be accounted for. Gail Tolley (the Council's Strategic Director of Children and Young People) added that the new offer required additional resources and she would be making the case that the Council considered lobbying the Department for Education to secure the additional funding required due to legal implications arising from the Children and Social Work Act. In terms of a rough estimation of cost, if the Council had to support 200 additional care leavers and continue to provide the same level of service, it had to recruit eight new PAs, costing approximately £328,000.

In response to a question about partnership work, the Committee heard that the Council's apprenticeship and job brokerage service had contacts with key employers in the Borough and Mr Beter said that he would be meeting with Matt Dibben, Head of Employment, Skills and Enterprise, to discuss potential options of joint working to identify employment opportunities, suitable for care leavers, and potential options of working together with companies such as the Football Association, Wembley Stadium, Ikea, Costco, etc. Furthermore, when tickets for events at Wembley Stadium were received, the first allocation was to children in care and care leavers. Ms Tolley said that there had been good working between teams within the local authority and spoke about a special session delivered at Brent Senior Managers Group which informed colleagues of the work of the Leaving Care Team and generated pledges from various teams to support care leavers. As far as the transition of the Brent Housing Partnership back in house was concerned, Ms Tolley noted that she had attended the induction of staff who had moved over and Mr Beter highlighted that there would be an allocated officer from Housing who would support care leavers, including with arrangements in the private sector. This would mean that a case would be closed only when the young person had demonstrated the skills necessary to manage their tenancy. The Committee heard that no care leaver had been made homeless in the last 11 months and there were not any care leavers living in a bed and breakfast type of placement.

Access to mental health services continued being a major challenge as the current Child and Adolescent Mental Health Services (CAMHS) had different levels of interventions for adults and children, with no service bridging this gap. Nevertheless, this issue would be addressed in the work of the Children's Trust.

A Member of the Committee asked a question that related to consulting young people on the offer. Mr Chapman explained that the Care in Action Group (for young people under 18 and care leavers over 18) met every week and was attended by Council officers and partners on a regular basis. Ms Tolley added that

representatives of the Group sat on the Corporate Parenting Committee and there was a standing item on its agenda to consider reports by them, along with any issues they wished to raise.

Ms Tolley summarised that she was pleased with the progress that had been made towards the revised local offer. She said that there had been good input from the Corporate Parenting Committee and a draft updated local offer would be presented to it in February for approval before it was considered by Cabinet prior to April 2018.

RESOLVED that:

- (i) The contents of the Effectiveness of Existing Support Arrangements for Care Leavers and Implications of Recent Legislative Changes report, be noted;
- (ii) The Lead Member for Children and Young People and the Council continued to lobby central government to secure the necessary finances to meet the delivery of the new local offer;
- (iii) Detail be sought from mental health services about how they would work with care leavers up to the age of 25 in relation to the new local offer; and
- (iv) The Head of Strategy and Partnerships be encouraged to seek support from local retail outlets to add value to the local care offer.

Ms Yaqub left the meeting at 8:10 pm.

Councillor Mili Patel left the meeting at 8:51 pm.

8. Update on scrutiny work programme (If any)

James Diamond (the Council's Scrutiny Officer) reminded Members that there would be a special meeting of the Committee on 6 December 2017 to consider a paper by the Brent Clinical Commissioning Group on access to General Practices in the Borough.

RESOLVED that:

- (i) The contents of the Update on the Committee's Work Programme 2017-18 report, be noted;
- (ii) The special meeting on 6 December would start at 6:30 pm;
- (iii) The report on access to GP services by a former Task and Finish Group be made available before the meeting to Members; and
- (iv) A member of the Council's Planning service attend the meeting to assist Members with the discussion.

9. Any other urgent business

None.

The meeting closed at 8.58 pm

COUNCILLOR KETAN SHETH
Chair

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MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Wednesday 6 December 2017 at 6.30 pm**

Present: Councillor Ketan Sheth (Chair), Councillor Colwill (Vice-Chair) and Councillors Conneely, Nerva and Shahzad

Also Present: Councillors Hirani and Perrin

Officers present from Brent Clinical Commissioning Group (Brent CCG): Sheik Auladin (Chief Operating Officer), Fana Hussain (Interim Assistant Director for Primary Care), Sue Hardy (BHH Strategic Estates), Michelle Johnson (Head of Engagement), Ethie Kong (Chair and Co-Clinical Director), Meena Mahil (Primary Care Project and Delivery Manager), Shafeeq Tejani (Assistant Commissioning Director, Integrated Urgent Care & Long Term Conditions), and Alan Rubin (Procurement Programme Manager)

1. Apologies for absence and clarification of alternate members

The following apologies for absence were received:

- Councillor Hector
- Councillor Hoda Benn
- Councillor Jones
- Simon Goulden (Co-opted Member)
- Lesley Gouldbourne (Observer)

2. Declarations of interests

There were no declarations of interest.

3. Improving the General Practice extended access offer in Brent

The Chair welcomed all to the meeting and thanked the Brent Clinical Commissioning Group (CCG) for the report on improving the General Practice extended access offer in Brent. The Chair highlighted that a number of colleagues from Brent CCG were present to address members' queries and invited Sheik Auladin (Chief Operating Officer, Brent CCG) to introduce the report.

Sheik Auladin outlined the current offer for extended GP access services, which comprised nine GP Access Hubs across Brent and the (walk-in) GP Access Centre at the Wembley Centre for Health and Care. The contracts for these services were due to end in March 2018 and Brent CCG was reviewing both the Hub and Access Centre services to ensure future provision met the needs of Brent's residents.

Meena Mahil (Primary Care Project and Delivery Manager, Brent CCG) advised that in reviewing the services, the CCG had considered a raft of data, including information from patient surveys, and sought to address issues of underutilisation. Under the current offer, only 57 per cent of available appointments were utilised,

though all available appointments had be paid for by the CCG. The issue of underutilisation was compounded by differing hub opening times, varying models of service and in some cases, restrictions on which hub a resident could access. The new model sought to address these issues and therefore improve appointment utilisation by providing a consistent offer across five GP Hubs, with regularised opening hours and more GP appointments. Residents would be able to access any of the five hubs and their clinical records would be available to the GP or Nurse at the appointment.

Shafeeq Tejani (Assistant Commissioning Director, Brent CCG) advised that in line with the NHSE Edge of Care Strategy, the new model would be fully aligned with the 111 service, enabling a system-wide approach to managing demand and allowing direct booking of GP appointments via 111. Outlining the CCG's strategic objectives regarding the Estates Strategy, Sue Hardy (BHH Strategic Estates, Brent CCG) explained that the overarching aims were to deliver earlier, easy-to-access care, closer to home for Brent's residents and in doing so, to deliver the major shift of care from a hospital to an out-of-hospital setting. The Estates Strategy identified three key locations for the GP Access Hubs: the Wembley Centre for Health and Care, Willesden Centre for Health and Care and Central Middlesex. The locations of the two remaining GP Access Hubs had not yet been decided upon and a process of engagement was underway to garner views of Brent's residents and other stakeholders.

The committee subsequently asked CCG colleagues to outline the patient pathway for accessing GP Access Hub services, both currently and under the proposed model. It was questioned when residents would be able to directly book GP Access Hub appointments online and why access to this facility was not being made available sooner. Members queried what processes were in place to cope with high demand on the 111 service and whether translation services were available. Questions were raised regarding the effectiveness of Patient Champions at Accident and Emergency (A&E) and why awareness of the extended GP Access Service in Brent was low. Members raised several queries about residents who were not registered with a GP and how they would access services under the proposed model. The committee queried what walk-in services would be available under the new model and whether cross-borough arrangements would continue to be supported.

The committee discussed the potential locations of the remaining two GP Hubs and acknowledged that the engagement process had not yet been completed. Confirmation was sought from the Council's Spatial Planning Officer of the key population growth areas in the borough and it was questioned whether Northwick Park Hospital had been considered as a possible site.

With reference to the Equality Impact Assessment (EIA) which had been undertaken by the CCG and was provided at Appendix F to the report, a Member questioned whether sufficient consideration would be given to accessibility considerations and noted that there was no reference to expanding parking facilities for disabled patients. It was further noted that the EIA identified that people with Learning disabilities could face difficulties traveling to unfamiliar GP premises and seeing a GP who they did not know. It was queried how these issues would be addressed.

Fana Hussain (Interim Assistant Director for Primary Care) outlined the patient pathway for accessing GP hub services via 111 or a GP practice and explained that under the new model, the 111 call-handler would have direct access to book appointments with GP Hubs, rather than having to first contact the hub to identify availability. It would also be possible for Urgent Care Centres, the London Ambulance Service and patients themselves to book directly in to the GP Hubs. It was expected that direct booking by patients (Patient Online) would be in place by 1 July 2018. It was not possible for the CCG to accelerate the introduction of this as it was being managed across the whole of London by Healthy London Partnership on behalf of NHSE. Shafeeq Tejani (Assistant Commissioning Director, Brent CCG) advised that the 111 service had been commissioned across North West London and therefore, in the event of a surge in demand, calls could be diverted to neighbouring centres with no disruption in the service received by the patient. For non-English speaking patients, the 111 service could be accessed via the Language Line interpreting service.

Shafeeq Tejani further explained that Patient Champions focussed on assisting patients presenting at A&E for whom it would be appropriate to be redirected to other health services. In support of this, a new process had been implemented to allow parking costs to be refunded to patients being directed to alternative services. Patient Champions also assisted patients to register with a GP to enable them to better access primary care services. This role was considered highly important in supporting the cultural change needed across the system. Ethie Kong (Chair and Co-Clinical Director, Brent CCG) explained that under the new model, those who were not registered with a GP would not be able to access the GP Access Hubs. However, a six-month transition period, following the introduction of the new model would be allowed, during which time unregistered patients could access services, with the expectation that they would then register with a GP. Currently, five per cent of users accessing the walk-in GP Access Centre were not registered with a GP. After the transition period, unregistered patients could still access care at the walk-in Urgent Care Centres and would then be encouraged to register with a GP. It was confirmed that Brent residents would still be able to access services in neighbouring boroughs where convenient, the cost of which would be recharged to Brent CCG.

Addressing concerns regarding low public awareness of the GP Hub services, Ethie Kong advised that the CCG had invested in engagement with Brent's residents including producing a Youtube video and posters identifying the different patient pathways available. Meena Mahil further advised that training had been provided to each GP practice to help disseminate the message and public events held.

Responding to members' questions on the potential locations of the two GP Access Hub sites to be identified, Meena Mahil acknowledged that there were gaps in coverage in the North and South of the borough. Other considerations would include the locations of existing GP practices, the availability of free parking, quality of transportation networks, accessibility for disabled users and space for future expansion. Public workshops would be taking place in the next two weeks to seek views on possible locations and members' contributions would be welcomed. Rob Kryszowski, Spatial Planning Manager, advised that information on population growth areas was regularly shared with the Brent CCG and it was expected that the council's planning department would be consulted as potential sites were identified. Sue Hardy advised that the council worked closely with Brent CCG on a Joint Asset Strategy for the borough which encompassed all sites in public

ownership and aimed to provide capacity collaboratively, where needed. Brent CCG was working with the Council to identify if additional primary care infrastructure was needed in areas of population growth. Ethie Kong reflected that this was a more collaborative and cohesive approach than had previously been undertaken. Sue Hardy advised that Northwick Park Hospital had not been considered as a location of a GP Hub as the intention was to maximise use of the Primary Care Estate, which tended to be located within communities and therefore be more accessible.

Michelle Johnson (Head of Engagement, Brent CCG) confirmed that potential difficulties for patients with Learning Disabilities had been identified as a negative of the new model; however, Brent CCG was working with providers to adhere to the LD Standard. A comprehensive engagement plan was in place to ensure that a cross-section of Brent's communities were consulted, using a variety of methods such as online and printed surveys, street canvassing, drop-in sessions at Health and Care Centres and public events. Julie Pal (Healthwatch Brent) advised that the CCG had commissioned Healthwatch Brent to undertake a piece of work exploring different methods of engagement to support the CCG in delivering its duty to consult with patients and users around changes to healthcare services. The first draft of the report had been considered by different users of healthcare pathways and the first set of results were in the process of being presented.

The Chair invited closing remarks. Sheik Auladin advised that the proposals for the new model of extended GP Access Hub services were robust and would benefit the residents of Brent. Brent CCG was keen to engage with councillors and residents. Councillor Hirani (Lead Member for Health and Wellbeing) noted that a key challenge lay in ensuring Brent's residents were aware of the extended GP Access Hub services.

A member expressed disappointment regarding the lack of context in the report and noted that the need for the extended GP Access Hub services would be reduced if GP practices increased opening hours. It was acknowledged however, that Brent CCG was unable to amend GP opening hours as these services were commissioned by NHSE and therefore Brent CCG was required to separately commission extended GP Access Hubs to meet this need.

RESOLVED:

That the Brent Clinical Commissioning Group:

- i) provide a transitional period of 12 months following the introduction of the new system, during which unregistered patients have continued access to GP Hub services.
- ii) ensure that the two further sites selected for new GP Access Hubs are appropriately located to maximise equality of access for residents and are fully compliant with transport and disability access requirements;
- iii) ensure that the communication strategy is comprehensive and references all services used, including out of borough services used by Brent residents;


That NHS England:

- iv) enables the quickest development of an online booking system for the new GP Access Hubs in Brent.

The meeting closed at 8.24 pm

CLLR KETAN SHETH
Chair

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 Brent	Community Wellbeing Scrutiny Committee 31 January 2018
	Report from the Director of Performance, Policy & Partnerships
Complaints Annual Report 2016 – 2017	

Wards Affected:	All
Key or Non-Key Decision:	Not applicable
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Four: <ul style="list-style-type: none"> • Council Departments Complaints Analysis 2016-17 • Adults Complaints Annual Report 2016-17 • Children and Young People Complaints Annual Report 2016-17 • Action Plan to Improve Complaints Performance
Background Papers:	N/A
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Irene Bremang Head of Performance and Improvement Email: irene.bremag@brent.gov.uk Tel: 020 8397 1822 Peter Gadsdon Director of Performance, Policy and Partnerships Email: peter.gadsdon@brent.gov.uk Tel: 020 8937 1400

1.0 Purpose of the Report

- 1.1 The 2016/17 Complaints Annual Report was presented to Cabinet on 23 October 2017 and then to the Housing Scrutiny Committee on 1 November 2017 and the Resources and Public Realm Scrutiny Committee on 27 November 2017.
- 1.2 This version of the 2016/17 Annual Complaints report focuses on complaints performance in the Community Wellbeing (CWB) Department, Adult Social Care (ASC) directorate, Culture service and the Children and Young People (CYP) Department. The report covers the period from April 2016 to March 2017

and comparative data going back to 2013/14 has been provided where available.

- 1.3 A brief summary of overall Council performance in 2016/17 is included in this main report and the more detailed analysis and improvement recommendations are provided in **Appendix A**. High level Council-wide complaints performance data for the previous two years has been included where available for the purpose of comparison over a three-year period.
- 1.4 Complaints concerning the Adult Social Care and Children and Young People departments come under separate statutory complaint procedures and separate analysis reports for 2016/17 have been provided in **Appendices B and C** respectively.
- 1.5 Complaints performance has been analysed and reported across four broad aspects - complaints received, complaint types, outcomes and timeliness. This report and appendices also includes improvements and lessons learned from complaints.
- 1.6 This report sets out a number of recommendations to help reduce complaints and improve the management of complaints. These recommendations are also summarised in Section 2 below and were approved by Cabinet on 23 October 2017. The recommendations have also been developed into a Complaints Action Plan and are listed in **Appendix D**.

2.0 Recommendations

- 2.1 Community Wellbeing Scrutiny Committee is asked to note the eight specific recommendations agreed by Cabinet on 23 October 2017 and set out as an Action Plan in Appendix D:

Root cause of complaints

- a. Work with service area and departmental management teams to review key service delay/failure hotspots and develop improvement plans.
- b. Develop a tailored training plan on communication and staff behaviours to be implemented in priority service areas across the Council.
- c. Support the new Housing Management Service during the redesign of the repairs process by feeding in the lessons learned from complaints.

Decision making and outcomes

- d. Review Local Government Ombudsman (LGO) referrals and identify any future opportunities for early resolution and minimisation of premature LGO referrals.
- e. Review our internal approach to complaint decisions, corrective actions and compensation in light of LGO outcomes in 2016/17.

Complaint handling and monitoring

- f. Continue to improve internal processes and working arrangements with service managers to increase the timeliness of Stage 2 responses.
- g. Work closely with the Housing Management Service management team to establish a new and effective complaints process and implement improved working arrangements to manage Stage 2 complaints.
- h. Implement a weekly Corrective Actions Tracker for all departments to monitor the timely completion of agreed remedial actions.

- 2.2 The Community Wellbeing Scrutiny Committee is asked to note that Brent Housing Partnership (BHP) data was reported as a separate organisation to Cabinet in the annual report for 2016/17. Future annual reports will reflect the change in BHP being brought back into Brent Council in October 2017 as the Housing Management Service within the CWB Department.
- 2.3 Community Wellbeing Scrutiny Committee is asked to note and consider the CWB Department, ASC directorate, Culture services, and CYP Department performance in managing and resolving complaints and to advise Cabinet of any further remedial action required.

3.0 Detail

Council's Complaint Framework

- 3.1 The Council operates a two-stage corporate complaints process, two-part Adult statutory complaints process and a three-stage Children's statutory complaints process. The stages and timescales for handling both corporate and statutory complaints are shown in the table below:

Complaint Type	Stages	Timescales (Written Response)
Corporate	2 stages + Ombudsman	Stage 1 - 20 working days Stage 2 - 30 working days
Adults (Statutory)	1 stage (provision/final stage) + Ombudsman	Stage 1 - 20 working days (extension up to 6 months in complex cases)
Children (Statutory)	3 stages + Ombudsman	Stage 1 - 10 working days (extension to 20 working days in complex cases) Stage 2 - 25 days (extension to 65 working days in complex cases) Stage 3 - 45 working days
Service Requests	N/A	10 working days

- 3.2 Initial acknowledgements should be sent within 5 working days for all of the complaint types shown above, with the exception of Stage 3 Children Statutory complaints where acknowledgements should be sent within 2 working days.
- 3.3 Service areas are responsible for the management and resolution of all corporate and statutory Stage 1 complaints. The corporate Complaints Service team manages final review/Stage 2 corporate complaints on behalf of the Chief Executive. Children's statutory complaints are reviewed by an independent investigator and independent person at Stage 2 and by an independent panel at Stage 3.
- 3.4 The outcome of a complaint is decided in one of these ways:
- *“Upheld”* – this is where the Council has accepted responsibility for the matter arising. The complaint response will offer an apology, clarify what

happened and the remedy to the problem. We will also identify actions to prevent this from happening again.

- *“Partially Upheld”* – this is where the Council accepts some responsibility for part of the complaint. We will send a complaint response as above also highlighting our reason for not accepting the whole complaint.
- *“Not Upheld”* – this means the investigation into the complaint has not found the Council at fault. The complaint response will explain our reasons for this decision.

Data Caveats

3.5 It should be noted that departmental analysis provided for 2016/17 is based on the current departmental/service area structure. However, the composition of service areas within the CWB Department and CYP Department as changed over recent months and years:

- The CWB Department was created in January 2016 bringing together the ASC, Public Health, Housing & Community Care directorates. Comparative data on complaints performance across the CWB has been reconstituted for 2015/16 and compiled for 2016/17 based on information recorded on the iCasework system.
- A breakdown of ASC and Culture services has been included in this report. However the breakdown of Housing services complaints performance is only referred to in this report to provide context across the CWB Department. Housing services receive the majority of complaints in the CWB Department and complaints performance was reported in detail to the Housing Scrutiny Committee in November 2017.
- Prior to the creation of the CWB Department, ASC had been a separate department in its own right; comparative data on ASC services is available for the past 4 years and is included in this report. The Client Affairs team moved from ASC to Brent Customer Services in September 2016 and the Client Affairs team data is included in ASC performance figures up until that point.
- The Culture service, which includes Libraries, Arts & Heritage and the Sports service, has been managed as a single service since April 2015 and was brought into the CWB Department in January 2016. Up until April 2015 these services were managed separately as the Libraries, Arts & Heritage service and the Sports service within the Environment department. Comparative data for the past four years has been provided where available.

3.6 Report data has been produced from the iCasework complaints system and reflects the information captured on the system by council officers. The quality and consistency of the data has improved over the years and therefore 2016/17 provides a more accurate picture of current performance compared with historical information in 2013/14:

- The granularity of information captured on iCasework has been updated. For example the root cause categories have been revised. The ‘Other’ category was removed and the ‘Disagreement with Policy’ category was added to help improve the analysis of the root cause of complaints. This change was made part way through 2016. In addition to this change of categories, service-specific sub-classifications have been updated on the system for some of the service areas across the Council.

- 3.7 It is also important to reflect on the operating environments within CWB and CYP Departments in considering complaints performance in current and previous years:
- there are around 4,000 service users in ASC and approximately 3% of these customers or someone acting on their behalf raised a complaint about a service that they had received in 2016/17;
 - in Brent libraries there were almost 2.5 million physical visits, over 1 million library stock issues and over 3 million online library transactions in 2016/17;
 - there were over 1.6 million wet and dry side visits to Brent sport centres in 2016/17;
 - in 2016/17 there were over 4,000 referrals to the CYP Department and over 2,300 children in need episodes during the year;
 - the Council has also undergone wide-ranging transformation of service delivery and staffing arrangements since 2010 and with the ongoing funding pressures facing local government there has been the continued need to reshape services.

Summary of Overall Council Performance

- 3.8 The detailed analysis of the Council's performance is provided in Appendix A. The key points to note from the Council's performance are as follows:
- The number of new complaints received is decreasing, however, more cases are being escalated to the second stage of the complaints process.
 - Service delay/failure was the most common cause for complaint in 2016/17, as in previous years.
 - The Council upheld/partly upheld a smaller proportion of cases at the final review stage in 2016/17 than in previous years.
 - As average compensation payments have decreased at the first stage, there has been a corresponding increase in compensation awarded at the Ombudsman stage.
 - Timeliness of corporate and statutory complaint responses has improved over the past 3 years.

CWB Department – Overall Complaints Performance

- 3.9 This section of the report sets out CWB Department complaints performance for two years and the ASC directorate and Culture service data for four years. Corporate complaints performance has been shown separately to statutory complaints performance where available. A separate report on ASC statutory performance is provided in Appendix B.

Volume of Complaints

- 3.10 The table below shows the volume of corporate complaints received in the CWB Department, ASC directorate and Culture service.

CWB Department / ASC / Culture – Corporate Complaint Volumes

CWB Department / ASC / Culture – Corporate Complaint Volumes						
Year	All CWB		ASC		Culture	
	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2
2013 - 2014			13	4	34	2
2014 - 2015			27	0	38	1
2015 - 2016	289	42	30	4	36	4
2016 - 2017	253	37	14	2	55	7

- 3.11 The CWB Department received 253 Stage 1 complaints in 2016/17 (equivalent to 28% of the 903 Stage 1 complaints received by the Council during the year).
- 3.12 The table above shows that ASC Stage 1 corporate complaint volumes in 2016/17 have returned to 2013/14 levels and in the Culture service volumes have increased by 62% since 2013/14. The number of cases escalated to Stage 2 is relatively low for the ASC directorate and Culture service. On average 1 in 7 cases were escalated to Stage 2 across the Council and CWB services were broadly within this range.
- 3.13 The table below shows the volume of statutory ASC complaints received over the past 4 years.

ASC Directorate - Statutory Complaint Volumes

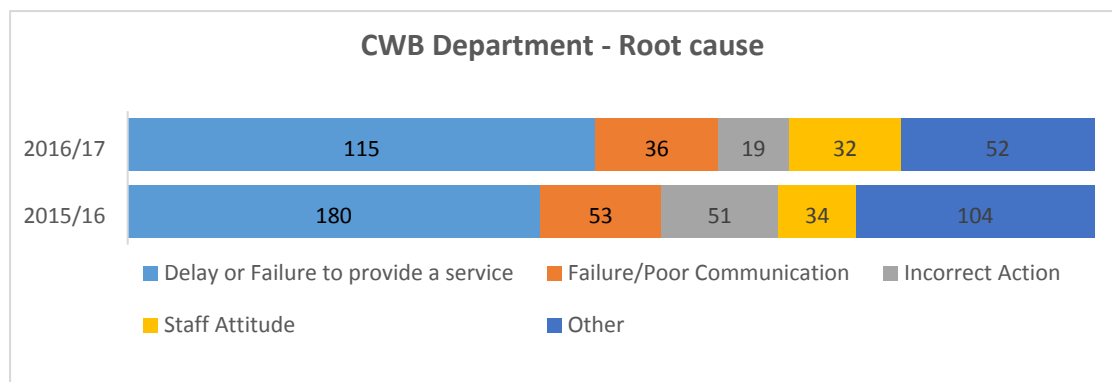
ASC Directorate - Statutory Complaint Volumes		
Year	ASC Stage 1/Provisional	ASC Stage 2/Final
2013 - 2014	107	17
2014 - 2015	93	10
2015 - 2016	76	15
2016 - 2017	83	16

- 3.14 The volume of ASC statutory of Stage 1/Provisional cases has fallen by 22% over the past 4 years, however the volume of Stage 2/Final cases has remained broadly the same.

