

Southend-on-Sea City Council

Report of Executive Director (Legal and Democratic Services)

to

Audit Committee - 26 October 2022

Report prepared by:

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(overarching)

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Manager (Section 4)

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Agenda
Item No.

Annual Report – Comments, Complaints and Compliments – 2021/22

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 2021/22
- 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 2021/22.

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

595 complaints were received through the General complaint process in 2021/22.

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



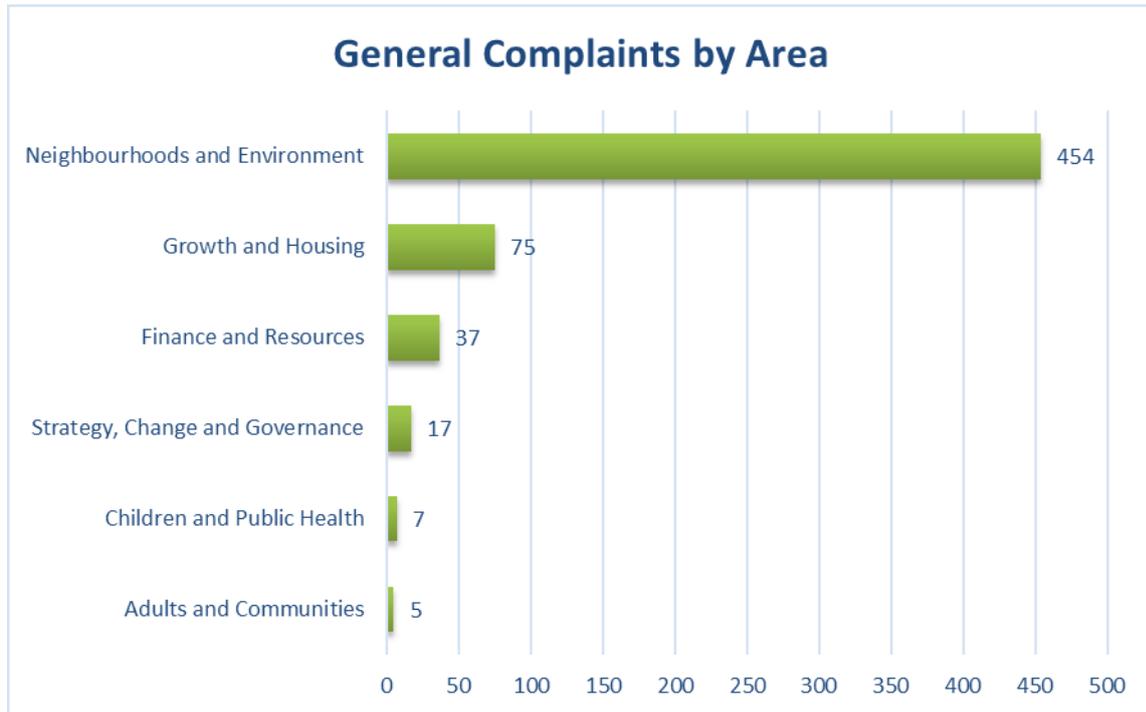
The number of complaints made under the general process remained relatively stable during the main period of the pandemic but has increased considerably this year. 62% of complaints were received in the first two quarters of the year. In the final Quarter numbers of complaints received were returning to more normal levels.

3.3 Overall Response Times

590 complaints were resolved in 2021/22, of these 61.69% were responded to in time, a decline on the previous year where 81.82% were responded to within the relevant timescale. This is most likely attributable to the high number of complaints received, particularly by the Growth and Housing service in the first two Quarters.

