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OVERVIEW PANEL

Day: Tuesday
Date: 26 September 2023
Time: 3.30 pm
Place: Committee Room 1 - Tameside One

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE To receive any apologies for the meeting from Members of the Panel.	
2.	DECLARATIONS OF INTEREST To receive any declarations of interest from Members of the Panel.	
3.	MINUTES The Minutes of the meeting of the Overview Panel held on 1 August 2023 to be signed by the Chair as a correct record.	1 - 6
4.	SCRUTINY UPDATE To consider the attached report of the Chief Executive.	7 - 12
5.	STRATEGIC DELIVERY & PERFORMANCE FRAMEWORK To consider the attached report of the Executive Leader / Chief Executive.	13 - 16
6.	UNDERSTANDING OUR CUSTOMER CONTACTS AND LEARNING FROM OUR COMPLAINTS To consider the attached report of the Chief Executive / Head of Executive Support / First Deputy (Finance, Resources & Transformation).	17 - 42
7.	IMPROVEMENT TEAM UPDATE To consider the attached report of the Assistant Director (People and Workforce Development).	43 - 48
8.	URGENT ITEMS To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	
9.	DATE OF THE NEXT MEETING To note that the next meeting of the Overview Panel is scheduled to take place on 21 November 2023.	

From: Democratic Services Unit – any further information may be obtained from the reporting officer or from Natasha Matthews, Senior Democratic Services Officer, to whom any apologies for absence should be notified.

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OVERVIEW PANEL

1 August 2023

Commenced: 16:10

Terminated: 17:05

Present:

Councillors Naylor (Chair) Smith, Cooney, Fairfoull, North, Reid, N Sharif and Roderick

In Attendance:

Sandra Stewart	Chief Executive
Ashley Hughes	Director of Transformation
Emma Varnam	Assistant Director, Operations and Neighbourhoods
Simon Brunet	Head of Policy, Performance, Communications and Scrutiny

Apologies for Absence: Councillors Kitchen, Fitzpatrick and Billington

1. DECLARATIONS OF INTEREST

There were no declarations of interest.

2. MINUTES

The minutes of the Overview Panel meeting on the 21 November 2022 were approved as a correct record.

3. OVERVIEW WORK PROGRAMME 2023/24

Consideration was given to a report of the Chair of the Overview Panel, which detailed the annual work programme of the Council's Overview Panel.

Members were advised that there were a range of options available to the Overview and Scrutiny Panels as to how activity was planned and undertaken. Chairs would work closely with panel members in order to adopt a combination of approaches to review service and performance updates, respond to formal consultations, in-focus reports of the Local Government and Social Care Ombudsman (LGSCO) and areas in need of more in-depth review.

The work programme was explained to Members and highlighted that the list of topics did not reflect any order in which activity would be selected and undertaken. Discussion with the Executive and the three Scrutiny Panel chairs had informed the list of topics identified in the work programme below:

- Corporate Plan – monitoring and delivery progress.
- Supporting strategies underpinning the Corporate Plan.
- Performance and assurance framework – effectiveness.
- Performance updates on council services – corporate and thematic scorecards.
- Transformation / improvement programme – scope and progress updates.
- Financial strategy – long term financial resilience plan.
- Workforce development – recruitment & retention of staff in key services and the training & upskilling of the workforce (in particular in systems and IT).
- Key learning from external challenge – e.g. complaints (incl. LGSCO), inspections (incl. Ofsted, CQC), peer reviews (incl. LGA), new Best Value and Oflog framework.
- Systems, IT and digital – forward plan and key projects to modernise council infrastructure – e.g. data science, single customer record.

RESOLVED

That the content of the work programme and planned activity be noted.

4. SCRUTINY ANNUAL WORK PROGRAMMES 2023/24

Consideration was given to a report of the Chair of Place and External Relations Scrutiny Panel / Chair of Children's Services Scrutiny Panel / Chair of Health and Adult Social Care Scrutiny Panel / Head of Policy and Communications (Statutory Scrutiny Officer).

Members were advised that there was a range of options available to each Scrutiny Panel as to how activity was planned and undertaken. Scrutiny Chairs continued to work closely with panel members in order to adopt a combination of approaches to review service and performance updates, respond to formal consultations, focus reports of the Local Government and Social Care Ombudsman and areas in need of more in-depth review.

Each Scrutiny Panel held a work programme session in June 2023, which provided members with the opportunity to comment and contribute to the list topics included in the annual work programme. Scrutiny activity would continue to be undertaken outside of the formal meetings and through working groups, with all findings and recommendations presented to the full panel for comment and approval. This flexibility allowed responsive and timely work to be undertaken, creating an enhanced opportunity to both influence and inform the impact of decisions.

In order to prevent delay, Scrutiny Panels had agreed the topics to be considered at the next round of public meetings in July:

- **Place and External Relations Scrutiny Panel – 25 July 2023**
- Neighbourhood Enforcement
(Invitation to the Executive Member for Climate Emergency & Environmental Services)
- **Children's Services Scrutiny Panel – 26 July 2023**
Services for Care Leavers
(Invitation to the Deputy Executive Leader – Children and Families)
- **Health and Adult Social Care Scrutiny Panel – 27 July 2023**
Adult Social Care White Paper and implications for Tameside (Invitation to the Executive Member for Adult Services)

The Chair of Place and External Relations, Chair of Health and Adult Social Care Scrutiny Panel and Chair of Children's Services Scrutiny Panel provided an overview of the input and discussion of panel members from meetings held in June 2023.

The Chair of the Place and External Relations Scrutiny Panel explained scrutiny topics ranging from Neighbourhood Enforcement and Housing / Registered Provider Partnership. The Panel recognised the importance of receiving regular updates from GMP with regard to the implementation of the neighbourhood model and Community Safety Partnership. The Panel recognised that topics specific to growth, investment and regeneration may be closely linked and best considered in conjunction with others.

The Chair of the Children's Services Scrutiny Panel would undertake core assurance activity across improvement activity, to include Children's Social Care Improvement Plan, Safeguarding Partnerships and Ofsted Activity. The Panel would focus on the effectiveness of services and support to care leavers and the quality and consistency of social work practice.

The Chair of the Health and Adult Social Care Scrutiny Panel would undertake core assurance activity with health partners during the municipal year and receive timely briefings to include CCG inspection framework, GMIC model, Tameside & Glossop Integrated Care Foundation Trust and Pennine Care NHS Mental Health Foundation Trust. The Panel would focus on access to GP appointments and health inequalities.

RESOLVED

That the content of the work programmes and planned activity of the Scrutiny Panels be noted.

5. MORE HOME TRUTHS - LESSONS LEARNED FROM THE HOMELESSNESS REDUCTION ACT

Consideration was given to a report of the Assistant Director, Operations and Neighbourhoods, which detailed the report published by the Local Government and Social Care Ombudsman regarding lessons learned from the Homelessness Reduction Act 2017.

Members were advised that whilst the LGSCO recognised the financial pressure that local authorities were facing, it was identified that common administrative mistakes, process failures and poor communication, all added to the distress of individuals at a very stressful time. The report attached at Appendix 1, provided a clear explanation of the duty and used case studies which highlighted common issues and examples of best practice. The report also provided example questions for Scrutiny Panels to ask of their local authority Homelessness Service which was provided to Members at Appendix 2.

It was explained that the LGSCO report referred to staff employed in the Housing Register specifically. In Tameside Housing Advice (THA), staff were trained to identify when Homelessness Reduction (HR) applications needed to be referred to the Homeless Prevention team. The process was intended to ensure any person who is at risk of potential homelessness would be identified as early as possible. The Council would be undertaking a service review to bolster the staffing resource in this area, turning reactive duty into a prevention approach. There were recommendations that other front line services should know when to signpost to THA. Other departments such as Children's and Adult Social Care already had relationships with the THA service. It was reported that a briefing note should be circulated to remind all services of these requirements and processes.

The Homelessness Team had continued to implement change to improve service delivery and customer outcomes. It was reported that there was no doubt that the cost of living crisis had impacted upon homelessness levels in Tameside. The Panel were assured that service delivery and Homelessness prevention was a key objective of the Council. All staff had participated in a 2 day homelessness training event. In addition, a staff training matrix had been established to deliver and monitor staff training and competences going forward. It was explained that the implementation of a dedicated staff member to focus on homeless prevention was proving successful. The two new workers would adopt this approach and all prevention staff would be moved to this model over the coming months.

Discussion ensued with regard to the demand for housing within the current climate and utilising empty properties to assist with demand. Members also highlighted the importance of engaging in regular conversations with Citizens Advice to further aid learning and improvements within the Homelessness Team.

RESOLVED

That the responses by the Homelessness Team to the questions by Scrutiny, be noted.

6. SCRUTINY – REVIEW AND MONITORING OF CHILDREN'S SERVICES 2021 TO 2023

Consideration was given to a report of the Chief Executive. The report provided a summary of activity undertaken by the Children's Services Scrutiny Panel, specific to the oversight and monitoring of Children's Services for the period 2021/22 and 2022/23 municipal year.

It was explained that scrutiny activity continued to be undertaken outside of the formal meetings, with all findings and recommendations presented to the full panel for comment and approval. The flexibility allowed for speedier and timelier work to be undertaken, creating an enhanced opportunity

to both influence and inform the impact of decisions being made. It was also necessary to monitor and evaluate outcomes from past activity and to review the implementation of recommendations.

Members were provided with a summary of activity of the Integrated Care and Wellbeing Scrutiny Panel and the Children's Working Group during 2021/22 municipal year. A summary of activity undertaken by the Children's Services Scrutiny Panel for 2022/23 municipal year was provided within the report which included details of dates, topics and any reporting that had taken place.

It was explained that Scrutiny continued to review decisions and focus reports of the LGSCO, to inform in-year work priorities. The Scrutiny Panel had completed assurance reviews for the following LGSCO reports.

- Focus report – HELP! Learning to improve council services for domestic abuse victims (published in November 2021) - Focus report and response of the Executive Member tabled at the joint meeting of Cabinet and Overview Panel on 9 February 2022.
- Focus report – Out of school, out of sight? Ensuring children out of school get a good education (published in July 2022) - Focus report and response of the Executive Member tabled at Overview Panel on 26 September 2022.

The most recent Scrutiny mid-year budget update took place on 3 October 2022. The First Deputy (Finance, Resources and Transformation), received a formal response of the Scrutiny Chairs, capturing a range of points for consideration in supporting the Council's ongoing work in this area. The letter was tabled in a report to the meeting of Overview Panel on 21 November 2022. Scrutiny annual budget meetings held on 16 January 2023, with a response letter of the Scrutiny Chairs sent to the First Deputy (Finance, Resources and Transformation); and Interim Director of Finance – Section 151 Officer. The letter was tabled in a report to the joint meeting of Executive Cabinet and Overview Panel on 8 February 2023. The First Deputy (Finance, Resource & Transformation) advised Members of the Overview Panel that a response to the letter had been received.

It was explained that there was an ongoing commitment to ensure that all scrutiny members received a suitable level of training and guidance. In addition to online resources, it was important that new and existing members had access to external provision based on scrutiny principles, national guidance and expectations. Details on training, development and benchmarking sessions delivered during the 2022/23 municipal year were provided to Members.

RESOLVED

That the content of the report and summary of scrutiny activity, be noted.

7. CONSULTATION ON STATUTORY GUIDANCE FOR LOCAL AUTHORITIES ON BEST VALUE DUTY

Consideration was given to a report of the Chief Executive. The report provided information on a consultation launched by the Department for Levelling Up, Housing and Communities (DLUHC) regarding new statutory guidance on the Best Value duty.

The draft guidance and the consultation questions were provided at Appendix 1 and Appendix 2 respectively. The guidance outlined 7 key principles of Best Value and provided a set of characteristics of well-functioning authorities and indicators of failure. It was explained that the guidance would be used by the department to gain assurance, and would identify appropriate levels of engagement or intervention where necessary.

Members were advised that it was clear from the draft guidance and the establishment of the new Office for Local Government (Oflog) that the DLUHC had taken a more proactive approach to oversight and assurance of local government – including a tighter role of the Local Government Association (LGA) and their peer challenge framework (which Tameside Council was due to have later in the year). Members of the Panel highlighted that it also provided a clear framework from local authorities to self-check and assure, which would allow for continuous improvement.

RESOLVED

That the content of the report be noted.

8. CORPORATE PLAN SCORECARD

Consideration was given to a report of the Chief Executive. The report set out the corporate plan outcomes scorecard, which provided evidence to demonstrate progress towards achievement of the Corporate Plan and improved the services provided to residents, businesses and key stakeholders within the locality.

The scorecard, which contained long term outcome measures that tracked progress to improve the quality of life for local residents, was attached to the report at Appendix 1. A glossary providing more information about the indicators included in the Corporate Outcomes Scorecard was attached to the report at Appendix 2.

Members were advised that it was proposed to develop a new scorecard linked to the council's corporate plan that focussed primarily on measures that recorded and explained the performance of council services. That was, areas and indicators the public and regulators used to judge how well the council was run and delivering for the local community. An initial outline scope of potential measures had been undertaken. Sources included (not exhaustive) Ofsted; Care Quality Commission; Local Government Association (LGA); and government department frameworks. It was proposed a conversation take place with each Directorate on which measures to take forward. The existing long-term outcomes measures would be kept under ongoing review by the council and partners as part of the Joint Strategic Needs Assessment (JSNA).

RESOLVED

That the report be noted

7. URGENT ITEMS

There were no urgent items for consideration.

CHAIR

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Agenda Item 4.

