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SOUTHEND-ON-SEA BOROUGH COUNCIL

Place Scrutiny Committee

Date: Monday, 29th November, 2021

Time: 6.30 pm

Place: Council Chamber - Civic Suite

Contact: Tim Row - Principal Democratic Services Officer

Email: committeesection@southend.gov.uk

A G E N D A

- 1 **Apologies for Absence**
- 2 **Declarations of Interest**
- 3 **Questions from Members of the Public**
- 4 **Minutes of the Meeting held on Monday, 4th October 2021**
- 5 **Minutes of the Special Meeting held on Tuesday, 12th October 2021**

**** **ITEMS CALLED-IN/REFERRED DIRECT FROM CABINET HELD ON
TUESDAY 2ND NOVEMBER 2021**

- 6 **Annual Report - Comments, Complaints and Compliments 2020/21**
(Pages 5 - 28)
Minute 424 (Cabinet Agenda Item No. 11 refers)
Referred direct by Cabinet to all three Scrutiny Committees
- 7 **SO46 Report (Pages 29 - 30)**
Minute 429 (Cabinet Agenda Item No. 16 – Item No. 2 refers)
Called-in by Councillors Cox and Davidson

**** **ITEMS CALLED-IN FROM THE FORWARD PLAN**

None

**** **ITEMS FOR PRE-CABINET SCRUTINY**

None

**** **OTHER SCRUTINY ITEMS**

- 8 **Joint In-depth Scrutiny Project 2021/22**

TO: The Chair & Members of Place Scrutiny Committee:

Councillor A Moring (Chair),

Councillors N Folkard (Vice-Chair), K Buck, A Bright, D Cowan, M Dent, F Evans, K Evans, S George, D Jarvis, K Mitchell, K Robinson, S Wakefield, C Walker, N Ward, J Warren and P Wexham

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SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Place Scrutiny Committee

Date: Monday, 4th October, 2021
Place: Council Chamber - Civic Suite

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Present: Councillor A Moring (Chair)
Councillors N Folkard (Vice-Chair), K Buck, D Cowan, T Cowdrey*,
T Cox*, M Dent, F Evans, K Evans, S George, D Jarvis, K Mitchell,
D Nelson*, S Wakefield, N Ward, J Warren and P Wexham
(*Substitute in accordance with Council Procedure Rule 31.)

In Attendance: Councillors C Mulroney and M Terry
G Gilbert, J Burr and T Row

Start/End Time: 6.30 pm - 7.35 pm

360 Apologies for Absence

Apologies for absence were received from Councillors Bright (substitute: Councillor Cox), Robinson (substitute: Councillor Cowdrey) and Walker (substitute: Councillor Nelson).

361 Declarations of Interest

The following interests were declared at the meeting:

(i) Councillor Evans – Minute No. (Traffic Regulation Order Objection Report) – Non-pecuniary interest: Friends live in Thorpe Bay Gardens;

(ii) Councillor Moring – Minute No. (Traffic Regulation Order Objection Report) – Non-pecuniary interest: Lives in the vicinity of Thorpe Bay Gardens; and

(iii) Councillor Nelson – Minute No. (Traffic Regulation Order Objection Report) – Non-pecuniary interest: Friends live in the vicinity of Thorpe Bay Gardens and currently lives in Radar Close.

362 Questions from Members of the Public

The Cabinet Member for Environment, Culture, Tourism and Planning responded to two questions from Mr David Webb.

363 Minutes of the Meeting held on Tuesday, 31st August, 2021

Resolved:-

That the Minutes of the Meeting held on Tuesday, 31st August 2021 be received, confirmed as a correct record and signed.

364 Traffic Regulation Order Objection Report

The Scrutiny Committee considered Minute 323 of Cabinet Committee, which had been called-in for scrutiny, together the report of the Executive Director (Neighbourhoods and Environment) that presented the representations that had been received in response to the statutory consultation for traffic regulation orders for the introduction of waiting restrictions in the sections of road set out in the Appendices to the submitted report.

The Committee expressed concern that the Cabinet Member for Transport, Asset Management and Inward investment and Chair of the Cabinet Committee was not in attendance to answer questions, particularly in relation to the decision regarding Thorpe Bay Gardens and why the recommendation of officers not to proceed with this matter had not been approved.

Resolved:-

1. That the matter be referred back to Cabinet Committee for reconsideration with a recommendation that the traffic regulation order in Thorpe Bay Gardens should not proceed in accordance with the advice of Officers.

2. That, in accordance with Council Procedure Rule 39, the matter be referred to full Council for consideration. ||

Note: This is an Executive function
Cabinet Member: Councillor Woodley

365 Joint In-Depth Scrutiny Project 2021/22

The Committee considered a report of the Executive Director (Legal & Democratic Services) that provided an update on the progress of the joint in-depth scrutiny project for 2021/22. The report also presented a copy of the project plan and work programme for the joint in-depth scrutiny project, copies of which were attached to the submitted report.

Resolved:-

That the project plan and work programme for the joint in-depth scrutiny project for 2021/22 be noted.

Note: This is a Scrutiny function

Chairman: _____

SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Place Scrutiny Committee

Date: Tuesday, 12th October, 2021
Place: Council Chamber - Civic Suite

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- Present:** Councillor A Moring (Chair)
Councillors D Jarvis, K Buck, A Bright, D Cowan, M Dent, T Cox*,
M Davidson*, K Evans, S George, K Mitchell, J Moyies*, D Nelson*,
K Robinson, I Shead*, N Ward and P Wexham
(*Substitute in accordance with Council Procedure Rule 31.)
- In Attendance:** Councillors I Gilbert, C Mulroney and R Woodley (Cabinet Members)
A Lewis, J Chesterton, A Richards, A Barnes, E Cooney, N Hoskins,
G Gilbert, A Grant, Mr G Pearce (Swan Housing) and T Row
- Start/End Time:** 6.30 pm - 10.55 pm

402 Apologies for Absence

Apologies for absence were received from Councillors F Evans (substitute: Councillor Moyies), Folkard (substitute: Councillor Davidson), Wakefield (substitute: Councillor Shead), Walker (substitute: Councillor Cox) and Warren (substitute: Councillor Nelson).

403 Declarations of Interest

The following interests were declared at the meeting:

- (i) Councillors Gilbert, Mulroney and Cox - Interest in Minute No. 405; attended pursuant to the dispensation agreed at Council on 19th July 2012, under S.33 of the Localism Act 2011; and
- (ii) Mr A Lewis and Mr A Richards – Minute No. 405 (Internal Audit Report: Better Queensway Highways Scheme) – Non-pecuniary interest: Member of the Board of Porters Place LLP.