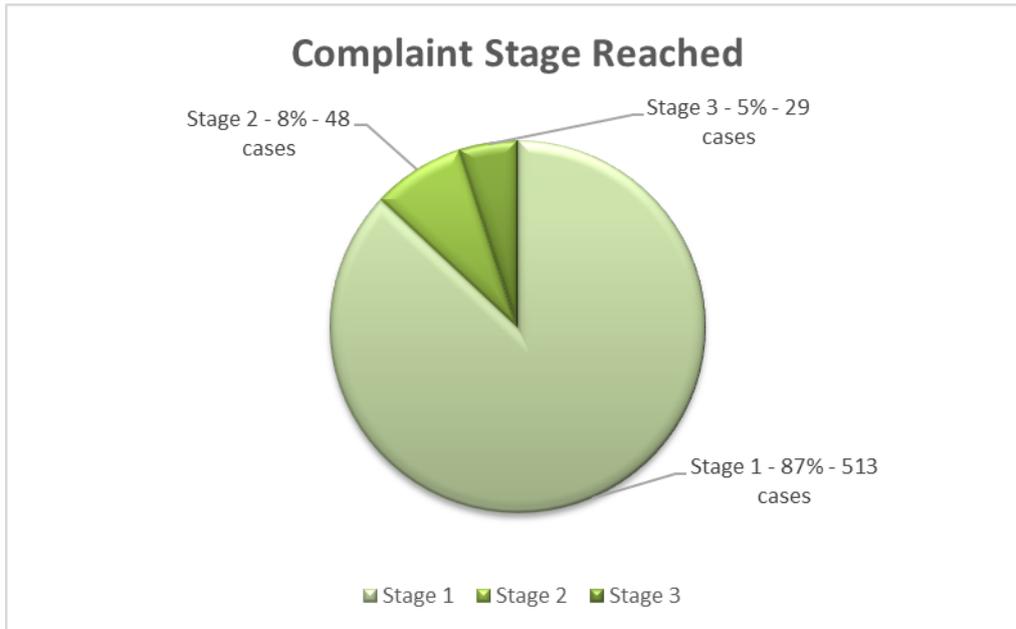
3.4 Breakdown of Resolved Complaints by Service Area

The complaints received related to the following areas:



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 and is based on the 590 complaints responded to during 2021/22:



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 reflecting 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 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 line management. This may then inform the staff member’s performance discussion.

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

3.8 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.

3.9 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.

The 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.

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.

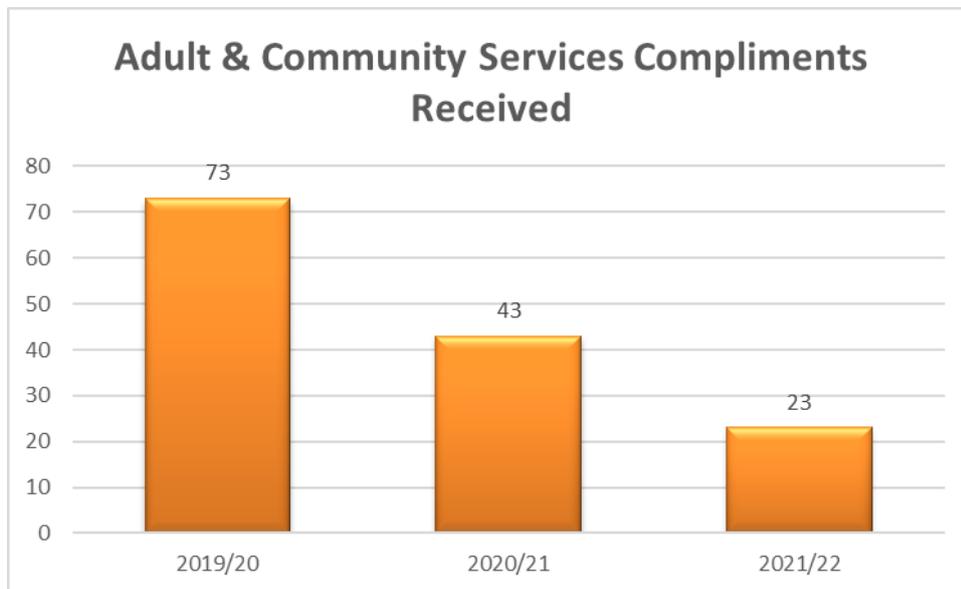
The regulations do not specify timescales for resolution and a date for response is agreed and included in each plan. Response times are measured against the agreed dates in the plans.

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 23 compliments about its social care services in 2021/2022. The graph below provides a comparison with the previous two years:



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 many service users who have not recorded a complaint or compliment, which suggests they are generally satisfied with the service.

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.

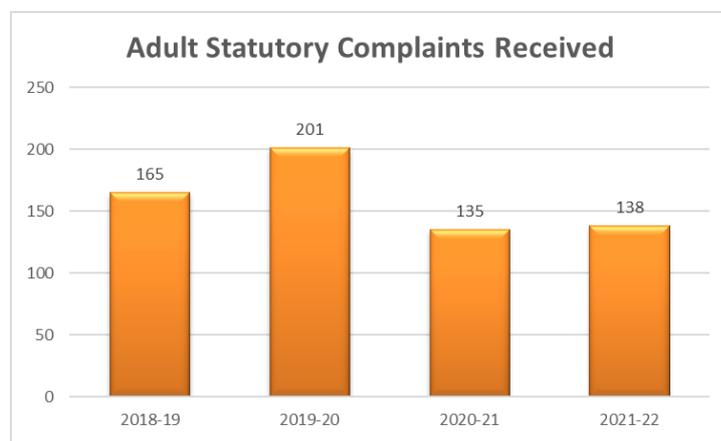
Adult and Community Services received no feedback to be logged as a 'comment' or 'concern' about its social care services in 2021/2022.

