



HILLINGDON  
LONDON



# Social Care, Housing and Public Health Policy Overview Committee

## Councillors on the Committee

Jane Palmer (Chairman)  
Duncan Flynn (Vice-Chairman)  
Judith Cooper  
Alan Deville  
Ian Edwards  
Tony Eginton  
Janet Gardner  
Becky Haggar  
Paula Rodrigues

**Date:** WEDNESDAY 17 OCTOBER  
2018

**Time:** 7.00 PM

**Venue:** COMMITTEE ROOM 4 -  
CIVIC CENTRE, HIGH  
STREET, UXBRIDGE

**Meeting  
Details:** Members of the Public and  
Press are welcome to attend  
this meeting

**Published:** Tuesday 9 October 2018

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***Putting our residents first***

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## Terms of Reference

The Following Terms of Reference are common to all Policy Overview Committees (referred to as “The overview role”):

1. To conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. To monitor the performance of the Council services within their remit (including the management of finances and risk);
3. To comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. To consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. To review or scrutinise decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. To make reports and recommendations to the Council, the Leader, the Cabinet, a Policy Overview Committee or any other Council Committee arising from the exercise of the preceding terms of reference.
7. In accordance with the Local Government and Public Involvement in Health Act 2007, to consider ‘Councillor Calls For Action’ (CCfA) submissions.

To perform the overview role outlined above in relation to the following matters:

1. Social care services for children, young persons and children with special needs
2. Oversee the Council’s Corporate Parenting responsibilities
3. Adoption and Fostering
4. Family Services
5. Adult Social Care
6. Older People’s Services
7. Care and support for people with physical disabilities, mental health problems and learning difficulties
8. Asylum Seekers
9. Local Authority Public Health services
10. Encouraging a fit and healthy lifestyle
11. Health Control Unit, Heathrow
12. Encouraging home ownership
13. Social and supported housing provision for local residents
14. Homelessness and housing needs
15. Home energy conservation
16. National Welfare and Benefits changes

# Agenda

- 1** Apologies for Absence and to report the presence of any substitute Members
- 2** Declarations of Interest in matters coming before this meeting
- 3** To receive the minutes of the previous meeting 1 - 6
- 4** To confirm that the items of business marked as Part I will be considered in Public and that the items marked as Part II will be considered in Private
- 5** Major Review Witness Session 2 7 - 8
- 6** Quality and Capacity of the Community Mental Health Services in Hillingdon TO FOLLOW
- 7** Child and Adolescent Mental Health Services Update 9 - 36
- 8** Telecare Line Update 37 - 40
- 9** The Annual Complaints And Service Update Report 41 – 74
- 10** Forward Plan 75 – 78
- 11** Work Programme 79 - 82

## Minutes

### SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE

26 September 2018



HILLINGDON  
LONDON

Meeting held at Committee Room 4  
Civic Centre, High Street, Uxbridge

	<p><b>Committee Members Present:</b> Councillors Jane Palmer (Chairman), Duncan Flynn (Vice-Chairman), Judith Cooper, Alan Deville, Ian Edwards, Tony Eginton, Janet Gardner, Becky Haggar and Paula Rodrigues</p> <p><b>LBH Officers Present:</b> Mark Billings – Housing Manager, Rod Smith – Service Manager - Tenancy Services, Debby Weller – Policy and Strategy Manager (Housing), Tony Zaman - Corporate Director - Adults, Children and Young People and Anisha Teji – Democratic Services Officer</p> <p><b>Witnesses:</b> Inderpal Mudhar – Partnership Manager from the Department of Work and Pensions Steven Ashley – Independent Chair of the Local Safeguarding Children Board</p>
23.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>There were no apologies for absence.</p>
24.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Councillor Backy Haggar declared a non-pecuniary interest in agenda item 6 as it distantly related to matters involving Central North West London NHS Foundation Trust. She remained for the discussion of all items.</p>
25.	<p><b>TO RECEIVE THE MINUTES OF THE PREVIOUS MEETING</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED:</b> That the minutes from the meeting on 30 July 2018 be confirmed as an accurate record.</p>
26.	<p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED AS PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED AS PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>It was confirmed that there were no Part II items and that all business would therefore be conducted in public.</p>
27.	<p><b>REVIEW - UNIVERSAL CREDIT AND OTHER WELFARE BENEFIT CHANGES</b> (<i>Agenda Item 5</i>)</p> <p>Officers introduced the report and provided an overview. The report provided brief statistical information regarding households likely to be affected by the roll out of</p>

Universal Credit (UC) in the London Borough of Hillingdon and considered how UC works in practice and its likely impact. Key points raised included the fact that the main full service roll out of UC for new claimants in Hillingdon was scheduled for 24 October 2018, universal credit had been introduced in some parts of the Borough. The overall caseload would increase next year through the introduction of managed migration to transfer residents to universal credit.

Inderpal Mudhar, Partnership Manager, from the Department of Work and Pensions (DWP) addressed the Committee and provided an overview of the process. He explained that there were two different claimant groups namely mainstream and vulnerable.

### **Mainstream claimant groups**

Mainstream claimant groups had access to IT, they had access to email, bank accounts and phones for texting services. Once the claimant was set up they would call the service and arrange an appointment with their nearest Job Centre. Workers at the Job Centre would sit and check IDs. Workers discussed options such as what claimants were going to do, how claimants would look for jobs and relevant training needed and, following this, the claimant's account would become active. If the claimant fell under the social housing category, the rent amount asked and the tenancy was verified with the Local Authority. There was also landlord portal which the DWP can access for information.

### **Vulnerable claimant groups**

Mr Mudhar explained that vulnerable claimant groups usually had no access to IT and no knowledge of the digital process. Funds from the DWP had been commissioned to the Local Authority to support claimants. There were training providers that supported vulnerable claimant groups through the process and a training course usually took up to six weeks. If there were any arrears, personal budget services were discussed. Several job fairs were held, claimants had 1:1s, CV enhancement workshops and there were academies that provided work experience and training.

Mr Mudhar informed the Committee that one of the reasons that arrears occurred was due to the claimant already having arrears before UC was rolled out. The DWP wanted to support claimants with arrears and if there was evidence of hardship, advances were offered. The DWP worked closely with food banks. Overall, there were many options available to support claimants if the LA and DWP worked together.

Members thanked officers and Mr Mudhar for his attendance. Members welcomed the close working between the DWP and food banks to support vulnerable claimants.

In response to Member questions, Mr Mudhar confirmed that the DWP had a complex needs plan to manage vulnerable claimant groups. For example where there were alcohol/drug abuse concerns, the DWP worked with specialist organisations to support claimants. Specialist advisors worked with claimants with disabilities and employees were trained so that they could offer the appropriate support and options. When asked how people were categorised as being vulnerable, Mr Mudhar explained that people at the front of the desk had specialist knowledge and had specific training. Other factors that could make claimants feel vulnerable included language barriers. Officers supported this and further explained that the Council was making individual contact with Hillingdon claimants, undertaking assessment, and doing this in advance of the verification process. Further information on this would be provided in session three.

Members questioned whether training could be tailored to meet different community needs. Mr Mudhar confirmed that different training providers were used such as GOSAC working with a majority of Somali communities.

During the discussion, it was noted that the main reason for UC was to encourage people back into work. Members questioned how many people were back in employment since 30 July 2018 and whether there were any trends and patterns in ages with people applying for UC. Officers and Mr Mudhar did not have this information to hand and Members asked whether it could be provided as it would be helpful to the review.

It was also noted that the landlord portal was only available for social housing and large housing associations claimants. It was not available for private housing claimants, although Mr Mudhar explained that claimants usually had to bring documentation to confirm their rent and tenancy type.

The Local Authority and DWP were all working in partnership to try and migrate to the new system. It was noted that there was a YouTube video that explained the process in detail, however the video only had 60k views. Members asked the DWP to consider whether this was the most effective tool being used and whether other avenues could be explored to educate and promote UC. Members questioned what the best way of registration would be if people did not have mobiles and Mr Mudhar explained that there was also the option to use emails and journals.

Members asked for further information on how other councils had managed the transition process. Members commented that facts and figures would be useful.

Although Members heard a great deal of positive information and a simplified explanation of the process, they still had concerns about how this process would be embedded in practice. This was particularly relevant to people who had specific conditions such as issues with overspending money and people not wanting to leave their house for whatever reason. People with alcohol or drug abuse were unlikely to be able to manage personal budgets. Members considered that this would lead on to other issues down the line. Members took the view that there was still the worry for these vulnerable people and the process did not take into account these specific needs. Although the Committee heard that there were visiting officers that visited homes to help these people, there was a general consensus that prevention need to be worked on and vulnerable claimants needed to be targeted. More work needed to be done and evidence of supported needed to be explained.

After Member questions, Mr Mudhar confirmed that there was an appeals process in place which were dealt with by Job Centre Managers with a turnaround of seven days. This was an improvement from the previous process which could take up to eight months.

Members all reached the conclusion that seeing the service in practice and on the front line, meeting with Job Centre workers and home visitors would enhance their understanding of the process. It would be insightful and allow Members to ask further questions and make informed recommendations. It was important for Members to undertake a decent and honest review and wanted to explore aspects of the transitions process.

**RESOLVED:**

**That the Committee:**

- 1. Thanked the witness and officers for their evidence and attendance**
- 2. Noted the evidence presented; and**
- 3. That Democratic Services liaise with officers and Inderpal Mudhar to arrange a site visit to a Job Centre.**

28. **HILLINGDON LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT, SAFEGUARDING ADULT BOARD ANNUAL REPORT** (*Agenda Item 6*)

Steve Ashley, Independent Chair of the Local Safeguarding Children Board (LSCB) and Hillingdon's Adult Safeguarding Board introduced the reports and provided an overview of the key points raised.

**LSCB**

It was highlighted that there would be significant changes to the local safeguarding childrens boards over the next year and new safeguarding structures and arrangements needed to be developed. A new entity would be in place next year and work was already underway. Mr Ashley drew the Committee's attention to the results of the OFSTED inspection which took place in April 2018, in which it was confirmed that Hillingdon was graded good with outstanding features in terms of leadership.

Members commented that this was an excellent report and children were being served well. There were clear improvements. Further information was requested in terms of the attendance of Members at various boards. It was confirmed that despite the structural changes, reports would still be provided to the POC although it was unknown how the report would look and what it would include.

Members questioned what called for the changes in the structural changes. Mr Ashley explained that following the incidents in Rotherham, it became clear throughout the investigations that there was a poor relationship between children and partnership working. Serious issues came to light which called for reviews into the LSCB's function, and the Government found that it was no longer fit to purpose. However, the structural changes provided a good and big opportunity for child safeguarding to be developed at a strategic level involving two major agencies namely the police and health services.

Officers highlighted the importance of improvements and being critical to ensure a high level of performance. Officers also congratulated everyone and acknowledged the work put in by the authority as a whole.

Following Member questions regarding the new police structure, Mr Ashley raised some concerns about the policing situation in the Borough. He explained that there was difficulties in securing attendance at meeting. There was only a limited amount of officers that looked after missing children and resources were spread across three different boroughs which made it difficult.

**SAB**

Mr Ashley explained that this a year a joint LSCB and SAB conference was held in partnership with the CCG to highlight the importance of early recognition of the signs of Sepsis. The SAB had a proactive action plan for the coming year. The priorities included modern slavery, domestic abuse, adult grooming/financial abuse and audit of current training. Progress on the action plan would be reported at each board meeting.



**RESOLVED:**

**That the Committee:**

- 1) **Noted the annual reports; and**
- 2) **Delegated to the Chairman and Labour Lead to agree comments to be included within the two safeguarding reports for when they are presented to the Cabinet.**

29. **ANNUAL COMPLAINT REPORT FOR HOUSING AND SOCIAL CARE SERVICES FOR 1 APRIL 2017 TO 31 MARCH 2018** (*Agenda Item 7*)

This item was deferred prior to the meeting. This item will be heard at the meeting on 17 October 2018.

30. **MATTERS REQUESTED TO BE RAISED BY A MEMBER UNDER COMMITTEE STANDING ORDER NO 18** (*Agenda Item 8*)

Councillor Eginton raised two matters in compliance with Committee Standing Order 18 in the Council's Constitution. He proposed for two matters namely Corporate Parenting and Major Housing Works to be included in the Committee's work programme for 2018/19.

In summary, he explained that with the changes implemented by Council in May 2018, the corporate parenting panel was abolished and as a result there was a reduced level of oversight and accountability for the function. Councillors had a responsibility to look after the 300 children in care and there would not be a corporate parenting item on the work programme until next year where there would be a presentation from children in care. He asked Members to take advantage of the creating a sub group or panel. The second matter had been raised as a result landlords issuing section 20 notices and not providing enough notice to tenants. Councillor Eginton questioned how many Members were aware of the pledges that the Council had provided to children.

The Chairman explained that since the first meeting, she had been working closely with officers to ensure that any panel/sub groups would be established properly. This included having the right people on the groups defining the terms of reference and looking at ways to get the children more involved. Officers and Members were still protecting children.

Members commented that the new structure needed to be embedded and that previous sub group had been unduly onerous on officers. Members commented that this was motion was too early.

The Chairman stated that it was incorrect to say that there was no oversight of children in care, as work was being done to ensure that work was being done properly. The Chairman suggested that children may be involved even more in engaged in the process then before. This was supported by Members who highlighted that evidence before the Committee showed that there had been improvements made during the last six years.

When put to a vote, the majority voted against adding the two proposed items to the work programme at this time, with Councillor Eginton and Councillor Gardner voting in favour.

**RESOLVED: That the Committee considered the two matters raised and decided**

	<b>not to include them in the Committee's work programme at this early stage.</b>
31.	<b>FORWARD PLAN</b> ( <i>Agenda Item 9</i> )  <b>RESOLVED: That the Cabinet Forward Plan be noted.</b>
32.	<b>MULTI YEAR WORK PROGRAMME</b> ( <i>Agenda Item 10</i> )  It was noted that Members were asked to bear in mind the terms of reference of the major review to focus on how the changes could be embedded by the Council and support its residents. The purpose of the review was not to scrutinise policies already agreed by Government.  Members also noted the comments made by Steve Ashley, Independent Chairman for the Hillingdon Local Safeguarding Children Board (HLSCB) AND the Safeguarding Adult Board in relation to the new police structure in the Borough. Members asked for the comments to be fed back to relevant officers.  <b>RESOLVED: That the work programme be noted.</b>
	The meeting, which commenced at 7.00 pm, closed at 8.35 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Anisha Teji on 01895 277655. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

## REVIEW - FIRST WITNESS SESSION

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Anisha Teji, Democratic Services Officer
<b>Papers with report</b>	<b>Universal Credit and other welfare benefit changes</b> Paper for Witness Session One: Information and analysis Setting the scene: Understanding universal credit and the claimant journey
<b>Ward</b>	All

### HEADLINES

As part of the Committee's review into how the Council can support residents through the transition to, and future successful management of, their Universal Credit (UC) claims, the following witness has been invited to present supporting information to the Committee.

Suitable witnesses are still being identified for witness session 2.

### RECOMMENDATIONS

**That the Social Care, Housing and Public Health Policy Overview Committee notes and comments on the information presented as part of the witness session.**

### SUPPORTING INFORMATION

The agreed Terms of Reference for the review are set out below:

#### Terms of Reference

1. To understand the impact that the introduction of the full UC service has had in areas where it has been rolled out. To include the cumulative impact of the introduction of UC and other welfare benefit changes.
2. To understand the impact that UC, alongside other welfare benefit changes, is having and is expected to have on local residents in Hillingdon and on the income and costs of the Council, housing associations and other local organisations.
3. To examine how the Council services, housing associations and voluntary groups are supporting residents to transition to UC and manage their claims.
4. To make practical, prudent recommendations to Cabinet (and other bodies if applicable) from the Committee's findings to support residents transitioning to UC and to manage their claims.

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Classification: Public

Social Care, Housing and Public Health Policy Overview Committee – 17 October 2018

## **Witness session 1**

At the meeting on the 26 September 2018, the Committee heard from Debby Weller, Policy and Strategy Manager (Housing) and had regard to her information report entitled 'Universal Credit and other welfare benefit changes Paper for Witness Session One: Information and analysis Setting the scene: Understanding universal credit and the claimant journey'.

The Committee also heard from Inderpal Mudhar, a representative from the Department of Work and Pensions.

## **Implications on related Council policies**

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

## **How this report benefits Hillingdon residents**

Policy Overview Committees directly engage residents and external partners in the work they do.

## **Financial Implications**

As set out in the appendix.

## **Legal Implications**

As set out in the appendix.

## **BACKGROUND PAPERS**

As set out in the appendix.

## Children and Young People Mental Health and Emotional Wellbeing Update October 2018

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Jane Hainstock, Hillingdon CCG
<b>Papers with report</b>	Hillingdon CYP MHEB LTP implementation plan Appendix 1 CNWL Performance data Appendix 2.
<b>Ward</b>	All

### HEADLINES

This paper provides an update on key achievements in implementing the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYPMH LTP), which is being supported through the development of the Hillingdon Thrive network.

Of particular note this quarter the paper highlights and evidences the progress that has been made locally in engaging local schools and Uxbridge College. The initiatives underway support the direction of travel outlined in the Government's recently published response to the consultation on the Green Paper e.g. Schools Mental Health Champion and mental health support in schools (Child wellbeing practitioners).

