

DURHAM COUNTY COUNCIL

***REPRESENTATIONS IN
ADULT AND COMMUNITY SERVICES***

**ANNUAL REPORT ON THE
REPRESENTATIONS PROCEDURE**

2006/2007



Making a difference where you live

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ANNUAL REPRESENTATIONS REPORT 2006 -2007

SUMMARY AND KEY ISSUES

A. OVERVIEW

This Annual Report provides details about the performance of Durham County Council's Adult and Community Services Representations Procedure. Representations cover compliments, comments and complaints made by service users, their carers and/or their representatives. Representations about Adult Social Care Complaints have to be dealt with under a statutory procedure. All other representations are dealt with under the Authority's Corporate Procedures.

Data is provided against which performance in the handling of Representations can be analysed. It is equally important that the qualitative issues that arise in Representations are also reflected upon to obtain an overview of quality of life issues for adult social care service users, and their carers, and other service users and citizens across the breadth of Adult and Community Services. From the issues raised real opportunity is presented for us to change and improve services by having a clearer understanding about what works best for service users and effecting change that ultimately leads to client-centred provision and community participation.

An efficient and effective Representation Procedure creates a genuine partnership between service users, their carers and the staff. All Representations create an opportunity for reflection on whether something should have been done differently and whether there are wider implications and lessons to be learnt. In that respect the compliments and comments received are as important as the complaints so that we learn from existing good practice as well as from when things go wrong

Details about the Representation Procedures, and how and where to access these, are available on Durham County Council's website (www.durham.gov.uk) and available in leaflet form in key locations throughout the County.

Whilst every effort is made to ensure the accuracy of the information contained in this report, the live nature of the database can cause some anomalous results when providing reports on representations or other activities.

B. KEY ISSUES

Recent statistical analysis reveals that 36,000 adults in County Durham receive adult social care services. This figure does **not** include professional support, being those clients who receive the support of a social worker but do not receive other services such as home care etc. In 2006/07 the Authority received **125 formal complaints** (fifteen of which were Stage 2 complaints) about adult social care services

Numbers of Representations

In 2006/07 a total of 450 Representations, were made under the Adult Social Care Procedures. Of the 450, 125 (27.7%) were complaints (110 Stage 1 and 15 Stage 2), 292 (64.9%) were compliments and 33 were comments(7.4%).

This year has seen a marginal decrease in the number of complaints received in adult social care than in previous years (see p15). However, the overall number of representations received has remained fairly typical and within the range of expectation.

Representations by Service Area

The service area attracting the largest number of complaints, compliments **and** comments, represented as 67%, 77% and 69% respectively, is Older People's Services (OP) including Mental Health Services for Older People (MHSOP) and People with Disabilities and Sensory Impairment (PDSI) Services

14.5% of the complaints received at Stage One within Learning Disabilities/Mental Health and Substance Misuse Services progressed to Stage 2 of the procedure.

11.84% of the complaints received at Stage One within Older People's Service, Mental Health Services for Older People and Disabled People and Sensory Impairment Services progressed to Stage Two of the procedure.

20% of complaints received at Stage One within Strategic Finance and Business Support proceeded to Stage 2 and one complaint commenced hearing at Stage 2.

Representations by Client Group and Status

Clients and Carers frequently make the effort to pay compliments to staff about the services received and it is noteworthy that compliments consistently exceed the number of complaints.

The largest number of compliments was paid by older people (55.1%).

Older people constituted the largest service user group to make a complaint (37.6%). Given that the highest proportion of service users are older people the figures are proportionate and fall within expected levels.

The greatest proportion of complaints is brought by the service user themselves (47%). Relatives constitute the second highest proportion (32%).

The smallest proportion of those bringing complaints on behalf of service users are members of staff. There can be circumstances where a member of staff's advocacy is essential in supporting a service user. However, in many circumstances the support and advocacy needs to be independent.

Adult Services contract with the CAB and its Representational Advocacy Service through a Service Level Agreement. Under the SLA the RAS will provide advocacy in the representations procedure (and for service users in a range of other situations) for those complainants who request it. We need to ensure that all those who might benefit from advocacy are pro-actively encouraged to access it.

Age Profiles of Service Users Making Representations

The greatest number of compliments was made by women aged 85 and over.

The only category of service users where complaints outnumber the compliments is by men aged 18-64.

Ethnicity and Diversity

Complainants analysed by ethnicity represented 97.6% White British. The ethnicity of 2.4% of complainants is not recorded.

Causes of Complaint for Service Users in Adult Social

The largest single cause of complaint continues to be recorded as *staff conduct/attitude** (*see main body of report for further explanation at p16 (12.2) and pp21-22).

The second and third highest incidences of causes of complaint are *Lack of a Service* (22%) and *Quality of Service* (21%). These categories cover a wide range of issues.

Achieving Timescales

Stage One

In the year 2006/7 47.3% of Stage One complaints were completed within the 20 working days timescale.

Contributory factors in performance on achieving timescales include data entry issues on the SSID and staffing changes.

Stage Two

During 2006/2007 3 (20%) Stage 2 investigations were completed within the 65 working days timescale.

In the year 1 April 2006 to 31 March 2007 the average time in working days for responding to complaints at Stage 2 was 91.

Following the review of social care complaints procedures, implemented on 1 September 2006, all Stage 2 investigations in adult social care were conducted by investigators independent of the authority to secure accountability, transparency and confidence in the process.

Monitoring of timescales for completion is now being conducted. However, where there are complex issues to be investigated a balance has to be struck between achieving a thorough and comprehensive report and completion within timescales. In these circumstances the timescales can be unrealistic and these are being addressed in the Department of Health's consultation on proposed changes to the statutory complaints procedure (see p23, 16.1-16.6).

Stage Three

Two of the Stage 2 complaints progressed to a Review Panel Hearing at Stage 3. This equates to 13.3% of the Stage Two investigations and 1.8% of the Stage One complaints. This is considered to be within the field of expectation.

In both of the cases that proceeded to Stage 3 the time limits were met at each stage.

Local Government Ombudsman

The Local Government Ombudsman considered three complaints from adult social care in the year in question (although these were not necessarily received at Stage One onwards in 2006/07).

The Ombudsman issued no reports against adult social care as local action was taken that the Ombudsman considered to be a satisfactory response to

the complaints.

C. OUTCOMES AND LEARNING FROM ADULT SOCIAL CARE COMPLAINTS AND REPRESENTATIONS

Examples of the learning that accrues from Representations are provided in the main body of the report. Examples of how outcomes and learning have informed and developed policy and practice are also included.

Much progress has been made over the years in creating an organisational culture that has shifted from a blaming and closed culture to one that is open and fair and work must continue to secure further development in this area.

D. AREAS FOR FUTURE DEVELOPMENT

Proposals to review the management and handling of Representations and their accurate and comprehensive recording on the database have already commenced. The review includes proposals for improving the dissemination of learning outcomes.

Work is to be undertaken to improve performance in timescales at Stages One and Two of the procedures and this will be a priority in the coming months.

The mandatory recording of ethnicity for *existing* clients will be progressed.

Further significant changes to the statutory complaints procedures are proposed by the Department of Health, that will be wide-ranging, are currently being consulted upon.

E. NON-STATUTORY COMPLAINTS

There were 16 Stage One Complaints made in Libraries, Leisure and Culture. No other Stage One complaints were reported across the other services provided by the Directorate.

No Stage Two or Stage Three complaints were heard across the Directorate in 2006/07.

35 Compliments were received in Libraries, Leisure and Culture. No compliments are recorded in any other service areas. However, it is known that the Welfare Rights Service regularly receive thanks and a large number of compliments so the omission is likely to be due to a failure of recording.

130 Comments were made to LLC during a review of Mobile Library Services. No comments were recorded against other service areas.

