



Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

Wednesday 3 December 2014

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

| Administration: | Opposition | Co-optees |
|---|---|--|
| Councillor Rory Vaughan (Chair) Councillor Elaine Chumnerly (Vice-chair) Councillor Hannah Barlow | Councillor Andrew Brown Councillor Joe Carlebach | Debbie Domb (HAFAC) Patrick McVeigh (Action on Disability) Bryan Naylor (Age UK) |

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http://www.lbhf.gov.uk/Directory/Council_and_Democracy

Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

3 December 2014

| <u>Item</u> | | <u>Pages</u> |
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| 1. MINUTES OF THE PREVIOUS MEETING | | |
| | The minutes of the meeting held on 17 November 2014 will follow. | |
| 2. APOLOGIES FOR ABSENCE | | |
| 3. DECLARATION OF INTEREST | | |
| | If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent. | |
| | At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken. | |
| | Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest. | |
| | Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee. | |
| 4. HEALTHWATCH CENTRAL WEST LONDON | | 1 - 14 |
| | This report sets out the role and work of Healthwatch in the London Borough Hammersmith and Fulham | |
| 5. CALL FOR EVIDENCE - FUTURE ARRANGEMENTS FOR MEALS | | 15 - 17 |

ON WHEELS

This report provides information on the current arrangements for providing meals on wheels.

6. **ADULT SOCIAL CARE CUSTOMER FEEDBACK: ANNUAL REPORT 2013/2014** 18 - 35

This report provides a summary of the volume, type and outcome for all statutory complaints and feedback received by the Adult Social Care Services in 2013/14.

7. **CUSTOMER JOURNEY: IMPROVING FRONT-LINE HEALTH & SOCIAL CARE SERVICES**

This report will follow.


8. **WORK PROGRAMME**

The Committee is asked to consider its work programme for the remainder of the municipal year.

9. **DATES OF FUTURE MEETINGS**

January 2015: date to be confirmed
Wednesday 4 February 2015
Monday 13 April 2015

Agenda Item 4

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|  | London Borough of Hammersmith & Fulham |
| | HEALTH, EQUALITIES AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE 3 December 2014 |
| TITLE OF REPORT The role and work of Healthwatch in Hammersmith and Fulham | |
| Report of the (Cabinet Member) Vivienne Lukey, Cabinet Member for Health and Adult Social Care | |
| Open Report | |
| Classification - For Information | |
| Key Decision: No | |
| Wards Affected: All | |
| Accountable Executive Director: Liz Bruce, Executive Director for Adult Social Care and Health | |
| Report Author: Paula Murphy, Director, Healthwatch Central West London | Contact Details: Tel: 020 8967 6771 E-mail: paula.murphy@hestia.org |

1. EXECUTIVE SUMMARY

- 1.1. This report updates the Committee on the role and work of Healthwatch in the London Borough of Hammersmith and Fulham (and across the Tri-borough).
- 1.2. Established under the auspices of the Health and Social Care Act 2012, Healthwatch Central West London is the independent consumer champion for health and social care services in Hammersmith & Fulham, Kensington and Chelsea and Westminster.
- 1.3. Healthwatch CWL has the power to refer issues to the Policy and Accountability Committee and the regulations require committees to take account of relevant information provided to them. The Committee must acknowledge a referral and the Healthwatch will be informed of what action will be taken within 20 working days.

2. RECOMMENDATIONS

- 2.1. The Committee is invited review and comment on the attached report.

3. INTRODUCTION AND BACKGROUND

- 3.1 The Health and Social Care Act 2012 required local authorities to commission Local Healthwatch organisations from April 2013.
- 3.2 Healthwatch Central West London, through Hestia Housing and Support, is contracted to deliver on eight key outcomes:
- Local Healthwatch demonstrating their contribution to improved patient and user experience.
 - Improved communication and engagement with local people who recognise and trust Local Healthwatch as an effective champion for their interests regarding health and social care services.
 - Local Healthwatch is recognised by the community as being an important (but not the only) means of achieving greater patient and public involvement in health and social care service
 - Local Healthwatch is respected and trusted by commissioners and appropriate boards as an independent means of engaging with local people.
 - Local Healthwatch is recognised as an important agent for improving access to services.
 - Local people have an improved understanding of their rights (consumer champion) and responsibilities and Local Healthwatch is credited as being an important source of information and knowledge
 - High public awareness, profile and reputation of Local Healthwatch
 - Independent evaluation at the end of year 1.
- 3.3 Delivery against each outcome is measured through a service specification with the Tri-borough contracting team. The appendix details delivery against each outcome in greater detail with practical examples for illustrative purposes.
- 3.4 The Policy and Accountability Committee and Healthwatch CWL serve complementary roles in ensuring that health and social care is accountable to, and meets the needs of, local residents.

4. PROPOSAL AND ISSUES

- 4.1. The Committee is invited to comment on:
- The implementation of Healthwatch Central London
 - The work of Healthwatch in Hammersmith and Fulham
 - The potential for joint working.

5. CONSULTATION

n/a

6. EQUALITY IMPLICATIONS

- 6.1 There are no direct equalities implications arising from this report. Healthwatch Central West London is committed to representing the views of the whole community and promotes the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and care services.

7. LEGAL IMPLICATIONS

n/a

8. FINANCIAL AND RESOURCES IMPLICATIONS

- 8.1. The budget for Healthwatch Hammersmith and Fulham is £143,503. The total Healthwatch Central West London core budget is £504,226.

9. RISK MANAGEMENT

n/a

10. PROCUREMENT AND IT STRATEGY IMPLICATIONS

Further to an open joint commissioning process, Hestia was awarded the contract for the three ‘lots’ in March 2013.

Each of the three Councils determined the resource allocation for Healthwatch in their locality so that their statutory obligations are met in line with guidelines from the Department of Health and requirements of secondary legislation. Contract and performance management is led by the Royal Borough of Kensington and Chelsea with appropriate officer representation and support from the London Borough of Hammersmith and Fulham and City of Westminster.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

| No. | Description of Background Papers | Name/Ext of holder of file/copy | Department/ Location |
|-----|----------------------------------|---------------------------------|----------------------|
| 1. | None | | |

LIST OF APPENDICES:

Appendix 1: The role and work of Healthwatch in Hammersmith of Fulham.



Appendix 1: The role and work of Healthwatch in the London Borough of Hammersmith and Fulham

1. Executive summary

1.1 This report updates the Committee on the implementation of Healthwatch in the London Borough of Hammersmith and Fulham (and the Tri-borough).

1.2 Healthwatch Central West London is the independent consumer champion for health and social care services in Hammersmith & Fulham, Kensington and Chelsea and Westminster. We are a charity and a subsidiary of Hestia Housing and Support¹.

1.3 Healthwatch Central West London is membership based and aims to empower and represent the diverse communities in each of our three boroughs. We work to ensure that the person is at the centre of health and social care services and that patients and service users are the first consideration in every decision made by an organisation. We will always maintain an independent position but will work in partnership to achieve positive results.

1.4 The Health and Social Care Act 2012 required local authorities to commission Local Healthwatch organisations from April 2013. The requirements set out in the Act mean Healthwatch Central West London will:

- Obtain the views of the wider community about their needs for and experience of local health and social care services and make those views known to those involved in the commissioning, provision and scrutiny of health and social care services.
- Promote and support the involvement of a diverse range of people in the monitoring, commissioning and provision of local health and social care services through membership of local residents, and service users.
- Enter and view publicly funded health and care services.
- Make reports and recommendations about how those services could or should be improved.
- Provide information to the public about accessing health and social care services and choice in relation to aspects of those services
- Represent the views of the whole community, patients and service users on Health and Well-being Boards
- Make the views and experiences of the broad range of people and communities known to Healthwatch England helping it to carry out its role as national champion
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC).