Importantly the paper outlines the work planned to progress the transformation of CYP MH and the priorities of this CYP Emotional Wellbeing and Mental Health LTP Refresh: to integrate care more effectively, and to remodel the current pathway to provide earlier intervention more quickly and to improve outcomes for children and Young People in Hillingdon. It also provides assurance that these plans are in line with local strategy and reflect the views of Children and Young People about the proposals.

### RECOMMENDATIONS:

**That the Committee notes the progress made:**

- **On the implementation of the Hillingdon Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (CYP MHLTP) to date in 2018/19.**
- **In developing the local offer available for CYP and families in 'Getting Advice' and 'Getting Help' (building resilience and early intervention and prevention), particularly the establishment of the new Wellbeing and Mental Health project in schools which is developing a model of best practice and a compendium of resources to support all schools in the borough.**
- **The sustained improvement in access for CYP in 'Getting More Help' and 'Getting Risk Support' shown in the performance data from CCG and NHS commissioned**

## services

### SUPPORTING INFORMATION

#### The THRIVE model

The Thrive domains:



**Getting Advice:** a CYP/Family have issues and need advice and support

**Getting Help:** the CYP/Family have a Mental Health issue that is likely to be helped with a goal focused intervention working with a professional

**Getting More Help:** the support required is a multi-agency intervention

**Risk Support:** CYP with a high risk but for various reasons there is not a goal focused intervention that is thought likely to help but the CYP needs to be kept safe.

Hillingdon's Health and Wellbeing Board have formally adopted the Thrive framework, the progress within this report is framed within the four Thrive domains in order to provide an appropriate and consistent structure to the process of updating the transformation of children's mental health and emotional health and wellbeing services and the associated work being progressed to establish the Thrive model in Hillingdon (see above).

Progress has been made against the four domains of the THRIVE model and as agreed in the Local Transformation Plan (Appendix 1). Achievements of note are:

#### Thrive Components - Getting Advice and Getting Help

##### Engagement with Schools

A number of working groups have been established to support the development of Thrive locally and the network is facilitating a coordinated approach to schools training and development:

An Emotional Wellbeing / Mental Health Training group, a task and finish group, led by the CCG

CYPMH Transformation Project lead, is compiling a list of MH and emotional wellbeing/resilience training programmes currently operating in schools aiming to design a compendium for the use of local schools by February 2019. This will provide teachers with advice and support on emotional wellbeing and mental health issues as well as a directory of what is available. The resource will support all schools particularly those in deprived areas that may require additional support. The compendium will be made available online and through the local offer 'Connect to Support'.

The 'Wellbeing and Mental Health in schools project' launched at the end of the summer term with an event co-facilitated by the LBH schools leads, the CCG and two local head teachers. Twenty two local schools attended, each represented by the Head, Chair of Governors and a Mental Health school champion. The Head Teachers and Governors of the schools are fully committed to this year long project and have allocated the role of Mental Health Champion to a senior staff member, in order to drive forward change in practice and policy as well as models of working and teaching across the school. This is a significant development in engagement and commitment to the agenda from local schools, and enables partners to test the 'Mental Health Champion' model and to identify best practice and support for other schools in the Borough going forward.

A pilot of the 'Sandwell Whole School Approach' led by the Educational Psychology department will be running at a secondary School in Hillingdon in September 2018 aiming to test the benefits of this approach and the potential to widen the offer to more schools in due course. This approach has a sound evidence base and has been operational in several Local Authorities across the country

The new CYP practitioners are now recruited and the team has been meeting with the schools identified to support this one year long pilot, seeking to determine an evidence based model of MH support in schools.

The LBH inclusion team has been successful in a bid to the Department of Education for support to run an innovative educational model for working with children with autism spectrum disorder (ASD) and their families (SCERTS). The programme provides specific guidelines for helping a child become a competent and confident social communicator, while preventing problem behaviours that interfere with learning and the development of relationships. It is also designed to help families, educators and therapists work cooperatively as a team, in a carefully coordinated manner, to maximise progress in supporting a child. The implementation plan is currently in development.

### **On Line Counselling Services – Kooth.**

'Kooth' the online counselling, support and advice service for 11 – 19 year olds went live in the Borough on the 9th July 2018, there are monthly performance meetings taking place and the first detailed set of activity and performance data is due soon. The CCG is monitoring the impact of this new service to ensure it meets the aims of targeting groups that do not access traditional service models and offering easier quicker access to low level support. There is a proactive

marketing programme to CYP, schools, college and local services raising awareness of this new service.

### **Single Point of Access**

Discussions about improving the local early intervention and prevention service offer have highlighted the differing views of the purpose of a Single Point of Access e.g. the location, online or building based, choice of a local solution versus a NWL wide SPA or a merger of both. A workshop will be held to develop and design a 'Hillingdon Single Point of Access' (SPA) and scope the model to address these issues aiming to offer a solution that provides early identification of CYP and provide early intervention to CYP needing mental health and/or emotional wellbeing support and is an efficient use of the available resources. The expected benefits are improved waiting times and outcomes for CYP by providing a fast, timely and appropriate service that reduces unnecessary referrals to specialist services.

### **Thrive component: 'Getting Risk Support' and 'Getting More Help' Performance update**

The introduction of specialist community based services continues to support the reduction in 'tier 4' bed based services funded by NHSE and their programme of opening general, specialist LD and forensic beds for CYP across London is enabling Hillingdon CYP to be placed closer to home for shorter periods and to be supported by the new Crisis/Urgent Care teams before being 'handed back' to local specialised CYP (CAMHS) services. More beds are due to come online in Q4 18/19.

The CYP MH (Core CAMHS) service 18 week waiting list target (85% of referrals receive 2 interventions in 18 weeks) has been achieved. The performance also notes a trend in the reduction of cases in Hillingdon on the waiting list in 2018/19 for treatment. Routine recording of the outcome of treatment has improved from 50% in M9, December 2017, to 62% in quarter 2, 2018/19, however this is still under the 80% monthly target. An exception report has been raised and CNWL has an action plan to address this underperformance.

During the remainder of 2018/19 the review of the 'core Camhs' and LD service specifications will be completed with a remodelled and more efficient CYP MH and Wellbeing pathway being implemented collaboratively with partners from April 2019. This remodelled pathway will see integrated responses to low level support and support a further reduction in waiting time for specialist treatment.

### **Increased Access for Services**

The Five Year Forward view (DH 2016), laid out the expectation that in order to respond to the prevalence of Mental Health issues within the CYP population, the percentage of CYP seen within Community Mental Health services needs to increase from 2015/16 levels of 25% to 35% by 2020/21.

Although Hillingdon over performed against the 2016/17 target of 28% the 2017/18 target of 30% was not achieved, reaching 23% of the 4051 prevalence. This was due to a sudden drop in referrals in Q3& 4 to specialist CYP MH (CAMHS), that not all providers of mental health support



were able to report their data to the central system and the fact that an incorrect mental health prevalence figure for Hillingdon (6071), was used by NHSE/Department of Health (DH) to calculate progress towards the access target.

Hillingdon CCG have submitted a proposal to have the prevalence figure corrected (to 4051) and the London Region NHSE Team are discussing this with the DH team.

Assuming the proposal is accepted by NHSE and the DH, it is projected based on Q1 2018/19, activity that Hillingdon will achieve a 28.3% access in 2018/19 via the CNWL services and increase access through the inclusion of LBH activity (LINK etc.) and Kooth activity by a further 4% to achieve the 32% access target for 18/19.

## **Hillingdon Local CAMHS Transformation Plan Refresh October 2018.**

### **Priorities and Implementation Plan 2017/18 towards 2020**

The Health and Wellbeing Board agreed Hillingdon's Overarching Local Transformation Plan in 2015 and has received regular updates on progress since. NHSE require an annual refresh of the plan based on experience with implementation. This work is underway but will not be finalised until mid -October for submission at the end October 2018.

The overarching priorities agreed in the plan so far are:

### **Thrive - embedding the model to deliver a pathway without tiers and support improvements in**

#### **1. Access:**

- Local Single Point of referral/access
- Minimal Waiting Times
- Using technology

#### **2. Workforce Development & Training:**

- Training Early help intervention & support Children Centres, Schools, GP Practices

#### **3. Review newly commissioned services e.g. Community Eating Disorder Service**

#### **4. Vulnerable Groups - expanded focus**

#### **5. Sustainability beyond 2020**

The August Thrive network meeting reviewed the targets in the implementation plan (Appendix1). They noted the areas of progress and achievements to date and endorsed the direction of travel. There was a general comment on the need to continue to focus on access and waiting times to ensure the percentage of CYP accessing services increased and that they had access to early

support.

The network also suggested the areas to focus on in delivering the priorities:

- Early intervention and support needs to be enhanced and reduce the impact on core CYP MH (CAMHS) services.
- ASD pathway needs to be embedded and further support models developed to meet the needs of this vulnerable cohort.
- a single point of Access for CYP MH and EW services.
- Develop local offer to schools in the deprived areas and have a target of an extra 10-15 schools supported by the wellbeing and mental health network by the end of the summer term 2019.
- Co-ordination of 0-5 services need to be enhanced in Hillingdon around attachment

The CYP MH Transformation Project Lead met with Young Healthwatch to seek their views on the progress and priorities going forward. They were in support of the above priorities and emphasised the following:

- More support for emotional wellbeing in schools
- A single point of Access to reduce waiting time
- More use of on-line technology

At its meeting on 25 September, the Health and Wellbeing Board agreed to delegate authority to approve the annual refresh of the plan for submission to NHSE by end October 2018, to the Chairman of the Board in consultation with the Chairman of Hillingdon CCG and Chair of Healthwatch Hillingdon. The refresh will reflect the above priorities and issues raised.

## **Governance**

The new CYP MH Transformation project lead for Hillingdon CCG (John Beckles) joined the CCG in July 2018. The lead had been employed on a full-time basis on a fixed term 2 year contract and is providing additional resource and support to implement our plans working with local partners and stakeholders to deliver the priorities. This additional leadership will support the implementation of the LTP and the changes required to achieve an effective, efficient and economic pathway (VFM) for CYP and their families.

## **Implications on related Council policies**

The LTP supports delivery of the following strategies:

- Hillingdon's Health and Wellbeing Strategy 2018-2021
- Hillingdon's Sustainability and Transformation Plan
- Hillingdon CCG's Commissioning Intentions

## **How this report benefits Hillingdon residents**

The LTP directly supports improving the emotional health and wellbeing of children and young people in Hillingdon. The Thrive model approach is designed to provide more effective help earlier.

## **Financial Implications**

There are no financial implications relating directly from this report. The funding of the LTP has been subject to discussion at Health and Wellbeing Boards and constitutes a funded programme.

## **Legal Implications**

There are no legal implications resulting directly from this report.

## **BACKGROUND PAPERS**

None.

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## Appendix 1 CYP Emotional Well-being / Mental Health Implementation Plan 2018/19

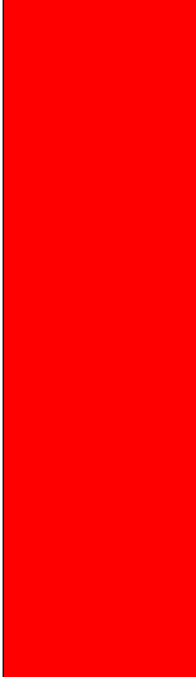
\*CCG clinical commissioning Group \*\* London Borough of Hillingdon. All relevant work streams are and will continue to be co-produced with children, young people and their families / carers. NOTE Consider Trajectories for work streams with time lines.

Priority 1 THRIVE – redesign the system from tiers	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome	RAG
<b>Actions:</b>								
1 THRIVE modelling to identify: <ol style="list-style-type: none"> <li>1. Full scope of current provision across partners based on THRIVE Framework</li> <li>2. Gaps, what needs to change : define the “To –Be”</li> <li>3. Action planning</li> </ol>	CCG* with LBH **	THRIVE Map key stakeholders CAMHS Users Schools early years Specialist services e.g. YOS, LAC Third sector, Voluntary and religious organisations.	Map and confirm across the borough: What is already being provided across the THRIVE framework Gap analysis.	Design and agree actions Map and plan implementation of model  Model estimated numbers across THRIVE re capacity: contract variation or commission to fill gaps where funding is available	Implementation	Implementation  Publication Communicate Model  Addendums to relevant contracts	By the end of 2019:  THRIVE model is in place and working across the system and is recognised as framework in Hillingdon	
2. Integration: what where and how	CCG and LBH			As part of the modelling identify integrated models	As part of implementation above		As part of the THRIVE Model services will be integrated where it makes sense to families C&YP <sup>1</sup>	

<sup>1</sup> C&YP – children & young people

2 Continue to reducing stigma Labelling and messaging – avoid labelling	CCG with LBH	Continue to work across communication teams to build positive emotional health & wellbeing messages across Hillingdon		From the above workshop plan identify current gaps/issues and disseminate messages			Children’s emotional and mental health have parity of esteem with physical health.	
4. “Yearly review workshops” – to critically review and identify service across THRIVE with key stakeholders including children young people and their families/carers/ first date Q1 2019	CCG with LBH	Set dates. Agree stakeholders. Book venues for September 2019	Send out invites. Plan presentation: What’s been progress, what’s planned?	Deliver Review workshops 1	Develop plan to resolve gaps.		Developments and progress will be held to account by key stakeholders and users.	
5 Agree system wide performance score card	CCG and LBH	Scope score card and KPI’s	Agree score card and leads responsible for monitoring and system	Implement new score card			There will be an agreed score card across the system that informs progress and issues	

Priority 2 Access	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome	
<b>Actions:</b>								
3 Stream line referral process, with appropriate sign posting. Supporting C&YP and their families to receive the <i>“right help at the right time”</i>	CCG	Scope and plan SMART referral and sign-posting system		Implement model	Monitor		There will be a SMART referral and sign posting system making referral simple with sign posting for these requiring alternative services.	
4 Scope the model of Single Point of Access/ Referral, capacity, viability and cost	CCG with LBH	Model scoped with options appraised	Map and plan implementation of preferred option	Establish project plan for implementation based on agreement of options. Cost analysis.	Implement	Implementation/ monitoring	By 2019 there will be one route into Specialised CAMHS services	
5 Continue to reduce waiting times for specialist CAMHS. <ul style="list-style-type: none"> <li>All referrals are screened by duty senior clinicians on the same day for urgency</li> <li>Clinically urgent are prioritised and progressed to the complex care element of the service for urgent response.</li> <li>Urgent response times: <ul style="list-style-type: none"> <li>2 hours</li> <li>24-48 hours</li> <li>2-3 weeks</li> <li>Non-urgent 85% to be seen within 18 weeks.</li> </ul> </li> </ul>	CCG and LBH	Maintain referral targets	Maintain referral targets	Maintain referral targets  Determine proposed waiting times across THRIVE and agree data collection fit		Work to continue to reduce the waiting time targets, across THRIVE	Waiting times consistently within targets. Sufficient capacity in work force to meet need across THRIVE	

<p>6 Online Support &amp; Technology CCG Technology Solutions working with LBH Lead Officer will develop a tailored, interactive website covering local CAMHS provision.</p> <p>Ref: LTP 2018 On line support and technology to work jointly to ensure an interactive web site for CAMHS provision and the Introduction of monthly webinars led by specialist clinicians to support primary care and schools and other community based practitioners.</p> <p>Using existing sites: Provider KISS Local Offer</p>	<p>CCG and LBH</p>	<p>Implement quick wins e.g. NHS recommended web sites and apps and other local CCG systems.</p> <p>Identify if funding stream available</p>	<p>With LBH and CCG communication teams develop local site.</p> <p>Link with other local CCG's where appropriate.</p>	<p>Test</p>	<p>Implement</p>	<p>Communication/ launch</p>	<p>By 2019 there will be the foundation of a matrix of electronic provision – across THRIVE</p>	
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Priority 3 Workforce Training	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<p><b>Actions:</b></p> <p>1 Actions identified from needs assessment, prioritised work plan.</p> <p>Ref: The training needs identified in the 2016 JSNA highlighted the following training areas: Schools training teachers in Mental health issues, tackling bullying, better use of school nurses, and mental health and wellbeing to be included in the curriculum. Self-harm, reducing stigma and thresholds for the wider workforce. The CCG ensured the plan and new specialist providers/services have a training and outreach remit and are engaging with schools to identify the most effective way support the training teachers require. 11.01.2017 meeting with Uxbridge College – training needs required for staff working with the 16-18 year olds cohort.</p>	CCG with LBH	<p>Continue training programme across the system: Children Centres Early intervention Schools General Practice Social Care C&amp;YP – Peers Families / carers</p> <p>Scope Webinars provided across the borough provided by existing team/serve providers.</p>	<p>Deliver programmes within existing budgets.</p> <p>Develop training matrix with in current contracts – to encourage take up credit for validation and continuing professional development.</p>		Launch training matrix		Programme of workforce training available year on year

<p>2 Schools &amp; College: Young MINDs Practitioner, by Q4, Q1: funding £5K</p> <p>Mental Health First Aid Training – NHSE offer one free place for training per secondary school.</p>	CCG with LBH and schools and College	<p>‘Young Minds’ Practitioner training event for Schools and Uxbridge College. 5 all day events.</p> <p>Every secondary school take up training offer from NHSE for MHFA Continue working with Heads Forum representatives.</p>	<p>Number of schools participated – Who trained by Primary and secondary school.</p> <p>Identification next steps and funding streams working with schools.</p>	<p>Based on funding availability, as for Q1 and Q3 in Priority 3.</p> <p>MHFA</p>			<p>Five full day events attended.</p> <p>Mental Health Training attended with identified MHFA champion per secondary school. To inform key worker/ coordinator, Menco type role.</p>	
<p>3 Explore and test the concept of Co-ordinator/ key worker/ Menco role within existing workforce working towards the “Green Paper” Dec 2017 <a href="https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper">https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper</a></p>	CCG and Schools	Scope evidence based approaches and models.	Building on MHFA champion model.				Hillingdon model agreed and developed for all schools	
4 C&YP IaPT	CNWL	Identify number of CNWL staff and number trained in IaPT (Base line data) Locate past data.	Plan training model need for sustainability. Include wider workforce needs.				CNWL staff trained in IaPT	

Priority 4 Review newly commissioned services for impact	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome	
<b>Actions:</b>								
1 Review : ED LD and Crisis new services	CCG	Scope review criteria and measures; Hillingdon focus	Carry out review		Analysis of findings and implement improvements, within existing resource		Hillingdon CCG will be assured that quality and Value For Money are received for investment	
2 Sustainability for Specialist Getting More Help based on: Outcomes Activity model sustainability – see Priority 6	CCG	As for priority 6 below						
3 Young people passport for crisis – young people suggested that they would like a passport system to access Getting More Help. “Test the concept”	CCG		Working with young people in crisis scope what would constitute a passport approach. With providers develop concept – validate with young people	Redesign and implement – within existing budgets			Young people will have a validated “passport” approach for access and support	
7 Identify peer support programme with cost analysis.	CCG with LBH	Funding dependent develop Peer support programs	Actions: Within budget				Peer support in place – wit identified budget.	

