AGENDA FOR

HEALTH SCRUTINY COMMITTEE

Contact: Julie Gallagher
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To: All Members of Corporate Joint Consultative Committee

Councillors: J Grimshaw, S Haroon, T Holt, K Hussain, N Jones, O Kersh, L Smith, S Smith (Chair), Susan Southworth, R Walker and S Wright

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Thursday, 25 April 2019
Place:	Council Chamber, Bury Town Hall, Knowsley Street, Bury BL9 0SW
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	**A pre-meeting for Elected members only, will be held at 6.30pm in the Council Chamber**

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

4 MINUTES *(Pages 1 - 6)*

Minutes of the meeting held on 5th March 2019 are attached.

5 DEVOLPMENT OF THE COMMUNITY REHABILITATION SERVICE IN BURY *(Pages 7 - 24)*

In attendance will be Howard Hughes, Clinical Director, Bury CCG, Catherine Tickle, Commissioning Programme Manager, Bury CCG and Jo Stevens, Service Manager, PCFT. Presentation attached.

6 SUBSTANCE MISUSE UPDATE *(Pages 25 - 38)*

Jon Hobday, Public Health Consultant will report at the meeting. Report and presentation attached.

7 ANNUAL ADULT CARE COMPLAINTS REPORT *(Pages 39 - 46)*

The Interim Executive Director Communities and Wellbeing will report at the meeting. Report attached.

8 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Agenda Item 4

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 5th March 2019

Present: Councillor S Smith (in the Chair)
Councillors, S Haroon, T Holt, K Hussain, N Jones, O Kersh, Susan Southworth and R Walker

Also in attendance: Martin Clayton, Chief Officer GP Federation
Marie Clayton, Deputy Director of Primary Care Bury CCG
Kat Sowden, Managing Director
Persona Care and Support
Stewart McCombe, Chair Persona Care and Support
Kath Wynne-Jones - Chief Executive LCA
Marcus Connor, Corporate Policy Manager
Lesley Jones, Director of Public Health
Julie Gallagher, Principal Democratic Services Officer

Public Attendance: 2 members of the public were present at the meeting.

Apologies for Absence: Councillor L Smith, T Holt, J Grimshaw and S Wright

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Further to the published agenda the Chair agreed that and additional item of business would be considered – Local Care Organisation, Mutually Binding Agreement. Members resolved to consider this item first.

HSC.381 LOCAL CARE ORGANISATION(LCO)– MUTUALLY BINDING AGREEMENT (MBA)

Kath Wynne Jones, LCO Chief Officer attended the meeting to provide members with an update in respect of the development of the LCO's Mutually Binding Agreement (MBA). The MBA is a collaboration agreement for the establishment and operation of the Local Care Organisation, as a formal alliance of organisations which have agreed to work together in a single delivery and accountability structure. The new agreement marks a further stage in the development of a Local Care Organisation (LCO) to become a free standing and separate legal entity with a target date of the year 2020/21. Until then it will remain a contractual alliance between the participating bodies including the Council.
The six partners are; BARDOC, GP Federation, Council, Bury VCFA, Northern Care Alliance and Pennine Care; talks are ongoing with a potential seventh partner, Persona.

The MBA will drive development and improvements to the way health and care services are commissioned and delivered in Bury.

The Northern Care Alliance NHS Group will be the host body for the year 2019/20. The status of the staff employed by the participating bodies remains unchanged

as does existing contracts. Certain functions are therefore delegated to the LCO and a number of matters are reserved to the respective participating bodies, including the Council.

The LCO Chief Officer outlined the key areas to note within the 2019 MBA:

a) Explicit statements of what services are in scope and under the operational management of the LCO
b) Clarity on the governance and accountability arrangements to support operational management, underpinned by a workforce protocol
c) Clarity on the investment agreement between the Bury Local Care Organisation
d) Explicit statements of delegations and reserved powers from each of the partner organisations
e) Principles of risk and reward share

Those present were invited to ask questions and the following issues were raised.

Responding to a Member's question, the Chief Officer reported that the LCO's governance arrangements are still being developed and this would include a review of Board members including Council representation. In terms of the amounts of money that will be delegated to this new organisation initially it is envisaged there will be £8 million from Adult Social Care, £17 million community services and a further £120 million from other services.

Transformation monies from Greater Manchester will be utilised in the establishment of the LCO and the OCO. It is envisaged that these organisations will transform and align the Council and CCG commissioning functions.

The Chief Officer reported that she does not anticipate the proposed changes will result in a reduced workforce. The transformation changes which include the development of integrated neighbourhood teams and intermediate tiers of support will allow for greater staff progression and development. Staff will be provided with opportunities to work in partner organisations.

With regards to concerns about creating another layer of bureaucracy, the LCO Chief Officer reported that the creation of the LCO will hopefully minimise bureaucracy by aligning single line management structures, process and ultimately IT systems.

It was agreed:

The LCO Chief Officer be thanked for her attendance and invited to attend a subsequent meeting of the Health Scrutiny Committee.

DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.382 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

HSC.383 MINUTES

It was agreed:

That the minutes of the meeting held on 23rd January 2019 be approved as a correct record.

HSC.384 GP EXTENDED WORKING HOURS SERVICE

Martin Clayton, Chief Officer GP Federation Marie Clayton, Deputy Director of Primary Care Bury CCG attended the meeting to provide members with an update on the GP extended working hours service (EWH).

The GP Federation Chief Officer provided an overview of the EWH service:

- The service is provided across 3 site:
  - Radcliffe Primary Care Centre
  - Moorgate Primary Care Centre
  - Prestwich Health Centre
- Hours of services are:
  - 6:30pm – 8.00pm weekdays
  - 8.00am – 6.00pm on weekend and bank holidays
- Services include availability of GPs and Primary Care Nurses
- The service provides approximately 360 appointments per week

Additional services are provided by nursing staff, services provided have included, COPD and asthma reviews, ECGs and diabetic reviews. Appointments are split with 78% of patients seen by a GP and 22% by a nurse.

The Deputy Director of Primary Care reported that during 2019/20 a national review of the Urgent Primary Care offer is being undertake – this will include: Out of Hours, Extended Working House and Urgent Care Treatment Centre.

The Chief Officer reported that digital availability to General Practice is a key development area of the next two years with:

- Extended online booking
- Access to the full patient record online with patient write available
- Ordering repeat prescriptions online everywhere
- Online consultation

Those present were invited to ask questions and the following issues were raised.

Responding to a Member's question the GP Federation's Chief Officer reported that the Federation is a limited company owned by the GPs in Bury, they are commissioned by the CCG to deliver the extended hours service.

In response to a Member's question, it is hoped that the development and expansion of the digital offer will take place in the next 18 months. The Chief Officer confirmed that GPs working within the extended hour's service have access to the patient's full medical record.

