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SOUTHEND-ON-SEA BOROUGH COUNCIL

People Scrutiny Committee

Date: Tuesday, 24th November, 2020

Time: 6.30 pm

Place: Virtual Meeting via Microsoft Teams

Contact: S. Tautz (Principal Democratic Services Officer)

Email: committeesection@southend.gov.uk

AGENDA

- 1 Apologies for Absence
- 2 Declarations of Interest
- 3 Questions from Members of the Public
- 4 Minutes of the Meeting held on 13 October 2020 (Pages 1 - 4)

**** **ITEMS CALLED IN/REFERRED DIRECT BY CABINET - 3 NOVEMBER 2020**

- 5 **Annual Comments, Compliments and Complaints Report** (Pages 5 - 36)

Minute 515 (Cabinet Agenda Item No. 7 refers)

Referred direct to all three Scrutiny Committees and called-in by Councillors Cox and Davidson

**** **OTHER SCRUTINY MATTERS**

- 6 **In-Depth Scrutiny Project 2019/20** (Pages 37 - 48)

TO: The Chair & Members of the People Scrutiny Committee:

Councillor L Salter (Chair), Councillor N Folkard (Vice-Chair)

Councillors M Borton, H Boyd, A Chalk, D Cowan, M Dent, F Evans, M Flewitt,

D Garne, B Hooper, M Kelly, K Mitchell, C Nevin, I Shead, M Stafford, A Thompson

Co-opted members

Church of England Diocese

Fr Jonathan Collis (Voting on Education matters only)

Roman Catholic Diocese

VACANT (Voting on Education matters only)

Parent Governors

(i) VACANT (Voting on Education matters only)

(ii) VACANT (Voting on Education matters only)

Southend Association of Voluntary Services

K Jackson (Non-Voting)

Healthwatch Southend

O Richards (Non-Voting)

Southend Carers Forum

T Watts (Non-Voting)

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of People Scrutiny Committee

Date: Tuesday, 13th October, 2020

Place: Virtual Meeting via Microsoft Teams

4

Present: Councillor L Salter (Chair)
Councillors N Folkard (Vice-Chair), H Boyd, A Chalk, D Cowan, M Dent, F Evans, M Flewitt, D Garne, B Hooper, M Kelly, H McDonald*, K Mitchell, C Nevin, I Shead, M Stafford, A Thompson
O Richards (Healthwatch Southend), T Watts (Southend Carers Forum) (co-opted members)
M Faulkner-Hatt (Southend Youth Council (observer))

*Substitute in accordance with Council Procedure Rule 31.

In Attendance: Councillors T Harp, A Jones and M Terry (Cabinet Members), Councillor K Evans, S Baker, E Cook, T Forster, R Harris, B Leigh, M Marks, K Ramkhalawon, D Simon, A Smyth and S Tautz
Also in attendance: S Waterhouse (Essex Partnership University NHS Trust)

Start/End Time: 6.30 pm - 7.25 pm

435 Apologies for Absence

Apologies for absence were received from Councillor M Borton (substitute Councillor H McDonald), J Collis and K Jackson (co-opted members).

436 Declarations of Interest

The following councillors declared interests as indicated:

- (a) Councillors T Harp, A Jones and M Terry (Cabinet Members) - Interest in the called-in items; attended pursuant to the dispensation agreed at Council on 19 July 2012, under S.33 of the Localism Act 2011;
- (b) Councillor L Salter - Minute 439 (Changes to Acute Mental Health Beds in South Essex) and Minute 441 (Annual Public Health Report) - Husband is a consultant surgeon at Southend Hospital; daughter is a consultant at Basildon Hospital; son-in-law is a general practitioner in the Borough - Non-pecuniary interest;
- (c) Councillor M Kelly - Minute 439 (Changes to Acute Mental Health Beds in South Essex) - Employed by Essex Partnership University NHS Foundation Trust - Non-pecuniary personal interest. Councillor Kelly left the meeting for this item;
- (d) Councillor K Mitchell - Minute 439 (Changes to Acute Mental Health Beds in South Essex) – Works with adults with complex needs, including mental health issues - Non-pecuniary interest;
- (e) Councillor K Mitchell - Minute 440 (Updated Local Financial Assessment and Illustration of the Potential Impact of Covid-19 on the Council's Medium-Term Financial Strategy 2020/21-2024/25) – Family friend is employed as a Finance Officer by the Council - Non-pecuniary interest;

- (f) Councillor M Flewitt - Minute 439 (Changes to Acute Mental Health Beds in South Essex) and Minute 441 (Annual Public Health Report) - Family member employed at an NHS Trust outside the Borough - Non-pecuniary interest:
- (g) Councillor C Nevin - Minute 439 (Changes to Acute Mental Health Beds in South Essex) - Family members employed at Mid and South-Essex NHS Trust hospitals, previous association with the Trust and currently employed at an NHS Trust outside the Borough - Non-pecuniary interest:
- (h) Councillor C Nevin - Minute 440 (Updated Local Financial Assessment and Illustration of the Potential Impact of Covid-19 on the Council's Medium-Term Financial Strategy 2020/21-2024/25) - Previous association with local care homes as an NHS employee;
- (i) Councillor C Nevin - Minute 441 (Annual Public Health Report) – Friend responsible for delivery of flu immunisation programme outside the Borough - Non-pecuniary interest:
- (j) Councillor H Boyd - Minute 439 (Changes to Acute Mental Health Beds in South Essex) – Family member works in care home setting - Non-pecuniary interest; and
- (k) Councillor N Folkard - Minute 441 (Annual Public Health Report) - Ambassador for Fund Raising Team at Southend Hospital; relative works at Broomfield Hospital; on the Reading Panel at Southend Hospital - Non-pecuniary interest.

437 Questions from Members of the Public

There were no questions from members of the public relating to the responsibilities of the Committee.

438 Minutes of the Meeting held on 2 September 2020

Resolved:

That the minutes of the meeting of the Committee held on 2 September 2020 be confirmed as a correct record and signed.

439 Changes to Acute Mental Health Beds in South Essex

The Committee considered a report of the Director of Mental Health for Mid and South Essex, outlining changes to acute mental health bed provision in South Essex by Essex Partnership University NHS Trust (EPUT), in response to previous recommendations of the Care Quality Commission.

Councillors were advised that EPUT had recently moved an adult inpatient ward back to Rochford Hospital, which had accommodated two adult acute inpatient wards until Willow Ward at Rochford had been temporarily moved to Basildon. The Director of Mental Health reported that the Trust was now in a position to move patients back to Rochford and to re-open Willow Ward on a single-sex basis, to prevent patients from South East Essex having to leave the locality for treatment. The Committee was advised that all inpatient accommodation at Rochford Hospital was provided in single bedrooms and that the changes had provided the Trust with an opportunity to improve the accommodation at Basildon from outdated dormitory provision in which social distancing requirements could not be maintained, to single bedrooms with ensuite facilities.

The Director of Mental Health reported that options for the project had been limited within the existing fabric of the building at Basildon Mental Health Unit, although it had been possible to maximise the available space to create sixteen ensuite bedrooms at each of the two refurbished wards on the site. The Committee noted that this had meant that there was an overall reduction of six inpatient beds for South Essex and that, whilst the Trust would have preferred to maintain the existing number of inpatient beds, this had not proved possible.

The Director of Mental Health reported that during the COVID-19 pandemic, EPUT had been operating with reduced capacity on all inpatient wards and that the staffing ratio for patients would improve as a result of the changes being implemented to bed provision. The Committee was advised that out-of-area placement arrangements would be utilised by EPU only as a last resort.

Resolved:

That the report be noted.

440 Updated Local Financial Assessment and Illustration of the Potential Impact of Covid-19 on the Council's Medium-Term Financial Strategy 2020/21-2024/25

The Committee considered Minute 375 of the meeting of the Cabinet held on 15 September 2020, which had been called in to each of the three scrutiny committees, together with a report of the Executive Director (Finance and Resources) providing an updated assessment of the local financial impact of the COVID-19 pandemic and a range of high-level scenarios to illustrate the potential scale of the financial challenge over the short and medium-term.

The Committee requested that the Leader of the Council consider the referral of future reports made to the Cabinet on the financial position of the authority arising from the response to the pandemic, directly to the relevant scrutiny committee.

At the request of the Committee, the Cabinet Member for Health and Adult Social Care agreed to circulate to all members of the Council a presentation that was currently being developed with regard to the impact of the pandemic on the adult social care provider market.

Resolved:

That the following decisions of the Cabinet be noted:

- “1. That the Council's updated assessment of the local financial impact of the unprecedented challenges that has been caused by the pandemic, be noted.
2. That the scale of the potential financial challenge summarised in the submitted report, be noted.
3. That the Council's Medium-Term Financial Strategy is reviewed and a range of options are developed to ensure continuing financial sustainability.
4. That the Cabinet receive regular reports to future Cabinet meetings, which will provide updated assessments on our financial position and outline any changes to our strategy and range of assumptions.”

Note: This is an Executive Function
Cabinet Member: Councillor I Gilbert

441 Annual Public Health Report

The Committee considered Minute 378 of the meeting of the Cabinet held on 15 September 2020, which had been called in to the People Scrutiny Committee, together with a report of the Executive Director (Children and Public Health) presenting the annual report of the Director of Public Health for 2019.

In response to a question concerning the level of referrals for mental health services during the period of the COVID-19 pandemic, the Director of Public Health agreed to circulate details to all members of the Committee following the meeting.

Resolved:

That the following decision of the Cabinet be noted:

“That the content and recommendations of the 2019 Annual Report of the Director of Public Health and progress made to-date in regards to the recommendations from the previous report in 2018, be noted.”

Note: This is an Executive Function
Cabinet Member: Councillor T Harp

442 In-Depth Scrutiny Project 2019/20-2020/21

The Democratic Services Officer reported that the final report for the current in-depth scrutiny project for the Committee would be available for consideration at the meeting to be held in November 2020.

Resolved:

That the report be noted.

Note: This is a Scrutiny Function

443 Simon Leftley MBE

The Committee was informed that Simon Leftley, the Council’s former Deputy Chief Executive (People), had received the award of Member of the Order of the British Empire in the Queen’s Birthday Honours Lists for 2020 in recognition of his outstanding services to people with learning disabilities in Southend and Essex. On behalf of the Committee, the Chair paid tribute to Mr Leftley and requested that its congratulations be extended to him for his well-deserved award.

Chair: _____

Southend-on-Sea Borough Council

Report of Chief Executive
to

Executive Briefing - 20 October 2020

Cabinet - 3 November 2020

Agenda
Item No.
5

Report prepared by:

Val Smith – Knowledge and Information Manager
(Overarching report and Appendix A and D)
Charlotte McCulloch – Customer Service & Complaints
Manager (Appendix B)
Michael Barrett – Complaints Officer (Appendix C)

Cabinet Member (overarching) - Cllr Terry
Cabinet Member Appendix B Report – Cllr Harp
Cabinet Member Appendix C Report – Cllr Jones

Annual Report – Comments, Complaints and Compliments – 2019/20

All Scrutiny Committees

A Part 1 Public Agenda Item

1. Purpose of Report

1.1 This report is to:

- Provide performance information about comments, complaints and compliments received across the Council for 2019/20
- Fulfil the Council's statutory duty to produce an annual report concerning compliments and complaints received about its Children and Adult social care functions.
- Fulfil the duty of the Monitoring Officer to report to councillors on the findings of certain Local Government and Social Care Ombudsman investigations

2. Recommendations

2.1. To note the Council's performance in respect of comments, complaints, and compliments for 2019/20. To refer the report to all Scrutiny Committees (Appendix B and C to the People Scrutiny Committee only).

