



Cabinet (Performance Management) Panel

23 February 2015

Time 5.00 pm **Public Meeting?** YES **Type of meeting** Executive
Venue Committee Room 2 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Paul Sweet (Lab)

Labour

Cllr Peter Bilson
Cllr Val Gibson
Cllr Roger Lawrence
Cllr Elias Mattu
Cllr John Reynolds
Cllr Sandra Samuels

Conservative

Liberal Democrat

Quorum for this meeting is two Councillors.

Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

Contact Dereck Francis
Tel/Email Tel: 01902 555835 or dereck.francis@wolverhampton.gov.uk
Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square, Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETINGS BUSINESS ITEMS

- 1 **Apologies for absence**
- 2 **Declarations of interests**
- 3 **Minutes of the previous meeting (17 November 2014)** (Pages 3 - 6)
[For approval]
- 4 **Matters arising**
[To consider any matters arising from the minutes of the previous meeting]

Decision Items (Amber - delegated to Cabinet (Performance Management) Panel)

- 5 **Housing Management Agents Performance Monitoring Report - Quarter Two April to September 2014** (Pages 7 - 34)
[To receive and comment on the quarter two performance]
- 6 **Corporate Performance Report - Quarter Three 2014/15** (Pages 35 - 52)
[To receive and comment on the quarter three performance]
- 7 **Community Directorate Annual Complaints and Representations Procedure Reports** (Pages 53 - 120)
[To receive and comment on the two reports and approve the design and distribution of the executive summary]
- 8 **Adult Social Care Local Account 2013/14** (Pages 121 - 156)
[To present the account which provides an overview of performance across Adult Social Care in Wolverhampton]
- 9 **Information Governance Performance Report- Quarter Three 2014/15** (Pages 157 - 162)
[To receive and comment on the performance for quarter three]
- 10 **Information Governance Board - Changes to Membership and Roles** (Pages 163 - 168)
[To approve a revised membership of the Board and the role description of the Chief Cyber officer]



Cabinet (Performance Management) Panel

Minutes - 17 November 2014

Attendance

Members of the Cabinet (Performance Management) Panel

Cllr Paul Sweet (Chair)
Cllr Peter Bilson
Cllr Val Gibson
Cllr Elias Mattu
Cllr John Reynolds
Cllr Sandra Samuels

Employees

Kenny Aitchison	Service Manager Housing Strategy/Development
Dereck Francis	Democratic Support Officer
Adam Hadley	Scrutiny and Transparency Manager
Keith Ireland	Managing Director
Liane Percival	Housing Strategy/Development Support Officer
Philip Toni	Wolverhampton Homes
Polly Sharma	Policy and Equalities Manager

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies for absence**
Apologies for absence were submitted on behalf of Cllr Roger Lawrence.
- 2 Declarations of interests**
No declarations of interests were made.
- 3 Minutes of the previous meeting (15 September 2014)**
Resolved:
That the minutes of the previous meeting held on 15 September 2014 be approved as a correct record and signed by the Chair.
- 4 Matters arising**
There were no matters arising from the minutes of the previous meeting.
- 5 Housing Managing Agents Performance Monitoring Report - Quarter One April to June 2014**
The Panel reviewed performance monitoring information on Wolverhampton Homes and the Tenant Management Organisations (TMOs) management and maintenance of Council owned properties during quarter one of the 2014/15 financial year.

Kenny Aitchison, Service Manager Housing Strategy and Development reported that overall there had been a good strong performance by WH and the TMOs for the quarter. There were some issues relating to certain TMOs and their governance that were being addressed. He also informed the Panel that since its last meeting the Homes and Communities Agency had awarded an extra £539,000 towards the Decent Homes programme. He also made a correction to the impression given at paragraph 3.9.2 of the report and clarified that Homes Direct had always had the same target as City Direct for 'average call answer time'.

Cllr Paul Sweet welcomed the good news about the extra resources for the Decent Homes programme. He went on to query whether the governance issues at some of the TMOs had highlighted any issues for the Council's monitoring procedures. Kenny Aitchison reported that to a certain extent previously there had not been the staff to dedicate the time to monitor the areas that had now been raised at the TMOs. He gave an assurance to the Panel that more time would be devoted to them in the future. In response to a question about the significant cash reserves that the TMOs had built up, he also reported that all TMOs are putting forward an investment programme to make sure the reserves are spent on their estates.

Philip Toni, Wolverhampton Homes gave an update on an improved performance for 'abandoned calls' to that contained within the published report. Moving forward on the customer care standards he reported on tensions with the channel shift agenda being experienced in some Government Departments seeking to strike a balance between wanting to move customers towards digital services and maintaining good call answer times for those customers wanting to speak to someone direct.

Cllr Peter Bilson echoed the comments about the performance of WH and the TMOs and the news about the additional resources for the Decent Homes programme.

At the end of the discussion Kenny Aitchison asked the Panel to feed back any comments they had on the revised format of the performance monitoring report.

Resolved:

That the performance of the housing management agents for quarter one of 2014/15 be received and noted.

6 **Corporate Performance Report Quarter Two 2014/15**

Polly Sharma, Equality and Diversity Manager presented the quarter two corporate performance report.

Cllr Val Gibson reported on the 'Looked After Children' performance measure and informed the Panel that the numbers had been constant at around 800 since April 2014. This stability showed that the actions put in place, including the Families R First programme, were beginning to have an impact. She acknowledged that the measures would take some time before the full effects are seen and the benefits realised but that she was happy with the progress. She also commented that work would be led by Emma Bennett, Assistant Director – Children, Young People and Families and Sarah Norman, Strategic Director Community to convince some of the key agents involved with LAC about the benefits of the programme and the multi-agency approach.

Keith Ireland, Managing Director endorsed the comments that the Council had 'stemmed the flow' in terms of the number of looked after children and if not for the measures there would have been a steady increase in LAC numbers. He reported that the model being followed in order to improve the position was the right one and that he anticipated that the numbers would reduce.

Cllr John Reynolds requested an update from Public Health on action being taken in response to the measure 'percentage of children obese in year 6'. He also commented on the progress being made to improve performance on the measure relating to appraisal. In response to the latter, the Managing Director reported that the current position was that 66% of the total workforce had a current appraisal. Data collection activity was taking place to compile a clear and up to date list of current appraisals. Each manager would be required to supply a list of current appraisals carried out within their team. He anticipated that by the end of the year there would be a clean and up to date list. He also reported that in future the data on appraisals would be managed through the Agresso database.

Resolved:

1. That the report be received and noted.
2. That Public Health submits an update report on action being taken in response to the measure 'percentage of children obese in year 6' to the next meeting.

- 7 **Information Governance Performance Monitoring Quarter Two 2014/15**
Adam Hadley, Scrutiny and Transparency Manager presented a report on the performance of information governance for quarter two (July to September 2014).

Resolved:

That the report be received and noted.

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Cabinet (Performance Management) Panel

23 February 2015

Report title	Housing Managing Agents Performance Monitoring Report – Quarter Two April 2014 to September 2014	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Peter Bilson Economic Regeneration and Prosperity	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable director	Nick Edwards, Service Director for City Assets	
Originating service	Housing Services	
Accountable employee(s)	Liane Percival	Housing Strategy and Development Support Officer
	Telephone	01902554758
	Email	liane.percival@wolverhampton.gov.uk
Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Cabinet (Performance Management) Panel is recommended to:

1. Review and comment on the performance of the housing management agents for quarter two 2014/15 and any areas for improvement.

1.0 Purpose

- 1.1 The primary purpose of this report is to provide Councillors with a regular evaluation of the performance of Wolverhampton Homes and the Tenant Management Organisations (TMOs) in managing and maintaining Council owned dwellings during the 2014/15 financial year.

2.0 Background

- 2.1 This report assists in clarifying and highlighting areas of performance and in particular where performance data suggests that intervention or revised working may be required or has been undertaken.
- 2.2 This report refers to the second quarter in 2014/15 and particularly in relation to:
- 2.2.1 Showing the quarters from quarter two 2013/14 to quarter two 2014/15 inclusively to allow comparison over the year.
- 2.2.2 The performance for each of the managing agents is grouped under three headings:
- a) Rents Management
 - b) Repairs Management
 - c) Empty Property Management
- 2.2.3 Wolverhampton Homes additionally reports on Business Planning, tenants' satisfaction with the handling and outcomes of the Anti-Social Behaviour (ASB) process, the delivery of the Decent Homes Programme, Customer Care and Estate Services.
- 2.2.4 Tables indicate both the direction in which performance needs to move for improvement and performance trends between the current and the previous quarter.
- 2.2.5 Additionally, performance is categorised as:
- a) GREEN – where performance is in target and:
 - (i) Was in target the previous quarter, or
 - (ii) Was marked as Amber in the previous quarter.
 - b) AMBER – where performance is:
 - (i) Off target this quarter and was marked as Green in the previous quarter, or
 - (ii) In target this quarter and was marked as Red in the previous quarter.
 - c) RED – where performance is off target and,
 - (i) Was marked as Amber in the previous quarter, or
 - (ii) Was marked as Red in the previous quarter, or
 - (iii) Gives clear cause for concern

The left hand column of the table will show G, A or R.

2.3 Benchmarking

2.3.1 The performance of Wolverhampton Homes has previously been compared to the HouseMark Benchmarking Club Top Performance (Top Quartile) position. The Benchmarking Club accepts information from around 30 Arms Length Management Organisations (ALMOs). However, there has been a reduction in the number of ALMOs consistently submitting data to HouseMark which skews the results of this comparison. Wolverhampton Homes have met with HouseMark to discuss the situation and are awaiting a response. The HouseMark benchmarking club Top Quartile is currently not a robust tool for measuring Wolverhampton Homes' performance against peers and so this element of the analysis in this report has been suspended.

2.4 Governance

2.4.1 The Housing Strategy and Development Team continue to monitor the governance of the housing management organisations as described in a previous report.

2.4.2 The Service Manager Housing Strategy & Development attends Wolverhampton Homes' board meetings as an observer. Wolverhampton Homes' board, committee and other minutes and papers are available on request to Council employees.

2.4.3 The TMOs have provided agendas, minutes and other documents from their regular meetings. Housing Services employees have observed TMO board and committee meetings where resources have permitted.

2.4.4 There have been some issues relating to certain TMOs and their governance and these are addressed below. Generally, a number of the TMOs have built up significant cash reserves and the Housing Strategy and Development Team are working with each of the TMOs to put investment plans together.

3.0 Progress for Wolverhampton Homes

3.1 This section gives an outline of Wolverhampton Homes' performance for quarter two 2014/15. Performance details are available in Appendix 1a and 1b.

3.2 Wolverhampton Homes manages 20,837 properties on behalf of the Council. Generally, performance has been maintained in the second quarter of the year. Of the twenty-four indicators reported;

- performance for nineteen are in target
- thirteen have been maintained or improved this quarter
- sixteen have been maintained or improved when compared to the same quarter last year
- for the five indicators where performance is not in target, the causes have been identified and the issues addressed.

3.3 Rents Management

- 3.3.1 Changes in housing benefit brought about by Welfare Reform have had an impact on resources for Wolverhampton Homes. Some staffing resources have been diverted to respond to the needs of tenants and the organisation, including income/arrears collection and the provision of money and debt advice for example undertaking detailed financial assessments. Partnerships have also been developed, most notably with the CAB and Refugee and Migrant Centre, providing specialist advice and information which is tailored to meet the needs of individual households.
- 3.3.2 Performance for rents management was very good in the second quarter of 2014-15, meeting all but one of the targets, with continuing good performance from the previous quarter and improving on performance of the same quarter in the previous year. Rent collected has exceeded the profiled quarterly target and is expected to meet the year-end target. Rent arrears remain on target and there have been thirty-nine evictions for rent arrears this year.
- 3.3.3 This area of performance does not currently give any cause for concern.

3.4 Repairs Management

- 3.4.1 At the start of quarter one 2014-15, Wolverhampton Homes' repairs service was operating two systems for delivery – the traditional repairs service, focussing on the government timescales for completion of jobs and the Vision trial, focussing on tenants' arranging jobs at their own convenience. The two systems cover different geographical locations, known as 'patches'. Performance is reported separately for each system.
- 3.4.2 Performance for the Vision trial repairs was good and as a result, from June 2014, Wolverhampton Homes delivered all of its repairs service citywide through Vision.
- 3.4.3 The Council will need to develop a new suite of performance indicators to monitor this new method of carrying out response repairs. Target times are now irrelevant and the focus has shifted to appointments made and kept in time.
- 3.4.4 Wolverhampton Homes are currently developing the methodologies for the new indicators. HouseMark, a benchmarking service provider to housing organisations, is conducting a consultation in February 2015 to determine how repairs performance should be measured across the industry. The result of this consultation and further feedback will help to shape the suite of indicators for Wolverhampton City Council.

3.5 Empty Property Management

- 3.5.1 Performance for empty property management was very good for the second quarter of 2014-15 meeting all targets and with continuing good performance from the previous quarter and generally improving on performance for the same quarter

in the previous year. The average time to re-let properties and rent lost through properties being vacant are both in target, and have improved significantly on the performance in the same quarter last year.

3.5.2 The average number of empty dwellings at quarter four is 235 out of a total stock number of 20,837.

3.6 Business Planning

3.6.1 Performance for average days lost through illness continues to be very good.

3.7 Anti-Social Behaviour

3.7.1 Performance for tenant satisfaction with the anti-social behaviour service remains in target and has improved on the last quarter with significant improvement on the same quarter last year.

3.7.2 Wolverhampton City Council and Wolverhampton Homes have undergone a joint service review, the outcome of which was reported to Vibrant, Safe and Sustainable Communities Scrutiny Panel on 02 October 2014. Scrutiny Panel members endorsed the recommended option for future delivery of the service to be undertaken by Wolverhampton Homes, and this was approved by Cabinet on 12 November 2014.

3.8 Decent Homes

3.8.1 Wolverhampton's Decent Homes Programme is in its final year and is thought to be the only scheme nationally that has secured additional funding of £895,000 from the Homes and Communities Agency (HCA) to continue with improvements for this year through the Strategic Construction Partnership. A further £531,808 was awarded by the HCA to fund works on another 77 properties. In February 2015, the HCA confirmed a further allocation of £170,025 to fund works to 34 properties, bringing the total of additional funding to nearly £1.6 million in 2014/15.

3.8.2 Performance for Decent Homes work to properties met all but two targets with most expected to meet end of year targets.

3.8.3 Performance for satisfaction with Decent Homes remains off target and is unlikely to meet the year end target. Particularly poor performance by one of the partners has had a significant impact on the quarter's result, although Wolverhampton Homes have reported that the performance in November and December of quarter three has shown an upward trend (the data for quarter three is currently unavailable due to resourcing issues). Performance and tenant satisfaction levels are dealt with at the Core Group meetings between the contractors and Wolverhampton Homes and a great deal of emphasis is laid on these criteria, however because of concerns about performance for time in property and customer satisfaction more frequent meetings have been instigated at director level with both partners.

3.9 Customer Care

- 3.9.1 The Government's Channel Shift is a strategy for public sector organisations to encourage service users to access services online and digitally, rather than through face-to-face or telephone interaction. The aim of the 'digital by default' approach is to realise cost savings through improved efficiencies. Wolverhampton Homes' Channel Shift project continues its efforts in encouraging and helping tenants to use online self-service and takes things further by making digital the default option for how it delivers customer services. These efficiency savings will create funding to support other priority services.
- 3.9.2 The target for average call answer time for Homes Direct is now the same as the Council's target for City Direct and was changed as part of Wolverhampton Homes' Channel Shift agenda. Performance has improved compared to last quarter and when compared to the same quarter last year, and remains in target.
- 3.9.3 Wolverhampton Homes also intends to bring the target for calls abandoned in line with the City Direct target. Performance for this indicator is now in target having improved on last quarter, although it has weakened when compared to the same quarter last year.
- 3.9.4 Performance for complaints responded to in target time and councillor enquiries responded to in 14 days has not met the target for quarter two and has weakened when compared to the same quarter last year. It has, however, improved when compared to the same quarter last year. There were some resourcing issues which contributed to delays in responses. A new system is in place to monitor the process and an improvement has been noted.

3.10 Estate and Concierge Services

- 3.10.1 Performance for fire safety inspections on low and medium rise blocks and on high rise blocks continues to be excellent, maintaining 100% checks completed since the same quarter last year.

4.0 Progress for Bushbury Hill Estate Management Board (EMB)

- 4.1 This section gives an outline of Bushbury Hill EMB's performance for quarter one 2014/15. Performance details are available in Appendix 2.
- 4.2 Bushbury Hill EMB manages 844 properties on behalf of Wolverhampton City Council. Generally, performance has weakened slightly this quarter. All eight indicators are in target and of the six where historic data is available, performance has been maintained or improved for all but one indicator when compared to the same quarter last year. All year end targets are expected to be met.
- 4.3 Rents Management
- 4.3.1 Performance for rents management was very good in the second quarter of 2014-15, meeting all targets and improving on the good performance of the same

quarter in the previous year. Rent performance remains well in target and is not a concern.

4.4 Voids and Allocations

4.4.1 Performance for voids and allocations has been very good this quarter with the average re-let time being well within target, an improvement on last quarter and the same quarter in the previous year.

4.5 Repairs

4.5.1 Bushbury Hill EMB delivers its repairs service to tenants through a contract with Wrekin Housing Trust and offers tenants a “same day” repairs service. The methodology the Council uses to measure repairs performance cannot measure this service. As the focus on repairs services shifts to customer convenience rather than government timescales, Bushbury Hill EMB are developing a suite of repairs indicators that will enable them to measure their performance.

4.5.2 For quarters one and two 2014-15, Bushbury Hill EMB has reported headline performance for repairs. Performance is good with rapid response repairs attended same day and those completed same day both well above target for quarter two and both showing improved performance when compared to last quarter.

5.0 Progress for Dovecotes Tenant management Organisation (TMO)

5.1 This section gives an outline of Dovecotes TMO’s performance for quarter two 2014/15. Performance details are available in Appendix 3.

5.2 Dovecotes TMO manages 831 properties on behalf of Wolverhampton City Council. Generally performance is very good this quarter. Of the eleven indicators ten are in target, three have improved this quarter and four have been maintained or improved when compared to the same quarter last year.

5.3 Rents

5.3.1 Performance for rents management was good in the second quarter of 2014-15, meeting all but one target. The percentage of tenants with more than seven weeks rent arrears remains off target and will be monitored.

5.4 Voids and Allocations

5.4.1 Performance for voids and allocations has been good this quarter with both levels of void loss and the average re-let time being well within target although weakened slightly on the year to date.

5.5 Repairs

5.5.1 Dovecotes TMO is currently providing repairs performance data for the established indicators whilst a new suite of indicators is in development.

5.5.2 Performance for repairs is very good with all indicators in target, two improved this quarter, including emergency repairs completed on time at 100%, and all but two improved when compared to the same quarter last year.

5.6 Governance

5.6.1 An audit of key controls in operation was undertaken as part of the Council's Corporate Assurance Plan 2014/15 by the Council's Audit team. A draft report has been produced and an improvement plan is being developed.

6.0 Progress for New Park Village Tenant Management Co-operative (TMC)

6.1 This section gives an outline of New Park Village TMC's performance for quarter two 2014/15. Performance details are available in Appendix 4.

6.2 New Park Village TMC manages 301 properties on behalf of Wolverhampton City Council. Generally, performance has improved this quarter. Of the ten indicators all are in target, seven have been maintained or improved this quarter and six are improved or maintained when compared to the same quarter last year.

6.3 Rents

6.3.1 Performance for rents management was good in the second quarter of 2014-15, meeting all targets. Performance for arrears as a percentage of the rent roll improved on the same quarter last year.

6.4 Voids and Allocations

6.4.1 New Park Village has reported difficulties in letting some of the properties on the estate. A small third bedroom, and the heating charge that is applied only on this estate, contribute to the properties, particularly those with three bedrooms, appearing unaffordable to some potential tenants. This has, on a number of occasions, lead to tenancy offers being declined and in some cases to new tenants leaving the estate and entering the private rented market.

6.4.2 Despite these difficulties performance for voids and allocations has been very good this quarter with both levels of void loss and the average re-let time being well within target and showing a significant improvement when compared with the same quarter last year.

6.5 Repairs

6.5.1 New Park Village TMC is currently providing repairs performance data for the established indicators whilst a new suite of indicators is being considered.

6.5.2 Performance for repairs is very good with all indicators in target, all but one improved or maintained this quarter and all maintained or improved when compared to the same quarter last year. Routine repairs completed on time continue to perform at 100%.

7.0 Progress for Springfield Horseshoe Housing Management Co-operative (HMC)

7.1 This section gives an outline of Springfield Horseshoe HMC's performance for quarter two 2014/15. Performance details are available in Appendix 5.

7.2 Springfield Horseshoe HMC manages 271 properties on behalf of Wolverhampton City Council. Generally, performance has been maintained this quarter. Of the ten indicators all are in target, seven have been maintained or improved this quarter and all have improved or been maintained when compared to the same quarter last year.

7.3 Rents Management

7.3.1 Performance for rents management was very good in the second quarter of 2014-15, meeting all targets. There has been some improvement and some weakening of performance through the quarter but all performance has improved when compared to the same quarter last year.

7.4 Voids and Allocations

7.4.1 Performance for voids and allocations has been very good this quarter with both levels of void loss and the average re-let time being well within target. Both have improved when compared to last quarter and when compared to the same quarter last year. There has been significant improvement in average re-let times which are now no longer a concern.

7.5 Repairs

7.5.1 Springfield Horseshoe HMC is currently providing repairs performance data for the established indicators whilst a new suite of indicators is being considered.

7.5.2 Performance for repairs remains very good with all indicators in target and all performance maintained at very high levels. Repairs completed in time stands at 100% and average time for non-urgent repairs was 1 day.

7.6 Governance

7.6.1 Springfield Horse HMC are currently preparing for a continuation ballot which is due to take place at the end of March/start of April 2015.

8.0 Financial implications

8.1 This report has no financial implications.

[CF/09022015/X]

9.0 Legal implications

9.1 The services provided by the managing agents relates to the discharge of the Council's duties to its tenants. Failure to undertake relevant repairs to housing stock within a reasonable time following notice to the Council of disrepair can result in a tenant commencing proceedings in the civil courts against the Council for breach of repairing obligations under S11 of the Landlord and Tenant Act 1985.

[RB/09022015/T]

10.0 Equalities implications

10.1 There are no direct equality implications arising from this report, however the delivery of housing management services has an impact on the accessibility of housing for residents in the city.

11.0 Environmental implications

11.1 There are no direct environmental implications arising from this report, however the proper management of the Council's housing stock including investment to repair and improve properties considerably enhances the built environment.

12.0 Human resources implications

12.1 This report has no human resources implications.

13.0 Corporate landlord implications

13.1 This report relates to the performance of the housing management agents and council housing stock and therefore has no corporate landlord implications.

14.0 Schedule of background papers

Appendix 1a:

Wolverhampton Homes – 2014/15 Quarter Two Performance (by category)

Appendix 1b:

Wolverhampton Homes – 2014/15 Quarter Two Performance (by Green Amber Red)

Appendix 2:

Bushbury Hill EMB – 2014/15 Quarter Two Performance (by category)

Appendix 3:

Dovecotes TMO – 2014/15 Quarter Two Performance (by category)

Appendix 4:

New Park Village TMC – 2014/15 Quarter Two Performance (by category)

Appendix 5:

Springfield Horseshoe HMC – 2014/15 Quarter Two Performance (by category)

Appendix 1a Wolverhampton Homes by category		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Rent Management										
G	Rent collected as a percentage of rent owed	H	96.89	97.98	98.40	97.54	97.77	[P] 96.40 [A] 97.00	Performance has improved year-on-year in and is in target.	+
G	Tenants with more than 7 weeks arrears as a percentage of all tenants	L	2.01	2.06	1.97	1.27	1.43	[P] 1.95 [A] 1.95	Performance has improved year-on-year and is in target.	-
G	Tenants evicted for rent arrears as a percentage of all tenants	L	0.19	0.34	0.50	0.06	0.19	[P] 0.22 [A] 0.45	Performance has been maintained year-on-year and is in target.	-
G	Rent arrears of current tenants as a % of the rent roll (WH only)	L	1.70	1.16	0.87	1.13	1.26	[P] 1.19 [A] 1.00	Performance has improved year-on-year and is off target.	-
Repairs										
G	% of responsive repairs for which an appointment was made & kept	H	94.68	92.82	94.01	94.54	95.22	[P] 94.00 [A] 94.00	Performance has improved year-on-year and is in target.	+
G	% of valid gas certificates for tenanted properties	H	99.96	99.95	99.97	99.99	99.99	[P] 99.60 [A] 99.60	Performance has improved year-on-year and is in target.	=
R	% total repairs completed within target	H	98.86	99.04	98.56	98.93	98.47	[P] 99.00 [A] 99.00	Performance has weakened year-on-year and is off target.	-

Appendix 1a Wolverhampton Homes by category		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Voids & Allocations										
G	Average days to re-let property	L	28	25	24	22	19	[P] 25 [A] 25	Performance has improved year-on-year and is in target.	+
G	% of tenancy offers accepted first time	H	86.68	86.77	83.78	87.44	82.90	[P] 80.00 [A] 80.00	Performance has weakened year-on-year and is in target.	-
G	% Rent lost through properties being vacant	L	1.90	1.84	1.76	1.52	1.53	[P] 1.70 [A] 1.70	Performance has improved year-on-year and is in target.	-
Business Planning										
G	Average days lost through illness	L	5.09	5.49	5.90	5.13	5.45	[P] 6.50 [A] 6.50	Performance has weakened year-on-year and is in target.	-
Anti-Social Behaviour										
G	% satisfied with the way their ASB complaint was dealt with	H	94.39	90.91	92.00	93.26	96.88	[P] 85.00 [A] 85.00	Performance has improved year-on-year and is in target.	+
G	% satisfied with the outcome of their ASB complaint	H	92.35	88.64	88.00	92.13	96.25	[P] 85.00 [A] 85.00	Performance has improved year-on-year and is in target.	+

Appendix 1a Wolverhampton Homes by category		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Strategic Partnership										
G	Number non-decent homes made decent	H	259	775	621	403	509	[P] 500 [A] 1855	Performance has exceeded the target to Q4.	N/A
A	Number non-decent homes made decent (Priority N/hoods)	H	178	535	439	172	396	[P] 400 [A] 1200	Performance has not met the target to Q4.	N/A
G	Total number of properties that have received DH work	H	259	775	621	403	509	[P] 500 [A] 1855	Performance has exceeded the target to Q4.	N/A
G	% Variation between actual and target costs	within tolerance	-4.48	-17.08	7.40	-4.20	-2.84	0 +/- 10.00%	Performance has improved year-on-year and is in target.	+
R	Satisfaction with Decent Homes	H	91.21	85.09	85.00	90.68	85.94	[P] 96.00 [A] 96.00	Performance has weakened year-on-year and is off target.	-

Appendix 1a Wolverhampton Homes by category		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Customer Care										
G	Homes Direct - Average call answer wait time (in seconds)	L	24.00	31.00	48.00	46.00	23.00	[P] 60.00 [A] 60.00	Performance has improved year-on-year and is in target.	+
A	Homes Direct - % of calls abandoned	L	2.50	4.30	7.40	6.50	2.90	[P] 5.00 [A] 5.00	Performance has weakened year-on-year and is in target.	+
R	Complaints responded to in target timescales - %	H	94.93	95.24	96.71	92.95	93.48	[P] 95.00 [A] 95.00	Performance has weakened year-on-year and is off target.	+
G	Councillor enquiries responded to in 14 days	H	96.57	95.39	97.40	94.56	97.01	[P] 95.00 [A] 95.00	Performance has improved year-on-year and is in target.	+
Estates & Concierge										
G	% of fire safety inspections completed on low rise & medium rise blocks (concierge)	H	100.00	100.00	100.00	100.00	100.00	[P] 99.00 [A] 99.00	Performance has been maintained year-on-year and is in target.	=
G	% of fire safety inspections completed on high rise blocks (concierge)	H	100.00	100.00	100.00	100.00	100.00	[P] 99.00 [A] 99.00	Performance has been maintained year-on-year and is in target.	=

Appendix 1b Wolverhampton Homes by Green Amber Red		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Green - Rent Management										
G	Rent collected as a percentage of rent owed	H	96.89	97.98	98.40	97.54	97.77	[P] 96.40 [A] 97.00	Performance has improved year-on-year in and is in target.	+
G	Tenants with more than 7 weeks arrears as a percentage of all tenants	L	2.01	2.06	1.97	1.27	1.43	[P] 1.95 [A] 1.95	Performance has improved year-on-year and is in target.	-
G	Tenants evicted for rent arrears as a percentage of all tenants	L	0.19	0.34	0.50	0.06	0.19	[P] 0.22 [A] 0.45	Performance has been maintained year-on-year and is in target.	-
Green - Repairs										
G	% of responsive repairs for which an appointment was made & kept	H	94.68	92.82	94.01	94.54	95.22	[P] 94.00 [A] 94.00	Performance has improved year-on-year and is in target.	+
G	% of valid gas certificates for tenanted properties	H	99.96	99.95	99.97	99.99	99.99	[P] 99.60 [A] 99.60	Performance has improved year-on-year and is in target.	=
Green - Voids & Allocations										
G	Average days to re-let property	L	28	25	24	22	19	[P] 25 [A] 25	Performance has improved year-on-year and is in target.	+
G	% of tenancy offers accepted first time	H	86.68	86.77	83.78	87.44	82.90	[P] 80.00 [A] 80.00	Performance has weakened year-on-year and is in target.	-

Appendix 1b Wolverhampton Homes by Green Amber Red		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Green - Voids & Allocations (continued)										
G	% Rent lost through properties being vacant	L	1.90	1.84	1.76	1.52	1.53	[P] 1.70 [A] 1.70	Performance has improved year-on-year and is in target.	-
Green - Business Planning										
G	Average days lost through illness	L	5.09	5.49	5.90	5.13	5.45	[P] 6.50 [A] 6.50	Performance has weakened year-on-year and is in target.	-
Green - Anti-Social Behaviour										
G	% satisfied with the way their ASB complaint was dealt with	H	94.39	90.91	92.00	93.26	96.88	[P] 85.00 [A] 85.00	Performance has improved year-on-year and is in target.	+
G	% satisfied with the outcome of their ASB complaint	H	92.35	88.64	88.00	92.13	96.25	[P] 85.00 [A] 85.00	Performance has improved year-on-year and is in target.	+
Green - Strategic Partnership										
G	Number non-decent homes made decent	H	259	775	621	403	509	[P]500 [A] 1855	Performance has exceeded the target to Q4.	N/A
G	Total number of properties that have received DH work	H	259	775	621	403	509	[P] 500 [A] 1855	Performance has exceeded the target to Q4.	N/A
G	% Variation between actual and target costs	within tolerance	-4.48	-17.08	7.40	-4.20	-2.84	0 +/- 10.00%	Performance has improved year-on-year and is in target.	+

Appendix 1b Wolverhampton Homes by Green Amber Red		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Green - Customer Care										
G	Homes Direct - Average call answer wait time (in seconds)	L	24.00	31.00	48.00	46.00	23.00	[P] 60.00 [A] 60.00	Performance has improved year-on-year and is in target.	+
G	Councillor enquiries responded to in 14 days	H	96.57	95.39	97.40	94.56	97.01	[P] 95.00 [A] 95.00	Performance has improved year-on-year and is in target.	+
Green - Estates & Concierge										
G	% of fire safety inspections completed on low rise & medium rise blocks (concierge)	H	100.00	100.00	100.00	100.00	100.00	[P] 99.00 [A] 99.00	Performance has been maintained year-on-year and is in target.	=
G	% of fire safety inspections completed on high rise blocks (concierge)	H	100.00	100.00	100.00	100.00	100.00	[P] 99.00 [A] 99.00	Performance has been maintained year-on-year and is in target.	=
Amber - Rent Management										
A	Rent arrears of current tenants as a % of the rent roll (WH only)	L	1.70	1.16	0.87	1.13	1.26	[P] 1.19 [A] 1.00	Performance has improved year-on-year and is off target.	-
Amber - Strategic Partnership										
A	Number non-decent homes made decent (Priority N/hoods)	H	178	535	439	172	396	[P] 400 [A] 1200	Performance has not met the target to Q4.	N/A

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Appendix 1b Wolverhampton Homes by Green Amber Red		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Amber - Customer Care										
A	Homes Direct - % of calls abandoned	L	2.50	4.30	7.40	6.50	2.90	[P] 5.00 [A] 5.00	Performance has weakened year-on-year and is in target.	+
Red - Repairs										
R	% total repairs completed within target	H	98.86	99.04	98.56	98.93	98.47	[P] 99.00 [A] 99.00	Performance has weakened year-on-year and is off target.	-
Red - Strategic partnership										
R	Satisfaction with Decent Homes	H	91.21	85.09	85.00	90.68	85.94	[P] 96.00 [A] 96.00	Performance has weakened year-on-year and is off target.	-
Red - Customer Care										
R	Complaints responded to in target timescales - %	H	94.93	95.24	96.71	92.95	93.48	[P] 95.00 [A] 95.00	Performance has weakened year-on-year and is off target.	+

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Appendix 2 Bushbury Hill EMB by category		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Rents management										
G	% tenants with more than seven weeks (gross) rent arrears	L	2.31	2.08	1.78	1.66	1.84	3.00%	Performance has improved year-on-year in and is in target.	-
G	% of tenants evicted as a result of rent arrears	L	0.00	0.00	0.00	0.00	0.12	1.00%	Performance has been maintained year-on-year and is in target.	-
G	Number of Tenants Evicted for Rent Arrears	L	0	0	0	0	1	12	Performance has been maintained year-on-year and is in target.	-
G	Arrears as % of rent roll	L	1.78	1.33	0.99	1.49	1.56	2.00%	Performance has weakened year-on-year and is in target.	-
Voids and Allocations										
G	Void Loss as a % of rent roll	L	0.05	0.07	0.14	0.10	0.11	1.00%	Performance has improved year-on-year and is in target.	-
G	Average time to re-let housing	L	25.70	26.00	36.60	22.83	20.86	35 days	Performance has improved year-on-year and is in target.	+