The continuing restructuring of Adult and Community Services will require that some time is spent developing reporting and supporting mechanisms in service areas that historically have managed their own complaints. Further review of systems may be required as the restructure continues.

F. CONCLUSION

This Annual Report indicates positive achievements in performance in the handling and consideration of representations, including complaints, during the year 2006/07 and also recognises the need to strive for continuous improvement.

The ongoing restructuring within Durham County Council's services will bring front line services closer to the community and with a more responsive Representations service provides the opportunity to forge genuine partnership and community involvement.

GLOSSARY OF ABBREVIATIONS

A&CS	Adult and Community Services
CAB	Citizens' Advice Bureau
DCC	Durham County Council
GP	General Practitioner
IO	(Stage 2) Investigating Officer
IT	Information Technology
LD	Learning Disabilities
LGO	Local Government Ombudsman
LLC	Libraries, Leisure and Culture
MH	Mental Health
MHSOP	Mental Health Services for Older People
MPs	Members of Parliament
OP	Older People
PD	Physical Disability
RAS	Representational Advocacy Service
RCH	Residential Care Home
SF&BS	Strategic Finance and Business Support
SI(S)	Sensory Impairment (Services)
SLA	Service Level Agreement
SM	Substance Misuse
SSID	Social Services Information Database

ANNUAL REPRESENTATIONS REPORT 2006 -2007

PART ONE - INTRODUCTION

1. PURPOSE OF THE REPORT

1.1 This Annual Report provides details about the performance of Durham County Council's Adult and Community Services Representations Procedure. Representations cover compliments, comments and complaints made by service users, their carers and/or their representatives.

1.2 Where complaints are made about adult social care services a statutory procedure has to be followed. Complaints about services, other than adult social care, provided by Adult and Community Services are dealt with under the Authority's corporate complaints procedure and will be referred to in this report as non-statutory complaints.

1.3 For clarity and to meet the statutory requirements in adult social care this report is presented in two discrete sections covering the statutory and non-statutory representations made in the year from 1 April 2006 to 31 March 2007.

1.4 In past years, an Annual Report was jointly published by the former Social Care and Health Directorate that covered representations in adult social care **and** children's services. Following restructuring, adult's and children's services are now provided through Adult and Community Services and Children's and Young People's Services respectively. In order to reflect the new structure and service responsibilities each new directorate is reporting on its own statutory and non-statutory representations procedures.

PART TWO – THE REPRESENTATIONS PROCEDURES EXPLAINED

2. BACKGROUND

2.1 Requirements on the procedures for handling and considering complaints in adult social care are enshrined in the *NHS and Community Care Act 1990*.

2.2 The same legislation requires the publication of an Annual Report to inform service users, their carers and/or representatives, elected members, staff, the general public and other statutory organisations such as the Commission for Social Care Inspection, about how the service has performed in meeting key national and local standards, in respect of handling complaints.

2.3 Whilst there is no legislative requirement for the reporting of complaints that fall outside of the statutory procedures Durham County Council is committed to making available such information in order that there is integrity in the governance procedures and open and transparent communication with the people who use our services, the wider public and other partners.

2.4 The format of this report has been changed from previous years in order to make it more accessible and more easily referenced. Whilst there are processes to be adhered to in the handling of complaints the real issues that arise within people's complaints are rarely reflected in statistical analyses. As well as providing data on measurable performance it is crucial that the report reflects the quality of life issues for the users of our services that have led them to complain about the services they receive or indeed to compliment those services. From the issues raised real opportunity is presented for us to change and improve services by having a clearer understanding about what works best for service users and effecting change that ultimately leads to client-centred provision.

3. AIMS OF THE REPRESENTATION PROCEDURES

3.1 The primary aims of the procedures are to:-

- recognise and value the needs and rights of service users and others to express their views and concerns about the actions and decisions taken by Adult Social Care Services within Adult and Community Services;
- enable individuals, who are eligible to make appropriate complaints, or other positive comments to have easy access to the Representations Procedure;
- enable and empower staff to listen to the experiences of service users and carers, take seriously their concerns and complaints

and use best customer care practice to try and resolve or remedy any problems to their satisfaction;

- provide information about important lessons learned, from complaints in particular, to make quality improvements to performance and service delivery.

3.2 An efficient and effective representation procedure creates a genuine partnership between service users, their carers and the staff. All representations create an opportunity for reflection on whether something should have been done differently and whether there are wider implications and lessons to be learnt. In that respect the compliments and comments received are as important as the complaints so that we learn from existing good practice as well as from when things go wrong. However, when things do go wrong we have to remember that there is an impact on quality of life for individuals and we need to continually strive to be responsive in these situations.

4. WHO MAY USE THE STATUTORY ADULT SOCIAL CARE PROCEDURES?

4.1 The *statutory* Complaints/Representations Procedure in adult social care can be accessed and used by individuals who are in receipt of social care services, including their carers and or representatives (subject to the subject's consent for them to act). Legislation recognises the following:

- *“Any person to whom the local authority has a power or duty to provide, or secure the provision of, a service (in adult social care), and whose need or possible need for such a service (provided by adult social care) has, by whatever means, come to the attention of the local authority”.*
- Anyone representing or acting on behalf of a person, as described above, in any case where that person:
 - has requested the representative to act on his/her behalf
 - is not capable of making the complaint by him/her self
- Individuals who are carers, advocates and others, whom Adult and Community Services consider as having sufficient interest in the person's welfare, will also be eligible to use the Procedure.

5. WHO MAY USE THE NON-STATUTORY REPRESENTATIONS PROCEDURES IN ADULT AND COMMUNITY SERVICES?

5.1 The non-statutory procedures can be accessed and used by any citizens who have complaints, comments or compliments about all services, other than adult social care, provided by Adult and Community Services.

6. MANAGEMENT AND OPERATIONS OF THE REPRESENTATIONS PROCEDURE

6.1 In the year in question overall management of the Representations Procedure in Adult Social Care was the responsibility of the Development and Support Manager in the Service Development Team of Adult Social Care. All statutory operational duties of the Designated Complaints Manager were delegated to the responsibility of the Complaints Officer in Adult Social Care.

6.2 The Complaints Officer assisted with the handling and resolution of complaints at all stages, including the actual conduct of investigations, and provided advice on other representations within adult social care and disseminated outcomes and lessons learnt. From October 2006 to April 2007 the Authority was without a substantive Complaints Officer and was recruiting a replacement. The function was undertaken in the interim by a senior Service Development Officer.

6.3 Following the review of social care complaints procedures, implemented on 1 September 2006, all Stage 2 investigations in adult social care were conducted by investigators independent of the authority to secure accountability, transparency and confidence in the process.

6.4 The new guidance prescribed:

- tighter timescales at all stages;
- greater independence of review panels;
- the introduction of Independent Persons for adult complaints and the strengthened requirement to promote and assist in the provision of advocacy for complainants;
- the appointment, by the local authority, of a Designated Complaints Manager independent of operational line management and of direct service provision;
- a time limit of one year for bringing a complaint;
- duty to co-operate with NHS bodies to resolve joint complaints.

6.5 The implementation of the new guidance at local level involved changes in the recording and categorisation of complaints on the Social Services Information Database (SSID) which is managed by the Information and Communication Services section. New policy and practice guidance for representations was developed and disseminated to staff. Publicity and information was developed and disseminated by the *Information to the Public* team.

6.6 The recording of information about adult social care representations continued to be managed through several locations including the central administrative unit, locality administrative officers and Personal Assistants attached to senior managers.

6.7 Non-statutory complaints were dealt with by the relevant senior manager

of the service in question. Complaints are manually recorded and managed in the absence of an appropriate database.

