

Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Standards and Audit Committee

The meeting will be held at **7.00 pm** on **6 September 2023**

Committee Room 2, Civic Offices, New Road, Grays, Essex, RM17 6SL

Membership:

Councillors Fraser Massey (Chair), Steve Liddiard (Vice-Chair), Gary Collins, Elizabeth Rigby, Kairen Raper and James Thandi

Charles Clarke (Co-opted Member)
Jasdip Singh Nijjar (Co-opted Member)

Substitutes:

Councillors Valerie Morris-Cook

Agenda

Open to Public and Press

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Queries regarding this Agenda or notification of apologies:

Please contact Rhiannon Whiteley, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **29 August 2023**

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DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

What is a Non-Pecuniary interest? – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- **Not participate or participate further in any discussion of the matter at a meeting;**
- **Not participate in any vote or further vote taken at the meeting; and**
- **leave the room while the item is being considered/voted upon**

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

Non-pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature



You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay
 - High quality, consistent and accessible public services which are right first time
 - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
 - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future
 - Roads, houses and public spaces that connect people and places
 - Clean environments that everyone has reason to take pride in
 - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations
 - Attractive opportunities for businesses and investors to enhance the local economy
 - Vocational and academic education, skills and job opportunities for all
 - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Standards and Audit Committee held on 19 July 2023 at 7.00 pm

Present: Councillors Fraser Massey (Chair), Steve Liddiard (Vice-Chair), Gary Collins, Elizabeth Rigby, Kairen Raper and James Thandi

Charles Clarke (Co-opted Member)
Jasdip Singh Nijjar (Co-opted Member)

Apologies:

In attendance: Matthew Boulter, Head of Democratic, Scrutiny, and Member Services
Rachel Brittain, Binder, Dijker and Otte
Gary Clifford, Chief Internal Auditor
Ryan Ferguson, Binder, Dijker and Otte
Asmat Hussain, Interim Director of Legal and Governance and Monitoring Officer
Jonathan Wilson, Interim Director Finance and Section 151 Officer
Rhiannon Whiteley, Senior Democratic Services Officer

Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website [Thurrock Council - Standards and Audit Committee, 19/07/2023 - YouTube](#)

39. Minutes

The minutes of the Standards and Audit Committee meeting held on 23 February 2023 were approved as a correct record.

40. Items of Urgent Business

The Chair agreed to hear two internal audit reports as items of urgent business as they were scheduled for this meeting but had missed the deadline to be included in the published agenda. The reports had been circulated to members in advance of the meeting and were published online so they were available to the public.

Chief Internal Auditor's Annual Report – Year ended 31st March 2023 (including summarised report for Year ended 31st March 2022)

The Chief Internal Auditor introduced the report and explained that under the Public Sector Internal Audit Standards, the Chief Internal Auditor is required to provide the Section 151 Officer and the Council with an opinion on the

adequacy and effectiveness of the organisation's governance, risk management and control arrangements. In giving this opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide is a reasonable assurance that there are no major weaknesses in the risk management, governance and control processes.

The Chief Internal Auditor confirmed that the report has been split into two sections. The first part of the report is a summary to cover off the 2021/22 audit opinion which did not get presented last year. The opinion for 2021/22 was delayed due to low resourcing of the Internal Audit team. The report was subsequently deferred to September 2022 but following Intervention of the Secretary of State, it was agreed that further work was required with the Commissioners in place. The second part is the 2022/23 opinion.

The Chief Internal Auditor confirmed that based on outcomes from the Intervention and BVI report his overall opinion on governance, risk management and internal control for 2021/22 is **Red** which is a No Assurance opinion.

For 2022/23, the Chief Internal Auditor was unable to give an opinion due to the resource issues, which resulted in very limited work being undertaken, and the Intervention and Best Value report.

The Chief Internal Auditor highlighted at paragraph 3.7 of the report what he plans to address and this will include the following: -

- Improving communications, the supply of information and provision of training to members of the Standards & Audit Committee.
- Meeting regularly with the Chair of the Standards & Audit Committee on a one-to-one basis to discuss any specific concerns around the governance, risk management controls of the Council.

Members were invited to ask questions, key points raised included:

- The internal audit team recruited two internal auditors in September 2022, a senior auditor has also been recruited. There is still one vacant post in the team. The Chief Internal Auditor confirmed they are looking at utilising the APEX framework with Mazars. A meeting is taking place with Mazars on Friday to see how they can support the team. They are also considering the possibility of a shared service with another Local Authority.
- The implications of the internal audit were discussed and it was confirmed there was no regulatory risk but the external audit cannot place much reliance on the internal audit's work and this could mean external audit need to conduct more work at a cost.
- The new staff are still being trained to use the system but once this is completed the auditors will be able to place more reliance on the internal audit as more documentation will be logged on the system.

- The Chief Internal Auditor is commencing talks with Mazar to provide support to the Council. Mazar is being procured under the Croydon APEX framework.

ACTION 1- The Chief Internal Auditor will look into how Mazars support other Local Authorities such as Croydon and will report back to the Committee.

RESOLVED:

- 1.1 That the Standards & Audit Committee considers and comments on the Chief Internal Auditor's Annual Report – Year ended 31st March 2023 (including summarised report for Year ended 31st March 2022).**

Internal Audit Strategy and 6-month Plan 2023/24

The Chief Internal Auditor introduced the report and explained that between November and December 2022, a comprehensive Audit Needs Assessment (ANA) process was undertaken which involved attending meetings with each of the members of Directors Board (DB) to discuss the risks and priorities within their services. As a result, the Internal Audit Strategy and 6-month plan for 2023/24 was developed. Having the 6-month plan allows the service to react more quickly to changing priorities and risks associated with the Intervention processes and BVI report.

The Chief Internal Auditor confirmed that they will continually revisit the plan and any changes will be agreed by the Chief Internal Auditor and Chair of the Standards & Audit Committee following discussions with relevant officers. All changes will be reported to members of the Standards & Audit Committee at its next meeting.

The Chief Internal Auditor referred to page 7 of the appendix to the report and the declaration of the independent nature of the service. He also highlighted that on page 8 of the appendix a list of issues that might affect the Council is set out.

Members were invited to ask questions, key points raised included:

- The Interim Director of Finance and S151 officer confirmed that the divestment of investments is underway and the audit to assure members that this has been conducted properly has to happen afterwards. The sale of the solar assets is run by the administrators and they are just concluding phase 1. The goal is to sell the investments by November 2023.
- In completing the risk assessment and audit around divestment the Internal audit team will look at best practice and how other Local Authorities deal with asset disposal and via discussions with

colleagues in the service and external audit colleagues too. Members will be updated at appropriate points and in the appropriate forums. The Chief Internal Auditor confirmed since the BVI report and intervention the biggest changes have been around resources and the improvement in interaction between officers and members and the supply of information between them.

- The Interim Director of Finance and S151 officer stated that the previous investment strategy was underpinned by borrowing. Debt costs going forward and the Council is trying to reach financial stability and to reduce its debts. The focus currently is on divesting current investments. A commercial strategy will then be looked at for the future.

RESOLVED:

1.1 That the Standards & Audit Committee:

Agree the Internal Audit Services' 6-month Internal Audit Plan 2023/24 and acknowledge that it is likely to change significantly as a result of the work being undertaken as part of the BVI and Intervention processes.

41. Declaration of Interests

No interests were declared.

42. Terms of Reference

The Senior Democratic Services Officer confirmed that on page 15 of the agenda the terms of reference for the Committee is set out as it is in the constitution. It sets out important information about the committee. Members are asked to note and comment on the terms of reference.

The Chair added that members can comment if there is something they feel should or should not be in the terms of reference.

- It was confirmed the external audit strategy and materiality level remains the same
- It was noted the frequency of meeting required is at least 4 but extraordinary meetings could be arranged if required
- The size of the Committee is set by Full Council, if the Committee wanted to expand it this would need to be agreed at Full Council and this is also the same for substitutes. Through group leaders nominations can be made.
- The Interim Director of Legal and Governance and Monitoring Officer confirmed that judging by other Local Authorities who have gone into intervention, it could take 3-5 years to get the direction lifted and get

the Council's powers back. At the moment, the powers are with the Commissioners until the Secretary of State lifts the Direction. In the future, more inspectoral work could be introduced though the audit team and regular peer reviews could achieve something similar to the BVI report.

ACTION 2: Democratic Services to complete a benchmarking review of Standard and Audit Committees in terms of membership and Terms of Reference.

43. Verbal Update - External Audit Progress Report 2020/21

Rachel Brittain of BDO confirmed she had circulated an update timeline for the external audit. She explained that there are many factors involved in delivering the audit and it depends on receipt of good quality working papers. At the end of July the working papers needed to complete the audit were agreed. BDO are currently assessing and discussing the impacts from the Best Value Inspection report and undertaking a full revised risk assessment.

In September the revised audit plan and risk assessment will be brought to Committee. The finalisation process will be completed in December with a view to presenting the complete report to Committee in late December or January.

- The Interim Director of Finance and S151 officer confirmed that an additional resource has been brought in 2-3 days a week to assist with the audit. They will also be looking at prior years to 1st April 2018 to adjust accounts and assess the value of investments in light of what is known now and to confirm the values of investments at different points in time. The Interim Director of Finance and S151 officer confirmed it is a complex piece of work and although Thurrock's position is unique, numerous audits are delayed at various other Local Authorities.
- An audit request tracker is in place called the in-flow system which monitors all requests made and the finance team at Thurrock Council can respond on the tracker.

44. Gifts and Hospitality

The Interim Director of Legal and Governance and Monitoring Officer introduced the report. She explained that it is the first report of its kind to be presented to the Standards and Audit Committee.

The Members Code of Conduct provides that Members must register with the Monitoring Officer any gift or hospitality with an estimated value of at least £50 within 28 days of the date it was received. The Monitoring Officer is responsible for the register and any declarations must be made to the

Monitoring Officer. A form is now required to be completed even to register a nil return to ensure members apply their mind to this issue. The presumption is that Members should always not accept significant gifts or hospitality. Members were invited to ask questions, key points raised included:

- The Co-Opted Member requested that the register be made available to the public to check at any time
- Councillor Liddiard queried that favours and hospitality were often harder to define than gifts. The Monitoring Officer confirmed that if in doubt a member should declare it to the Monitoring Officer and also if they feel they are being put under pressure by anyone. There are lots of different scenarios where undue pressure and influence can arise and depending on the circumstances the Monitoring Officers advice will differ.
- The meeting discussed when businesses donate money for mayoral events. The Monitoring Officer clarified that this was different as the Mayor would be receiving it as a civic duty as the First Citizen. A Mayoral Register was discussed and the Monitoring Officer agreed she will look into this.
- It was clarified if a Member fails to declare the Monitoring Officer will complete an investigation and if found in breach of the Code of Conduct sanctions could be applied and the matter will be brought back to this Committee and a hearing could take place.

The Chair proposed an additional recommendation at 1.4 which was seconded by Councillor Liddiard and unanimously agreed by the Members of the Committee.

ACTION 3: The Head of Democratic, Scrutiny, and Member Services will look into making the register of Gifts and Hospitality to be published online so it is available to the public at all times

ACTION 4: Members Services will look into a Mayoral Register and provide feedback to the Committee

RESOLVED:

That the Standards and Audit Committee:

1.1 Notes the report.

1.2 Receives a review of the Gifts and Hospitality Register for Councillors on an annual basis.

- 1.3 **Notes and comments on the process for great transparency and accountability for gifts and hospitality set out in paragraph 2.7.**
- 1.4 **Asks the accountable Director to look into whether a live Register of Gifts and Hospitality can be published online and updated regularly so the public can see it**

45. Member Training Schedule 2023/24

The Head of Democratic, Scrutiny, and Member Services introduced the report and explained it has been brought to the Committee so they can provide input and comment on the training schedule, which had been refreshed following the intervention.

Members were invited to ask questions, key points raised included:

- Committee members had noted an increase in training
- Committee members raised the issue of training clashing with other meetings. It was confirmed that there are a lot of evening committee meetings which made it difficult to slot in evening training sessions that didn't clash with anything. Training in the daytime was a challenge as lots of members work during the day. It was clarified that mop up sessions would be provided to assist with this and online or video recorded training sessions were also being looked into.
- Committee members were assured that training must be useful and accessible to them.
- The use of a Member Training Passport was discussed to identify gaps in training.

The Chair proposed an amendment to recommendation 1.5 that the Committee would delegate a representative from Democratic Services to work with Group Leaders to obtain nominations for the sub-committee and this was unanimously agreed by Members.

RESOLVED:

- 1.1 **For the Standards and Audit Committee to review and comment on the Member Training Schedule for 2023/24.**
- 1.2 **The Committee agree to receive a quarterly report, where necessary, on Member attendance and feedback at training sessions.**
- 1.3 **Establish a Sub-committee of the Standards and Audit Committee to oversee and engage with Member Learning and Development.**
- 1.4 **Agree the terms of reference attached at appendix D for the proposed sub-committee.**

1.5 To make and agree nominations to the sub-committee membership. The Committee agree to delegate a representative of Democratic Services to work with Group Leaders and obtain nominations for the sub-committee.

46. Complaints received under the Member's Code of Conduct - Report to Follow

The Interim Director of Legal and Governance and Monitoring Officer introduced the report. She explained that the report sets out, in summary, details of complaints against members of the Council received during the municipal year 2022/23.

The Interim Director of Legal and Governance and Monitoring Officer confirmed that the report was very restricted and did not confirm names or detailed information about the complaint however more information could be given to members in an exempt session. There is an exempt spreadsheet which is restricted due to personal and confidential data contained within. The spreadsheet in the report going forward can contain additional information requested by members. The Interim Director of Legal and Governance and Monitoring Officer confirmed they can also look at themes of complaints and link this with member learning development.

Members were invited to ask questions, key points raised included:

- Members queried the length of time it took to investigate complaints. The Monitoring Officer confirmed she was happy to bring this back to Committee.
- The Committee discussed the possible sanctions for complaints eg an informal apology or an agreement for a member to attend further training
- Vexatious complaints were discussed. The Monitoring Officer confirmed she will need to look if Thurrock has vexatious policy.
- Members queried if the number of complaints was high. The Monitoring Officer confirmed they do look on the high side however she can complete some benchmarking work and bring this back to Committee.
- The meeting discussed members attendance at committees and issues when meetings clashed with other meetings and this affecting their attendance as they cannot be in two places at once. Members requested that this is noted as it should not affect their attendance.
- The meeting discussed if the Council uses AI now and what plans there might be to use it in the future

ACTION 5 – The Monitoring Officer will update the Committee if Thurrock Council has a vexatious policy

ACTION 6 – The Monitoring Officer will look into providing the Committee with training on how to run a complaints hearing including a mock complaint hearing

ACTION 7– The Monitoring Officer to bring back to Committee the results of benchmarking from other Local Authorities the number of complaints made

ACTION 8 – The Committee requested a report on Members Attendance at Committees

ACTION 9 – The Head of Democratic, Scrutiny, and Member Services will look into whether Mod Gov can offer a category in the attendance section to cover when a member is engaged on other Council business.

RESOLVED

1.1 That the Committee note the outcomes on complaints received under the Members Code of Conduct.

47. Work Programme

The following reports will be added to the September meeting; Public Sector internal audit self assessment and the Code of Corporate Governance for Thurrock Council.

The Monitoring Officer confirmed a private meeting with Committee members and the external auditors will be arranged for 30 minutes before the next Committee meeting.

External and internal audit updates will now be a regular standing item on the work programme

A report on the Counter Fraud Strategy should be included on the work programme as the Council will be developing a Fraud Charter.

A report on the whistle blowing, Corruption and Bribery policy.

An item on Contract Management/ lessons learnt could be brought back to Committee and the person in charge of contracts can confirm that provisions are now in place.

A briefing note on the new changes to Procurement law in 2024 to be provided.

The meeting finished at 9.18 pm

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**

6 September 2023	ITEM 6
Standards and Audit Committee	
Annual Information Governance Report - April 2022 – March 2023	
Wards and communities affected: All.	Key Decision: Not Applicable
Report of: Lee Henley – Strategic Lead Information Management	
Accountable Assistant Director: Not Applicable	
Accountable Director: Jackie Hinchliffe – Director of HR, OD & Transformation	
This report is Public	

Executive Summary

- For the reporting period, the council processed 96% of Freedom of Information (FOI) requests within the 20-working day legal timeframe. The Information Commissioners Office (ICO) expect public authorities to answer at least 90% within timeframe so this is a positive. Thurrock’s performance is based on 920 FOI requests that were processed.
- During the reporting period, the council received 108 Subject Access Requests under the Data Protection Legislation. 91% of these requests were processed within the legal timeframe.
- The council continue to drive forward its compliance work programme in-line with the Data Protection Act.
- Records Management work activity is captured within Appendix 3. Key work areas include ensuring records are held in-line with the Data Protection Act.

1. Recommendation(s)

1.1 **Standards and Audit Committee to note the Information Governance activity and performance.**

2. Introduction and Background

2.1 This report provides an update on the following Information Governance areas:

- Freedom of Information
- Data Protection
- Records Management

2.2 This report is set out on the council structure that was in place for the first 6 months of 2022/23 and not on interim structures that have been subsequently put in place.

2.2 Freedom of Information:

2.2.1 During the reporting period, 920 FOI requests were recorded on the council's FOI system. The table below details year-on-year volume and performance data since 2020. Strong performance has been maintained at all times and Appendix 1 provides additional FOI information for the reporting period.

Year	Number of Requests	% Responded to in time
2020/21	808	99%
2021/22	903	98%
2022/23	920	96%

2.2.2 Below is a high-level summary of complaints from the Information Commissioners Office, where they have reached a final decision on FOI related cases within the reporting period.

Complaint	Outcome
There were 3 finance/investment related FOI complaints that the council used exemptions to withhold the requested data. These went via a 1 st Tier Tribunal as the requestor challenged the Information Commissioners Office decision.	The council were required to disclose information for 2 of the 3 FOI requests, however there was no action for the council for the third request.
That the council refused to release copies of council tax and safety procedures.	This was partially upheld by the Information Commissioners Office with some additional data released by the council.
The council refused to release a copy of a policy that detailed how the council manage consent.	Not upheld by the Information Commissioners Office as the information is not held by the council.

2.2.3 There were 29 FOI internal reviews that were received and completed within the reporting period. An internal review takes place when the requestor raises a concern with the council's original response. Of the 29:

- 11 were upheld
- 17 were not upheld
- 1 was withdrawn

2.3 Data Protection:

2.3.1 **Subject Access Requests (SAR)** - The Data Protection Act states that personal information must be processed in accordance with the rights of data subjects. This can result in anybody making a request to the council about any information we hold on them and these are referred to as SAR's. Requests can range from very specific records such as council tax, benefits claim history, social care records or to all information held by the council.

2.3.2 During the reporting period, the council received 108 SAR requests. Of the 108 requests, 91% were processed within the legal timeframe. The 10 requests that did not meet the deadline, were large/complex requests and staged information disclosures were provided to individuals in all cases.

2.3.3 There were 12 SAR internal reviews that were received and completed within the reporting period. A SAR internal review takes place when the requestor raises a concern with the council’s original response. Of the 12:

- 3 were upheld
- 7 were not Upheld
- 2 were cancelled

2.3.4 The table below shows volumes of SAR requests and performance since 2020. Appendix 2 provides a breakdown of SAR per Directorate.

Year	Number of Requests	% Responded to in time
2020/21	84	98%
2021/22	148	91%
2022/23	108	91%

2.3.5 During this reporting period, the council did not receive any complaints from the Information Commissioners Office in relation to SAR’s.

2.3.6 **General Data Protection Matters** - Below is a high-level summary of complaints from the Information Commissioners Office, where they have reached a final decision on general data protection concerns.

Complaint	Outcome
There were 3 complaints due to names/addresses were made public as part of the Just Stop Oil Injunction	Complaints upheld by the Information Commissioner Office. Letters of apologies were provided to individuals by the council.
Ex-member of staff complained that the council had lost a maternity document that was provided to the council	Not upheld by the Information Commissioners Office, as the information was not held by the council as it had been returned to the individual

2.3.7 **Data Sharing** - During the reporting period, the council processed 143 data sharing requests. Of the 143:

- 82 were received from the Police
- 61 were received from other third parties (e.g., another council)

For sharing requests, the Data Protection Team ensure the request is a valid request in-line with the Data Protection Act. This will include checking that the purpose of sharing is lawful.

2.3.8 **Individual Rights** - Under the Data Protection Act individuals have a number of information rights. SAR’s (or right of access) is one right, but others include:

- Right to rectification
- Right to erasure
- Right to restriction
- Right to data portability
- Right to object
- Right to prevent automated decision making

During the reporting period, the council processed 5 Individual Rights Requests (in addition to SAR's). All 5 related to a request for erasure and:

- Records were erased in 3 cases, as the council relied on consent as its legal basis when collecting the personal data
- The request for erasure was refused in 2 cases, as the council have a legal obligation to retain the personal data

2.3.9 Data Protection Compliance - Appendix 2 provides additional information on general data protection compliance for the reporting period

2.3.10 Incidents reported by the council - For the reporting period there were no data protection incidents that were reported to the Information Commissioners Office by the council.

2.4 Records Management:

2.4.1 The council aim to reduce the number of physical records located at on-site and off-site storage locations. Progress on this project is reported via Digital and Demand Board.

2.4.2 A records management work programme is in place to drive forward best practice and compliance in relation to the management of electronic records. Appendix 3 provides additional details regarding Records Management work activity.

3. Issues, Options and Analysis of Options

3.1 There are no options associated with this paper

4. Reasons for Recommendation

4.1 This report is for noting purposes. There are no recommendations requiring approval.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This report was sent to the council's Information Governance Group and Senior Leadership Team.

6. Impact on corporate policies, priorities, performance and community impact

6.1.1 The council's ability to comply with information governance legislation demonstrates its commitment to openness and accountability. This will allow residents and customers to have a confidence in what we do and will help build trusting relationships.

6.1.2 Access to information can also be closely linked to Customer Services and ICT Strategies.

7. Implications

7.1 Financial

Implications verified by: **Jonathan Wilson**
Assistant Director Finance

There are no specific financial implications from the report and the service response is delivered from within existing resources. It is noted there are significant financial penalties for non-compliance with the Data Protection Act.

7.2 Legal

Implications verified by: **Gina Clarke**
Governance Lawyer & Deputy Monitoring Officer

Given that this is an update report provided for noting purposes there are no legal implications directly arising from it. The following points are of particular note from a legal compliance perspective:

- Failure to respond to FOI requests within the statutory time limits could lead to complaints to the Information Commissioner Officer (ICO). In addition, it could result in regulatory intervention, as the ICO are now starting to target poor performing councils for the length of time taken to respond to FOI requests, which could lead to reputational damage.
- There are various avenues available to the ICO to address an organisation's shortcomings in relation to the collection, use and storage of personal information. These avenues can include criminal prosecution, non-criminal enforcement and audit. The ICO also has the power to serve a monetary penalty notice on a data controller.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead Community Development and Equalities

There are no direct equality and diversity implications arising from this report. The successful implementation of FOI and Data Protection ensures that diversity issues are fully considered, allowing our customers, stakeholders, partners, and the public to access and receive information.

7.4 **Other implications (where significant)** – i.e Staff, Health Inequalities, Sustainability, Crime and Disorder or Impact on Looked After Children

None

8. **Background papers used in preparing the report**

None

9. **Appendices to the report**

Appendix 1 – Freedom of Information

Appendix 2 – Data Protection

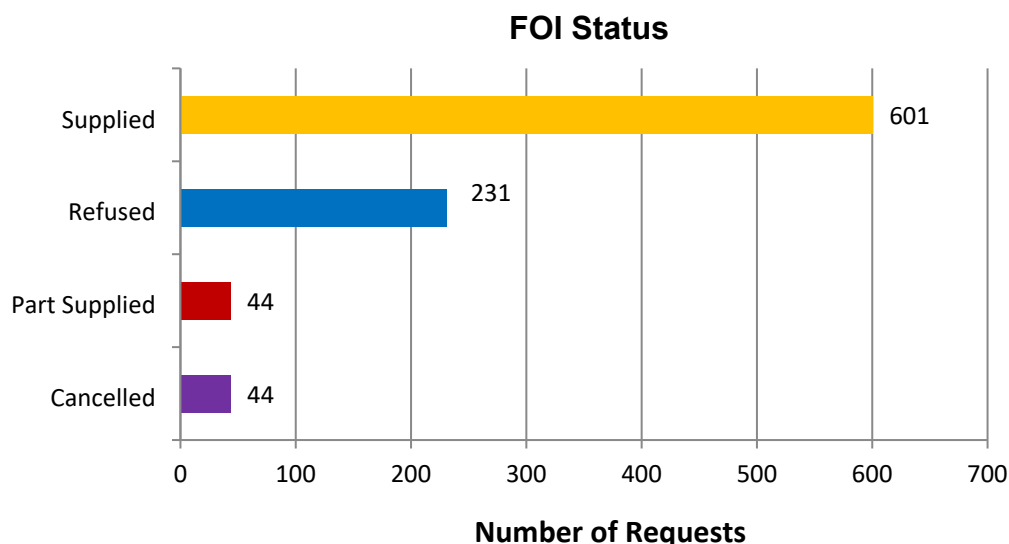
Appendix 3 – Records Management

Report Author:

Lee Henley - Strategic Lead Information Management

Appendix 1 - Freedom of Information

The chart below shows that of the 920 requests received in the reporting period, 601 (65%) were supplied with all information requested, 231 (25%) were refused, 44 (5%) were part supplied and 44 (5%) were cancelled.