**Appendix 2
Bushbury Hill EMB
by category**

		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Repairs										
G	% Repairs attended within time (WHT & WH)	H	N/A	N/A	N/A	95.77	97.85	95.00%	Performance has improved year-on-year and is in target.	+
G	% Rapid Response Repairs attended same day (WHT only)	H	N/A	N/A	N/A	98.47	97.82	97.00%	Performance is in target	-
G	% Rapid Response completed same day (WHT only)	H	N/A	N/A	N/A	84.21	82.22	80.00%	Performance is in target	-

Appendix 3 Dovecotes TMO by category		Good performance is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Rent management										
R	% tenants with more than seven weeks (gross) rent arrears	L	4.16	4.17	5.19	5.40	5.25	4.75%	Performance has weakened year-on-year in and is off target.	+
G	% of tenants evicted as a result of rent arrears	L	0.24	0.36	0.11	0.24	0.61	1.50%	Performance has weakened year-on-year and is in target.	-
G	Number of Tenants Evicted for Rent Arrears	L	2	3	1	2	5	12	Performance has weakened year-on-year and is in target.	-
G	Arrears as % of rent roll	L	2.69	2.46	2.37	2.51	2.60	3.00%	Performance has improved year-on-year and is in target.	-
Voids and allocations										
G	Void Loss as a % of rent roll	L	0.29	0.29	0.21	0.22	0.30	2.00%	Performance has weakened year-on-year and is in target.	-
G	Average time to re-let housing	L	13.50	11.90	16.90	15.70	19.40	21 days	Performance has weakened year-on-year and is in target.	-

Appendix 3 Dovecotes TMO by category		Good is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Repairs										
G	% of urgent repairs completed within government time limits (Right to Repair)	H	98.80	98.48	98.23	99.40	98.60	96.00%	Performance has weakened year-on-year and is in target.	-
G	Average time taken (calendar days) to complete non-urgent repairs	L	7.76	6.90	6.73	6.84	5.40	9 days	Performance has improved year-on-year and is in target.	+
G	% of responsive repairs for which an appointment was made and kept	H	91.64	94.77	93.77	94.98	97.70	90.00%	Performance has improved year-on-year and is in target.	+
G	% of emergency repairs completed on time	H	94.59	98.28	97.14	100.00	100.00	96.00%	Performance has been improved year-on-year and is in target.	=
G	% of routine repairs completed on time	H	99.54	99.18	99.23	99.55	99.53	96.00%	Performance has weakened year-on-year and is in target.	-

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**Appendix 4
New Park Village TMC
by category**

		Good is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Rent Management										
G	% tenants with more than seven weeks (gross) rent arrears	L	4.61	4.49	3.83	2.97	4.66	8.00%	Performance has weakened year-on-year in and is in target.	-
G	% of tenants evicted as a result of rent arrears	L	0.00	0.34	0.34	0.34	0.34	4.00%	Performance has been weakened year-on-year and is in target.	=
G	Number of Tenants Evicted for Rent Arrears	L	0.00	1.00	1.00	1.00	1.00	11	Performance has weakened year-on-year and is in target.	=
G	Arrears as % of rent roll	L	3.02	2.52	1.95	2.32	2.85	6.00%	Performance has been improved year-on-year and is in target.	-
Voids and Allocations										
G	Void Loss as a % of rent roll	L	0.79	0.42	0.98	0.50	0.52	2.50%	Performance has improved year-on-year and is in target.	+
G	Average time to re-let housing	L	46.50	46.50	33.00	19.25	19.90	35 days	Performance has improved year-on-year and is in target.	+

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**Appendix 4
New Park Village TMC
by category**

		Good is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Repairs										
G	% of urgent repairs completed within government time limits (Right to Repair)	H	100.00	100.00	100.00	100.00	98.00	97.00%	Performance has been weakened year-on-year and is in target.	-
G	Average time taken (calendar days) to complete non-urgent repairs	L	1.40	1.60	1.00	1.20	1.00	5 days	Performance has improved year-on-year and is in target.	+
G	% of emergency repairs completed on time	H	97.00	100.00	93.00	97.00	97.00	97.00%	Performance has been maintained year-on-year and is in target.	=
G	% of routine repairs completed on time	H	100.00	100.00	100.00	100.00	100.00	97.00%	Performance has been maintained year-on-year and is in target.	=

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**Appendix 5
Springfield Horseshoe HMC
by category**

		Good is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Rents management										
G	% tenants with more than seven weeks (gross) rent arrears	L	4.67	4.09	8.50	2.83	3.14	8.00%	Performance has improved year-on-year and is in target.	-
G	% of tenants evicted as a result of rent arrears	L	0.73	1.09	0.00	0.36	0.37	4.00%	Performance has improved year-on-year and is in target.	-
G	Number of Tenants Evicted for Rent Arrears	L	2	3	0	0	1	11	Performance has improved year-on-year and is in target.	-
G	Arrears as % of rent roll	L	2.27	1.61	1.23	1.51	1.50	6.00%	Performance has improved year-on-year and is in target.	+
Voids and Allocations										
G	Void Loss as a % of rent roll	L	0.41	0.37	0.30	0.41	0.30	2.50%	Performance has improved year-on-year and is in target.	+
G	Average time to re-let housing	L	39.60	45.10	59.50	31.75	29.80	35 days	Performance has improved year-on-year and is in target.	+

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**Appendix 5
Springfield Horseshoe HMC
by category**

		Good is	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Target Profile Or Annual	Comment	Trend Q-O-Q
Repairs										
G	% of urgent repairs completed within government time limits (Right to Repair)	H	98.00	100.00	100.00	100.00	100.00	97.00%	Performance has improved year-on-year and is in target.	=
G	Average time taken (calendar days) to complete non-urgent repairs	L	2.00	2.00	1.35	1.00	1.00	5 days	Performance has improved year-on-year and is in target.	=
G	% of emergency repairs completed on time	H	100.00	77.00	100.00	100.00	100.00	97.00%	Performance has been maintained year-on-year and is in target.	=
G	% of routine repairs completed on time	H	99.10	100.00	54.60	100.00	100.00	97.00%	Performance has improved year-on-year and is in target.	=

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Cabinet (Performance Management) Panel

23 February 2015

Report title	Corporate Performance Report – Quarter Three 2014/15	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Paul Sweet Performance and Governance	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable director	Keith Ireland, Managing Director	
Originating service	Transformation	
Accountable employees(s)	Charlotte Johns	Head of Transformation
	Tel	01902 55(4240)
	Email	charlotte.johns@wolverhampton.gov.uk
Report to be/has been considered by	Strategic Executive Board	3 February 2015

Recommendation(s) for action or decision:

The Cabinet (Performance Management) Panel is recommended to:

1. Review and comment on the performance of the corporate performance indicators for quarter three 2014/15.
2. Identify and feedback any further action that may be necessary.
3. Recommend any issues to be referred to a Scrutiny Panel for further consideration

1.0 Purpose

- 1.1 To report on the performance of all corporate performance indicators for quarter three 2014/15 (October – December 2014).

2.0 Background

- 2.1 For 2014/15 a single set of 34 performance indicators has been identified that focus on monitoring progress towards delivery of the Corporate Plan. These are broken down by corporate theme as follows:

- Encouraging Enterprise and Business – 9 Indicators
- Empowering People and Communities – 14 Indicators
- Re-Invigorating the City – 7 Indicators
- Confident, Capable Council – 7 Indicators

- 2.2 Data for 21 indicators has been reported up to and including Quarter three 2014/15 and is included in this report.

3.0 Changes to report structure and content

- 3.1 The format for the quarterly performance report has been revised for 2014/15 and now includes the following sections:

- **City Scorecard** – A benchmarking report covering high level outcome indicators for the city and setting out the quartile position of Wolverhampton relative to other English local authorities
- **Exception Report** – Analysis and commentary of performance indicators rated red, signifying that they are under-performing
- **Performance of corporate indicators** – Detailing the performance of corporate performance indicators against targets, and where applicable highlighting the direction of travel compared with the same period, 12 months previously.

4.0 Summary of performance

- 4.1 **City Scorecard:** All of the seven indicators included in the benchmarked City Scorecard are ranked in the bottom quartile of all English local authorities.

- 4.2 **Exception Report:** The following four measures (11% of the total) are currently rated as Red, and therefore under-performing:

- Percentage of pupils leaving secondary school with 5+ A*-C GCSEs (including Maths and English)
- Rate of Looked after Children (LAC) (per 10,000 population)
- Average time between a child entering care and moving in with their adoptive family, for children who have been adopted (days)
- Percentage of employees who have a current appraisal

Three of these measures were rated as Red in the previous Corporate Performance Reports (Quarter Two) and are covered in more detail in the exception report section.

- 4.3 **Performance of corporate indicators:** In quarter three, data has been reported for 21 (57%) of the 37 indicators. The remaining 16 indicators are either reported at greater intervals than quarterly, or the data is not yet available.

Overall, four (11%) indicators are rated Red and are off-target; two indicators (5%) are Amber and are therefore of concern, and nine (24%) are rated Green and therefore on-target. Of the remaining indicators, four (11%) are base-lining in 2014/15. A summary of indicator performance by corporate plan theme is included in the report.

5.0 Financial implications

- 5.1 Monitoring of the performance indicators highlighted in this report is integral to the monitoring of the budget. Where there are areas of underperformance there is often a direct impact on the budget and medium term financial strategy. The impact is assessed and monitored on a case by case basis and fed in to the budget process.

[GE/06022015/S]

6.0 Legal implications

- 6.1 There are no direct legal implications arising from this report.

[RB/06022015/AA]

7.0 Equalities implications

- 7.1 Most of the performance measures in this report have equalities implications, however there are no equality implications relating to this report.

8.0 Environmental implications

- 8.1 Some performance measures relate to services and outcomes with implications for the local environment. There are however, no specific environmental implications arising from this report.

9.0 Human resources implications

- 9.1 Some of the performance measures incorporate human resource information, but there are no direct financial implications arising from this report.

10.0 Corporate landlord implications

- 10.1 There are no corporate landlord implications arising from this report

11.0 Schedule of background papers

- 11.1 Cabinet (Performance Management) Panel 15/09/14 - Corporate Performance Report – Quarter One 2014/15
- Cabinet (Performance Management) Panel 17/11/14 Corporate Performance Report – Quarter Two 2014/15

Corporate Performance Report Quarter 3 2014/15: City Scorecard

This section sets out the quartile position of Wolverhampton's performance relative to all other English local authorities for the following outcome indicators. Data and graphics are sourced from the Local Government Association's [LG Inform](#) system.

Employment rate (working age population)*



Page 62
 Latest 62.1% (Q2 2014) DoT ↓ 1%

The employment rate measures the number of people in employment against the working age population (WAP) (WAP 151,900 – number in employment 94,300). Changes can be caused by a number of factors including; fluctuations in population, the levels of economically inactive residents such as students and those not looking for work, and variations in the labour market. This is likely to be the case in Wolverhampton as the numbers of Job Seekers Allowance claimants has decreased.

Activities during the quarter:

- Business week and Wolverhampton Economic Review, highlighting major growth opportunities for Wolverhampton. As part of the week, a jobs fair was held at the Molineux attended by nearly 2,000 local residents.
- Job Centre Plus increased work experience provision with local employers
- University of Wolverhampton increased work experience programmes for current and former students.
- A range of initiatives have seen over 2,000 young people aged 18-24, who were previously unemployed, gain employment, since April 2014.

Percentage of children in low-income families



Latest 30.6% (2011) DoT ↓ 1.6%

- Financial Inclusion – on-going work to deliver reducing indebtedness plan including preparing for universal credit
- Employment and Skills – see above. Community enterprises team actively engaging with targeted communities. Family poverty is a priority within European investment strategy.
- Educational attainment. Early intervention and skills – Children and Young People's Plan launching 25 February 2015.
- Housing and Neighbourhoods – Inclusion Board is developing a fuel poverty pilot.

*Indicators are also City Strategy top-tier indicators

Key

- Top quartile performance
- Second quartile performance
- Third quartile performance
- Bottom quartile performance

Corporate Performance Report Quarter 3 2014/15: City Scorecard

Life expectancy at birth (male)*

The latest data indicates a marginal improvement in male life expectancy in Wolverhampton – 77.4 years (2010-12). However, this is 1.8 years less than the England average of 79.2 years.



Whilst it is encouraging that life expectancy is increasing, a male in Wolverhampton can expect to live just over 58 years free of any disability which is three years less than the national average of 61 years. This means that males in Wolverhampton may have up to 19 years of increasing disability before death. Therefore, action is required to increase both disability free life expectancy as well as overall life expectancy.

The top three causes contributing to death before the age of 75 years in Wolverhampton are: Infant mortality, heart disease and alcohol. Public Health priorities to address smoking, alcohol and obesity will address these major causes of local mortality and will also impact on increasing disability free life expectancy.

Latest **DoT**
77.4 Yrs (2010/12) ↑ 0.1%

Life expectancy at birth (female)*

The latest data indicates a marginal improvement in female life expectancy in Wolverhampton – 81.7 years (2010-12). However, this is 1.3 years less than the England average of 83.0 years.



Whilst it is encouraging that life expectancy is increasing, a female in Wolverhampton can expect to almost 61 years free of any disability which is two years less than the national average of 61 years. This means that females in Wolverhampton may have over 20 years of increasing disability before death. Therefore, action is required to increase both disability free life expectancy as well as overall life expectancy.

The major causes contributing to death before 75 years listed for males and the Public Health priorities are equally applicable for females to improve both disability free and overall life expectancy.

Latest **DoT**
81.7 Yrs (2010/12) ↑ 0.1%

*Indicators are also City Strategy top-tier indicators

Key

- Top quartile performance
- Second quartile performance
- Third quartile performance
- Bottom quartile performance

↑ Performance Improving ↑ Performance Decreasing ↓ Performance Improving ↓ Performance Decreasing

Corporate Performance Report Quarter 3 2014/15: City Scorecard

Adult prevalence of excess weight



Latest DoT

69.8% (2012) N/A

Poor dietary choices and physical inactivity are the main contributors to the high estimated prevalence of excess weight in adults in Wolverhampton. The Director of Public Health Annual Report on obesity has triggered a series of work streams known as the Call To Action Programme, following the obesity summit held in November 2014:

- Workplace health
- Communication and engagement
- Community call to action – working well week
- Weight management and physical activity pathway

The obesity summit also launched the million miles for Wolverhampton and the millions pound for Wolverhampton challenge. These work streams and initiatives which alongside organisational pledges, alongside local organisational pledges will inform an action plan to begin to tackle the issue of excess weight within the population.

Obesity in primary school age children in year 6



Latest DoT

26.2% (2013/14) ↓ 7.4%

The weight management and physical activity pathway of the Call to Action programme will be a life course approach to tackling obesity and will include children. Currently there is a weight management programme for children aged 5-7 years that are identified as obese through the National Childhood Measurement Programme. Work is underway to commission a weight management programme for children aged 8-11 years.

These programmes address both healthy eating and physical activity, working with families. Implementation of the school food standards and the school food plan may impact on healthy eating within the school setting and the promotional work through the Call to Action Programme will aim to address healthy eating within the community.

*Indicators are also City Strategy top-tier indicators

Key

- Top quartile performance
- Second quartile performance
- Third quartile performance
- Bottom quartile performance

Corporate Performance Report Quarter 3 2014/15: City Scorecard

Achievement of 5 or more A*-C at GCSE or equiv.



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Latest	DoT
45.9% (2013/14)	↓ 23.2%

These figures are for end of academic year i.e. summer 2014 results. KS4 is not directly comparable with 2013 because of changes made to the calculation of what counts as a GCSE.

The early entry rule:

“On 29 September 2013 the Secretary of State announced that, from this date, only a pupil’s first entry to a KS4 qualification counts towards their school’s performance measures. The early entry rule will apply even where qualifications are taken with one exam board and then re-taken with another. Although this new rule does not prevent schools from entering pupils for examinations before the end of key stage 4, it aims to focus attention on whether pupils have been sufficiently prepared to achieve the very best possible outcome in that subject. Pupils can sit an examination more than once but it will be their first certificated grade in that subject that will be used for performance measures.”

The new GCSE equivalency rule is:-

From 2014 qualifications will only be included if they are the same size as a GCSE or larger and each qualification will count as one in the tables, irrespective of size. A maximum of two non-GCSE qualifications will be included in the performance tables and measures. Previously a BTEC (for example) could count as 4 GCSE equivalents but now only counts as one.

*Indicators are also City Strategy top-tier indicators

- Key
- Top quartile performance
 - Second quartile performance
 - Third quartile performance
 - Bottom quartile performance

Corporate Indicators: Summary of performance indicators by Corporate Plan theme



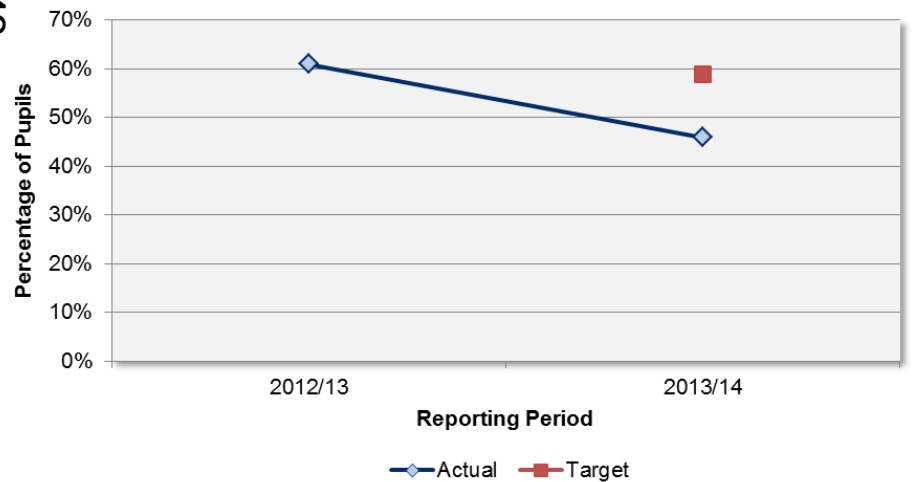
Indicator Name: % pupils leaving secondary school with 5+ A*-C GCSEs (including Maths and English)

Performance: 139

Current rating: ▲

Period	Acad. Year 2012/13	Acad. Year 2013/14
Actual	61%	46%*
Target		59%

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Commentary:

These figures are for end of academic year i.e. summer 2014 results. KS4 is not directly comparable with 2013 because of changes made to the calculation of what counts as a GCSE.

The early entry rule

“On 29 September 2013 the Secretary of State announced that, from this date, only a pupil’s first entry to a KS4 qualification counts towards their school’s performance measures. The early entry rule will apply even where qualifications are taken with one exam board and then re-taken with another. Although this new rule does not prevent schools from entering pupils for examinations before the end of key stage 4, it aims to focus attention on whether pupils have been sufficiently prepared to achieve the very best possible outcome in that subject. Pupils can sit an examination more than once but it will be their first certificated grade in that subject that will be used for performance measures.”

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Corporate Indicators: Summary of performance indicators by Corporate Plan theme



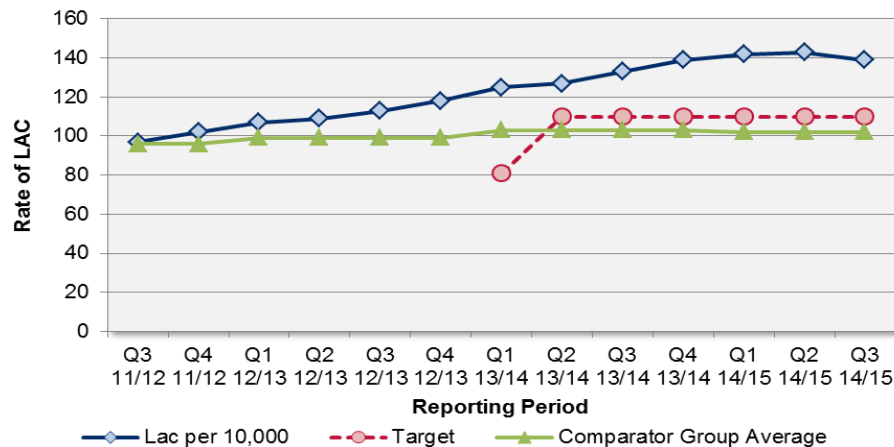
Indicator Name: Rate of Looked after Children (LAC) (per 10,000 population)

Performance: 139

Current rating: ▲

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Period	Qtr. 3 2011/12	Qtr. 1 2012/13	Qtr. 2 2012/13	Qtr. 3 2012/13	Qtr. 4 2011/13	Qtr. 1 2013/14	Qtr. 2 2013/14	Qtr. 3 2013/14	Qtr. 4 2013/14	Qtr. 1 2014/15	Qtr. 2 2014/15	Qtr. 3 2014/15
Actual	97	102	107	109	113	118	125	127	133	139	142	143
Target						81	110	110	110	110	110	110
Benchmark	96	96	99	99	99	99	103	103	103	103	102	102



Commentary:

While the number of looked after children remains above target, since the introduction of the Families r First programme, the number of LAC has stabilised and in recent weeks has started to decline.

While it is still early days and there remain a number of challenges in this area, the stabilisation and early fall in numbers demonstrates that the FrF programme and the measures put in place as a result of that work are beginning to have a positive impact on performance in this area.

Analysis has evidenced that the programme has significantly slowed down the rate of increase and therefore prevented approximately 53 children becoming looked after when compared to rates for 2013-2014.

Corporate Indicators: Summary of performance indicators by Corporate Plan theme



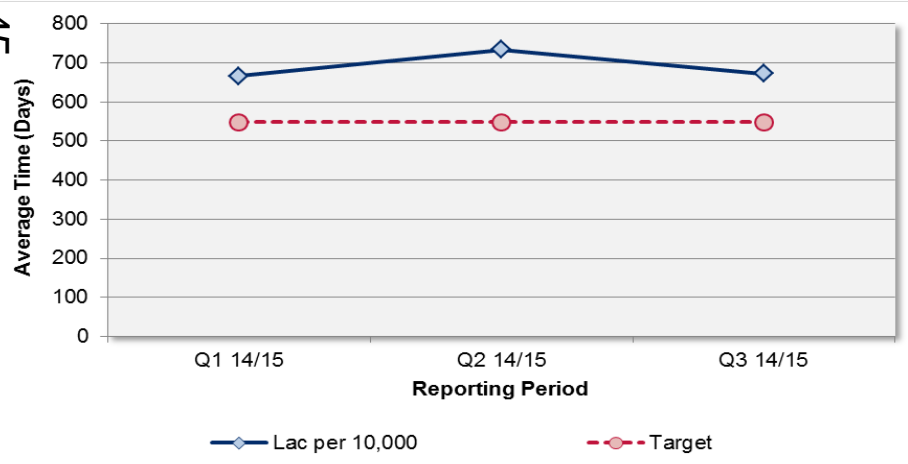
Indicator Name: Average time between a child entering care and moving in with their adoptive family, for children who have been adopted (days)

Performance: 673 days

Current rating: ▲

Period	Qtr. 1 2014/15	Qtr. 2 2014/15	Qtr. 3 2014/15
Actual	667 days	734 days	673 days
Target	548 days	548 days	548 days

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Commentary:

Although performance is above target in this area, it is improving. The cases that are taking a long time between coming into care and being adopted are generally legacy cases where the child has been in care for some time or are harder to place children, such as older children or sibling groups. For more recent cases where children have come into care and the plan is for adoption, timeliness is generally much better. Wolverhampton has high ambitions for seeking adoption for children where appropriate, although this can sometimes mean poor performance against this particular indicator. Although Wolverhampton's performance against this indicator is below target, we perform better than the national average and comparator peers in terms of the numbers of adoptions generally, older children and children from BME backgrounds that are adopted. Detailed analysis of performance in this area has been undertaken and can be made available.

Corporate Indicators: Summary of performance indicators by Corporate Plan theme



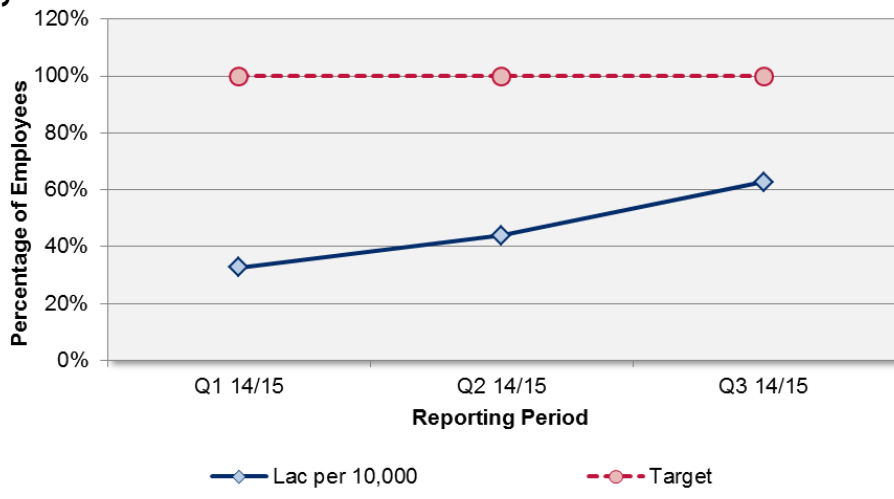
Indicator Name: Percentage of employees who have a current appraisal

Performance: 62.69%

Current rating: ▲

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Period	Qtr. 1 2014/15	Qtr. 2 2014/15	Qtr. 3 2014/15
Actual	32.63%	43.90%	62.69%
Target	100%	100%	100%







Commentary:

Although there has been an increase in the percentage of employees who have a current appraisal to 62.69% from 43.9% since the last quarter, work has been focussed on improving this figure to ensure all employees have a current appraisal.





Following concerns on the data quality of appraisal data, an internal audit review took place. As a result of this a number of issues were identified that may have contributed to the low take up. The take up figures have now been rebased so that they reflect the percentage of appraisals against a base line of in-scope employees; out of scope posts (e.g. casuals, new starters in first six months) have now been removed from the appraisals report. This presents more accurate percentage completed figures.

The appraisal indicator has also been amended to a rolling (within year) % of employees who have an up to date appraisal, therefore the target would be 100%. Changing the establishment database from mainframe to Agresso and data cleansing has ensured greater accuracy, and it will be essential that Agresso is updated regularly to reflect restructuring.

Corporate Indicators: Summary of performance indicators by Corporate Plan theme

Corporate Plan Theme	On Target 		Of Concern 		Off Target 		Not available 		Baselining	
	Number	%	Number	%	Number	%	Number	%	Number	%
Encouraging Enterprise and Business	1	11%	0	0%	1	11%	6	67%	1	11%
Empowering People and Communities	3	21%	1	7%	2	14%	8	57%	0	0%
Re-Invigorating the City	2	29%	0		0		3	43%	2	29%
Confident, Capable Council	3	43%	1	14%	1	14%	1	14%	1	14%
Total	9	24%	2	5%	4	11%	18	49%	4	11%

Corporate Indicators: Encouraging Enterprise and Business

Indicator	Target 2014/15	Previously Reported Data	Latest Reported Data	Direction of travel (Compared with Qtr. 3 2013/14)	RAG Status
Hectares of readily available employment land	Annually reported in Quarter 2				
% pupils leaving primary school with level 4 in reading, writing and maths	75%	74% Acad. Year 2012/13	79% Acad. Year 2013/14	 6.8%	
% pupils leaving secondary school with 5+ A*-C GCSEs (including Maths and English)	59%	61% Acad. Year 2012/13	46% Acad. Year 2013/14 (Unvalidated)	 24.6%	
% of residents of working age with no qualifications	Annually reported in Quarter 4				
% of residents of working age qualified to NVQ level 4 or equivalent	Annually reported in Quarter 4				
% of 16 to 17 year olds in education, work based learning or employment with training	Annually reported in Quarter 2				
Businesses assisted	Baseline Year – No Targets Set	18 Quarter 2 2014/15	16 Quarter 3 2014/15	N/A	N/A
No. of young people starting an apprenticeship	Annually reported in Quarter 2				
No. of young people participating in apprenticeships	Annually reported in Quarter 2				

★ on target ● of concern ▲ off target ◆ not available ↑ improving ↓ worsening ↔ no change

Corporate Indicators: Empowering People and Communities

Indicator	Target 2014/15	Previously Reported Data	Latest Reported Data	Direction of travel (Compared with Qtr. 3 2013/14)	RAG Status
Number of Families in Focus whose situation is improved	50%	76% Acad. Year 2012/13	Not available until Feb 2015	N/A	N/A
Rate of looked after children (per 10,000 population)	110	143 Quarter 2 2014/15	139 Quarter 3 2014/15	↓ 4.5%	▲
Rate of children subject to a child protection plan (per 10,000 population)	47	59 Quarter 2 2014/15	42 Quarter 3 2014/15	N/A	★
Number of years of healthy life expectancy (Males)	Annually reported in Quarter 4				
Number of years of healthy life expectancy (Females)	Annually reported in Quarter 4				
Number of years of life expectancy (Males)	Annually reported in Quarter 4				
Number of years of life expectancy (Females)	Annually reported in Quarter 4				
% of older people who were still at home 91 days after leaving hospital	Annually reported in Quarter 4				
% of people using social care receiving self-directed support, and receiving direct payments	90%	83% Quarter 2 2014/15	80% Quarter 3 2014/15	↑ 15.9%	●

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★ on target ● of concern ▲ off target ◆ not available ↑ improving ↓ worsening ↔ no change

Corporate Indicators: Empowering People and Communities

Indicator	Target 2014/15	Previously Reported Data	Latest Reported Data	Direction of travel (Compared with Qtr. 3 2013/14)	RAG Status
% of primary schools judged to be good or outstanding	Annually reported in Quarter 3				
% of secondary schools judged to be good or outstanding	Annually reported in Quarter 3				
Permanent admissions to care homes per 100,000 population – younger adults	24	20 Quarter 2 2014/15	20 Quarter 3 2014/15	53.8%	
Permanent admissions to care homes per 100,000 population – older people	723	699 Quarter 2 2014/15	723 Quarter 3 2014/15	10.0%	
Average time between a child entering care and moving in with their adoptive family, for children who have been adopted (days)	548	734 Quarter 2 2014/15	673 Quarter 3 2014/15	N/A	

★ on target ● of concern ▲ off target ◆ not available ↑ improving ↓ worsening ↔ no change

Corporate Indicators: Re-Invigorating the City

Indicator	Target 2014/15	Previously Reported Data	Latest Reported Data	Direction of travel (Compared with Qtr. 3 2013/14)	RAG Status
% of properties in the City empty for 3 months to 2 years	Baseline Year – No Targets Set	0.5% Quarter 2 2014/15	0.4% Quarter 3 2014/15	N/A	N/A
% of properties in the City empty for over 2 years	Baseline Year – No Targets Set	0.4% Quarter 2 2014/15	0.3% Quarter 3 2014/15	N/A	N/A
Gross affordable housing completions as % of gross housing completion target	Annually reported in Quarter 1				
% of retail units vacant in Wolverhampton City Centre	Annually reported in Quarter 2				
Recorded incidents of crime	Year on Year Reduction	8,658 Quarter 2 2014/15	12,850 Quarter 3 2014/15	↓ 0.7%	★
Number of council homes made decent	500	403 Quarter 1 2014/15	509 Quarter 2 2014/15	↑ 96.5%	★
Number of visitors to cultural venues	No Target Set	108,418 Quarter 2 2014/15	410,420 Quarter 3 2014/15	↑ 21.7%	N/A

This measure is reported one quarter in arrears, due to time-lag.

Corporate Indicators: Confident, Capable Council

Indicator	Target 2014/15	Previously Reported Data	Latest Reported Data	Direction of travel (Compared with Qtr. 3 2013/14)	RAG Status
% of information requests (FOI and EIR) processed in time	100%	93.52% Quarter 2 2014/15	96.34% Quarter 3 2014/15	N/A	★
% of information requests (SAR) processed in time	Baseline Year – No Targets Set	75.30% Quarter 2 2014/15	Not available until 09/02/15	N/A	N/A
Average number of working days lost due to sickness absence	8.50 days	3.53 days Quarter 2 2014/15	6.33 days Quarter 3 2014/15	↑ 1.4%	★
% of total debt collected in year	92.5%	74% Quarter 2 2014/15	78.78% Quarter 3 2014/15	N/A	●
Percentage of employees who have a current appraisal	100%	43.90% Quarter 2 2014/15	62.69% Quarter 3 2014/15	N/A	▲
% of complaints responded to in time	95%	98.4% Quarter 2 2014/15	100% Quarter 3 2014/15	N/A	★
Savings achieved in year	Annually reported in Quarter 4				

★ on target ● of concern ▲ off target ◆ not available ↑ improving ↓ worsening ↔ no change



Cabinet (Performance Management) Panel

23 February 2015

Report Title	Community Directorate Annual Complaints and Representations Procedure Reports		
Decision designation	AMBER		
Cabinet member with lead responsibility	Cllr Steve Evans Adult Services	Cllr Val Gibson, Children and Families	Cllr Elias Mattu Leisure and Communities
Key decision	No		
In forward plan	No		
Wards affected	All		
Accountable director	Linda Sanders, People		
Originating service	Safeguarding and Quality Assurance,		
Accountable employee (s)	Alison Dowling Tel Email	Customer Relations and Complaints Manager 01902 553203 Alison.Dowling@wolverhampton.gov.uk	
Reports have been considered by	People Leadership Team	1 September 2014	

Recommendation(s) for action or decision:

The Cabinet (Performance Management) Panel is recommended to:

- a) Note the content of both annual reports and provide comment and feedback as necessary.
- b) Approve the design and distribution of the executive summary.

1.0 Purpose

- 1.1 The purpose of this report is to provide the Panel with a copy of the two annual reports, produced by the Customer Relations and Complaints Manager, for Adults Social Care and Communities, and Children, Young People and Families, and a single executive summary, and to seek comment and feedback.

2.0 Background

- 2.1 The Customer Relations and Complaints Manager is responsible for the preparation of annual reports in respect of the Adult Social Care and Communities, and the Children, Young People and Families complaints and representations procedures.
- 2.2 Both reports serve to provide information on the types of complaints, compliments and comments that have been received and managed within the Community Directorate between 1 April 2013 and 31 March 2014.

Adult Social Care and Communities

- 2.3 The Annual Report of Adult Social Care Complaints and Representations (Appendix 1) is prepared as a requirement of Regulation 18(1) of The Local Authority Social Services Complaints (England) Regulations 2009. This report also details the complaints, compliments and comments which are subject to the Corporate Complaint Procedure.
- 2.4 The report for Adult Social Care and Communities is divided into two parts:
- Part A encompasses complaints that come under the Adult Social Care regulated procedure and
 - Part B covers complaints relating to those Community Services which are subject to the corporate complaints procedure and timescales.