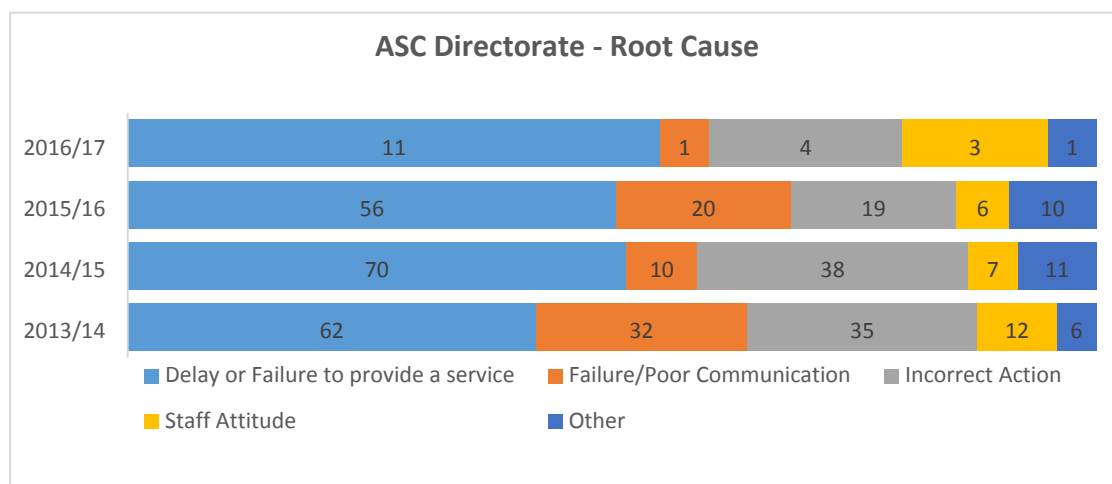
Nature/Type of Complaints

- 3.15 The bar chart below shows the root cause of complaints in the CWB Department and ASC and Culture services. These charts include both corporate and statutory complaints and is based on the root cause information recorded on the system by officers at the point of closing the case.

CWB Department – Root Cause of Complaints



ASC Directorate – Root Cause of Complaints

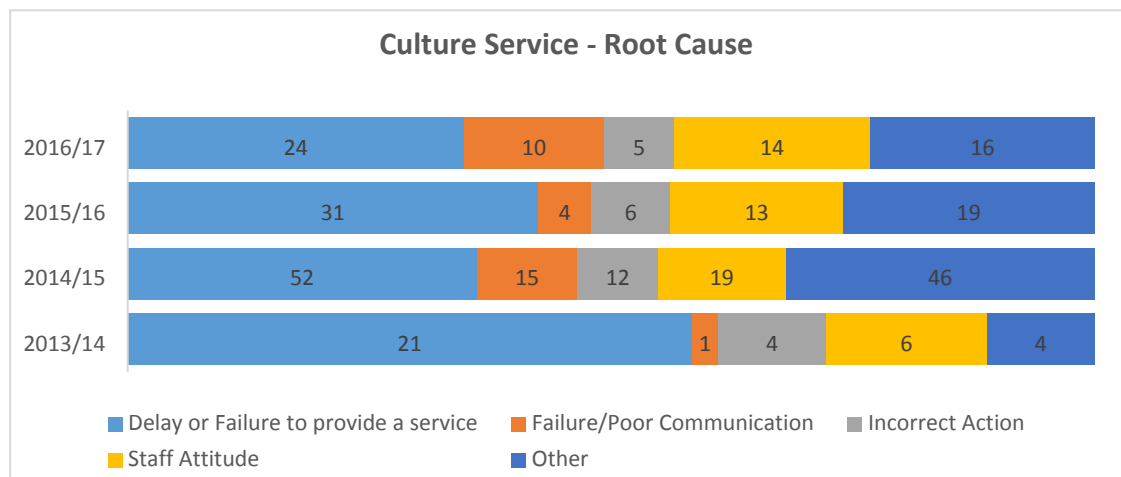


- 3.16 Service failure/delay and communication have been the two main causes of complaints in the CWB Department and ASC directorate. These were also the top two reasons for complaints across the Council.
- 3.17 Housing services received over half of all complaints received by the CWB Department in 2016/17; the table below shows the 3 services that received the most complaints in the CWB Department and service-specific root cause analysis.

CWB Department – Three Highest Complaint Volume Service Areas & Service-Specific Root Cause Analysis

Community Wellbeing Department – Stage 1 Corporate Complaints Root Causes			
Services	No. of Stage 1 Cases	Stage 1 as % of CWB Total	Root Causes (service-specific)
Housing	128	51%	<ul style="list-style-type: none"> Accommodation Services – Assessment Poor Communication Staff Conduct
Culture	69	26%	<ul style="list-style-type: none"> Libraries – Computer Provision Libraries – Other Libraries – Events & Exhibitions
Private Housing Services	38	15%	<ul style="list-style-type: none"> Housing Advice – Other Service Enforcement – Assessment / Housing Enforcement – Multiple Occupation - Safety

Culture Service – Root Cause of Complaints



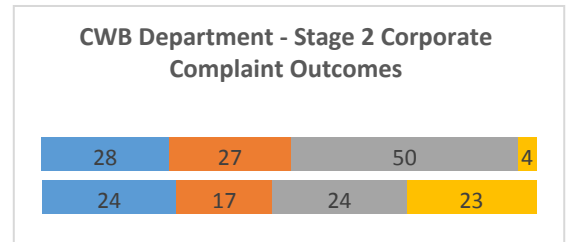
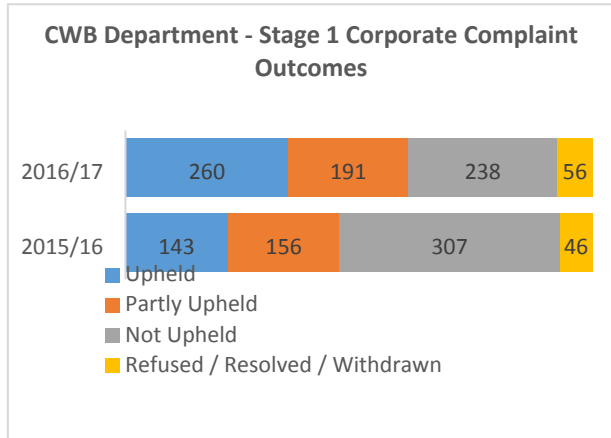
3.19 In the Culture service, the two main reasons complaints in 2016/17 were service failure/delay and staff attitude, although the number of these types of complaints was relatively low. The table above shows there were service-specific issues regarding libraries.

3.20 Examples of service improvements that have been made as a result of learning from complaints have been included in Appendices A and B.

Complaint Outcomes

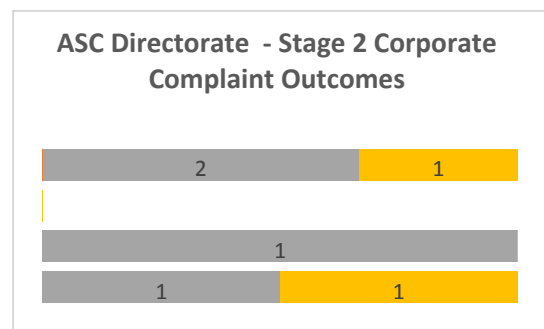
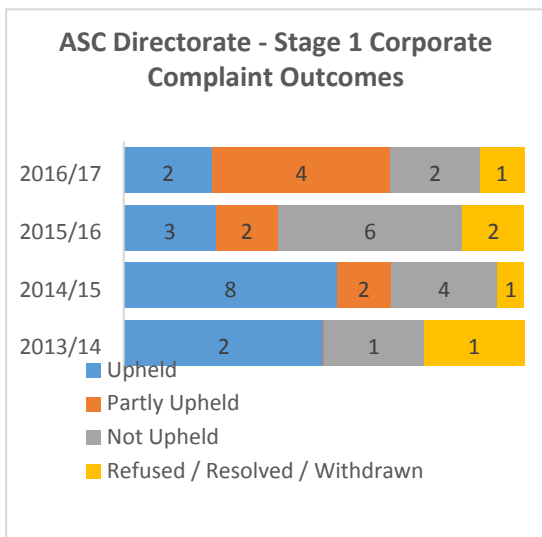
- 3.21 The bar charts below show the outcomes of corporate complaints at Stage 1 and Stage 2 for the past 2 years.

CWB Department - Stage 1 & Stage 2 Corporate Complaint Outcomes



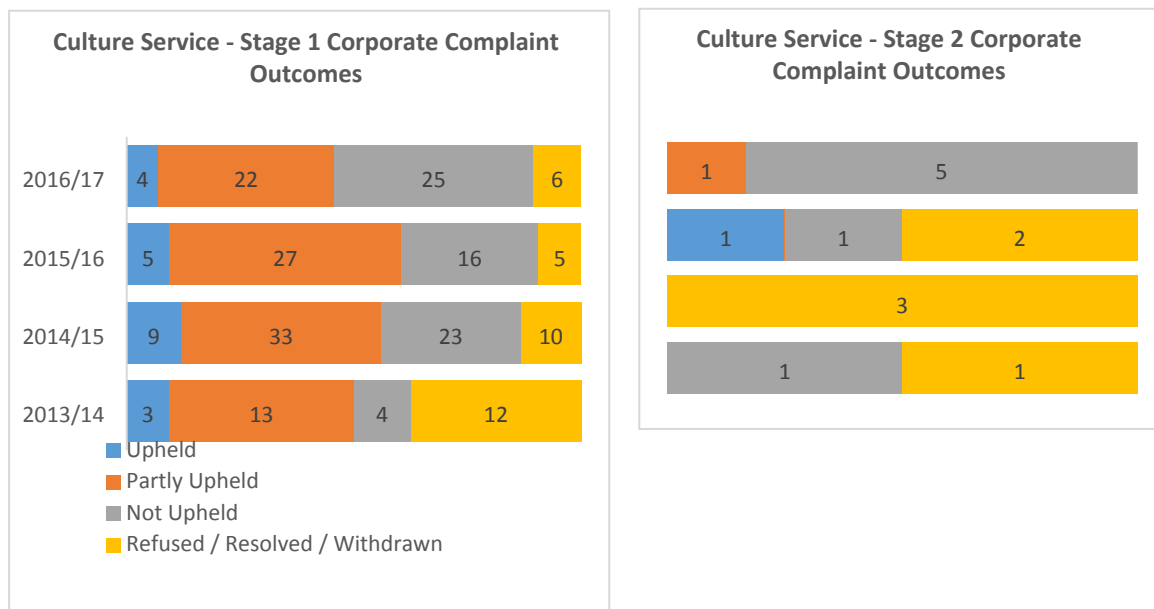
- 3.22 In 2016/17, 61% of Stage 1 corporate complaints in the CWB Department were upheld/partly upheld. By comparison 43% of all Stage 1 corporate complaints were upheld/partly upheld council-wide during the same year.
- 3.23 50% of CWB corporate cases were upheld/partly upheld at Stage 2, compared with 24% across the Council.
- 3.24 The higher rate of upheld/partly upheld cases across CWB is 2016/17 was largely due to the case volumes and outcome rates in Housing services.

ASC Directorate - Stage 1 & Stage 2 Corporate Complaint Outcomes



3.25 The volume of ASC corporate cases received and decided is relatively low. In 2016/17, six out of nine cases were upheld/partly upheld; compared with two out of four cases upheld in 2013/14. Very few corporate cases have been escalated to Stage 2 over the past 4 years. Only six corporate ASC cases have been escalated to Stage 2 in the past four years and none of these cases were upheld/partly upheld.

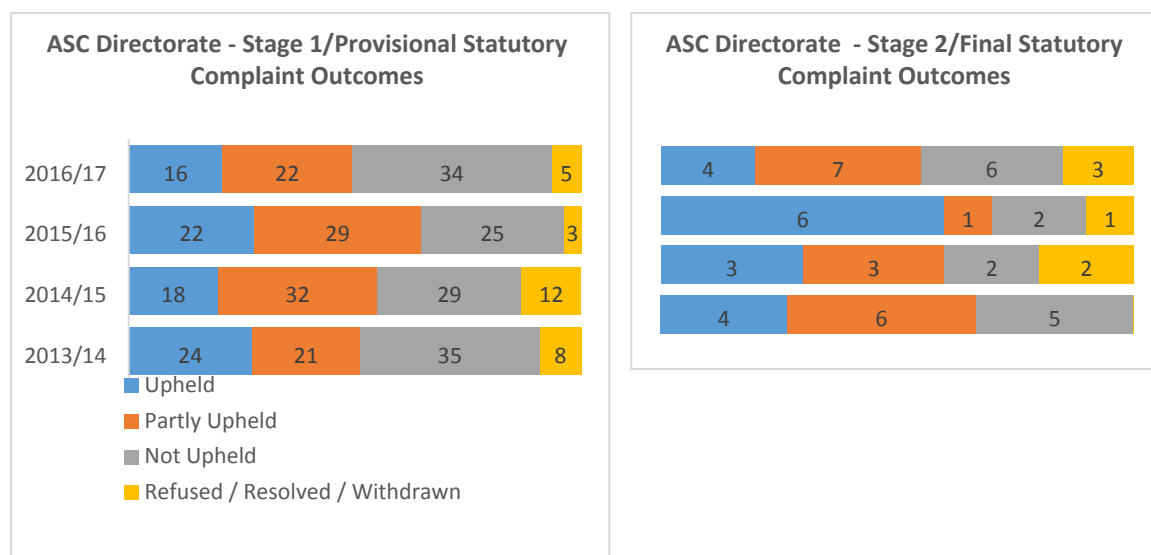
Culture Service - Stage 1 & Stage 2 Corporate Complaint Outcomes



3.26 The volume of Stage 1 corporate complaints regarding the Culture Service has increased. In 2013/14, 32 cases were decided compared with 55 cases in 2016/17 (72% increase in decided cases). However, the proportion of cases upheld/partly upheld at the first stage has decreased. In 2013/14, 50% of Stage 1 cases were upheld/partly upheld, compared with 47% of Stage 1 cases in 2016/17.

3.27 The low volume of cases upheld/partly upheld over the past four years at Stage 2 indicates that initial complaints have been managed satisfactorily (only two out of 15 Stage 2 cases were upheld/partly upheld over the past four years).

ASC Directorate - Stage 1 & Stage 2 Statutory Complaint Outcomes



- 3.28 The volume of ASC statutory Stage 1 complaints has decreased over the past four years and there has also been a small decrease in the proportion of cases upheld/partly upheld. In 2013/14, 51% of the 88 decided cases were upheld/partly upheld and this went down to 47% of 77 decided cases in 2016/17.
- 3.29 Although the volume of statutory Stage 1/Provisional complaints has fallen, the number of cases being escalated to Stage 2/Final complaint is gradually increasing. However, the proportion of cases being upheld/partly upheld at Stage 2/Final level has decreased. In 2013, 67% of 15 decided cases were upheld/partly upheld compared with 55% of 20 decided cases in 2016/17.

Ombudsman Outcomes

- 3.30 The table below shows the number of referrals to the Ombudsman and upheld decisions against the CWB Department, ASC directorate and Culture service.
- 3.31 This information is taken from data provided by the Ombudsman and from the iCasework system and covers both corporate and statutory complaints. The Ombudsman categorises cases in broad service areas, however, this does not include Culture services specifically.

CWB Department / ASC / Culture – Ombudsman Referrals & Upheld Cases						
Year	All CWB		ASC		Culture	
	Referrals	Upheld	Referrals	Upheld	Referrals	Upheld
2013 - 2014			6	2	-	0
2014 - 2015			11	5	-	0
2015 - 2016	14	15	3	4	-	0
2016 - 2017	84	11	35	3	-	0

3.32 The majority of upheld cases in CWB Department were Housing Needs cases (eight upheld cases). Only three out of the 11 upheld cases in 2016/17 were ASC cases. CWB Department accounted for 11 of the 17 cases upheld against the Council in 2016/17.

3.33 The three upheld Ombudsman cases in ASC were statutory cases and have been highlighted in Appendix B, additional information has also been provided below.

Case	Summary of Ombudsman Decisions
Case 1 (Mental Health)	<ul style="list-style-type: none"> • LGO summary - the Council had failed to act correctly in the way they discharged someone with mental health needs from aftercare services. • LGO decision - upheld the case and the Council agreed to review their procedures
Case 2 (Client Affairs)	<ul style="list-style-type: none"> • LGO summary - the Council had unreasonably delayed in handling a claim for disability related expenditure and when completing a financial assessment failed to assess a client's needs properly or address the carer's needs. • LGO decision - upheld the case and recommended procedural changes. (The Council had partly upheld the case and awarded £50 compensation at Stage 2)
Case 3: (Care agency services)	<ul style="list-style-type: none"> • LGO summary - the Council had accepted fault in the actions of Care agencies in some aspects of care. There was no evidence of fault with the Council in responding to the complainants concerns. • LGO decision - care and support plan to be updated and a copy sent to the complainant

Compensation

- 3.34 The table below shows the compensation breakdown for the CWB Department, ASC directorate and Culture service for both corporate and statutory complaints.

CWB Department / ASC / Culture – Compensation Case Volumes & Payments

CWB Department – Compensation Case Volumes and Payments							
Year	Stage	All CWB		ASC		Culture	
		No.	£	No.	£	No.	£
2013 - 2014	Stage 1			4	£6,015	-	-
	Stage 2			4	£2,600	-	-
	Ombud'			-	-	-	-
2014 - 2015	Stage 1			2	£4,950	-	-
	Stage 2			5	£750	-	-
	Ombud'			3	£600	-	-
2015 - 2016	Stage 1			1	£50	1	£90
	Stage 2			4	£6,609	-	-
	Ombud'			3	£2,100	-	-
2016 - 2017	Stage 1	2	£630	0	£0	-	-
	Stage 2	13	£6,571	7	£3,561	-	-
	Ombud'	5	£4,449	1	£734	-	-

- 3.35 The majority of cases awarded compensation in the CWB Department were Housing services related complaints.

Timeliness of Complaints

- 3.36 The table below shows the timeliness Stage 1 corporate case across the CWB Department, ASC directorate and Culture service. The data is based on cases due for completion during each year.

CWB Department / ASC / Culture – Timeliness of Stage 1 Corporate Complaints

CWB Department / ASC / Culture – Stage 1 Corporate Cases						
Year	All CWB		ASC		Culture	
	Due	% on time	Due	% on time	Due	% on time
2013 - 2014			10	30%	35	91%
2014 - 2015			21	52%	71	80%
2015 - 2016	81	88%	27	67%	35	91%
2016 - 2017	209	89%	10	80%	56	96%

- 3.37 In 2016/17, 89% of CWB Department complaints were completed on time, on par with the council-wide average of 89%.

- 3.38 The timeliness of ASC Stage 1 corporate complaints has improved significantly from 30% on time in 2013/14 to 80% on time in 2016/17. However, this is still below the CWB Department and Council average of 89%.
- 3.39 The Culture service has improved on timeliness of response to Stage 1 complaints, peaking at 96% on time in 2016/17.

CWB Department / ASC / Culture – Timeliness of Stage 2 Corporate Complaints

- 3.40 Stage 2 complaints are managed by the corporate Complaints Team and the table below shows the timeliness of these corporate complaints for the CWB Department, ASC directorate and Culture service.

CWB Department / ASC / Culture – Stage 2 Corporate Cases						
Year	All CWB		ASC		Culture	
	No.	% on time	No.	% on time	No.	% on time
2013 - 2014			3	67%	2	100%
2014 - 2015			1	100%	3	67%
2015 - 2016	5	40%	4	50%	2	100%
2016 - 2017	34	85%	3	100%	6	83%

- 3.41 ASC directorate and the Culture service has had a low number Stage 2 corporate complaints over the past four years and the majority of these cases were completed on time. Overall, 85% of CWB Department Stage 2 corporate complaints were completed on time and the corporate Complaints Team is working with all Council departments to improve timeliness. Improving the timeliness of Stage 2 complaints is part of the Complaints Action Plan.

Timeliness of ASC Directorate Stage 1 & Stage 2 Statutory Complaints

ASC Directorate - Stage 1 & 2 Statutory Cases				
Year	Stage 1 Due	% on time	Stage 2 Due	% on time
2013 - 2014	88	47%	15	20%
2014 - 2015	85	58%	11	45%
2015 - 2016	81	80%	11	18%
2016 - 2017	81	90%	19	74%

- 3.42 There has been a significant improvement in the timeliness of responses to Stage 1/Provisional and Stage 2/Final statutory ASC complaints. The timeliness rate for first stage statutory complaints has almost doubled over the past four years. And the timeliness rate has increased nearly four-fold for Stage 2 statutory complaints over the same period.

CYP Department – Overall Complaints Performance

- 3.43 This section of the report sets out the performance of the Children & Young People Department over the past four years. The service area teams and directorate structure have been changed over the four-year period. The Department had been previously known as the Children & Families Department up until early 2014.

Volume

- 3.44 The table below shows the volume of corporate complaints received in the CYP Department over the past four years.

CYP Department– Corporate Complaint Volumes

CYP Department– Corporate Complaints		
Year	Stage 1	Stage 2
2013 - 2014	66	6
2014 - 2015	31	5
2015 - 2016	62	7
2016 - 2017	36	3

- 3.45 Stage 1 and Stage 2 corporate complaint volumes have been more or less halved over the past four years. The 36 Stage 1 corporate complaints received by CYP equated to less than 4% of the 903 corporate complaints received Council-wide in 2016/17.

CYP Department– Statutory Complaint Volumes

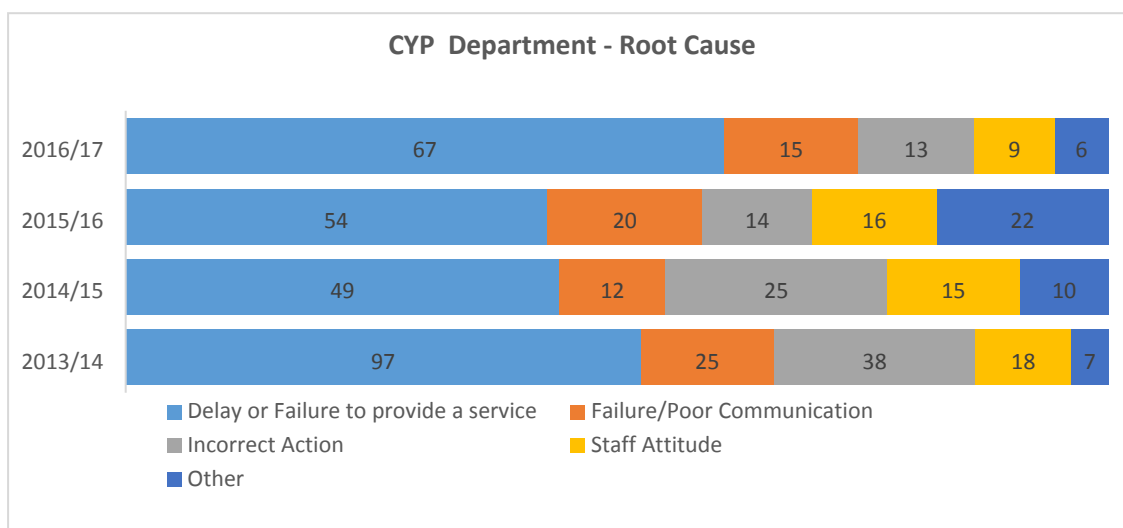
CYP Department– Statutory Complaints			
Year	Stage 1	Stage 2	Stage 3
2013 - 2014	92	8	1
2014 - 2015	92	8	3
2015 - 2016	50	3	3
2016 - 2017	79	9	0

- 3.46 Statutory Stage 1 complaints have decreased by 14% over the past four years. However, the volume of statutory cases escalated to Stage 2 has remained at more or less the same level. Stage 3 panel investigations have reduced to zero in 2016/17.

Nature/Type of Complaints

- 3.47 The bar chart below shows the root cause of complaints in the CYP Department for the past four years for both corporate and statutory cases. The chart is based on information recorded on the iCasework system by officers at the point of closing the case.