Members discussed problems with accessing GP appointments and a lack of consistency across the Borough. The Deputy Director of Primary Care reported that within the next 12 months it is hoped that all GP surgeries will have an online patient facility. Each practice is different and the CCG is working with GP surgeries to increase access and improve consistency across the Borough.

Responding to a Member's question the Chief Officer reported that the extended hours service was not established to deflect activity away from A&E but to increase the numbers of available GP appointments. However evaluation undertaken by the GP Federation concluded that following the first two years of operation there was a 4% deflection rate from A&E.

The Chief Officer reported that feedback from patients is undertaken and recent feedback reported a 88% positivity rating for the service which is similar to that reported in GP surgeries.

It was agreed:

The Chief Officer of the GP Federation and the Deputy Director of Primary Care Bury CCG be invited to attend a future meeting to update on the proposed contract changes for General Practice.

HSC.385 PERSONA CARE AND SUPPORT UPDATE

Kat Sowden, Managing Director Persona Care and Support and Stewart McCombe, Chair, Persona Care and Support attended the meeting to provide members with an update on Persona Care. The presentation contained the following information:

Persona operates independently but is wholly owned by Bury Council and provides a range of adult social care services to people who are vulnerable due to age or disability.

- *Day Services supporting 390 customers per week*
- *Short Stay Services supporting 223 customers*
- *Supported Living Services supporting 139 customers*

The workforce has grown from 350 in October 2015 to 450 in December 2018. This growth is linked to increasing resilience in flexible staffing as well as business growth. The workforce make up is 70% Local Authority terms and conditions, 29% Persona terms and conditions and 1% other (due to the TUPE in of a small service from another employer).

There have been some challenges in maintaining a Good CQC rating across all services. The main area of concern has been Spurr House. A re-inspection is imminent.

Those present were invited to ask questions and the following issues were raised.

Members discussed the high levels of reported sickness across the organisation. The Managing Director reported that the majority of sickness is musko-skeltal however cases of long term sickness rates have gradually increased. Incentives have been introduced within the organisation to address the sickness levels, the Managing Director acknowledged this is an ongoing issue for the organisation.

With regards to the CQC rating at Spurr House, the Managing Director reported that she was very disappointed with the requires improvement rating in 2017. An immediate plan was put in place to address some of the problems, the issues identified weren't significant but were as a result of "silly and sloppy errors". Audits are conducted intermittently; the management team at Elmhurst are now supporting and responsible for Spurr House and a subsequent inspection is imminent.

Responding to a question from the Chair, the Managing Director reported that they do collate complaints information and this can be provided to the Committee. The majority of which concern short stay placements and can sometimes be triggered by someone receiving their bill. A compliance manager role has been created to deal with complaints and identify any trends across the organisation.

The Managing Director reported that they are a local authority trading company and as such 80% of the business is transacted with the Council. They can generate the remaining 20% via self-funding and direct payment clients, this is an area where there could be significant growth.

In response to a Member's question, the Managing Director reported that Persona works in partnership with the Council. This partnership work has resulted in a decision to give a £200,000 dividend back to the Council in 2019/2020.

Members discussed the lack of Councillor Representation on the Personal Board. The Managing Director reported that there was a good relationship with the Council and governance is strong within the organisation.

Responding to a question as to why Persona does not deliver domiciliary care, the Managing Director reported that as an organisation they continually review the services they provide. Persona does not want to be the cheapest provider in the market place and would only bid for services if it is financially viable to do so.

With regards to Persona's involvement in the Local Care Organisation, the Manging Director reported that these discussions are ongoing. Persona wants to be part of the conversation as it undertakes a great deal of work in terms of prevention and early intervention that can prevent a person's' condition deteriorating and requiring a hospital admission.

It was agreed:

Kat Sowden, Managing Director Persona Care and Support and Stewart McCombe, Chair, Persona Care and Support be thanked for their attendance and a further update report including financial and complaint information be presented in six months.

Councillor S Smith
In the Chair

(Note: The meeting started at 7pm and ended at 8.55pm)

NHS
Bury Clinical Commissioning Group

Standardising Acute and Specialised Care
Community Neuro Rehab Service – Implementation Update

Howard Hughes, NHS Bury CCG
Catherine Tickle, NHS Bury CCG
Lisa Faulkner, PCFT
Joanna Stevens, PCFT

Setting the Scene

Bury Locality Drivers & Greater Manchester (GM) Drivers

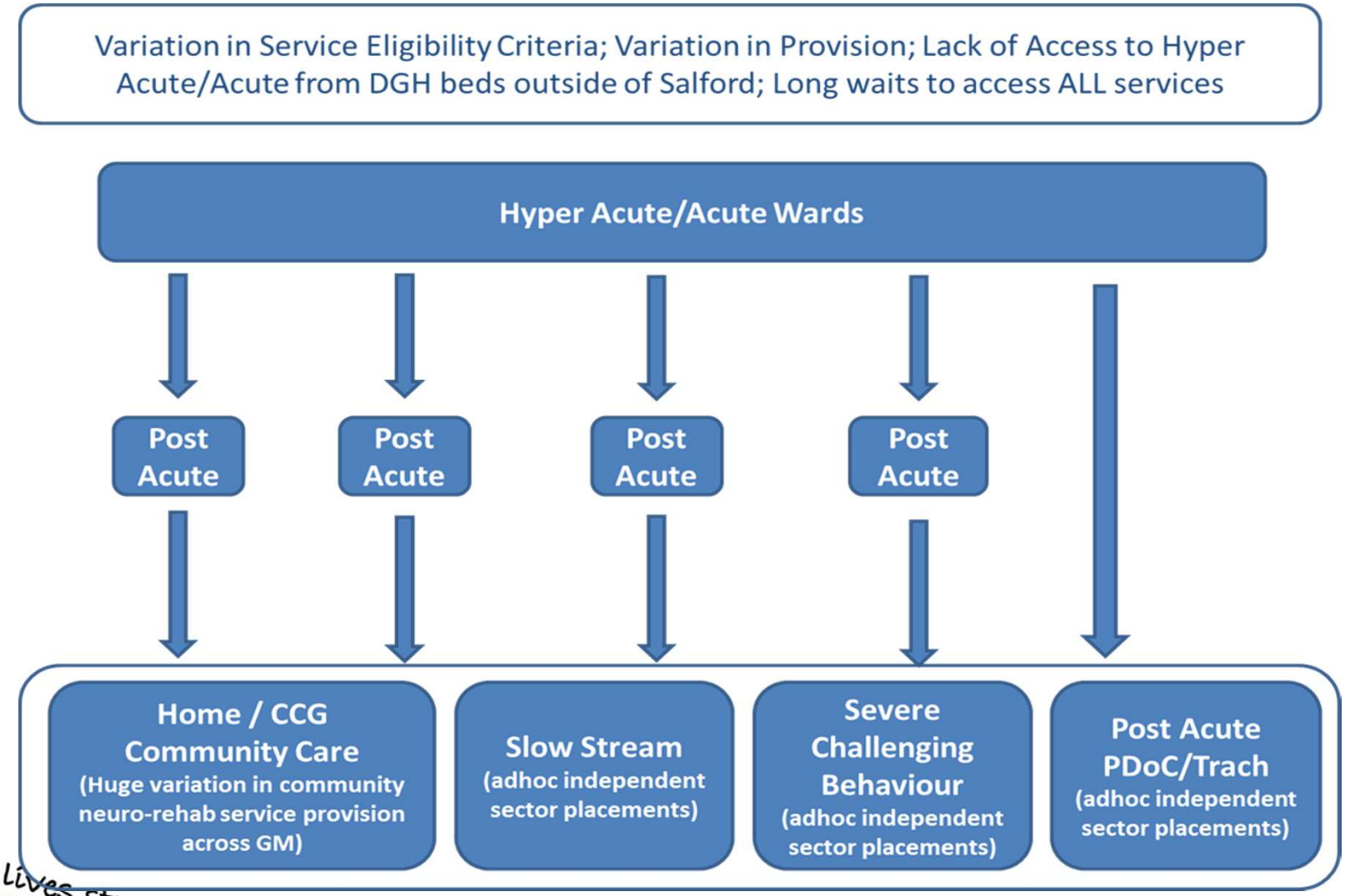
Background - GM Community Neuro Rehab Provision Review