Children, Young People and Families

- 2.5 The Annual Report regarding Children's Social Care Complaints and Representation (Appendix 2) is prepared as a requirement of regulation 13(3) of the Children Act 1989, Representations Procedure (England) Regulations 2006.
- 2.6 It is part of the statutory regulations that the Local Authority produces and publishes an Annual Report of complaints, compliments and comments made by service users, carers and members of the public about Social Care services directly provided or commissioned by its Children's Social Care Services.
- 2.7 Both reports provide information derived from an analysis of the number and type of complaints/representations, compliments and comments received between 1 April 2013 and 31 March 2014 and the outcome of those complaints.

3.0 Summary

3.1 Summary highlights to note are:-

Adult Social Care

The key message from the 2013/2014 monitoring of Adult Social Care complaints is that there has been an increase in the number of complaints received, from 87 in 2012/2013 to 99 in 2013/2014.

There has been a decrease in the percentage of complaints upheld; 24% compared to last year's figure of 30%. The total number of complaints which were either not upheld or withdrawn represents 44% compared to 46% for the previous year.

Performance against the 20 day milestone has been positive where 84% of all responses were achieved within 20 working days compared to 76% the previous year.

The volume of complaints in relation to breach of confidentiality has decreased from 3% to 1%. This reduction coincides with mandatory training for all employees of the authority on data protection.

Over the period April 2013 to March 2014 there was 1 complainant who remained dissatisfied at the end of the Stage 1 local resolution process and the complainant was advised of their right to have their complaint considered by the Local Government Ombudsman.

The number of formal and informal compliments received during the year continues to outweigh the number of complaints made. A total of 312 compliments were received across adult social care services from service users or their families who wished to express their satisfaction with the service they had received.

A further 262 positive comments were received from the Welfare Rights Team by means of a customer satisfaction card, compared to 218 the previous year.

Children, Young People and Families

In 2013/2014 saw an increase in the total number of complaints received from 149 in 2012/13 to 160 in the period covered by this report. This increase was anticipated due to work undertaken to make the complaints procedure more accessible to children, young people and their families.

There has been a decrease in those received relating to Conduct/Attitude, where 20 were received compared to last year's figure of 23. This represented 13 % of the total number of complaints received, compared to 15 % last year.

It must be noted here however that 45% (nine cases) of these were unsubstantiated, 50% (ten cases) were substantiated and a further 5% (one case) was partially substantiated.

There was one complaint that could not be resolved at Stage 1 and which subsequently required progression to Stage 2 of the complaints procedure. This shows considerable testament to the thoroughness of investigations and mediation which has taken place earlier in the complaints process.

78% of cases were resolved within the statutory 20 day timescale and 43 % of cases were resolved within ten working days.

Early Help Services send out helpfulness questionnaires to obtain the views of those who have been referred to them for help. 97% of all respondents gave a 'helpfulness' score of 'quite helpful' or 'very helpful'.

4.0 Financial Implications

4.1 All costs associated with this preparation and distribution of the annual reports have been contained within the existing 2014/15 budgets for the Safeguarding Service.
[JF/09022015/U]

5.0 Legal Implications

5.1 Both annual reports are a requirement specified under statute:

The Children's and Families report by regulation 13(3) of the Children Act 1989 Representations Procedure (England) Regulations 2006, and the Adult report by regulation 18(1) of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
[RB/06022015/P]

6.0 Equalities Implications

6.1 There are no direct equality implications arising from this report although the reports do feature an equality analysis of the complaints, compliments and comments received.

7.0 Environmental Implications

7.1 Environmental implications of both reports have been kept to a minimum as, both reports will be sent electronically and no paper copies have been produced.

There will however be a small number (50 copies) of executive summaries printed for distribution in the public domain.

8.0 Human resources implications

8.1 There are no direct human resources implications arising from this report.

9. Corporate landlord implications

9.1 There are no direct corporate landlord implications arising from this report.

10.0 Schedule of Background Papers

10.1 Adult Social Care and Community Services Annual Report on the Complaints and Representations Procedure 2013/2014.

10.2 Children, Young People and Families Annual Report on the Children's Social Care Complaints and Representations Procedure 2013/2014.

10.3 Executive Summary for both reports.

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ADULT SOCIAL CARE AND COMMUNITY SERVICES

ANNUAL REPORT ON THE COMPLAINTS AND REPRESENTATIONS PROCEDURE 2013/2014



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DRAFT

1.0 Introduction

- 1.1 The Community Services Directorate arranges and supports provision of a wide variety of services to enable people to remain living independently in their own homes; with increasing levels of choice and control over the type of support they receive. In addition, the Directorate supports service users living in residential or nursing establishments; and has lead responsibility for safeguarding adults at risk of harm by others.
- 1.2 During 2013/14 a total of 6,074 adults of working age and older people received an Adult Social Care service. The aim of the Local Authority is to provide high quality services that meet the needs and circumstances of individuals and their families. However, given the personal and complex nature of our services, sometimes things do go wrong.
- 1.3 Wolverhampton's Adults Health and Social Care Complaints Procedure complies with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; which came into force on 1st April 2009.
- 1.4 The Regulations provide the general legal framework within which complaints have to be managed and do not prescribe the processes through which outcomes should be delivered. The Department of Health's 'Listening, Improving, Responding' practical customer care guide was produced to support staff in implementing an outcomes focused approach to complaints management; which includes:
 - The focus on the provision of a single formal response for the complaint being the only opportunity for the Council's complaint investigation to 'get it right'.
 - A readily identifiable person responsible for the complaints-handling function in each organisation.
 - A 12 month limitation to make a complaint.
- 1.5 Wolverhampton's Adult Health and Social Care Complaints procedure incorporates the principles of good complaints handling, drawn up by the Health Service Ombudsman and endorsed by the Local Government Ombudsman:
 - Getting it right and being customer focused;
 - Being open and accountable;
 - Acting fairly and proportionately;
 - Putting things right; and
 - Seeking continuous improvement.
- 1.6 Complaints and all types of feedback (including compliments) are seen as important to improve the quality and responsiveness of services. The Directorate wants service users to feel able to complain or comment based on

a clear understanding of the quality of service they should expect. The complaints process provides a mechanism to identify problems and resolve issues. If things go wrong or fall below expectation, we try to sort things out quickly and fairly. We also want to learn from our mistakes or concerns that arise and will make changes to improve services.

- 1.7 Equally, staff should feel free to apologise, resolve issues quickly at a local level, restore relationships and pass on lessons so that systems are improved. Where complaints cannot be resolved informally, complainants are dealt with through the formal complaints procedures, that are independent, simple, and aim to be transparent and swift, leading to appropriate redress and action on professional conduct or system failures.
- 1.8 It is part of the statutory regulations that the Local Authority produces and publishes an annual report on complaints and compliments made by service users, carers and members of the public about social care services directly provided or commissioned by the department.
- 1.9 This Annual Report on the Complaints and Compliments received by the Community Services Directorate provides information on the types of complaints and compliments that have been received and managed within the Directorate between 1 April 2013 and 31 March 2014.
- 1.10 This report provides a mechanism to keep people informed about the operation of Wolverhampton's Adult Health and Social Care complaints procedure and in addition, provides feedback on complaints concerning Leisure, and Community services that also come under the responsibility of the Community Directorate.
- 1.11 Analysis of information about the complaints received during 2013 -14 gives Adult Social Care an opportunity to reflect on both the quality of the services it provides to the people who use our service and consider how well it listens and responds to their needs.
- 1.12 The Community Directorate has received an encouraging number of compliments. This is an indication that the widespread distribution of the complaints and compliments leaflets ensures that the public have a high awareness that comments on services are welcomed.
- 1.13 The report is divided into two parts. Part A encompasses complaints that come under the Adult Social Care Regulated Procedure and part B covers complaints relating to those Community Services which are subject to the corporate complaints procedure and timescales.

The Monitoring of Community Complaints and Representations

- 1.14 The Customer Relations and Complaints Manager (Quality Assurance and Improvement) receives complaints and compliments for services that come under the Community Directorate and ensures that they are dealt with in accordance with the relevant procedures and legislation.

- 1.15 Informal complaints made directly to operational staff or their managers and resolved immediately do not fall within the scope of the Complaints Procedure. However, so that information about responses to services can be collated for analysis; Service Managers record these and provide information to the Customer Relations and Complaints Manager on a monthly basis.
- 1.16 The work of the Customer Relations and Complaints Manager continues to focus on mediation; which involves adopting a person centred approach to clarify with the complainant the nature of the complaint and what they hope to see achieved before an investigation begins.
- 1.17 The Customer Relations and Complaints Manager has reinforced the benefits of effective complaints handling by maintaining contact with staff across all adult social care services; to raise awareness of the complaints procedure and individuals roles in resolving complaints promptly where they arise in order to achieve an early resolution of problems.

2.0 Executive Summary

2.1 Overview of Activity - The Council has continued to work hard over the past year to put customer care at the forefront of its activity. It has maintained a proactive approach to managing and responding to complaints in a timely manner, and above all has kept customers involved in the process.

a) Volume:-

- The key message from the 2013/2014 monitoring of Adult Social Care complaints is that there has been an increase in the number of complaints received, from 87 in 2012/2013 to 99 in 2013/2014.
- As at 1 April 2013 there were 3789 service users receiving care services funded by the City Council (including Direct Payments) and the total number of complaints received represents 2.61% of customers expressing dissatisfaction with the service they received.
- The number of formal and informal compliments received during the year continues to outweigh the number of complaints made. A total of 312 compliments were received across adult social care services from service users or their families who wished to express their satisfaction with the service they had received.
- A further 262 positive comments were received from the Welfare Rights Team by means of a customer satisfaction card, compared to 218 the previous year.
- The volume of complaints in relation to breach of confidentiality has decreased from 3% to 1%. This reduction coincides with mandatory training for all employees of the authority on data protection.

- There has been a decrease in the number of formal complaints received by the Quality Assurance Unit from customers whose care service is provided by a private provider, commissioned by Social services.
- Services that come under the umbrella of Community Services (Sports and Leisure, Parks and Green Spaces and the Library Services) received:
 - 13 formal complaints; which were responded to within the 21 day Corporate Complaints Procedure timescale
 - 34 compliments
 - 97 informal complaints were received and dealt with directly by the individual service teams

b) Timeliness:-

- 36% of the Adult Social Care formal complaints received during the year were dealt with and responded to within the departmental 10 day target timescale. Compared to 34% for the previous year.
- Performance against the 20 day milestone has been positive where 84% of all responses were achieved within 20 working days compared to 76% the previous year.
- The average timescale to respond to complaints was 14 days.

c) Outcomes:-

- There has been a decrease in the percentage of complaints upheld; 24% compared to last year's figure of 30%. The total number of complaints which were either not upheld or withdrawn represents 44% compared to 46% for the previous year.
- There has been a decrease in the volume of complaints received in relation to Quality of Service; where complaints in relation to this category represents 22% of the total complaints received, compared to 25% the previous year.
- There has been an increase in the number of complaints concerning conduct and attitude. This represented 25% of the total number of complaints received compared to 18% in the previous year. However 52% of these were either not upheld or withdrawn.
- Over the period April 2013 to March 2014 there was 1 complainant who remained dissatisfied at the end of the Stage 1 local resolution process and the complainant was advised of their right to have their complaint considered by the Local Government Ombudsman.

PART A

3.0 The Adult Health and Social Care Formal (Local Resolution) Complaints Process and Procedure

3.1 There are two stages to the process for dealing with formal complaints:-

- **Stage 1 - Local Resolution**
- **Stage 2 - Local Government Ombudsman**

Stage 1 - Local Resolution

3.2 When complaints are received by the Complaints Section, they are acknowledged and the Customer Relations and Complaints Manager makes sure with the complainant there is a clear understanding of what has gone wrong and what the person making the complaint would like to see happen to put things right. Then it is passed to the relevant manager to investigate the concerns and see what action can be taken to resolve the problem.

3.3 To performance manage the complaints resolution process; a 10 day departmental target timescale was agreed. This can be extended whenever necessary, with the agreement of the Customer Relations and Complaints Manager, to ensure the focus remains on resolving the complaint.

3.4 If the final response from the Council has not served to resolve a complaint to the satisfaction of the complainant, then he or she is entitled to take their complaint to the Local Government Ombudsman to review the way their complaint has been handled by the Council.

Stage 2 - Local Government Ombudsman

3.5 The Local Government Ombudsman advice team provides a single point of contact for all enquiries. The Ombudsman does not normally consider a complaint unless a council has first had an opportunity to deal with the complaint itself.

3.6 Those people who fund their own care, or arrange their own personal adult social care directly with a private care agency using funding provided by the Council, now have the option to contact the Ombudsman themselves, if they remain unhappy with the response they receive from their service provider.

3.7 The focus of the complaints handling process; through which outcomes are delivered is to:-

- Make complaints person focused;
- Treat all complaints according to their individual nature;
- Focus on swift local resolution by looking closely at the complainants desired outcomes;
- Have a coherent way of handling and learning from complaints that span across social care and health.

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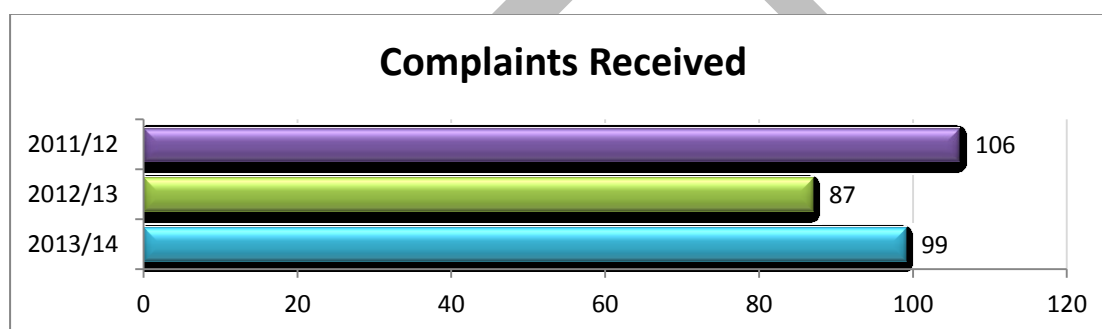
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4.0 Statistical Analysis of Complaints

Number of Stage 1 Complaints and Mediations Received

- 4.1 As at 1 April 2013 there were 3789 service users receiving care services funded by the City Council (including Direct Payments) and the total number of complaints received represents 2.61% of customers expressing dissatisfaction with the service they received. This represents an increase in the number of service users expressing dissatisfaction during 2013/2014; as compared to 2012/13 when this figure was 1.93%.
- 4.2 The majority of complaints are dealt with at Stage 1; by Team Managers, Heads/ Deputy Heads of Service, and by the Customer Relations and Complaints Manager to the satisfaction of the person making the complaint.

Figure 1: Complaints received by Adult Health and Social Care Services

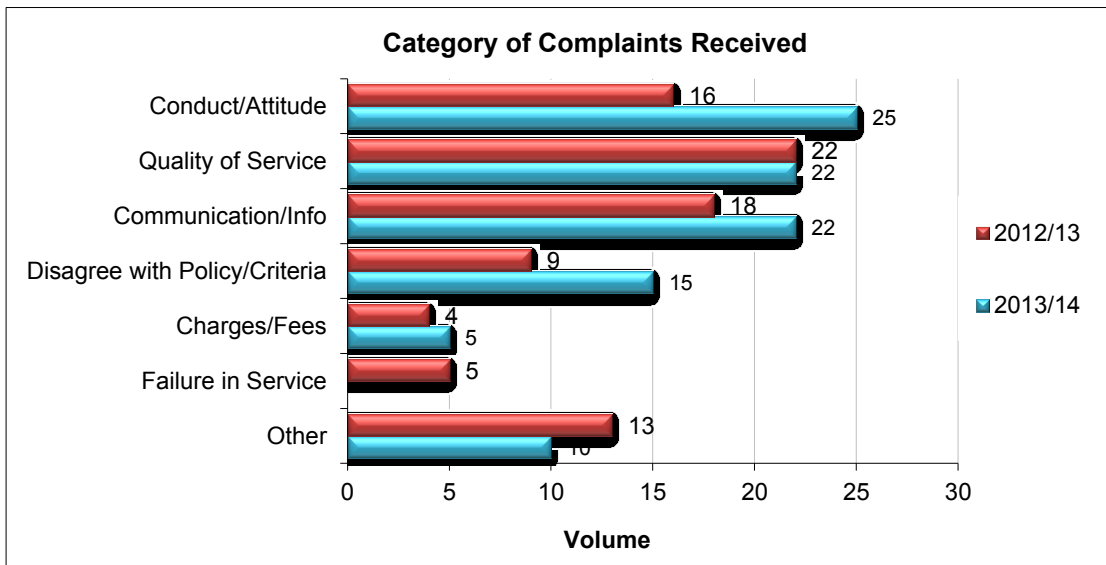


- 4.3 As can be seen in Figure 1: Complaints Received; 2013/14 saw an increase in the number of complaints received, 99 compared to 87 the previous year. However, this is lower than the volume of complaints received in 2011/12 when 106 service users complained.

Categories of Complaints Received

- 4.4 Figure 2 below details the nature of complaints received; including where information is available, those received about services commissioned by the department from independent agencies.
- 4.5 Where a complaint raises concerns about the safety of a service user these are managed in accordance with the departments 'Safeguarding Vulnerable Adults Procedure' - 14 cases were transferred to be investigated under this procedure due to the nature of concerns raised.
- 4.6 Two complaints did not fall within the jurisdiction of the local authority to investigate and respond to; and the complainants were referred to the appropriate organisations to address their concerns.

Figure 2: Category of Complaints Received



4.7 Due to the small numbers of complaints received, certain categories have been grouped together as 'Other'. The categories contained within the 'Other' figure are: Breach of Confidentiality, Delay in Service, Health and Safety, Damage/Loss, Neglect, Refusal of Service, Request for Service, Concern, Access, changes in Policy, Cleanliness, and Discrimination. A full detailed list of the category of complaints is shown at **Appendix 2**.

4.8 There has been a significant increase in the numbers of complaints from service users disagreeing with policy/criteria; from 9 complaints in 2012/13 to 15 in 2013/14; up by 67 %; and those relating to the conduct and attitude of staff; from 16 complaints in 2012/13 to 25 in 2013/14; up by 56%.

4.9 Complaints received in relation to residential care homes or care provided in service users homes are shared with the Quality Assurance and Compliance team for monitoring purposes.

Disagreement with Policy/Criteria

4.10 Many of the complaints in this category disagreed with a policy or criteria relating to a review or an assessment which has taken place. Where possible, the assessment was reconsidered, following disagreement however some complainants still remained unhappy and had recourse to the formal complaints procedure.

Conduct and Attitude

4.11 This year has seen an increase in the number of cases relating to the conduct/attitude of staff. In 2012/13 16 complaints of this nature were received; compared to 25 in 2013/14; an increase of 67%. Complaints relating to the conduct/attitude of staff represented 25% of all complaints received and equates to 1 complaint received for every 36 staff employed within Adult Social Care.

- 4.12 Many complainants described feeling dismissed by staff; or experienced a shortfall in compassion; and a common thread in most complaints was the tone and manner of a staff member towards the complainant.
- 4.13 The percentage of complaints which were upheld or partially upheld, where conduct and attitude was the primary concern has increased from 43% in 2012/13 to 48% in 2013/14. In 2013/14 this relates to:
- 6 cases (24%) being upheld
 - 6 cases (24%) being partially upheld; and
 - 13 cases (52%) being withdrawn or not upheld
- 4.14 It is critical that learning from complaints of this nature is embedded in staff supervision and feedback mechanisms.

Quality of Service

- 4.15 The number of complaints (22 cases) received in respect of the quality of service provided to the complainant in 2013/14 is the same as were received in 2012/13. Due to the increased volume of complaints in 2013/14, this equates to 22 % of the total complaints received compared to 25% for the previous year.
- 4.16 Many of the complainants referred to delays in receiving initial assessments, or the quality of care or support by either the social worker or the immediate care provider.

Communication/Information

- 4.17 In 2013/14 there were 22 complaints about communication/information; as compared to 18 in the previous year. This equates to a 22% increase; with service users experiencing:
- no response to requests for information,
 - poor communication between agencies; and
 - poor communication with service users and their families
- 4.18 Complainants have said that they want to be kept informed, to meet staff face to face when there are problems and to receive outcomes in writing.

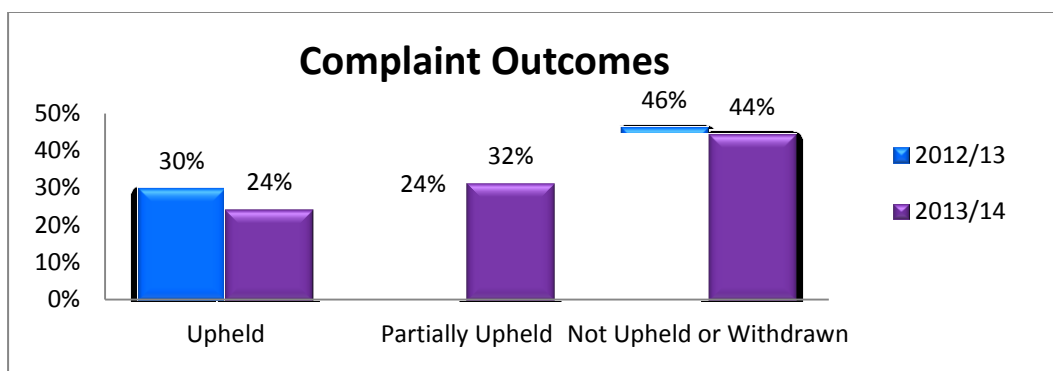
Breach in Confidentiality

- 4.19 Wolverhampton City Council has required all employees to complete training in respect to confidentiality and information management; in order to ensure service user's information is protected; and only shared when it is safe and appropriate to do so; in accordance with the Data Protection Act 1998.
- 4.20 The impact of this is evident in the reduction in the number of cases where breach of confidentiality was cited as the cause for the complaint; from 3 cases in 2012/13 to 1 case in 2013/14.

Complaint Outcomes

- 4.21 As can be seen in Figure 3, below; the number of complaints upheld in 2013/14 is lower than in 2012/13; whilst the number partially upheld has increased. Overall 56% of complaints investigated identified areas where improvements to social work practice and/or service provision could be improved.

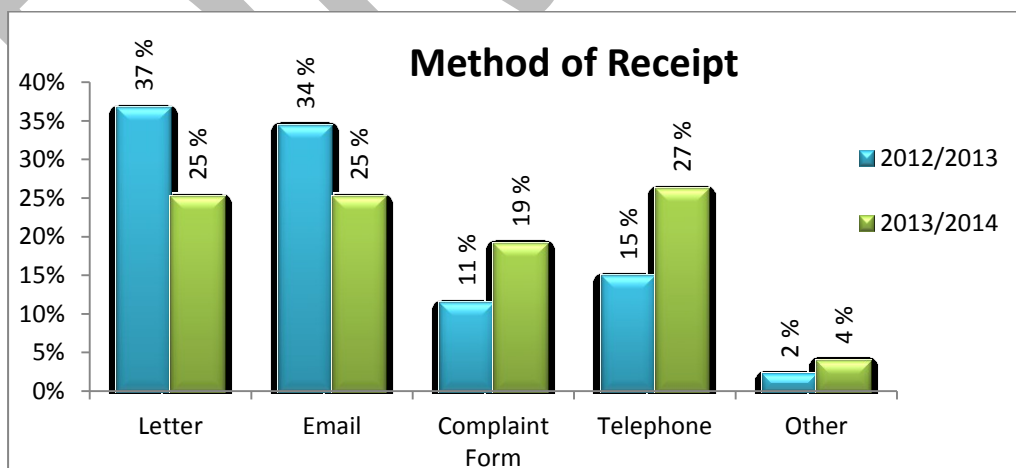
Figure 3: Outcomes of Complaints (2012/13 versus 2013/14)



Method of Receipt

- 4.22 Previous years have shown that the preferred method of making a complaint was been by firstly by letter and secondly by email.
- 4.23 In 2013/14 there has been a significant increase in the number of complaints resulting from telephone calls; with services users indicating that they desire a speedy resolution to their concerns.

Figure 4: Method utilised to make complaint



Complaint by Service Area

- 4.24 On 1 April 2014 Housing Options/Housing Outreach/Young Persons and Homelessness Prevention team ceased to be a part of the Community Directorate; having moved to the Education and Enterprise; and as a

consequence complaints for these areas will no longer be reported upon.

4.25 Figure 5: Volume of Complaints versus Service provides an overview of the number of complaints received by service areas; whilst **Appendix 1** details the number of complaints received per team.

4.26 In 2013/14 the team receiving the most complaints (15) was Housing Options (Homeless);

The most significant increases in the number of complaints received are as follows:

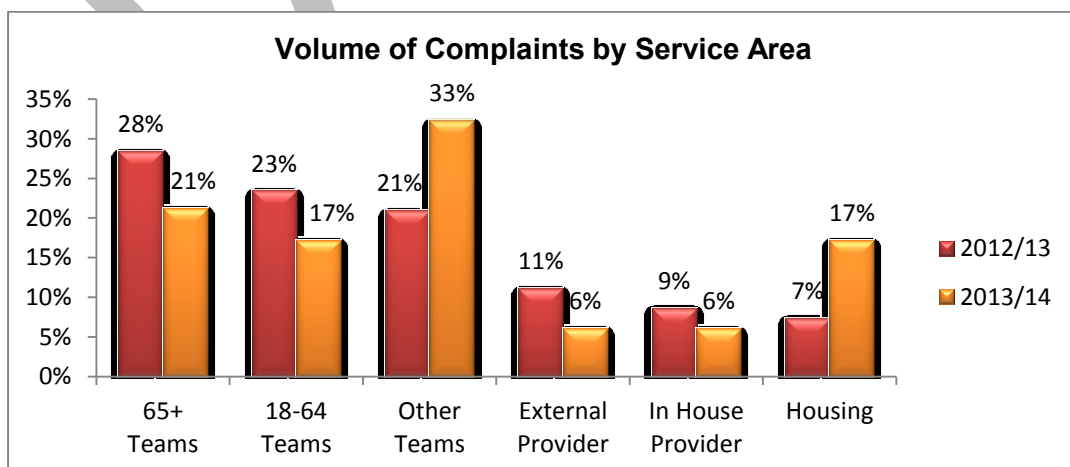
- ILS (Adaptions) - 8 complaints, where none had been received the previous year
- Community Care Commissioning - 6 complaints versus 1 received in the previous year;

4.27 The teams experiencing the most significant reduction in the number of complaints received were:

- Learning Disability Team - from 5 complaints in 2012/13 to 1 in 2013/14; equivalent to an 80% decrease
- Contracted/Independent Providers - from 8 complaints in 2012/13 to 3 in 2013/14; equivalent to a 63% decrease
- ACT East (CMT) - from 12 complaints in 2012/13 to 8 in 2013/14; equivalent to a 33% decrease;

4.28 In general complaints concerned the outcome of people’s assessments; decisions about their eligibility for services; and the manner in which their financial assessments are handled.

Figure 5: Volume of Complaints versus Service



Timescales for Investigation of Complaints

4.29 Whilst timescales for responding to complaints are not statutorily prescribed, good practice dictates that they must be as short as reasonably possible to allow for effective consideration. Departmental guidelines require managers to respond to complaints within 10 working days, wherever possible.

4.30 Timeliness of complaints management by investigating officers is monitored; to ensure departmental procedures and timescales are met. To support this process Assistant Directors and Service

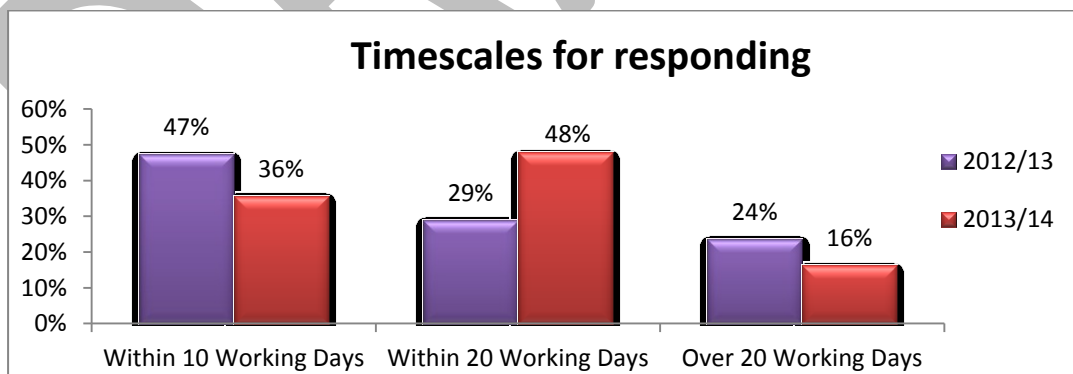
Heads receive a weekly progress report which informs them of any overdue responses. This process enables senior managers to ensure that delays are kept to a minimum.

4.31 In 2013/14; there was an 11% reduction (see figure 6) in the number of complaints being responded to in 10 working days. However, the total number of complaints responded to within 20 working days; has increased from 76% in 2012/13 to 84% in 2013/14. The average timescale to respond to a complaint was 14 days.

4.32 Whilst some delays in managing a complaint are unavoidable, due to complexity and/or the need to interview front line staff; any process can only be fully effective if sufficient priority is given to dealing with complaints.

The time taken by managers to investigate the circumstances of some of these complaints can exacerbate the situation and can lead to lack of timeliness of response becoming a secondary complaint in its own right.

Figure 6: Timeliness of response to complaints

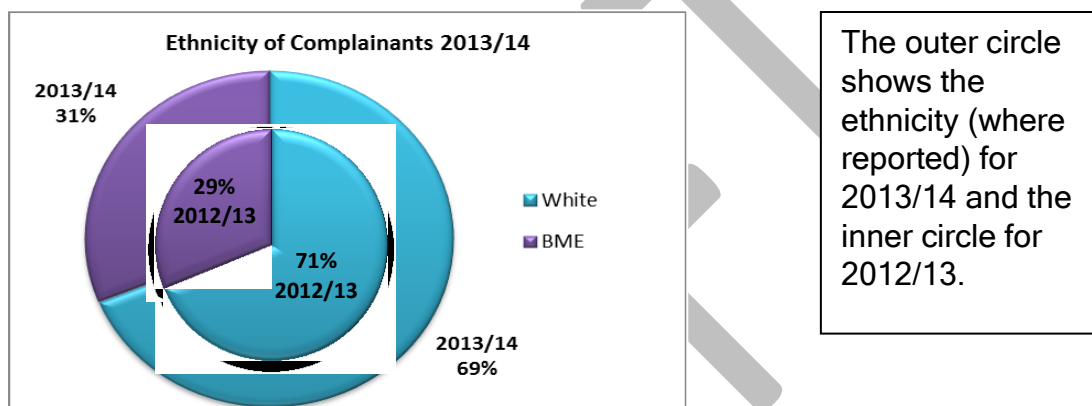


4.33 In order to ensure a timely response to investigations, a formal escalation plan has been introduced to ensure that non-compliance to the complaint procedure timescales results in intervention from senior managers and assistant directors (where appropriate).

Equality Monitoring of Complaints

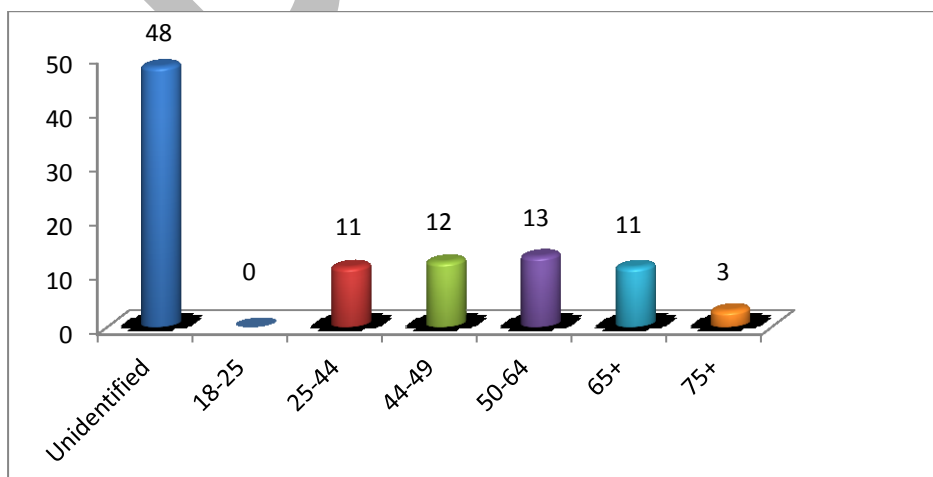
- 4.34 Posters in the main minority languages are displayed in reception areas giving information about how to obtain assistance to make a complaint and advising service users that an interpretation service is available if requested. This targeted approach is in accordance with the directorate guidance about the language needs of people where English is not their preferred language.
- 4.35 Of the 87 complaints received, only 31 complainants gave details of their gender/age/disability: with 8 being from male and 20 from female service users. The number of complainants who have declined to state their ethnicity has decreased from 79 in 2012/13 to 56 in 2013/14.

Figure 7: Ethnicity of Complainants



- 4.36 Figure 7 above indicates that there has been an increase in complaints from complainants who identified themselves as having Black, Minority or Ethnic origins; rising from 29% in 2012/13 to 31% in 2013/14.
- 4.37 A total of 12 (12%) complainants identified themselves as having a disability; as compared to the 21% of Wolverhampton's population whose day to day activities are limited somewhat due to illness or disability.

Figure 8: Age group of complainants (%)



The complaints received were representative throughout a wide range of ages however 48% chose not to declare their age group, of those complainants who disclosed their age, the largest age groups to complain were the 44-49 and the 50-64 groups where each group's complaints represented 12% and 13% retrospectively.

Stage 2 - Local Government Ombudsman

- 4.38 In the event that the complainant is dissatisfied with the outcome of their complaint at Stage 1; they are entitled to progress the complaint to the Local Government Ombudsman. During 2013/14 one complaint progressed to the Local Government Ombudsman which related to a complaint regarding a homeless application after a family needed to be rehoused.
- 4.39 The LGO found no fault with the Council's handling of the complaint and no evidence that it delayed offering the family alternative accommodation. As a consequence they decided not to further investigate the complaint.