CYP Department– Root Cause Analysis



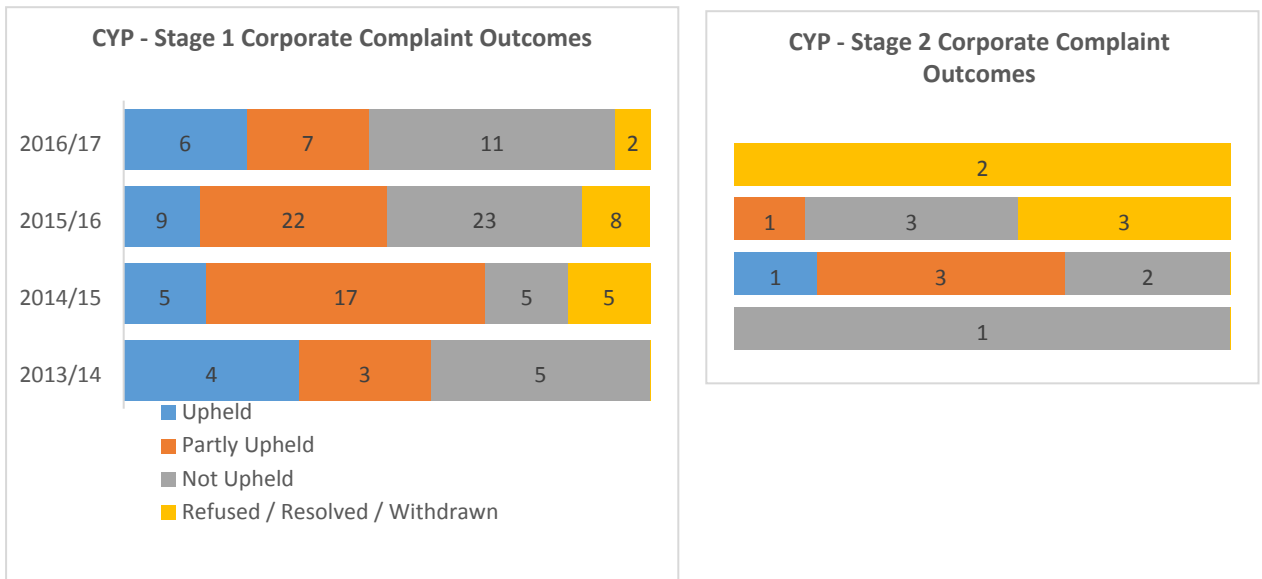
- 3.48 Service failure/delay and communication were the two main causes of complaints in the CYP Department in 2016/17. Council-wide there is a similar pattern of complaints and the Complaints Action Plan highlights further work with departments to address service failure/delay type complaints.
- 3.49 Complaint volumes have fallen in CYP, but the proportion of complaints resulting from service failure/delay has increased. In 2013/14, it accounted for 52% of 185 cases. This has increased to 61% of 110 cases in 2016/17.
- 3.50 Service-specific analysis of root cause analysis is shown in the table below for 2016/17 and Appendix C highlights examples and actions to support improvements as a result of complaints.

Children & Young People Department			
Services	No. of Stage 1 Cases	Stage 1 as % of Dept Total	Root Causes
Inclusion	10	28%	<ul style="list-style-type: none"> • Social Workers • Contract Issues • Service not provided
Localities	7	19%	<ul style="list-style-type: none"> • Support / Contact • Assessment • Child Protection
LAC & Permanency	5	14%	-

Complaint Outcomes

3.51 The bar charts below show the outcomes of corporate complaints at Stage 1 and Stage 2 in the CYP Department for the past four years.

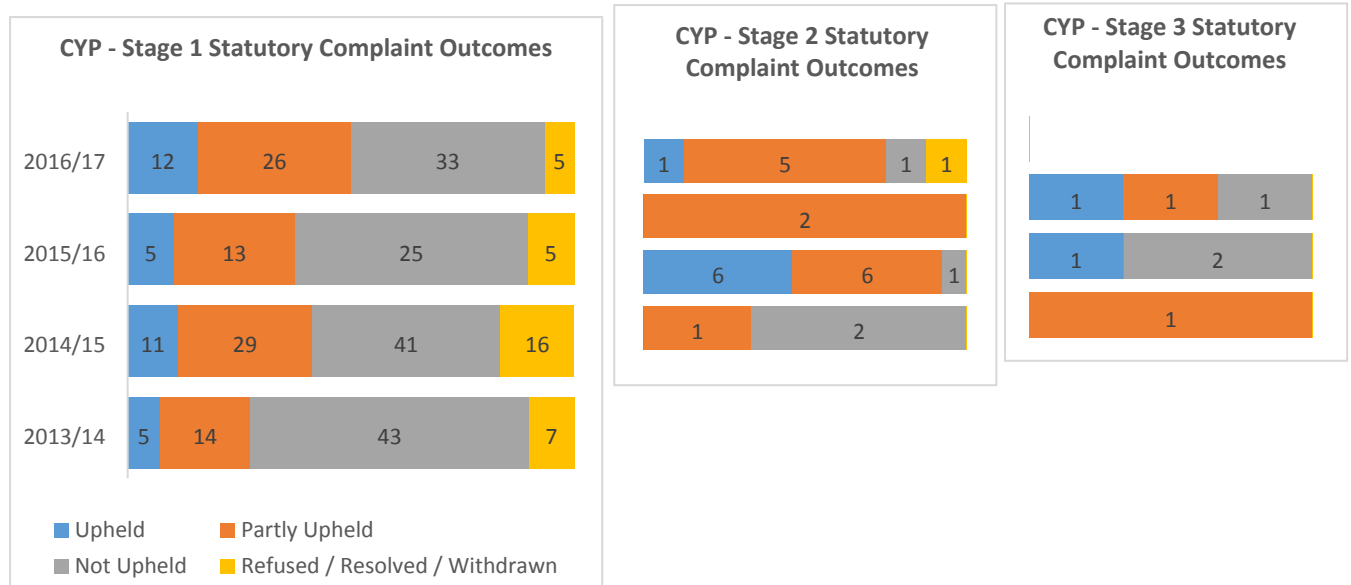
CYP Department- Stage 1 & Stage 2 Corporate Complaint Outcomes



3.52 The proportion of Stage 1 corporate complaints upheld/partly upheld has decreased over the past four years. 58% of Stage 1 corporate complaints were upheld/partly upheld in 2013/14 compared with 52% in 2016/17.

3.53 43% of Council-wide complaints were upheld/partly upheld in 2016/17. CYP outcome percentage rates were higher than the Council's outcome rates, however the absolute number of CYP cases was relatively very low.

CYP Department– Stages 1 - 3 Statutory Complaint Outcomes



- 3.54 The proportion of statutory cases upheld/partly upheld at Stage 1 has significantly increased. Just over a quarter of 69 statutory cases were upheld in 2013/14 and in 2016/17 half of the 76 statutory cases were upheld/partly upheld. Eight statutory cases have been upheld/partly upheld at the second stage in the last 2 years, compared with 13 Stage 2 cases upheld/partly upheld for the two years prior to that. Stage 3 case volumes have been very low over the past four years and four out of seven panel investigations were upheld/partly upheld.

Ombudsman Outcomes

- 3.55 The table below shows the number of referrals to the Ombudsman and upheld decisions against the CYP Department. This information is taken from data provided by the Ombudsman and the iCasework system and covers both corporate and statutory complaints.

CYP Department– Ombudsman Referrals & Upheld Cases

CYP Department– Ombudsman Referrals & Upheld Cases		
Year	No. of Referrals	No. of Cases Upheld
2013 - 2014	1	1
2014 - 2015	9	1
2015 - 2016	9	1
2016 - 2017	15	3

- 3.56 The number of cases referred to and upheld by the Ombudsman in CYP is relatively low compared to the rest of the Council. (Council-wide there were 161 referrals to the Ombudsman in 2016/17 and 17 cases were upheld in total in 2016/17).
- 3.57 The 3 upheld Ombudsman cases in CYP are summarised below:

References	Case Summary
Case 1 Child Protection	<ul style="list-style-type: none"> • LGO complaint summary - there were faults in the Council's records of its decisions to begin child protection investigations in previous years which could have impacted on the decision. • LGO decision – upheld and satisfied that the Council's apology and £1,500 compensation was satisfactory.
Case 2 Child Protection	<ul style="list-style-type: none"> • LGO complaint summary - Council failed to keep complainant properly informed and updated when their children were under child protection plans. • LGO decision – upheld the case and agreed that the apology and £750 compensation already agreed by the Council was sufficient and that the Council should consider amending its procedures.
Case 3 Historical LAC housing	<ul style="list-style-type: none"> • LGO complaint summary - Council was at fault when it did not treat complainant as a looked after child (several years ago) when they became homeless at 16. As a result, they missed out on the package of care they would have been entitled to, both as a looked after child and a care leaver. • LGO decision – upheld the case, awarded £500 compensation and recommended that the complainants care and support needs to be reassessed.

Compensation

- 3.58 The table below shows the compensation breakdown for the CYP Department for the past four years:

CYP Department– Compensation Case Volumes & Payments

CYP Department– Compensation Case Volumes & Payments			
Year		No. of Cases	£
2013 - 2014	Stage 1	3	£404
	Stage 2	1	£200
	Stage 3	1	£200
	Ombud	-	-
2014 - 2015	Stage 1	-	-
	Stage 2	7	£16,229
	Stage 3	3	£850
	Ombud	-	-
2015 - 2016	Stage 1	-	-
	Stage 2	-	-
	Stage 3	1	£1,000
	Ombud	2	£750
2016 - 2017	Stage 1	1	£25
	Stage 2	3	£6,702
	Stage 3	0	£0
	Ombud	1	£500

- 3.59 Compensation cases at Stage 1, Stage 3 and Ombudsman cases were very low in volume and total amounts paid. Compensation awarded at Stage 2 was higher in 2014/15 and 2016/17, averaging approximately £2,000 per case and would have been determined on a case by case basis.

Timeliness of Complaints

- 3.60 The table below shows the timeliness of Stage 1 and Stage 2 CYP corporate cases for the past four years.

CYP Department– Timeliness of Stage 1 & 2 Corporate Cases

CYP Department– Timeliness of Corporate Stage 1 & Stage 2 Cases				
Year	No. of Stage 1s	% on time	No. of Stage 2s	% on time
2013 - 2014	12	58%	1	100%
2014 - 2015	31	74%	6	50%
2015 - 2016	62	85%	6	50%
2016 - 2017	26	88%	3	100%

- 3.61 Despite an increase in the volume of Stage 1 corporate complaints, there has been a significant improvement in the timeliness of response from 58% on time in 2013/14 to 88% on time in 2016/17. Stage 2 corporate complaint volumes were relatively low each year and there has been an improvement in timeliness overall.
- 3.62 The table below shows the timeliness of Stage 1 and Stage 2 CYP corporate cases for the past four years (data was not available of the timeliness of Stage 3 panel investigations).

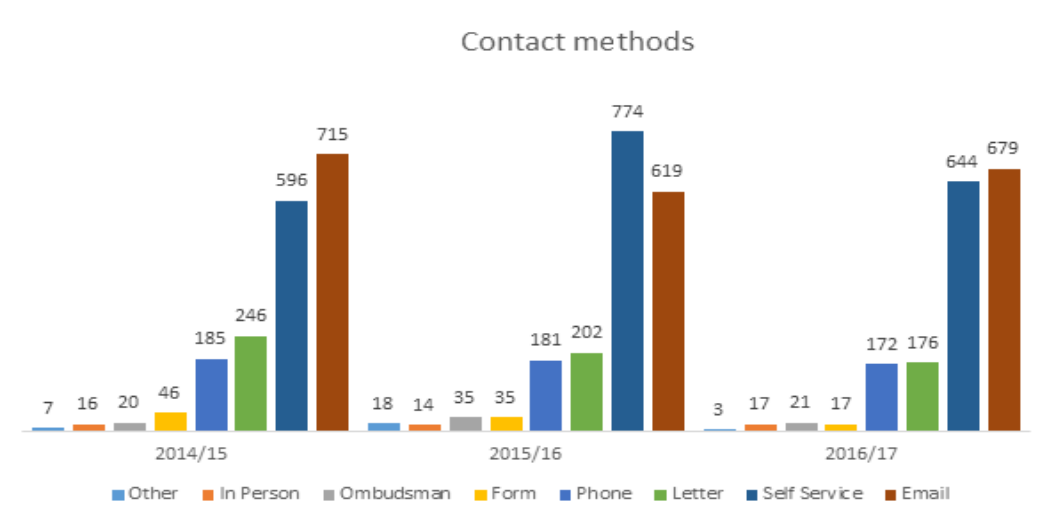
CYP Department– Timeliness of Stage 1 & 2 Statutory Cases

CYP Department– Timeliness of Statutory Stage 1 & Stage 2 Cases				
Year	No. of Stage 1s	% on time	No. of Stage 2s	% on time
2013 - 2014	82	43%	6	0%
2014 - 2015	85	55%	10	0%
2015 - 2016	47	85%	3	67%
2016 - 2017	76	87%	8	13%

- 3.63 The timeliness rate of statutory Stage 1 cases has doubled over four years and 87% of cases were closed on time in 2016/17. However, the timeliness of statutory Stage 2 cases has remained low. Statutory Stage 2 cases are investigated independently and delays in engaging independent investigators and the complexity of cases have contributed to under-performance on the timeliness rate. This is an area for improvement listed in the Complaints Action Plan.

Council-wide Complaint Channels

- 3.64 The chart below shows the different channels used to submit complaints to the Council and BHP over the past three years. The pattern of complaint channels used by the public has remained fairly stable with online and self-service methods being the most popular ways of submitting a complaint. Planned changes to the website should make it easier in future to contact us online about a complaint, service request or compliment. Other forms of contact such as telephone and letter will still be available, but we would expect to see a greater take up of online channels in future years.



4.0 Financial Implications

4.1 There are no direct financial implications arising from this report. Instead, the details provided on compensation payments reflect the monetary impact of not getting things right first time as an organisation and the need to improve the customer experience and therefore minimise the financial penalties incurred by the Council.

5.0 Legal Implications

5.1 Complaints concerning the Adult Social Care and Children and Young People departments come under separate statutory complaint procedures. It is a legal requirement to produce annual reports for these areas and these are included in appendices A and B with reference to the statutory frameworks for the management of these statutory complaints

6.0 Equality Implications

6.1 None.

7.0 Consultation with Ward Members and Stakeholders

7.1 Not applicable.

Report sign off:

Peter Gadsdon

Director of Performance, Policy & Partnerships

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Annual Complaints Report 2016 – 2017

Appendix A – Council Departments

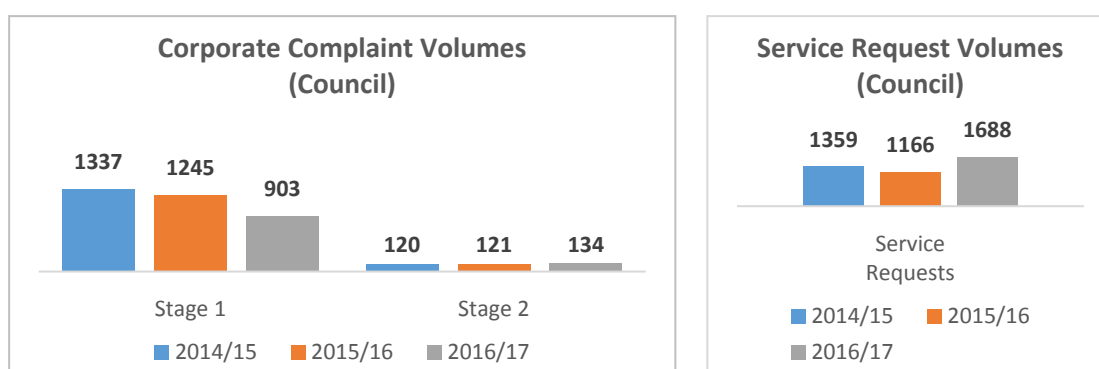
1. INTRODUCTION

- 1.1 This document provides an overview primarily of corporate complaints performance in Brent Council.
- 1.2 Complaints performance has been analysed and reported across four broad aspects - complaints received, complaint types, outcomes and timeliness. This report also includes improvements and lessons learned from complaints. Each section of this document starts with a 3-year overview of council performance. Departmental analysis is then provided for 2016/17 where available.
- 1.3 Complaints concerning the Adult Social Care and Children and Young People departments come under separate statutory complaint procedures and separate analysis reports for 2016/17 have been provided in **Appendices B and C** respectively.
- 1.4 A number of data caveats were stipulated in the main report and it is important to remember that complaints performance data has been taken from the council's iCasework system and is based on the information recorded by officers handling complaints.

2. COMPLAINTS RECEIVED

Corporate Complaints Received - Brent Council 3-year overview

- 2.1 The charts below show corporate complaint volumes at the first and second stage over the past 3 years and service request volumes for the corresponding period.



- 2.2 ***The volume of Stage 1 corporate complaints has fallen by one third over the past 3 years.***

- One of the main reasons identified is that service areas are logging other types of initial customer contact (i.e. pre-complaint queries and follow up requests for services) as service requests, rather than as formal Stage 1 complaints.

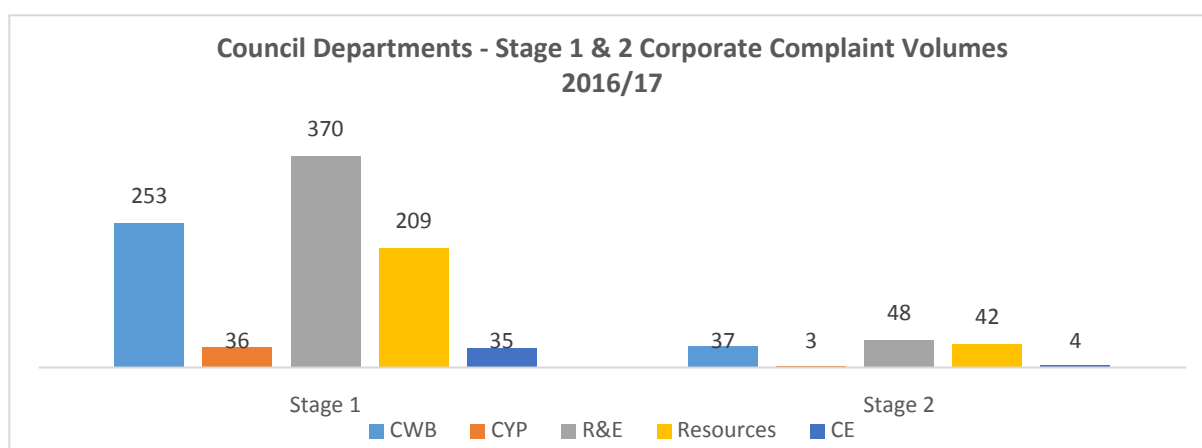
- All first stage contact (i.e. Stage 1 complaints and service requests) with the Council has gone down by over 100 cases in the past 3 years.

2.3 **Although the volume of Stage 1 cases has gone down there has been a 12% increase in the volume of Stage 2 corporate complaints**, and the proportion of cases escalated to Stage 2 has also increased in the past 3 years.

- In 2014/15, 1 in every 11 first stage corporate complaint was escalated to the second stage; this increased to 1 in every 7 corporate complaint being escalated in 2016/17.
- The rise in Stage 2 escalation rates suggests an increased level of unhappiness with the outcome of first stage decisions. This is considered further in the Outcomes section of this document.

Corporate Complaints Received - Council Departments 2016/17 overview

2.4 The chart below shows the volume of first and second stage corporate complaints received by each department during 2016/17.



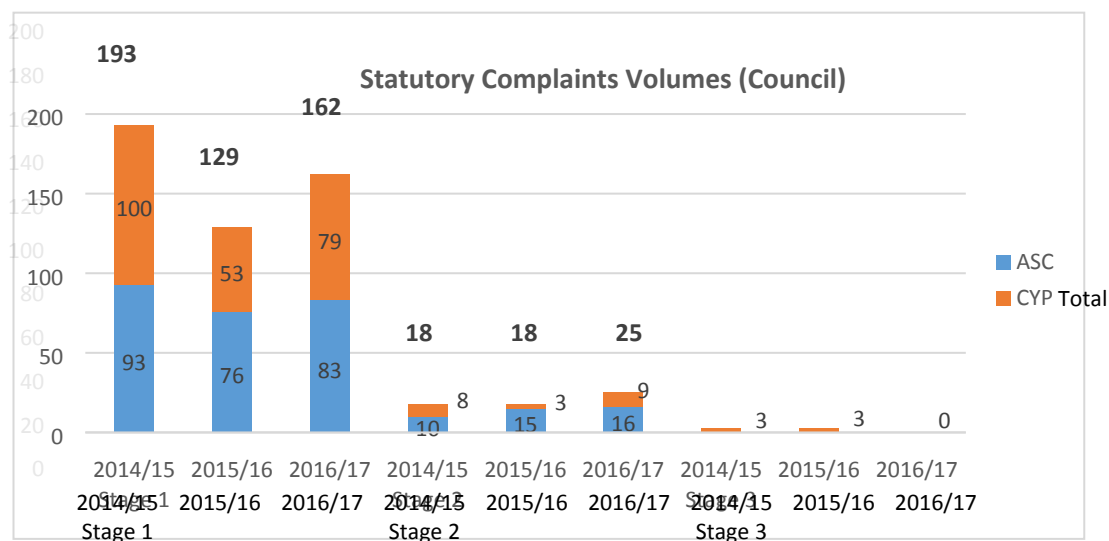
2.5 The departmental breakdown of the 903 Council complaints received in 2016/17 was: 41% Regeneration & Environment (R&E) department, 28% Community Wellbeing (CWB) department, 23% Resources (Res) department, 4% Children & Young People (CYP) department and 4% Chief Executive's (CE) department

2.6 Escalation rates for each department are shown in the table below:

Department	No. of Stage 1 Cases (2016/17)	Stage 2 Escalation Rate (2016/17)
Regeneration & Environment	370	1 in 8
Community Wellbeing	253	1 in 7
Resources	209	1 in 5
Children & Young People	36	1 in 12
Chief Executive's	35	1 in 9
Council-wide	903	1 in 7

Statutory Complaints Received - Brent Council 3-year overview

2.7 The chart below shows the volume of statutory Adults and Children’s cases at all stages for the past 3 years.



2.8 **Statutory first stage complaints have gone down by 12% and statutory Stage 2 complaints have gone up by 28% over the past 3 years.**

- Escalation rates have almost doubled in the past 3 years, with 1 in every 6 statutory Stage 1 complaints being escalated to the second stage in 2016/17 compared with 1 in every 11 case in 2014/15. As previously suggested with corporate complaints, this may reflect increased dissatisfaction with our statutory Stage 1 decisions.

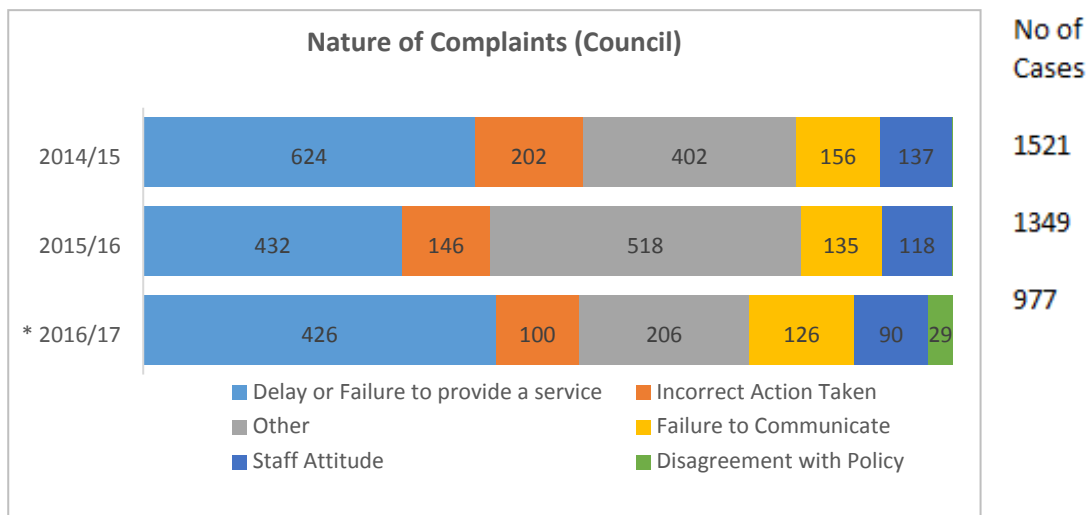
2.9 Detailed analysis of Adults & Children’s statutory complaints is provided in Appendices B and C.

3. NATURE / TYPE OF COMPLAINTS

3.1 The nature or type of complaint is recorded on the iCasework system by officers at the point of closing the case. The broad categories and sub-classifications were updated part way through 2016 to give us better insight into the root cause of complaints. One of the main changes was that the ‘Other’ category was removed from the system and the ‘Disagreement with Policy’ category was added. Additional service-specific sub-classifications have been updated on the system for some areas across the council.