¹ www.hestia.org

1.5 Healthwatch Central West London, through Hestia Housing and Support, is contracted to deliver on eight key outcomes (to 31/03/2015):

- 1.5.1 Local Healthwatch demonstrating their contribution to improved patient and user experience.
- 1.5.2 Improved communication and engagement with local people who recognise and trust Local Healthwatch as an effective champion for their interests regarding health and social care services.
- 1.5.3 Local Healthwatch is recognised by the community as being an important (but not the only) means of achieving greater patient and public involvement in health and social care service
- 1.5.4 Local Healthwatch is respected and trusted by commissioners and appropriate boards as an independent means of engaging with local people.
- 1.5.5 Local Healthwatch is recognised as an important agent for improving access to services.
- 1.5.6 Local people have an improved understanding of their rights (consumer champion) and responsibilities and Local Healthwatch is credited as being an important source of information and knowledge
- 1.5.7 High public awareness, profile and reputation of Local Healthwatch
- 1.5.8 Independent evaluation at the end of year 1.

1.6 Delivery against each outcome is measured through a service specification with the Tri-borough contracting team. The next section of this report will expand on each outcome in greater detail with practical examples of delivery for illustrative purposes.

1.7 It has recently been agreed to extend the contract for one year to 31/03/2016.

2. Project Delivery

2.1 Local Healthwatch demonstrating their contribution to improved patient and user experience.

In 2013, through the LINK legacy, community engagement and consultation with stakeholders Healthwatch identified eight priority areas for influencing. Although eight priorities are open to people who live and use services across the Tri-borough, the first two listed are being project managed by Healthwatch Hammersmith & Fulham. Further information can be provided on our work in learning disability, hoarding, and autism in the coming months.

2.1.1 Young people

In April 2014, we published a report on the quality of Sex and Relationship Education (SRE) in H&F schools and on access to sexual health services in the

locality. Significant concerns were raised about young people's awareness of contraception, STI and healthy relationship support services:

- Just under a fifth of respondents (18%) had not received or did not know if they had received SRE
- 72% of respondents want external organisations to be involved in the provision of their SRE
- Respondents are seeking the inclusion of healthy relationship in SRE. For example topics identified include domestic abuse, emotional support, sexuality and FGM
- There were significant gaps in knowledge including 44% of respondents reporting a lack of knowledge of where to get free condoms, 63% did not know where to access emergency contraception and 78% did not know where to access support for healthy relationships and domestic abuse.

This report is available in full on our website² and has been presented to the NHS HFCCG, the London Assembly and to the All Party Parliamentary Group on Sexual and Reproductive Health to date.

Further to the findings of this work, we engaged with young people on their wants for health provision in schools leading to the co-production of the school nursing specification for Public Health. More recently, we have been exploring child and adolescent mental health provision and presented our early findings on the need for a joined-up holistic offer to the November meeting of the Children and Education Policy and Accountability Committee.

We plan on bringing all this work together to create user-led solutions at a hackathon in early 2015.

2.1.2 Out of Hospital

In late June, we reported on the causes of urgent care usage in Hammersmith and Fulham to inform the Imperial Outline Business Case and Shaping a healthier future. Our survey of approximately 200 local residents in target communities known to access unplanned care found that:

- Convenience and ease of access to a GP practice is the most important factor in choosing primary care over another service. Barriers identified including access to emergency appointments and appointment systems.
- There were low levels of awareness of alternatives such as the walk-in clinic in Parsons Green. Although the clinic was popular with people with long term conditions for services such as podiatry, diabetes and cholesterol checks.
- Approximately half of the respondents were not aware of the location or purpose of an Urgent Care Centre.
- The primary reason cited for accessing a UCC was the opening times
- A large number of respondents said they would present at A&E if they could not get an appointment with their GP. Only a small number would seek to access A&E as their first port of call.
- There were low levels of awareness of NHS 111.

² <http://healthwatchcwl.co.uk/wp-content/uploads/2013/09/SRE-report-FINAL.pdf>

Since then, we have assessed attitudes to pharmacies in the target groups to inform our final publication.

In October 2014, we submitted our outstanding concerns³ on Shaping a healthier future to NHS Hammersmith and Fulham CCG and to Imperial. Concerns include:

- Patient and public engagement
- Out of Hospital Strategy
- Urgent Care Centres
- Paediatric services
- Impact of A&E closures on other services
- Future of Charing Cross
- Hyper acute stroke unit and elective orthopaedic services
- Travel, transfers and patient choice.

Since then, we have met with Imperial to inform their patient engagement programme on their clinical changes.

2.1.3 Home care

The LINK legacy informed us of local concerns with home care provision. The feedback received from over 200 service users on the terms and conditions of care workers; the dignity and compassion of the services provided; the ‘time and task’ approach and the organisational culture of providers did not align to the relatively low levels of complaints being received by Adult Social Care.

Healthwatch has supported a number of users and representatives to use this evidence to inform the development of the market, the service specification and the tender questions for the new Tri-borough service. In addition, we have formed a project group to repeat the peer led assessments of home care. This work will gather real time feedback on current experience for contract management purposes and also aims to raise awareness of complaints mechanisms - in/formal and local supports.

The next step will be to co-produce a dashboard of patient experience to support choice and control and to host patch-based events to introduce providers to local supports.

2.1.4 Mental health

In March 2014, we assessed the quality of care in the H&F Mental Health Unit (WLMHT) on the Charing Cross site. We made 33 recommendations for improvement including areas such as safety, communication, nutrition and the environment. The full report is available on our website⁴. The report has been

³ <http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/Healthwatch-statement-FINAL.pdf>

⁴ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/09/HF-MH-Unit-WLMHT0314.pdf>

shared with the trust and local commissioners and their action plan for improvement is now available⁵.

We also provided a formal statement summarising our overall concerns with the trust performance for their Quality Account 2013/14.⁶

In Kensington and Chelsea and in Westminster, we are working with Central and North West London NHS Foundation Trust to address their performance as an outlier on care planning.

We are concerned to note both West London and Central London are ranked amongst the most at risk trusts in the country by the Care Quality Commission.

We have also flagged concern about the poor engagement with service users to date on the Mental Health Strategy and on Whole Systems Integrated Care.

2.1.5 Hospital Discharge

Our recent research in Charing Cross, Chelsea and Westminster and St Mary's Hospitals identified the need for significant improvement in:

- Awareness of discharge procedures;
- Discharge planning within 48 hours of admission;
- The mobilisation of patients on wards to prepare for discharge;
- Confirming discharge days/times to support planning;
- Access to medication;
- Patient transport;
- Communication with friends and family;
- Sources of further support and linkages to outpatients and primary care.

We have since worked with key stakeholders in NHS WLCCG to submit an Expression of Interest to Whole Systems Integrated Care to 'integrate care for elderly users' including improving the patient experience of admission to and discharge from hospital.' We are also a named partner on the H&F expression on expanding the virtual ward for older people and people with long term conditions.

Our work to date in this area has also resulted in an invitation to the Director of Healthwatch to participate on the first Healthwatch England Special Inquiry on 'unsafe discharge.' The Inquiry will report in the spring. Our work is also informing the work of the Health and Wellbeing Strategies locally.

2.1.6 Dementia

Local residents and carers told us they were unsure of local service provision for people affected by dementia including how to access these services. To meet this

⁵ <http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/WLMHT-action-plan.pdf>

⁶ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/09/Healthwatch-Central-west-London-response-to-the-West-London-Mental-Health-Trust-quality-accounts-2013-PAPER-6-2.pdf>

need, we produced a tri-borough map of services⁷ with location and eligibility detail to support our local population.

Our dignity champions⁸ are local people who volunteer to carry out peer led assessments of health and care services using our 'enter and view' power. They are currently assessing the quality of dementia care homes in Westminster with the aim of improving the quality of local services and to inform local commissioners and the CQC of findings. In 2013/14, we visited St Vincent's and Farm Lane Care Homes in Hammersmith and Fulham and are now working with the CQC and commissioners of these services to produce measurable improvements.

