

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 18 November 2019 at 6.00 pm

Venue: Committee Suite, Civic Centre, Poole BH15 2RU

Membership:

Chairman:

Cllr L Northover

Vice Chairman:

Cllr L-J Evans

Cllr H Allen
Cllr J Edwards
Cllr N C Geary

Cllr C Johnson
Cllr L Lewis
Cllr C Matthews

Cllr K Rampton
Cllr R Rocca
Cllr T Trent

All Members of the Health and Adult Social Care Overview and Scrutiny Committee are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to attend.

If you would like any further information on the items to be considered at the meeting please contact: or email

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpCouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

8 November 2019



Available online and
on the Mod.gov app



AGENDA

Items to be considered while the meeting is open to the public

1. **Apologies**

To receive any apologies for absence from Councillors.

2. **Substitute Members**

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. **Declarations of Interests**

Councillors are required to comply with the requirements of the Localism Act 2011 and the Council's Code of Conduct regarding Disclosable Pecuniary Interests.

Councillors are also required to disclose any other interests where a Councillor is a member of an external body or organisation where that membership involves a position of control or significant influence, including bodies to which the Council has made the appointment in line with the Council's Code of Conduct.

Declarations received will be reported at the meeting.

4. **Confirmation of Minutes**

5 - 12

To confirm the minutes of the meeting held on 2 September 2019.

a) **Action Sheet**

13 - 16

To note and comment as required on the action sheet which tracks decisions, actions and outcomes arising from previous Committee meetings.

5. **Public Issues**

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements

for submitting these is available to view at the following link:-

<https://democracy.bcpccouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf>

The deadline for the submission of public questions is 11 November 2019

The deadline for the submission of a statement is 12.00 noon, 15 November 2019

The deadline for the submission of a petition is 12.00 noon, 15 November 2019

6. Information Circulated Between Meetings

17 - 18

The following item was circulated by email to members for information since the last meeting of the panel. The report is available on the Council website.

a.) Branch Closure of GP Surgery

A copy of any questions raised by members and corresponding answers in relation to these are **to be** circulated at '6'.

Members will be asked to confirm whether further scrutiny is required on these items and the agreed method for this to take place.

7. Adult Social Care Charging Strategy

19 - 30

The Committee will receive feedback from the BCP Adult Social Care Charging Strategy Working Group. The Working Group was convened to make recommendations to Committee on the draft policy, with this meeting considering proposals for public consultation. The proposals would then be agreed by Cabinet.

8. Dementia Services Review

31 - 44

To receive a report on the consultation findings and decision making of the Dementia Services Review

9. External Scrutiny - Quality Accounts

45 - 50

The Committee will receive a report on the process involved to ensure the Council responds to Quality Accounts of local NHS organizations.

10. Annual Report on Complaints and Customer Feedback

51 - 104

The Committee will receive reports from the preceding Bournemouth and Poole Councils on the 2018/19 survey outcomes regarding Adult Social Care Complaints and information on how BCP Council is managing the

statutory complaints process for Adult Social Care.

11. Cabinet Performance Report

105 - 124

To scrutinise the Health and Social Care elements of the Cabinet Performance Report and to discuss how this could link to the Adult Social Care Strategy.

12. Forward Plan

125 - 132

To consider and amend the Committee's Forward Plan as appropriate.

13. Future Meeting Dates

For Councillors to note the change of location of the meeting dates of the Committee, as listed below:

6pm Monday 20 January 2020 – Council Chamber, Christchurch Civic Centre

6pm Monday 2 March 2020 – HMS Phoebe, Bournemouth Town Hall

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

**HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE**

Minutes of the Meeting held on 02 September 2019 at 6.00 pm

Present:-

Cllr L Northover – Chairman

Cllr L-J Evans – Vice-Chairman

Present: Cllr H Allen, Cllr J Edwards, Cllr C Johnson, Cllr L Lewis,
Cllr C Matthews, Cllr K Rampton, Cllr R Rocca, Cllr M Earl and
Cllr P Hilliard

Also in
attendance:

16. Apologies
Apologies were received from Councillor N Geary and Councillor T Trent.
17. Substitute Members
Councillor P Hilliard acted as substitute for Councillor N Geary
Councillor M Earl acted as substitute for Councillor T Trent
18. Declarations of Interests
There were no declarations of Pecuniary Interest or other interests made at this meeting;
For Transparency Councillor H Allen informed the Committee she was an NHS employee;
For Transparency Councillor L J Evans informed the Committee she was a bank NHS employee;
For Transparency Councillor C Johnson informed the Committee she was a staff nurse at Royal Bournemouth Hospital;
For Transparency Councillor Chris Matthews informed the Committee he was a Governor at Dorset HealthCare University NHS Foundation Trust.
19. Confirmation of Minutes

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Members confirmed the minutes of the meetings held on 17 June and 22 July 2019.

19.1 Action Sheet

The Committee confirmed the Action Sheet without amendment.

20. Public Issues

There were no public questions, statements or petitions received for this meeting.

21. Update on the Outcome of a Judicial Review Process and the Independent Review Panel Process

The Monitoring Officer presented a report, a copy of which has been circulated and appears as Appendix 'A' of these minutes in the Minute Book.

The Committee were provided an update on the outcome of a Judicial Review challenging the changes to the delivery of local health services in Dorset proposed by the Clinical Commissioning Group (CCG).

A further update was also provided to the Committee on the referral of the local health services changes to the Secretary of State. It was explained that the Independent Reconfiguration Panel had received the submission of information from the CCG which it would consider as part of its review. No further information regarding timescales was available.

Members were provided with the Court of Appeal Judgement and the Court Order at Appendix 1 and 2 to the report and the Submission of information to the Independent Reconfiguration Panel by the CCG at Appendix 3.

RESOLVED that:-

(a) That the current position be noted;

(b) That a further report be provided when additional information became available.

22. Safeguarding Adults Board - Annual Report and Business Plan

The Independent Chair of the Safeguarding Adults Board presented a report, a copy of which has been circulated and appears as Appendix 'B' of these minutes in the Minute Book.

The Committee were asked to consider and comment on the Bournemouth and Poole Safeguarding Adults Board's Annual Report and the Dorset Safeguarding Adults Board, and Bournemouth, Christchurch and Poole

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Safeguarding Adults Board Joint Business Plan. Christchurch joined the Bournemouth and Poole Safeguarding Adults Board in April 2019.

The Committee were reminded that the purpose of the Board was to protect adults at risk from abuse, significant harm or neglect. The Business Plan 2018/19 considered the first year of a three-year joint strategy and the Annual report highlighted the work and outcomes of 2018/19 in addition to considering future challenges. The Business Plan and Annual report were attached at Appendix 1 and 2 of the report.

The Independent Chair reminded the Committee that the Safeguarding Adults Board was a statutory body introduced in England under the Care Act 2014. The Board was required to prepare annual strategic plans and an annual report. It also commissioned Safeguarding Adult Reviews to ensure that there was systematic learning to improve policy and practice within and between agencies when a vulnerable adult or adults suffered very serious harm or died as result of abuse, neglect or exploitation.

The Committee were taken through the subheadings of the annual report which included effective prevention, effective safeguarding, effective learning and effective governance. It was explained that the Board's work was undertaken in collaboration with its partner agencies.

The Board had agreed together with the Dorset Safeguarding Adults Board to focus on three key concerns. These were domestic abuse, exploitation and neglect/self-neglect. It was particularly highlighted that more work would be done to integrate domestic violence and safeguarding services; an assessment tool could be developed to identify those at risk of exploitation and county lines abuse and neglect and self-neglect would be examined in terms of different types of neglect in order to improve the identification of and responses to all categories of neglect.

A number of questions were raised and discussed by members some of which included;

- Reasons for a peak in section 42 enquiries during quarter 2, officers agreed to look in to this and circulate information;
- The complex set of circumstances surrounding the Safeguarding Adults Review in relation to "Harry" and those involved in his case and the learning opportunities regarding prevention;
- That improvements in listening to people with learning disabilities were being made and service professionals were working together to reach out to communities for their safety;
- The impact of County Lines crimes;
- Resourcing for safeguarding issues and the importance of a safeguarding culture;
- Why a higher number of females have safeguarding issues, officers agreed to look into this and provide further information.

RESOLVED that: -

(a) The Committee commented on and noted the Adult Safeguarding Board's Business Plan and the Annual Report

23. Dorset Clinical Commissioning Group (CCG) - Mental Health Rehabilitation Services

The Principal Program Lead for Mental Health for NHS Dorset Clinical Commissioning Group presented a report, a copy of which has been circulated and appears as Appendix 'C' of these minutes in the Minute Book.

The Dorset Clinical Commissioning Group and Dorset Healthcare Trust carried out a review of Mental Health (MH) Rehabilitation Services. These services provided for people who had severe enduring mental illness and a range of other complex issues.

It was highlighted that the review was fully co-produced with Dorset Mental Health Forum, Local Authorities and other key stakeholders who had an interest in MH Rehabilitation and complex care pathways such as homelessness and MH assertive outreach.

The Committee were informed that the number of people in Dorset who experienced serious mental illness was expected to increase to 7,882 by 2020/21. Of this population, 20% (approximately 1,500 people) would require rehabilitation and 1% (approximately 79 people) would require inpatient rehabilitation.

It was explained to the Committee that the proposed model for MH Rehabilitation Services contained a combination of community resource and hospital care. Furthermore a combination of care inside and outside of hospital was required. This model was a blended model that would be delivered by a mix of NHS and third sector providers.

In developing the proposed model a view seeking exercise was undertaken. There were 144 respondents which included service users, carers, staff and 26 other agencies that worked with MH services. The proposed models were then taken back to the same service users who said they felt they'd been listened too.

It was explained that the preferred model would include a high dependency unit, a community rehab unit in the east and west of the county, a community outreach team and supported housing. It was highlighted that the CCG had not looked at accommodation before as part of health but in considering the MH pathway they found people needed accommodation. It was proposed that a wider piece of work on MH housing would be beneficial.

The case for change included a belief that people who require rehab or complex care should be able to access support and treatment in the community and in hospital when necessary, should have a better experience of treatment and support in community settings and receive better outcomes. They should not be placed out of area for longer than

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necessary and should be able to access treatment and ongoing support in a variety of settings within their community.

The proposals are anticipated to provide benefits including a reduced number of out of area placements, better use of in-county inpatient facilities with shorter admissions, appropriate exit routes into a range of accommodation and a blended model of bed provision which is more cost effective than purely NHS bed provision.

The review was moving into the NHS assurance stage which required advice and support from the Committee. This would be followed by public consultation if required and then implementation. The Committee agreed that public consultation would not be required because carers, service users and their families had been engaged during the view seeking stage. They also agreed with Dorset Council's view that the proposals could be viewed as service improvement.

A number of questions were raised and discussed by members including:

- Details of the view seeking exercise;
- Details of the preferred models cost implications;
- That there needed to be a wider conversation on out of area MH Rehabilitation and the use of section 117;
- That a strategic business case was being developed and that officers could provide the Committee with more detail of the finances at a later date;
- The benefit of widening access to MH Rehabilitation Services;
- The potential to cause stress to the person and their family by placing them out of area;
- That following the reassurance process a strategic outline case would be brought back to the Committee;
- The impact supported housing has on individual tenancies;
- The details of the estate work were underway;
- That the timescales for an individual's rehabilitation differ and are very personal;
- That being admitted to MH services is often a relief, although the experience of those placed out of area can be different.

RESOLVED that:-

- (a) Endorsed the review findings and proposals to develop a more community-based Rehab model of care;**
- (b) Supports the intention to go through NHS Assurance with the proposed bed changes;**
- (c) The proposals do not need to go out to public consultation.**

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24. Bournemouth, Christchurch and Poole Council's Safeguarding Strategy

The Corporate Director for Adult Social Care presented a report, a copy of which has been circulated and appears as Appendix 'D' of these minutes in the Minute Book.

The BCP Council Corporate Safeguarding Strategy set out how the Council would deliver its safeguarding duties; the accountabilities of individual Councillors and officers; the training and development standards across the Council and the plan for monitoring the delivery of the framework.

It was particularly highlighted that Safeguarding was the responsibility of all councillors, employees, volunteers and those who are contracted to provide services. The proposals for DBS Checks for members were highlighted and the importance of providing adequate training.

The Committee were asked to provide any comments in order that these be relayed to the Cabinet meeting on 30 September 2019.

A number of questions were raised and discussed by members including:

- The Committee supported a requirement for all councillors to undertake an enhanced DBS check. However it was also acknowledged that there was no legal requirement for a DBS check and only individuals in particular roles could receive an enhanced check;
- That safeguarding training should be mandatory for all councillors;
- That there should be a clearer definition of what makes someone a vulnerable person or an adult at risk of harm;
- That having an advanced DBS Check protects councillors and individuals;
- Details around how the DBS Check would be undertaken and the information subsequently used and stored;
- That more work would need to be carried out around the strategy of the policy, including who would make decisions about DBS check returns;
- That the information from a DBS check would be considered personal data so would not be subject to freedom of information requests;
- Whether the consequences for officers of not following the policy should also be outlined in the policy document;
- That a DBS Check shows unspent crimes and an enhanced DBS Check also reveals spent crimes. Officers could provide a briefing paper on the differences;
- The Committee wished to express to Cabinet that the DBS Check should be as robust as possible;

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RESOLVED that:-

- (a) The policy should contain clearer usage and include a clearer definition for ‘vulnerable person’ and ‘adult at risk of harm’;**
- (b) The consequences for officers who did not follow the policy should be included, in addition to the consequences for councillors;**
- (c) The Committee would express its support for a enhanced DBS check to Cabinet;**
- (d) The Committee unanimously voted in support of recommending mandatory safeguarding training for councillors.**

25. Forward Plan

The Committee were informed that a date was being organized in October where training would be provided to Committee members on the statutory work on adult social care and where Councillors could consider items for the Forward Plan.

RESOLVED that:-

- (a) The Committee agreed the items on the Forward Plan at Appendix 1 to agenda item 10’;**

26. Future Meeting Dates

For Councillors to note the meeting dates of the Committee, as listed below:

Monday 18 November 2019 – Christchurch Civic Centre

Monday 20 January 2020 – Bournemouth Town Hall

Monday 2 March 2020 – Christchurch Civic Centre

The meeting ended at 7.45 pm

CHAIRMAN

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ACTION SHEET – BOURNEMOUTH, CHRISTCHURCH AND POOLE ADULT HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Board meeting: 22 July 2019				
13	NHS Dorset Clinical Commissioning Group - An Overview of the Dorset Integrated Care System	<p>Decision Made:</p> <p>The Panel to receive BCP specific information from the CCG on the Dorset Integrated Care System</p> <p>✓ Actioned – ICS update with BCP specific information included in the Forward Plan</p> <p>That a link to the Dementia Services Review be provided to members</p> <p>✓ Actioned – Link circulated to Councillors by email 23 July 2019</p> <p>That a link to the consultation on health priorities be circulated to members</p> <p>✓ Actioned – Link circulated to Councillors by email 25 July 2019</p>	<p>To enable O&S to sufficiently consider The integrated Care System information relevant to BCP</p> <p>To allow Committee members the opportunity to contribute to the consultation on Dementia Care</p> <p>To allow Committee members the opportunity to contribute to the consultation on health priorities</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Board meeting: 2 September 2019				
21	Update on the Outcome of a Judicial Review Process and the Independent Review Process	<p>Decision Made:</p> <p>That the Health and Adult Social Care Overview and Scrutiny Committee Receive an update on the Outcome of the Independent Reconfiguration Panel</p> <p>✓ Actioned – Added to the Forward Plan 9 October 2019</p>	To enable the Committee to maintain oversight of this issue.	N/A
22	Safeguarding Adults Board – Annual Report and Business Plan	<p>Decision Made:</p> <p>Information would be circulated to the Committee that explained the peak in section 42 enquiries during quarter 2.</p> <p>✓ Actioned – SAB confirmed that the peak in Section 42 Enquiries in quarter 2 was due to two Large Scale Enquiries that took place.</p> <p>Information would be circulated to the Committee that explained why a higher number of females were presenting with safeguarding issues.</p> <p>✓ Actioned – SAB unable to provide a definitive answer for BCP but confirmed that this trend is</p>	To enable the Committee to maintain oversight of this issue.	N/A

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>reflected nationally with several possible theories, including that women are seen as more likely to ask for help than men or assumed to be more vulnerable. There are also demographic factors such as that women have a higher life expectancy than men.</p> <p>Some research conducted by Women's Aid determined that abuse is a gendered issue:</p> <p>https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/</p> <p>The Board will look out for further academic research on this topic.</p>		
23	Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service	<p>Decision Made:</p> <p>That an update on the strategic business case, including the financial details of the service would be provided to members.</p> <p>✓ Actioned – update included on the Forward Plan for January</p>	To enable the Committee to maintain oversight of this issue.	N/A
24	Bournemouth, Christchurch and Poole Council's Safeguarding Strategy	<p>Decision Made:</p> <p>That the Comments made by the Committee on the Safeguarding Strategy be relayed to Cabinet at the Cabinet meeting on 30 September.</p>	To ensure Committee members have the opportunity to contribute to the development of the	TBC

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>✓ Actioned – Comments received by Cabinet 30 September 2019</p> <p>That Committee members receive a briefing paper on the difference between a DBS Check and an Advanced DBS Check.</p> <p>✓ Actioned – Information circulated to members 18 September 2019</p>	<p>Safeguarding Strategy</p> <p>To ensure members understand the implications of the different DBS Checks.</p>	<p>N/A</p>

Questions and Answers GP Surgery Closure

What is the background or timeline of the history of ownership of the site and the building?

The Boscombe and Springbourne Health Centre was constructed in 2010 as a Darzi Centre – funded by Department of Health to Bournemouth & Poole Primary Care Trust.

Darzi Centres were developed in areas of deprivation with a vision of supporting the local population with better healthcare facilities. The Crescent Surgery was part of this development and provided primary care services from this new building.

The ownership history is as follows:

- Bournemouth & Poole Primary Care Trust – from December 2010 to March 2013
- NHS Property Services Ltd – from April 2013 to September 2019
- Dorset HealthCare University NHS Foundation Trust – from September 2019

-What funds were used for its conversion into a local health centre?

It was a new build, not a conversion into a health centre, built with funding from the Department of Health to Bournemouth & Poole PCT.

-What are the plans for it in the future as it was only a few years ago that it was built?

The Crescent Surgery have for some time wished to relocate to their other surgery site on Walpole Road and this created the opportunity for this building to be used for other services. Dorset Healthcare and Royal Bournemouth Hospital are creating a Centre of Excellence with an Integrated Sexual Health Centre for the East of Dorset.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	Adult Social Care Charging Policy
Meeting date	18 November 2019
Status	Public Report
Executive summary	To present proposals for a public consultation on the principles for a new charging policy for BCP Adult Social Care. The proposals will then be presented to Cabinet, amended with considerations and representations made by Committee, in order to gain permission to launch the public consultation.
Recommendations	<p>It is RECOMMENDED that Committee consider and comment on the following recommendations which will be made to Cabinet on 11th December 2019;</p> <p>(a) Cabinet note the content of this report, including the points raised by the Members Working Group and any recommendations of the Health and Adult Social Care Overview and Scrutiny Committee</p> <p>(b) That Cabinet agree to authorise a public consultation on the principles of a new Adult Social Care Charging Policy for BCP Council</p>
Reason for recommendations	BCP Council requires one equitable Adult Social Care charging policy for all its residents, carers and clients. In order to achieve this, public consultation is necessary in order to inform the final policy

Portfolio Holder(s):	Cllr Lesley Dedman
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Corporate Director	Jan Thurgood, Corporate Director for Adult Social Care
Report Author	Pete Courage, Head of Service Development
Wards	All
Classification	For Recommendation

Background

1. Nationally, there are set rules for paying for Residential Care which include upper and lower capital limits that determine who must pay the full cost of their care (those with assets over the upper capital limit), who does not have to pay for their residential care (those with assets under the lower capital limit) and how much others should pay who have assets between the two capital limits. There is also a national provision which guarantees an individual is left with a Personal Expense Allowance after their contributions are made. Therefore, this report only relates to non-residential care charges. Here too there are some restrictions and Section 14 of the Care Act 2014 instructs that local authorities are not permitted to charge for provision of a number of types of care and support including, but not limited to; community equipment (aids and minor adaptations), reablement and enablement for a period of up to six weeks and assessment of needs and care planning, including the cost of the financial assessment, as these constitute 'meeting needs'. These non-chargeable services are also excluded from consideration in this paper.
2. Currently, BCP Council operates three Adult Social Care (ASC) charging policies inherited from the three preceding councils. It is crucial that the inconsistencies between these legacy arrangements are removed so that all individuals within the BCP Council area are charged fairly and consistently.
3. As of 31 March 2019 each of the preceding Councils operated its own set of charges and charging procedures under their own charging policies for Adult Social Care. In the case of the Christchurch area, this was the Dorset County Council's council wide policy. Due to the complexity of implementing changes to charging; which necessitates public consultation and also political governance, it was impossible to harmonise (in the case of BCP Council) the three legacy approaches of Poole, Bournemouth and Christchurch/Dorset ahead of Local Government Reorganisation.
4. There are very few differences between the legacy policies and they are limited by the legislative framework which applies to them all. However, the three policies were reviewed and updated at different times by the legacy councils and therefore differences in the amounts charged for similar services do exist. The biggest of these differences are in Day Centre session costs and transport. See table 1 below.
5. Of the legacy charging policies the Bournemouth Borough Council policy was the most recently reviewed and so in many cases presents a set of charges which more

closely mirror the actual cost of care to the local authority. Conversely, the Dorset County Council policy had not been reviewed for some time at the point of Local Government reorganisation and therefore has a few charges which are well below the cost of delivering the service being charged for. Since LGR, Dorset Council has implemented a new charging policy which increases its maximum charges to “the full cost of provision” which is in line with the policy proposals in this report.