Nature/Type of Complaints - Brent Council 3-year overview

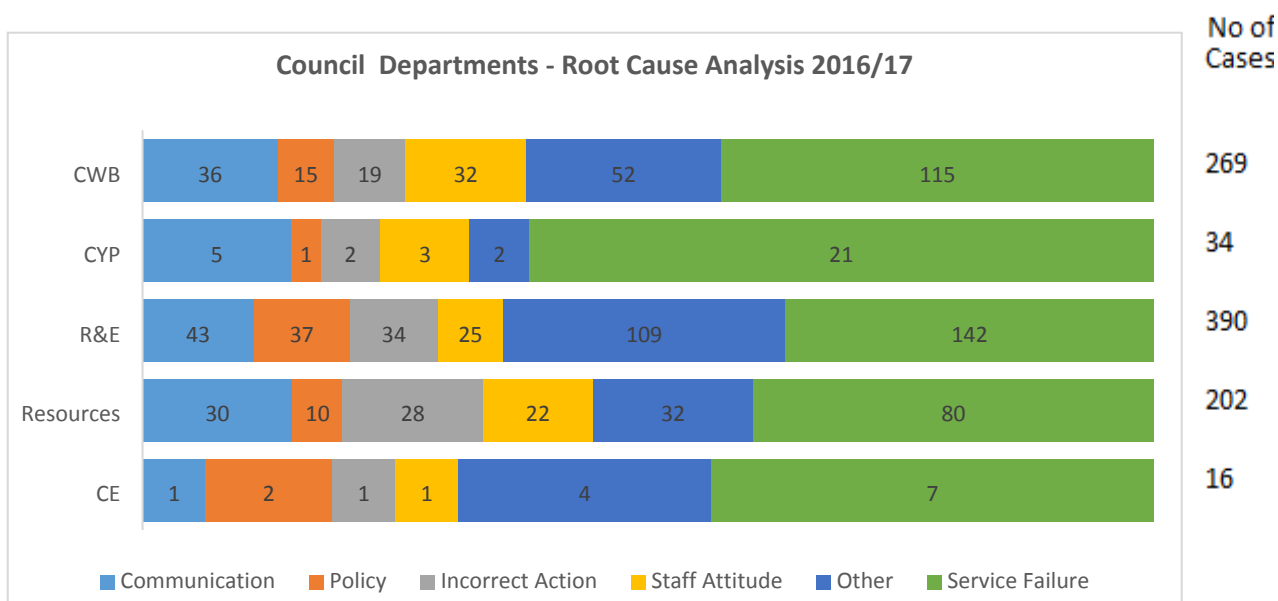
3.2 The chart below shows the root cause of complaints received by the Council over the past 3 years.



3.3 **Service delay/failure’ remains the most common reason for complaints received** by the Council, accounting for almost half of all corporate complaints in 2016/17. We upheld/partly upheld almost half of the 426 service delay/failure cases received in 2016/17.

Nature/Type of Complaints - Council Departments 2016/17 overview

3.4 The chart below shows the root cause of complaints for each council department in 2016/17. Service delay/failure accounted for nearly half of all the corporate complaints received by the Council and was the primary cause of complaints in each department.



3.5 A further breakdown of the three service areas that received the highest number of complaints in each department is provided below:

Community Wellbeing Department			
Services	No. of Stage 1 Cases	Stage 1 as % of Dept Total	Root Causes (service-specific)
Housing	128	51%	<ul style="list-style-type: none"> Accommodation Services – Assessment Poor Communication Staff Conduct
Culture	69	26%	<ul style="list-style-type: none"> Libraries – Computer Provision Libraries – Other Libraries – Events & Exhibitions
Private Housing Services	38	15%	<ul style="list-style-type: none"> Housing Advice – Other Service Enforcement – Assessment / Housing Enforcement – Multiple Occupation - Safety
Regeneration & Environment Department			
Services	No. of Stage 1 Cases	Stage 1 as % of Dept Total	Root Causes (service-specific)
Parking & Lighting	146	39%	<ul style="list-style-type: none"> PCN Received Payments / Parking Permits On Street Enforcement – Not Taking Action
Environmental Improvement	90	24%	<ul style="list-style-type: none"> Contractor Conduct Non Collection Management Issues
Highways & Infrastructure	64	17%	<ul style="list-style-type: none"> Other Highways Issue Other Pavement Issues Highways Information and Advice
Resources Department			
Services	No. of Stage 1 Cases	Stage 1 as % of Dept Total	Root Causes (service-specific)
Benefits & Customer Facing	89	43%	<ul style="list-style-type: none"> Benefits – Over Payments Benefits – Change of Circumstances Benefits – Other Service
Revenues & Customer Contact Centre	53	25%	<ul style="list-style-type: none"> Contact Centre – Officer Behaviour Council Tax – Recovery Contact Centre – Enquiry Handling

BCS Social Care Functions	17	8%	<ul style="list-style-type: none"> • Communication • Service Failure
Children & Young People Department			
Services	No. of Stage 1 Cases	Stage 1 as % of Dept Total	Root Causes (service-specific)
Inclusion	10	28%	<ul style="list-style-type: none"> • Social Workers • Contract Issues • Service not provided
Localities	7	19%	<ul style="list-style-type: none"> • Support / Contact • Assessment • Child Protection
LAC & Permanency	5	14%	-

- 3.6 The table above shows that there are a variety of issues that have led to service delay or service failures across council departments. The Complaints Service team has attended management and team meetings to discuss the quarterly performance reports and discuss ways of improving both service area operations and complaint handling.
- 3.7 Service areas have undertaken a range of activities to improve their operations as a result of complaints about service issues. The Adult and Children appendices include several examples of improvements from (statutory) complaints, four more examples of improvements as a result of corporate complaint are provided below:

Community Wellbeing department – Housing Needs

- *Cause of complaint:* the complainant, a single person who would not qualify as homeless under homeless legislation, was assisted by the Housing Needs Care and Support team during his discharge from hospital. He was unhappy with what he considered to be unsuitable accommodation referrals.
- *Service improvement example:* the final review complaint investigation highlighted the need for relevant Care and Support officers to check all the available documentation relating to hospital discharge on Mosaic (the Adult Social Care database) before finalising hostel/bed and breakfast referrals to ensure a suitable referral is made. It also highlighted the usefulness of Care and Support officers referring available medical evidence to the District Medical Officer in order to assist their decision-making in similar situations in future.

Community Wellbeing department – Libraries

- *Cause of complaint:* staff at one of Brent's libraries failed to enforce the Council's Private Tuition Fair Use Policy by not asking fee-charging private tutors to stop using the library as their personal tutoring space. The Council's Private Tuition Fair Use Policy prohibits fee-charging private tutors from teaching within Brent libraries. The complainant was concerned about the level of noise this generated in the library and stated that where there is a rule in place, it should be followed by all.

- *Service improvement example:* the final review complaint investigation highlighted the need for library staff to keep the use of the library by private tutors under closer review and to address any observations or trends during the next periodic review of the Council's Private Tuition Fair Use Policy. Library staff were also reminded of the Council's Private Tuition Fair Use Policy and the need for enforcement where the rules are not being followed.

Regeneration & Environment department

- *Cause of complaint:* a mother whose daughter had passed away complained that it had not been made clear to her that the Cemeteries Service charged a fee in certain circumstances for installing a memorial plaque/headstone at the gravesite. The complaint highlighted the value of ensuring information about the fee is communicated to service users through all possible points of contact.
- *Service improvement example:* all Cemeteries Service officers were therefore reminded to mention this when discussing memorial plaques / headstones with service users. Information about the fee was added to the list of recommended memorial masons issued by the Cemeteries Service. All the memorial masons on this list were reminded of the need to inform families of a possible installation fee when customers purchase a memorial plaque / headstone. The Cemeteries Service also waived the installation fee for the complainant in this instance.

Resources department

- *Cause of complaint:* the complainant was unhappy with the administration of her Council Tax account and the customer service they received in response to previous queries they had made about it. The complaint was not upheld because there were no errors in the handling of their account.
- *Service improvement example:* the final review complaint investigation did however highlight two generic customer service issues that were fed back to relevant managers: the need for officers to put their names rather than just generic job titles on all correspondence; the need for officers to ensure that if they promise to confirm a telephone conversation in an email on the same day they should do so.

- 3.8 Although service areas have already put some measures in place, it is clear that we need to have a continued and greater emphasis on addressing service delay/failure issues across the organisation. Ongoing and fundamental improvements are needed to prevent avoidable errors being repeated and to embed lasting changes that will improve service delivery across the council. This is a challenge for the council with the financial constraints and resourcing pressures facing local government, but nonetheless fundamental improvements must be made.

Recommendation: the Complaints Service team should work with service area and departmental management teams to review key service delay/failure hotspots and develop improvement plans.

- 3.9 Staff attitude and failure to communicate are two other main causes of complaints that also need to be addressed more widely across the council. The importance of learning from complaints and getting the customer service 'basics' right have been shared at staff forums and senior manager meetings by the Chief Executive. Some service areas already provide customer service training for their staff, however there is the need to put in place wider targeted training provision for particular service areas that may need this.

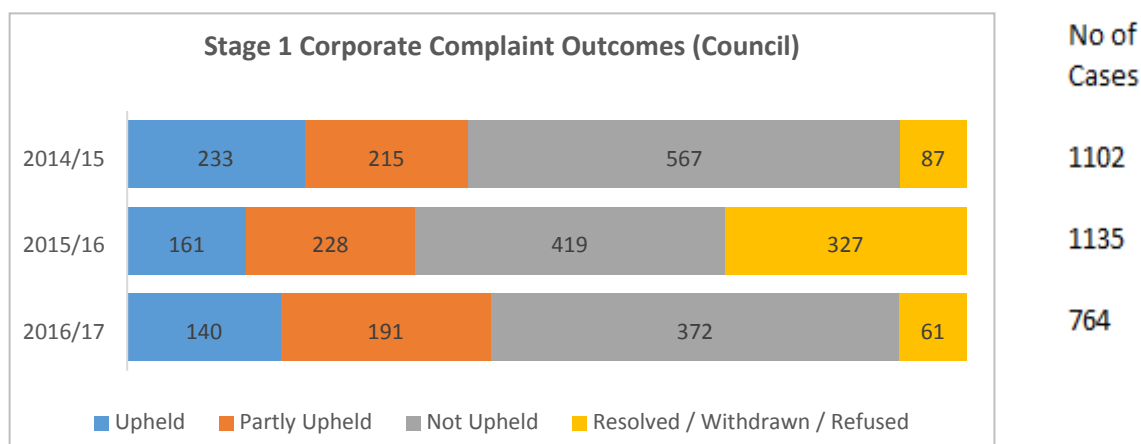
Recommendation: the Complaints Service team should develop a tailored training plan on communication and staff behaviours to be implemented for priority service areas across the Council

4. COMPLAINT OUTCOMES - STAGE 1 AND STAGE 2

Stage 1 Corporate Complaint Outcomes – Brent Council 3-year Overview

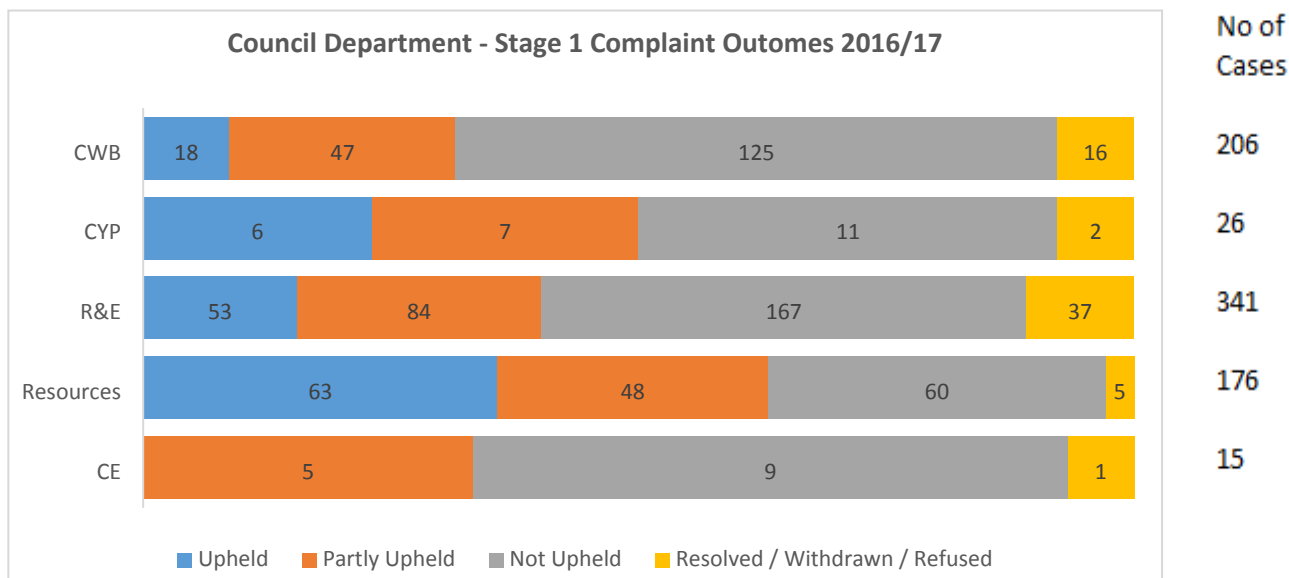
4.1 *The proportion of corporate complaint cases upheld/partly upheld at the first stage by the Council has remained broadly the same over the past 3 years:*

- Although complaint volumes are coming down, the Council acknowledged fault in a large proportion of the new complaints we received.
- 41% of cases were upheld/partly in 2014/15 and this has increased slightly to 43% of cases upheld/partly upheld in 2016/17.



Stage 1 Corporate Complaint Outcomes – Council Department 2016/17 Overview

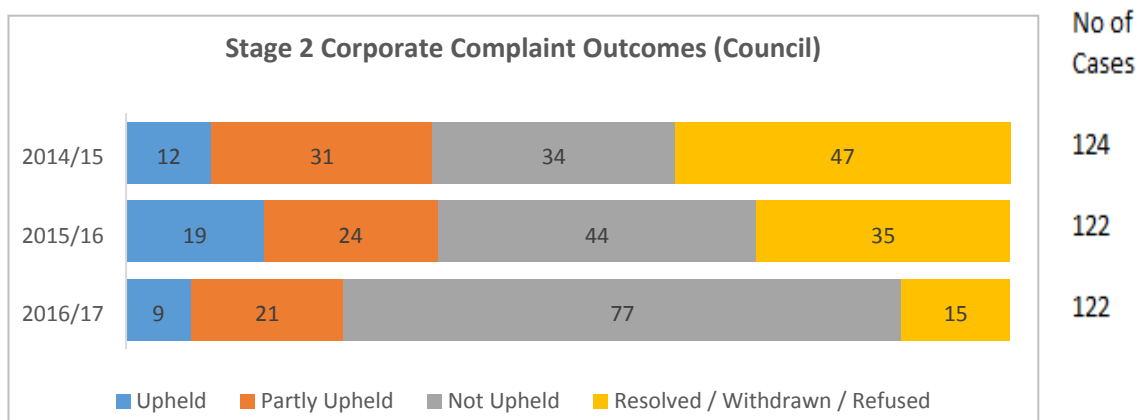
- 4.2 43% of Stage 1 complaints were upheld/partly upheld council-wide in 2016/17. The Resources and CYP departments were above average with 63% and 50% of cases upheld/partly upheld respectively in 2016/17.



Stage 2 Corporate Complaint Outcomes – Brent Council 3-year Overview

4.3 ***Whilst upheld/partly upheld rates have been stable at the first stage, this has dropped significantly at the second stage.***

- In 2014/15, 35% of Stage 2 cases were upheld/partly upheld compared with 24% in 2016/17.
- 27% of cases were not upheld in 2014/15 and this has jumped to 63% not upheld in 2016/17.
- Although 1 in every 7 case was escalated to Stage 2 in 2016/17, we upheld/partly upheld fewer cases than in previous years.

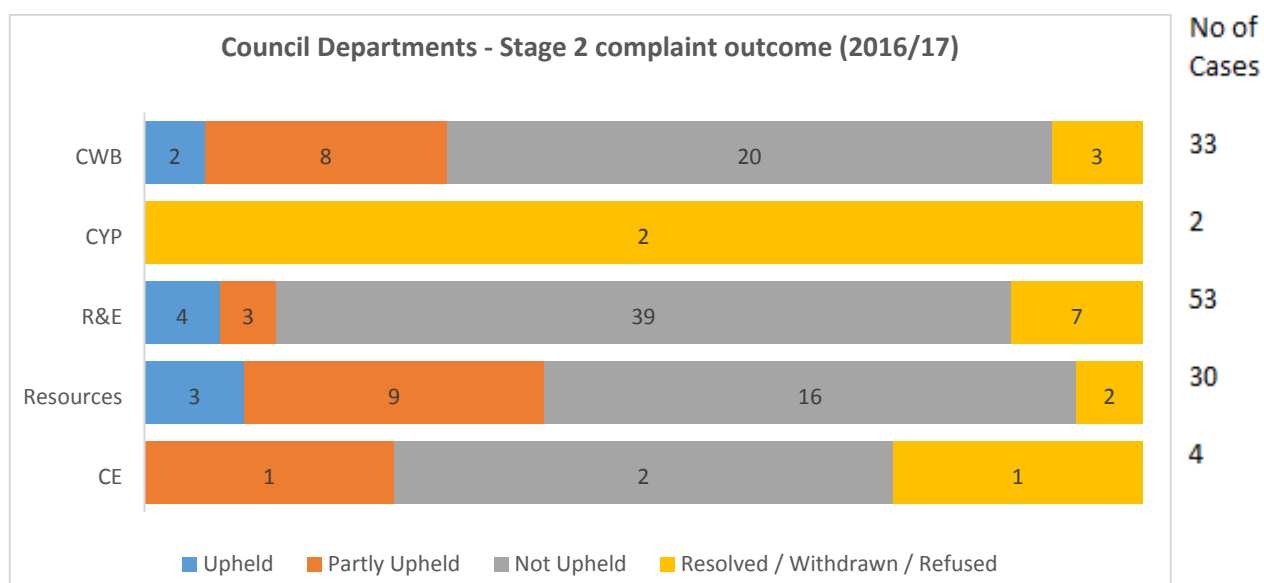


4.4 This significant increase in cases not being upheld at the second stage does to some extent reflect and support the decisions being made at the first stage.

- 4.5 There were 30 cases upheld/partly upheld at the final review stage in 2016/17 and unfortunately in some of these cases the service areas delayed implementing corrective action or paying compensation. These delays created additional follow up work for the Complaints Service team and on some occasions led to an Ombudsman referral. Closer monitoring of final review corrective actions needs to be put in place particularly as the LGO has signalled that it will take more stringent action against local authorities that do not follow through on agreed corrective actions/complaint remedies.

Recommendation: *Complaints Service Team should implement a weekly Corrective Actions Tracker for all departments to monitor the timely completion of agreed remedial actions*

Stage 2 Corporate Complaint Outcomes – Council Department 2016/17 Overview



- 4.6 27% of Stage 2 complaints were upheld/partly upheld council-wide in 2016/17. The Resources and CWB departments were above average with 40% and 30% of cases upheld/partly upheld respectively in 2016/17.

5. COMPLAINT OUTCOMES - LOCAL GOVERNMENT OMBUDSMAN

Ombudsman Complaint Outcomes – Brent Council 3-year Overview

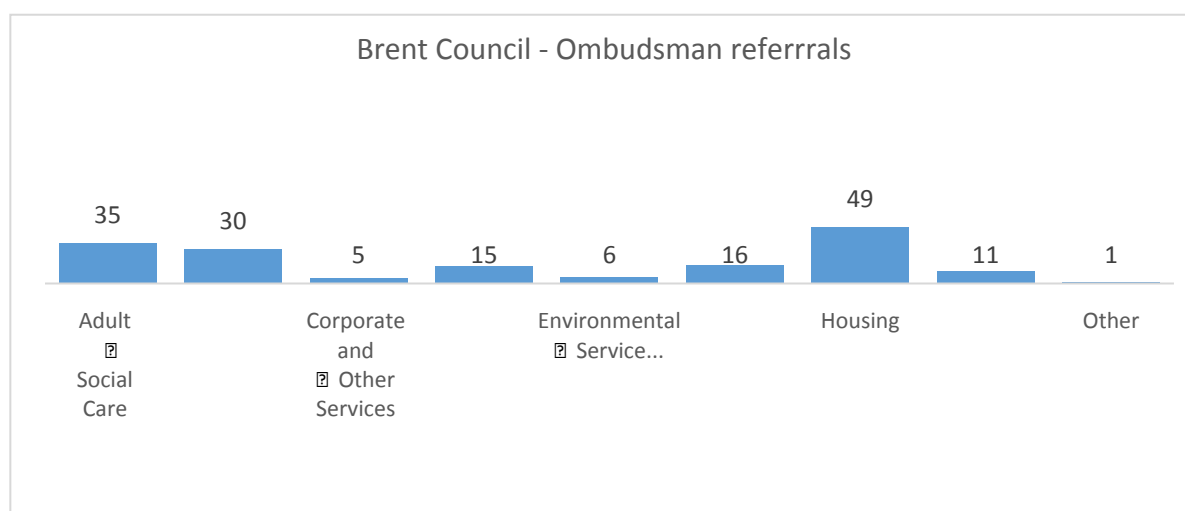
- 5.1 Beyond the Council's final review stage, there were still a large number of cases that were escalated to the Ombudsman. We can reasonably assume that this was because of ongoing dissatisfaction or disagreement with the Council's final review decisions. The table below shows the of volume of referrals to the Local Government & Social Care Ombudsman (LGO) over the past 3 years:

Case Type	2014 - 2015	2015 - 2016	2016 – 2017
Ombudsman Referrals	169	195	168

5.2 **After a spike in LGO referrals in 2015/16, the volume of referrals in 2016/17 went back to the same levels as in 2014/15.** Although Ombudsman case volumes have decreased, we recognise and accept that there are still too many cases being referred to the Ombudsman. In 2016/17 Brent had the 7th highest number of LGO referrals out of the 33 London councils.

Ombudsman Complaint Outcomes – Brent Council 2016/17 Overview

5.3 There were 168 referrals to the Ombudsman; the LGO categorised these referrals under the services shown in the chart below:



5.4 Although the number of cases referred to the LGO was very high, the large majority of cases did not warrant a formal investigation. During 2016/17, the LGO considered or reviewed 161 Brent referrals. **136 out of 161 LGO referrals were not progressed after initial investigations** for the following reasons:

- Referred back for local resolution – 84 cases.
- Closed after initial enquiries – 43 cases.
- Advice given – 5 cases.
- Invalid or incomplete – 4 cases.

5.5 More than half of the cases considered by Ombudsman in 2016/17 were sent back to the Council to be resolved locally. (Brent had the 4th highest number of cases referred back for local resolution across all London councils). These cases were in reality submitted prematurely to the Ombudsman and further work is needed to understand how we could resolve more of these cases earlier within the Council without the need for an Ombudsman referral. By doing this we should be able to provide a quicker, more efficient and mutually agreeable resolution to complaints.

Recommendation: the Complaints Service team should review LGO referrals and identify any future opportunities for early resolution and to help minimise premature LGO referrals.

- 5.6 **There were fewer LGO cases investigated and upheld against Brent in 2016/17 than in previous years.** During 2016/17 the LGO fully investigated 25 cases against Brent - 17 cases were upheld and 8 cases were not upheld.

Decided Case Volumes & Outcomes		2014 - 2015	2015 - 2016	2016 - 2017
No. of Cases Decided		39	36	25
Upheld	No.	22	26	17
	%	58%	72%	68%
Not Upheld	No.	16	10	8
	%	42%	28%	32%

- 5.7 The 17 upheld cases in 2016/17 were categorised under the following services by the LGO:
- Housing – 8 cases.
 - Adult Care Services – 3 cases.
 - Education & Children’s Services – 3 cases.
 - Benefits & Tax – 2 cases.
 - Highways & Transport – 1 case.
- 5.8 Further analysis of the 17 LGO upheld decisions showed that:
- 4 cases had been investigated by the LGO that had bypassed the Council’s full complaints process and the LGO awarded compensation in 1 of these cases.
 - There were another 4 cases upheld by the LGO that overturned the Council’s not upheld decision at final review stage; the LGO awarded compensation in 1 of these cases.
 - Of the remaining 9 cases upheld by the LGO, the Council had already upheld/partly upheld 8 of these complaints and 1 complaint had previously been withdrawn; the LGO awarded compensation in 5 of these 9 cases.
- 5.9 This LGO analysis highlights two further areas for consideration by the Council:
- Firstly, we need to review our first and final review decisions in light of the 17 LGO cases upheld against us (and specifically the 4 cases that contradicted the not upheld decision made by the Council)
 - Secondly, we need to reconsider the levels of compensation awarded by the Council, bearing in mind that the LGO increased the financial redress in 5 cases and awarded compensation in 2 cases that we had not awarded compensation. Aligning our decision making and compensation levels more in line with the LGO may reduce the number of LGO decisions upheld against the Council in future. However there is a risk that even if we increase compensation payments in line with LGO thresholds, the LGO may still decide to increase compensation payments even further.

Recommendations: the Complaints Service team should review our internal approach to complaint decisions, corrective actions and compensation in light of LGO outcomes in 2016/17.