2.2 That authority is given for the changes recommended to be made to the corporate Comments, Complaints and Compliments policy as detailed in Section 4.3 of the Corporate Comments, Complaints and Compliments Report (Appendix A).

3. Background

3.1. Complaints which do not have an alternative bespoke process are considered under the corporate Comments, Complaints and Compliments process. It is good practice for the Cabinet to receive an annual report on the operation of the process and insight arising from it; this report is attached at **Appendix A**.

3.2. Legislation requires that statutory processes be in place to deal with complaints relating to children and adults social care and to produce annual reports concerning them. These reports also need to be shared with the Care Quality Commission and the Department of Health. These reports are provided as **Appendices B and C** to this report.

3.3. Under section 5(2) of the Local Government and Housing Act and the Local Government Act 1974, the Monitoring Officer is required to report a summary of the findings of the Local Government and Social Care Ombudsman with regard to cases considered by them which relate to the Council. This report is provided at **Appendix D**.

3.4. The table below sets out the total number of Comments, Complaints and Compliments (Corporate and Statutory) processed in 2019/20 in comparison with the previous three years.

Type	2016/17	2017/18	2018/19	2019/20
Complaints (including Statutory)	866	681	603	608
Comments and Compliments	2441	2230	2138	1825
Grand Total	3307	2911	2741	2433

There has been no substantial change in the levels of feedback received. Analysis of the data gathered is included in the reports at Appendix A to C.

4. Lessons Learnt and Service Improvements

4.1 Whilst responding to feedback in a timely manner is a priority, it is also important for Council services to reflect on lessons learnt and improving outcomes. This is recognised by the Local Government and Social care Ombudsman's principles of good complaints handling as being customer focused, putting things right and seeking continuous improvement.

- 4.2 As the Council seeks to redesign and transform its services, data from Comments, Complaints and Compliments is a valuable source of information about how those services are received in practice. Feedback from users of our services is used to remedy individual instances and also to inform service design, revise practices and procedures and provide insight to service areas about how their delivery is experienced in practice.

Examples of service improvements are contained within the individual reports at Appendix A to D.

5. Future developments

- 5.1 In the coming year we will seek to strengthen the learning from insight provided by customers through complaints. We will do this by providing quantitative and qualitative information to service areas, service redesign initiatives, internal audit and others which enables them to hear what service users are saying and take action upon it.
- 5.2 During 2019/20 the senior management structure altered considerably. The corporate Comments, Complaints and Compliments process requires amendment to better reflect the revised structure and the management responsibilities within it. See section 4.3 of the Corporate Comments, Complaints and Compliments Report (Appendix A).

6. Other Options

The Council is required by legislation to report regarding social care statutory complaints and Local Government and Social Care Ombudsman complaint outcomes. Reporting on the efficacy of a complaint processes is best practice. While the content of the reports is not prescribed, reporting itself is obligatory.

7. Reason for Recommendation

To ensure the Council continues to have transparent and effective complaint procedures and utilises feedback from customers to good effect.

7. Corporate Implications

7.1 Contribution to Southend 2050 Road Map

Feedback both positive and negative is a direct source of information about how services provided by the Council are being experienced in practice. It also provides information about the type of services the Council's customers would like to have.

This insight may relate to any of the themes and outcomes of the Southend 2050 road map.

7.2 Financial Implications

Service improvements continue to result in meaningful outcomes for customers. A robust complaint process with thorough investigation and a positive approach reduces the likelihood of financial remedies being recommended by the LGSCO.

7.3 Legal Implications

These reports ensure compliance with statutory complaints processes and reporting obligations.

7.4 People Implications

Effective complaint handling is resource intensive but benefits the organisation by identifying and informing service improvements, development needs and managing the process for customers who are dissatisfied.

7.5 Property Implications

None specific

7.6 Consultation

The Advocacy Services and Representations Procedure (Children) (Amendment) Regulations 2004 confer a duty on local authorities to provide information about advocacy services and offer help to obtain an advocate to a child or young person wishing to make a complaint. All children and young people wishing to make a complaint are offered the services of an advocate.

7.7 Equalities and Diversity Implications

The complaints process is open to all and has multiple methods of access for customers. Adjustments to the process are made for those who require it because of a protected characteristic.

Although most commonly the process is accessed through e-mail and on-line forms, traditional methods such as post are available and where necessary a complaint can be transcribed over the telephone or be made in person.

This supports those who might otherwise be inhibited from using the process, perhaps through vulnerability.

7.8 Risk Assessment

Personal data regarding comments, complaints and compliments are recorded in approved centralised systems which can only be accessed by nominated officers.

7.9 Value for Money

Resolving a complaint as early as possible in the process reduces officer time spent dealing with concerns as well as providing the opportunity to improve service delivery.

7.10 Community Safety Implications

None specific

7.11 Environmental Implications

None specific

8. Background Papers - None

9. Appendices

Appendix A - Corporate Comments, Complaints and Compliments

Appendix B - Compliments, Concerns and Complaints – Adult Social Care

Appendix C - Compliments and Complaints – Children’s Social Care

Appendix D – Monitoring Officer report regarding investigations of the LGSO

Corporate Comments, Complaints and Compliments Report

1. Purpose of Report

- 1.1 To report on the performance relating to the Corporate Comments, Complaints and Compliments (non-statutory) procedure and to provide comparisons with previously reported results.

2.0 Recommendations

- 2.1 To note performance relating to the Corporate Comments, Complaints and Compliments process between 1st April 2019 and 31st March 2020.
- 2.2 To endorse in principle that the process be revised to:
- Reflect the revised configuration of the senior management structure of the Council
 - Deliver good quality responses within achievable timescales.

3. Background

- 3.1 The Council's Corporate Comments, Complaints and Compliments procedure has been in place since 2009 and is well established throughout the organisation. It services all general feedback about the Council, except those that have their own bespoke process.
- 3.2 Examples of complaints outside the process include children and adult social care statutory complaints (see report at Appendix B and C), appeals against parking fines and concerns about schools.
- 3.3 An effective complaint system delivers:
- Early warning of things going wrong
 - Root cause analysis which finds out what is causing a problem and does something about it
 - Fair outcomes for individuals who complain
 - Individual outcomes which are applied to the wider customer base
 - Continuous improvement of products/processes and people skills
 - Appropriate remedies where things have gone wrong.

The following information demonstrates how the corporate complaints process is meeting these objectives.

4. PERFORMANCE TO DATE

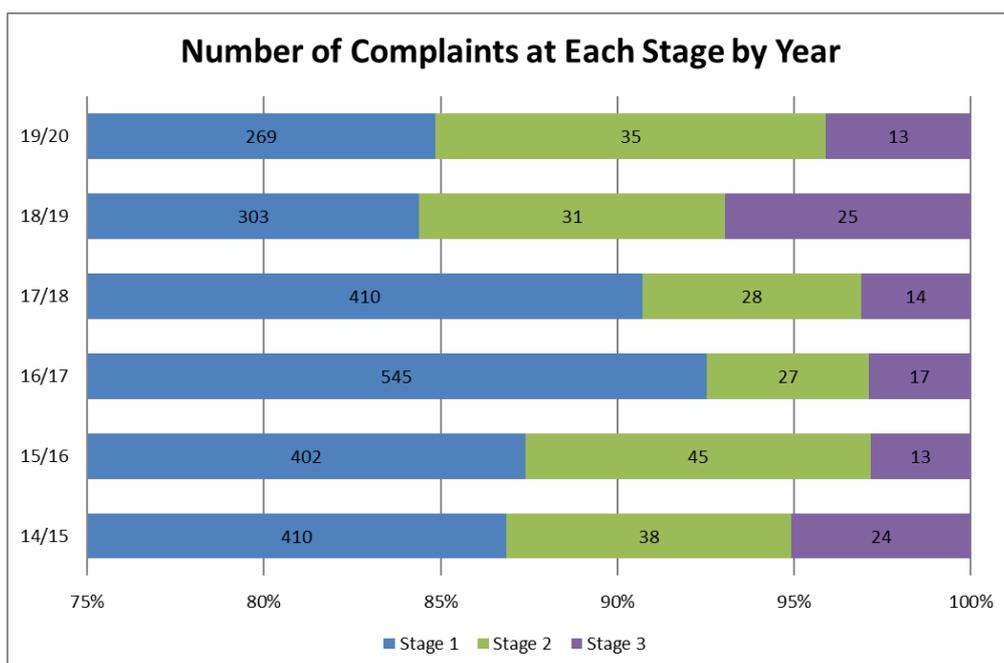
4.1 The number of complaints received



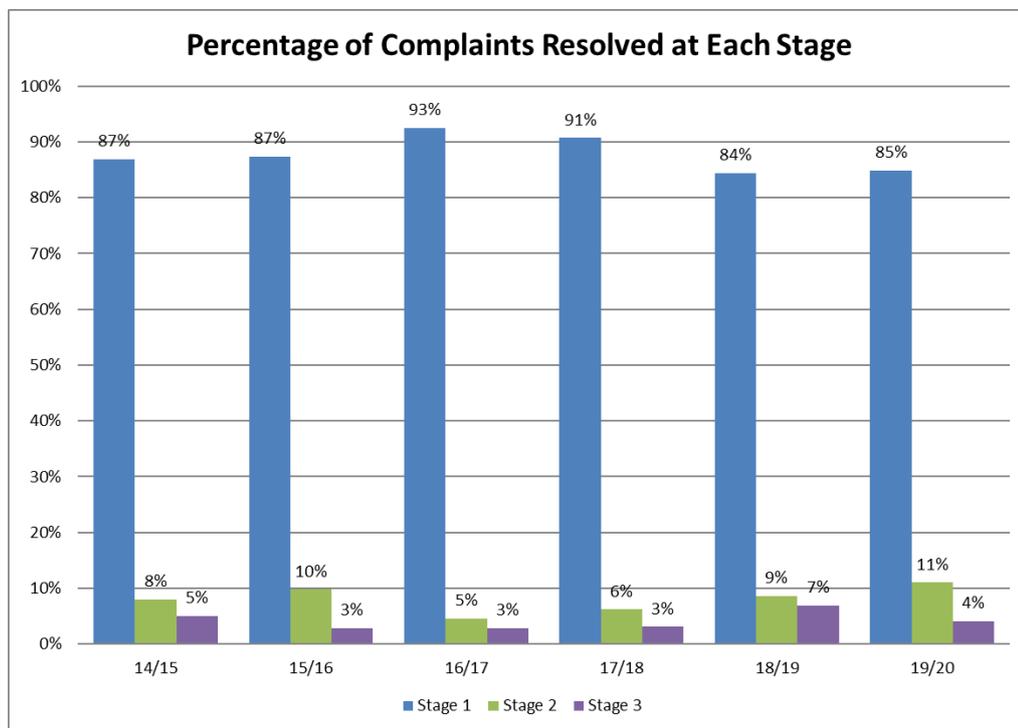
The number of complaints made under the corporate process has continued its downward trend. The complaints received have spanned 33 different council products and services.