	Bournemouth	Christchurch	Poole
Day Services	Full cost recovery	Partial cost recovery	Full cost recovery
Domiciliary Care	Full cost recovery	Full cost recovery	Full cost recovery
Direct Payments	Full cost recovery	Full cost recovery	Full cost recovery
Transport	Full cost recovery	Partial cost recovery	Full cost recovery (but integrated with Day Services)

Table 1: High level overview of legacy authority charges

Charging for Adult Social Care Services

6. The Adult Social Care client group includes a wide range of individuals who all have varying ability to contribute towards the cost of their care. An individual's ability to contribute is determined by a Financial Assessment.
7. Individuals, who are receiving care at home, must have enough money to meet their living costs as these are not being met by a residential care provider. This is mandated by the Minimum Income Guarantee which is set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014. The Department of Health and Social Care's "Social Care – Charging for Care and Support" Local Authority circular from January 2019 sets out the Minimum Income Guarantee rate for the current financial year as this rate can fluctuate year to year based on the rise or fall of the cost of living. These rates are set nationally.
8. As the ability to contribute is judged on an individual basis the impact of any changes to charges will be felt differently at an individual level. However, to help understand the client group can be split into three main categories;
 - Nil Charge payers; these are individuals who are assessed as being unable to contribute financially towards the cost of their care
 - Full Charge payers; these individuals are assessed as being able to afford the maximum charge for the services they receive
 - Part Contributors; this is the majority of BCP Council clients, and they are assessed as being able to contribute a portion of the maximum charge of the services they receive

9. All three broad groups will be impacted differently, but it is crucial that no individual would ever be asked to contribute more than they can afford to pay towards the cost of their care. i.e. if the charges for a Full Charge payer's services increase it may be that they are no longer able to contribute the new maximum charge and they would therefore fall into the 'Part Contributor' category. Nil Charge payers would always remain unaffected. A charging strategy of full cost recovery will therefore only impact Full Charge payers who currently account for approximately 5% of BCP Council's client group.
10. At the point of financial assessment, a number of Disability Related Expenditures (DRE) are taken into account. Individuals are allowed to keep funds for these expenditures ahead of their contribution towards the cost of their care being calculated. One example of a Disability Related Expenditure would be where an individual with incontinence has increased costs for laundry or clothes washing.
11. Whilst the preceding councils maintained indicative lists for DRE components (such as excessive laundry costs) decisions were always made on a case by case basis. This will not change under the new policy. However, officers will look to produce a DRE list based on the National Association of Financial Assessment Officers recommendations which harmonises the terminology used by the legacy authorities.

Policy proposals

12. To establish the recommendations for the new Adult Social Care Charging Policy work has been done to understand and compare current approaches and to consider practice in other local authorities against the legislative framework. Three broad options were considered;
 - Option 1 – Do nothing; maintain three separate charging policies
 - Option 2 – Full cost recovery model; the maximum charge for services is the actual cost of the delivering the services to BCP Council.
 - Option 3 – Adopt the legacy charging policy for Christchurch clients across BCP Council.
13. Option 1 is not recommended as it would perpetuate a situation where residents living in different parts of Bournemouth, Christchurch and Poole would be charged different rates for the same service received. This would lead to a high risk of successful future legal challenge and would be an inequitable approach.
14. Option 3 would maintain a situation, where people receiving some forms of care could be charged the full cost of the care they receive while for those receiving day care and transport services, the principle of full cost recovery would not be applied. This option is therefore not recommended as it would be preferable for the Council to adopt a consistent principle in relation to full cost recovery. This option would also result in a loss of income for BCP Council because individuals in Poole and Bournemouth already pay higher rates than the Christchurch charges for Day Centres and travel. The loss of income from charging for day centres alone would

be at least £50,000 per annum, with additional reduction of income in relation to charging for transport which would need to be calculated nearer the point of implementation. It should also be noted that the new Dorset Council Charging Policy has introduced a full cost recovery model which represents a significant increase in the Adult Social Care charges previously charged under Dorset County Council and in Christchurch currently under BCP Council.

15. Option 2 is recommended as the preferred option at this stage, subject to the results of the consultation exercise and full consideration of other options and issues which may arise during this exercise, as it applies a consistent approach, where the maximum charges will be in line with the cost of providing the service for BCP Council. This is a principle applied by Dorset Council and many other Councils. As previously noted, only individuals who are assessed as being able to contribute the full cost of their care would pay these maximum charges. These individuals currently constitute approximately 5% of the Council's total Adult Social Care client group.
16. The following charges, with a brief explanation, are proposed measures to be included in the public consultation:
 - Charges for out of area assessment and review – this is where another local authority asks BCP Council to act on its behalf and conduct an assessment or review for somebody who is placed within BCP Council's borders. This charge is applied to the Local Authority not the individual. It is recommended that in either case BCP Council charge approximately £500 for this service to cover the practitioner's time required to undertake these assessments or reviews.
 - Deferred Payments –A Deferred Payment Agreement is a loan which the local authority secures against an individual's home at a fixed interest rate normally to pay for residential care. Due to the heavy administrative burden of a deferred payment it is recommended that a set-up fee, annual fees and a termination fee are charged in line with the actual costs of administering them. The termination fee is a new charge, but reflects the administration of closing a deferred payment and is in line with similar policies in other local authorities
 - Day Centres – These centres provide opportunities for individuals to socialise, undertake activities and help to maintain an individual's independence. Charges are in place for Day Centre attendance and assistance with bathing. The current charges for the former Councils differ significantly. It is recommended that the maximum charge is the full cost of the provision
 - Standard Transport – Use of Council transport to Day Centres (if required) is also charged differently across BCP Council currently. The recommendation is that BCP Council adopt a flat per journey rate to cover the cost of the provision in line with other local authorities.
17. If agreed the next step will be to launch a public consultation early in the new year on these proposals with an aim of producing and agreeing a new policy which can be implemented from 1 October 2020

18. The recommended new charges, particularly for transport and Day Centres, whilst very similar to current charges in Poole and Bournemouth are significantly higher than the current charges in Christchurch. Current Full Charge Payers in Christchurch would therefore be impacted to a greater degree than their counterparts in Poole and Bournemouth. It is, however, important to note that had Christchurch remained part of Dorset Council then they would have been subjected to comparable increases earlier this year.

Consultation

19. A consultation questionnaire will be prepared alongside background information and a summary of the proposed changes. All clients (Approximately 12,000 individuals) will have the opportunity to share their views on the proposals.
20. A letter, consultation document, questionnaire and a freepost reply envelope will be sent out to all clients inviting them to have their say. Anyone identified as having a learning disability will be sent easy read versions of the document and questionnaire. A dedicated helpline will also be made available to help people who want the document and questionnaire in another language or format including braille and spoken word. Carers and advocates will also be able to complete the consultation themselves or on behalf of the individuals that they care for.
21. The consultation will run for 8 weeks from 6 January 2020. As well as the documents and questionnaires being distributed, there will be drop-in events – at each of the day centres, and at libraries across BCP Council. The drop-in events will be an opportunity for people to ask Adult Social Care staff questions about the proposals.
22. Voluntary organisations will be commissioned, as part of the Council's disability consultation contract, to undertake a qualitative discussion group in relation to the proposed changes.
23. Details of the consultation will also be sent to voluntary organisations in Bournemouth, Christchurch and Poole who work with Adult Social Care clients and carers. The Insight Team will work closely with the Communities Team to ensure all relevant groups are included and have the opportunity to take part in the consultation.
24. In addition to hard copies of the questionnaire being sent to Adult Social Care clients, the consultation will also be available online and open to all residents in Bournemouth, Christchurch and Poole as well as to organisations and stakeholders. The online survey will be promoted via the Council's social media channels and newsletters, the planned drop-in sessions and will also be publicised on the Council's Consultation Tracker.

25. The consultation will test the principles of creating a new charging policy for BCP, and of full cost recovery, with some more focussed questions around impact and some of the matters raised by the Members working group regarding transport and the environment.

The Health and Adult Social Care Overview & Scrutiny Working Group

26. To date, proposals have been shared with the Health and Adult Social Care Overview & Scrutiny Working Group. The Working Group has met twice. A summary of these meetings can be found in Appendix 1.

Summary of financial implications

27. The primary driver for this work is to produce equity for BCP Council's Adult Social Care clients. There is not significant additional income to be generated from these changes. The true financial implications will also not be determined until after the public consultation takes place and the new charging policy is agreed. However, based on the provisional proposals set out in this paper a full year increase of annual income between £30,000-£60,000 could reasonably be anticipated. Due to the implementation time-frame there will be a part year increase to income in 2020/2021 rising to the full year effect in 2021/22.

28. In terms of cost, £20,000 has been budgeted for the consultation exercise.

Summary of legal implications

29. The legislation establishing BCP Council provides that preceding Council strategies and policies continue to apply to the relevant areas until BCP Council adopts a new strategy or policy which replaces them. Whilst the statutory orders provide that certain policies and strategies have to be completed within a set time (generally two years) there is no formal date by which this particular policy needs to be completed. However it is advisable that the Council undertakes and reviews these arrangements to ensure a consistent approach in a timely way. Any delay to the review and implementation of a Council wide policy would increase the risk of a legal challenge to the application of different arrangements in different areas. Whilst this risk is low currently as it is accepted that there will be transitional arrangements in place following LGR, the risk will increase as the length of time increases.
30. The legislative framework which governs the contents of these policies is dominated by the Care Act 2014 which, together with the related statutory instruments and regulations, provides a single framework for charging for care and support. Section 14 of the Act affords local authorities the power to charge individuals in receipt of care and support services, for these services where the local authority is permitted to charge. The same Section also provides the power to charge for services meeting carers' needs, by providing services directly to the carer. There are also certain types of care and support which Local Authorities are not permitted to charge for.

Summary of human resources implications

31. Staff are in place within current structures to draft the new Charging Policy and carry out the implementation programme and therefore no human resources implications are anticipated.

Summary of environmental impact

32. Whilst the production of the eventual charging policy will not have any environmental impact, environmental concerns were discussed at the working group. The discussion focussed primarily on whether changes to transport charges would impact people's behaviour which may, in turn, effect carbon emissions. The view of the working group was that transport charges should be covered in the consultation.

Summary of public health implications

33. The ongoing provision of Adult Social Care Services which is, in part, supported by income received from charging for services is a critical component of realising the wellbeing principle of the Care Act 2014.

Summary of equality implications

34. The group of individuals in receipt of chargeable Adult Social Care Services is a diverse group of people with a wide range of disabilities. At a high level approximately 40% of Adult Social Care clients in BCP Council are male and 60% female and two thirds of those receiving long term support are over the age of 65.
35. The current situation is inequitable and sees individuals being charged different amounts for the same services based on which of the legacy authorities they are ordinarily resident in. Implementing a new single charging policy will, therefore, produce equality across the board for all BCP Adult Social Care clients.
36. The process of implementing a new policy will result in some of the legacy charges increase, decrease or remain the same depending on the agreed charging policy and the previous legacy arrangements. This does mean that the impact of the new policy, on individuals, will vary from individual to individual and will depend on their financial circumstances (i.e. if they are able to afford to contribute to some of or all the full cost of, their care) and which charges they were subject to previously.
37. Once the consultation has concluded BCP Council will have a greater understanding of the potential impact on individuals – this will be a key part of the consultation – and agreed charging changes will need to be understood before impacts on individuals can be assessed.

Summary of risk assessment

38. The greatest risk to the Local Authority is not to act and to continue with the current inequity that the legacy charging policies create whilst also failing to maximise income and leaving the Council in a position where it could be open to legal challenge.

Background papers

‘Published works’

- Care Act and Accompanying Statutory Guidance
- Department of Health and Social Care, guidance “Social Care Charging for local authorities; 2019-2020”
- Dorset Council’s ‘A guide to paying for adult social care and support services’, May 2019

Appendices

Appendix 1. Adult Social Care Charging Policy – Working Group Notes

Appendix 2. Adult Social Care Charging Policy Consultation Document – to follow

Appendix 1

Health and Adult Social Care Overview and Scrutiny Committee Adult Social Care Charging Policy – Working Group

Members:

Councillor Lisa Northover
Councillor L-J Evans
Councillor Karen Rampton
Councillor Jackie Edwards
Councillor Chris Matthews
Louise Bate – Healthwatch

Lead Officers:

David Vitty
Peter Courage

Session 1 – Tuesday 3 September 2019

In attendance:

Councillors: J Edwards, L J Evans, C Matthews L. Northover and K Rampton

Healthwatch: L Bate

Officers: P Courage, A Poulton, D Vitty, J Ingram, S Richardson and J Tyler.

Councillor L. Northover was elected lead member for the Working Group (WG).

Overview of the meeting:

- Officers explained that BCP Council was required to update and create a new Charging Policy for Adult Social Care by April 2021.
- Members were informed that the predecessor Councils had separate charging policies for the financial assessment of clients who received Adult Social Care.
- Officers provided the Working Group with an overview of Financial Assessments for Non-Residential Care.
- It was proposed that councillors agree a set of principles that would facilitate the development of options available for modelling a future schedule and charging policy.

Outcomes:

- The WG agreed to principles 1a, 3a and 1b,2b,3b of the Principles for Developing Charging Proposals, allowing officers a framework from which to develop the charging proposals.
- The WG, in relation to principle 2a – asked Officers to bring back a series of costed models and contrasting options that included their opinion on what presented the better option;
- The WG, in relation to principle 4b – requested that Officers bring back options and examples and would consider setting out a baseline that could be taken to consultation to determine public opinion;
- A member asked that an 8-12-week consultation period be considered.

Session 2 – Thursday 17 October 2019

In attendance:

Councillors: J Edwards, L J Evans, L. Northover, K Rampton

Officers: D Vitty, P Courage, C Durrant, A Humphries and J Tyler.

Overview of the meeting:

- Officers explained that the meeting would focus on draft policy proposals for harmonising social care charges.
- The WG were provided with a list of the Adult Social Care charges and a breakdown of the previous rates against the new proposals.
- Members were also provided with a draft list of harmonised Disability Related Expenditure definitions.
- Officers explained the format of the consultation and the ways in which it could be conducted.
- It was proposed that Members discuss and comment on the proposals for both the charges and DRE definitions as well as the format of the consultation.

Outcomes:

- The WG, having assessed the recommendations for each Social Care charge, were happy to endorse the public consultation.
- Members agreed that the list of recommended Social Care charges should include a line on meal charges.
- Members also agreed that there should be a question/s on transportation to day centres to enable clients to have their say on the matter and to encourage the use of provided transport over individual car journeys in line with the Council's environmental stance.
- All Members will be able to attend drop in sessions during the consultation period.

Appendix 2

Adult Social Care Charging Policy Consultation Document – to follow

Health and Adult Social Care Overview and Scrutiny Committee will receive a presentation regarding the content of the consultation document. The finalised document will then be included here for Cabinet.



BCP Health Overview and Scrutiny Committee

Report subject	Dementia Services Review update
Meeting date	18 November 2019
Status	Public Report
Executive summary	To provide an update on the Dementia Services Review and proposed new model of care.
Recommendations	It is RECOMMENDED that: Board members note this report
Reason for recommendations	The Dementia Services Review has progressed through consultation and a proposed model of care. A Full Business Case is seeking final approval from NHS Dorset Governing Body on 13 November 2019.
Corporate Director	Sally Sandcraft, Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group
Contributors	Diane Bardwell, Principle Programme Lead, Primary and Community Services Directorate, NHS Dorset Clinical Commissioning Group. Mark Harris, Head of Service, Primary and Community Services Directorate, NHS Dorset Clinical Commissioning Group
Wards	All wards
Classification	For Update and Information

1. Background

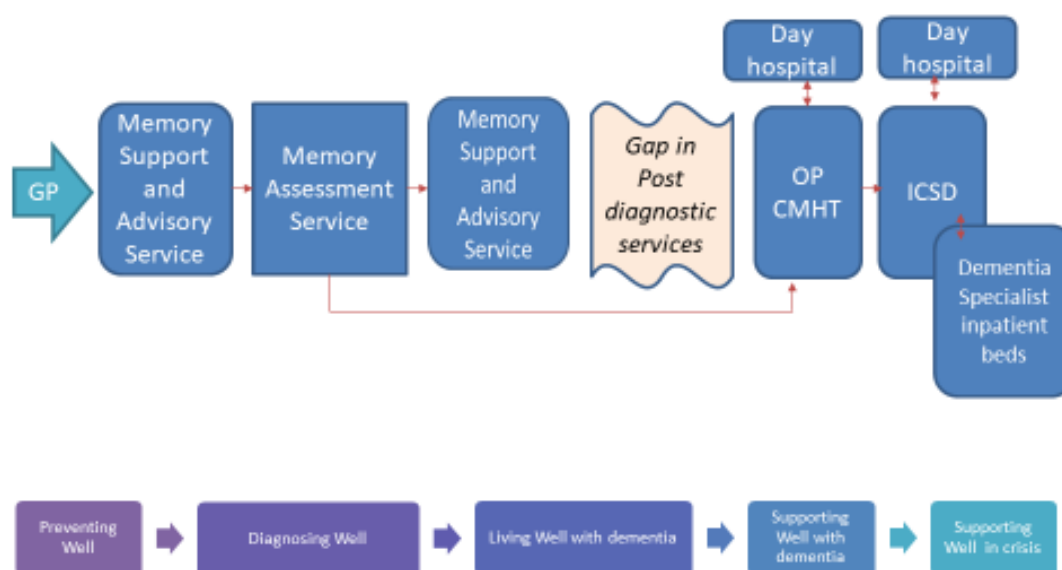
- 1.1 The Dementia Services Review was enacted following concerns about the existing pathways of care, increasing service demand, rising costs, an ageing population and national policy.
- 1.2 The aim of the review': *'Every person with dementia, and their families and carers, receive high quality, compassionate care from diagnosis to end of life care. This applies to all care settings, whether home, hospital or care home'*.
- 1.3 Specific Dementia Service Review objectives include:
- design and deliver consistent and high quality, compassionate care and support to meet the needs of people living with dementia and their carers from diagnosis to end of life within the existing financial resource;
 - ensure equity of outcomes for people living with dementia and their carers across Dorset localities;
 - support an ambition to achieve a diagnosis rate of two thirds of the prevalent population;
 - consider implications and any additional resource requirements associated with increasing the number of people being diagnosed with dementia, and starting treatment within six weeks from referral;
 - improve the quality of post diagnosis treatment and support.
- 1.4 The scope of the review includes the services outlined within Figure 1:

Figure 1. Services in scope

Provider	Services in scope
Dorset HealthCare NHS Foundation Trust	Memory Assessment Service
	Dementia In-reach Service
	Intermediate Care Service for Dementia (ICSD) East
	16 commissioned In-patient beds Chalbury Unit (closed in 2016)
	12 commissioned In-patient beds Betty Highwood (closed in 2013)
	Older persons Community Mental Health Teams
	Haymoor Day Hospital, Alderney
	Melcombe Day Unit, Weymouth
	40 Specialist Dementia In-patient beds Alderney Hospital, Poole
Alzheimer's Society	Memory Support and Advisory Service

- 1.5 The operational budget associated with the services in scope equates to £11,380,442 (based on 2019-20) with a total of 292 whole time equivalent staff.

Figure 2. Current summary of dementia pathway



1.6 Throughout the Dementia Services Review, the Project Board’s methodology has been to apply best practice in its decision-making processes and to embed ‘co-production’. Stakeholders included people living with dementia, their family carers, Dorset HealthCare NHS Foundation Trust, the Local Authorities, Alzheimer’s Society, voluntary sector providers, acute and community hospitals providers, care home sector and local councillors.

2. Case for Change

2.1 In September 2019 BCP had 4,450 people aged over 65 years diagnosed with dementia. This was 53% from the 8,338 total across Dorset.

2.2 Across Dorset we have among the longest life expectancy in the country and the number of Dorset pensioners is predicted to rise by 30 per cent over the next decade. Although this is good news, increased longevity brings new challenges. One of the most significant is that more people are living with dementia thereby placing an increasing demand on dementia services and associated costs.

2.3 Significant engagement was undertaken with the local population to gain their views on local Dementia Services and alongside a health and social care needs analysis which identified key themes that support the case for change:

- Inequity of outcomes and access to services;
- Ageing population;
- Lack of integrated services;

- Memory Support and Advisory Service contract end;
- Dementia workforce challenges;
- Access to Information and Communication across services;
- Needs of family carers;
- Dementia diagnosis and waiting times for diagnosis;
- Early onset dementia and lack of specific services;
- Lack of ongoing post diagnostic support to live well with dementia;
- Different models of support offered via local Day hospitals;
- Decline in specialist dementia inpatient admissions.

3. Design and modelling stage

- 3.1 Stage three of the project was the design and model options stage. Approximately 300 individual stakeholders including people living with dementia and family carers were involved in designing the new models.
- 3.2 During this stage an initial long list of options went through a range of different analysis in order to shortlist to four options including a 'do minimum' and then identify the most acceptable preferred option to be presented for consultation.
- 3.3 Critical success factors were used to define the shortlist:
- Can the option really be implemented?
 - Does this deliver services which are safe and sustainable?
 - Will option be affordable?
 - Will this option deliver services that will be acceptable to people?
 - Is the option based on evidence of best practice?
 - Will this option result in a better experience for those who use the service?