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 138 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 City Council during 2020/21 and a comparison with the previous three years.



The number of complaints received in 2021/22 has remained comparable with the previous year.

The number of complaints represents 4.9% of the adults that we provided a service to in 2021/22.

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.

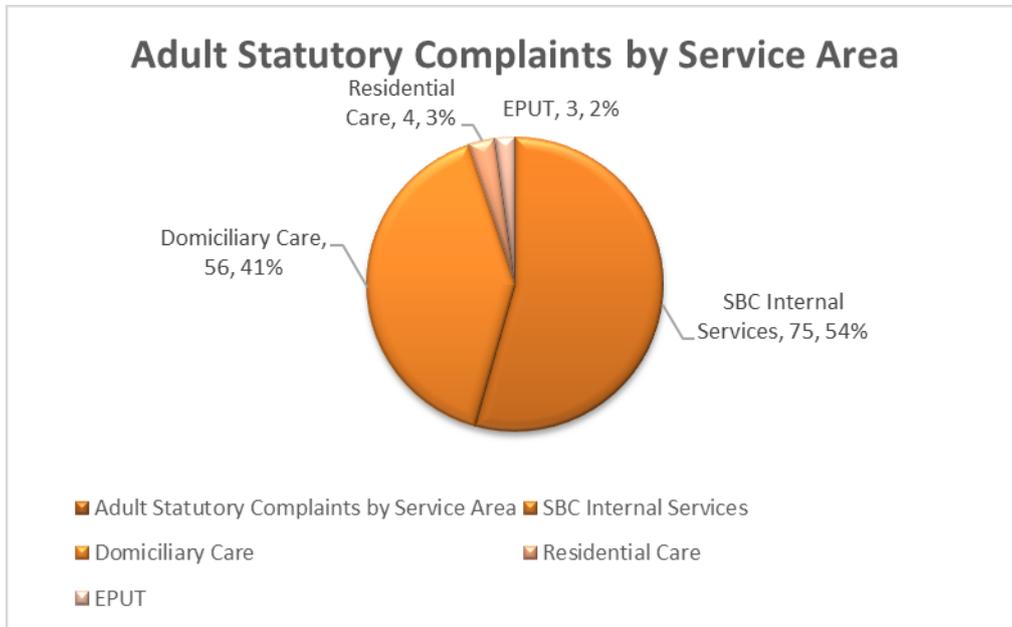
4.5 Overall Response Times

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 10-15 working days in line with the Children's Statutory Complaints Procedure, and 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 138 complaints received, 5 complaints were withdrawn prior to response, 2 were moved to Safeguarding Investigations and 3 were for EPUT who have their own response timescales. Therefore, out of the 128 complaints responded to, 53 complaints (41%) were responded to within 10 days, and further 24 complaints were responded to within 15 days. A total of 77 complaints were responded to within 15 days (60%)

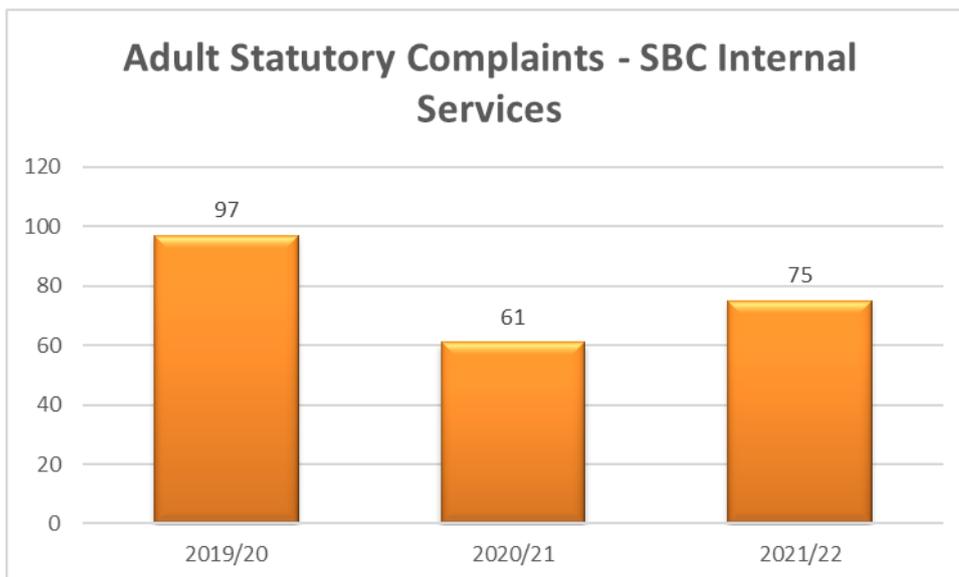
Whilst every effort is made to meet the timescales agreed, if it transpires through the course of the investigation this will not be possible, the complainant is kept informed and updated accordingly.