- In 2016 the GM Operational Delivery Network (ODN) carried out a detailed review of community rehabilitation services in all GM localities serving Stroke and Neuro patient groups, to obtain a picture of the current levels of provision.
- Review informed the development of GM Service Specifications for Neuro-Rehabilitation and Stroke.
- ODN prescribed a recommended staffing model for stroke and neuro rehabilitation and a service delivery model.
- ODN undertook a benchmarking exercise to determine how the current provision in GM localities compared against the specification.
- **Key recommendation Bury CCG** - *to give consideration to how people with neurological conditions access specialist neuro-rehabilitation in the community, as well as the broader impact on other health and social care services and the local economy, as a result of the lack of specialist community neuro-rehabilitation services.*

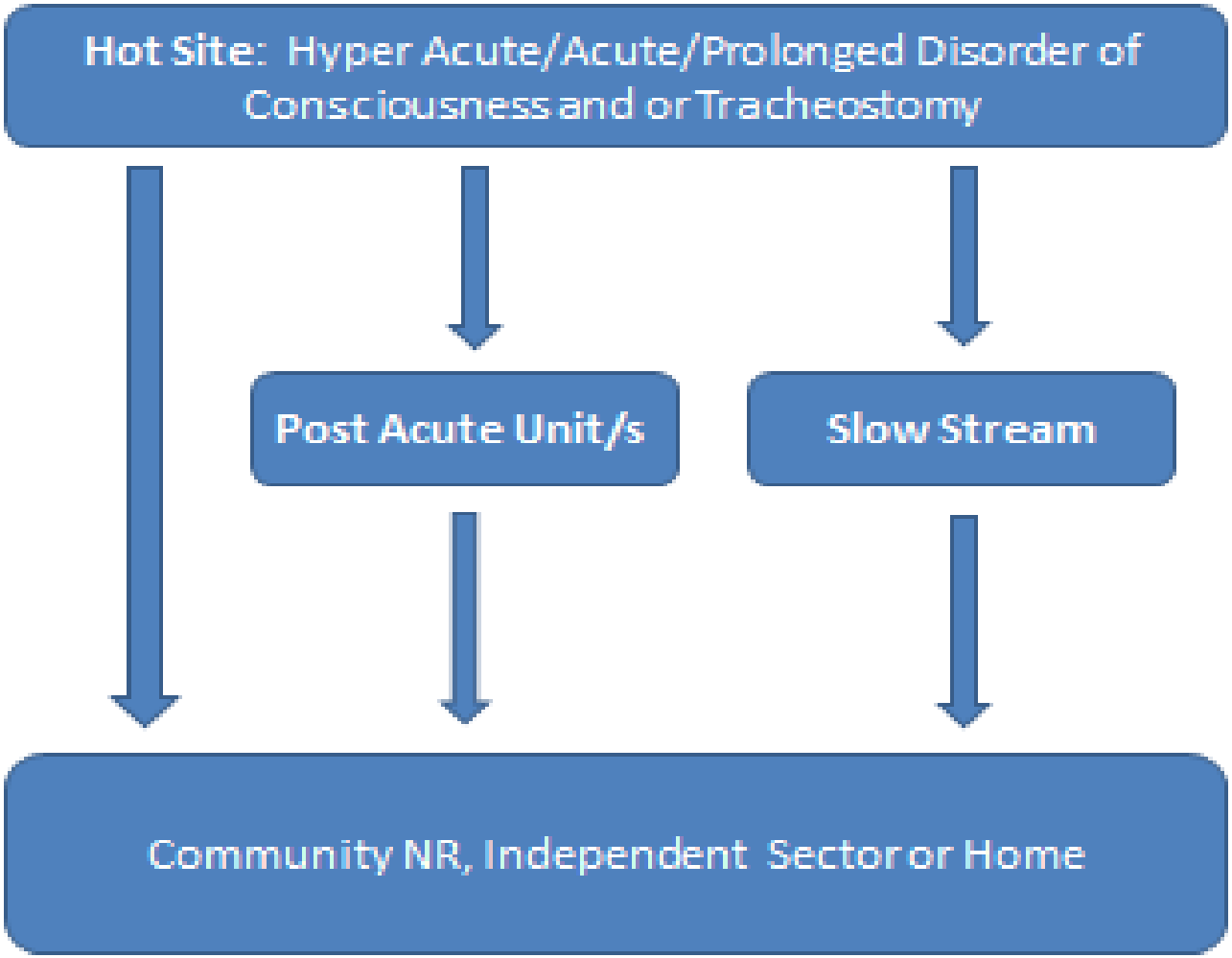
Background – GM Acute Service Reconfiguration

- As part of the GM acute services configuration work, a model involving the hyper acute service at Salford Royal Foundation Trust (SRFT), together with three intermediate neuro Rehabilitation inpatient units supported by a defined service in each community, has been agreed across GM as the way forward.
- Service specifications for all three elements of the pathway have been agreed by commissioners across GM.
- In order to enable the hyper acute and intermediate tiers to fulfil their potential; each locality is required to have a compliant community offer.

Current GM Model of Neuro Rehab



Model of Care



Summary of Key Components - GM Model

The Model of Care for GM Neuro-Rehabilitation has been designed to meet the needs of patients and the service by:

- Developing a single provider model and streamlining commissioning arrangements;
- Delivering the service to agreed standards and with the agreed adjacent clinical co-dependent services;
- Implementing a complex discharge team pan-GM (approved);
- Providing single managed care of patients with a neurological condition and a tracheostomy and/or Prolonged Disorder of Consciousness (PDoC);
- Improving commissioning arrangements for case by case patients;
- Commissioning and providing Community Neuro-Rehabilitation services according to the GM Community Neuro-Rehabilitation Service Specification in every locality of GM; and
- Developing a clinical governance structure to oversee the whole of the Neuro-Rehabilitation pathway.