All of this work will inform our role on the local Dementia Action Alliances, the Health and Wellbeing Strategies and the proposed Tri-borough dementia strategy.

2.1.7 Cancer

We held an event in partnership with NHS Central London Clinical Commissioning Group in late March for local patients on screening and the early diagnosis of cancer. We recently assessed the quality of the cancer experience on the Imperial wards in Charing Cross and in Chelsea and Westminster Hospital⁹. In addition to these trusts, we have submitted a statement on the Royal Marsden NHS Foundation Trust Quality Accounts and the Royal Brompton NHS Foundation Trust Quality Accounts¹⁰.

2.1.8 Personalisation

We have recently informed the specification for the pre-paid card in social services. We are also supporting a service user reference group to ensure the user voice shapes the Tri-borough personalisation agenda and vision.

2.1.9 Quality

This group supports authorised Healthwatch representatives on key committees of external stakeholders such as the CCG Sub-committees, the Safeguarding Board and the Imperial Quality Advisory Group. The group aims to encourage effective information sharing; to ensure issues of concern are escalated and to ensure members feel supported in their roles.

2.2 Improved communication and engagement with local people who recognise and trust Local Healthwatch as an effective champion for their interests regarding health and social care services.

⁷ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/06/Dementia-Map.pdf>

⁸ <http://healthwatchcwl.co.uk/dignity-champions>

⁹ <http://healthwatchcwl.co.uk/about/our-work/reports/>

¹⁰ <http://healthwatchcwl.co.uk/about/our-work/quality/>

- 2.2.1 Every Monday, Healthwatch H&F circulates our popular weekly ‘opportunity of the week’ email to members and stakeholders with information on our work, local community events and local and national policy updates. This can include key messages on patient education such as 7 day GP access.
- 2.2.2 In addition we print 3,500 quarterly newsletters for members without email access and for distribution to public health hotspots. This includes details of our work priorities, calls for evidence and information on our meetings and opportunities for involvement.
- 2.2.3 To support our social media presence, we have developed a new tri-borough website. In the second quarter of 2014/15, our website attracted over 12,200 visits. We also have a Facebook profile and interactive Twitter feed. For example, we recently tweeted about the CQC themed inspection on dementia and attracted 908 views.
- 2.2.4 Further to the aspirations of our specification, we have recruited a freelance consultant to scope the future of Healthwatch via soft market testing with key stakeholders. We are also in ongoing conversations with Healthwatch England about awareness of the brand nationally.

2.3 Local Healthwatch is recognised by the community as being an important (but not the only) means of achieving greater patient and public involvement in health and social care service

- 2.3.1 Further to our launch events in April 2013, Healthwatch has held four public meetings to date. Although we do not have a direct remit in complaint handling, people told us this was a major concern. We subsequently held an event for local residents on ‘how to complain.’ We also produced a user-friendly leaflet summarising how people can complain in the new health and care landscape.
- 2.3.2 In addition, we have developed a successful training programme on Patient and Public Involvement in Commissioning. In partnership with NHS West London and Central London Clinical Commissioning Groups, we have offered free local training in 2013/14 and are now delivering this programme for patient across the Collaborative in 2014/15. This programme is also being rolled out nationally by Macmillan Cancer Support.
- 2.3.3 Building on the learning from the training programme, participants are putting their newly acquired skills in to practice by participating in local procurement exercises. This includes contributing to the re-commissioning of wheelchair, disability day, podiatry and MSK services in recent months.
- 2.3.4 We also work as a network of networks and are delighted to count a large number of voluntary sector organisations amongst our membership. This includes representatives from H&F Mencap, H&F Mind, Action on Disability (previously Hafad), Standing Together, the Carers Network, Bishop Creighton House and Right at Home on our Local Committee.

2.4 Local Healthwatch is respected and trusted by commissioners and appropriate boards as an independent means of engaging with local people.

2.4.1 Healthwatch Central West London prioritises areas for our work programme by considering the value we can add in the time available to commissioning priorities and health and wellbeing strategies. Locally, we contributed to the NHS HFCCG consultation on contracting intentions and have developed ten principles to underpin their work on patient information systems.

2.4.2 Healthwatch is a statutory member of the Health and Wellbeing Board. Ms Trish Pashley represents our views locally and contributes as a full member. In 2013/14, we organised a community consultation workshop on the draft strategy in H&F. We also actively participated on the Homeless Health Task and Finish Group and led on discharge as a priority theme for neighbouring Health and Wellbeing Boards.

2. 4.3 Healthwatch has the power to refer issues to the Scrutiny Committee(s) and the regulations require committees to take account of relevant information provided to them.

2.4.4 Healthwatch has worked with officers to develop a framework for joint working with the Health Scrutiny/Policy Committees and the Health and Wellbeing Boards across the Tri-borough.

2.4.5 We hold regular meetings with and participate on the quality work streams of key stakeholders including quarterly meetings with safeguarding, Imperial, Central London Community Healthcare, the Royal Marsden and West London Mental Health NHS Trust.

2.4.6 Our Board of Trustees with representatives from each borough drives our governance and quality assures our approach of co-production whilst maintaining our independence. This Board is chaired by Ms Christine Vigers, Healthwatch K&C. Ms Vigers was also a member of the Healthwatch England Committee in 2013/14.

2.4.7 At the end of our first year, we took the time to conduct an independent review of our progress with our stakeholders. The findings informed our business planning for 2014-16. The Annual Residents Survey 2013 found 26% of local people were fairly/well informed about Healthwatch H&F.

2.5 Local Healthwatch is recognised as an important agent for improving access to services.

2.5.1 Healthwatch provides a sign-posting service to support local people to find and make informed choices about health and wellbeing services. The queries

received are analysed on a regular basis and when trends emerge, we develop support tools and resources to address the issue. For example, stroke survivors told us they did not know what services were available to them in the community. As a result we developed and publish a map of stroke support services¹¹ across the Tri-borough.

2.5.2 We produce an Annual Report of our achievements for June 30th each year outlining how we have improved access to services.¹²

2.5.3 Healthwatch proactively engages with the wider community to attract new members, collect patient stories and to raise awareness of our role. For example, in quarter 2 in H&F we hosted 5 events, conducted 50 outreach visits and attracted to 130 new members.

2.6. Local people have an improved understanding of their rights (consumer champion) and responsibilities and Local Healthwatch is credited as being an important source of information and knowledge

2.6.1 As mentioned above, Healthwatch now hosts a ‘find a service’ online function and Freephone service. This means we offer listings of local health and wellbeing services, latest patient experience and CQC reports on the local providers.

2.6.2 The service launched in September 2013 and to date has supported 674 individuals with 746 queries.

2.6.3 The majority of negative experiences collected in Hammersmith & Fulham refer to hospital services (A&E, in/outpatient care and discharge processes).

2.6.4 As we do not have a statutory remit in complaint handling, members wishing to formally complain are supported to access the relevant PALS offices. A quarterly report of concerns about Imperial is produced for follow up with the provider.

2.6.5 The NHS Complaints Advocacy Service is contracted out separately in the Tri-borough to VoiceAbility. We have requested quarterly updates on local service provision and hope to have access to robust data by the end of 2014/15. Early data suggests the service has supported 14 cases from Hammersmith and Fulham in quarter 2 2014/15. Voiceability data states Imperial is one of the most complained about hospital providers in London.

¹¹ <http://healthwatchcwl.co.uk/wp-content/uploads/2013/06/Mapping-of-Stroke-16-December-2013.pdf>

¹² <http://healthwatchcwl.co.uk/wp-content/uploads/2014/06/HW-CWL-Report-Publisher-2013-14-Final-web-version2.pdf>

2.6.6 Healthwatch has raised concerns about the accessibility of current complaint processes to Healthwatch England and to NHS England. For example, to complain about a GP practice a patient must complain to either the practice or to NHS England. We are also raising concerns about the wider quality assurance of primary care.