6.8 The responsibility for publicising and promoting information and related materials, leaflets and booklets about the statutory representations procedure is co-ordinated by the Information to the Public Team. Service User Guides, which are provided to all adult social care service users, contain a section on how to make a complaint, comment or compliment. Additionally, staff are expected to provide verbal information and advice to service users. Details about the Representation Procedures, and how and where to access these, is available on Durham County Council's website (www.durham.gov.uk).

6.9 Similarly leaflets, information and other publicity material are available and widely distributed across the wider Adult and Community Services locations and services where the corporate procedures apply.

7. HANDLING COMPLAINTS

7.1 In adult social care complaints, the legislation and guidance, which became effective in September 2006, provides for complaints to be heard in three different stages.

- Stage 1 – the local resolution stage. In some cases if the matter complained of can be put right immediately to the satisfaction of the complainant the matter will progress no further. If the matter cannot be put right immediately an investigating officer appointed by the senior responsible manager will look into the complaint and try to put things right. If this is not possible the complainant can progress to a:-
- Stage 2 – This involves a formal independent investigation of the complaint. Some complaints, for example that are complex or involve a range of agencies, can progress immediately to Stage 2 if the complainant agrees. The independent investigator is recruited from outside of the authority to ensure transparency and no conflict of interest. They will agree the elements of the complaint; interview all relevant people involved; review all relevant records and conduct the investigation within the parameters agreed. At the conclusion of the investigation the Investigating Officer will produce a written report with findings detailing whether a complaint was upheld, partially upheld, unproven or not upheld. The IO will also make recommendations as to how upheld complaints can be put right. The recommendations can include changes to how services are provided; policy and practice changes; the offering of apologies; and, in certain circumstances, compensatory redress. If the complainant remains unhappy with the IO's findings they can request that these be referred to:-
- Stage 3 – This stage involves the complaint being referred to a Review Panel of three people who are independent of Durham County Council. The Panel cannot re-hear a complaint. They will review the evidence obtained during the investigation, make a judgment as to whether the investigation was conducted equitably, thoroughly and rationally and that the findings and recommendations were reasonable and reasoned.

The Panel hearing involves the complainant and staff involved and gives all parties the opportunity to present their respective accounts. The panel deliberates findings and recommendations which have to be responded to at Director level.

7.2 The stages of the procedures above are governed by time limits that are reported in Table 9 and text at page 18 of this report.

7.3 The non-statutory complaints procedure mirrors that of the statutory procedure above.

PART THREE – ADULT SOCIAL CARE COMPLAINTS, COMMENTS AND COMPLIMENTS 1 APRIL 2006 TO 31 MARCH 2007

8. DATA ANALYSIS AND METHODOLOGY

8.1 The data provided within this document is taken from the Social Services Information Database (SSID). SSID is a live database that is constantly updated.

8.2 Whilst every effort is made to ensure the accuracy of the information contained in this report, the live nature of the database can cause some anomalous results when providing reports on representations over a period of time as data can be entered retrospectively.

9. REPRESENTATIONS ANALYSIS FOR ADULT SOCIAL CARE

9.1 In order to contextualise the Representations made in Adult Social Care it is important to appreciate the level and complexity of the services provided by the Authority. Recent statistical analysis reveals that 36,000 adults in County Durham receive adult social care services. This figure does *not* include professional support, being those clients who receive the support of a social worker but do not receive other services such as home care etc.

9.2 The 36,000 clients will have a multiplicity of unique needs ranging from, for example, complex care packages, requiring numerous formal carers and equipment, to perhaps a client requiring a brief daily visit to help with shopping or personal care tasks which mean the difference for them between dependence and diminished quality of life and independence and enhanced choice.

9.3 In 2006/07 the Authority received 125 formal complaints (fifteen of which were Stage 2 complaints) about adult social care services. Although the cited figure of 36,000 would not be an accurate reflection for the period in question (as numbers could fluctuate daily making only a snapshot possible) it does provide a useful yardstick against which to place in context the numbers of complaints received. As a percentage of the 36,000 clients who receive an actual service, rather than professional social work support, the number of complaints equates to 0.35%. Given that each client will have numerous contacts with services over a year a further perspective on the number of complaints received can be obtained.

9.4 Whilst the numbers of complaints are relatively small this should not lead us to devalue the complaints that have been made. People, who make complaints, in our experience, do not do so lightly or frivolously. Bringing a complaint can be time-consuming, takes effort and can be very stressful and distressing even when the best efforts are made to make the procedures accessible and straightforward. Given this we are duty-bound to listen, learn and change as a result of the complaints we receive and to create an organisational culture where complaints are valued and used as examples of

practical learning and to develop the quality of our services with policies and planning processes that continuously reflects this. Equally important is the need to have open and honest dialogue with clients and to see them as experts when it comes to understanding need and what works best.

Numbers of Representations in Adult Social Care 2006/07

9.5 In 2006/07 a total of 450 Representations, (shown at Table 1 below) were made under the Adult Social Care procedures. Of the 450, 125 (27.7%) were complaints (110 Stage 1 and 15 Stage 2), 292 (64.9%) were compliments and 33 were comments(7.4%).

Table 1

SERVICE AREA	COMMENTS RECEIVED	COMPLIMENTS RECEIVED	COMPLAINTS RECEIVED	
			Stage 1	Stage 2
Older People, MHSOP, PD& SI Services	22	226	76	11
LD/MH/SM Services	6	59	29	2
Strategic Finance and Business Support	5	7	5	2
TOTALS	33	292	110	15

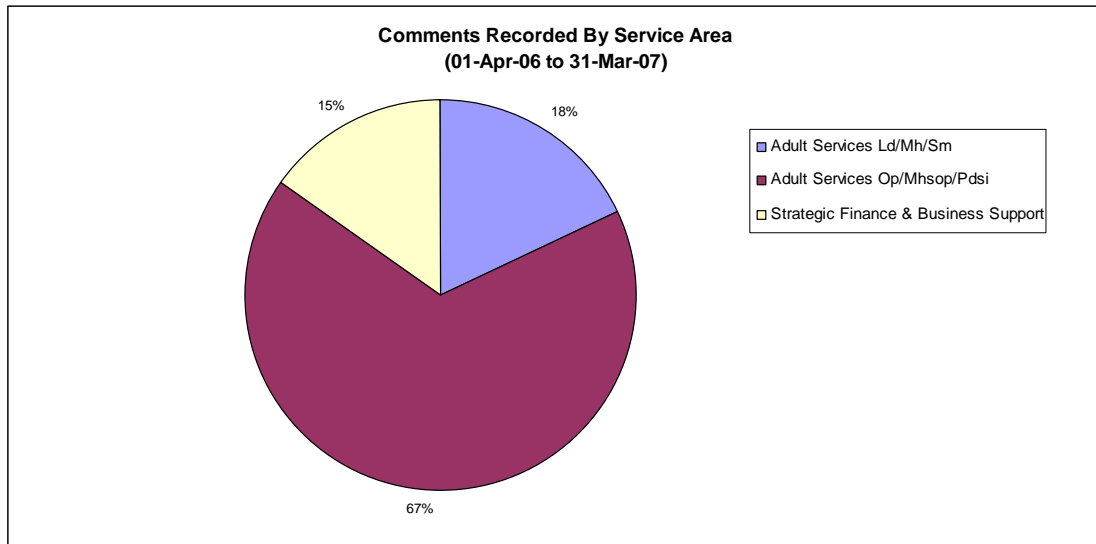
9.6 The service area attracting the largest number of complaints, compliments **and** comments (Illustrations 1,2, and 3 below), represented as 67%, 77% and 69% respectively, is Older People's Services (OP) including Mental Health Services for Older People (MHSOP) and People with Disabilities and Sensory Impairment (PDSI) Services, and this has been a consistent pattern over several years of reporting. Given that the majority of referrals to adult social care services are of people aged 65 and over and given the demographic increase in the numbers of older people living longer the proportions are within the levels of expectation. Table 1 above illustrates the comparisons across service areas

9.7 Clients and Carers frequently make the effort to pay compliments to staff about the services received and it is noteworthy that compliments consistently exceed the number of complaints.

