
Meeting	Special Safeguarding Overview and Scrutiny Committee
Date	24 September 2012
Subject	Adult Social Care and Health Annual Complaints Report 2011/12
Report of	Cabinet Member for Adults
Summary	Adult Social Care and Health is required under statutory regulations, to report annually to the relevant Council committee on adult social care complaints and to compile an annual report.

Officer Contributors	Mathew Kendall, Assistant Director Transformation and Resources, Adult Social Care and Health Helen Coombes, Head of Transformation Transformation and Resources, Adult Social Care and Health
Status (public or exempt)	Public
Wards affected	All
Reason for urgency / exemption from call-in	Not applicable
Function of	Council
Enclosures	Appendix A: Adult Social Care and Health Annual Complaints Report 2011/2012
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1. RECOMMENDATION

- 1.1 That the Safeguarding Overview and Scrutiny Committee make comments and /or recommendations to the Cabinet Member for Adults on the contents of the Annual Complaints Report.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of the Scrutiny is reflective of the council's priorities.

- 3.2 The Corporate Plan 2012/13 has the following priorities relevant to the work of Adult Social Care and Health:-

Better services with less money:

- Safeguarding vulnerable adults
- Ensure our support services effectively serve the organisation through high quality, high value services

Sharing opportunities and sharing responsibilities:

- Support residents to live healthy and independent lives
- Promote personalisation of services and enhance quality of life for adult social service users.

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- Ensure a positive experience of care and support for carers

- 3.3 Listening and acting on customer feedback is essential to achieving these priorities. It also enables us to monitor our progress and focus on key areas to improve customer experience in relation to Adult Social Care and Health.

4. RISK MANAGEMENT ISSUES

- 4.1 The quality of services is assured by regular monitoring as part of the procedures for internal control within Adult Social Care and Health.

- 4.2 Advocacy support is available to complainants to assist them in making their complaint and all staff are advised to promote the use of advocates. All public information booklets also promote the use of advocates. Advocacy services are commissioned through a contract with Barnet Centre for Independent Living, who has sub-contracts with two voluntary sector groups, Advocacy in Barnet and Mind in Barnet to provide advocacy services.

- 4.3 The complaints process provides the council with an additional means of monitoring performance and improving service quality, and provides an important

opportunity to learn from complaints. Key learning with actions taken in 2011/2012 is included in Section 6 of the Annual Complaints Report (Appendix A).

4.4 Where complaints are received and highlight any safeguarding issues, we would deal with these under the Multi-Agency Adult Safeguarding Policy and Procedure.

4.5 Adult Social Care and Health works closely with the Care Quality Commission (CQC) who are responsible for the inspection and registration of the following services:

- Care homes, including care homes with nursing
- Home care agencies
- Independent health care establishments
- Adult Placement Schemes

With the permission of the complainant, CQC are on occasion informed if the complaint is about any of the services listed above.

4.6 The Local Government Ombudsman (LGO) was given new powers in 2010 to investigate complaints from people who fund and arrange their own care. This means that self-funders now have the right to complain to the LGO. The LGO provides a free, independent and impartial complaints service.

4.7 Prior to this, it has only been service users who have had their care arranged and funded by the council who would have access to the independent complaints service.

4.8 All clients should in the first instance take up their complaint with the service provider and go through their complaints process. If the issue is not resolved to the client's satisfaction, the following process is followed:

- If funded and arranged by the council, the Adult Social Care and Health complaints and representations procedure is followed
- If self-funding or arranging care privately, individuals must contact the LGO Advice Team

4.9 The council is committed to tackling fraud and other forms of malpractice and treats these issues seriously. It recognises that some concerns may be extremely sensitive and has therefore developed a system under the Whistle Blowing Procedure, which allows for the confidential raising of concerns.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 Pursuant to the Equality Act 2010 ("the Act"), the council has a legislative duty to have 'due regard' to eliminating unlawful discrimination, advancing equality and fostering good relations in the contexts of age, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation.

5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the responsibility of the Committee is to perform the Overview and Scrutiny role in relation to:

- The council's leadership role in relation to diversity and inclusiveness, and

- The fulfilment of the council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

- 5.3 The complaints procedure supports the council in meeting the legislative duties outlined above, and a number of steps have been taken to ensure that it is accessible to all service users and their carers. See Section 3 of the Annual Complaints Report (Appendix A).
- 5.4 Adult Social Care and Health welcomes complaints from advocacy services such as Disability Action in the borough of Barnet (DabB), Citizens Advice Bureau, Disability Law Service, Mind in Barnet etc. from people who are not able to make representations and complaints in their own right to ensure that they too have a voice and are listened to.
- 5.5 The report includes data which outlines the number of complaints recorded in Adult Social Care and Health from 1 April 2011 to 31 March 2012 by ethnicity. See Sections 9p, 9q and 9r of the Annual Complaints Report (Appendix A). Analysis of complaints data in the previous two years suggested that the proportion of complaints from people of a Black or Minority Ethnic (BME) background was disproportionately high compared to the ethnic profile of social care users, particularly Asian/Asian British and Black/Black British groups.