4.6 Breakdown of Complaints by Service Area



4.7 Complaints about Internal Southend Council Services

Out of the total 138 complaints received 75 complaints were received regarding Internal Southend Council Services. This is an increase of 23% on 2020/21



Of the 75 complaints received about Internal Services, 72 required a response (3 were withdrawn), 23 (32%) were given a full response within 10 working days. 41 (56%) received a full response within 15 working days.

Some Complainants raise more than one issue therefore the 75 complaints raised related to 82 Issues.

Of these 82 Issues – 26 were upheld
 16 were partially upheld
 26 were not upheld
 11 were unable to reach a finding*
 3 were withdrawn

* *This is where a definitive outcome cannot be reached as there is insufficient evidence to rule either way*

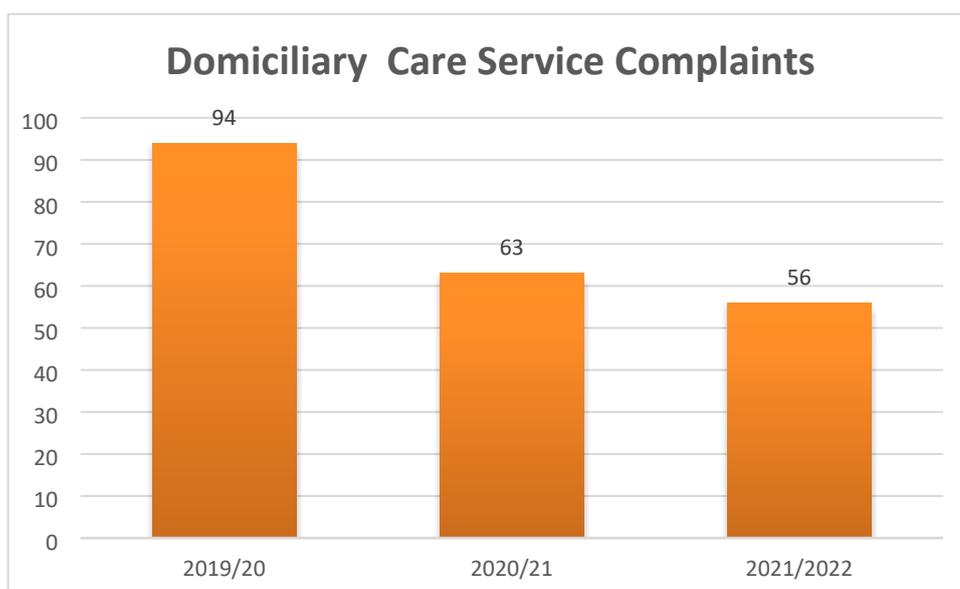
The top three issues were:

| | <i>Total</i> | <i>Outcome</i> |
|---------------------------------|--------------|----------------------------|
| Care charges not explained | 19 | 6 Not upheld |
| Delay/ Failure to keep informed | 14 | 2 Not upheld |
| Insufficient Support | 13 | 6 Not upheld & 2 withdrawn |

4.8 Complaints about services from Commissioned Providers

4.8.1 Domiciliary Care

Of the 137 complaints received by Southend-on-Sea City Council, 56 were about Domiciliary Care Providers. This is a slight decrease of 11% on 2020/21.



Of the 56 complaints received, 54 required a response (2 were withdrawn). 30 (56%) were responded to within 10 working days. 42 (77%) were responded to within 15 working days.

56 complaints related to 79 issues that were raised.