Report To:	OVERVIEW PANEL
Date:	26 September 2023
Reporting Officer:	Sandra Stewart – Chief Executive
Subject:	SCRUTINY UPDATE
Report Summary:	To receive for information, a summary of the work undertaken by the Council's Scrutiny Panels for the period July 2023 to September 2023.
Recommendations:	That Overview Panel is asked to note the content of the report and summary of scrutiny activity. All related documents can be viewed within the appendices.
Links to Corporate Plan:	Scrutiny work programmes are linked to the Council's corporate priorities. Scrutiny activity seeks to support effective decision making and priorities across Tameside.
Policy Implications:	The work programmes comprise activity that seeks to check the effective implementation of policy and if appropriate make recommendations to the Executive with regard to development, performance monitoring, outcomes and value for money.
Financial Implications: (Authorised by the Section 151 Officer)	There are no direct financial implications arising from this report. Any changes to policy or service delivery arising from scrutiny work programmes/updates will need to be accommodated within existing budgets or subject to a separate report.
Legal Implications: (Authorised by the Borough Solicitor)	<p>The Overview Panel supports the role that scrutiny plays in holding the authority's decision-makers to account making it fundamentally important to the successful functioning of local democracy by ensuring the efficient delivery of public services and driving improvements within the authority. In reviewing the summary of the work undertaken the Panel the Panel can consider how this function is being discharged. Both Overview and Scrutiny Committees have statutory powers to scrutinise decisions the executive is planning to take, those it plans to implement, and those that have already been taken/implemented. Recommendations from such scrutiny enable improvements to be made to policies and how they are implemented. Overview and Scrutiny Committees also play a valuable role in developing policy. Effective overview and scrutiny should:</p> <ul style="list-style-type: none">• Provide constructive 'critical friend' challenge;• Amplify the voices and concerns of the public;• Be led by those independent of the decision makers who take responsibility for their role; and• Drive improvement in public services
Risk Management:	Regular updates to Overview Panel provide assurance that scrutiny is progressing with an effective work programme, supporting good decision making and service improvement.

Access to Information:

The background papers relating to this report can be inspected by contacting Paul Radcliffe, Policy and Strategy Lead by:



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e-mail: paul.radcliffe@tameside.gov.uk

1. INTRODUCTION

- 1.1 The Scrutiny Update provides a platform for appropriate insight, activity, outcomes and proposals to be relayed. This method of reporting supports the improved responsiveness of scrutiny work and also prevents any delay in the communication of key messages.
- 1.2 The report, by nature, aims to provide members with a general summary of scrutiny activity and proposals. It remains that all reports produced by Scrutiny as a result of in-depth review will be tabled separately at the earliest opportunity.

2. SCRUTINY ACTIVITY

- 2.1 Scrutiny in practice remains mindful of the suitability and appropriateness of timings with regard to the impact and value of planned activity. This includes the selection and order of topics and updates to be received during the year, with annual work programmes and priorities agreed at the June meetings. The tables below provide a summary and chronology of recent scrutiny activity.

Figure 1: Breakdown of activity at the formal Scrutiny Panel meetings

PLACE AND EXTERNAL RELATIONS SCRUTINY PANEL	
25 July 2023	12 September 2023
<ul style="list-style-type: none"> The Panel met Councillor Denise Ward, Executive Member (Climate Emergency & Environmental Services); Councillor Vincent Ricci, Assistant Executive Member (Armed Forces & Enforcement); Julian Jackson, Director of Place; Emma Varnam, Assistant Director; Nick Sayers, Head of Operations and Greenspace; Mike Robinson, Regulatory Services Manager; and Dave Smith, Partnership Manager, to receive an overview of neighbourhood enforcement. Received the Scrutiny Annual Work Programmes for 2023/24. 	<ul style="list-style-type: none"> The Panel met Councillor Vimal Choksi, Executive Member (Towns & Communities); Julian Jackson, Director of Place; Emma Varnam, Assistant Director, Operations and Neighbourhoods; and Mike Walsh, Superintendent, Greater Manchester Police, to receive an update on implementation and effectiveness of the GMP neighbourhood model; and forward plan of activity for the Community Safety Partnership. Received Executive Response to the LGSCO focus report: Out of Order – learning lessons from complaints about antisocial behaviour, published August 2023. Received Executive Response to the LGSCO focus report: Not in my back yard – Local people and the planning process, published August 2023.
CHILDREN'S SERVICES SCRUTINY PANEL	
26 July 2023	13 September 2023
<ul style="list-style-type: none"> The Panel met Councillor Bill Fairfoull, Deputy Executive Leader (Children & Families); Alison Stathers-Tracey, Director of Children's Services; Tony DeCrop, Assistant Director; and Susan Harris, Head of Service, to receive an introduction and overview of care leaver services, to inform a review into 	<ul style="list-style-type: none"> The Panel met Councillor Bill Fairfoull, Deputy Executive Leader (Children and Families); and Allison Parkinson, Director of Children's Services, to receive an update on Children's Social Care.

<p>the effectiveness of services and support to care leavers in Tameside.</p> <ul style="list-style-type: none"> Received the Children's Services performance scorecard specific to Early Help and Social Care. Received the Scrutiny Annual Work Programmes for 2023/24. 	<ul style="list-style-type: none"> Received the Children's Services performance scorecard specific to Early Help and Social Care.
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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL	
27 July 2023	14 September 2023
<ul style="list-style-type: none"> The Panel met Councillor Eleanor Wills, Executive Member (Population Health & Wellbeing), Debbie Watson, Director of Population Health; and Lisa Morris, Strategic Domestic Abuse Manager, to receive an update and overview regarding Domestic Abuse in Tameside. Received the Scrutiny Annual Work Programmes for 2023/24. 	<ul style="list-style-type: none"> The Panel met Councillor John Taylor, Executive Member (Adult Social Care, Homelessness & Inclusivity); and Stephanie Butterworth, Director of Adult Services, to receive an update on Adult Social Care Reforms.

Scrutiny activity and working groups

2.2 Scrutiny is progressing review activity in the following areas, as detailed within the annual work programmes.

Place and External Relations Scrutiny Panel

- To be determined

Children's Services Scrutiny Panel

- The effectiveness of services and support to care leavers in Tameside

Health and Adult Social Care Scrutiny Panel

- Domestic Abuse

Local Government and Social Care Ombudsman (LGSCO)

2.3 Scrutiny Panels continue to review decisions and focus reports published by the ombudsman. This ensures learning opportunities are identified and shared with the Executive and services in a timely manner and where necessary, a formal response and/or position statement returned to the appropriate Scrutiny Panel within agreed timescales.

2.4 Scrutiny activity informed by recently published LGSCO reports includes:

- Focus report – Out of Order, learning lessons from complaints about antisocial behaviour (published August 2023).
 - Report shared with the Executive Member for Towns and Communities. The report and response was tabled at a meeting of the Place and External Relations Scrutiny Panel on 12 September 2023.
- Focus report – Not in my back yard – Local people and the planning process (published August 2023).
 - Report shared with the Executive Member for Planning, Transport & Connectivity. The report and response was tabled at a meeting of the Place and External Relations Scrutiny Panel on 12 September 2023.

- 2.5 A report from the Administrative Justice Council on Special Educational Needs and Disability (SEND): Improving Local Authority Decision Making, was shared with the Executive Member for Education & Achievement on 14 August 2023, for information and awareness.
- 2.6 This has been an area of focus for the LGSCO, including a focus report of 2019 regarding Education, Health and Care Plans (EHCP). SEND improvement remains a priority area for the Council and the Children's Services Scrutiny Panel received an update report on this at a meeting on 8 March 2023.
- Mid-year Budget Update**
- 2.7 The independence of scrutiny enables members to seek assurances on the Council's financial position during 2023/24 and looking forward to budget planning, process and priorities for 2024/25. Where appropriate, priorities will continue to inform future scrutiny activity and work programmes.
- 2.8 The mid-year budget update sessions for all Scrutiny members, to include the non-executive members of Overview Panel, took place on 25 September 2023. The update was provided by Councillor Jacqueline North, First Deputy – Finance, Resources & Transformation; and Ashley Hughes, Director of Resources (Section 151 Officer).
- 2.9 The Executive will receive a formal response of the Scrutiny Chairs, capturing a range of points and highlighting any concerns and specific areas for consideration in supporting the Council's ongoing work in this area.

3. RECOMMENDATIONS

- 3.1 As set out on the front of the report.

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Agenda Item 5.

Report to :	OVERVIEW PANEL.
Date :	26 September 2023.
Report of:	Councillor Gerald P Cooney – Executive Leader. Sandra Stewart – Chief Executive.
Subject :	STRATEGIC DELIVERY & PERFORMANCE FRAMEWORK.
Report Summary :	The council should have a clearly understood and effectively implemented strategic delivery and performance framework. Good practice would be for that framework to be summarised in a written document. It is appropriate and timely to review and refresh the framework. This paper presents the conclusions of that review and outlines the proposed codified model going forward. The proposed framework is attached at <u>Appendix 1</u> . The framework will be implemented subject to agreement by the Executive Cabinet on 27 September 2023.
Recommendations :	To note the framework at <u>Appendix 1</u> and to support its implementation and delivery subject to agreement by the Executive Cabinet on 27 September 2023.
Links to Corporate Plan:	The corporate plan sits at the top of the strategic delivery and performance framework.
Policy Implications :	The report will have policy implications in a number of areas across the council as it outlines a new framework for delivery and performance that services will need to adhere to.
Financial Implications : (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	There are no direct financial implications as a result of this report. Any changes to policy, practice or service delivery arising from the new framework will need to be accommodated within existing budgets and/or be subject to a separate report.
Legal Implications : (Authorised by the Borough Solicitor)	Updating the strategic and delivery framework is a key element for effective management and delivery of the council's performance in order to drive continued improvement and meeting the council's statutory duties in service delivery.
Risk Management :	A codified, clearly understood and effectively implemented strategic delivery and performance framework contributes to good governance and the achievement of better outcomes. The absence of such a framework risks service failure for residents and reputational damage for the council.
Access to Information :	The background papers relating to this report can be inspected by contacting Simon Brunet, Head of Policy, Performance, Communications and Scrutiny.



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e-mail: simon.brunet@tameside.gov.uk

1.0 BACKGROUND

- 1.1 The council should have a clearly understood and effectively implemented strategic delivery and performance framework. Good practice would be for that framework to be summarised in a written document that is accessible to all staff and members as part of the council's wider arrangements around good governance. The absence of such a framework would risk service failure for residents and reputational damage for the council.
- 1.2 Following the establishment of the Office for Local Government (Oflog), the consultation on new Best Value Duty statutory guidance and the need for continuous improvement it is appropriate and timely to review and refresh the council's approach.
- 1.3 This paper presents the conclusions of that review and outlines the proposed codified model going forward. The proposed framework is attached at **Appendix 1**. The framework will be implemented subject to agreement by the Executive Cabinet on 27 September 2023.

2.0 RECOMMENDATIONS

- 2.1 As set out on the front of the report.

STRATEGIC DELIVERY & PERFORMANCE FRAMEWORK

(1) <u>CORPORATE PLAN</u>	
(2) <u>KEY DELIVERY PROJECTS</u> E.g., Godley Green, Family Hubs (incl. political priorities – ‘pledges’)	(3) <u>KEY STRATEGIES</u> E.g., Inclusive Growth, Early Help, Environment & Climate, Housing, Older People, Community Safety.
(4) <u>CORPORATE PLAN – ORGANISATIONAL HEALTH SCORECARD</u> Service measures linked to key delivery projects (2), external assurance frameworks and local priorities.	
(5) <u>BUSINESS PLANS</u> Strategic (2) and operational (8)	(6) <u>THEMATIC STRATEGIES</u>
(7) <u>SERVICE SCORECARDS</u> a) Children & Families (incl. education) b) Adults & Older People c) Place – Community (incl. poverty) d) Place – Operations (incl. environment) e) Place – Growth (incl. housing, employment, skills, investment, strategic transport) f) Population Health (linked to JSNA) g) Corporate (incl. finance, governance, exchequer, workforce, IT)	
(8) <u>SERVICE PLANS</u> (incl. service risks to feed into directorate and corporate risk register)	
(9) <u>MY PERFORMANCE (staff appraisal and development)</u>	
<i>Underpinned by evidence & learning from:</i>	
(10) <u>INSIGHT & INTELLIGENCE</u> Needs Assessments – JSNA & thematic needs assessments - e.g., DA, Poverty, CYP, Older People, and pharmacy. Thematic / bespoke analysis and tools – e.g., Census, Strategic Tools, poverty monitor, DA dashboard. Voice – e.g., PEN, Big Conversation, complaints, LISTENing, experts by experience (e.g., MVP, CiCC, Autism).	
(11) <u>CHALLENGE & BENCHMARKIN</u> Inspection and oversight – Best Value duty, Oflog, Ofsted, CQC etc. Peer Review – LGA, ADCS, ADAS etc. External learning – LGSCO, GM, CIPFA, CSE, APSE etc. Assurance – Risk Management, Internal and External Audit, Audit Panel, Overview and Scrutiny Panels.	

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Agenda Item 6.

Report to:	OVERVIEW PANEL
Date:	26 September 2023
Reporting Member/Officer:	Sandra Stewart – Chief Executive Julie Speakman – Head of Executive Support Councillor North – First Deputy (Finance, Resources & Transformation)
Subject:	UNDERSTANDING OUR CUSTOMER CONTACTS AND LEARNING FROM OUR COMPLAINTS
Report Summary:	The report provides an update and strategic overview in relation to dealing with and responding to customer contacts. This report also provides a summary of complaints received by the organisation, those that escalated to a statutory panel and or Local Government and Social Care Ombudsman. The report also provides a summary of how the review and management of these contacts can help drive system improvement.
Recommendations:	Overview Panel are asked to note: <ul style="list-style-type: none">(a) the content of the update and strategic overview of complaint system/process(b) support the refreshed training offer being promoted across the organisations
Corporate Plan:	Putting people at the forefront of services is a key element of the Council's Corporate Plan. An effective and robust complaints handling procedure is a necessary step to achieving this.
Policy Implications:	An effective complaint function means that residents who do not receive the best quality service can notify the Council for redress and the improvement of services in the future. It is important for the Council to take notice of findings and guidance on complaint handling to aid best practices. As a lead in the organisation for the Customer Service Excellence standard, it is also important to use this as an improvement tool to inform our custom and practice for service delivery.
Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)	There are no direct financial implications arising from the recommendations contained within this report. The report lays out the strategic context of the Council's approach to handling complaints and contacts from residents. The Council retains a budget of £13k for any costs associated with Stage 2 and 3 complaints and costs have been contained within this budget in recent years. The co-ordination of responses to complaints is dealt with by staff within the budgeted establishment of the complaints team, however, Service input to complaint responses requires staffing resource to be redirected from the provision of services.
Legal Implications:	The report provides Members with an overview of the council's performance in dealing with and responding to customer contacts.