404 Questions from Members of the Public

There were no questions from members of the public.

405 Internal Audit Report: Better Queensway Highways Scheme

The Committee considered the report of the Executive Director (Finance & Resources) that presented the findings from the internal audit work in relation to the questions and concerns raised by a group of Councillors about the highways scheme element of the Better Queensway regeneration development and the options for the underpass and roundabout. This had recently been considered by the Council's Audit Committee at its meeting on 22nd September 2021 (Minute 359 refers). The Scrutiny Committee also had before it a copy of the draft Minutes of that meeting.

The Committee debated the matter in detail and asked a number of questions which were responded to by the Leader of the Council, relevant officers and Mr Pearce, Chief Executive of Swan Housing.

In response to a question regarding the viability and potential costs of a highways scheme retaining an underpass in line with the 2018 highways design, the Leader of the Council undertook to re-circulate the financial details to all Councillors that had been previously provided in this regard within the next two weeks.

The Committee took the opportunity to thank the Head of Internal Audit for his engagement and the hard work undertaken by his team in preparing a comprehensive report.

Resolved:-

1. That the findings of the internal audit work (outlined at Section 4 of the report of the Executive Director (Finance and Resources) and reported in full at Appendix A of the submitted report), be noted and that the recommendations set out in the internal audit report at Appendix A, be endorsed.
2. That the recommendation in Minute 359(4) of the Audit Committee should not be agreed. Recommendation 4 was “that the powers delegated to officers by Cabinet in relation to Better Queensway regeneration project should cease (although for the avoidance of doubt powers delegated to officers in Part 3 Schedule 3 of the Constitution and the SO46 procedure in Part 4a shall continue to apply in appropriate circumstances”).
3. That, in accordance with Standing Order 39, the matter be referred to full Council for decision. ||

Note:

Resolution 1 above is a Scrutiny Function.

Resolution 2 above is an Executive Function.

Chair: _____

Southend-on-Sea Borough Council

Report of Executive Director (Legal and Democratic Services)

to

Cabinet - 2 November 2021

Report prepared by:

Val Smith – Knowledge and Data Privacy Manager
(overarching)

Charlotte McCulloch – Customer Service & Complaints
Manager (Section 4)

Michael Barrett – Complaints Officer (Section 5)

Cabinet Member (overarching) - Cllr Collins

Cabinet Member Appendix B Report – Cllr Nevin

Cabinet Member Appendix C Report – Cllr Burton

Annual Report – Comments, Complaints and Compliments – 2020/21

All Scrutiny Committees

A Part 1 Public Agenda Item

1. Purpose of Report

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.

This report is to:

- Provide performance information about general comments, complaints and compliments received across the Council for 2020/21
- Provide an annual report concerning compliments, concerns and complaints received about the Council's Children and Adults' social care functions.
- Report to councillors on the findings of certain Local Government and Social Care Ombudsman investigations

2. Recommendations

To note the Council's performance in respect of comments, complaints, and compliments and Ombudsman investigations for 2020/21 and to refer the report to all Scrutiny Committees (Sections 4 and 5 to the People Scrutiny Committee only).

3. General Comments, Complaints and Compliments Process

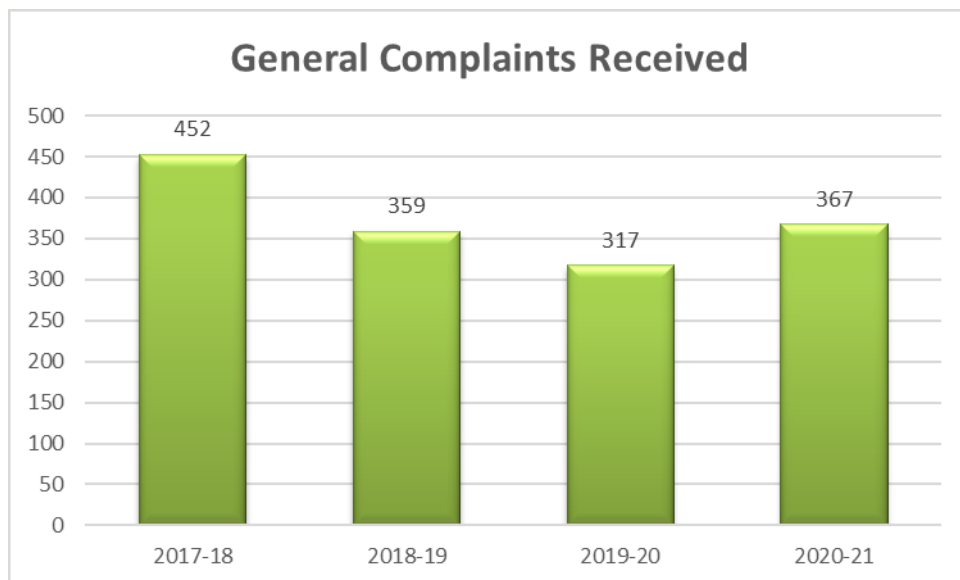
3.1 Background

Complaints which do not have a specialist process are considered under the General Comments, Complaints and Compliments procedures. The Local Government and Social Care Ombudsman recommends councillors receive an annual report on the operation of the process and insight arising from it.

3.2 Complaints

367 complaints were received through the General complaint process in 2020/21.

This Graph shows the number of complaints received and a comparison with the previous three years.