9.8 Comments can be suggestions as to how a service may be improved and in that regard are neither critical nor complimentary.

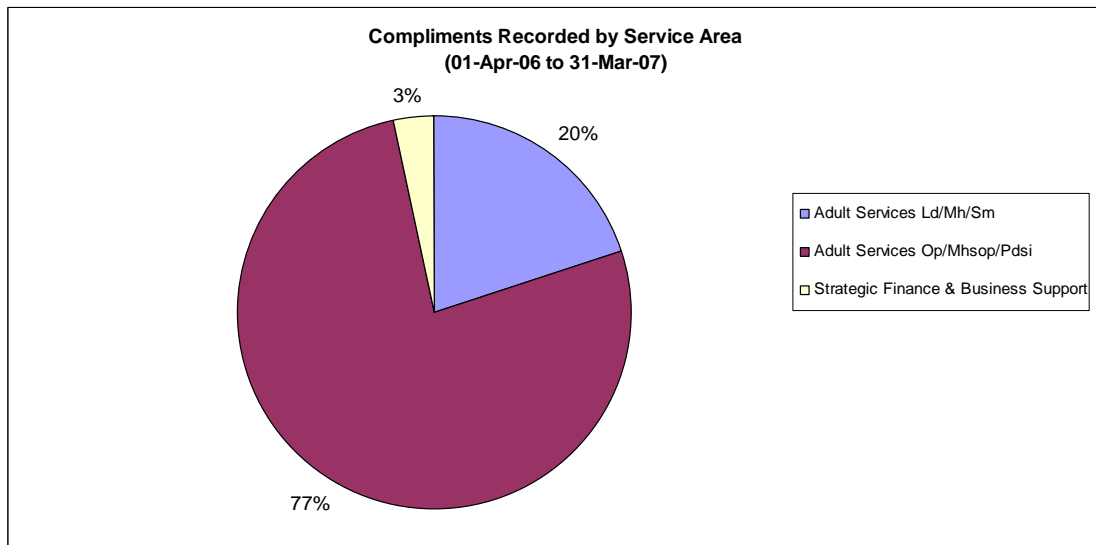
COMMENTS

Illustration 1



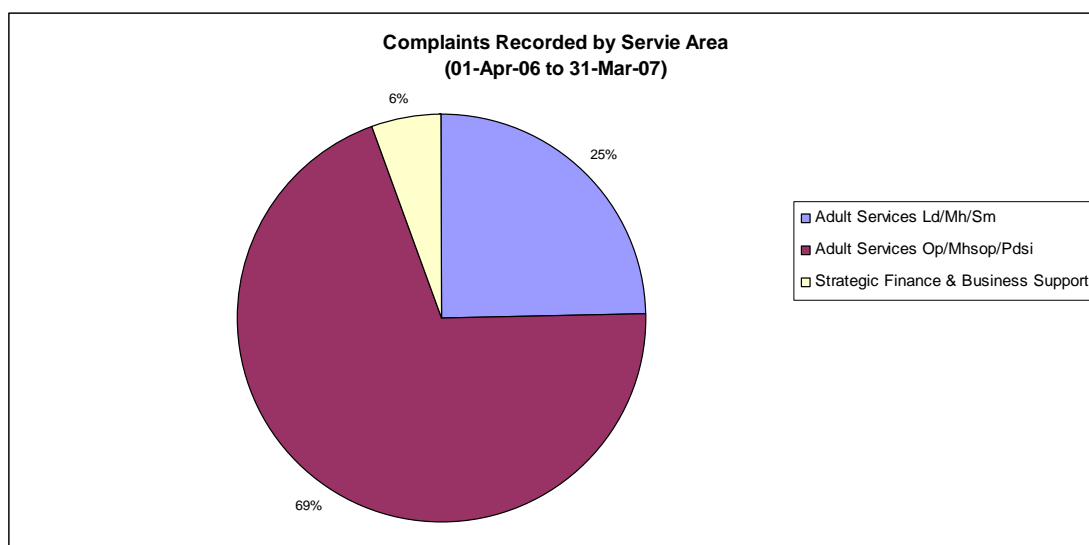
COMPLIMENTS

Illustration 2



COMPLAINTS

Illustration 3



Comments and Compliments received from Service User Groups

9.9 The following tables illustrate the breakdown of Comments/Compliments and Complaints received from Service User Groups across the service.

9.10 The largest number of comments was made by service users in Older People’s Services (48.5%)

Numbers of Comments Received By Service User Group

Table 2

COMMENTS	No. of Comments Received by Client Group				Totals
	L D	O P	PD	Not Stated	
LD/MH/SM	0	2	1	2	5
OP/MHSOP/PDSI	2	12	5	4	23
SF&BS	2	2	0	1	5
Totals	4	16	6	7	33

9.11 The largest number of compliments were paid by older people (55.1%) (at Table 3 below). Compliments are frequently directed at individual members of staff who are valued by the service user for the support given in maintaining independence. In residential care settings a common theme that has emerged from the compliments received is the importance of creating a homely environment where individual needs and preferences are recognised and activities that were enjoyed at home are provided within the care home setting. Relatives and Carers also pay compliments and extend thanks to staff for caring for their loved ones with dignity and compassion in the latter stages of their life.

Number of Compliments Received by Service User Group

Table 3

COMPLIMENT	No. of Compliments Received by Client Group						Totals
	LD	OP	PD	SI	Not recorded	Not stated	
LD/MH/SM	43	1	1	1	7	6	59
OP/MHSOP/PDSI	0	158	16	11	17	23	225
SF&BS	3	2	1	1	1	0	8
Totals	46	161	18	13	25	29	292

9.12 Older people constituted the largest service user group to make a complaint (37.6%). Given that the highest proportion of service users are older people the figures are proportionate and fall within expected levels.

Number of Complaints Received by Service User Group Table 4

COMPLAINT	No. of Complaints Received by Client Group							Totals
	LD	MH	OP	PD	SM	Not recorded	Not Stated	
LD/MH/SM	17	2	2	2	1	2	5	31
OP/MHSOP/PDSI	0	0	40	11	0	6	30	87
SF&BS	1	0	5	0	0	0	1	7
Totals	18	2	47	13	1	8	36	125

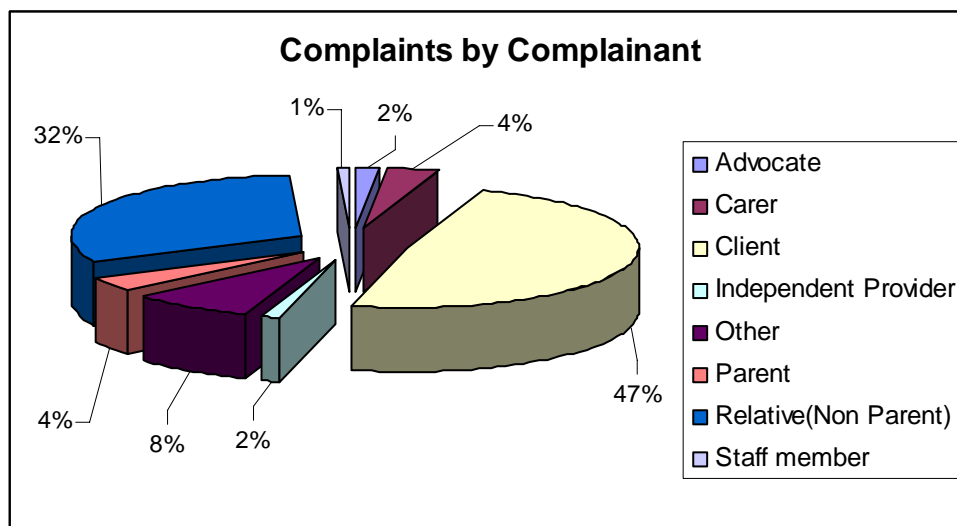
Complaints by Complainant

9.13 Illustration 4 below shows that the greatest proportion of complaints is brought by the service user themselves (47%). Relatives constitute the second highest proportion (32%).