**(Authorised by the
Borough Solicitor)**

In 2020, the Local Government and Social Care Ombudsman stated: *The best authorities use complaints as a barometer of external opinion and as an early warning of problems that might otherwise stay unseen. They take that a step further and use critical feedback to drive a sophisticated culture of learning, reflection and improvement.*

Not only is having an effective process for managing contacts and complaints advisable for the effective delivery of services and to support the continuing drive for improvement it is also a legislative requirement regarding the Ombudsman's role.

The Ombudsman's role is covered by the Local Government Act 1974 which defines the main statutory functions of the Ombudsman as:

- to investigate complaints against councils and some other authorities
- to investigate complaints about adult social care providers from people who arrange or fund their adult social care (Health Act 2009).

The Ombudsmen's jurisdiction under Part III of the Act covers all local authorities (excluding town and parish councils); police and crime bodies; and school admission appeal panels.

The LGO corporate strategy is based upon twin pillars of remedying injustice and improving local public services.

The Ombudsman is confident that the continued publication of decisions, focus reports on key themes and the data in the annual review letter is helping the sector to learn from its mistakes and support better services for citizens. The Ombudsman also urges the scrutiny of data on complaints to improve services.


In addition in 2020, the Local Government and Social Care Ombudsman issued new guidance on effective complaint handling for local authorities which provides practical advice and guidance on running effective complaints handling processes to which all councils are expected to comply.

Risk Management:

Failure to understand complaints received by the Council and analyse volumes and themes overall will lead to a risk of poor service delivery.

Access to Information:

The background papers relating to this report can be inspected by contacting the report writer Julie Speakman Head of Executive Support.

 Telephone: 0161 342 2142

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1. INTRODUCTION

1.1 Tameside Council strives to deliver excellent customer service. The Council delivers a wide range of services and whilst endeavouring to provide a consistent, high-quality service, with good outcomes for our customers, we also recognise that occasionally issues can occur and things can go wrong.

1.2 We recognise the importance of listening to any feedback we receive, as this provides a valuable source of information; it lets us know what we are doing well and equally where service improvements could be made. The information that customers request is also a useful tool to understand what is important to them and what information we should be ensuring is readily available through our channels of communication, including one of our main assets, our websites.

1.3 The iCasework complaints and information case management system is managed and maintained by the Information & Improvement Team and records, processes and monitors contacts received by the organisation which include:-

- Corporate complaints
- Social care complaints (Childrens & Adults) Local Government & Social Care Ombudsman (LGSCO) & Information Commissioner's Office (ICO) Enquiries & Complaints
- Greater Manchester Integrated Care Board locality Tameside (GM ICB)
- Member of Parliament (MP) Enquiries
- Freedom of Information Requests (FOI) – the right to access recorded information held by public authorities,
- Internal Reviews (complaint of a how a request handled/disagreement of response)
- Subject Access Requests (SARs) - the right to ask for information we hold about you
- Compliments
- Suggestions (customers & staff)
- General Customer Enquiries
- Whistleblowing concerns

1.4 Table 1 outlines the casework volumes per theme.

Work Areas	Case Volumes			
	2021	2022	2023** up to 31 July	
Information & Data Team				
Freedom of Information requests - TMBC	1069	1076	700	
Freedom of Information requests – GM ICB	178	138	41	
FOI Internal Reviews	6	9	4	
ICO Enquiries / Investigations	2	5	1	
Subject Access Requests - TMBC	265	277	196	
Subject Access Requests – GM ICB	3	8	0	
Subject Access Internal Reviews	3	1	0	
Disclosure Request/Missing Person requests	13	20	9	
Complaints & Customer Care Team				
Childrens Complaints - Stage 1	221	177	98	16 Statutory
Childrens Complaints - Stage 2	67	60	28	9 Statutory
Childrens Complaints - Stage 3	2	0	0	N/A

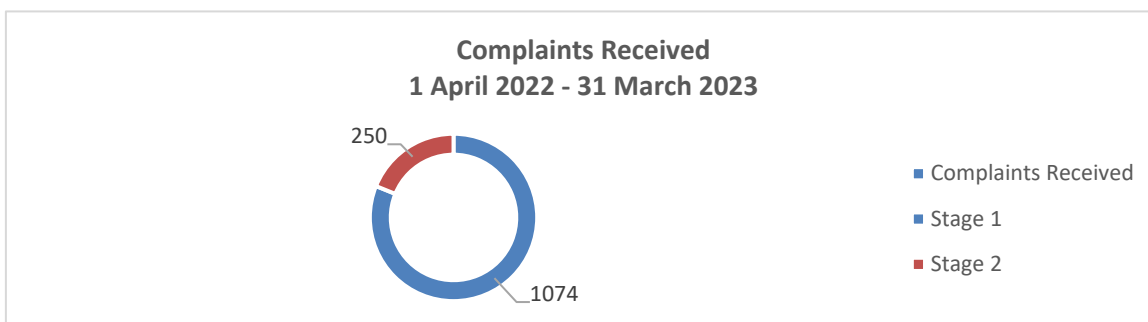
Adults Complaints - Stage 1	92	100	47	2 Statutory
Adults Complaints - Stage 2	32	21	12	1 Statutory
Corporate Complaints - Stage 1	606	807	388	
Corporate Complaints - Stage 2	154	177	66	
LGO enquiries / complaints	56	34	15	
MP enquiries – TMBC	875	994	536	
MP enquiries – GM ICB	88	20	10	
Complaint telephone calls	1574	1658	994	
Complaint web chats	2727	1163	419	
Whistleblowing	24	22	7	
Enquiries/service requests - TMBC	4250	3237	1663	
Compliments	87	66	83	
GM ICB Enquiries/Complaints	175	110	39	

2. COMPLAINTS AND CUSTOMER CARE

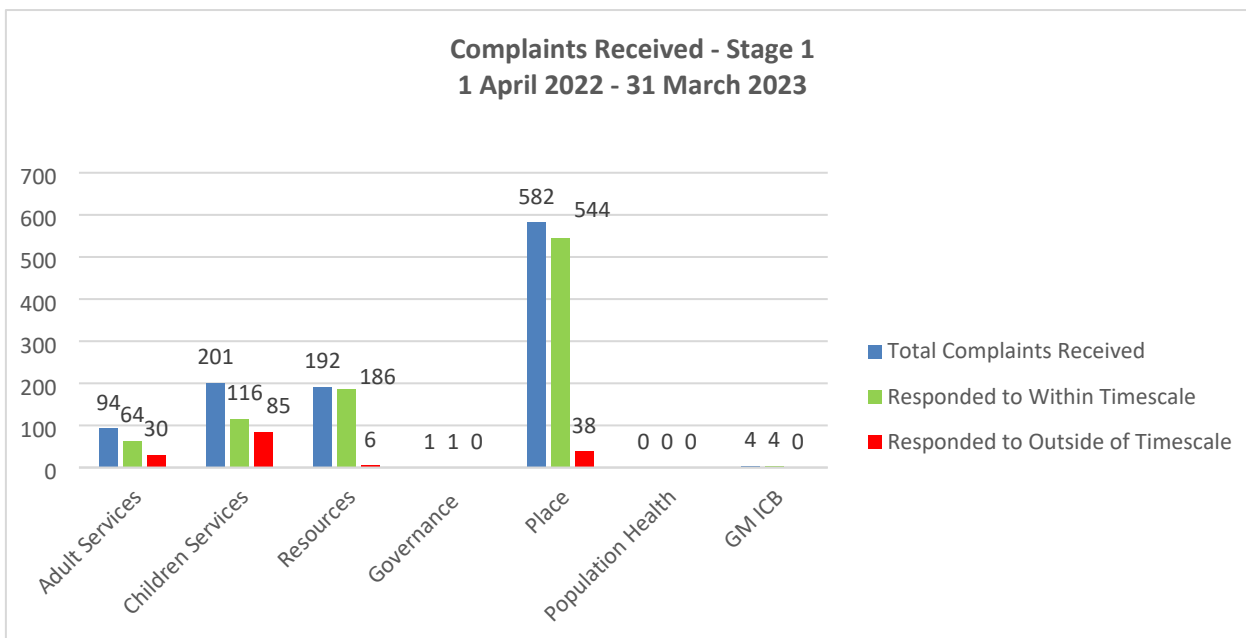
- 2.1 A complaint is generally defined as any expression of dissatisfaction specifically relating to a council service, or a body acting on behalf of the council, about the actions the service has taken, or a lack of action that has occurred. If at the end of the service request process, the customer remains dissatisfied, they can contact the Complaints & Customer Care Team to raise a formal complaint. We will provide an impartial, fair, and structured process for dealing with complaints.
- 2.2 We aim to make sure customers get a response as soon as possible, and where we can resolve issues quickly, we will always endeavour to do so. Where cases are more complex, customers might be asked to agree on a statement of complaint to ensure that all issues are fully understood and can be investigated; in these cases, resolution may take a little longer.
- 2.3 There are three distinct areas in terms of the Council's complaints process that customers can access; these are the three-stage statutory representation and complaints procedure for handling complaints about Children's Social Care, the Adults Social Care procedure, and the two-stage corporate complaints process for handling concerns about any other council service.

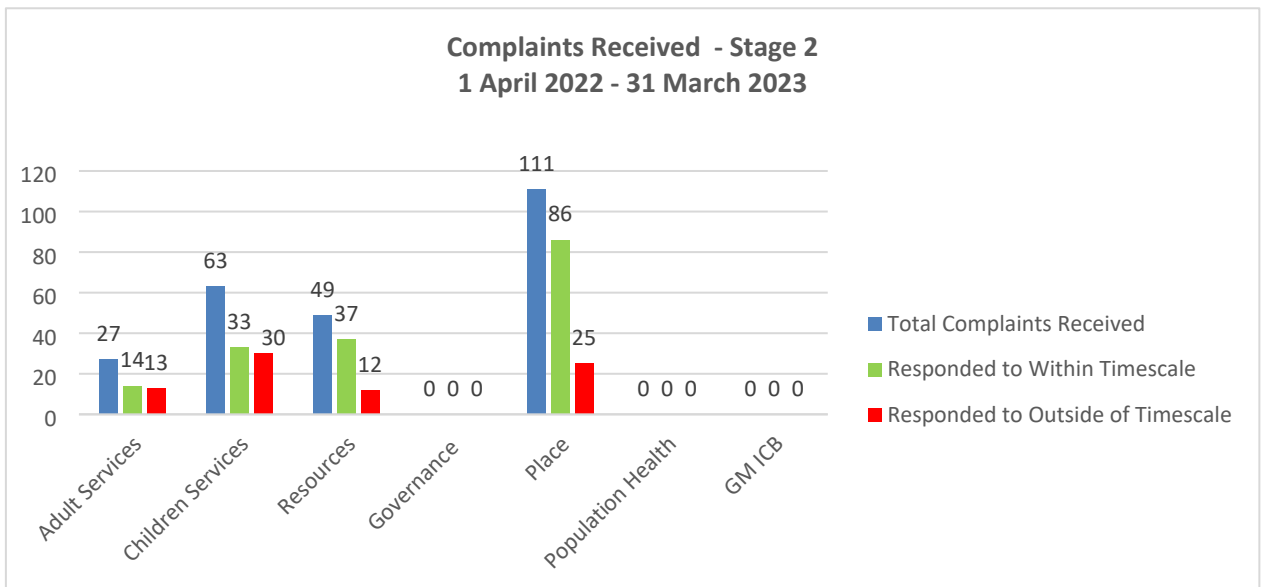
Complaint Stage	Investigated by	Responding Manager	Timescale (working days)
Corporate Stage 1	Service Area	Head of Service	20
Corporate Stage 2	Service Area	Assistant Director	20
Statutory Children's Stage 1	Service Area	Head of Service	10 (provision to extend to 20)
Statutory Children's Stage 2	Independent Investigating Officer and Independent Person	Assistant Director	25 (provision to extend to 65)
Statutory Children's Stage 3	Independent Panel Chair and 2 Independent Panel Members	Director	15

- 2.4 For any customer who remains dissatisfied with the handling of or the response to their complaint, they can escalate their concerns to the Local Government and Social Care Ombudsman (LGSCO) who are independent of the council and can investigate complaints and maladministration. Whilst the customer retains the right to approach the LGSCO at any stage of the complaints process, the LGSCO would ordinarily expect that contact is made with the council in the first instance, so that any issues raised can be considered locally and an attempt to reach a suitable resolution can be made.
- 2.5 Focusing on complaints for the period 1 April 2022 to 31 March 2023, the organisation has received and processed a total of 1324 complaints of which 1074 were Stage 1 and 250 were Stage 2. This is compared with a total of 1,188 for 1 April 21 to 31 March 2022 (increase of 206), of which 946 were Stage 1 (increase of 128) and 242 Stage 2 (decrease of 8).



- 2.6 The breakdown of the complaints received at Stage 1 and Stage 2 together with the volume received per service directorate is outlined in the charts below. This also identifies if these were fully responded to within the 20 working day timescale.