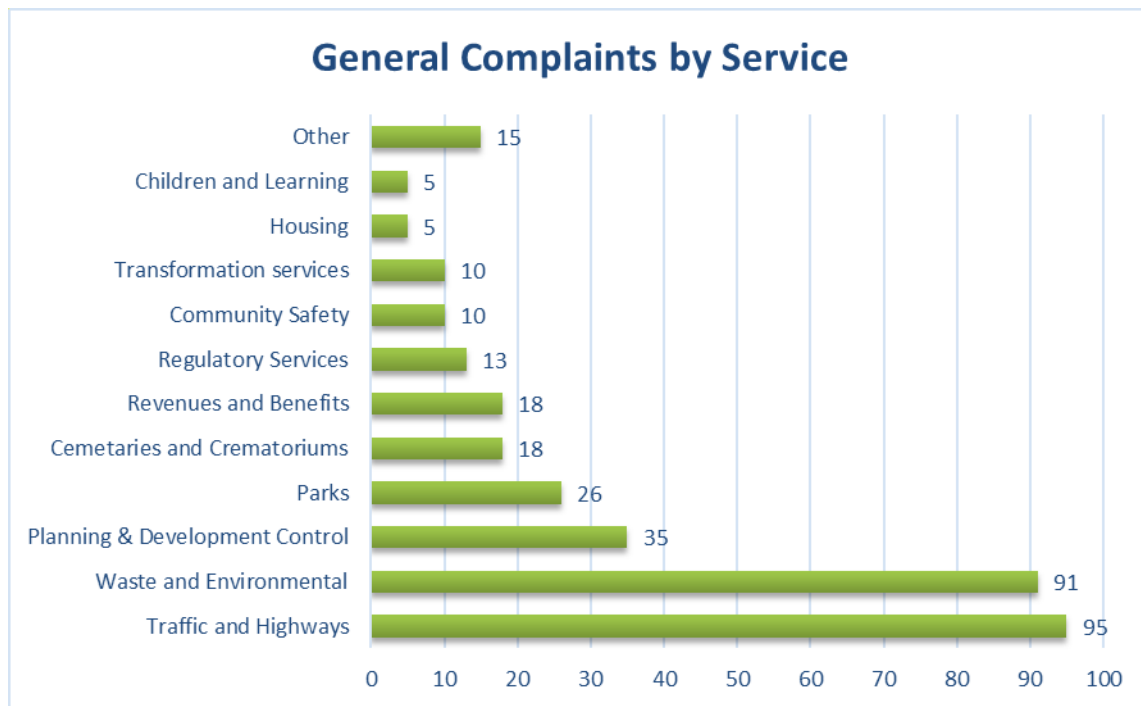
The number of complaints made under the general process has remained stable despite the challenge to the organisation posed by the pandemic.

3.3 Overall Response Times

341 complaints were resolved in 2020/21, of these 81.82% were responded to within the relevant timescale.

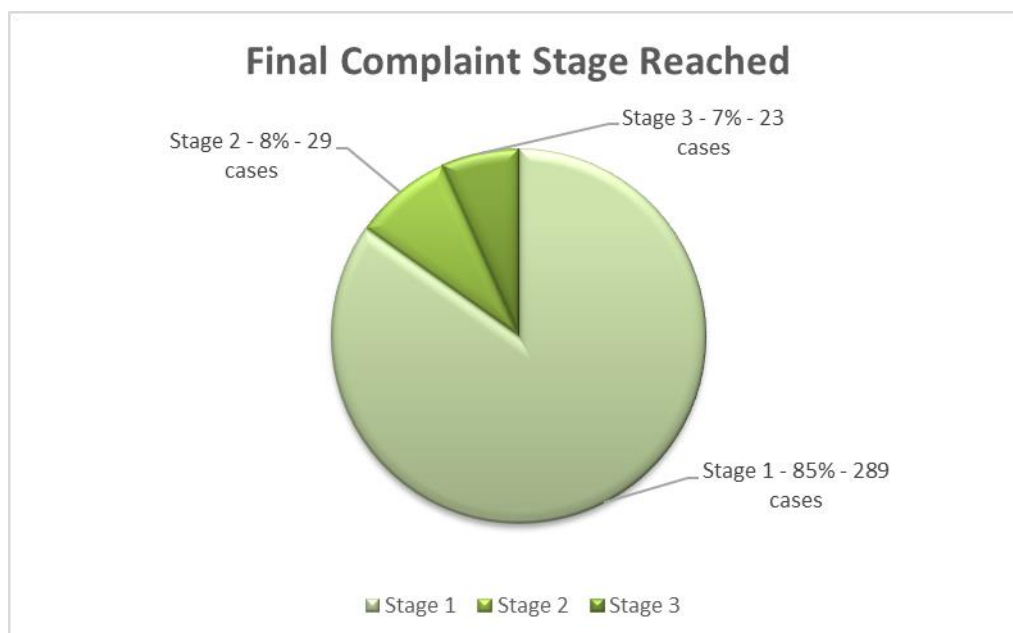
3.4 Breakdown of Resolved Complaints by Service Area

The resolved complaints related to the following services:



3.5 Stage reached by complaints

There are three stages to the general complaints process. At each stage a more senior manager looks at the complaint with a stage 3 response being sent jointly by a member of Corporate Management Team and the Leader of the Council. The following chart shows the Stage of the complaint process at which the complaints were resolved during the year:



Those who make a complaint have the option, usually at the conclusion of the complaint process, to approach the Local Government and Social Care Ombudsman. This is explored in more depth in section 6.

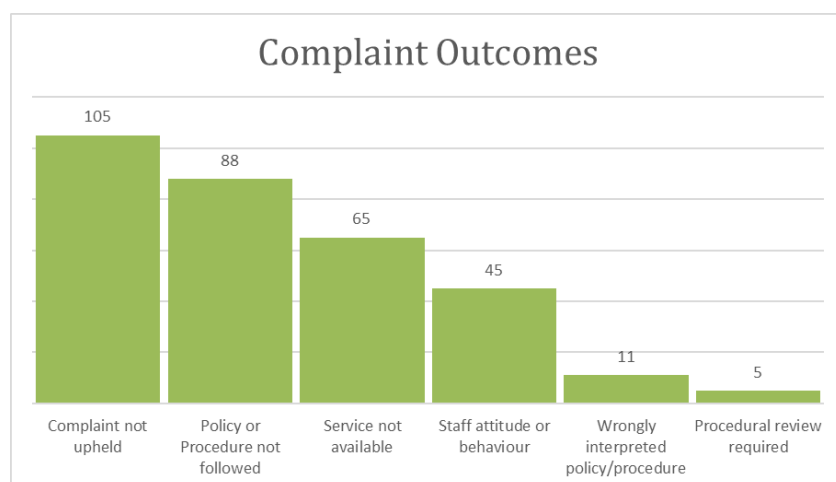
3.6 How Complaints Are Received

Most commonly those who make a complaint contact the Council by e-mail or on-line form with 94% received in this way, the same as the previous two years. This reflects the general shift to use of electronic means when interacting with the Council.

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

3.7 Nature and Outcome of Complaints

The following chart shows the outcome of the 319 complaints for which the data is held:



67% of these complaints were upheld, and of these over 80% were remedied with the offer of a solution or service or a meaningful apology. In a small number of cases a remedial payment was made.

3.8 Comments and Compliments

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.

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.

116 compliments were received in 2020/21 through the general process.

3.9 Monitoring and Reporting

Data from complaints is used in a responsive way to inform service analysis and improvements and is regularly reported to the Good Governance Group and in the quarterly council health check report.