Bury Clinical Commissioning Group

Bury CCG

Locality Developments - Post GM Review

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NHS Bury CCG – Commissioning Intention

- Business Case approved for the development of a Community Neuro Rehabilitation Service - Clinical Cabinet Meeting, October 2018.
- Integrated Stroke and Neuro Rehabilitation Service supported, building on the existing well performing Bury Stroke Service, commissioned from Pennine Care Foundation Trust (PCFT).
- Initial Target Cohort approx. 100 patients – complex neuro patients from Floyd Unit Rochdale and acute settings requiring Rehabilitation.
- Working towards alignment with the GM Service Specification.
- Local service capacity to be enhanced over a period of time, based on levels of actual local need, as opposed to estimated levels of need.
- Integrated service will enhanced outcomes for Bury Neurology patients, improve patient experience and drive up quality.

Rationale for a Local Service

- Reduced hospital waiting times and positive impact on flow across the system - supporting people to return home as early as possible and reducing length of stay in acute beds.
- Proactive management of neuro patients with in reach into inpatient Rehabilitation services (NHS and Private Providers) - to draw people out of hospital and support a seamless transition from inpatient to community services.
- Work with individuals and their families - develop goals for patients that are specific, measurable, realistic and achievable and timely through a coordinated, holistic, MDT approach.
- Enhanced offer for Stroke patients – addresses the gaps identified in the ODN review of Stroke Services against the GM Specification.
- Bury CCG compliant with the acute reconfiguration work being undertaken across GM.

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Bury CCG
Community Neuro Rehab Service Model

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Bury CCG Locality Model - Who Will the Neuro Rehab Team See?

- Complex neuro patients requiring 3 disciplines or more who live at home.
- This would likely include the following patient groups:-

  - Floyd Unit patients
  - Salford Royal Foundation Trust Neurological patients
  - Traumatic Brain Injury
  - Complex disorders e.g. Guillain Barre Syndrome

- This patient cohort would consist of highly complex patients best served by an MDT approach having co-ordinated timely input from a specialist team.

Benefits of the New Pathway for Patients

- This pathway would have a large impact on patients at home with complex conditions.

- This patient cohort are most in need of specialist intervention and would be best served by this MDT approach which would result in them having co-ordinated timely input from a specialist team.

- The facilitated discharge from an inpatient unit would mean the patient could have a shorter and less intense care package with less likelihood of becoming institutionalised.

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How We Will Develop the Model and Move Forward – With Partners

How We Will Develop the Model and Move Forward – With Data

Community prevalence

- Prevalence – collect data from adult therapy and specialist nursing teams within Bury to understand patients we could be helping in a new pathway

Patient Engagement

- Work with Voluntary, Community & Faith Sector to listen to patient experiences and use this to develop pathways

Acute patients

- Acute colleague to collect data of potential patients for a wider model

Referral data

- Rejected referrals – collect data for potential patients once the referral criteria has changed

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Locality - Next Steps

- New Service Model Launching 1st June 2019
- Steering Group being established – ongoing monitoring/evaluation to inform the future delivery model.
- Working with ODN to ensure alignment with GM work stream.
- Plans to enhance the model in line with demand to be developed to inform 2020/2021 Commissioning Intentions.

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Thank you

Any Questions?

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Overview of GM Drug and Alcohol Strategy and Bury's local approach

Jon Hobday – Consultant in Public Health

Bury COUNCIL

GM Drug an Alcohol Strategy 2018-2021

- 'To make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.'

Bury COUNCIL

- A place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse.
- A place where people who drink alcohol choose to drink responsibly and safely.
- A place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.
- A place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol.
- A place where individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities.

Bury COUNCIL

6 key priorities

1. Prevention and early intervention
2. Reducing drug and alcohol related harm
3. Building recovery in communities
4. Reducing drug and alcohol related crime and disorder
5. Managing accessibility and availability to drugs and alcohol
6. Establishing diverse, vibrant and safe night-time economies

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The strategy will be underpinned by the principles of PSR

- **A new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- **An asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.
- **Behaviour change** in our communities that builds independence and supports residents to be in control.
- **A place based approach that redefines services** and places individuals, families, communities at the heart.
- A stronger prioritisation of **wellbeing, prevention and early intervention**.
- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time.
- An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.

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How GM will measure the impact?

- A reduction in levels of drug and alcohol related harm
- A reduction in drug and alcohol related offending
- An increase in the number of people in recovery

Bury Picture - alcohol

- Overall Alcohol-specific mortality is significantly worse in Bury than the England average, and is on an upward trend.
- Alcohol specific admissions for Under 18s continue on a downward trend, most notably among males, although the female population is also on a downward trend. The Bury figures are significantly below the North West average for both subcategories, and slightly lower than the England average.
- Alcohol-related admissions to hospital are significantly better than the England average, showing a downward trend for persons and male, slight increase for females.
- In relation to the admission episodes for mental and behavioural disorders due to use of alcohol condition (Narrow) for persons, males and females, Bury is significantly better than the England average and is on a downward trend.
- Admission episodes for alcoholic liver disease condition (Broad) for females is significantly worse than the England average. However, for persons and males this is not significantly different. All have shown a reduction since the last reporting time period.

Young People in Bury

- 63% of students in Bury have never drunk alcohol
- 7% said they had drunk alcohol in the previous 7 days
- 2% had drunk alcohol on more than 1 day in the previous 7 days
- 0% drank over the advised weekly limit (14 units) for adults

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Bury picture - drugs

- 23.4% of clients in treatment in Bury are in contact with the criminal justice system
- 40.4% of alcohol/non-opiate users had an unplanned early exit of their treatment which is above the national average.
- For opiate clients the percentages that are in treatment less than two years is above the national average.
- The average time in treatment for clients in Bury is below the national average for both opiate and non-opiate clients.

Young People

- 16% of pupils are 'fairly sure' or 'certain' their friends take drugs
- 8% of pupils reported that they have taken at least one drug
- 5% responded that they have tried cannabis
- 4% responded that they have taken at least one drug in the last month

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Local service provision position

- Existing service – One Recovery Bury and Early Break
- Currently out to tender for an all age substance misuse service
- New service to start 1st September
- New specification reflects local need and is aligned with the GM approach
- Preventative, recovery focused approach – asking for a responsive neighbourhood community focused approach

Summary

- Drug and Alcohol continues to be a serious public health issue
- The local approach to addressing substance misuse is based on need and aligned with GM strategy
- The new service aims to increase the health and wellbeing of local residents, reduce inequalities and link with the place based public sector reform agendas

Bury COUNCIL

Bury Health and Wellbeing Board

Title of the Report	Greater Manchester drug and alcohol strategy update
Date	19th March 2019
Contact Officer	Jon Hobday, Consultant in Public Health
HWB Lead in this area	Lesley Jones, Director of Public Health

1. Executive Summary

Is this report for?	Information √	Discussion ☐	Decision ☐
Why is this report being brought to the Board?	To update the Board about the GM drug and alcohol strategy and our local approach.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	The reports relates to all priorities, as addressing drugs and alcohol supports health and wellbeing of residents of all ages		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	As above		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To note the paper and support the ongoing work to address drug and alcohol related issues.		
What requirement is there for internal or external communication around this area?	For stakeholders to support key messages in internal and external communications campaigns.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No		

2. Introduction / Background

When formally published this will be the first ever Greater Manchester drug and alcohol strategy setting out a collective ambition to significantly reduce the risks and harms caused by drugs and alcohol and help make Greater Manchester one of the best places in the world to grow up, get on and grow old.