9.14 The smallest proportion of those bringing complaints on behalf of service users are members of staff. There can be circumstances where a member of staff's advocacy is essential in supporting a service user. However, in many circumstances the support and advocacy needs to be independent.

9.15 Adult Services contract with the CAB and its Representational Advocacy Service through a Service Level Agreement. Under the SLA the RAS will provide advocacy in the representations procedure (and for service users in a range of other situations) for those complainants who request it. At Stage 2 and Stage 3 of the procedures it can be stated with confidence that complainants are provided with information about the advocacy support that is available to them. At Stage One it is known through Service User feedback and through a complaint that progressed to Stage Two in the year in question (and into Stage Three in the current year) that not all complainants had been given this information. Some steps have been taken to rectify this omission, for example including information and contact details in Service User Guides and reminding the staff of the importance of facilitating access to advocacy services. Advocacy support can be essential in enabling a complainant to have their concerns articulated and thoroughly aired and explored in a supportive environment. We need to ensure that all those who might benefit from advocacy are pro-actively encouraged to access it.

Illustration 4



9.16 Table 5 below represents an overview of the status of complainants numerically.

Overview of Complainants

Table 5

Complainant	Adult Services LD/MH/SM	Adult Services OP/MHSOP/PDSI	Strategic Finance & Business Support	Not Recorded	Total
Advocate	1	1	0	0	2*
Carer	2	3	0	0	5
Client	14	44	2	1	61
Independent Provider	2	0	0	0	2
Other	6	5	0	0	11
Parent	5	0	0	0	5
Relative(Non Parent)	1	34	3	0	38
Staff member	0	1	0	0	1
Total	31	88	5	1	125

*This figure represents the number of complaints made by an advocate, not the numbers of complainants represented and supported by an advocate.

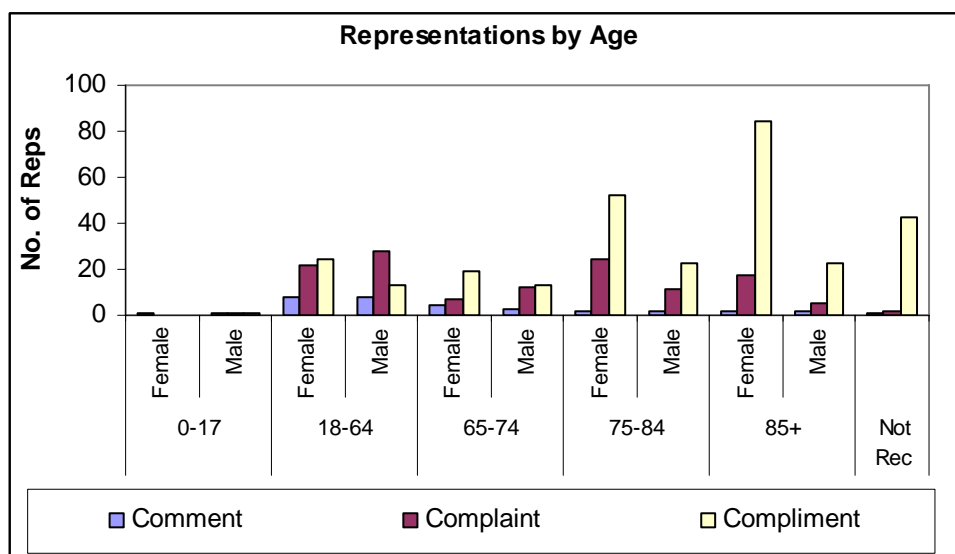
DEMOGRAPHIC AND EQUALITY AND DIVERSITY OVERVIEW

Age Profiles of Service Users Making Representations

10.1 The Representations made by age group reflect demographic trends and are also indicative of the proportions by age of service users. The greatest number of compliments was made by women aged 85 and over. This may reflect the longevity of women as compared to men.

10.2 The only category of service users where complaints outnumber the compliments is by men aged 18-64.

Illustration 5



Ethnicity and Diversity

Table 6

Ethnicity	Total Representations.	Comments	Complaints	Compliments
White British	404	32	122	250
Not Recorded	46	1	3	42
TOTAL	450	33	125	292

10.3 Complainants analysed by ethnicity represented 97.6% White British. The ethnicity of 2.4% of complainants is not recorded. Given that the proportion of Black and Minority Ethnic Communities is less than 2.4% in County Durham the data has to be fully comprehensive before a definitive view can be presented as to whether the representations procedure and services are accessible, meeting the needs and being used by all our communities.

10.4 To achieve comprehensive monitoring the recording of ethnicity is now a

mandatory field to be completed on the SSID when entering new client details. The mandatory requirement will be applied in future when entering a new representation/entry for existing clients.

10.5 It should be noted that the recording of ethnicity for compliments and comments is not always practicable due to the variety of methods that are used to communicate them and how they are received.

10.6 County Durham has a relatively small population of Black and Minority Ethnic communities and in consequence we are mindful that levels of isolation, lack of knowledge about services and absence of family and community support may be greater than in other areas where communities are larger, hence our commitment to ensure that relevant data is fully comprehensive in future.

11 FORMAL COMPLAINTS IN ADULT SOCIAL CARE

11.1 Illustrated in table 7 below are the Stage One and Stage Two complaints denoted by service area.

Table 7

Complaints Received	Stage 1	Stage 2	Totals
Adult Services LD/MH/SM	29	2	31
Adult Services OP/MHSOP/DPSI	76	11	87
Strategic Finance & Business Support	5	2	7
Totals	110	15	125

11.2 Percentages of the complaints that progressed to Stage 2 are as follows:-

- 14.5% of the complaints received at Stage One within Learning Disabilities/Mental Health and Substance Misuse Services progressed to Stage 2 of the procedure.
- 11.84% of the complaints received at Stage One within Older People's Service, Mental Health Services for Older People and Disabled People and Sensory Impairment Services progressed to Stage Two of the procedure. The percentage excludes 2 cases that because of their complexity commenced at Stage 2.
- 20% of complaints received at Stage One within Strategic Finance and Business Support. This percentage excludes a complaint that was commenced at Stage 2 because of failures in recording and dealing with the complaint appropriately at Stage One. Although the overall numbers of complaints received in this service area are small, the proportion of complaints progressing to Stage 2 is comparatively high, reflecting an identical percentage as last year. This could be due to the financial assessment process being controversial for some service users, but it may also signify other issues that require further analysis.