The data was studied by the Adult Social Care and Health Equalities Network subgroup (attended by managers from across the department), in which it was agreed that the data did imply that users from BME groups were more likely to make a complaint; but:

- that the numbers of complaints each year were too small to draw any firm conclusions about whether there were any inherent systemic or operational problems; and
- that further in-depth analysis of individual complaints cases could be necessary to draw out particular issues, but that a clearer picture would be gained by waiting until 2011/2012 complaints data was ready and pulling together three years of case information.

- 5.6 The 2011/2012 ethnic profile of complainants does not follow the same pattern as the previous two years, and is much more reflective of the ethnic profile seen among the service user population as a whole. Only 20% of complaints this year (where the ethnicity was actually recorded) came from BME groups, with much lower numbers from Asian/Asian British and Black/Black British groups than the year before.

6. USE OF RESOURCES IMPLICATIONS (FINANCE, PROCUREMENT, PERFORMANCE & VALUE FOR MONEY, STAFFING, IT, PROPERTY, SUSTAINABILITY)

- 6.1 As Adult Social Care and Health continues to make changes to how services are managed and delivered, we anticipate that we will receive more complaints from our customers. It is anticipated that any increase will be contained within the current staffing establishment and budget.

- 6.2 To reduce the number of complaints we may receive, we will continue to fully consult with service users and carers on any planned service changes to ensure they feel engaged in the process.

7. LEGAL ISSUES

- 7.1 Adult Social Care and Health is required to operate a statutory complaints procedure under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 and the Local Authority Social Services and National Health Service Complaints (England) (Amendment) Regulations 2009.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of Overview and Scrutiny committees is contained within Part 2, Article 6 of the Constitution.
- 8.2 The Terms of Reference of the Overview and Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).
- 8.3 The Safeguarding Overview and Scrutiny Committee has within its terms of reference responsibility:

“To scrutinise the provision of adult social care services (including those who have physical disabilities, sensory impairment, learning disabilities, mental health needs or other special needs) to ensure that residents are safeguarded and supported to lead as independent lives as possible in their own homes.”

9. BACKGROUND INFORMATION

- 9.1 In discharging their responsibility to scrutinise the provision of adult social care services, the Committee are requested to consider the Annual Complaints Report 2011/2012 for Adult Social Care and Health, as attached as Appendix A to this report, and make appropriate comments to the Cabinet Member for Adults.
- 9.2 The report includes information on the statutory social care complaints procedure, statistical information over a 3-year period for compliments and complaints (including corporate complaints), the LGO role in social care, LGO complaints and enquiries, complaints managed by Contractors, learning from complaints and embedding the learning and the outcome of the complaint user survey.
- 9.3 For the second time in three years more complaints were received than compliments; however, this was anticipated due to the financial constraints the council faces.
- 9.4 The highest proportion of complaints received (25%) related to ‘Quality of Service’, which covers a wide range of different issues. See Section 9h of the Annual Complaints Report (Appendix A), which outlines specific examples. The issues raised do not represent a systematic departmental problem; however, it has highlighted general practice issues for individual members of staff. If the complaint

is upheld or partially upheld, actions are taken to put right the matter; and where necessary, the worker is supported through advice, supervision meetings and training.

- 9.5 As it is a requirement by the Department of Health for health and social care organisations to better understand the benefits of using information from complaints to improve services Adult Social Care and Health has embraced the expectation and introduced measures to ensure this happens in a systematic way. Following the investigation of each complaint managers are required and routinely asked to outline in writing exactly what lessons have been learnt, together with what actions have been taken as a result of the complaint. Key learning with actions taken in 2011/2012 is included in Section 6 of the Annual Complaints Report (Appendix A). The benefits of this include higher levels of satisfaction, more opportunities to improve services for everyone and an increase in our reputation with the people we serve.
- 9.6 In 2011/2012, we received 6 corporate complaints and followed the corporate complaints procedure to investigate and respond to them. Two were resolved at Stage 1 and three resolved at Stage 2. One escalated through to Stage 3 of the complaints process.
- 9.7 In 2011/2012 a complaint user survey was conducted to elicit feedback from our complainants on how they found the complaints process and how Adult Social Care and Health could improve the complaints journey in the future. The key issues which came from this are listed below and work is underway on learning from this through discussion and awareness raising with staff:
- Managers will provide complainants with a detailed response to the whole complaint, by ensuring the response addresses the issues raised in the initial complaint, as well as any new matters raised during the subsequent telephone conversation.
 - Managers will demonstrate that complaints are taken seriously through their knowledge and understanding of the issues raised, and the empathy shown to the complainant
 - Managers will match their actions to their words and do what they say they will do, by ensuring decisions and actions that have been agreed with the complainant are implemented and followed through to conclusion; even when the tasks have been delegated to other workers.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH
Cleared by Legal (Officer's initials)	LC