Joint Health and Social Care Complaints

- 4.40 The Complaints' Regulations places a duty on local authorities and health bodies to co-operate in respect of complaints about cross boundary services; in order that a single co-ordinated response can be given to the complainant, where complaints span health and social care organisations. A joint working protocol is in place between Wolverhampton City Council (WCC) and the Royal Wolverhampton NHS Trust and complaints that span services are handled in accordance with that protocol. A local protocol is also in place between the local authority Safeguarding Adults service and the Royal Wolverhampton NHS Trust which identifies when a service user is at risk of harm, and this triggers an alert being made under the Wolverhampton Safeguarding Adult Boards safeguarding procedures.
- 4.41 During 2013/14; 2 complaints were received that required a coordinated response from Social Services and The Royal Wolverhampton Hospital Trust or the Black Country Partnership Foundation Trust. The first related to the communication between social care professionals and mental health NHS services which was not upheld and another related to confusion to adaptations to home required prior to release from hospital. This second case was upheld.

Complaints about Independent Care Agency commissioned services

- 4.42 The Care Quality Commission's (CQC) regulatory framework places a requirement on all registered health and social care provider organisations to have in place, simple and clear arrangements for handling complaints and to be able to demonstrate at reviews, the extent to which the service has improved as a result of complaints. The CQC also has responsibility for overseeing the interests of people detained under the Mental Health Act. It combines the work of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

- 4.43 The National Health Service and Community Care Act 1990 enabled Councils to purchase services from independent third sector providers. The purchased services include residential and nursing home care for adults, domiciliary care and day care for adults. Complaints about social care services funded by the local authority, but provided by a private provider are covered by the Health and Social Care Complaints Regulations 2009.
- 4.44 In order to ensure that these services are of a high quality and that good standards of service are maintained, they are monitored for compliance by the Council's Contracts Officer, through service specifications and the monitoring of contracts.
- 4.45 Complaints and representations are valuable forms of feedback about the services we provide or commission and they are used to influence service commissioning decisions and to shape discussions with service providers.

Where the Local Authority is responsible for the original needs assessment that led to a placement with a purchased service, the complainant has recourse to the Council's statutory complaints procedure; where they have exhausted the provider's complaints process.

- 4.46 A total of 6 service users complained about services purchased by the Authority in 2013/14; as compared to 8 complaints received in the previous year.
- 4.47 These mainly related to quality of service received with complainants not being happy with the standard of care received or loss of property.

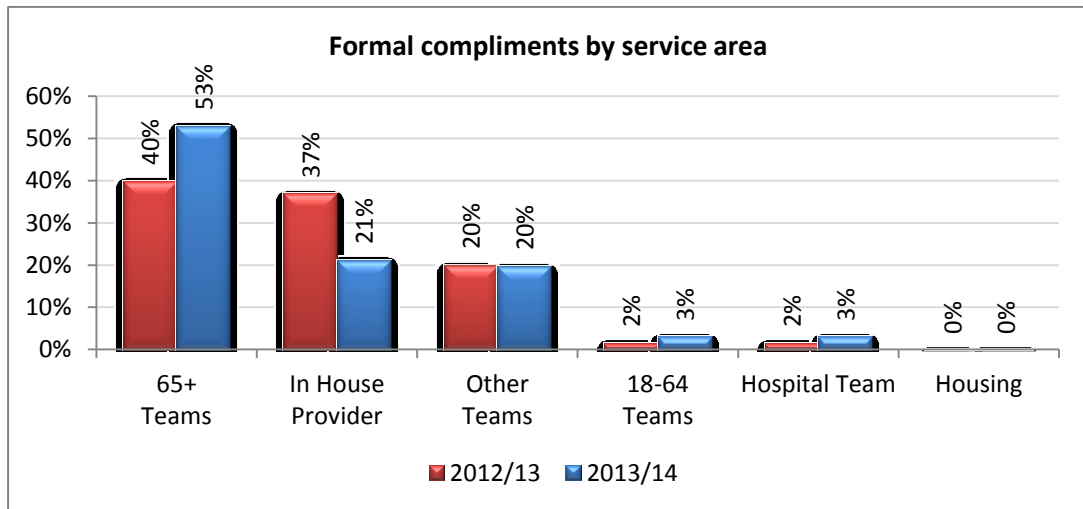
5.0 Compliments

Number of Compliments Received by Service Area

- 5.1 The Directorate receives many compliments from people who wish to record their appreciation of the efforts made by staff in dealing with them or their relatives. It is important that people have a means of letting the Council know when they have had a positive experience.
- 5.2 When a compliment is received, it is acknowledged and recorded for monitoring purposes before being passed to the member of staff and manager of the service being complimented.

Where services receive compliments directly from service users these are recorded by the service and sent to the Safeguarding and Quality Assurance Service. Learning from compliments influences the way in which the services are provided and delivered.

Figure 9: Compliments received by service area



5.3 The majority of compliments received were to acknowledge the help and support service users have received from staff. The Welfare Rights team use a customer satisfaction card for capturing customer feedback on their service and 262 responses were received by this means which all gave positive feedback. This is an increase from 218 compliments received the previous year. The following are examples of compliments received from service users and their families:

- Merry Hill House provides respite accommodation for persons who require nursing or personal care. One relative detailed her experiences:

“My mother was in respite and I would like to say how well the staff looked after her and how quickly they noticed when she needed to go to hospital when she became ill. They were always helpful and polite and willing to talk and listen. Also remarkably cheerful, despite having some challenging people to deal with”.

- A service user whose husband had a period of support from the HARP Team advised:

“You have provided me with an excellent level of care which has given me confidence in my health. I will miss you coming in to provide support as I no longer require it. Thank you”.

Another detailed:

“I feel that their support after my discharge from hospital contributed to my recovery from a major operation. I much appreciate this valuable service”

5,4 Compliments are an important way of providing the Council with information about the way services are being experienced by vulnerable adults and this

area of work needs further development to understand how customer satisfaction can be meaningfully measured across adults social care services.

Equality Monitoring of Compliments

- 5.5 The importance of dialogue with the City's minority ethnic communities about the Department's services is recognised. The activity is intended to encourage compliments as well as complaints about the Department's services. This is in order to ensure that services continue to develop in ways that are sensitive to the needs and aspirations of these groups.
- 5.6 From the 66 formal compliments received 83% were from those who identified themselves as White British; 0.03% identified themselves as Indian/Asian; and the ethnic origin of 13% was unknown.

Monthly Monitoring of Informal Compliments and Complaints

- 5.7 Wherever possible the authority, likes to offer service users and their representatives the opportunity to make a comment, complaint or compliment informally to front line staff. These are recorded and notified to the Customer Relations and Complaints Manager on a monthly basis.

Service users and their families take time to verbally make a compliment or in writing. Many show their gratitude by the donation of small gifts which are shared amongst service users. During 2013/14 a total of 246 informal compliments were received compared to 361 in the previous year. The majority of these (65%) were from service users of resource centres within the City.

- 5.8 One compliment from a relative of a service user who attended Blakenhall Resource Centre commented:

"We will never forget how kind you have all been to May in prolonging her quality of life. You have gone the extra mile over and above what we would have expected. Your patience and understanding will always be in our thoughts"

- 5.9 Front line staff received 13 informal complaints which were resolved immediately; which in some cases resulted in a re-assessment of service user needs.

PART B

6.0 Community Services

- 6.1 We all need places for relaxation and escape, for exercise and recreation, and our parks and green spaces, libraries and leisure services provide this. They also help to build a sense of community. Sometimes however things go wrong and people become dissatisfied with the service they have received.

Complaints Procedure

a) Stage 1 - Local Resolution

The complaint is received and logged and sent to the appropriate manager to be investigated. The complaint is then tracked until the complaints process is completed. The timescale that applies for a response to be sent to the complainant is within 21 days.

b) Stage 2 - Unresolved complaints

Where the complainant is not satisfied with the response they receive from the local investigation, the complaint will be passed for further consideration to the Council's Corporate Complaints Co-ordinator who will review how the complaint was handled and whether the final response was justified and whether there are grounds for an appeal. If the Council has not resolved the complaint to their satisfaction, the complainant can contact the Local Government Ombudsman.

Monitoring of Community Services Complaints

- 6.2 Complaints about the Community Services in the Directorate in 2013/14 are dealt with under separate arrangements which are not prescriptive, but follow Local Government Ombudsman advice and guidance about good administrative practice.
- 6.3 The Council's corporate complaints procedure applies to complaints made about community services (Sports and Leisure, Parks and Green Spaces and Library service) and the timescale for a response to be sent to the complainant is within 21 days.
- 6.4 The council and its partners are committed to promoting and providing access to a wide range of leisure facilities, events and activities across the borough.
- 6.5 Methods of obtaining customer feedback is more generally used in these services to enable managers to have an insight as to how these services are viewed by customers, and how to improve service delivery.

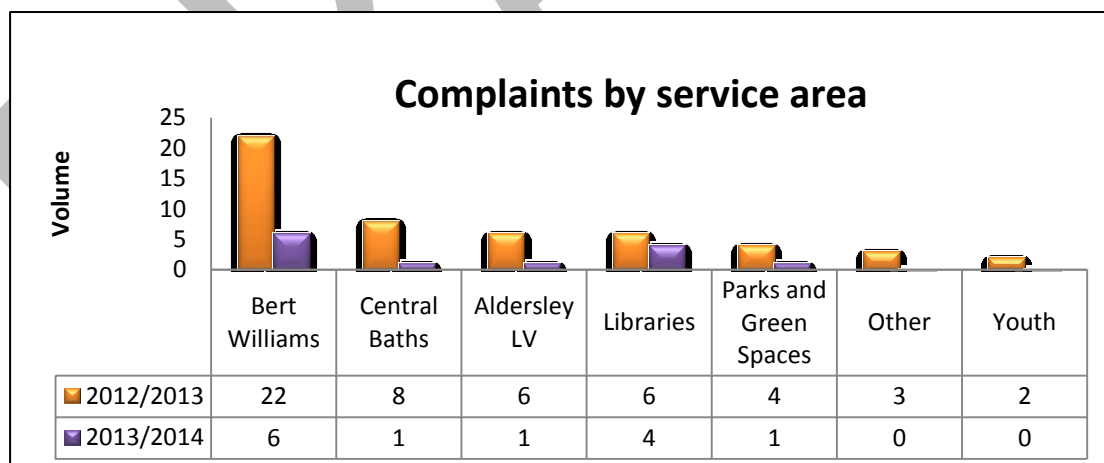
7.0 Statistical Analysis of Complaints

Number of Stage 1 Complaints and Mediations Received

- 7.1 The majority of complaints for the Community Services (Sports and Leisure, Parks and Green Spaces and Library service) were dealt with at the point of contact with services, with very few needing to come through the Customer Relations and Complaints Manager as a formal complaint.
- 7.2 Whilst many value public parks as a national resource they are not represented by any national body, nor is there any statutory requirement governing their upkeep. According to the Heritage Lottery Fund 83 % of households with children aged five and under visit their local park at least once a month. (See [State of UK Parks 2014](#))

Complaints received by Service Area

- 7.3 During the year, 13 complaints were received for Community services, which is a decrease when compared with 51 received in the previous year. The previous year, complaints were particularly high due to the recent opening of The Bert Williams Leisure Centre and operational 'teething' problems which were subsequently rectified.
- 7.4 Due to operational changes of structures within Wolverhampton City Council, the management of complaints for the leisure centres has now moved to the corporate complaints team and as such has had an impact on the information shown in this report.



- 7.5 There were several fundamental challenges resulting in significant changes for libraries during the last financial year including:
- Development of Community Hubs - a number of libraries were closed whilst work was being undertaken.
 - Announcement about a further savings target - reduction in library opening hours (some library opening hours were reduced to 15 per week).

- Introduction of self-service machines in libraries
- Home Library Service provision was reviewed to improve service delivery and cost efficiency. The service now operates in partnership with Dudley Libraries to provide a joint service for both Wolverhampton and Dudley.

7.6 A total of 967,075 people have attended a library at some point during the year; and of these 38,327 have borrowed one book or more.

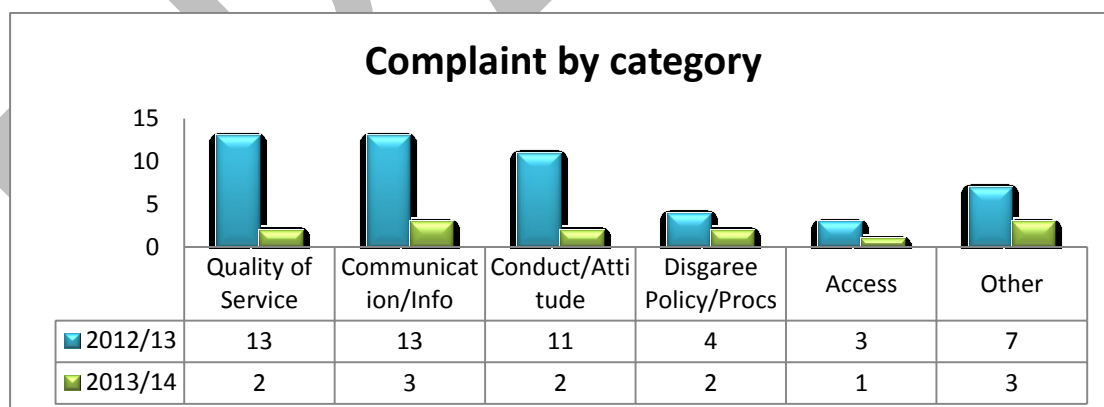
7.7 The number of complaints received for libraries (4 cases) is insignificant when compared to the number of service users accessing the facilities.

Category of Complaints Received, Complaint Outcomes and Timescales

7.8 Due to the operational changes for the management of the leisure centres, there is little statistical information to undertake any accurate trend analysis of complaints in that area. The majority of complaints received resulted from the lack of communication following the closure of pools or the cancellation of classes.

7.9 From the four complaints that were received in respect of library services, one related to a change in policy/resource, another about conduct/attitude of staff and two others were about the provision/or a request for services.

7.10 Eight of the thirteen complaints dealt with in the period were upheld and one partially upheld. Those cases which were upheld related to mainly communication/information, quality of service and conduct/attitude.

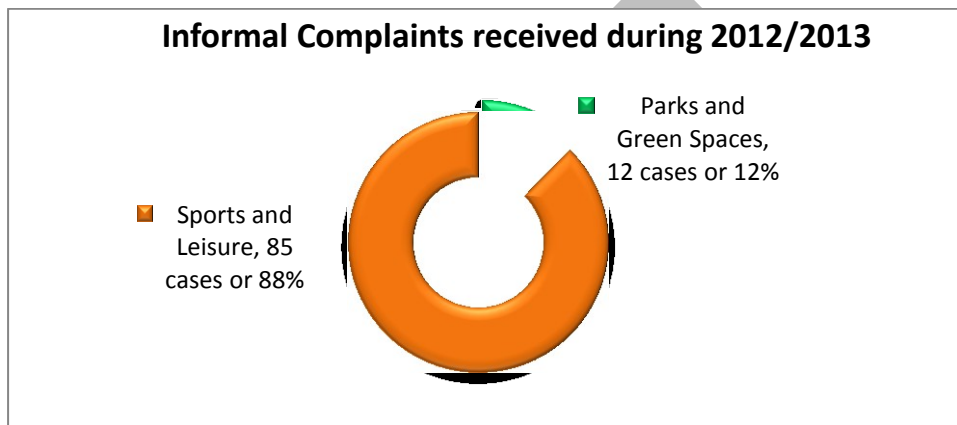


7.11 Of the 13 complaints received 7 were made by males and 6 were from females. There is insufficient ethnic monitoring information provided by the complainants to enable a meaningful analysis to be undertaken.

7.12 All of these complaints were dealt with within the 21 day required timescale. Unfortunately it has not been possible to provide any meaningful analysis of ethnic origin of complainants as many of the complaints were received from service users by email.

Informal Complaints

- 7.13 In addition to the above services submit a monthly return to the Customer Relations and Complaints Manager and this is used to capture information about those complaints which are received and resolved directly by the services.
- 7.14 During the year 97 complaints were received and resolved locally without having the need to go through the formal complaints procedure.
- 7.15 The volume of informal complaints is split between two main areas of the community services directorate. These are Parks and Green Spaces (12%) and Sports and Leisure (88%).



- 7.16 The majority of these complaints, related to a request for the absence of a particular service, maintenance of equipment or availability of particular classes.

Stage 2 - Corporate Complaints Review

- 7.17 There were two cases which went through the Stage 2 corporate complaints procedure for review by the corporate complaints manager in this reporting period.
- 7.18 The first related to an issue about security surrounding a property which is adjacent to a community recreation area. The complaint was not upheld.
- 7.19 The second related to an historical issue about an allotment however the disagreements/disputes were between two local groups and should not have necessitated the involvement of Wolverhampton City Council. Local resolution between the groups was recommended.

8.0 Compliments

Compliments (Informal and Formal)

- 8.1 During this reporting period 2 compliments were received formally and a further 32 were received informally. One of the formal compliments were relating

to the Bantock Park.

The service user expressed:

“My compliments to the senior ranger who conducted the Bantock Tree Trial”

Another compliment made informally was in relation to Central Library and the service user advised:

“I wish to compliment Central Library about the building, resources and lovely helpful staff”

PART C

9.0 Adult Health and Social Care and Community Services Developments of Policies and Procedures

Staff Training in Managing Complaints

- 9.1 The Health and Care Professions Council (HCPC) codes of practice require the directorate ensure that its staff are properly trained and supported to meet their professional obligations; these include a duty to promote service user rights. It would be good practice to ensure that this includes keeping service users fully informed of the complaints procedure and to assist service users with access.
- 9.2 Advice and support was available to Managers and staff with regards to complaints during the period of this report. This was done via one to one work with managers on specific complaints through to general presentations to whole teams on Wolverhampton City Council's Community compliments, comments and complaints procedures.
- 9.3 Ensuring the availability of experienced managers to investigate complaints thoroughly at Stage 1 will negates the need for the escalation to stage 2 of the complaints procedure where the complainants go to the Local Government Ombudsman.
- 9.4 Regular training is provided and is available to all staff in adult social care and community services and this will continue to be provided, in particular through regular attendance at manager's meetings, individual training sessions and mediating with managers and complainants.

Networking and Sharing Policy and Practice

- 9.5 It is important to continue to network, share practice and contribute to Regional policy and practice.
- 9.6 On a quarterly basis, the Customer Relations and Complaints Manager attends the West Midlands Complaint Managers Forum which is attended by

other complaints managers of social care services. Representation of this group is also made at the regional and national levels.

- 9.7 In addition to this The Customer Relations and Complaints Manager also attends, on a regular basis, the West Midlands Complaint Officers Forum which in addition to social care complaints managers includes complaint managers from the NHS.
- 9.8 Both networks aim to raise standards for complaints management across the region to promote consistency of best practice and to provide a source of mutual support.

10.0 Learning from Complaints

- 10.1 The statutory procedure requires that the annual report should demonstrate learning and service improvement, including changes to services that have been implemented.
- 10.2 'Learning from complaints' is an increasingly important part of the authority's philosophy and managers responding to complaints/representations are encouraged to identify any shortcomings within the service.
- 10.3 In a service striving for excellence, there is no room for complacency and where there is an open culture of reflective learning; complaints can at best be used in the design, delivery and improvement of services, as well as highlighting concerns for the safety and welfare of adults, young people and families.
- 10.4 Effective complaints procedures can help the whole authority improve the delivery of services by highlighting where change is needed.
- 10.5 The Complaints Team ensures that lessons learned from complaints are highlighted and fed back to improve service delivery. Lessons learnt from complaints are considered by the Community Directorate Management Team in quarterly monitoring reports. For example complaints investigations have highlighted the need to review policy guidance.
- 10.6 An action sheet is completed by managers following the resolution of a complaint to capture the learning outcomes. These action sheets are analysed in order to compile a learning log which can be shared across the organisation. There are a variety of ways this learning is embedded into service improvement, these may include:

- Through individual staff One to One supervision sessions;
- Employee Performance Review Scheme (EPRS);
- Cascading lessons through team meetings;
- Issuing of written instructions;
- Introduction or review of operational procedures;
- Feedback to Commissioners of services.

- 10.7 Most informal complaints receiving during the year were resolved by an apology or a clear explanation of what had happened and did not require any new or revised procedures or instructions to be developed. They were in the main, addressed through the staff supervision process and by reminding staff of existing procedures, standards and good practice, particularly in respect of the importance of effective communication.
- 10.8 The complaints investigation and review process did, however, result in a number of proposed improvements.

Adult Social Care Learning

- 10.9 A complainant's husband was assessed and went into residential care.
- 10.10 The costs were at that time met by the NHS as the spouse met criteria for Critical Health Care (CHC).
- 10.11 Following a CHC assessment by the Clinical Commissioning Group (CCG) it was deemed that health had improved and the patient was no longer eligible for Critical Health Care. As a consequence eligibility ceased.
- 10.12 The complainant then received a request for outstanding payment which was unexpected and which could not be met.
- 10.13 An explanation was provided as to the level of charges required, based on full assessment which took place. A review of the complainant's finances was also undertaken to maximise her benefits.
- 10.14 For the authority, this complaint highlighted that where one of a couple go into residential accommodation we need to continue to ensure the partner left in the community is in receipt of all the benefits they are entitled to.
- 10.15 As a consequence the financial assessment procedure has been amended to include details on where a referral should be made for one of a couple left in the community.

Community Services Learning

- 10.16 Due to the minimal volume of complaints included in this report, there is no significant learning from complaints which is relevant to this reporting period.

11.0 Achievements/Looking Ahead

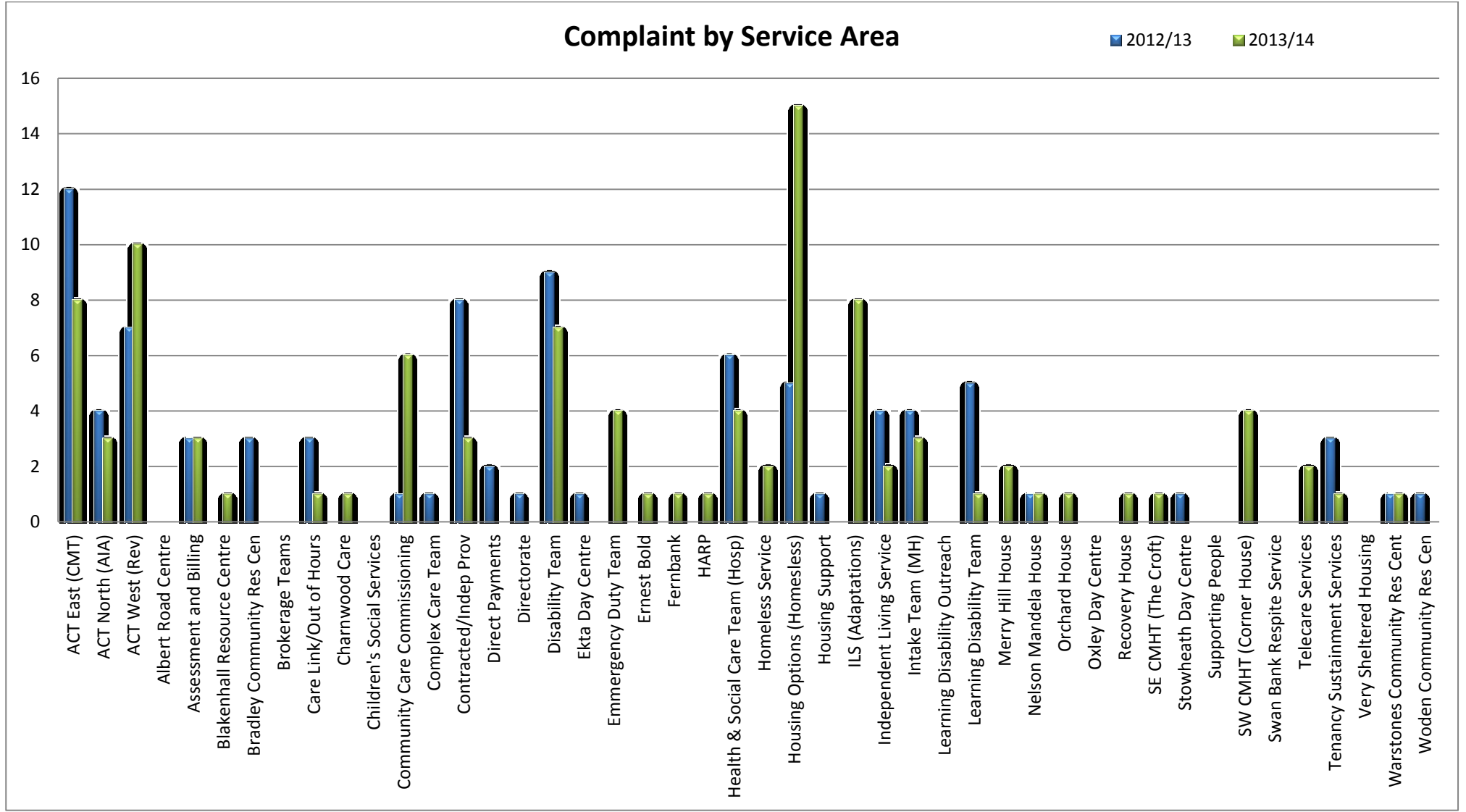
- 11.0 This year the local authority internal audit team undertook an audit of the Community Directorate complaint handling and processes.
- 11.1 Following a detailed analysis of the procedures, processes and case management, the audit report assessed the current service provision as substantial. This is the highest level of assurance given.
- 11.2 Considerable work has already been undertaken to explore how the organisation can further explore the learning from complaints and also how complaint handling can be incorporated into a performance management

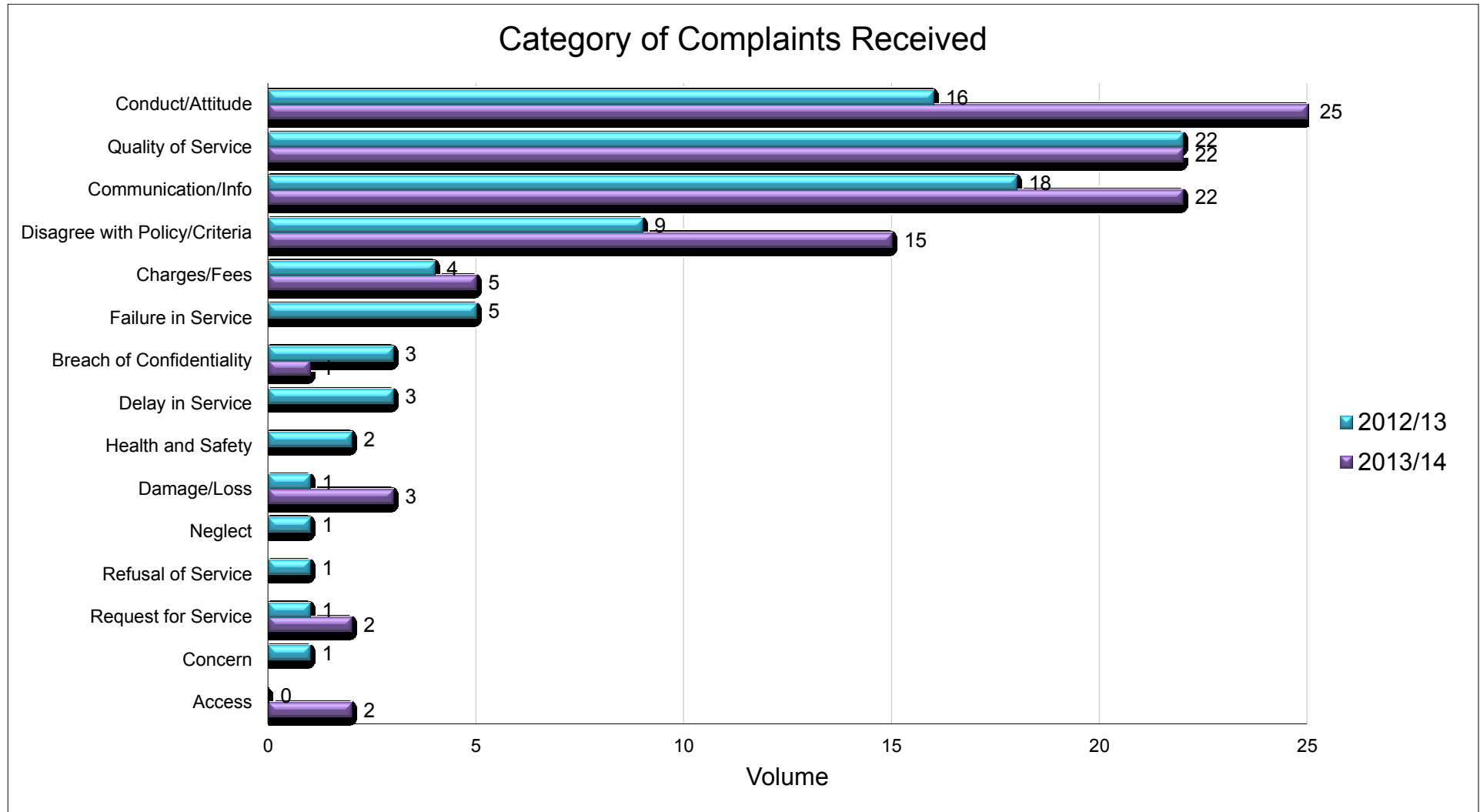
quality assurance framework.

- 11.3 As part of this phased integration into the performance management quality assurance framework, this year has seen the introduction of a comprehensive escalation plan to ensure timeliness of complaint handling and implementation plan to capture learning.
- 11.4 This work will continue further into the new financial year to ensure that all complaints handling processes will (where possible) be compliant to the Adult Social Care Quality Assurance Framework. Which is currently being developed.
- 11.5 Work is currently underway to review the joint protocol for the complaints procedures with Health partners.
- 11.6 Work is currently underway to provide a comprehensive guide for consideration by senior managers when making decisions on organisations to be used to provide commissioned services, and also when assessing the quality of service provided by those services commissioned within the directorate.

12.0 Conclusion

- 12.1 For a second consecutive financial year, by pursuing more direct contact with managers, an improvement in complaint response times has been achieved, with 84 % of adult social care complaints received since the beginning of April 2013 being responded to within 20 days.
- 12.2 There has been a decrease in the number of complaints progressing to Stage 2.
- 12.3 Work with staff will be undertaken over the coming year to develop the use of complaints as a learning tool for the department to ensure no opportunity is missed to use complaints to improve the services.
- 12.4 The proportion of complaints escalating through the later stages of the complaints procedure continues to be small in number, and the number of compliments received continues to outweigh the number of complaints received, thus confirming that the overall quality of Adult and Community Services provision continues to receive positive recognition from service users.





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Contact Information

Contact Details:	
Author	Alison Dowling Customer Relations and Complaints Manager
Telephone:	(01902) 553203
Email address:	Alison.dowling@wolverhampton.gov.uk
Address:	Wolverhampton City Council Safeguarding and Quality Service Priory Green Building Whitburn Close Pendeford Wolverhampton WV9 5NJ
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CHILDREN, YOUNG PEOPLE AND FAMILIES

ANNUAL REPORT ON THE CHILDREN'S SOCIAL CARE COMPLAINTS AND REPRESENTATIONS PROCEDURE 2013/2014



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1.0 Introduction

- 1.1 The Children and Young People's Service is required to have a complaints and representations procedure by the Children Act 1989, Representations Procedure (England) Regulations 2006. The Local Authority functions covered include services provided under Parts III, IV and V of the Children Act 1989, for example:
- an unwelcome or disputed decision;
 - concern about the quality or appropriateness of a service;
 - delay in decision making or provision of services;
 - delivery or non-delivery of services;
 - quantity, frequency, change or cost of a service;
 - attitude or behaviour of staff;
 - application of eligibility and assessment criteria;
 - the impact on a child or young person of the application of a Local Authority policy; and
 - assessment, care management and review.
- 1.2 The statutory regulations require the Local Authority to produce and publish an annual report on complaints and compliments made by service users, carers and members of the public about children's social care services directly provided or commissioned by the Directorate.
- 1.3 This report provides information derived from an analysis of the number and type of complaints/representations and compliments received between 1 April 2013 and 31 March 2014; and the outcome of those complaints. Its purpose is to inform the citizens of Wolverhampton about the operation of Wolverhampton's Children, Young People and Families Services, based on the nature of the complaints and compliments received in respect of these services.
- 1.4 Children's Social Care Services comes under the leadership of the Community Directorate, which is committed to a positive and proactive approach of complaints handling. Complaints are viewed as a mechanism for ensuring that the Directorate remains receptive to the need to make improvements to the quality of the services that it provides, as well as the methods employed in seeking resolutions to the individual's dissatisfaction with the service they have received.
- 1.5 The Guidance accompanying the Regulations "Getting the Best from Complaints" makes particular reference to the importance of creating a listening culture among local service providers and their managers and dealing effectively and fairly with concerns at the earliest stage. By offering a genuine attempt at impartial resolution in this way, it is hoped that few cases will require more formal Stage 2 Investigation or Stage 3 Panels (see page 6 for details of the complaints procedure). The Directorate continues to make use of 'Independent Investigators' and an 'Independent Person' is also appointed for those cases that require a Stage 2 investigation to be carried out, in order to ensure best practice. When there is need to convene a Stage 3 Panel, all Panel members are independent of the Council.

- 1.6 The need to avoid delay in resolving issues where young people are concerned is widely recognised and acted upon by staff. However, when a complaint has to be dealt with using the formal complaints process, this can appear long winded and complicated to a young person. An Advocacy service is available for those children and young people in need and for those who are looked after, who need support to make their complaint. It is essential that young people should have confidence in their right to be heard.
- 1.7 The work undertaken by the Children's Early Help Services is not governed by the Children's Act 1989. Wolverhampton City Council The authority does, however, apply the same timescales and governance across all children's services with regard to complaint handling.
- 1.8 Children and young people are issued with leaflets about complaints; and Independent Reviewing Officers and Child Protection Conference Chairs remind young people of their right to complain and where necessary ensure that they are able to use the procedure.
- 1.9 The Directorate's leaflets refer to Compliments, Comments and Complaints rather than simply complaints. This offers the opportunity for people to make suggestions or compliments about how they have experienced services. This feedback is used to build on good practice and to improve services and how they are provided.