The chart below shows requests received per Directorate. In addition to this, the FOI themes for the larger Directorates (in terms of FOI volumes) are shown below:

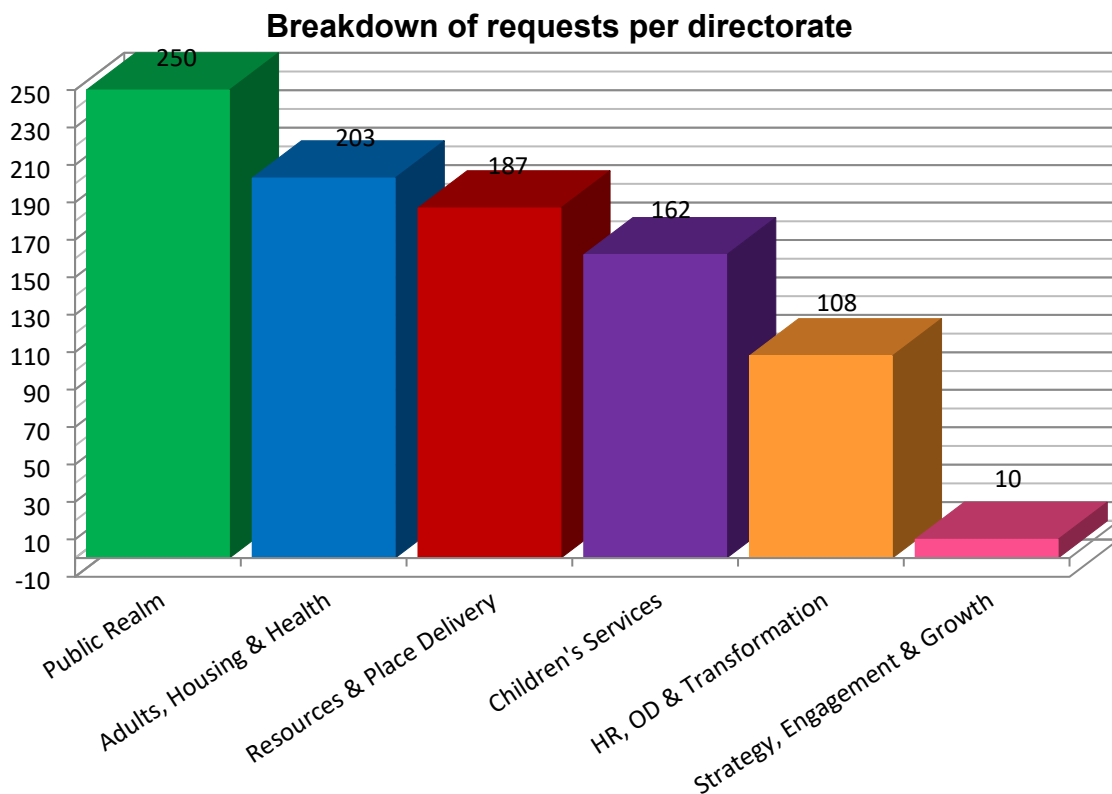
- Adults, Housing Health:
 - Care Home Providers & Packages
 - Homelessness / Temporary Accommodation
 - Homes for Ukraine Scheme

- Resources and Place Delivery:
 - Business Rates
 - Household Support Fund
 - Council Finances
 - Investments & Loans

- Public Realm:
 - Electric Vehicle Charging Points
 - Parking Enforcement

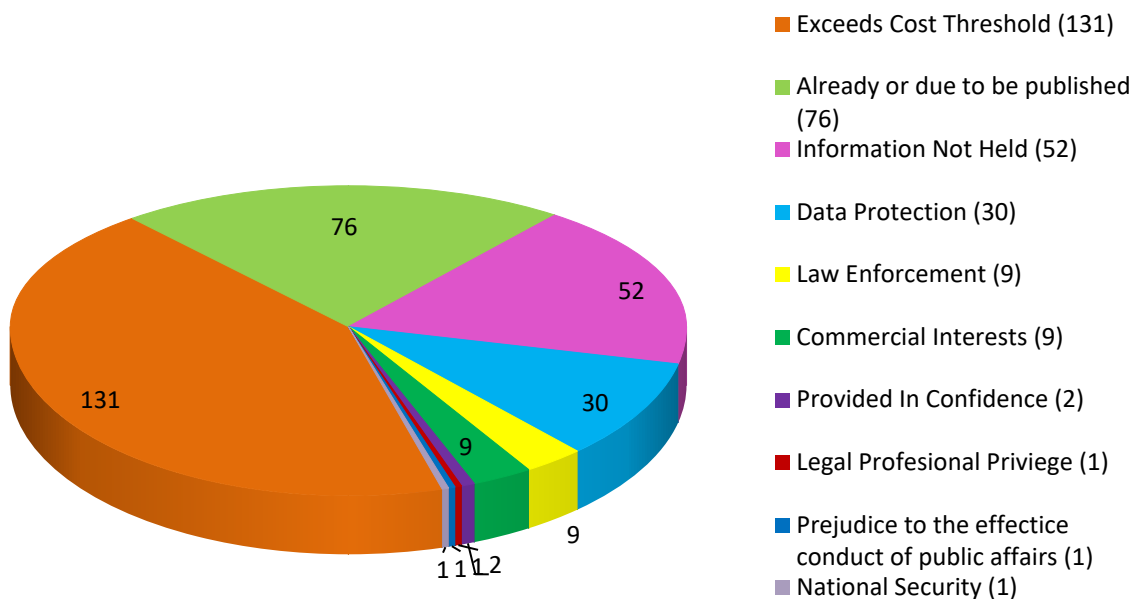
- Childrens:
 - Looked After Children
 - Special Education Needs

- HR, OD & Transformation:
 - Council Employee Data
 - IT Systems & Software

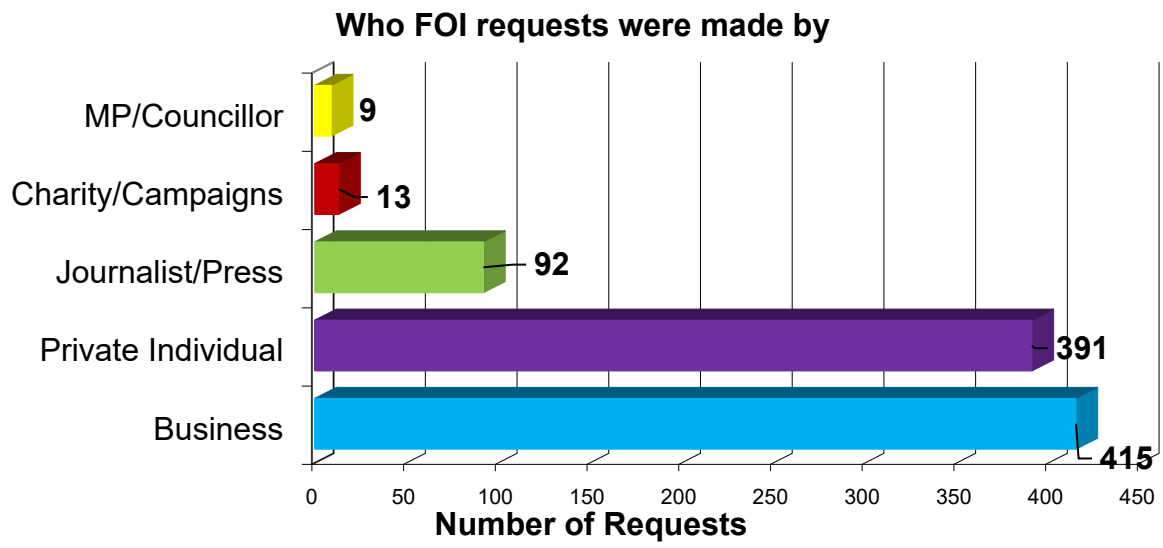


The chart below shows the type of exemptions and refusals that were applied (based on a total of 275 requests that were part supplied or refused). Please note the chart below does not balance back to the total number of part supplied or refused requests, as more than one exemption can be applied per request.

Types of Exemption/Refusal



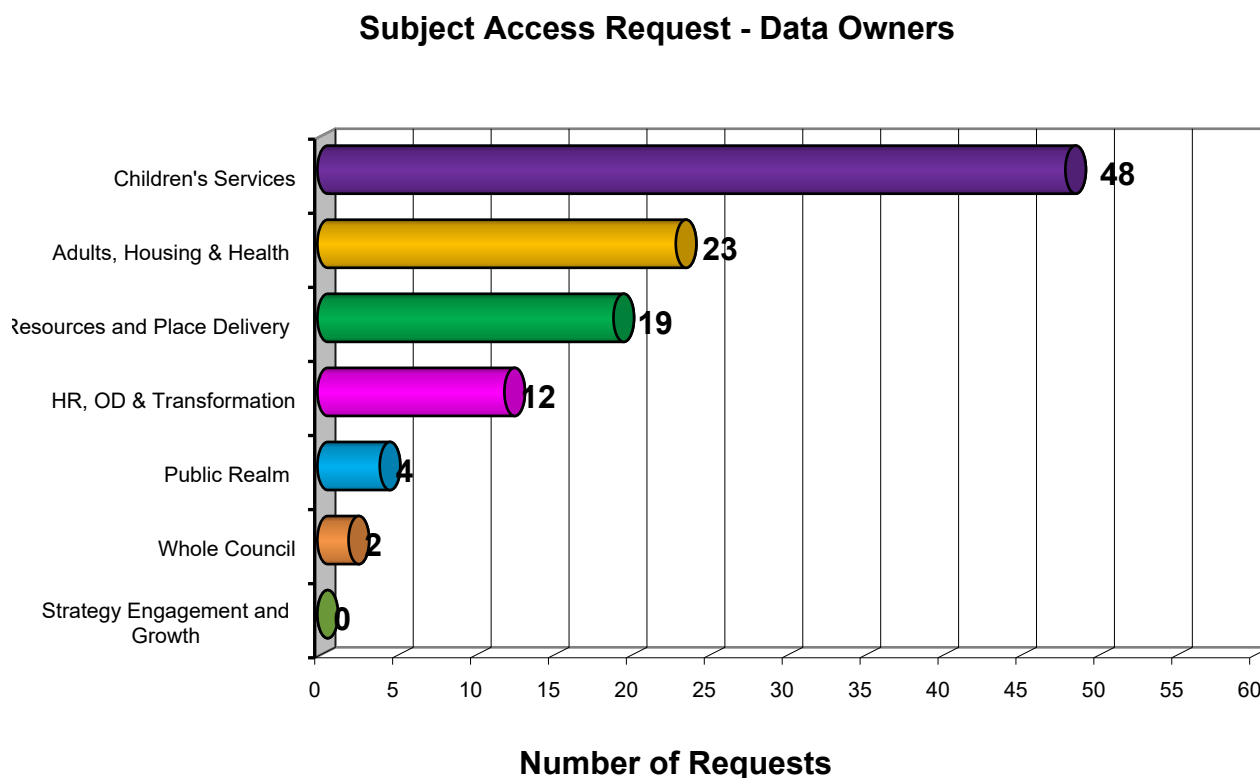
The chart below identifies where FOI requests sent into the council originated from.



Appendix 2 - Data Protection

Subject Access Requests:

The chart below highlights the data owner areas for the 108 requests processed within the reporting period.



Data Protection compliance across the Council:

Accountability is a legal requirement as part of the Data Protection Act. It makes organisations responsible for complying with the Data Protection Act. Due to this, the council must be able to demonstrate how it complies with the Data Protection Act.

Key to accountability is an evidence base to show compliance. This can be demonstrated in a range of ways including via policies, procedures, privacy notices, data protection impact assessments, staff training, incident management, having a dedicated Data Protection Officer in post and by ensuring effective security arrangements are in place to protect personal data. These information governance requirements are in place at Thurrock and can be evidenced.

A corporate information governance group is in place and this group has identified key information assets on a central Record of Processing Activity. At the point new assets are identified and added to the Record of Processing Activity, the Asset Owner is required to confirm that they will undertake the roles and responsibilities in relation to the asset; re-confirmation is then required on an annual basis along with confirmation that the details recorded in the Record of Processing Activity are current and correct. These reviews allow any identified risks to be recorded and gaps in compliance to be addressed.

Performance on Information Governance Group tasks to meet the requirements of the Data Protection Act is strong. The amount of work required for each Information Governance lead varies based on the number of key assets (systems) the Directorate has. The following is a list of on-going/outstanding Records of Processing Activity tasks, although this will change weekly/monthly due to the timing of certain tasks.

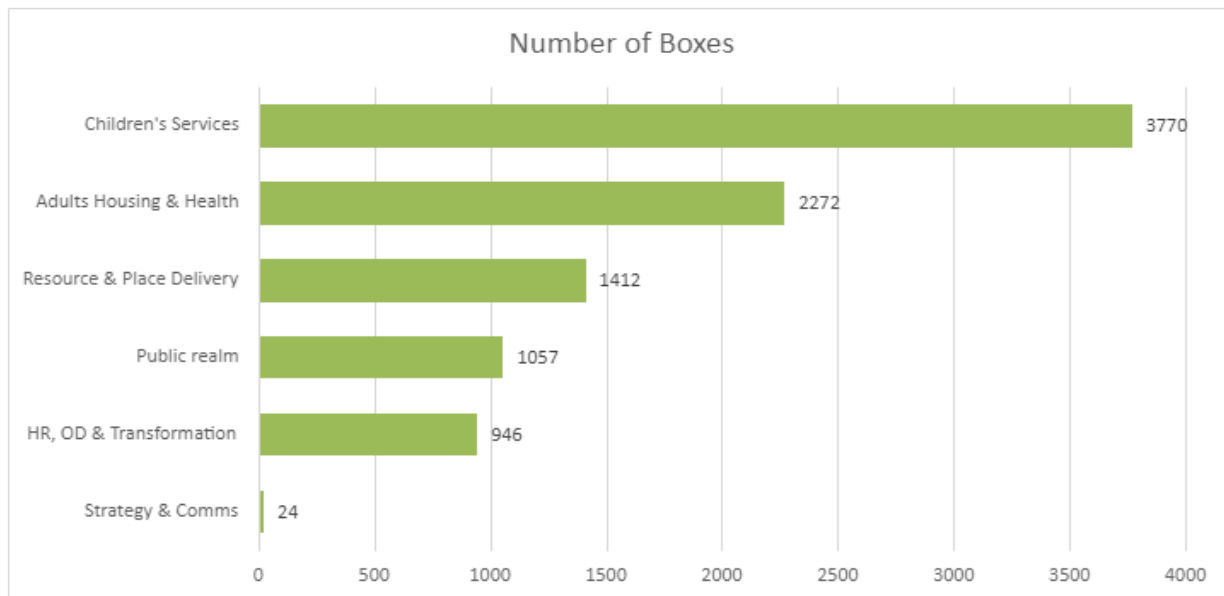
Area (Numbers in brackets represent number of Assets)	Number of outstanding	Summary of outstanding tasks
Children's Services (23)	0	
Adults, Housing & Health (19)	0	
Public Realm (18)	2	1 x Annual Return (Vehicle Management System) 1 x Record of Processing Activity Review (Vehicle Management System))
Resources & Place Delivery (14)	3	3 x Annual Returns (Anite, Northgate and Purchase Card Applications)
HR, OD & Transformation (9)	2	2 x Record of Processing Activity Reviews (Oracle Cloud)
Strategy Engagement & Growth (10)	0	

Appendix 3 - Records Management

Physical Records:

Off-Site Archive:

9481 archive boxes are currently held off-site, an increase from last year due to clearance of Civic Offices 1 archive stores.



Directorate reps have been appointed to drive this forward with the Records Management Team. The progress of this project is reported to the council's Digital and Demand Board to ensure physical records are managed in-line with the Data Protection Act.

On-site Archive:

Approximately 4000 archive boxes have been relocated out of Civic Offices 1. A number have been placed in off-site storage due to long term retention requirements and the remainder have been relocated to the scanning suite in Civic Offices 2. The next steps for this project will be to review the content of these boxes and digitise or dispose as necessary.

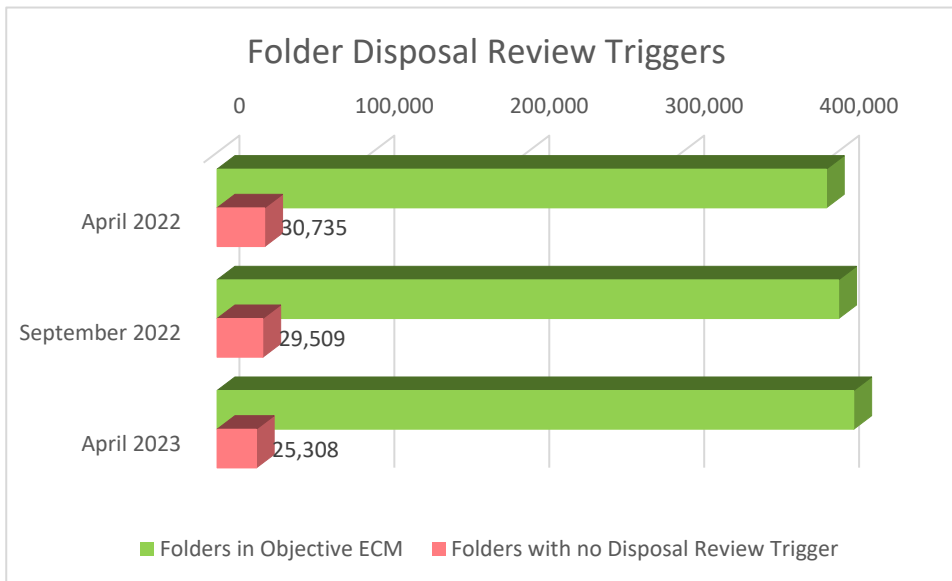
Review of electronic data in Objective ECM in-line with the records retention schedule:

The document management system (currently Objective) requires a 'trigger' to assign a disposal review date. For example, the retention of a standard finance file is 6 years; therefore, we need to tell the system the financial year the file relates to. This trigger is usually the date the file will be closed, therefore a finance file for the period 2022/23:

- Will have a closed date of 31 March 2022 entered on the system
- Will be held 6 years from the closed date

There are some legitimate reasons for not having disposal review triggers. Examples include an employee file and/or a tenancy file. A trigger cannot be applied in these cases

until the member of staff leaves the council and/or a tenant moves out of a council property.



For those records that do not have a disposal review trigger applied, Departmental Information Governance Leads have been tasked with driving this forward across their service area including:

- Providing targets/deadlines for completion of tasks
- Escalation to their Assistant Director if required to obtain support and/or to agree a departmental escalation process for non-compliance

Between October 2022 – April 2023:

- 145 disposal review tasks have been assigned, 2 remain outstanding
- 617 folders have been reviewed and authorised for disposal

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6 September 2023	ITEM: 7
Standards and Audit Committee	
Dispensations for Member Interests	
Wards and communities affected: All	Key Decision: Non-Key
Report of: Asmat Hussain, Interim Director of Law and Governance	
Accountable Assistant Director: n/a	
Accountable Director: Asmat Hussain, Interim Director of Law and Governance	

Executive Summary

This report informs the Standards and Audit Committee of dispensations in relation to disclosable pecuniary interests (DPI's) under section 33 of the Localism Act 2011.

1. Recommendation(s)

- 1.1 **The Standard and Audit Committee note the guidance and rules relating to dispensations in this report.**
- 1.2 **The Standard and Audit Committee support the use of the dispensation form for all Members of the Council to make requests to the Monitoring Officer.**

2. Introduction and Background

- 2.1 The Code of Conduct for Members requires that the Mayor, Councillors and Co-opted Members register any disclosable pecuniary interest (DPI) and other specified interests in the Register of Members Interests. If a Member has a DPI in relation to any matter to be discussed at a meeting they must:
 - Not participate in any discussion of the agenda item.
 - Not vote on the matter.
 - Leave the room whilst the agenda item is discussed and voted on.
- 2.2 However, a Member who has a DPI in a matter to be discussed at a forthcoming meeting of the authority may make a written request before the meeting to the Monitoring Officer for a dispensation to enable them to participate in the discussion and vote.
- 2.3 A dispensation may be granted where the Monitoring Officer is satisfied that:

- (a) without the dispensation the number of persons prohibited from participating in any particular business would be so great a proportion of the body transacting the business as to impede the transaction of the business;
- (b) without the dispensation the representation of different political groups on the body transacting any particular business would be so upset as to alter the likely outcome of any vote relating to the business;
- (c) granting the dispensation is in the interests of persons living in the authority's area; or
- (d) it is otherwise appropriate to grant a dispensation. Any grant of a dispensation must specify the duration of the dispensation up to a maximum of 4 years.

2.4 There is a general dispensation for all Members for their current four-year term of office to be present, speak and vote where they would otherwise have a DPI in the following matters:

- (a) Housing: where the Councillor (or spouse or partner) holds a tenancy or lease with the Council as long as the matter does not relate to the particular tenancy or lease of the Councillor (their spouse or partner);
- (b) Council Tax: setting the council tax or a precept;
- (c) Determining an allowance, travelling expense, payment or indemnity for Councillors;
- (d) Council Officer pay where this impacts on Member Allowances.

3. Issues, Options and Analysis of Options

3.1 Guidance issued by Department for Communities and Local Government (DCLG) in September 2013 (Openness and transparency on personal interests) stated that Members do not need a dispensation to take part in the business of setting the council tax or precept or local arrangements for council tax support because this is a decision affecting the generality of the public in the area rather than Members as individuals. Nonetheless the Monitoring Officer considers it prudent for the sake of completeness to include Council Tax in the general dispensation.

3.2 The dispensation for Council Tax relates to a Member's DPI and does not affect, or is related to, the scenario under Section 106 of the Local Government Finance Act 1992 where a Member is unable to vote if they are two months or more in arrears with their Council Tax when the Council's budget is being set.

4. Reasons for Recommendation

4.1 The Monitoring Officer has introduced a standard application form for Members to complete when seeking a dispensation in order to make the process more efficient and transparent. This report serves to formally notify Members of the background, guidance and procures related to this from.

4.2 A copy of dispensation forms will be kept with the Register of Members' Interests.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 None

6. Impact on corporate policies, priorities, performance and community impact

6.1 None

7. Implications

7.1 Financial

Implications verified by: **Rosie Hurst**
Interim Senior Management Accountant

There are no financial implications arising from the recommendation in this report.

7.2 Legal

Implications verified by: **Gina Clarke**
Governance Lawyer

Section 31(4) of the Localism Act 2011 provides that a Member who has a disclosable pecuniary interest in any matter to be considered at a meeting may not participate in any discussion or vote on the matter. However, by virtue of section 33, an authority may, on a written request by a Member, grant a dispensation relieving the member from either or both of the restrictions in Section 31(4). This is reflected in paragraph 54 and Appendix B of the Code of Conduct for Members.

Under the legislation the Council is given discretion as to what procedures it puts in place to grant a dispensation. The introduction of a standard form to enable members to apply for a dispensation and to evidence the recording of the decision, supports improving the Council's governance arrangements. It also provides greater transparency of the process and supports the Council in promoting and maintaining high ethical standards.

All information regarding Community Equality Impact Assessments can be found here: <https://intranet.thurrock.gov.uk/services/diversity-and-equality/ceia/>

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead: Community Development and Equalities

There are no diversity and equality implications arising from the recommendation in this report.

7.4 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None

9. Appendices to the report

Appendix 1 – Dispensation Form

Report Author:

Jenny Shade

Senior Democratic Services Officer



Thurrock Council Dispensation Form

Request for a dispensation may allow Members to participate in discussion and vote where they have a disclosable pecuniary interest in a matter coming before a meeting of the authority. Members can make a written request to the Monitoring Officer and may be granted:

- a) Where members of the decision-making body have disclosable pecuniary interests in a matter that would “impede the transaction of the business”.
- b) That without the dispensation, the representation of different political groups on the body conducting the business would be so upset as to alter the outcome of any vote on the matter.
- c) That the authority considers the dispensation is in the interest of persons living in the authority’s area.
- d) That the authority considers that it is otherwise appropriate to grant a dispensation.

Dispensations under a) and b) above shall be decided by the Monitoring Officer, those in c) and d) shall be decided by the Monitoring Officer in consultation with the Chair of the Standards & Audit Committee.