3.10 Conclusion

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

4. Adult Social Care Statutory Process

4.1 Background

This section is the report of the Executive Director for Adults and Communities concerning compliments concerns and complaints received about its adults' social care function throughout the year.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 provide 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.

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.

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.

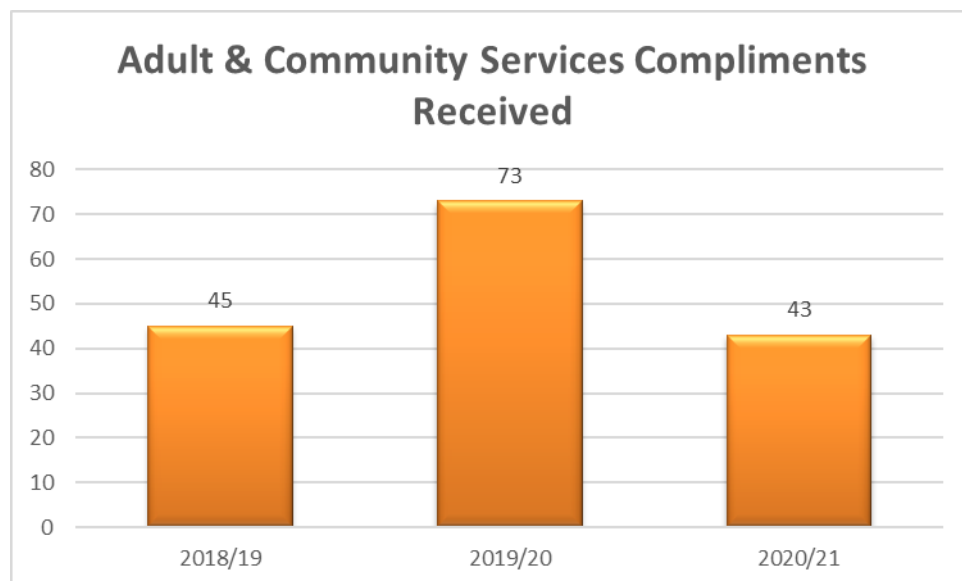
When the local authority believes that it has exhausted all efforts to achieve a local resolution, and the customer remains dissatisfied, the next step is referral to the Local Government Ombudsman. This is explored in more depth in section 6.

4.2 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 43 compliments about its social care services in 2020/2021.

This graph shows the number of compliments received in 20120/2021 and a Comparison with previous two years



4.3 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.

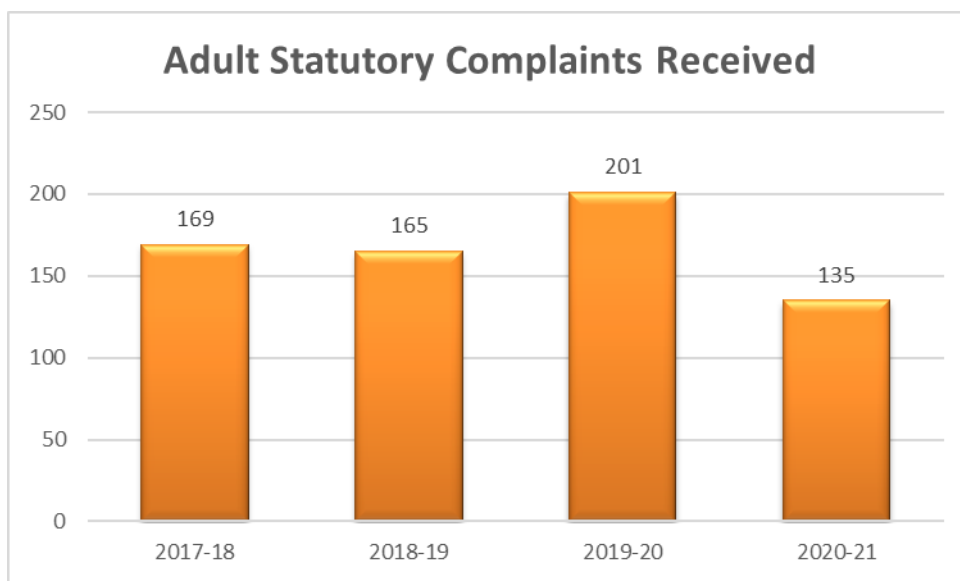
Adult and Community Services received 1 'concern' about its social care services in 2020/2021.

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

4.4 Complaints

Adult Services received and processed a total 135 statutory complaints about its statutory social care services in 2020/21

This Graph shows the total number of complaints received and processed by Southend-on-Sea Borough Council during 2020/21 and a comparison with the previous three years.



The complaints received in 2020/21 have seen a decrease by 33% on the previous year. This decrease has been seen in internal services and domiciliary care, where residential care has remained the same.

Whilst there is a decrease in complaints, comparisons cannot be drawn from the previous year due to the exceptional circumstances within which we operated during 2020/21. The pandemic saw resources within the care sector stretched and priorities were diverted to responding to the additional measures and guidelines put in place by the Government.

More families took over the responsibility of caring for their elderly relatives and there was a reluctance to use Residential Homes, due to the potential risks. This combined with an appreciation by the public of the pressure the care sector was facing, there was a possible reluctance to make complaints which may have contributed to the significant reduction.

The number of complaints represents 4.6% of the adults that we provided a service to in 2020/21

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.

4.5 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

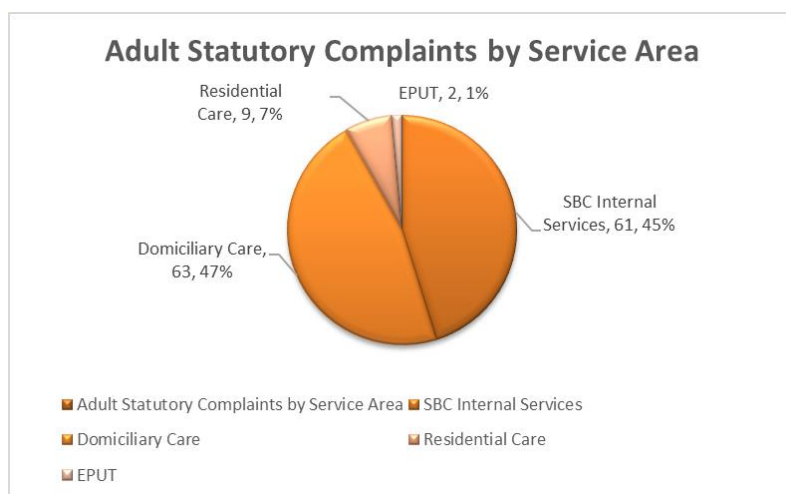
working days. However, depending on the complexity of the complaint raised, agreement is made with complainants on an acceptable timescale for a response.