The Greater Manchester drug and alcohol strategy has been subject to public consultation and co-designed with a wide range of stakeholders to provide a framework for localities and wider partners. It is underpinned by the principles of public service and place based reform which call for person centred approaches, integrated partnership working between services and a focus on collaboration, prevention and intervening early to stop problems escalating.

Drugs and alcohol are everybody's business. Drugs and alcohol impact on the health and wellbeing of our residents, the safety of our communities, and the vibrancy and economic future of our town centres and night time economies. It is everyone's responsibility to make sure we minimise the potential risks and harms they cause.

3. key issues for the Board to Consider

We continue to experience long-standing problems with alcohol and the financial cost of alcohol to Greater Manchester is significant. It is estimated that expenditure on alcohol related crime, health, worklessness and social care costs amount to £1.3bn per annum - approaching £500 per resident.

Alcohol places a significant burden on public services, causes health problems such as cancer, liver cirrhosis and heart disease, affects the well-being of families, and is a major contributor to domestic abuse, violent crime and public disorder. We know that the issues caused by alcohol are not simply about people becoming dependent and that too many people may be unaware that they are drinking to harmful levels.

We know that the vast majority of national surveys have shown a long term downward trend in drug and alcohol use amongst adults and young people. We also know that locally our treatment services are more recovery focused than they used to be and that more people are successfully completing treatment, but there is much more to be done.

Recommendations for action

The Board is asked to note the information in the presentation and support the ongoing regional and local work to address drug and alcohol related issues.

4. Financial and legal implications (if any)
If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

There are no known legal implications to this report.

5. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

Not applicable

CONTACT DETAILS:

Contact Officer: Jon Hobday, Consultant in Public Health

Telephone number: 0161 253 6879

E-mail address: j.hobday@bury.gov.uk

Date: 7th March 2019

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Agenda Item 7

SCRUTINY REPORT

MEETING:	**Health Scrutiny Committee**
DATE:	**25 April 2019**
SUBJECT:	**Annual Complaints Report 2016/17 and 2017/18 – Adult Social Care Services – for Information**
REPORT FROM:	**Julie Gonda Interim Executive Director – Communities & Wellbeing**
CONTACT OFFICER:	**Marcus Connor Corporate Policy Manager**

1.0 Purpose and Introduction

1.1 It is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints, received by the Department of Communities and Wellbeing.

1.2 This report is to provide members of Health Scrutiny Committee with details of information relating to Adult Social Care Services.

1.3 The report relates to the periods 2016/17 and 2017/18, and provides comparisons between the two years noted and previous years, as well as detailing the nature, scope and scale of some of the complaints received.

2.0 Background

2.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 were laid before Parliament on the 27 February 2009 and came into effect on the 1 April 2009. From 1 April 2009 there has been a single approach to dealing with complaints to ensure consistency in complaints handling across health and social care organisations. This procedure is based on the Department of Health's guidance, 'Listening, Responding and Improving' which supports the statutory requirements for the handling and consideration of complaints. Its intention is to allow more flexibility when responding to complaints and to encourage a culture that uses people's experiences of care to improve the services provided by Bury Adult Care Services.

2.2 The complaints mentioned in this report typically relate to issues where customers, their families or carers feel that the service they have received has not met their expectations. In these cases, the Council will always have endeavoured to resolve any concerns or dissatisfaction before a formal complaint has been received. Complaints, therefore, usually arise when the customer does not agree with the Council's interpretation of events or, in some cases, where policy delivers an outcome which they do not agree with.

2.3 Within the regulations which govern the complaints process, the Council adopts a flexible approach which prioritises local resolution. However, where complainants remain dissatisfied, they have the option to take their case to the Local Government Ombudsman.

2.4 Councillors and Members of Parliament cannot make a complaint on behalf of a constituent using the statutory process. However, they can raise a 'Concern' on behalf of a constituent, and these are logged accordingly.

2.5 In 2018, the Council also introduced the Councillors Casework system. This is primarily based on the use of an App, although casework can be reported using the email system. While not yet universally adopted by all Bury Councillors, the system provides an additional mechanism for concerns to be raised.

2.6 The Complaint Procedure is not intended for dealing with allegation of serious misconduct by staff. These are covered by and dealt with through the Council's separate disciplinary procedures.

3.0 Data Analysis

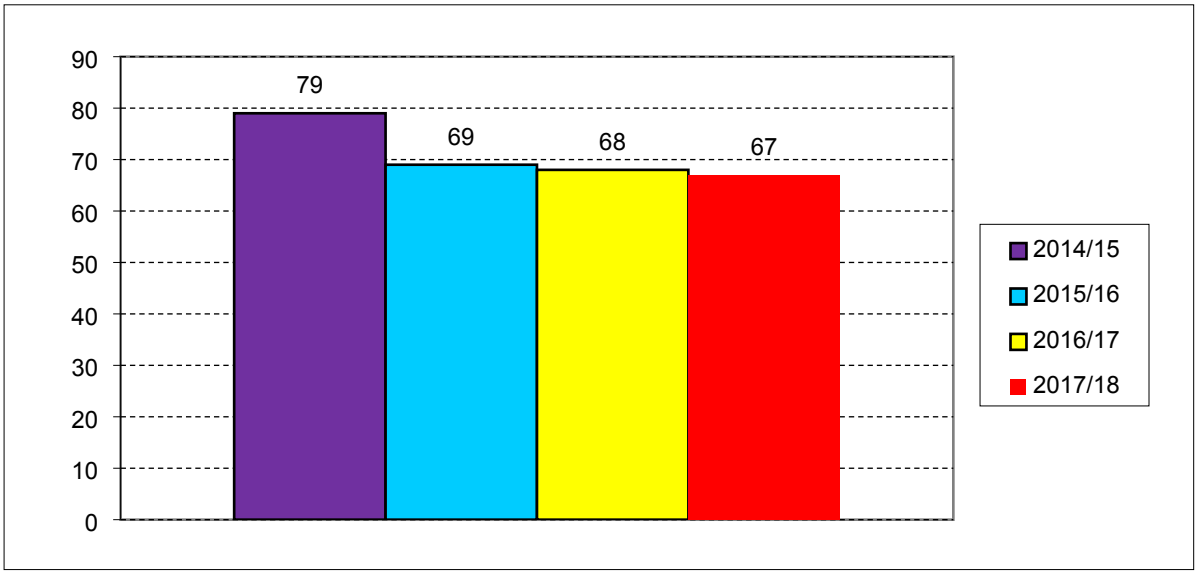
Complaints

3.1 As was noted in the Annual Complaints Report for the period 2014/15, a major re-configuration of the Assessment and Care Management Community Teams in Communities and Wellbeing was undertaken in July 2014. As a result, like-for-like comparison of complaints received by the current service areas is only possible from that date onwards.