Of the 79 Issues raised – 28 were upheld
 8 were partially upheld
 13 were not upheld
 23 were unable to reach a finding*
 7 were withdrawn or moved to safeguarding

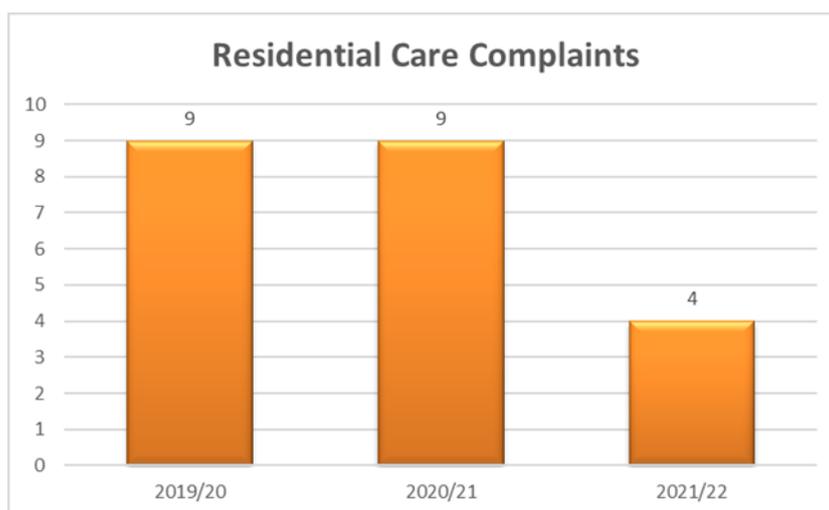
* *This is where a definitive outcome cannot be reached as there is insufficient evidence to rule either way*

The top four issues were: -

| | <i>Total</i> | <i>Outcome</i> |
|----------------------------------|--------------|----------------|
| Timing of planned homecare calls | 15 | 13 Not upheld |
| Short Visits | 12 | 2 Not upheld |
| Insufficient Support | 8 | 1 Not upheld |
| Missed Calls | 8 | 1 Not upheld |

4.8.2 Residential Care

4 complaints were received about Residential Care homes. This represents 0.6% of the number of adults placed in Residential Care under a Southend-on-Sea City Council contract.



2 complaints were responded to with the timescale agreed (50%)

Over the 4 complaints 5 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 and none of the complaints were upheld.

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 as a result of complaints: -

- Continue to ensure financial information and the implications are consistently communicated and understood by the Adult and/or their family.
- The complaints team are now meeting with the Operational Team monthly to look at external providers performance with a view to identifying trends from complaints and other sources of information such as Safeguarding's and Social Workers concerns. This information then feeds into the Information sharing meeting between SCC, CQC and key partners to provide a broader view of provider performance.
- The complaints and operational team are working with the Contracts Team around the quality of complaint handling by providers.

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 two 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. Many complaints are about how the actions of our staff are perceived by the families they interact with and therefore some complaints include issues 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 to the complainant.

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 2021/22

This year we have recorded 40 compliments, a reduction from the 2020/21 figure of 51, 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. We will remind staff of this as this may give a better view of the impact our staff and services have on the families we support.

5.3 Complaints received in 2021/2022

Performance on complaints is reported both monthly and quarterly. Each month a snapshot of the current position with complaints is shared with Service Managers to provide a regular update on complaints. Each quarter a more detailed report forms part of the Children's Services Quality Assurance Reports, so that senior management are better informed.

Over the previous few years, complaint numbers have been reasonably consistent, however from the fourth quarter of 20/21 numbers of complaints reduced, and remained lower than the totals in previous years. Complaints approached "normal" levels from the 3rd quarter of 2021, and this seems to have continued into the first quarter of 2022/23. Part of this reduction may have been the result of Covid 19 anxiety as well as the restrictions imposed soon after. However, this may not be the complete explanation.

| Complaints by Quarter | | |
|-----------------------|-----------|-----------|
| | 2020/21 | 2021/22 |
| Qtr. 1 | 20 | 9 |
| Qtr. 2 | 21 | 13 |
| Qtr. 3 | 29 | 20 |
| Qtr. 4 | 20 | 17 |
| Total | 90 | 59 |

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

During 2021/22 we received 59 complaints which were made up of 79 different issues. In 2020/21 the 90 complaints were made up of 129 separate issues raised.

5.4 Complaints Stage 1

In 2021/22 we received 59 complaints in total, a significant reduction from 2020/21 when we received 90.

