

## Appendix 2b: Audit Opinion and Themes

### Assurance



### Domestic Abuse

#### Objective

To assess the suitability of arrangements to deliver the Southend Domestic Abuse Strategy 2023-26, including fulfilling the authority's statutory duties as per the Domestic Abuse Act 2021.

#### Themes

SCC has a Domestic Abuse Strategy in place, which is on a three-year review cycle and was last updated in September 2023. The strategy document has been developed in line with the Southend Domestic Abuse Strategic Needs Assessment from June 2023. The four main priorities were produced from the needs assessment and are covered in the Domestic Abuse strategy documentation. It is available on the SCC website, allowing access for members of the public.

There is currently no formal documentation which describes the roles and responsibilities of officers in the Domestic Abuse team, as well as key partners who assist in operational delivery of the domestic abuse strategic management process (such as management boards), whether in the form of policies and procedures, terms of reference, or another overview descriptive document. Introducing these documents will help set expectations, create accountability, and embed performance standards.

While there is an action plan in place to implement the core tenets of the Domestic Abuse Strategy, ensuring the measurement and timelines sections are completed for all action will allow for direction and focus on when and how to complete actions to enable achievement of domestic abuse objectives. The action plan sits under the Communities and Integration service, however all departments that are involved in the delivery of the Domestic Abuse Strategy should have responsibility in reviewing and maintaining actions that are relevant to their departments. Monitoring the action plan on a frequent basis and reporting performance against it will support delivery.

Improving training participation, as outlined as a goal in the Domestic Abuse Strategy, will further support delivery of domestic abuse objectives.

SCC provides quarterly updates to the Southend Domestic Abuse Partnership Board (SDAPB), aligning with standard governance frequency. This body is chaired by the Director of Operations (Housing) from South Essex Homes, and includes officers from Regeneration and Housing, Domestic Abuse, Safeguarding, Police, Change Hub, and a representative from Safe Steps, among others.

There are no members from the Corporate Leadership Team (CLT) of SCC on the SDAPB. There would be benefit in introducing internal reporting to CLT and Councillors on operational activity in this area to provide oversight and decision-making capability, or to escalate issues if they arise.

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SCC appropriately reports on the budget and resource to SDAPB annually. The current recommissioning is aligning to the Domestic Abuse Strategy's key objectives, ensuring that management reporting and allocation of resourcing is supporting the achievement and delivery of objectives.

Number of actions agreed: 8

### Children with Education, Health and Care Plans

#### Objective

To assess the arrangements in place to ensure that children and young people who may have special educational needs or disabilities, and who may require an Education, Health, and Care (EHC) plan are assessed and, if necessary, are issued with a plan in a timely manner. Further, that the production and maintenance of the EHC plans are stored consistently within the Capita case management system and that they contain timely and complete information from which sufficient management oversight can be provided and management information can be produced and reported.

#### Themes

Comprehensive and appropriate EHC governance and training is essential to ensure that all employees have an awareness of their specific roles and responsibilities across the EHC process.

This audit focused on the management arrangements and controls in place for children and young people that have special educational needs or disabilities, and who require an Education, Health and Care (EHC) plan, and the case management processes in place around this, including whether the production and maintenance of the EHC plans are stored consistently within the Capita case management system and that they contain timely and complete information. This information needs to enable sufficient management oversight, and allow management information to be extracted and reported on.

Our review, undertaken prior to the new management of the service, found that there are opportunities to improve the design and application of the controls for the EHC plan documentation and training processes as follows:

- Introduce formal induction and training for new and existing staff involved in the EHC plan process, to increase awareness of how and why the SEND Code of Practice should be used to govern the process. This will be supplemented with a local procedure, outlining how to complete a task, who is responsible for each step, when it should be completed and where it should be recorded.

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- As part of the formal induction and training, clarify the roles and responsibilities of all those involved in the EHC plan process. This will be supplemented with a local procedure which details key roles and responsibilities.
- Ensure formal Capita case management system training documents and courses are set up. We would advise to implement controls that ensure all staff undertake the training modules, with clear escalation where this is not complied with. Ensuring that staff are completing the necessary training will mean they are adequately prepared for using Capita in their role and creating complete and accurate EHC plans.
- Review the quality assurance processes as follows:
  - Over the content of the EHC plans to ensure compliance with legislation as well as consistency of wording, structure and provision of documentation.
  - Data validation over the information held on Capita to ensure it is complete, accurate and consistent.
- The training on use of Capita should extend to the KPIs that are drawn from the system. This would let staff know the reasons certain information must be completed on the system. Furthermore, the central record on Capita needs to be reviewed to ensure that all data is complete and accurate, and all data needs to be aligned with records on the Hub and SharePoint. Once reliance can be placed upon the data stored in Capita, effective reporting, and monitoring of KPIs can be assured, preventing backlogs and operational issues.
- As part of the formal induction and training, communicate the complaints policy and process including the requirement to forward any complaints received personally to the official complaints' inbox.
- Introduce an appropriate mechanism or forum where challenges, delays, workload, and any individual cases that might need consultation can be raised and considered accordingly. This time can also be used to share knowledge among members of the team and allow causes of any delays or blockages to be reported so that remedial actions can be recommended to alleviate these.

The service is now under new management and the measures outlined above are already being implemented.

Number of actions agreed: 7