3.2 Similarly, the formation of Persona in October 2015 has meant that complaints relating to the services transferred to this organisation and which were previously included in the totals reported, are no longer received by and responded to by the Council. As a result, year-on-year comparisons are only meaningful for years 2016/17 onwards.

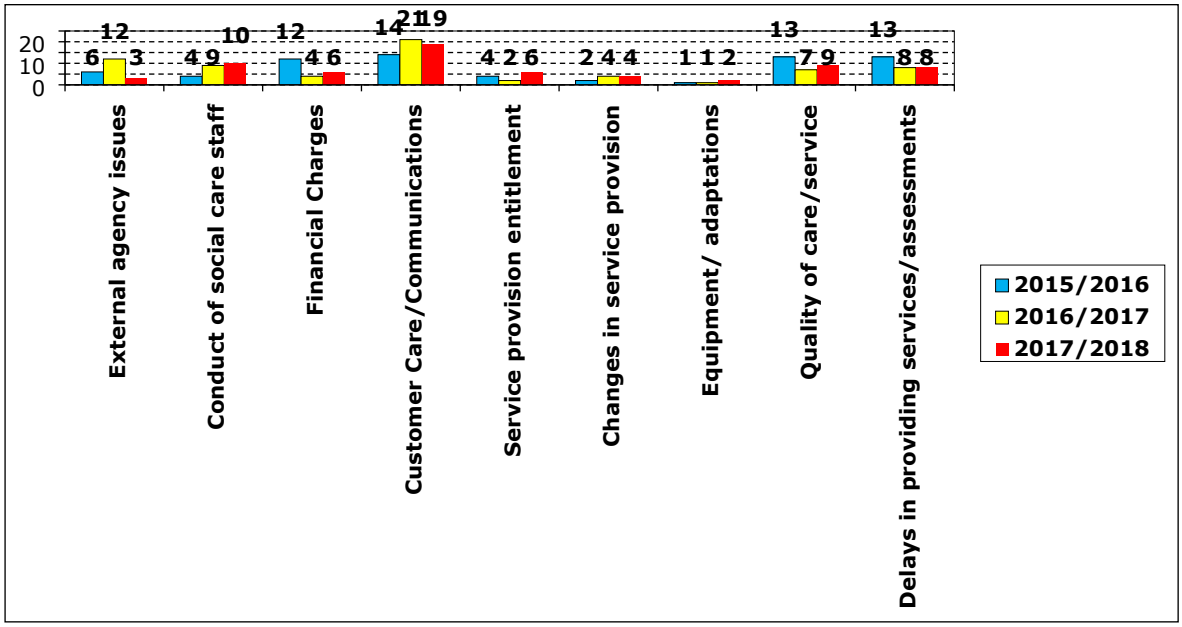
3.3 The total number of complaints received over the last two years has remained relatively static at 68 in 2016/17 and 67 in 2017/18. This compares favourably to the 79 and 69 in 2014/15 and 2015/16 respectively where figures also included complaints about services now provided by Persona for all or part of these two years. Therefore, although service pressures have increased for the department, the figures indicate that customers are generally happy with the services they have received.

Figure 1 - Number of complaints received for the period 2014/15, 2015/16, 2016/17 and 2017/18



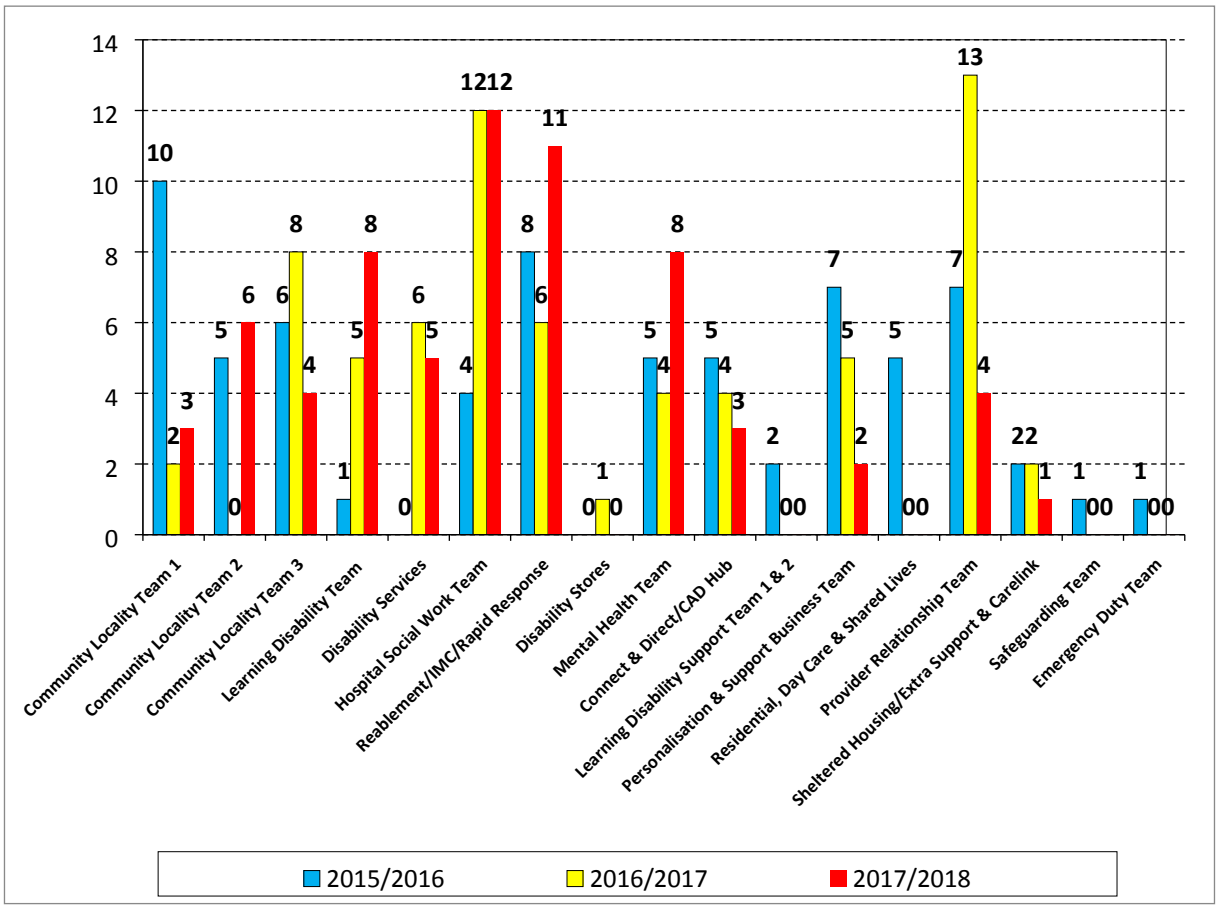
3.4 As would be expected when dealing with complaints from predominantly vulnerable groups, the majority of complaints received are made by a family member, advocate or solicitor of service user, rather than the service user themselves. In 2016/17, this represented 50 (74%) of the 68 complaints received, and, in 2017/18, this represented 45 (67%) of the 67 complaints received.