2.6.7 Healthwatch campaigned to raise awareness of the care.data initiative. We found local people had very low levels of awareness of the initiative; there was a lack of clarity about how to opt out and people were not clear on how their data would be accessed going forward. We contacted Healthwatch England to seek an extension on the roll-out of the programme and to request greater clarity on the initiative. The adoption of care.data has now been delayed.

2.7 High public awareness, profile and reputation of Local Healthwatch

2.7.1 Healthwatch Central West London has published a strategic plan for 2014-16. We are currently planning for a transition to independence in 2016-2017.

2.7.2 We currently support members to represent Healthwatch on over 40 external committees. Due to overwhelming demand in 2014/15, we produced a matrix to decide on and to support effective external representation. This matrix will consider if terms of reference are available, if the work aligns to our priorities and if we can add value etc.

2.7.3 Where we cannot appoint an authorised representative, we will support organisations to adhere to minimum standards in effective patient and public engagement and continue to advertise these opportunities to our members.

2.7.4 We receive ongoing feedback on our performance via phone, letter, email, events and the website so as to collate the views and needs of our approx. 5,600 members (approx. 2,000 from H&F).

If you have any queries about this Report or wish to inspect any of the Background Papers please contact: paula.murphy@hestia.org

BACKGROUND PAPERS – n/a

Agenda Item 5

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|  | London Borough of Hammersmith & Fulham HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE 3 December 2014 |
| TITLE OF REPORT Call for evidence – Future arrangements for meals on wheels | |
| Report of the Executive Director for Adult Social Care and Health | |
| Open Report | |
| Classification - For Scrutiny Review & Comment Key Decision: No | |
| Wards Affected: All | |
| Accountable Executive Director: Liz Bruce, Executive Director for Adult Social Care and Health | |
| Report Author: Paul Rackham, Head of Community Commissioning for Adult Social Care | Contact Details: Tel: 020 7361 2408 E-mail: paul.rackham@rbkc.gov.uk |

1. EXECUTIVE SUMMARY

- 1.1. There is a manifesto commitment to greater involvement of local voluntary and community sector organisations to identify and solve problems.
- 1.2. This report provides information on the current arrangements for providing meals on wheels. Whilst many older people are isolated and malnourished, the present meals on wheels service supports a small number of people.
- 1.3. Local organisations that provide lunch clubs, community cafes and services to older people in their own homes are invited to present their views on local priorities and possible solutions to the Committee.

2. RECOMMENDATIONS

- 2.1 The Committee is asked to consider the oral and written evidence from key stakeholders and the information in this report so that it can make a formal recommendation to the Council's cabinet on future arrangements for provision of meals on wheels and associated services to reduce isolation and improve levels of nutrition.

3. INTRODUCTION AND BACKGROUND

- 3.1. Isolation and malnutrition are often linked and both have a significant negative impact on older people in Hammersmith and Fulham.
- 3.2. In Hammersmith and Fulham, 38 per cent of households are one person households, a higher figure than nationally. One in 10 households (8.8%) is a lone pensioner household, lower than London (9.6%) and England. Almost half (43%) of older people live alone, carrying a risk of social isolation.
- 3.3. From nation research into malnutrition we know that people over 80 who are admitted to hospital are five times more likely to be malnourished than those admitted who are under 50.
- 3.4. There are 130 people using the meals on wheels service, with approximately 80 meals delivered each day. Meals on wheels is the traditional approach to providing a meal for someone who is eligible to receive support from Adult Social Care and is not able to prepare a hot meal for themselves. The service involves pre-frozen meals being heated up in a specially adapted van and delivered to the door by a driver. People choose the meals in advance and there are a wide range of cultural and dietary specific meals available.
- 3.5. The service is very reliable and as well as the meal, provides a basic welfare check each day, but it does not deal with the underlying issue that many people are isolated from their communities. The driver is not able to spend significant time with the person, to check how they are or to see whether they eat their meal.
- 3.6. Whilst a small number of people receive meals on wheels, many others benefit from a wide range of lunch clubs and community run cafes, but these are mostly used by people who can travel independently or who can use community transport. Some of these receive funding from the Council through grant funding.
- 3.7. There are also many community and voluntary sector organisations that recruit volunteers and provide services to people in their own homes, but these do not usually involve providing a meal.

- 3.8. In some areas community based schemes that can complement meals on wheels are being developed to reach a wider audience. For example projects such as Casserole Club and We:Care Community Kitchen. These match people who need a meal with local people who are prepared to cook and deliver a meal.
- 3.9. The Council is preparing for the implementation of the Care Act in April 2015. This requires a more proactive approach to identifying people who would benefit from preventative services as well as more consideration of the wider range of support that someone might need.
- 3.10. One way to make the most use of existing community assets and to understand local need, is to carry out ward-based assessments. These involve working with networks of local organisations to gain an in depth understanding of the need in that area, to identify what resources are present and to agree where there are gaps. One such project is underway in College Park and Old Oak Common.

4. BUDGET

- 4.1 The current annual budget for this service is approximately £75,000. The total cost of a standard meal is £6.95 and people are charged £4.50. The cost to the Council for each meal is therefore £2.45.

5. CONCLUSION

- 5.1 Although the meals on wheels service is effective for some people, it is unlikely to be the preferred solution for the greater number of people who would benefit from regular company and a nutritious meal. Local voluntary and community sector organisations are key to finding a sustainable solution to the problems of isolation and malnutrition amongst older people and they have been invited to give evidence to the Committee.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS
REPORT

| No. | Description of Background Papers | Name/Ext of holder of file/copy | Department/ Location |
|------------|---|--|-----------------------------|
| 1. | None | | |

| | |
|---|--|
|  | <p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p align="center">3 December 2014</p> |
| <p>TITLE OF REPORT Adult Social Care Customer Feedback Annual Report 2013/14</p> | |
| <p>Report of the Executive Director for Adult Social Care & Health</p> | |
| <p>Open Report</p> | |
| <p>Classification - For Information</p> <p>Key Decision: No</p> | |
| <p>Wards Affected: All</p> | |
| <p>Accountable Executive Director: Liz Bruce</p> | |
| <p>Report Author: Nadia Husain</p> | <p>Contact Details: Tel: 020 73612552 E-mail: nadia.husain@rbkc.gov.uk</p> |

1. EXECUTIVE SUMMARY

- 1.1. This report provides a summary of the volume, type and outcome for all statutory complaints and feedback received by the Adult Social Care Services in 2013/14.
- 1.2. It also examines learning and developments from complaints as well as priorities for the next financial year.

2. RECOMMENDATIONS

- 2.1. *The only recommendation is to consider and accept the developments priorities chapter in the report.*

3. INTRODUCTION AND BACKGROUND

As part of the April 2009 Statutory complaints guidelines, it is a requirement to publish an annual report on complaints activity for a given year. The Annual Report should be arranged by the Complaints Manager and should provide a mechanism by which stakeholders can be kept informed about the Adult Social Care Department's operation of the complaints procedure and show how they use feedback from complaints to learn and improve.

4. PROPOSAL AND ISSUES

4.1. *Not applicable*

5. OPTIONS AND ANALYSIS OF OPTIONS

5.1. *Not applicable.*

6. CONSULTATION

6.1. *Not applicable.*

7. EQUALITY IMPLICATIONS

7.1. *Not applicable.*

8. LEGAL IMPLICATIONS

8.1. *Not applicable.*

9. FINANCIAL AND RESOURCES IMPLICATIONS

9.1. *Not applicable.*

10. RISK MANAGEMENT

10.1. *Not applicable.*

11. PROCUREMENT AND IT STRATEGY IMPLICATIONS

11.1. *Not applicable.*

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

| No. | Description of Background Papers | Name/Ext of holder of file/copy | Department/ Location |
|------------|---|--|-----------------------------|
| 1. | None | | |



London Borough of Hammersmith & Fulham

Adult Social Care Annual Customer Feedback Report

1 April 2013 - 31 March 2014

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Introduction

This report provides information about statutory complaints made between 1 April 2013 and 31 March 2014 under the Local Authority Social Services and NHS Complaints regulations, 2009.