The Monitoring of Community Complaints and Representations

- 1.10 All complaints are dealt with in accordance with the relevant procedures and legislation. They are recorded onto a database which enables more effective monitoring of performance reporting mechanisms and which enables managers to track complaints effectively. This, however, can only be fully effective when sufficient priority is given to dealing with complaints.
- 1.11 Informal complaints made directly to operational staff or their managers and resolved immediately do not fall within the scope of the Complaints Procedure. However, so that information about responses to services can be collated for analysis, Service Managers record these onto a CP1 form which is returned to the Safeguarding and Quality Service on a monthly basis.
- 1.12 During 2013/14 work has continued to focus on mediation and on making effective links where safeguarding concerns and complaints derive from services commissioned by the local authority. This involves adopting a person centred approach to clarify with the complainant what the nature of the complaint is and what they hope to see achieved before an investigation begins. Where appropriate this can involve mediation between the complainant and services to bring about a resolution.
- 1.13 The benefits of effective complaints handling is promoted by the complaints team maintaining contact with staff across all Children, Young People and Families Services; thus to raising awareness of the complaints procedure and their role in resolving complaints promptly where they arise in order to achieve an early resolution of problems.

- 1.14 The Community directorate received an encouraging number of compliments. This is an indication that the widespread distribution of the complaints and compliments leaflets ensures that the public have a high awareness that comments on services are welcomed.

2.0 Executive Summary

Overview of Activity

Volume:-

- In 2013/2014 saw an increase in the total number of complaints received from 149 in 2012/13 to 160 in the period covered by this report. This increase was anticipated due to work undertaken to make the complaints procedure more accessible to children, young people and their families. Complaints are now received from a number of methods including complaint forms, letters, telephone and email.
- In 2013/14 24 (14%) complaints received were from children and young people themselves. A further 6 (2%) children and young people complained using the services of an advocate.

Timeliness:-

- The total of complaints resolved within the statutory 20 day timescale was 78%. (This compares to 77% in the previous year).

Of this amount 43 % were closed within the initial 10 day statutory timescale.

- The average time taken to respond to a complaint was 16 days. (See page 17).

Outcomes:-

- There has been an increase in the number of complaints upheld or partially upheld compared to the previous financial year; of the 93 stage 1 complaints responded to:
 - 69 were substantiated compared to 61 in 2012/13
 - 24 were partially substantiated compared to 19 in 2012/13
 - During 2013/14 there was one complaint which could not be resolved at stage one of the complaints procedure and which required the appointment of an Independent Person to investigate further.

Key Issues:-

- In 2013/2014 20 complaints were received relating to conduct/attitude; as compared to 23 in the previous year.

- The most frequently complained about issue was communication/information.
- There has been a decrease complaints received that relate to Conduct/Attitude of staff, with complaints 20 having been received compared to 23 in 2012/13. This equates to 13% of the total number of complaints received, as compared to 15 % in the previous year.
- Regulations allow for statutory timescales for completion to be extended to 20 working days. This year 78% of cases were completed within this extended timescale.
- There was one complaint that could not be resolved at Stage 1 and which subsequently required progression to Stage 2 of the complaints procedure. This shows considerable testament to the thoroughness of investigations and mediation which has taken place earlier in the complaints process.

3.0 The Complaints Procedure

3.1 The Complaints and Representations Procedure is in four parts and closely follows the guidance issued by the Department for Education and Skills "Getting the Best from Complaints", September 2006.

3.2 In accordance with the Children's Act 1989, complaints can be made by:-

- any child or young any child or young person (or a parent of his or someone who has parental responsibility for him) who is being looked after by the local authority or is not looked after by them but is in need;
- any local authority foster carer (including those caring for children placed through independent fostering agencies);
- children leaving care;
- special Guardians;
- a child or young person (or parent of his) to whom a Special Guardian order is in force;
- any person who has applied for an assessment under section 14F(3) or (4);
- any child or young person who may be adopted, their parents and guardians;
- persons wishing to adopt a child;
- any other person whom arrangements for the provision of adoption services extend;
- adopted persons, their parents, natural parents and former guardians; and

- such other person as the local authority consider has sufficient interest in the child or young person's welfare to warrant his representations being considered by them.

Pre-Formal Stage

- 3.3 Informal complaints made directly to operational staff or their managers are usually dealt with at that point and resolved through local mediation.
- 3.4 Comments made by users about a service, whether they are favourable or unfavourable should be dealt with by either the front-line service provider or his or her line manager.
- 3.5 If the matter cannot be satisfactorily resolved, the service user should be advised of his or her right to make a formal complaint.
- 3.6 Such comments are termed "representations" and are not dealt with through the formal Complaints Procedure. However, it is important that such representations are recorded, by service teams to ensure this information is captured to be fed back to the central complaints function.
- 3.7 The Manager for each team, service or children's home has to keep a record of representations at the Pre-Formal stage, which should be forwarded on to the Safeguarding and Quality service on a monitoring form. This form should then be submitted at the end of each month for analysis of any emerging themes or trends in issues being raised.

Stage 1 Complaints and Mediations

- 3.8 When complaints are received, they are initially passed to the relevant service or Team Manager to see if the problem can be resolved either by further investigation, a letter offering an apology or through a meeting with the complainant. This process should be completed within 10 working days or up to 20 working days when the issues are complex. The person who has complained can then ask for a formal independent investigation if they are not satisfied with the response at this stage.
- 3.9 It is good practice the Manager on receiving a Stage 1 complaint to contact the complainant at a very early stage, by telephone, to ascertain what he or she is unhappy about. An active reminder system is operated to ensure compliance with timescales is achieved wherever possible.

Stage 2 Investigations

- 3.10 These involve a thorough investigation by an appointed Investigating Officer, the production of an investigation report and a response by a senior officer as the "Adjudicating Officer". Under the Regulations, an Independent Person must also be appointed in all Stage 2 cases to work alongside the Investigating Officer and provide his or her own report on the conduct of the investigation.
- 3.11 This process should take 25 working days and up to 65 working days in

exceptional circumstances. This is a difficult standard to meet, often because of the availability of complainants as well as the pressures of other work for Investigating Officers and those service managers and front-line staff they need to interview. An active reminder system is operated to ensure compliance with timescales wherever possible.

Stage 3 Panel

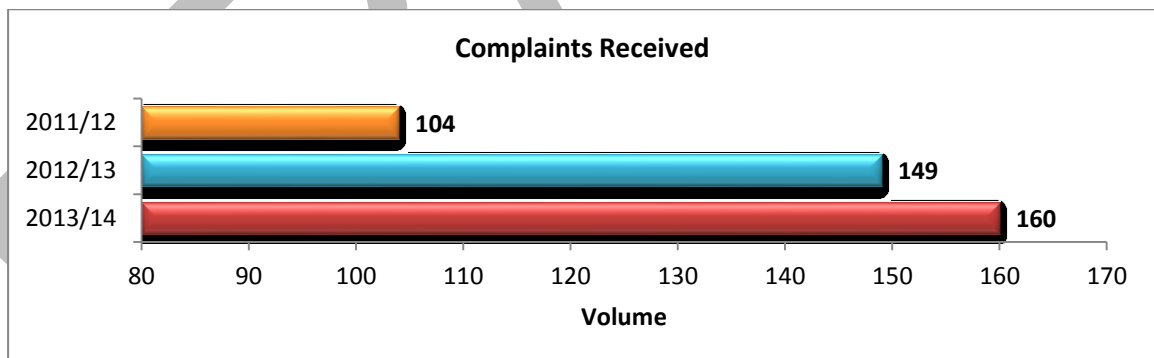
- 3.12 A Panel is set up if a complainant is not satisfied with the response received from the senior officer following the Stage 2 investigation. The complaint is considered by a panel of three people, all of whom must be independent of the Council. The Review Panel's report is sent to the Director of Children's Services and the person who has complained within 5 working days of the Hearing.
- 3.13 Within 15 working days of receiving the panel's recommendations, the local authority must, together with the independent person, determine how the authority will respond to them and what they propose to do in light of them.
- 3.14 The complaints procedure ends with the Independent Review Panel. If the matter still has not been dealt with to the satisfaction of the person complaining, then they can contact the Local Government Ombudsman. A complainant may take the matter up with the Ombudsman at any point in the process.
- 3.15 The plan arising from the findings of the panel is a live document, subject to periodic review and challenge, that either:
- actions a policy, or
 - enacts legislation
- 3.16 Actions included in the plan should be time limited with clear actions, outcome focused and task ownership. However, they can range from service specific to over-arching council, or even city-wide. They may have multiple work-streams feeding into them. Each strategy should have either a project or a programme associated with it.

4.0 Statistical Analysis of Complaints – Children's Social Care Complaints Activity

Number of Stage 1 Complaints and Mediations Received

- 4.1 Most successful organisations encourage service users to complain, and as such a high volume of complaints is often an indication of a healthy relationship with service users. Many adults do not proactively seek to have contact with children's social care, and this can influence their view of the service. Those who want help in caring for their child may feel they are not getting enough help, or the right sort. As our staff are their personal contact with the council over child welfare concerns they are often seen to be the cause of this shortfall. However, all complaints are taken seriously.

- 4.2 In Wolverhampton, there are 62,952 children and young people (0-19 years); who form 25.2% of the city's population (source: ONS Census 2011); with 48.8% of 0-19 year olds being female and 51.2% being male.
- 4.3 During 2013/14 Children's Services received 7128 referrals; and 613 children were subject to child protection plans. A total of 986 children were looked after at some time during the year. As at 31 March 2014; there were 783 children looked after by the local authority.
- 4.4 Therefore, and not unexpectedly the highest number of **stage 1** complaints are received in respect to the Children in Need/Child Protection teams and the Looked After Children teams. Given the volume and nature of Children's Services work, particularly where judgements and decisions are made about individuals and families, conflict and dissatisfaction is to be expected and complaints are therefore inevitable.
- 4.5 Complaints will often be made where it is felt that the Social Worker is not working in a way that the families would wish of them. The nature of the work of Children's Social Care is such that many families do not choose to engage and seek to divert or delay the intervention. Complaints are always investigated by the Consultant Social Worker and actions taken to work with the complainant to resolve their concerns.
- 4.6 The total number of complaints received in 2013/14 increased from 149 (2012/2013) to 160. This is equivalent to an increase in the number of complaints received against the previous year of 8%; as compared to the increase of 45% noted from 2011/12 to 2012/13.



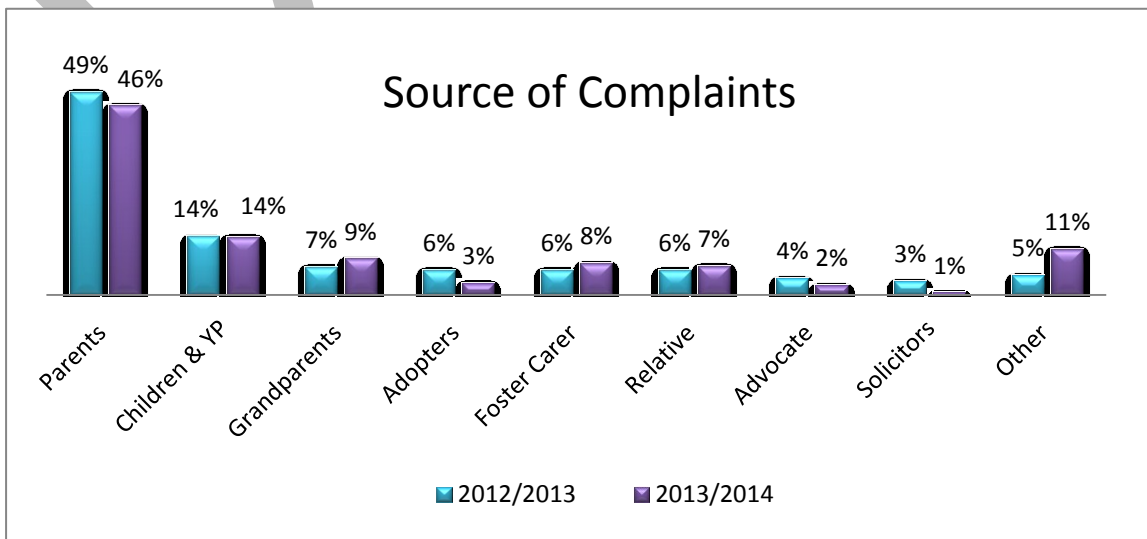
- 4.7 The numbers of complaints received does not necessarily correlate directly to the quality of services provided to children and young people by the local authority. Having an accessible complaints process and how complainants experience the complaints process relies on a positive organisational culture and leadership in relation to receiving and responding to negative feedback.

Source of Complaints

- 4.8 Last year saw the introduction of new leaflets which were designed specifically for the use of children and young people, however as most complainants are relatives of the child and are predominantly parents, this year saw the

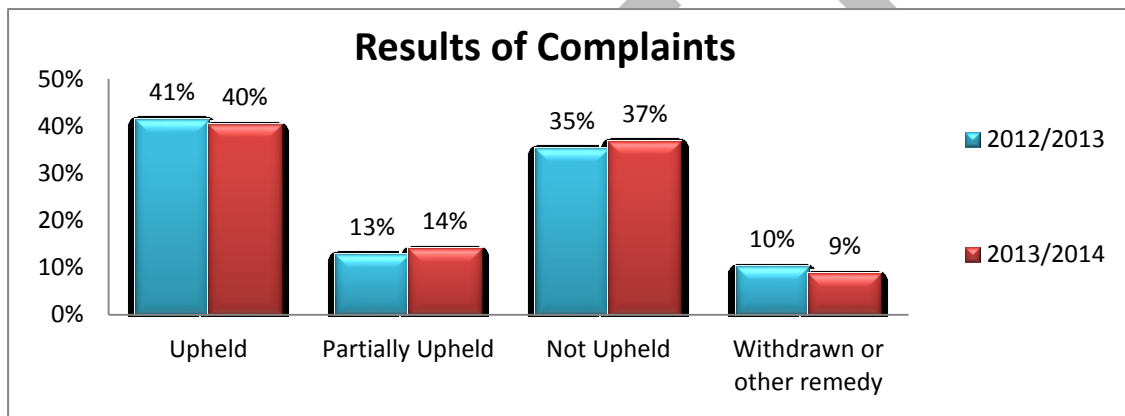
introduction of a new complaints leaflet designed specifically for parents and carers.

- 4.9 Leaflets are displayed in local offices and given to young people at the point of initial contact and when they become subject to child protection plans. Information about how to make a complaint is also included in the Information Booklet given to young people when they come into the care of the Local Authority.
- 4.10 Information is also available on the local authority website and should be given to young people by all staff working in Children's Services and providing services to children and young people.
- 4.11 Providing appropriate mechanisms for all children and young people to complain is fundamental in ensuring that they have a voice, however the authority recognises that it is important to ensure that the parents and extended family members are also given the opportunity to complain.
- 4.12 In 2013/14 a total of 24 complaints were made by the children or young person direct without the use of an advocate, and a further 4 complaints were received with the use of an advocate.
- 4.13 Young people are offered an advocate at the point of making a complaint. This is in line with statutory guidance for social care complaints. Children's Services has a contract for provision of advocacy with the Children's Society Black Country Advocacy Service.
- 4.14 The main causes of complaint related to the relationship with the child's social worker (not visiting enough, not getting on) and contact with family.
- 4.15 This year there has been a considerable increase in complaints being made by groups of other people who are all categorised as 'others' for complaint reporting. Whilst some of these complaints have been by made by neighbours, the majority have been by professionals such as head teachers, play workers, and school welfare officers.



Complaint Outcomes

- 4.16 The following charts represent those complaints dealt with at the mediation and stage 1 level by Consultant Social Worker, Senior Consultant Social Worker, or Head of Service, and by the Safeguarding and Quality Service. This means that the majority of complaints are dealt with at this stage to the satisfaction of the person making the complaint.
- 4.17 During 2013/14 there was an increase in the number of complaints upheld or partially upheld compared to the previous financial year, and of the 80 stage 1 complaints received 61 were substantiated and 19 were partially substantiated, as compared to 36 and 22 respectively the previous year.
- 4.18 A key principle of the complaints procedure is to inform service users of the outcome of their complaints.



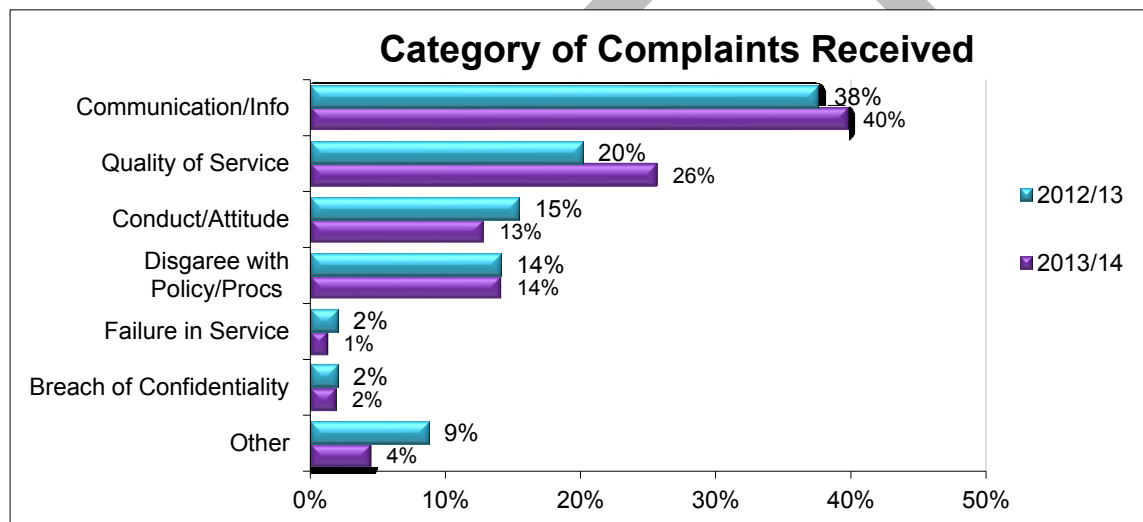
Statutory Stage 2 and 3 Complaints and Corporate Stage 2 Complaints

- 4.19 During 2013/2014 there was one complaint that could not be resolved at Stage 1 and which subsequently required progression to Stage 2 of the complaints procedure.
- 4.20 Before the completion of a Stage 2 investigation, the complainant however went to the Local Government Ombudsman who undertook an investigation. (See page 19).
- 4.21 The small volume of cases which require progression shows considerable testament to the thoroughness of investigations and mediation which has taken place earlier in the complaints process.
- 4.22 Investigating Officers have received training in effective complaints handling and are aware of the financial implications should a complaint progress to Stage 2 or Stage 3.
- 4.23 Some complaints relating to services provided by children's social care do not fall under the stipulated regulations of the children's act and therefore are dealt with in accordance with the corporate complaints procedure. This year there

were three complaints which were progressed to stage 2 of the corporate procedure.

Categories of complaints received

- 4.24 The table below details the nature of complaints received. These are grouped in broadly based categories.
- 4.25 Communication; and staff conduct and attitude continue to feature largely in complaints. This is not unusual in service sectors, particularly in social care; as conflict between parents or carers and social workers may be unavoidable where children need to be protected. A total of 40% of complaints received relate to communication and/or information; this has increased over the past couple of years; whilst the number of complaints received in relation to staff conduct/attitude has decreased.



Communication/Information

- 4.26 By far the most frequently complained about issue was communication/information with 62 complaints of this nature being received. This represents 40% of the total number of complaints received.
- 4.27 In terms of emerging themes it is evident that complaints are being made by relatives/carer's regarding issues around contact arrangements that are made for children / young people who become looked after. A large number of this type of complaint also include issues around a lack of communication and/or support from social services.
- 4.28 Many of the complaints received are from complainants who have been unable to speak to their allocated social worker. Frequently complainants advise that they have left several telephone messages for the social worker to return their calls but for this to not have happened.

- 4.29 In such circumstances, in an attempt at first point resolution, the complaints team will make immediate contact where possible, with the social worker, and request that they telephone the complainant back. In some circumstances the complainant is happy with this immediate resolution.

Disagree with Policy/Procedure

- 4.30 The number of complaints relating to this category have remained relatively static with 22 being received in this reporting period, as compared to 21 in 2012/13.

These tend to relate to parents/carers disagreeing with decisions made by Children's Social Care and could be closely linked with the lack of communication or ensuring that clear information is relayed to those affected.

Conduct and Attitude

- 4.31 There has been a decrease in those received relating to Conduct/Attitude, where 20 were received compared to last year's figure of 23. This represented 13 % of the total number of complaints received, compared to 15 % last year.
- 4.32 It must be noted here however that 45% (9 cases) of these were unsubstantiated, 50% (10 cases) were substantiated and a further 5% (1 case) was partially substantiated.
- 4.33 Unfortunately statistics do not provide qualitative information which would assist in identifying which complaints have arisen from insensitivity and rudeness and which have arisen as a result of parents being given clear and unequivocal messages about their parenting and/or parental behaviours.
- 4.34 The Complaints team works closely with Senior Consultant Social Workers to decide when Social Workers and/or Consultant Social Workers cross the line from directness or rudeness, in order that issues may be taken up in supervision when necessary. It is critical that learning from complaints of this nature is embedded in staff supervision and feedback mechanisms.

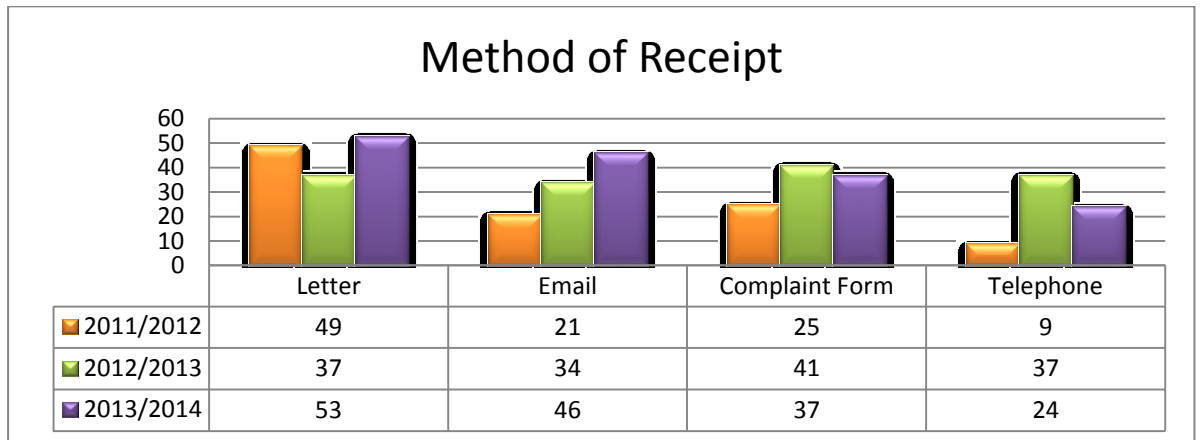
Failure in Service

- 4.35 In 2012/2013; 3 complaints were received relating to failure in service; and this has reduced to 2 this reporting period. Generally service users felt that whilst they received the service, it was a lack of effective communication/information which led them to complain.

Method of Receipt

- 4.36 This year there has been an increase in complaints received by letter and email, (representing 62 % of all complaints received) with a decline in those complaining by telephone and slight decline by those complainants who preferred the use of a complaint form.

4.37 Parents and carers appeared to favour making a complaint by email, expecting a speedier resolution to their complaint whilst children and young people favoured the completion of the complaints form.



Complaints by Service Area

4.38 Complaints are regularly reported to the Senior Management Team and Managers receive weekly updates and statistics on their service area. The majority of complaints have been received in respect to the following teams:

- North East Locality (22 cases),
- Looked after Team 2 (17 cases),
- South East Locality (16 cases),
- Duty and Assessment (14 cases).

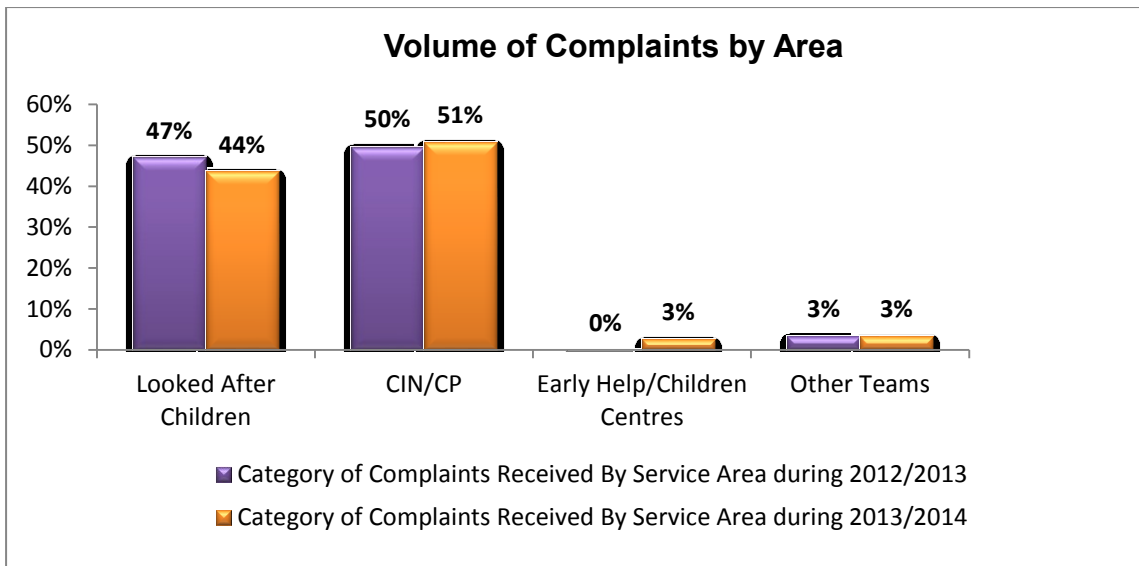
A full detailed list of complaints by service area can be found in **Appendix 1**.

4.39 Some teams experienced considerable increases when compared to last year and these were the North East Locality Team where the number of complaints rose from 13 to 22, Fostering from 6 cases to 13, and the Gem Centre where there was 1 case last year compared to 8 this year.

4.40 During 2013/14 a number of teams received fewer complaints than during the previous year:

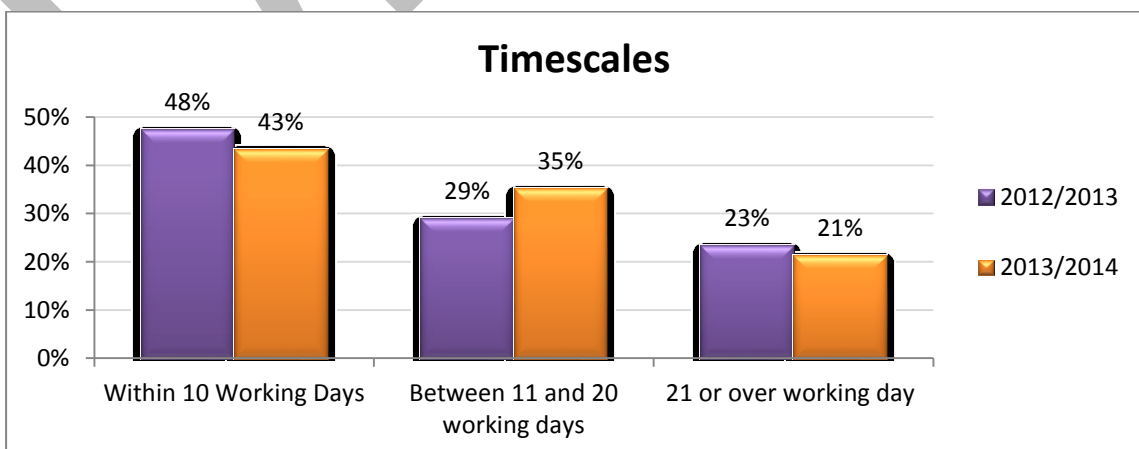
- South East Locality - reduced from 28 to 16
- Looked After Children's Team 1 - reduced from 15 to 10.

4.41 The Looked After Children's teams combined have seen a reduction in the number of complaints received, where 27 were received this year compared to 34 the previous year.



Timescales for Investigation of Complaints

- 4.42 Mediations and Stage 1 Complaints – 78% of cases were resolved within the statutory 20 day timescale and 43 % of cases were resolved within 10 working days.
- 4.43 Email reminders are sent to managers to remind them a week before a response to a complaint is due. In addition, Senior Officers are informed of any overdue responses and are thus able to ensure that delays are kept to a minimum. However, any process can only be fully effective if managers are able to give sufficient priority to dealing with complaints. Some delays are unavoidable, where the complaint is complex and the time taken for the investigation is subject to the availability of any front line staff that may need to be interviewed as part of an investigation.
- 4.44 The time taken by managers to investigate the circumstances of some of these complaints can exacerbate the situation and can lead to it becoming a secondary complaint in its own right.



- 4.45 The average time taken to respond to a complaint has increased from 14 days to 16 days.

4.46 A weekly report is prepared for Assistant Directors and Service Heads to inform them of any overdue responses and a more proactive approach is being taken to ensure the timescale for responding to complaints is adhered to and any unavoidable delays are kept to a minimum.

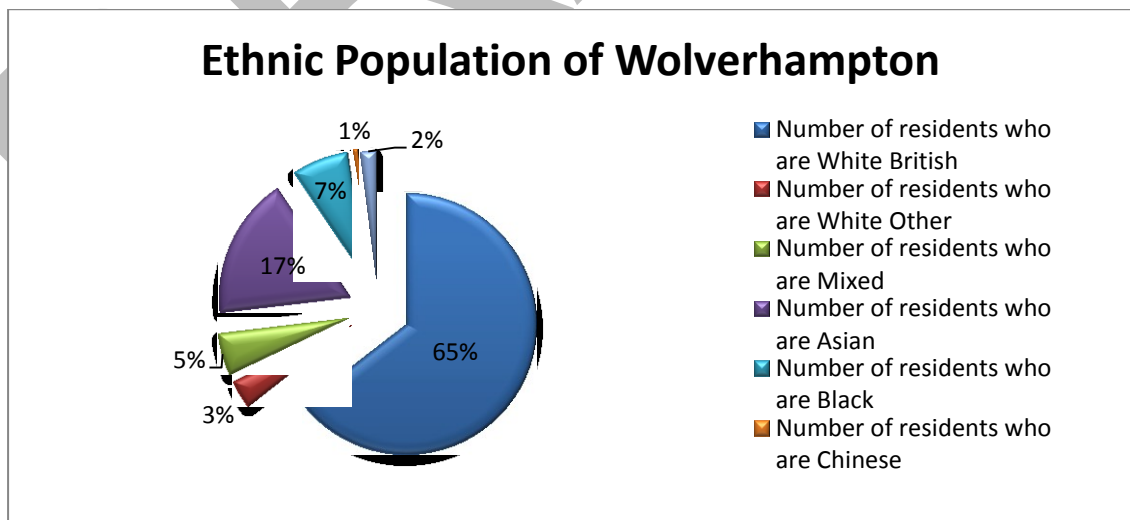
Equality Monitoring of Complaints

4.47 The figures set out in the chart below are collated from the complaints' monitoring information completed by complainants. The matrix used by complainants to determine their ethnic origin is a self-defined ethnicity matrix which mirrors the national census criteria, and is in the format required by the Home Office for statistical returns.

4.48 Diversity monitoring forms are sent to people when complaints are acknowledged; however, very few are returned. Despite efforts to capture this information, some people prefer not to provide it, which means there is a high number of 'unknowns' in most categories.

4.49 The level of complaints received where complainants have chosen not to provide specific monitoring information about their ethnic origin continues to make up the largest proportion of the complaints received. Therefore, the number that fall into the unknown category makes it difficult to be able to state with any confidence, that there is an under representation of complaints from the minority ethnic communities.

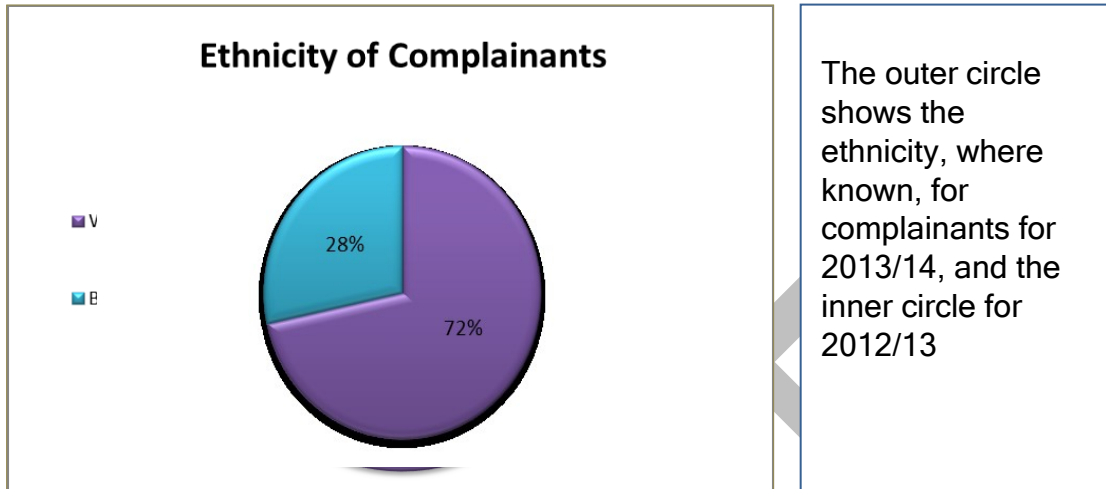
4.50 Posters in the main minority languages are displayed in service areas giving information about how to obtain assistance to make a complaint and an interpretation service is available if requested. The more targeted approach is in accordance with the directorate guidance about the language needs of people where English is not their preferred language.



Ethnic Groups statistics taken from the 2011 Census

4.51 Of the 160 complaints received, most complainants gave some details in relation to their gender/age/disability. From those identifiable, it was also noted that 58 % of complaints were from female complainants. There has been an increase

in the number of complainants who have chosen not to state their ethnicity; 83 compared to 75 in the previous year.



- 4.52 Whilst Wolverhampton had 65% of its population, as at 2011, who identified themselves as White British, the percentage of complaints which were received from this group represented 71% of the total number of those whose ethnic group were able to be identified from complaints made.
- 4.53 The chart shows that there has been a slight increase in complaints from complainants who identified themselves as having Black, Minority or Ethnic origins (29 % compared to 28 % the previous year).
- 4.54 The number of complaints for the Asian group represents 18% (compared to 12% the previous year) of complaints made from a group which represents 17% of the City's overall population. Similarly from a population of 5% black residents, 10% of complaints were representative from this group.