Out of the 135 complaints received, 4 complaints were withdrawn prior to response and 3 were moved to Safeguarding Concerns. Therefore, out of the 128 complaints responded to, 50 complaints (39%) were responded to within the initial timescales agreed locally between the complaints service and the complainant.

Whilst this is low and a decrease on the previous year, it is understandable that resources were focused on responding to the pandemic and implementing government guidance as their main priority.

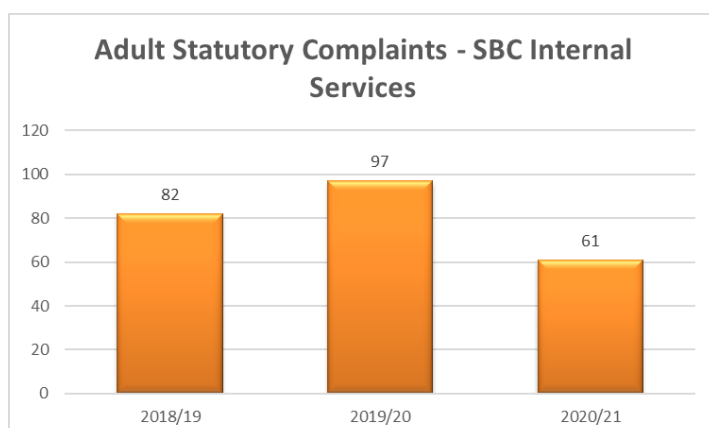
Whilst every effort is made to meet the timescales agreed, if it transpires through the course of the investigation this will not be possible, the complainant is kept informed and updated accordingly.

4.6 Breakdown of Complaints by Service Area



4.7 Complaints about Internal Southend Council Services

Out of the total 135 complaints received 61 complaints were received regarding Internal Southend Council Services. This is a decrease of 37% on 2019/20.



Of the 61 complaints received about Internal Services, 56 required a response, 26 (46%) were given a full response within the timescales agreed.

Some Complainants raise more than one issue therefore the 56 complaints raised related to 61 Issues.

Of these 61 Issues – 31 were upheld
7 were partially upheld
16 were not upheld
6 were unable to reach a finding
1 is still ongoing

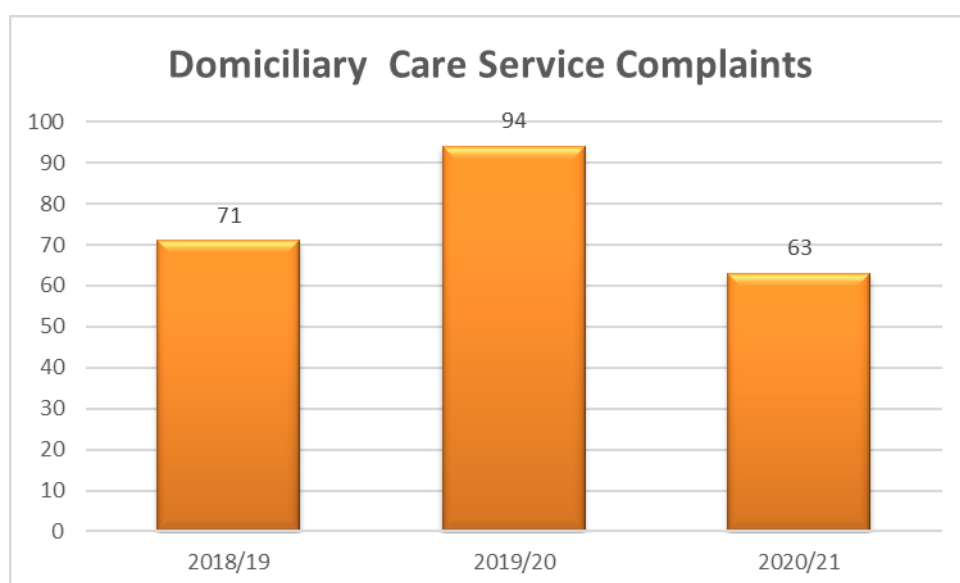
The top four issues were:-

	<i>Total</i>	<i>Outcome</i>
Care charges not explained	26	8 Not upheld
Financial loss	9	2 Not upheld
Delay/ Failure to keep informed	8	1 Not upheld
Professionalism	3	2 Not upheld

4.8 Complaints about services from Commissioned Providers

4.8.1 Domiciliary Care

Of the 135 complaints received by Southend-on-Sea Borough Council, 63 were about Domiciliary Care Providers. This is a decrease of 32% on 2019/20.



Of the 63 complaints received, 60 required a response. 19 (31%) were responded to within the timescales agreed.

60 complaints related to 98 issues that were raised.

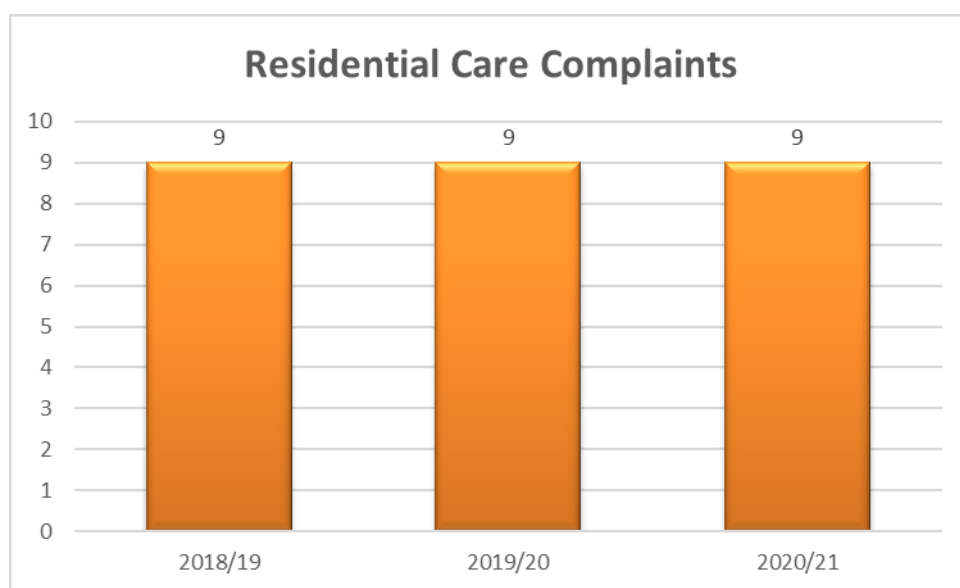
Of the 98 Issues raised – 52 were upheld
 5 were partially upheld
 23 were not upheld
 17 were unable to reach a finding
 1 No response received

The top four issues were: -

	<i>Total</i>	<i>Outcome</i>
Timing of planned homecare calls	15	5 Not upheld
Short Visits	10	2 Not upheld
Rude / Bad attitude of staff	9	4 Not upheld
Missed Calls	8	0 Not upheld

4.8.2 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.