The report highlights how various services within Adult Social Care (ASC) Services have performed in line with key principles outlined in the complaints regulations. Learning and service improvements that have been made as a result of responding to complaints are also discussed, as are plans for further service developments.

The Customer Feedback Team (CF Team) is responsible for recording, managing and analysing all statutory complaints and feedback in ASC as well as comments and compliments for the London Borough of Hammersmith and Fulham.

The Customer Feedback Team

All statutory complaints, compliments and any feedback are managed within the CF Team. The team works closely with the executive support staff and the Corporate Complaints Teams for the Local Authority in order to ensure that any crossover complaints and all LGO investigations are handled appropriately. The CF Team mostly works with the operational teams to ensure, where possible, responses provided to complaints are delivered on time, are factual and answer the complainants concerns or provide an explanation around service delivery. The CF Team consists of 3 full time members of staff.

The Complaints Process

The Department of Health defines a complaint as, "an expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a Local Authority's adult social care provision which requires a response". The Local Authority uses this definition.

Anyone can make a complaint where they receive a service from Adult Services or where they are affected, or likely to be affected, by the Department's actions. This includes a service provided by an external provider acting on behalf of the Local Authority. In such a case service users can either complain directly to the provider or to the CF Team.

Staff are encouraged to attempt to resolve problems at the first point of contact in line with good practice highlighted by the Local Government Ombudsman, but are equally advised to direct service users towards the CF Team to access the procedure where an instant resolution is not possible or appropriate, or where the service user remains dissatisfied.

In accordance with procedures for handling complaints that came into effect on 1st April 2009, once a complaint is logged by the CF Team, they will acknowledge the complaint in writing within 3 working days. A plan of how the complaint will be dealt with will be agreed with the complainant including the time-scales for providing a response. The CF Team conducts a risk assessment for each complaint to determine how it should be handled. Complaints are graded into four categories: low risk, moderate risk, high risk and extreme risk. Complaints that fall between low and moderate risk are dealt with by the service manager concerned and the resolution method is usually through meeting with the complainant and a paper review or an internal investigation followed by a written response. Those that are deemed to be high or extreme risk are usually investigated by independent investigating officers who submit their findings to the local authority followed by a letter together with the report to the complainant from the Adjudicating Officer, usually a Director.

Other such complaints may also need to be passed on to the Safeguarding Leads as appropriate and the complaints process may be suspended, if necessary, in order to allow the safeguarding process to be completed.

The Local Authority will always seek to resolve the complaint as soon as possible, and in the absence of a prescribed timescale it uses an internal timescale of 10 working days, in consultation with the complainant. However, if delays are expected the complainant is consulted and informed respectively. All responses, whether or not the timescale has been agreed with the complainant, must be made within 6 months of receiving the complaint. However, in exceptional circumstances, an investigation may take longer and this will be discussed with the complainant.

In cases of cross-organisational complaints, one organisation will act as the lead and a co-ordinated response will be provided so that the complainant receives one consolidated response to their complaints.

The Local Authority has one opportunity to provide a formal response to the complainant and this response must set out their right to approach the Local Government Ombudsman should they remain dissatisfied.

Summary of activity and demand

The total number of people that received a service from the London Borough of Hammersmith and Fulham during the year was 4,203. The table below highlights key ASC activity;

Table 1 – Breakdown in ASC activity

| Category | Numbers in 2013/14 |
|-----------------|--------------------|
| New referrals | 3,389 |
| New assessments | 1,135 |
| Reviews | 1,729 |
| Service users | 4,275 |

When looking at the total numbers of residents receiving support from the department, approximately 2% of these customers or someone acting on their behalf raised a complaint about a service that they received.

Compliments

Customers and their representatives are encouraged to tell the Local Authority if they are happy with their care or would like to highlight a good service. People can complete the compliments, comments and complaints form as well as contact the relevant social care team or the CF Team to express their praise. This number is consistent with that of last year, however the CF Team will continue to remind staff and managers to make sure that all compliments are passed to the CF Team so that good practice can be recorded and reported across the department.

Table 2 – Compliments over last three periods

| Year | No of compliments |
|---------|-------------------|
| 2010/11 | 20 |
| 2011/12 | 22 |
| 2012/13 | 18 |
| 2013/14 | 18 |

Some examples of the compliments received this year are;

“Very good and kind Social Worker. Looked after me very well, I would be lost without him..Thank you!”.

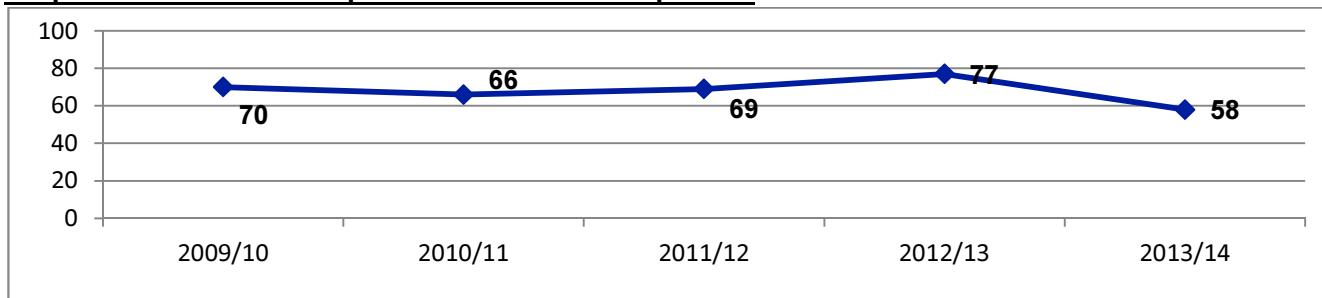
“I appreciate the pleasant and helpful staff that attended to my mother-in-law. Thank you so much! You made her feel so much better and helped immediately”.

“I have been looked after by your re-ablement team recently and want to say a great thank you to all for being so wonderful. The staff were so helpful, kind and caring and they will be greatly missed. I highly recommend them for their service to other people in need”.

Detailed complaints activity for 2013/14

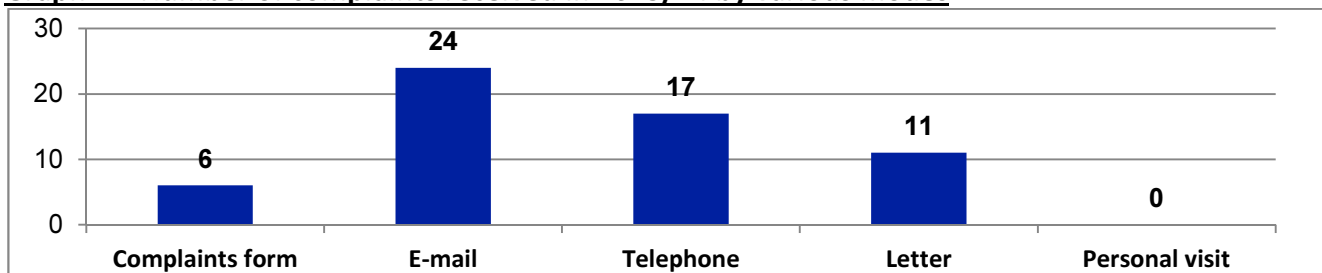
While we appreciate positive feedback and comments we also understand that sometimes customers are unhappy with the support they have been provided and we encourage any customer or family member who has concerns to contact us. The CF Team recorded 58 formal complaints in 2013/14. This number shows a 25% decrease on the previous year.

Graph 1 – Number of complaints received over 5 periods



It is difficult to account for the reduction in complaints; however the CF Team has actively worked with providers, community organisations and care management teams to encourage customers to talk to us about any aspect of their care and support, and will continue to promote the service we provide.