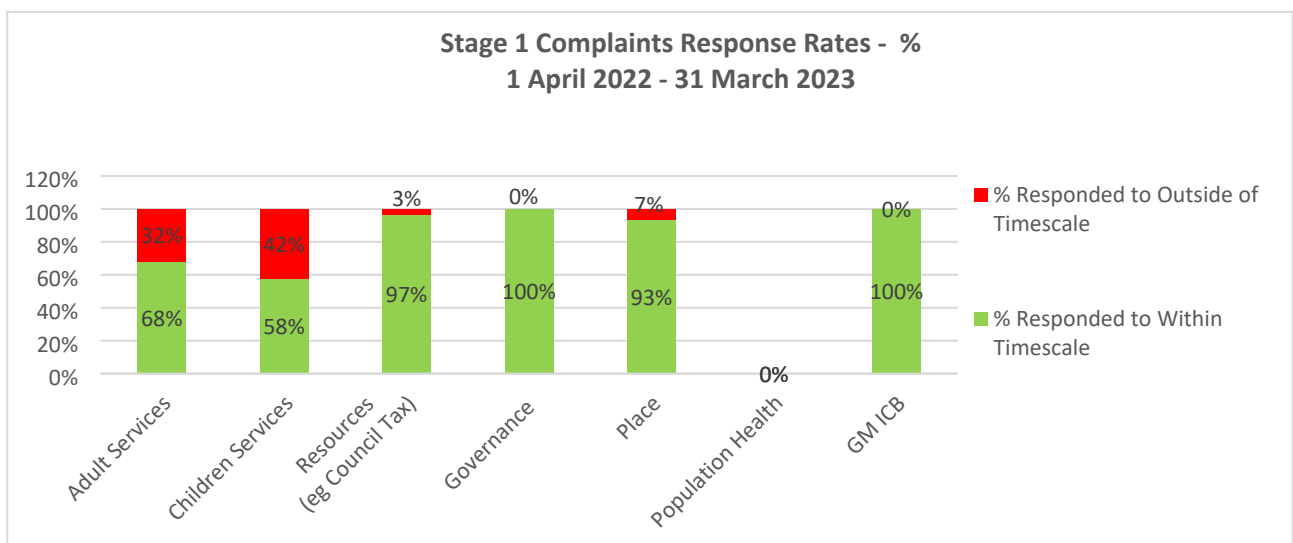


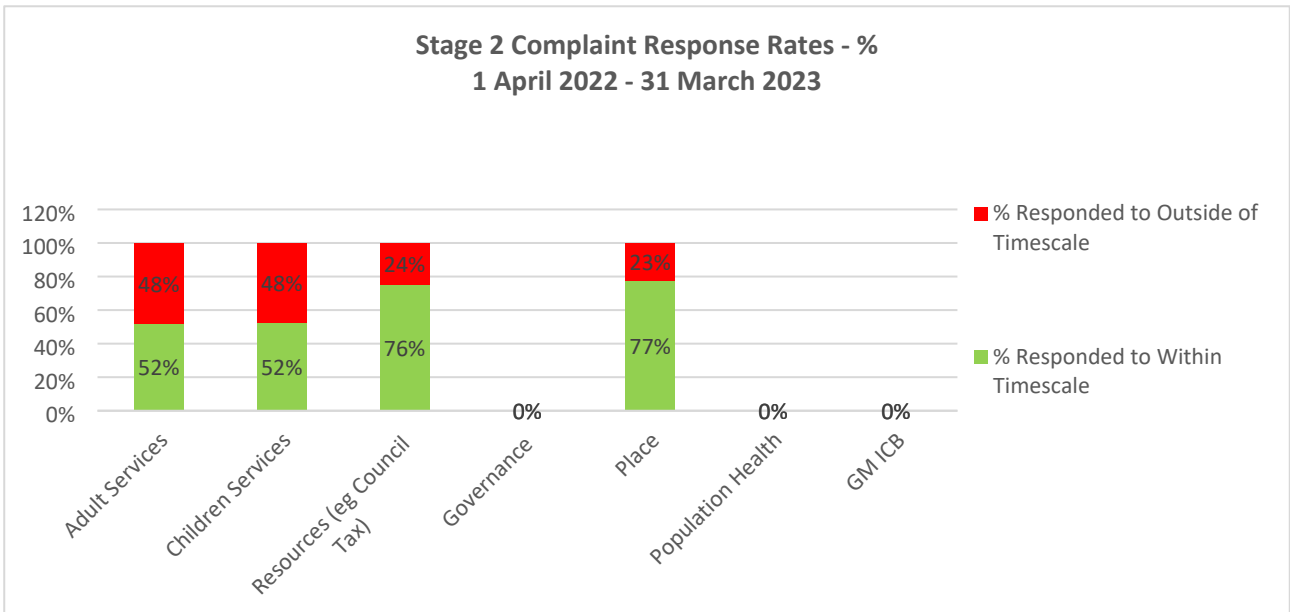


2.7 It should be noted that a high volume of complaints received does not necessarily indicate the quality of the council's performance; high volumes of complaints can indicate that the organisation is open to receiving, and learning from, its customer feedback, and sees complaints as an 'early warning' of wider problems developing. Low complaint volumes, rather than always being an indicator that all is well, can be a worrying indicator that the authority is not alert to customer feedback and that service users do not believe that complaining will have an effect.

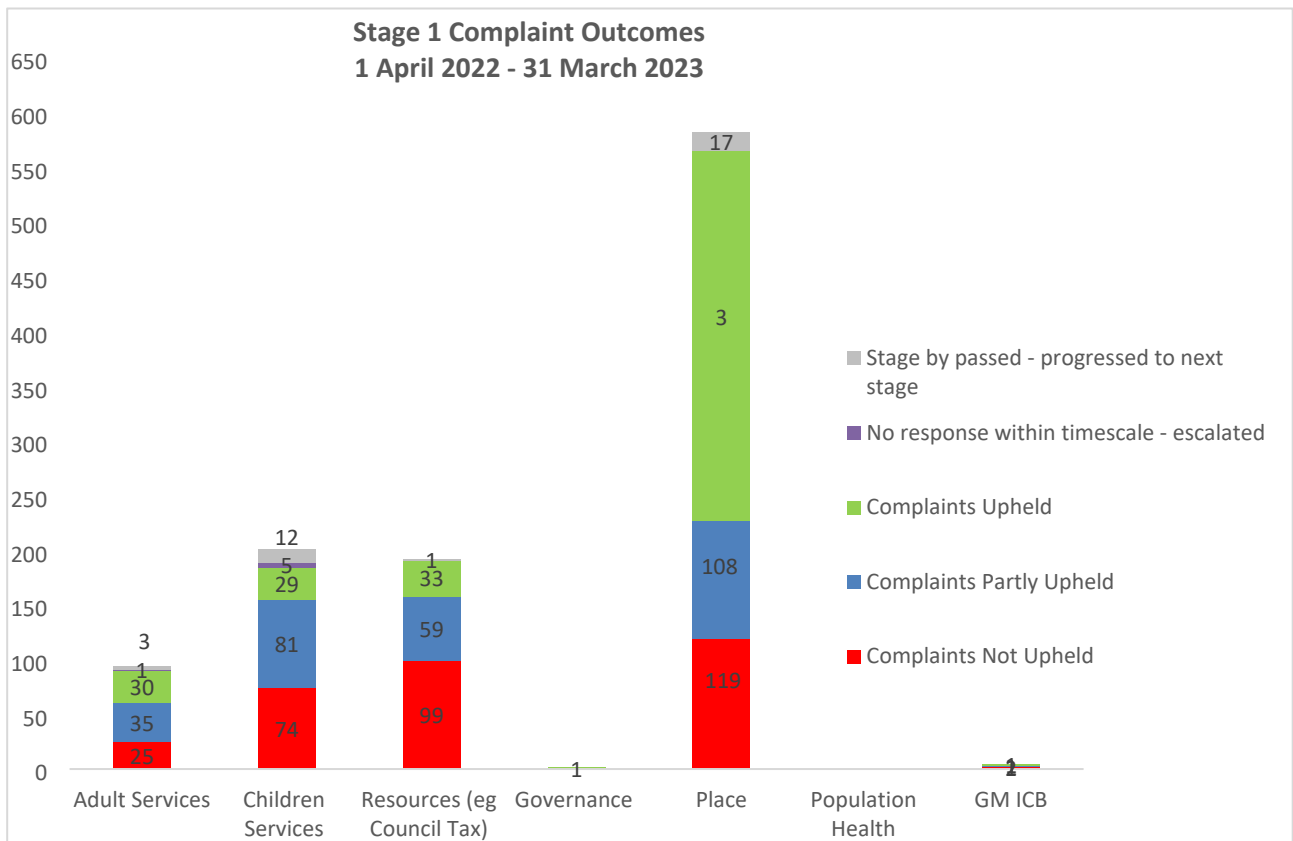
2.8 From the total complaints received during this reporting period, 85% of cases were responded to within the prescribed timescale compared with 78% from the previous reportable year for Stage 1 complaints. This is a continuing improvement however, we cannot be complacent and must continue to work hard to increase this response rate. It is important to note that although there was 15% outside of the prescribed timescales, there will be many reasons for this. Where complaint responses will be delayed, we always maintain an active dialogue with customers to keep them updated on progress and informed on when they will be likely to receive their responses. For Stage 2 complaints, 68% were responded to within the prescribed timescale which is a slight improvement on last year's response rate of 62%.

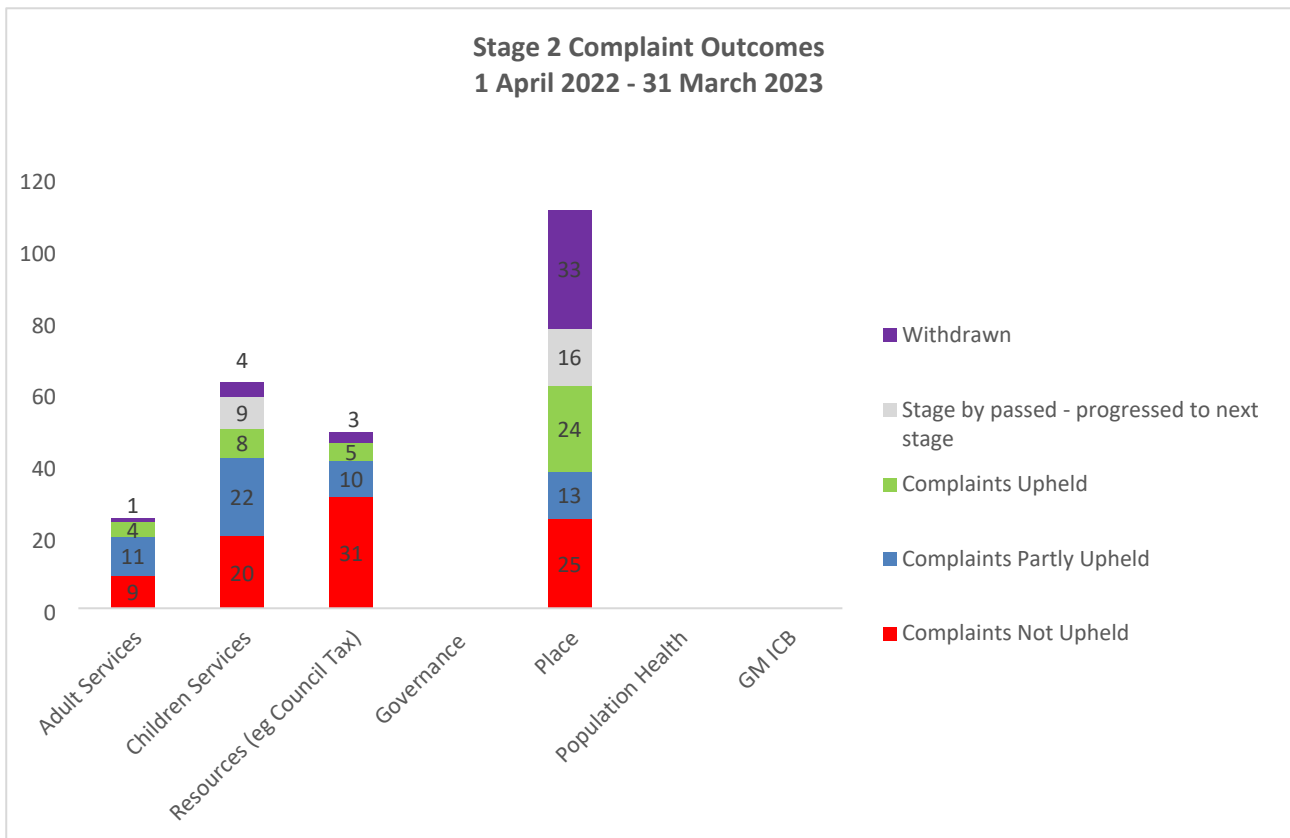
2.9 The following tables show the response rates of Stage 1 and 2 complaints by service directorate.





2.10 From the complaints processed and completed during the reporting period, the following complaint outcomes were recorded.





2.11 A summary of complaints received during the period April 2022 – March 2023 is shown in **Appendix A**; this also identifies at the top level the type and root cause of the complaint.

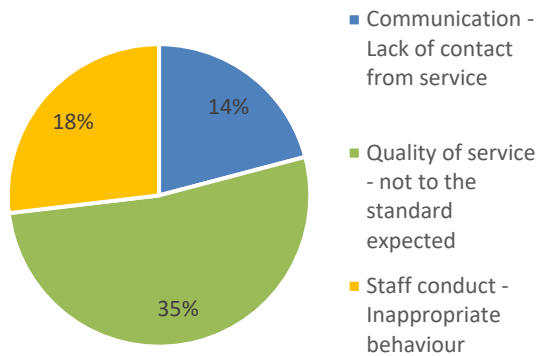
2.12 Understanding why customers (service users, residents) complain is an important factor in the complaints process. Collecting and analysing this information allows us to identify where service failure is occurring, and emerging patterns then help provide us with the opportunity to put things right. Recognising where things are going wrong and implementing changes and improvements should, in turn, reduce the number of complaints received and improve the quality and experience that customers receive. The information we get through complaints and the learning is also essential as an early warning sign where things might not be going as well as was planned and acting upon these swiftly is crucial.

2.13 In relation to the top 4 issues/root causes, we have continued to see common themes coming through across the organisation. For this reportable period, the main themes are namely: -

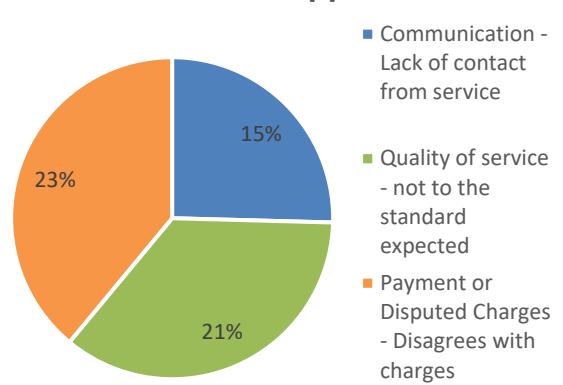
- Quality of service - Failure to do something & not to the standard expected.
- Communication – Lack of contact & no response to calls or messages. – **New top theme for 22/23**
- Staff conduct – Inappropriate behaviour & staff attitude.
- Payment or disputed charges – Disagrees with charges.