4.2 Progression through the complaint stages

4.2.1 The number of complaints resolved at each Stage of the process is as follows:



4.2.2 The percentage of complaints resolved at each Stage of the process is as follows:



4.2.3 Although the total number of complaints made has decreased this year, the proportion of complainants satisfied with the response received at the first Stage of the complaint process has remained almost the same. 48 complaints progressed further, with 35 being resolved at the second Stage and 13 at the third and final Stage. The proportion resolved at Stage 2 has risen and the third stage is accessed by a small proportion at the level commonly seen before the peak last year.

4.2.4 The 13 complaints which reached Stage 3 spanned 9 different services with the maximum any service had being 3. Details of Stage 3 complaints which went on to be considered by the LGSCO are included in the Monitoring Officer Report of LGSO Investigations. Due to the time lag for Ombudsman resolution, these complaints may have originated in years prior to 2019/20 and some complaints from 2019/20 may yet be referred to the Ombudsman.

4.3 The time within which complaints are resolved

4.3.1 The stated aim of the corporate complaints process is to respond to Stage 1 and 2 complaints within 10 working days of their receipt. This has been achieved in 66% of cases which is a decline over previous years. Resource has been increased in the Performance and Business Support team, which is expected to improve the position, but the target of 80% of complaints being met within timescale remains elusive.

2017/18		2018/19		2019/20	
No. Stage 1 & 2 Complaints	% Responded to in 10 working days	No. Stage 1 & 2 Complaints	% Responded to in 10 working days	No. Stage 1 & 2 Complaints	% Responded to in 10 working days
438	73%	334	76%	304	66%

4.3.2 When someone has taken the trouble to complain, it adds intensity to their grievance when they receive a late response. This then becomes an additional cause for complaint at subsequent stages. Having spoken to complaint officers, it would seem that in many instances at Stage 1 and 2 of the process, ten days is simply not enough time to draft a considered response and there is a tension between timeliness and quality.

4.3.3 Extending the timescale at Stage 1 and 2 to allow for more investigation and a comprehensive response, would hopefully reduce the need for complainants to escalate their complaint and cause less additional cause to complain because of unmet expectations in response time. Where complaints are escalated, there would be more opportunity for in depth investigation earlier in the process and less likelihood that a Stage 2 response would simply mirror a Stage 1 reply.

4.3.4 It is therefore proposed that the Stage 1 deadline be extended to 15 working days and Stage 2 to 20 working days.

4.3.5 The Local Government and Social Care Ombudsman recommends that a complaint process take no more than 12 weeks in total. As a consequence of extending the time available at Stage 1 and 2, the Stage 3 response period of 35 working days will need to be reduced. It is recommended that this be reduced to 25 working days.

4.3.6 Some of the current time taken at the third stage can be recouped by simplifying the sign off process for Stage 3 complaints. It is proposed that in future Stage 3 complaints are signed by the most relevant member of the Corporate Management Team (CMT - Executive Director, Deputy Chief Executive or Chief Executive). Not only will this provide more flexibility and remove one stage of the current sign off process, but also will better reflect the senior leadership role of all members of CMT. No change is proposed to the part of the Leader of the Council in the process.

4.3.7 For some Stage 3 complaints it can be seen from the outset that there is nothing to be gained from an additional investigation. The LGSCO will not usually consider a complaint until the Council has had an opportunity to investigate it fully. Some Stage 3 complaints are made with the stated objective of getting through the final stage in order to be able to complain to the Ombudsman.

4.3.8 It is proposed that, in order to more effectively focus resources, the option be made available at Stage 3 of the process to determine that there is no benefit from further investigation, that the Stage 2 response is the Council's final position and the complainant is free to approach the LGSCO should they so wish. This is in accordance with LGSCO procedures.

4.3.9 In order to ensure impartiality, such a decision would be made by an officer of the Corporate Strategy Group and agreed by the Executive Director concerned. It is expected that this option would be used sparingly but would reduce unnecessary duplication of work and allow complainants who are unlikely to be satisfied at Stage 3 to go to the Ombudsman with less delay.

4.3.10 Some complainants seek to use the corporate complaints process in preference to other review processes. It is proposed that the complaints process be clarified to state that where an alternative review or appeal process exists concerning the matter being complained of, a complaint will not be considered under the corporate process until that review or appeal has been concluded.

4.3.11 The sum of these changes will be a better service for complainants with more consideration of their complaint earlier in the process. To enable the extra time at Stage 1 and 2 to be most effective, over the next year training in listening to and learning from complaints, understanding the benefits of the insight provided by those who complain and how to respond well, will be offered to those officers who have handling complaints as part of their responsibilities.

4.3.12 Unfortunately there are some complainants whose behaviour is unreasonable, no matter how well their business with us is conducted. The Policy on the Management of Unreasonable Complainant Behaviour is available where this is the case. It too will be amended so that the formal decision to apply appropriate limitations on contact may be taken by any member of CMT, rather than relying on only the Deputy Chief Executive and Chief Executive.

4.4 Nature of Complaints

4.4.1 Category - Poor level of service/not followed a procedure correctly

The main reason for complaint in 245 instances was that the customer believed the Council (or its contractor) had provided a poor level of service or had not followed a procedure correctly.

Where an outcome was recorded, 52% of this type of complaint was upheld.

4.4.2 Category - Staff have been rude or unhelpful

In 40 instances a complaint was made because a customer felt that a representative of the Council had been rude or unhelpful. Where an outcome was recorded, 54% of this type of complaint was upheld.

4.4.3 Category - Wrongly interpreted the law, council policy or procedure

There were 11 complaints where the customer felt that the Council had wrongly interpreted the law, a council policy or procedure. Where an outcome was recorded, 12% of such complaints were upheld.

4.4.4 Category - Service required not offered

21 complaints were received in this category. Where an outcome was recorded, 69% of such complaints were upheld because the service was indeed not available.

4.5 How Complaints Are Received

4.5.1 The most common way for complainants to contact the Council remains by e-mail or on-line form with 94% received in this way, the same as the previous year. This reflects the general shift to use of electronic means when interacting with the Council. In some instances, customer service officers will have completed an on-line form on behalf of a telephone caller.

4.5.2 The Council remains committed to keeping all complaint channels available, including telephone and letter, to meet its equalities obligations and to comply with LGSCO best practice. A formal complaint may be received over social media but would be moved to more conventional channels for resolution.

4.6 Remedial Actions

4.6.1 The most frequent remedial action is the issue of a meaningful apology, recorded as being made in 100 instances. In 59 cases a solution or service was offered to resolve the complaint. A review of procedures or services was initiated on 6 occasions. In a small number of cases a payment to remedy a quantifiable loss or to acknowledge stress and inconvenience was issued.

4.7 Comments and Compliments

4.7.1 GovMetric, the customer satisfaction measurement tool used by the Council, specifically captures feedback concerning the provision of face to face and telephone service by the Customer Service Centre and over the Council's primary website.

4.7.2 Through this method, 358 compliments were recorded, highlighting that the telephone and face to face assistance of the customer service operatives is greatly valued as is being able to find things easily on the Council's website.

4.7.3 In addition, Adult and Children's Social Care received a total of 135 compliments, as detailed in their reports, and a further 92 compliments were recorded by the rest of the organisation.

4.7.4 When comments are received, they are responded to by the service concerned and the person making the comment is acknowledged where appropriate and advised if their suggestion is to be taken up.

4.7.5 Compliments are acknowledged where appropriate and shared with the appropriate line management to inform the service or member of staff. This may then inform the staff member's performance discussion.

4.8 MONITORING AND REPORTING

4.8.1 Data collection and recording regarding complaint outcomes has been enhanced to reflect best practice. This allows complaints data to be used in a responsive way to inform service analysis and improvements.

4.8.2 In the coming year it is the intention to strengthen the link between feedback being provided and service improvement. This will not only be through existing links with the Service Redesign team, but also linking with Internal Audit and other inspection regimes to provide context to their investigations. The data being provided to management teams will also be reviewed with the intention of providing greater meaningful insight based on the experience of their service users.

5. CONCLUSION

The process continues to deliver a professional response to individual complaints, a robust system of complaint monitoring and real service improvements.

Adult Social Care - Compliments, Concerns and Complaints Report

1. Purpose of Report

- 1.1 To discharge the local authority's statutory duty to produce an annual report on compliments concerns and complaints received about its adults' social care function throughout the year.
- 1.2 To provide statistical and performance information about compliments concerns and complaints received throughout 2019 / 2020.

2. Recommendation

- 2.1 That performance during 2019 / 2020, and comparison to the previous three years be noted.
- 2.2 That the report be referred to the People Scrutiny Committee for detailed examination.

3. Background

- 3.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 came into force on 1 April 2009 and created a single process for health and social care services. With the increase in integrated services, the single process makes it easier for patients and service users to make complaints and allows them to make their complaint to any of the organisations involved in their care. One of the organisations will take the lead and co-ordinate a single response.
- 3.2 The new process is based on the principles of the Department of Health's *Making Experiences Count* and on the Ombudsman's principles of good complaints handling:
 - Getting it right
 - Being customer focused
 - Being open and accountable
 - Acting fairly and proportionately
 - Putting things right
 - Seeking continuous improvement.
- 3.3 There is a single local resolution stage that allows a more flexible, customer focused approach to suit each individual complainant. At the outset, a plan of action is agreed with the complainant to address their complaint. Amendments to the plan can be agreed at any stage of the process.

- 3.4 The regulations do not specify timescales for resolution and a date for response is agreed and included in each plan. Response times are measured against the agreed dates in the plans.
- 3.5 When the local authority believes that it has exhausted all efforts to achieve a local resolution, and the customer remains dissatisfied, the next step is referral to the Local Government Ombudsman.

4 Overview of Compliments; Concerns and Complaints received in 2019/2020

4.1 Compliments

Compliments are a very important feedback and motivational tool and members of staff are encouraged to report all compliments they receive to the Customer Services Manager for recording. All compliments are reported to the Group Manager of the Service to pass on their thanks to the staff member and the team. This practice has been well received by staff.

Adult and Community Services received 73 compliments about its social care services in 2019/2020.

Table to show the number of compliments received in 2019/2020 and a Comparison with previous two years

Apr 17 – Mar 18	Apr 18 – Mar 19	Apr 19 – Mar 20
Number	Number	Number
94	45	73

The use of Compliments is very tenuous benchmark for Customer Satisfaction as unlike complaints that require specific action by the recipient, compliments can easily be forgotten and not formally logged due to focusing on more urgent day to day activities.

Compliments and complaints are the extreme indicators of Customer Satisfaction; however, there are still a large number of service users who have not recorded a complaint or compliment, which suggests they are generally satisfied with the service.

4.2 Concerns

The current regulations require the local authority to record concerns and comments as well as complaints. Some people wish to provide feedback to help improve services, but they do not wish to make a formal complaint, and this process facilitates that.