4. Preferred option

- 4.1 The preferred option that was agreed and was consulted upon includes:
- Provision of a Dementia Directory and website on Dementia;
 - A revised diagnostic service where patients are referred directly to the Memory Assessment Service from their GP whereby minimising any delay. This service would utilise Specialist Nurse Practitioners to assist with less complex dementia cases working alongside psychiatrists. Also, a neuropsychology service would be aligned to support cases which are more complex to diagnose;
 - 'Cognitive Stimulation Therapy' offered particularly to those given a diagnosis of vascular dementia, whom currently receive no treatment for their dementia diagnosis;
 - New roles in the form of 'Dementia Co-ordinators' to support, signpost, ensure a care plan is in place and offer patients and family carers a person to contact from the point of receiving a diagnosis of dementia to end of life. These Co-ordinators

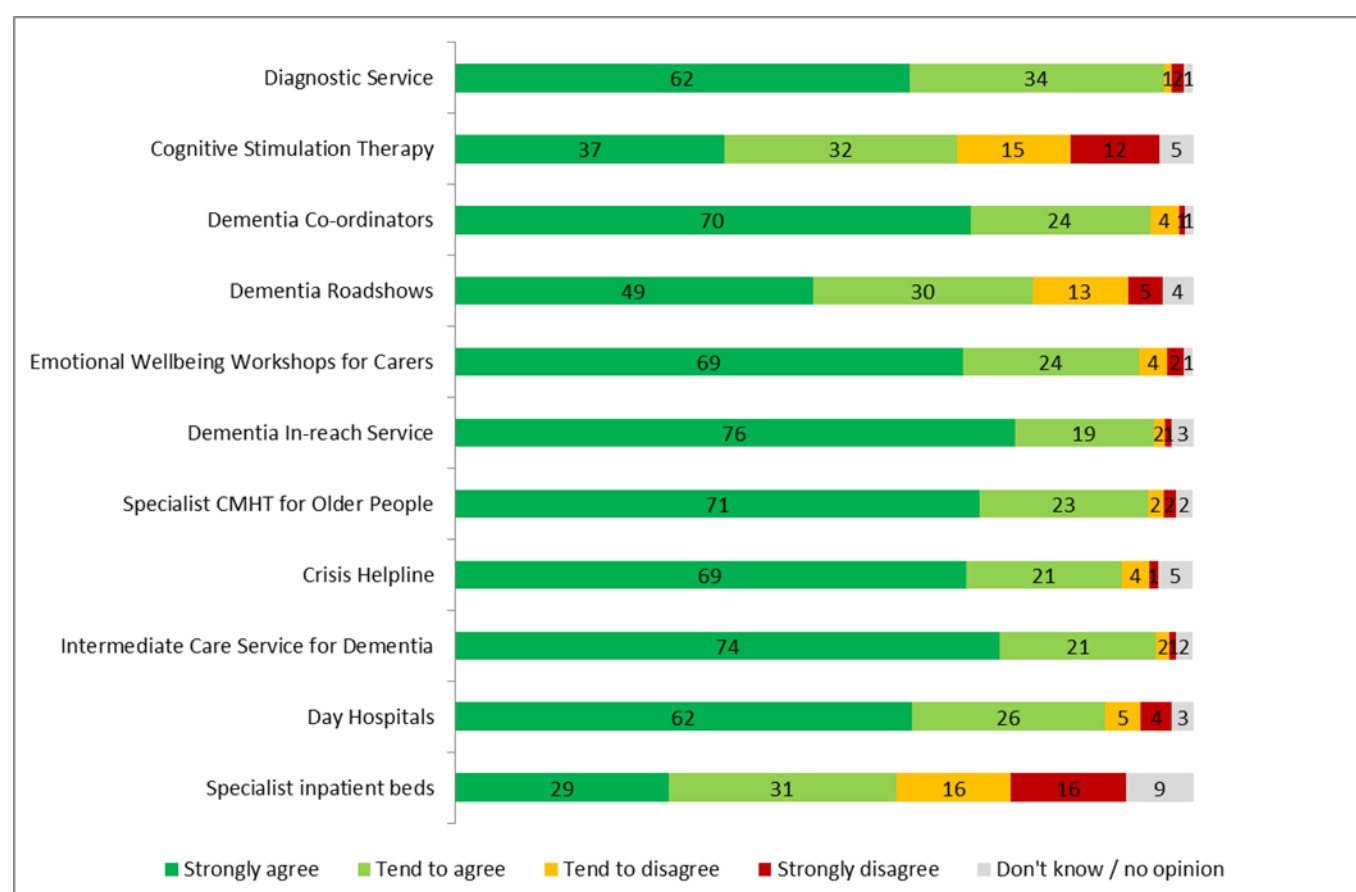
would work within Primary Care Networks alongside the other dementia team members and multi-disciplinary teams;

- New roles of 'Early onset Dementia Co-ordinators' specifically for people diagnosed with dementia whom are aged under 65 years to better meet their needs;
- A new initiative of 'Dementia Roadshows' in which small events would run across all localities of Dorset giving basic information on dementia and dementia services and have representatives from various health and social care and other services available;
- A new initiative 'Carer Emotional Wellbeing workshops' to be offered for all family carers of those living with dementia. These training sessions over a number of weeks would offer education around dementia, developing personal resilience and managing carer stress;
- Formally commissioning 'Dementia In-Reach' services into the West of Dorset to ensure the whole of Dorset is covered. This service would offer support and education to care homes and community hospitals particularly around behaviours that challenge others;
- Community Mental Health Teams for older people to work within locally based teams across Dorset continuing to cover both dementia and other mental illness. These teams will include working closely with Dementia Co-ordinators to ensure if patients need more assistance then services are more aware and responsive;
- Providing a Crisis Helpline through the new Connections service provided by Dorset Healthcare and patients/family carers would be referred to appropriate service;
- Formally commissioning and expanding the Intermediate Care Service for Dementia) into the West side of Dorset so all of Dorset is included. This service offers intensive support and treatment in the person's own home/residence to try to maintain the person in their own home if possible.
- Revising the model of care within Melcombe Day Hospital in Weymouth to align to the same approach as Haymoor Day Hospital in Poole and offer a safe place during daytime for those in a crisis and as a means of enabling people to remain in their own homes;
- Offering one dementia specialist inpatient unit based at Poole in order to try to ensure sustainability of specialist registered staff. Travel costs and accommodation support would be offered to those family carers needing to travel from the West of the county.

5. Public Consultation

- 5.1 Following a successful NHS England assurance process with Stage 2 assurance given in April 2019 public consultation began on 17th June for a period of eight weeks and closed on the 11th August. Consultation materials included:
- an online survey;
 - a hard copy consultation document including a questionnaire;
 - an Easy Read version;
 - an animation video explaining the review and the proposals.
- 5.2 12 drop in events were held across Dorset including events in Poole, Bournemouth, Ferndown and Christchurch during daytime and evenings. Outreach to existing community groups, staff meetings and events was also facilitated.
- 5.3 Evaluation of responses was commissioned by the Market Research Group at Bournemouth University. There was a total of 503 responses with a very significant level of agreement for the new model of care overall. The full report can be found at www.dorsetccg.nhs.uk/dementia

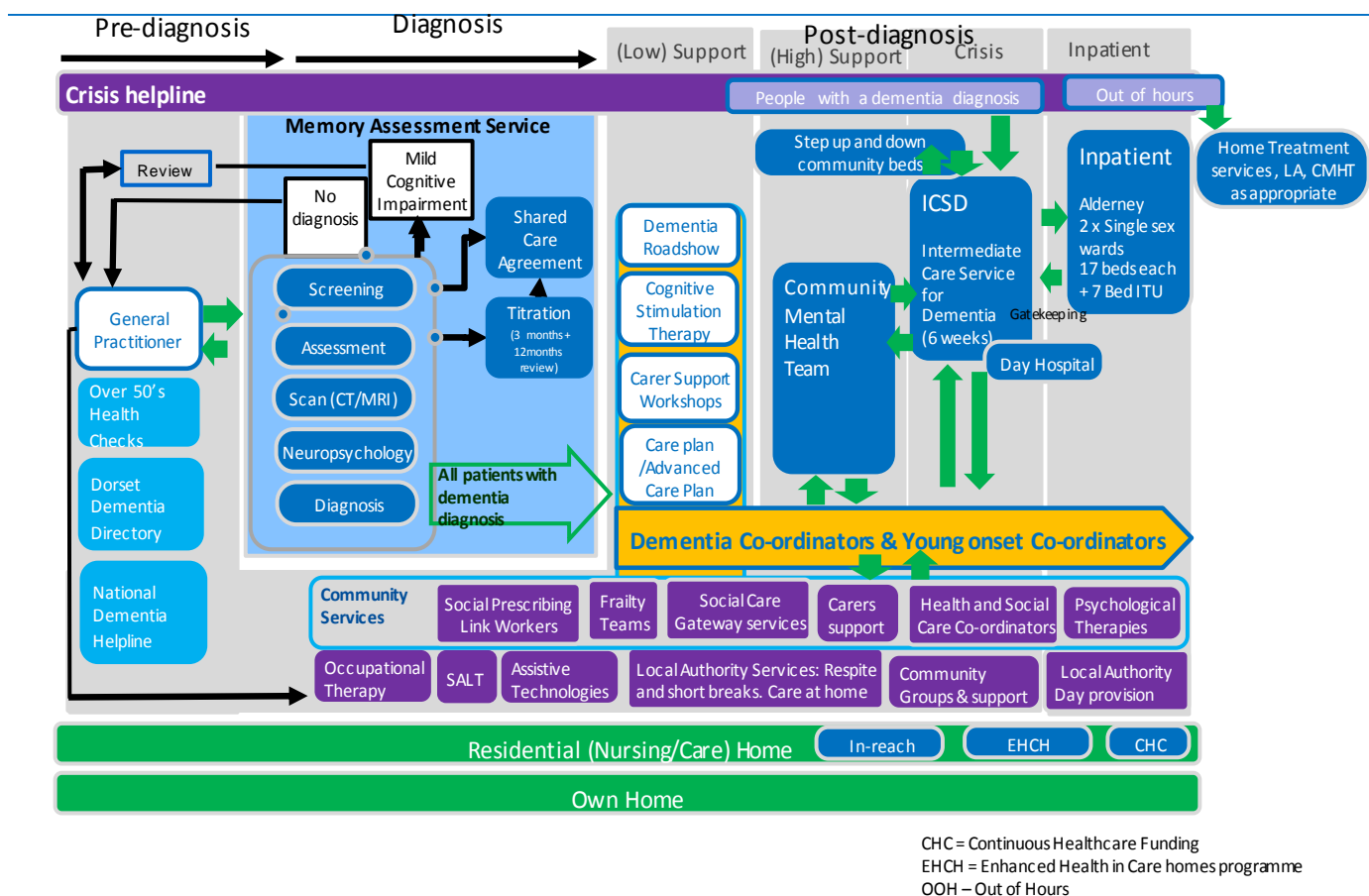
Figure 3. Main survey agreement



6. Business Case

- 6.1 The Full Business Case (appendix 1) has been developed in line with the five Case Business Model and builds on the previously published Strategic Outline Case. See www.dorsetccg.nhs.uk/dementia
- 6.2 The consultation findings were carefully considered and the preferred model adapted slightly to take findings into account. As can be seen in Figure 3 the results were very positive and reflected the co-production approach.
- 6.3 Whilst the majority agreed with the overall model there were significant comments around limiting the offer of Cognitive Stimulation Therapy to those with vascular dementia alone. So it was agreed by the Dementia Review Board to widen this offer.
- 6.4 Dementia Co-ordinators have been aligned to Primary Care Networks with a total of 31 to cover Dorset and 16.5 WTE to cover BCP area (excluding management and administrators)
- 6.5 Although 60% of people agreed with the specialist inpatient unit to be based in Poole many were concerned around this. Whilst it is unfeasible to offer another unit in the West travel and overnight accommodation costs for those needing public transport and living more than 30 miles away is being proposed.
- 6.6 The proposed services were carefully modelled utilising data and agreed projections. It was agreed that the services would be implemented with a phased approach. In particular, the Dementia Co-ordinator service would commence from September 2020, Cognitive Stimulation Therapy to commence from September 2020 and neuropsychology from January 2021.
- 6.7 Figure 4 below highlights the new proposed dementia care pathway.

Figure 4. Proposed new dementia care pathway



7. Anticipated Benefits

7.1 The anticipated benefits include:

- People will experience a smoother and quicker diagnostic process and receive post diagnostic support from diagnosis to end of life;
- People will be supported to live well with dementia, have more responsive services which may prevent some crisis;
- More choice and support for people living with dementia through an increased range of community options including education and support for carers;
- More efficient and cost effective services;
- Greater compliance with NICE Standards;
- Reduced inpatient admissions and system wide cost savings.

- 7.2 Research by the Alzheimer's Society on Dementia Advisors (with a similar role to the Dementia Co-ordinators) in 2016 found for every £1 invested in post diagnostic support from Dementia Advisors resulted in nearly £4 worth of benefits¹. This would equate to approximately £4 million return on investment in Dorset.
- 7.3 Analysis of the impact of the 'Intermediate Care Service for Dementia' (ICSD) has shown this service is very cost effective as well as highly regarded by people using the service. It is providing a crisis service maintaining people within their own homes for broadly half the cost of a dementia specialist inpatient service and supporting nearly four times more people in the course of a year.
- 7.4 This is apparent when applying a basic unit cost to both services based on patient usage and overall cost. An estimated cost per head for ICSD is £4,741 whereas the Dementia specialist inpatient beds are £34,424 per head.
- 7.5 ICSD across Dorset prevented on average 366 admissions for a 12- month period. Relating this into costs savings by utilising a bed rate of £536.09 for an admission on Herm Ward and basing on the average length of stay for females of 87 days this would equate to savings of £46,639 per patient and £17,070,177 for all 366 patients.
- 7.6 Studies have estimated 10% up to 25% of beds in acute hospitals can be occupied by people living with dementia². Their length of stay is often longer than people without dementia, readmission rate is higher³. and there can be delays in supporting them to leave hospital.
- 7.7 For those with a primary diagnosis of dementia with emergency and short stay admissions for patients aged 65+ there were 503 admissions during 2016-17 and 427 during 2017-18. This equates to a 37% reduction of avoidable admissions through improved community support as proposed in the new model and a cost benefit saving of £278,000 per annum.
- 7.8 Across Dorset there has been a growth in people with dementia becoming eligible for Section 117 with an increased cost of circa £1m since 2014-15. With greater support and investment into community services, it is anticipated that crisis episodes will be minimised reducing the incidence of formal Mental Health Act admissions and subsequent Section 117 eligibility. Reducing Section 117 by only 10% would release savings of £295,472 to the overall health & social care system.

¹ <https://www.scie-socialcareonline.org.uk/dementia-advisers-a-cost-effective-approach-to-delivering-integrated-dementia-care/r/a110f00000Kvpz1AAB>

² QJM; 2016: 41-44

³ The Right care: creating dementia friendly hospitals. Dementia Action Alliance

- 7.9 It is estimated that the direct cost benefit will be £2,201,820 per year, although not all will not be cash releasing. In addition, the evidence summarised above indicates that there will be a substantial return on investment, that would be realised across the life of the patients.
- 7.10 It is proposed that the extra funding to support the implementation of the revised pathway will be through the Integrated and Primary Care Services additional £3 million investment for 2020-21.
- 7.11 Evaluation and monitoring is being built into the implementation of the new model of care with a Logic Model. This will ensure meaningful capture of the inputs, activity, outputs and overall outcomes including cost benefits.

8. Summary of financial and human resource implications

- 8.1 The phased approach reduced the year one costs and the summary can be seen in Figure 5 below. The first year investment is lower than the subsequent years to take into account new services being implemented at different times during the year.
- Year 1 requires £823,021. This includes non- recurrent set up costs of £64,512 and recurrent pay and non-pay costs of £758,509 above the baseline funds.
 - Year 2 and thereafter requires £1,108,554 recurrent pay and non-pay above the baseline fund.

Figure 5. Summary of new model of care costs for year 1 & 2

Original service 19/20		NEW MODEL			
Cost £000			WTE	YEAR 1 Cost with set up Phased implementation £000	YEAR 2 Recurrent Cost (excluding uplift costs) £000
Info	-	Info & General helpline & Directory		11	11
Memory Assessment Service 23.47 WTE	1,300	Diagnostic model 4 From April 2020	32.74	1,572	1,566
Neuropsychology 0.51 WTE	29	Neuropsychology	2.31	65	140
Memory Advisors as current 18 WTE	597	31 Dementia Co-ordinators incl Young onset and Memory Roadshow (+ 3x managers& admin)	35.40	884	1021
Psychology 2.40 WTE	138	Psychology	2.40	138	138
		Cognitive Stimulation Therapy	4.02	126	216
		Carer emotional support	1.51	67	67
OP CMHT (based 54%) 50.49 WTE	2150	OP CMHT (based 54% of budget)	50.90	2150	2150
In-Reach 4.00 WTE	182	In-Reach Team	4.60	182	182
Intermediate Care Service for Dementia 58.56 WTE	2,233	Intensive Care Service for Dementia	52.90	2233	2233
Day hospitals - different models 10.63 WTE	314	2 day hospitals aligned to Intensive support	10.00	314	314
Matron 1 WTE	57	Modern Matron	1.00	57	57
		Crisis helpline		-	-
40 Inpatient beds 125.36 WTE	4,379	40 Inpatient beds with travel and accom	125.30	4,393	4,393
Cost	11,380			12,202	12,488
Variance	-			823	1,109

9. Summary of equality implications

- 9.1 An Equality Impact Assessment, Privacy Impact Assessment and Quality Impact Assessment have all been completed as part of the review. See www.dorsetccg.nhs.uk/dementia
- 9.2 Key headlines are that the proposed model would improve services for those with young onset, ensure equity of access and provide ongoing support for all people across Dorset regardless of dementia diagnosis type.

10. Summary of risk assessment

- 10.1 As part of the project management process a risk and issues log are kept and updated according to the project requirements and where appropriate new risks are incorporated onto the NHS Dorset CCG risk register. The risk register and mitigated actions is regularly updated and signed off at each Project Board.
- 10.2 A 'do minimum option' would result in a number of risks including:
- Poorer outcomes for people living with dementia and carers;
 - Lack of equity of access to services across Dorset;
 - Ongoing fragmented diagnostic services with long waiting times;
 - Significant gap in post diagnostic support for people to 'live well' with dementia and support carers with increased risk of crisis;
 - Lack of provision for people diagnosed with dementia whom are under 65 years;
 - Increased risk of carer breakdown and more demand on current services;
 - Inappropriate admissions to acute hospitals and dementia specialist beds;
 - Patients utilising more high cost services.
- 10.3 A summary of overall key risks for the Dementia Services Review are noted below with their impact, likelihood and mitigating factors.

Figure 6. Summary of key risks (September 2019)

Risk type	Risk Title	Detail	Consequence	Likelihood	Score	Mitigation
Business	Investment available to develop the new model of care and implement	The preferred model will be at risk if funding is not secured	5	3	15	Financial case presented to key Boards and within investment priorities
	Reputational risk to CCG	If new model of care is not funded or implemented this will impact on the CCG reputation	5	2	10	Financial case presented to key Boards and within investment priorities. Implementation plan in place
	Interdependencies of other service reviews	Understanding the impact of other reviews and aligning	2	3	6	Linking with other reviews and attending key Boards.
	Memory Support and Advisory contract end Aug 2020	Contract comes to an end and potential for a service gap	5	3	15	FBC going to NHS Dorset CCG GB for decision in Nov 19 to get sufficient time to procure new service
Service	Dementia Workforce	Not retaining or recruiting workforce will impact on any delivery model	4	3	8	New model of care has revised roles which aims to be more sustainable
External	Economic or policy changes.	Unknown impacts				Monitoring changes and being prepared to be flexible to adapt

11. Background papers

11.1 Key background documents can all be accessed at www.dorsetccg.nhs.uk/dementia. This includes a Strategic Outline Case and 32 Annex documents detailing all elements of the review process.

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HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Scrutiny Process for NHS Quality Accounts
Meeting date	18 th November 2019
Status	Public Report
Executive Summary	<p>All NHS Trusts are required to produce an annual Quality Account which summarises performance and the quality of service they have provided over the past year.</p> <p>Following the Francis Inquiry from 2010-13 into serious failings of care at Mid Staffordshire NHS Foundation Trust, the inquiry made a recommendation that Quality Accounts should contain the observations on performance and quality from commissioners, Overview and Scrutiny Committees and Local Healthwatch.</p> <p>More recent guidance from NHS Improvement 2018 has advised that Overview and Scrutiny Committees should be sighted on Quality Accounts and have been offered the opportunity to comment on them on a voluntary basis.</p> <p>The proposal is for the Committee to consider their scrutiny role for local NHS Trusts and also consider where they should focus their efforts. It is recommended that Quality Accounts are scrutinised for Dorset Healthcare, Poole Hospital NHS Foundation Trust, The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCHFT) and South Western Ambulance Service NHS Foundation Trust; and for two members to work over the year with nominated officers from Adult Social Care Commissioning to lead the scrutiny process for each of the above Trust's Quality Accounts.</p> <p>This includes visiting each Trust and also offering a detailed response to each Trust's annual Quality Account report, considering good practice and requesting updates on any areas of concern through the year. Members are asked to consider if they wish to proceed with this process.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ul style="list-style-type: none"> • The Committee agree the proposed approach to scrutiny of NHS Quality Accounts • The Committee nominate two members per Trust to represent and act on behalf of the Committee in visiting Trusts and scrutinising the NHS Quality Accounts. These members will take responsibility for reporting back to the Committee on key relevant issues related to the individual Trust.

Portfolio Holder(s):	Cllr Lesley Dedman, Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care
Contributors	Elaine Stratman, Principal Officer, Adult Social Care Commissioning
Wards	All
Classification	For Decision

1. Background

- 1.1 All NHS Trusts are required to produce an annual Quality Account which summarises performance and the quality of the service they have provided over the past year.
- 1.2 Following on from the Francis Inquiry from 2010-13 into serious failings of care at Mid Staffordshire NHS Foundation Trust, a recommendation from the inquiry specified that *“The Department of Health/ the NHS Commissioning Board/ regulators should ensure that provider organisations publish their annual Quality Accounts information in a common form to enable comparisons to be made between organisations, to include a minimum of prescribed information about their compliance with fundamental and other standards, their proposals for the rectification of any non-compliance and statistics relating to mortality and other outcomes. Quality Accounts should contain the observations of commissioners, overview and scrutiny committees and Local Healthwatch.”*
- 1.3 More recent guidance dated December 2018 from NHS Improvement has advised that overview and scrutiny committees should be sighted on Quality Accounts and have been offered the opportunity to comment on Quality Accounts on a voluntary basis.

2. Proposed approach for scrutinising NHS Quality Accounts

- 2.1 It is proposed the Committee that scrutiny is focussed on Quality Accounts for Dorset Healthcare, Poole Hospital NHS Foundation Trust, The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (RBCHFT) and South Western Ambulance Service NHS Foundation Trust.
- 2.2 It is proposed that the Committee nominates two members for each of the four Trusts and that these members work over the year with nominated officers from Adult Social Care Commissioning to lead the scrutiny process for each of the above Trust's Quality Accounts as described below.
- 2.3 In April/ May each year, the Trusts issue a draft Quality Account for the Committee to scrutinise and respond in writing. The responsible officer and the 2 nominated members read the report and visit the Trust to gain further clarification on issues of interest. The responsible officer then prepares a draft letter of

response on behalf of the Chair of the committee, collating comments from the two members.

- 2.4 A detailed response is then sent to each Trust commending them for any good practice and requesting updates on any areas of concern through the year. A copy of the Chair's response letter is published towards the end of the Quality Account report. Copy of 2018/19 Trust Quality Accounts are included as background papers for members' information.
- 2.5 Mid year update reports are issued from the Trusts in the same way and arrangements are made to visit the Trusts mid year. These visits involve the two members of the Committee and the responsible officer reading the update reports and visiting the Trusts to gather further evidence, clarify any queries and to check on progress against issues identified at the previous year end.
- 2.6 These visits should enable a better understanding of the issues faced by the Trusts so that at the year end the Committee would be better informed and able to offer a formative response when draft Quality Accounts are issued by the Trust to the Committee.
- 2.7 Members are asked if they wish to proceed with this process.

3. What a Quality Account should contain

- 3.1 NHS Trusts are required in their Quality Accounts to report back on a number of mandated areas:
- 3.2 They must report on a prescribed set of quality indicators; report back on at least three priority areas where Trusts have tried to deliver improvements over the past year and also prioritise and describe at least three priority areas for improvement for the year ahead; report back on clinical audits and suggestions for improvement; advise on clinical research undertaken; provide statement from the Care Quality Commission on registration and inspection. Finally, the report must include information on the accuracy of data including information governance compliance.