1.	Member’s Name.	
2.	Please describe the nature of the disclosable pecuniary interest that would otherwise prohibit you from speaking and / or voting.	
3.	Please confirm that this interest is already included in my register of interests or confirm that you will register this interest within 28 days.	
4.	Please confirm whether the request of dispensation would enable you to speak / vote.	
5.	Please confirm on what matter(s).	
6.	Please confirm what specific meeting or meetings, or for a specified period.	

7.	Please specific how long the grant of dispensation will last (up to a maximum of four years).	
8.	Please provide any relevant information in support of your application.	

Member

Signed Date

Monitoring Officer

Signed Date

Chair of the Standards & Audit Committee (where required)

Signed Date

6 September 2023		ITEM: 8
Standards and Audit Committee		
Counter Fraud & Investigation Annual Report 2022/23 and Proactive Work Plan 2023/24		
Wards and communities affected: All	Key Decision: N/A	
Report of: Michael Dineen, Assistant Director for Investigation, Enforcement and Community Safety		
Accountable Assistant Director: As above		
Accountable Director: Claire Demmel, Interim Director of Public Realm		
This report is Public		

Executive Summary

The Counter Fraud & Investigation (CFI) team is responsible for the prevention, detection, and deterrence of all instances of alleged fraud and economic crime affecting the authority including allegations of fraud, theft, corruption, bribery, and money laundering.

The work of the service is led by the Counter Fraud Strategy which was approved following consultation with the Council's services and intelligence from partners in government and policing in July 2020.

This report outlines the performance of the team over the last year, including the 2022/23 Work Plan, **Appendix 1**. As well as the proposed Counter Fraud strategy and proactive work plan to tackle fraud for the Council in 2023/24, **Appendix 2**.

- 1. Recommendation(s)**
 - 1.1 The Committee notes the performance of the Counter Fraud & Investigation team in 2022/23.**
 - 1.2 The Committee approves the Counter Fraud & Investigation strategy and work plan for 2023/24**

- 2. Introduction and Background**

- 2.1 The Council's CFI team is responsible for delivering the corporate counter fraud programme which includes proactive activity to enhance the Council's controls as well as respond to intelligence from that proactive work and information from other sources.
- 2.2 The team was reorganised in early 2015 where enhanced measures and capabilities to prevent, detect and deter attacks from criminality were installed through collaboration with Policing, this service was to be known as The National Investigation Service.
- 2.3 In 2022, the department was subject to a further reorganisation and a separation in responsibilities took place, with the external facing National Investigation Service becoming ringfenced from the CFI function and both having separate oversight and governance.

3. Issues, Options and Analysis of Options

Performance of the Counter Fraud & Investigation

- 3.1 The below are some highlighted statistics for 2022/23
 - 152 Fraud alerts were sent out to internal and external partners warning of fraud trends or known fraud attacks
 - 128 Intelligence reports were sent to other Law Enforcement agencies, assisting in their criminal investigations
 - The team was able to prove £239,300 worth of fraud against individuals or companies
 - The CFI enabled other departments within the Authority to save £94,000 through the recovery of 4 social housing properties.
 - 81 reports of suspected fraud was received by the CFI, valued at £2,247,900¹.
- 3.2 The annual report document shown in **Appendix 1** provides the background to these figures as well as the overall programme of work delivered by the service in 2022/23.

Completed work plan for 22/23 and proposed plan for 23/24

- 3.3 CFI holds a programme of proactive work that is agreed by Standards & Audit Committee. The completed 2022/23 workplan can be found at the end of **Appendix 1**. The proposed workplan for 23/24 is designed to ensure the Council's posture against fraud is robust and effective, this can be seen in **Appendix 2**.

¹ The value of an investigation is determined by the facts known at the time. This figure can fluctuate dependant on the evidence available within an investigation.

3.4 The work programme is a working document and if during the year changes or additions to the plan are proposed between the CFI and the Section 151 Officer, these will be brought back to the Committee for approval.

4. Reasons for Recommendation

4.1 This report provides a detailed update to the Committee on the counter-fraud measures for the Council and how it is reducing fraud under the Council's counter-fraud strategy.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This document has not required consultation.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Work undertaken to reduce fraud and enhance the Council's anti-fraud and corruption culture contributes to the delivery of all its aims and priorities supporting corporate governance.

7. Implications

7.1 Financial

Implications verified by: **Laura Last**
Senior Management Accountant

The CFI has generated £136,000 in external income during 22/23. In addition, council departments will have made savings as a result of work completed by the CFI.

7.2 Legal

Implications verified by: **Deirdre Collins**
Principal Barrister, Litigation, Housing and Prosecutions

There are no direct legal implications but as a local authority we must have regard for our duties and responsibilities under the "The Accounts and Audit (England) Regulations 2015 section 4 (2) require that: The relevant body shall be responsible for ensuring that the financial management of the body is adequate and effective and that the body has a sound system of internal control which facilitates the effective exercise of that body's functions and which includes the arrangements for the management of risk.

7.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

There are no diversity or equality issues within this report.

7.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, and Impact on Looked After Children

Although the investigations that are completed by the CFI are criminal, none involve violence or safety implications to the local community or public in the wider sense. If a situation arose where the safety of any member of staff or member of public became apparent, police assistance would be sought.

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. **Appendices to the report**

1. CFI Annual Report, Strategy & completed Proactive Work Plan for 2022/23
2. Proactive Work Plan 2023/24

Report Author:

Michael Dineen

Assistant Director for Investigation, Enforcement and Community Safety

Public Realm

Counter Fraud & Investigation



See it. Report it. Stop it.

Counter Fraud & Investigation Annual Report 2022/23 & Completed Proactive Work Plan 2022/23

Foreword

The Counter Fraud & Investigation (CFI) team's key role is to protect Thurrock Council from fraud and economic crime. The department has gone through many changes in the last few years, notably in 2019, where there was growth in the departments national capability providing expertise to other public bodies to reduce economic crime. This function is known as The National Investigation Service (NATIS).

Late last year, the fraud department separated it's remit of local and national capability and became two separate services, ensuring that neither aspect of the work was compromised. This has led to some resource change and has seen the CFI concentrate on Thurrock Council issues.

This has allowed for the new CFI function to identify the needs of the authority and understand the requirements that are to be placed on the service moving forward. This is an exciting development and has seen immediate results for the CFI.

Although this is a financially challenging time for Thurrock Council, the work of the CFI will be vital to ensure that no monies leave the Authority due to criminal activity. The CFI team will work with all service areas within the Council to assist in fraud prevention. Training and awareness will be the focus of the CFI team, as well as recovery of illegally sub-let or obtained Council properties. This is a vital resource for a local authority and one that's abuse cannot be ignored or left unactioned.

The CFI receive referrals from various sources including, members of staff, elected members, members of the public, contractors, auditors, and others. The CFI investigate these referrals utilising all legislative avenues, making Thurrock Council a difficult place for criminals to prosper and for trust to be rebuilt.

Governance & Accountability

The governance structure overseeing the teams work is now formed of several independent bodies:

Local – Standards & Audit Committees

- Monitoring of Performance against each annual strategy for the bodies to provide assurance of crime risk and organisational governance

Investigatory Powers Commissioner's Office

- Inspections to monitor the use of investigative tactics regulated by the Regulation of Investigatory Powers Act 2000, Investigatory Powers Act 2016 and Human Rights Act 1998

Home Office - National Police Information Risk Management Team

- Inspections to monitor the security of data used in the department

National Crime Agency – Proceeds of Crime Regulator

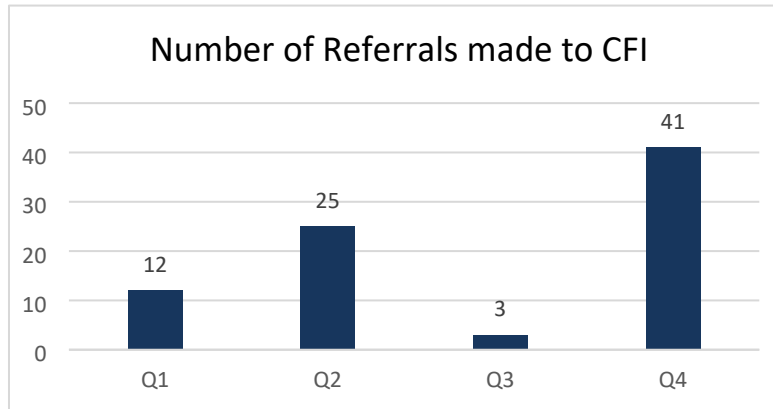
- CFI uses a number of powers afforded by Parts 2, 5 and 8 of the Proceeds of Crime Act 2002. The National Crime Agency is the regulator of these powers.

UK Accreditation Service

- CFI has its own forensic laboratory to deal with digital media, recovering material from electronic devices for use in criminal or civil outcomes. All laboratories conducting this work in the UK must now be accredited to ISO17025 (International Standards). CFI has worked towards this accreditation for 2 years. This year the final inspection will take place to accredit CFI's laboratory to ISO17025 standards.

Performance & Finances

The CFI has seen an increase in the number of referrals it has received over the last quarter of the year 22/23 with referral rates rising significantly after the separation of remits from the national function, with the CFI team receiving over half of the entire referrals made to CFI in 2022/23 in Q4. This has evidenced that the smaller focused team has the ability to engage and deliver to a wider audience and generate a greater workflow.



81 reports of suspected fraud were received and became criminal investigations, with Housing being the prominent referral as can be seen from the breakdown below

Housing	Transport	Revenues	RTB	Theft	Payroll	Social Care	Worker (Insider Threat)	DWP Referral	Other	Procurement	Cyber
52	1	3	7	1	1	1	6	1	6	1	1
£1,359,800	£1,500	£12,000	£678,600	£100	£100,000	£1,250	£45,600	£0	£24,500	£23,500	£1,050

The total value of these allegations was **£2,247,900**¹

¹The value of an investigation is determined by the facts known at the time. This figure can therefore fluctuate dependant on the evidence available within an investigation.

Finances

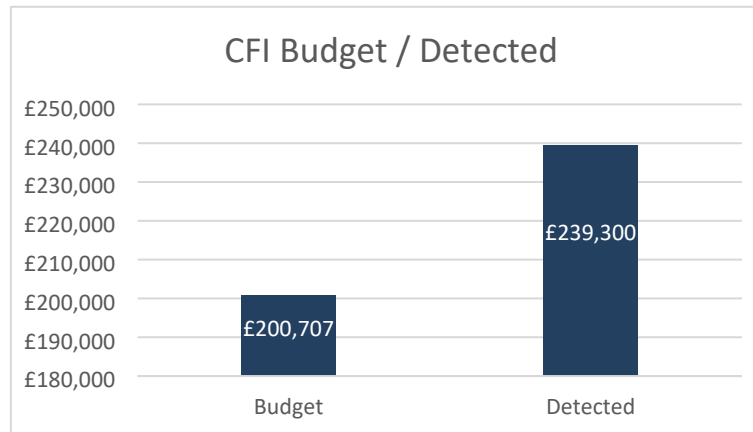
After separating 'local' and 'national' remits a separate budget was created to manage this separation, this has caused an inability for comparison to years past, as the basis of the figures differs. However, the budget of the CFI service has reduced from consistently being in the millions to approximately £200,000, for which the majority comes from the HRA.

The 2022/23 CFI budget was £200,707, which was underspent by £63,000 at year end. The CFI also generated income of £136,000 in 22/23 through traded services with other local authorities, this enabled the team to end the year with a surplus budget of nearly £200,000, which was put back into Council revenues for use by other departments within the Council.

The CFI also saved the Council £94,000 by recovering 4 social housing properties. This allows vulnerable families that may have been housed in either private or emergency accommodation, to move into the Council owned housing stock and thus reducing ongoing costs to various departments within the Council.

The detection² ratio for 2022/23 was £1.74 detected for every £1 spent by the CFI, although positive, there is to be an increased target for 2023/24 detections of £3 for every £1 spent.

Although in the short time frame since the separation of the two remits of work has happened, the CFI has seen growth in referrals as earlier reported and anticipates expedient detection rate increases throughout 2023/24 which support the target detection rate of £3:£1



² A detection is regarded as any investigation that has resulted in the matter being proven by the CFI. It does not represent money that has been recovered through the legal process.

Operational Activity

Social Housing Fraud

Last year 4 social housing properties were recovered by the team, although a decrease on 2021/22, the team recovered the same number of homes in the last quarter after the separation of the two remits, then during the first 3 quarters of 22/23, an acknowledgement to the new dedicated remit that is immediately yielding results for the Council.



4

Social Housing Properties Recovered

Case Example

A case had been ongoing since 2020, which involved a 'Council tenant' who had been subletting the Council property they had been given. The team identified that the legal tenant had left the UK and took up residence in Poland. The property was visited multiple times and confirmed vacant by the team, who notified the Housing teams who then started possession proceedings via the 'non-payment of rent' legal pathway. As a result, the case was brought before the court due to rent arrears and control of the house was returned to the Council, allowing a vulnerable family to be rehoused. This is the perfect example of the new approach by the CFI team, with close interaction with other teams/departments within the Council and finding the simplest and most cost-effective way of restoring social housing back to those that need it.

Information was received that a property was being left empty and the tenants were living somewhere else. The CFI team visited the property and there was no evidence that the property was being lived in. The team researched the tenants and through intelligence systems were able to identify that the tenant had moved to another part of the UK. The couple were traced via financial enquiries and other Council held intelligence and were then interviewed by officers from the CFI. The tenant explained they were keeping the property in case their move 'didn't work out'. After being told that this breached their tenancy, the tenant voluntarily agreed to quit the property and allowed the Council to rehome another family. Another good use of communication and effective intelligence resulting in no formal court action being required.

Other CFI Activity

Intelligence Dissemination and Prevention

CFI works closely with policing partners and other law enforcement bodies to protect the public purse. Intelligence is lawfully shared under statute, including the new Data Protection Act 2018 where crime is suspected.

The CFI works closely with law enforcement and other intelligence agencies to develop intelligence that will assist in protection of the public. Over the last year 152 Alerts or guidance notes were disseminated by CFI across all our local authority and public partner service areas.

The team has also disseminated 128 Intelligence Reports to other agencies to assist with their criminal investigations.

Collaborative Activity

Our team has worked with other areas of the Council ensuring that working practices did not encourage or enable Fraud (including theft). The time spent with teams is vital in the Council's ethos of reducing Fraud by prevention and not detection. As can be seen, the CFI are concentrating on assisting the teams of Thurrock Council and finding solutions to problems those departments bring to the team. The CFI can prosecute those that commit crime against the Council, but they are also able to assist in ensuring the easiest and quickest method to solve a problem is also considered.

Those that do commit crime against the Council should be aware that the team will identify criminality and, where appropriate and necessary, prosecute those individuals or groups.

The team have given training to various Housing officers and teams, as well as given Counter Fraud advice to a number of departments, this will always be a priority for the CFI team

Counter Fraud & Investigation Strategy 2019-2024

Our Fraud Control Strategy

Our Strategy ensures all of our actions are considered and justified.

The Counter Fraud & Investigation team's work ensures that we are able to identify at an earlier stage intelligence relating to the key priorities below, particularly those affecting the most vulnerable of society.

Who are We?

A specialist function to protect public finance from fraud and serious crime, using our legal framework as a local authority service

What is Our Purpose?

- 1 Protect the public purse from crime
- 2 Support the wider-public sector with shared, advanced capabilities

What are Our Priorities?

Crimes affecting a vulnerable adult or child

Insider threats in local government

Organised crime targeting local government

Improving local government's resilience to cyber crime

How do we Succeed?

Always acting Ethically in everything that we do, working to our values, attitudes and principles

Consider opportunities to work collaboratively with others for the benefit of our purpose, sharing our knowledge, experience and expertise

Apply the 4 'P' Strategy to Prevent, Protect and Prepare local government for economic crime, pursuing offenders where necessary

Ensure our teams are fully equipped to respond to the threats faced from economic crime

Proactive Work Plan 2022/23

The CFI completed some tasks on the proactive work plan, however due to delayed recruitment and therefore not possessing the resources to complete the tasks, some have been deferred to the new 2023/24 work plan.

Risk Area	Activity	When	Current Status	Responsible Officer	Date Complete
Council-wide	<p>Training of high risk areas in counter fraud measures</p> <p>Ensure understanding of the threats posed to those areas. To be tailored to the areas and ongoing support offered via a Single Point of Contact with CFI. This is a yearly activity that CFI will continue to deliver.</p>	July 2022 to June 2023	Training was completed with Housing teams and others upon request.	Michael Dineen	April 2023
Council-wide	<p>Review all relevant policies concerning fraud aspects of the Council's business</p> <p>Ensuring that all hold the most up to date legislative information as well as ensuring best practice is always adhered to.</p>	Jan 2023	Although there was a review of some policies, it became apparent that not all would be able to be reviewed in year. This will now fall to the incoming Investigations Manager for 23/24.	Michael Dineen	Deferred to 2023/24
Council-wide	<p>A Fraud Health Check on the Social Care Application Process</p> <p>Ensuring the applicants that apply for Social Care assistance are entitled to and worthy of such care assistance, specifically direct payment care.</p>	Apr 2023	This will require staff in post to ensure a comprehensive check is completed. A resource review has deemed this suitable for CFI action, however it is likely this will be deferred to 2023/24 due to recruitment processes.	Michael Dineen	Deferred to 2023/24 work plan
Council-wide	<p>Targeting POCA and Civil Legislation to maximise effect on criminal behaviour</p> <p>Ensure that CFI utilise the appropriate legislation to maximise the effects on criminals beyond just criminal convictions and where this takes place ensure that our</p>	June 2023	This continues and the CFI will work with current AFIs to ensure best value for money in relation to the sharing of resources. There is an overall strategy to target criminals not only by criminal convictions, but to also strip them of their wealth that has been gained by criminal activity,	Michael Dineen	No end date for activity as a constant work stream

Risk Area	Activity	When	Current Status	Responsible Officer	Date Complete
	vision of protecting the public purse is adhered to by promoting this work through all media streams.		this is in line with all law enforcement agencies across the UK.		

Counter Fraud & Investigation



See it. Report it. Stop it.

Counter Fraud & Investigation Proactive Work Plan 2023-24

Proactive Work Plan 2023/24

Risk Area	Activity	When	Current Status	Responsible Officer	Date Completed
Council-wide	<p>Training of Staff and Elected Members</p> <p>Ensure understanding of the threats posed to the Authority in modern times, including cyber enabled fraud. This is to be tailored to the specific areas and ongoing support offered via a Single Point of Contact within CFI.</p>	June 2023 To Mar 2024		Counter Fraud Manager	
Council-wide	<p>Review all relevant policies concerning Fraud including the Fraud Strategy</p> <p>Ensuring that all hold the most up to date legislative information as well as ensuring best practice is always adhered to.</p>	Mar 2024		Counter Fraud Manager	
Council-wide	<p>Targeting POCA and Civil Legislation to maximise effect on criminal behaviour</p> <p>Ensure that CFI utilise the appropriate legislation to maximise the effects on criminals and ensure that our vision of protecting the public purse is adhered to by promoting this work.</p>	Mar 2024		Counter Fraud Manager	
Housing	<p>Proactive High Risk Housing Project</p> <p>To work with the Housing department and local police hubs to complete at least 4 proactive operations in areas of high-risk housing. This should be taking place once a quarter.</p>	Mar 2024		Counter Fraud Manager	
Council-wide	<p>Develop NFI systems and upload process</p> <p>To establish a process and work-flow for all NFI updates with leads from all areas involved. Develop relevant responses and establish flow of cases to the Counter Fraud & Investigation Team.</p>	Sep 2023		Counter Fraud Manager	

Risk Area	Activity	When	Current Status	Responsible Officer	Date Completed
Revenue	Undertake an NNDR review The Counter Fraud & Investigation team will work with the Revenues/Collection teams and establish where a review of those claiming exemptions or have failed to pay NNDR could be used to ensure minimal abuse to the authority.	Jan 2024		Counter Fraud Manager	

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6 September 2023	ITEM: 9
Standards and Audit Committee	
Regulation of Investigatory Powers Act (RIPA) - Activity Report 2022/23	
Wards and communities affected: N/A	Key Decision: Not Applicable
Report of: Lee Henley – Strategic Lead – Information Management	
Accountable Assistant Director: Not Applicable	
Accountable Director: Asmat Hussain – Interim Director of Law and Governance (Monitoring Officer)	
This report is Public	

Executive Summary

This report provides an update on the usage and activity of RIPA requests during the period 1 April 2022 to 31 March 2023, along with a refreshed RIPA Policy included as Appendix A.

Despite RIPA activity levels being low, there is a requirement to report this information to Members. Failure to report RIPA usage to Members, will result in criticism as part of any RIPA inspection.

The RIPA policy is reviewed annually and/or if there are changes to legislation. As there have been no changes to RIPA legislation, with the exception of updating the list of Authorising Offices within the policy and including a separate reference to CCTV, no other changes are considered necessary at this stage.

1. Recommendation(s)

1.1 That Standards and Audit Committee note the statistical information relating to the use of RIPA for the period 1 April 2022 to 31 March 2023.

1.2 That Standards and Audit Committee agree the RIPA Policy.

2. Introduction and Background

2.1 The Regulation of Investigatory Powers Act 2000 (RIPA), and the Protection of Freedoms Act 2012, legislates for the use of local authorities of covert

methods of surveillance and information gathering to assist in the detection and prevention of crime in relation to an authority's core functions.

2.2 The RIPA Act allows the council to undertake directed/covert surveillance, however any covert surveillance undertaken must:

- Be necessary and proportionate to the alleged crime
- Only be used as a last resort and/or if other less intrusive means cannot be used
- Only be carried out if the potential crime/offence would result in a prison sentence of at least 6 months

2.3 The Investigatory Powers Commissioner's Office (IPCO) is responsible for the judicial oversight of the use of covert surveillance by public authorities throughout the United Kingdom.

2.4 The RIPA Single Point of Contact (SPOC) maintains a RIPA register of all directed surveillance RIPA requests and approvals across the council.

2.5 RIPA Activity:

2.5.1 There was 1 RIPA surveillance authorisation processed during 1 April 2022 to 31 March 2023. The table below details 2022/23 RIPA volumes along with the figures for 2021/22:

	2021/22	2022/23
Trading Standards	0	1
Fraud	0	0
Covert Human Intelligence Source (CHIS) authorisations	0	0
Total	0	1

2.5.2 Low numbers of RIPA authorisations are a result of the council utilising other forms of investigation due to its collaboration with the police and/or enforcement work being more overt rather than covert. The council continues to work with partners across the public sector to ensure that Thurrock as an area is protected from crime.

2.5.3 The outcomes of the above RIPA directed surveillance authorisations cannot be summarised in detail. This is due to Data Protection requirements and to ensure that any on-going investigations are not compromised as a result of any disclosure of information.

2.5.4 The table below shows the number of requests made to the National Anti-Fraud Network (NAFN) for Communication Data requests:

Application Type:	2021/22	2022/23

Events (Service) Data	1 (Fraud)	0
Entity (Subscriber) Data	4 (2 Fraud and 2 Trading Standards)	0
Combined	3 (2 Fraud and 1 Trading Standards)	5 (4 Fraud and 1 Trading Standards)
Totals	8	5

Notes in relation to NAFN applications:

- Events Data – Is information held by a telecom provider including itemised telephone bills and/or outgoing call data.
- Entity Data – Includes any other information or account details that a telecom provider holds e.g. billing information.
- Combined – Includes applications that contain both Events and Entity data.

2.6 **Policy Changes** - The RIPA Policy is attached as Appendix A. The policy is reviewed annually and/or if there are changes to legislation. As there have been no changes to RIPA legislation, with the exception of updating the list of Authorising Offices within the policy and including a separate reference to CCTV, no other changes are considered necessary at this stage.

3. Issues, Options and Analysis of Options

3.1 There are no options associated with this paper.

4. Reasons for Recommendation

4.1 This report provides an update on the usage and activity of RIPA requests for 2022/23, along with a refreshed RIPA Policy for approval.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 The RIPA SPOC has consulted with the relevant departments to obtain the data set out in this report. This report also went via Senior Leadership Team.

6. Impact on corporate policies, priorities, performance and community impact

6.1 Monitoring compliance with RIPA supports the council’s approach to corporate governance and will ensure the proper balance of maintaining order against protecting the rights of constituents within Thurrock.

7. Implications

7.1 Financial

Implications verified by: **Jonathon Wilson**
Assistant Director Finance

The report is a factual record of the level RIPA activity. The funding of the activity itself is delivered through existing budgets and is monitored as part of the wider corporate financial monitoring of the council.

7.2 Legal

Implications verified by: **Mark Bowen**
Interim Project Lead - Legal

There are no specific legal implications from this update report. Whilst the council is empowered to use covert surveillance in investigations this should only be undertaken where they are necessary and proportionate and the evidence cannot be obtained in another more proportionate way.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
**Community Development and Equalities
Manager**

A Community Equality Impact Assessment has been carried out on this policy. Whilst the council is empowered to use covert surveillance in investigations this should only be undertaken where they are necessary and proportionate.

7.4 Other implications (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder or Impact on Looked After Children

None.