By the nature of the service provided, some Service Areas receive higher volumes of complaints. The graphs below show a % breakdown of the main causes of complaints in those service areas.

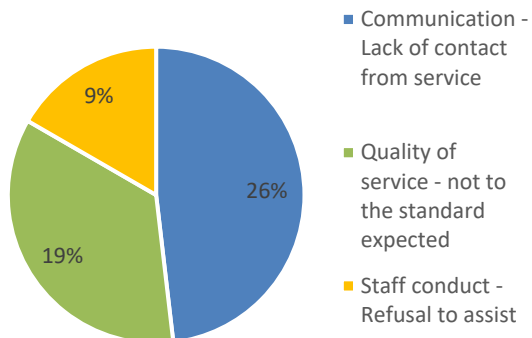
Adults Services - Operations



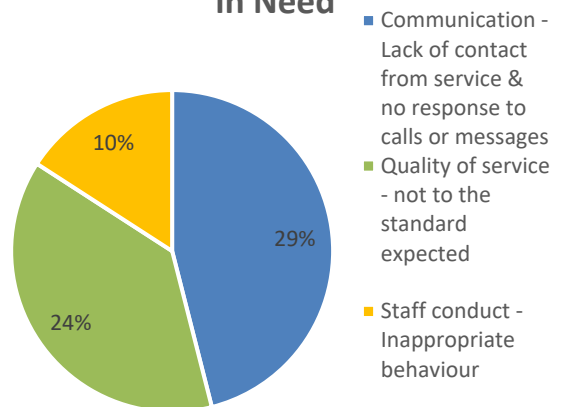
Adult Services - Integrated Care & Support



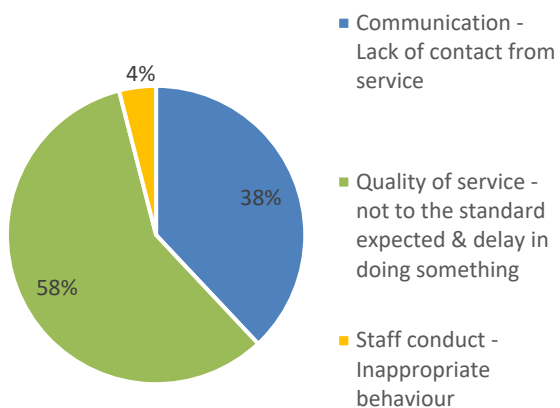
Childrens Services - Cared for Children



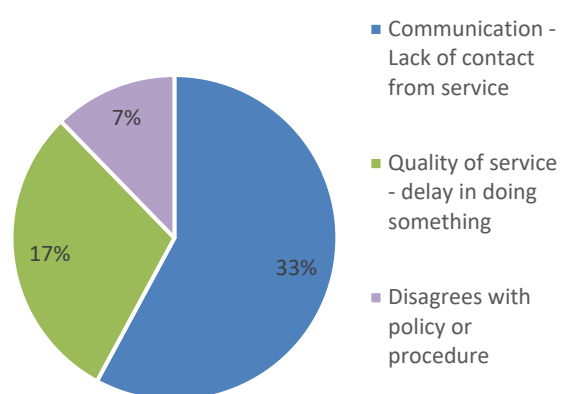
Child Protection & Children in Need

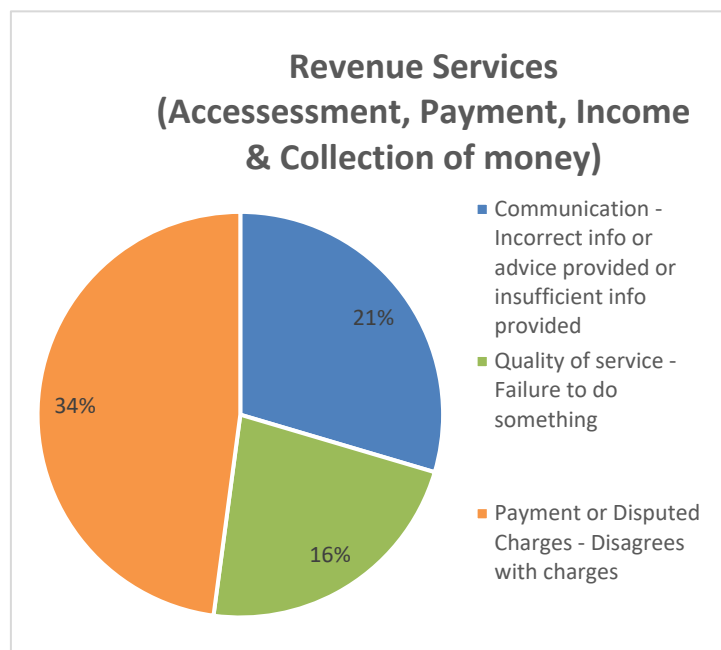
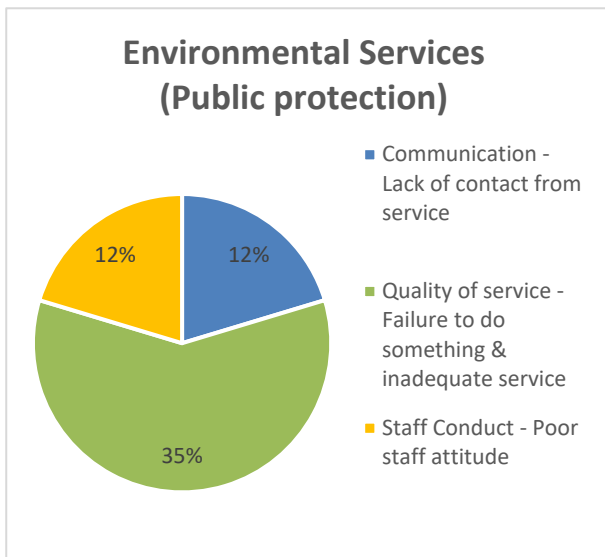


Pupil Support Services



Planning





2.14 The data that is held within the system will also identify the specific issues that will help to inform service improvement and where additional staff training may be required across specific areas. During the last reporting period, we can evidence where information from our customers' experience has enabled service areas to make improvements to their services, some of which are identified below:

Children's Social Care	
a)	Following a complaint from a grandparent about the way social care staff had interacted with her daughter during two home visits, a commitment was given to ensuring that all Family Intervention workers ensure they start from a strength-based approach and use the Signs of Safety model of practice, which was to be refreshed across all the teams.
b)	As part of a complaint, it was acknowledged that non-professionals' referrals should be documented within family assessments as anonymous to ensure there is no relationship breakdown between the referrer and the family. The Service committed to ensuring that all Social Workers and Family Intervention workers ensure they continue to uphold GDPR and that this is documented correctly within assessments.

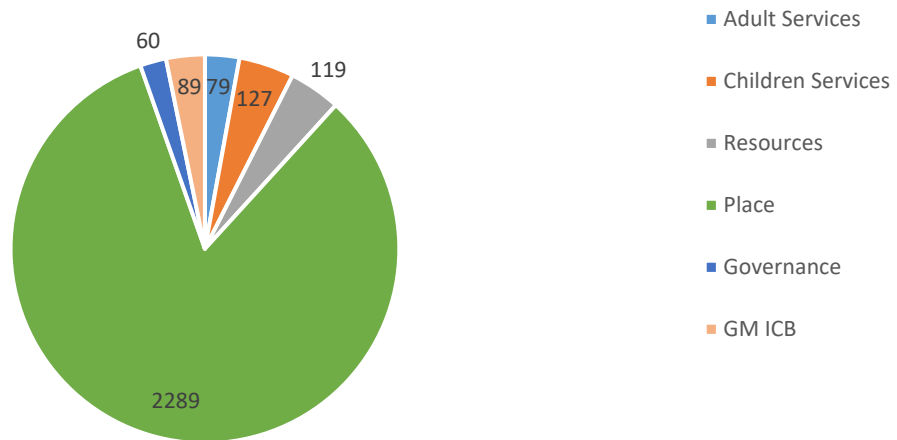
c)	A complaint from a young person about their experience with the Service led to a commitment that when re-allocating a Young Person's case that is within the Court process, Managers must, wherever possible, allocate the responsibility to a permanent member of staff and have robust oversight until that process is complete. The Head of Service also agreed that Managers must pay more attention to the allocating process to ensure continuity of case holding for the Young Person.
d)	A complaint also led to Children's Services acknowledging that the Children's Centre offer was not being fully explained, and as a result, they committed to ensuring that promotional information and the Children's Centre ethos are clearly shared with families.
e)	In response to a complaint from a parent about the lack of information and explanation provided to him about the reason for an unannounced (Section 47) visit, and about an emergency meeting having taken place earlier that day with his daughter without him being notified, the Service acknowledged there had been some failures in communicating and agreed to review the communication with service users throughout the complaint process. There was also a commitment that the Multi-Agency Safeguarding Hub Team and the Duty and Assessment Team social workers would have some training and reflective discussions regarding consent and informing parents and carers when Strategy Meetings and Section 47s are taking place.
Adult Social Care	
a)	Following a complaint about a member of staff entering a property to remove CRS equipment that was no longer required, the staff-induction document was updated to ensure that all new staff are informed that they must not enter a person's home to de-install equipment without explicit consent. In addition, de-installation procedures were distributed to all staff to read and sign.
b)	A complaint about a family member not being informed in advance that a residential home was not willing to allow the resident to return to their establishment led to the home reviewing and updating its procedures to ensure better communication in the future with families and other professionals.
c)	As a result of a complaint about no information about third-party top-up fees having been provided prior to a person embarking on a period of respite, Adult Services acknowledged the need for clear and concise information regarding care costs and top up fees at care homes being given at the outset.
Education	
a)	A parent complained that she felt she and her son and the school had been let down by the system for supporting children with difficulties; she also felt the school had been let down as they had been asking for information about how to support her child, with no response. The Service acknowledged the delays in providing support and information and committed to revising and improving its communication protocol in order to avoid delays in correspondence in the future.
b)	A complaint about delays in updating an EHCP and about poor communication between the Council and its partner agencies confirmed that the electronic recording system in operation at that time did not record communication between agencies and led to a systems review taking place to ensure an accurate record of communication between all agencies.
c)	A complaint about the lack of communication from the SEN Team found that on too many occasions, the parent received either no reply or a slow reply to their emails. This led to colleagues in that Team being reminded of the importance of timely and proactive communications.
d)	Following a complaint about delays in making payments to partners, the Head of Service was asked to review the process of managing and making such payments with the intention that no delays were experienced in the future.

Place	
a)	Waste – following a complaint about repeated failures to empty a communal recycling bin, Waste supervisors were tasked with ensuring the bins were emptied on the scheduled collection date.
b)	Planning – a complaint that enforcement had not been properly conducted in relation to a development led to the Council visiting the development and acknowledging that the build was not as per the approved plans, and consideration being given to the use of enforcement powers to rectify the breach in planning control.
c)	Library Services - A complaint about the matter and attitude of library staff including staff being unfriendly and unresponsive, and not providing a risk-assessment document when asked led to staff being instructed to ensure they are attentive to customers entering and to provide acknowledgement, to be extra vigilant when events are running when it may be busier and noisier, to familiarise themselves with the location of risk assessments and to ensure they check the needs of the customer without making assumptions.
Exchequer	
a)	A complaint about the poor customer care provided by an advisor when a customer contacted the Council Tax service led to an acknowledgement that the call could have been handled better, and a commitment to further training being provided.
b)	A complaint about a reminder notice being sent out for an invoice without any previous correspondence having been sent before the reminder led to the Income Service being reminded about how an account should be administered correctly, and the consequences of not doing so.

3. ENQUIRIES, SERVICE REQUESTS AND CONCERNS

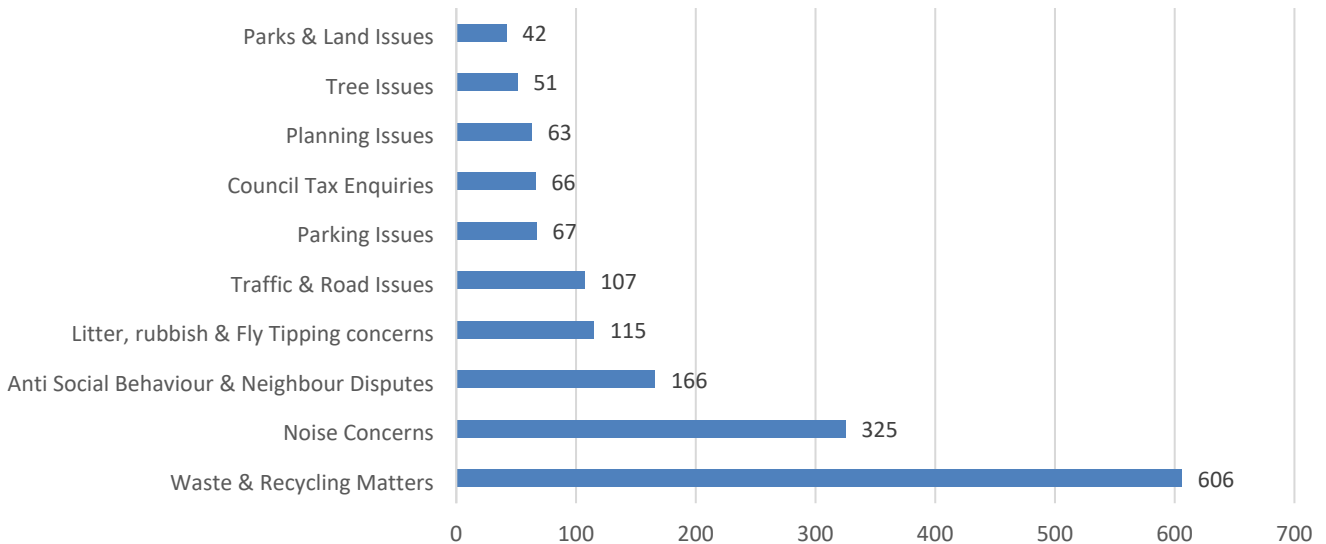
- 3.1 High volumes of contacts are received via the complaints reporting channels, and processed as enquiries or service requests. These types of contacts may be raising concerns or issues, and may be the first time services are being made aware of issues and therefore being given the opportunity to deal with and resolve.
- 3.2 These contacts don't require a complaints investigation to provide a resolution or address the issues being raised. By dealing with these contacts as service requests it allows us the opportunity to resolve matters quickly and efficiently, so that customers can get the resolution or advice they need. If for any reason though matters have not been addressed to the customer's satisfaction they do have the option to progress through the complaints process.
- 3.3 During the period April 2022 – March 2023, we received and dealt with 2,763 enquiries/service requests/ concerns (compared with 2490 being received for the previous period April 2021 – 31 March 2022). A breakdown of these by Directorate is below.