4. Overview of Quality Account Highlights for 2018/19

- 4.1 Below is a summary of the four Quality Accounts scrutinised in 18/19, this is to give the Committee an overview of the kinds of issues and improvement priority areas where members may need to scrutinise in the future:
- 4.2 Dorset Healthcare had made real progress in regards the work undertaken to improve mental health services over the year including the opening of the Retreat in Bournemouth, also the national recognition of the work to support the armed forces and the work to enhance mental health wards for older people.
- 4.3 In regards to Quality Improvement areas they had made good progress in developing methods to listen to the voice of young people using CAMHS services particularly in a qualitative way; and that service improvement continues in

regards to implementing the necessary change to meet the Dementia Friendly Hospital Charter.

- 4.4 The Royal Bournemouth and Christchurch Hospital achieved most of its objectives in key quality improvement areas including urgent and emergency care 'First 24 hours'- the Trust had improved its approaches to care within the first 24 hours in particular how admission avoidance performance has improved through good triaging in same day emergency care, reducing duplication in the clerking process from entrance into the emergency department through to a patient seeing a speciality consultant and that it is having a real positive impact on reducing timescales by up to four hours and reducing duplication of effort by 50%.
- 4.5 Poole NHS Foundation Trust's focus was around maternity by reducing 'term' admissions to Neo Natal Unit (NNU) the Trust are working hard to buck the national trend of an increasing proportion of babies needing to be admitted to NNU after birth; good progress is being made in this area, and that Poole is performing well in achieving below the national target of 6%. Also Saving Babies Lives- trying to achieve another national ambition in reducing the number of still births with a 20% reduction by 2020.
- 4.6 South Western Ambulance Trust has undertaken extensive work to stratify risk in order to prioritise and respond appropriately to any emergency calls. Responses need to be proportionate and focussed on patients experiencing life threatening incidents. The Trust is also taking steps to better understand patient experience for those experiencing mental health difficulties. Conveyances are being directed away from emergency departments to more appropriate settings such as crisis cafes. The trust was also piloting having specialist mental nursing support in a locality clinical hub in order to offer support to staff and patients during peak hours.

5. Next Steps

- 5.1 If members agree with the above process, Officers will schedule dates with relevant Members and Officers from BCP Council and the respective Trusts to visit and review progress on Quality Improvement Areas before draft Quality Accounts are issued and prior to written responses from the Council being requested.

6. Conclusion

- 6.1 The process will enable Members to gain a good insight, provide credibility of scrutiny and enable relationships to be built with the Trust. The Committee is asked to consider and agree the proposed approach.

7. Summary of equality implications

- 7.1 The work of the Overview and Scrutiny Committee contributes to protecting and enriching the health and well-being of the Council's most vulnerable

Background papers

[Quality Account South Western Ambulance Service](#)

[Quality Account for Dorset Healthcare](#)

[Quality Account for Royal Bournemouth and Christchurch Hospital](#)

[Quality Account for Poole Hospital](#)

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care – Compliments, Complaints and User Feedback – Annual Report 2018/19
Meeting date	18 th November 2019
Status	Public Report
Executive summary	<p>Adult Social Care has a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments, surveys, consultations and engagement to improve services.</p> <p>This report provides a summary of feedback and learning from the two predecessor Councils of Borough of Poole and Bournemouth Borough Council and their respective annual reports covering the period 1st April 2018 to 31st March 2019.</p> <p>The report also provides an overview of how the service is now organised for Adult Social Care on behalf of BCP Council.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>i) Consider and note the information contained in this and accompanying reports.</p> <p>ii) Consider and note any actions or issues to consider for the forward plan</p>
Reason for recommendations	<p>Adult Social Care has a statutory responsibility under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report complaints and other representations about Health and Adult Social Care. Councils and NHS bodies are required to produce an annual report about complaints received, issues that have been raised and any action that has been taken to improve services.</p>
Portfolio Holder(s):	Cllr Lesley Dedman, Portfolio Holder for Adults and Health

Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care
Contributors	<p>Ellen Miles, Complaints Manager 📞 01202 458953 ✉️ Ellen.miles@bcpcouncil.gov.uk</p> <p>Nicky Mitchell, Quality Assurance Team Manager 📞 01202 261060 ✉️ Nicky.Mitchell@bcpcouncil.gov.uk</p>
Wards	All
Classification	For Recommendation

1. Background

- 1.1 Adult Social Care has a statutory responsibility to produce an annual report under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 to report on complaints received, issues that have been raised and any action that has been taken to improve services.
- 1.2 Prior to 1st April 2019 the councils previously serving Bournemouth, Christchurch (Dorset County Council) and Poole had their own respective Adult Social Care customer feedback services in place and each produced an annual report to advise on themes, learning and improvements resulting from the voice of the user.
- 1.3 This report provides a summary of the feedback and learning from two of the predecessor Councils of Borough of Poole and Bournemouth Borough Council and their respective annual reports covering the period 1st April 2018 to 31st March 2019 are included at appendix 1.

2. Summary of key findings

- 2.1 For Bournemouth **114** complaints were received during the reporting period compared to **70** complaints for Poole. Of those complaints Bournemouth received 11 enquiries from the Local Government and Social Care Ombudsman (LGSCO), 5 of which went on to be investigated two were upheld and one partially upheld. Poole received 3 enquiries in 2018/19 with two being upheld and one not upheld.
- 2.2 Dorset County Council have previously managed complaints on behalf of the Christchurch locality, they received 3 complaints during the reporting period. At time of writing an annual report on complaints was not available for Dorset.
- 2.3 Complaint themes across Bournemouth and Poole all highlighted communication and perceived standard of service and professional practise as being the most common concerns. Trends around finance and charging were also highlighted. Nationally the LGSCO reported assessment and planning, charging and safeguarding were their most common themes for complaint.
- 2.4 Complaints upheld or partially upheld for Bournemouth were at 42% and Poole was 51%. The national average reported for by the LGSCO was 66%.
- 2.5 Organisational learning has been developed from customer feedback where possible. Details of learning from feedback can be found in the annual reports for the respective legacy Councils at Appendices 1 and 2. The learning from the legacy authorities is now being shared across the whole of Adult Social Care.
- 2.6 In relation to compliments 98 were received for Bournemouth and 40 for Poole.

3. Customer Feedback arrangements for Adult Social Care as BCP Council

- 3.1 From 1st April 2019 the Bournemouth Customer Feedback team has absorbed and managed incoming feedback around Adult Social Care service delivery in Christchurch. The Bournemouth and Poole teams are now aligning their service delivery and will become 1 team across BCP Council from April 2020.
- 3.2 The teams now record activity against the same complaint themes and complaints training is being reviewed and an online learning module is now accessible for all BCP staff.
- 3.3 For 2019/20 bespoke learning workshops will be rolled out using both Bournemouth and Poole customer feedback to drive service delivery improvements.
- 3.4 Performance, statutory surveys and customer engagement are all in the process of being aligned for Adult Social Care. This work along with complaints, will feed into a Quality Assurance and Standards Framework that is currently being developed which will enable the organisation to have a clear line of sight into how it is performing with the voice of the user being central to this work.

4. Summary of financial implications

- 4.1 Financial payments can be made as a result of a complaint if this redress is considered appropriate. Any costs in this respect are accepted as the responsibility of the Social Care service. Financial redress can be offered at any point within the process if relevant or can be recommended by the LGSCO. In 2018/19, a total of £621.84 was required to be waived from recommendations from the LGSCO.
- 4.2 There are costs of employing independent investigators for complaints in Bournemouth and Christchurch, however they are only used in exceptional circumstances. The use of any independent investigators are always agreed by the service prior to commencement

5. Summary of legal implications

- 5.1 The statutory framework for complaints about adult services are:
- the NHS and Community Care Act 1990
 - the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- 5.2 Alongside this, government guidance are also relevant including Getting the Best from Complaints (DfES 2006).
- 5.3 The guidance requires the complaints function for Social Care to be at 'arms length' from the operational delivery.

6. Summary of equality implications

- 6.1 Many of the service users of adult services will be vulnerable, or from potentially disadvantaged groups. The complaints process is a vital part of the Council's quality

assurance function to ensure all service users receive fair treatment and reasonable adjustments.

- 6.2 The Complaints Service will ensure complainant's individual requirements are supported, for example through interpreting services or by advocacy services.

7. Summary of risk assessment

- 7.1 The Complaints Service manages complex, high risk complaints which if not effectively managed could result in scrutiny by the Local Government and Social Care Ombudsman, Central Government, CQC or through the courts via judicial review. The implications of this scrutiny could negatively affect the Council's reputation and result in major financial costs.
- 7.2 Practice issue complaints can include elements of safeguarding which require effective management and proactive action. The Complaints Service must be able to recognise these issues when they arise within a complaint context and action them appropriately.

Appendices

Appendix 1 – Adult Social Care – Compliments, Complaints & Customer Feedback – Bournemouth Annual Report 2018/19

Appendix 2 – Customer Opinion and Organisational Learning in Adult Social Care – Poole Annual Report 2018/19

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Bournemouth Adult Social Care Compliments, Complaints & Customer Feedback Annual Report 2018/2019

**Adult Complaints Manager
Community, Learning and Commissioning
North Bournemouth Local Office, Bournemouth, BH10 4ES
Telephone: 01202 458953**

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1 INTRODUCTION

- 1.1 This report is produced in accordance with the NHS and Community Care Act 1990 and The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which require Local Authorities to set up and operate a Social Care complaints procedure including an annual report.
- 1.2 The Annual Report has been prepared by the Complaints Team to provide a mechanism by which Bournemouth Council can be kept informed about the operation of its complaints procedure. This report will be made available to staff, elected members, the general public and inspection bodies. The Annual Report is a key element in ensuring that Adult Social Care is open to challenge when there is dissatisfaction with any of its services. As part of its customer care strategy the service is committed to listening to the service user and thereby driving service improvement.
- 1.3 Should complainants not be satisfied with the outcome of any investigation or feel that the local authority has not dealt with the matter correctly they may take their complaint to the Local Government and Social Care Ombudsman.

2 THE COMPLAINTS PROCESS

- 2.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 does not have a prescriptive procedure for managing complaints but requires that a two-stage process is in place which allows flexibility for the authority in customising complaints investigation and gives recourse to the Local Government Ombudsman should the complainant be dissatisfied with the response.

The removal of set timescales and adherence to a directive process have had a positive effect on complaints handling including

- agreement of realistic timeframes for investigation and response to complaints.
- achievement of greater level of engagement with complainants.
- agreement with the complainant about how the complaint will be investigated.
- swift identification and early resolution of complaints.
- appropriate complaints investigation immediately i.e. local management investigation, independent investigation, mediation, face to face meetings etc.

3 ROLES AND RESPONSIBILITIES

3.1 Complaints Manager and Complaints Officers

The Department of Health Guidance requires local authorities to have a Complaints Manager who is responsible for the management of the procedure, records compliments, registers complaints, monitors their progress and, where necessary, appoints Independent Investigators/People. The Complaints Manager is also responsible for ensuring that Bournemouth has a robust complaints procedure. Training is available to teams and is regularly offered by the Complaints Manager as well as through the Authority's e-learning portal. The Complaints Manager is also available to support and advise staff to ensure that best practice is followed.

In order to contribute effectively to service development, the Complaints Management function for Bournemouth Borough Council was based within the Community Learning and Commissioning business unit, independent of social care operational line management and of direct service providers. This is in line with Department of Health Guidance "Learning from Complaints" (2006).

Bournemouth Borough Council employed 2 full time Complaints Managers, whose roles were to process and manage complaints regarding Adult Social Care, Schools, SEN, Children, Young People and Families Services and Community Learning and Commissioning.

3.2 Operational Managers, Service Managers and Service Directors

Operational Managers and Service Managers are frequently responsible for investigating complaints at local resolution level. Where complaints are moved to independent investigation the Service Director is responsible for responding to the findings of external investigators and where appropriate show how services are improved as a result.

Managers also ensure compliments are valued, communicated effectively and good practice disseminated.

3.3 External Investigators/Independent People

If complaints are not resolved at an early point or require independent investigation (for example, if the complaint is extremely complex or the authority's relationship with the complainant has broken down) an independent investigator will be appointed. In some cases, an independent person may also be appointed. This independent person helps the service user understand the investigation process, assists them with explaining their complaint and ensures their views are taken fully into account. The Complaints Team has a number of people who it commissions to do this work on a sessional basis. All have

considerable experience to enable them to undertake investigations and recommend resolutions. An enhanced DBS check is made for all investigators and independent people.

3.4 Advocacy Services

Bournemouth Adult Social Care continues to contract with a number of local advocacy providers to ensure that any vulnerable person wishing to make a complaint can be appropriately supported

4 ACCESS TO COMMENTS AND COMPLAINTS INFORMATION

- 4.1 Information about how to complain or comment on services is available on the BCP website, in factsheet form (with versions for those requiring Easy Read), large print, Braille, on tape and can be translated into different languages as required. There is a Minicom service to enable service users who have speech or hearing difficulties to communicate about their complaint or compliment. The Council's website includes a facility to email complaints. Complainants may also telephone, write or meet with the Complaints Team to give their complaint or give their complaint directly to their worker or advocate.

5 PROGRESS 2018/2019

- 5.1 Having not identified a suitable alternative programme, excel will continue to be used going forward into 2019/20 alongside an electronic filing cabinet. To date, this has provided a cost-effective system that has shown to be more than adequate for the needs of the department. This also enables the complaints office to remain a paperless environment, so promoting confidential and efficient working. However, a new piece of software to manage social care records, (MOSAIC) has been implemented over services. This is providing the Complaints Team with the opportunity to record data directly to service users' records.
- 5.2 The Complaints Team have discussed recruitment and training for external investigators with neighbouring Authorities and this will be continually monitored during 2019/20.
- 5.3 Along with one to one support available to staff, an on-line training module covering the complaints process is available to all ASC staff. This is a bespoke training module, available through i-learn (the on-line training portal for staff.) The module offers a flexible and sustainable approach to training for the future, easily accessible to staff at all levels and with the facility to monitor uptake.
- 5.4 During the current year the Complaints Team has continued to engage with the National and Regional Meetings of the National Complaints Managers Group and the Southern Region Complaints Managers Group to ensure that Bournemouth's policy is in line with that of other authorities. This also allows the Complaints Team to keep up to date with possible changes to procedures.

- 5.5 The National Complaints Managers' Group has developed good practice guidance for officers within the complaints profession and this was published in June 2016. This guidance demonstrates that officers who handle complaints across local authority's social care services are committed to the highest standards and it serves as a benchmark for measuring quality. As such the Complaints Team has used this guidance to document and evidence that best practice is fully adopted within the Authority.
- 5.6 The Complaints Team are located within the North Bournemouth Local Office and continue to share office space with the Compliance Team. This relationship has continued to work well and has provided invaluable liaison between teams.
- 5.7 During 2018/19, despite feedback forms being readily available to all customers making a complaint, feedback by complainants has remained low. The Complaints Team will continue to encourage future feedback which may be used to facilitate service development.

6.0 Compliments

A very positive aspect of the responsibility of the Complaints Manager is the recording and reporting of compliments received by Adults' Social Care Teams.

During the year staff have received a total of **98** compliments (**92** external and **6** internal) and it is rewarding to be able to report these, demonstrating that the hard work of staff and their commitment is valued and appreciated by the people they support.

- 6.1 Compliments received by teams during the reporting period are recorded in the table below. Compliments are recorded by team; if they are internal or external to the Authority and if they are directly from the service user or third party (for example, a family member or professional).

Team	2018/19	Internal	External	Service User	Third party
Bournemouth Enablement Team	4		4	2	2
Community Mental Health Team	1		1	1	
Drug and Alcohol Statutory Team	1		1		1
Finance and Benefits Team	10	1	9	1	9
Hospital Social Work	11	1	10	0	11
Learning Disability	11		11	1	10
Locality	4		4	1	3
Locality Central	19		19	6	13
Locality East	18	2	16	3	15
Locality North	6		6	2	4
Shared Lives	1		1		1
Statutory Services	6	1	5		6

Joint Compliments/Other	6	1	5	2	4
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A sample of the compliments:

For the Bournemouth Enablement Team

"Thank you so much for arranging the care package for my mother, I am absolutely delighted. It is a great weight of my mind to know that someone from outside the family will be going in to the flat on a regular basis to ensure all is well in the morning. Thank you again."

For the Finance and Benefits Team

"Thank you so much for your visit to see us re my husbands' financial assessment. It was very kind of you. Thank you so much for your time and effort in explaining everything to me. It is nice to know these services are there if and when we want them."

For the Hospital Social Work Team

"I just wanted to say how grateful I and my family are for all your hard work in organising mum's placement. I know it hasn't been straightforward, but I do appreciate your persistence."

For the Learning Disability Team

"Just wanted to take this opportunity to thank you so much for all your kindness, support, expertise and information that you have given S, my family and myself over all these months. It really has been an 'experience ' for all of us and your professionalism and empathy has been so very valued. I wish you happiness, health and success for your future."

For the Community Central Team

"I write to express my appreciation of the visiting of my late aunt, by P. I especially appreciate the subsequent care and support plan review document by P. It was so very reassuring, and I wish to make mention of the thoroughness with which she addressed every point to be addressed fulsomely. P didn't stint and fulfilled whatever was required and left one assured that she was satisfied and by listening, so was I. You are fortunate to have her."

For the Community East Team

"These two charming ladies visited our home on Tuesday and reassured me that everything would be done to help me along the way. This is a tremendous relief, I know I am lucky with a wonderful daughter, good friends and neighbours but I do get extremely tired and my husband is hard to deal with. Having gone on about all that, the main reason for this letter is to thank you and all concerned for the excellent work you do for the old people of Bournemouth. We are both in our eighties and we fell that we can ask for help when it is needed. We are indeed very lucky to live in the Bournemouth area."

For the Community North Team

"Everything was dealt with perfectly, whoever I spoke with was kind, helpful and patient with my stutter. I am disabled, and everything was taken into consideration, everybody involved in this job was very thoughtful. I can't thank everyone enough for making my forever home my perfect home."

For the Statutory Services Team

“The family have thanked P for her role in resolving a serious family issue and have complimented her on this positive outcome due to her interventions. P thank you for your good work!”

7 COMPLAINTS RECEIVED BETWEEN 1st APRIL 2018 AND 31st MARCH 2019

7.1 **114** complaints were received between 1st April 2018 and 31st March 2019. This figure includes 7 corporate complaints.

There were a further 24 concerns recorded. Concerns included 7 MP enquiries, and 6 safeguarding concerns.

Councillor and MP enquiries are not treated as formal complaints unless the service user authorises the Councillor/MP to act as their representative to formally complain on their behalf, although a response is provided to the enquiry. All service users are now offered the complaints process in the acknowledgement/consent letters sent when an enquiry is received if they have not already complained to us directly.

A further 76 general enquiries were also recorded for this period.

There has been an increase of 2 complaints between 2017/18 and 2018/19, but a decrease of 5 in the number of concerns received.

7.2 The Complaint Categories shown in the table below gives the reasons for the complaints:

Complaint Category	2017/ 18	% of Total	2018 /19	% of Total
Standard of service (general rather than specific staff member)	33	30%	33	29%
Staff Attitude / behaviour / standard of service (individual)	21	19%	17	15%
Change of Policy	6	5%	13	11%
External Provider	16	14%	13	11%
Complaint about Charging / Finance	20	17%	12	11%
Delay	3	3%	7	6%
Disputing decision (eligibility / assessment outcome etc)	7	6%	7	6%
Safeguarding	3	3%	2	2%
Application of policy	2	2%	5	4%
Lack of available service			3	3%
Data Protection / Inappropriate information sharing	1	1%	1	1%
Objecting to change or closure			1	1%

Where complaints were substantiated appropriate actions were taken to change process or improve practice. Significant areas to note from the themes of complaint are:

Standard of service (general rather than specific staff member

There has been an 1% decrease in this area year on year although this remains the largest category of complaint. Predominantly communication issues are the main cause of complaint either:

- Ineffective communication between team members.
- Ineffective communication to service users and relatives.

Communication issues will continue to be addressed and improvements made. Learning has been taken forward which has included not only individuals reflecting on their practice but also reviews of procedures relating to staff absences and targeted training.

External providers

There has been a 3% decrease for this area year on year. A significant proportion of the complaints received for this category have been in relation to the quality of care received by the service user. Where fault has been found, work with the care provider, by way of our monitoring service has been undertaken to ensure clients' needs are met.

Change to Policy

A review of policy was undertaken, and changes made to the eligibility for DRE payments. 13 Complaints were received in relation to this matter. Where appropriate, re-assessments were undertaken to ensure that clients were receiving their full entitlements.

- 7.3 Complaints received by teams during the reporting period are recorded in the table below. Comparisons should not be made between the teams as due to the very different work that they carry out it is evident that some teams will be prone to higher levels of complaint than others.

Team	2017/18	% of Total	2018/19	% of Total
Aspergers	3	3%	1	1%
Bournemouth Enablement Team	10	10%	1	1%
Central Community Team			15	12%
Community Mental Health Team	2	2%	3	3%
Contracts	8	8%	5	4%
Commissioning	2	2%	3	3%
Direct Payments	4	4%	3	3%
Deprivation of Liberty's			3	3%
East Community Team			5	4%
Finance and Benefits	8	8%	23	20%
Hospital Social Work Team	9	9%	10	8%
Learning Disability	10	10%	5	4%

Locality	23	21%	1	1%
Long Term Conditions			1	1%
North Community Team			11	9%
Out of Hours			1	1%
Re-assessment			1	1%
Statutory Services	5	5%	5	4%
Transitions	1	1%		
Tricuro	2	2%		
Joint Complaints				
Central / Direct Payment's			1	1%
Central / Finance and Benefits			2	2%
Continuing Health Care / Health			1	1%
Community Mental Health / Tricuro	1	1%		
Commissioning / Statutory Services	1	1%	1	1%
East Locality / Contracts			3	3%
Hospital Social Work / Commissioning	1	1%		
Hospital Social Work / Safeguarding			1	1%
Learning Disability / Finance and Benefits	1	1%	2	2%
Locality / Care Contracts	1	1%		
Locality / Finance and Benefits	9	9%	1	1%
Locality/ Care Contracts/ Hospital Social Work /Statutory Service	1	1%		
Long Term Conditions / Transport			1	1%
North / Finance and Benefits			1	1%
North / Central			1	1%
North / Statutory Service			1	1%
North / Finance and Benefits / Hospital Social Work / Health			1	1%

8 PERFORMANCE AND MANAGEMENT INFORMATION

8.1 Timescales

Timescales for complaint responses are set by the Complaints Team based on the circumstances of the complaint. The manager investigating will be informed of these timescales and all efforts should be made to adhere to them. During the reporting period, 6 complaints were overdue for response. The delays were between 1 and 4 working days. Whilst managers make every effort to maintain timescales, complaints in this area continue to be complex, requiring a full and thorough investigation. These investigations often require meetings with the parties involved, causing delay to the investigation timeline due to participant availability. Any extensions to timescales occur with the consent of the complainant.