4 complaints were responded to with the timescale agreed (44%)

Over the 9 complaints 14 issues were raised. The complaints concerned a number of different Residential Homes and the issues raised varied with no one particular area highlighted as a distinct concern.

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.

4.9 Monitoring & Reporting

Statistical data regarding complaints about our commissioned home care providers are provided quarterly to inform the Contract Monitoring Meetings.

Complaints are monitored by the Complaints Manager for any trends/emerging themes and alerts the relevant service accordingly.

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.

4.10 Learning from Complaints

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.

Improvements made in 2020/21, as a result of complaints: -

- 2020/21 was a challenging year for everyone, the complaints team adapted quickly to working from home and embraced the new technology which meant the complaints service continued throughout.
- Ensure financial information and the implications are consistently communicated and understood by the Adult and/or their family.
- Provided guidance and clarity on the NHS Covid funding.

5. Children's Social Care Statutory Process

5.1 Background

This section is the report of the Executive Director for Children and Public Health concerning compliments and complaints received about its children's social care function throughout the year.

Complaints in the children's services are of 2 types, Statutory and General.

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 General Complaint Procedure which is explained in Section 3 above 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, the Department appoints an Investigating Officer, 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 Deputy Chief Executive, who formally responds to the complainant.

The process is based on the premise that at each stage, a more senior officer responds on behalf of the Department.

Those who make a complaint have the option, usually at the conclusion of the complaint process, to approach the Local Government and Social Care Ombudsman. This is explored in more depth in section 6.

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.

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.

5.2 Compliments received in 2020/21

This year we have recorded 51 compliments, a reduction from the 2019/2020 figure of 62, however, this is still significantly above previous years.

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 and in current years some compliments may have been made verbally or in an email and not then passed on to the complaints team to be formally logged.

5.3 Complaints received in 2020/2021

Performance on complaints information is reported quarterly so that senior management are kept regularly informed.

Over the previous two years, complaint numbers have been consistent, however during the first nine months of 2020/21 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 around 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. This is not normally a seasonal matter and fluctuations tend not to be too large. For context, in the 4th quarter of 2019 we had 20 complaints.

Complaints by Qtr	2019/20 complaint	2020/21 complaint
q1	20	27
q2	21	21
q3	29	27
q4	20	15
Total	90	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 in line with that of the previous two years. It can be seen below that the reductions in complaints were in January, before Covid 19 restrictions were imposed but awareness/anxiety were growing, and in March when lockdown restrictions were imposed. The February and March figures are low but in line with the previous year.

4th Quarter complaints

	2019/20 complaint	2020/21 complaint
JAN	3	3
FEB	7	7
MAR	10	5
Qtr 4 total	20	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 2020/21 the 90 complaints were made up of 129 separate issues raised. On average each complaint was made up of 1.4 issues. In 2019/20 we received 90 complaints, which were made up of 145 issues.

5.4 Complaints Stage 1

In 2020/21 we received 90 complaints in total, the same as in 2019/20. However, there was an increase in the number of corporate complaints, and obviously an equal reduction in statutory complaints.

	2020/21		2019/20	
	No.	%	No.	%
STATUTORY COMPLAINTS	73	81%	83	92%
CORPORATE COMPLAINTS	17	19%	7	8%
TOTAL	90		90	

The reason or cause of each complaint and issue received is recorded. Of the 129 issues received in 2020/21 they are categorised and distinguished as below.

COMPLAINTS/ISSUES BY DESCRIPTION	NUMBER	
Biased	7	5.4%
Breach of confidentiality	4	3.1%
Delay delivering service	1	0.8%
Delay/failure to keep informed	7	5.4%
Failure to take account of S/U or families views	20	15.5%
Inappropriate Behaviour	3	2.3%
Insufficient Support	23	17.8%
Meeting minutes not sent or delay in sending	1	0.8%
Non-adherence to procedure	14	10.9%
Not returning calls/e-mails	2	1.6%
Outcome of decision/assessment	4	3.1%
Poor communication style	10	7.8%
Professionalism	29	22.5%
Rude / unhelpful	4	3.1%
Grand Total	129	

There are broader themes within the types of complaints which seem to drive many of the areas of complaint. The same general themes run through the complaints each year.

From the perception of the complainant they are;

- Professionalism,
- Insufficient Support,
- Failure to take account of the views of the family/service user.

Put simply,

- They feel that at times our staff are unprofessional, are slow at decision making. That the support provided is not sufficient or timely.
- They feel we are not listening to them or taking their views and concerns seriously, decisions are made without them.
- They feel we don't follow our own processes and procedures, and that decisions can be arbitrary.

5.5 Complaints Stages 2 and 3

All stage 2 and 3 complaints were "paused" due to the Covid 19 pandemic and were resumed in the late summer of 2020, with all those involved working and communicating remotely. This is in line with guidance from the government generally and the specific Local Government and Social Care Ombudsman advice.

During 2020/21 we dealt with 8 complaints at stage 2, some of which were carried over from the delay caused by Covid 19. One of these was withdrawn by the complainant and we have concluded the remaining 7.

Of the complaints which have been concluded at stage 2, five have opted to escalate to stage 3. We have completed three of these with two in the process of the panels being held in the near future. We will continue to hold these remotely even though 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.

5.6 Outcomes

During the year there were 129 different issues complained about within the 90 complaints made. This does not mean that the complaints are valid.

After investigation at stage 1, 20 (16%) were upheld and 19 (15%) were partially upheld. The majority 78 (60%) were found to be not upheld, while 31% (16% + 15%) 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. The balance were complaints where we were unable to make a finding or that were found to be out of our jurisdiction.

5.7 Staff

Of the 129 issues raised in the complaints, there were 68 (53%) in which staff were identified. Although it appears high, this is a slightly lower proportion than we have seen over the last 3 years. This 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 confused, isolated or misunderstood. The outcomes for the complaints where particular staff are named are in line with the overall outcomes.