5.0 Local Government Ombudsman

- 5.1 The Ombudsman will not usually investigate a complaint until the Department has exhausted its complaints procedure. However, people can seek the advice of the Ombudsman at any stage if they are not satisfied with the way that the Children's Service has managed their complaint.
- 5.2 If the complainant remains dissatisfied following the Stage 3 response they have received, they can, within twelve months of the panel hearing, approach the Local Government Ombudsman seeking further enquiries or investigation to be carried out in the complaint by that office.
- 5.3 If the Ombudsman determines that the complaint has not been looked into fairly and correctly by the Directorate, or that the service user has suffered an injustice in the services he/she has received, then the Ombudsman will reach a finding of maladministration.

- 5.4 During 2013/14 two Local Government Ombudsman enquiries were received. The Ombudsman chose not to undertake an investigation for either case as both related to circumstances of more than 12 months ago.
- 5.5 The Local Government Ombudsman did however undertake a full investigation for one complaint which was escalated to them prematurely without having progressed through the full complaints procedure. The findings of the investigation showed that the complainant suffered no injustice however improvements have been made to processes following recommendations by the LGO.

6.0 Development of Policies and Procedures

Staff Training in Managing Complaints

- 6.1 Those staff with which customers have direct contact should be a key part of the process of facilitating representations. The Health and Care Professions Council (HCPC) code of practice requires the directorate to ensure that its staff are properly trained and supported to meet their professional obligations; these include a duty to promote service user rights. It would be good practice to ensure that this includes keeping service users fully informed of the complaints procedure and to assist service users with access.
- 6.2 Formal complaints training is regularly considered and delivered, where appropriate, which, at times, is delivered by the Local Government Ombudsman in the area of "Effective Complaints Handling - Investigating and Resolving Complaints" or more informally by the provision of advice and support to Managers and staff with regards to complaints handling.
- This was done via one to one work with managers on specific complaints through to general presentations to whole teams on Wolverhampton City Council's Community compliments, comments and complaints procedures.
- 6.3 Complaint investigations can be costly and time consuming. An on-going commitment to staff training and development in this area is necessary within the context of increasing budgetary pressures and future cuts.
- 6.4 Effective complaints resolution at Stage 1 of the complaints procedure negates the need for expensive and protracted investigations at Stage 2, particularly in the area of Children's Social Care complaints, where there is a statutory requirement for an Independent Investigating Officer and Independent Person.
- 6.5 The availability of trained staff with the ability to investigate complaints thoroughly at Stage 1 will reduce the need to engage expensive external Independent Investigators and will hopefully produce financial savings.
- 6.6 Regular training is available to all staff in children's and family services and this will continue to be provided, in particular through regular attendance at manager's meetings, individual training sessions and mediating with managers and complainants.

Networking and Sharing Policy and Practice

- 6.7 It is important to continue to network, share practice and contribute to Regional policy and practice. The West Midlands Complaint Managers Group is attended on a quarterly basis and this group is represented at both regional and national forums.
- 6.8 The West Midlands Complaint Officers Forum is attended by social care complaints managers, and those from the NHS.

Both networks aim to raise standards for complaints management across the region to promote consistency of best practice and to provide a source of mutual support.

7.0 Learning From Complaints

- 7.1 'Learning from complaints' is an increasingly important part of the authority's philosophy and managers responding to complaints/representations are encouraged to identify any shortcomings within the service.
- 7.2 In a service striving for excellence there is no room for complacency and where there is an open culture of reflective learning, complaints can at best be used in the design, delivery and improvement of services, as well as highlighting concerns for the safety and welfare of children, young people and families.
- 7.3 Effective complaints procedures can help the whole authority improve the delivery of services by highlighting where change is needed.
- 7.4 The Complaints Team ensures that lessons learned from complaints are highlighted and fed back to improve service delivery. For example complaints investigations have highlighted the need to review policy guidance.

Lessons learned from complaints investigations are also fed back to staff in supervision to enable practice to be improved; and are reported upon quarterly to the Community Directorate Management Team.

- 7.5 The complaints investigation and review processes have resulted in a number of proposed improvements:
- One complaint was from a young adult placed with foster carers and who was engaging in work with Children or Adolescent Mental Health Services. When moving out of the city there was no further involvement with them. This highlighted the need for a procedure for making referral to out of borough support providers to ensure consistency of provision until suitable alternative is available.
 - One complaint about unacceptable delays in letter box contact resulted in the reassignment of workloads, the delivery of training of admin staff and to consider a new electronic system for mail box contact, thus to minimise delays for recipients.

- The Adoption team recently raised and brought forward issue of confidentiality and governance of information to the forefront of team meetings and staff training following a complaint about access to pre-adoptive records.
- One complaint relating to delays in progressing through process of becoming foster carers for family member. This highlighted that there was a need for an information leaflet to inform family and friends carers of the process and to ensure that they are kept informed at all times by the fostering support worker, particularly for those who live outside of the city.

8.0 Compliments

8.1 The Department receives compliments from people who wish to record their appreciation of the efforts made by staff in dealing with them or their relatives. It is important that people have a means of letting the Department know when they have had a positive experience.

Some of these are recorded on CP1 forms, so it is important that all teams submit them on a monthly basis for analysis.

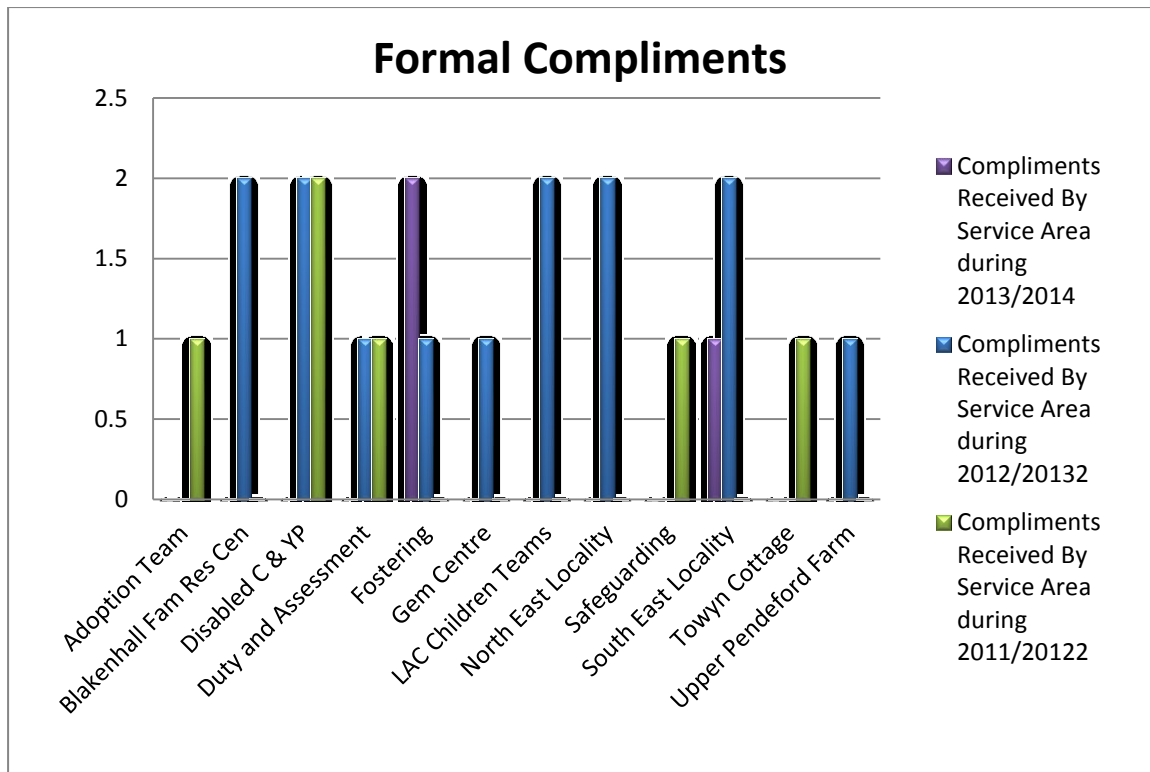
8.2 All customer feedback is taken seriously and used to improve current services, helping to make the relationship between the Council and its customers a positive one.

8.3 When a compliment is received, it is acknowledged by the Customer Relations and Complaints Manager and passed to the member of staff of the service being complimented.

8.4 In addition, a copy is sent to the manager of that person or service. This offers a valuable monitoring and learning tool to use to influence the way in which services are provided and delivered.

Number of Compliments Received by Service

8.5 Much activity carried out by staff is of a statutory nature which makes it difficult to obtain positive feedback. The following table details which service areas recorded compliments received.

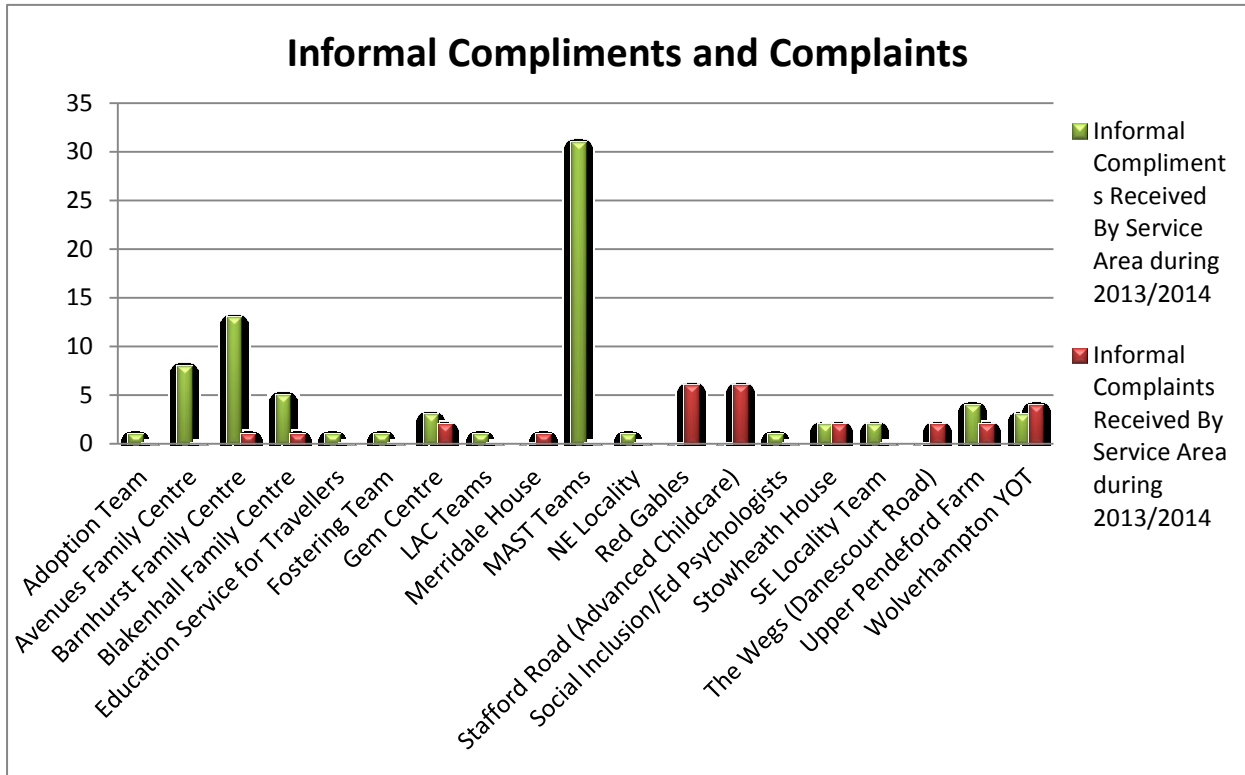


Equality Monitoring of Compliments

- 8.6 Insufficient information was provided by customers making compliments to enable any meaningful analysis of data to be used. The importance of dialogue with minority ethnic communities about the Department's services is recognised.
- 8.7 The activity referred to under the section Ethnic Monitoring of Complaints is intended to encourage compliments as well as complaints about the Department's services. This is in order to ensure that services continue to develop in ways that are sensitive to the needs and aspirations of these groups.

Monthly monitoring Informal Complaints and Compliments

- 8.8 The only services/teams to return a completed monthly monitoring form are detailed in the table below. However, this level of returns received may represent an under reporting of informal complaints and compliments received by front line staff.
- 8.9 Staff are reminded and encouraged to record any compliments the service receives and also the number of informal complaints raised by service users and/or their representatives that they were able to resolve without recourse to the formal complaints procedure.
- 8.10 The significant increase of informal complaints in one service area could be attributed to the closer monitoring and resolution of complaints by the newly appointed Customer Relations and Complaints Officer based at that location.



Early Help Services

8.11 Staff in Early Help services includes Psychologists, Specialist Teachers, Behaviour and Mental Health Support Officers, Education Welfare Officers, Parent Support Advisers, and Social Workers. Most of them work together with colleagues from other children and young people’s services, in eight Multi Agency Support Teams (MASTs).

Early Help services work together but each groups has particular skills and responsibilities; including assessing and advising children with learning and behaviour difficulties, preventing exclusion from school and arranging alternative provision and help for those with serious behaviour and mental health difficulties, and helping schools improve attendance and achievement. Staff work closely with those in schools and with parents to address these and a range of family and social issues.

8.12 Helpfulness questionnaires are used as part of the case closure process to obtain the views of children and young people, their parents and carers, and whoever referred them (often schools) about how helpful MAST staff have been, how much things have improved and what could have been done to make the service even more effective.

8.13 Three thousand four hundred and eight two helpfulness questionnaires have been returned from parent/carers, referrers and young people since April 2013. The majority of questionnaires have been returned from parents/carers.

- 8.14 Respondents were asked how much they thought the situation had improved with MAST intervention and how helpful MAST professionals had been; with 90 % of all respondents giving an Improvement score of 'Quite a lot' or 'A lot' and 97% of all respondents gave a Helpfulness score of 'Quite helpful' or 'Very helpful'. Early Help Services will continue to evaluate the results of questionnaires to improve service delivery.

9.0 Achievements/Looking ahead

- 9.1 This year the local authority internal audit team undertook an audit of the Community Directorate complaint handling and processes.
- 9.2 Following a detailed analysis of the procedures, processes and case management, the audit report assessed the current service provision as substantial. This is the highest level of assurance given.
- 9.3 Considerable work has already been undertaken to explore how the organisation can further explore the learning from complaints and also how complaint handling can be incorporated into a performance management quality assurance framework.
- 9.4 As part of this phased integration into the performance management quality assurance framework, this year has seen the introduction of a comprehensive escalation plan to ensure timeliness of complaint handling and implementation plan to capture learning.
- 9.5 This work will continue further into the new financial year to ensure that all complaints handling processes will ensure compliance with a quality assurance framework.
- 9.6 In addition to this further consideration will also be given to how the use of social media may provide a further opportunity to access the complaints procedure.

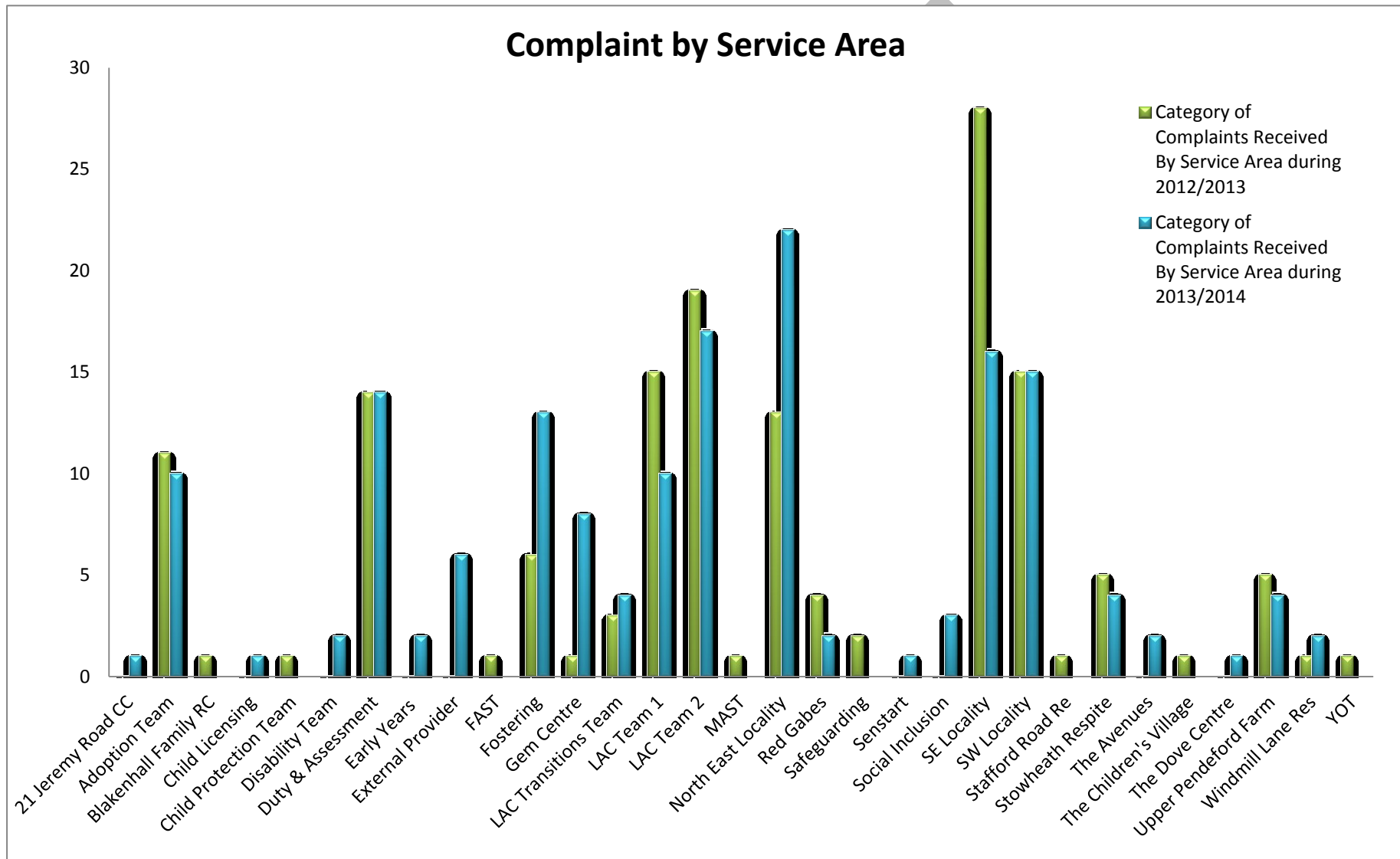
10.0 Conclusion

- 10.1 The authority will always aim to minimise, wherever possible, circumstances which lead people to complain. When things do go wrong, we welcome feedback in the form of complaints.
- 10.2 With the implementation of an escalation procedure for non-compliance with statutory timescales together with an implementation plan for service improvements it is hoped will ensure that the authority do take complaints seriously and drive forward to embrace continuous improvement.
- 10.3 Working directly with investigating officers and managers ensures that a personalised approach is delivered to complainants who, remain at the heart of the services we provide.
- 10.4 This work will continue further into the new financial year to ensure that all complaints handling processes will ensure compliance with a quality assurance framework.

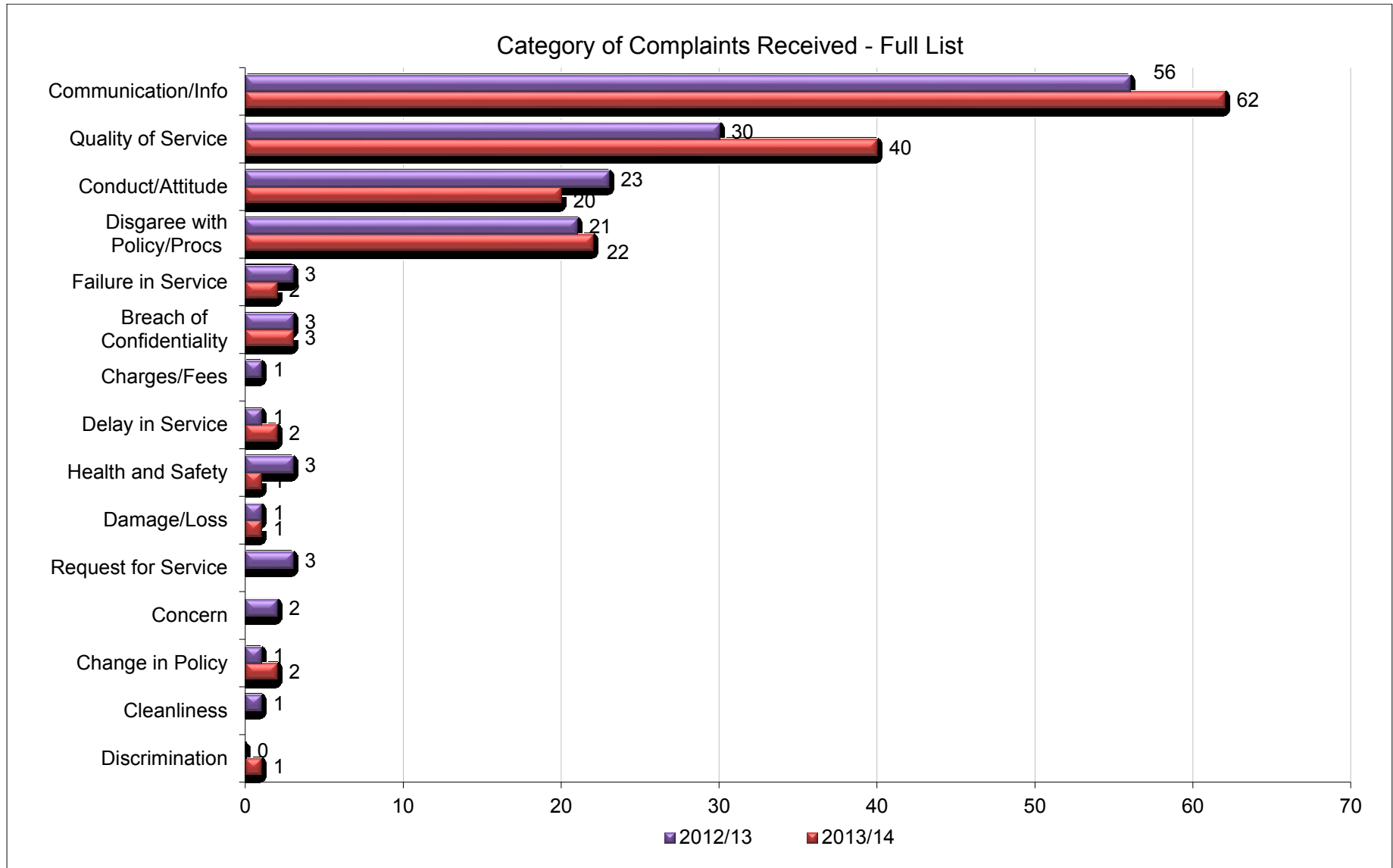
- 10.5 For a second consecutive year, the proportion of complaints escalating through the later stages of the complaints procedure continues to be small in number, whilst compliments continue to increase.

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Appendix 1: Complaints by Service Area and Comparison with Preceding Year



Appendix 2: Category of Complaints Received – Full List



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Contact Details:	
Author	Alison Dowling Customer Relations and Complaints Manager
Telephone:	(01902) 553203
Email address:	Alison.dowling@wolverhampton.gov.uk
Address:	Wolverhampton City Council Safeguarding and Quality Service Priory Green Building Whitburn Close Pendeford Wolverhampton WV9 5NJ
Date Created	08.08.14
Last Revision Date	04.12.14

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Learning From Complaints

Complaints are viewed as a mechanism for ensuring that the Council remains receptive to the need to make improvements to the quality of the services that it provides.

The authority is keen to learn from complaints by evaluation and by receiving feedback from its service users.

This information is used to build effective practice and to improve the provision and quality of services.

Examples of improvements have included:

An intended procedure to ensure consistency of provision of service until suitable alternative is available, for those children and young people who move out of the borough and are receiving Children and Adolescent Mental Health Services support.

The review and amendment of procedures for financial assessment for adult social care when one partner is taken into community care leaving another left in the community.



Compliments

The Council offers opportunities for people to make suggestions or compliments about how they have experienced services. This feedback provides an opportunity to share best practice across other service areas for organisational learning.

246 compliments were received across Adult Social Care Services from service users or their families who wished to express their satisfaction, and a further 39 relating to Community Services.

For Children and Young People much of the activity carried out by staff is of a statutory nature which can make it difficult to obtain positive feedback. Nevertheless 14 formal compliments were recorded as being received from service users and a further 67 compliments were made informally.

Some compliments made:

"We will never forget how kind you have been to our relative in prolonging her quality of life. You have gone the extra mile, over and above what we would have expected. Your patience and understanding will always be in our thoughts".

Another described a social worker as "a great social worker who supported me whilst undergoing an assessment".

Alison Dowling,
Customer Relations and Complaints Manager
Wolverhampton City Council
Safeguarding and Quality Service
Priory Green Building, Whitburn Close,
Pendeford
Wolverhampton, WV9 5NJ, Phone: (01902)
553203

Executive Summary for the Community Directorate Annual Complaints Reports 2013-2014



Introduction

The Council Community Directorate has continued to work hard over the past year to put customer care at the forefront of its activity.

It has maintained a proactive approach to managing and responding to complaints in a timely manner, and above all has kept customers involved in the process.

In accordance with statutory legislation, each year the Customer Relations and Complaints Manager issues annual reports detailing the current position of work undertaken with regard to the Complaints Procedure for Adults and Community and for Children, Young People and Families.

This leaflet is designed to give a brief summary of the content of both reports.

The full reports can be accessed via Wolverhampton City Council's website <http://www.wolverhampton.gov.uk/home>

Adult Social Care and Community Complaints

Pleasingly the number of compliments received during the year continues to outweigh the number of complaints made.

As at 1 April 2013 there were 3789 service users receiving care services funded by the City Council and based on this number, the number of complaints received represents less than 3 % of customers expressing dissatisfaction with the service they have received.

There is an increase in the number of formal adult social care complaints received during the year, where 99 were received compared to 87 in 2012/2013.

With an emphasis on a personalised response to each complaint, 84 % of social care formal complaints were responded to within 20 working days, of which 36 % were responded to within 10 working days.

Community Services which includes Sports and Leisure, Parks and Green Spaces and the Library Services received 13 formal complaints of which all were responded to within the 21 day corporate complaints procedure timescale.

Complaints should be resolved locally, quickly and informally wherever possible. There have been 13 informal complaints resolved for Adult Social Care and 97 for Community Services. If the complaint cannot be resolved, i.e. if it is of a complex nature, the complaint is progressed through the formal complaints procedure.

Children, Young People and Families Complaints

Children and Young People are issued with leaflets about complaints and various methods are adopted to allow them easy access to the complaints procedure, regardless of age. This includes the offer of an advocacy service if required.

The need to avoid delay in resolving issues where young people are concerned is widely recognised and acted upon by staff.

There has been an increase in the total number of formal complaints received this year, 160 compared to 149 the previous year. This has coincided with the design of a complaints leaflet specifically for parents and carers.

The average time taken to respond to a complaint was 16 days compared to 14 days the previous year, however 78 % were responded to within the statutory timescale of 20 working days.

The Council is committed to continually assessing and improving the services it provides. This year 13 % of complaints related to quality of service compared to 15 % in the previous year.

There was only one complaint which could not be resolved at stage one of the complaints procedure and therefore required the appointment of an Independent Person to investigate further.

This is an indication of the effectiveness of work done to resolve complaints earlier in the process.



Cabinet (Performance Management) Panel

23 February 2015

Report title	Adult Social Care Local Account 2013/2014	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Steve Evans Adult Services	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable director	Linda Sanders, People Directorate	
Originating service	Safeguarding, Quality Assurance and Improvement	
Accountable employee(s)	Amrita Sharma	Regulation and Business Support Officer
	Tel	01902 555140
	Email	Amrita.sharma@wolverhampton.gov.uk
Report has been considered by	People Directorate Leadership Team	2 February 2015

Recommendation(s) for action or decision:

The Cabinet (Performance Management) Panel is recommended to:

1. Formally accept the 2013/2014 Adult Social Care Local Account
2. Agree the priorities identified for 2015/2016 within the 2013/2014 Local Account; and
3. Approve the publication of the Executive Summary of the 2013/2014 Local Account.

1.0 Purpose

- 1.1 To share with Cabinet the 2013/2014 Adult Social Care Local Account (**Appendix.1**), which presents an overview of performance across Adult Social Care in Wolverhampton, whilst also providing a brief insight into planned priorities for the next two years.

2.0 Background

- 2.1 Sector-led improvement (SLI) is the approach to improvement put in place by local authorities and the Local Government Association (LGA) following the abolition of the previous national performance framework and inspections across Adult Social Care.

It is based on the underlying principles that local authorities are:

- responsible for their own performance,
 - accountable locally not nationally; and
 - there is a sense of collective responsibility for the performance of the sector as a whole.
- 2.2 The Local Account is an integral part of Sector Led Improvement, which promotes that councils undertake and publish a regular self-assessment setting out progress against their priorities for quality and outcomes in Adult Social Care. Local Accounts are seen as a key mechanism for demonstrating openness, transparency and accountability for performance and outcomes to citizens.
- 2.3 Whilst not mandatory; it is perceived as good practice for council's to develop an annual Local Account.
- 2.4 This is Wolverhampton's fourth Local Account, the content of which has been structured around the Adult Social Care Outcomes Framework (ASCOF), as well as including a fifth local outcome which helps us to reflect on value for money; these are:
- **Outcome 1:**
Enhancing the quality of life for people with care and support needs
 - **Outcome 2:**
Delaying and reducing the need for care and support
 - **Outcome 3:**
Making sure that people have a positive experience of care and support
 - **Outcome 4:**
Safeguarding adults whose circumstances make them vulnerable and protecting them from harm
 - **Outcome 5:**
Value for money, buying and use of resources
- 2.5 The 2013/2014 Local Account also includes an illustration of the council's spend profile on Adult Social Care, the number of service users accessing services and key performance data.

2.6 The 2013/2014 Adult Social Care Local Account was published on the council's website on 6 January 2015. An Executive Summary (**Appendix.2**) has now been developed for wider circulation; this will form the basis of consultation with service users to assist in the development of next year's Local Account.

3.0 Progress

3.1 In 2013/2014 Wolverhampton City Council spent £82.7m, nearly a third of its net budget, on social care services for adults.

3.2 This ranged from helping and supporting older residents and people with disabilities or mental health needs, as well as housing support services and the provision of equipment and adaptations to enable people to remain in their own homes for longer; the emphasis being on early intervention, prevention and reablement.

3.3 Approximately 6,000 individuals received adult social care or carer support services during the course of 2013/2014 through various initiatives, which resulted in:

- More people with learning disabilities and mental health difficulties being helped to move into independent or supported living
- Three more dementia cafes being established across the city, giving families support, information and advice on all aspects of living with dementia, or caring for someone with dementia
- More than 3,150 vulnerable people being helped to continue living independently in their own homes, with the number of people receiving telecare assistive technology increasing
- 253 businesses across the city enlisting in the 'Safe Places' scheme enabling adults with a learning disability to quickly identify a place of safety within their shops, business premises and public areas of buildings.

3.4 The learning from the 2013 Safeguarding Adults at Risk Peer Review conducted by the Local Government Association (LGA) provided the council with an opportunity to make revisions to its Constitution to heighten ownership and accountability for safeguarding adults at risk.

3.5 There is now enhanced awareness of safeguarding at all levels and an increased commitment to ensuring responsibility for safeguarding adults at risk is an integral part of all induction programmes.

4.0 Looking Forward

4.1 Whilst 2013/2014 proved to be a tough year for the council with some difficult decisions having to be made and challenging performance and finance targets needing to be met; the continued reduction in available budgets and the implementation of the Care Act 2014 will require further innovation in how services are delivered in the future across Adult Social Care.

- 4.2 Co-designing fully integrated health and social care provision is a key priority which involves working with our health partners. For 2015/2016 the implementation of the Better Care Fund programme will be a priority.
- 4.3 The need to move away from traditional care approaches to more personalised services by working jointly with individuals, communities and partner organisations is a key requirement of the Care Act 2014 and as such, forms an integral part of the priorities identified for 2014/2015 and 2015/2016.
- 4.4 The implementation of the Care Act 2014 and the delivery of the Better Care Fund programme both present a cultural shift in the way that services will be delivered in the future; a key priority will be to ensure organisational readiness which enables us to seamlessly transition into the new way of working.

5.0 Financial implications

- 5.1 There are no direct financial implications arising out of this report.
[AS/30012015/U]

6.0 Legal implications

- 6.1 There are no direct legal implications arising out of this report.
[RB/09022015/E]

7.0 Equalities implications

- 7.1 There are no direct equality implications arising out of this report.

8.0 Environmental implications

- 8.1 There are no environmental implications arising out of this report.

9.0 Corporate landlord implications

- 9.1 There are no corporate landlord implications arising from this report.

Adult Social Care

Local Account 2013/14



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Welcome

Welcome to Wolverhampton' Council's fourth Local Account of the delivery of Adult Social Care services for 2013/2014. The Local Account informs you about the progress made against our priorities over the year, our performance across a range of national and local indicators and our plans for the year ahead.

2013/2014 has been a tough year for the council with some difficult decisions to make and challenging performance and finance targets to meet. However, there have also been some great achievements, which we are happy to share with you through this publication.

The council has already made significant savings however; the continued reduction in available budgets together with the introduction of the Care Act 2014 will require further innovation in how services are delivered in the future and further integration of social care services with our partners.

The transition of Public Health into the council in 2013 is helping to shape the future provision of social care services ensuring we look at the wider determinants of health and social care to establish where preventative support and services can help reduce the dependency on specialist, and often, expensive social care services.

2014/2015 will remain a challenging year for Adult Social Care services. We will be continuing to work hard to plan and take forward the substantial changes that are required within the Care Act, many of which need to be in place by April 2015. This will require the council to move away from traditional care approaches to more personalized services by working jointly with individuals, communities and partner organisations.

Users of services, their carer's and other stakeholders will continue to play an important part in these arrangements and be regularly consulted through both formal and informal consultation processes regarding plans for the development and delivery of services.