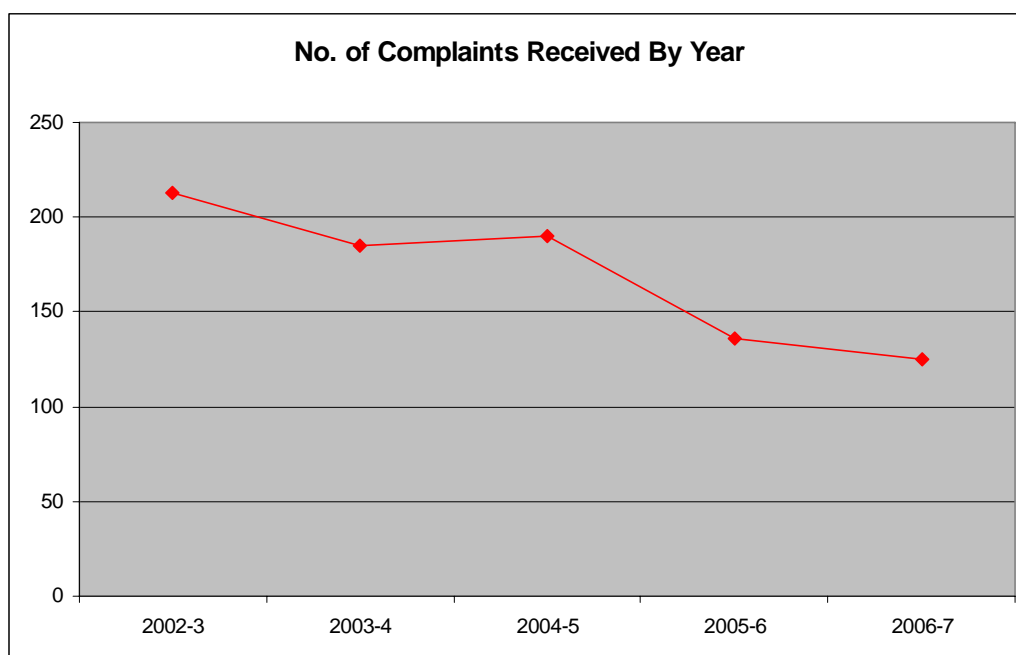
Comparative Trends by Reporting Year

11.3 This year has seen a marginal decrease in the number of complaints received in adult social care. Table 8 below and Illustration 6 overleaf show the trends over the past five years. However, the overall number of representations received has remained fairly typical and within the range of expectation.

Comparative Trends by Reporting Year **Table 8**

Reporting Year	2002-3	2003-4	2004-5	2005-6	2006-7
Complaints	213	185	190	136	125

Illustration 6



12. CAUSES OF COMPLAINT FOR SERVICE USERS IN ADULT SOCIAL CARE

12.1 Throughout the period from 1 April 2006 to 31 March 2007, Adult Social Care received complaints from service users and their representatives about a wide range of issues. Illustration 7 below indicates a summary of the causes of complaints received. It should be noted that a complaint could have more than one category of cause denoted against it.

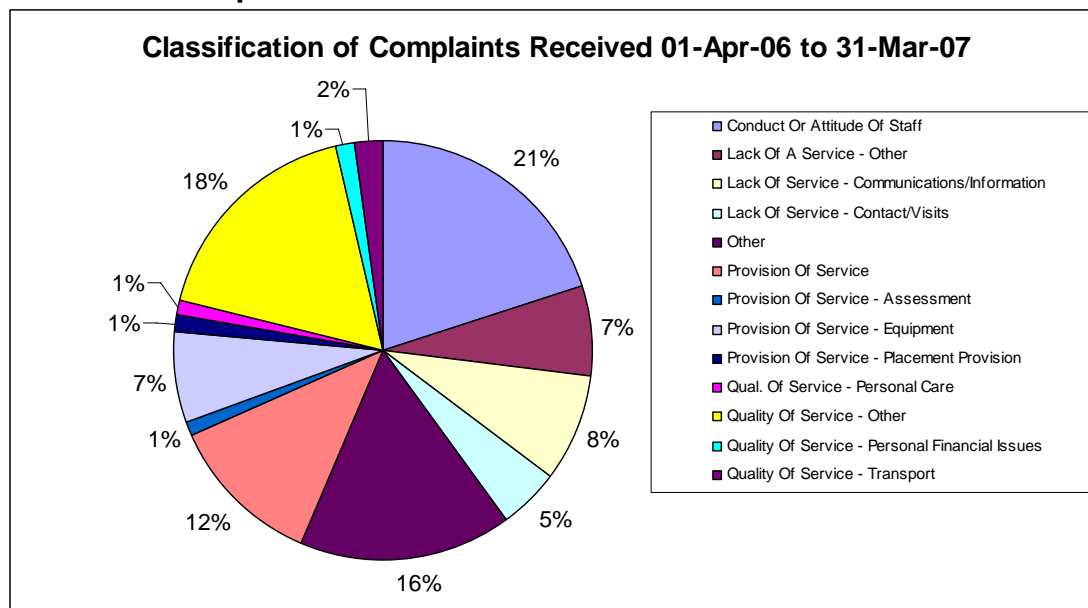
12.2 The largest single cause of complaint continues to be recorded as *staff conduct/attitude*. Whilst a proportion of complaints warrant being categorised in this way, the original perception in a number of them may not be accurate or, as the complaint's investigation proceeds other causes of complaint might emerge. Nevertheless, where staff conduct or attitude is the issue of concern there are numerous examples where staff have been reminded of their professional responsibilities or been referred for refresher training in customer care (see pp21-22 for examples).

12.3 The next highest incidences of causes of complaint are *Lack of a Service* and *Quality of Service*. These categories, however, cover a wide range of issues. In the past year there have been complaints ranging from, for example:-

- the withdrawal of a service due to the service user no longer meeting the criteria due to an improved health status;
- to domiciliary care not being delivered in the time-frames detailed in care plans.

Causes of Complaints in Adult Services

Illustration 7



ACHIEVING TIMESCALES

Stage One

12.4 Shown in Table 9 below are the completion timescales for Stage One Complaints adopted in September 2006 from the new guidance. Stage One Complaints should be completed within 10 working days, extending to a maximum of 20 if there are prevailing reasons why completion cannot be within the minimum period, and if agreed with the complainant. The Authority, however, has routinely adopted the standard of 20 working days to respond at Stage One. In the year 2006/7 25.5% of Stage One complaints were completed within the 10 working days target. 21.8% were completed within the maximum timescale of 11-20 working days. Overall 47.3% of the Stage One Complaints were completed within the maximum timescale of 20 working days. A further 16.4% were completed within 30 working days in total.

12.5 The reasons for the performances detailed above and below can be due to a number of factors. The Authority needs to review its current policy and practice, now operative for a little over a year, which works to the 20 day time limit as the norm. This can create a sense of complacency and lack of urgency in responding to complaints that have been formalised. The practice, potentially, can also cause a greater degree of frustration for complainants and this should be avoided, not least because of the stress that this can cause, but also mutually acceptable resolutions and outcomes can be made more difficult if delay occurs. There is evidence, however, that some of the complaints denoted as taking 31 days or more may be due to data entry issues. It is intended to explore any underlying issues in the forthcoming year with a view to improving performance. Finally, delay can occur because the complainant is not available or because the staff involved are not available to

immediately discuss the elements of complaint with. Where this occurs, communication is essential to ensure that the reasons for delay are understood and recorded.

Stage One

Table 9

Service Area	No. of Stage 1 Complaints Completed Within:				
	0 - 10 Days	11 – 20 Days	21 -30 Days	31 - 40 Days	41 Days or More
LD/MH/SM	10	9	7	1	2
OP/MHSOP/PDSI	16	13	11	9	27
SF&BS	2	2	0	0	1
Totals:	28	24	18	10	30
Percentages	25.5	21.8	16.4	9.1	27.3

Stage Two

12.6 Stage 2 Complaints Investigations have completion timescales of 25 working days from the date that the request to progress to the next stage is received. Extensions can be requested, as per the statutory guidance, up to a maximum of 65 working days. During 2006/2007 3 (20%) Stage 2 investigations were completed within the maximum timescale.

12.7 In the year 1 April 2006 to 31 March 2007 the average time in working days for responding to complaints at Stage 2 was 91. In the latter half of the year it took an average of 97 working days to complete the Stage 2 procedure.