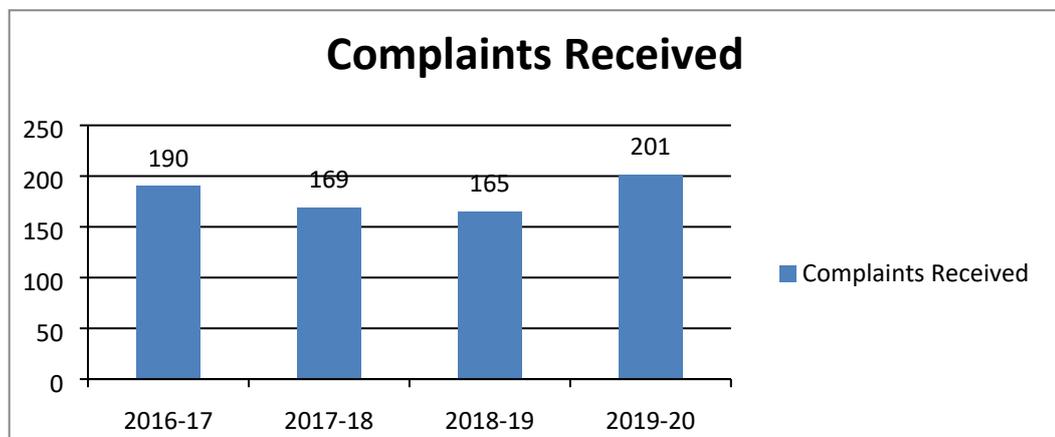
Adult and Community Services 7 'concerns' about its social care services in 2019/2020.

All concerns and comments are considered to identify areas for improvement and responses are made where appropriate or requested.

4.3 Complaints

Adult Services received and processed a total 201 statutory complaints about its statutory social care services in 2019/20

The Graph to show the total number of complaints received and processed by Southend-on-Sea Borough Council during 2019/2020 and comparison with previous three years.



The complaints received in 2019/20 have increased by 21% on the previous year. The upturn has been seen in internal services and domiciliary care, where residential care has remained the same.

However, the number of complaints remains low, representing 6.7% of the adults that we provided a service to in 2019/20.

Complaints logged through the council's complaints process is only one way in which a complaint can be made. Many concerns or issues are resolved locally with the Social Worker and/or provider, rather than through the formal statutory complaint process. In addition, complaints about external providers can be raised directly with them and these are not recorded by the Council.

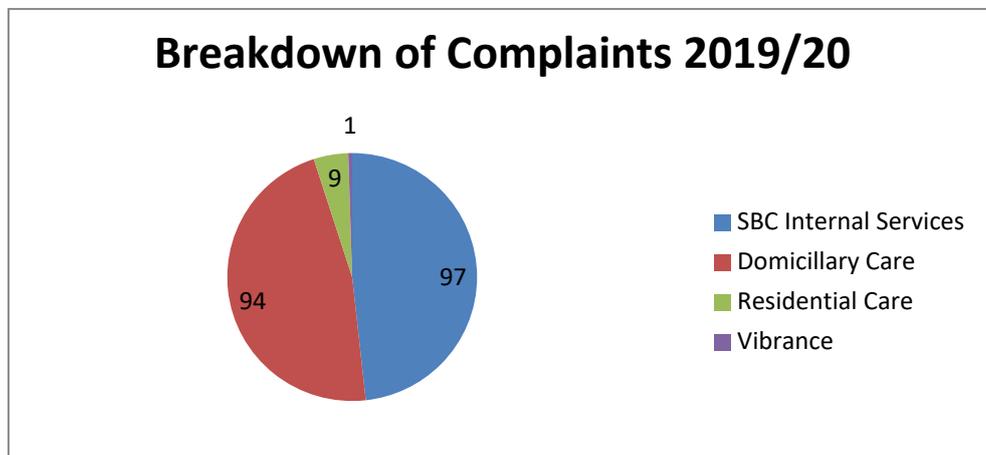
4.4 Overall Response Times

Adherence to response times is measured by compliance with the agreed dates set out in the individual complaint plans. There is no statutory requirement with regards to response timescales, however we recognise the importance of trying to achieve a speedy resolution to complaints and generally aim to resolve complaints within 10 working days in line with the

Corporate Complaints Procedure. However, depending on the complexity of the complaint raised, agreement is made with complainants on an acceptable timescale for a response.

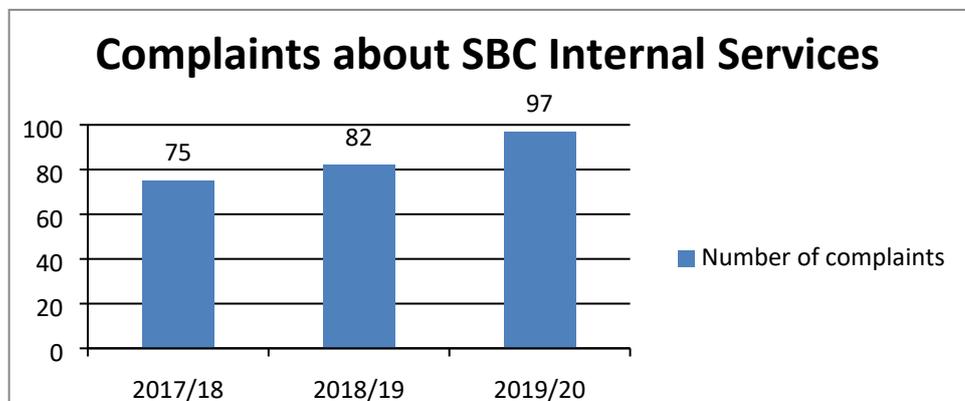
Out of the 201 complaints received, 4 complaints were withdrawn prior to response. Therefore, out of the 197 complaints responded to, 124 complaints were responded to within the initial timescales agreed locally between the complaints service and the complainant. This represents 63% of responses made and is an increase of 17% on the previous year. Whilst every effort is made to meet the timescales agreed, if it transpires through the course of the investigation this will not be possible, the complainant is kept informed and updated accordingly.

5. Breakdown of Complaints by Service Area



5.1 Complaints about Internal Southend Council Services

Out of the total 201 complaints received 97 complaints were received regarding Internal Southend Council Services. This is an increase of 18% on 2018/19.



Of the 97 complaints responded to, 64 complaints (66%) were given a full response within the timescales agreed.

Some Complainants raise more than one issue therefore the 97 complaints raised related to 114 Issues.

Of these 114 Issues – 52 were upheld
 2 were partially upheld
 40 were not upheld
 13 were unable to reach a finding
 5 were out of SBC jurisdiction
 1 withdrawn
 1 did not receive response

The top four issues were :-

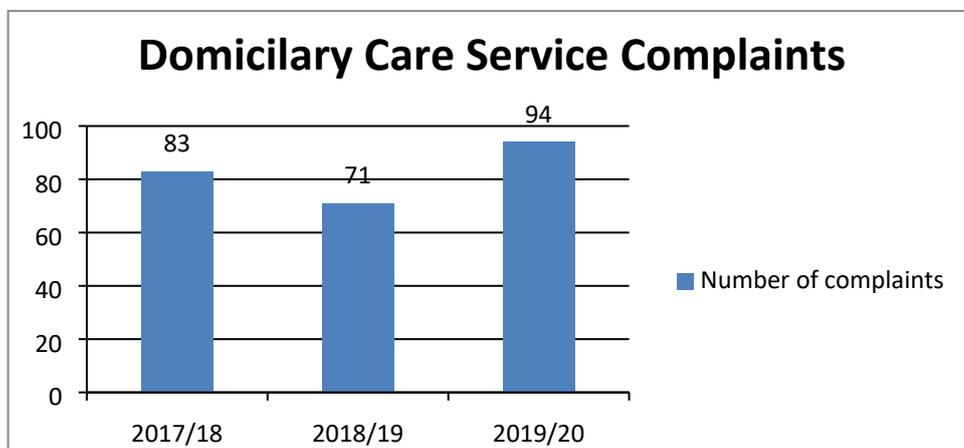
	<i>Total</i>	<i>Outcome</i>
Care charges not explained	50	18 Not upheld
Professionalism	14	5 Not upheld *
Delay/ Failure to keep informed	11	5 Not upheld
Insufficient Support	8	2 Not upheld

* To add more context in respect of the issue of professionalism, 3 were upheld and 1 was withdrawn. On 3 of the complaints we were ‘unable to reach a finding’. Often this issue is a subjective view of the Adult that staff were unprofessional, where there is no evidence to prove or disprove this view then we are unable to make a determination as to the outcome.

5.2 **Complaints about services from Commissioned Providers**

5.2.1 **Domiciliary Care**

Of the 201 complaints received by Southend-on-Sea Borough Council, 94 were about Domiciliary Care Providers. This is an increase of 32% on 2018/19.



Of the 94 complaints that received a full response, 61 (65%) were responded to within the timescales agreed.

94 complaints related to 184 issues that were raised.

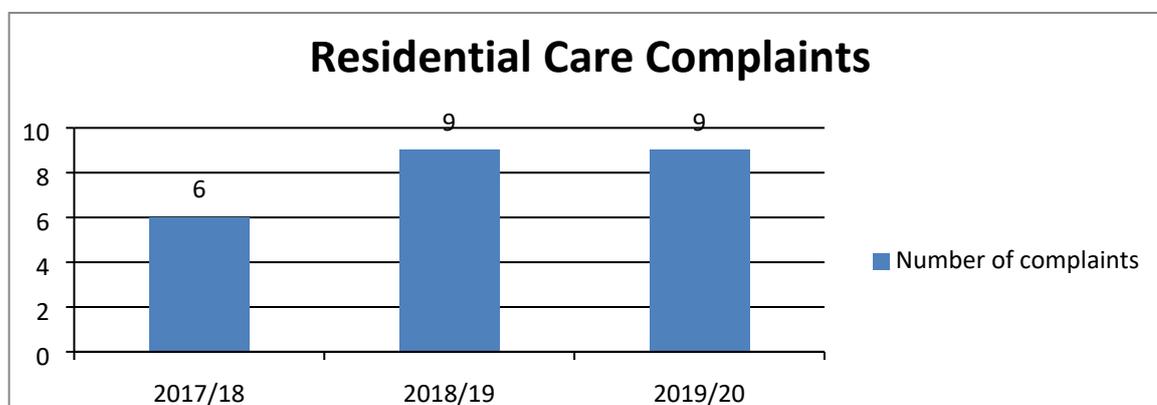
Of the 184 Issues raised – 109 were upheld
 3 were partially upheld
 14 were not upheld
 55 were unable to reach a finding
 3 were withdrawn

The top four issues were: -

	<i>Total</i>	<i>Outcome</i>
Late calls	36	1 Not upheld
Timing of planned homecare calls	26	3 Not upheld
Missed calls	21	2 Not upheld
Medication Issues	15	0 Not upheld

5.2.2 **Residential Care**

9 complaints were received about Residential Care homes. This represents 1% of the number of adults placed in Residential Care under a Southend-on-Sea Borough Council contract.



5 were responded to with the timescale agreed
 The main issues raised were around inadequate support and poor personal care.