8. Background papers used in preparing the report (including their location on the council's website or identification whether any are exempt or protected by copyright):

None.

9. Appendices to the report

Appendix A – RIPA Policy

Report Author:

Lee Henley

Strategic Lead - Information Management

Regulation of Investigatory Powers Act 2000 (RIPA) Policy

Version Control Sheet:

Title:	RIPA Policy.
Purpose:	To advise staff of the procedures and principles to follow to comply with the RIPA Act.
Author:	Lee Henley – Strategic Lead Information Management
Owner:	Asmat Hussain – Interim Director of Law and Governance (Monitoring Officer)
Approved by:	Standards and Audit Committee.
Date:	September 2023
Version Number:	6.0
Status:	Final
Review Frequency:	Annually and/or as and when changes to legislation take place
Next review date:	September 2024

Amendment History / Change Record:

Date	Version	Key Changes / Sections Amended	Amended By
June 2023	6.0	<ul style="list-style-type: none"> The list of Authorising Officers within Appendix 2 has been updated CCTV has also been included as a separate section (section 16), although this has always been referenced in section 2 as per below <p><i>“The general usage of the council’s CCTV system is not affected by this policy. However, if cameras are specifically targeted for the purpose of directed surveillance, a RIPA authorisation must be obtained”</i></p>	Strategic Lead – Information Management

July 2022	5.0	The list of Authorising Officers within Appendix 2 has been updated	Strategic Lead – Information Management
July 2021	4.0	<ul style="list-style-type: none"> • Section 4 (points 5 and 9) - The policy is now clear that the Authorising Officer is responsible and/or accountable for the authorisation of applications and not the Senior Responsible Officer (SRO). The SRO role is a quality assurance role (e.g. to ensure the request meets the crime threshold) • Section 5 - The policy is now clear that the Authorising Officer is responsible and/or accountable for the authorisation of applications and not the Senior Responsible Officer (SRO). • Section 10 – The policy now includes specific information regarding the management and retention of directed surveillance records. This includes setting out the arrangements to ensure that directed surveillance records are held for as long as necessary • Section 15 - The policy is clear that records of visits by staff to any social media sites must be documented by staff at all times. A Social Media Activity Log has been set up for service areas to records such checks. The policy also sets out the arrangements in place to check for compliance regarding social media site monitoring 	Strategic Lead – Information Management

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1. A brief overview of RIPA

(For text in **bold**, see glossary of terms – Appendix 1)

The Regulation of Investigatory Powers Act (RIPA) was introduced by Parliament in 2000. The Act sets out the reasons for which the use of **directed surveillance** (DS) and **covert human intelligence source** (CHIS) may be authorised.

Local Authorities' abilities to use these investigation methods are restricted in nature and may only be used for the prevention and detection of crime or the prevention of disorder. Local Authorities are not able to use **intrusive surveillance**.

Widespread, and often misinformed, reporting led to public criticism of the use of surveillance by some Local Authority enforcement officers and investigators. Concerns were also raised about the trivial nature of some of the 'crimes' being investigated. This led to a review of the legislation and ultimately the introduction of the Protection of Freedoms Act 2012 and the RIPA Directed Surveillance and Covert Human Intelligence Source (CHIS) (Amendment) Order 2012.

In addition to defining the circumstances when these investigation methods may be used, the Act also directs how applications will be made and how, and by whom, they may be approved, reviewed, renewed, cancelled and retained.

The Act must be considered in tandem with associated legislation including the Human Rights Act (HRA), and the Data Protection Act (DPA).

Further, a Local Authority may only engage the Act when performing its 'core functions'. For example, a Local Authority may rely on the Act when conducting a criminal investigation as this would be considered a 'core function', whereas the disciplining of an employee would be considered a 'non-core' or 'ordinary' function.

Examples of when local authorities may use RIPA and CHIS are as follows:

- Trading standards – action against loan sharks, rogue traders, consumer scams, deceptive advertising, counterfeit goods, unsafe toys and electrical goods;
- Enforcement of anti-social behavior orders and legislation relating to unlawful child labour;
- Housing/planning – interventions to stop and make remedial action against unregulated and unsafe buildings, breaches of preservation orders, cases of landlord harassment;
- Counter Fraud – investigating allegations of fraud, bribery, corruption and theft committed against the Council; and
- Environment protection – action to stop large-scale waste dumping, the sale of unfit food and illegal 'raves'.

The examples do not replace the key principles of necessity and proportionality or the advice and guidance available from the relevant oversight Commissioners.

There are 3 key codes of practice and guidance available in relation to the RIPA Act and these are shown in the links below:

Covert Surveillance and Property Interference - Code of Practice

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/742041/201800802_CSPI_code.pdf

Covert Human Intelligence Sources - Code of Practice

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/742042/201800802_CHIS_code.pdf

Communications Data - Code of Practice

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757850/Communications_Data_Code_of_Practice.pdf

2. Directed Surveillance

This policy relates to all staff directly employed by Thurrock Council when conducting relevant investigations for the purposes of preventing and detecting crime or preventing disorder, and to all contractors and external agencies that may be used for this purpose as well as to those members of staff tasked with the authorisation and monitoring of the use of directed surveillance, CHIS and the acquisition of communications data.

It is essential that the Chief Executive and Directors should have an awareness of the basic requirements of RIPA and also an understanding of how it might apply to the work of individual council departments. Without this knowledge at senior level, it is unlikely that any authority will be able to develop satisfactory systems to deal with the legislation. Those who need to use or conduct directed surveillance or CHIS on a regular basis will require more detailed specialised training.

The use of directed surveillance or a CHIS must be necessary and proportionate to the alleged crime or disorder. Usually, it will be considered to be a tool of last resort, to be used only when all other less intrusive means have been used or considered.

Necessary

A person granting an authorisation for directed surveillance must consider *why* it is necessary to use covert surveillance in the investigation *and* believe that the activities to be authorised are necessary on one or more statutory grounds.

If the activities are deemed necessary, the authoriser must also believe that they are proportionate to what is being sought to be achieved by carrying them out. This involves balancing the seriousness of the intrusion into the privacy of the subject of the operation (or any other person who may be affected) against the need for the activity in investigative and operational terms.

Proportionate

The authorisation will not be proportionate if it is excessive in the overall circumstances of the case. Each action authorised should bring an expected benefit to the investigation or operation and should not be disproportionate or arbitrary. The fact that a suspected offence may be serious will not alone render intrusive actions proportionate. Similarly, an offence may be so minor that any deployment of covert techniques would be disproportionate. No activity should be considered proportionate if the information which is sought could reasonably be obtained by other less intrusive means.

The following elements of proportionality should therefore be considered:

- balancing the size and scope of the proposed activity against the gravity and extent of the perceived crime or offence;
- explaining how and why the methods to be adopted will cause the least possible intrusion on the subject and others;
- considering whether the activity is an appropriate use of the legislation and a reasonable way, having considered all reasonable alternatives, of obtaining the necessary result;
- evidencing, as far as reasonably practicable, what other methods had been considered and why they were not implemented.

The Council will conduct its directed surveillance operations in strict compliance with the Data Protection Act (DPA) principles and limit them to the exceptions permitted by the Human Rights Act and RIPA, and solely for the purposes of preventing and detecting crime or preventing disorder.

The **Senior Responsible Officer** (SRO) as named in Appendix 2 will be able to give advice and guidance on this legislation. The SRO will appoint a RIPA Single Point of Contact/Coordinating Officer (SPOC) (as named in Appendix 2). The SPOC will be responsible for the maintenance of a **central register** that will be available for inspection by the Investigatory Powers Commissioner's Office (IPCO).

The use of hand-held cameras and binoculars can greatly assist a directed surveillance operation in public places. However, if they afford the investigator a view into private premises that would not be possible with the naked eye, the surveillance becomes intrusive and is not permitted. Best practice for compliance with evidential rules relating to photographs and

video/CCTV footage is contained in Appendix 4. Directed surveillance may be conducted from private premises. If they are used, the applicant must obtain the owner's permission, in writing, before authorisation is given. If a prosecution then ensues, the applicant's line manager must visit the owner to discuss the implications and obtain written authority for the evidence to be used.

The general usage of the council's CCTV system is not affected by this policy. However, if cameras are specifically targeted for the purpose of directed surveillance, a RIPA authorisation must be obtained.

Wherever knowledge of **confidential information** is likely to be acquired or if a vulnerable person or juvenile is to be used as a CHIS, the authorisation must be made by the Chief Executive (or in their absence whoever deputises for this role).

Directed surveillance that is carried out in relation to a **legal consultation** on certain premises will be treated as intrusive surveillance, regardless of whether legal privilege applies or not. These premises include prisons, police stations, courts, tribunals and the premises of a professional legal advisor. Local Authorities are not able to use intrusive surveillance. Operations will only be authorised when there is sufficient, documented, evidence that the alleged crime or disorder exists and when directed surveillance is considered to be a necessary and proportionate step to take in order to secure further evidence.

Low level surveillance, such as 'drive-bys' or everyday activity observed by officers in the course of their normal duties in public places, does not need RIPA authority. If surveillance activity is conducted in immediate response to an unforeseen activity, RIPA authorisation is not required. However, if repeated visits are made for a specific purpose, authorisation may be required. In cases of doubt, legal advice should be taken.

When vehicles are being used for directed surveillance purposes, drivers must at all times comply with relevant traffic legislation.

Crime Threshold

An additional barrier to authorising directed surveillance is set out in the Regulation of Investigatory Powers (Directed Surveillance and CHIS) (Amendment) Order 2012. This provides a 'Crime Threshold' whereby only crimes which are either punishable by a maximum term of at least 6 months' imprisonment (whether on summary conviction or indictment) or are related to the underage sale of alcohol or tobacco can be investigated through Directed Surveillance.

A crime threshold applies to the authorisation of directed surveillance by local authorities under RIPA and the acquisition of Communications Data (CD). It does not apply to the authorisation of local authority use of CHIS.

Thurrock cannot authorise directed surveillance for the purpose of preventing disorder unless this involves a criminal offence(s) punishable (whether on summary conviction or indictment) by a maximum term of at least 6 months' imprisonment.

Thurrock may therefore continue to authorise use of directed surveillance in more serious cases as long as the other tests are met – i.e. that it is necessary and proportionate and where prior approval from a Magistrate has been granted. Examples of cases where the offence being investigated attracts a maximum custodial sentence of six months or more could include more serious criminal damage, dangerous waste dumping and serious or serial fraud.

Thurrock may also continue to authorise the use of directed surveillance for the purpose of preventing or detecting specified criminal offences relating to the underage sale of alcohol and tobacco where the necessity and proportionality test is met and prior approval from a Justice of the Peace (JP) has been granted.

A local authority such as Thurrock may not authorise the use of directed surveillance under RIPA to investigate disorder that does not involve criminal offences.

An Authorising Officer's Aide-Memoire has been produced (Appendix 6) to assist Authorising Officers when considering applications for directed surveillance

3. Covert Human Intelligence Sources (CHIS)

A person who reports suspicion of an offence is not a CHIS, nor do they become a CHIS if they are asked if they can provide additional information, e.g. details of the suspect's vehicle or the time that they leave for work. It is only if they establish or maintain a personal relationship with another person for the purpose of covertly obtaining or disclosing information that they become a CHIS.

If it is deemed unnecessary to obtain RIPA authorisation in relation to the proposed use of a CHIS for test purchasing, the applicant should complete the council's CHIS form and submit to an Authorising Officer for authorisation. Once authorised, any such forms must be kept on the relevant investigation file, in compliance with the Criminal Procedure for Investigations Act 1996 ("CPIA").

The times when a local authority will use a CHIS are limited. The most common usage is for test-purchasing under the supervision of suitably trained officers.

Officers considering the use of a CHIS under the age of 18, and those authorising such activity must be aware of the additional safeguards identified in The Regulation of Investigatory Powers (Juveniles) Order 2000 and its Code of Practice. The most recent order which is SI 2018/715 (<http://www.legislation.gov.uk/ukSI/2018/715/made>)

A vulnerable individual should only be authorised to act as a CHIS in the most exceptional circumstances. A vulnerable individual is a person who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may not be able to take care of himself. The Authorising Officer in such cases must be the Chief Executive, who is the Head of Paid Service, or in their absence whoever deputises for this role.

Any deployment of a CHIS should take into account the safety and welfare of that CHIS. Before authorising the use or conduct of a CHIS, the authorising officer should ensure that an appropriate bespoke risk assessment is carried out to determine the risk to the CHIS of any assignment and the likely consequences should the role of the CHIS become known. This risk assessment must be specific to the case in question. The ongoing security and welfare of the CHIS, after the cancellation of the authorisation, should also be considered at the outset.

A CHIS handler is responsible for bringing to the attention of a CHIS controller any concerns about the personal circumstances of the CHIS, insofar as they might affect the validity of the risk assessment, the conduct of the CHIS, and the safety and welfare of the CHIS.

The process for applications and authorisations have similarities to those for directed surveillance but there are also significant differences, namely that the following arrangements must be in place at all times in relation to the use of a CHIS:

- There will be an appropriate officer of the Council who has day-to-day responsibility for dealing with the CHIS, and for the security and welfare of the CHIS; and
- There will be a second appropriate officer of the use made of the CHIS, and who will have responsibility for maintaining a record of this use. These records must also include information prescribed by the Regulation of Investigatory Powers (Source Records) Regulations 2000. Any records that disclose the identity of the CHIS must not be available to anyone who does not have a need to access these records.

4. The Authorisation Process

The processes for applications and authorisations for CHIS are similar as for directed surveillance, but note the differences set out in the CHIS section above. Directed Surveillance applications and CHIS applications are made using forms that have been set up in a shared network drive by the council. These forms must not be amended and applications will not be accepted if the approved forms are not completed.

The authorisation process involves the following steps and is also summarised (in flowchart form) within Appendix 7:

Investigation Officer

1. A risk assessment will be conducted by the Investigation Officer before an application is drafted. This assessment will include the number of officers required for the operation; whether the area involved is suitable for directed surveillance; what equipment might be necessary, health and safety concerns of all those involved and affected by the operation and insurance issues. Particular care must be taken when considering surveillance activity close to schools or in other sensitive areas. If it is necessary to conduct surveillance around school premises, the applicant should inform the head teacher of the nature and duration of the proposed activity, in advance. A Police National Computer (PNC) check on those targets should be conducted as part of this assessment by the Counter Fraud & Investigation team.
2. The Investigation Officer prepares an application. When completing the forms, Investigation Officers must fully set out details of the covert activity for which authorisation is sought to enable the Authorising Officer to make an informed judgment. Consideration should be given to consultation with a lawyer concerning the activity to be undertaken (including scripting and tasking).
3. The Investigation Officer will submit the application form to an authorising officer for approval.
4. All applications to conduct directed surveillance (other than under urgency provisions – see below) must be made in writing in the approved format.

Authorising Officer (AO)

5. The AO considers the application and if it is considered complete the application is signed off and forwarded to the Senior Responsible Officer (SRO). It should be noted that the AO is responsible and/or accountable for the authorisation of applications and not the SRO. The SRO role is a quality assurance role (e.g. to ensure the request meets the crime threshold)
6. An Authorising Officer's Aide-Memoire has been produced to assist AO's when considering applications for directed surveillance. This must be completed by the AO.
7. If there are any deficiencies in the application further information may be sought from the Investigation Officer, prior to sign off.
8. Once reviewed by the SRO (see below), the AO and the Investigation Officer will retain copies and will create an appropriate diary method to ensure that any additional documents are submitted in good time.

Senior Responsible Officer (SRO)

9. The SRO then reviews the AO's approval and countersigns it. As referred to above, the AO is responsible and/or accountable for the authorisation of applications and not the SRO. The SRO role is a quality assurance role (e.g. to ensure the request meets the crime threshold)
10. If the application requires amendment the SRO will return this to the AO for the necessary revisions to be made prior to sign off. Once the SRO is satisfied that concludes the internal authorisation procedure and he or she will countersign the application (see section 5 below). This will allow the Investigation Officer to link in with the RIPA Single Point of Contact, in order to obtain a unique reference number (URN) from the central register (prior to any court authorisation).

Application to JPs Court

11. The countersigned application form will form the basis of the application to the JPs Court (see further below).

Authorised Activity

12. Authorisation takes effect from the date and time of the approval from the JPs Court.
13. Where possible, private vehicles used for directed surveillance purposes should have keeper details blocked by the Counter Fraud & Investigation team.
14. Notification of the operation will be made to the relevant police force intelligence units where the target of the operation is located in their force area. Contact details for each force intelligence unit are held by the Group Manager Counter Fraud & Investigation - Counter Fraud & Investigation team.
15. Before directed surveillance activity commences, the Investigation Officer will brief all those taking part in the operation. The briefing will include details of the roles to be played by each officer, a summary of the alleged offence(s), the name and/or description of the subject of the directed surveillance (if known), a communications check, a plan for discontinuing the operation and an emergency rendezvous point. A copy of the briefing report (Appendix 3) will be retained by the Investigation Officer.
16. Where 3 or more officers are involved in an operation, officers conducting directed surveillance will complete a daily log of activity an example shown at Appendix 5. Evidential notes will also be made in the pocket notebook of all officers engaged in the operation regardless of the number of officers on an operation. These documents will be kept in accordance with the appropriate retention guidelines.
17. Where a contractor or external agency is employed to undertake any investigation on behalf of the Council, the Investigation Officer will ensure that any third party is adequately informed of the extent of the authorisation and how they should exercise their duties under that authorisation.

Conclusion of Activities

18. As soon as the authorised activity has concluded the Investigation Officer will complete a Cancellation Form.

19. The original copy of the complete application will be retained with the central register.

5. Senior Responsible Officer (SRO) Review and Sign Off

The SRO will review the AO approval prior to it being submitted for Magistrates/JP authorisation. This is from a quality assurance aspect only, as the AO has overall responsibility and accountability for signing off applications (and not the SRO).

Once the SRO has countersigned the form this will form the basis of the application to the Magistrates Court for authorisation.

6. Judicial Authorisation

The Authorising Officer or Investigating Officer will provide the court with a copy of the original RIPA authorisation or notice and the supporting documents setting out the case. This forms the basis of the application to the court and should contain all information that is relied upon. The necessity and proportionality of acquiring consequential acquisition will be assessed by the JP as part of their consideration.

The original RIPA authorisation or notice should be shown to the court but also be retained by Thurrock Council so that it is available for inspection by the Commissioners' officers and in the event of any legal challenge or investigations by the Investigatory Powers Tribunal (IPT). The Court may also wish to keep a copy so an extra copy should be made available to the Court.

Importantly, the Authorising Officer or Investigating Officer will also need to provide the court with a partially completed judicial application/order form. The order section of the form will be completed by the JP and will be the official record of the JP's decision.

The officer from Thurrock will need to obtain judicial approval for all initial RIPA authorisations/applications and renewals and will need to retain a copy of the judicial application/order form after it has been signed by the JP. There is no requirement for the JP to consider either cancellations or internal reviews.

The authorisation will take effect from the date and time of the JP granting approval and Thurrock may proceed to use the techniques approved in that case.

On the rare occasions where due to out of hours and no access to a Court and Justice of the Peace (JP), then it will be for the officer to make local arrangements with the relevant Her Majesty's Courts and Tribunals Service. In these cases the council will need to provide two partially completed judicial application/order forms so that one can be retained by the JP. They should provide the court with a copy of the signed judicial application/order form the next working day.

In most emergency situations where the police have power to act, then they are able to authorise activity under RIPA without prior JP approval. No RIPA authority is required in immediate response to events or situations where it is not reasonably practicable to obtain it (for instance when criminal activity is observed during routine duties and officers conceal themselves to observe what is happening).

Where renewals are timetabled to fall outside of court hours, for example during a holiday period, it is the local authority's responsibility to ensure that the renewal is completed ahead of the deadline.

It is not Thurrock's policy that legally trained personnel are required to make the case to the JP. The forms and supporting papers must by themselves make the case.

7. Authorisation periods

The authorisation will take effect from the date and time of the JP granting approval and Thurrock may proceed to use the techniques approved in that case.

A written authorisation (unless renewed or cancelled) will cease to have effect after 3 months. The Authorising Officer should set a review date at the outset which should be "as frequently as is considered necessary and practicable" (the "norm" is one month after authorisation).

Renewals should not normally be granted more than seven days before the original expiry date. If the circumstances described in the application alter, the applicant must submit a review document before activity continues.

As soon as the operation has obtained the information needed to prove, or disprove, the allegation, the applicant must submit a cancellation document and the authorised activity must cease.

CHIS authorisations will (unless renewed or cancelled) cease to have effect 12 months from the day on which authorisation took effect, except in the case of juvenile CHIS which will cease to have effect after 4 months. Urgent oral authorisations or authorisations will unless renewed, cease to have effect after 72 hours.

8. Urgency

The law has been changed so that urgent cases can no longer be authorised orally. Approval for directed surveillance in an emergency must now be obtained in written form. Oral approvals are no longer permitted. In cases where emergency approval is required an AO must be visited by the applicant with two completed RIPA application forms. The AO will then assess the proportionality, necessity and legality of the application. If the application is approved then the applicant must then contact the out-of-hours HMCTS representative to seek approval from a Magistrate. The applicant must then take two signed RIPA application forms and the judicial approval form to the Magistrate for the hearing to take place.

As with a standard application the test of necessity, proportionality and the crime threshold must be satisfied. A case is not normally to be regarded as urgent unless the delay would, in the judgment of the person giving the authorisation, be likely to endanger life or jeopardise the investigation or operation. Examples of situations where emergency authorisation may be sought would be where there is intelligence to suggest that there is a substantial risk that evidence may be lost, a person suspected of a crime is likely to abscond, further offences are likely to take place and/or assets are being dissipated in a criminal investigation and money laundering offences may be occurring. An authorisation is not considered urgent if the need for authorisation has been neglected or the urgency is due to the authorising officer or applicant's own doing.

9. Communications Data (CD) and the use of the National Anti- Fraud Network (NAFN)

Communications Data ('CD') is the 'who', 'when' and 'where' of a communication, but not the 'what' (i.e. the content of what was said or written). Local Authorities are not permitted to intercept the content of any person's communications.

Authorising Officers (AO) must not authorise requests for their own service area and will access the restricted area of the National Anti-Fraud Network (NAFN) website using a special code, in order to review and approve the application. When approving the application, the AO must be satisfied that the acquiring of the information is necessary, proportionate and meets the serious crime threshold.

Part 3 of the Investigatory Powers Act 2016 (IPA) replaced part 1 chapter 2 of RIPA in relation to the acquisition of communications data (CD) and puts local authorities on the same standing as the police and law enforcement agencies. Previously local authorities have been limited to obtaining subscriber details (known now as "entity" data) such as the registered user of a telephone number or email address. Under the IPA, local authorities can now also obtain details of in and out call data, and cell site location. This information identifies who a criminal suspect is in communication with and whereabouts the suspect was when they made or received a call, or the location from which they were using an Internet service. This additional data is defined as "events" data.

A new threshold for which CD “events” data can be sought has been introduced under the IPA as “applicable crime”. Defined in section 86(2A) of the Act this means: an offence for which an adult is capable of being sentenced to one year or more in prison; any offence involving violence, resulting in substantial financial gain or involving conduct by a large group of persons in pursuit of a common goal; any offence committed by a body corporate; any offence which involves the sending of a communication or a breach of privacy; or an offence which involves, as an integral part of it, or the sending of a communication or breach of a person’s privacy. Further guidance can be found in paragraphs 3.3 to 3.13 of CD Code of Practice.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757850/Communications Data Code of Practice.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757850/Communications_Data_Code_of_Practice.pdf)

The IPA has also removed the necessity for local authorities to seek the endorsement of a Justice of the Peace when seeking to acquire CD. All such applications must now be processed through NAFN and will be considered for approval by the independent Office of Communication Data Authorisation (OCDA). The transfer of applications between local authorities, NAFN and OCDA is all conducted electronically and will therefore reduce what can be a protracted process of securing an appearance before a Magistrate or District Judge (see local authority procedures set out in paragraphs 8.1 to 8.7 of the CD Code of Practice).

10. Handling of material and use of material as evidence including retention

Material obtained from properly authorised directed surveillance or a source may be used in other investigations. Arrangements shall be in place for the handling, storage and destruction of material obtained through the use of directed surveillance, a source or the obtaining or disclosure of communications data, following relevant legislation such as the Criminal Procedure and Investigations Act (CPIA).

Authorising Officers must ensure compliance with the appropriate data protection and CPIA requirements, having due regard to the Public Interest Immunity test and any relevant Corporate Procedures relating to the handling and storage of material.

Where the product of surveillance could be relevant to pending or future proceedings, it should be retained in accordance with established disclosure requirements for a suitable period and subject to review.

The following arrangements are in place to ensure that directed surveillance records are held for as long as necessary:

- For cases resulting in no prosecution, all information/records will be held for 3 years at which point it will be removed/deleted from council systems
- For cases resulting in prosecution, information/records will be held for 7 years at which point the information will be removed/deleted from council systems

- The Records Management Team will ensure that the above is monitored and complied with and this will include the deletion of email related records.