Comparing the proportions of complaints, Corporate or Statutory, there is a decline in the proportion of statutory complaints, and an equal increase in the corporate complaints.

| | 2020/21 | | 2021/22 | |
|----------------------|---------|-----|---------|-----|
| | No. | % | No. | % |
| STATUTORY COMPLAINTS | 73 | 81% | 42 | 71% |
| CORPORATE COMPLAINTS | 17 | 19% | 17 | 29% |
| TOTAL | 90 | | 59 | |

The reason or cause of each complaint and issue received is recorded. Of the 79 issues received in 2021/22 they are categorised and distinguished as below.

| COMPLAINTS/ISSUES BY DESCRIPTION | NUMBER | |
|--|--------|-------|
| Biased | 0 | 0.0% |
| Breach of confidentiality | 2 | 2.5% |
| Delay delivering service | 1 | 1.3% |
| Delay/failure to keep informed | 3 | 3.8% |
| Discrimination | 1 | 1.3% |
| Failure to take account of S/U or families views | 13 | 16.5% |
| Financial Loss | 2 | 2.5% |
| Inappropriate Behaviour | 3 | 3.8% |
| Insufficient Support | 18 | 22.8% |
| Meeting minutes not sent or delay in sending | 0 | 0.0% |
| Non-adherence to procedure | 6 | 7.6% |
| Not invited to meetings | 1 | 1.3% |
| Not returning calls/e-mails | 2 | 2.5% |

| | | |
|--------------------------------|-----------|-------|
| Other | 1 | 1.3% |
| Outcome of decision/assessment | 2 | 2.5% |
| Poor communication style | 6 | 7.6% |
| Professionalism | 16 | 20.3% |
| Rude / unhelpful | 2 | 2.5% |
| Grand Total | 79 | |

The top 3 issues, as recorded, are,

| | No. | % |
|--|-----|-------|
| Failure to take account of S/U or families views | 13 | 16.5% |
| Insufficient Support | 18 | 22.8% |
| Professionalism | 16 | 20.3% |
| | 47 | 59.5% |

These three issues make up nearly 60% of the complaints received.

The same three issues were the commonest reasons to complain in previous years. In 2020/21 they made up approximately 56% of the complaints received.

There are broader themes which consistently occur as the root cause of the complaints and these 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 we are not listening to them or taking their views and concerns seriously.
- They feel that the support provided is not sufficient or timely, that our staff are slow at decision making.
- They feel our staff can be unprofessional. That we don't follow our own processes and procedures, and the decisions made can be confusing or arbitrary.

Of the 79 issues raised in the complaints, there were 34 (43%) in which individual staff were identified. In 2020/21 the proportion was 53% and we seem to be continuing the trend of lowering this proportion which we have seen over the last few years. The outcomes for the complaints where staff are named are in line with the overall outcomes.

The proportion of stage 1 complaints responded to within 10 working days is 37%, 21 in 57, which is a fall from the 2020/21 figure of 46%, this comes after some steady improvement over the last few years.

5.5 Complaints Stages 2 and 3

All stage 2 and 3 complaints were "paused" due to the Covid 19 issue 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 LGA Ombudsman advice. This, coupled with the increased difficulty in getting suitable staff and independent people had caused delays in addressing these complaints, which we have worked to address.

During 2021/22 there were 8 complaints in total of which 6 were statutory that escalated to stage 2. Of the statutory complaints 3 have been completed, 1 was withdrawn and the other is in hand. Both of the corporate complaints have been completed. In addition during the year we also completed 5 stage 2 complaints carried over from previous years.

Of the complaints from 2021/22 which have been concluded at stage 2, two have opted to escalate to stage 3. In addition, during 2021/22 we also have three other complaints from previous years which have escalated to stage 3. Four of the five complaints have been completed, the fifth complaint is in the process of being organised.

We will continue to hold the stage 2 and 3 complaint investigations remotely even though Covid 19 restrictions have eased.

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 Developments in the complaints process

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

That we will endeavour to ensure that recommendations made at stage 2 and 3 and are accepted by us are implemented.

5.7 Learning from Complaints

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

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.
- Where claims of bias, unfairness or anything related to professionalism 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 as consistent between parties. To identify an advocate to provide support if one party needs additional support.

5.8 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.

During the year Southend requested and held a Peer Review of CWD and SEN services following an increase in complaints around those services. Complaints staff attended a meeting with the Team undertaking the Peer Review during their investigation. As a result some improvements were identified in terms of complaint handling and learning from complaints. This is being worked into a more consistent method for reviewing the lessons learned at all stages of the complaints process. This was discussed with the previous Director as well as the Head of Service.

5.9 Complaints by children

Children are defined as those who are under 18 years old. We also include in this category any complaints we receive from young people, aged 18-24 who are long term care leavers. Any child or 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.

During 2021/22 we have not received a complaint from a young person directly or via an advocate, or from a care leaver, in the age bracket 18-24 years. This is unusual as we generally receive a small number each year.

During 2020/21 we received 3 separate complaints from young people, and 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.