Our Contracts Team and Complaints Team continue to work with the residential and domiciliary care providers to address issues and effect improvements around complaints handling.

6. Complaints referred to the Local Government Ombudsman

Complaints investigated by the Local Government and Social Care Ombudsman are detailed in the report of the Monitoring Officer (Appendix D).

7 Monitoring & Reporting

- 7.1 Statistical data regarding complaints about our commissioned home care providers are provided quarterly to inform the Contract Monitoring Meetings.
- 7.2 Complaints are monitored by the Complaints Manager for any trends/emerging themes and alerts the relevant service accordingly.
- 7.3 Complaints information is fed into the monthly operational meetings where issues regarding providers are shared. This is to ensure that a full picture is gathered regarding the providers service delivery and identify any concerns or trends that may be emerging.

8. Learning from Complaints

- 8.1 The Council continues to use complaints as a learning tool to improve services and to plan for the future. Local authorities are being asked to show what has changed as a result of complaints and other feedback that it receives.
- 8.2 Improvements made in 2019/20, as a result of complaints: -
 - Ongoing review of how best to ensure financial information and the implications are consistently communicated and understood by the Adult and/or their family.
 - Charges leaflet to be updated to include how we will approach the calculation of income for a temporary residential placement.

Children's Social Care – Compliments and Complaints Report

Purpose of Report

To fulfil the local authority's statutory duty to produce an annual report on compliments and complaints received about its children's social care function throughout the year.

To provide statistical and performance information about compliments and complaints received from April 2019 to March 2020.

Recommendation

That performance during 2019/2020 be noted.

Background

Complaints in the children's services are of 2 types, Statutory and Corporate. The law also says that children and young people (or their representative) have the right to have their complaint dealt with in a structured way. The statutory procedure will look at complaints, about, for example, the following:

- An unwelcome or disputed decision
- Concern about the quality or appropriateness of a service.
- Delay in decision making or provision of services.
- Attitude or behaviour of staff
- Application of eligibility and assessment criteria.
- The impact on a child or young person of the application of a Council policy
- Assessment, care management and review.

The Corporate Complaint Procedure would be used when issues giving rise to the complaint fall outside the scope of the above statutory procedure.

Within children's services most complaints fall under a statutory process within the Children's Act 1989, where the expected performance regarding response times is described. This is also an area routinely reviewed within an inspection or regulatory visit. They are also mainly about how the actions of our staff are perceived by the families they interact with and therefore the majority of complaints include complaints about specific members of staff.

The process for complaints regarding children's statutory services has three stages.

Stage 1 affords an opportunity to try to find a local resolution usually at team manager level. If the complainant is not satisfied with the outcome, they may request to proceed to stage 2.

At stage 2, an Investigating Officer is appointed, and an Independent Person to investigate the complaint. The Investigating Officer is a senior service worker who has not been associated with the case, and the Independent Person is someone who is not employed by the council, but has experience of children's issues, social care or investigations. The stage 2 response is reviewed and approved by the Director of Children's Services.

If the complainant is still not satisfied, they may proceed to stage 3. At this stage, the complaint is referred to an Independent Review Panel of three independent panel members with one member acting as Chair. They will review the stage 2 investigation and outcome, and will make recommendations. These recommendations are reviewed by the Executive Director who formally responds to the complainant.

The process is based on the premise that at each stage, a more senior officer responds. If complainants remain dissatisfied at the end of the three stages, they may refer their complaint to the Local Government Ombudsman.

The Complaints team encourages and supports Team Managers to resolve complaints at the earliest stage, including before they become formal complaints. We also advise a face to face meeting regarding the issues before the formal stage 2 process is started. This is thought to resolve the outstanding issues as early in the process as possible and in a way which many find less formal and adversarial for the complainant.

There are also 3 stages in the process for corporate complaints, as described in the Corporate Comments, Compliments and Compliments Report (Appendix A).

The numbers of compliments and complaints indicated in this report may not reflect the quality of the support generally provided by the social work teams, rather they are the opposite ends of our client satisfaction range, meaning that the majority of service users and their families are satisfied with the professional support provided.

Compliments received in 2019/20

We have worked to gather more data this year and have received 62 compliments as well as many positive responses within feedback forms used by some teams. Last year, 2018/19, we received 21 compliments. An issue with compliments is that unlike complaints they do not need a specific response, and so there is a possibility that in the past some compliments may not have been passed on to the complaints team to be formally logged.

Complaints received in 2019/2020

From 2019 performance on complaints is reported quarterly to the Performance Board so that senior management are better informed.

Over the previous two years, complaint numbers have been consistent, however during the first nine months of 2019/20 there was an increase in the number of complaints received, as well as those escalating to stage 2. Had we continued at that rate we would have had a total of 100 complaints. However, as can be seen below, we received only 15 complaints in the 4th quarter, the previous 3 quarters had averaged 25/quarter. In the 4th quarter of 2019, we had 23 complaints.

Complaints by Qtr	2018/19 complaint	2019/20 complaint
q1	17	27
q2	17	21
q3	22	27
q4	23	15
TOTAL	79	90

The number of complaints reduced significantly from January onwards, possibly in part due to the effects of Covid 19. The total number of complaints received across the year is still above that of the previous two years. It can be seen below that the reductions in complaints were in January (before Covid 19) and in March (during the Covid 19 pandemic).

4th Quarter complaints-Monthly detail

	18/19	19/20
JAN	7	3
FEB	5	7
MAR	11	5
Qtr 4 total	23	15

We record and report on the number of complaints received, and also on the number of issues raised. This better allows us to help identify the things which create complaints, as well as better manage our responses to the complainant.

In 2019/20 we received 90 complaints, which were made up of 145 issues. On average each complaint was made up of 1.6 issues.

COMPLAINTS Stage 1

In 2019/20 we received 90 complaints in total. To put this in context last year in 2018/19 we had 81. The increase is significant in statutory complaints with a reduction in corporate complaints, with an overall increase of 14%. Statutory complaints account for 83 or 92% of the 90 complaints received.

TYPE OF COMPLAINT	2017/18	2018/19	2019/20	change	% change
TOTAL COMPLAINTS	81	79	90	11	14%
STATUTORY COMPLAINT	60	65	83	18	28%
CORPORATE COMPLAINT	21	14	7	-7	-50%

The reason or cause of each complaint and issue received is recorded. Of the 145 issues received in 2019/20 they are categorised and distinguished as below.

ISSUE/DESCRIPTION	NUMBER	
Biased	5	3.4%
Breach of confidentiality	5	3.4%
Delay delivering service	4	2.8%
Delay/failure to keep informed	11	7.6%
Failure to take account of S/U or families views	14	9.7%
Insufficient Support	26	17.9%
Meeting minutes not sent or delay in sending	2	1.4%
Non-adherence to procedure	3	2.1%
Not invited to meetings	2	1.4%
Not returning calls/e-mails	9	6.2%
Other	1	0.7%
Outcome of decision/assessment	6	4.1%
Poor communication style	8	5.5%
Professionalism	38	26.2%
Rude / unhelpful	11	7.6%
Grand Total	145	

There are broader themes within the types of complaints which seem to drive many of the areas of complaint.

From the perception of the complainant they are;

- **Communication** – they feel we are not listening to them or taking note of their views, we are making decisions without involving them, we don't respond to phone messages or e-mails. That we don't communicate clearly with them.
- **Staff actions** – They feel that at times our staff are unprofessional, are slow at decision making, and to put support in place. That the support provided is not sufficient. That the staff can be unhelpful at times.
- **Processes** – They feel that we do not follow our own processes and procedures, and that decisions can be arbitrary and biased. That notes of meetings are sometimes not produced and shared in a timely fashion.

This does not mean that the complaints are valid, as only 12% of complaints have been upheld, with a further 26% being partially upheld, but that this is what people are actually complaining about.

Outcomes

During the year there were 145 different issues complained about within the 90 complaints.

After investigation at stage 1, the majority (56%) were found to be not upheld, while 38% (26% + 12%) were found to be upheld or partially upheld, where the complainant was found to be correct or partially correct and there was some fault in our actions or processes.

STAGE 1 ISSUES OUTCOMES

NOT UPHELD	81	56%
PARTIALLY UPHELD	37	26%
UPHELD	17	12%
Unable TO REACH A FINDING	9	6%
WITHDRAWN	1	1%
TOTAL ISSUES	145	

STAFF

Of the 145 issues raised in the complaints, there were 99 (68%) in which staff were identified. This proportion has been fairly consistent over the last 3 years, and is a reflection of the often emotionally charged environment that the social workers work in, where a disputed family breakup or chaotic situation can lead to a parent or close family member feeling isolated from or ignored by their children. The perception of the complainant is that the social worker is unhelpful in some way.

The outcomes for the complaints where particular staff are named are in line with the overall outcomes.

Issue Outcomes in cases where a staff member is named in the complaint.

Not Upheld	55	56%
Partially Upheld	26	27%
Unable to reach a finding	8	8%
Upheld	9	9%
TOTAL	98	

Each complaint which was upheld or partially upheld was responded to with an apology, and a small proportion having a reassessment or other service provided.

MANAGEMENT OF COMPLAINTS

The performance in the timeliness of response to the complaints had improved consistently in the last two years. However, there is an area of concern around the times taken to respond to complaints at stage1. The proportion of stage 1 complaints responded to within 10 working days and also within 20 working days is less than in

2018/19. Some of this may be due to the obvious significant increase in complaint numbers during the first three quarters, but not all. The performance in response times was evident in the December report and is not due to the impact of Covid 19.

RESPONSE TIMESCALES	2017/18		2018/19		2019/20	
WITHIN 10 DAYS	28	35%	40	51%	31	34%
10-20 DAYS	23	28%	17	22%	27	30%
OVER 20 DAYS	30	37%	22	28%	32	36%
TOTAL COMPLAINTS	81		79		90	
CLOSED IN 20 W/DAYS	51	63%	57	72%	58	64%

Complaints by children

Children are defined as those who are under 18 years old.

During 2019/20 we received 8 separate complaints from young people, which is an increase from the previous years when it was three or four each year. Most of these young people were supported by an advocate, and where not they were offered the services of one.

Any young person wishing to make a complaint and who does not have an advocate is always advised to use one and is provided with contact details and helped to contact the advocacy service.

Stages 2 and 3

All stage 2 and 3 complaints were "paused" due to the Covid 19 issue and are now starting to be resumed with all those involved working and communicating remotely. This is in line with guidance from the government generally and the specific LGA Ombudsman advice. The ombudsman service was stopped entirely due to Covid 19 and has recently re-started in a "remote" fashion.

In 18/19 there were 5 complaints which eventually escalated to stage 2, so far for 2019/20 this year the figure is 7. It is possible that more may occur as complainants have time and opportunity to disagree with the stage 1 outcome. Reviewing the stage 1 responses it does not seem that the quality of the responses is poorer than last year, although the timeliness of the responses is not as good. It may be that the increase in complaints is driving the increase at stage 2.

Of the complaints which have been concluded at stage 2 to date, two stage 3 panels have taken place and three are in the process of doing so now that our Covid 19 restrictions are easing.

To better manage the number of complaints being escalated beyond stage 1 of the complaints process, we advise the complainant and suggest that they meet with the social work manager/staff involved to discuss the issue and hopefully resolve it in a constructive way rather than the more formal and time consuming stage 2 process.