11. Training

Officers conducting directed surveillance operations, using a CHIS or acquiring communications data must have an appropriate accreditation or be otherwise suitably qualified or trained.

Authorising Officers will be appointed by the Chief Executive and will have received training that has been approved by the Senior Responsible Officer. The Senior Responsible Officer will have appointed the RIPA Coordinating Officer (SPOC) who will be responsible for arranging suitable training for those conducting surveillance activity or using a CHIS.

All training will take place at reasonable intervals to be determined by the SRO or SPOC, but it is envisaged that an update will usually be necessary following legislative or good practice developments or otherwise every 12 months.

12. Surveillance Equipment

All mobile surveillance equipment is kept in secure premises of each investigation and enforcement team in the Civic Offices. Access to the area is controlled by the relevant team, who maintain a spreadsheet log of all equipment taken from and returned to the area.

13. The Inspection Process

The Investigatory Powers Commissioners Office (IPCO) will make periodic inspections during which the inspector will wish to interview a sample of key personnel; examine RIPA and CHIS applications and authorisations; the central register and policy documents. The inspector will also make an evaluation of processes and procedures.

14. Shared Arrangements

Thurrock conducts Counter Fraud & Investigation activities to protect other public authorities who have no counter fraud function but have an ongoing statutory duty to protect the public funds they administer. In rare instances, where activity governed by RIPA is required to support that Counter Fraud work, only officers employed by Thurrock Council are used to conduct that activity, as the tasking agency. Thurrock therefore follows its own RIPA policy which will result in its Authorising Officers' signing off other agencies RIPA surveillance requests.

15. Social Media and online covert activity

The use of the internet may be required to gather information prior to and/or during an operation, which may amount to directed surveillance. Alternatively an investigator may need to communicate covertly online, for example, contacting individuals using social media websites.

Whenever the council intends to use the internet as part of an investigation, it must first consider whether the proposed activity is likely to interfere with a person's Article 8 rights (Right to respect for private and family life), including the effect of any collateral intrusion. Any activity likely to interfere with an individual's Article 8 rights should only be used when necessary and proportionate to meet the objectives of a specific case.

The use of social media for the gathering of evidence to assist in enforcement activities, must comply with the requirements set out below:

- It is not unlawful for a council officer to set up a false identity but it is inadvisable to do so for a covert purpose without authorization. If this is being considered then this must be authorised by the Senior Responsible Officer and/or the RIPA Single Point of Contact. Using photographs of other persons without their permission to support the false identity infringes other laws.
- Where it is necessary and proportionate for officers pursuing an investigation to create a false identity in order to 'friend' individuals on social networks, a CHIS authorisation must be obtained.
- Authorisation for the use and conduct of a CHIS is necessary if a relationship is established or maintained by a council officer (i.e. the activity is more than merely reading of the site's content). Where activity is only carrying out a test purchase a CHIS authorisation may not be necessary, however this should be confirmed with the Authorising Officer on a case by case basis.
- Where privacy settings are available but not applied, the data may be considered open source and an authorisation is not usually required. However privacy implications may still apply even if the subject has not applied privacy settings (see section 3.13 of the Covert Surveillance and Property Interference Code). Advice on this must be obtained from the Senior Responsible Officer and/or the RIPA Single Point of Contact prior to undertaking surveillance.
- Officers viewing an individual's open profile on a social network should do so as infrequently as possible in order to substantiate or refute an allegation.
- Where repeated viewing of open profiles on social networks is necessary and proportionate to gather further evidence or to monitor an individual's status, then RIPA authorisation must be considered as repeat viewing of "open source" sites may constitute directed surveillance on a case by case basis. Any decision not to seek authorisation must be made in consultation with an Authorising Officer and that the decision making process should be documented.
- Officers should be aware that it may not be possible to verify the accuracy of information on social networks and if such information is to be used as evidence, then reasonable steps must be undertaken to ensure its validity

Please note, sections 3.10 through to 3.17 of the Surveillance and Property Interference Code (and 4.11 to 4.17 of the CHIS Code) provide detailed information in relation to this subject matter.

Based on the above:

- All online activity conducted in connection with children’s services, enforcement or investigative functions, must be recorded and periodically scrutinised for oversight purposes
- Records of visits by staff to any social media sites must be documented by staff at all times. An example log is shown below (referred to as a Social Media Activity Log)
- The RIPA Single Point of Contact will ensure that service areas are contacted on a quarterly basis, to establish if any on-line activity has been undertaken and if so request the return of the relevant Social Media Activity Logs

Social Media Activity Log:

Date of Monitoring	Name of individual who is the subject of the monitoring	Reason for the monitoring	Was the monitoring a one-off exercise? If not has a directed surveillance request been approved
15/01/22	E.G. Alan Smith	To undertake checks to establish a child’s attendance at school	Yes it was a one-off exercise with no additional checks/monitoring required

16. CCTV

Where overt surveillance equipment is used for example in town centres, members of the public will be aware of their use and no RIPA authorisation is required. If, however, CCTV cameras are used in a covert, pre-planned manner as part of a specific investigation or operation for the surveillance of a particular individual, then an authorisation for directed surveillance may be required. Such surveillance is likely to result in the obtaining of private information about a person, that is, a record of his movements and activities.

GLOSSARY OF TERMS

Collateral intrusion

The likelihood of obtaining private information about someone who is not the subject of the directed surveillance operation.

Confidential information

This covers confidential journalistic material, matters subject to legal privilege, and information relating to a person (living or dead) relating to their physical or mental health; spiritual counselling or which has been acquired or created in the course of a trade/profession/occupation or for the purposes of any paid/unpaid office.

Covert relationship

A relationship in which one side is unaware of the purpose for which the relationship is being conducted by the other.

Directed Surveillance

Surveillance carried out in relation to a specific operation which is likely to result in obtaining private information about a person in a way that they are unaware that it is happening. It excludes surveillance of anything taking part in residential premises or in any private vehicle.

Intrusive Surveillance

Surveillance which takes place on any residential premises or in any private vehicle. A Local Authority cannot use intrusive surveillance.

Legal Consultation

A consultation between a professional legal adviser and his client or any person representing his client, or a consultation between a professional legal adviser or his client or representative and a medical practitioner made in relation to current or future legal proceedings.

Residential premises

Any premises occupied by any person as residential or living accommodation, excluding common areas to such premises, e.g. stairwells and communal entrance halls.

Senior Responsible Officer (SRO)

The SRO is responsible for the integrity of the processes in order for the Council to ensure compliance when using Directed Surveillance or CHIS.

Service data

Data held by a communications service provider relating to a customer's use of their service, including dates of provision of service; records of activity such as calls made, recorded delivery records and top-ups for pre-paid mobile phones.

Surveillance device - Anything designed or adapted for surveillance purposes.

List of Authorising Officers

Principal RIPA Officers

Asmat Hussain – Interim Director of Law and Governance (Monitoring Officer)	Senior Responsible Officer (SRO)
Gina Clarke - Governance Lawyer & Deputy Monitoring Officer	Deputy Senior Responsible Officer (SRO)
Lee Henley Strategic Lead - Information Management	RIPA Co-ordinating Officer (Single Point of Contact)

Authorising Officers

Chief Executive	Authorising Officer
Jackie Hinchliffe - Director of HR,OD & Transformation	Authorising Officer
Karen Wheeler – Director Strategy, Engagement & Growth	Authorising Officer
Julie Rogers - Director of Public Realm	Authorising Officer

Briefing Report

Before any RIPA or CHIS operation commences, all staff will be briefed by the officer in charge of the case using the format of this briefing report. The original will be retained with the investigation file.

RIPA URN

Name and number to identify operation

Date, time and location of briefing

.....

Persons present at briefing

.....

Information (Sufficient background information of the investigation to date to enable all those taking part in the operation to fully understand their role).

Intention (What is the operation seeking to achieve?).

Method (How will individuals achieve this? If camcorders are to be used, remind officers that any conversations close to the camera will be recorded).

Administration (To include details of who will be responsible for maintenance of the log sheet and collection of evidence; any identified health and safety issues; the operation; an agreed stand down procedure – NOTE It will be the responsibility of the officer in charge of the investigation to determine if and when an operation should be discontinued due to reasons of safety or cost-effectiveness – and an emergency rendezvous point. On mobile surveillance operations, all those involved will be reminded that at ALL times speed limits and mandatory road signs MUST be complied with and that drivers must NOT use radios or telephones when driving unless the equipment is 'hands free').

Communications (Effective communications between all members of the team will be established before the operation commences).

Best practice regarding photographic and video evidence

Photographic or video evidence can be used to support the verbal evidence of what the officer conducting surveillance actually saw. There will also be occasions when video footage may be obtained without an officer being present at the scene. However it is obtained, it must properly documented and retained in order to ensure evidential continuity. All such material will be disclosable in the event that a prosecution ensues.

Considerations should be given as to how the evidence will eventually be produced. This may require photographs to be developed by an outside laboratory. Arrangements should be made in advance to ensure continuity of evidence at all stages of its production. A new film, tape or memory card should be used for each operation.

If video footage is to be used start it with a verbal introduction to include day, date, time and place and names of officers present. Try to include footage of the location, e.g. street name or other landmark so as to place the subject of the surveillance.

A record should be maintained to include the following points:

- Details of the equipment used
- Confirmation that the date & time on the equipment is correct
- Name of the officer who inserted the film, tape or memory card into the camera
- Details of anyone else to whom the camera may have been passed
- Name of officer removing film, tape or memory card
- Statement to cover the collection, storage and movement of the film, tape or memory card
- Statement from the person who developed or created the material to be used as evidence

As soon as possible the original recording should be copied and the master retained securely as an exhibit. If the master is a tape, the record protect tab should be removed once the tape has been copied. Do not edit anything from the master. If using tapes, only copy on a machine that is known to be working properly. Failure to do so may result in damage to the master.

Stills may be taken from video. They are a useful addition to the video evidence.

Surveillance Log

Daily log of activity, to be kept by each operator or pair of operators.

- A – Amount of time under observation
- D – Distance from subject
- V - Visibility
- O - Obstruction
- K – Known, or seen before
- A – Any reason to remember, subject or incident
- T – Time elapsed between sighting and note taking
- E – Error or material discrepancy – e.g. description, vehicle reg etc.

Operation name or number

Date

Time of activity (from) (to)

Briefing location and time

Name of operator(s) relating to THIS log

.....

Details of what was seen, to include ADVOKATE (as above).

.....

.....

.....

.....

.....

.....

.....

RIPA Authorising Officer's Aide-Memoire

<p>Has the applicant satisfactorily demonstrated proportionality? Court will ask itself should (not could) we have decided this was proportionate. Is there a less intrusive means of obtaining the same information? What is the risk – to the authority (loss), to the community of allowing the offence to go un-investigated? What is the potential risk to the subject? What is the least intrusive way of conducting the surveillance? Has the applicant asked for too much? Can it safely be limited? Remember – Don't use a sledge-hammer to crack a nut! YOUR COMMENTS</p>	<p>Yes</p>	<p>No</p>
--	-------------------	------------------

<p>Has the applicant satisfactorily demonstrated necessity (see below)?</p> <ul style="list-style-type: none"> • What crime is alleged to be committed? • Is the surveillance necessary for what we are seeking to achieve? • Does the activity need to be covert or could the objectives be achieved overtly? • Does this crime come under the Fraud Act 2006 and if so please state which section of the Act this applies to? • Will the offence attract a custodial sentence of 6 months or more? If no, directed surveillance should not be used <p>YOUR COMMENTS</p>	<p>Yes</p>	<p>No</p>
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<p>What evidence does applicant expect to gather? Has applicant described (a) what evidence he/she hopes to gain, and (b) the value of that evidence in relation to THIS enquiry? YOUR COMMENTS</p>	<p>Yes</p>	<p>No</p>
--	-------------------	------------------

Is there any likelihood of obtaining confidential information during this operation? If “Yes” operation must be authorized by the Chief Executive.	Yes	No
Have any necessary risk assessments been conducted before requesting authorization? Details what assessment (if any) was needed in this particular cases. In the case of a CHIS authorization an appropriate bespoke risk assessment must be completed.	Yes	No
When applying for CHIS authorization, have officers been identified to: a) have day to day responsibility for the CHIS (a handler) b) have general oversight of the use of the CHIS (a controller) c) be responsible for retaining relevant CHIS records, including true identity, and the use made of the CHIS.	Yes	No

Have all conditions necessary for authorization been met to your satisfaction? GIVE DETAILS	Yes	No
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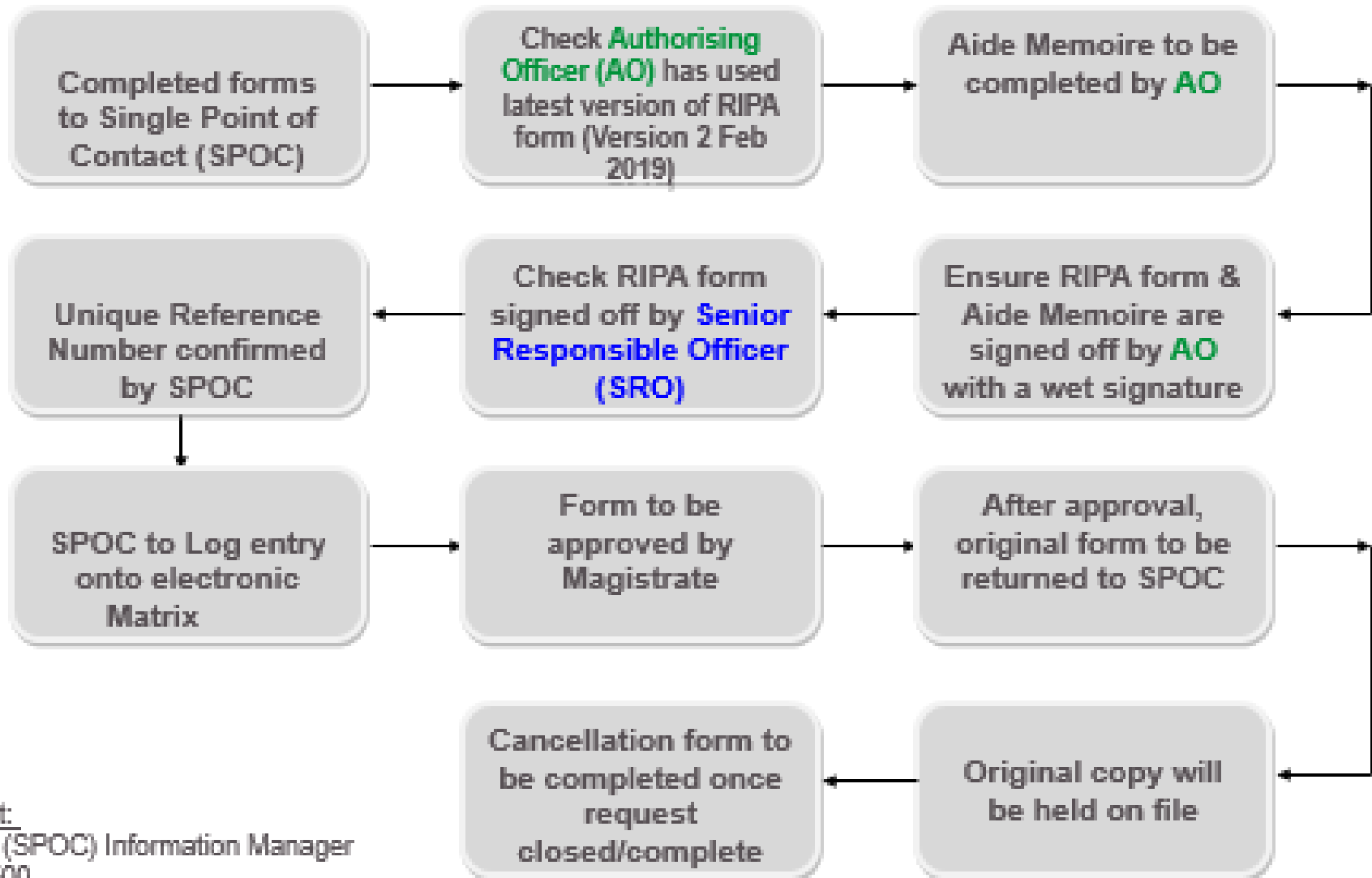
Do you consider that it is necessary to place limits on the operation? IF YES, GIVE DETAILS (e.g. no. of officers, time, date etc.) and REASONS	Yes	No
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Name (Print)		Grade / Rank	
Signature		Date and time	
Expiry date and time [e.g.: authorisation granted on 1 April 2011 - expires on 30 June 2011, 23.59]			

Remember to diarise any review dates and any subsequent action necessary by you and/or applicant. Return copy of completed application to applicant and submit original to Legal Services. Retain copy.

RIPA Process

Appendix 7



6 September 2023	ITEM: 10
Standards and Audit Committee	
Annual Complaints & Enquiries Report – 2022/2023	
Wards and communities affected: All	Key Decision: Not Applicable
Report of: Lee Henley - Strategic Lead Information Management	
Accountable Assistant Director: Not Applicable	
Accountable Director: Jackie Hinchliffe – Director of HR, OD & Transformation	
This report is: Public	

Executive Summary

- Complaints performance provides clear indicators of quality-of-service delivery and customer responsiveness. In the context of intervention, improvement and recovery insight from the data gives both a baseline for measuring improvement and a foundation for target setting. Going forward consideration will be given to the governance arrangements for complaints annual reporting as part of the development of a corporate Performance Management and Assurance Framework, which will establish the appropriate mechanisms to ensure transparency, accountability and insight.
- The number of complaints received for the reporting period is 1717. For the same period last year, the figure was 1562, therefore the reporting period represents an increase of 155 complaints received (10%)
- Details of the top 10 complaint areas are detailed within Appendix 1.
- A summary for Adult Social Care complaints is attached as Appendix 2.
- A summary for Children Social Care complaints is attached as Appendix 3.
- Ombudsman decisions are set out in Appendix 4
- During the reporting period, 47% of complaints were upheld. This is an increase compared to the same period last year, which identified 39% of complaints as upheld.

- For the reporting period, 83% of complaints were responded to within timeframe. This is below the 90% target and represents a dip in performance from last year, where 87% were responded to within timeframe.
- A total of 320 MP enquiries were received, of which 86% were responded to within timeframe. This represents improved performance compared to last year's figures of 82% within timeframe from 286 received.
- A total of 4142 member enquiries were received, with 94% responded to within timeframe. Last year the council received 4336 enquiries with 94% responded to within timeframe. The average time taken to respond to members enquiries across all Directorates was 5 days.
- The council received 1261 external compliments within the reporting period compared to 1565 during last year.

1. Recommendations

1.1 That Standards and Audit Committee consider and note the report

2. Introduction and Background

This report sets out the council's complaints statistics for 2022/23.

Adult Social Care (ASC) and Children's Social Care (CSC) have separate statutory complaints procedures.

The top 10 complaint themes have been produced and are attached as Appendix 1. The Complaints Team work with services to establish the root cause for complaints received, to identify reasons for complaint escalations and to establish the reasons why complaints are upheld.

2.1 Ombudsman Enquiries and/or compensation payments

There were 37 Ombudsman decisions within the reporting period with 13 findings of fault. Appendix 4 details a summary of enquiries where the Local Government and Social Care Ombudsman and/or the Housing Ombudsman have reached a final decision on cases within the reporting period.

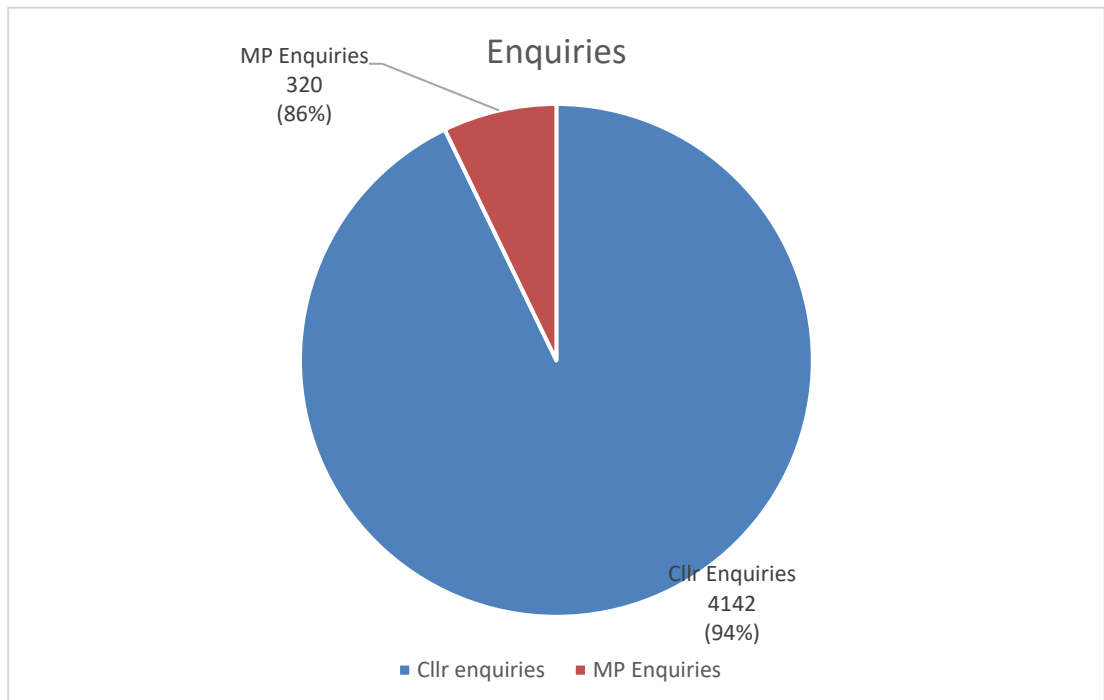
In addition to Ombudsman decisions, £1,337 was paid out or offered by the council (or its contractors) as a form of complaint resolution across 16 Stage 2 complaints.

2.2 MP and Members Enquiries

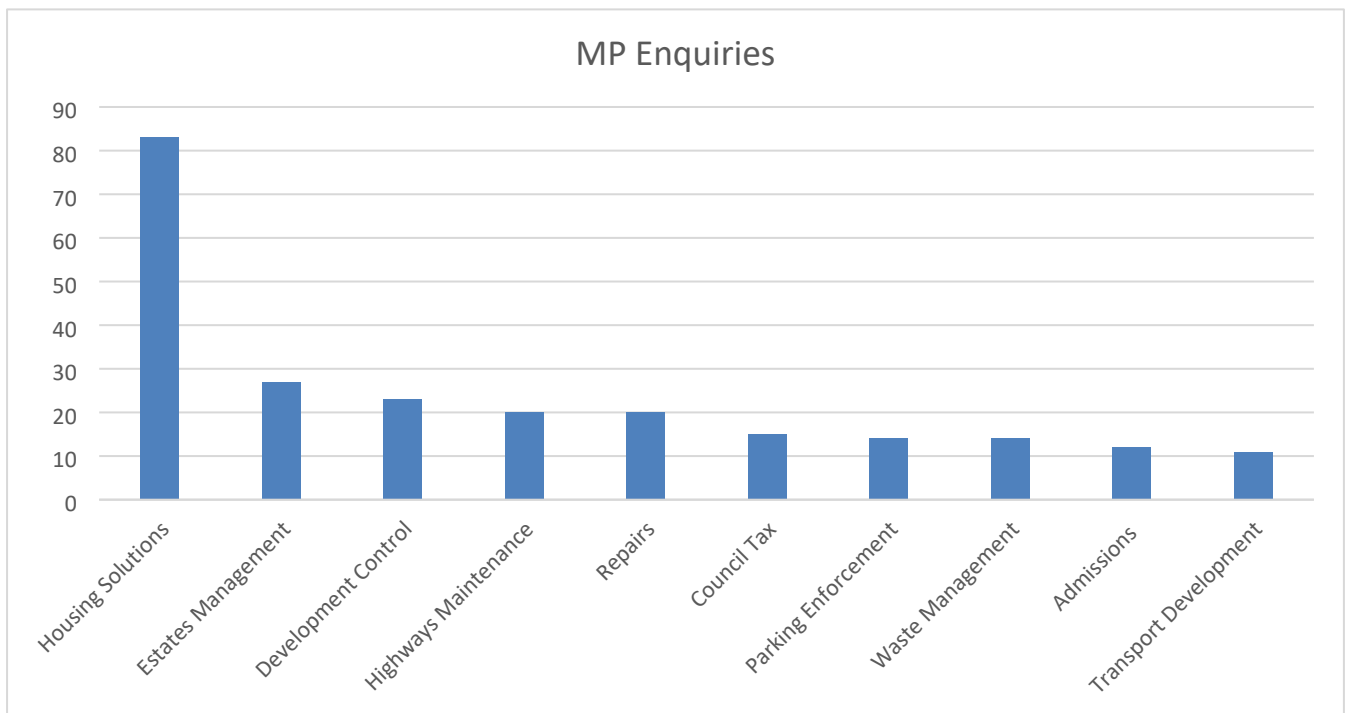
During the reporting period enquiries were received as follows:

- 4142 member enquiries were received, with 94% responded to within timeframe. The average time taken to respond to members enquiries across all Directorates was 5 days.