Figure 2 - Nature of complaints received for the period 2015/16, 2016/17 and 2017/18



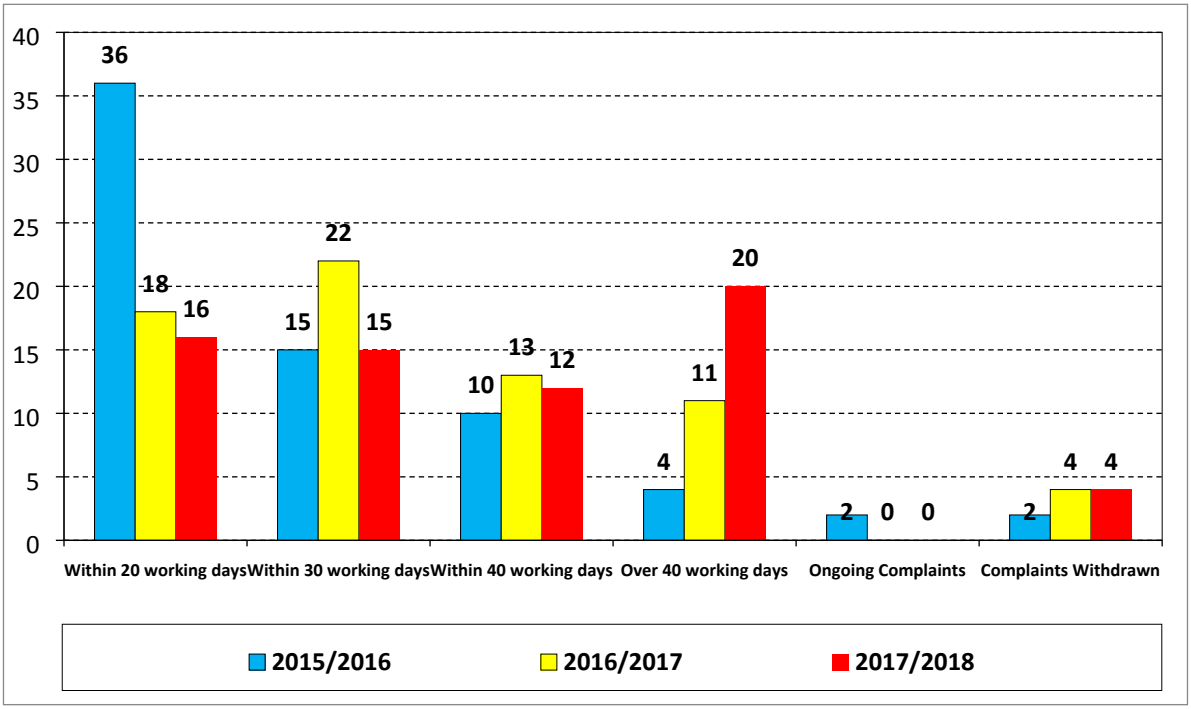
3.5 Due to the number of interactions between teams and service users, it is expected that those areas with greater numbers will receive more complaints than others. All complaints are considered in terms of the learning that they can provide on how to improve the services delivered.

Figure 3 - Number of complaints received by team for the period 2015/16, 2016/17 and 2017/18



3.6 However, it should be noted that the time taken to respond to complaints has increased over the last two years. In 2015/16, 74% of complaints were responded to within 30 working days; whereas in 2016/17 and 2017/18, this percentage dropped to 59% and 46% respectively. This is possibly due to increasing demands on staff time generally, meaning that they have less time available to respond to complaints as promptly as in the past; similarly, it can also be attributed to a high number of complex complaints being received, with multiple service areas being involved and customers challenging initial responses.

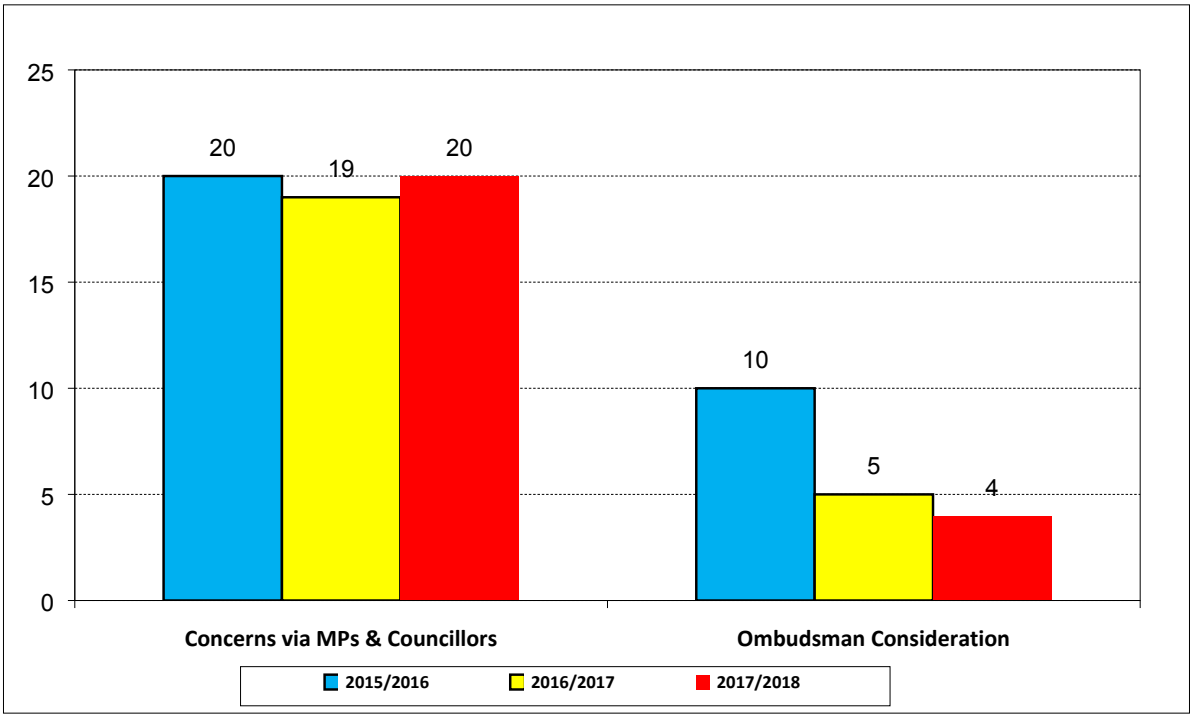
Figure 4 - Timescales for response to complaints for the period 2015/16, 2016/17 and 2017/18



3.7 Of the complaints received in 2016/17 and 2017/18, 26 (38%) and 36 (54%) respectively were not upheld, this compares to 32% in 2015/16. The increasing proportion of complaints not upheld demonstrates the quality and accuracy with which services are initially delivered.