Graph 2 – Number of complaints received in 2013/14 by various modes

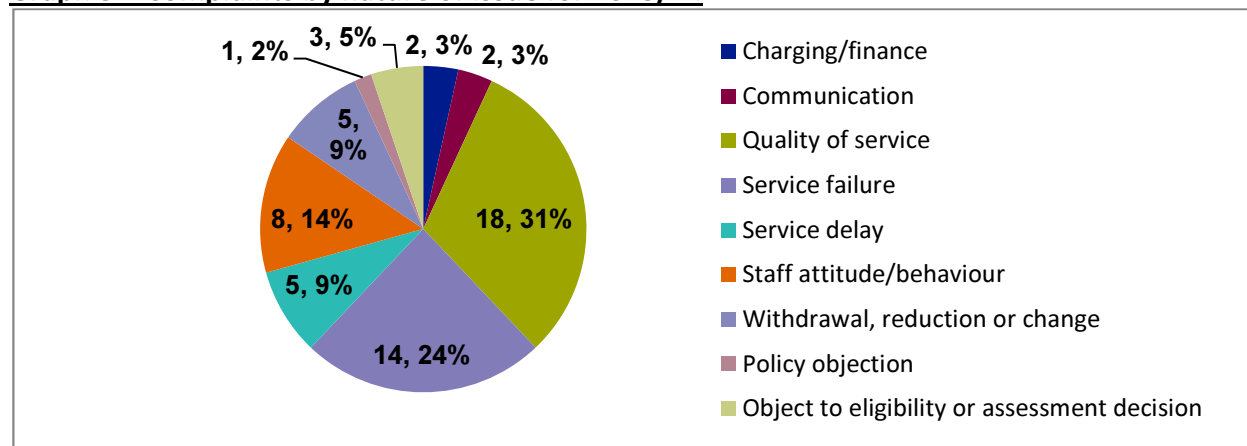


The largest percentage of complaints has been received from people who wrote to the team by email. Of these, people that raise more complex issues are contacted by phone by a CF Officer for further clarification and/or offered a personal visit to discuss their concerns in detail. 10% of the complaints were received by way of complaints forms, this number is increasing, especially since the new complaints forms have been in circulation. They are very useful leaflets which contain important information about the process and contact details. Telephone complaints are on a rise, as the team continue to advertise the freephone number to improve access to the service.

Nature of issue

Graph 3 shows a breakdown of the complaint received by nature of issue. If you would like to see a detailed breakdown by team of this information, please see Appendix 1. As will be seen the majority of the complaints have been about the quality of the service followed by service failure. Improvement in these areas is discussed in the learning from complaints chapter on page 10.

Graph 3 – Complaints by nature of issue for 2013/14



Complaints activity by team

The table below shows a detailed look in the complaints activity by all the teams within the ASC. 26% of complaints received were against external homecare providers. While this is high it is important to remember that 44% of total number of service users receive a homecare service and out of those 1% raised a complaint with the Local Authority. LBHF and the agencies work in partnership to handle these complaints and ensure that corrective action is taken to ensure complete resolution of the complaint, improvement in service and prevention of recurrence of the issue.

Table 3 – Complaints activity by team for 2013/14

| Teams | Complaints received | Outcome | | | | Ongoing |
|-------------------------------------|---------------------|-----------|------------|------------------|----------|----------|
| | | Upheld | Not upheld | Partially upheld | w/drawn | |
| Community social work service | 9 | 0 | 5 | 3 | 1 | - |
| Community & hospital assessment svc | 9 | 3 | 2 | 4 | - | - |
| Client Affairs | - | - | - | - | - | - |
| Learning Disabilities Service | 3 | - | 1 | 1 | - | 1 |
| Mental Health Service | - | - | - | - | - | - |
| Re-ablement Service | 3 | - | - | 3 | - | - |
| Occupational Therapy | 6 | - | 4 | 2 | - | - |
| Homecare | 15 | 3 | 4 | 8 | 0 | 0 |
| Provider services | 3 | 1 | 2 | - | - | - |
| Finance | 1 | 1 | - | - | - | - |
| Commissioning (CN and transport) | 9 | 2 | 7 | - | - | - |
| TOTAL | 58 | 10 | 25 | 21 | 1 | 1 |

The other teams with high number of complaints are the two main Assessment and Social Work Teams. Both teams received 16% of the complaints equally. These figures are consistent with last years. These two teams see the most number of service users, therefore this should be considered when looking at the percentage distribution. Commissioning has seen a rise in complaints this year, as 16% complaints have been attributed to this service area. These mainly include complaints about the change of service providers or overall service offer.

Outcomes

There are three main categories for classifying the outcome of a complaint;

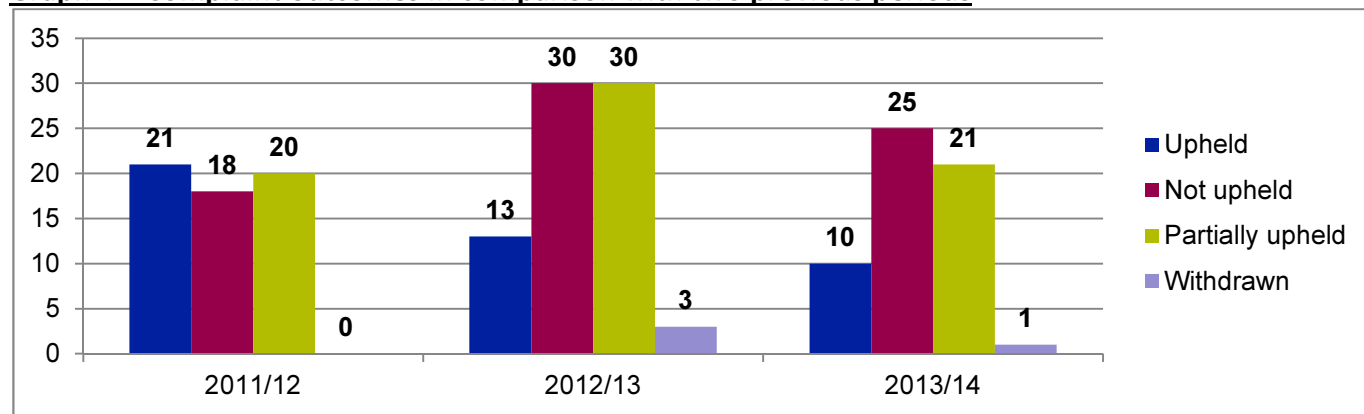
“Upheld” – This is where the Local Authority have accepted responsibility for the matter arising. We would follow this up with a detailed letter of apology and clarification with reasons and remedies for the matter. It would also include actions to ensure such a complaint does not recur.

“Partially Upheld” – The LA accepts some responsibility for part of the complaint. A response outlining the part that is upheld is sent, stating reasons and proposed corrective measures.

“Not Upheld” – This normally means that the complaint was investigated but no fault was found. We would explain carefully and thoroughly our reasons for our conclusion.

Graph 4 shows the outcome of all complaints that were made to ASC, and comparisons with previous two years. The number of complaints that are fully upheld has stayed the same as a percentage compared to last year. In 2013/14 only 17% complaints were fully upheld and 36% were partially upheld. Majority of the complaints that were upheld this year were about the quality of service. The teams ensure that whatever the outcome of a complaint may be, they learn from the complaint to ensure that the problem does not recur with other service users.

Graph 4 – Complaint outcomes in comparison with two previous periods



If complainants remain dissatisfied with our response, they are advised to contact the CF Team, to seek clarification and discuss their dissatisfaction, to see if further clarification can resolve the matter. However, if they continue to remain dissatisfied with the efforts of the Local Authority they are advised of their right to progress their concerns to the Local Government Ombudsman.