**Enquiries / Service Requests Received by Directorate
1 April 2022 - 31 March 2023**



3.4 Like complaints, there are common themes and patterns as to why residents contact the Council for help and assistance, and certain Service Areas receive higher volumes of contacts to deal with. The chart below shows the top 10 reasons residents contacted the Council through the Complaints Team, during this reporting period with an enquiry, service request or concern.

Top 10 Enquiries, Service Requests & Concerns Received 2022/2023



4. THE LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN (LGSCO)

4.1 The Local Government and Social Care Ombudsman (LGSCO) is the final stage for complaints about councils and some other authorities and organisations, including education admissions appeal panels and adult social care providers (such as care homes and home care providers).

4.2 In 2010 the LGSCO issued new guidance on [effective complaint handling for local authorities](#) which provides practical advice and guidance on running effective complaints handling processes to which all councils are expected to comply. A good complaints process should

comply with the law. In some cases the law sets out how you should handle a complaint, review or appeal, including timescales for responses.

4.2.1 The Council's complaints process for investigating complaints is:-

Complaint Stage	Investigated by	Responding Manager	Timescale (working days)
Corporate Stage 1	Service Area	Head of Service	20
Corporate Stage 2	Service Area	Assistant Director	20
Statutory Children's Stage 1	Service Area	Head of Service	10 (provision to extend to 20)
Statutory Children's Stage 2	Independent Investigating Officer and Independent Person	Assistant Director	25 (provision to extend to 65)
Statutory Children's Stage 3	Independent Panel Chair and 2 Independent Panel Members	Director	15

4.3 The Ombudsman says that the complaint process should be tailored to allow us to determine each complaint on its own merits. Investigations should be proportionate and pragmatic and that we should be able to identify and act on learning opportunities from complaints, ensuring the lessons reach people in the council who can effect change.

4.4 Every July the Ombudsman publishes information on the complaints and enquiries received by individual local authorities, and the decisions made during that financial year form part of an Annual Letter. A copy of this can be found in **Appendix B**. This information can be valuable in helping local authorities assess their performance in handling complaints. Intrinsic to the learning from this process the annual report is reported to Overview/Scrutiny to provide further challenge and to inform learning of systems and processes for improved outcomes for service delivery and customer experience from these.

4.5 The Annual Letter for the period 1 April 2022 to 31 March 2023 provides an update on the current performance and how this compares with other local authorities in relation to the number of cases, the types of cases received, and the learning, for example, and this report outlines this additional information.

4.6 For the reportable period, the LGSCO received a total of 63 compared with 74 complaints for the previous year across the service themes below and shows where there was an increase, decrease or numbers remained the same on the previous year.

Authority	Adult Social Care	Benefits and Tax	Education and Children's Services	Environmental Services, Public Protection & Regulation	Highways and Transport	Planning & Development	Housing	Corporate & Other	Total
Tameside	13 ↑	5 ↓	18 ↓	10 ↓	3 ↔	10 ↑	1 ↓	3 ↔	63 ↓

4.7 Of the complaints received by the Ombudsman the following outcomes were determined. Some of those cases determined though could have been from a previous reporting year.

Outcome	Adult Social Care	Benefits and Tax	Education & Children's Services	Environmental Services, Public Protection & Regulation	Highways and Transport	Planning & Development	Housing	Corporate & Other	Total
Advice Given	0	1	0	0	0	0	0	0	1
Upheld	8	0	3	3	0	1	0	0	15
Not upheld	0	0	2	1	1	0	0	0	4
Closed after initial enquiries	3	3	7	6	3	4	1	3	30
Referred back for local resolution	2	1	5	3	0	3	0	0	14
Incomplete/invalid	1	0	0	0	0	0	0	0	1
Total	14	5	17	13	4	8	1	3	65

4.8 The Ombudsman in the annual review letter stated *“Over the past two years, we have reviewed our processes to ensure we do the most we can with the resources we have. One outcome is that we are more selective about the complaints we look at in detail, prioritising where it is in the public interest to investigate. While providing a more sustainable way for us to work, it has meant that changes in uphold rates this year are not solely down to the nature of the cases coming to us. We are less likely to carry out investigations on ‘borderline’ issues, so we are naturally finding a higher proportion of fault overall.*

4.9 As stated in 4.6, the LGSCO uphold complaints when they find fault in an organisation's actions, including where the organisation accepted fault before they investigated. There was an upheld rate of 79% (based on 15 of 19 cases) detailed investigations compared with 81% (17 of 21 cases) the previous year. This compares to the average uphold rate of similar authorities of 77%. The council compares favourable in this regard.

4.10 In addition, for some cases where the LGSCO upheld the complaint, the service area will have been asked to remedy the situation and of the 63 cases received there were 11 of the 15 upheld cases requiring further action (compared with 74 cases last year with 12 requiring action) which is outlined in the table below.

Remedy	Adult Social Care	Benefits & Tax	Education and Children's Services	Environmental Services, Public Protection & Regulation	Highways and Transport	Planning & Development	Housing	Corporate & Other	Total
Apology	1								1
Apology/financial redress – Time & Trouble			1						1
Apology Provide training and/or guidance	1								1
Apology, Financial redress: Avoidable distress/time and trouble, Financial Redress: Quantifiable Loss, Provide training and/or guidance	1								1
Apology, Reassessment, Financial redress: Avoidable distress/time and trouble	1								1
Apology Financial redress: Avoidable distress/time and	1					1			2

trouble Provide training and/or guidance									
Financial redress: Avoidable distress/time and trouble, Provide services to person affected, Provide information/advice to person affected				1					1
Financial redress: Loss of service, Provide services to person affected	1								1
Provide information/advice to person affected, Procedure or policy change/review, Provide training and/or guidance				1					1
Provide services to person affected			1						1
Total	6	0	2	2	0	1	0	0	11

4.11 In 100% of cases, the Ombudsman was satisfied the authority had successfully implemented their recommendations (based on 11 compliance outcomes). In 27% of upheld cases the Ombudsman found that the authority had provided a satisfactory remedy before the complaint had reached them (based on a total of 15 upheld decisions), this compares to an average of 10% in similar authorities.

4.12 The reportable period for the annual report and the comparative data contained in this report is 1 April 2022 – 31 March 2023. As part of the annual report, local authorities receive data about the service areas to which the complaints received by the LGSCO relate. The table below shows the breakdown of the total number of complaints received by local authorities, by service area. Tameside was 6th out of the 10 GM authorities in the number of complaints received by the LGSCO.

GMCA - Local Government & Social Care Ombudsman - Complaints and Enquiries Received (by category) 2022/2023										
Local Authority	Adult Social Care	Benefits and Tax	Corporate and Other Services	Education and Children's Services	Environmental Services, Public Protection and Regulation	Highways and Transport	Housing	Planning and Development	Other	Total
Bolton MBC	11	9	6	9	6	6	9	8	0	64
Bury MBC	10	7	4	27	8	8	7	1	0	72
Manchester CC	18	18	7	31	24	23	21	7	2	151
Oldham MBC	19	4	3	15	5	4	4	4	1	59
Rochdale MBC	18	4	9	9	4	3	3	4	0	54
Salford CC	8	16	2	27	7	6	7	4	1	78
Stockport MBC	9	3	1	13	16	3	3	17	0	65
Tameside MBC	13	5	3	18	10	3	1	10	0	63
Trafford	12	2	2	10	13	8	2	10	1	60
Wigan MBC	14	6	2	15	6	3	6	9	1	62

4.13 The table below outlines the number of detailed investigations carried out by the LGSCO across GM local authorities. Again Tameside was 6th out of the 10 GM authorities in the number of detailed investigations that were carried out.

GMCA - Local Government & Social Care Ombudsman - Investigations 2022/2023								
Local Authority	Number of details investigations	Number upheld	% Upheld	% Compliance with LGO recommendations	Number of Satisfactory remedies provided by council prior to LGO involvement	% Satisfactory remedies provided by council prior to LGO involvement	Public Reports Published by LGO in last 9 Years	Number of service improvements agreed by Council since April 2018
Bolton MBC	18	17	94%	94%	2	12%	2	32
Bury MBC	25	22	88%	93%	0	0%	1	30
Manchester CC	36	22	61%	100%	2	9%	1	36
Oldham MBC	6	2	33%	100%	0	0%	0	13
Rochdale MBC	8	3	38%	100%	0	0%	1	16
Salford CC	9	7	78%	100%	0	0%	1	14
Stockport MBC	22	19	86%	100%	7	37%	1	23
Tameside MBC	19	15	79%	100%	4	27%	3	20
Trafford	21	14	67%	100%	1	7%	1	29
Wigan MBC	15	12	80%	100%	4	33%	0	12
<i>Average performance rates; (%)</i>			77%	99%		10%		

4.14 In summing up in his Annual Review letter, it was reported that the annual statistics once again back up the harsh reality many people face in key areas of their lives, including education, care for the elderly and housing issues. Paul Najsarek, the Local Government and Social Care Ombudsman said:

“We all want decent education services for our children, quality care for our loved ones when they are in need, and the reassurance of a safety net if we fall on hard times but all too often the complaints we receive show this isn’t what people experience.

We know councils face huge challenges, so it is more important than ever for them to focus on the getting the basics right in services for residents and handling complaints effectively. Although local authorities often get things right, we frequently find councils repeating the same mistakes, ploughing ahead and not taking a step back to see the bigger picture.

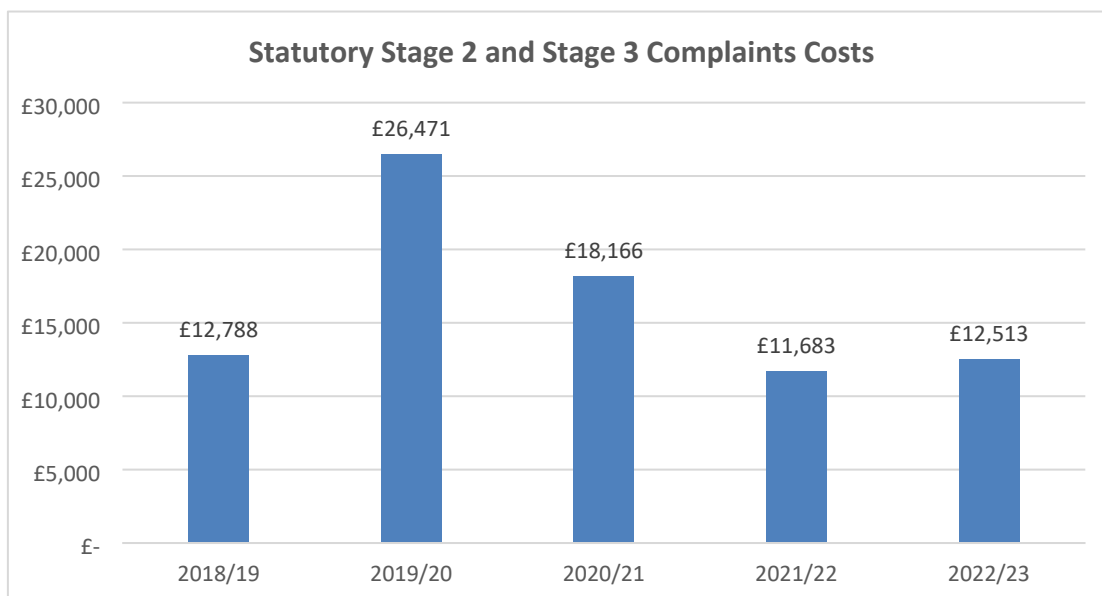
Our latest statistics shed light on the harsh realities people across the country face in crucial aspects of their lives. Council leaders now need to focus on learning from common faults and injustices so they can make a significant difference to the people our local authorities serve”.

This relentless focus and learning from complaints, the in-focus reports and good practice reports of the LGSCO is how we use this information to help us reduce repeat episodes occurring in Tameside.

4.15 All complaints that are considered by the Council undoubtedly have a cost associated with them, either tangible or intangible; intangible costs include the time officers spend dealing with the complaint, for example, or staff time in terms of processing the complaint through the complaints recording system. Tangible costs may be in the form of a remedy payment to resolve the complaint, or to acknowledge ‘time and trouble’. In the case of statutory complaints relating to Children’s Services, there are very tangible costs, as the second and third stages of the process for handling such complaints require the appointment of independent people to investigate the complaint and to hear the complaint at an independent panel meeting,

respectively.

- 4.16 There is an annual budget of £13k set aside to manage statutory Stage 2 and Stage 3 panels which sits within the Information and Improvements budget, and the costs incurred for the last five years are shown below.