Local Government and Social Care Ombudsman

Complaints investigated by the Local Government and Social Care Ombudsman are detailed in the report of the Monitoring Officer (Appendix D).

Developments in the complaints process

During 2018/19 we began using a new software package which allows us to record and report in finer detail about complaints. This better allows us to help identify the things which create complaints, as well as better manage our responses to the complainant and the management of our staff and processes.

Given the changes we are putting in place to conduct stage 2 and 3 activities, we may continue these remote/on-line methods in the future once the covid 19 pandemic is ended, as it may provide a more efficient and cost effective way of dealing with these issues.

Learning from Complaints

The Council continues to welcome complaints as a means of improving services and to plan for the future. Local authorities are being asked to show what has changed as a result of complaints and other feedback it receives.

Improvements made in 2019/20 as a result of complaints;

- Following a Stage 1 response if the complainant remains dissatisfied, a meeting can be offered with a manager to try to resolve the issues and avoid going to stage 2 of the complaints process.
- That, in all cases where MARAT has concluded that a case of domestic abuse is high risk, team managers should consider if a risk assessment should be completed before any Local Authority employee is required to have face to face contact, or visit the homes of the service users. This is to ensure that the Local Authority discharge their duty of care to the families involved and our staff.

Where claims of bias or unfairness are concerned;

- That staff now provide both parents with a confirmation letter when their child's file is closed.
- That in the cases involving separated parents, staff have been made aware that they must not appear to favour or support one parent. To help identify an advocate to provide support if one party needs additional support

Areas for improvement

To build on the development of the management reporting, so that we can identify and then address the issues which cause people to make complaints by improving our services and how they are delivered.

Monitoring Officer Report of LGSO Investigations

1. Purpose of Report

The Monitoring Officer must provide councillors with a summary of the findings on all complaints relating to the Council where in 2019/20 the Local Government and Social Care Ombudsman (LGSCO) has investigated and upheld a complaint.

This report therefore fulfils the Monitoring Officer's duty under section 5(2) of the Local Government and Housing Act 1989 and the Local Government Act 1974.

2. Recommendation

To note the annual letter to the Council from the LGSCO and note the summary of their findings regarding upheld complaints.

3. Background

The LGSCO investigates complaints about 'maladministration' and 'service failure', generally referred to as 'fault'. They consider whether any fault has had an adverse impact on the person making the complaint, referred to as an 'injustice'. Where there has been a fault which has caused an injustice, the LGSCO may suggest a remedy.

The Council works with the LGSCO to resolve complaints made to the Ombudsman. Most complaints are resolved without detailed investigation.

The LGSCO may publish public interest reports against a Council or require improvements to a Council's services. No such action has been taken in respect of Southend-on-Sea Borough Council.

In his annual letter, the LGSCO stresses that the number of complaints, taken alone, is not necessarily a reliable indicator of an authority's performance. Their focus is placed on the outcomes of complaints and what can be learned from them.

Complaints are upheld when some form of fault is found in an authority's actions, including where that fault has already been accepted prior to LGSCO intervention.

4. Complaints made to the LGSCO

In 2019/20, 67 complaints and enquiries were made to the LGSCO in respect of Southend-on-Sea Borough Council.

63 decisions were made by the LGSCO, as follows:

Advice Given	1
Closed after initial enquiries	18
Incomplete/Invalid complaint	6
Not upheld	3
Referred back for local resolution	28
Upheld	7
Number of decisions made	63

5. Number of decisions investigated in detail by the LGSCO

The LGSCO concluded 10 detailed investigations in respect of Southend-on-Sea Borough Council in the period between 1 April 2019 and 31 March 2020 with 7 complaints being upheld. This is consistent with previous years.

Year	16/17	17/18	18/19	19/20
Number of detailed investigations	15	8	7	10
Number of detailed investigations upheld	8	6	4	7
Upheld rate	53%	75%	57%	70%

5. Complaints upheld by the LGSCO

The following is a summary of the upheld complaints:

Function	Maladministration/Fault	Agreed Remedy
Housing	There was no fault in how SBC reached a decision not to take formal action against the complainant's landlord. However, some complaints were not pursued with the landlord and there were delays in dealing with his complaints. These faults did not cause significant injustice.	No remedy required.

Adult Care Services	A care home provider, commissioned by SBC, did not adequately deal with complaints made on behalf of a resident. They inappropriately gave notice to the resident because of the complaints made. SBC took too long to follow up the concerns raised and did not investigate the matter in sufficient depth.	Apology. Financial redress for avoidable distress/time and trouble. Provide training and/or guidance.
Housing	SBC did not properly handle an application for housing on account of homelessness and failed to consider the suitability of interim accommodation offered.	Apology. Financial redress: Avoidable distress/time and trouble.
Education & Children's Services	Fault was found with SBC's response to allegations regarding an assault on a child. After the allegation, over a prolonged period there was a failure to provide suitable alternative education.	Apology. Financial redress: Avoidable distress/time and trouble. Financial redress: Loss of service. Financial Redress: Quantifiable Loss. Procedure or policy change/review. Provide information/advice. Provide services. Provide training and/or guidance.
Highways & Transport	SBC initially failed to properly consider information provided concerning a debt it was pursuing from someone claiming to live at the complainant's property. This was remedied at Stage 3 of the	None

	complaints process and the apology then offered was considered sufficient by the LGSCO.	
Adult Care Services	SBC did not adequately explain the charging basis when the complainant left hospital to go into interim care.	Apology. Financial redress: Avoidable distress/time and trouble. Procedure or policy change/review.
Adult Care Services	The LGSCO agreed with the complainant that SBC had not properly explained the financial implications of their spouse moving into a care home. A full needs assessment and financial assessment had not been completed and the position for temporary care placements had not been well communicated.	Apology. Financial redress: Avoidable distress/time and trouble. Procedure or policy change/review.

The following is a summary of the complaints investigated by the LGSCO but not upheld:

Function	Maladministration/Fault
Education and Children's Services	SBC did not, as had been alleged, fail to clearly communicate to the complainant its decision not to award their preferred choice of home to school transport provider.
Education and Children's Services	Since making an unsuccessful appeal for a place for their child at an infant school, a place had become available and offered. There was therefore no benefit in continuing to investigate.

Adult Social Care	There was no evidence to suggest that SBC was at fault for charging for the complainant's care at a care home. There was also no evidence that SBC had delayed adaptations to his property.
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Further details of complaints are available on the [LGSCO website](#).

6. Acceptance of fault and putting things right when they go wrong

The LGSCO recommends ways to put things right when faults have caused injustice and they monitor to ensure recommendations are complied with. The Council has accepted all final recommendations made by the LGSCO and has a 100% compliance rate, that is, agreed remedial action has been demonstrated to have been taken.

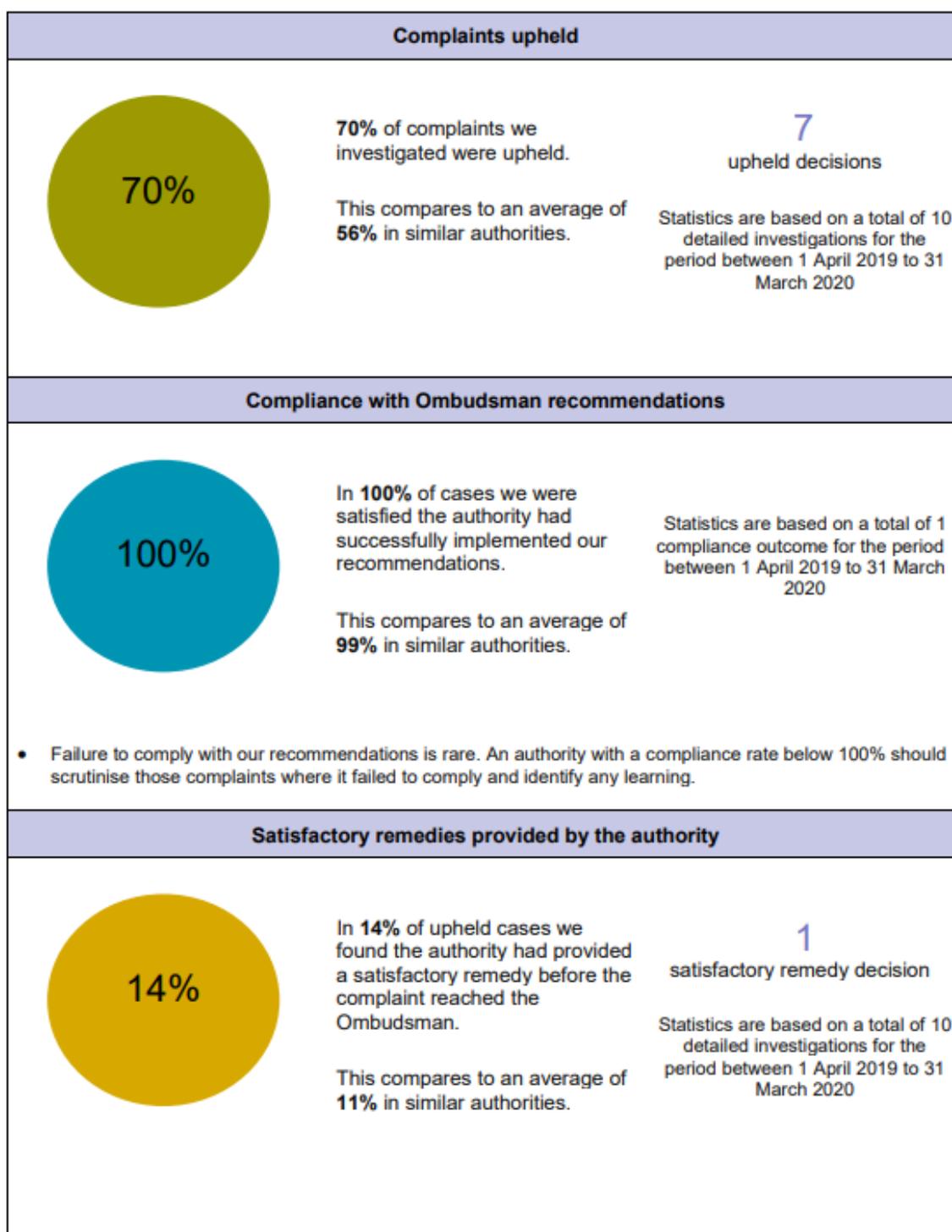
7. LGSCO Annual Review Letter

Statistics from the annual review letter of the LGSCO are provided at Appendix D1.

8. Conclusion

The Council is co-operating in full with the LGSCO and successfully collaborating with them to identify the appropriate resolution for complaints made.

Southend-on-Sea Borough Council
For the period ending: 31/03/20



Southend-on-Sea Borough Council

Report of Executive Director (Legal & Democratic Services)

to

People Scrutiny Committee

on

Tuesday, 24th November 2020

Agenda
Item No.

6

Report prepared by: S. Tautz (Principal Democratic Services Officer)

In-Depth Scrutiny Report – ‘The appropriate use of reablement for older people (65 and over) when discharged from hospital, to maximise the number of people at home after period of 91 days.’