- 5.10 The Local Government Ombudsman issued a joint report against Brent Council and Ealing Council relating to a BHP tenant's complaint about their need for urgent rehousing due to domestic violence. The report was discussed at the Audit Committee in September 2016. Lessons have been learnt and service changes have been implemented. The LGO has issued two reports against the Council in about the last five years and therefore this is a rare occurrence.
- 5.11 The table below shows the compensation payments breakdown in 2016-17 and the two previous years, at all stages for corporate and statutory complaints.

Stage	Year	Council-wide Compensation		
		No of Cases	Total Compensation	Average per case
Stage 1 / Provisional	2014/15	31	£23,773	£767
	2015/16	31	£15,708	£507
	2016/17	32	£5,367	£168
Stage 2 / Final	2014/15	39	£24,251	£622
	2015/16	36	£14,193	£394
	2016/17	33	£23,078	£699
Stage 3	2014/15	1	£500	£500
	2015/16	1	£1,000	£1,000
	2016/17	0	£0	£0
Ombudsman	2014/15	7	£1,200	£171
	2015/16	10	£1,510	£151
	2016/17	7*	£5,699*	£814
Total	2014/15	78	£49,724	£637
	2015/16	78	£32,411	£416
	2016/17	72	£34,144	£474

* Includes one ASC case from 2015/16 with financial redress confirmed in 2016/17

- 5.12 The total number of cases awarded compensation at different stages of the complaints process over the past 3 years has actually decreased slightly. However the **average amount of compensation has changed significantly at the first stage and Ombudsman stage.**
- Stage 1 compensation awarded has decreased nearly 5-fold over 3 years, averaging £168 per case in 2016/17.
 - LGO compensation has increased nearly 5-fold over 3 years, averaging £814 per case in 2016/17.
- 5.13 As previously recommended, we need to reconsider how we can put appropriate remedies in place more quickly and efficiently when we get things wrong to avoid unnecessary escalation or dissatisfaction.

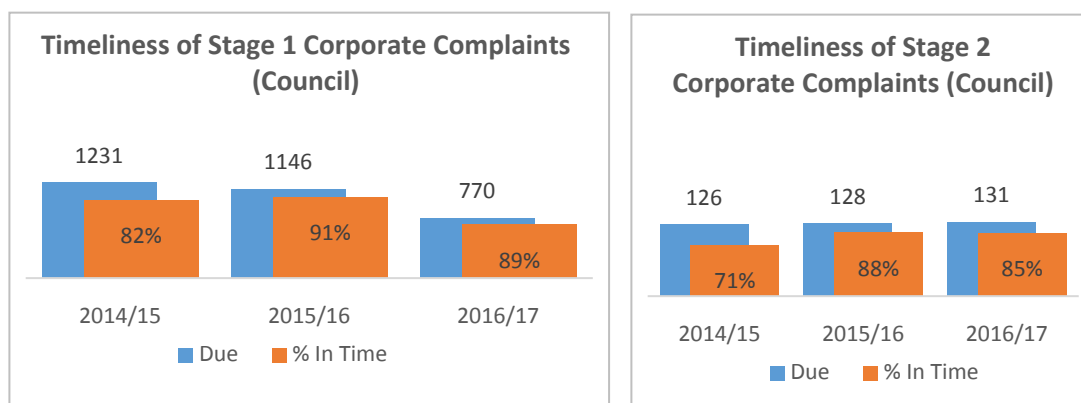
5.14 The high level breakdown of compensation paid by departments in 2016/17 is shown below:

Departmental Breakdown of Compensation Payments – 2016/17			
Department	No. of Cases	Total Compensation	Average per case
Regeneration & Environment	28	£3,897	£139
Community Wellbeing	20	£11,650	£583
Resources	17	£10,190	£599
Children & Young People	6	£7,977	£1,330
Chief Executive	1	£400	£400

6. TIMELINESS OF COMPLAINTS

Corporate Complaints Timeliness - Brent Council 3-year overview

6.1 The volume of cases closed has come down in line with the reduction in new cases received over the past 3 years. Service managers have responsibility for managing Stage 1 complaints and with a reduction of 450 cases or so, **timeliness of Stage 1 complaints has improved by 7% points overall in the past 3 years**. Although there was a 2% point dip in timeliness from the 2015/16 peak of 91% completed on time.

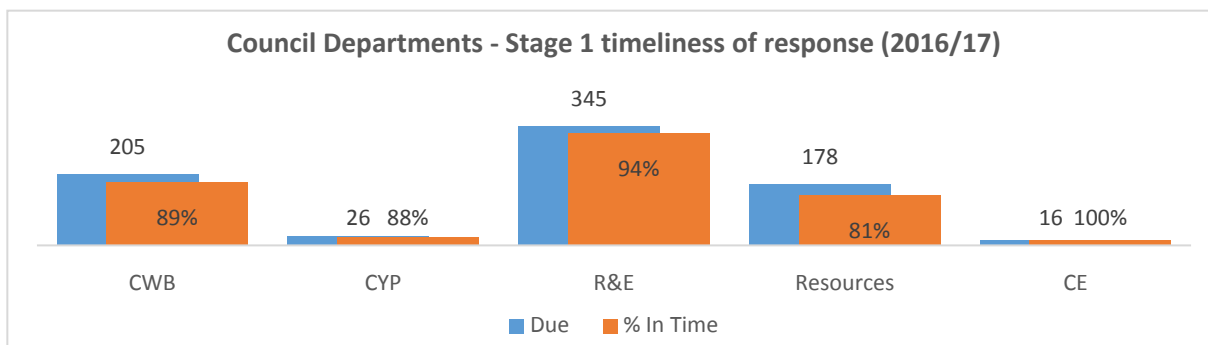


6.2 Stage 2 corporate complaints are managed by the Complaints Service team on behalf the Chief Executive. The volume of Stage 2 cases for both the Council and BHP has increased by 28% and 52% respectively. The **timeliness of corporate Stage 2 complaint responses for the Council has improved by 14% points over 3 years**, however there was a 3% point drop in timeliness from the peak level of 88% in 2015/16. The Complaints Service team is continuing to review processes, workload and priorities, and is also working with service area managers to speed up the completion of final review complaints.

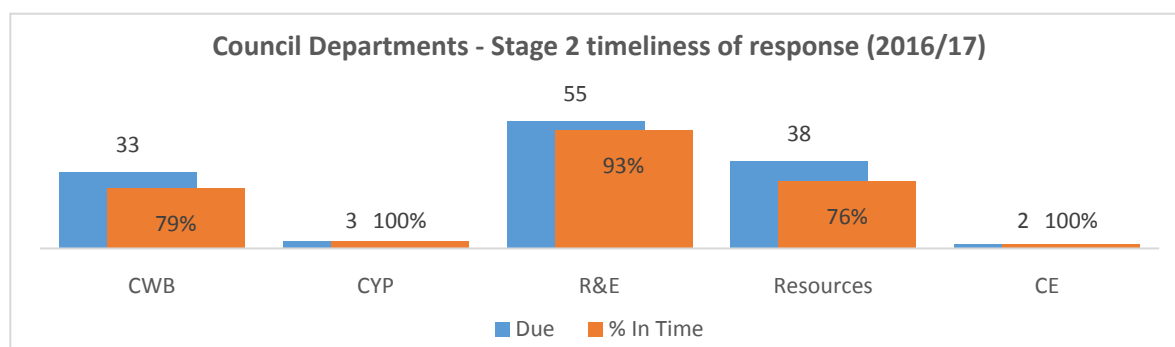
Recommendation: Complaints Service team should continue to improve internal processes and working arrangements with service managers to increase the timeliness of Stage 2 responses.

Corporate Complaints Timeliness - Council Departments 2016/17 overview

6.3 Overall timeliness in responding to complaints at Stage 1 in 2016/17 was 89%. R&E department not only had the highest volume of complaints but also achieved the highest levels of timeliness across the Council.

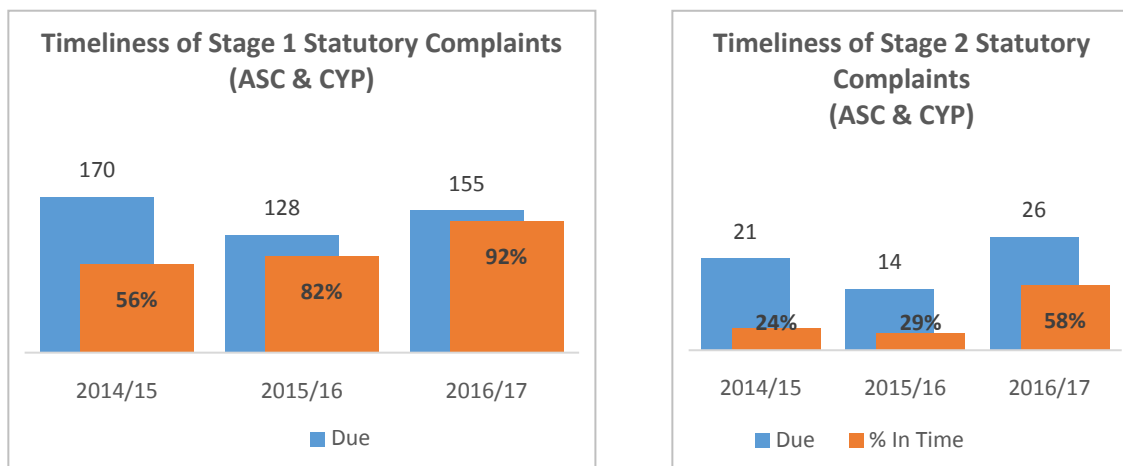


6.4 Overall timeliness at Stage 2 in 2016/17 was 85%. These cases are managed by the Complaints Service team (R&E department cases were the highest by volume across all departments and also had the best timeliness response rates).



Statutory Complaints Timeliness - Brent Council 3-year overview

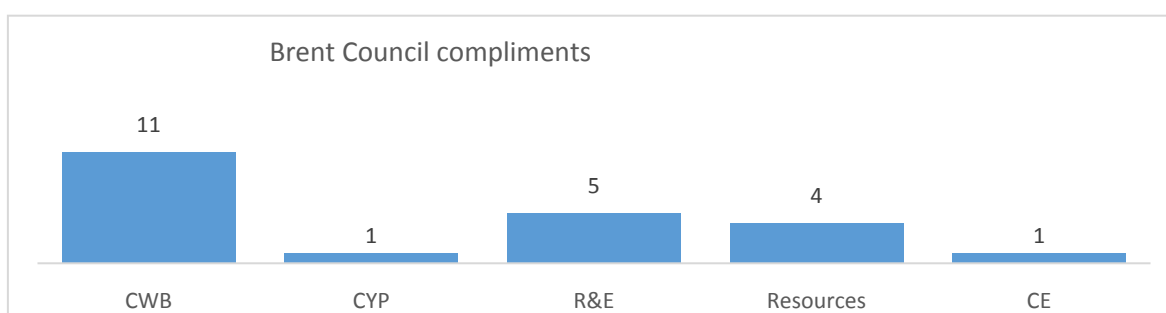
- 6.5 ***There has been a vast improvement in the timeliness of statutory Stage 1 complaints over the past 3 years***, with the Council achieving its best performance of 92% on time in 2016/17.



- 6.6 ***Timeliness of statutory Stage 2 complaints has also increased over the past 3 years and reached 58% in 2016/17***, however this is still considerably below the expected standard for the Council. Statutory Stage 2 complaints are typically very complex and most of the delays have occurred with Children's cases where there is a requirement for independent investigators and independent persons. The Complaints Service team and the CYP department are working together to improve processes and timescales of independent Stage 2 investigations.

7. COMPLIMENTS

- 7.1 There has been an under-recording of compliments across the council, with 22 compliments recorded on the iCasework system during the year.



- 7.2 Planned changes to the website will make it easier for the public to record their compliments directly online. A few examples of compliments received are listed below:

ASC Social Care and ASC Duty Team

- Would like to thank all the staff at Brent social services who were so helpful with my brother's alarm. Especially a lady called S who kindly traced why all my brothers paperwork was missing. He has now got the alarm and it is peace of mind for me as he lives alone and is very vulnerable.*

CYP

- *Thank you for your report it's an excellent reflection of the issues and challenges I faced at the time of complaint. Also I think you argued my case very well. I was anxious at first wondering if I could trust you as an employee of Brent services, so I would like to thank you very much for the time and effort it has taken you to develop the report, and also for communicating with me in the meantime.*

Library Service

- *I wanted to write you a note to say how brilliant I, and so many others in the borough, think the Home Library Service is and how very much both the team and the volunteers are appreciated. Since my accident I've not been able to get to the library at all so the Home Library Service has become a real lifesaver and the delivery a monthly highlight. Not only is it an absolute joy to know that there will be great books, and films and music too, arriving each month but it is also always a real pleasure to deal with you all. I know you supply hundreds of people and yet you are all always so incredibly helpful, calm and reliable, I just don't know how you do it! The Service and the team really are exceptional and deserve every award going! Numerous thanks to you all!*

Parking

- *Thank you very much for the clarification and all the work you have put into solving this issue for us. It is much appreciated.*

Benefits

- *Please note that during my claim assessment, Mr S has demonstrated a great degree of professionalism and understanding. He is very knowledgeable in his field. He has high level of customer awareness, and he has treated me with dignity and respect. I am writing to you because previously I have had several unpleasant episodes with the Housing Benefit department, up to the point when Mr S handled my claim, who then managed to resolve the issues satisfactorily. I wish him all the best in his job and recommend him for any future work promotion and appraisals.*

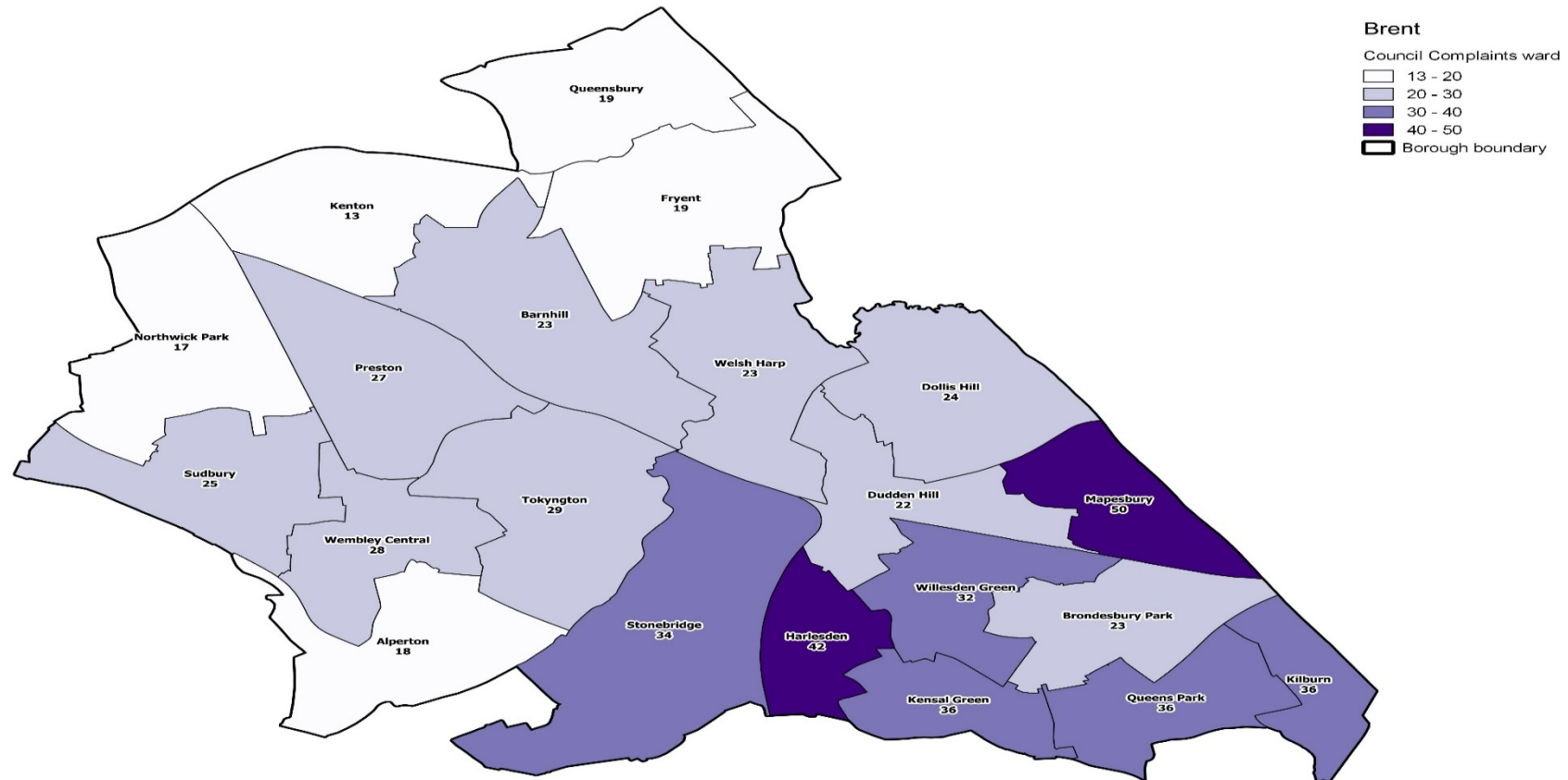
8. DIVERSITY DATA

8.1 The provision of diversity information by complainants is discretionary. The data shown below is the diversity information that was disclosed in 2016/17 and only gives us partial view of the diverse backgrounds of complainants. It cannot be considered to be representative off all complainants during the year.

Equality Characteristics	Sub-category	Count	% of Count
Gender	Male	172	45%
	Female	199	52%
	Prefer not say	12	3%
	Total	383	100%
Age	16-24	16	5%
	25-34	59	19%
	35-44	87	28%
	45-54	54	17%
	55-64	44	14%
	65+	31	10%
	Prefer not say	18	6%
	Total	309	100%
Ethnicity	African	21	8%
	Asian - Indian	40	16%
	Black	35	14%
	Asian - Non Indian	1	0%
	Mixed	20	8%
	White	87	35%
	Other	4	2%
	Prefer not say	40	16%
	Total	248	100%
Faith	Christian	83	33%
	Hindu	15	6%
	Jewish	2	1%
	Muslim	39	16%
	Other Religion	9	4%
	Agnostic	8	3%
	No Religious Belief	29	12%
	Prefer not to say	66	26%
	Total	251	100%

Map of Complaints by Ward

9. There were 579 postcodes supplied with Council complaints in 2016/17, the map below shows the distribution of these complaints by ward.



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Annual Complaints Report 2016 – 2017

Appendix B – Adult Social Care Complaints

Summary

1. This report provides an overview of complaints made about Adult Social Care (ASC) during 2016 – 2017 as required under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, the Health and Social Care (Community Health & Standards Act 2003 and the Local Authority Social Services Complaints (England) Regulations 2006 and the Council's Corporate Complaint Process for all other complaints

Statutory Complaints Process

2. The Department of Health defines a complaint as, “an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a council's adult social care provision which requires a response”
3. Anyone who has received a service; is currently receiving a service or is seeking a service from us can make a complaint. This includes anyone affected by decisions we make about social care, including a service provided by an external provider acting on behalf of the Council. In such a case they can complain directly to the provider or to us. External providers are required to have their own complaints procedures and must comply with them. They are also required to share this information on complaints and outcomes with the Council.
4. There is only one stage in this statutory process which allows for a provisional and then final decision. All complaints made to the Council are logged and acknowledged. The Council will try to resolve the complaint as soon as possible, and no later than within 20 working days. If delays are anticipated, the complainant is consulted and informed appropriately. All responses, whether or not a timescale has been agreed with the complainant, must be made within six months of receiving the complaint.
5. All complaints are signed off by the Head of Service and complainants are given the opportunity to have their complaint reviewed by the Operational Director, Adult Social Care, Community Wellbeing department. In some cases, some complaints may need to be passed on to the Safeguarding Leads as appropriate, where the complaints process may be suspended in order to allow the safeguarding process to be completed. In cases where the complaint is across several organisations, one organisation will act as the lead and co-ordinate a joint response to the complainant. The final complaint response must set out the Council's standard paragraph advising of their right to approach the LGO should the complainant remain dissatisfied.

Corporate Complaints Process

6. The Council's corporate complaints process has two stages:
 - Stage 1: responded to by the Head of Service
 - Stage 2: Review / Investigation by the Complaints Service team on behalf of the Chief Executive

Headlines

7. The main headlines from ASC complaints performance are:

- 97 complaints received at the initial stage in 2016/17, 83 Statutory 14 Corporate (10% reduction from the previous year). Year on year reduction in volume.
- Highest volume service areas for Stage 1 complaints – Support Planning & Transitions (44%), Safeguarding & Hospital Discharge team (38%) and Commissioning (7%).
- 48% of Stage 1 cases were upheld or partly upheld.
- 92% of Stage 1 complaints were responded on time, significantly improved performance from previous years.
- £4,295 paid in compensation, a significant reduction on the previous year.

ASC Service Users

8. There are about 4,000 service users in ASC and approximately 3% of these customers or someone acting on their behalf raised a complaint about a service that they had received in 2016-17.

Complaints Received

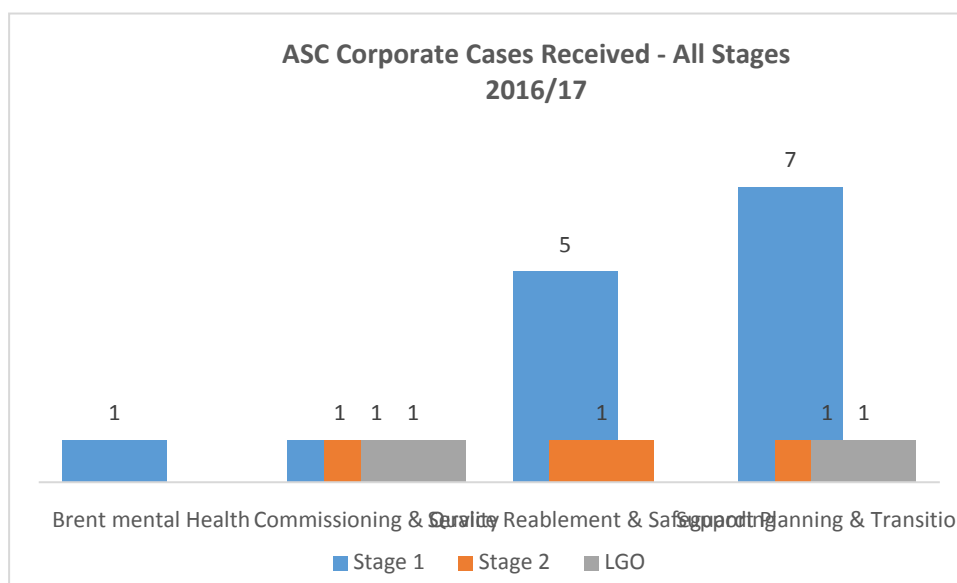
9. ASC received 83 Statutory Complaints and 14 Corporate Complaints a total of 97 complaints. This is a reduction of 10% on complaints received (108) in the preceding year 2015 -16 and a 17% reduction over the last two years. There have been a number of changes in the structure where teams such as the Client Affairs Team have moved from ASC to the Resources department. All Statutory complaints have been included in this report but Corporate complaints are included in the main Annual Complaints Report:

- **Support Planning & Transitions:** received 44% of the complaints made to ASC, this is an increase on the previous year. This team handle the more complex support cases and annual reviews and have to manage the realistic expectations of the families and service users. The complaints received by the team mainly consist of disagreements with the care package the service user has been assessed to receive. These complaints also often relate to disagreements in the type of accommodation that is most suitable for the service user. For example: can the service user reside at home with homecare support; do they need to be placed in a residential care home or live in extra sheltered accommodation. The council also has to consider value for money as well as the needs of the service user when providing services. These are complex and sensitive matters and can lead to disputes.
- **Home Care Providers:** ASC have approximately 1,700 care packages with home care providers and complaints received about homecare packages account for less than 1%. It has been suggested that the council receives a large number of complaints about home care providers, however this is not confirmed by the number of complaints that the council actually receives. The majority of concerns received are reported directly to the home care provider and resolved by them. Concerns are also raised directly with the commissioning team who will resolve such matters directly with the provider. The service user is made aware of the

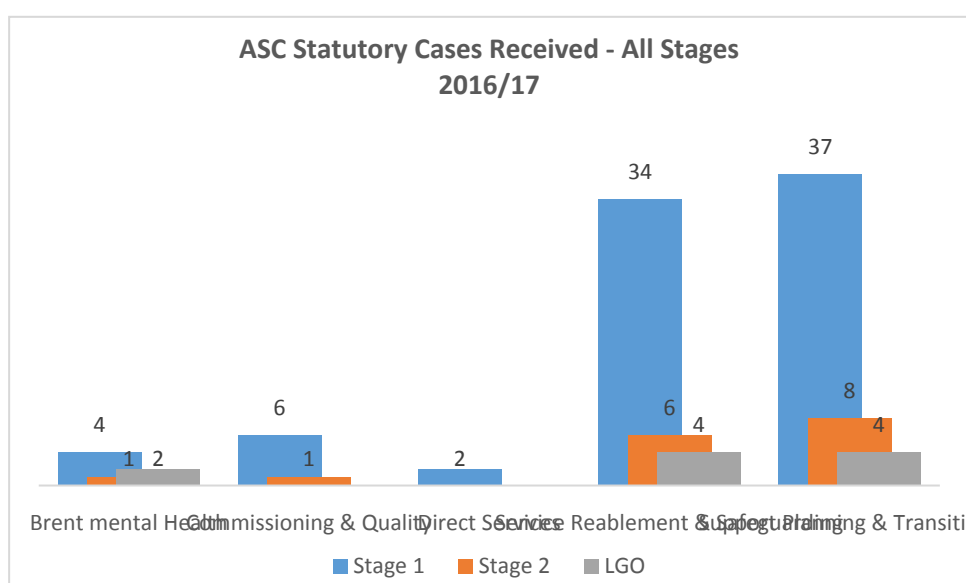
complaints process if they wish to use that route as a possible resolution to their concerns.