Timely responses are an ongoing area to be improved which will continue to be monitored and addressed during 2019/20.

8.2 Complaints Referred to the Ombudsman

The Local Government and Social Care Ombudsman have an intake team who assess any complaint raised with them. They determine, after initial enquiries, whether they will pursue these complaints further.

During 2018/19, 11 enquiries/investigations were received from the Ombudsman.

Of these 11 enquiries, the Ombudsman assessed that 5 required full investigation whereas 6 were found to require no further action once we had provided the Ombudsman with information, or they had made their initial assessment.

Of the cases investigated, 2 were found as no fault on the Council's part. 1 found the Council fully at fault, and 2 remain under investigation. No remedy or redress payments were made during the year.

8.3 Advocacy

No complaints were recorded as having used the service of an advocate.

8.4 Gender of Complainants

The gender of complainants is shown in the table below. Whilst female complainants remain the majority, there has been a significant decrease of 12% in the volume of complaints received year on year. There was a 15% increase in complaints by males.

Gender	2017/18	% of Total	2018/19	% of Total
Male	31	27%	48	42%
Female	77	69%	65	57%
Unknown (anonymous complaint)	0	0%	0	0%
Couples	4	4%	1	1%

8.5 Ethnicity of complainant

The ethnicity of our complainants is shown in the table below. There has been a 7% decrease in complaints from the White British group which is reflected in the complaints received from the ethnic groups listed below.

Ethnicity	2017/18	% of Total	2018/19	% of Total	% of Population
Unknown	30	26%	29	25%	
White British	73	65%	67	58%	84.3%
Any Other	1	1%	3	3%	0.9%

White and Asian					0.5%
White Irish	2	2%	7	6%	0.8%
Any Other White	2	2%	3	3%	7.6%
White Gypsy/Traveller					0.1%
Any Other Black	1	1%	3	3%	1.0%
Any Other Asian			1	1%	3.8%
Mixed/Multiple Ethnic Group	3	3%	1	1%	1%

*Ethnicity may not always be divulged and as such a number of unknown are recorded.

8.6 Method of Receipt

Methods of receipt are shown in the table below. There has been an increase in complaints received via telephone, although complaints received via other sources remain consistent with previous years.

Method	2017/18	% of Total	2017/18	% of Total
Councils feedback form	2	2%	2	2%
Email	72	64%	70	61%
Website contact us form	3	3%	1	1%
Letter / card	30	27%	31	27%
In person	-	-	-	-
Telephone	5	4%	10	9%
Other	-	-	-	-

9 LEARNING AND SERVICE IMPROVEMENT

Feedback via complaints and compliments is a direct link to the process of how we quality assure services in Adult Social Care; utilising both quantitative and qualitative information to inform service improvements and responses to feedback. A key element of quality assurance is the mechanisms to ensure learning arising from areas for improvement is disseminated appropriately to individuals, teams and in the context of the wider service.

Developing communication between services in different business areas is key to disseminating learning, in terms of enabling an effective response to issues and complaints. This includes linking practice, policy and procedure development, staff training, and communication of key messages which effect frontline practice, and ultimately, service delivery for the clients and carers we work with.

An overview of the themes and issues arising from complaints is used to inform training, policy and procedure and audit themes. Individual issues are fed back appropriately to operational teams, however, where

there is opportunity for learning to be of benefit to other teams in the business unit, or where themes occur, there are forums where this information can be shared more generically to improve practice, advise of changes in procedure, and improve service delivery.

- **Staff Advisory Group** has representatives of each team and is a forum for key messages to be communicated. This group meets monthly.
- **Extended Management Team** - management team meet and receive communications affecting the business unit, which can include learning from complaints.
- **Practice Management Forum** – forum which meets bi-monthly to discuss themes arising in practice and communicate any key messages affecting operational service delivery.

9.1 Learning

The Department of Health Guidance asks local authorities to ensure that they report the learning and service improvements implemented as a result of complaints. Some learning was pertinent to individual workers and led to advice and training. Some learning was shared in reminders to staff regarding good practice and some learning led to a review of services and process, this included:

A reminder was made to managers that when requesting evidence for supporting a client's care needs at home that this request should be made on a case by case basis.

A complaint was received relating to delays to a carers assessment. The operational team responsible was addressed to ensure they were aware of how delays impact on both carers and service users. This included a review of the process undertaken by an individual to avoid a recurrence of the issues raised in the complaint. Additionally, changes were made to the process of progressing referrals in the CRM system. This ensures that assessments are carried out in a timely manner in order to avoid unnecessary delays

A review of procedure relating to how the covering of staff during absences is managed, and the how the information is shared with effected service users.

A change of process has been made when accepting new transport requests. This ensures that appropriate transport is available when required.

In a case where complaint was raised relating to incorrect invoicing for third party services, the provider was reminded of their responsibilities to provide information in a timely manner to ensure that invoicing is raised correctly. To date, this has been implemented successfully and no reoccurrences highlighted.

A complaint was received regarding delays and the appropriateness of equipment provided. This resulted in a review of process changing how information regarding sizes of aids are displayed and cascaded to ensure that full information is available as needed and

ensuring that appropriate equipment is provided where needed.

A complainant raised concerns relating to a placement for residential care outside of the Borough. A review of our accreditation procedure has been undertaken and the need to take a flexible approach when care homes are in Christchurch or Poole.

9.2 Complaints Outcome

The following table shows the outcomes of complaints completed during the respective years. There is minimal variance with 2017/18 and the figures remain consistent with previous years.

Outcome	2017/18	% of Total	2018/19	% of Total
Justified	23	20%	22	19%
Not justified	64	58%	64	56%
Partly justified	24	21%	26	23%
Unclear	1	1%	2	2%

The Complaints Manager would like to take this opportunity to thank all complainants for their time and effort in making complaints thus allowing the authority to identify issues and improve services.

10 PLANNED COMPLAINT MANAGEMENT CHANGES AND IMPROVEMENTS 2019/20

- 10.1 Bournemouth Borough Council becomes part of a new Unitary Authority on 1st April 2019. The team will continue to liaise with the other local authorities involved in the process in order to combine best practice and provide a seamless service transition and to align practice.
- 10.2 Part of the service transition includes the management of complaints for the Christchurch area. This will be passed to the Bournemouth team to manage until such time that the Adults Complaints team become a single unit.
- 10.3 The team will continue to review and align its practices with the good practice guidance produced by the National Complaints Managers Group.
- 10.4 The team will continue to liaise with local health providers to further develop and strengthen joint complaint processes.
- 10.5 The team will continue to improve the dissemination of learning improving practices across the Service. This includes working with colleagues within Quality and Complaints across the new Authority to strengthen the embedding of any learning arising from complaints.

- 10.6 Whilst electronic training is readily available for all staff, additional face to face training is to be developed to target specific key areas of complaint.

Customer and community feedback

NHS Digital Adult Social Care User Survey

In January 2019, local authorities with adult social care responsibilities took part in the national annual survey that asks users of adult social care services about their quality of life and how services they receive impact on this.

The survey was sent to all adults in receipt of long-term support services funded or managed by the Council on the date chosen to extract the data. 378 people completed the questionnaire, a 44.7% response rate. The survey informs seven performance measures in the Adult Social Care Outcomes Framework (ASCOF).

Adult Social Care Outcomes Framework (ASCOF) indicators (subject to ratification):

1A – Social care related quality of life

This indicator gives an overarching view of the quality of life (QOL) of service users, out of a maximum score of 24. The measure is an average, composite score based on the responses to eight questions around control, keeping clean/presentable, nutrition, accommodation, safety, social contact, spending their time as they want, and feelings about how they are helped and treated.

Response	2018/19	2017/18	Performance	Poole	Dorset	South West average	England average
QOL score	19.3	19.4	↓	19.2 (2017/18 19.0)	19.4 (2017/18 20.1)	TBC	TBC

1B – The proportion of people who use services who have control over their daily life

Response	2018/19	2017/18	Performance	Poole	Dorset	South West average	England average
I have as much control over my daily life as I want	81.7%	81.3%	↑	78.8% (2017/18 79.5%)	78.9% (2017/18 81.2%)	TBC	TBC

1I1 – The proportion of service users who report that they have as much social contact as they would like

Response	2018/19	2017/18	Performance	Poole	Dorset	South West average	England average
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I have as much social contact as I want with people I like	46.9%	44.7%	↑	42.3% (2017/18 43.8%)	46.5% (2017/18 55.1%)	TBC	TBC
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3A – Overall satisfaction of people who use services with their care and support

Response	2018/19	2017/18	Performance	Poole	Dorset	South West average	England average
I am extremely/very satisfied with the care and support services I receive	63.1%	69.8%	↓	60.3% (2017/18 60.2%)	69.8% (2017/18 70.1%)	TBC	TBC

3D1 – The proportion of service users who find it easy to find information about services

Response	2018/19	2017/18	Performance	Poole	Dorset	South West average	England average
In the past year, I have generally found it very easy to find information and advice about support, services or benefits	72.4%	78.5%	↓	78.4% (2017/18 75.6%)	71.2% (2017/18 72.7%)	TBC	TBC

4A – The proportion of people who use services who feel safe

Response	2018/19	2017/18	Performance	Poole	Dorset	South West average	England average
I feel as safe as I want	69.4%	72.4%	↓	71.1% (2017/18 70.6%)	73.9% (2017/18 78.4%)	TBC	TBC

4B – The proportion of people who use services who say that those services have made them feel safe and secure

Response	2018/19	2017/18	Performance	Poole	Dorset	South West average	England average
Care and support services help me in	83.6%	86.7%	↓	90.8% (2017/18 86.6%)	84.1% (2017/18 88.5%)	TBC	TBC

feeling safe							
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NHS Digital Carers Survey 2018/19

In November 2018 Local Authorities with Adult Social Care responsibilities were invited to take part in a national survey. The aim of the survey is to find out carers' perceptions of the support they receive to perform their caring role. The survey results are used by Adult Social Care and NHS Digital to look at ways to improve service delivery.

The Carers Survey is biennial and informs five performance measures in the Adult Social Care Outcomes Framework (ASCOF).

1D – Carer reported quality of life

This indicator gives an overarching view of the quality of life (QOL) of carers. The measure is an average QOL score which is a composite score based on the responses to six questions relating to occupation, personal care, safety, social participation and encouragement and support.

Response	2018/19	2016/17	Performance	Poole	Dorset	South West average	England average
QOL score	7.1	7.4	↓	7.9 (2016/17: 8.3)	7.7 (2016/17: 7.8)	7.3	7.5

The following are the scores for the individual questions that make up the composite score for 1D:

Response	2018/19	2016/17	Performance
I don't do anything I value or enjoy with my time	17.9% (66/368)	16.6% (65/391)	↓
I have some control over my daily life but not enough	62.6% (231/369)	62.3% (245/393)	↓
I have no control over my daily life	17.9% (66/369)	17.8% (70/393)	↓
Sometimes I can't look after myself well enough	30.4% (114/374)	30.5% (120/394)	↑
I feel I am neglecting myself	17.9% (67/374)	17.3% (68/394)	↓

Response	2018/19	2016/17	Performance
I have no worries about my personal safety	79.2% (297/375)	81.8% (323/395)	↓
I am extremely worried about my personal safety	1.3% (5/375)	2.3% (9/395)	↑
I have some social contact with people but not enough	53.1% (197/371)	50.1% (196/391)	↓
I have little social contact with people and feel socially isolated	22.4% (83/371)	20.7% (81/391)	↓
I feel I have no encouragement and support (in my caring role)	25.6% (94/366)	19.9% (77/387)	↓

112 – Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.

This question was asked in the previous survey but this is the first time it has been a performance indicator.

Response	2018/19	2016/17	Performance	Poole	Dorset	South West average	England average
I have as much social contact as I want with people I like	24.5%	29.2%	↓	35.3% (2016/17 41.6%)	32.7% (2016/17 35.4%)	28.9%	31.2%

3B – Overall satisfaction of carers with social services

Response	2018/19	2016/17	Performance	Poole	Dorset	South West average	England average
I am extremely satisfied/ I am very satisfied	39.4%	41.1%	↓	38.1% (2016/17 45.2%)	41.5% (2016/17 45.9%)	38.2%	38.6%

3C – The proportion of carers who report they have been included or consulted in discussions about the person they care for

Response	2018/19	2016/17	Performance	Poole	Dorset	South West average	England average
I always felt involved or consulted/ I usually felt involved or consulted	62.5%	69.7%	↓	73.4% (2016/17 77.8%)	72.0% (2016/17 75.4%)	69.3%	69.5%

3D2 – The proportion of people who use services and their carers who find it easy to find information about services

Response	2018/19	2016/17	Performance	Poole	Dorset	South West average	England average
Very easy to find/ Fairly easy to find	64.0%	66.8%	↓	75.6% (2016/17 80.7%)	69.6% (2016/17 67.9%)	64.7%	62.6%

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Customer Opinion and Organisational Learning in Adult Social Care

Annual Report 2018-2019

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Introduction

This report relates to customer feedback and learning for the previous Borough of Poole Council, for the year 2018/19.

Feedback from customers is vital to any organisation in making improvements. Adult Social Care welcomes and encourages feedback by any means including complaints, compliments, comments, surveys, consultation, engagement or audits and uses this feedback systematically to try to make services better.

Borough of Poole has a statutory responsibility to report complaints and other representations about Health and Adult Social Care under the Local Authority Social Services and National Health Service (NHS) Complaints (England) Regulations 2009. This requires councils and NHS bodies to produce an annual report about the complaints they have received, issues that have been raised, and any action that has been taken to improve services.

This annual report covers feedback and learning for the period 1 April 2018 to 31 March 2019. It aims to:

- review the management and performance of the statutory complaints and representations process in 2018/19 (including statistics, the nature of complaints and compliments received, and how the learning from these has been used to improve services);
- give examples of how improvements have been made using other forms of customer opinion given by service users, their carers and families.

Read more about the statutory process at [Appendix 2](#).

Executive Summary

Borough of Poole Adult Social Care highly values the opinion of its customers and has continued to encourage feedback from adults who receive care and support services, carers and residents. We also work with all partner agencies to improve services.

In 2018-19, the number of complaints received increased to 70 from 64 the previous year. Communication remained the most common theme of complaints; this has not changed from the previous three years:

- poor communication was raised in 27 complaints;
- professional practice was the reason for 15 complaints;
- decisions around assessment and eligibility were cited in 12 complaints; and
- issues around finance were highlighted in 11 complaints

43 concerns were managed outside the complaints process with the individuals involved not wishing to pursue a complaint but feeling they needed support to resolve a situation. These cases were dealt with in conjunction with social care operational teams.

40 compliments were received this year, as well as 77 messages of thanks.

To put complaints into perspective, in the period from April 2018 to March 2019 Adult Social Care received over 40,100 external telephone calls to the Business Support Team and over 9500 calls to Helpdesk, including reporting safeguarding concerns, calls to the Crisis Loan Line for assistance and contact calls to social care practitioners.

In 2018/19 Adult Social Care received over 4058 requests for support from adults. Requests included assistance to access community services, ongoing low-level support (such as equipment or aids for around the home), universal services and signposting to other services such as lunch clubs and befriending groups.

Over the year, customer opinion has also been sought via consumer surveys, consultations and engagement events.

Complaints

Local resolution

It is stated in legislation that most complaints should be resolved by local resolution. This means trying to resolve complaints at the earliest opportunity and as close to the point of service delivery as possible.

Investigation

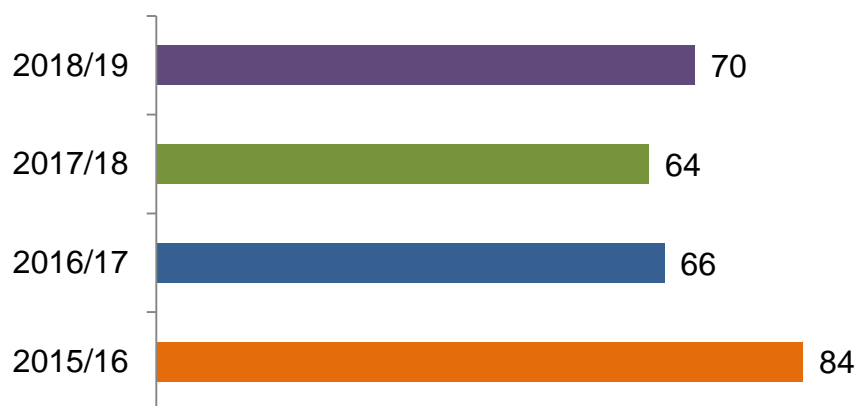
An investigation may be carried out if requested by the complainant, or if it is judged by the Complaints Manager to be the best way to respond to the issues raised.

Local Government and Social Care Ombudsman (LGSCO)

The complainant can also approach the Local Government and Social Care Ombudsman at any stage of the complaint.

Summary of complaints activity in 2018/19

Complaints received



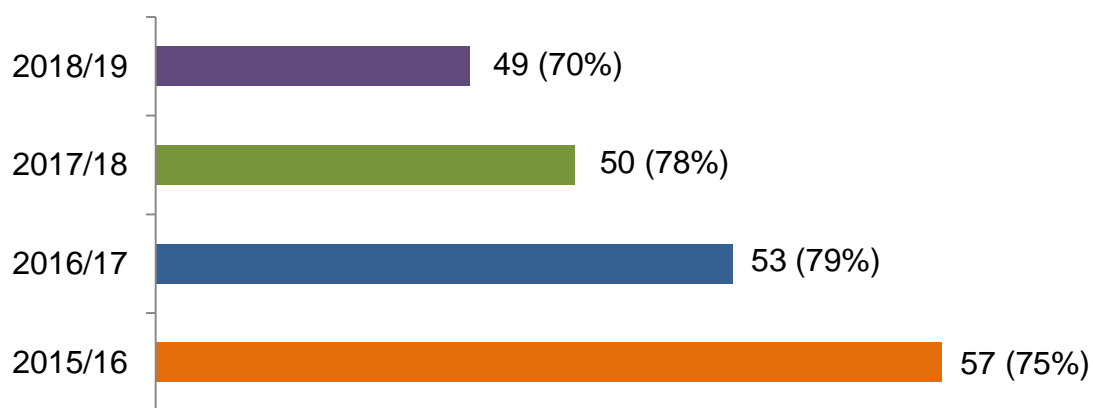
Acknowledgement of complaints

	Acknowledged within	
	3 days (required by legislation)	Over 3 days
2018/19	69 (99%)	1
2017/18	63 (98%)	1
2016/17	63 (94%)	4
2015/16	78 (93%)	6

Complaints resolved by local resolution, formal investigation and via Local Government and Social Care Ombudsman (LGSCO)

	Complaints resolved by		
	Local resolution	Formal investigation	LGSCO
2018/19	69 (99%)	0	1 (1%)
2017/18	54 (84%)	1 (2%)	9 (14%)
2016/17	60 (90%)	3 (5%)	3 (5%)
2015/16	79 (94%)	3 (4%)	2 (2%)

Complaints resolved within 20 days (local best practice)



Complaints made to the Local Government and Social Care Ombudsman (LGSCO)

Over the year 3 LGSCO enquiries were dealt with:

- of the 2 decisions received in 2018/19, one was upheld and one was not (these were complaints received in 2017/18)
- 1 decision is still awaited
- 2 complaints were themed around finance and the other respite.

Please see [Appendix 3](#) for details around cases and decisions

Complaint themes

Themes are now granular, allowing us to be more specific in our recording and identifying key areas of learning and improvement.

Complaint theme	Number of complaints encompassing this theme	
	2018/19	2017/18
Communication (perceived inadequate communication, information and advice)	27	37
Professional practice (level of support and guidance, feeling involved/empowered in assessment process)	15	17
Decision around assessment and eligibility	12	12
Finance (decisions around funding, invoice disputes/delays, self funders approaching the Council for funding, financial assessment)	11	24
Policy	11	8
Commissioning	7	5
Respite	7	4
Quality of domiciliary provision	5	5
Extra care	3	4
Delay in providing a service	5	3
Quality of residential or nursing home	3	3
Safeguarding process	2	3
Process around depletion of capital	0	4

Communication

Communication remains the most common area of complaint. Many of the complaints around communication relate to providing information in a timely manner and expectations in responding to contacts and queries from the adult who uses services and their family. Adult Social Care are looking to address this issue and consider what additional support can be provided to staff to improve communication.

Financial (funding issues, charges or fees)

We have seen a significant decrease in complaints regarding financial issues although individuals continue to challenge national and local policy decisions in terms of funding eligibility.

Complaints about professional practice

Challenges have been made around the expectation of the level of service provision available and the approach to how needs and services are determined. This includes individuals feeling empowered and supported during the assessment process.

The lessons we have learnt from customer feedback

In many instances, outcomes to complaints are specific to the case, and there are few general learning points that would influence policy or procedure. This is similar to the national picture, as noted by the Local Government and Social Care Ombudsman, who report that in 78% of the cases they investigate, the outcome is a remedy for injustice for the individual, ie an apology, financial redress or provision of service, with the remaining 23% recommending learning and improvement at organisation level, eg staff training or procedural change (Reference <https://www.lgo.org.uk/information-centre/reports/annual-review-reports/adult-social-care-reviews>)

Individual issues about specific teams are dealt with through supervision with the team managers and team meetings. This can be followed up through the performance management and operational management meetings where specific elements of learning are discussed and actions agreed as required.