Priority 5 Vulnerable** children and young people	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
<p>1 Review and scope emotional health and mental health gaps across the vulnerable cohort</p> <p>Ref: Commissioning Int Plan 2016-20)“Children &amp; young people with additional needs includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here”</p>	CCG and council	<p>Identify key leads across the vulnerable cohort groups</p> <p>Current provision per group.</p> <p>Gap identification:</p>	<p>Implement easy wins.</p> <p>Evidence based interventions, how to fill gaps</p>	Close gaps	Close gaps	No gaps: Monitoring outcomes	All children and young people in the identified vulnerable groups to have access to emotional health and wellbeing and mental health care appropriate to needs.
2 CSA Hub NWL development:	CCG with NWL	<p>Rapid review: Estates Consultant Rota Commission support for children and young people.</p> <p>Commission voluntary sector to work with young people to identify if technology solution</p> <p>Present update to the NWL commissioners.</p>	<p>Evidence based Support in place.</p> <p>Secure estates and rota</p>	Agree service specification and conditions of provision across NWL.	Sign off and implement provision across NWL including sustainability requirements.	Provision in place.	There will be a NWL CSA hub approach in place. Children will be supported from disclosure to resolution and will feel safe and supported.

3 CYP Liaison & Diversion Hillingdon development	CCG with LBH	<p>Current provider to recruit based on NWL model.</p> <p>Agree training programme with priority staff</p> <p>Research and Model technology solutions</p> <p>Data reporting in place to NHSE.</p>	<p>Deliver training.</p> <p>Update and promote pathways, including criteria and support.</p> <p>Full model in place.</p>	Continue development, monitoring and sustainable model.			Young people will be diverted from crime, and feel they have and support to positively change their future.	
4 Integrated pathways Specialist CAMHS and Children's Development Centre	CCG and CNWL	<p>Provider to work to integrate current provision.</p> <p>Gap identification – already in place</p>	<p>Agree model</p> <p>Identify what / how to fill gaps.</p>		Launch new pathways		There will be an integrated pathway	

<p>8 Behaviour: There is a number of support approaches in place, which are however fragmented. Teams currently providing behavioural support: Inclusion team Virtual schools team Early intervention &amp; prevention Parenting SEND outreach Troubled families Parenting programs NWL – Person Centred Planning (e-learning) for carers supporting people with autism. Positive Behavioural Support training for CYP/Adult health and social care staff.</p> <p>To be prepared for bids as they become available.</p>	CCG with LBH and partners	<p>Clarify existing provision across the system, e.g.</p> <p>Identify gaps.</p> <p>Within existing resources: Agree evidenced based approach across the life course.</p>	<p>Map shared model of pathways.</p> <p>Matrix of service provision across existing services.</p>	<p>Training and develop identified across the borough.</p> <p>Methods to provide and meet gaps.</p>			<p>There will be an agreed approach to behaviour management and systems across the borough within existing resources.</p> <p>Successful bid applications.</p>	
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\*\*vulnerable Children & young people includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here.

Priority 6 Sustainability	LEAD	Q4 2017/18	Q1 2018/19	Q2	Q3	Q4	Outcome
<b>Actions:</b>							
1 Business case identification across funding gaps and following reviews	CCG		Development and process as soon as identified.				Funding decisions for all work streams.
2 Multi-agency workforce planning across the system, including children centres, schools, colleges	CCG, LBH, ALL						Planning for future capacity
3 Develop sustainable financial model for system wide THRIVE model.  Sustainable financial modelling will be in place, with corresponding business case a THRIVE emotional health and wellbeing and mental health THRIVE model for Hillingdon children young people their families and carers beyond 2020.	CCG with Council	Develop specialist task and finish group: Data Finance and analysts to support modelling. Or agree the process to secure sustainability.			Business case with financial modelling in place and being processed through the relevant governance systems.		By Q 4 2019/20 THRIVE will be in place and understood across Hillingdon.

## Risks and Mitigation

Priority	Risk	Mitigation	Lead Responsible
<b>1 THRIVE – redesign the system from tiers</b>	Demand continues to outstrip capacity. Nationally difficult to recruit staff.	Prevention and pathway transformation. Education and training for families and children and young people to self-manage at “low” level to prevent escalation of issues. Early identification – crisis service.	All partners across the system.
<b>2 Access</b>	Limited innovation using 21 <sup>st</sup> century solutions to increase capacity and early intervention.	Remodelling based on learning across the country.	CCG
<b>3 Workforce Training</b>	Capacity change management - Behaviour / skills may be slow to embed.	Identify champions and leaders in the system Training programs, within system. Children’s laPT training.	All partners across the system and

		Scope webinar	individual statutory organisations e.g. CCG, LLBH, CNWL, Schools
<b>4 Review newly commissioned services for impact</b>	May not provide value for money for Hillingdon, unable to disaggregate provision.	Ensure Hillingdon representation at NWL Monitoring reviews, developments as progressed to ensure Hillingdon interests met.	NWL and CCG with LBH
<b>5 Vulnerable children and young people</b>	Limited funding across the system for specific provision.	Bid for national funding and developments. Scope bid template ready for timely response for funding. Develop economic model demonstrating invest to save across the system.	CCG with LBH
<b>6 Sustainability</b>	Economic Modelling highlighting funding gaps.	Business case development by the end of 2019, processed through governance decision making processes. Financial control system in place.	CCG for specialist commissioned services. LBH and Schools for relevant elements NWL for eight borough approaches

Key: **Green** Excellent Progress

**Amber**: Moderate Progress

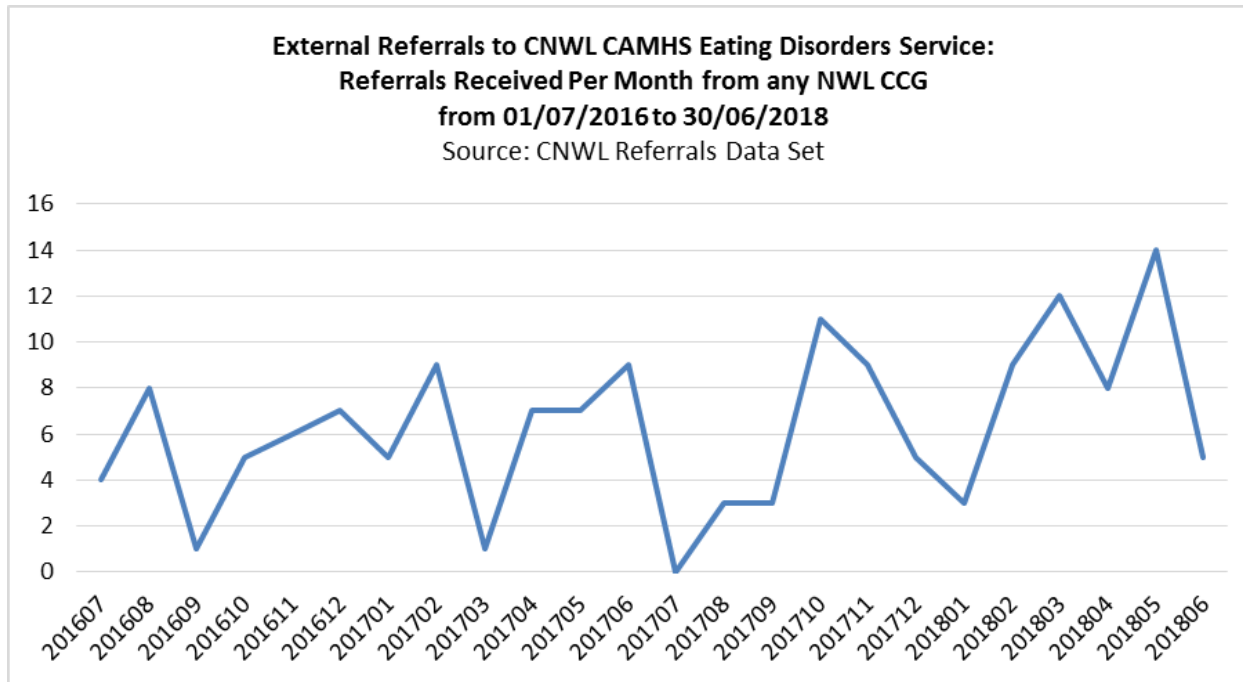
**Red**: Limited Progress Requires attention





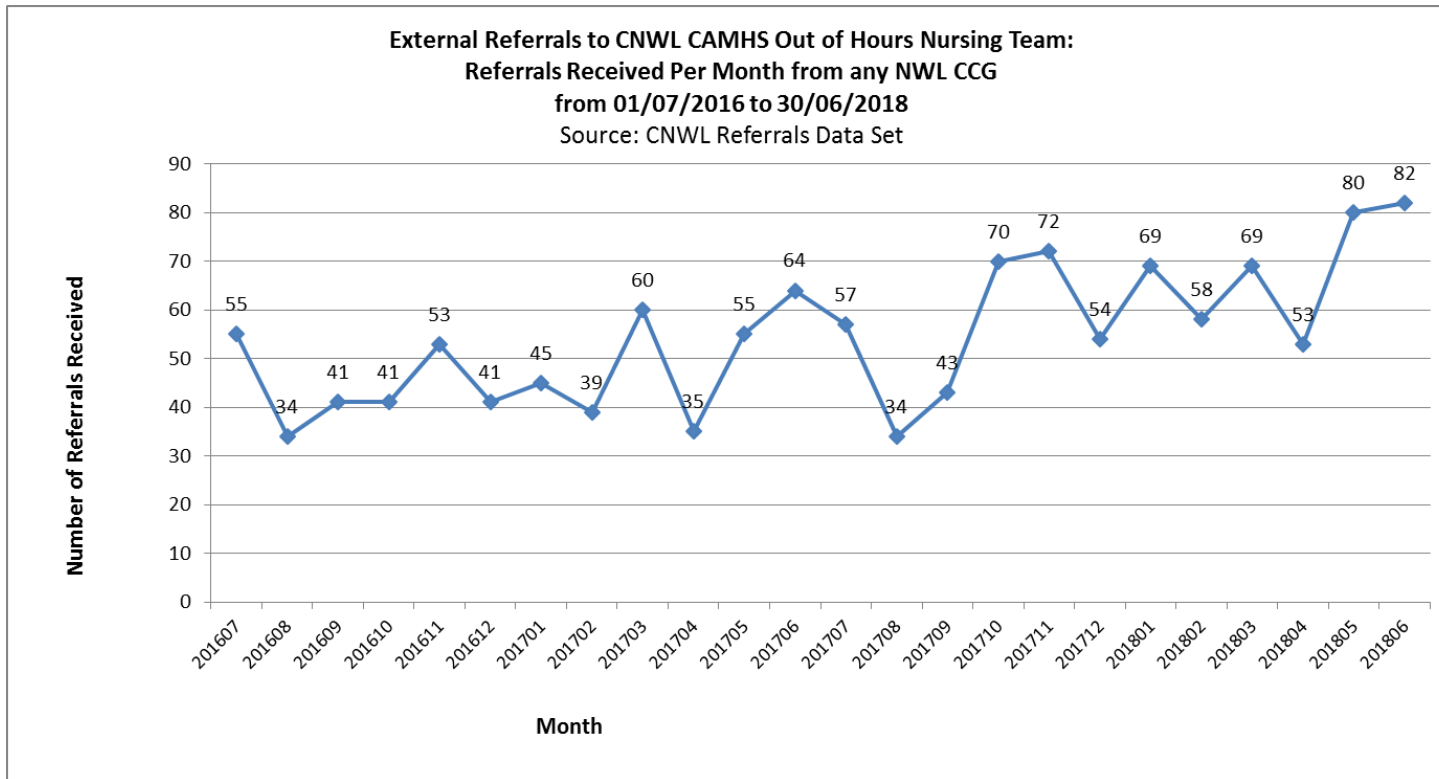
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## NWL CNWL Eating disorders service – referrals received.



- Total of 153 external referrals between 01/07/2016 and 30/06/2018 of which 40 were for Hillingdon CCG patients
- Interventions offered – family based intervention ( Anorexia), Systemic Family Therapy, CBT
- Individual goals set with family
- Outcomes from evaluation include reduction in Tier 4 admissions to ED units.

# Referrals to CNWL CAMHS Out of Hours Nursing Team

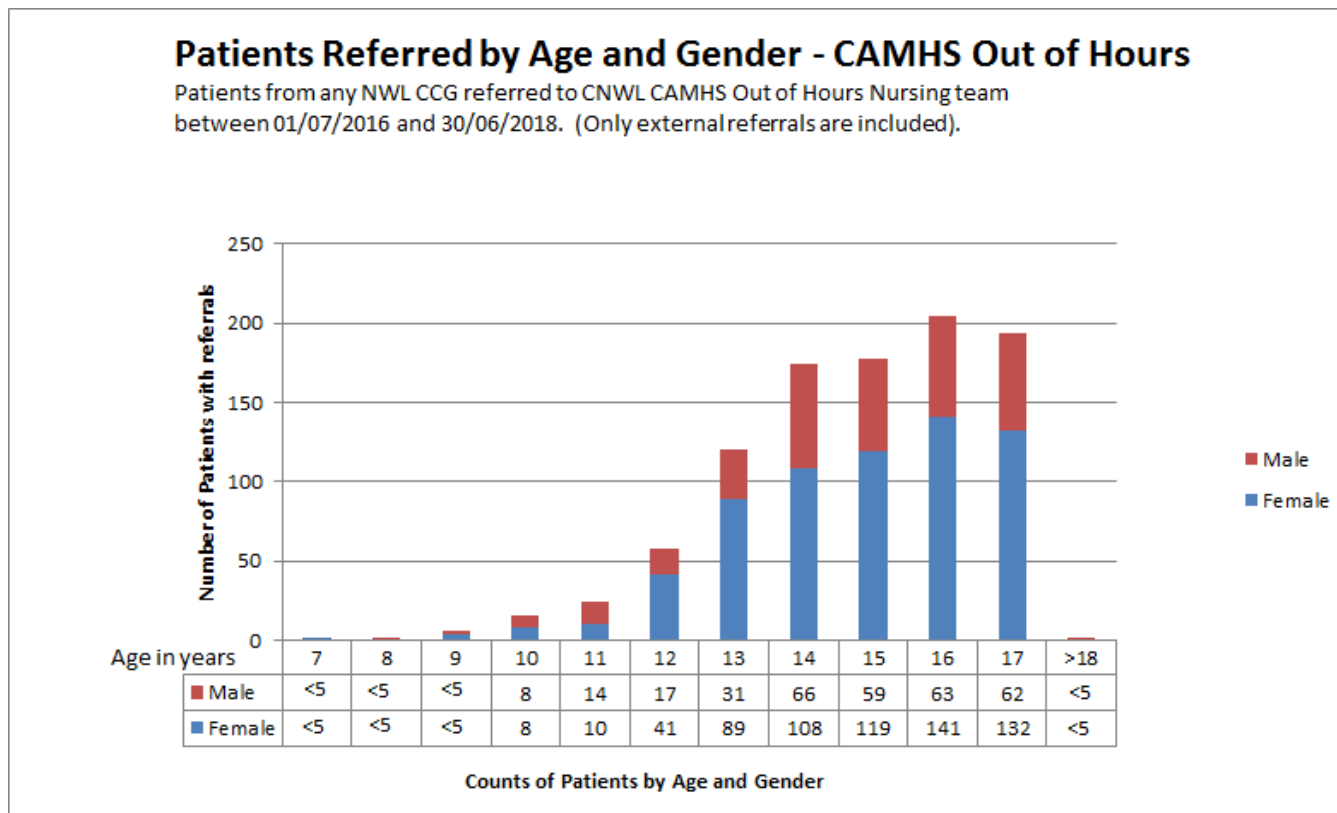


## Referrals

- 1,304 external referrals were received by the CNWL CAMHS Out of Hours Nursing Team between 01/07/2016 and 30/06/2018.
- Of these, 266 were referrals for Hillingdon CCG patients.