We have already received a complaint from a care-leaver in the first quarter of 2022/23.

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.

During the year Southend requested and held a Peer Review of CWD and SEN services following an increase in complaints around those services. Complaints staff attended a meeting with the Team undertaking the Peer Review during their investigation. As a result some improvements were identified in terms of complaint handling and learning from complaints. This is being worked into a more consistent method for reviewing the lessons learned at all stages of the complaints process. This was discussed with the previous Director as well as the Head of Service.

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 2021/22 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.

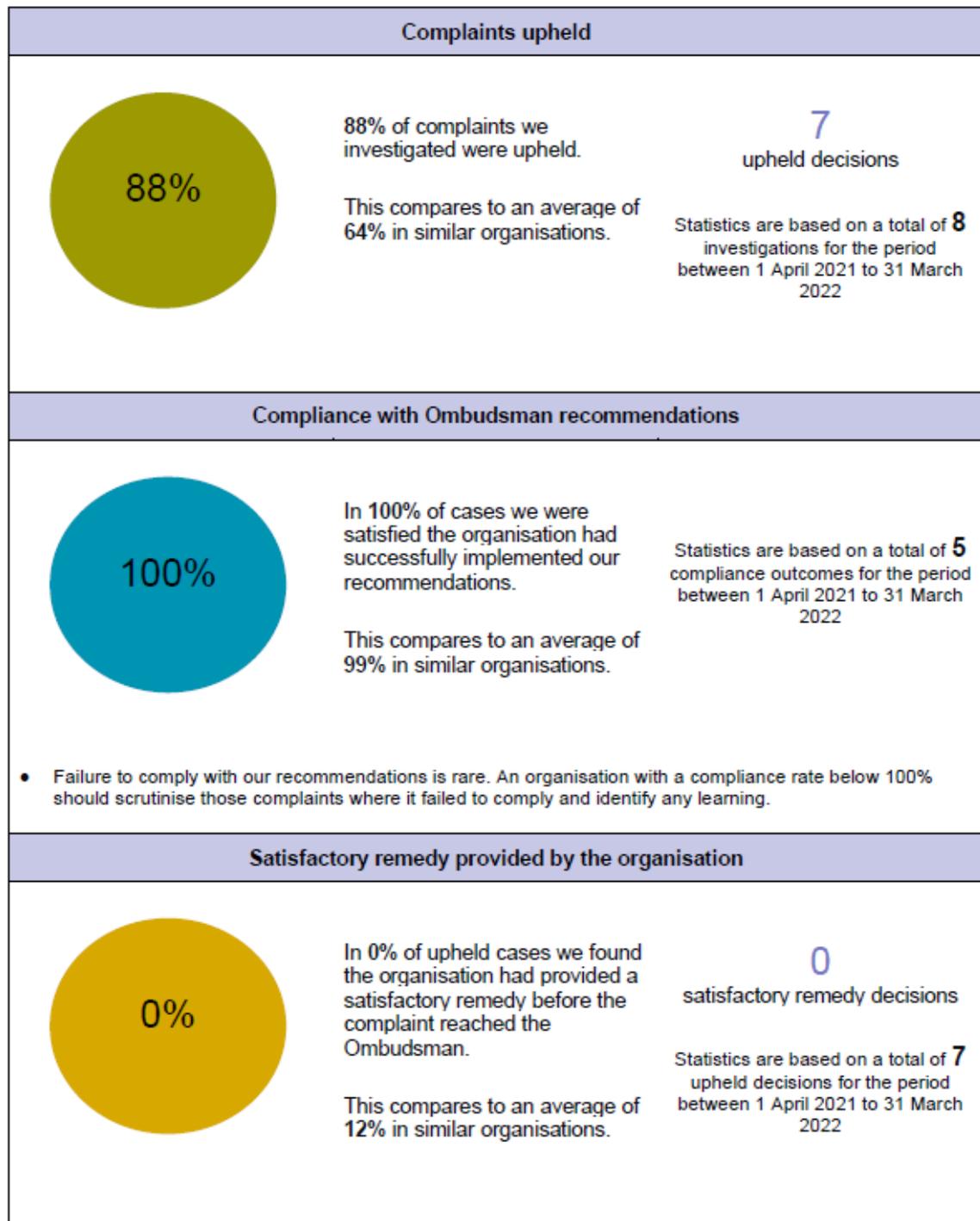
Compliance with recommendations – The Ombudsman recommends ways for authorities to put things right when faults have caused injustice and monitor their compliance with the recommendations. Failure to comply is rare and a compliance rate below 100% is a cause for concern.