Origin of learning and issues raised	Learning improvement identified	Further improvement in 2018/19	Measure/outcome of learning
2017/18 Complaint	A communications training statement was shared with relevant feedback officers to remind staff of the importance of recording details of telephone calls and ensuring that the correct information is given to the relevant Council Unit.	Practice embedded	No reported incidents of telephone calls about finance, not being recorded.
2017/18 Complaint	Configuration of the new case management system was undertaken to ensure that any requests for financial assessments raised an alert to the financial assessment team.	Case system changes embedded	No complaints around delay in financial assessment

Origin of learning and issues raised	Learning improvement identified	Further improvement in 2018/19	Measure/outcome of learning
2017/18 Complaint	Commissioning practice and plans have been reviewed to ensure there is a stronger focus on quality assurance to prevent issues escalating, including communications, monitoring and evaluation when embedding a service.	Monthly QA Communication meetings were held between teams for the new Domiciliary Framework and the new Extra Care housing provider, to ensure that service issues, safeguarding concerns and complaints were dealt with as a whole and expectations of the service were managed.	<p>In 2017/18 4 complaints including 1 large scale investigation were received around the Extra Care Service, this year there has been 3 that were resolved at local resolution. Even though the service continues to require improvement, Poole ASC were aware of the issues and working with the provider to improve. After the first year of service a satisfaction survey was sent to residents and positive feedback was received in comparison to the same survey conducted in the previous year.</p> <p>3 complaints this year around homecare as apposed to 5 last year.</p> <p>User survey results showed a marked increase in satisfaction levels with homecare – 69% in 2017/18 up to 75% in 2018/19</p>
2017/18 Complaint	There were proactive discussions at operational team meetings around the importance of regular and effective communications.	The Difficult Conversations training course was implemented in June 18 and rolled out to front line teams, to support staff with communication practices. The course has been well attended and received very positive feedback. Plans are being considered to develop the training further.	Even though communication remains the biggest theme for complaints, 27 incidents, this compares favourably to 37 in 2017/18.

Origin of learning and issues raised	Learning improvement identified	Further improvement in 2018/19	Measure/outcome of learning
2017/18 Complaint	A new procedure was developed to ensure a clear pathway and governance structure to manage growing demand from adults who previously funded their own care but need to approach the Local Authority for funding as they have depleted their capital.	Public Self Funding factsheets have been developed to support individuals and families in knowing what to do when they reach the capital threshold. There is also a Self Funding process staff factsheet to aid the process. Process is becoming embedded	No complaints around capital depletion have been received this year (compared to 4 in 2017/18)
2018/19 Complaint	One complaint was received from a provider who had increased the homes fees and complained about the time taken to agree the new fee	Process now in place with Contracts to address these issues	To be measured in 2019/20
QA Team User and Carer Focus group	It was suggested by the group that a FAQ sheet accompany finance letters and that some of the letters needed updating.	The group worked with the Finance Manager to produce the FAQs and amend letters to be more user friendly.	To be measured in 2019/20
2018/19 Complaint/ Adult Social Care survey	Further staff and public factsheets have been created as a result from complaints or survey feedback including Notice Periods and Working with your Home Care Provider,	The Working with your Homecare Provider is now also being rolled out across the whole of BCP Council	To be measured in 2019/20

Further improvements planned from learning from 2018/19:

- The QA team are planned to attend team meetings around complaint themes and trends
- Complaints training will be reviewed as part of the ongoing service development for BCP Council including the involvement of the user voice in sessions.

Monitoring the effectiveness of the Complaints Procedure

Feedback is sought on the process through a complaints questionnaire. The questionnaire focuses on qualitative questions, to give a richer insight into complainants' personal experience of making a complaint. A number of positive comments were received including:

“ Following concerns about my experience with social services regarding my mother, the Complaints Manager suggested a meeting with herself, the Complaints and Improvement Officer and [an officer] from finance. This proved to be a very informative and productive meeting. My husband and I explained the problems we had faced and our frustrations at a lack of clarity from the various departments. We were also concerned that these problems could be experienced by other families coping with a similar situation to ourselves. I believe that the representatives from social services were genuinely surprised at the problems we had incurred and they appreciated the fact we wished to ensure others did not face similar issues.

[The finance officer] was able to provide us with greater detail concerning finances and also arranged a refund of money that had been incorrectly charged. It was also reassuring that the Complaints and Improvement Officer took our concerns so seriously that she gave advice on the complaints procedure which hopefully will ensure greater efficiency and understanding from the departments involved.

”

Staffing

The part-time role of Complaints and Improvement Officer co-ordinates complaint responses from service areas and external service providers. The officer acknowledges complaints and supports managers with responses where appropriate. The officer also delivers adult social care complaints training and undertakes internal investigations and audits where appropriate.

Training

Training is managed by Commissioning and Improvement - People Services and delivered by the Complaints and Improvement Officer for both staff and managers. The training reinforces that staff should be knowledgeable about the complaints process and able to signpost service users and their representatives if they are dissatisfied with services provided. The training also emphasises how complaints can lead to organisational learning, which benefits Poole residents.

19 Adult Social Care staff attended the training in 2018/19:

- 100% rated the trainer's knowledge and understanding of the topic as either good or excellent;
- 100% rated the trainer's interaction with the group as either good or excellent;
- 100% said the mix of group work, discussion and presentation was proportionate and effective.
- Consistently, attendees said the training had given them a better understanding of the complaints process, more confidence to deal with any complaints effectively and clarified the most up-to-date practice.

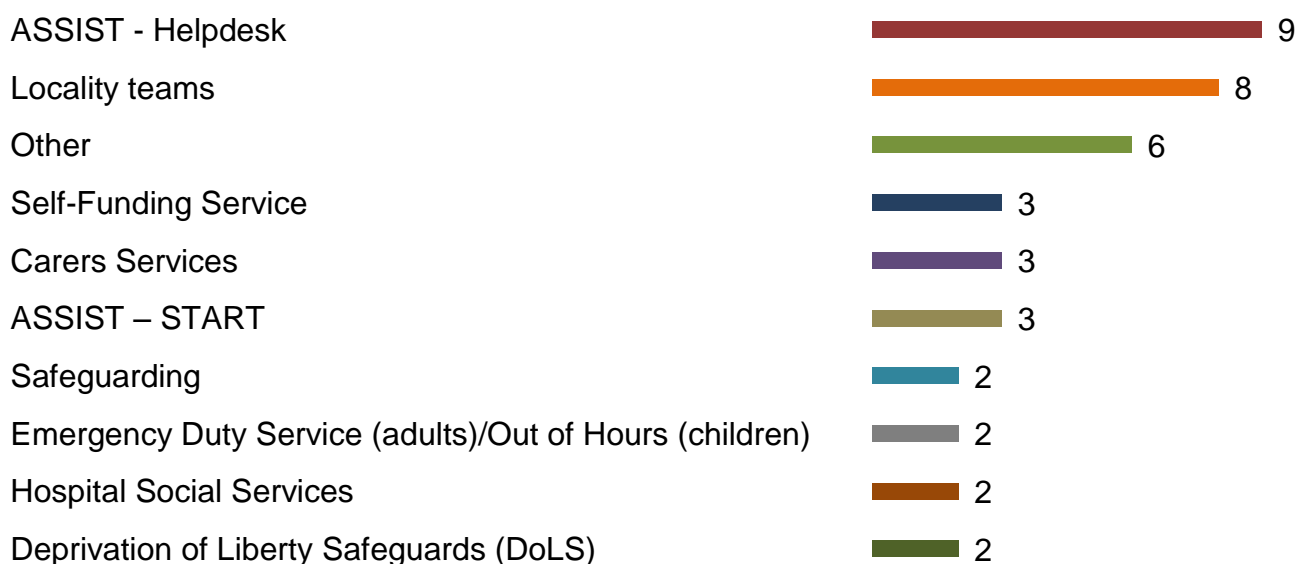
- One person suggested a full-day course would be beneficial to be able to explore the content more.

Compliments

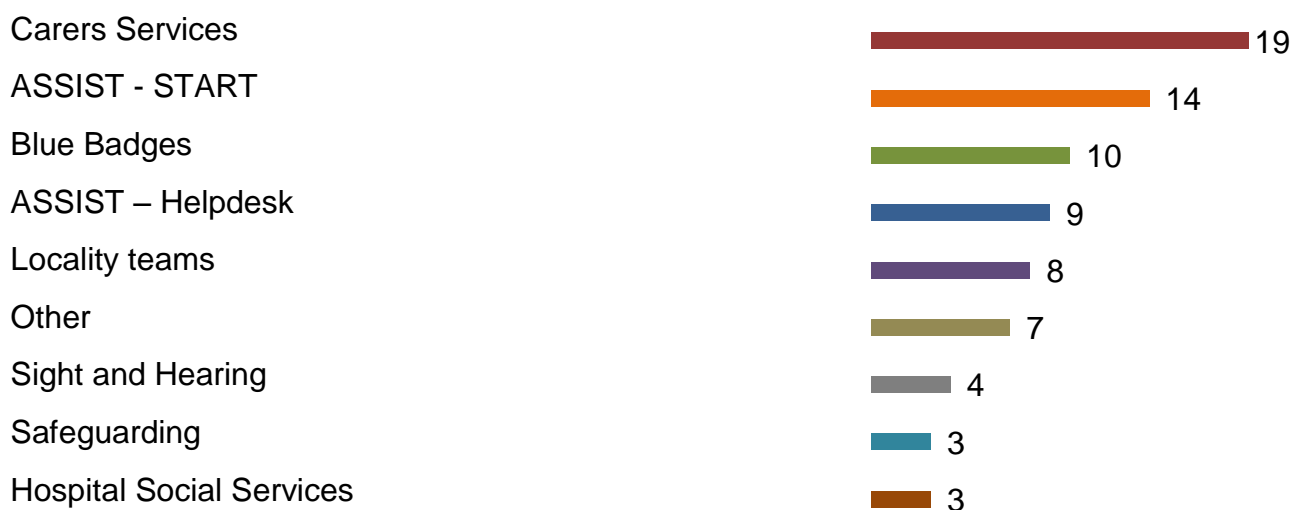
Service users and staff are encouraged to report feedback about services. Compliments are vital because they help to give us a complete picture of the service offered. In addition to complaints, they can help us make changes to improve services further by identifying good practice.

40 compliments were received this year, as well as **77** messages of thanks:

Compliments



Thank yous



Compliments and positive feedback are shared with staff on a weekly basis through the Unit newsletter. At the same time, teams are reminded to feed back comments from adults and carers and many teams now have a systematic way of doing this. A small selection of compliments and thank yous received is at [Appendix 1](#).

Other forms of customer and community feedback

a) Satisfaction surveys

NHS Digital Adult Social Care User Survey

In January 2019, local authorities with adult social care responsibilities took part in the national annual survey that asks users of adult social care services about their quality of life and how services they receive impact on this.

The survey was sent to all adults in receipt of long-term support services funded or managed by the Council on the date chosen to extract the data. 438 people completed the questionnaire, a 32% response rate. The survey informs seven performance measures in the Adult Social Care Outcomes Framework (ASCOF).

Adult Social Care Outcomes Framework (ASCOF) indicators (subject to ratification):

1A – Social care related quality of life

This indicator gives an overarching view of the quality of life (QOL) of service users, out of a maximum score of 24. The measure is an average, composite score based on the responses to eight questions around control, keeping clean/presentable, nutrition, accommodation, safety, social contact, spending their time as they want, and feelings about how they are helped and treated.

Response	2018/19	2017/18	Performance	Bournemouth	Dorset	South West average	England average
QOL score	19.2	19.0	↑	19.3 (2017/18 19.4)	TBC	TBC	TBC

1B – The proportion of people who use services who have control over their daily life

Response	2018/19	2017/18	Performance	Bournemouth	Dorset	South West average	England average
I have as much control over my daily life as I want	78.8%	79.5%	↓	81.7% (2017/18 81%)	TBC	TBC	TBC

1/1 – The proportion of service users who report that they have as much social contact as they would like

Response	2018/19	2017/18	Performance	Bournemouth	Dorset	South West average	England average
I have as much social	42.3%	43.8%	↓	46.9% (2017/18	TBC	TBC	TBC

contact as I want with people I like				45.1%)			
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3A – Overall satisfaction of people who use services with their care and support

Response	2018/19	2017/18	Performance	Bournemouth	Dorset	South West average	England average
I am extremely/very satisfied with the care and support services I receive	60.3%	60.2%	↑	63.1% (2017/18 69.5%)	TBC	TBC	TBC

3D1 – The proportion of service users who find it easy to find information about services

Response	2018/19	2017/18	Performance	Bournemouth	Dorset	South West average	England average
In the past year, I have generally found it very easy to find information and advice about support, services or benefits	78.4%	75.6%	↑	72.4% (2017/18 78.7%)	TBC	TBC	TBC

4A – The proportion of people who use services who feel safe

Response	2018/19	2017/18	Performance	Bournemouth	Dorset	South West average	England average
I feel as safe as I want	71.1%	70.6%	↑	69.4% (2017/18 72%)	TBC	TBC	TBC

4B – The proportion of people who use services who say that those services have made them feel safe and secure

Response	2018/19	2017/18	Performance	Bournemouth	Dorset	South West average	England average
Care and support services help me in feeling safe	90.8%	86.6%	↑	83.6% (2017/18 86.5%)	TBC	TBC	TBC

Performance has risen in 4 out of 7 of the ASCOF indicators.

In response to the decline in satisfaction with information and advice, a number of actions have been taken:

- Work has begun to gain more feedback around information and advice, including meeting with the Learning Disability Partnership and further engagement with users who said that information and advice was difficult to find. These findings will allow improvement plans to be put in place.
- The QA team are reviewing information and advice for long term individuals including designing information packs for re assessments and working with a small focus group to understand what information would be useful when social care services have been received for a longer period of time.
- Promotion work for My life my care information directory, is being rolled out with locality teams to ensure everyone is aware of the information available. Further improvements for My life my care are being considered such as widening the scope for signposting and preventative information and links to the local offer preparing for adulthood pages for young adults.

NHS Digital Carers Survey 2018/19

In November 2018 Local Authorities with Adult Social Care responsibilities were invited to take part in a national survey. The aim of the survey is to find out carers' perceptions of the support they receive to perform their caring role. The survey results are used by Adult Social Care and NHS Digital to look at ways to improve service delivery.

The Carers Survey is biennial and informs five performance measures in the Adult Social Care Outcomes Framework (ASCOF).

1D – Carer reported quality of life

This indicator gives an overarching view of the quality of life (QOL) of carers. The measure is an average QOL score which is a composite score based on the responses to six questions relating to occupation, personal care, safety, social participation and encouragement and support.

Response	2018/19	2016/17	Performance	Bournemouth	Dorset	South West average	England average
QOL score	7.9	8.3	↓	7.1 (2016/17: 7.4)	7.7 (2016/17: 7.8)	7.3	7.5

The following are the scores for the individual questions that make up the composite score for 1D:

Response	2018/19	2016/17	Performance
I don't do anything I value or enjoy with my time	10.8%	11%	↓
I have some control over my daily life but	63.7%	62%	↑

Response	2018/19	2016/17	Performance
not enough			
I have no control over my daily life	10.7%	9%	↑
Sometimes I can't look after myself well enough	26.9%	25%	↑
I feel I am neglecting myself	11.7%	9%	↑
I have no worries about my personal safety	87.4%	88%	↓
I am extremely worried about my personal safety	1.7%	1%	↑
I have some social contact with people but not enough	50.9%	47%	↑
I have little social contact with people and feel socially isolated	13.9%	12%	↑
I feel I have no encouragement and support (in my caring role)	17.8%	14%	↑

1I – Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.


This question was asked in the previous survey but this is the first time it has been a performance indicator.

Response	2018/19	2016/17	Performance	Bournemouth	Dorset	South West average	England average
I have as much social contact as I want with people I like	35.3%	41.6%	↓	24.5% (2016/17 29.2%)	32.7% (2016/17 35.4%)	28.9%	31.2%


3B – Overall satisfaction of carers with social services

Response	2018/19	2016/17	Performance	Bournemouth	Dorset	South West average	England average
I am extremely satisfied/ I am very satisfied	38.1%	45.2%	↓	39.4% (2016/17 41.1%)	41.5% (2016/17 45.9%)	38.2%	38.6%

3C – The proportion of carers who report they have been included or consulted in discussions about the person they care for

Response	2018/19	2016/17	Performance	Bournemouth	Dorset	South West average	England average
I always felt involved or consulted/ I usually felt involved or consulted	73.4%	77.8%		62.5% (2016/17 69.7%)	72% (2016/17 75.4%)	69.3%	69.5%

3D – The proportion of people who use services and their carers who find it easy to find information about services

Response	2018/19	2016/17	Performance	Bournemouth	Dorset	South West average	England average
Very easy to find/ Fairly easy to find	75.6%	80.7%		64% (2016/17 66.8%)	69.6% (2016/17 67.9%)	64.7%	62.6%

In response to the decline in satisfaction with information and advice, a number of actions have been taken:

- Communication and support themes have been highlighted in learning from complaints action has been taken encouraging social workers to attend the 'Difficult Conversations' training course
- Bespoke complaints training is being offered around communication
- Improvement of staff guidance to ensure consistency is already in place.
- Is constantly being reviewed and a small focus group now co-designs new factsheets and My life my care pages.
- Improving information for people with a learning disability (LD) is being considered including working with CRISP to roll out the LD Partnership newsletter to all LD carers; redesigning of the Local Offer for younger people and ensuring adults are signposted to Dorset Health Care LD information webpages.

Feedback about the Short-Term, Assessment, Reablement and Telecare (START) service

Surveys are sent out to individuals receiving the START service and, where possible, feedback forms are completed at the last visit.

A full-year report is compiled at the end of each calendar year. In 2018, 75 surveys were completed and out of the people who answered each question and responded they 'strongly agreed' or 'agreed':

- 100% (65 people) said START supported them to build their confidence;
- 100% (65 people) said the service enabled them to maintain maximum possible independence, choice and control;

- 95% (61 people) said they had been involved as much as they wanted to be in the decisions about their support;
- 100% (74 people) said staff were friendly and courteous and 100% (74 people) said assistants were friendly and approachable;
- 96% (64 people) felt their quality of life had been improved by receiving the service.

Helpdesk questionnaire

Surveys are now sent to individuals who contact Helpdesk and receive information and advice, have a visit and/or an assessment by a visiting officer.

In 2018, 95 people completed a survey and 95% said that they found the visit or call was helpful and informative and that their needs were identified, and 96% felt they had received the right information and advice.

Many positive comments were received. For example, one person said the telephone service, assessment and follow-up visit were wonderful and they were thrilled with the equipment they had received because it was so useful and and made them feel safe. Another said the team had been very helpful and their life had changed so much for the better they could not thank them enough.

b) Consultations/engagement/information and advice

A number of engagement and consultation exercises have been carried out with adults who have used services over the past year including:

- Through the Adult Social Care survey, we identified 95 people who said they may like to be involved in the work of Adult Social Care in developing services.
- The virtual consultation group is ongoing and has been used on a regular basis, including feedback on new My life my care pages and updates to finance letters.
- A small focus group of service users and carers has been established to further engagement around the information and advice offer and other areas of business when needed.
- The Complaints and Improvement Officer and Service Manager for Older People, Physical Disability and Learning Disability continues to run a Carers Group.
- The Learning Disability Partnership Board is now representing across the BCP Council area and continues to drive service improvements through the change action groups as part of the Big Plan 2018 to 2021. The Board and action groups engage with adults with a learning disability and family carers to enable them to have a voice, as well as partners such as health, the police. The Care and Support Framework for adults with a learning disability and or autism was successfully co-produced through engagement with self advocates and carers.
- Poole Over 55s forum is approaching its 3rd AGM and is working more independently. Its membership now reaches over 90 people. The Council is working with Prama to support the group where needed. Its focus this year is to address barriers to older people being online and they are planning a digital discussion event in the summer.

- A number of quality assurance surveys were developed for internal teams to improve feedback around services, e.g. Shared Lives and Helpdesk.
- A schedule of care provider events were held at the Civic Centre and included a very successful workshop where GPs, Paramedics and District Nurses were invited to discuss care agency perceptions with care providers.
- A care provider newsletter continues to provide regular updates and communications.
- Work continues to promote Adult Social Care factsheets with GPs, community centres and libraries and this is being extended to places of worship and sheltered accommodation.
- Since the factsheets replaced our leaflets, there have been over 56,000 downloads from the factsheet page with Comments, Compliments and Complaints, START and The Financial Assessment being the most popular.
- My life my care online information directory has been promoted at a diverse range of events and meetings across BCP, to professionals and the public alike including Patient Participation groups, locality teams and hospitals. The site received 103,000 hits in 2018/19. Pages have been reviewed and new information is being developed such as preventative services pages and advice from the preparing for adulthood team and the local offer for young adults.

Appendix 1 – a selection of compliments and thank yous received

- “ Mr B was very impressed following involvement with the EDS last week. He told us the service provided was excellent, from his initial enquiry, to establishing a service that might help, to finding and sending the information. He said it surpassed his expectations and the contact officer's willingness to 'go the extra mile' should be commended. ”
- “ He just wanted to tell me how lovely you were, helpful and reassuring, and he really enjoyed your visit. He stated he found you very knowledgeable and professional and wanted to give credit where it was due. ”
- “ I have been extremely impressed by Poole Adult Services' attentiveness and professionalism throughout my wife's time in care. ”
- “ Mr B was very impressed following involvement last week. He told us the service provided was excellent, from his initial enquiry, to establishing a service that might help, to finding and sending the information. He said it surpassed his expectations and the contact officer's willingness to 'go the extra mile' should be commended. ”
- “ The client said the service she has had from Poole ASC has been 'amazing' – she went on to advise that [the officer] 'has been efficient and helpful at getting things sorted'. They have now signed up to lifeline and had a carers assessment and are looking forward to hopefully getting some sitting service respite. ”
- “ Thank you for journeying through this issue with Ms B and myself and working to get Ms B the right support for the situation. I do appreciate the support that is now in place for her. Thank you ”
- “ I am writing to express my sincere thanks and appreciation to the home carers who took care of me during my recent illness; I cannot speak too highly of them, and the very considerable help I received, and, also, their encouragement they gave to me to get better. I am grateful, also, to the organisers for the exemplary way the team worked. Once again my thanks to all concerned in easing my illness and I am now feeling much better. ”
- “ I just wanted to thank you for taking the time to find out this information for me. I am still processing what this means for future practice but it is really valuable. I will definitely follow up some of those contacts for more information. ”
- “ Wanted to thank everyone involved with the referral for her brother. She said that Poole Adult Social Services have provided a brilliant service for her brother and she felt supported throughout the whole experience and is amazed at the speed of service we have provided to help her brother through a very difficult time. ”
- “ We wanted to thank the team for our last minute short break at Brixham. We had a wonderful time and we were extremely lucky with the weather. The accommodation exceeded our expectations and the staff were helpful and professional. It is a wonderful resource and it allowed us to recharge our batteries. ”

Appendix 2 – the Joint Adult Social Care and Health Complaints Procedure

What is a complaint?

An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social care services provision which requires a response.

What is a representation?