# Demographics of Patients Referred to CNWL CAMHS Out of Hours Nursing Team

Page 33

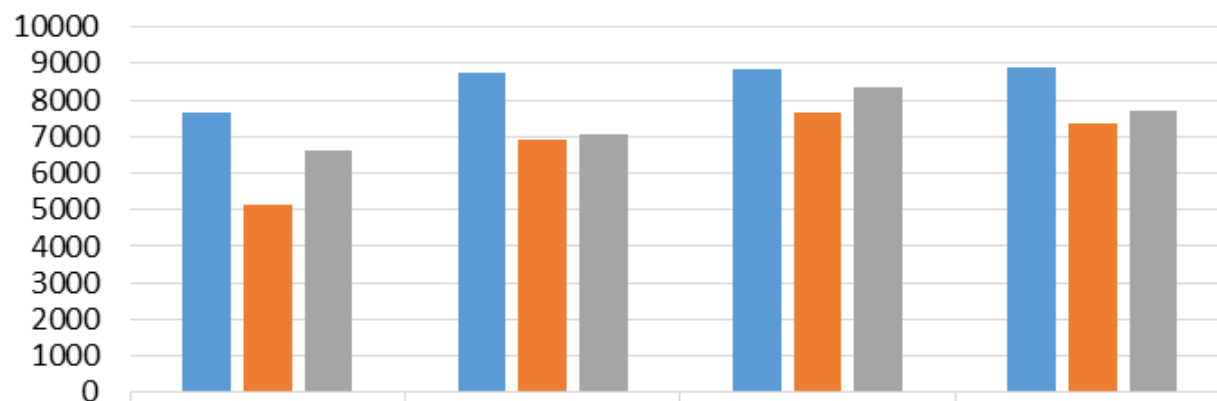


The data above supports targeting online and face to face counselling services for young people over the age of 11 years. Complimenting the existing face to face Hillingdon counselling services currently available. The new service will have a 'Hub' based in Hillingdon.

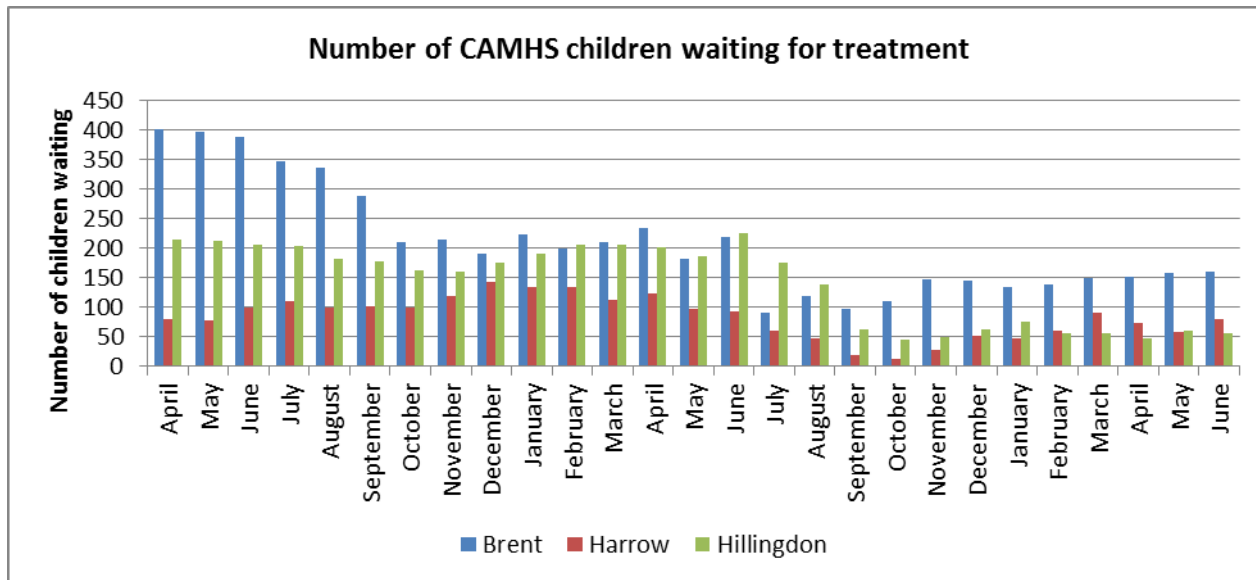
NB This chart and table only counts each patient once, even if they were referred multiple times between 01/07/2016 and 30/06/2018.

## CNWL CAMHS Activity (Attended Face-to-Face Contacts) per Financial Year, by CCG

Source: CNWL Patient Level Activity Data



	1516 Outturn	1617 Outturn	1718 Outturn	1819 Forecast Outturn from M3
■ Brent CCG	7641	8757	8850	8884
■ Harrow CCG	5158	6935	7655	7356
■ Hillingdon CCG	6627	7063	8362	7692







## UPDATE REPORT ON TELECARE

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Sandra Taylor, Assistant Director Provider & Commissioned Care
<b>Papers with report</b>	None
<b>Ward</b>	All

### HEADLINES

The purpose of this report is to provide an update on the service and performance levels of the TeleCareLine and Out of Hours Service since the transfer to an external contractor (Anchor Trust) in December 2017.

### RECOMMENDATIONS:

**That the Committee notes the update report on TeleCareLine.**

### SUPPORTING INFORMATION

#### Background of the TeleCareLine & Out of House Service transfer

The Council retains responsibility for the delivery of a number of front-facing Older People support functions, including site visits from first responders in the event of alarm alerts and responsibility for installation and maintenance of TeleCareLine equipment.

#### Update on Performance

The current number of TeleCareLine users is 5,302. New users have increased by an average of 69 per month between March to August 2018. The number of new Level 1 clients aged 65+ for this period is an average of 25 per month.

As per the service level agreement, the expectation is for the contractor to answer 97.5% of all TeleCareLine alarm calls within 60 seconds and 90% of all out of hours calls within 60 seconds.

The contractor's performance since the last report in February 2018 is outlined below:

	<b>Mar-18</b>	<b>Apr-18</b>	<b>May-18</b>	<b>Jun-18</b>	<b>Jul-18</b>	<b>Aug-18</b>
<b>% of Alarm Calls answered within 60 seconds</b>	98.11	99.27	98.59	98.52	98.36	98.07
<b>% Above Target Level</b>	0.61	1.77	1.09	1.02	0.86	0.57
<b>Out of hours % of calls answered within 60 seconds</b>	95.14	97.14	96.36	95.35	93.97	94.91
<b>% Above Target Level</b>	5.14	7.14	6.36	5.35	3.97	4.31

Overall, this has been a good 6 months and service has remained consistent and above target each month. Call volumes can slightly increase or decrease from month to month however, the service levels remain above the Telecare Services Association (TSA) requirements.

Through robust contract monitoring we have identified resourcing and system issues with managing the social care out of hours duty team calls. There is a review of how this is currently provided underway and this will consider the way in which calls are handled. In addition to this work we will be assisting Anchor with improved 'script' for call responding for each service area to ensure that they are better equipped to deal with our residents queries in whatever area they arise.

Anchor Trust have recently identified that there may be some additional management information which can be extracted from the system in order to better understand if there are any periods with high or lower frequencies of calls or patterns, which might benefit the responder teams. This is currently being reviewed and will be discussed in more detail at the next contract meeting in December.

In May it was announced that Anchor Trust and Hanover Association were in talks about a potential merger. Anchor Trust has confirmed that a merger will have no impact on their ability to deliver their service under the contract.

The number of out of hours calls passed to LBH out of hours officers for each service has been

maintained overall. These figures are in line with the quantity of calls the contractor was expecting and Antisocial Behaviour Investigation Team (ASBIT), Social Services and Repairs remain the highest call volume areas as anticipated.

### **Further information and update**

From 3<sup>rd</sup> May 2018, the TeleCareLine service became free for service users aged 75+ which was a reduction from the previous 80+ age limit, benefiting more residents. All communications have been updated to reflect this. However, though at an early stage, there does not appear to be any increase in the number of service users in receipt of the TeleCareLine service following on from this change.

There are currently 5,302 users of TeleCareLine, with 2,469 using the Mobile Responder Service at Tiers 1, 2 & 3. The numbers continue to steadily rise and TeleCareLine remains a priority core preventative offer to residents to enable them to stay independent for longer.

Grassy Meadow Court Extra Care Scheme consisting of 88 self contained flats is admitting its first cohort of residents on a staggered basis from October 2018. TeleCareLine equipment has been installed in each of the flats and alerts will be dealt with by the onsite staff provided by Care Watch. Any unanswered calls will bounce to Anchor Trust for action. Whilst there was an initial concern that this new scheme could cause a huge increase in calls to Anchor Care, the stats for similar Extra Care properties at Cottesmore and Triscott House have been analysed in detail and minimal impact is expected.

The development of TeleCareline for Children with Disabilities is now underway and work has been done with social workers within Children's Services to ensure that TeleCareLine is considered at all meetings, reviews and service authorisation. The technology available is very leading edge and includes GPS tracking and health monitoring. In particular, officers are looking at how sleep monitoring can assist parents who are caring for a young person with health conditions such as epilepsy or ADHD who have frequent broken sleep which affects the person and the carer.

### **Next steps**

The following areas have been identified as opportunities for improvement going forward:

- A workshop to iron out issues with scripts for Out of Hours calls has been arranged for 9<sup>th</sup> October with Anchor Trust and relevant LBH staff.
- Adult Social Care continue to review internal processes and are investigating ways to streamline procedures to ensure residents receive the high quality of service expected.
- Regular contract review meetings continue to take place with the next meeting booked for December 2018.

### **Implications on related Council policies**

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

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Classification: Public

Social Care, Housing and Public Health Policy Overview Committee - 17 October 2018

### **How this report benefits Hillingdon residents**

The Council's TeleCareLine service offers peace of mind and independence to thousands of residents who may have problems with memory loss, mobility, a disability or a chronic condition. The service is free to those aged 75 or older.

### **Financial Implications**

None directly. This report is for noting.

### **Legal Implications**

None.

### **BACKGROUND PAPERS**

None.

## ANNUAL COMPLAINT REPORT FOR HOUSING AND SOCIAL CARE SERVICES FOR 1 APRIL 2017 TO 31 MARCH 2018

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Ian Anderson - Business Manager, Complaints and Enquiries
<b>Papers with report</b>	Appendix A
<b>Ward</b>	All

### HEADLINES

This report provides information and analysis of complaints and Members Enquiries received between 1 April 2017 and 31 March 2018 for Housing and Social Care Services and satisfies the requirements to publish annual information about complaints.

### RECOMMENDATION

**That the Committee notes the contents of the annual complaint report and provides any feedback as appropriate.**

### SUPPORTING INFORMATION

As detailed in appendix A.

### Implications on related Council policies

A role of the Policy Overview Committees is to make comments and/or recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### How this report benefits Hillingdon residents

Provides assurance that complaints and Members' Enquiries are being processed in accordance with our published policies.

### Financial Implications

There are no direct financial implications associated with this report.

### Legal Implications

None

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Classification: Public

Social Care, Housing and Public Health Policy Overview Committee – 17 October 2018

**ANNUAL COMPLAINT REPORT FOR HOUSING AND SOCIAL CARE SERVICES FOR 1  
APRIL 2017 TO 31 MARCH 2018**

**a. Housing Services** (pages 6 to 16)

**Informal complaints**

- 47 fewer informal complaints received from 455 in 2016/17 to 408 in 2017/18.

**Stage 1 complaints**

- 45 more Stage 1 complaints were registered when comparing the 2017/18 figure of 170 with the same period in 2016/17 of 125. Of the 170 Stage 1 complaints, 13 were upheld, 32 partially upheld, 121 not upheld and 4 withdrawn. The average time taken to respond to a Stage 1 complaint is 7.80 working days, with 89% (152 of 170) complaints responded to within the 10 working day target.

**Stage 2 complaints**

- 2 fewer Stage 2 complaints when comparing the 2016/17 figure of 12 with the 2017/18 figure of 10. Of the 10 Stage 2 complaints, 4 were upheld, 2 partially upheld and 4 not upheld. The average time taken to respond to a Stage 2 complaint is 8.63 working days.

**Stage 3 complaints**

- 1 Stage 3 complaint was recorded during this period, it was responded to within 15 working days and upheld.

**Investigation by the Local Government or Housing Ombudsman**

- 20 complaints were investigated and considered by the Ombudsman, 1 was upheld, 2 partially upheld, 7 not upheld and in the other 10 the Ombudsman decided not to investigate.

**Compliments**

- Compliments are up from 19 for 2016/17 to 24 for 2017/18.

**b. Children and Young Peoples Services** (pages 17 to 24)

**Informal Complaints**

- 43 fewer informal complaints recorded when comparing the same period for 2016/17 of 103 with 2017/18 of 60.

## **Stage 1 complaints**

- 20 more Stage 1 complaints were recorded when comparing the figure of 2016/17 of 33 with the 2017/18 figure of 53. The average time taken to respond to a Stage 1 complaint is 10.75 working days. 85% (45 out of 53) Stage 1 complaints were responded to within 10 working days.

## **Stage 2 and 3 Complaints**

- Two Stage 2 complaint investigations were undertaken during this period - both were partially upheld.
- There were no Stage 3 investigations.

## **Local Government and Social Care Ombudsman (LGO)**

- Seven complaints were considered by the LGO - 2 were upheld, 1 not upheld and they decided not to investigate in the 4 other enquiries received.

## **Compliments**

- Compliments are up by 14 when comparing the same period in 2016/17 of 46 with 2017/18 of 60.

### **c. Adult Social Care (pages 25 to 31)**

## **Informal Complaints**

- 41 fewer informal complaints recorded when comparing the 2016/17 figure of 105 with the 2017/18 figure of 64.

## **Stage 1 complaints**

- 19 more Stage 1 complaints were recorded when comparing the 2016/17 figure of 35 with the 2017/18 of 54. The average time taken to respond to a Stage 1 complaint is 10.48 working days. 81% (44 out of 54) Stage 1 complaints were responded to within 10 working days and 94% (51 out of 54) were responded to within our published target of 20 working days. 3 Stage 1 complaints were upheld, 11 partially upheld, 36 not upheld and 4 withdrawn or cancelled.

## **Local Government and Social care Ombudsman (LGO)**

- The Ombudsman concluded 11 investigations - 2 were upheld, 3 partially upheld, 2 not upheld and 4 were not investigated.

## Compliments

- 23 fewer compliments recorded when comparing the same period in 2016/17 of 79 with 2017/18 of 56.

### d. **Members' Enquiries (ME)** (page 32)

- 8,502 MEs were recorded for 2017/18. This is 683 (7%) fewer than 2016/17 figure of 9,185. The service areas with the highest number of MEs is Waste (3,340), Anti-Social Behaviour (1,273) and Planning (1,227) Services.

## BACKGROUND INFORMATION

### 1. **The Council's Vision**

The Council's vision is about 'putting our residents first'. Feedback in the form of complaints and compliments is seen as a very important source of information from residents about the quality of services and care provided by the Council. In cases where something has gone wrong, we are committed to putting it right and ensure that it does not happen again.

### 2. **What is a Complaint?**

In general terms a complaint can be considered as:

*"an expression of dissatisfaction by telephone, personal visit or in writing, about the standard of service, actions or lack of action by the council or its staff affecting an individual or group of customers."*

### 3. **How Can People Complain?**

Complaints can be made in person, by telephone, in writing, by fax, via our website or email, either directly to the service area, Contact Centre or to the Complaints and Enquiries Team.

### 4. **Remedies for redress**

The purpose of redress is to remedy the injustice or hardship suffered and where possible to return a complainant to the position they would have been before the situation went wrong. Types of redress include:

- an apology;
- providing the service that should have been received at first;
- taking action or making a decision that the Council should have done before;
- reconsidering an incorrect decision;
- improving procedures so that similar problems do not happen again; and



- if after an investigation by council staff or the Ombudsman, it is concluded that as a result of maladministration there is no practical action that would provide a full and appropriate remedy or if the complainant has sustained loss or suffering, financial compensation may be the most appropriate approach.

## **5. Mediation**

For some complaints it will not be appropriate, or possible, to resolve a complaint through the complaint process - particularly where there has been a breakdown in the relationship between the service provider and the service user or where emotions are running high. In such situations the Business Manager, Complaints and Enquiries will consider whether mediation is an option that should be considered. If both parties are agreeable, mediation by an independent mediator allows both parties to come together to see if they can reach a solution through dialogue.