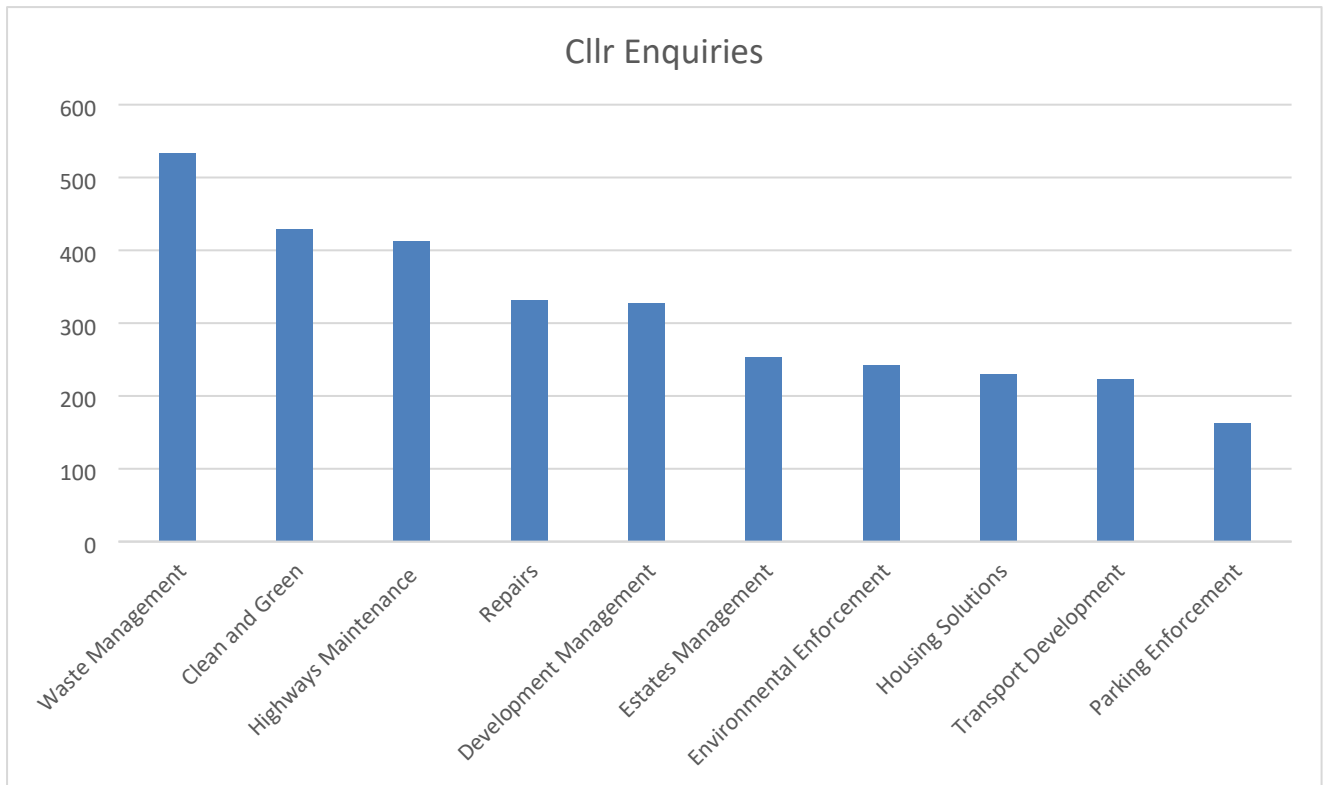
- A total of 320 MP enquiries were received, of which 86% were responded to within the timeframe.



MP enquiry trends and common themes are outlined below:



Councillor enquiry trends and common themes are outlined below:



2.3 Learning lessons from complaints

The most important aspect of any complaints management framework is the ability to demonstrate that the council can show evidence that it is learning from complaints received. Appendix 1 shows the top 10 complaint themes and a summary of high-level learning from upheld complaints which has been identified for each area.

2.4 Social Care Complaints & Representations

Appendix 2 provides a summary dashboard for Adult Social Care.

Appendix 3 provides a summary dashboard for Children’s Social Care.

2.5 Complaint channels

There are various means for complainants to register expressions of dissatisfaction and the table below details how complaints were received:

Digital channel (email, social media, website)	93%
Telephone	6%
Others – Letter or In-person	1%

2.6 Compliments

The council received 1261 external compliments within the reporting period compared to 1565 from last year. A breakdown is shown below:

Notes:

- The high volume shown for Strategy, Engagement & Growth are in the main due to compliments received via our contact centre call handling satisfaction surveys
- The table below is set out on the council structure that was in place for the first 6 months of 2022/23 and not on interim structures that have been subsequently put in place

Area	Volume
Strategy, Engagement & Growth	818
Adult Social Care	208
Libraries	6
Housing	85
Public Realm	68
Education	46
Childrens Social Care	25
HR, OD & Transformation	3
Resources & Place Deliver	2
Total	1261

3 Issues, Options and Analysis of Options

3.1 There are no options associated with this paper.

4 Reasons for recommendations

4.1 This report is for noting purposes. There are no recommendations requiring approval.

5 Consultation (including Overview and Scrutiny, if applicable)

5.1 This report was sent to Senior Leadership Team.

6 Impact on corporate policies, priorities, performance and community impact

6.1 Complaints impact on the council's priority of delivering excellence and achieving value for money.

6.2 The complaints process seeks to create a culture of corporate learning from best practice from listening to our customers and by acting on complaints. All complaints received must have learning applied if the complaint outcome is upheld.

6.3 The complaints process aims to improve customers' and users' experience of accessing council services. This will support our customer services strategy.

- 6.4 Going forward consideration will be given to the governance arrangements for complaints annual reporting as part of the development of a corporate Performance Management and Assurance Framework which is an action within the council's Improvement and Recovery Plan. The framework will establish the appropriate mechanisms to ensure transparency, accountability and insight.

7 Implications

7.1 Financial

Implications verified by: **Jonathan Wilson**
Assistant Director Finance

The financial implications are set out in the body of the report. Corporate Learning from complaints will reduce further exposure to financial consequences by improving core processes and services.

7.2 Legal

Implications verified by: **Gina Clarke**
Governance Lawyer & Deputy Monitoring Officer

Given that this is an update report for noting there are no legal implications directly arising from it. The following points should be noted by way of background information:

- Both the Courts and the Local Government Ombudsman expect complainants to show that they have exhausted local complaints / appeal procedures before commencing external action.
- The implementation of our learning from complaints and listening to our residents should lead to a reduction of complaints received and a reduction in those going to the Ombudsman or the Courts.
- Social Care for Adult and Children are required to follow a separate procedure stipulated by the Department of Health (DOH) and Department for Education & Skills (DFES).
- Regular reports on the council's performance in responding to complaints, assists the council to ensure that it complies with its best value duty to secure continuous improvement in the way in which its functions are exercised having regard to a combination of economy, efficiency, and effectiveness.

7.3 Diversity and Equality

Implications verified by: **Natalie Smith**
Strategic Lead Community Development and Equalities

There are no direct equality and diversity implications arising from this report. Individual complaints that include an equality related expression of dissatisfaction are considered by the service alongside all complaints.

7.4 Other implications (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder or Impact on Looked After Children

None

8 Background papers used in preparing the report

Information has been obtained from the council's complaints system.

9. Appendices to the report

- Appendix 1 – Top 10 complaint themes
- Appendix 2 – Adult Social Care complaint dashboard
- Appendix 3 – Children Social Care complaint dashboard
- Appendix 4 – Ombudsman decisions

Report Author:

Lee Henley – Strategic Lead Information Management

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Appendix 1 - High-level summary for top 10 areas:

The areas receiving the highest number of complaints are outlined below together with the individual learning for each area. Figures in brackets below represent 2021/22 data.

2022/23 – Annual Complaints Report				
Top 10 Complaints Areas				
Directorate & Area	Stage1 - Received	Stage 1- % upheld	Stage 2- Received	Stage 2 - % upheld
Waste Management	427 (391)	78% (55%)	49 (43)	43% (37%)
Housing Repairs	299 (218)	50% (47%)	45 (21)	44% (5%)
Housing – Estates Management	83 (94)	23% (22%)	16 (18)	13% (28%)
Council Tax	68 (57)	24% (32%)	9 (3)	0% (67%)
Housing Solutions	62 (81)	13% (17%)	11 (15)	0% (20%)

Clean & Green	65 (71)	37% (38%)	6 (7)	0% (43%)
Development Control	40 (55)	30% (22%)	10 (10)	20% (20%)
Transforming Homes	35 (25)	49% (32%)	7 (3)	14% (0%)
Freedom of Information	32 (6)	50% (50%)	0 (0)	0% (0%)
Highways Maintenance	30 (29)	37% (34%)	0 (3)	0% (0%)

High Level Learning for Top 10 Areas:

Area	High Level learning identified from complaints
Waste Management	<ul style="list-style-type: none"> • In the event of a missed waste collection the attending crew will be issued with clear written instructions to ensure that they are aware of expected standard of service. This will also be monitored through one-to-one meetings between crew members and Supervisors • Crews informed of the importance of ensuring that any spillages or waste dropped during collection must also be collected and not left behind • Carried out a recruitment campaign, reviews of the collection rounds and implementation of changes to these rounds to help onboard additional resource and assist in stabilising the service
Housing Repairs	<ul style="list-style-type: none"> • All Mears staff have been reminded to quality check operative and subcontractor notes to ensure that all aspects are covered before booking in follow on works • The Mears Customer Success Manager has reiterated that when communicating with a resident following a complaint investigation, contact attempts need to be completed via the office phone line. This will ensure calls are recorded for monitoring purposes and will assist should there be any further queries arising regarding these. In addition to this Mears have also requested that all landline extensions are included on the call recording

	<p>system in order to spot check outside of the normal call centre</p>
Housing – Estates Management	<ul style="list-style-type: none"> • Tenancy Officers informed of the standards regarding responding to residents in a timely manner • A new void process has been implemented which will prevent any administrative errors • Tenancy officers informed to thoroughly check all information entered into the system to ensure that it is correct
Housing Solutions	<ul style="list-style-type: none"> • Changes implemented to allow applicants on the housing list to view previous bidding cycle outcomes online. • A new process is in place for processing medicals going forward. All medicals are now recorded on a spreadsheet for the Medical Officer. Once a medical is ready to be assessed following receipt of all relevant paperwork, the Medical Officer will be notified. • Improvements made to communication processes. For instance, where Registrations require advice on what documents to request, this will now be done via Microsoft teams rather than email. This is due to the high volume of emails received by the Medical Officer.
Clean & Green	<ul style="list-style-type: none"> • Administration support has been put in place to assist the Tree Officer due to the volume of enquiries they receive. This will help to provide a timely response to residents

	<ul style="list-style-type: none"> • Lack of communication from contactors has been addressed with the contractors
Development Control	<ul style="list-style-type: none"> • Enforcement Officers informed of the importance of providing regular updates to complainants, even if there has been no material progress to report
Council Tax	<ul style="list-style-type: none"> • Staff informed that there are instances when the issue of a copy of a bill in response to an email enquiry may not be sufficient and that a full response should also be provided • Staff informed that if they advise a resident that they will call them back then this must be followed up on in a timely manner • Staff have been reminded that if correspondence is received and it is for a different department, then the resident should be advised of the correct department and a copy should also be forwarded as soon as possible to the correct department
Highways Maintenance	<ul style="list-style-type: none"> • Weekly dropped curb application catch ups meetings have been put in place to maintain the focus on current applications and enquiries. • A vehicle crossover application tracker spreadsheet has been implemented. This will ensure up to date information regarding applications is accessible. • Report it portal updated to ensure requests receive automatic acknowledgements

<p>Freedom of Information</p>	<ul style="list-style-type: none"> • Services must respond to requests within the statutory timeframes. Failure to do so will result in additional work for the council via complaints received • To ensure that original requests are read carefully so that a response can be sent in the way that was requested • To ensure that if clarification is needed on a point in a request, that this is sought from the requestor
<p>Transforming Homes</p>	<ul style="list-style-type: none"> • Regular updates to be provided to both council residents and adjoining properties where works are due to be completed to ensure that are kept informed of progress of works • Wates reminded all staff of expected standards when working in and around residents' homes

High Level Learning for other Housing Areas that fall within the Housing Ombudsman Jurisdiction:

Note – It is a Housing Ombudsman requirement to report learning outcomes that fall within the Housing Ombudsman jurisdiction.

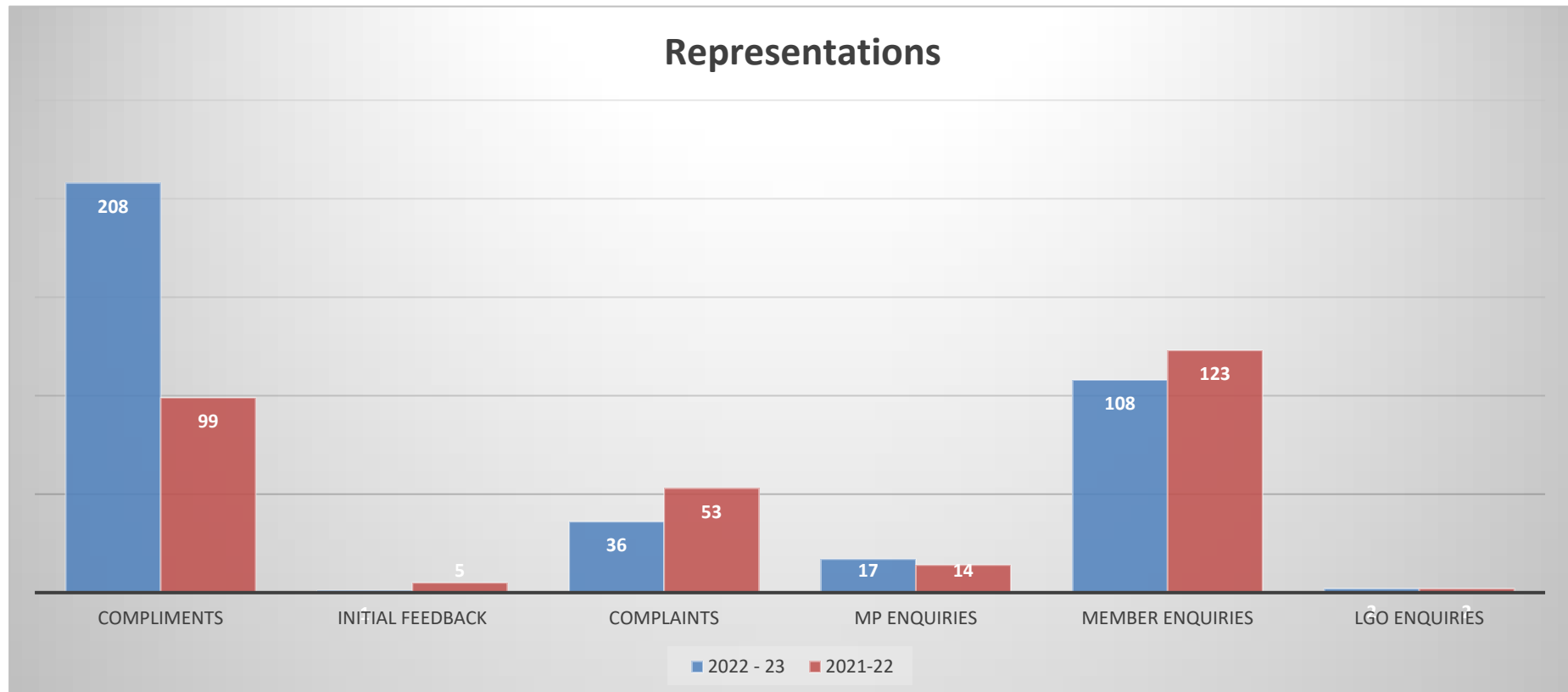
Area	High Level learning identified from complaints
Rents	<ul style="list-style-type: none">• Officers reminded of importance of responding to correspondence in expected timeframes
Voids	<ul style="list-style-type: none">• Void contractors advised of standards with regards to clearing debris from communal spaces when works are taking place
Leaseholding	<ul style="list-style-type: none">• A process has been put in place to ensure that residents are kept up to date if there is likely to be a delay in receiving a reply or providing periodic updates if the query is protracted.• Monthly reports implemented regarding the creation of service charge accounts. This will reduce the risks of any delays in service charge accounts being created
Sheltered Housing	<ul style="list-style-type: none">• The Sheltered Housing Officer and Team Manager on their six-monthly health and safety audit, will look at the condition of communal areas and will report these through to relevant departments and track until finalised

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Appendix 2 – 2022/23 Adult Social Care Complaints & Representations Report

1. Volume of Representations 2022/23 vs 2021/22

Below is a comparison of representations received for both years. During **2022/23**, **372** representations were received, compared with **296** for **2021/22**.



2.Complaints – 2022/23 vs 2021/22

Below is the comparison between the two years broken down into more specific detail including those complaints involving both internal and external providers.

Feedback:	Initial Feedback	Complaints	No. withdrawn / Cancelled	Total to be investigated	Cases closed in period*	% of complaints upheld in period	% timeliness of response for those due in period
2022/23	1	36	2	34	37	66%	85%
2021/22	5	53	1	52	44	66%	84%
Difference	-4	-17	+1	-18	7	0%	+1%

For 2022/23:

- 36 complaints were received in the reporting period. Of these 36 received 2 were cancelled. These are shown within section 4.
- 33 complaints were due a response in this period. 28 of 33 (85%) were responded to within timeframe.
- 35 complaints were responded to within this period. These are shown in section 5.
- 23 of 35 complaints responded to (66%) were upheld. These are shown in section 5 and the learning is detailed within section 3

Key Note for 2022/23:

Complaints volumes are low, when taking into consideration that there are 4148 services commissioned across Adult Social Care for 2192 service users.

3.Learning and/or outcomes from upheld complaints:

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>Complaint 1</p> <p>Concerns that care visits are not completed at requested times and pads used during care visits are not disposed of correctly (Extra Care)</p> <p>Learning and/or outcome</p> <ul style="list-style-type: none"> Monitoring will be introduced to ensure calls/visits are at the agreed times going forward Care Staff have been reminded of the need to dispose of pads correctly and to ensure they follow infection control procedures <p>Complaint 2</p> <p>Concerns regarding the poor level of care provided (Ronti Care)</p> <p>Learning and/or outcome</p>	<p>Complaint 4 –</p> <p>Concerns regarding a financial form being issued with incorrect details included (Older People Mental Health)</p> <p>Learning and/or outcome</p> <p>Discussions held with the member of staff responsible for issuing the financial form and further training has been provided on data protection</p> <p>Complaint 5</p> <p>The service provider missed a visit (Clarity Homecare)</p> <p>Learning and/or outcome</p> <p>Staff involved did not communicate with one another</p>	<p>Complaint 10</p> <p>Concerns that waste within the home was poorly managed (Grays Court Care Home)</p> <p>Learning and/or outcome</p> <p>The Home now has an extra clinical waste bin to avoid overflow and housekeeping and maintenance staff also monitor the waste area on a daily basis.</p> <p>Complaint 19</p> <p>Concerns that another service user was verbally abusive. (AK Supported Living)</p> <p>Learning and/or outcome</p> <p>The service user was spoken to, and a letter was sent to the family to apologise.</p>

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>An action plan has been put in place to ensure the concerns regarding quality of care are addressed. This will be monitored via visits to the provider and service users, to obtain their feedback and views</p> <p>Complaint 3</p> <p>Concerns that the service provider staff did not stay for the full 30 minutes and there was a lack of consistency in the carers attending (Clarity Homecare)</p> <p>Learning and/or outcome</p> <p>The service provider returned the package of care to the council as they were unable to meet the expectations of the service user. Since then, the package of care has been allocated to Pineapple Care and they are now providing support to the service user.</p> <p>Complaint 9</p> <p>Concerns that the service user was not supported when getting off the</p>	<p>clearly to ensure that the visit was carried out. Training in relation to the expected standards of communication has been provided</p> <p>Complaint 6</p> <p>Concerns received regarding the level and quality of communication with the service user and their family. This included delays and disruption in scheduled meetings and/or family requests for contact not being addressed. (Community Led Support Team 1)</p> <p>Learning and/or outcome</p> <p>Staff to update case recordings of all contact made in a timely manner, and on the relevant systems.</p> <p>Teams to have a system in place to enable them to respond to queries in the absence of staff members.</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
	Standard of Care	Communication	Concerns regarding care home
	<p>council minibus and as a result suffered an injury (Day Care)</p> <p>Learning and/or outcome Disciplinary investigation completed and further training provided to all staff.</p> <p>Complaint 11</p> <p>Complaint regarding service user's items going missing (Leatherland lodge)</p> <p>Learning and/or outcome</p> <p>Items were located following the hospital returning a bag to the home. Therefore, in the event of any concerns regarding missing items, full checks must be completed to ensure any items are located.</p> <p>Complaint 12</p> <p>Concern as to how a relative fell from bed whilst being assisted by 2 care staff (Merrie Loots Farm)</p> <p>Learning and/or outcome</p>	<p>Staff not to be late when attending meetings. If staff are running late, the Chair of the meeting must be informed.</p> <p>Staff to ensure they are familiar with cases when attending meetings.</p> <p>Complaint 7</p> <p>A request for a meeting, to discuss the family's concerns regarding the care of service user was refused (Hospital team)</p> <p>Learning and/or outcome</p> <p>It was noted that while a meeting would not have resulted in the outcome of the service user returning home, it was acknowledged that a meeting would have allowed the family to feel heard. Due to this, a recommendation was made to the Hospital team that</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>High needs/dependency service users to only be assisted by familiar, experienced staff. Additional risk assessments and visual prompts to be incorporated/undertaken</p> <p>Complaint 13</p> <p>Concerns regarding human waste in a tissue box. (Willow Lodge Care)</p> <p>Learning and/or outcome</p> <p>Staff to ensure that they check the environment for every service user during all interventions with them.</p> <p>Complaint 14</p> <p>Concerns regarding a change in care users' needs regarding assistance with mobility and meal times as well as infection control issues. (Willow Lodge care)</p> <p>Learning and/or outcome</p> <p>To ensure effective communication with families to keep them up to date</p>	<p>in future if a request for a meeting is received from a family, then it should be fully considered.</p> <p>Complaint 8 Note: The complaint and outcome are the same as complaint 7, as the issues were the same, however this was a separate complaint received from different family members</p> <p>A request for a meeting, to discuss the family's concerns regarding the care of service user was refused (Hospital team)</p> <p>Learning and/or outcome</p> <p>It was noted that while a meeting would not have resulted in the outcome of the service user returning home, it was acknowledged that a meeting would have allowed the family to feel heard. Due to this, a recommendation was made to the Hospital team that</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>on service users' needs. In addition to this robust documentation must be held to detail any changing needs of the service user</p> <p>Complaint 15</p> <p>Concerns in relation to how personal care was delivered as the service user was wet after a pad change (Willow Lodge Care)</p> <p>Learning and/or outcome</p> <p>Members of staff who carried out the care were spoken to, and additional training was provided</p> <p>Complaint 16</p> <p>Concerns regarding a delay in replacing a fall pendant/alarm. (Careline)</p> <p>Learning and/or outcome</p> <p>At the point the council were informed that a replacement pendant was required it was replaced the following day. The learning in this case is to</p>	<p>in future if a request for a meeting is received from a family then it should be fully considered.</p> <p>Complaint 21</p> <p>Concerns regarding lack of communication with regards to a hospital admission for a service user. (Willow Lodge)</p> <p>Learning and/or outcome</p> <p>Additional training was provided to members of staff regarding effective customer service/communication</p>	

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>explore localised options for fall pendant stock so that going forward these devices can be replaced sooner if required.</p> <p>Complaint 17</p> <p>Concerns regarding a missed telephone call and missed medication. (Thurrock Care at Home)</p> <p>Learning and/or outcome</p> <p>Members of staff responsible were spoken to and further training was provided. Medication Support Workers will also complete medication competency spot checks on staff</p> <p>Complaint 18</p> <p>Service user had raised concerns that he was feeling unwell. However, this was not raised as a concern or escalated for action. (Thurrock Care at Home)</p> <p>Learning and/or outcome</p>		