We are committed to ensuring our services are more personalised, preventative and focused on delivering the best result for those who use them.

We hope you will find this report informative and would welcome your views and comments on its content.



Sarah Norman
STRATEGIC DIRECTOR FOR COMMUNITY



Councillor Steve Evans
CABINET MEMBER FOR ADULTS

What is the Local Account?

The Local Account is a document which tells residents how their local Adult Social Care services have performed over the past 12 months. It also highlights the successes, challenges and priorities for the next year.

All local authorities are now required to produce a “Local Account” of Adult Social Care on at least an annual basis. Forming part of the Government vision set out in “The Information Revolution and Information Strategy for Health and Social Care”, it is a key part of how councils provide accountability in the way in which Adult Social Care is delivered locally.

The account supports openness by communicating what the local priorities are, what progress has been made against them and what results have been achieved.

The Local Account supports the new Adult Social Care Outcomes Framework (ASCOF) which is used to measure the performance of our adult social care departments. Our Local Account document is structured under the four main outcomes which have been taken from the Adult Social Care Outcomes Framework, as well as including a fifth outcome which helps us to reflect on value for money:



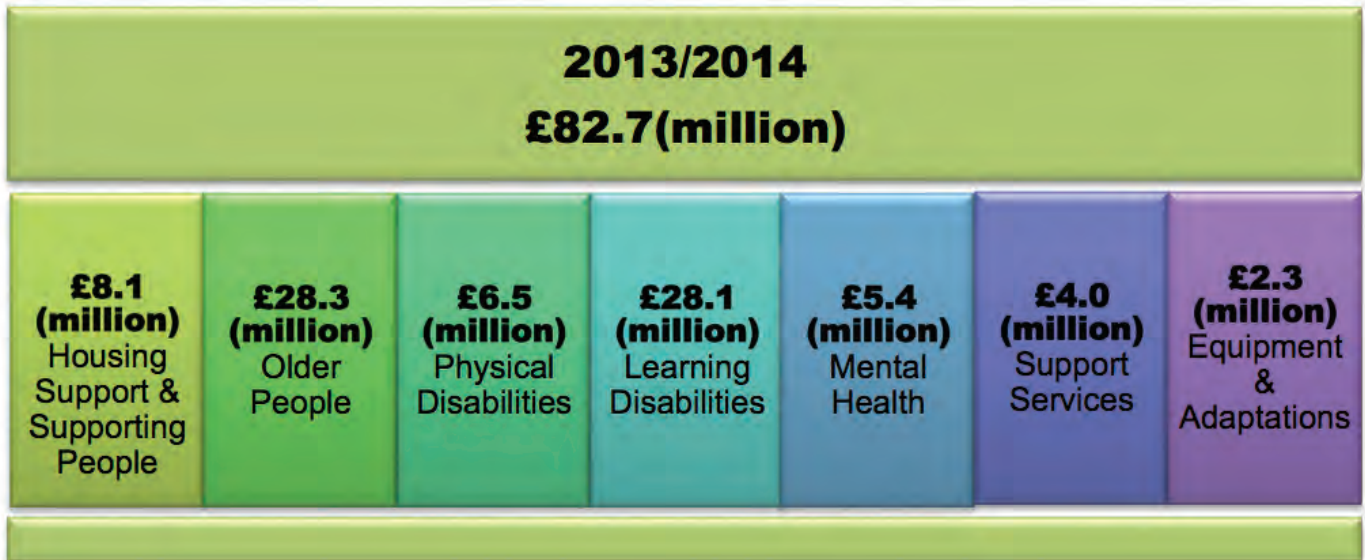
We want to share this document with you so that you can understand the work we do and the services we deliver, or commission, on behalf of people living in Wolverhampton.

Your feedback on this document is important to us and will help us to improve the content of our Local Account in the future. For more information on this document, or to let us know what you think please contact Wolverhampton City Council on 01902 555140 or email ascannualreport@wolverhampton.gov.uk

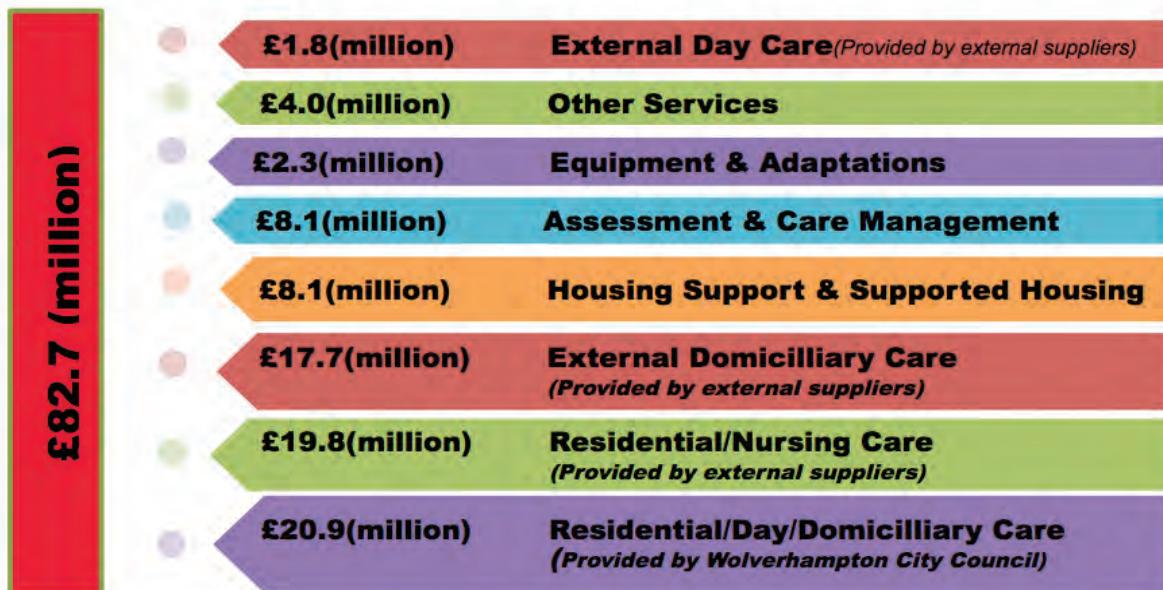
What did we spend on Adult Social Care in 2013/2014?

The Council spent **32%** of its net budget on Adult Social Care in Wolverhampton in 2013/2014.

The total net spend on Adult Services in 2013/2014 was **£82.7(million)**. This was distributed across the following service areas:



These figures can be broken down further against the following categories of spend:



Who received support from Adult Social Care in 2013/2014

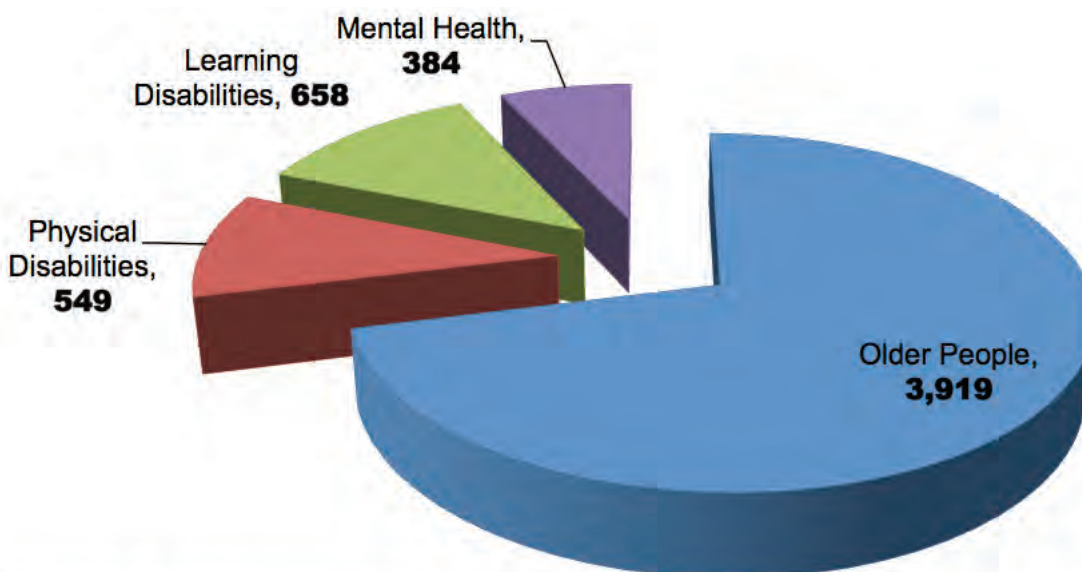
In 2013/2014 Wolverhampton Adult Social Care supported the following number of service users:



* There may be some duplication of figures due to service users accessing more than one area of support.

** This figure includes service users who pay for their own care but this was arranged for them by the council.

- **833** of the above unique service users received Direct Payments in 2013/2014.
- A further **1,952** received a carer's emergency card meaning that they were given information on how to receive support in the case of an emergency.



Breakdown of unique service users in 2013/2014 by groups

What did we achieve in 2013/2014

Outcome 1: Enhancing the quality of life for people with care and support needs	
What we said we would do in 2013/14	What we did.....
Help more people with mental health difficulties access the right sort of accommodation for them.	<p>A number of initiatives were followed through in 2013/2014 which included:</p> <ul style="list-style-type: none"> • Developing systems of review for those people in long term care which enable them to resettle into greater independence via the reablement pathway; this is a joint initiative with a local housing provider. • 16 service users being moved into more independent living environments through which they have been able to achieve greater choice, independence and confidence. • Continuing to work with housing support providers in the city to develop a range of different accommodation options for people to live independently in local communities with support.
Help more people with learning disabilities access the right sort of accommodation for them.	<p>A fewer number of people with learning disabilities needed to be placed in residential care as a direct result of schemes being developed with a range of private providers.</p> <p>All out of city placements were reviewed as part of the 'Winterbourne Review' and supported living care programmes away from residential care developed, where reasonable to do so. Examples of this included successfully moving residents out of Millennium House onto supported plans or into supported tenancy accommodations.</p> <p>Wolverhampton joined forces with Person Shaped Support (PSS) to develop a new service, called 'Shared Lives' offering adults with disabilities or mental health needs the chance to live with a specially trained 'Shared Lives' carer and their family on a short or long-term basis. This initiative looks to provide people in Wolverhampton with the chance to embark on a new career as a 'Shared Lives' carer.</p>
Help more people with mental health difficulties to access the right kind of services in the community.	<p>People with mental health needs, professionals, family and carers continued to access advice & guidance and support through the mental health social work and Recovery House services which enabled them to make choices about suitable services in the community. This involved direct support from social care services staff to help develop confidence and reduce social isolation amongst people with mental health difficulties.</p>
Open a further 3 dementia cafés to include people at early stage of their dementia and for people from the African and Caribbean communities.	<p>Three further Dementia Cafés and an additional Dementia Support Worker post were created to respond to families in need of support, information and advice on all aspects of living with dementia or caring for someone with a dementia. These are now established across Wolverhampton with the Memory Lane café specifically developed for the African and Caribbean communities. Each café seeks to meet the needs of the people living in that particular area of the city.</p>

<p>Train 40 more dementia champions and leaders across the City.</p>	<p>An Information and Awareness Officer post was created through the Dementia Public Awareness Campaign contract, which promotes the development of and creation of Dementia Friends and Champions connecting with all sectors of the community in Wolverhampton.</p>
<p>Further develop specialist training opportunities including dementia care and safeguarding to personal assistants for people who receive direct payments.</p>	<p>Personal assistants are now able to access training through the councils Learning Hub which provides e-learning courses to support them in their roles.</p>
<p>Further develop customer choices through personal budgets instead of directly provided care service and promoting it widely to all customers.</p>	<p>Three pilots scheme were approved to support the roll out of individual budgets, one in Mental Health, one in Transition and one in Learning Disabilities services to help improve outcomes for people and deliver greater value for money. Wolverhampton achieved this through:</p> <ul style="list-style-type: none"> • developing the market amongst existing and new providers of care across the City • developing simple co-produced assessments forms; and • identifying any Council procedures which would impact on reducing the effectiveness of individual budgets and finding solutions. <p>The Council also worked in partnership with the Voluntary Sector and Access 2 Business to launch a micro point project. The aim of the project was to develop the care market to increase the number of small (less than 5 staff) providers. This project received over 90 enquires with 35 providers starting their business and a further 18 having started exploring the idea of establishing themselves as small businesses. This project has contributed to the creation of 56 new jobs across the city.</p> <p>The number of customers with mental health needs using a direct payment continued to increase during 2013/14, rising by 13% from 30 in 2012/13 to 34 in 2013/14.</p>
<p>Continue to provide training for people working with adults who may not be able to make informed decisions</p>	<p>All of the council's accredited Best interest Assessors attended their annual update training in March 2014 on the implications of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).</p> <p>Best Interest Assessors are social workers who have been trained on the Mental Capacity Act specific to DoLS which enables them to undertake specialist assessments.</p> <p>The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.</p>
<p>To further increase the employment opportunities for Adults with a learning disability</p>	<p>A number of consultations were held with stakeholders to look at options to deliver employment services for adults with a learning disability that help achieve the outcomes we require and provide value for money.</p>

Priorities for 2014/2015:

- Develop a revised adults Operating Model for Adult Social Care that promotes supporting independence amongst its service users through the services it delivers
- Establish Wolverhampton wide plan to increase the number of Dementia Friends registered
- Develop a dementia guide to Wolverhampton
- Devise a promotional dementia campaign which is Wolverhampton wide
- Achieve Dementia Friendly City status
- Transforming day care provision for people with learning disabilities.

Helping people with mental health difficulties to live independently

Mrs A is in her early 60s and has a diagnosis of schizophrenia. She has a long history in mental health services and has lived in group home, residential and nursing care settings.

Despite spending the last 10 years in a number of different nursing homes, Mrs A is independent in daily living, to the extent that she would leave the nursing home and stay with her boyfriend at weekends.

She very much enjoyed these weekends experiencing life away from the nursing home environment. Though Mrs A still needs a care package to support her with her mental health needs, she made it clear at a review that what she really wanted was to be able to live in her own flat.

It was quickly apparent that Mrs A's motivation to achieve independent living was genuine and extremely strong. She engaged with workers from Recovery house on an outreach basis for several weeks and then spent eight weeks at Recovery House full time.

Mrs A visited several local very sheltered housing schemes and chose one she was familiar with. She applied for a tenancy and, after being assessed, she was accepted.

It is now almost 12 months since Mrs A moved into the scheme and she tells us that she is thoroughly enjoying the increased independence that the move has given her. Her family visit her regularly and her boyfriend can now stay with her on a regular basis.

The combination of being able to live independently while still receiving an appropriate care package has had a very positive affect on Mrs A's mental health.

She has built up a network of friends and no longer wants to return to nursing care. In her own words, she is the happiest she has been for many years.



MICRO POINT - Bringing enterprising people, care and support...together

Have you ever thought about offering support to older people or people with a disability? This could be for people to live independently, go shopping, become involved in work, learn something new, sustain hobbies and interests, take holidays and short breaks, take part in leisure or social activities, keep in contact with family and friends, get out and about ... **and a whole lot more!**

Micro Providers are people and organisations that provide support and care to people in their community, who have 5 or less workers (paid or unpaid) and are independent of any larger organisation.

How can **Micro Point** help? If you want to set up a service we can:

- Offer advice and practical information on regulation, training, insurances, and direct you to other organisations who can help
- Support you to understand legal requirements and any care regulations that may apply to what you plan to do, listen to your ideas and give you professional feedback

Or if you are **looking for** some help or support we can:

- Send you the up to date list of micro providers which tells you what they do and how you can contact them

If you would like to find out more either about setting up a micro service yourself, or find support either for yourself or a loved one; please don't hesitate to contact Amanda Spratt, project co-ordinator on **01902 773761** or **07513 974962** or email aspratt@wolverhamptonvsc.org.uk

Case Study.

Mrs C was looking for some support for herself and her husband. Mr C was suffering from Dementia but other than that very fit, able and a keen sportsman. He and his wife shared many pursuits together but as his main carer Mrs C felt she needed some extra support. She received a carer assessment and was granted a few hours of care for her husband which she decided to take as a direct payment so she could decide how and who could care for Mr C. She also knew that Mr C would not be happy with any sort of 'sitting service' as he always wanted to be very active and wanted to be out and about. Mrs C saw the micro provider list and found a provider called Get Well, Stay Well. Diane Addis (Get Well, Stay Well) ran easy line gyms across the city, regular fitness and seated exercise sessions for the frail and vulnerable and she had experience in supporting people with dementia. This seemed the perfect solution for Mrs C as Mr C and Diane shared a passion for fitness and he would continue to enjoy and partake in exercise, there was even talk of some serious hill walking something Mr C had always wanted to do! Diane and Mr and Mrs C pulled a programme together for Mr C to work towards his goal of hill walking, as she first had to ascertain his fitness levels and build a good relationship with him to ensure his safety. Just before the programme began sadly Mr C deteriorated and needed more support with personal care needs which Diane couldn't provide, so a care provider was found. Although not the outcome we were hoping for this is a great example of how in the early or preventative stages Mr and Mrs C's needs could be met, not through a traditional care agency but through a micro provider.



Micro providers can deliver unusual and quirky services based on their own passions, gifts and talents. From bread making and cooking to pet therapy, from sport and art to singing, drama, and dance there's sure to be a micro provider out there for you, just ready and waiting to support you and your loved ones.

For more information contact Amanda on the numbers or email address above.

Outcome 2:

Delaying and reducing the need for care and support

What we said we would do in 2013/14

Further reduce delayed discharges for people with mental health difficulties from specialist care.

What we did.....

Social Care services worked with commissioners, health and other agencies in the city to develop services which assist the early discharge of people with mental health difficulties from hospital to more community based support and accommodation.

Consider different ways of providing transport for older people.

The council's Transport policy for Adults and Community service users ensures that its Assisted Transport Service targets its capacity to the most specialist requirements. This involves:

- Giving due consideration to whether it is reasonable to expect people to make their own travel arrangements in terms of both the distance and time it takes the person to travel to a required service/facility.
- Providing assisted transport where an assessment of need confirms this service is required to meet an identified need.
- Supporting service user who do not qualify for assisted transport with applications for transport assistance costs and concessionary travel.

Consider all customers for a reablement programme where appropriate. This will help people to remain living at home for longer by supporting them to relearn and or regain daily living skills.

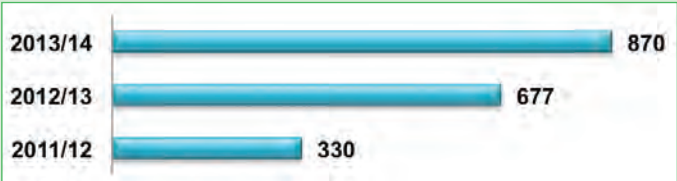
The Home Assisted Reablement Service (HARP) is a domiciliary reablement service which provides personal care and reablement support to enable people to remain in their own homes. During 2013/2014:

- **1015** people were referred to the Home Assisted Reablement Programme. **52%** started the reablement programme
- Of those that completed the programme
 - 61%** required no on-going support
 - 24%** required on-going support
 - 16%** were admitted to hospital

In addition to domiciliary reablement, residential reablement is now provided across the City in two resource centres. These services can provide up to a six week residential rehabilitation intervention with input from both occupational and physio therapy in order to maximise and maintain independent living. During 2013/2014:

- **518** Completed a programme
- Of those that completed the programme
 - 266** required no ongoing services
 - 252** Required on going services

Targeted work continued with people to move from long term nursing and residential placements to alternative support and accommodation within local communities. There has been a considerable increase in the numbers of people stepping down from specialist hospital placements to community based alternatives during 2013/14.

<p>Develop a health and social care domiciliary re-enablement service for people with dementia.</p>	<p>The Domiciliary Care Service Specification now covers all older people and requires service providers to work with people, including those with dementia, in a reabling way; helping them to do things for themselves rather than doing things for them.</p>								
<p>Increase the number of people using Tele-care from 564 to 730</p>	<p>Mental Health Social Workers and provider services continued to promote and encourage the use of Telecare equipment, where appropriate, to enable people to live more independently and maintain their mental health needs through the use of technological devices at home within their community.</p> <p>The number of people using Telecare continued to increase year on year. In 2013/2014 140 more people received Telecare than originally predicted.</p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Number of people</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>870</td> </tr> <tr> <td>2012/13</td> <td>677</td> </tr> <tr> <td>2011/12</td> <td>330</td> </tr> </tbody> </table>	Year	Number of people	2013/14	870	2012/13	677	2011/12	330
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<p>To challenge everyday services like public transport and commercial sector companies to make Wolverhampton a Disability friendly city.</p>	<p>The council's All Age Disability Strategy was agreed by Cabinet on 8th January 2014; this serves to ensure that all disabled people are able to live full and fulfilling lives by ensuring that disabled people and their families are in control and supported in a way that they choose to achieve their goals.</p> <p>The strategy covers the provision of specialist care and support to enable disabled people to have improved access to:</p> <ul style="list-style-type: none"> • Education • Employment • Housing • Healthcare <p>An action plan has been developed to help implement the goals of the strategy over the forthcoming period; this will work towards providing improved opportunities for people with disabilities.</p>								

Priorities for 2014/2015:

- Increase the number of people living independently by March 2015.
- Review the needs of primary and community care in relation to support for people with dementia
- Review the Wolverhampton approach to advance planning and advance decisions for people with dementia
- Review existing community resources and opportunities for expanding the community and neighbourhood support offer for people with dementia
- Co-design fully integrated health, social care and voluntary sector community services for people with dementia
- Review crisis support needs and a community facing response to developing crisis for people with dementia

Mental Health Resettlement Project

Launched in 2012, Wolverhampton's Mental Health Resettlement Project began with a review of nursing and residential placements. Its objective was to increase both the choices and the independence of people with mental health needs, improving the quality of their lives.

Central to the project was re-ablement – promoting recovery and reducing the need for intensive support, while at the same time giving people an opportunity to live a socially-inclusive lifestyle.

There were many challenges to overcome. Not least among them were building up the re-ablement service and demonstrating to people's relatives, carers and social care professionals that long-term placements reduce service users' confidence and belief in their own abilities.

However, the results of the project speak for themselves. By the end of 2013, 16 service users were helped through re-ablement to make the transition to more independent living environments. All have shown improved mental and physical health as a result of the increased choice, independence and confidence they have gained.

Here are just three examples...

- **J and L, who became firm friends after being placed in nursing care 17 years ago, now housing scheme.**
- **Mr V, who was confined to a wheelchair, suffered from incontinence and felt unable to engage with others now walks with aid of a stick, has no incontinence worries and actively enjoys conversation.**
- **Ms S, who was placed in a nursing home more than ten years ago is now happily living in a sheltered housing scheme – and has her boyfriend over to stay at weekends.**



The success of the Project has also led to many professionals revising their opinions – and has led to a cash saving of more than £10,000 a week for the city council.

Another important outcome of the project is that everyone placed into nursing or residential care in Wolverhampton is immediately referred to the re-ablement service, reducing the risk of dependency and promoting recovery.



Mental health services continue to monitor and support those people who have already been resettled to ensure their continued health and well-being and stage regular proactive reviews.

Today, a further three service users are receiving the support they need to move into their own homes – and to live the independent lives they choose.

Outcome 3:

Making sure people have a positive experience of care and support

What we said we would do in 2013/14

Make sure our plans for delivering mental health services are still meeting local needs.

What we did.....

Mental Health Commissioning plans and intentions continued to be discussed with the Positive Action 4 Mental Health Group (PAMH). There is continued investment in enabling people to live independently and maintain good mental health.

Continue to work across Adult Social Care to ensure that customers have clear information to make informed choices including access to advocacy services where appropriate.

A range of advocacy contracts were put into place to meet the needs of vulnerable people with peer advocates.

In addition, the Wolverhampton Health Advocacy Complaints Service (WHACS) established in April 2013 continued to support people wishing to make a complaint about the quality of the health services.

The council also soft launched its new Adult Social Care Portal, **Wolverhampton Information Network (WIN)**; this is a web based directory of all Adult Social Care services including relevant advice and guidance and serves to provide a single source of information that is accessible to all of the city's residents, regardless of their eligibility for public funding.

Continue to shape and improve provision of services for people with dementia to reduce isolation and loneliness, and to use tools such as Life Story work to provide services in a develop person centred way.

The **'Life Direct'** project was established to provide opportunities to help people stay in touch with family and friends for example through e-learning, and to connect with local community groups and activities.

We will review our Healthwatch service to make sure it is working well, independently and effectively.

Healthwatch continued to engage and involve members of the public and patients in the commissioning of Health and Social Care services through extensive community engagement opportunities.

From 1st September 2013 to 31st March 2014, the Healthwatch Community Engagement Officer attended numerous events, interacting with **2032** people from across the city.

This enabled Healthwatch to identify a number of key themes impacting on service users. The following initiatives were delivered in direct response to feedback from consultations:

- Developed a bespoke website to help Healthwatch Wolverhampton reach out to and gain the views of as many people as possible
- Set up of the unique Carer's Corner micro site – a 'one stop shop' for carers and professionals in Wolverhampton
- Secured soccer legend, Steve Bull, MBE as our high profile, exclusive Healthwatch Wolverhampton Ambassador. Due to his popularity, particularly amongst the male population, Steve has brought a powerful endorsement to our Healthwatch.

Priorities for 2014/2015:

- Ensuring we have sufficient advocacy services to accommodate the requirements of the Care Act 2014.
- Define local quality standards for all health and social care services for people with dementia.
- To explore service options for younger adults with alcohol related dementia.

Adult Social Care Information Portal

Access to good quality and timely information has great significance in improving wellbeing; the Care Act 2014 recognises this and places a duty on local authorities to provide information and advice about social care issues for its residents.

Wolverhampton City Council has developed an Adult Social Care Portal which is now available via WIN (Wolverhampton Information Network). WIN is available 24/7 through a dedicated free website www.wolvesnet.info

The portal provides citizens and professionals with a comprehensive online information directory that will enable them to find accurate and robust information, advice and guidance about a range of health and social care issues and community information in Wolverhampton and nationally.

The Information Portal is a tool that citizens can use to find solutions which will help them to lead the life that they want using their own resources or those within their community, or where necessary help them to quickly and easily identify and make contact with other, more specialised sources of support such as Adult Social Care.

Some examples:

- **Someone who is feeling lonely and isolated is able to find support through a local faith or community group which they have identified from the portal**
- **Someone with significant care needs is able to easily make contact with adult social care and arrange an assessment of their needs to identify what support may be on offer to them as someone who cannot afford to make their own arrangements**
- **Someone with significant care needs is able to easily make contact with adult social care and arrange an assessment of their needs to identify how they can use their own financial resources in the most effectively way to meet their needs**

David Raybould, who led the project said,

'This is a valuable information resource, allowing citizens and professionals to access accurate, timely and high quality information at the click of a button. It has been developed with the people of Wolverhampton, for the people of Wolverhampton.'

The website was developed following a series of consultations with people who use services, carers, partners and stakeholders from across the city to ensure the site is fit for purpose and easy to navigate through the various pages. You can access the site via www.wolvesnet.info A publicity campaign is to be rolled out in April 2015.

If you would like more information about this website you can email infoportal@wolverhampton.gov.uk or call 01902 553413 or write to:

Wolverhampton City Council
Carer Support Team,
Blossoms Fold
Off North Street,
Wolverhampton WV1 4HJ



'LIFE DIRECT' - New service talks direct to residents



Older residents in Wolverhampton can get a helping hand to reduce loneliness, isolation, boost their finances and stay active with the launch of a new support service.

The doors of Life Direct, a new community facility on Victoria Street in the city, opened for the first time on 1st April to give older residents the chance to get advice and support on everything from help around the home to keeping active by linking them up to a network of organisations across the city.

Life Direct, delivered by whg - a leading housing provider - will primarily help residents in the city aged over 55 years old. The service has been commissioned by Wolverhampton City Council to increase support to the city's growing older population.

Wolverhampton City Council's Cabinet Member for Adult Services, Councillor Steve Evans, cut the ribbon on the new service.

Councillor Evans said: "We are determined to do all we can to help older people remain independent for longer, and Life Direct will enable them to access a range of services and activities which will help them live a better quality of life.

"Helping people remain independent by giving them access to information, advice and support in this way will also play a key role in reducing people's need for longer term care and support."

Debra Berry, head of housing services at whg, said: "We are delighted to be able to launch this new service in partnership with Wolverhampton City Council. The aim of the service is to signpost older residents to services that can improve their quality of life and help maintain their independence.

"Our Life Direct advisors will be on hand every week day between 10am and 4pm at the Life Direct centre to enable residents to drop in at their leisure, and we will also be running events out in the community.

"The centre will provide a welcoming and comfortable environment, so do pop along and see what Life Direct has to offer. From healthy-eating, to keeping up with technology, to groups that support carers; we can help people over 55 and their families make the most of the many services and organisations in the city."

Recent research found that around 20 per cent of older people living in Wolverhampton were identified as being at risk of losing their independence, perhaps because they live alone or have a small social network, have dementia, care for a loved one or have suffered a fall, and Life Direct will particularly target these groups.

Visit www.lifedirect.org or visit the new premises on Victoria Street for more information.



Outcome 4:

Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

What we said we would do in 2013/14

Continue to prepare for a peer review of adult safeguarding in 2013 and take action, if required, to meet any shortcomings.

What we did.....

As part of a national programme of Sector Led Improvement activity, the Community Directorate invited the Local Government Association (LGA) to conduct a peer review of Wolverhampton's safeguarding adult's practices. The review took place the week commencing 16 September 2013.

The feedback report from the peer review team confirmed the following in respect of Wolverhampton's approach to safeguarding adults:

- *Generally a positive picture with a key aspect being the **strong partnership working arrangements** in place based on good personal relationships;*
- *The Wolverhampton Safeguarding Adults Board (WSAB) is well led, the right partners are around the table and represented at the most appropriate level of seniority;*
- *The Safeguarding Board has a good understanding of its strengths and weaknesses and a well worked up action plan with clear priorities;*
- *Overall frontline practice seems to be good and is improving; and*
- *Wolverhampton Adults and Community's Directorate is well placed through its foundation on strong partnership working to make significant progress in the next 12 months.*

An action plan was developed to respond to areas identified as needing further development; performance against this plan continues to be closely monitored by the Community directorate's senior management team to ensure we are achieving the changes required.

Continue to support the further development of the safe places scheme.

This scheme was initially suggested and set up by the People's Parliament for adults with a learning disability. The Safe Places scheme enabled adults with a learning disability who may be upset or feeling vulnerable to quickly identify a place of safety by means of a red telephone poster being placed in the windows of shops, or in the public areas of buildings. To date there are **253** places where this sign is now displayed across the city.

Make sure that care and support delivered in a very sheltered environment can fully meet the needs of people with dementia.

The **Very Sheltered Housing (VSH)** scheme is a supported living option that provides an opportunity for people to live in their own self-contained property whilst having on-site access to care and housing related support in accordance with their assessed needs and aspirations, whilst offering flexible care and support to meet changing needs presented by individuals and groups of service users over time.

The service specification now stipulates that each Very Sheltered Scheme must enable vulnerable adults, including those with dementia, to live well within the scheme and deliver flexible care and support options that meet agreed outcomes.

In a recent service/value for money review the providers of these schemes have informed us that their training includes the needs of people with dementia.

Priorities for 2014/2015:

- Prepare for the implementation of the Care Act 2014; ensure that the council and its partners have robust and effective processes in place to safeguard adults at risk in accordance with the statutory responsibilities being placed on Local Authority's.
- Continue to ensure that adults at risk are fully engaged in defining the outcome they want to achieve through safeguarding interventions.

Safeguarding adults at risk

In April 2013, the owner of a mobility company and his sales agent were fined £6,809 by Wolverhampton Magistrates for selling unnecessary and overpriced mobility aids to elderly, vulnerable people.



The business owner and his agent had initially tried to sell a Halesowen couple in their 90s a stair lift at a grossly-inflated price. The sales agent also lied to Dudley Social Services to prevent them from carrying out a free assessment, pretending to be the couple's son. Fortunately, though the couple had no son, they had a daughter who immediately became suspicious and alerted her local council.

At the same time a domiciliary carer and social worker in Wolverhampton, who had recently been given safeguarding awareness training, contacted Wolverhampton Trading Standards. They were concerned about the potential financial abuse of a service user.

It turned out that the same company had sold a 74 year old Wolverhampton resident a large quantity of mobility equipment over a three month period, none of which met his needs.

Dudley and Wolverhampton decided to take combined action, with Wolverhampton Trading Standards taking the lead.

The 74 year old Wolverhampton victim, who had a number of health issues and limited mobility, had previously purchased equipment from the sales agent who was then working for an unrelated company.

Some 18 months later, the victim was visited again by the sales agent on behalf of his new employer. Exploiting their 'friendship', the sales agent got the victim to spend £12,000 on a range of mobility aids, including a new electrical bed base and mattress and a reclining chair. The 72-year-old was also persuaded to make a deposit on a stair lift, which had not yet been fitted.

Occupational Health nurses assessed the victim and the equipment he had been sold. They discovered that the chair was the wrong size and did not allow the victim to sit back fully, the electrical bed base and second mattress were unnecessary and the stair lift was totally unsuitable. Their evidence was sufficient to allow Trading Standards officers to prove the items were unnecessary, which along with further evidence to show the items were overpriced, led to the successful prosecution.

The Wolverhampton victim was not required to give evidence as the domiciliary carer provided a statement, as did their colleagues in Social Services.

This successful prosecution was the result of timely safeguarding training and the willingness of local government officers to work together across professional and geographical boundaries.

Very sheltered housing

Mr A was born in Kenya and came to England with his family in 1965 when he was ten years old. A member of the Sikh faith he goes to temple every Sunday. Of his seven brothers and sisters, all his brothers have died and only one of his sisters still lives locally.

Though a very sociable man, Mr A had to contend with the death of his brothers and, ten years ago, with the breakdown of his marriage. He began to drink heavily.

Over the next few years he lost his home and, as his health suffered from the effects of chronic alcoholism, he was frequently in hospital.

Mr A moved to Bushfield Court – a very sheltered housing development – from a hostel in May 2014. In spite of his sociability, he struggled to build relationships with other residents. Though he was receiving support from Aquarius, it soon became apparent that he was still dependent on alcohol. He had a relapse and ended up back in hospital.

Immediately on his discharge, a comprehensive, holistic, care plan was developed around Mr A. As well as supporting him with his personal care, the plan addressed his health and social needs.