12.8 The reasons for the performance described above were due to a number of factors. Prior to October 2006 the majority of Stage 2 investigations were conducted by the Complaints Officer and a number of simultaneous investigations could be time-consuming. The post of Complaints Officer then became vacant until a new appointment in April 2007. Since taking up appointment the new Complaints Officer has undertaken monitoring of Stage 2 completion times and is also stipulating that Independent Investigating Officers should work to the 25 day timescale unless there are justifiable reasons as to why an extension is required and provided the complainant and other parties are in agreement. In some cases time-scales could not be met due to circumstances beyond the control of either the Authority or the Investigating Officer where, for example, complainants were not available, for periods of time in the process, due to their own personal circumstances. Where there are complex issues to be investigated a balance has to be struck between achieving a thorough and comprehensive report and completion within timescales. In these circumstances the timescales can be unrealistic and these are being addressed in the Department of Health's consultation on proposed changes to the statutory complaints procedure (see p25, 16.1-16.6)

Stage Three

12.9 Two of the Stage Two complaints remained unresolved at their conclusion and proceeded to a Review Panel Hearing at Stage 3. This

equates to 13.3% of the Stage Two investigations and 1.8% of the Stage One complaints. This is considered to be within the field of expectation.

12.10 The time limits for completing Stage 3 of the complaints procedure is 25 working days from the date of request to arrange the hearing; 5 working days from the day of the hearing for the panel's findings and any recommendations to be communicated to the complainant and 15 working days for the Corporate Director to respond in detail.

12.11 In both of the cases that proceeded to review, the time limits were met at each stage.

Local Government Ombudsman

12.12 The Local Government Ombudsman considered three complaints from adult social care in the year in question (although these were not necessarily received at Stage One onwards in 2006/07).

12.13 The Ombudsman issued no reports against adult social care as local action was taken that the Ombudsman considered a satisfactory response to the complaints.

12.14 In one of the three cases, however, it was considered that specific mention was warranted and recent follow-up communication with the Ombudsman has occurred. A complaint that should have been heard under the statutory procedures was instead dealt with under the Authority's staff disciplinary procedure. This resulted in undue delay and the non-disclosure of outcomes to the complainant and the advocate. The new policy procedures adopted from the guidance in September 2006 addresses how a complaint that potentially also includes staff disciplinary issues should be progressed as there can be situations where the matter should fall under this jurisdiction. The need for regular communication and consultation with the complainant in such circumstances has been reiterated. New practice proposals being developed should also ensure that such a situation should not re-occur. Any decision to progress a complaint through the internal disciplinary procedures should be a shared one with other appropriate staff in the authority giving opinion and advice and in consultation with the complainant. The decision to proceed to a disciplinary investigation should be reasoned and transparent.

12.15 The LGO drew the Authority's attention to an issue of significant public interest – that of failings in home care services provided under contract. Three reports on other Authorities detailed how vulnerable people had been placed at risk as a result of carers failing to visit, calling late and failing to provide the specified care, with serious consequences. In response to this the Senior Management Team of Adult Social Care instigated a review of DCC's policies and practice procedures in its' contracted services and the in-house provider. A number of proposals have been drawn up and an action plan is being developed by a team of relevant personnel at the time of writing. The changes that occur will be reported in next year's annual report.

12.16 The Council has improved its response times to the Ombudsman and was commended for this.

PART FOUR - OUTCOMES AND LEARNING FROM ADULT SOCIAL CARE COMPLAINTS AND REPRESENTATIONS

13.1 The following examples illustrate the invaluable learning that accrues from the complaints that people raise and how outcomes are achieved to the benefit of the service user. Due to confidentiality issues detail of the various complaints exemplified below are not provided as each complaint is unique and could contain identifiers. The examples provided illustrate a snapshot of the issues complained about, and the outcomes and learning points that have informed future policy and practice.

STAGE ONE

- There have been a number of Stage One complaints about Staff Conduct issues throughout the year. These have involved issues of attitude and dissatisfaction with assessment outcomes. In many cases the complaints have been resolved to the satisfaction of the complainant when managers become involved who are then able to facilitate communication, conciliation, between the service user and member of staff complained about, and resolution. Frequently it is failures in communication that lead to complaints being made and staff should be reminded of the importance of involving and informing service users at all levels.
- A client living in an independent sector residential care home, under contract, raised a number of concerns with a member of the social work team. She was advised on how she could raise these concerns with the provider in the first instance and was supported in doing so. By providing the client with information and support, self-confidence increased and communication was facilitated. The issues that had been causing concern were put right. The client was very satisfied with the outcome and felt able to raise any future concerns with the RCH staff.
- A neighbour of a client complained that the individual should be in a residential care setting as they were isolated in their home and never got out. The client was visited by the social worker who found that the client was very satisfied with the support she was receiving and who had no wish to be placed in a residential care setting. No further action was taken and no feedback provided to the neighbour who had no entitlement to information about the service user. *A lesson that should have been learnt from this complaint is that it is imperative to ensure that a complainant has legal standing to bring a complaint before accepting it as such. In this case it is clear that the client had not given their authority for the neighbour to raise a complaint on their behalf. Alternatively, this matter should not have been reported as a complaint but seen as a legitimate, if subsequently unfounded, concern that required further investigation from a member of the public.*
- Parents complained of a service user wandering out of a day centre unescorted. In consequence the family achieved a satisfactory outcome through the updating of the client's risk management plan and developing communication strategies to avoid repetition of the concerns.

- A service user complained about a disrespectful telephone call from a member of staff. The discussion had been compromised as the staff member had been trying to explain the reasons for a delay in providing an assessment within the context of service priorities. The complainant received an unreserved apology from the staff member concerned and communication issues that arose were explored with managers. The complainant was satisfied with the outcome.

STAGE TWO

- The relatives of a client who had been receiving domiciliary care services complained that the level of service was insufficient and with the onset of dementia an RCH placement should have been considered much earlier and that the views of the complainants and the clients GP should have been listened to. Documentation and assessment information had not been provided upon request and the concerns were not dealt with satisfactorily or effectively at Stage One of the complaints procedure. Whilst the components of the complaint were not all upheld the following actions resulted: apologies for the shortcomings were tendered; staff involved were informed of the findings so that they could understand their roles and review how they might have done things differently; a review of the supervision of complex cases was undertaken by locality managers; the guidance on sharing information with relatives, where the client has limited understanding, was reviewed and existing guidance was supplemented (some elements of this may now have been superseded by the provisions of the Mental Capacity Act (2005)).
- An element of a Stage Two complaint (which subsequently progressed to a Stage 3 that has been heard in the year 2007/08) involved the failure to advise a complainant of their right to obtain assistance in bringing their complaint from an advocate through the RAS. This failure was acknowledged at Stage Two. In response to the complaint advice was issued to staff and information to the public was reviewed and details about the RAS included in the Service User Guide.
- A relative complained that a client who was in residential care on the deferred payments scheme on the DCC contract, had not been consulted when subsequent self-funding status attracted higher weekly charges for residential care. As a result of the complaint a leaflet was produced by the Finance Department providing clear information on the implications of self-funding status for all service users who may be affected by the changed status in the future and apologies were tendered for the failure to consult and inform the relative and client.
- A complaint investigated at Stage Two in the year in question (that has progressed in the current year to a Stage 3, and will be reported upon in the next Annual Report) resulted in reminders to staff (at the conclusion of Stage Two) of the importance of comprehensive and accurate reporting in client's residential care records, including refresher training for the staff involved and the review and modification of guidance to staff to assist them in making judgments as to when to call in medical staff or refer to Accident and Emergency Services and how to manage the client and situation in those circumstances.

STAGE THREE

- One Stage Three Review resulted in the Panel wholly upholding the findings of the Stage 2 Investigating Officer that the majority of the complaints raised not be upheld.
- In the second case the Panel determined that a social worker should have done more to facilitate and negotiate communication and discussion amongst estranged family members when providing assessment and care services for their relative. No more generalised findings were given that might influence service delivery and quality in the future.