## BACKGROUND DOCUMENTS

### Annex 1 – HOUSING SERVICES

Housing complaints are managed in line with the Council's Corporate complaints procedure. This procedure operates as follows:

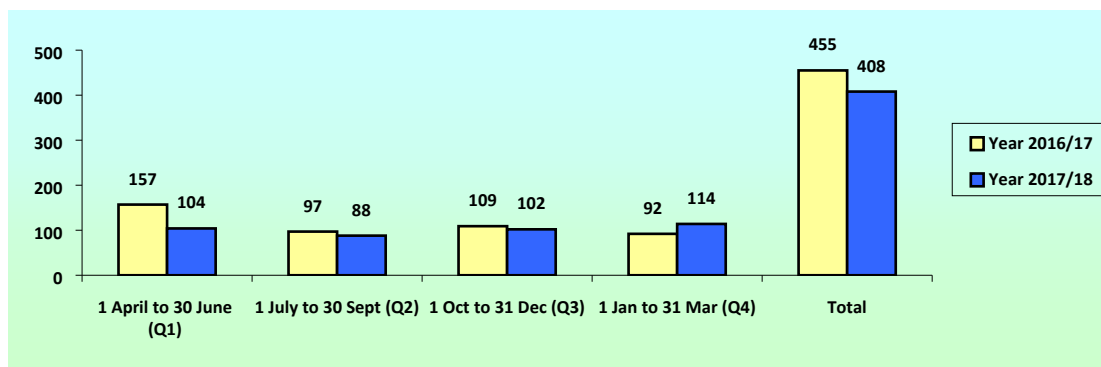
- The Informal Complaint (service request).
- Stage 1 – response from a Deputy Director or Head of Service.
- Stage 2 – response from the Deputy Chief Executive and Corporate Director of Residents Services
- Stage 3 – response from the Chief Executive of the Council
- Stage 4 - Designated Person for the Council
- Local Government or Housing Ombudsman

A more detailed explanation of how the complaint procedure operates, the main complaint themes and statistical data for each stage of the process is provided below.

#### 1. INFORMAL COMPLAINTS

The feedback we have received from residents indicate that most want action to resolve their concerns on the spot by discussing the problem with an officer/manager rather than going through the more formal complaint route. If we can resolve a residents issue in this way we will do so, immediately. We will continue to take this approach, wherever possible.

#### Informal complaints (service requests)



- 10% (47) fewer informal complaints received from 455 in 2016/17 to 408 in 2017/18.

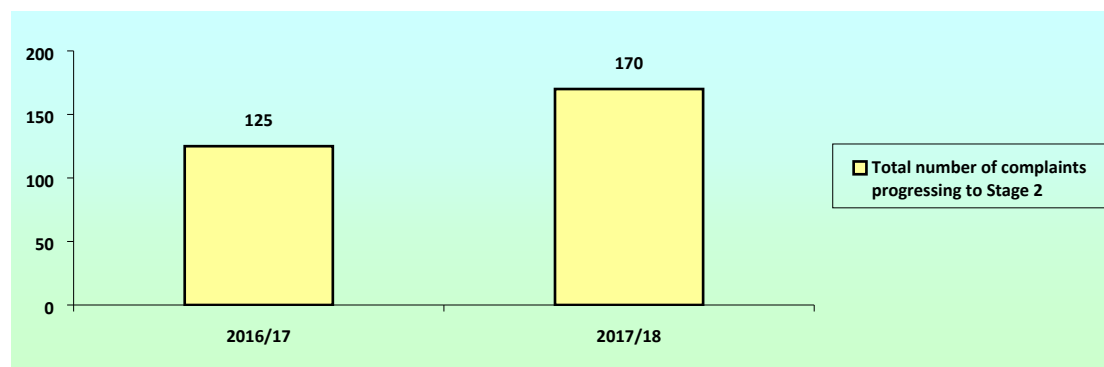
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## 2. STAGE 1 COMPLAINTS

### Total number of Stage 1 complaints



- 36% (45) more Stage 1 complaints were registered when comparing the 2017/18 figure of 170 with the same period in 2016/17 of 125.

**Table 1 – Outcome of complaints**

Service Area	Total number	% responded within 10 working days	Upheld	Partially upheld	Not upheld	Withdrawn
Homeless Prevention	71	97%	0	8	61	2
Repairs including Heating	65	82%	7	19	37	2
Programme and Asset Management	9	78%	2	2	5	0
Tenancy Services	25	88%	4	3	18	0
<b>Total</b>	<b>170</b>	<b>89%</b>	<b>13</b>	<b>32</b>	<b>121</b>	<b>4</b>

- Of the 170 Stage 1 complaints, 8% (13) were upheld, 19% (32) partially upheld and 71% (121) not upheld.
- 97% of the Homeless Prevention Stage 1 complaints were not upheld because the majority of these were challenges of the Council's Social Housing Allocation Policy.

**Table 2 – Time taken to respond to a complaint at Stage 1 (working days)**

	<b>2016/17</b>	<b>2017/18</b>
Average time taken to respond to a complaint	8.26	7.80
Target	10	10
Variance	-1.74	-2.2

- The average time taken to respond to a Stage 1 complaint is 7.80 working days against the target of 10 working days.

**Table 3 - Number and % of complaints responded to within 10 working days**

Period	Total number of complaints	Number responded to within 10 working days	% responded to within 10 working days
2016/17	125	99	79 %
2017/18	170	152	89 %

- 89% (152 out of 170) Stage 1 complaints were responded to within 10 working days.

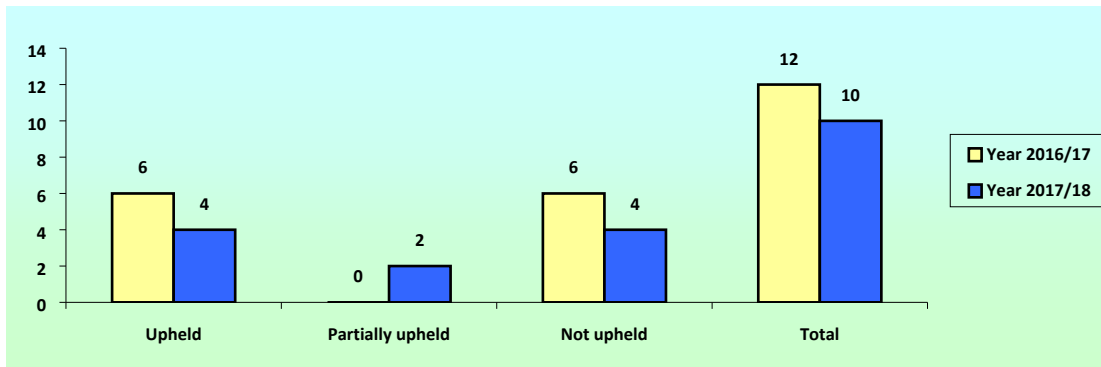
### **3. STAGE 2 COMPLAINTS**

**Table 4 - Total number of complaints progressing to Stage 2**

<b>Period</b>	<b>Total number</b>
2016/17	12
2017/18	10

- The number of Stage 2 complaints remains low as officers apply the revised Corporate complaints procedure i.e. to escalate a complaint direct from Stages 1 and/or 2 to the Ombudsman where it is felt that the decision cannot be overturned through the complaint process.

### **Outcome of complaints**



The table below provides a summary of the ten Stage 2 complaints.

Complaint details	Decision at Stage 2
<p><b>Complaint ref: 5960020</b> Mr X sought compensation for heating costs and inconvenience for a poorly fitted threshold to his back door sometime between 1999 and 2017.</p>	<p><b>Upheld</b> The Council accepted that the back to front threshold was the cause and agreed to renew the door set. Mr X was offered a sum of money in compensation by way of redress.</p>
<p><b>Complaint ref: 6111551</b> Mrs X was unhappy with the response she received at Stage 1, namely that her property was left unsafe, that an offer had not been made to re-decorate her hallway and that the offer of compensation was insufficient.</p>	<p><b>Upheld</b> We apologised that when an Asbestos board was removed the gap was not filled in by the contractor, we agreed to re decorate part of the hallway where tape we had used had damaged the paintwork. We offered her compensation for the additional electricity Mrs X had used whilst her boiler was being replaced.</p>
<p><b>Complaint ref: 6399081</b> Mr X sought compensation because his boiler was not working from 13 December 2017 until 4 January 2018.</p>	<p><b>Upheld</b> We apologised for the time taken to resolve this issue. We explained that as the part was no longer available, a new boiler was installed. No compensation was paid.</p>
<p><b>Complaint ref: 6399731</b> Miss X complained about the number of visits it took to resolve her boiler problems.</p>	<p><b>Partially Upheld</b> We explained that we do not pay compensation for engineers having to attend to undertake a repair and the requirement of the tenant or someone on their behalf to give access to the property. We apologised for the time it took to complete the repair.</p>

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<p><b>Complaint ref: 6498977</b> Ms X complained about the number of visits it took to resolve her boiler problems.</p>	<p><b>Partially Upheld</b> We apologised for the number of visits it took to complete the repair.</p>
<p><b>Complaint ref: 6367489</b> Mr X complained that on 19 December 2017 he reported his boiler as not working and that it was not fixed until 26 January 2018. He wanted £3,000 in compensation.</p>	<p><b>No Upheld</b> Mr X was informed that when he first reported that the boiler was not working, it was repaired and left in working order on 23 December. When on 8 January 2018 he reported that the boiler would not switch on, an appointment was arranged on a date convenient to Mr X when the fault was identified and fixed on 26 January 2018. His claim for compensation was rejected.</p>
<p><b>Complaint ref: 6169222</b> Mr X complained that when he moved into the property was not redecorated as part of the void works.</p>	<p><b>Not Upheld</b> Mr X was informed that the redecorating of properties is not part of the Minimum Lettable Standard (MLS). The current MLS has been in place since 2013 and the Voids Team is tasked to ensure that all empty properties meet this standard.</p>
<p><b>Complaint ref: 6210141</b> Mr X complained that the property was not ready for it to be let to him and that electrical work needed to be done two weeks after he moved in.</p>	<p><b>Not Upheld</b> Mr X was informed that the property met the Minimal Lettable Standards and that it had passed the electrical test 2 weeks before he moved into the property. We advised that we could not wave his rental liability.</p>
<p><b>Complaint ref: 6399769</b> Mr X complained that the Council was not properly managing a small repair.</p>	<p><b>Not Upheld</b> Mr X was advised that it was proving difficult to find a manufacturer to make and fit a new rodding eye for the cast iron soil pipe in the garage. Officers were progressing the work as quickly as they could and had now found a company who were prepared to do this work.</p>
<p><b>Complaint ref: 6168012</b> Mrs X complained about the handling of her Right to Buy application.</p>	<p><b>Not Upheld</b> Mrs X was informed that there was no delay in processing her Right to Buy application. We confirmed that her offer had been received and in accordance with our practices, her application was going through the verification process.</p>

**Table 5 – Time taken to respond to a complaint at Stage 2 (working days)**

	<b>2016/17</b>	<b>2017/18</b>
Average time taken to respond to a complaint	11.16	8.63
Target	10	10

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Variance	+ 1.16	- 1.37
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- The average time taken to respond to a Stage 2 complaint is 8.63 working days against the target of 10 working days.

**4. STAGE 3 COMPLAINTS**

The table below provides a summary of the one Stage 3 complaint dealt with during 2017/18.

Complaint details	Decision at Stage 3
<b>Complaint ref: 5665543</b> Ms X complained about damp in her property and that officers were not doing enough to address this issue.	<b>Upheld</b> Ms X was informed that the apology offered for the length of time taken to deal with the mould/damp issue and the offer to allow her to redecorate the property with the funds that would have been used by the Council to redecorate the property, is considered to be reasonable and proportionate redress.

**5. INVESTIGATION BY THE COUNCIL'S DESIGNATED PERSON**

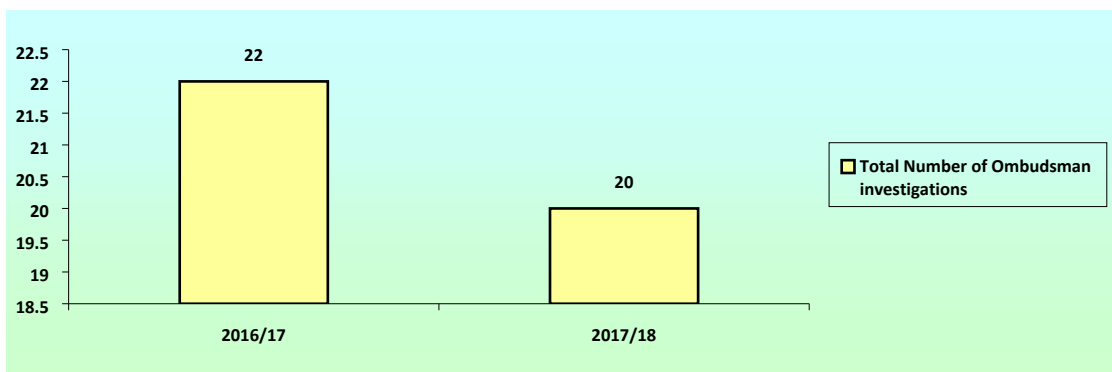
If a complaint is about a tenancy, leasehold, or other housing management issue, a complainant can refer their complaint to a 'Designated Person' to see if they can help resolve the complaint. If the 'Designated Person' cannot resolve a complaint or if 8 weeks have elapsed since the Stage 3 response, a complainant can then complain to the Housing Ombudsman.

- There were no investigations by the Council's Designated Person - Councillor Corthorne.

**6. INVESTIGATIONS BY THE OMBUDSMAN**

Where it appears that a Council's own investigations have not resolved the complaint, the complainant is entitled to refer their complaint to the Ombudsman and at any stage of the complaint process. However, the Ombudsman normally refers the complaint back to the Council if it has not been considered fully using local procedures first.

**Total number of Ombudsman investigations**



The findings and decision of the LGO are set out below.

<b>Complaint details</b>	<b>Ombudsman decision</b>
<p><b>Complaint ref: 5846362</b> Mr X complained that the Council failed to award a contract for shared ownership properties in accordance with procedure. He stated that the Council failed to achieve value for money and failed to treat all applicants fairly and equally.</p>	<p><b>Upheld</b> The Ombudsman determined that the Council was at fault when it failed to notify Mr X that it had rejected his application from a tendering process because of a faulty poor credit score. It should have given him the opportunity to correct it. However, even if the Council had done this, he would not have been awarded the contract.</p>
<p><b>Complaint ref: 5084390</b> Mr X complained about the Council's handling of his complaint about the water pressure of his shower, a damaged fence and the absence of a gate to the garden at the rear of his property.</p>	<p><b>Partially upheld</b> The Ombudsman determined that there was no maladministration by the Council with respect to its handling of the shower complaint. However, it felt that there were instances of service failure in relation to the handling of his fencing complaint.</p>
<p><b>Complaint ref: 6015449</b> Ms X complained that the Council cancelled her housing application despite her having been homeless for four years and her son, Mr Y, having mental health issues.</p>	<p><b>Partially Upheld</b> The Ombudsman found that the Council was not at fault when it removed Ms X from its housing register. However, the Council was at fault when it provided confusing information to Ms W by suggesting she could not re-apply but this fault did not cause an injustice.</p>
<p><b>Complaint ref: 5966927</b> Ms X complained that the Council refused to accept she has a local connection to the Borough, despite providing evidence to show this. She said she could not provide any further proof because she lost all her documentation in a house fire. Ms X also said that her current temporary housing is unsuitable because her child has Autism.</p>	<p><b>Not Upheld</b> The Ombudsman determined that the Council had considered all relevant information and is not satisfied Ms X qualifies for its local connection housing priority. This is a decision the Council is entitled to take and the Council is not at fault.</p>
<p><b>Complaint ref: 6254534</b> Mr and Mrs X complained that the Council unreasonably refused to accept their application for re-housing.</p>	<p><b>Not Upheld</b> The Ombudsman determined that there was no fault in the way the Council applied its Social Housing Allocations policy.</p>
<p><b>Complaint ref: 5652970</b> Ms X complained that the Council</p>	<p><b>Not Upheld</b> When the Council reviewed the details</p>

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<p>had wrongly removed her from its housing register because she had not provided sufficient evidence of having lived in the Borough for 10 years and that it wrongly temporarily removed her from the housing register when she mistakenly ticked a box to say she held savings of £30,000 or more.</p>	<p>of Ms X's housing register application it noticed a discrepancy in the accuracy of information relating to requirements for a 10 year local connection. The Council asked Ms S to provide additional information about this. When she did not provide this the Council removed her from its housing register. There is no fault in the Council's actions.</p>
<p><b>Complaint ref: 6205695</b> Mr X complained about the Council's handling of his report that the over grown trees in his neighbour's garden had caused his fence to fall down.</p>	<p><b>Not Upheld</b> The tenants' handbook confirms that the Council will only carry out fencing works in very limited circumstances, none of which were met in this case. It was therefore reasonable for the Council to confirm that it would not repair or replace the fence panels.</p>
<p><b>Complaint ref: 6377069</b> Ms X complained that the Council failed to consider her circumstances when it refused to include her on the Council's housing register.</p>	<p><b>Not Upheld</b> The Ombudsman found no fault in how the Council considered Ms X's housing application.</p>
<p><b>Complaint ref: 6305605</b> Mr X complained that the Council refused to provide him with accommodation under Section 17 of the Children Act.</p>	<p><b>Not Upheld</b> The Ombudsman found that the Council was not at fault when it stopped providing Mr X with accommodation under section 17 of the Children Act as the Council had carried out a full assessment. There is no evidence of fault by the Council.</p>
<p><b>Complaint ref: 6522232</b> Ms X complained the Council failed to consider the circumstances when refusing to include her on the Council's housing register.</p>	<p><b>Not Upheld</b> The Ombudsman found no evidence of fault in how the Council considered Ms X's housing application</p>
<p><b>Complaint ref: 6046205</b> Mrs X complained that the Council removed her from its housing register even though she had been waiting for five years and she now had three children living in a one bedroom property.</p>	<p><b>Did not investigate</b> The Ombudsman advised that they would not investigate Mrs X's complaint the Council had removed her from its housing register. Further consideration of the complaint is unlikely to find fault by the Council.</p>
<p><b>Complaint ref: 6049896</b> Mr X disagreed with the Council's decision to remove him from the housing register because he had not lived continuously in the Borough for</p>	<p><b>Did not investigate</b> The Ombudsman advised that they would not investigate this complaint as there was insufficient evidence of fault by the Council.</p>