A specialist dementia worker helped Mr A to identify some of the triggers that made him more likely to drink. As a result, he has given up smoking and learned to combat boredom by going to the Day Opportunities club, attending a painting class (he has already submitted artworks to local competitions) and taking an active part in Bushfield Court's cooking sessions.

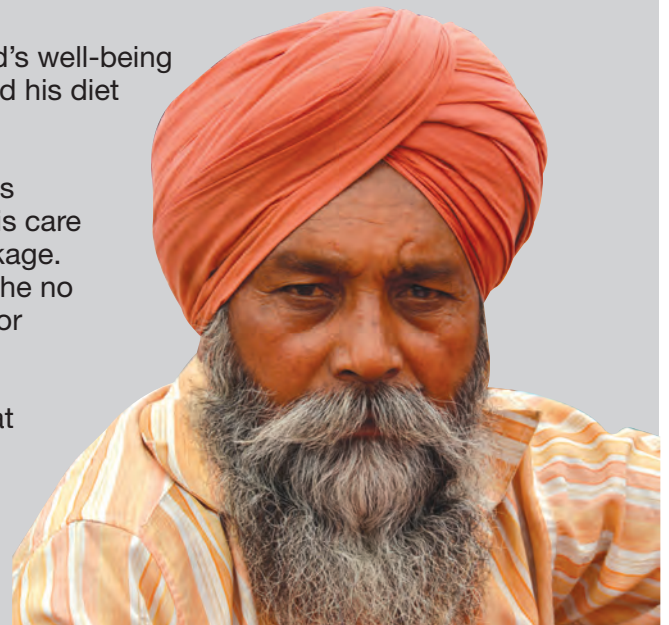
As Mr A's confidence and sense of self-worth increased, he was able to develop friendships with the other residents. He is now an active member of the gardening group and the gym and health walking group.

He has built up his strength and stamina to the point where recently he was able to take part in a fitness challenge which helped to raise over £1,000 towards a garden project at Bushfield Court. Mr A now joins all the healthy walks, volunteers to help less able participants and acts as a translator for Asian group members.

Mr A has also benefitted from the support of Bushfield's well-being nurse at her weekly drop-in sessions. He has improved his diet and can manage his diabetes more effectively.

Since his care plan at Bushfield Court began, Mr A has improved his well-being, health and independence. His care plan hours have now reduced to a low-level care package. He still receives support from Aquarius, but feels that he no longer relies on them. In fact, he has not had a drink for 6 months.

The final word should go to Mr A's sister. She says that after ten years, she finally has her brother back.



Outcome 5:

Value for money, buying and use of resources

What we said we would do in 2013/14

Work with local housing providers to increase the choice of housing options available to older people.

What we did.....

Mental Health Social Care Services continued to participate in discussion with commissioners, procurement and housing providers about the range of housing options available to older people and looked at how these can be re-designed to offer greater choice and independence for people with mental health needs.

Work with local businesses to help develop services which offer support and care to older people.

A local Dementia Action Alliance Forum was established to promote and support the development of collaborative plans and priorities across the community, business, leisure and cultural facilities, hospital and housing associations to help offer support and care to older people. **22** organisations across the city have already signed up to this Forum.

Key planned actions include supporting business organisations, health and social care staff to become Dementia Friends.

Priorities for 2014/2015:

- Continue to review long term nursing and residential placements and offer people alternative care and support options that include reablement.
- Continue to contribute to the evaluation and development of housing and support options for people with mental health needs.
- Contribute to the review of services to ensure they are fit for purpose in meeting people with mental health needs that are effective and efficient.
- Review service demands and create new ways of working that take account of the impending changes to social care law to enable people to access appropriate support
- Contribute to the local arrangements for mental health crisis services in accordance with the national requirements outlined in the mental health crisis concordat.

Looking Forward – Priorities for 2015/2016

The Care Act 2014 is the most significant piece of legislation in the Adult Social Care sector since the establishment of the welfare state. It builds on a patchwork of legislation built up since the 1948 National Assistance Act.

A key part of the Care Act is a focus on preventing or delaying the need for support. This might mean investing in preventative services and fully utilising any existing community resources, facilities and assets to prevent people's needs escalating unnecessarily. Carers (who are people who provide unpaid care and support, often a family member or friend) are given significant new entitlements under the Act. It's hoped that they will be supported to maintain their caring role for longer.

Moving forward into 2015/2016 Wolverhampton Council and its partners will be working towards ensuring we have systems in place which enable us to effectively implement the following requirements of the Care Act 2014; and promote the integration of adult care and support with health services:

Reviewing with Carer's how we undertake our new statutory responsibilities in accordance with the Care Act 2014.

Working with partners to promote citizen's independence and support a better quality of life at home, for as long as possible.

Providing all residents of Wolverhampton (*not just those who are in receipt of local authority funded care or support*) with information and advice relating to care and support for adults and support for Carer's.

Ensuring appropriate capacity to undertake the required mental health and best interest assessments and authorisations of Deprivation of Liberty Safeguards in response to the Supreme Court Judgement ruling and revised test of deprivation.

Working with Children's Services to ensure changes brought in by the Children and Families Act, primarily affecting young people who will transition to Adult Services and will be eligible for care and support.

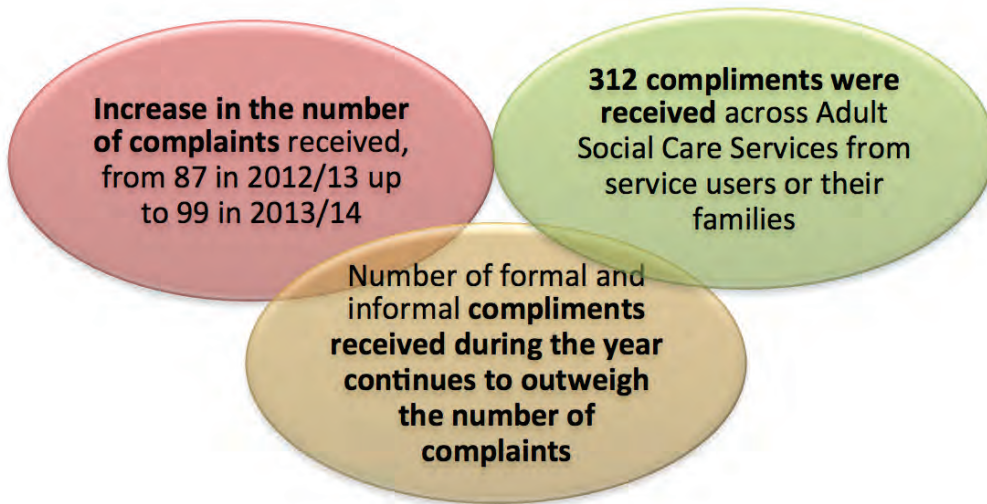
Working with local health partners to deliver the Better Care Fund (*this is an existing pot of money to facilitate closer working between health and social care services to deliver better outcomes for residents*).

Complaints & Compliments

The Community Services directorate continued to support service users by responding to their complaints, comments and compliments about Adult Care Services. Complaints and all types of feedback (including compliments) are seen as being important to improve the quality and responsiveness of services.

The Council continued to work hard over the past year to put customer care at the forefront of its activity. It maintained a proactive approach to managing and responding to complaints in a timely manner and above all kept customers involved in the process.

Provided below are some key facts and figures in relation to both complaints and compliments received during 2013/14. Further details can be found in the Annual Complaints & Compliments Report, which is due to be published on the council’s website early in the New Year 2015:



- The number of complaints received in relation to quality of service in 2013/2014 has remained at **22**; this figure is the same as the previous year.
- The categories of complaint were broadly grouped under the following headings:



Key Performance Data for 2013/1014

Wolverhampton has a population of 251,557

(2013 mid-year ONS population estimates)

There are **27,136** carers in Wolverhampton who look after family, partners or friends in need of help because they are ill, frail or disabled. The care they provide is unpaid.

1421 people were cared for in residential or nursing care homes.

384 carers were directly supported, 75.5% have a personal budget.

693 carers were given detailed advice to support them.

23% of service users and carers get their services through a direct payment.

People who receive social care services in Wolverhampton say that their quality of life is good. **78%** of them say they have control over their daily lives and **73%** say that they feel safe.

Life expectancy is slightly lower than in other areas of the West Midlands at 81 years for women, and 77 years for men.

79% of people with mental health needs live independently.

69% of people with learning disabilities known to us live in their own home or with friends and family.

Over **10,000** queries were resolved at the point of first contact.

We helped **3154** people to continue living independently at home.

86% of people who use our reablement or intermediate care services after a stay in hospital are living back in their home 91 days after their discharge.

73% of people now get their services through a personal budget, giving them more choice and control over the services they have.

This information is produced by Wolverhampton City Council.
It can be made available on request in Braille, large print or audio format.
If English is not your first language we can arrange for an interpreter to explain it to you.

For more information call **01902 555140**

Adult Social Care

Local Account 2013/14



Executive Summary

www.wolverhampton.gov.uk

Wolverhampton
City Council

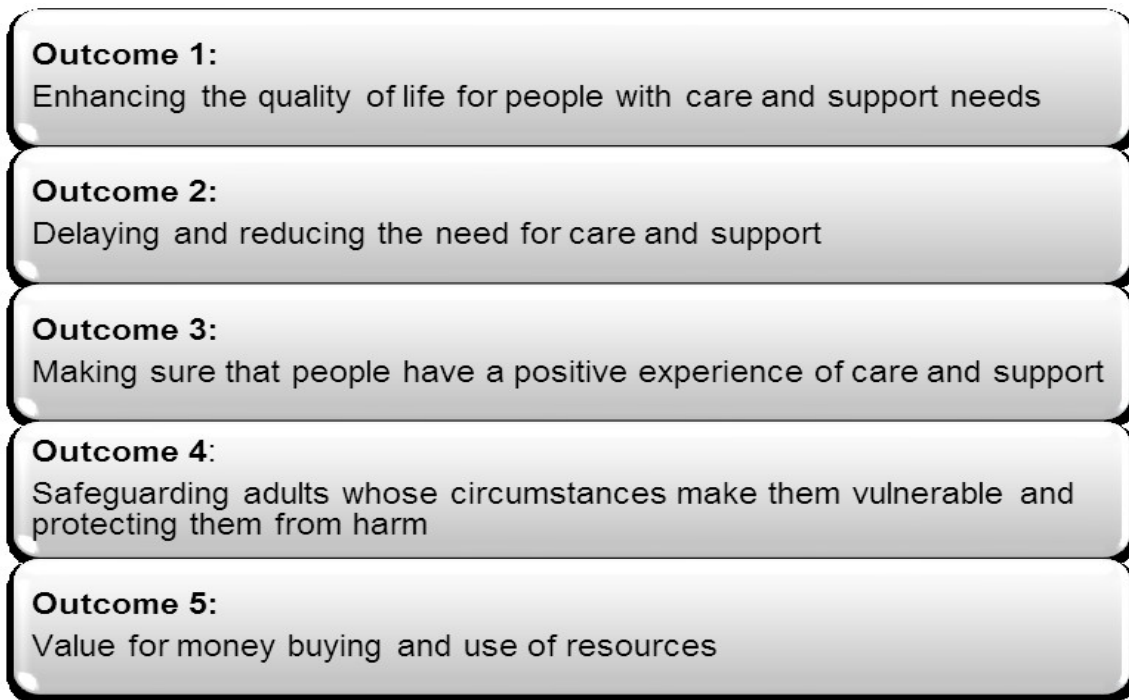


Introduction

This executive summary of the Wolverhampton Adult Social Care Local Account for 2013/2014 has been developed to provide you with a brief overview of:

- **Some of the work that Adult Social Care has been doing in 2013/2014,**
- **What the council plans to achieve in 2014/2015; and**
- **Developing priorities for 2015/2016**

The Local Account is structured around the following five key priorities for Adult Social Care in Wolverhampton:



What has been your experience?

In 2013/2014 the council made good progress against each of the five key priority outcomes and delivered on a number of initiatives; detailed below are a few examples. Can you relate to any of these?

The full version of the 2013/2014 Adult Social Care Local Account is accessible from the council's website at the following address:

<http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=5928&p=0>

For a hard copy please contact us on **01902 555140** or email

ASCannualreport@wolverhampton.gov.uk

What did we achieve in 2013/2014?

OUTCOME 1:

Enhancing the Quality of Life for People with Care and Support Needs

What we said we would do in 2013/14	What we did.....
<p>Help more people with mental health difficulties access the right sort of accommodation for them.</p>	<p>The council continued to work with housing support providers in the city to develop a range of different accommodation options for people with mental health difficulties to live independently in local communities with support.</p> <p>In 2013/2014 the council successfully moved 16 service users into more independent living environments through which they have been able to achieve greater choice, independence and confidence.</p>
<p>Open a further 3 dementia cafes to include people at early stage of their dementia and for people from the African and Caribbean communities.</p>	<p>The council opened three further Dementia Cafés to respond to families in need of support, information and advice on all aspects of living with dementia or caring for someone with a dementia. Each café seeks to meet the needs of the people living in that particular area of the city.</p>

OUTCOME 2:

Delaying and Reducing the Need for Care and Support

What we said we would do in 2013/14	What we did.....
<p>Consider all customers for a reablement programme where appropriate. This will help people to remain living at home for longer by supporting them to relearn and or regain daily living skills.</p>	<p>The council's Home Assisted Reablement Service (HARP) is a domiciliary reablement service which provides personal care and reablement support to enable people to remain in their own homes. During 2013/2014 1015 people were referred to the Home Assisted Reablement Programme for support.</p>
<p>Increase the number of people using Tele-care.</p>	<p>The council continued to promote and encourage the use of Telecare equipment, to enable people to live more independently and maintain their mental health needs through the use of technological devices at home within their community. In 2013/2014 870 people received Telecare services.</p>

OUTCOME 3:

Making sure People have a Positive Experience of Care and Support

What we said we would do in 2013/14	What we did....
<p>Ensure that customers have clear information to make informed choices.</p>	<p>The council launched its new Adult Social Care Information Portal, Wolverhampton Information Network (WIN); this is a web based directory of all Adult Social Care services including relevant advice and guidance which serves to provide a single source of information that is accessible to all of the city's residents, regardless of their eligibility for public funding. The portal can be accessed via the following web address: http://www.wolvesnet.info</p>
<p>Improve provision of services for people with dementia to reduce isolation and loneliness.</p>	<p>The council's 'Life Direct' project was established to provide opportunities to help people stay in touch with family and friends for example through e-learning, and to connect with local community groups and activities.</p>

OUTCOME 4:

Safeguarding Adults whose Circumstances make them Vulnerable and Protecting them from Harm

What we said we would do in 2013/14	What we did....
<p>Support the further development of the safe places scheme.</p>	<p>The council's '<i>Safe Places</i>' scheme enables adults with a learning disability who may be upset or feeling vulnerable to quickly identify a place of safety by means of a red telephone poster being placed in the windows of shops, or in the public areas of buildings. There are now 253 places where this sign is now displayed across the city.</p>
<p>Ensure that care and support delivered in a very sheltered environment can fully meet the needs of people with dementia.</p>	<p>The council's Very Sheltered Housing scheme is a supported living option which enables people to live in their own self-contained property whilst having on-site access to care and housing related support in accordance with their assessed needs and aspirations.</p> <p>In 2013/2014 the council revised the service specification to ensure that each Very Sheltered Scheme enables vulnerable adults, including those with dementia, to live well within the scheme and deliver flexible care and support options that meet their agreed outcomes.</p>

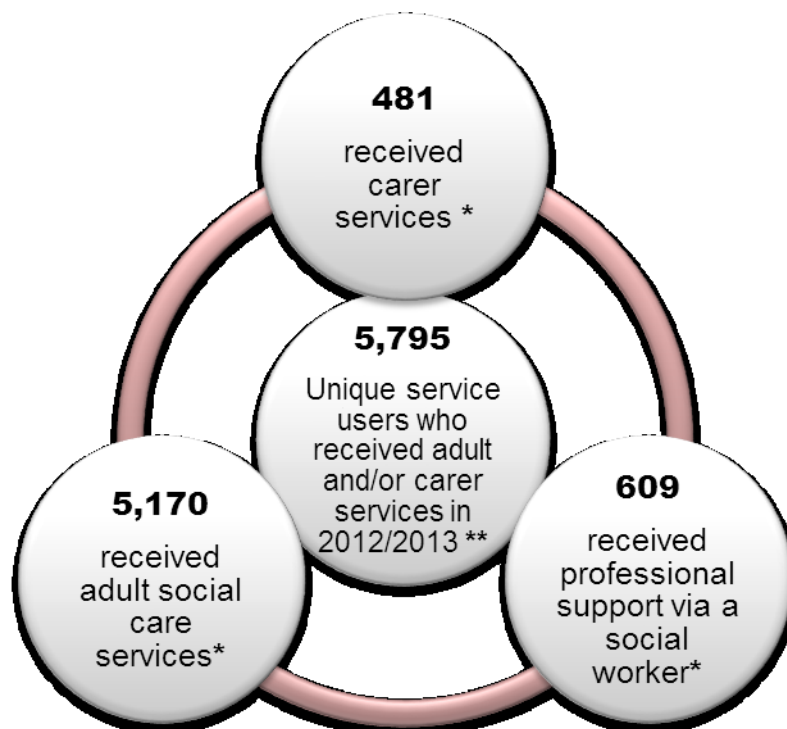
What did we spend in 2013/2014?

The Council spent **32%** of its net budget on Adult Social Care in Wolverhampton in 2013/2014. The total net spend on Adult Services in 2013/2014 was **£82.7(million)**. This was distributed across the following services:



Who received support in 2013/2014?

In 2013/2014 the council's Adult Social Care Services supported the following number of service users:



* There may be some duplication of figures due to service users accessing more than one area of support.

** This figure includes service users who pay for their own care but this was arranged for them by the council.

Your views count

We are very keen to get your views on this year's Local Account and would appreciate if you could feedback to us what you thought by completing the attached form; this will enable us to improve on our approach to next year's Local Account.

Please return completed feedback forms to:

Amrita Sharma
People Directorate
Wolverhampton City Council
Wolverhampton
WV9 5NJ

For any queries about the Local Account you can contact us:

By Phone: 01902 555140

By email: ASCannualreport@wolverhampton.gov.uk

FEEDBACK FORM: Tell us what you think

1. Did you find the Local Account interesting?

Yes No

2. Was the Local Account helpful in understanding how Adult Social Care has performed?

Yes No

3. Is there anything else that you feel should be included in the report?

Yes No

If you answered yes, please provide details below:

.....
.....
.....

4. Did you like the layout of the Local Account?

Yes No

5. What improvements could we make to how we present the Local Account?

.....
.....

6. Would you like to be involved in developing the next edition of the Local Account?

Yes No

If you answered yes, please provide your preferred contact details :.....

.....
.....

About you

7. Which of the following best describes you? *(please tick one box only)*

- a person who uses adult social care services
- a carer
- a person that works in adult social care
- a member of a voluntary group
- a care provider
- a health care professional
- another, please list below

.....
.....

8. Are you? *(please tick one box)*

- Male
- Female

9. Which age group do you belong to? *(please tick one box)*

- under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 and over

10. Which of the following groups best describes you? *(please tick one box)*

- White *(British, Irish, any other White background)*
- Mixed *(White & Black Caribbean, White & Black African, White & Asian, any other Mixed background)*
- Asia or Asian British *(Indian, Pakistani, Bangladeshi, any other Asian background)*
- Black or Black British *(Caribbean, African, any other Black Background)*
- Chinese
- Any other ethnic group *(Please specify:*

Thank you for taking the time to complete this short survey; your feedback is highly appreciated



Cabinet (Performance Management) Panel

23 February 2015

Report title	Information Governance Performance Report – Quarter 3 2014/15	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Paul Sweet Governance and Performance	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable director	Kevin O’Keefe, Governance	
Originating service	Democracy	
Accountable employee(s)	Adam Hadley	Group Manager - Democracy
	Tel	01902 554026
	Email	Adam.Hadley@wolverhampton.gov.uk
Report to be/has been considered by	Information Governance Board	9 February 2015
	Scrutiny Board	17 March 2015

Recommendation(s) for action or decision:

The Cabinet (Performance Management) Panel is recommended to:

1. Review and comment on the Quarter 3 performance for Information Governance.
2. Identify and feedback any further action that may be necessary.
3. Recommend any issues to be referred to the Scrutiny Board for further consideration.

1.0 Purpose

- 1.1 To report on the performance of Information Governance for Quarter 3 (October – December 2014).

2.0 Background

- 2.1 The Information Commissioner's Office (ICO) conducted consensual audits of the Council in October 2011 and July 2012.
- 2.2 The October 2011 audit covered requests for personal data and requests made under the Freedom of Information Act 2000 (FOI). The ICO's subsequent overall opinion was that there was a very limited assurance that processes and procedures were in place and being adhered to.
- 2.3 The ICO carried out a further audit on 19 July 2012 to measure the extent to which Wolverhampton City Council had implemented the agreed recommendations and identify any subsequent change to the level of assurance previously given. This was based on an update provided in March 2012 and subsequent management information. The ICO raised the Council's status from Red "Very Limited Assurance" to Amber "Limited Assurance" as an acknowledgement that progress had been made.
- 2.4 The Council provided a final management update to the ICO on 20 December 2012, after which the ICO confirmed that the audit process has been brought to a conclusion. Throughout 2013, work continued to ensure that a strategic approach was adopted to how the Council manages information assets.
- 2.5 In February 2014 the ICO has asked for further updates on our progress, as a result of information incidents the Council is managing. The Council was then placed under an enforcement notice to achieve 100% of employees having undertaken the mandatory 'protecting information training'.
- 2.6 In June 2014 the Council complied with the enforcement notice and achieved 100% of employees completing the 'protecting information' training.
- 2.7 In order to ensure ongoing improvements with information governance this report outlines current performance for Information Governance. This report reflects the previous Council structure and quarter 4 will reflect the new Council structure.

3.0 Progress

- 3.1 This is contained in appendix A.

4.0 Financial implications

- 4.1 There are no financial implications associated with the recommendation in this report as Councillors are requested to review the progress made on information governance.

- 4.2 It is worth noting, however, that a failure to effectively manage information governance carries a financial risk. Inaccurate and out of date information can lead to poor decision making and a potential waste of financial resources. In addition to this, poor information governance can actually result in a fine of up to £500,000 from the ICO.

[GE/06022015/A]

5.0 Legal implications

- 5.1 The Council has a legal duty under the Data Protection Act 1998, Freedom of Information Act 2000 and Environmental Information Regulations 2004 to appropriately manage and protect information assets.
- 5.2 The integration of Public Health into the Council in April 2012 required the Council to provide assurance to the NHS that it had in place suitable Information Governance policies, procedures and processes.
- 5.3 Failure to effectively manage information governance could increase risk of exposure to fraud and malicious acts, reputational damage, an inability to recover from major incidents and potential harm to individuals or groups due to inappropriate disclosure of information.
- 5.4 The Information Commissioner has the legal authority to:
- Fine organisations up to £500,000 per breach of the Data Protection Act or Privacy & Electronic Communication Regulations
 - Conduct assessments to check organisations are complying with the Act
 - Serve Enforcement Notices and 'stop now' orders where there has been a breach of the Act, requiring organisations to take (or refrain from taking) specified steps in order to ensure they comply with the law
 - Prosecute those who commit criminal offences under section 55 of the Act
 - Conduct audits to assess whether organisations processing of personal data follows good practice
 - Report issues of concern to Parliament.

[RB/09022015/W]

6.0 Equalities implications

- 6.1 All policies and procedures developed as part of the information governance maturity model will undergo an equalities analysis screen and full analysis if appropriate.

7.0 Environmental implications

- 7.1 There are no environmental implications arising from this report.

8.0 Human resources implications

8.1 All employees are required to comply with Information Governance legislation and are required to complete the mandatory 'protecting information training'.

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications arising from this report.

10.0 Schedule of background papers

10.1 Update on Information Governance report to Cabinet – 26 March 2014

Information Governance Summary Quarter Three 2014/15

FOI number received (response rate) by Directorate Q3 2014/15

Directorate	October		November		December	
	Total	%	Total	%	Total	%
Community	26	92%	24	71%	23	96%
Delivery	42	100%	43	100%	30	100%
Education and Enterprise	30	100%	32	100%	18	100%
OCE	4	100%	5	100%	3	100%
Overall	102	98%	104	93%	74	99%

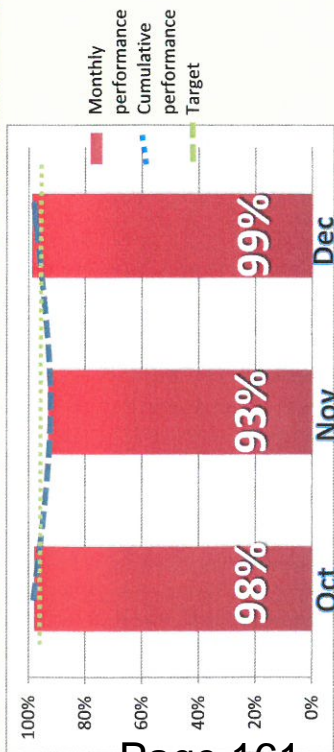
Training Q3 2014/15

New Starters
55% - completed
45% - not completed

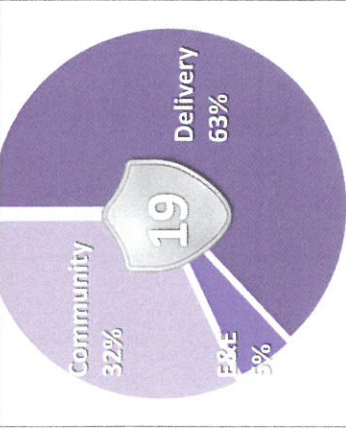
SAR number received (response rate) by Directorate Q3 2014/15

Directorate	October		November		December	
	Total	%	Total	%	Total	%
Community	11	45%	5	60%	9	22%
Delivery	42	98%	30	90%	21	90%
Education and Enterprise	15	100%	14	100%	15	93%
OCE	1	100%	0	0%	1	100%
Overall	69	86%	49	83%	46	76%

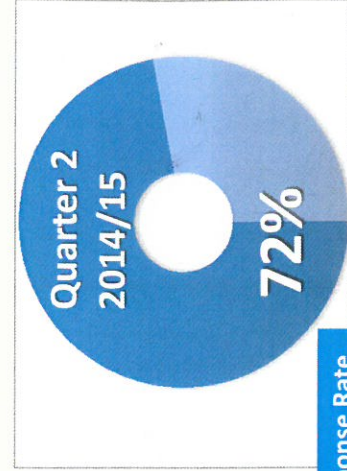
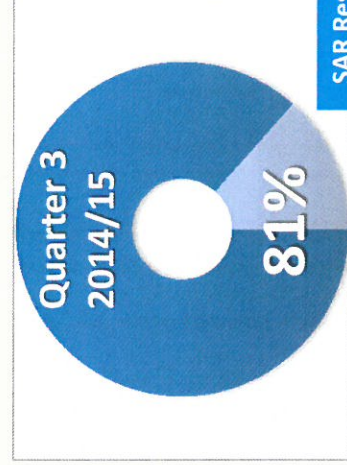
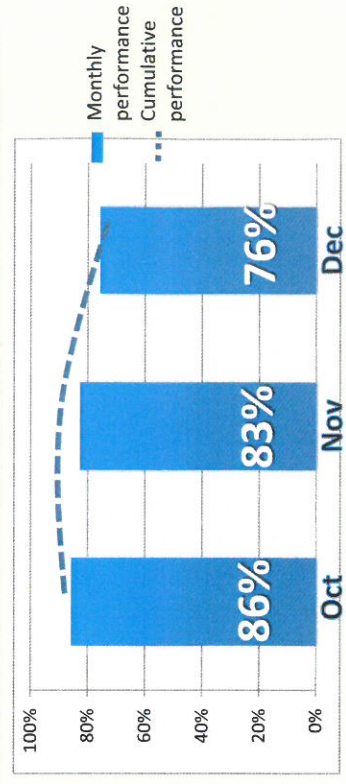
Freedom of Information (FOI) Response Rates Q3 2014/15



Information Incidents Q3 2014/15



Subject Access Request (SAR) Response Rates Q3 2014/15



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Cabinet (Performance Management) Panel

23 February 2015

Report title	Information Governance Board – changes to membership and roles	
Decision designation	AMBER	
Cabinet member with lead responsibility	Councillor Paul Sweet Governance and Performance	
Key decision	No	
In forward plan	No	
Wards affected	All	
Accountable director	Kevin O’Keefe, Governance	
Originating service	Democracy	
Accountable employee(s)	Adam Hadley	Group Manager - Democracy
	Tel	01902 554026
	Email	adam.hadley@wolverhampton.gov.uk
Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Cabinet (Performance Management) Panel is recommended to:

1. Agree the revised membership for the Information Governance Board (appendix A) and the additional role description for the Chief Cyber Officer (appendix B).
2. Amend accordingly the terms of reference for the Information Governance Board and the associated definitions, roles and responsibilities as agreed by the Cabinet (Performance Management) Panel on 15 September 2015.

1.0 Purpose

- 1.1 This report is presenting revised membership of the Information Governance Board and the role description for the Chief Cyber Officer.

2.0 Background

- 2.1 On 15 September 2014 the Cabinet (Performance Management) Panel agreed the new terms of reference and definitions, roles and responsibilities for the Information Governance Board.
- 2.2 Given the recent senior management restructure the Council has agreed there is a need to revise the membership of the Information Governance Board.
- 2.3 With cyber security becoming a more prevalent issue within Information Governance there is a need to outline the definition and role for the Chief Cyber Officer.
- 2.4 The West Midland Pension Fund will become its own Data Controller from 1 April 2015 and as such will no longer be required to sit on the Council's Information Governance Board. The proposed membership reflects this.

3.0 Options

- 3.1 The proposals are attached as appendix A and B. In summary the proposals are to update the membership of the Information Governance Board in light of the senior management restructure and introduce a role description for the Chief Cyber Officer.

4.0 Financial implications

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

[GE/06022015/K]

5.0 Legal implications

- 5.1 The Council has a legal duty under the Data Protection Act 1998, Freedom of Information Act 2000 and Environmental Information Regulations 2004 to appropriately manage and protect information assets.
- 5.2 The integration of Public Health into the Council in April 2012 required the Council to provide assurance to the NHS that it had in place suitable Information Governance policies, procedures and processes.
- 5.3 Failure to effectively manage information governance could increase risk of exposure to fraud and malicious acts, reputational damage, an inability to recover from major incidents and potential harm to individuals or groups due to inappropriate disclosure of information.

5.4 The Information Commissioner has the legal authority to:

- Fine organisations up to £500,000 per breach of the Data Protection Act or Privacy & Electronic Communication Regulations
- Conduct assessments to check organisations are complying with the Act
- Serve Enforcement Notices and 'stop now' orders where there has been a breach of the Act, requiring organisations to take (or refrain from taking) specified steps in order to ensure they comply with the law
- Prosecute those who commit criminal offences under section 55 of the Act
- Conduct audits to assess whether organisations processing of personal data follows good practice
- Report issues of concern to Parliament.

[RB/06022015/U]

6.0 Equalities implications

6.1 This report seeks to amend existing terms of reference. Therefore, there are no equalities implications.

7.0 Environmental implications

7.1 There are no environmental implications arising from this report.

8.0 Human resources implications

8.1 Within Information Governance there are key roles which have to be filled. These roles are identified within Appendix B along with the posts which fill them. These are:

Role	Responsible Post
Data Controller	Head of Paid Service
Senior Information Risk Owner (SIRO)	Director of Governance & Solicitor to the Council
Caldicott Guardian (Children's)	Service Director Children and Young People
Caldicott Guardian (Adults)	Service Director Older People
Qualified Person	Head of Paid Service
Public Interest Test	Director of Governance & Solicitor to the Council
Data Protection Officer / Deputy SIRO	Group Manager – Democracy
Chief Cyber Officer	Head of ICT
RIPA Senior Responsible Officer	Director of Governance & Solicitor to the Council
CCTV Senior Responsible Officer	Director of Governance & Solicitor to the Council

8.2 Where a post is vacant or the incumbent is unable to act the person undertaking that role shall be responsible.

9.0 **Corporate landlord implications**

9.1 There are no corporate landlord implications arising from this report.

10.0 **Schedule of background papers**

10.1 Cabinet (Performance Management) Panel – 15 September 2014

Appendix A

Information Governance Board Membership

Senior Information Risk Officer (also RIPA and CCTV Senior Responsible Officer) – Chair
Data Protection Officer / Deputy SIRO – Vice-Chair
Caldicott Guardian (Children's)
Caldicott Guardian (Adults)
Chief Cyber Officer
Service Director for City Environment
Head of Transformation
Head of Audit

Chief Cyber Officer

The Chief Cyber Officer works within an environment as defined by [The Cyber Security Strategy of the United Kingdom](#), dated June 2009, that describes cyber space as that encompassing 'all forms of networked, digital activities; this includes the content of and actions conducted through digital networks.' It also states that 'the physical building blocks of cyber space are individual computers and communication systems ... [which] fundamentally support much of our national infrastructure and information.'

Cyber space is a key enabler and therefore a critical asset. In The [UK Cyber Security Strategy](#), dated November 2011, this is picked up as a Tier 1 threat: namely, hostile attacks upon UK cyberspace by other states and large scale crime. These strategies effectively say that we need to put in place measures to reduce the risk and impact of such attacks, i.e. we need to defend ourselves in cyber space.

The Chief Cyber Officer will:

- Provide subject matter expertise and advice to the Information Governance Board on a broad range of cyber risk and security activities including:
 - The collection of ICT tools, policies, security concepts, security safeguards, guidelines, risk management approaches, actions, training, best practices, assurance and technologies that can be used to protect the cyber environment and the information assets of the Council and users.
- Ensure that information from Government and across the IT industry regarding the identification of new threats and vulnerabilities is reliable, kept up to date and responded to appropriately;
- Oversee arrangements to ensure that IT network security risks in both on-going and planned operations, system developments and projects are properly considered;
- Provide expertise in support of the execution of actions designed to mitigate risks, strengthen defence and reduce vulnerabilities in the following key areas:
 - Home and Mobile Working
 - User Education and Awareness
 - Incident Management
 - Information Risk Management
 - Managing User Privileges
 - Removable Media Controls
 - Monitoring
 - Secure Configuration
 - Malware Protection
 - Network Security