Local Government Ombudsman activity

Table 4 shows the number and type of correspondence the London Borough of Hammersmith and Fulham received from the Local Government Ombudsman (LGO) in relation to the Adult Social Care services it provides.

Table 4 – LGO investigations and outcome for 2013/14

| Type | No of complaints | Outcome | | |
|------------------------------------|------------------|------------------------|------------|--------------|
| | | Upheld /Partial upheld | Not upheld | Still active |
| Premature complaints | 0 | n/a | n/a | n/a |
| Complaints investigated by the LGO | 5 | 0 | 4 | 1 |
| TOTAL | 5 | 0 | 4 | 1 |

There haven't been any premature complaints however, the LGO has referred 5 complaints to the Local Authority for investigation.

The 5 complaints that were investigated by the LGO pertained to Commissioned Services, Provider Services, Community and Social Work Team, Community and Hospital Social Work Team and Occupational Therapy Service respectively.

The outcome of one of these complaints is still being awaited, whereas the others have been closed. None of these complaints were upheld. One investigation recommended some changes to service delivery and recommended a 'time and trouble' compensation payment for £250. These have been delivered.

The number of complaints investigated by the LGO in 2013/14 has increased by 3 complaints compared to last year. The trend pattern is difficult to evaluate as the number of cases are very low and the LGO exercises its discretion, as to whether or not a complaint they receive will be subject to a full investigation. All complainants are referred to the LGO at the end of the Local Authority's complaints process so they are aware of their option to escalate the complaint if unhappy with the outcome.

Independent Investigations

One case has been escalated to an independent investigation. This case pertains to the Learning Disability Service and a residential provider. This investigation is being carried out by an Independent Investigator and is still ongoing, with adjudication expected by early July.

Members Enquiries

All member enquiries are managed and recorded by respective support staff. In 2013/14 the number of member enquiries for the London Borough of Hammersmith and Fulham was 52. The CF Team continuously liaise with the Executive Support staff to ensure that if a Member enquiry raises concerns about an ongoing or new complaint the correct process can be applied and all parties are informed.

Corporate Complaints

The Borough recorded one case in Adult Social Care issues under the corporate complaints procedures. This is one of the cases that was then referred to the Local Government Ombudsman and is currently under investigation.

Financial Recompense

A compensation payment of £350 was made to a service user in recognition for their time and trouble as a result of delay in service provision by the Local Authority.

Complaints activity by demographics

This is a new section to the report as the CF Team is now capturing data on demographics. As such there is no comparison available this year, but in future this will help us make sure that all sectors of the community have access to the complaints process and that under represented communities can be targeted. The table below shows the number of complaints received by LBHF against different demographic categories.

Table 5 – Complaints by age, gender, ethnicity and disability

| Categories | LBHF |
|---|------------------|
| AGE | |
| 18-50 | 15 (26%) |
| 51-65 | 10 (17%) |
| Over 65 | 33 (57%) |
| TOTAL | 58 (100%) |
| GENDER | |
| Male | 18 (31%) |
| Female | 40 (69%) |
| TOTAL | 58 (100%) |
| ETHNICITY | |
| White – British | 34 (57%) |
| White – Irish | 1 (2%) |
| White - Other | 4 (7%) |
| Black or Black British – Caribbean | 11 (19%) |
| Black or Black British – African | 1 (2%) |
| Black or Black British – Other | 1 (2%) |
| Asian or Asian British – Indian | 4 (7%) |
| Asian or Asian British – Pakistani | 1 (2%) |
| Other | 1 (2%) |
| TOTAL | 58 (100%) |
| DISABILITY | |
| Physical disability, frailty & sensory impairment | 38 (66%) |
| Learning Disability | 6 (10%) |
| Mental health | 1 (2%) |
| Other vulnerability | 7 (12%) |
| Substance use | 0 |
| Not recorded | 6 (10%) |
| TOTAL | 58 (100%) |

In LBHF, the age of majority of the service users, 67% is 65 or over. The number of complaints made by or on behalf of services users from this age group is recorded at 57%, which is in line with the customer population. Further analysis shows that only 1% of total service users over the age of 65 (or someone on their behalf) have complained to the LA about a social care service they receive.

The majority of the service users in this Borough are female (60%) and again this is consistent with the percentage of complaints recorded for female service users at 69%.

The majority of the service users in the Local Authority describe their ethnicity as White British. The percentage of this group is 49% and the complaints received are consistent with this as 57% of total complaints received are from people who describe themselves as White British.

77% of service users in the Borough are recorded to have a physical disability, frailty and/or sensory impairment. In comparison to this 66% of the 58 customers that have had a complaint logged about their care fall under the same category. Statistics also show that only 1% of service users with a physical disability have made a complaint. This could suggest that more support is required for clients in this group to access the complaints process.

Our statistics show that 8% of our service users have a learning disability. In terms of complaints only 10% of the 81 complaints fall under this category.

We hope to draw more conclusive trends and analysis over time so that we can improve our understanding of the needs of our customers and promote our service appropriately. We also want to work with voluntary organisations and community groups to ensure all service users understand and have access to the CF Team.

General Feedback

The Correspondence Policy was issued to all staff in November 2012, and since then the role of the CF Team extends to recording compliments, general enquiries, correspondence sent to the Leadership Team with regards to care and services offered by the Local Authority. The Team has handled 21 general enquiries in 2013/14.

Learning from complaints

Complaints are an effective and essential tool for any business to identify and then learn from problems that are presented by users. They help an organisation improve the way they work and deliver services.

This chapter will demonstrate learning and service improvement, including changes to services that have been implemented. 'Learning from complaints' is an increasingly important part of the ethos within adult social care and managers responding to complaints/representations are encouraged to identify any shortcomings within the service and to inform the service user of any actions which will be taken to prevent a recurrence of the event which led to the complaint. The role of the CF Team is to ensure that Service Managers transform learning from complaints into service improvements. Below are some examples of lessons that have been learnt and some service improvements that have been made as a result.

- Following a data breach allegation, changes were made to how MAPPA meetings are communicated. Refresher training is available on Data Protection and a risk assessment tool for when to share information developed.
- Another complaint has led to the strengthening of communication and liaison between the Community and Hospital Assessment service and the Re-ablement services. Regular liaison meetings are on-going.

- Another recommended action is to develop new LBHF recording policy that includes clear recording of case decisions on the ASC computer system and is fully implemented.
- After a complaint about a subject access request, guidance was re-issued to all staff to assist them with such requests. In particular to ensure that a complete set of records is provided.
- The Re-ablement service has also increased focus on communication and good customer care with service users.
- A complaint about a day centre has led to a recommendation to urgently undertake a review of the CCTV right of access and management policy and procedures to ensure that all officers are aware of a service user's rights under the Data Protection Act. This review must include a revision of the CCTV data retention and disposal policy.
- Training has been arranged for staff by the contractor to equip staff with the ability to extract relevant data and retain it for as long as an investigation requires.
- The Day Centre team has been advised that all complaints need to be first registered with the CF Team to ensure appropriate advice on handling of the case under the most suitable process.
- A complaint about the quality of care at a residential home has seen rigorous monitoring by the contracts Monitoring Team and the home. Some of the positive actions are;
 1. Appointed a full time dedicated activities coordinator to offer stimulating activities.
 2. Ensures suitable input from family members on ordering meals and variety of menu. The home has improved support with initiating meals.
 3. Weekly meetings between the home and the complainant to discuss any concerns, restore trust and ensure good communication.
- An independent investigation into an LBHF complaint about a service user's placement by the LA assessment service and their time at the residential home concluded during the first quarter, where most complaints were upheld. It has identified some very clear recommendations for the service. The service is committed to these and improvements in communication and information sharing between team the LD care and assessment team and provider services, record keeping practice within both service areas, communication with key stakeholders and assessment and care planning arrangements are all ongoing. Some specific examples of what has already been achieved is as follows;
 - The home has introduced a quarterly monitoring system which records inputs and outcomes relating to safeguarding, health and safety, risk assessment and management, dignity and compassion, mental capacity, choice, and staff supervision.
 - All managers have been provided with refresher training on how to conduct effective supervision sessions and managing poor performance of staff under suitable processes.