- Safeguarding & Hospital Discharge Team:** accounted for 38% of complaints for ASC. The complaints are centred on the safeguarding team and hospital discharge team. Issues for the safeguarding team relate to the difficulties in managing the expectations of families who are often in dispute with each other over the financial / welfare of the service user. With regard to hospital discharge this generally centres on the assessed needs of the service user and the requirements of their families after the service user has been discharged from hospital.

10. The chart below shows the number of ASC corporate complaints received in 2016/17.

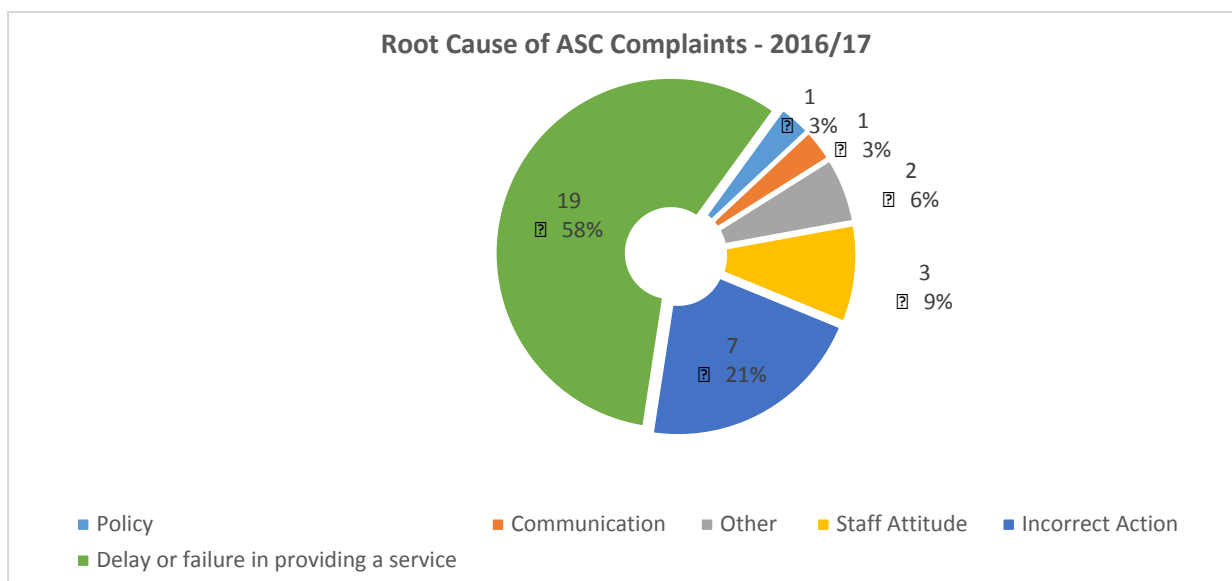


11. The chart below shows the number of ASC statutory complaints received in 2016/17.



12. Of the 85 statutory complaints received, 16 were escalated and were reviewed at the final stage which is comparable with last year. Of the 13 corporate complaints, 3 escalated to the final stage. In total there is a 19% escalation rate as compared to 17% in 2015/16. Over the last year there has been an improvement in complaint handling and managers are working closely with the Principal Complaint Service Officer improving their investigations skills. The Complaint Service team held regular training sessions for ASC managers and staff throughout the year.

Nature / Reasons for Complaints

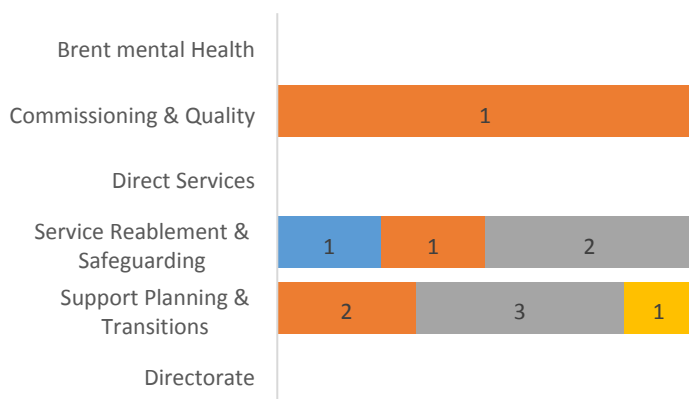


13. Complaints about delay or failure to provide a service accounted for over half of the complaints received. Incorrect Action accounted for 21% of complaints and staff attitude for 9% of cases.
14. It should be noted that complaints about staff attitude usually arise when social workers and service users have not been in agreement about actions taken or a decision that has been made. Complaints of this nature are not usually upheld and service users may subsequently feel that the Council did not meet their expectations.
15. Other examples of the types of issues that lead to complaints are listed below:-
- **Delay/failure to provide a service** – concerns raised about delays with care needs assessments.
 - **Poor communication** - a number of complaints were received regarding telephone calls not being answered and failure to respond to messages.
 - **Incorrect action taken** – when advising a client of their financial assessment the team had backdated the assessment to an incorrect date.

Complaint Outcomes

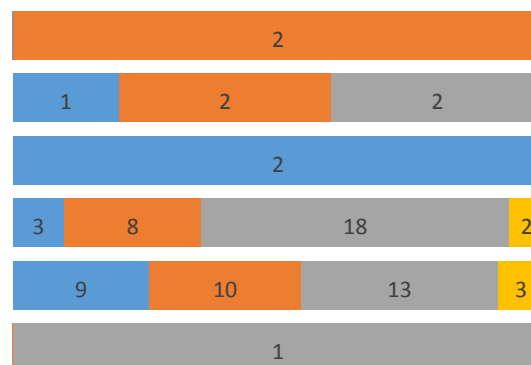
16. The chart below shows the outcome of complaints at Stage 1 and final review stage:

ASC Stage 1 Outcomes - Corporate

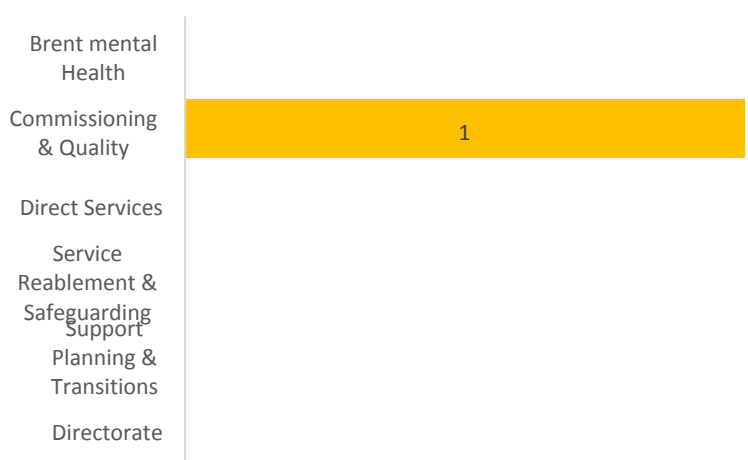


■ Upheld ■ Partly Upheld
■ Not Upheld ■ Resolved / Withdrawn / Refused

ASC Stage 1 Outcomes - Statutory

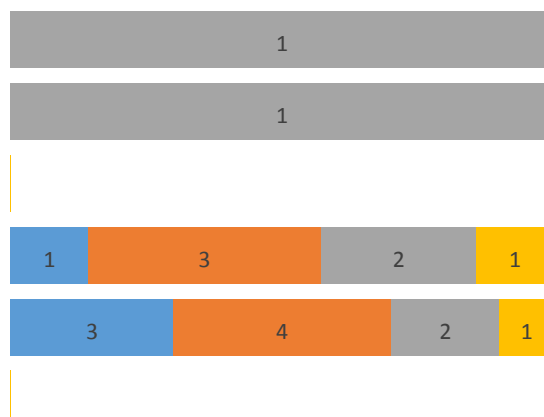


ASC - Stage 2 outcomes - Corporate



■ Upheld ■ Partly Upheld ■ Not Upheld
■ Resolved / Withdrawn / Refused

ASC Stage 2 outcomes - Statutory

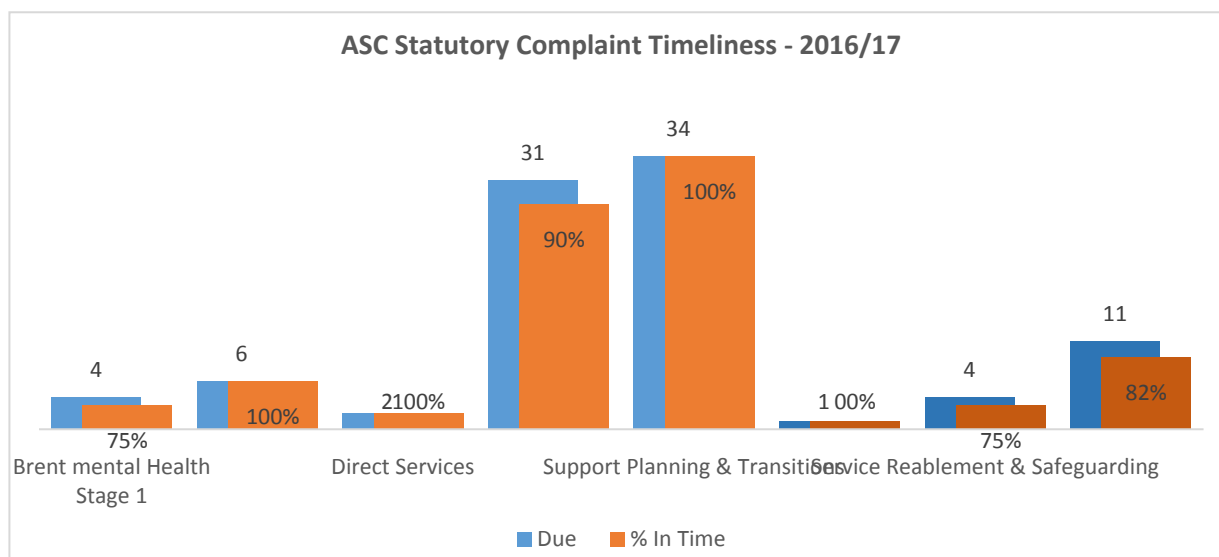
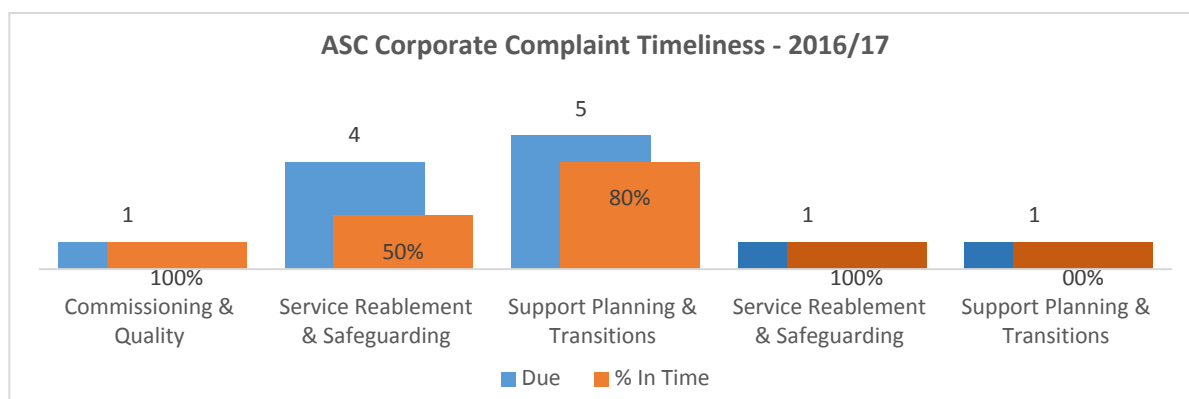


17. Complaints received for both Corporate and Statutory at the first/provisional stage shows that some fault by the Council (upheld or partly held) was found in 48% of cases. This compares to 65% in the year 2015/16.

18. At the final review stage fault has been found in 55% of cases (corporate and statutory). There has been an increase in complaints being escalated from both Support Planning/Transitions and Safeguarding/Hospital Discharge teams to the final review stage.
19. The Complaints Service team is working with managers in ASC to ensure the quality of the complaint investigation and the explanations provided to the complainant addresses all the issues raised. The very nature of these cases are complex and service users and their families will sometimes proceed through the complaint process and escalate to the final stage.

Timeliness of Responses

20. The chart below shows Stage 1 complaint response times across the various ASC service areas in 2016/17:



21. ASC responded to 92% of all complaints within timescales as compared to 78% in 2015/16, this was an improvement of 14% points on the preceding year and over the last 2 years performance has improved by 35% points. Although this is still below the council's target of 100% it shows year on year improvement and there is a continued focus within the department to achieve the council's target of 100%.

Compensation

22. There has been a reduction in compensation paid out in 2016/17. In total ASC paid £4,295 in compensation. This was a reduction of £3,464 on 2015/16. No compensation payments were made at Stage 1. Seven cases were paid compensation at the final review stage. The LGO also awarded compensation in one case. As part of the training carried out by the Complaints Service Team an emphasis has been placed on remedies which includes considering when compensation should be awarded. The Council follows the guidelines that are published by the Local Government Ombudsman.

Local Government Ombudsman Decisions in 2016/17

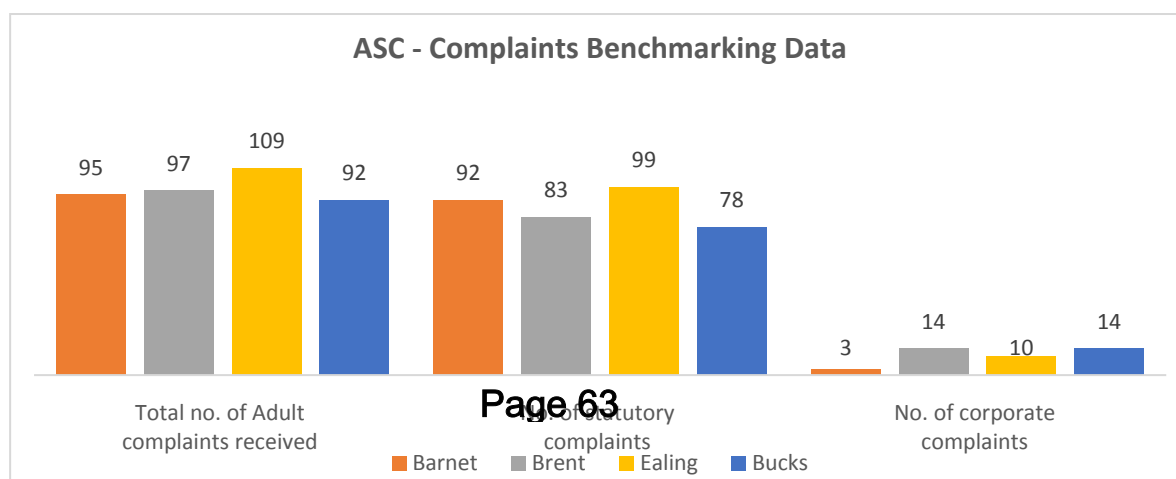
23. The Local Government Ombudsman received 35 referrals for ASC up from 21 the previous year. The information below shows the outcome of these referrals, 6 referrals were closed after initial enquiries, and 16 were referred back to the Council's own complaint procedure. Twelve cases were investigated of which 2 cases were not upheld, 7 cases are still in the process of being investigated. Three cases were upheld as follows:

- **Case 1:** the Council had failed to act correctly in the way they discharged someone with mental health needs from aftercare services. The Council agreed to review their procedures
- **Case 2:** the Council had unreasonably delayed in handling a claim for disability related expenditure and when completing a financial assessment failed to assess a client's needs properly or address the carer's needs.
- **Case 3:** the Council had accepted fault in the actions of Care agencies in some aspects of care. There was no evidence of fault with the council in responding to the complainants concerns.

24. The number of ASC complaints upheld is similar to the previous year.

Benchmarking

25. Brent Council belongs to the North West London Social Care Complaint managers group. The Council has benchmarked the volume of complaints received against eight of our Central and West London neighbours. With regards to statutory complaints we have come third in the table behind Hillingdon and Buckinghamshire; with regards to all complaints we have come third behind Hillingdon and Barnet.



Customer Feedback and Engagement

26. The majority of customer contact with the Complaints Service team is reactive in that the team responds to direct contact from customers and their representatives when they report a problem with a service. The Complaints Service team has attended meetings with some provider and community organisations to introduce themselves and provided advice on the complaint processes. Through the initial contact the team has managed to resolve a number of complaints at the point of contact e.g. Delayed OT assessments / care assessments finding early resolutions to invoicing / billing queries that could have turned into more formal complaints.

Compliments

27. Customers and their representatives are encouraged to tell the Council if they are satisfied with their care or to highlight good service. People can send feedback to the Complaints Service team or ASC directly. In 2016/17, ASC and the Complaints Service team received 19 compliments about ASC. This is a 50% increase on the previous year. Some of these compliments were not logged on iCasework and the Complaints Service team is working with ASC to improve the logging of compliments on the system. Three examples of compliments are as follows:

- **From a service user who required the service of an Occupational Therapist** *“I have been disabled for over 8 years, in that time I have had many occupational therapists, (OT) some have been good some bad (not all Brent Council). What I can say about Mr R from the first meeting I knew this OT actually understands what I need. The biggest problem for a disabled person is someone understanding their background and most of all LISTENING to him or her. I am happy to say Mr R ticked all the above and has gone above and beyond, what he has done in the short amount of time has changed my life for the better. He has been excellent in all cases from the initial meeting to the follow up and follow through*
- **From a relative** *“I know the Purchasing team have worked really hard to investigate placements and understand both the urgency and the real needs of their relative. Both the family and I really appreciate the Placement manager keeping us constantly updated and their understanding and empathy they have shown to the family. The communication was a reassurance in a very difficult time. There has been a genuine care from the whole team for the family”*
- **From a Mother** *“I am writing to express my heartfelt gratitude for the help and support given by our Social Worker. They have been able to recognise any shortfalls in our life and has managed to put in place the appropriate support to fulfil these shortfalls and make sure my daughter and I have the help we need. The Social Worker has been thoughtful and has always gone the extra mile to be there for us. We are truly grateful for their presence in our lives*

Learning from Complaints

28. Learning from complaints provides opportunities for services to be improved and shaped by customer experience. ASC managers are encouraged not only to respond

to complaints fully but to identify learning points that can help improve services. Here are some examples of how customer feedback has changed and improved service delivery:

Customer Feedback - 'You Said'	Service Area Changes - 'We Did'
<p>You told us that you did not want the care package when you were discharged from hospital.</p>	<ul style="list-style-type: none"> • We found that we had put the package of care in place on the advice of the hospital. • We agreed to cancel the care package and remove all financial charges. It was agreed to review the process of providing care to service users discharged from hospital.
<p>You have told us that you had requested a care assessment for your relative due to her finances reducing below the financial threshold for support. You were still paying for care and the savings were nearly exhausted</p>	<ul style="list-style-type: none"> • We carried out an assessment and backdated the support to the point that the savings went below the threshold. We reviewed the waiting list to ensure that such cases were prioritised.
<p>The complainant said that we had not protected their relative from being moved abroad</p>	<ul style="list-style-type: none"> • We agreed that there were practice issues regarding communication and safeguarding managers have been made aware of these issues. We also agreed to share the need for detailed risk assessments to be completed with team managers

Martin Beasley
Principal Complaint Officer

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Annual Complaints Report 2016 – 2017

Appendix C – Children & Young People Complaints

Summary

1. This report provides an overview of complaints activity across the Children & Young People department in 2016-17.

Statutory Complaints Process

2. There are two types of complaint processes followed by Children & Young People (CYP). The Children Act 1989 Representation Procedure (England) Regulations 2006 for all complaints relating to actions taken under the Children Act (statutory complaints) and the Council's Complaint Process for all other complaints.
3. *The Children's Act 1989 Representation Procedure (England) Regulations 2006 has three stages:*
 - Stage 1: Local Resolution – responded by the Head of Service for the team complained about.
 - Stage 2: Independent Investigation – complaint is investigated by an "Independent Investigator" a person external to the service usually independent of the Council. We have to appoint an "Independent Person" who is independent of the Council.
 - Stage 3: Review Panel – the complaint investigation is reviewed by a panel of three Independent People appointed by the Council.

Corporate Complaints Process

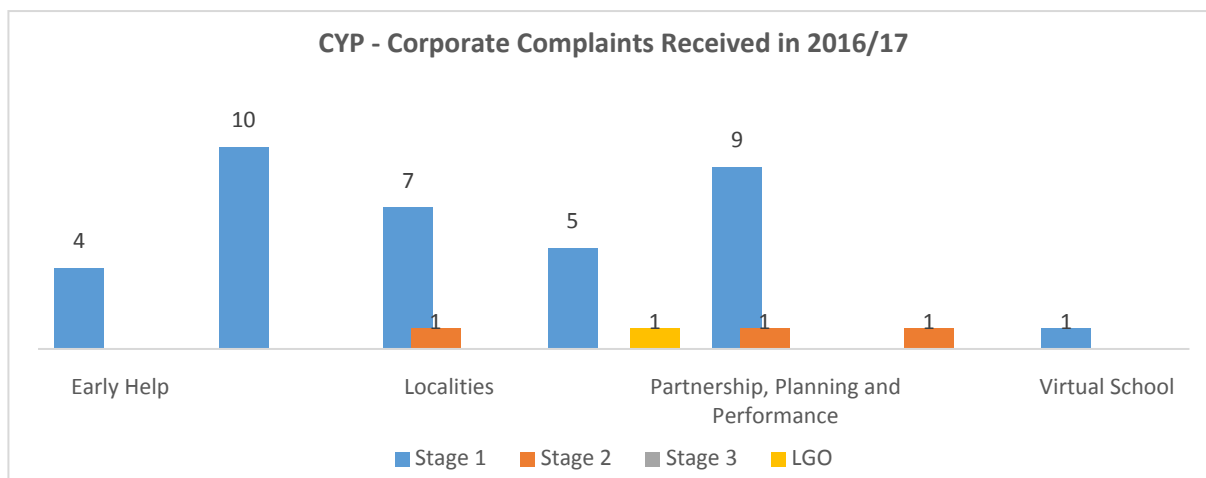
4. *Council's Corporate Complaints*
 - Stage 1: responded to by the Head of Service.
 - Stage 2: Review / Investigation by the Complaints Service team on behalf of the Chief Executive.

Headlines

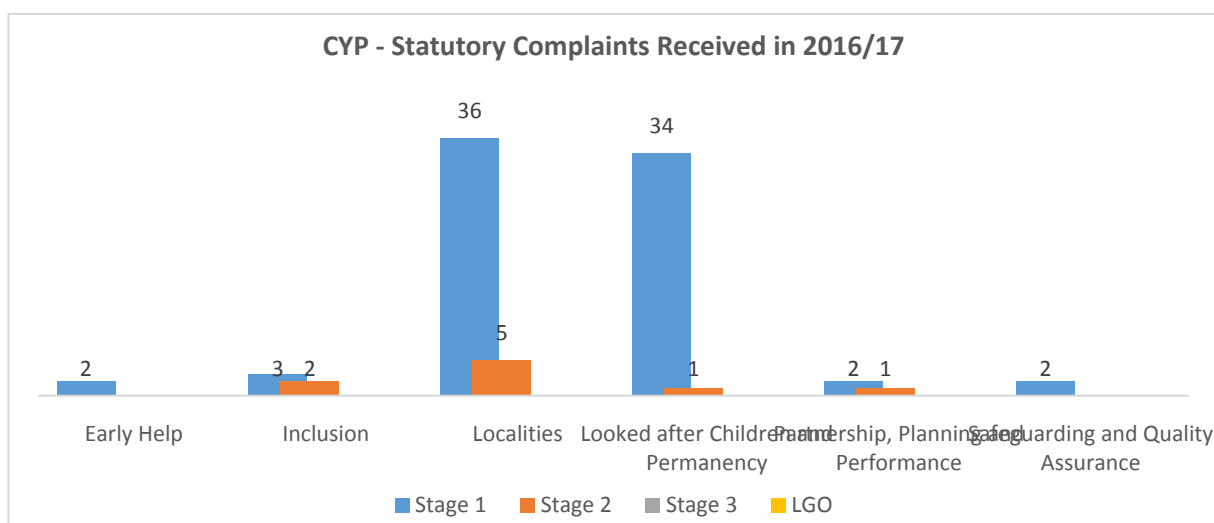
5. The main headlines from CYP complaints performance are:
 - Stage 1 complaint numbers have increased for the first time in five years.
 - 79 statutory Stage 1 complaints and 36 corporate Stage 1 complaints.
 - Low 10% escalation rate to Stage 2 for corporate and statutory complaints.
 - Main reasons for complaints received in 2016/17 were poor communication, delays or failure to provide a service, incorrect action taken and staff attitude.
 - 88% of all complaints responded to within target in 2016/17 (compared with 87% on time in 2015/16).
 - £7,977 compensation paid in 2016/17 on three cases.