**Relevant Scrutiny Committee(s): People Scrutiny Committee
Cabinet Member: Councillor T Harp
Part 1 (Public Agenda Item)**

1. Purpose of Report

- 1.1 To present the draft report of the scrutiny project – ‘The appropriate use of reablement for older people (65 and over) when discharged from hospital, to maximise the number of people at home after period of 91 days.’

2. Recommendations

- 2.1 **That the report and conclusions from the in-depth scrutiny project, detailed at Section 9 of the report, be agreed.**
- 2.2 **That, in accordance with Scrutiny Procedure Rule 10 (Part 4 (e) of the Constitution), to agree that the Chairman of the Project Team present the report to a future Cabinet meeting.**

3. Background

- 3.1 The People Scrutiny Committee at its meeting held on 9th July 2019 approved a suggestion for an in-depth study to be undertaken to consider the appropriate use of reablement services by the Council. (Minute 172 refers).
- 3.2 In the context of the Southend 2050 Vision, the main focus of the project was to consider:
- (i) Whether the current service offered accessible and effective care, delivered to the right people, in the right place and at the right time.
 - (ii) How the service was delivered.
 - (iii) The experience of residents who used the service.
 - (iv) The views of partner agencies and the level of integration; and
 - (v) Relevant comparative information.

- 3.3 Progress with regard to the review was achieved in the first half of the 2019/20 municipal year, including the development of an action plan, the receipt of relevant presentations and the holding of appropriate site visits. However, the completion of the projects was subsequently delayed from late-2019 as a result of a number of issues including reduced officer capacity in key service areas.
- 3.4 From March 2020, the impact of the COVID-19 pandemic also further delayed activity with regard to the completion of the review, reflecting the Council's approach to the handling of the pandemic, including the necessary focus on priority activities and the delivery and implementation of the Coronavirus Act 2020, which changed the lead responsibility for all discharges from hospital to Health. As a result, it was not possible for the in-depth review to be completed by the end of the municipal year and the Committee agreed that it be carried forward into the current municipal year.
- 3.5 The Project Team comprised the following Members: Councillors F Evans (Chair), A Dear, D Garne, M Borton, C Nevin, A Chalk, I Shead and A Thompson. Mr T Watts of the Southend Carers Forum was co-opted as a member of the Project Team and Councillor L Salter also attended meetings of the Project Team.
- 3.6 Officer support for the project was provided by Sarah Baker (Director of Adult Social Care), Lynn Scott, (Head of Adult Social Care), Gemma Czerwinke (Service Manager (Adult Social Care)) and Fiona Abbott/Steve Tautz (Project Coordinators).
- 3.7 An overview of the evidence considered by the Project Team is set out in the report.

4. Scrutiny Review – Conclusions and Recommendations

- 4.1 The conclusions and recommendations from the review are set out in Section 9 of the final report. These were discussed by the Project Team at its meeting on 20th July 2020.
- 4.2 There are no recommendations arising from the review that have budget implications that require consideration as part of future years' budget processes prior to implementation.
- 4.3 The Scrutiny Committee is recommended to endorse the conclusions from the review, for approval by Cabinet.

5. Other Options

- 5.1 Not applicable

6. Reasons for Recommendations

- 6.1 Not applicable

7. Corporate Implications

- 7.1 Contribution to the Southend 2050 Road Map
As described in the report
- 7.2 Financial Implications
Any recommendations with major financial implications will need to go through the annual budgetary process before implementation.
- 7.3 Legal Implications
None
- 7.4 People Implications
None
- 7.5 Property Implications
None
- 7.6 Consultation
As described in the report
- 7.7 Equalities and Diversity Implications
None
- 7.8 Risk Assessment
None
- 7.9 Value for Money
None
- 7.10 Community Safety Implications
None
- 7.11 Environmental Impact
None

8. Background Papers

- 8.1 Project Team notes and as set out in the final report.

9. Appendices

- 9.1 Draft Final Report – ‘The appropriate use of reablement for older people (65 and over) when discharged from hospital, to maximise the number of people at home after period of 91 days.’

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PEOPLE SCRUTINY COMMITTEE
IN-DEPTH SCRUTINY REVIEW 2019/20

REABLEMENT SERVICES

1. Introduction

- 1.1 This report explores the challenges facing the Reablement Service of Southend-On-Sea Borough Council, particularly in light of the Council's response to the COVID-19 pandemic of early 2020, which placed new demands and pressures on existing health and social care systems.
- 1.2 Reablement is a term applied to describe an assessment and interventions provided to people in their home (or care home) aiming to help them recover skills and confidence and maximise their independence. For most people interventions last up to 6 weeks.
- 1.3 When someone is discharged from hospital, they may need help to manage at home. Such support is often provided by the Reablement Service. An effective Reablement Service is beneficial for our residents and the National Health Service (NHS) as it assists individuals to lead full and independent lives whilst reducing the overall cost of long-term provision. Reablement can play a decisive role in helping people to regain their independence and maximise their health and wellbeing following hospitalisation or ill-health. It can also reduce the amount of time a person needs to stay in hospital, therefore aiding faster recovery.
- 1.4 The provision of an effective Reablement Service is not only beneficial to clinical outcomes and residents' health and wellbeing, but also can help to ease the financial and capacity pressures placed on local authorities and the NHS through decreasing the need for hospital admission, decreasing the need for long-term care packages, and appropriately reducing the level of ongoing home care support required.
- 1.5 I would like to thank all councillors, co-opted members, officers and external organisations for their contribution to the in-depth review.

Councillor Fay Evans
Chair of the In-Depth Scrutiny Review Project Team

2. Background

- 2.1 Reablement is a short-term personalised service usually provided at home (or other community setting), to aid recovery after discharge from hospital, enabling adults to maximise their optimum level of independence. Reablement seeks to enable people to do things for themselves rather than the traditional home care approach of having things done for them. For example, if someone has had a fall needing hospital admission, they may not be physically capable of coping with daily tasks such as washing, dressing and domestic tasks.
- 2.2 Reablement focusses on a person's wellbeing by building on their strengths. It supports them to regain confidence, self-esteem, and motivation and develops outcomes to learn or re-learn the skills needed for everyday life, such as:
- personal care.
 - dressing.
 - toileting.
 - nutrition.
 - meal preparation.

- domestic and cleaning tasks.
- washing.
- falls avoidance.
- managing medication.

2.3 Reablement also considers what equipment, adaptations, and assistive technology may help the adult to maintain their independence and teaches them how to use these to support themselves.

2.4 There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Home is the most appropriate place for recovery for nearly all people discharged from hospital. This is not a new approach and reablement services offered by the Council are provided at no cost to the individual. However, reablement services may not be suitable for those that require a higher level of care and are only available to people that can consistently participate in reablement and have the potential to benefit from a reablement programme.

2.5 The Local Government Association (LGA) has previously found ('Efficiency opportunities through health and social care integration: Delivering more sustainable health and care' (June 2016)) that:

'Discharge planning to maximise independence would save money and improve outcomes. For nearly a quarter of people who were discharged from hospital with a care package, a preferable pathway was identifiable that could have delivered better outcomes at lower cost. Given that a significant subset of these pathways results in costly long-term residential placements this is of particular significance. Practitioners taking part in the study estimated that 59 per cent of long-term residential placements resulting from an acute hospital admission could be delayed or avoided.'

2.6 The identification of the Reablement Service for in-depth scrutiny review arose from concern at the Council's performance against the Adult Social Care Outcomes Framework (ASCOF) and national performance indicator (ASCOF2B2), which measures the proportion of older people (65 and over) who were offered reablement services following discharge from hospital. The identification of the Reablement Service for review also arose from concerns with regard to how data informing the Council's performance against the ASCOF2B2 performance indicator was recorded. At that time, the Council's performance figures reported in June, July and August 2019 were:

June 2019	64.5%
July 2019	61.6%
August 2019	63.7%

2.7 The ASCOF Framework is used both locally and nationally to set priorities for care and support, to measure progress and strengthen transparency and accountability. The framework measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge (the key outcome for many people using reablement services). It also captures the joint work of social services, health staff and services commissioned by joint teams, as well as adult social care reablement, to

- delay and reduce the need for care and support; and
- to ensure that when people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence.

2.8 The Council's performance against the ASCOF2B2 indicator, (the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into

reablement/rehabilitation services) since the period prior to the escalation of the COVID-19 pandemic, was as follows:

February 2020	70.8%
March 2020	81.7%
April 2020	80.2%
May 2020	81.3%
June 2020	77.6%

- 2.9 The Council's monthly target for its performance against the indicator during this period was for 80% of people to still be at home 91 days after their discharge from hospital

3. Framework of the Review

- 3.1 At its meeting on 9 July 2019, the People Scrutiny Committee agreed (Minute 172 refers) that an in-depth scrutiny review be undertaken to consider the appropriate use of reablement services by the Council, as part of its work programme for 2019/20.

- 3.2 The Committee agreed that the framework for the review should be:

"The appropriate use of reablement for older people (65 and over) when discharged from hospital, to maximise the number of people at home after period of 91 days."

- 3.3 The scope of the review was to consider:

- whether the current service offered accessible and effective care, delivered to the right people, in the right place and at the right time.
- how the service was delivered.
- the experience of residents who used the service.
- the views of partner agencies and the level of integration; and
- relevant comparative information.

- 3.4 The review was set within the context of the Council's 2050 ambition and priorities and the following proposed outcomes for the project were agreed:

- increased awareness of the reablement offer and the intention to promote health, wellbeing, dignity and social inclusion through focused work to maximise independence and reduce the need for longer-term support.
- assurances that the reablement offer supports the appropriate people to maximise their level of independence and to recommend changes to the offer as appropriate; and
- assurances that the use of reablement supports the relevant outcomes outlined in the 2050 ambition.

- 3.5 Progress with regard to the review was achieved in the first half of the 2019-20 municipal year, including the development of an action plan, the receipt of relevant presentations and the holding of appropriate site visits. However, the completion of the projects was subsequently delayed from late-2019 as a result of a number of issues including reduced officer capacity in key service areas.

- 3.6 From March 2020, the impact of the COVID-19 pandemic also further delayed activity with regard to the completion of the review, reflecting the Council's approach to the handling of the pandemic, including the necessary focus on priority activities and the delivery and implementation of the Coronavirus Act 2020 (see paragraph 6.6), which changed the lead responsibility for all discharges from hospital to Health. In addition to the dedication or redeployment of officer capacity that would have supported the reviews towards key service

provision and the adoption of ongoing remote working and meeting arrangements for councillors and a significant number of the Council's employees. As a result, it was not possible for the in-depth review to be completed by the end of the municipal year.

4. Methodology

- 4.1 The review was undertaken on behalf of the Scrutiny Committee by a Project Team comprising Councillors F Evans (Chair), A Dear, D Garne, M Borton, C Nevin, A Chalk, I Shead and A Thompson. Mr T Watts of the Southend Carers Forum was co-opted as a member of the Project Team.
- 4.2 The Project Team was supported in its investigations by relevant officers including Sarah Baker (Director of Adult Social Care), Lynn Scott, (Head of Adult Social Care), Gemma Czerwinke (Service Manager (Adult Social Care)) and Fiona Abbott/Steve Tautz (Project Coordinators).
- 4.3 The Project Team met on three occasions between July 2019 and September 2020.
- 4.4 The project was undertaken using an evidence-based approach to the consideration of a range of options, through a mixture of desk top research, informative presentations and site visits, that supported our understanding of the provision of reablement services and the experiences of residents that use the services. All such site visits were undertaken prior to the escalation of the COVID-19 pandemic.