A comment, suggestion or compliment made about the service provided. Legislation states that if it is possible to resolve a lower level matter immediately or within 24 hours, there is no need to engage the complaints process.

Who can complain?

An adult who is entitled to, or has a possible need for, a personal social service at any stage in their contact with the service. They also qualify if they are acting on behalf of the adult as their representative and acting in their best interests.

How the procedure works

a) Local resolution

In the majority of cases, a problem-solving approach will be adopted to resolve complaints as close to the point of service delivery as possible. Most complaints are resolved using this approach and typically by the operational manager. Timescales for responding to complaints are agreed between the complainant and the Complaints Officer. Locally, complaints are normally responded to within 20 working days. If the complainant is not satisfied with the outcome of their complaint they have the option to ask for their complaint to be formally investigated, to request a further meeting or they can approach the Local Government Ombudsman to consider their complaint.

b) Formal investigation

In discussion with the complainant and Complaints Officer, an investigation can be invoked rather than using local resolution. The risk, complexity and seriousness of the complaint will be considered when making this judgement.

An in-depth examination of the complaint is completed by an investigating officer who is independent of the service area. A report will be compiled and forwarded to the Service Unit Head who acts as an adjudicator and will identify the Service Unit's response/decision on each point of complaint and any actions. Timescales for implementation will be included. Timescales are agreed between the complainant, responding manager and the investigating officer.

c) Local Government and Social Care Ombudsman (LGSCO)

The complainant can approach the LGSCO at any time during the procedure or if they remain unhappy after the local authority's efforts at resolution have been exhausted. However, if the Ombudsman considers that issues could be resolved at a local level they will refer the complaint back to the local authority.

Complaints that have both health and social care elements

There may be some occasions when complaints have elements of both health and social care services. If so, the Complaints Officer will look at the issues and decide whether the Protocol for Dealing with Joint Complaints needs to be adopted and the complaint progressed in accordance with this route.

Appendix 3 - Local Government and Social Care Ombudsman Decisions received

Complaint 1

Ms X disputed the Council's decision to recover a debt owed by her late relative from the beneficiaries of her relative's estate. The ombudsmen stated that because the Council did not determine the existence of a debt before passing the remainder of the estate to Ms X and others they should waive the debt.

Final LGSCO decision: upheld

Complaint 2

Mr X stated that he and his mother disagree with his father's contribution from his income to his care home fees. He felt that the Council did not properly consider the impact the contribution has on his mother who finds it impossible to live or maintain the house without the income from her husband.

Awaiting decision

Complaint 3

Mr X complained the Council had refused to allow him to save up direct payments intended to cover his wife's care and weekly respite needs to spend on longer-term respite breaks. There was no fault in how the Council made this decision. It was entitled to ensure that direct payments were being used to meet all of Mrs X's identified eligible care needs. It has directly commissioned respite care having appropriately considered Mrs X's needs. It has appropriately offered mediation having regard to the breakdown in its relationship with Mr X.

Final LGSCO decision: not upheld

Appendix 4 – Equalities information

Primary Support Reason	2018/19	2017/18
Physical Support - Personal care support	50% (35)	47% (30)
Physical Support - Access and mobility only	14% (10)	17% (11)
Learning Disability Support	9% (6)	16% (10)
Mental Health Support	6% (4)	6% (4)
Support with Memory and Cognition	3% (2)	2% (1)
Sensory Support - Support for visual impairment	3% (2)	2% (1)
Social Support - Support to carer	1% (1)	2% (1)
Social Support - Substance misuse support	0	0
Social Support – Support for social isolation	1% (1)	0
Corporate (e.g. a complaint by a provider)	4% (3)	5% (3)
Not recorded (carers do not have a PSR)	4% (3)	5% (3)
Not recorded (information not recorded for Blue Badge complaints)	1% (1)	2% (1)
Not recorded (information not recorded for Out of Hours complaints relating to children)	1% (1)	0
Not known (details not on CareDirector)	1% (1)	0

Gender	2018/19	2017/18
Female	(43)	56% (36)
Male	(21)	39% (25)
Corporate (e.g. a complaint by a provider)	4% (3)	5% (3)
Not recorded (information not recorded for Blue Badge complaints)	1% (1)	2% (1)
Not recorded (information not recorded for Out of Hours complaints relating to children)	1% (1)	0
Not known (details not on CareDirector)	1% (1)	0

Ethnicity	2018/19	2017/18
White - English/Welsh/Scottish/Northern Irish/British	79% (55)	93% (60)
Corporate (e.g. a complaint by a provider)	4% (3)	5% (3)
White any other	10% (7)	2% (1)
Black/African/Caribbean/Black British – Caribbean	1% (1)	0
Not recorded (information not recorded for Blue Badge complaints)	1% (1)	2% (1)
Not recorded (information not recorded for Out of Hours complaints relating to children)	1% (1)	0
Not known (details not on CareDirector)	1% (1)	0
Undeclared/not known	1% (1)	0

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CABINET

Report subject	Corporate Performance Management Update
Meeting date	13 November 2019
Status	Public Report
Executive summary	<p>This report provides an overview of performance at the end of September 2019 for BCP Council.</p> <p>The report has been informed by an interim basket of measures that provide the Council with a health check at a point in time.</p> <p>They have been sourced from data the Council provides as part of the statutory return process and other local measures identified by Service Units. These measures do not necessarily represent what will be reported once delivery plans underpinning the Corporate Strategy are in place.</p> <p>A table of all the measures at Appendix 1 shows progress from quarter 1 of 2019/20 and benchmarking data where this is available.</p> <p>The report also includes a link to interactive performance dashboards which have been developed for each Service Unit and it explains the proposals for reporting performance once the Corporate Strategy and delivery plans are in place.</p> <p>The report identifies some performance issues which are addressed in more detail in exception reports, attached as Appendix 2 to the report but it also identifies some key improvements.</p>
Recommendations	<p>It is RECOMMENDED that Cabinet:</p> <p>(a) Note overall Q2 performance levels</p> <p>(b) Consider the attached exception reports relating to areas of current adverse performance</p>
Reason for recommendations	<p>An understanding of performance against target, goals and objectives will help the Council understand and manage service delivery and identify emerging business risks.</p> <p>Performance measures can be used as indicators for timely intervention but should not be used in isolation as the sole measures of the organisation's success.</p>
Portfolio Holder(s):	Councillor Vikki Slade, Leader of the Council

Corporate Director	Julian Osgathorpe (Corporate Director for Resources)
Contributors	Bridget West - Head of Insight, Policy & Performance Vicky Edmonds – Policy and Performance Officer
Wards	All
Classification	For recommendation

Background

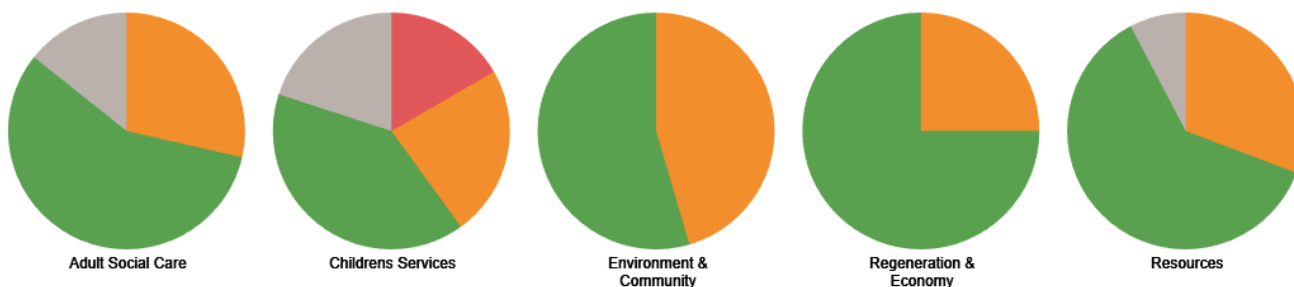
1. Typical corporate performance reports update the Council on how well it is working towards delivering the outcomes and objectives set out in it's Corporate Strategy.
2. The BCP Council Corporate Strategy was agreed by Cabinet on 9th October and was recommended for adoption by Council at its meeting on 5th November 2019.
3. Delivery plans will be developed for each of the priorities set out in the Corporate Strategy and will include desired outcomes and the key measures of success that will make up a corporate scorecard going forward.
4. In the meantime, performance data has been gathered from across the organisations service units to present a picture of performance at the end of quarter 2 for 2019/20.
5. The table of measures at Appendix 1 is an interim set of measures that have been selected by Service Directors on the basis that they show actual performance for the first six months of BCP Council being operational.
6. These measures do not present a balanced picture of performance across the whole of BCP Council, they offer a snapshot of current performance at a point in time.
7. The council is currently in a transitional space and this performance report should be read as an interim report.
8. Performance data is being collected in a variety of systems and reported in a variety of ways. That coupled with limited background data presents challenges to performance reporting in the short term.

Quarter 2 Performance

9. Performance is presented in an interim performance scorecard at Appendix 1, by Directorate and in interactive performance dashboards which you can access [here](#):

Directorate Overview

Click on a chart to see the measures for that directorate



10. In the absence of agreed targets for 2019/20, RAG ratings have been subjectively assessed in consultation with Service and Corporate Directors, using the available contextual data.
11. The scorecard highlights some challenges in Children Services but also some improvements in this and other areas since quarter 1 which include:
 - Reduction in repeat Child Protection Plans (ref 17)
 - Increase in the number of timely Child Protection Plan visits (ref 18)
 - Increased support to carers (ref 5)
 - Reduction in the number of households in bed & breakfast (ref 43)
12. Exception reports have been prepared for all the measures RAG rated as red. These provide some further detail on the actions being taken to improve performance.
13. Members should note that an aggregate outturn for 2018/19 has been included in the scorecard and officers have been asked to provide an estimated forecast outturn for 2019/20. These have helped to provide some context for the quarterly updates.
14. Outturns for 2018/19 are estimates. It is difficult to forecast and establish accurate historic aggregated outcomes as legacy councils have used different systems to collate and process data.

Monitoring the Corporate Strategy

15. Once key outcome measures and metrics have been agreed for the Council priorities, single and consistent methods of measurements can be determined and robust baseline data for 2019/20 can be gathered.
16. This year one baseline data will be key in setting robust or smart targets for the delivery plans that will underpin the Corporate Strategy.

17. The delivery plans will be presented to Cabinet for approval with the budget papers in February 2020.
18. Future performance will be assessed, or RAG rated against the targets set in the delivery plans. They may be national or local, but they should all align with the Council's priorities and relevant key partnership strategies and plans.
19. It is intended to report these quarterly to Cabinet using interactive performance dashboards demonstrated through the link above, which will be built around the Council's priorities.

Conclusion

20. The attached BCP Council Q2 performance provides a snap shot in time of the Council's performance. It is not linked to Corporate Strategy but reported as an interim measure to provide some indication of how well the Council is performing across Directorates.
21. It identifies some performance issues which Members should be aware of.
22. New corporate performance monitoring arrangements will be put in place once the delivery plan/s and associated measures have been approved by Cabinet in February.

Summary of financial implications

23. A separate financial monitoring report is being presented to this Cabinet meeting. This performance update has not identified any financial implications

Summary of legal implications

24. This performance report has not identified any legal implications.

Summary of human resources implications

25. This performance report has not identified any human resources implications.

Summary of environmental impact

26. This performance report has not identified any environmental implications.

Summary of public health implications

27. This performance report has not identified public health implications.

Summary of equality implications

28. Equality measures will be determined as part of the delivery planning process and integrated into future performance reports. This performance report has not identified any equality implications.

Summary of risk assessment

29. Any risks identified and mitigating actions are as shown in the commentary provided in Appendix 1, Exception Performance Reports and in the interactive dashboards.

Background papers

Council Strategy

Appendices

Appendix 1 – BCP Council Quarter 2 Interim Performance Scorecard 2019/20

Appendix 2 – Exception Performance Reports

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	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
Adult Social Care	1	Number of admissions of older people to permanent residential/nursing care (per 100,000 people)	↓	592.5	166.6 142 admissions	292.1 (249 admissions year to date)	664.0	585.6 2017/18 England Average	Avoiding permanent placements in care homes is a good measure of delaying and reducing dependency on formal social care services and is a national priority. Therefore lower numbers of admissions is better performance. This data has not been through a data quality validation process. Data Source: Adult Social Care Outcomes Framework (ASCOF).
	2	Number of delayed discharges from hospital attributable to Adult Social Care per 100,000 population	↓	1.31	0.40 (87 delayed days)	0.30 (107 delayed days)	1.31	3.10 2017/18 England Average	This measures effective joint working of health and social care in facilitating timely discharge. Therefore lower outturn is better performance. This data is based on the Adult Social Care Outcomes Framework calculation (based on latest data available April- 31 July 2019). Christchurch delays have been higher than anticipated hence higher outturn rate. Data Source: (ASCOF).
	3	The proportion of people who reported that risks have reduced as a result of a Safeguarding enquiry	↑	87%	95.20%	95.30%	95.00%	Local	Based on Section 42 enquiries between 01 July and 30 September 2019 (Higher percentage is better performance).
	4	Timeliness of delivery of aids within the home to support independent living	↑	84%	84.80%	Q2 data not available.	85.00%	Local	The timely provision of aids within the home can delay or reduce the need for more formal social care support, therefore a higher percentage of aids delivered within 3 working days is better performance. This is a local indicator from NRS Healthcare contract. Q2 data is not yet available, but July was 78.8% and August was 83.2%. Increased activity and absence of key staff has exacerbated lower performance.
	5	Proportion of carers who receive information/advice or another service after an assessment or review	↑	N/A	37.40%	81.80%	37.40%	Local	Not all adults receiving long term support will have a carer, therefore this indicator will never reach 100%. However a higher percentage is better performance. This is a local indicator. These carers are divided by the number of adults in receipt of a long term service.. Improvements in data capture over the last quarter has meant a positive impact on capturing activity and as a consequence much improved performance.
	6	Adults with a learning disability in paid employment	↑	3.73%	3.80%	3.90%	3.80%	6.00% 2017/18 England Average	This is based on adults in receipt of long term social care support who could be living in a care home or in the community in paid employment. Further work is ongoing to ensure that we have captured all adults who receive support within this indicator. Further to this we are planning a review of supported employment opportunities, with Children's Social Care and Health partners. Historically the percentage is low on a national basis <10% due to the level and nature of support received. Data Source: (ASCOF).
	7	Adults with a learning disability in in settled accommodation	↑	75.70%	68.70%	70.70%	69.00%	77.20% 2017/18 England Average	The percentage only includes those adults living in their own homes or with their families. Adults living in a care home or long stay residential unit are not included in the scope of settled accommodation. We are reviewing the use and reliance on residential care particularly in the Bournemouth area, by increasing the use of shared lives and supported living housing options. Higher percentage is better performance. Data Source: (ASCOF).

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
Children's Services	8	Proportion of social worker positions covered by agency staff	↓	N/A	15.1%	13.6%	14.8%	2018 England - 15 SN - 16 Good/Outstanding - 12	This figure is provisional - will be updated once the Social Care Workforce return is completed (end of November) to allow for better comparison with benchmarks. Quarter 1 figure updated due to difference in methodology; now more closely aligned to social care workforce methodology, based on frontline social workers.
	9	Average number of cases per social worker	↓	N/A	18	19	18	2018 England - 17 SN - 16 Good/Outstanding - 17	This figure is provisional - will be updated once the Social Care Workforce return is completed (end of November), to allow for better comparison with benchmarks. This average disguises the variance in caseloads between teams and does not reflect vacancies not filled by agency workers and sickness.
	10	Proportion of contacts with a decision in 24 hours	↑	N/A	71.1%	81.6%	76.0%	N/A	5,106 contacts were received in Q2, a 17.5% increase compared to the previous quarter. The forecasted total for the year is 18,906. Remodelling of the front door to Children's Services is expected to reduce demand.
	11	Number (and rate) of referrals received	N/A	TBC	940 (124.8)	995 (132.1)	1935 (513.9)	2017/18 England – 553.2 SN – 551.2 Good/Outstanding – 521.2	995 referrals were received in Q2, up by 5.9% compared to the previous quarter. Benchmarking is an annual figure. Q2 data reflects only that period. Q1 figure updated.
	12	Proportion of contacts that progressed to referral	↑	N/A	25.9%	19.5%	21.7%	N/A	As the remodelling of the front door to Children's Services is embedded, the proportion of contacts that progress to referral should rise.
	13	Repeat referrals in 12 months	↓	N/A	24.0%	15.6%	24.0%	2017/18 England – 22% SN – 24% Good/Outstanding – 18%	This is not an area of performance concern but we continue to monitor. Our range tolerances are 22 or less green, 23-26 amber, 27 and above red.
	14	Timeliness of single assessments	↑	N/A	67.7%	65.9%	66.8%	2017/18 England – 83% SN – 77% Good/Outstanding – 86%	See Appendix B - Exception Performance Report.
	15	Number (and rate) of Children in Need	N/A	TBC	2,726 (362)	2,774 (368)	2,774 (368)	2017/18 England – 341.0 SN – 340.0 Good/Outstanding – 355.0	There were 2,774 children in need at the end of Q2, no significant change to the previous quarter. The rate of children in need includes all children open to Children's Social Care, including those with a child protection plan or looked after. We anticipate overtime that this rate per 10,000 will change, linked to the improvement work in the Early Help offer and the work with the DfE sponsored Partner in Practice - North Tyneside.
	16	Number (and rate) of Child Protection Plans	N/A	TBC	247 (32.8)	278 (36.9)	278 (36.9)	2017/18 England – 45.0 SN – 47.0 Good/Outstanding – 46.0	There were 278 children subject to a Child Protection Plan at the end of Q2. This is up by 12.6% compared to the previous quarter. We are curious about the rate per 10,000 as well as the number of children who are subject to CPP for 3 months, and this area of work is a key line of enquiry for the leadership team in quarter 3.

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
Children's Services	17	Percentage of Child Protection Plans that are repeats	↓	N/A	21.5%	17.7%	19.6%	2017/18 England – 20% SN – 22% Good/Outstanding – 19%	This definition includes children who have at any time in their life and wherever they have lived been subject to a Child Protection Plan which is a recognition that they were at risk of or suffering significant harm.
	18	Child Protection Plan visits on time	↑	N/A	88.8%	94.0%	91.4%	N/A	Visits to children subject to a Child Protection Plan should be undertaken at least every 20 working days, in line with the regulations. All children not visited on time are reviewed by Service Managers and the DCS has a line of sight to this.
	19	Number (and rate) of Children in Care	N/A	TBC	468 (62.2)	471 (62.6)	471 (62.6)	2017/18 England – 64 SN – 60 Good/Outstanding – 61	This is not an area of performance concern, but continues to be monitored.
	20	Proportion of Children in Care placed over 20 miles from home	↓	TBC	11.8%	15.1%	11.8%	2017/18 England – 19% SN – 21% Good/Outstanding – 20%	Where children are placed is not a performance concern, but the availability of different types of accommodation locally is a priority area of work for the coming year.
	21	Number (and proportion) of Children in Care who are missing out on education	↓	N/A	23 (8.9%)	31 (11.8%)	23 (8.9%)	N/A	See Appendix B - Exception Performance Report.
	22	Percentage of children in care in placements provided by the LA	↑	N/A	57.6%	60.9%	60.9%	2017/18 England – 53% SN – 57% Good/Outstanding – 54%	This is not an area of performance concern, but continues to be monitored.
	23	Care Leavers aged 19-21 in suitable accommodation	↑	TBC	95.7%	96.3%	95.70%	2017/18 England – 84% SN – 83% Good/Outstanding – 85%	Despite this good performance, we are committed to ensuring that every care leaver has the most appropriate accommodation. This performance includes children who are detained in custody.
	24	Number of Care leavers in B&B	↓	N/A	2	6	0	N/A	See Appendix B - Exception Performance Report.
	25	Care Leavers aged 19-21 in education, employment or training	↑	TBC	66.7%	58.5%	66.7%	2017/18 England – 51% SN – 54% Good/Outstanding – 55%	This is not an area of performance concern, but continues to be monitored.

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
Children's Services	26	NEETs and Unknowns	↓	TBC	7% (497)	7.7% (548)	7.7% (548)	South West 6.3%	See Appendix B - Exception Performance Report.
	27	Number of Permanent Exclusions (and Rate) - Primary	↓	TBC	7 (0.03%)	7 (0.03%)	7 (0.03%)	2017/18 Academic Year England - 0.03%	There were 7 permanent exclusions. Data relates to 2018/19 Academic Year
	28	Number of Permanent Exclusions (and Rate) - Secondary	↓	TBC	97 (0.43%)	109 (0.47%)	109 (0.47%)	2017/18 Academic Year England - 0.2%	See Appendix B - Exception Performance Report.
	29	Good/Outstanding Early Years Providers	↑	TBC	95.7%	95.6%	95.7%	N/A	As at 1 October 2019. No benchmarking available.
	30	Good/Outstanding Schools (Primary)	↑		89.2%	90.0%	89.2%	Current: England - 87.5% South West - 84.4%	As at 30 September 2019. Remains better than comparators.
	31	Good/Outstanding Schools (Secondary)	↑		72.0%	75.0%	72.0%	Current: England - 76.2% South West - 71.1%	As at 30 September 2019. An improvement from Quarter 1 but remains just below the national average. This relates to 6 schools, all of which are academies.
	32	Good/Outstanding Schools (Special)	↑	N/A	100.0%	100.0%	100.0%	N/A	As at 30 September 2019. No benchmarking available.
	33	Percentage of 2 year old children benefitting from funded early education	↑	N/A	81.9%	100.0%	81.9%	N/A	Data reflects Autumn 2019 as at 14th October 2019. This percentage is derived from the number of eligible children from data supplied by the Department of Work and Pensions detailing children believed to meet the benefit and tax credit eligibility criteria.
	34	Troubled Families turned around	↑	64.0%	77.7%	89.0%	100.0%	March 2019 England – 49.9% South West – 58.3%	The BCP Troubled Families Programme is on track to turnaround 100% of it's target cohort and draw down the maximum payment by results funding for investment in early help.
	35	Number of EHCPs currently under assessment	N/A	N/A	162	131	125	N/A	The number currently under assessment is a provisional figure due to system change. In addition there were 2,396 active Education, Health and Care Plans at the end of quarter 2 of 2019/20. This is an area of strategic focus with a view to reducing this number.