5.8 Management of complaints

After some improvement over the last couple of years the performance in the timeliness of response to the complaints had declined in 2019/20, although this has improved in the last year, 2020/21, but is still below 50% of complaints responded to within ten working days.

5.9 Complaints by children

Children are defined as those who are under 18 years old. During 2020/21 we received 3 separate complaints from young people, which is in line with most of the previous years, with the exception of last year which had a high figure of 8.

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.

In addition we also received 3 complaints from young people who were care-leavers, in the 18-24 age bracket, and who had issues with some aspect of their earlier care or arrangements for leaving care.

5.10 Learning from Complaints

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

Examples of improvements made as an outcome 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 all parties concerned are kept updated on developments and actions taken by our staff.
- 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, and as much as possible, communication should be consistent between parties. To identify an advocate to provide support if one party needs additional support

5.11 Areas for improvement

To build on the development of the routine monthly and quarterly 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.

6. Local Government and Social Care Ombudsman (LGSCO)

6.1 Background

This section constitutes the report of the Monitoring Officer concerning complaints to the Local Government and Social Care Ombudsman throughout the year and fulfils the Monitoring Officer's reporting duty under section 5(2) of the Local Government and Housing Act 1989 and the Local Government Act 1974.

The Monitoring Officer must provide councillors with a summary of the findings on all complaints relating to the Council where in 2020/21 the Local Government and Social Care Ombudsman (LGSCO) has investigated and upheld a complaint.

6.2 What the LGSCO Investigates

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 concerning a Council or require improvements to a Council's services.

The Ombudsman's annual letter provides statistics focused on three key areas:

Complaints upheld – The LGSCO uphold complaints when they find some form of fault in an authority's actions, including where the authority accepted fault before they investigated.

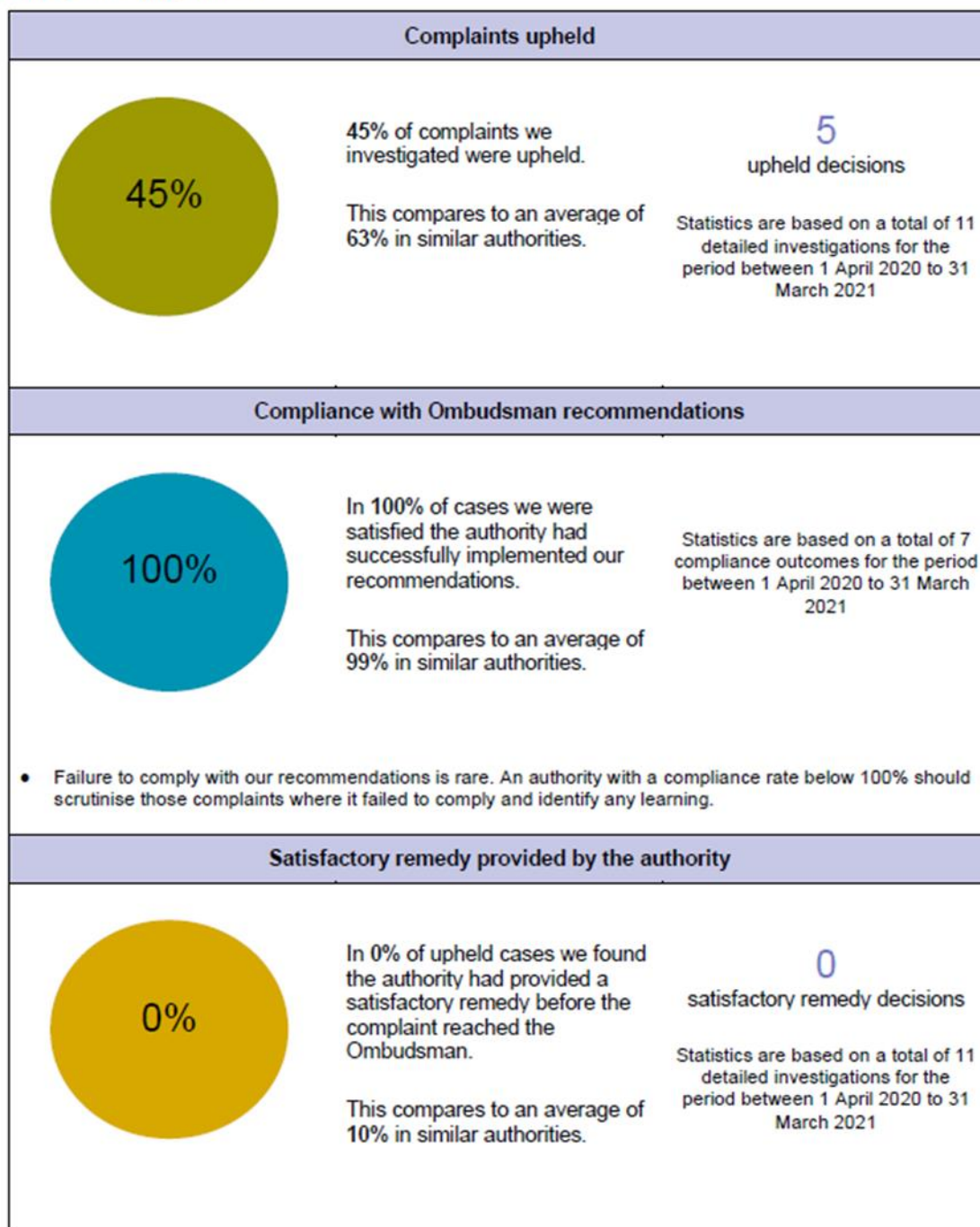
Compliance with recommendations – The Ombudsman recommends ways for authorities to put things right when faults have caused injustice and monitor their compliance with the recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

Satisfactory remedy provided by the authority - In these cases, the authority upheld the complaint and the Ombudsman agreed with how it offered to put things right.

6.3 Statistics from the LGSCO annual review letter

Statistics from the annual review letter of the LGSCO are as follows:

Southend-on-Sea Borough Council
For the period ending: 31/03/21



NOTE: To allow authorities to respond to the Covid-19 pandemic, we did not accept new complaints and stopped investigating existing cases between March and June 2020. This reduced the number of complaints we received and decided in the 20-21 year. Please consider this when comparing data from previous years.

Full details and the Ombudsman's annual letter are available on the [LGSCO website](#).

6.4 Complaints made to the LGSCO

In 2020/21, 39 complaints and enquiries were made to the LGSCO in respect of Southend-on-Sea Borough Council.