Community Development Team

- 4.5 On 29 October 2019, the Project Team received a presentation on the services provided by the Community Development Team and the role of social workers in GP surgeries and other health teams.

Community Site Visit

- 4.6 We also undertook site visits to the Pall Mall Surgery and Jordan's Sheltered Housing Hub on 29 October 2019.

Assessment Bed Site Visit

- 4.7 On 29 October 2019, the Project Team also visited Priory House to receive an overview of the assessment bed arrangements designed to help people become independent and to offer the skills and support they need to return to their own homes. We also received relevant performance data with regard to the ASCOF2B2 indicator in relation to Priory House and other establishments within the Borough that provide assessment bed facilities.
- 4.8 At our visit, the Project Team was also provided with a tour of Priory House so that members could meet staff and residents. We also considered a case study relating to the work of Priory House and received a presentation on the role of therapists and the importance of home visits.

Hospital Site Visit

- 4.9 On 30 September 2019 members of the Project Team visited Southend University Hospital Foundation Trust to receive an overview of the work of the Hospital Social Work Team and the Integrated Discharge Team. The Project Team also visited Windsor Ward and Princess Anne Ward at the Hospital to observe ward-based Multi-Disciplinary Team (MDT) (including reablement workers, health and care providers, occupational therapists and physiotherapists etc.) working.

4.10 The Project Team wish to extend its thanks and appreciation to each of the agencies and organisations that facilitated its programme of site visits.

5. The Impact of COVID-19

5.1 Since the commencement of the scrutiny project, the United Kingdom has faced one of the biggest challenges ever encountered in public health and social care provision, the ongoing COVID-19 pandemic. The impact of the pandemic has resulted in changes to the Council's delivery of reablement services and the scope of the ongoing project. Performance against the ASCOF2B2 indicator dipped as a result of the changing landscape for the delivery of reablement services brought about by the pandemic.

5.2 At its meeting in July 2020, the Project Team received a presentation on how the impact of the COVID-19 pandemic had affected the delivery of reablement services and how the approach to the handling of the pandemic affected the scope of the ongoing project.

5.3 The ongoing impact of the COVID-19 pandemic has restricted the ability of the Project Team to conduct the review fully in accordance with the scope and project plan agreed at the commencement of the project. Although we have received information and presentations on how the Council traditionally delivers reablement services, some elements of service delivery have by necessity changed as a result of the response to the pandemic. Additionally, whilst we welcomed the favourable experience of residents who had used the service as part of our programme of site visits in 2019, we have not been able to further assess satisfaction with the service since the escalation of the pandemic and the introduction of the Coronavirus Act 2020.

5.4 However, even in light of the pandemic, we consider that the current service continues to offer accessible and effective care, delivered to the right people, in the right place and at the right time. Social care staff have continued to work at a high level of integration with health care professionals and relevant comparative information showed improvement against the ASCOF2B2 performance indicator at the height of the pandemic.

6. Coronavirus Act 2020

6.1 The Coronavirus Act 2020 was enacted on 25 March 2020 and made provision for the Government to respond to the emergency situation and manage the effects of the pandemic. The Act, which is time-limited for two years, set out a number of provisions that were relevant to the scrutiny project and sought to relax regulations in order to ease the burden on healthcare services during the pandemic.

6.2 Although the provisions of the Act are intended to be temporary, it is clear that the Government remains mindful of the impact of the 'second wave' of the virus that is currently being experienced.

(a) Care Act Easements

6.3 The Care Act Easements were intended to assist in managing the predicted rapidly growing pressures as more people needed support because unpaid carers were unwell or unable to reach them, and as care workers were having to self-isolate or unable to work for other reasons. The Care Act Easements enable local authorities to streamline present assessment arrangements and to prioritise care so that the most urgent and acute needs were met.

6.4 The easements took effect on 31 March 2020 and will be in place for a period of two years (reviewed every six months), and should only be implemented by local authorities where this

is essential in order to maintain the highest possible level of services during the COVID-19 pandemic.

- 6.5 At the present time, the Council has not sought to implement any of the provisions arising from the Care Act Easements. A comprehensive report of the Executive Director (Adults and Communities) that presented a framework setting out how the Council would implement the provisions set out within the Care Act Easements, was considered by the Cabinet at its meeting on 28 July 2020.

(b) Discharge Requirements

- 6.6 The Coronavirus Act 2020 also set out how health and care systems and providers should change hospital discharge arrangements and the provision of community support during the coronavirus pandemic. This aspect of the Act was the key factor and the most significant operational change for the provision of Adult Social Care by the Council and the area most likely to have an impact on the performance of the Reablement Service.
- 6.7 The requirements focus on ensuring that acute and community hospitals discharge all patients as soon as they are clinically safe to do so. Transfer from the ward must happen within one hour of that decision being made to a designated discharge area. Discharge from hospital must happen as soon after that as possible, normally within two hours. The Government agreed that the NHS would take the lead on all discharges and fully fund the cost of new or extended out-of-hospital health and social care support packages. This applies for people being discharged from hospital or who would otherwise be admitted into it, for a limited time, to enable quick and safe discharge and more generally reduce pressure on acute services.
- 6.8 Discharge requires teamwork across many people and organisations and the funding and eligibility blockages that currently exist cannot remain in place during the COVID-19 emergency period. A 'Discharge to Assess model has been implemented across England as a default pathway (with alternative pathways for people who cannot go straight home), as staying in hospital for longer than necessary has a negative impact on patient outcomes. The Discharge to Assess model ensures that patients are given the chance to continue their lives at home, which is important for their long-term wellbeing.
- 6.9 Only a small number of relevant officers remained in hospital settings for discharge purposes, with other staff being transferred to social care assessment roles. The Project Team was most encouraged to be advised that many innovative arrangements for the handling of discharge arrangements were proposed by staff.

7. Current Position

- 7.1 The COVID-19 pandemic continues to have a significant impact on the delivery and performance of reablement services by the Council.
- 7.2 In order to manage the authority's approach to the handling of the pandemic and to comply with the changing legal landscape brought about by the Coronavirus Act 2020, the Adult Social Care Department make swift and significant changes to its current provision of services, including:
- all teams moved to a model of 'A' and 'B' Teams, with as many staff as possible able to work remotely and undertake assessments on a virtual basis.
 - all teams embraced new ways to assess and support the community using technology and connecting closely with staff from other departments and other organisations.
 - Occupational Therapy enhanced the Reablement and Assessment Bed Service, taking a lead role in reducing need for long-term care for people facing acute phases

of illness. Digital technology was used to support home assessment and to ensure that medical equipment was delivered and safely installed.

- the protection of clinically extremely vulnerable people with underlying severe health conditions (Operation Shield) was co-ordinated by the Community Development Team and many staff provided support for the COVID-19 helpline established by the Council.
- a unit of 13 specialist beds was established at Priory House to manage patients from Southend Hospital who had a COVID-19 positive status, who could not return to their normal place of residence.
- the use of digital offers from day-care providers including Project 49, to support people to remain connected and included whilst they were unable to physically attend day opportunities.
- close monitoring of social care demand and financial and practical support to support providers to manage capacity.
- robust support for care providers around infection control, by supporting the provision of relevant personal protective equipment (PPE), offering infection protection control advice and maintaining regular contact and communication channels.

7.3 The Hospital Team faced the biggest changes following the revisions to the Discharge Requirements. The team were located into the community pathways of a 'Discharge to Assess Model', with only a small number of staff remaining at the hospital to ensure safeguarding and complex case management responsibilities were met. A 'hot site' for COVID-19 positive patients was established at Basildon Hospital.

7.4 The care homes within the Borough acted extremely responsibly during the period of the pandemic. It remains generally the situation that visitors are not permitted within the care homes.

8. Hospital Team and Intermediate Care

8.1 The Discharge to Assess Model set out in the Discharge Requirements has a focus on specific pathways that people will be discharged into when deemed clinically stable. Although discharge into a specific pathway is determined by health professionals, social care staff are involved in the consideration of relevant discharge decisions.

Pathway 0

Simple discharge with no input required from health and/or social care, although relevant advice provided.

Pathway 1

Support to recover at home. Able to return home with support from health and/or social care through a 'Home First' approach.

Pathway 2

Rehabilitation in bedded setting.

Pathway 3

There has been a life-changing event. Home is not an option at point of discharge from acute care. Patients within this pathway were generally transferred to Brentwood Hospital.

8.2 Staff within the Hospital Team and the Intermediate Care Team were aligned to the pathways. New Multi-Disciplinary Teams were formed with health staff and Essex

Partnership University NHS Foundation Trust. Two managers support the pathways, with one focusing on Care at Home and the other on the Acute and Bedded Settings. Priory House and care agencies were supported in setting up specialist teams to manage people with a COVID-19 positive status and social workers provided supported through each of the pathways.

- 8.3 The Project Team recognised that people discharged into Pathway 0, whilst requiring no formal support or assistance from health and/or social care, might be reliant on the support of 'unpaid care' through family and friends etc. We were pleased to note that Southend Association of Voluntary Services (SAVS) made direct contact with all patients discharged into Pathway 0, to provide assistance and guidance where necessary.
- 8.4 The Project Team was advised that robust information arrangements are in place between the health and social care teams, so that all discharges into specific pathways are communicated to social care, and that flexibility exists in the pathway approach to transfer people between different pathways should this be necessary. The creation of the MDTs around each of the pathways has been critical to the success of this approach and also serves to address any identified safeguarding issues, although it is still too early to indicate whether the approach has delivered improved outcomes.
- 8.5 However, the experience of responding to COVID-19 has demonstrated the importance of reablement services that are centred on the individual and which provide safe, proactive care that maximises independence and wellbeing.
- 8.6 With the focus on care at home and reablement services, the performance of the ASCOF2B2 indicator has improved, with a clear vision to improve the outcomes for people.

9. Recommendations

- 9.1 We consider that the review was undertaken within the context of the Council's 2050 ambition and priorities and that, whilst allowing for the impact of the COVID-19 pandemic, the proposed outcomes for the project have been achieved, albeit in a markedly different context to that originally established in July 2019 when the scope of the project was determined.
- 9.2 At the present time, we do not therefore consider that it is appropriate to make recommendations as to the future operation and management of the Reablement Service, given the changes to service provision brought about by the Coronavirus Act 2020 and the ongoing implementation of relevant provisions (particularly revised discharge arrangements) of the Act.
- 9.3 However, we do recommend the following:
 - (a) That performance against the ASCOF2B2 indicator continue to be reported as part of the Council's regular corporate performance report; and
 - (b) That, on the relaxation of the relevant provisions of the Coronavirus Act 2020 and with regard to the Council's ongoing performance against the ASCOF2B2 indicator at that time, consideration be given to the identification of measures to further improve the delivery of reablement services by the Council, if required.