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
Children's Services	36	Timeliness of EHC Assessments	↑	N/A	74.7%	87.9%	74.7%	2018 England - 58% South West - 53%	Education, Health and Care Plan assessments should be completed within 20 weeks. This is not currently a performance concern.
	37	Number of children with an EHCP in specialist provision	N/A	N/A	1,012	1,010	1,010	N/A	There has been a 0.2% reduction in the number of children with and EHCP in specialist provision compared to the previous quarter. This is an area of strategic focus - the pattern of provision does need to be recalibrated in partnership with schools. This is linked, although not the only factor, to the pressure in the High Needs Block.

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
911 Environment and Community	38	The number of households helped by LEAP (Local Energy Advice Partnership)	↑	n/a	206	102	800	Local	Demand for a 'warm homes' service is traditionally less during Summer months. 145 referrals were taken, which were converted to 102 visits during the quarter. Some of these will be fulfilled in Q3, when demand is expected to increase as temperatures drop. Confidence levels remain high of achieving the Forecast outturn.
	39	Total household waste arising	↓	169,608 Tonnes	38,558.73 Tonnes	37,482.72 Tonnes	171,949.00 Tonnes	Local	Increased forecast outturn figure reflects household/population increase with no expected change in household collection methodology to influence the figure at this stage.
	40	Household waste recycled	↑	53.07%	53.95%	53.00%	53.07%	38.64%	Difference between Q1 figure and Annual is due the seasonal changes in material collection e.g. Garden waste. Benchmarking data from LGInform Single Tier Local Authorise based on 123 Authorities submitting data.
	41	Number of affordable homes delivered	↑	35	6	2	137	N/A	There is a significant pipeline of new build schemes being worked up on Council land. Plans are underway to create stronger partnerships with Registered Providers
	42	The number of positive homelessness prevention outcomes during the quarter	↑	1136	360	390	1250	Local	The number of households assisted to prevent homelessness has further increased in the quarter in comparison to previous quarter & year across BCP. The trend is expected to be maintained throughout the year.
	43	The number of households In B&B accommodation (under homeless provisions) at the end of the quarter	↓	78	84	69	78	Local	A reduction in the use of Bed & Breakfast is reported following the procurement of alternative temporary accommodation and strong homelessness prevention performance.
	44	Anti-social behaviour incidents	↓	15,230	3,720	3,881	15,202	N/A	The reported figures are from Dorset Police data as incidents of anti social behaviour is recorded differently across the three towns within BCP at the moment and this represents the most accurate ASB demand across the area due to most victims contacting Police in the first instance. Slightly increased from Q1, expected across the busier Summer months.
	45	Private sector enforcement - Cat 1 Hazards removed	No clear polarity	24	7	7	28	Local	If a hazard is a serious and immediate risk to a person's health and safety, this is known as a Category 1 hazard.
	46	Out of hours noise complaints responded to within 45 mins	↑	N/A	96.60%	98.00%	95.00%	Local	As expected Q2 was busy in Bournemouth with 141 visits outside of normal hours in response to noise. Some reports came in at similar times and were prioritised or responded to as soon as possible after dealing with an existing issue. Poole and Christchurch achieved 100%. Levels of service remain slightly different.
	47	Food hygiene rating where the rating has increased or is at 5	↑	80%	80.50%	80.80%	81.00%	South West 80.3% National 76.1	Food businesses are given a Food Hygiene Rating from 0 to 5, with 5 being the best. The indicator reports the percentage of businesses where the food hygiene rating has either increased or stayed at the highest rating. Hence it provides outcome data on the impact of the BCP food premises inspection programme.
	48	Trading standards investigations resulting in the successful resolution of consumer detriment	↑	662	144	200	576	Local	Measures a range of issues where consumers have requested or reported significant detriment, and where subsequent intervention by Trading Standards resulted in resolution.

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
Regeneration and Economy	49	Number of Blue Flags awarded to our beaches	↑	8	9	n/a	9	Brighton & Hove - 2 Torbay - 6 Blackpool - 0	Blue flags are awarded in May/June each year. An additional Blue Flag for Manor Steps was achieved this year exceeding the 8 flags targeted for retention.
	50	Number of Seaside Awards awarded to our beaches	↑	13	14	n/a	14	Brighton & Hove - 4 Torbay - 10 Blackpool - 4	Seaside Awards are announced in May/June each year. An additional Seaside Award for Manor Steps was achieved this year exceeding the 13 Seaside Awards targeted for retention.
	51	Number of visits to the physical libraries	↑	1,733,151	415,822	459,552	1,733,151	CIPFA Benchmark against family group - no set target	Physical visits to the library using electronic devices to count the number of people using the libraries. Physical visits will vary throughout the year and we are tracking performance and trends for physical visits and online use. 10.5% increase on the Q1 figures. On target for the 2019/20 outturn.
	52	Number of events/activities held in the libraries	↑	12,313	3,366	3,121	13,500	Local	Events held cover Information, Digital, Health, Reading and Culture. Number of events is slightly down mid year (although take-up has increased). Anticipate scheduled events will increase in the second half of the year.
	53	Take up of libraries events by Adults	↑	73,548 Adults	21,707 Adults	23,423 Adults	83,000 Adults	Local	Adults attending events held by the library service. Please note, the figure for take up from Dorset libraries was not counted in the same way so has been excluded from the 2018/19 figure. 7.9% increase on the Q1 figures. On target for the 2019/20 outturn.
	54	Take up of libraries events by Teens/Children	↑	56,397 Teens/Children	15,800 Teens/Children	19,073 Teens/Children	63,500 Teens/Children	Local	Teens and Children attending events held by the library service. Please note, the figure for take up from Dorset libraries was not counted in the same way so has been excluded from the 2018/19 figure. 20.7% increase on the Q1 figures. On target for the 2019/20 outturn.
	55	Major planning applications determined on time	↑	76.10%	80.00%	86.70%	84.00%	88.00%	Q2's performance has improved compared with Q1 with numbers determined up by 50%. Benchmarking data is from www.gov.uk/government/statistical-data-sets/live-tables-on-planning-application-statistics for 2018/19 Q2 for Unitary Authorities who supplied data.
	56	Minor planning applications determined on time	↑	84.20%	88.00%	81.00%	85.00%	86.00%	Q2's performance has fallen slightly compared with Q1 but numbers determined are up on Q1. Benchmarking data is from www.gov.uk/government/statistical-data-sets/live-tables-on-planning-application-statistics for 2018/19 Q2 for Unitary Authorities who supplied data.
	57	Other planning applications determined on time	↑	91.90%	93.00%	85.20%	89.00%	90.00%	Q2's performance has fallen slightly compared with Q1 but numbers determined are up on Q1. Benchmarking data is from www.gov.uk/government/statistical-data-sets/live-tables-on-planning-application-statistics for 2018/19 Q2 for Unitary Authorities who supplied data.

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
118 Resources	58	Staff sickness - the average number of days sick per employee per quarter	↓	Q4 - 2.9 (Bmth & Poole only)	2.3	2.8	3.0 (Q4)	2.8	Historically this figure has been reported as a rolling annual figure. As a new organisation we are not in a position to do this so the figure is reported as a quarterly average. Benchmarking data is from LGInform data for Q4 2018/19 submissions and is based on data supplied by 6 UA's.
	59	Staff Turnover	No clear polarity	Q4 - 11.24% (Bmth & Poole only)	9.99%	9.60%	N/A	13.00%	Benchmarking data is from LGInform annual data for 2017/18 and is based on data supplied by 25 local authorities.
	60	Number of Followers on Twitter	↑	39,015	25,111	25,987	27,150	Local	This is the total number of people who have chosen to 'Like' the BCP Council corporate Twitter feed; duplicates have been removed. Accounts could not be merged on Twitter – rather than starting from scratch, the account with the most followers was adopted for BCP, as this already had 25% shared followers with the other preceding council accounts. A redirection campaign was undertaken on preceding council Twitter accounts prior to deactivation.
	61	Number of Community Members on Facebook	↑	34,902	35,902	37,368	38,800	Local	This is the total number of people who have chosen to 'Like' the BCP Council corporate Facebook feed; the preceding accounts of Bournemouth and Poole were merged to create one account.
	62	Email news engagement - Total Number of Subscribers	↑	32,312	35,399	34,968	36,360	Local	Numbers are aggregated for all external emails, which cover a range of topics that residents and others proactively subscribe to.
	63	Email news engagement - Percentage open rate	↑	N/A	47.70%	42.20%	47.70%	38.00%	This is the average percentage of recipients who open the email.
	64	Percentage of FOI requests responded to within statutory deadline (20 working days)	↑	N/A	74.00%	81.00% (as at 30/09/2019)	87.00%	90.00%	This figure is a snapshot calculated at the end of each quarter and only includes requests which have been responded to. Dates have been added to the data to clarify when the calculation was taken. More requests received in Q1 (263 requests in total) have now been responded to and the performance for Q1 is now at 74% (previously 82%). Performance in Q2 (342 requests) is currently showing an upward trend compared to Q1. The Q2 figure is likely to change when those requests outstanding have been added to the calculation. Information Asset Advisors are still adjusting to a new Request For Information process across the Council and in different locations for which the IG Team are working with IT & IS to improve. The 90% Benchmark figure is the National Standard. The forecast outturn figure is based on outturn figures for Bournemouth and Poole performance for last year.
	65	Percentage of incidents handled by IT & IS and completed within agreed timescale.	↑	61.43%	53.87%	54.44%	60.00%	Local	3,665 incidents were handled in the first quarter 19/20. 3,785 were handled in the second quarter 2019/20. There are high incident numbers and low percentage completion rates in April due to the large volume of support requests following the go live of BCP in April 2019 against a background of 25% less staff. As expected the number of tickets fell considerably during August due to the Summer Holidays but quickly rose back to normal levels in September. Performance wise, the percentage of tickets being completed within the agreed targets rose in September, despite the number of tickets going up.

	No.	Indicator Description	Good Performance is...	2018/19 Estimate aggregate outturn	Q1 Figure 2019/20	Q2 Figure 2019/20	Forecast outturn 2019/20	Benchmark Figure	Comment
Resources	66	Percentage of service requests completed by IT and IS within agreed timescale	↑	81.80%	78.01%	78.75%	80.00%	Local	4,665 requests were handled in the first quarter of 19/20. 4,483 were completed during the second quarter.
	67	Percentage of Council Tax collected	↑	97.50%	28.51%	55.12%	97.50%	96.80%	The benchmarking figure is an annual figure for 2017/18 whilst the Q1 figure represents the percentage of the year's total collected to date. As at Q2 Collection is on target to meet Forecast Outturn.
	68	Percentage of Business Rates Collected	↑	98.10%	30.59%	57.30%	98.30%	98.30%	The benchmarking figure is an annual figure for 2017/18 whilst the Q1 figure represents the percentage of the year's total collected to date. As at Q2 Collection is on target to meet Forecast Outturn.
	69	Time taken to process new benefit claims	↓	16	16	15*	16	21	Aim to process benefit claims within 19 days. *Data on average processing time available to end of August as at time of report.
	70	Time taken to process change of circumstances	↓	6	6	4*	6	6	Aim to process changes of circumstance within 10 days. *Data on average processing time available to end of August as at time of report.

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Exception Performance Reports – Quarter 2 for 2019/20

Indicator Description: 14) Timeliness of single assessments	
2019/20 Q2 outturn: 65.9%	Quarterly Target: 83% - National average
Reason for level of performance: Performance reflects some challenges with capacity from one of the predecessor councils, and as assessments are completed out of timescales performance figures dropped. The service has continued to address and make a positive difference in October.	
Actions taken or planned to improve performance: Capacity in the teams is greatly improved through the restructure and increasing equity in staffing across the assessment teams. An improvement plan has been in place and progressing, and there is a high level of management oversight in relation to ensuring that progress is made and the new Service Director owns this.	
Completed by: Jane White, Service Director	
Service Unit: Children's Social Care and Youth Offending	
Indicator Description: 21) Number (and proportion) of Children in Care who are missing out on education	
2019/20 Q2 outturn: 31 (11.8)	Quarterly Target: No target set
Reason for level of performance: This represents 31 children who were missing out on education (CMOE) at the end of the second quarter. It is attributed to those children not on roll, those on part-time timetables and those in hospital or in secure accommodation.	
Actions taken or planned to improve performance: We have implemented a new Children Missing Out On Education Panel to commission effective provision and education pathways, which also enables a clean line of sight by Service Director. The first panel was held in October 2019 with a focus on children in care. We are developing a Virtual School Improvement Plan this term, in line with good and outstanding local authorities. This improvement plan includes a commissioned peer review by the National Association of Virtual School Heads in February 2020. In line with best practice the new leadership team has now set up a governance board for the Virtual School, the inaugural meeting taking place in October 2019. This is a joint board with education leads, health leads and officers from BCP Council.	
Completed by: Sharon Buckby, Interim Service Director	
Service Unit: Inclusion and Family Services	

Exception Performance Reports – Quarter 2 for 2019/20

Indicator Description:

24) Number of Care Leavers in Bed & Breakfast

2019/20 Q2 outturn: 6	Quarterly Target: 0
Reason for level of performance: The lack of alternative accommodation for care leavers has led to 6 care leavers being placed in Bed & Breakfast accommodation this quarter.	
Actions taken or planned to improve performance: The service is working with housing colleagues to support our care experienced young people to access suitable accommodation. In October we have now identified 6 new bedsits for our young people to move into in collaboration with colleagues. All young people who are not in suitable accommodation have robust risk assessments and the plan is to move them on as soon as possible. Children's Social Care will be setting up a partnership board to meet regularly and support our care experienced young people as corporate parents. However, sufficiency of care placements and housing options prior to and including permanent tenancy options are insufficient and this is a priority area of work for the council.	
Completed by: Jane White, Service Director	
Service Unit: Children's Social Care and Youth Offending	

Indicator Description

26) Percentage of NEETs and Unknowns (and number)

2019/20 Q2 outturn: 7.7% (548)	Quarterly Target: 6.3% South West average
Reason for level of performance: This performance is largely as a result of young people disengaging from education in the latter part of Year 12.	
Actions taken or planned to improve performance: A new approach will improve follow up action and tracking from earlier on in the school year. A new BCP-wide delivery model will improve performance in terms of tracking young people's EET status and will also provide support for NEET young people to re-engage in education, employment and training as well as effective careers advice, information and guidance at Year 11 and continued support in post 16 for vulnerable groups. This will include an improvement in follow up action, tracking and interventions from an earlier point in the school year, based on the previous good performance in one of the predecessor councils, in which performance was in the highest quartile. The majority of our young people NEET are from vulnerable cohorts, and as such we are developing a NEET strategy including supported employment opportunities, particularly children in care, mentoring and the implementation of Project Search for our young people with SEND.	
Completed by: Sharon Buckby, Interim Service Director	
Service Unit: Inclusion and Family Services	

Exception Performance Reports – Quarter 2 for 2019/20

Indicator Description:

28) Number of Permanent Exclusions (and Rate) - Secondary

2019/20 Q2 outturn: 109 (0.47%)**Quarterly Target:**

0.2% national average 2017/18

Reason for level of performance:

This reflects a position in 2018/19 with a high level of exclusions from secondary schools in BCP. It reflects a national issue where exclusions have been used as a tool to manage behaviour rather than utilising the wider system support available and catching issues earlier through early help.

Actions taken or planned to improve performance:

A joint strategy with schools is being developed to address Inclusion and in particular the support around children, pre-exclusion. In partnership with schools, in September 2019 we co-produced a new BCP Managed Moves Protocol to support earlier interventions within a schools-led system.

Additionally, we are in the process of strengthening our Early Help service offer with a single point of contact for each school, building the capacity of schools to intervene earlier.

Finally, a school conference in November 2019 will support a strategy for commissioning effective pre-exclusion support and intervention as part of the Alternative Provision Review.

Completed by: Sharon Buckby, Interim Service Director**Service Unit:** Inclusion and Family Services

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Forward Plan – BCP Health & Adult Social Care Overview and Scrutiny Committee

Updated 06.11.19

The following forward plan items are suggested as early priorities to the Health O&S Committee by the Chairman and Vice Chairman, following consultation with officers.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Report circulated before the meeting date – 18 November 2019			
1	Branch closure of GP Surgery To receive information on the branch closure of Crescent Street GP Surgery, Boscombe and its relocation to Providence Surgery, including patient engagement.	To be informed of branch closures, to submit any questions in advance of the meeting and to have the opportunity to identify any areas for further scrutiny.	Report	Sara Bonfanti Dorset CCG
	Meeting date – 18 November 2019			
2	Cabinet Performance Report To scrutinise the Health and Social Care elements of the Cabinet Performance Report and to discuss how this could link to the Adult Social Care Strategy	To understand and contribute to further discussion on the development and improvement of performance indicators for Adult Health and Social Care.	Cabinet Report	Jan Thurgood, Corporate Director for Adult Social Care
3	Adult Social Care Charging Strategy	The findings of a scrutiny working group will strengthen the final	Working group investigation, with findings to be reported to	Pete Courage, Service Manager,

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	<p>To receive feedback from a working group of the Health O&S Committee, established to consider options relating to the BCP Adult Social Care Charging Policy.</p> <p>To also consider the draft Policy and proposals for public consultation and provide scrutiny, prior to consideration by Cabinet.</p>	strategy by testing options available to the council in respect of adult social care charging.	the full Committee in November.	Adult Social Care
4	<p>Dementia Services Review</p> <p>To receive a report on the consultation findings and decision making of the Dementia Services Review</p>	To inform O&S of developments in Dementia Services	Report	Mark Harris Dorset CCG
5	<p>Annual Report on Complaints and Customer Feedback</p> <p>To receive reports from the preceding Bournemouth and Poole Councils on the 2018/19 survey outcomes regarding Adult Social Care Complaints. To receive information on how BCP Council is managing the statutory complaints process for adult social care.</p>	To ensure O&S maintains oversight of Adult Social Care Complaints	Report	Nicky Mitchell Quality Assurance Team Manager and Elaine Stratman - Principal Officer, Planning and Quality Assurance

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
6	External Scrutiny – Quality Accounts To receive a report on the process involved in ensuring the Council responds to Quality Accounts of local NHS organisations.	To ensure the committee responds as a consultee to the NHS who have a Statutory duty to consult on the Quality Accounts	Report	Elaine Stratman - Principal Officer, Planning and Quality Assurance
Meeting Date – 20 January 2020				
7	Out of Hours Social Care Service To receive an update on the new Out of Hours Service following its launch in November 2018.	To ensure the performance of the Out of Hours Service is reviewed.	Report	David Vitty, Head of Adult Social Care/ Betty Butlin, Head of Long Term Conditions
8	Front Door To receive an update on the Front Door Service Design and the Implementation Plan for Adult Social Care	To ensure oversight of the development of the Plan	Report	David Vitty, Head of Adult Social Care
9	Review of the Adult Safeguarding Board To consider any changes to the 'Adult Safeguarding Board Arrangements'.	To ensure the committee are informed of any changes to the arrangements.	Report	Jan Thurgood, Corporate Director for Adult Social Care

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
10	Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service That an update on the strategic business case, including the financial details of the service would be provided to members. The next steps would also be highlighted	The information provided will ensure that Councillors are aware of the proposals in this respect, and the views of the next stage of the process to be undertaken by the CCG.	Presentation	Mark Harris Dorset CCG / Elaine Hurlll Dorset CCG
	Meeting Date – 2 March 2020			
11	Adult Social Care - Learning Disabilities and Health Checks	To scrutinise the performance and outcomes being achieved with people with a learning disability and their carers and the progress in delivering the “Big Plan” (Learning Disability Strategy).	Presentation by People First Forum and report	Jo O’Connell and Jen Collis-Heavens BCP Council and Mark Harris CCG
12	Healthwatch To receive an introduction to the contract and priorities of Healthwatch. To include a description of the relationship between Healthwatch, the Council and scrutiny	To ensure the committee understands the contract with Healthwatch and offers input accordingly.	Report	Louise Bate Healthwatch / Elaine Stratman, Principle Officer Planning and Quality Assurance
13	NHS Looking Forward Plan To receive an update on the NHS	To ensure the committee are informed of any changes to the arrangements	Report	Jan Thurgood Corporate Director for Adult Social Care

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Looking Forward Plan. To include an update on the Better Care Fund			
14	Adult Social Care Strategy To receive an update on the development of the Adult Social Care Strategy.	To offer recommendations on the Adult Social Care Strategy in advance of its consideration by Cabinet.	Report	Phil Hornsby, Head of Adult Social Care Commissioning
	Meeting Date TBC			
15	Outcome of Independent Reconfiguration Panel relating to Dorset Clinical Commissioning Group Clinical Services Review To receive feedback on the findings of the Independent Reviewing Panel (IRP) commissioned by the Secretary of State.	The update on this matter will ensure that Councillors are aware of progress and are fully informed and able to consider whether further council engagement in this matter is required.	Committee report Note - this date is subject to change and based on the timescales of the IRP.	Tanya Coulter, Monitoring Officer and Director of Law and Governance
16	Adult Social Care Charging Strategy To receive feedback from a working group of the Health O&S Committee, established to consider options relating to the BCP Adult Social Care Charging Policy.	The findings of a scrutiny working group will strengthen the final strategy by testing options available to the council in respect of adult social care charging.	Working group will report initially to Committee in November 2019 and will report again when consultation outcomes are known and prior to the final policy is being presented to Cabinet for approval.	Pete Courage, Service Manager, Adult Social Care

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	To consider the final policy proposals that will go to Cabinet for implementation.			
17	Integrated Care System Plan Looking Forward Councillors will receive an overview of the Dorset Integrated Care System Plan, with a focus on BCP specific information	The presentation will introduce the Committee to priority areas in BCP and will assist the Committee in determining possible future scrutiny.	Presentation	Sam Crowe, Director of Public Health / Sally Sandcraft Dorset CCG
Commissioned Work Work commissioned by the Committee (for example task and finish groups and working groups) is listed below. Note – to provide sufficient resource for effective scrutiny, one item of commissioned work will run at a time. Further commissioned work can commence upon completion of previous work.				
18	Adult Social Care Charging Strategy Working Group – as detailed at item 1 and 13 above.	As detailed at item 5 above.	In a working group August 2019 – April 2020, to include a report to Committee in November 2019 on proposals for public consultation.	Pete Courage, Service Manager, Adult Social Care
19	The South West Ambulance Service Trust Improvement and Financial Investment Plan	To scrutinise the impact of the improvement and financial investment plan on the response	Possible joint scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
		times and outcomes of the Ambulance Service		Care/Samineh Richardson, Senior Democratic and Overview and Scrutiny Officer
20	The implementation and performance of NHS Dorset Urgent Integrated Care Services	To scrutinise the impact, service performance and outcomes of the NHS Dorset Urgent Integrated Care Services	Possible Joint Scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social Care /Samineh Richardson Senior Democratic and Overview and Scrutiny Officer

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