Complaints Received

6. The chart below shows the number of corporate complaints received at Stage 1, Stage 2 and Local Government Ombudsman for 2016/17.



7. The chart below shows the number of statutory complaints received at Stage 1, Stage 2 and Local Government Ombudsman for 2016/17.

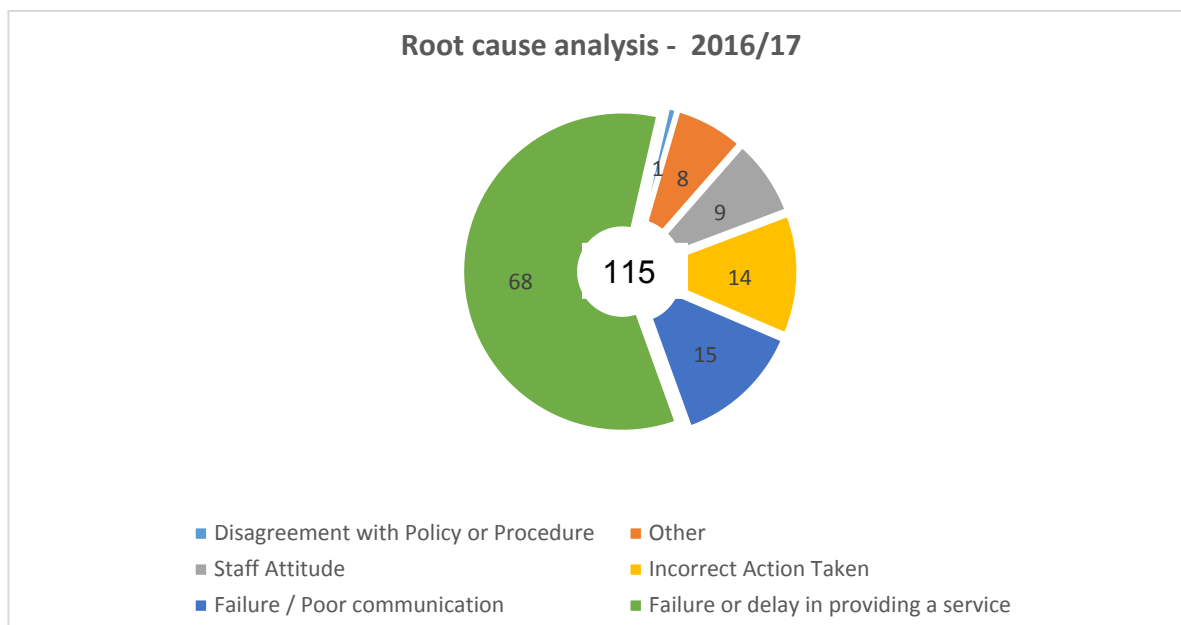


8. A total of 115 Stage 1 complaints were received in 2016/17, an increase of 4% on the previous year. This is the first increase for five years. This total consisted of 79 statutory complaints and 36 corporate complaints. There has been an increase of 61% in statutory complaints and a decrease of 42% in corporate complaints. The majority of complaints listed under Early Help and Inclusion, Setting and School Effectiveness teams were corporate complaints with the remaining complaints falling under the Children's statutory complaint procedure. As the table above indicates the majority of statutory complaints were in the Localities and Looked after Children teams.

9. The Council received 12 Stage 2 requests which is an escalation rate of 10% and comparable to last year. However, in line with the split at Stage 1, 9 of these were statutory complaints and 3 were corporate complaints.

10. Under the Children’s statutory procedure the complainant has a right for their complaint to be heard by an Independent Review Panel at Stage 3. No Stage 3 panels were held in 2016/17 and this reflects the positive work carried out by the Principal Complaint Service Officer and the two Operational Directors in resolving any remaining issues after the Stage 2 process.

Nature / Reasons for Complaints



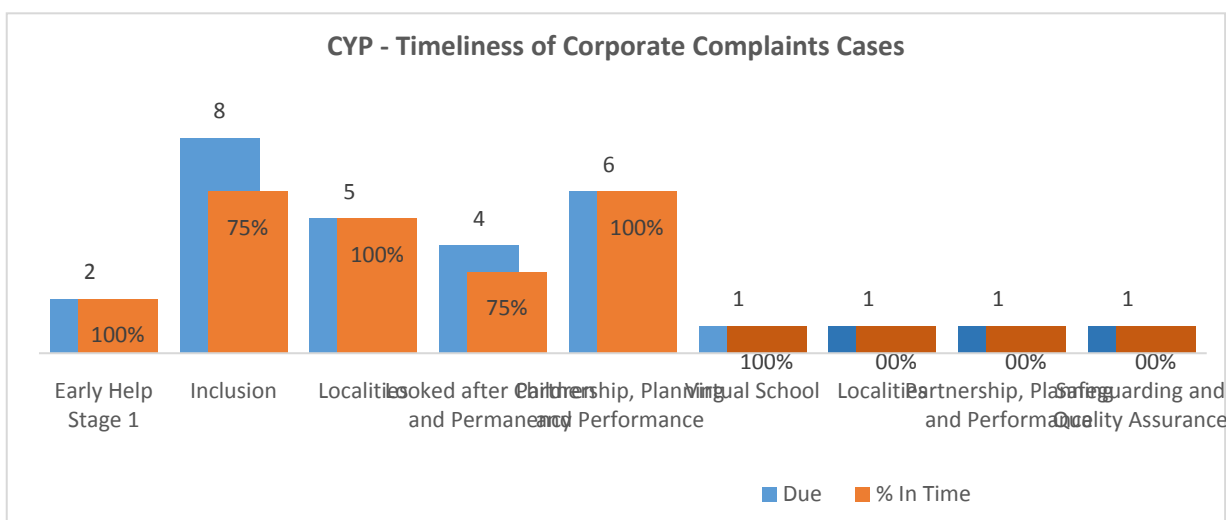
11. The main reasons for complaints received in 2016/17 were: delays or failure to provide a service, poor communication, incorrect action taken and staff attitude. Complaints about failure or delays in providing a service accounted for 59% of complaints received. Failure/poor communication and incorrect action taken each accounted for 13% of complaints and complaints concerning staff attitude accounted for 8% of complaints, (down from 15% in 2015/16).
12. Social care makes intervention in the best interest of the child, however families do not always agree with the action that has been taken and as a result may choose to make a complaint about this. Similarly the most common reasons for complaints against staff members are when they disagree with a decision that has been made, or alleged general poor service. There has been an increasing number of complaints received from partners or service users. Most often this has been from one of the partners not living in the family home (or they are not the primary carer for their children) and felt that social care services had not communicated with them enough.
13. It is probably true to say that many of the Stage 1 complaints reflect the unhappiness of parents and carers about some of the decisions made by social care staff acting in the best interest of the child. Whilst the feelings and views of parents and carers about these decisions are often understandable most of these complaints were not upheld.

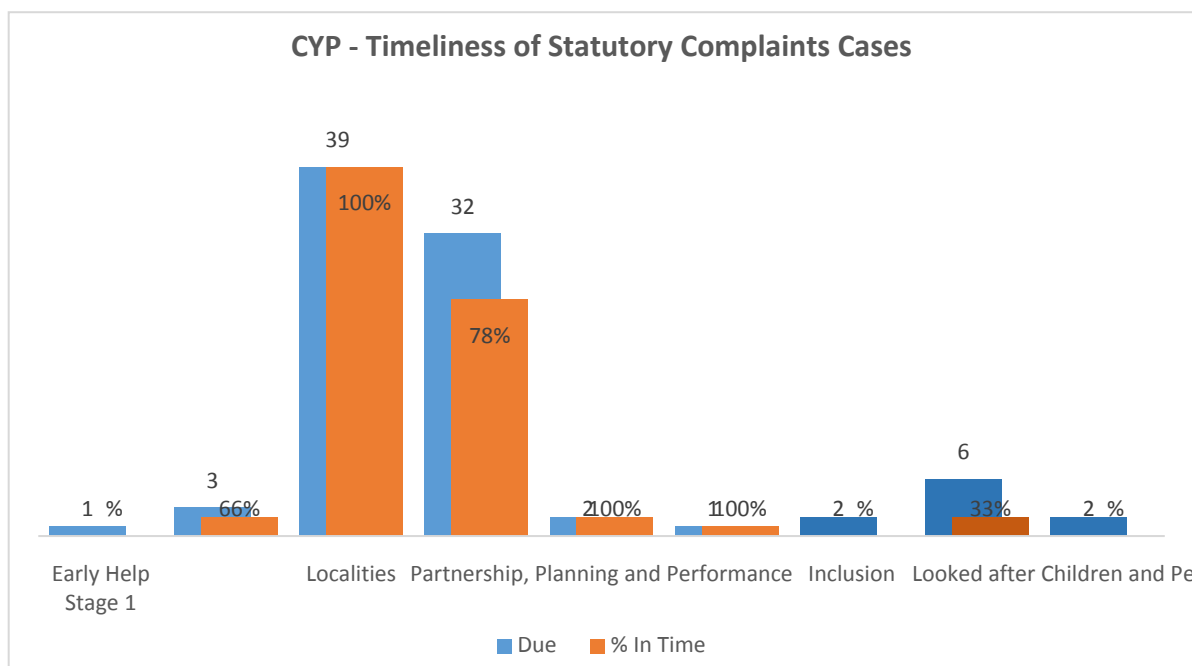
14. Examples of the types of issues that fall under each of the main reasons for a complaint are listed below:-

- **Alleged poor staff attitude** - much of the work of Localities staff involves them taking actions in connection with highly sensitive child protection or child in need issues, which parents or carers may not be in agreement with. This has for example led to complaints concerning the alleged limited impartiality of assessments.
- **Delay in the payment of financial support** – the complaint was that CYP did not recognise a kinship placement or that the child involved should be recognised as a looked after child (LAC) and that the Council had delayed in making the appropriate financial support to a LAC. The complaint investigation upheld the complaint and the outcome was to assess the amount of payment due.
- **Poor communication** - on completion of a child and family assessment CYP had not kept all the interested parties up to date with the completed assessment.

Timeliness of Responses

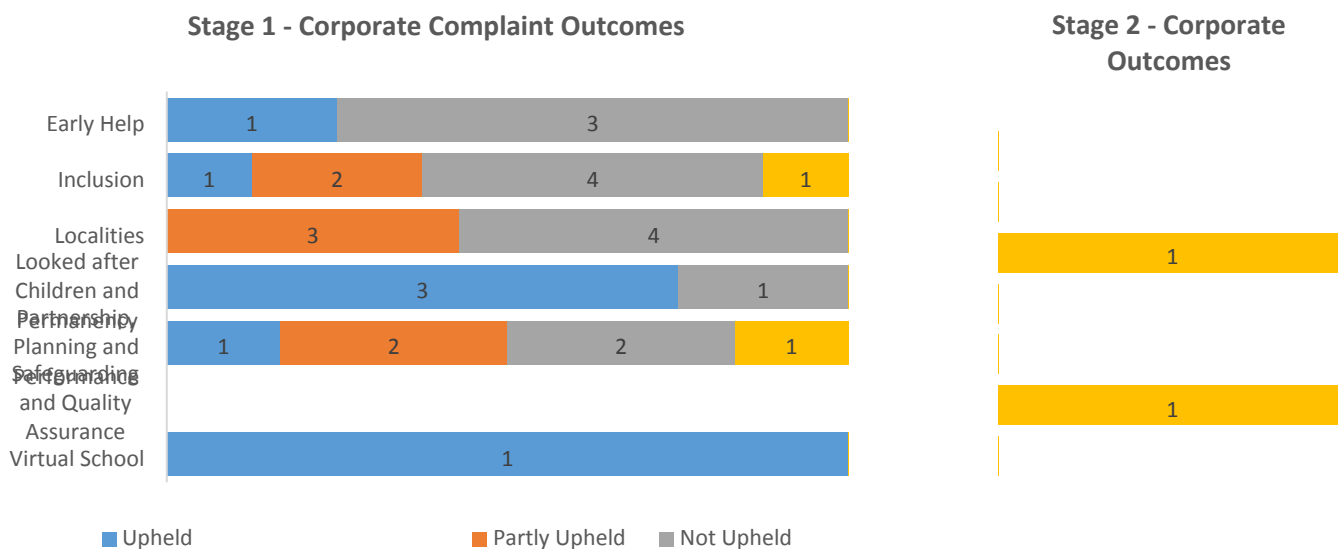
15. The chart below shows Stage 1 complaint response times by service area in 2016/17. CYP responded to 88% of all complaints within appropriate timescales. This is an improvement of 1% point on the previous year. In total 88% of statutory complaints and 88% of corporate complaints were answered within time. CYP needs to continue to have a strong focus in improving the timeliness and quality of responses in line with the Council target of 100%.





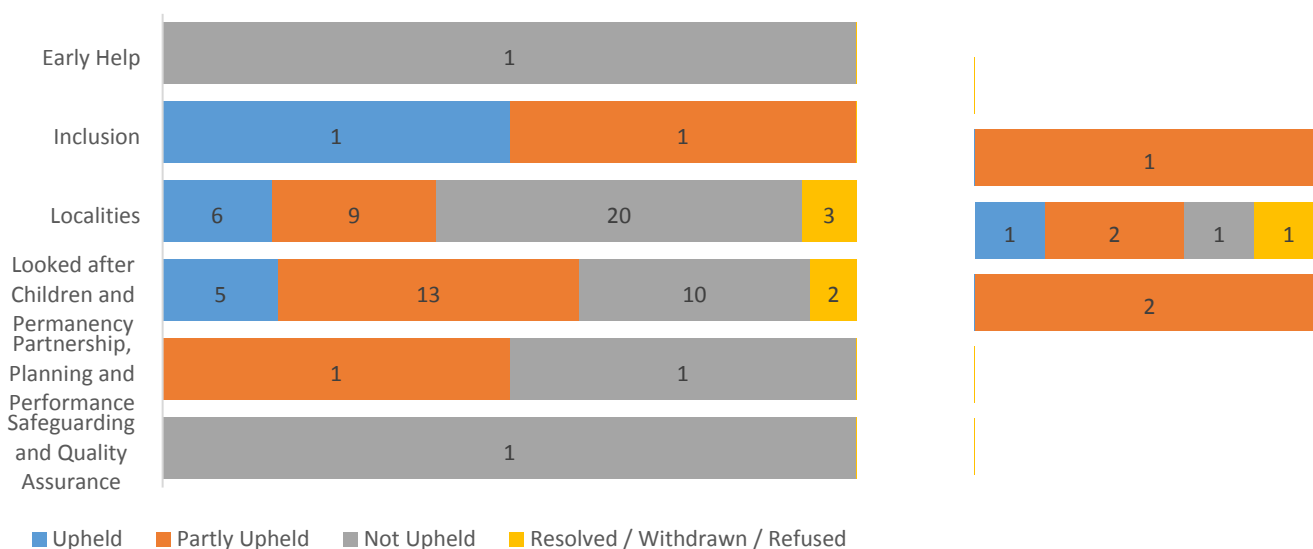
Complaint Outcomes

16. The chart below shows the outcome of complaints at Stage 1 and Stage 2



Stage 1 - Statutory Complaint Outcomes

Stage 2 - Statutory Outcomes



17. There were 104 cases decided during the year and in 48% of Stage 1 complaints CYP fully or partly upheld the complaint demonstrating a willingness by the service areas to admit errors or mistakes and to remedy the concerns raised.
18. A further 7% of complaints were resolved at the initial approach to the Complaints Service team.
19. The Council considered 8 statutory Stage 2 complaints and 2 corporate Stage 2 complaints during 2016/17. Of these 30% were resolved through intervention by Service Managers and the Complaint Service team. Some fault was found in 60% of cases and one case (10%) was not upheld. The Complaints Service team are working with managers in CYP, to improve investigation and correspondence skills when dealing with Stage 1 complaints.
20. Of the 6 cases in which fault was identified at Stage 2, one case progressed to Stage 3, however the review panel took place in early 2017/18 and has not been included in this 2016/17 report. Details of the six cases are summarised below:
 - The complaint concerned the way the Council had delayed the Child & Family assessment of a disabled child and the attitude of social workers to the complainant. The investigation partially upheld the complaint and it was agreed that the Council would complete a new child and family assessment, review the direct payment account and agreed for a mediation between the Council and complainant
 - The complaint concerned a child kinship placement with a relative. There were concerns about payments. The complainant was unhappy with the support received from the Leaving Care team. The complaint was partially upheld and the Council agreed to pay any allowances due, apologise and provide training for staff.

- This complaint concerned our failure to consider a complaint from a child about their parent and failure to properly record the child and family assessment and share the assessment with all parties. The Independent Investigator partially upheld the complaint and recommended: a) a meeting with the Operational Director; b) providing an apology; and c) paying compensation.
- The complaint relates to the actions of the social worker and manager in the course of undertaking a child and family assessment. This complaint was upheld and we agreed to hold a learning outcomes meeting to consider the findings with staff and that all staff should be reminded of statutory guidance on completing high quality assessments.
- The complaint refers to the complainant's involvement with the No Recourse to Public Funds / Intentionally Homeless team in CYP. This complaint was partly upheld. We agreed to discuss practice and learning points with staff and the need to record clear and accurate information.
- The complaint relates to the intervention of CYP, which resulted in the estranged parent making complaints regarding the child and family assessment. This was partly upheld and we agreed to remind staff of Freedom of Information legislation and the need for recording clear and accurate information.

Compensation

21. CYP paid out £7,977 compensation in 2016/17 on six cases. This is an increase from £1,250 in 2015/16. One complainant was awarded £25 at Stage 1, and three payments totalling £6,702 were paid at Stage 2. The payments were made due to a failure in procedures at a short break centre; an assessment that had not been completed correctly; and compensation payment to a LAC in conjunction with the staying put process. A further two payments came from Local Government Ombudsman decisions.

Local Government Ombudsman

22. The Local Government Ombudsman (LGO) received 15 referrals for CYP throughout the year and made decisions on 16 cases. Of the cases decided, 1 referral was closed after initial enquiries, 11 were referred back to the Council's own complaint procedure, 1 closed with advice given and 3 cases were upheld. The 3 LGO upheld cases are summarised below:
 - **Case 1:** there was a fault in the Council's records of its decision to commence child protection investigations which calls the decision into question. The LGO accepted the Council's remedy as agreed at the independent review panel and the LGO upheld the complaint.
 - **Case 2:** The Council did not accept the complainant as a Looked after Child, when they became homeless at 16. As a result they missed out on a package of care they would have been entitled to as a looked after child and care leaver. The Council had argued that this had happened nine years ago and is not in their time limit for complaints. The LGO disagreed and decided the Council should pay compensation of £500 and implement a plan to ensure the complainant was not

disadvantaged. This resulted in a Personal Adviser and a pathway plan being completed. A further payment was made towards missed payments according to our policies.

- **Case 3:** the complaint was that the Council had failed to keep the parent properly informed and updated when their children were under child protection plans. The LGO has asked us to pay £750 compensation.

Learning from Complaints

23. Lessons learned from complaints can help shape and improve our services and the customer experience and there is a commitment in CYP for managers and staff to use this learning to improve services.
24. A few examples of how the learning points from complaints helped to improve services are provided below:

Customer Feedback - 'You Said'	Service Area Changes - 'We Did'
You told us about a delay in recognising a looked after child and delay in paying the due allowances.	<ul style="list-style-type: none"> • Provided refresher training for social workers in identifying Kinship Placements. • Provide Data Protection refresher training for Personal Advisors.
You told us about our failure to properly record information on assessments and to treat all partners equally.	<ul style="list-style-type: none"> • Reminded staff of statutory guidance on completing high quality assessments and that these assessment should be shared with all interested parties. • Put in place a system for recording dates when assessments are given to the various parties.
Case related to the complainants involvement with the Intentionally Homeless Team in CYP.	<ul style="list-style-type: none"> • Reviewed how we deal with those service users who are less keen to engage with us. • Provide clear written policies for the Intentionally Homeless Team in CYP.

Compliments

25. CYP logged 3 compliments on the iCasework database. This is lower than other Councils that we were benchmarked with. However this is not to say that we do not receive more compliments but we are not capturing them on the system.
26. Compliments can be recorded on the Council's comments system iCasework and managers are being encouraged to log any compliments. Here is an example of the one of the compliments received in 2016/17.
- A mother praised a social worker in the east locality team for her professional investigation, she listened and explained very clearly what was happening.


Martin Beasley
 Principal Complaint Service Officer

Annual Complaints Report 2016 - 2017

Appendix D - Action Plan to Improve Complaints Performance

No.	Cabinet Report Action	Detailed Tasks	Action Owner	Target Date
Root Cause of Complaints				
1	Work with Service area and departmental management teams to review key service delay/failure hotspots and develop improvement plans	<ul style="list-style-type: none"> Identify service delay/failure hotspots for each department Review with DMTs and services areas Agree improvement plan Monitor progress 	Irene Bremang Head of Performance & Improvement	31/03/18
2	Develop a tailored training plan on communication and staff behaviours to be implemented for priority service areas across the Council.	<ul style="list-style-type: none"> Identify priority service areas Review specific staff behaviour and communication issues with service managers Agree and implement tailored training plan 	Raj Seedher Complaints & Information Governance Manager	31/03/18
3	Support new Housing Management Service during the redesign of the repairs process in order to feed in the lessons learned from complaints.	<ul style="list-style-type: none"> Continue to work closely with HMS senior management team and Transformation Programme team to embed learning from complaints into redesigned repairs processes 	Martin Beasley Principal Complaints Officer	31/03/18
Decision Making & Outcomes				
4	Review LGO referrals and identify any future opportunities for early resolution and to help minimise premature LGO referrals.	<ul style="list-style-type: none"> Review LGO referrals and referrals received Consider general and service-specific learning points with Complaints Service team and service managers Implement new approaches agreed and monitor effectiveness 	Martin Stollery Principal Complaints Officer	31/03/18

No.	Cabinet Report Action	Detailed Tasks	Action Owner	Target Date
5	Review our internal approach to complaint decisions, corrective actions and compensation in light of LGO outcomes in 2016/17	<ul style="list-style-type: none"> Review first and second stage decisions in light of LGO outcomes Review and re-consider compensation levels at first and second stage with departments and Complaints Service team. Compare changes in our internal approach with any changes in LGO outcomes 	Raj Seedher Complaints & Information Governance Manager	31/03/18
Complaint Handling & Monitoring				
6	Continue to improve internal processes and working arrangements with service managers to increase the timeliness of Stage 2 responses.	<ul style="list-style-type: none"> Continue to provide early notification to senior departmental managers regarding delays in collating information or confirming approval for final reviews Review arrangements for commissioning independent investigators for statutory Stage 2 cases Continue to monitor timeliness on weekly basis 	Raj Seedher Complaints & Information Governance Manager	31/03/18
7	Work closely with the Housing Management Service management team to establish a new and effective complaints process and implement improved working arrangements to manage Stage 2 complaints	<ul style="list-style-type: none"> Continue to meet with the Operational Director and Head of Customer Service to review Stage 2 performance and troubleshoot any performance issues Regular monitoring reports sent to HMS senior managers on complaints performance 	Raj Seedher Complaints & Information Governance Manager	31/03/18
8	Implement a weekly Corrective Actions Tracker for all departments to monitor the timely completion of agreed remedial actions.	<ul style="list-style-type: none"> Weekly tracker report to be revised and guidance notes created Weekly tracker auto-forwarded to complaints owners Monthly monitoring report to be set to Complaints & IG Manager to monitor timely completion of remedial actions. 	Raj Chavda Senior Complaints Service Officer	30/11/17

 Brent	Community Wellbeing Scrutiny Committee 31 January 2018
	Report from London North West Healthcare NHS Trust
Patient Led Assessments of the Care Environment (PLACE) Scores 2015-2017 Cover Report	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	One: <ul style="list-style-type: none"> • Report to Brent Council’s Wellbeing Scrutiny Committee: Patient Led Assessments of the Care Environment (PLACE) Scores 2015 - 2017
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Mark Cairns Policy and Scrutiny Manager Email: mark.cairns@brent.gov.uk Tel: 020 8937 1476

1.0 Purpose of the Report

1.1 To update Members about scores for Patient Led Assessments of the Care Environment (PLACE) at local hospitals.

2.0 Recommendation(s)

2.1 Members of the Committee are asked to note the contents of the report by London North West Healthcare NHS Trust as set out in the appendix.