10 years.	
<b>Complaint ref: 6339682</b> Mrs X disagreed with the Council's decision not to allow her son to join the housing register.	<b>Did not investigate</b> The Ombudsman determined that there was insufficient evidence of fault by the Council.
<b>Complaint ref: 5654934</b> Mr X complained that the Council would not let him join the housing register even though he provided all the information asked of him.	<b>Did not investigate</b> The Ombudsman determined that there was insufficient evidence of fault by the Council.
<b>Complaint ref: 6247810</b> Mr X disagreed with the Council's decision to allow him to join the housing register.	<b>Did not investigate</b> The Ombudsman determined that there was insufficient evidence of fault by the Council.
<b>Complaint ref: 6050700</b> Mr X complained about the Council's decision to reject his homeless application in 2015 because he was considered non-priority homeless. He says he was street homeless for a month afterwards as a result.	<b>Did not investigate</b> The Ombudsman stated that it would not exercise his discretion to investigate this complaint. It was received outside the normal 12-month period and it was reasonable for Mr X to seek a review or court remedy at the time.
<b>Complaint ref: 6305754</b> Ms X complained that the Council did not keep a proper record of her repayment of a loan in 2015, causing her distress and inconvenience.	<b>Did not investigate</b> The Ombudsman did not investigate this complaint because they could not achieve a worthwhile outcome for the complainant.
<b>Complaint ref: 5850347</b> Ms X complained about the decision to serve a Notice to Quit.	<b>Did not investigate</b> The Ombudsman did not investigate this complaint as the issue of a Notice to Quit is outside her jurisdiction.
<b>Complaint ref: 6178350</b> Mrs X complained that she had been left in significant arrears on her rent account with the Council because it had decided to reclaim an overpayment of Housing Benefit from her. Mrs X is also unhappy with the advice she had been given by the Council and the attitude of its staff towards her.	<b>Did not investigate</b> The Ombudsman's view was that it was reasonable to expect Mrs X to appeal the Housing Benefit decision at a Tribunal.
<b>Complaint ref: 6560244</b> Ms X complained about the process for extending leases insofar as <i>'two different households ... could receive vastly different costs and then make an offer and experience</i>	<b>Not within jurisdiction</b> The Ombudsman determined that the Council's handling of her application to extend her lease is not within the Ombudsman's jurisdiction to consider any further. She was advised to seek

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vastly different outcomes’.

advice from the Leasehold Advisory Service.

## 7. LEARNING FROM COMPLAINTS

### Communication

There was one instance where the complainant complained because they had sent in documentation but we did not acknowledge receipt, two instances where people complained about incorrect information given, four instances where people complained about delays in responding to enquiries or the delay in beginning work, and one instance where a caller felt that their call was dealt with insensitively.

Recommendations:

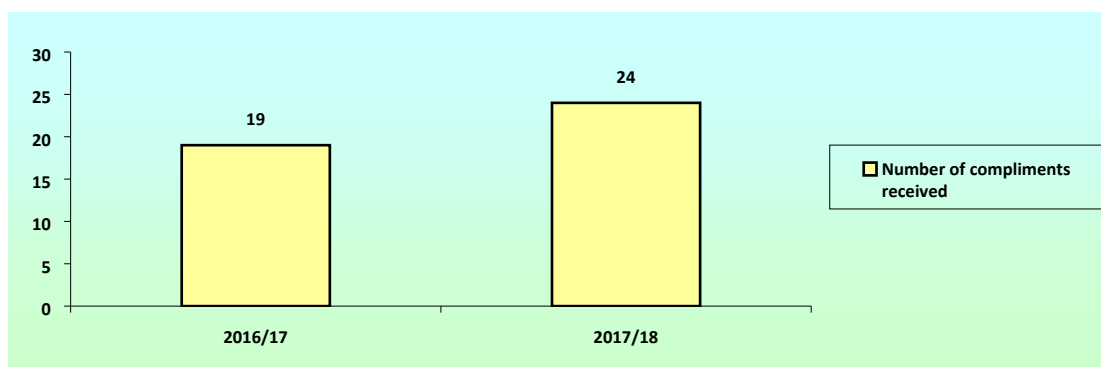
- officers were reminded of the need to keep our promises i.e. if we say we will respond by a particular date we must do so;
- the need for accuracy of information given particularly appointment dates/times and if this is not going to be met we need to be proactive and tell a client if an appointment is going to be changed or if the operative is going to be delayed; and
- the need to convey information sensitively particularly if it is a negative decision i.e. not going to allow a person to join the housing register or offer social housing.

### Poor workmanship

In one instance, a complainant complained that the threshold to his back door had been installed the wrong way around between 1999 and 2009. We apologised for our error and offered a sum of money in compensation.

## 8. COMPLIMENTS

### Number of compliments received



Here's what some people have said:

*"I thank you and the officers involved, particularly Z and Y, for the help given to Mr F and*

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*ensuring that there will be a smooth transition for him from the family home to a one bedroom property".*

*"I was just called to HSR by a probation officer who was representing their client. The probation officer heaped nothing but praise for B, particularly emphasising that even though the outcome was a negative one for the client, the way B conducted the interview, his interactions with a very challenging client and the way he explored every possible option to assist was beyond what he would have expected. He also complimented B's problem solving skills and his professionalism throughout the process."*

*"As well as making a complaint I would like to make it known to the Head of the Housing Department how incredibly kind and helpful a young man called G in your call centre is. I spoke with G on Friday 21 April 2017 and during last week. He is the nicest member I have spoken to on the Housing Line during the last 2 months and I feel he should be complemented."*

"I wish to draw your attention to some excellent work carried out by T who, over the recent period - including the Bank Holiday, dealt with a number of difficult and complex matters resulting from plumbing leaks, air-locks and mains water supplies, whereby the residents in a block of three flats in X Close, Uxbridge, were without water; in one case for almost two weeks (or perhaps more)! Suffice to say that T and the team under him were unstinting in their efforts given the problems encountered and bottled water was provided to supply drinking water. I was kept informed throughout. I received a message from T today to inform me that at last all three flats have had their normal water supplies restored."

*"Can I just say how happy I am with A, the maintenance man from the Council. He knew what the problem was straight away and fixed it immediately. He was friendly, professional and his workmanship was nothing short of amazing. He could teach xxxx a thing or two. Also the apprentice H was equally as good and will be an asset to your team. They came to my home that was quite manic that day with a friend of my 8 year old and this friend has Down's Syndrome - they were both brilliant around him and tried to keep noise and disruption to a minimum and cleaned up after themselves. Amazing work and amazing staff I can't tell you enough how pleased I am."*

## **Annex 2 – CHILDREN AND YOUNG PEOPLES SERVICES**

### **The Complaint Procedure**

Complaints made by children or on their behalf are governed by the Children's Act 1989, Representations Procedure (England) Regulations 2006 (Statutory Instrument 2006 No. 1738). This sets out the three stage complaint procedure that Local Authorities are required to follow when dealing with complaints made by for example any child or young person, any local authority foster carer, children leaving care, etc. Hillingdon's procedure operates as follows:

- The Informal Complaint (service request).
- Stage 1 – Local Resolution.
- Stage 2 – Independent Investigation by two people (Investigating Officer and Independent Person).
- Stage 3 – Review Panel.
- Local Government and Social Care Ombudsman.

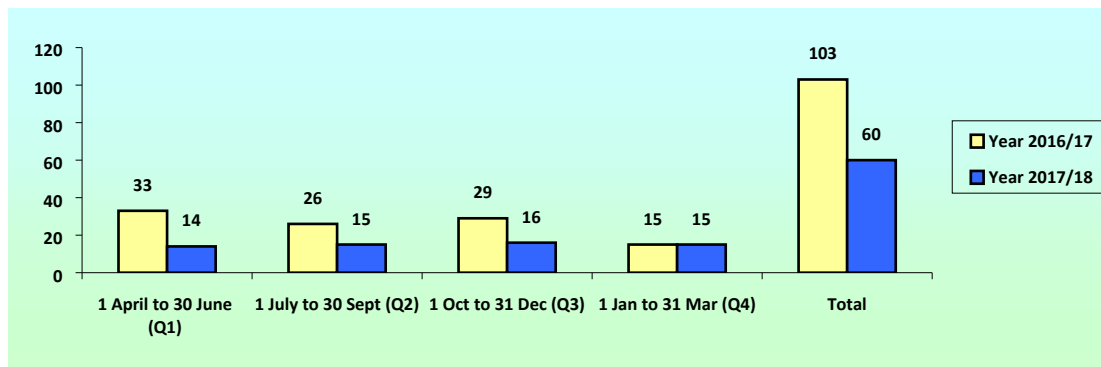
A more detailed explanation of how the complaint procedure operates, the main complaint themes and statistical data for each stage of the complaint process is provided below.

#### **1. THE INFORMAL COMPLAINT**

The feedback we have received from residents indicate that most want action to resolve their concerns on the spot by discussing the problem with an officer/manager rather than going through the more formal complaint route. If we can resolve a residents issue in this way we will do so, immediately. We will continue to take this approach, wherever possible.

#### **1. THE INFORMAL COMPLAINT**

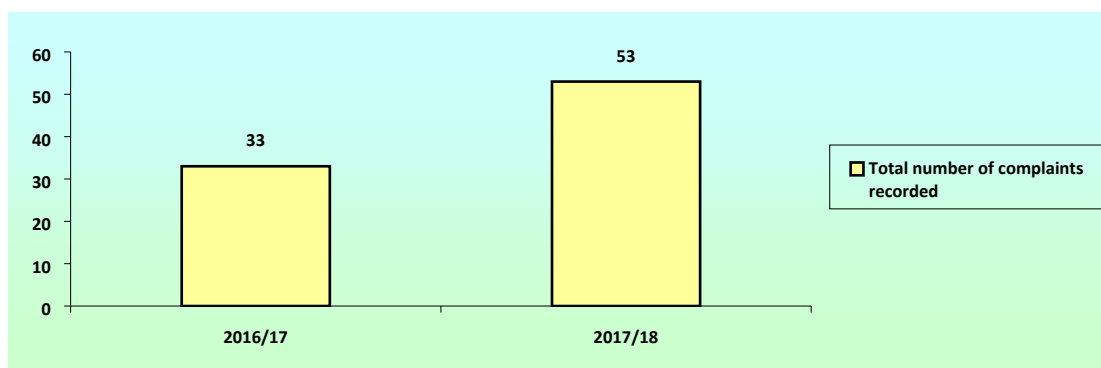
##### **Informal Complaints received – (service requests)**



42% (43) fewer complaints dealt with by way of service requests when comparing 2016/17 figure of 103 with the 2017/18 figure of 60. There is no apparent reason for this as informal complaints are still being dealt with in the same way as 2016/17.

## 2. STAGE 1 – LOCAL RESOLUTION

### Total number of complaints recorded



Stage 1 complaints are up 61% (20) when comparing the 2016/17 figure of 33 with the 2017/18 figure of 53. Volumes of complaints remain low.

**Table 6 – Complaints by service area**

Service Area	Total number	% responded within 10 working days	Upheld	Partially upheld	Not upheld	With drawn
Adoption and Fostering	3	66 %	0	1	1	1
Early Intervention	11	73 %	0	1	9	1
Children in Care	2	100 %	1	1	0	0
Children Social Work	17	94 %	2	3	11	1
Children with	2	50 %	0	1	1	0

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Disabilities						
Leaving Care	8	78 %	1	0	7	0
Safeguarding	2	50 %	0	0	2	0
Triage	8	83 %	0	3	5	0
<b>Total</b>	<b>53</b>	<b>85 %</b>	<b>4</b>	<b>10</b>	<b>36</b>	<b>3</b>

**Table 7 – Time taken to respond to a Stage 1 complaint (working days)**

	2016/17	2017/18
Average time taken to respond to a complaint	10.63	10.75
Target	10	10
Variance	+ 0.63	+ 0.63

The average time taken to respond to a Stage 1 complaint is 10.75 working days against our target of 10 working days. This is disappointing and an area that we are working on to improve for 2018/19.

**Table 8 - Number and % of complaints responded to within 10 working days**

Period	Total number of complaints	Number responded to within 10 working days	% responded to within 10 working days
2016/17	33	25	76 %
2017/18	53	45	85 %

45 (85%) of Stage 1 complaints were responded to within the 10 working day target - a slight improvement from 2016/17.

### **3. STAGE 2 INVESTIGATIONS**

A Stage 2 investigation is conducted by an Investigating Officer (IO) and Independent Person (IP) with specialist skills and knowledge of the Children's Act. The Council has to pay the IO and IP an hourly rate for their professional services as well as travel expenses. The timescale to conclude a Stage 2 investigation is set by statute at 25 working days but this may be extended to a maximum of 65 working days.

There were two Stage 2 investigations during this period. The findings and the decisions reached are set out below.

Complaint details	LGO decision
<b>Complaint ref: 6330652</b> Mr X complained about the	<b>Partially Upheld</b> We apologised for the changes in social

changes of social workers, that he had not received any help with his Asylum application and that his housing situation had not been addressed.	workers and accepted that this was not ideal. We explained to Mr X that his Personal Advisor had been liaising with the Home Office and had requested that they process his application as soon as was possible. Mr X was informed that our records had shown three properties offered to him but these had all been declined by him on the basis that the room was not big enough.
<b>Complaint ref: 5562697 and 5770426</b> Mrs X complained about delays and poor service in providing adaptations to support her son at home, that she was not being supported by social services and that her son should be placed in a residential care.	<b>Partially Upheld</b> We apologised that officers did not employ a more robust approach with Mrs X when she failed to respond to enquiries. All the other concerns raised were not upheld.

#### 4. STAGE 3 INVESTIGATIONS

There were no Stage 3 investigations during this period.

#### 5. INVESTIGATION BY THE LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN (LGO)

Seven complaints were considered by the Ombudsman during this period. The findings and decision of the LGO is set out below.

Complaint details	LGO decision
<b>Complaint ref: 4806464</b> Ms X complained of fault in the Council's handling of the care of her daughter under section 20 of the Children Act 1989.	<b>Upheld</b> The Ombudsman determined that there was fault by the Council because of a delay in undertaking a maternity test. The Council agreed to pay Ms X compensation to remedy the injustice she suffered.
<b>Complaint ref: 6064222</b> Mrs X complained about the way the Council had dealt with her concerns for her adoptive daughter and that the Council had not carried out a proper assessment to ensure that her daughter was receiving appropriate care and treatment while she is a looked after child.	<b>Did not investigate</b> The Ombudsman determined that the complaint had been referred to her too early and asked that the Council write to Mrs X to advise her of her right to a Stage 2 complaint investigation, if she wishes.

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<p><b>Complaint ref: 5770426</b> Ms X complained that the Council had delayed in responding to her complaints and did not respond to her request for a Stage 2 investigation.</p>	<p><b>Did not investigate</b> The Ombudsman determined that the Council had demonstrated it was considering Ms X's complaints at Stage 2 of the statutory children's complaints procedure. The Ombudsman discontinued her investigation.</p>
<p><b>Complaint ref: 6235966</b> Ms X's complained that the Council failed to provide her family with support, and wrongly removed her children from her care and placed them with their father, so he was able to alienate them from her and the rest of her family.</p>	<p><b>Did not investigate</b> The Ombudsman did not investigate Ms X's complaint about children's services' involvement with her family, because these are issues she could have raised in court during proceedings to decide where her children should live.</p>
<p><b>Complaint ref: 6152292</b> Ms X complained that the Council did not keep a proper record of her repayment of a loan in 2015, causing her distress and inconvenience.</p>	<p><b>Did not investigate</b> The Ombudsman did not investigate this complaint because he could not achieve a worthwhile outcome for the complainant.</p>
<p><b>Complaint ref: 5803061</b> Mr X complained that a child protection case conference decided that his son needs a child protection plan. Mr X says the decision is flawed because he was not at the meeting and that the police fabricated evidence.</p>	<p><b>Did not investigate</b> The Ombudsman did not investigate Mr X's complaint because he could make his disagreement with the conference decision known via the chair or the Council. The Council's social workers have not caused Mr X an injustice.</p>
<p><b>Complaint ref: 6064222</b> Mr X complained that the Council would not provide the information he needs from children services.</p>	<p><b>Did not investigate</b> The Ombudsman informed Mr X that they would not investigate this complaint because he can raise the issue in court.</p>

## 6. LEARNING FROM COMPLAINTS

### Communication

There were some instances where people complained about the way they were spoken to (insensitive), the information given to them was misleading or that they were getting differing information, not informed of meetings and that we did not keep to our promises (calling someone

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on a landline when they expressly asked to be called on their mobile phone).

Recommendations:

- officers should keep written notes of contact with people; and
- consider whether it is appropriate to follow up a conversation with a written communication summarising what was said.