- The home has implemented a new and more robust referral and assessment gateway. The purpose of this is to improve communication and the sharing of important information between teams and any former providers to inform decision making regarding the suitability of any placement.
- The CF Team has reviewed handling of complex complaints where independent investigations should be considered earlier on. And this will form part of the revised Correspondence Standards.

In addition to the learning identified by specific teams, the CF Team also has some examples where it will be making changes to improve the quality of its work, especially when dealing with homecare complaints, as they constitute the majority of those received.

- Continuing to focus on homecare complaints, to make sure all homecare concerns are captured appropriately. A homecare poster has been devised and circulated to teams, to remind staff to send in all complaints to the CF team so that they can be handled under the correct process.
- The CF Team has been meeting with Service Managers and their Team Leaders in LBHF regularly to focus on learning actions following complex and high profile cases to see what lessons have been learnt, irrespective of the outcome of the complaint.
- The CF Team is also working on improving internal procedures to identify complex/high risk complaints for independent investigations as early as possible to ensure better use of resources. To this end, the team will be surveying other LA's to see what criteria/checklist they follow. The Team has also improved team case discussion practice and will use the risk assessment tool, that is part of the 2009 regulations guidance, more commonly to present recommendations to the Leadership Team where they feel an independent investigation is needed and will be most effective.

Priorities

In 2013/14 the CF Team has continued to be busy handling complaints, compliments and enquiries from services users and/or their representatives. In doing so it has ensured that internal timescales are met and that the quality of the response has consistently improved. This year the team has seen less complaints, however the nature of the concerns being raised have been more complex. The Team have been focussing on ensuring that services make informed changes to deliver improved services for their customers.

The Team will continue to fulfil this role and in addition it has set itself the following priorities for the new financial year;

PROMOTE

- Continue to promote the CF Team across all services as well as Adult Social Care Operational Teams, ensuring that staff are familiar with the procedures and are fully equipped with effective complaints handling skills.
- Helping stakeholders and partners understand the complaints process including what a complaint is, consent issues, timescales and what to expect from a response. Continue

to encourage residents to report positive feedback and record and respond to compliments from service users and/or their representatives.

- Updating the correspondence standards document and launching it as a Feedback guidance document. This document will have detailed guidance for staff on complaints, Members Enquiries, compliments, Local Government Ombudsman investigations and general feedback.
- Developing a separate Complaints leaflet and form for customers with a Learning Disability. The team will be designing a form that will have easy and readable language as well as suitable pictures explaining the complaints process step by step. This will be carried out in consultation with the relevant service areas. It is hoped that this will increase awareness amongst this group and will allow service users to access the complaints process more independently.
- Developing an appeals process as part of the Care Act implementation in line with any government guidance for the year 2016/17. The CF Team will be working with partners in the London Complaints Managers Group and participating in workshops with the Department of Health to develop a workable scheme.
- Working with colleagues on the new arrangements for Advocacy under the Care Act for implementation April 2015. This will widen the role of Advocates to make representations for Service Users.

STAKEHOLDERS

- Strengthening links with corporate sections and other partner agencies. Our aim is to build on existing working relationships with internal and external partners such as health, advocacy agencies and other important partners in the voluntary sector.
- Developing a clear protocol for handling feedback that needs to be handled jointly by a health agency and Adult Social Care.
- The Team will continue to work with and attend events organised by Healthwatch and other community organisations. This gives us a chance to support services users as well as promote our service. It also allows our stakeholders to understand our work so that they can effectively support the service user, in the event of a complaint.
- The Team is working with health partners on the Better Care Fund agenda in particular the patient and user experience and self management workstreams.
- Working with colleagues in Children and Families to understand the upcoming changes with the Children and Families Act 2014. The CF Team will be particularly involved with the Education and Health Care Plan (EHC) and the mediation process that is now a compulsory part of the review process.

QUALITY

- Continuing to ensure that all statutory complaints and feedback from service users is recorded and handled effectively and a good standard of quality is maintained.
- Ensure good quality data continues to be presented to the Management Team, Cabinet Members and staff in the form of internal Quarterly reports to show emerging trends and valuable learning from complaints throughout the year.
- Consider speedy action plans for high profile or particularly complicated complaints to ensure that an independent investigation route is chosen as soon as possible if that is the best possible way forward.
- Widening and increasing the range and expertise of our pool of external investigating officers, to create greater efficiencies and satisfaction for both complainants and members of staff involved in investigations.
- Send out customer satisfaction surveys at the end of the complaints process, to check people's experience and ensure the CF Team can make improvements based on the feedback.

DEMOGRAPHIC CAPTURE

- This year the annual report presents data on complaints by age, gender, ethnicity and disability. Although there is not a lot to comment on for this first year, the data gives us some insight into the type of people that access our service and hopefully in the coming months we can build on this data and try to focus on any hard to reach groups and ways to encourage them to engage with the LA about services they receive.

FOCUS ON HOMECARE

- Continue to work with homecare agencies, The Contracts Team and The Safeguarding Team to monitor issues arising from complaints and ensuring that practice changes are made where appropriate. Also work with these partners to develop suitable internal processes for handling complaints with respect to expected changes to the homecare service in 2015/16.
- Continue to provide the Homecare Board with essential information on complaints activity on a monthly basis so that any trends can be analysed and any problems in service delivery can be picked up and investigated with the agency. This is to ensure that services are being delivered effectively and in line with the provisions set out in the contract and the standards set by the Care Quality Commission.
- In order to focus on the recent dip in homecare complaints which seems to be contrary to comments made by customers in this year's ASC survey, the CF Team are planning an event in the summer of 2014 to talk to residents and service users about their homecare. This event will be jointly led by the CF team and the Contracts Team and the main idea is to find out how people feel about their homecare and what barriers they feel stop them from putting their concerns forward.

- Developing, publishing and publicising a set of local Homecare Service Standards with the help of commissioning and other prominent stakeholders.

LEARNING

- Continue to push forward a learning culture throughout the organisation. We will continue to do this by ensuring learning is followed up by simple action plans with the Service Managers at the time the complaint is closed and this information is appropriately recorded.

Appendix 1 – Breakdown of complaints issues by team

| Teams | Complaints categories | Charging/finance | Communication | Quality of service | Service failure | Service delay | Staff attitude/behaviour | Withdrawal, reduction or change in service | Policy objection | Object to eligibility or assessment decision | TOTAL |
|---|-----------------------|------------------|---------------|--------------------|-----------------|---------------|--------------------------|--|------------------|--|-----------|
| Community social work service | | 1 | 1 | 2 | - | 2 | 1 | - | - | 2 | 9 |
| Community and hospital assessment service | | - | 1 | 2 | 3 | 1 | 1 | - | 1 | - | 9 |
| Client Affairs | | - | - | - | - | - | - | - | - | - | - |
| Learning Disabilities Service | | - | - | - | 3 | - | - | - | - | - | 3 |
| Mental Health Service | | - | - | - | - | - | - | - | - | - | - |
| Re-ablement Service | | - | - | 2 | 1 | - | - | - | - | - | 3 |
| Occupational Therapy | | - | - | - | - | 2 | 2 | 1 | - | 1 | 6 |
| Homecare | | - | - | 8 | 6 | - | - | 1 | - | - | 15 |
| Provider Services | | - | - | 2 | - | - | 1 | - | - | - | 3 |
| Finance | | - | - | 1 | - | - | - | - | - | - | 1 |
| Commissioning | | 1 | - | 1 | 1 | - | 3 | 3 | - | - | 9 |
| TOTAL | | 2 | 2 | 18 | 14 | 5 | 8 | 5 | 1 | 3 | 58 |