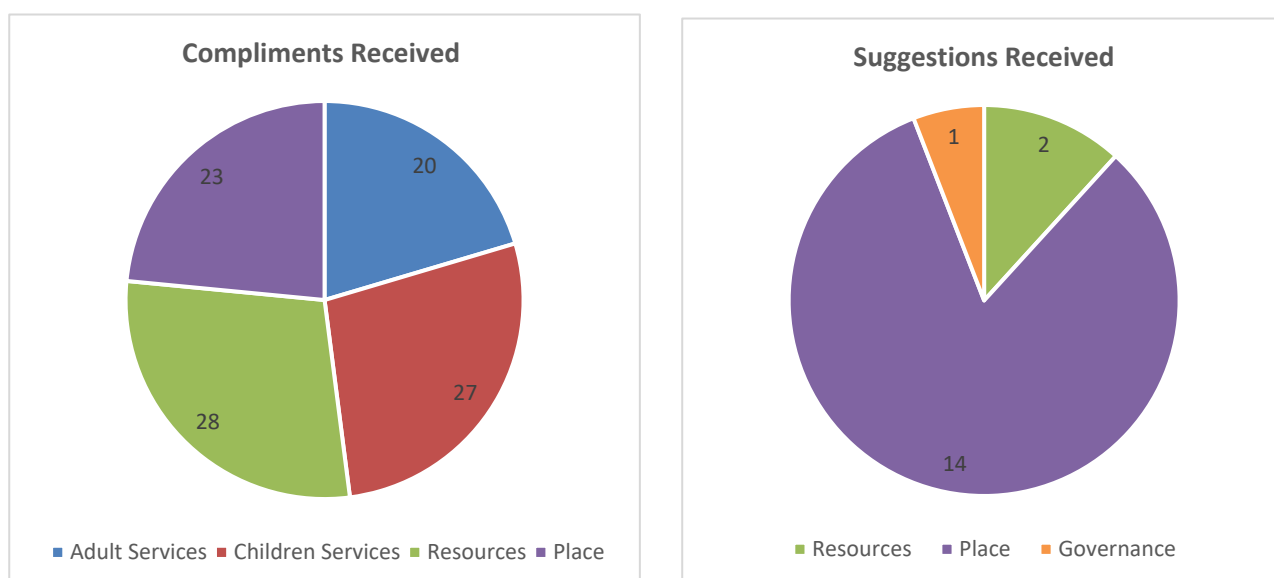


- 4.17 These costs are in addition to any “remedy costs” that might be paid out directly by the service as a result of the panel and any “remedy costs” incurred via any LGSCO involvement.
- 4.18 A total of £5,954 (an increase from £4625 2021/22) across 9 cases (an increase from 5 2021/22) was paid during the reportable period as a result of recommendations for financial remedy made by the Ombudsman; the table below sets out the reasons for the remedy payments. Remedy payment costs are borne directly by the service area which is the subject of the complaint.

Service	Reason	Amount
Adults	Failure to make an Occupational Therapist appointment; failure to wear transparent masks when undertaking visits	£400
Adults	Fault in the calculation of capital, resulting in overcharges for care home fees	£150
Adults	Fault in wound care	£250
Adults	Failure to deal properly with charges for care, and with questions about Mental Capacity Act (MCA) and third-party top-up	£3,325
Education – Admissions	Failure to respond to a complaint about the conduct of a School Appeals officer	£250
Education – SEND	Fault fund due to lack of response and delays in Education, Health & Care Plan (EHCP)	£600
Education – SEND	Failure to provide support as per the EHCP, delays in the process, and failure to ensure appropriate transition.	£529
Planning	Delay in processing a planning application and failure to deal with the complaint properly	£250
Waste	Failure of Pull and Return Service	£200
TOTAL		£5,954

5 CUSTOMER SERVICE EXCELLENCE, COMPLIMENTS, SUGGESTIONS AND LEARNING

- 5.1 As challenging as it can be to effectively deal with complaints and customer reports of dissatisfaction, it is also important to record Compliments and Suggestions received from both our internal customers, and from our residents and service users. For the reporting period April 2022 – March 2023, there have been 98 compliments and 17 suggestions received. The compliments received have been regarding a range of services of the council and in the majority of cases, were commending the help, support and excellent customer service individuals had received.



- 5.2 In addition the organisation has held the Customer Service Excellence standard for over 17 years, each year achieving 100% compliance and with additional areas of compliance plus (areas of best practice).
- 5.3 During July 2023 the onsite surveillance took place, and it is pleasing to report the organisation continues to meet the standard with 100% compliance with a continued 15 areas of compliance plus sustained. This is a remarkable achievement and one to be proud of.

LEARNING & DEVELOPMENT

- 5.4 Learning and development is an intrinsic element of good customer service, service improvement and staff development. During the reporting period, Customer Care and Complaints Handling Training was delivered to 59 staff across the organisation. This included a bespoke session for staff and Managers within the Special Educational Needs Team and was tailored to the needs of that service.
- 5.5 Attendees of the training have included Assistant Directors and Team Managers, as well as front-line staff, including staff from the very front-facing Call Centre. Feedback across all the sessions has been very positive, and further sessions are scheduled for the remainder of this calendar year.
- 5.6 Into the coming year, the Local Government and Social Care Ombudsman has once again been invited to deliver two sessions on their Effective Complaint Handling workshop. The workshops aim to support attendees to develop their skills in defining and analysing complaints, planning investigations, and communicating decisions effectively. It is anticipated that one session will be for general Managers across the council, and one session will be dedicated to Managers within Children's Social Care services.

- 5.7 As previously identified in paragraph 2.14 there is ongoing review, learning and development from complaints by service areas. They continue to take the opportunity to reflect and learn by these sharing across their teams. These include improved communications and customer care, tightening of process for access to customers and the improved administration of records to name a few.
- 5.8 The LGSCO will at time develop focus reports and good practice guides that highlight particular subjects or systemic issues arising from the casework they receive. These are published for authorities to use for learning and development and shared with services for their consideration and to review the outputs against their own service delivery.
- 5.9 The in-focus reports provide a structure when developing questions for Scrutiny. For this municipal year Scrutiny have handled the following reports in response to the in-focus reports.
- o Recent Homelessness – view [here](#)
 - o Planning - view [here](#)
 - o Anti-Social Behaviour – view [here](#)
- 5.10 **Liverpool City Council’s complaint handling procedures** - In July 2022 the Ombudsman was invited to carry out a full review of the Liverpool City Council’s complaint handling procedures, as part of a raft of reviews prompted by government-appointed commissioners brought in to oversee the council’s performance. This report can be viewed [here](#). At that time we reviewed the actions to see how we benchmarked against this. Overall we fared well against these actions. At Tameside we are much further on in terms of some of the actions that were being proposed including having a joint complaints service, management oversight and corporate reporting of performance.
- 5.11 There were some learning and development points from the Liverpool report notably:-

Review and revise job descriptions to ensure all roles with a customer interface include appropriate references to responsibilities around complaint handling.	Conversations have taken place with the Assistant Director People & Workforce for this to be considered. This will be reviewed in line with the review of the performance framework current being implemented.
Compulsory training on effective complaint handling for staff who act on or respond to complaints.	Complaints and customer care training is delivered across the organisation. The Induction for new staff is being reviewed and the training will be bolstered as part of this review.

6 NEXT STEPS

- 6.1 Building on the work that was undertaken in the reporting year, work will continue with the root cause analysis which will help identify those service areas where a review of processes or systems used may be necessary, or where staff training in particular areas of service delivery may be warranted.
- 6.2 Through the review and amendment of the template response letters used for responding to complaints, there will also be a greater focus on identifying learning from complaints, and on the implementation of that learning to improve services.
- 6.3 Work is also underway to develop and produce quarterly performance data for all services in the form of Dashboard Reports with the plan to deliver during the last quarter of this calendar year. An initial draft has been developed with Children’s. These reports will include key performance data including the root causes of complaints, the timeliness of responses, and the top three themes, as well as reporting on improvements made to services as a result of the identified learning. This work is in addition to and complementary to the weekly reports already published to services.

7 RECOMMENDATIONS

7.1 As set out on the front of the report.

APPENDIX A

Service Area	Number of S1 Complaints Received April22 - Mar 23	Top 3 Causes of Complaints(%)								
		Theme	Count	Percentage	Theme	Count	Percentage	Theme	Count	Percentage
Operations	51	Communication - Lack of contact from service	7	14%	Quality of service - not to the standard expected	18	35%	Staff conduct - Inappropriate behaviour	9	18%
Transformation	39	Communication - Lack of contact from service	6	15%	Quality of service - not to the standard expected	8	21%	Payment or Disputed Charges - Disagrees with charges	9	23%
Joint Commissioning & Performance Management	4	SMALL NUMBERS & NO COMMON THEMES								
Access Learning	3	SMALL NUMBERS & NO COMMON THEMES								
Cared for Children Services	53	Communication - Lack of contact from service	14	26%	Quality of service - not to the standard expected	10	19%	Staff conduct - Refusal to assist	5	9%
Child Protection and Children in Need	96	Communication - Lack of contact from service & no response to calls or messages	28	29%	Quality of service - not to the standard expected	23	24%	Staff conduct - Inappropriate behaviour	10	10%
Early Help and Youth Offending	2	SMALL NUMBERS & NO COMMON THEMES								
Pupil Support Services	45	Communication - Lack of contact from service	17	38%	Quality of service - not to the standard expected & delay in doing something	26	58%	Staff conduct - Inappropriate behaviour	2	4%
Safeguarding and Quality Assurance	1	SMALL NUMBERS & NO COMMON THEMES								
School Performance Standards	1	SMALL NUMBERS & NO COMMON THEMES								
HR Operations and Strategy & People and Workforce Development	1	SMALL NUMBERS & NO COMMON THEMES								
Community Safety & Homelessness	21	Communication - Lack of contact from service	5	24%	Quality of service - not to the standard expected	4	19%	Staff conduct - Inappropriate behaviour	3	14%
Cultural and Customer Services	12	SMALL NUMBERS & NO COMMON THEMES								
Design & Delivery	16	SMALL NUMBERS & NO COMMON THEMES								
Employment and Skills	4	SMALL NUMBERS & NO COMMON THEMES								
Environmental Services (Management & Operations)	8	SMALL NUMBERS & NO COMMON THEMES								
Environmental Services (Public Protection)	52	Communication - Lack of contact from service	6	12%	Quality of service - Failure to do something & inadequate service	18	35%	Staff Conduct - Poor staff attitude	6	12%
Estates	7	SMALL NUMBERS & NO COMMON THEMES								
Highways and Transport	14									
Investments and Development	5	SMALL NUMBERS & NO COMMON THEMES								
Operations and Greenspace	33	Communication - Lack of contact from service	6	18%	Quality of service - Failure to do something	11	33%	Staff conduct - Inappropriate behaviour & staff attitude	4	12%
Planning	42	Communication - Lack of contact from service	14	33%	Quality of service - delay in doing something	7	17%	Disagrees with policy or procedure	3	7%
Strategic Infrastructure	1	SMALL NUMBERS & NO COMMON THEMES								
Waste Management	367	Communication - no response to calls & messages	10	3%	Quality of service - Failure to do something & not to the standard expected	285	78%	Staff conduct - Inappropriate behaviour	10	3%
Assess and Pay, Income and Collection	185	Communication - Incorrect info or advice provided & insufficient info provided	38	21%	Quality of service - Failure to do something	30	16%	Payment or Disputed Charges - Disagrees with charges	63	34%
Financial Management (GOV)	4	SMALL NUMBERS & NO COMMON THEMES								
Risk Management & Audit Services	3	SMALL NUMBERS & NO COMMON THEMES								
Commissioning	2	SMALL NUMBERS & NO COMMON THEMES								
Quality and Safeguarding	2	SMALL NUMBERS & NO COMMON THEMES								

APPENDIX B

19 July 2023

By email

Ms Stewart
Chief Executive
Tameside Metropolitan Borough Council

Dear Ms Stewart

1. Annual Review letter 2022-23

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2023. The information offers valuable insight about your organisation's approach to complaints. As always, I would encourage you to consider it as part of your corporate governance processes. As such, I have sought to share this letter with the Leader of your Council and Chair of the appropriate Scrutiny Committee, to encourage effective ownership and oversight of complaint outcomes, which offer such valuable opportunities to learn and improve.

The end of the reporting year, saw the retirement of Michael King, drawing his tenure as Local Government Ombudsman to a close. I was delighted to be appointed to the role of Interim Ombudsman in April and look forward to working with you and colleagues across the local government sector in the coming months. I will be building on the strong foundations already in place and will continue to focus on promoting improvement through our work.

2. Complaint statistics

Our statistics focus on three key areas that help to assess your organisation's commitment to putting things right when they go wrong:

Complaints upheld - We uphold complaints when we find fault in an organisation's actions, including where the organisation accepted fault before we investigated. We include the total number of investigations completed to provide important context for the statistic.

Over the past two years, we have reviewed our processes to ensure we do the most we can with the resources we have. One outcome is that we are more selective about the complaints we look at in detail, prioritising where it is in the public interest to investigate. While providing a more sustainable way for us to work, it has meant that changes in uphold rates this year are not solely down to the nature of the cases coming to us. We are less likely to carry out investigations on 'borderline' issues, so we are naturally finding a higher proportion of fault overall.

Our average uphold rate for all investigations has increased this year and you may find that your organisation's uphold rate is higher than previous years. This means that comparing uphold rates with previous years carries a note of caution. Therefore, I recommend comparing this statistic with that of similar organisations, rather than previous years, to better understand your organisation's performance.

Compliance with recommendations - We recommend ways for organisations to put things right when faults have caused injustice and monitor their compliance with our recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

Satisfactory remedy provided by the authority - In these cases, the organisation upheld the complaint and we were satisfied with how it offered to put things right. We encourage the early resolution of complaints and credit organisations that accept fault and find appropriate ways to put things right.

Finally, we compare the three key annual statistics for your organisation with similar authorities to provide an average marker of performance. We do this for County Councils, District Councils, Metropolitan Boroughs, Unitary Councils, and London Boroughs.

Your annual data, and a copy of this letter, will be uploaded to our interactive map, [Your council's performance](#), on 26 July 2023. This useful tool places all our data and information about councils in one place. You can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

3. Supporting complaint and service improvement

I know that complaints offer organisations a rich source of intelligence and insight that has the potential to be transformational. These insights can indicate a problem with a specific area of service delivery or, more broadly, provide a perspective on an organisation's culture and ability to learn. To realise the potential complaints have to support service improvements, organisations need to have the fundamentals of complaint handling in place. To support you to do so, we have continued our work with the Housing Ombudsman Service to develop a joint complaint handling code that will provide a standard for organisations to work to. We will consult on the code and its implications prior to launch and will be in touch with further details.