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 City Council
For the period ending: 31/03/22



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

6.4 Complaints made to the LGSCO

In 2021/22, 45 approaches were made to the LGSCO in respect of Southend-on-Sea City Council.

46 decisions were made by the LGSCO, as follows:

| | |
|------------------------------------|-----------|
| Advice given | 2 |
| Closed after initial enquiries | 24 |
| Incomplete/invalid complaint | 3 |
| Referred back for local resolution | 9 |
| Not upheld | 1 |
| Upheld | 7 |
| Number of decisions made | 46 |

6.5. Number of decisions investigated in detail by the LGSCO

The LGSCO concluded 7 detailed investigations in respect of Southend-on-Sea City Council in the period between 1 April 2021 and 31 March 2022 with 6 complaints being upheld. Although the percentage rate upheld appears high, the number of complaints requiring investigation by the Ombudsman has reduced and the number of decisions upheld is comparable with previous years.

| Year | 19/20 | 20/21 | 21/22 |
|---|-------|-------|-------|
| Number of detailed investigations | 10 | 11 | 8 |
| Number of detailed investigations upheld | 7 | 5 | 7 |
| Upheld rate | 70% | 45% | 88% |

6.6. Complaints upheld by the LGSCO

The following is a summary of the upheld complaints:

Adult Care Services

The Council failed to coordinate some aspects of an individual's transition from education into adult services. There was evidence of delay, confusion, and poor communication in the assessment process.

Remedy: The Council took action to improve its procedures around transition planning and reminded its senior managers and officers of the requirements of the Care Act and the Special educational needs and disability code of practice. Financial redress was made.

A complaint was made about the Council's actions regarding the care planning and hospital discharge of a couple's late relative. They also complained about the conduct and professionalism of a social worker. There was no evidence the Council persuaded the couple to provide informal care to the relative. However, there was some fault in the Council's handling of the associated complaint.

Remedy: The Ombudsman could not determine what the social worker said during the meeting in question, but the Council had already provided an apology from the social worker which was a suitable remedy.

The Council reminded the relevant staff about the requirement to coordinate complaints which concern more than one responsible body. Financial redress was made.

Corporate and Other Services

A complaint was made concerning the Council's service in relation to a marriage ceremony. There were service failures during the ceremony and the Council did not properly manage the associated complaint.

Remedy: The Council made service improvements to prevent the recurrence of fault and financial redress was made.

Education and Children's Services

A complaint was made that the Council did not provide appropriate support to meet a child's needs, that a parent carer assessment was not carried out and that there had been poor complaint handling. The Ombudsman decided there was no fault in how the Council assessed the child's needs and how they decided there was no eligibility for social support.

However, the Council failed to refer them for a mentor as agreed, did not complete an adequate parent carer assessment and delayed investigating the complaint.

Remedy: The Council agreed to offer to refer the child for a mentor if still appropriate and to complete a parent carer assessment.

The Council also reviewed how it completes parent carer assessments and agreed to ensure it appropriately assesses the needs of parents as carers and records its consideration of the parents needs and any agreed support. Financial redress was made.

A complaint was made that the Council failed to provide the provision in a young person's Educational Health and Care plan. This means the young person had missed education and support they should have been receiving.

The Ombudsman found fault with the Council for failing to provide the agreed provision, and for failing to provide suitable alternative provision in the interim.

Remedy: The Council provided a financial remedy in recognition of the lost provision and distress caused. The Council reminded relevant staff of their duties under the Children Act 1996 to provide alternative provision when a child is out of school.

The Council reviewed the approach it took to the provision of alternative education for children who are not in school for whatever reason and provided training and appropriate guidance to staff. The Council also reminded relevant staff of the importance of meeting timescales set out in the complaint procedure and updating complainants where there are unavoidable delays.

The Council was at fault for delaying consideration of a complaint at stage two of the children's statutory complaints procedure.

Remedy: The Council agreed to start a stage two investigation by allocating the complaint to an Independent Investigator within a month.

Planning and Development

A complaint was made that the Council had not met with an individual or acted on his complaints about noise from a nearby airport. The complainant said the airport was in breach of its planning obligations and its measurement of noise levels was inaccurate.

Remedy: The Ombudsman did not find fault in how the Council investigated the matter. There were delays responding to the complaint, but this did not cause a significant injustice. No remedy was required.

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

While the complaint process itself is expected to remain the same, its administration will change towards the end of 2022 when statutory and general complaint functions are brought together within the Information Governance, Complaints and Resolution Hub of the new Customer Support Service following 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

11. Background Papers - None