## Errors

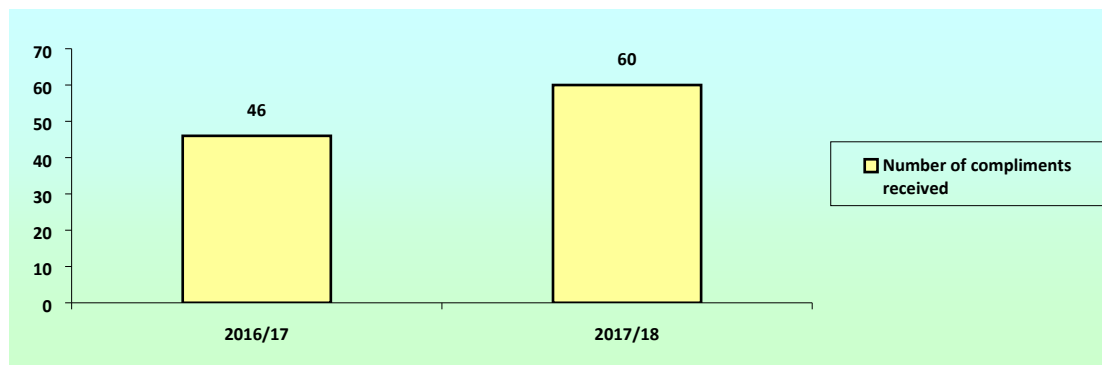
In a few of the complaints, the complaint was about factual inaccuracies contained within a report or an assessment such as omissions, incorrect names/dates, different names, etc.

Recommendations

- avoid cutting and pasting; and
- assessments and reports to be checked by a manager before it is sent.

## 7. COMPLIMENTS

### Number of compliments received



Compliments are up 30% (14) when comparing the same period in 2016/17 of 46 with 2017/18 of 60.

### Here's what some people have said.

*"Just to let you know that X is doing AMAZINGLY well and is thriving! He is the most precious little being and we love him to bits Y. What a gift!!! having X in our lives is like Christmas every day for us! During the adoption process the Hillingdon adoption team went through a lot of transitions in terms of managers and social workers etc., but as soon as you came on the scene we noticed a HUGE difference in the way things were run. Everything seemed to work so much more efficiently, effectively and professionally, and most importantly, with care. Thank you Y."*

*"A special thank you to Y - he was our 7th social worker and the most proactive, dedicated,*

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*professional and caring of all the previous social workers before him. He too made a huge impact in terms of getting us matched in very quick time. He never gave up and remained in constant contact with us throughout the time he was our social worker and provided the most amazing support. Y is extremely responsive and very punctual and delivers on what he promises. Such dedication is rare. We will always hold a special place in our hearts for Y, and all of the Hillingdon team, including A, B and C. We will never forget what you have done for us, for our family. You have one of the most important jobs out there - the work you do matters. On the days when you are burnt out, and questioning if it does, take a few moments and think about all the children you have successfully placed in a loving, caring and nurturing home. Thank you from the bottom of our hearts. You have enriched our lives in ways you will never know."*

*"Thank you so much for sharing the photo of X. Mum sent this to you, rightly proud of the fine young man that her son has grown into with your support and involvement. I am aware that you have been integral in X's journey from a socially isolated boy who was psychologically unable to attend school at all, through to his accessing a suitable place at XXXX, now able to socialise and eat in public. Mum has shared his Prom photo, news of his Year 12 positive plans, news of a girlfriend and ambition to become a mechanic. This is truly uplifting."*

*"Thank you Z. Your impact and influence with vulnerable young people in general and Y in particular through Mum's testimony never ceases to impress me. I am writing today, following the Case Conference I attended at Hillingdon Civic Centre. I am a Clinical Nurse Specialist with Hillingdon CAMHS, and have been working with a family (JM) with A as the named social worker. I mentioned in the meeting, and wanted to say again in written feedback, that Z has been an **exceptional** support and resource. I have consistently been able to reach her for consultation and feedback both via phone and email. Z has always provided her time, experience and thinking when considering the ongoing work for this family. I have been genuinely impressed each time I have spoken with her, and really do feel that the progress this family has made in such a short time is the result of her thoughtfulness, drive and persistence. I am sure you get many emails with less pleasant feedback, and I really wanted to share just how brilliant she has been."*

*"My name is Z and sadly my daughter fell in love with an animal and broke the law. I was with her in court when they said it might be able to be transferred to Hillingdon yot. I rang yot as soon as we got out of court and spoke to a very helpful young man who gave my number to Z. From the moment she rang me to say that she would work with A it felt like a weight had been lifted from my heart. She helped A understand that she was in a very unhealthy relationship. She made her understand the bigger picture of what she had done. Z helped me to understand that myself and my husband were not at fault for what she had done. I never thought this would happen to one of my kids as I work for service and should have picked up the signs. A started the Princes Trust Team Programme and Z was so accommodating with A's time table and juggled her diary so that A to come to yot. Z has totally changed her life around. She has got an apprenticeship at a nursery and has met a young man who is her age and in full time work and comes from a happy close nit family. She has got rid of her so called friends. She has said sorry to my friends and family for the upset she caused. It has been a very long hard year but A is a success story. Z should take credit for this because she has been amazing. I could never thank her for all the hard work she has done. She is a credit to your team. Please feel free to pass my email onto anyone that may be interested in a Hillingdon yot success story."*

*"We would like to THANK YOU ever so much for all your help and support regarding our son. It*

means a lot to us and there is no word's to say how happy and exited we are for B to start his new school. We both strongly believe that B will make a lot of progress during his education at SSS School."

*Now that the children have completed the programme I have asked them to complete the Rosenberg Self-Esteem questionnaire which I gave them prior to starting and this is what I used to identify the children. The results show that there has been an improvement from all the children with 10/12 of the children now within 'the normal range' whereas before they were below suggesting low self esteem. The two children who haven't scored 'within the normal range' are now much closer to it and have improved in the areas that were low last time. The programme was very well run and has clearly had a positive impact. The children all appear more confident in themselves and the ones that attended the awards ceremony were really excited and keen to share what had happened with their friends. I'd like to thank you and everyone who led the sessions. The children have really benefited and once again it has made a real impact.*

## **8. BENCHMARKING AGAINST OTHER LOCAL AUTHORITIES**

**Table 9** - Comparative benchmarking data on how Hillingdon compares against other neighbouring Local Authorities.

Local Authority	Total number of Stage 1 complaints	Total number of Stage 2 complaints	Total number of Stage 3 complaints	Total Number of Ombudsman investigations
Barnet	38	1	0	4
Brent	79	12	0	1
Ealing	90	2	0	4
Buckinghamshire	44	11	3	3
Hillingdon	32	2	0	1
Islington	80	4	0	1

In comparison with the Local Authorities near to us, the volume of formal children complaints is low. This is mainly due to the effort made by staff to bring about early resolution of a complaint at the informal stage. This approach is effective in ensuring that a complaint is resolved to the satisfaction of the complainant.

## **Annex 3 – ADULT SOCIAL CARE SERVICES**

The procedure for dealing with Adult Social Care complaints is regulated by the ‘The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009’.

This procedure is far less prescriptive and allows for early escalation to the Local Government and Social Care Ombudsman should the complainant be dissatisfied with the response from the Local Authority. The intention of this procedure is to achieve resolution at the first attempt, to remove bureaucracy and is designed to empower complainants in shaping from the outset the approach to resolving the complaint.

The complaint procedure operates as follows:

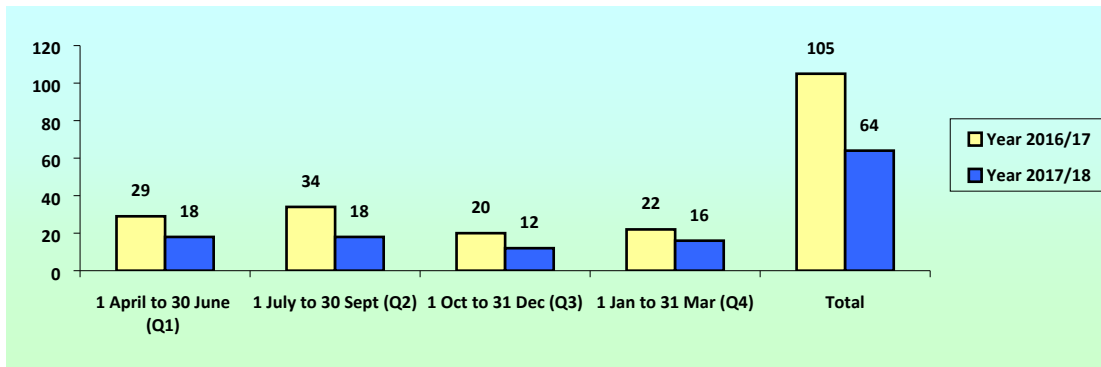
- The Informal Complaint (service request).
- Stage 1 – response from an Assistant Director or Head of Service of the area complained about.
- Local Government and Social Care Ombudsman.

A more detailed explanation of how the complaint procedure operates, the main complaint themes and statistical data for each stage of the process is provided below.

### **1. THE INFORMAL COMPLAINT**

The feedback we have received from residents indicate that most want action to resolve their concerns on the spot by discussing the problem with an officer/manager rather than going through the more formal complaint route. If we can resolve a residents issue in this way we will do so, immediately. We will continue to take this approach, wherever possible.

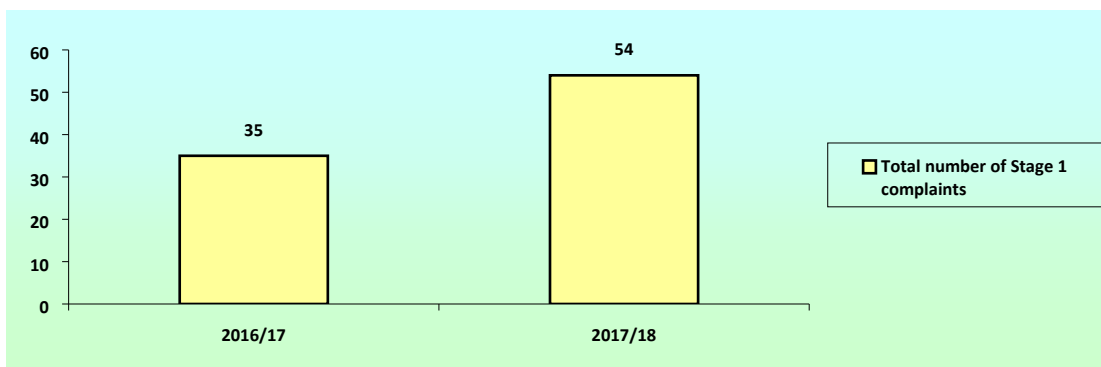
#### **Informal Complaints received – (service requests)**



- 39% (41) fewer informal complaints recorded when comparing 2016/17 figure of 105 with the 2017/18 figure of 64.

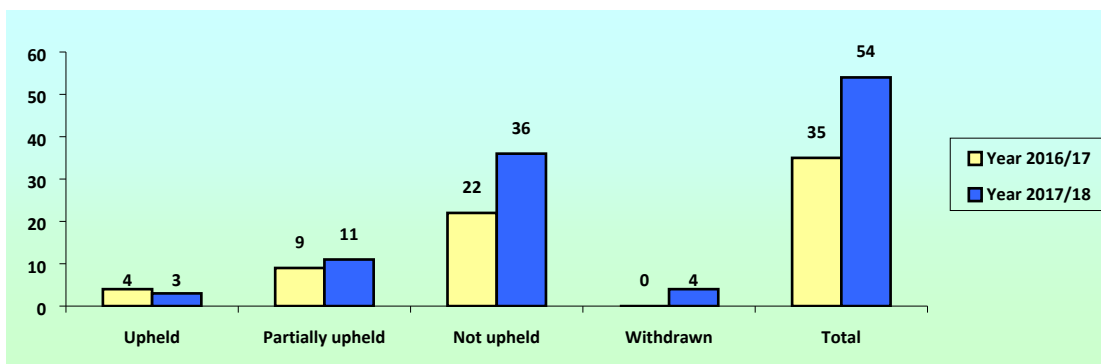
## 2. STAGE 1 COMPLAINT - LOCAL RESOLUTION

### Total number of Stage 1 complaints



- 54% (19) more Stage 1 complaints recorded for 2017/18 then 2016/17.

### Outcome of complaints



- 6% (3) of Stage 1 complaints were upheld, 20% (11) partially upheld, 67% (36) not upheld and 7% (4) withdrawn or cancelled.

**Table 10 – Time taken to respond to a Stage 1 complaint (working days)**

	2016/17	2017/18
Average time taken to respond to a complaint	10.47	10.48
Target	20	20
Variance	- 9:53	- 9.52

- The average time taken to respond to a Stage 1 complaint is 10.48 working days which is just outside our internal target of 10 working days and much better than our published target of 20 working days.

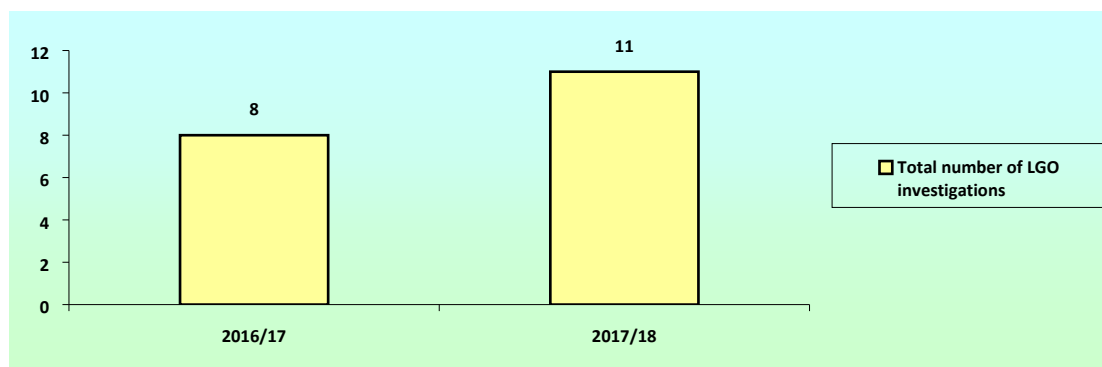
**Table 11 - Number and % of responded to within 10 working days**

Period	Total number of complaints	Number responded to within 10 working days	% responded to within 10 working days
2016/17	35	27	83%
2017/18	54	44	81%

- 44 (81%) of Stage 1 complaints were responded to within the 10 working day target and 51 (94%) were responded to within 20 working days. This is an area where we do need to improve on.

### **3. LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN INVESTIGATION (LGO)**

#### **Total number of LGO investigations**



The table below shows all 11 complaints considered by the LGO and the outcome of their

investigations.

Complaint details	LGO decision
<p><b>Complaint ref: 6007367</b> Mr X complained that the Council altered his disabled child's home to school transport so the length of journey each way increased to over two hours. He said that the journey had recently reverted to its original route but the change caused his child distress.</p>	<p><b>Upheld</b> The Ombudsman determined that the Council was at fault when it failed to properly consider the impact of a revised home to school transport journey on Mr X's disabled child and incorrectly treated his appeal as a complaint. The Council agreed to apologise, compensate Mr X and review its procedures to ensure it considers whether a journey is reasonably stress free as well as the safety of the journey</p>
<p><b>Complaint ref: 5854144</b> Ms X complained that Council failed to deal properly with the transfer of responsibility for her mother's care from its Reablement team to a care agency, which put her at risk of harm.</p>	<p><b>Upheld</b> The Ombudsman found fault. The Council agreed to apologise and waive the charges for its care agency.</p>
<p><b>Complaint ref: 5227957</b> Ms X complained that the safeguarding investigation carried out was delayed and biased and that the community psychiatric nurse and the continuing healthcare nurse assessor were not adequately involved in the safeguarding investigation.</p>	<p><b>Partially Upheld</b> The Ombudsmen did find some evidence of fault in the Council's record-keeping, in communicating with Ms X and delay in an investigation. As the Council apologised to Ms X this was considered a suitable remedy.</p>
<p><b>Complaint ref: 5231104</b> Mr X complained that the Council had failed to meet his care needs.</p>	<p><b>Partially Upheld</b> The Ombudsman found some fault over the way the Council met Mr X's care needs but could not say that it caused Mr X an injustice. If Mr X wants the Council to go on meeting his needs he will have to co-operate with a re-assessment of his needs.</p>
<p><b>Complaint ref: 4996382</b> Mr X complained that he was not being allowed to use direct payments to pay for leisure activities, that nine hours per week of support had been removed from his personal budget and that he</p>	<p><b>Partially Upheld</b> The Ombudsman found that there were flaws in the May 2016 reassessment of Mr X's care needs and that he had been incorrectly charged for cleaners. The Council apologised to Mr K and agreed to refund him the costs of the cleaners and a sum of monies by way of redress in recognition of his distress. The Ombudsman</p>

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had been charged for cleaning agency visits despite this being part of his section 117 aftercare plan.	found that Mr X was not entitled to use his direct payments to pay for leisure activities or entrance fees.
<b>Complaint ref: 6054853</b> Mr and Mrs X complained that the Council failed to tell them that they would have to contribute towards the cost of a six-week care package.	<b>Not Upheld</b> The Ombudsman found no evidence of fault in the way the Council told Mr and Mrs X about the care package charges they would need to pay.
<b>Complaint ref: 6409603</b> Mr X complained that the Council failed to properly consider his daughter's need for transport to school. He was unhappy with the way his appeal was dealt with.	<b>Not Upheld</b> The Ombudsman found no evidence of fault.
<b>Complaint ref: 5642413</b> Mrs X complained that the Council failed to provide the therapy specified in her son's Education Health and Care Plan and failed to carry out the required annual review.	<b>Did not investigate</b> The Ombudsman did not investigate Mrs X's complaint about two missed sessions of therapy specified in an Education Health and Care Plan. This is because it was unlikely an investigation would produce a significantly different outcome.
<b>Complaint ref: 6028337</b> Mr X complained on behalf of his late wife that there was no Deprivation of Liberty Safeguards authorisation for his late wife while she was in hospital.	<b>Did not investigate</b> The Ombudsman did not investigate this complaint as it is unlikely that a further investigation by the Ombudsman would find fault or lead to a different outcome. The Ombudsman could not provide a worthwhile outcome for Mrs X as sadly she had now died.
<b>Complaint ref: 5977892</b> Mr X complained that the Council had not investigated properly his concerns about the employees of a care provider. He alleged that the employees are claiming for fraudulent timesheets, and defrauding the Council.	<b>Did not investigate</b> The Ombudsman determined that they were unlikely to find fault in the actions of the Council and as no personal injustice had been caused to Mr X.
<b>Complaint ref: 5855643</b> Mrs X complained that the Council changed her son's home to school transport arrangements, but this did not meet his needs and his condition became worse.	<b>Investigation discontinued</b> As the Council had reinstated the home to school transport for the complainant's son, the Ombudsman discontinued the investigation.