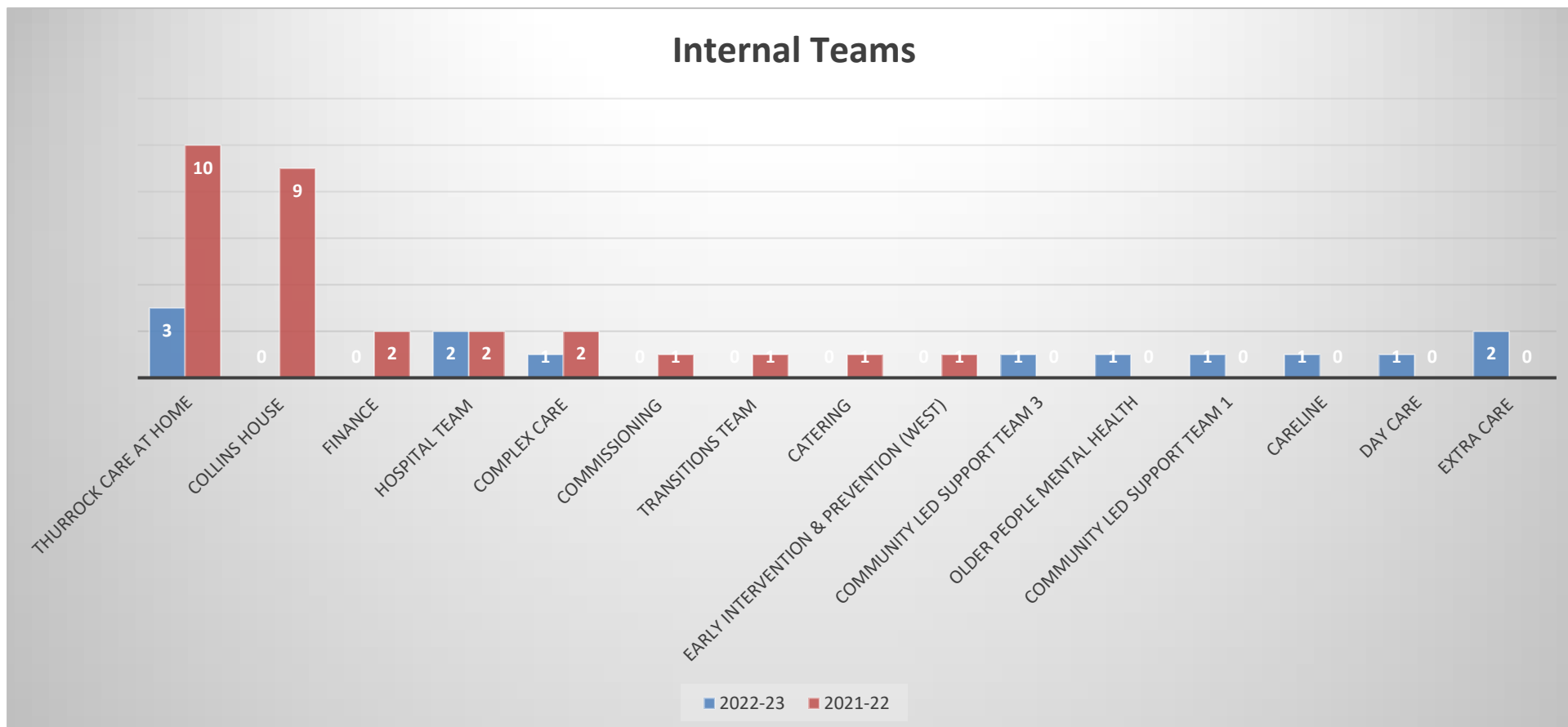
Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>Care workers who carried out visits have been spoken to and were required to complete refresher training on duty of care awareness, safeguarding adults and the role of the carer</p> <p>Complaint 20</p> <p>Concerns that the service user had been given continence pads when they were not needed. Concerns that the service user was not wearing dentures or being showered. (Leatherland Lodge)</p> <p>Learning and/or Outcome</p> <ul style="list-style-type: none"> • Ensure that staff are fully aware of any new residents needs • Staff to ensure that family members are made aware immediately of any changes to care process. • Staff to ensure that any care related tasks or information is 		

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning Standard of Care	Root Cause 2 and associated learning Communication	Root Cause 3 and associated learning Concerns regarding care home
	<p>documented for future reference.</p> <p>Complaint 22</p> <p>Concerns regarding the texture of food that was provided, and a lack of assistance provided for cleanliness within the bedroom. (Willow Lodge)</p> <p>Learning and/or outcome</p> <p>Additional training provided to staff regarding nutrition and hydration. Planned care actions also implemented to address concerns regarding lack of assistance.</p> <p>Complaint 23</p> <p>Lack of empathy or compassion shown by member of staff whilst dealing with a service user (Willow Lodge)</p> <p>Learning and/or outcome</p> <p>Additional training provided to the relevant member of staff</p>		

4A. Breakdown of complaints received - Internal teams and staff:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures shown below will also exclude cancelled complaints.

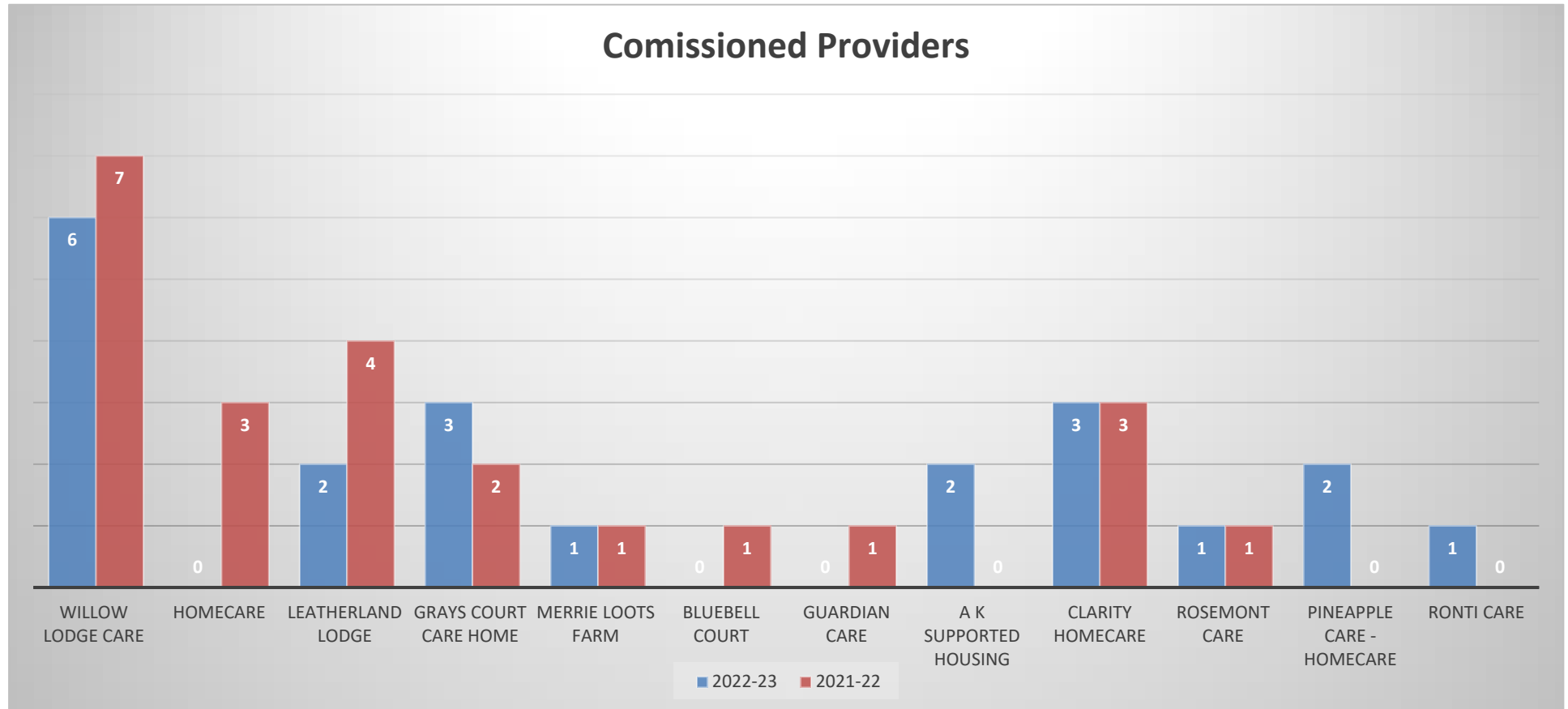
14 of 36 complaints received within this period are for internal teams/services (**1** was cancelled and this related to Community Led Support Team 3). This compares with **30 of 53** during 2021/22.



4B. Breakdown of complaints received - Commissioned Providers:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures shown below will also exclude cancelled complaints.

22 of 36 complaints responded to within this period are for commissioned providers services (1 was cancelled and this related to Willow Lodge Care). This compares with **23 of 53** during 2021/22.



5.Upheld Complaints:

This may be different to figures shown above within the complaints received section, as the figures below are based on closed complaints (not complaints received).

Complaint Area	Volume Closed 2022/23	Upheld	Volume Closed 2021/22	Upheld
Thurrock Care at Home	2	2	10	10
Collins House	0	0	8	3
Willow Lodge Care	6	6	6	2
Homecare	0	0	3	3
Leatherland Lodge	2	2	3	3
Clarity Homecare	3	2	3	2
Careline	1	1		
Finance	0	0	2	2
Hospital Team	2	2	2	1
Rosemont Care	1	0	1	0
Commissioning	0	0	1	0
Complex Care	2	0	1	0

Bluebell Court	0	0	1	0
Grays Court Care Home	3	1	1	1
Guardian Care	0	0	1	1
Merrie Loots Farm	1	1	1	1
Community Led Support Team 3	1	0	0	0
A K Supported Living	2	1	0	0
Extra Care	2	1	0	0
Ronti Care	1	1	0	0
Older People Mental Health	1	1	0	0
Day Care	1	1	0	0
Pineapple Care - Homecare	2	0	0	0
Community Led Support Team 1	1	1	0	0
Transitions Team	1	0	0	0

6. Local Government and Social Care Ombudsman (LGSCO) Complaints:

There were **2** enquiries from the Local Government and Social Care Ombudsman (LGSCO), where they reached a final decision on any cases within the reporting period.

Area	Issue Nature	LGSCO Findings	Financial Remedy	Learning where relevant	Did the council respond to the LGSCO timeframes
Hospital Team	Complaint regarding the handing of discharge from hospital by the council and the NHS Trust	Closed after initial enquiries - No further action	N/A	N/A	Yes
Early Intervention & Prevention (West)	Complaint regarding how the council dealt with matters relating to social care between 2013 and 2018	Closed after initial enquiries - Out of jurisdiction	N/A	N/A	Yes

7.Enquiries:

In the reporting period the following was received:

- 17 MP Enquiries
- 108 Member Enquiries

MP Enquiries	Feedback total
Complex Care	4
Disabled Facilities Grant	3
Finance	2
Public Health	2
Thurrock Care at Home	1
Preparing for Adulthood	1
Blue Badges	1
Community Led Support Team 1	1
Community Led Support Team 2	1
Collins House	1

Member enquiries	Feedback total
Thurrock First	30
Public Health	22
Community Development	20
Local Area Coordination	9
Safeguarding	5
Finance	3
Blue Badges	2
Contract Compliance	2
Commissioning	2
Older People Mental Health	2
Grays Court Care Home	2
Complex Care	2
Hospital Team	1
Thurrock Care at Home	1
Community Led Support Team 2	1
Disabled Facilities Grant	1
Hollywood Rest Home	1
Pineapple Care - Homecare	1
Day care	1

8.External Compliments:

A total of **208** compliments have been received during this period compared to **99** within the same period last year. A breakdown of the areas that these relate to is shown below.

Note – These relate to compliments that have been sent to the Complaints Team to record on the complaints system.

Service Area 2022/23	Number of Compliments	Service Area 2021/22	Number of Compliments
Community Led Support Team 1	53	Thurrock First	26
Thurrock First	32	Joint Reablement Team	20
Thurrock Care at Home	17	Disabled Facilities Grant	10
Older People Mental Health	15	Blue Badges	6
Hospital Team	14	Community Led Support Team 1	6
Rapid Response Assessment Service	12	Community Development	5
Collins House	10	Hospital Team	3
Extra Care	7	Local Area Coordination	3
Day Care	6	Community Led Support Team 3	3
Disabled Facilities Grant	5	Thurrock Care at Home	3
Thurrock Healthy Lifestyle	4	Careline	3
Careline	4	Community Led Support Team 2	2
Community Led Support Team 3	4	Collins House	2
Blue Badges	4	Rapid Assessment Service	2
Local Area Coordination	3	Safeguarding	2
Contract Compliance	3	Extra Care	1
Community Development	3	Complex Care	1
Preparing for Adulthood	2	Preparing for Adulthood	1

Community Led Support Team 2	2		
Grays Court Care Home	1		
Meadowview	1		
Complex Care	1		
Barn & Coach House	1		
Joint Reablement Team	1		
Community Led Support Team 4	1		
The Whitecroft	1		
Leatherland Lodge	1		

9.Examples of External Compliments

Thurrock First

I would like to comment how helpful your member of staff was during my call to Thurrock First this morning.

Not only did she listen and give helpful feedback, she asked relevant questions and gave useful information about services that may be available. She seemed to genuinely care. She has arranged for call backs from appropriate services.

This member of staff is very professional and good at her job and is an asset to Thurrock First.

Rapid Response Assessment Team

Thank you for the amount of time you spent with xxx and myself over the last couple of days. Your understanding, empathy, efficiency and knowledge was so reassuring. Learning that some of xxx actions are 'normal' for people with dementia has given me a better understanding of how to cope better with caring for him. Also thank-you for our conversations about everyday life.

Community Led Support Team 1

Service user confirmed all the staff are very polite and good at their job, no complaints, all very helpful.

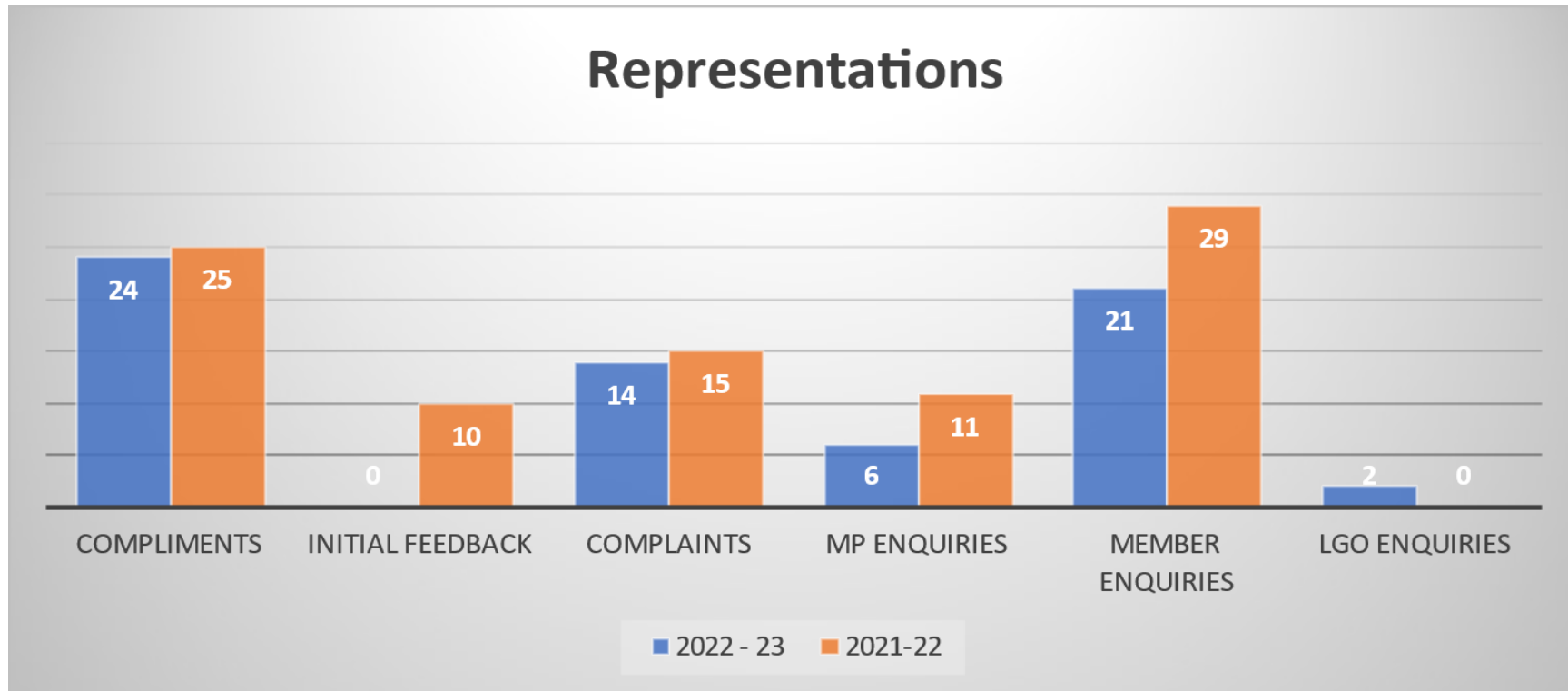
The service user would like to thank the member of staff for all she did when xxx was taken into hospital. She stayed with me all the way through.

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Appendix 3 - 2022/23 Children's Social Care Complaints & Representations

1. Volume of Representations – 2022/23 vs 2021/22:

Below is a comparison of all representations received during both years. A total of **67** representations were received in 2022/23 compared with **90** for 2021/22.



2. Complaints – 2022/23 vs 2021/22:

Below is the comparison between the two years with additional details provided. There were no escalations beyond stage 1 for both periods:

Feedback:	Initial Feedback	Stage 1 complaints	Stage 2 complaints	Stage 3 complaints	Alternative Dispute Resolution Cases	Cases closed in period	Cases Cancelled	% of complaints upheld in period	% timeliness of response for those due in period
2022/23	0	14	0	0	0	15	0	47%	93%
2021/22	10	15	0	0	0	14	0	57%	80%
Difference	-10	-1	0	0	0	+1	0	-10%	+13%

*For 2022/23:

- 14 complaints were received in the reporting period. These are shown within section 4
- 15 complaints were due a response in the reporting period. 14 of 15 (93%) were responded to within timeframe
- 15 complaints were responded to within this reporting period. These are shown in section 5
- 7 of 15 complaints responded to (47%) were upheld. These are shown in section 5 and the learning is detailed within section 3

3. Learning and/or outcomes from upheld complaints:

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
	<p>Communication</p> <p>Complaint 1</p> <p>Parent raised concerns that they are receiving minimal support from the service with regards to their son. (Disabled Children)</p> <p>Learning and/or outcome</p> <p>The social worker managing the case was spoken to and has been reminded of the importance of providing frequent updates to the parents. This will ensure the parents are kept up to date regarding the actions being taken and to reassure them that adequate support is provided.</p> <p>Complaint 2</p> <p>Concerns that factually incorrect information was held on son's file in relation to his care history. These errors were pointed out by the mother on numerous occasions however amendments were not made (Disabled Children)</p>	<p>Standard of Care</p> <p>Complaint 7</p> <p>Concerns regarding the level of care and support provided by the Foster Carer placement. (Fostering team)</p> <p>Learning and/or outcome</p> <p>Meeting held with the Carers to share the concerns raised and ongoing guidance will be given to these carers to ensure that anyone accommodated by them in the future feels supported.</p>	<p>Level of support received</p> <p>Complaint 6</p> <p>Complaint raised by advocate on behalf of parents regarding concerns that their social worker has been unsupportive with their child's case (Disabled Children)</p> <p>Learning and/or outcome</p> <p>The child's assessment had not been updated in over two years. This has now been actioned to ensure that this assessment is updated and followed going forward.</p> <p>There was also a delay in the minutes from a meeting being provided to the parents. An apology for this has been issued as this is not in line with standard practice. Going forward any minutes will be provided in a reasonable timeframe to ensure they can be reviewed before any scheduled meetings.</p>

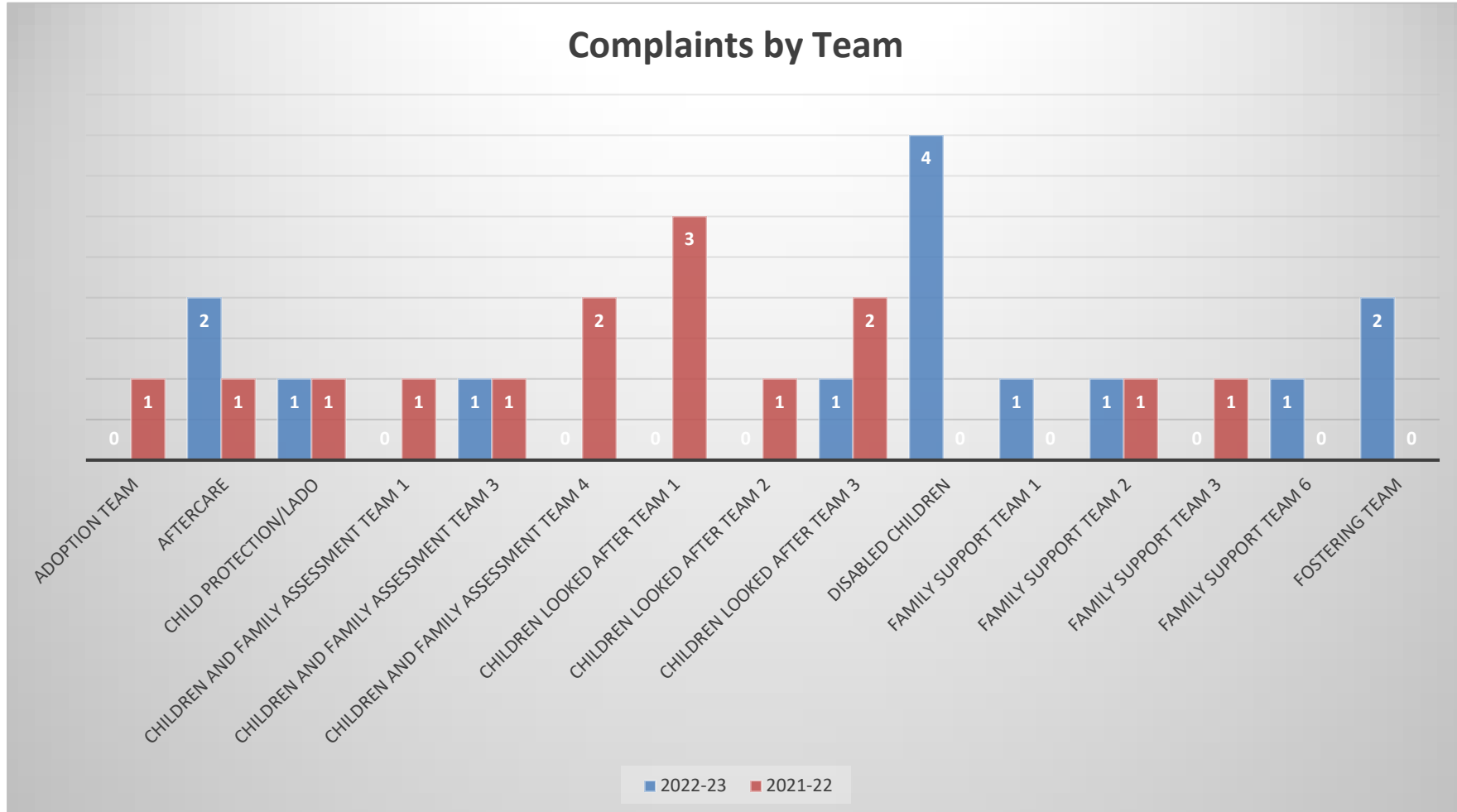
Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
	<p>Communication</p> <p>Learning and/or outcome</p> <p>Requested amendments have now made to the files and all team members have been reminded of the importance of maintaining accurate information</p> <p>Complaint 3</p> <p>Concerns regarding a lack of communication from the allocated care worker and that care files relating to adoption have not been provided (Aftercare)</p> <p>Learning and/or outcome</p> <ul style="list-style-type: none"> • The process regarding allocation of new cases was discussed within the Team Meeting, making it clear that the expectation is that young people must be contacted by the new care worker at the point of allocation • Where there is an absence of a care worker as with this case, the young person should be contacted by the responsible Senior Practitioner 	<p>Standard of Care</p>	<p>Level of support received</p>

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
	Communication	Standard of Care	Level of support received
	<ul style="list-style-type: none"> The Subject Access Request process has been circulated to all Team Members (including Managers), to ensure all staff are aware of the process for providing requested information <p>Complaint 4</p> <p>Concerns raised regarding a lack of response to a parent, when they raised concerns that they were not consulted regarding a respite placement (Fostering Team)</p> <p>Learning and/or outcome</p> <p>The Fostering Team to ensure that they make all individuals aware ASAP regarding any respite care matters, to enable time for the families to address any concerns with the service</p> <p>Complaints 5</p> <p>Parent raised concerns that they have not had contact with their children, despite being advised that this would</p>		

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
	<p>Communication</p> <p>happen (Children Looked After Team 3)</p> <p>Learning and/or outcome</p> <p>This was caused by staff absence. The service are reviewing processes to ensure contact is maintained at all times, in the event of staff absences from work</p>	<p>Standard of Care</p>	<p>Level of support received</p>

4. Breakdown of complaints received:

This may be different to figures shown within the upheld complaints section below, as the upheld section is based on closed complaints (not complaints received). The figures below will also exclude cancelled complaints.



5. Upheld Complaints:

This may be different to figures shown above within the complaints received section, as the figures below are based on closed complaints (not complaints received).