13.2 The report highlights a number of areas where improvements in services for individuals and a wider cohort of service users have directly resulted from representations being made.

13.3 Responsiveness to representations, and an organisational culture that receives and deals with representations positively and creatively, will ultimately result in a genuine partnership with service users. This will produce services that are led by the needs of users, rather than the needs of the organisation. For staff, learning from representations, especially complaints, which can be very stressful for those involved, should be conducted in a supportive environment to ensure that lessons learnt are valued and implemented.

13.4 Much progress has been made over the years in creating an organisational culture that has shifted from a blaming and closed culture to one that is open and fair and work must continue to secure further development in this area.

PART FIVE - AREAS FOR FUTURE DEVELOPMENT

15.1 Identified in this report are a number of areas where future development needs to take place to improve how the Representations Procedures are managed.

15.2 The Complaints Officer has already commenced a review and proposals for managing the comprehensive and accurate recording of data on the SSID as well as other initiatives to improve efficiency and accountability and the dissemination of learning outcomes and accompanying training/briefings.

15.3 Work needs to be undertaken to improve performance in timescales at Stages One and Two of the procedures and this will be a priority in the coming months.

15.4 Work will continue on the recording of ethnicity on the SSID.

15.5 Denoted below are some national developments in the statutory complaints procedures that will have ongoing implications in the current and forthcoming year that may require considerable changes to the way complaints are dealt and associated financial implications at least in the short term in publicising changes and providing training for staff.

15.6 The continuing restructuring of Adult and Community Services and the additional duties across the whole of the directorate for the Complaints Officer will require that some time is spent developing reporting and supporting mechanisms in service areas that historically have managed their own complaints. Further review of systems may be required as the restructure continues.

PART SIX - NATIONAL AND LOCAL DEVELOPMENTS

National Developments

16.1 During 2006/07 the consultation and publishing of the new policy guidance on the Representations Procedure and the allied updating of the SSID to reflect the changes was the main activity.

16.2 In Summer 2007 the Department of Health published a new consultation on Health and Adult Social Care statutory procedures. There is a commitment to develop a single complaints system, across health and social care by 2009, which includes all providers across the public, private, voluntary and charitable sectors.

16.3 The focus of any new procedures will be the local resolution of complaints with a more personal and comprehensive approach to complaints handling to overcome fragmentation and complexity for service users. The new proposals aim to move away from process-driven procedures to improve responsiveness and the quality of outcomes and to drive continual improvements in services.

16.4 The complaints framework would become a two stage framework, being *Local Resolution* and the *Ombudsman*. There will no longer be a linear/incremental model that complainants progress through (being stages 1, 2 and 3 with timescales attached) if their complaint cannot be resolved. More creative options for the resolution of complaints will become available with the service working in consultation and collaboration with service users. Whilst these may include in-depth (including independent) investigations there will also be a focus on conciliation and redress rather than the current adversarial approach where complainants are presented with a decision and invited to challenge this through the linear stages of the procedures. Any unresolved complaint will be referred directly to the Ombudsmen.

16.5 In addition to the above, it is intended that greater authority will be accorded to Complaints Managers (and in some circumstances, which have not been defined, could also involve managing complaints across a number of sectors/providers)

16.6 The proposed changes are significant. There will need to be resources invested to provide:-

- **information, to raise awareness for service-users and staff;**
- **publicity and marketing materials**
- **training for staff;**
- **IT developments.**

16.7 At the time of writing the authority had received notice of the Regulatory Reform (Collaboration etc. between Ombudsmen) Order 2007 that enables the Parliamentary, Local Government and Health Ombudsmen (for England),

that became effective from 1 August 2007, to collaborate on those cases and issues that are relevant to more than one of their jurisdictions. The Ombudsmen can conduct joint investigations and issue joint reports. Such reform facilitates the new proposals.

LOCAL DEVELOPMENTS

16.8 The County Council's Standards Committee continues to be involved in the scrutiny of complaints. Members monitor the numbers and content of all representations. Particular focus is placed on complaints that relate to staff conduct/attitude issues, in particular, to ensure that there are no recurring themes that are not being addressed.

16.9 The Authority has a Service Level Agreement with Durham CAB's Representational Advocacy Service. Independent advocacy services are provided to service users, carers and their representatives who wish to pursue complaints. The service is free of charge and should be made available to all complainants who wish to be supported in the process. The service also covers advice and support in respect of non-complaints issues.

PART SEVEN - NON-STATUTORY REPRESENTATIONS IN ADULT AND COMMUNITY SERVICES 2006/07

17. BACKGROUND

17.1 Adult and Community Services includes Libraries, Leisure and Culture and Social Inclusion which cover services such as Community Development, Welfare Rights, Community Safety and Traveller and Gypsy Liaison Services.

18 NON-STATUTORY COMPLAINTS

18.1 There were 16 Stage One Complaints made in Libraries, Leisure and Culture. The following illustrate the types of complaint and how they were resolved:-

- An allegation was made against a Library Manager that they had been rude when speaking with a member of the public. The complaint was investigated but not upheld and no further action ensued.
- 6 separate complaints were made about staff attitude. No particular trend was identified but staff were provided with refresher training in customer care.
- A failure to erect a hazard warning sign on a library site was found to be proven and immediate action was taken to erect a sign. The complainant was satisfied with the outcome.
- Complaints were received about the environment of a temporary relocation of a library whilst structural changes were made. Whilst it was recognised that the temporary site was not ideal it was the only option available. Had it not been utilised the only other alternative would have been the closure of the service until the structural adaptations had been completed on the permanent site. Complainants accepted the explanation.

18.2 No other Stage One complaints were reported across the other services provided by the Directorate.

18.3 No Stage Two or Stage Three complaints were heard across the Directorate in 2006/07.

18.4 35 Compliments were received in Libraries, Leisure and Culture. These ranged from the facility and enjoyment of Killhope Museum, assistance provided by the County Records Office, to the facilities in local libraries that had enabled people to skill themselves for work opportunities and to access these. A number of compliments were paid to individual members of staff.

18.5 No compliments are recorded in any other service areas. However, it is known that the Welfare Rights Service regularly receive thanks and a large

number of compliments so the omission is likely to be due to a failure of recording.

18.6 130 Comments were made to LLC during a review of Mobile Library Services. No comments were recorded against other service areas.

18.7 It is intended that support and advice will be given to other service areas in A&CS across the Representations Procedures. This will incorporate mechanisms for the accurate and comprehensive recording and reporting of Representations to enable a picture to be built up and facilitate performance reporting and comparisons in the future.

PART 8 CONCLUSION

18.1 The service receives a large number of representations each year. This is predictable given the nature of the services, which are provided at difficult times in people's lives, and representations are a valuable source of feedback to inform service improvement. This Annual Report indicates positive achievements in performance in the handling and consideration of representations, including complaints, during the year 2006/07 and also recognises the need to strive for continuous improvement.

18.3 The ongoing restructuring within Durham County Council's services will bring front line services closer to the community and with a more responsive Representations service providing the opportunity to forge genuine partnership and community involvement.

18.4 Acknowledgements are made and thanks given to the following contributors to Representations in the year:

- All service users who have contributed to our service developments by making representations.
- Staff and Managers who have, in the majority of cases, addressed concerns responsively and been prepared to learn from the compliments and concerns of service users.
- The Representational Advocacy Service which provides invaluable support and advice to service users and enables concerns to be clarified and articulated.
- The Systems Development Team who have enabled data to be more accurately recorded and collated.
- Members of the Authority's Standards Committee who objectively scrutinise Representations and ensure that trends are recognised and acted upon.

CONTACT DETAILS

If you require this information summarised in other languages or formats, such as Braille or talking tapes, please contact: (0191) 383 3034

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如果你想得到廣東話的資訊，請致電 0191 383 3034

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