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## 4. LEARNING FROM COMPLAINTS

### Communication

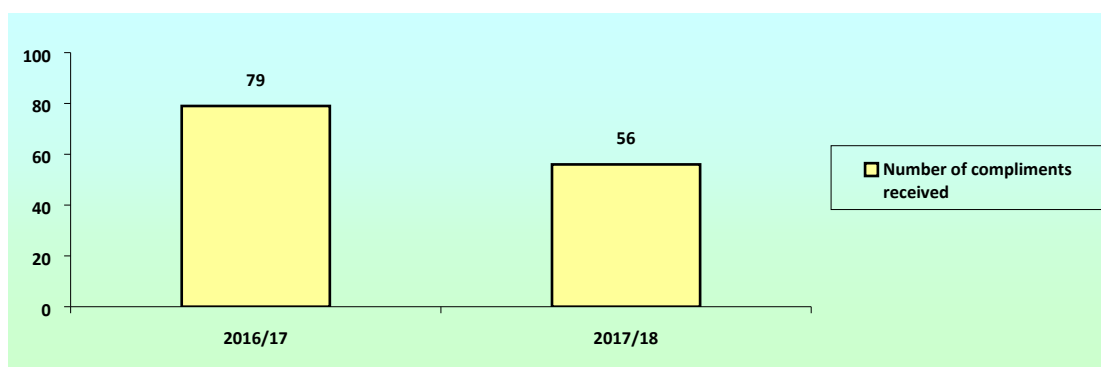
- In four complaints the main cause of the complaint was about the information that had been given, it was either incorrect or misleading or that they were getting differing information. On each occasion, we accepted that the information given should have been clearer and it was addressed with the member of staff directly through their performance review.
- There was one instance when in 2015 the Council decided to take no further action in response to a referral but the information held on file was insufficient. As a result it was difficult to know how the decision had been arrived upon. We apologised for this and advised that our procedure had since been tightened up.

### Errors

- After a review, 1:1 night care was withdrawn from a client on the basis that 2 staff were on duty to assist. However, when our client's medication was reduced and his behaviour became challenging, we did not place further support in place. We apologised, agreed that with hindsight further support should have been put in place and advised that in future we would undertake a review when the medication was changed.
- In one instance we wrote to the husband and incorrectly spelt the name of his deceased wife. We apologised.
- A child was signed off to travel independently but his parents had not been told. The Passenger Assistant refused him access to the bus and he was left at the side of the road. We apologised, changed the Passenger Assistant and sought reassurance from the service provider that this would not happen again.

## 5. COMPLIMENTS

### Number of compliments received



- Compliments are down 29% (23) when comparing the same period in 2016/17 of 79 with 2017/18 of 56.

**Here’s what some people have said:**

*"I like to take this opportunity to congratulate yourself and your staff in the work that you all have undertaken within the Carers Strategy. When I took on the post 3 years ago there was a real lack of understanding in assessments monies and deliverance. I was inundated with enquires and concerns around packages, fundings and needs. Today however I look back and can see an incredible reduction in the number of enquiries and complaints I have received this year. This is all down to the work that you have participate in, from the BiteSize sessions you attended to the training in the assessments needs and capacity and the open road shows much more. This is a huge step forward and shows the dedication and hard work you and your staff have put in to raise the profile of Social Services for the carers and their cared for person. A Social Service that understand listens and assist residents in their times of need."*

*"It was good to meet you today and I just wanted to say that the meeting today was very well chaired. In fact probably the best safeguarding chair (SAM) I have ever come across in my many years being in health and social care. You were fair, thorough and followed the process that should be followed. We have attended a few across many boroughs over many years and today's meeting was very well led. Just wanted to pass this compliment on to you."*

*"We cannot thank you enough for being the person who was so understanding, considerate and who was willing to listen to what we have to say. We are so happy to hear the good news and we are so glad that we have met you. Thank you for all the help and support you have done for our son A. Now, we can move forward with joy in our hearts that our son will have the support he needs and that he will have all the help he requires at school. We greatly appreciate everything."*

*"In case you have not been told Mum passed away in the early hours of this morning. This was the day she was going to Franklin House. I think the move would have proved to be another frightening experience for her and so I thank God she is now at peace away from pain and so much of the unknown to her. I thank you for all your kindness, compassion and thoughtfulness you are a real blessing to the elderly and their families."*

**6. BENCHMARKING AGAINST OTHER LOCAL AUTHORITIES**

**Table 13** - provides comparative benchmarking data on how Hillingdon compares against other neighbouring Local Authorities.

Local Authority	Total number of Adult Social Care complaints received	Total Number of Ombudsman investigations
Barnet	95	4
Brent	97	9
Ealing	109	5
Buckinghamshire	156	10
Hillingdon	35	7

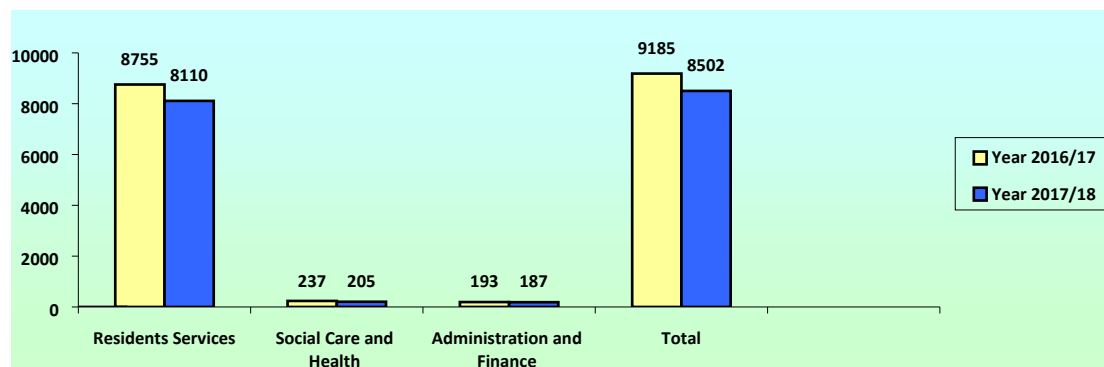
Westminster	106	5
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In comparison with the Local Authorities near to us, the volume of formal adult complaints is low. This is mainly due to the effort made by staff to bring about early resolution of a complaint at the informal stage and Stage 1 of the complaint procedure. This approach is effective in ensuring that a complaint is resolved to the satisfaction of the complainant and results in the vast majority of complaints not escalating to the Local Government Ombudsman.

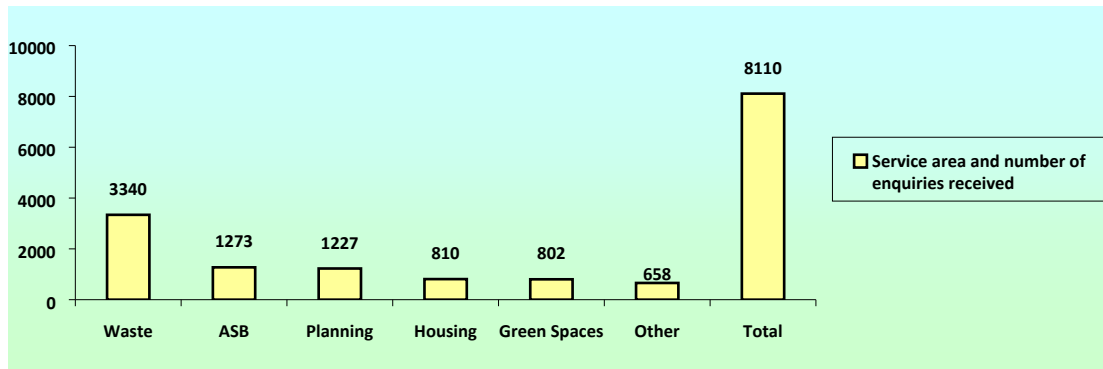
#### **Annex 4** **MEMBERS ENQUIRIES**

Enquiries can be submitted to officers by Elected Members on behalf of their constituents.

#### **Total number of Enquiries from Elected Members**



- 7% (683) fewer (overall) enquiries from Elected Members when comparing the figure for 2016/17 of 9,185 with the figure for 2017/18 of 8,502.
- Residents Services accounts for 95% of all enquiries from Elected Members. Please see below for a breakdown of enquiries received for Residents Services.



- Social Care accounted for 3% (205) and Administration and Finance accounted for 2% (187) of all MEs recorded in 2017/18.

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## SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - FORWARD PLAN

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Anisha Teji, Chief Executive's Office
<b>Papers with report</b>	Appendix A – Forward Plan
<b>Ward</b>	All

### HEADLINES

The Committee is required by its Terms of Reference to consider the Forward Plan and comment as appropriate to the decision-maker on key decisions which relate to services within its remit (before they are taken by the Cabinet or by the Cabinet Member).

### RECOMMENDATION

**That the Social Care, Housing and Public Health Policy Overview Committee notes and comments on items going to Cabinet.**

### SUPPORTING INFORMATION

The latest published Forward Plan is attached.

### Implications on related Council policies

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### How this report benefits Hillingdon residents

Policy Overview Committees directly engage residents and external partners in the work they do.

### Financial Implications

None at this stage.

### Legal Implications

None at this stage.

### BACKGROUND PAPERS

NIL.

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Social Care, Housing and Public Health Policy Overview Committee – 17 October 2018

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## Upcoming Decisions

Further details

Ref

Ward(s)

Final decision by Full Council	Cabinet Member(s) Responsible	Officer Contact for further information	Consultation on the decision	NEW ITEM	Public or Private (with reason)
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SI = Standard Item each month

Council Departments: RS = Residents Services SC = Social Care CEO = Chief Executive's Office FD= Finance

### Cabinet - 25 October 2018

265	<b>Safeguarding Adults Partnership Board Annual Report</b>	The Annual Report of the Safeguarding Adult Partnership Board will be presented to Cabinet. The report details the partnership's activity and performance in safeguarding adults at risk and its priorities for the year. The report is set in the context of national guidance and policy.	All		Cllr Philip Corthorne	SC - Steve Ashley (Independent Chairman) / Tony Zaman	Social Care, Housing & Public Health Policy Overview Committee		Public
266	<b>Local Safeguarding Children Board: Annual Report</b>	Cabinet will receive the Annual Report of the Local Safeguarding Children Board (LSCB). It provides Elected Members with a view on effectiveness of children's safeguarding in Hillingdon and identifies priorities for future action and attention.	All		Cllr David Simmonds CBE	SC - Steve Ashley (Independent Chairman) / Tony Zaman	Social Care, Housing & Public Health Policy Overview Committee		Public

### Cabinet - 15 November 2018

285	<b>Award of Contract: Care and Support Service for People with Mental Health Needs</b>	Cabinet will be asked to agree an extension of the care and support contract for three supported living services for people with mental health needs to enable all of the Council's contracts for this type of service to be tendered at the same time.	All		Cllr Philip Corthorne	SC - Kate Kelly-Talbot / Gary Collier		NEW	Private (3)
267	<b>Older People's Plan update</b>	Cabinet will receive it's twice yearly update on progress on the Older People's Plan (May and November annually).	All		Cllr Ray Puddifoot MBE / Cllr Philip Corthorne	RS - Kevin Byrne	Older People, Leader's Initiative		Public

### Cabinet - 13 December 2018

272 a	<b>The Council's Budget - Medium Term Financial Forecast 2019/20 - 2023/24 BUDGET &amp; POLICY FRAMEWORK</b>	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2019/20 for consultation, along with indicative projections for the following four years. This will also include the HRA rents for consideration.	All	21-Feb-19	Cllr Ray Puddifoot MBE & Cllr Jonathan Bianco	FD - Paul Whaymand	Policy Overview Committees & statutory consultation with businesses & ratepayers		Public
<b>Cabinet - 24 January 2019</b>									
281	<b>Adoption regionalisation</b>	The Department for Education has announced plans for all UK adoption services to be regionalised by 2020. Cabinet will consider Hillingdon becoming part of the Adopt West London Regional Adoption Agency, hosted by LB Ealing.	N/A		Cllr David Simmonds CBE	SC - Tony Zaman / Ana Popovici / Vanessa Strang	Local authorities	<b>NEW</b>	Public

## SOCIAL CARE, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE - WORK PROGRAMME

<b>Committee name</b>	Social Care, Housing and Public Health Policy Overview Committee
<b>Officer reporting</b>	Anisha Teji, Chief Executive's Office
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	All

### HEADLINES

To enable the Committee to track the progress of its work in 2018/2019 and forward plan its work for the current municipal year.

### RECOMMENDATION

**That the Social Care, Housing and Public Health Policy Overview Committee considers the report and agrees any amendments.**

### SUPPORTING INFORMATION

- The Committee's meetings tend to start at 7pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for this municipal year are as follows:

Meetings	Room
13 June 2018, 7pm	CR 5
30 July 2018, 7pm	CR 4
26 September 2018, 7pm	CR 4
17 October 2018, 7pm	CR 4
28 November 2018, 7pm	CR 4
16 January 2019, 7pm	CR 4
7 February 2019, 7pm	CR 4
18 March 2019, 7pm	CR 4
11 April 2018, 7pm	CR 4
June 19 meeting, 7pm	TBC
July 19 meeting, 7pm	TBC
September 19 meeting, 7pm	TBC
October 19 meeting, 7pm	TBC
November 19 meeting, 7pm	TBC
December 19 meeting, 7pm	TBC

### **Implications on related Council policies**

A role of the Policy Overview Committees is to make recommendations on service changes and improvements to the Cabinet who are responsible for the Council's policy and direction.

### **How this report benefits Hillingdon residents**

Policy Overview Committees directly engage residents and external partners in the work they do.

### **Financial Implications**

None at this stage.

### **Legal Implications**

None at this stage.

### **BACKGROUND PAPERS**

NIL.

# Multi year work programme

## Social Care, Housing & Public Health

2018

2019

Meeting Month	June	July	September	October	November	January	February	March	April	June	July	September	October				
Date	13	30	26	17	28	16	7	18	11	TBC	TBC	TBC	TBC				
<b>REVIEW A: Universal Credit and other welfare benefit changes</b>																	
Topic selection / scoping stage	Agree topic		Scoping report														
Witness / evidence / consultation stage				Witness Session 1	Witness Session 2	Witness Session 3	Witness Session 4										
Findings, conclusions and recommendations								Findings									
Final review report agreement									Final Report								
Target Cabinet reporting											CABINET						
Post review monitoring													TBC				
<b>Title of Review B</b>																	
Topic selection / scoping stage																	
Witness / evidence / consultation stage																	
Findings, conclusions and recommendations																	
Final review report agreement																	
Target Cabinet reporting																	
Post review monitoring																	
<b>Regular business items</b>																	
Mid year Budget Update	X																
Annual complaints & service update report				X								X					
Looked After Children Performance Data	X																
Annual LCSB (Children's Safeguarding Board report)				X								X					
Annual SAPB (Adults Safeguarding Board report)				X								X					
Quality and Capacity of the Community Mental Health Services in Hillingdon				X								X					
Child & Adolescent Mental Health Services update				X						X							
Cabinet's budget proposals for next financial year						X											
Cabinet Forward Plan monitoring	X	X	X	X	X	X	X	X	X	X	X	X	X				
Work Programme	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>One-off business items</b>																	
Introductory report on overview and scrutiny	X																
Presentation on the Council's corporate parenting role	X																
Information report on current housing policy	X																
Child Sexual Exploitation - update report	X																
Housing assessments					X												
Better Care Fund Plan					X												
Update on Telecare Line				X						X							
A presentation from the Children in Care Council										X							
<b>Past review monitoring</b>																	
Early Intervention Service							X						X				
Hospital Discharges					X		X						X				
Stroke Prevention					X		X						X				
Loneliness and Social Isolation											X						
<b>Internal use only</b>																	
Report deadline	4 June 2018	19 July 2018	14 September 2018	8 October 2018	19 November 2018	7 January 2019	29 January 2019	7 March 2019	2 April 2019	TBC	TBC	TBC	TBC				
Agenda published	5 June 2018	20 July 2018	17 September 2018	9 October 2018	20 November 2018	8 January 2019	30 January 2019	8 March 2019	3 April 2019	TBC	TBC	TBC	TBC				

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