3.8 As has been previously mentioned, concerns raised on behalf of constituents by Members of Parliament and local Councillors are recorded separately. For the last three years, this figure has remained fairly static at 20, 19 and 20. This appears to indicate that the majority of customers have confidence in the complaints system and will raise complaints directly. In future years, it will be interesting to consider the impact of the Councillors' Casework system and to see if it results in an impact on the number of concerns raised by local councillors.

Figure 5 - Number of MP and Councillors' concerns and Ombudsman considerations / enquiries for the period 2015/16, 2016/17 and 2017/18



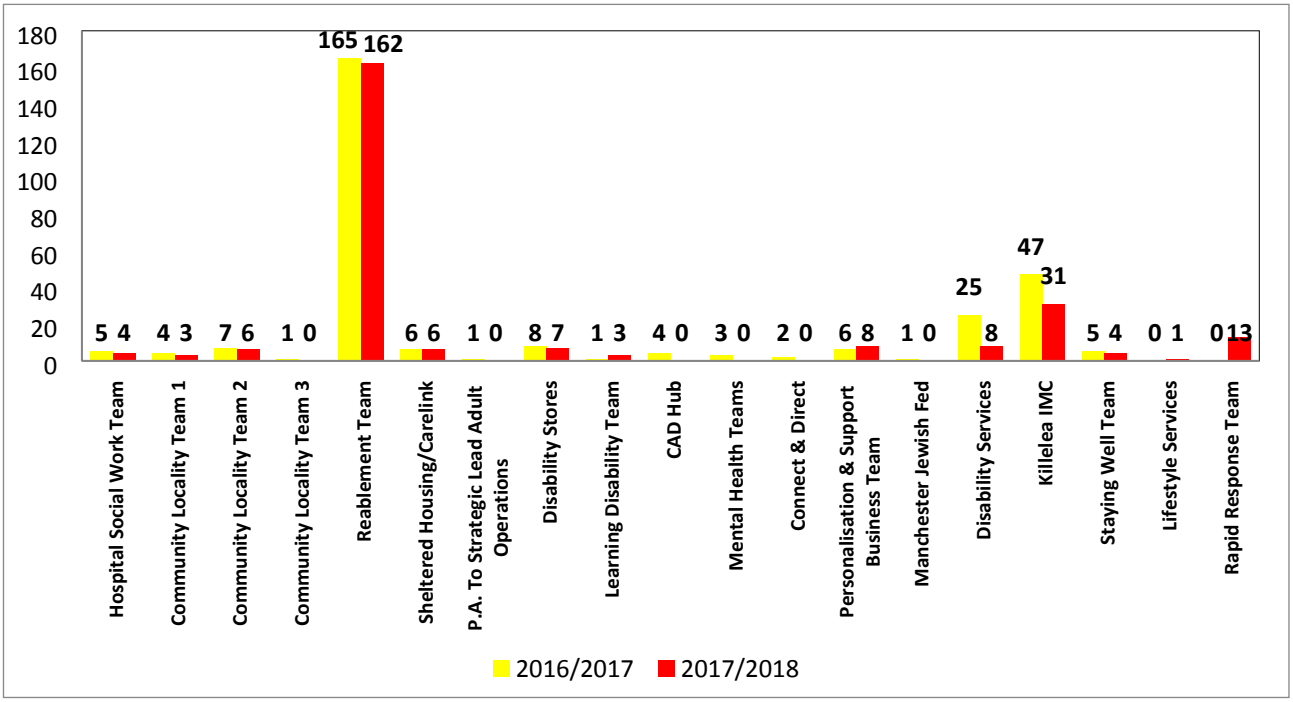
3.9 The number of complaints referred to the Local Government Ombudsman (LGO) has similarly remained stable, at 5 (7%) and 4 (6%) cases being considered. This is a more consistent figure with number of cases reported in the past than the spike of 10 (14%) cases in 2015/16. It is also positive to note that most complaints are resolved before they are taken to the LGO and that of the complaints that are taken there the Council has been found to have acted appropriately in 2 cases (40%) and 2 (50%) of cases considered by the LGO in each of the last two years.

3.10 The number of complaints received should also be considered in context with the number of people actually having direct contact with Adult Social Care Services (excluding their relatives, friends or carers who might make complaints on their behalf). In 2016/17, this related to 5,859 people, with the 68 complaints equating to 1.16%; in 2017/18, this related to 5,490 people, with 67 complaints equating to 1.22%; compared to 1.2% of 5,570 individuals in 2015/16. Overall, and despite increased pressures on services, it is positive that the proportion of people wanting to make a complaint about the services they have received from the department has remained static over this period.

Compliments

3.11 In addition to complaints received, the department also records the number of compliments.

Figure 6 - The number of compliments received that relate to 2016/17 and 2017/18



3.12 In 2016/17 and 2017/18, 291 and 265 compliments were received respectively. This is a decrease on the 365 received in 2015/16. Areas were the number of compliments received have decreased notably from 2016/17 to 2017/18 are in Disability Services and Killelea IMC.

3.13 Complaints and compliments can provide valuable information to the department on how well it is performing, where resources need to be used, and where improvements need to be made. Details of all complaints, concerns and compliments are provided to senior officers on a monthly basis, allowing them to identify any trends or issues within the services they are responsible for.

4.0 Summary and Conclusions

4.1 Despite rising demands, pressures and expectations of the services from customers, the number / proportion of complaints received in each of the last two years has remained stable.

4.2 Similarly, the number of concerns escalated to Members of Parliament and local councillors has remained stable.

4.3 Positively, the number of complaints escalated to the LGO has reduced, with 40% (2016/17) and 50% (2017/18) of these cases being judged to have been dealt with appropriately by the Council.

4.4 The Council will continue to seek to learn from complaints, concerns and compliments raised with them.

4.5 New ways of working with the formation of Integrated Neighbourhood Teams and other relations with colleagues from the Clinical Commissioning Group (CCG) will also provide new opportunities for service delivery. Future monitoring of complaints and other data will be needed to assess the impact of these new initiatives on the customer experience.

5.0 Recommendations

5.1 Members of Health Scrutiny Committee are asked to note and comment on the contents of this report.