Complaint Area	Volume Closed 2022/23	Upheld	Volume Closed 2021/22	Upheld
Adoption	0	0	1	1
Aftercare	3	1	1	0
Child Protection/LADO	1	0	1	0
Children and Family Assessment Team 1	0	0	1	1
Children and Family Assessment Team 3	0	0	1	0
Children and Family Assessment Team 4	0	0	2	1
Children Looked After Team 1	0	0	3	3
Children Looked After Team 2	0	0	1	0

Complaint Area	Volume Closed 2022/23	Upheld	Volume Closed 2021/22	Upheld
Children Looked After Team 3/UAS	1	1	2	2
Disabled Children	4	3	0	N/A
Family Support Team 1	1	0	0	0
Family Support Team 2	1	0	1	0
Family Support team 3	1	0	0	0
Family Support Team 6	1	0	0	N/A
Fostering Team	2	2	0	N/A

6. Local Government and Social Care Ombudsman (LGSCO) Complaints:

There were 2 enquiries from the Local Government and Social Care Ombudsman (LGSCO), where they reached a final decision on cases within the reporting period.

Area	Issue Nature	LGO Findings	Financial Remedy	Learning where relevant	Did the council respond to the LGSCO timeframes
MASH	Resident claims the council failed to respond properly to a safeguarding referral and did not report the matter to the police, which has made it impossible to bring criminal proceedings	Closed after initial enquiries - Outside of jurisdiction	Not Applicable	Not Applicable	Yes
Family Support Team 2	Resident complains about how the council assessed the care needs of an unborn child. Resident also complains that their views were not included in the assessment which also contained inaccuracies.	Outside Jurisdiction	Not Applicable	Not Applicable	Yes

7. Initial Feedback:

The council receives feedback which following assessment does not constitute a formal complaint but still requires addressing. Those within scope of an 'Initial Feedback' are sent to the service with a request that swift action takes place to resolve the issue. This should negate the need for a formal complaint taking place. For the reporting period a total of **0** 'Initial Feedback' have been recorded:

8. Enquiries

During the reporting period the following enquiries were received:

- 21 Cllr/Member enquiries
- 6 MP Enquiries

Member/Cllr Enquiries	Feedback Total
MASH	3
Family Support team 7	1
Operation of Homes	2
Fostering Team	1
All Services	7
Registration	1
Family Support 6	1
Aftercare	1
Children looked after Team 1	1
Family Support Team 2	2
Fostering Team	1

MP Enquiries	Feedback Total
Children and family assessment Team 1	1
Disabled Children	1
Children looked after Team 3	1
Family Support Team 2	1
Faily Support Team 1	1
Prevention/Support Service	1

9. External Compliments:

25 compliments have been received during this period compared to **25** in the same period last year, breakdown of teams is below.

Service Area (2022/23)	Total Received	Service Area (2021/22)	Total Received
Family Support team 4	3	Prevention/Support Service	4
Family Support Team 3	2	Family Support Team 7	3
Children Looked After Team 1	3	Family Support Team 6	3
Children Looked After Team 3	2	Fostering Team	3
Children and Family Assessment Team 4	2	Permanency/Court Team	2
Fostering Team	2	Family Support Team 4	2
Aftercare	1	Family Support Team 1	2
Family Support Team 2	1	Support for childminders	2
Family Support Team 7	1	Aftercare	1
All Services	1	Family Support Team 3	1
Prevention/Support Service	1	Families Together	1
Family Support Team 6	1	Children Looked After Team 2	1
Children and Family Assessment Team 3	1		
Disabled Children	1		
MASH	1		
Child Protection/LADO	1		

10. Examples of External Compliments

Family Support Team 4 - Your member of staff is a child focused practitioner and definitely one who is advocating on behalf of the family and showing empathy, putting herself in the child's and parents' shoes. Her ability to reflect has contributed to good work undertaken with families.

Family Support Team 7 - Feedback from a parent during a pre-consultation discussion " Firstly you are brilliant at your job and I feel that you are doing more than just doing your job, but that you really cared about me and the kids. I have had lots of social workers over the years, but never one like you. You listen and make me feel that I'm worth something"

Children Looked After Team 1 - I just wanted to thank you for all the support that you have given to x and helping her achieve her goals and becoming an amazing young person! I know she has appreciated all that you have done for her

11. Benchmarking

Complaints benchmarking information is summarised below. This was requested by Committee when the 2020/21 annual report was considered.

Council	Complaints Received	% Of complaints upheld	% Responded to within timeframe
Thurrock	14	47%	93%
Newham	17	56%	48%
City of London	4	0%	100%
London Borough of Redbridge	146	21%	83%
Hounslow	11	14%	85%

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Appendix 4 – 2022/23 Local Government and Social Care Ombudsman (LGSCO) and/or the Housing Ombudsman (HO) Final Decisions

Area	Issue Nature	Ombudsman Type – E.G Housing Ombudsman (HO) or Local Government and Social Care Ombudsman (LGSCO) and their findings	Financial Remedy	Learning where relevant	Did the council respond to the LGSCO or HO timeframes
Environmental Enforcement	Complaint of staff conduct, in relation to the issuing of a Fixed Penalty Notice (FPN)	LGSCO Ombudsman Discretion Closed after initial enquiries - no further action	Not applicable (N/A)	Officer was provided information from another file leading to incorrect information being presented. Training arranged to ensure this mistake would not be repeated	Yes
Adult Social Care	Complaint regarding the handing of discharge from hospital by the council and the NHS Trust	LGSCO - Ombudsman Discretion Closed after initial enquiries - no further action	N/A	N/A	Yes

Housing Tenancy Management	Complaint regarding the council's contractor not delivering all items of possession after eviction	LGSCO Closed after initial enquiries - out of jurisdiction	N/A	N/A	Yes
Allocations	Complaint regarding the council failing to place an individual onto the transfer register and wrongly refusing a request for a management move	LGSCO Upheld: maladministration and injustice	N/A	When individuals are unable to afford the cost of providing ID, the Service must consider this prior to making a final decision	Yes
Adult Social Care	Complaint regarding how the council dealt with matters relating to social care between 2013 and 2018	LGSCO Closed after initial enquiries - out of jurisdiction	N/A	N/A	Yes
Anti-Social Behaviour	Resident complains about the way the council has dealt with their reports of anti-social behaviour (ASB) by his neighbour	LGSCO Not upheld: no maladministration	N/A	N/A	Yes
Homelessness	Complaint regarding the way the council handled a housing application. Complainant stated they lived in unsuitable accommodation and the council did not consider a request for medical priority	LGSCO Upheld: maladministration and injustice	£150	Allocations Team training to remind staff that an applicant can still be considered for medical priority banding, even if they are also owed a homeless prevention duty by the council	Yes

Allocations	Complaint that the council has refused to accept their housing application because of rent arrears from 2015. Complainant stated they need to move from the area due to the impact on husband's health	LGSCO Closed after initial enquiries - no further action	N/A	N/A	Yes
Allocations	Resident complained about the level of priority the council awarded on its housing register. The complainant is of the view that they should have a higher medical priority, due to their son's medical needs	LGSCO Upheld: maladministration , no injustice.	N/A	Training put in place to avoid a recurrence, as the decision to award higher priority can be made by the council based on the information Housing receive from applicants and the opinion of the Medical Allocations Officer	Yes
Homeless	Applicant complained about the council's assessment of their housing application	LGSCO Closed after initial enquiries - no further action	N/A	N/A	Yes
Waste	Complaint relates to repeated missed collections, despite being on Assisted Collections list	LGSCO Upheld: maladministration and injustice	£500	To ensure that the Crew are made aware of the Assisted Collection and ensure that the collection takes place	Yes
Homeless	Delays in accepting a family as part of its main housing duty and delays in completing a medical assessment	LGSCO Upheld: maladministration and injustice	£500	A guidance note has been produced for the Team detailing the timescales outlined by the Statutory Guidance for completing enquiries and what the council would expect an Officer to consider as part of completing	Yes

				reasonable enquiries	
Waste	Resident complained the council repeatedly failed to collect their Assisted Collections despite previous finding of fault by the LGSCO	LGSCO Upheld: maladministration and injustice	£650	Collections monitored for 6 months, ensuring bins are collected, emptied and returned in line with the Assisted Collections Policy. Written evidence provided to LGSCO each month	Yes
Allocations	Resident complained about the council's handling of their housing application for medical priority, causing distress and leaving the family in unsuitable accommodation for longer than necessary	LGSCO Upheld: Fault and Injustice.	£1,600	The service acknowledged the error that the effective date should have been identified much sooner and this has been addressed internally with team	Yes
ASB	Resident complains that the council should put more street lighting near their property and should also clear vegetation from an access road, as this acts as a shield for criminal activity	LGSCO Closed after initial enquiries - no further action	N/A	N/A	Yes
Allocations	Concerns raised that the council offered a property and then withdrew the offer. The resident requested that the council should make an alternative offer or increase their priority on the housing register	LGSCO Upheld: no further action, organisation already remedied	N/A	A new process has been implemented to identify parlour type properties on the council system. A daily report will be run to identify parlour type properties to prevent similar occurrences in future	Yes
MASH	Resident claims the council failed to respond properly to a safeguarding referral and did not report the matter to the	LGSCO	N/A	N/A	Yes

	police, which has made it impossible to bring criminal proceedings	Closed after initial enquiries - out of jurisdiction			
Planning	Resident complains the council has failed to deal with noise from a local business and has failed to ensure the business complies with its planning approval in relation to a noise assessment and its hours of operation	LGSCO Not upheld: No Fault.	N/A	N/A	Yes
Planning Enforcement	Resident complains that neighbours have installed a pull up bar, that allows them to see into their garden	LGSCO Closed after initial enquiries - no further action	N/A	N/A	Yes
Allocations	Resident complains the council removed them from its direct offers list, causing them to lose the chance to be considered for properties before they are advertised	LGSCO Upheld: Fault, No Injustice	N/A	The Service will ensure when an Appeal is received, that all matters will be considered and addressed	Yes
Homelessness	Resident complains that the council has not made reasonable adjustments in relation to the homeless process. They also complain the council have not found them housing and they have been street homeless for four years.	LGSCO Upheld: Fault and Injustice	£500	Consideration should have been given to the fact that the resident approached the council as a Domestic Abuse victim, which would have resulted in an automatic priority being awarded The service linked in with Shelter to provide staff with additional training	Yes

Family Support Team 2	Resident complains about how the council assessed the care needs of an unborn child. Resident also complains that their views were not included in the assessment which also contained inaccuracies.	LGSCO Outside Jurisdiction	N/A	N/A	Yes
Sundry Debt	Resident complains that in May 2020 the council wrongly gave them a council tax reduction they had not applied for, then in December 2021 removed the reduction and demanded they pay back over £2,000	LGSCO Closed after initial enquiries - out of jurisdiction	N/A	N/A	Yes
Home to school transport	The complainant represents a transport operator which provides Home to School Transport for the council. They are unhappy with how the council dealt with an allegation the service had operated without a passenger assistant	LGSCO Closed after initial enquiries - no further action	N/A	N/A	Yes
Allocations	Resident complains about the council's decision to decline their application to join the housing register	LGSCO Closed after initial enquiries - no further action	N/A	N/A	Yes
Allocations	Resident complains the council refused their application to the housing register. This means the family cannot get social housing and they remain in	LGSCO Closed after initial enquiries - no further action.	N/A	N/A	Yes

	accommodation that is too expensive				
Council Tax	Resident complained about the council's decision to begin court proceedings while they were repaying a council tax debt	LGSCO Closed after initial enquiries - out of jurisdiction	N/A	N/A	Yes
Temp. Accommodation	Residents complained the council provided short notice to move to new temporary accommodation and its communication was poor. They also complained the council unreasonably threatened to evict them and insisted they had to rehome their pets without properly considering their medical evidence	LGSCO Upheld: Fault and Injustice.	£200	Written reminders to housing staff to ensure they properly notify homeless applicants of their rights when they are offered temporary accommodation Written reminders to housing staff to ensure they do not apply blanket policies and fully review medical evidence that applicants provide, in respect of why support animals are necessary	Yes
Env. Protection	Resident complained of noise taking place at his next-door neighbour's home and that the council failed to take action	LGSCO Closed after initial enquiries - no further action	N/A	N/A	Yes
Housing Repairs	Complaint regarding the council's response to reports of a roof leak and reports of a drainage issue in the kitchen.	Housing Ombudsman Maladministration re- reports of roof leak	£450	Quality checks completed on responses to ensure all matters raised have been fully addressed	Yes
Caretaking	Complaint regarding the landlord's response to the resident's reports about its communal service provision	Housing Ombudsman No maladministration	N/A	N/A	Yes

Housing Repairs	Complaint regarding the council's response to reports of a damaged front door	Housing Ombudsman Service failure	£150	Reminder to staff of the importance of providing appeal rights on all complaint responses	Yes
Housing Repairs	Complaint regarding the landlord's response to reports of an insecure front door	Housing Ombudsman Service failure	£100	Contractors reminded of repairs policy and timescale, especially repairs categorised as emergency repairs.	Yes
Housing Repairs	Complaint regarding information provided to the resident concerning a rechargeable repair	Housing Ombudsman No maladministration	N/A	Council to review its recharges policy for repairs, to make it clearer under which circumstances it may not be able to provide a quote prior to undertaking a rechargeable repair.	Yes
Housing Repairs	Complaint regarding the council's handling of reports of damp & mould within the property	Housing Ombudsman No maladministration	N/A	N/A	Yes
Tenancy Management	Resident is dissatisfied with communication with Housing Staff and disputes findings of complaint investigation stating that attempts at contact had been made but were unsuccessful	Housing Ombudsman Outside Jurisdiction	N/A	N/A	Yes
Housing Repairs	Complaint regarding reports of damp & mould within the property	Housing Ombudsman No maladministration	N/A	N/A	Yes

6 September 2023	ITEM: 11
Standards and Audit Committee	
Publication of Councillors Home addresses on Register of interest	
Wards and communities affected: All	Key Decision: Non-Key
Report of: Asmat Hussain, Interim Director of Law and Governance	
Accountable Assistant Director: n/a	
Accountable Director: Asmat Hussain, Interim Director of Law and Governance	
This report is: Public	

Executive Summary

This report informs the Standards and Audit Committee of the requirements relating to the publication of Member’s addresses on the Declaration of Interests Register and sets out potential options as to how such matters could be approached.

1. Recommendation(s)

- 1.1 The Standard and Audit Committee note the content of the report.**
- 1.2 The Standard and Audit Committee consider and approve one of the options set out in paragraph 3 relating to the approach to be taken to the publication of Members home addresses on the Register of Interests.**

2. Introduction and Background

- 2.1 All Members of the Council should be supported in undertaking their roles as safely as possible and without fear of intimidation. In recent years the murders of two Members of Parliament have highlighted the risks to those in public life. The matter of personal safety of Councillors has also been highlighted in two reports by the Committee for Standards in Public Life, and the Local Government Association Census 2022, that an increasing number of councillors and candidates are being subjected to abuse, threats and public intimidation. One area of concern is in relation to the public disclosure of Councillors addresses and the associated safety concerns.
- 2.2 Members are required to notify the Monitoring Officer of their disclosable pecuniary interests so that the public, council employees and fellow councillors know which of a Member’s interests might give rise to a conflict of

interest. Section 29 of the Localism Act 2011 requires the Monitoring Officer to establish and maintain a register of those interests.

- 2.3 The Register of Interests is published on the Council's website and Members home addresses are usually published in the Register of Interests. Provisions in the Localism Act 2011 require Members to disclose the address of any property they occupy as their residence which is owned or rented by them in Thurrock.
- 2.4 A number of Members have asked the Council not to publish their home addresses in the Register of Interests. Provisions in section 32 of the Localism Act 2011 provides the Monitoring Officer with the power to withhold publication of Members home addresses in the Register of Interests if the Monitoring Officer considers that its disclosure could lead to the Member, or a person connected to the Member being subject to violence or intimidation and be treated as a sensitive interest. This is dependent on the Member being able to demonstrate a risk of violence or intimidation,
- 2.5 The Committee on Standards in Public Life in their report Local Government Ethical Standards published in 2019, it was noted that the sensitive interest provisions are often only used when a member has already experience intimidation or harassment. It was recommended that councillors should not be required to register their home addresses as a disclosable pecuniary interest. The report also recommended Monitoring Officers to ensure members are aware of the sensitive interests' provisions in the Localism Act 2011. There has been no action by Government to enact this recommendation.
- 2.6 However, the Local Government Ethical Standards Report refers to authorities which have adopted a blanket provision to record Member's home addresses on the Register of Interests but omit them from the published version. The City of Westminster has adopted this approach.
- 2.7 The Local Government Association has published a report of the findings of the National Census Local Authority Councillors 2022. The 2022 Census collected data between January and February 2022. All 16,9301 councillors in England were emailed a unique link to the questionnaire. A total of 5,055 councillors responded, a response rate of 30 per cent. The result of the census was that over the last twelve months 10% of councillors who responded have experienced abuse or intimidation in their role as a councillor (2022)

3 Proposed Options

- 3.1 It is proposed that Standards and Audit Committee Members consider the following options which could be applied in relation to the requirement to register Members' addresses:
- 3.2 Option 1

Make no changes to the way the Council approaches the disclosure of Members' addresses on the Register of Interests. The Council to remind all members about the possibility of applying for their personal address details to be considered as sensitive interests by the Monitoring Officer. Where it is demonstrated there is a of risk of violence or intimidation towards the Member concerned the publication of the member's home address will be withheld. This option is in line with the approach of many Authorities across the country;

3.3 Option 2

Make no changes to the way the Council approaches the disclosure of Members' addresses on the Register of Interest's, but introduce a policy which removes the onus to demonstrate a risk of violence or intimidation in respect of applications made on a case-by-case basis. This option would allow Members to explicitly opt in or out of having their home address published. The Standards and Audit Committee may consider this is the preferred option which gives all Members a choice. The Monitoring Officer to provide a blanket dispensation to members who choose not to agree to the Council publishing their home address on the Register of Members Interests. The Council to remind all Members about the possibility of applying for their personal address details to be considered as sensitive interests under this option.

3.4 Option 3

The Monitoring Officer to grant a blanket dispensation whereby all Members' addresses are treated as sensitive interests as a default position, without there being evidence of a risk of violence or intimidation. Members personal address details would be withheld from the Council's Register of Interest without the need for them to request on an individual basis that the publication of their personal address be withheld.

This approach has already taken by some authorities including City of Westminster Council. In each of those authorities a record of the sensitive interest is held by the Monitoring Officer and any resulting pecuniary interest is declared publicly but the details of the interest are not.

4. Issues, Options and Analysis of Options

4.1 The Council's current approach to the publication of Member's personal address details could remain unchanged. It would be a matter for the Member concerned to provide evidence of a risk of violence or intimidation and the Monitoring Officer to determine whether to treat a Member's personal address as a sensitive interest under S32(1)(b) Localism Act 2011.

Views expressed in reports by the Committee on Standards in Public Life and the LGA 2022 Census 2022, highlight the safety risks that Members face, therefore the Council's approach to the disclosure of Councillor's home addresses should be considered.

- 4.2 Members might be subject to abuse in their homes if their address is published. However, Members have the right to choose to publish their address. Giving members the choice means that they can make an informed judgement, mindful of the risks and benefits.
- 4.3 The introduction of a blanket dispensation removes Members right to choose to publish their address, but minimises the risk of Members being subject to abuse in their homes and removes the need for members to evidence risk of violence or intimidation.

5. Reasons for Recommendation

- 5.1 Member safety is important to the Council. In light of the views expressed by the Committee on Standards in Public Life in recent reports, past events and the LGA 2022 census concerning the safety risks that Members face, the Council's approach to the disclosure of Member's personal addresses should be considered. The proposed potential options will enable the Council to make an informed decision regarding the Council's approach to the publication of Members home addresses on the Register of Interests.

6. Consultation (including Overview and Scrutiny, if applicable)

- 6.1 None

7. Impact on corporate policies, priorities, performance and community impact

- 7.1 None

8. Implications

8.1 Financial

Will be met within existing resources in the Democratic Services budget.

Implications verified by: **Rosie Hurst**
Interim Senior Management Accountant

There are no financial implications arising from the recommendation in this report.

8.2 Legal

Implications verified by: **Gina Clarke**
Governance Lawyer & Deputy Monitoring Officer

The legal implications are contained in the report. It remains a requirement of the Code of Conduct, in line with the Localism Act 2011, for Members to

disclose property they own or rent in the register of interests. As set out in the main body of the report there are various options the Council may adopt relating to the publication of Members home addresses on the Register of Interests.

All information regarding Community Equality Impact Assessments can be found here: <https://intranet.thurrock.gov.uk/services/diversity-and-equality/ceia/>

8.3 Diversity and Equality

Implications verified by: (TBC)

There are no diversity and equality implications arising from the recommendation in this report.

8.4 Other implications (where significant) – i.e., Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

None

9. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Committee on Standards in Public life Intimidation in Public Life, December 2017
- Committee on Standards in Public life Ethical Standards January 2019
- Local Government Association National census of local authority councillors 2022

9. Appendices to the report

None

Report Author:

Gina Clarke
Governance Lawyer & Deputy Monitoring Officer

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**Standards & Audit Committee
Work Programme
2023/24**

Dates of Meetings: 19 July 2023, 6 September 2023, 30 October (Extraordinary), 23 November 2023 and 29 February 2024

Topic	Lead Officer	Description of the Report
19 July 2023		
Terms of Reference	Democratic Services	
Audit Progress Report for 2020/ 21 External Audit	BDO/ Jonathan Wilson	
Internal Audit Strategy 2021/22 to 2023/23 & Annual Internal Audit Plan 2023/24	Gary Clifford	
Chief Internal Auditor's Annual Report – Year ended 31 March 2022	Gary Clifford	
Gifts and Hospitality	Asmat Hussain	
Complaints received under the Members' code of conduct	Asmat Hussain	
Member Training Report	Asmat Hussain	
Work Programme	Democratic Services	Standing Item

6 September 2023		
External Audit Progress Update Report	BDO	
Annual Complaints & Enquiries Report 2021/22	Lee Henley	
Annual Information Governance Report April 2021 - March 2022	Lee Henley	
Regulation of Investigatory Powers Act (RIPA) 2000 – Activity Report 2021 /22	Lee Henley	
Counter Fraud & Investigation Annual Report 2022/23	Michael Dineen	
Dispensations	Asmat Hussain	
Publication of Councillors Home addresses on Register of interest	Asmat Hussain	
Work Programme	Democratic Services	
30 October (Extraordinary Meeting)		
Internal Audit Progress Update Report	Gary Clifford	
Public Sector Internal Audit Self-Assessment	Gary Clifford	
Internal Audit Charter 2022	Gary Clifford	
Work Programme	Democratic Services	

23 November 2023		
Internal Audit Protocol	Gary Clifford	
Internal Audit Progress Update Report	Gary Clifford	
External Audit Progress Update Report	BDO	
Counter Fraud & Investigation Quarterly Update (Q2)	Michael Dineen	
Complaints received under the Members Code of Conduct	Asmat Hussain	
Register of Interests Report	Asmat Hussain	
Internal Audit Progress Report 2022/23	Gary Clifford	
Member Training Attendance	Matthew Boulter	
Updates on Committees on Standards in Public Life	Asmat Hussain	
Review of Risk and Opportunity Management, Strategy Policy and Framework Report	Andy Owen	
Code of Corporate Governance	Asmat Hussain	
Work Programme	Democratic Services	
29 February 2024		
Audit Progress Report for the Year Ended 31 March 2022 – Verbal Update	BDO / Jonathan Wilson	

Internal Audit Progress Report	Gary Clifford	
In Quarter 2 Refresh of the Strategic/Corporate Risk and Opportunity Register	Andy Owen	
In Quarter 4 Review of the Strategic/Corporate Risk and Opportunity Register	Andy Owen	
Counter Fraud & Investigation Quarterly Update (Q3 Oct-Dec)	Michael Dineen	
Members Attendance Statistics	Matthew Boulter	
Update from Member Learning and Development Sub Committee	Matthew Boulter	
Work Programme		

Reports for 2023/24:

Update of Program and Project Management – Mark Bradbury

A13 Widening Project – Mark Bradbury / Kevin Munnelly

Stanford-Le-Hope Transport Projects - Mark Bradbury / Kevin Munnelly

Investment Briefing – Jonathan Wilson

Financial Statements and Annual Governance Statement 2020/21 - BDO / Jonathan Wilson

Audit Completion Report – BDO/ Jonathan Wilson

A report on Members attendance at Committees

A report on the Counter Fraud Strategy should be included on the work programme as the Council will be developing a Fraud Charter.

A report on the whistle blowing, Corruption and Bribery policy.

An item on Contract Management/ lessons learnt could be brought back to Committee and the person in charge of contracts can confirm that provisions are now in place.

A briefing note on the new changes to Procurement law in 2024 to be provided.

Clerk: Rhiannon Whiteley

Last Updated: July 2023

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