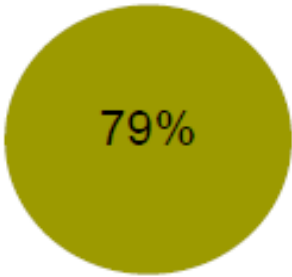
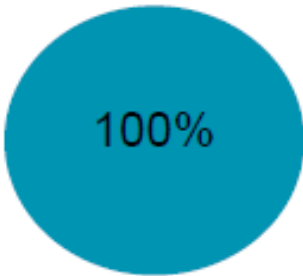
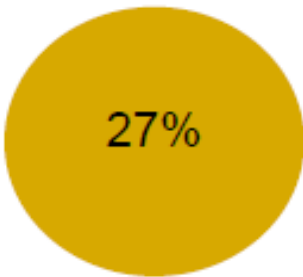
In addition, our successful training programme includes practical interactive workshops that help participants develop their complaint handling skills. We can also offer tailored support and bespoke training to target specific issues your organisation might have identified. We delivered 105 online workshops during the year, reaching more than 1350 people. To find out more visit www.lgo.org.uk/training or get in touch at training@lgo.org.uk.

We were pleased to deliver an online complaint handling course to your staff during the year. I welcome your Council's investment in good complaint handling training and trust the course was useful to you.

Yours sincerely,



Paul Najsarek
Interim Local Government and Social Care Ombudsman
Interim Chair, Commission for Local Administration in England

Complaints upheld		
	<p>79% of complaints we investigated were upheld.</p> <p>This compares to an average of 77% in similar organisations.</p>	<p>15 upheld decisions</p> <p>Statistics are based on a total of 19 investigations for the period between 1 April 2022 to 31 March 2023</p>
Compliance with Ombudsman recommendations		
	<p>In 100% of cases we were satisfied the organisation had successfully implemented our recommendations.</p> <p>This compares to an average of 99% in similar organisations.</p>	<p>Statistics are based on a total of 11 compliance outcomes for the period between 1 April 2022 to 31 March 2023</p>
<ul style="list-style-type: none">• Failure to comply with our recommendations is rare. An organisation with a compliance rate below 100% should scrutinise those complaints where it failed to comply and identify any learning.		
Satisfactory remedy provided by the organisation		
	<p>In 27% of upheld cases we found the organisation had provided a satisfactory remedy before the complaint reached the Ombudsman.</p> <p>This compares to an average of 10% in similar organisations.</p>	<p>4 satisfactory remedy decisions</p> <p>Statistics are based on a total of 15 upheld decisions for the period between 1 April 2022 to 31 March 2023</p>

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Agenda Item 7.

Report to:	Overview Panel
Date:	Tuesday, 26 September 2023
Reporting Officer:	Tracy Brennand, Assistant Director, People and Workforce Development
Subject:	IMPROVEMENT TEAM UPDATE
Report Summary:	<p>The Improvement Team was established in March 2022, in response to the Council's challenging financial climate.</p> <p>A jointly agreed programme of work commenced in October 2022 following significant changes to both elected member and senior leadership. Since then the Improvement Team, comprising of 6 team members, has worked collaboratively with services on small, specific projects to drive change and outcomes through effective project and change management.</p> <p>The establishment of a Project Management Office (PMO) is planned to scale up pace and impact of the team to support the financial sustainability of the organisation longer term with further investment in project management and business improvement capacity in the Improvement Team.</p> <p>This report outlines progress to date since creation of the Improvement Team and sets out the future direction of travel for the service.</p>
Recommendations:	<ul style="list-style-type: none">(i) NOTE the impact made by the Improvement Team to date on the current delivery programme.(ii) NOTE the plans for the future development of the Improvement Function including:<ul style="list-style-type: none">- Development a Transformation and Improvement Strategy to provide a robust framework for all Improvement Projects.- Investment in Improvement team capacity.- Development of a centralised Project Management Office.(iii) NOTE the prioritisation of future projects will focus on supporting the delivery of budget reductions, supporting children's services improvement journey and improving outcomes, prioritised using an impact compared to complexity analysis
Corporate Plan:	The Transformation Programme underpins all aspects of the Corporate Plan, with strong links in particular with Starting and Living Well. The programme will also provide capacity around enablers identified as key to delivering the vision, aims and priorities of the Corporate Plan.
Policy Implications:	There are no direct policy implications associated with this report. Any policy implications associated with any projects outlined in this report have / will be addressed through appropriate governance as part of each individual project
Financial Implications: (Authorised by the statutory Section 151	The report provides an update on the initiatives supported by the Improvement team to date together with the proposed future programme of work.

Officer & Chief Finance Officer)

On 23 March 2022, the Executive Cabinet approved a budget allocation of £5.000m via Council reserves to support the related costs of the Improvement team and investment required for associated initiatives.

Table 1 (section 2.2) of the report provides a summary of the estimated cost of the team since commencement and forecast to 31 March 2025, an estimate of £ 1.108m that will be financed via the reserve.

The team has supported initiatives to date that have delivered improved outcomes, process efficiencies together with cost reductions and cost avoidance, the details of which are subject to validation and will be reported at a later date.

Further investment in team capacity is proposed via the estimated reserve balance of £3.892m to ensure that the improvement programme can increase scope, impact and pace and support services in delivering existing and future budget reduction initiatives.

The ongoing and future work programme will prioritise initiatives that support the Childrens Services Improvement Plan and budget reduction projects aligned to the delivery of the Council's Medium Term Financial Strategy.

Further updates will be reported to future Panel meetings that will include the improved efficiencies and outcomes delivered both on a recurrent and non-recurrent basis.

**Legal Implications:
(Authorised by the
Borough Solicitor)**

The Council has a statutory duty to secure efficient and effective services within an overriding duty to deliver a balanced budget. This work seeks to secure sustainable services.

Risk Management:

Effective project management helps drive improvement change in the organisation. Exception reporting aids escalation and management of issues and risks to ensure improvement activity continues to deliver at pace thus reducing the risk of project failure.

Access to Information:

N/a

Background Information:

The background papers relating to this report can be inspected by contacting Emily Drake, Head of Payments, Systems and Registrars



Telephone: 0161 342 3158



e-mail: emily.drake@tameside.gov.uk

1. INTRODUCTION

- 1.1 On the 23 March 2022, the Executive Cabinet, approved the establishment of an Improvement Team in response to the Council's challenging financial climate.
- 1.2 A jointly agreed programme of work commenced in October 2022 following significant changes to both elected member and senior leadership. Since then the Improvement team, comprising of 6 team members, has worked collaboratively with services on small, specific projects to drive change and outcomes through effective project and change management.
- 1.3 This report outlines progress and impact to date since creation of the Improvement team and sets out the future direction of travel for the service.

2. CURRENT PROGRAMME OF WORK AND IMPACT



- 2.1 The current programme of work focusses on small measurable projects, with the 6 team members providing capacity for key skill sets - business improvement, IT system development, change management and programme management support. A number of projects also need improvement support where work streams cross multiple directorates to ensure interdependencies are identified and coordinated.
- 2.2 The team is funded via a £5m Transformational Fund Council reserve. The current actual and estimated cost of the team to 31 March 2025 is provided in table 1.












Table 1





Financial Year	£'m
2022/23 – Actual	0.300
2023/24 – Forecast	0.388
2024/25 – Forecast	0.420
Total	1.108
Reserve	(5.000)
Balance - Forecast	(3.892)

The forecast remaining balance of £3.892m is available to fund transformational and improvement activity.

- 2.3 Over the last 12 months 17 Improvement Projects have commenced based on requests from services and approved by senior officer and members. These are summarised below. Of these, 11 are in diagnostic or delivery phase. 5 projects have been completed. 1 is in review.

Project	Outcome	By when	Financial Impact	Status
Diagnostic Phase				
Payments and Income	Modernised consistent ways of making payments (Apple, Card Payments etc.), with improved reconciliation and shifts around charging policy to ensure that we are maximising income whilst being fair and consistent in recovery practices.	TBC	TBC	
Supported Accommodation - Foyer	Implement supported accommodation to offer affordable accommodation for young people aged 16-25 who are homeless or in housing need to combine a secure living environment with help	TBC	TBC	

Project	Outcome	By when	Financial Impact	Status
	and support and access to work and learning opportunities.			
Digitisation in Operations and Neighbourhoods	Improving the customer experience across the service, streamline back office processes, rationalise systems where possible, including the use of mobile working.	TBC	TBC	
CRM	Customer Relationship Management system to improve customer journey and experience	TBC	TBC	
Artificial Intelligence	Explore efficiencies generated through the use of artificial intelligence e.g. customer services.	TBC	TBC	
Transition	Clear multi agency in scope transition pathways for young people with effective upstream transition oversight.	TBC	TBC (CH17, AD3)	
Delivery Phase				
Review of financial policies in Children's – SGO	SGO - Compliant up to date financial policies and protocols in place in children's services	Dec 24	TBC (CH14)	
Children's and Adults financial systems	Two new digital solutions in place to enable Children's and Adults in their response to key regulatory and legislative drivers - OFSTED areas for priority action and the People at the Heart of Care: Adult Social Care Reform White Paper.	Oct 24	N/A	
Locality and Land Property Gazetteer (LLPG)	Update and review of LLPG – how it is updated, and managed for the authority.	Mar 24	TBC	
Customer Experience Improvement in Waste Services	Improvement of waste services operating systems and processes to improve the customer experience, increase efficiency and reduce failure demand.	Feb 24	N/A	
Car Parks	Car parking infrastructure that meets the needs of our residents and businesses with modern cashless payment options in place.	Sept 23 Now Oct 23	TBC (PL12)	
Website	A refresh of the website to modernise and improve the customer experience.	July 23 Now Nov 23	N/A	
Completed Projects				
Business Process Improvement – SEND	SEND - Improved operating models and processes to ensure statutory responsibilities can be met, team capacity is increased and customer experience improved.	Complete	TBC	

Project	Outcome	By when	Financial Impact	Status
Business Improvement – Business Link Team, Children’s	Improved systems and processes in Business Link Team	Complete	N/A	
Housing Benefit in Children’s	Ensuring young people who are eligible to have their support paid for through housing benefit or universal credit housing element claim their full entitlement and that this is offset by the Council for any costs currently incurred.	Complete	TBC	
Early Help	Business Improvement, Project Management and system development expertise to support the redesign of the Early help to implement a model of delivery that provides a case management approach to supporting families early, preventing needs and risks escalating, and reducing the need for costly statutory services.	Complete	PM support only	
18+ Care Leaver Placements	18+ Care Leavers in the right placements with the right support and a reduced reliance on semi-independent provision.	Complete	TBC	
Projects in Review				
Leaving Care Review	In Review			

2.4 Project management methodology is used to provide quarterly updates to members and officers. They provide a high level overview of each project, measures, risks and progress against key milestones. This is a key project management tool to ensure delivery of the Improvement Programme and associated financial and service improvement benefits.

2.5 The team have assisted in delivering increased efficiency and improved outcomes for residents (not exhaustive):

- Local Land and Property Gazetteer (LLPG) – performance improved from the worst performing local authority in the country to above national standard.
- Refreshed the Council’s website – refreshed content, a cleaner look and feel and a reduction in pages from 5,000 to 2,950.
- Launched a schools SEND online portal.
- Stabilised and improved systems and processes in 2 children’s teams to increase efficiency of operating models.
- Reduced the number of care leavers over 18 years old in costly semi-independent placements from 56 to 20.
- Launched a new Staying Put Policy in Children’s services.
- Providing recruitment and retention capacity in Children’s services

3 FUTURE OF THE IMPROVEMENT TEAM

3.1 Based on the impact of the Improvement team in the last 12 months, the intention is to scale up the team and its impact. Currently the biggest risk to the delivery of projects in the

programme is capacity.

- 3.2 A Transformation and Improvement Strategy will be developed following engagement with elected members and officers. The strategy will provide the necessary framework and focus against which all improvement projects will be delivered.
- 3.3 The programme of work will continue to align to the Corporate Plan and directorate business plans, with projects that focus on Children's Services being prioritised in light of the current OFSTED Improvement work. Key projects that support the delivery of Council budget reduction initiatives will also feature heavily in the programme.
- 3.4 Not all projects will bring direct financial benefit. Improvements to basic operating models may feature to enable stabilisation of services and provide a sound foundation for future service transformation work.
- 3.5 Identification and prioritisation of new projects will be based on an impact compared to complexity analysis with resources aligned to each specific project in recognition of the variety of skills and knowledge required,
- 3.6 Digital transformation, organisational development and finance underpins multiple projects so working closely with these enabling functions is imperative.
- 3.7 Further investment in the Improvement function will be required to ensure that the programme can increase scope, impact and pace and support services in delivering budget reduction initiatives. Centralising and recruiting capacity from within services will reap the benefits of organisational knowledge. The team will have a central core of staff with resources flexing and changing as projects are on and off boarded and different skills sets required.
- 3.8 A central Project Management Office (PMO) is being proposed to bring rigour to delivery plans and standardise the organisation's approach to project management working alongside the Improvement team.

4 **CONCLUSION**

- 4.1 The Improvement team have worked closely in partnership with services over the last 12 months.
- 4.2 With a refocus of the Children's Improvement Plan, the intention is to scale up the Improvement team capacity and its impact.
- 4.3 The development of a Transformation and Improvement Strategy following engagement with elected members and officers will be prioritised. This will provide the necessary framework and focus against which all improvement projects will be delivered.
- 4.4 The programme of work will continue to align to the Corporate Plan and directorate business plans, with projects that focus on Children's Services being prioritised in light of the current OFSTED Improvement work. Key projects that support delivery of budget reduction initiatives will also feature heavily in the programme although some projects will focus on improved outcomes, without a direct financial impact.

5 **RECOMMENDATIONS**

- 5.1 As set out at the front of the report.