3.0 Detail

3.1 As part of their work programme for 2017/18, Members of the Committee requested a report from London North West Healthcare NHS Trust about their Patient Led Assessments of the Care Environment (PLACE) at the hospitals managed by the trust. These include Northwick Park and Central Middlesex Hospital.

3.2 The report by the Trust is in the appendix of this report, which includes the information Members requested. PLACE scores are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered. These assessments were introduced in 2013.

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 None

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 Ward Members who are Members of the Committee have been involved in requesting the report.

Report sign off:

Peter Gadsdon

Director of Performance, Policy and Partnerships

Report to Brent Council's Wellbeing Scrutiny Committee Patient Led Assessments of the Care Environment (PLACE) Scores 2015 - 2017

1. INTRODUCTION

The NHS Constitution establishes a number of principles and values of the NHS in England. Included amongst these are:

- Putting patients first;
- Actively encouraging feedback from the public, patients and staff to help improve services;
- A commitment to ensure that services are provided in a clean and safe environment that is fit for purpose.

Patient Led Assessments of the Care Environment (PLACE) are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered. These assessments were introduced in 2013 with the aim to promote the above principles and values, by ensuring that the assessments focus on the areas which patients say matter and by encouraging and facilitating the involvement of patients, the public and other bodies with an interest in healthcare, e.g. Healthwatch. The assessments are carried out on an annual basis between February and June and NHS Digital oversees the process. The assessments are unannounced within the Trust, apart from the assessment team members. Each assessment concentrates entirely on the care environment and does not stray into clinical care provision or staff behaviours. The assessment team make their decisions based entirely on the observations made at the actual time of the assessment.

Patient Assessors make up at least 50% of the assessment team, thus providing us with an effective and valuable patient voice. A Patient Assessor is anyone whose experience of the hospital is as a user, rather than a provider of services and includes patients, relatives, visitors, advocates, Healthwatch, members of the public and voluntary sector representatives. The Trust's assessment team members include representatives from Infection Prevention and Control, Nursing, Patient Relations, Dietetics, Estates and Facilities. The results are reported publically, with Trusts required to state how they plan to drive improvements.

The assessments centre on the following key areas:

- **Cleanliness** – including hand hygiene
- **Food and hydration**
- **Privacy, dignity and wellbeing**
- **Buildings and facilities** – condition, appearance and maintenance of the building, fixtures and fittings
- **Dementia-related elements** – considers how the environment supports the care of dementia patients and what actions the Trust need to consider to develop and improve the environment accordingly

- **Disability elements** – considers how well the Trust caters for the needs of patients and visitors with disabilities

The scoring system used is as follows:

- A “Yes” or “No”
- A “Pass” – which indicates that all items meet the definition. Where something is of minor importance, isolated in frequency and in the view of the assessors is of recent origin it may be disregarded, e.g. a paper hand towel that has been discarded on the floor instead of the waste bin.
- A “Qualified Pass” – which indicates that most, but not all items meet the definition and there are no serious issues such as the presence of blood, vomit, faeces or any other bodily fluid which should lead to an immediate “Fail” for all like items in that ward / area. As a general guiding principle 20% failing to meet the standard is scored under this definition.
- A “Fail” – in accordance with the guidance for a Qualified Pass, where there are frequent failures to meet the standard or a single instance which is deemed sufficiently serious to result in an immediate fail for the items being assessed, e.g. the presence of blood.
- The scoring algorithm applies 100% for a “Pass”, 50% for a “Qualified Pass” and 0% for a “Fail”.

PLACE is also an integral part of the Trust’s Quality Account, which demonstrates the Trust’s commitment to continuous, evidence-based quality improvement. The Trust is required to publish the Quality Account on the NHS Choices website in June of each year and should assure patients, members of the public and its stakeholders that as an organisation we are scrutinising our PLACE results providing focus on the areas that require the most attention.

Each year the Trust identifies a PLACE Improvement Plan concentrating on the areas where improvement can be implemented and, where possible supported by investment. Progress reports on the Improvement Plan is reported at scheduled intervals to the Trust’s Patient Experience Committee, Infection Control Committee and Nutrition and Hydration Committee, all of which in turn are accountable to the Trust’s appropriate Sub-Board Committees, Executive Team and Trust Board. Each of these committees includes patient representation.

2. PLACE OVERVIEW OF SCORES 2015, 2016 AND 2017

Site Name	Site Type	Cleanliness									Key	
		2015	2016	2017								Red
National Average		97.6%	98.1%	98.4%							Amber	Less than 5% fall in score
NORTHWICK PARK AND ST MARK'S R1K01	Acute	91.68%	96.74%	97.97%							Green	Score the same
CENTRAL MIDDLESEX HOSPITAL R1K02	Acute	88.72%	95.92%	98.41%							Blue	Improved score
											<i>Italics</i>	<i>Below National Ave</i>

Site Name	Site Type	Food								
		2015			2016			2017		
		Food	Organisational Food	Ward Food	Food	Organisational Food	Ward Food	Food	Organisational Food	Ward Food
National Average		88.5%	87.2%	89.3%	88.2%	87.0%	89.0%	89.7%	88.8%	90.2%
NORTHWICK PARK AND ST MARK'S R1K01	Acute	76.56%	68.53%	78.00%	91.68%	81.45%	92.68%	87.66%	90.41%	86.85%
CENTRAL MIDDLESEX HOSPITAL R1K02	Acute	73.83%	70.42%	75.13%	87.05%	81.45%	88.27%	91.17%	90.41%	91.51%

Site Name	Site Type	Privacy, Dignity & Wellbeing			Condition, Appearance & Maintenance		
		2015	2016	2017	2015	2016	2017
National Average		86.0%	84.2%	83.7%	90.1%	93.4%	94.0%
NORTHWICK PARK AND ST MARK'S R1K01	Acute	63.63%	67.96%	69.97%	79.30%	93.88%	95.07%
CENTRAL MIDDLESEX HOSPITAL R1K02	Acute	62.33%	62.52%	74.79%	78.81%	89.47%	94.38%

Site Name	Site Type	Dementia			Disability	
		2015	2016	2017	2016	2017
National Average		74.5%	75.3%	76.7%	78.8%	82.6%
NORTHWICK PARK AND ST MARK'S R1K01	Acute	59.16%	69.48%	74.43%	71.00%	75.45
CENTRAL MIDDLESEX HOSPITAL R1K02	Acute	63.00%	66.80%	72.55%	60.41%	69.12

3. CLEANLINESS

Cleaning services are provided across the Trust by Medirest, as part of the Soft FM Contract, which commenced on 24 March 2017. Specific PLACE responsibilities have been included in this new Contract and there are specific KPIs within the Contract which concentrate on the achievement of the required cleaning standards. Supervisors have designated areas of responsibility and carry out joint technical cleaning audits with Matrons, Ward Managers and service heads in line with the NHS National Cleaning Standards. Independent and unannounced audits are undertaken by the Trust's Infection Prevention and Control and Facilities Teams. In addition the Trust's Excellence Assessment Tool (ward accreditation) includes modules on cleaning. The PLACE scores have demonstrated a steady upward improvement since 2015.

4. FOOD AND HYDRATION

Patient Catering services are also provided by Medirest as part of the Soft FM Contract using their "Steamplicity" meal solution. Again the Trust have included PLACE responsibilities within the Contract and the Contract catering team meet with the Trust's Dietetic Team on a bi-monthly basis. It was disappointing to experience a fall in PLACE scores at Northwick Park & St Mark's Hospital in 2017, but the causes were clearly identified at the time of the assessment which related to conformance with Protected Mealtimes. As a consequence a Task and Finish Group, led by the Chief Nurse, initiated a structured development plan which has been instrumental in achieving changes relating to nutrition and hydration:

- A new Patient Protected Mealtimes and Beverages Policy has been launched, including the introduction of bells in the wards to support the process;
- The nutritional screening tool and food charts have been standardised across the Trust and compliance is now monitored through walkabouts and Matrons audits;
- "Weigh-Day Weekends" have been introduced across the bedded units;
- The first Trust Nutrition and Hydration Study Day was held in September 2017, which will now be held annually;
- Peer/external reviews (Healthwatch) relating to nutrition and hydration have been undertaken in some wards and an invitation to complete more of these has been extended.

5. CONDITION, APPEARANCE AND MAINTENANCE

The Trust's physical Estates is made up of mainly 1960 -1970's buildings with the exception of Central Middlesex Hospital. The age and lack of historic investment in NHS Estate has led to a capital requirement cost to bring the estate up to an acceptable level. The current Trust figure for this backlog maintenance requirement is in 2016/17 £181m and this is reviewed every year as part of the Estates Return Information Collection (ERIC) submission. This backlog maintenance indicated that the Trust faces a number of significant challenges in relation to the maintenance demands of the Northwick Park and St Mark's Hospital site, any capital investment for backlog maintenance is derived from within the Trust own capital. The Trust's PLACE scores have improved since 2015, owing



to the capital investment that has been made in patient services, including patient bathrooms, new wards including an Intensive Care Unit and refurbished day treatment areas.

At Central Middlesex Hospital, the PFI provider, ByCentral, is accountable to the Trust for the achievement of a range of service standards and response times which are an inherent part of the Contract and monthly meetings are held with the Trust. The provider is accountable for failures to achieve the performance standards and financial penalties are applied where required. The life cycle capital funding also from the Trust own capital included as part of this service delivery has had a positive impact on the PLACE scores since 2015.

As detailed above, the assessment scores are based solely on the observations made at the actual time of the assessment and in respect of issues related to the condition, appearance and maintenance of the sites, we are reliant on service users reporting faults in a timely manner to our Estates Helpdesks. Experience denotes that levels of reporting could be significantly improved and therefore the Soft FM Contract now encompasses both the Hard and Soft FM Helpdesk, which is available twenty four hours a day, seven days a week.

6. PRIVACY, DIGNITY AND WELLBEING

This PLACE domain covers single sex occupancy issues, space around beds, bedside and shower curtains, the provision of separate treatment rooms on wards, access to patient entertainment, how patients are dressed and the provision of social spaces. The introduction of the Excellence Assessment Tool and the “Perfect Ward App” is aimed at affecting an increased focus on the issues that we have the ability to influence and control in this area. In particular, patients being dressed correctly, curtains being correctly hung and bedside conversations being conducted in a discreet manner.

7. DEMENTIA AND DISABILITY


Dementia scores have continued to improve across our sites. This is due in part to the launch of the Trust’s Dementia Strategy in the latter part of 2016, which has seen the implementation of a number of local initiatives to support our dementia patients and investment in capital and refurbishment works.

We received an improvement in the Disability score which was introduced in 2016, due in part to the fact that refurbishment and capital projects include an assessment of disability related issues.

It must be noted however that unfortunately capital funding is not available to support all the works that the Trust would wish to undertake in relation to dementia and disability and that funding is currently allocated on a prioritised basis.

Yvonne Smith, Head of Facilities
January 2018

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	<p align="center">Community Wellbeing Scrutiny Committee 31 January 2018</p>
	<p align="center">Report from the Strategic Director of Policy Performance and Partnerships</p>
<p>Community and Wellbeing Scrutiny Committee Work Programme 2017-18 Update</p>	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	<p>Three:</p> <ul style="list-style-type: none"> • Community and Wellbeing Scrutiny Committee Work Programme 2017-18 • NHS Estates Letter 6 November Councillor Ketan Sheth • Tracker of Scrutiny Recommendations (updated January 2018)
Background Papers:	None
Contact Officer:	<p>Mark Cairns Policy and Scrutiny Manager Email: mark.cairns@brent.gov.uk Tel: 020 8937 1476</p>

1.0 Purpose of the Report

1.1 This report updates Members on the Committee's Work Programme for 2017/18 and captures scrutiny activity which has taken place outside of its meetings.

2.0 Recommendations

2.1 Members of the Committee to discuss and note the contents of the report, including changes to the agenda items for each meeting.

2.2 To note the details of letters and requests for information, which have taken place outside of the Committee's 2017/18 Work Programme.

3.0 Detail

- 3.1 Members of the Community and Wellbeing Scrutiny Committee agreed their Work Programme for 2017/18 earlier this year, which is published as Appendix A. The programme sets out what items will be heard at Committee meetings and which items will be looked at task groups. However, the assumption was that it would evolve according to the needs of the Committee, and spare capacity would be left to look at issues as they arise.
- 3.2 For operational reasons it may be necessary to move items to be heard at a particular Committee. In addition, Members and co-opted Members can, at any time, suggest an item to be looked at during a Committee meeting, which provided it is agreed by the chair, would mean the work programme changes.
- 3.3 Chair of the Committee, Councillor Ketan Sheth met with the Deputy Chief Operating Officer of Brent Clinical Commissioning Group (CCG) on 5 October to discuss access to GP services in the Borough. The CCG is engaging with stakeholders around proposals to change access offered through the GP Access Hubs in Brent. After discussion with the CCG about the proposals, Councillor Sheth agreed to move the item which had been scheduled for Committee in January 2018 and to arrange a special scrutiny committee meeting to take place on December 6. The special scrutiny meeting, resulted in four recommendations being made – three to the CCG and one to NHS England. The recommendations are in the log set out in Appendix C.
- 3.4 On 6 November Cllr Sheth wrote to the CCG about the Willesden Centre for Health and Care and the use of the buildings by the local voluntary sector – this follows on from the Committee’s discussion of NHS estates last year. The letter and response by the Chief Operating Officer has been enclosed in Appendix B.
- 3.5 The Chair of the Committee has contacted the CCG about community cardiology services. The CCG has now announced that the provision of the community cardiology services that runs from Wembley and Willesden Health Centres will come to an end on 28 February 2018. The current providers of the service, the Royal Free London NHS Foundation Trust, have indicated they do not wish to continue to provide the service. Future appointments will now take place at the Royal Free Hospital, Hampstead.
- 3.6 One substantial change to the Work Programme which should be noted is that in the February Committee there will now be a report about childhood obesity in Brent and a verbal update about tuberculosis.
- 3.7 Members have asked for a log of recommendations to Cabinet and actions and progress with them to be monitored. This is set out in Appendix C.
- 3.8 In summary, the response from Public Health to the recommendations about children’s oral health from the meeting in July is that Public Health have commissioned oral health promotion training for health professionals including school nurses, health visitors, maternity staff and GPs, as well as for children’s

centre staff. This covers fluoride varnish. Also, a number of actions have been done designed to encourage registration, including discussions with paediatricians at a local hospital about the issue of oral health and how they are able to do to help improve the situation. Health visitors are also being asked to inform pregnant women that they are entitled to free dental treatment. On the specific recommendation about Harlesden, a supervised tooth brushing programme has already been started in response to the high level of need in that area. The programme has been offered to all nurseries and reception classes in schoolchildren aged from two to five.

- 3.9 The Independent Chair of the LSCB has responded to recommendation in the report about Female Genital Mutilation (FGM) discussed in September last year. He has said conversations have taken place with key partners including the North West London Health Trust, Brent CCG and the Designated Doctor for Safeguarding Children. They have given him assurances that health partners are active within the borough in promoting and increasing awareness of FGM. To test these assertions, there will be a full discussion at the LSCB meeting on 1 February 2018 which will involve not only health partners, but members of the Board such as Brent Council, education representatives, the Police and other appropriate service providers. In respect of training, the LSCB offered, as part of its multi-agency training programme, FGM awareness sessions in the last nine months, with up to 50 places taken up. The LSCB has secured an additional four FGM sessions to be delivered in 2018 and plans have been developed to conduct these sessions jointly with Harrow LSCB.

4.0 Financial Implications

- 4.1 There are no financial implications arising from this report.

5.0 Legal Implications

- 5.1 There are no legal implications arising from this report.

6.0 Equality Implications

- 6.1 There are no equality implications arising from this report.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 Ward Members who are Members of the Committee have been involved in this report.

REPORT SIGN-OFF

Peter Gadsdon

Director of Performance, Policy and Partnerships

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APPENDIX A: Community and Wellbeing Scrutiny Committee Work Programme 2017-18

Wednesday 19 July 2017

Agenda Rank	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Sustainability and Transformation Plan - Update	Cabinet member to update scrutiny on recommendations made on 20 September 2016	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Cabinet member to update
2.	Task Group report Child and Adolescent Mental Health Services	To discuss and agree task recommendations made by the task group	Cllr Ahmad Shahzad Cllr Mili Patel, Cabinet Member for Children and Young People	Gail Tolley, Strategic Director, Children and Young People Duncan Ambrose, Assistant Director, CCG
3.	Primary Care Transformation	Review implications of primary care transformation for Brent	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Sheik Auladin, Interim Chief Operating Officer, Brent CCG Sarah McDonnell, Assistant Director for Primary Care, Brent CCG
**4.	Children's oral health	Review of work being done to improve children's oral health in Brent.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Dr Melanie Smith Director of Public Health Jeremy Wallman/Kelly Nizzer, NHS England. Claire Robertson, Public Health England

*Items involving school education. ** Items which may involve partnership work with schools.

Tuesday 19 September 2017

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Brent Safeguarding Adults Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Michael Preston-Shoot, Chair BASB
**2.	Brent Local Safeguarding Children's Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Mili Patel, Cabinet Member, Children and Young People	Mike Howard, Independent Chair, BLSCB
3.	FGM in Brent	Review the identification of FGM in the borough and the implications for health policy-makers, the local authority and other agencies and organisations in Brent.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Brent CCG
4.	Home Care: Commissioning and the Market in Brent	Agree task group scoping paper	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 22 November 2017

Agenda	Item	Details	Cabinet Member/Member	Attendees
1.*	Brent Local Area SEND Inspection	Assess the action plan in place as a result of CQC-Ofsted local area inspection and how improvements will be implemented by the local authority and Brent CCG.	Cllr Mili Patel, Cabinet Member, Children and Young People	Gail Tolley, Strategic Director, Children and Young People Sheik Auladin, Interim Chief Operating Officer, Brent CCG
2.**	Local Offer for Care Leavers	Review the effectiveness of existing Local Offer for care leavers and any changes resulting from new policy or legislation.	Cllr Mili Patel, Cabinet Member, Children and Young People	Gail Tolley, Strategic Director, Children and Young People

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 6 December 2017 Special Scrutiny Meeting

Agenda	Item	Details	Cabinet Member/Member	Attendees
1.	GP access	To review the CCG's proposals for changes to GP access.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Sarah McDonnell, Deputy Chief Operating Officer, Brent CCG Sheik Auladin, Interim Chief Operating Officer, Brent CCG

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 31 January 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	2016/17 Complaints Report	Review complaints for adult social care, children's services, cultural services.	Cllr Margaret McLennan, Deputy Leader	Peter Gadsdon, Director Performance Policy and Partnerships Irene Bremang, Head of Performance and Improvement
2.	PLACE scores	Evaluate why certain PLACE scores for hospitals in the Trust have been below average, what action plan has been put in place and what improvements were made.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	North West London NHS Healthcare Trust

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 28 February 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Learning Disabilities	Evaluate effectiveness and efficiency of learning disability service joint commissioning and market development. Assess to what extent changes will support independence and independent living.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care
2.	Childhood obesity	Evaluate Brent's effectiveness in reducing rates of childhood obesity	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Dr Melanie Smith, Director of Public Health Sheik Auladin, Interim Chief Operating Officer, Brent CCG
3.	TB: Prevalence in Brent VERBAL UPDATE	Understand what the challenges are around diagnosis and treatment of new TB cases.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Dr Melanie Smith, Director of Public Health Sheik Auladin, Interim Chief Operating Officer, Brent CCG
4.	Home Care: Commissioning and the Market in Brent	Agree task group report and recommendations	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care

*Items involving school education. ** Items which may involve partnership work with schools

Wednesday 28 March 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
*1.	School Annual Standards and Achievement report	Receive report and review progress with school standards. Evaluate committee's recommendations on school standards made in March 2017.	Cllr Mili Patel, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People
*2.	Signs of Safety	Review progress with implementation and reporting back on task group's recommendations agreed February 2017.	Cllr Mili Patel, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People

*Items involving school education. ** Items which may involve partnership work with schools.

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Councillor Ketan Sheth
Chair, Community and Wellbeing Scrutiny Committee
Brent Council
Brent Civic Centre
Engineers Way
Wembley
Middlesex HA9 0FJ

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Monday 13 November 2017

Dear Councillor Sheth,

Willesden Centre for Health and Care and the Voluntary Sector

Thank you for your letter dated 6th November 2017 regarding the progress the CCG has made in respect of supporting voluntary sector organisations, working within the NHS estate in Brent and specifically at the Willesden Centre for Health and Care.

The CCG has continued to work to identify tenants for the void space across the Brent sites in line with its commissioning intentions. As you will appreciate our priority has to be ensuring the statutory services we commission can access fit for purpose and appropriate accommodation; however, where voluntary services are already in occupation at such sites, or where voluntary organisations express an interest for space, we will proactively work to establish requirements and where possible accommodate.

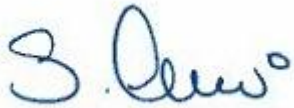
There has been a long standing need to provide the Burnley Practice - at the Willesden Centre for Health and Care - with an appropriately sized and located space within the building. The practice has been successful in securing NHS England funding to support its relocation within the building to space previously occupied by the Brent Association for Disabled People. The CCG is aware that some voluntary services previously operating under the auspices of BADP continue in occupation of part of this space, albeit they are not being charged.

The CCG has met with each of these organisations over the past few weeks to explain the plans, establish their ongoing space requirements and reassure the services it will seek to secure an alternative arrangement for them within the building. As you acknowledge, charging market rent is the policy of NHS PS over which we have no jurisdiction; but we will draw on this relationship and try and ensure the organisations can meet rental costs through the same or favourable terms.

Brent CCG is committed to supporting the valuable work of the voluntary sector in Brent. It is not possible to develop a formal policy for the use of NHS estate by the voluntary sector,

due to the CCG having no direct property interest; however we do commit to the principles set out by Sarah Mansuralli previously, and will continue to support the occupation of void space by voluntary organisations where this space is not required for the delivery of statutory or directly commissioned services.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'S. Auladin'.

Sheik Auladin
Interim Chief Operating Officer
Brent Clinical Commissioning Group

**Community and Wellbeing Scrutiny Committee
Tracker of Scrutiny Recommendations 2017/18**

Committee	Report Title	No #	Recommendation	Responsible	Response received
19-Jul-17	Children's Oral Health				
		1	Promote fluoride varnish as part of the Make Every Contact Count Programme	Cabinet	Yes
		2	Consider ways to encourage residents to register with a dentist as part of the Brent Landlord Registration Scheme – this could be incorporated into new Council Tax registrations	Cabinet	Yes
		3	Re-examine the notion of school visits by dentists, with a pilot on a smaller scale	Cabinet	Yes
		4	Collect data about visits at dental practices on a wider scale	Cabinet	Yes
		5	Consider a Harlesden-specific recommendation to address the issue of high number of dental admissions in hospital and events taking place between tooth decay and dental update	Cabinet	Yes
19-Jul-17	Primary Care Transformation				
		1	General Practitioners are strongly advised to display information about new developments	Brent CCG	No
19-Sep-17	FGM in Brent				
		1	Further engagement with the local community be carried out to raise awareness of the impact of FGM	CCG	No
		2	Service user feedback to service delivery and design continue to be monitored by relevant commissioners	CCG	No
		3	Assurance be sought by the Brent LSCB from across the partnership that relevant agencies had offered the required level of training and awareness on FGM as per training guidance and key performance indicators	Independent Chair, Brent LSCB	Yes
22-Nov-17	SEND Action Plan				
		1	Details of a Human Resources Strategy for the delivery of the future service model be provided at a future meeting of the Committee	Cabinet/CCG	NA
		2	Information how the SEND budget in the health and social care system would be safeguarded be provided at a future meeting of the Committee	Cabinet/CCG	NA
		3	An update report on jointly commissioned services be provided in the beginning of the 2018/2019 municipal year	Cabinet/CCG	NA
22-Nov-17	Local Offer for Care Leavers				
		1	Cabinet member and council continues with its lobbying of central government to secure the necessary finances to meet the new local offer	Cabinet	Yes
		2	Commitment be sought from mental health services in relation to the new Local Offer	Cabinet	No
		3	The Head of Strategy and Partnerships to use its partnership arrangements to seek support from local retail outlets to add value to the local care offer	Head of Strategy and Partnerships	No
06-Dec-17	GP Access Hubs				
		1	Provide a transitional period of 12 months following the introduction of the new system, during which Brent residents who unregistered patients have continued access to GP Hub services	Brent CCG	No
		2	Ensure that the two further sites selected for new GP Access Hubs are appropriately located to maximise equality of access for residents and are fully compliant with transport and disability access requirements	Brent CCG	No
		3	Ensure that the communication strategy is comprehensive and references all services used, including out of borough services used by Brent residents	Brent CCG	No
		4	Enables the quickest development of an online booking system for the new GP Access Hubs in Brent	NHS England	No

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