44 decisions were made by the LGSCO, as follows:

Advice Given	6
Closed after initial enquiries	12
Incomplete/Invalid complaint	2
Not upheld	6
Referred back for local resolution	13
Upheld	5
Number of decisions made	44

6.5. Number of decisions investigated in detail by the LGSCO

The LGSCO concluded 11 detailed investigations in respect of Southend-on-Sea Borough Council in the period between 1 April 2020 and 31 March 2021 with 5 complaints being upheld.

Year	18/19	19/20	20/21
Number of detailed investigations	7	10	11
Number of detailed investigations upheld	4	7	5
Upheld rate	57%	70%	45%

6.6. Complaints upheld by the LGSCO

The following is a summary of the upheld complaints:

Function	Education & Children's Services
Summary of complaint	The Ombudsmen find North East London NHS Foundation Trust delayed Miss X's son, G, accessing autism support. Miss X suffered distress and time and trouble chasing. The Ombudsmen also find Southend-on-Sea Borough Council delayed issuing G's Education, Health and Care Plan by over 18 months. That fault caused Miss X distress, uncertainty and time and trouble.
Service improvement recommendations	Education and Health Care Plans: The Council and the CCG to detail what improvements they have introduced when jointly working with other organisations on EHCPs. To include how the Council plans to chase parties when they do not provide information for Education, Health and Care plans in a timely manner.
Agreed remedy	Apology, financial redress and improve procedures.

Function	Education & Children's Services
Summary of complaint	The complainant alleges that the Council's Special Guardianship allowance practice was not in accordance with statutory guidance, and it also withdrew financial support for his legal assistance. The Ombudsman has found fault in the Council's understanding of the statutory guidance, which has affected the allowance paid to the complainant, and to other family foster carers, during the first two years since they were granted a Special Guardianship Order. The Ombudsman has also found fault in the way the Council withdrew the financial support for legal assistance to the complainant. The Council has accepted the recommended actions to remedy this complaint.
Service improvement recommendations	The Council to review from 2013 the financial support for special guardians who previously were family foster carers. The Council to review and amend its Special Guardianship allowance practice so it is in accordance with the legislation, statutory guidance, and caselaw; ensuring that, any change to the Council's revised practice/policy is considered by Cabinet members and/or Scrutiny Committee; and review other special guardians, whose SG allowance was wrongly reduced over the two year transitional period and make backdated payments. See Item ten, Cabinet paper 15 June 2021 for more details.
Agreed remedy	Apology, financial redress and changes to policy and procedures.

Function	Education & Children's Services
Summary of complaint	Summary: Mr X complained about the way the Council dealt with his application and appeal for help with transport for his 18-year-old son who has special educational needs to attend college. The Ombudsman finds there was fault by the Council. The Council has agreed to arrange a fresh appeal hearing and review its policy on post-16 education transport.
Service improvement recommendations	The Council to review its policy and Transport Policy Statement on post-16 education transport to ensure they comply with the law and statutory guidance. This should include reference to deciding whether transport is necessary and should set out the policy on transport for students with special educational needs and disabilities. The Council to consider combining its application and appeal processes for all pupils with special educational needs and disabilities to ensure their needs are properly taken into account in the process.
Agreed remedy	Reconsideration of decision, financial redress. Change to policy and procedures.

Function	Highways & Transport
Summary of complaint	Mr Y complains the Council did not properly consider his application for two dropped kerbs. He says the Council delayed in referring his application to the correct committee. The Ombudsman finds fault in how the Council handled Mr Y's application and for a lack of clarity in its policy.
Service improvement recommendations	The Council to review and update its vehicle crossings policy, to include an indication of the timeframe in which it will progress applications, how it will update applicants if there are delays, clear details of its procedure for considering applications based on exceptional circumstances and any factors it will not normally consider as exceptional circumstances.
Agreed remedy	Apology, reconsideration of decision, financial redress. Change to policy and procedures.

Function	Housing
Summary of complaint	Summary: Mrs X complains about the Council's handling of her application to join the housing register. She says the Council ignored medical evidence and disrepair issues of damp and mould. She also says the Council delayed in accepting her onto the register. We find fault with the Council for not properly considering Mrs X's medical evidence. This caused a delay in her being accepted onto the register. We also find fault with the Council's complaint handling.
Service improvement recommendations	None.
Agreed remedy	Apology, financial redress.

6.7 Conclusion

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

7. Future developments

The way in which both general and statutory complaints are administered is currently under review as part of the Business Support restructure.

8. Other Options

None. Reporting of general complaint performance is required by the Local Government and Social Care Ombudsman as demonstration of good practice. Reporting concerning social care complaints and Ombudsman decisions is required by law.

9. Reason for Recommendation

To ensure the Council continues to have transparent and effective complaint procedures.

10. Corporate Implications

10.1 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.

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

10.2 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.

10.3 Legal Implications

These reports ensure compliance with legislation requires that statutory processes be in place to deal with complaints relating to child and adult 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.

The report of the Monitoring Officer ensures section 5/5A of the Local Government and Housing Act 1989 (which requires the Monitoring Officer is required to prepare a formal report on all upheld Ombudsman complaint decisions) is met.

10.4 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.

10.5 Property Implications

None identified

10.6 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.

10.7 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.

10.8 Risk Assessment

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

10.9 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.

10.10 Community Safety Implications

None identified

10.11 Environmental Implications

None identified

8. Background Papers - None

CABINET

Tuesday, 2nd November, 2021

COUNCIL PROCEDURE RULE 46

The following action taken in accordance with Council Procedure Rule 46 is reported. In consultation with the appropriate Cabinet Member(s):-

1. The Executive Director (Finance and Resources) authorised:

- 1.1 Offer to purchase the former Beecroft Gallery, Station Road, Westcliff
Approval not to exercise a right of first refusal for the Council to purchase the Beecroft Art Gallery building as it fails against the standard criteria assessment for commercial property acquisition where the Council will consider a range of factors including existing income and income projection, location, strategic value, regeneration opportunities, vacancy risks and costs, return on investment, building quality and environmental considerations, as further exemplified in the financial implications.

2. The Executive Director (Neighbourhoods and Environment) authorised:

- 2.1 Introduction of EV Charging Points Pilot
The commencement of the statutory consultation process to implement the electric vehicle parking only restrictions in both Warrior Square car park and Alexandra Street car park, subject to any objections received. Any unresolved objections will be dealt with by the service area and not referred back to the Traffic Regulations Working Party and Cabinet Committee

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