GOVERNANCE COMMITTEE

TUESDAY, 21 OCTOBER 2025

11.00 AM, OR AT THE CONCLUSION OF CABINET, WHICHEVER IS LATER, IN THE COUNCIL CHAMBER, COUNTY HALL, LEWES

MEMBERSHIP - Councillor Keith Glazier, OBE (Chair), Nick Bennett, Bob Bowdler, Chris Collier, Johnny Denis and David Tutt

A G E N D A

1. Minutes of the meeting held on 24 September 2025 *(Pages 3 - 4)*

2. Apologies for absence

3. Disclosures of interests

   Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.

4. Urgent items

   Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.

5. Amendment to the Constitution - Budget Setting Meeting *(Pages 5 - 14)*
   Report by the Deputy Chief Executive and Chief Finance Officer

6. Scrutiny Call-In Process *(Pages 15 - 22)*
   Report by the Deputy Chief Executive

7. Customer Experience Annual Report *(Pages 23 - 72)*
   Report by the Director of Communities, Economy and Transport

8. Any other items previously notified under agenda item 4

PHILIP BAKER
Deputy Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

13 October 2025

Contact Hannah Matthews, Member Services Manager
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GOVERNANCE COMMITTEE

MINUTES of a meeting of the Governance Committee held in the Council Chamber, at County Hall, Lewes on 24 September 2025.

PRESENT Councillors Keith Glazier, OBE (Chair), Nick Bennett, Bob Bowdler, Chris Collier, Johnny Denis and David Tutt

ALSO PRESENT Councillor Matthew Beaver, Anne Cross, Godfrey Daniel and Paul Redstone

20. MINUTES OF THE MEETING HELD ON 27 AUGUST 2025

20.1 RESOLVED – that the minutes of the previous meeting of the Committee held on 27 August 2025 be confirmed and signed as a correct record.

21. REPORTS

21.1 Copies of the reports referred to below are included in the minute book.

22. AMENDMENT TO THE CONSTITUTION - ACCESS TO INFORMATION PROCEDURE RULES

22.1 The Committee considered a report by the Deputy Chief Executive regarding proposed amendments to the Constitution to the Access to Information Procedure Rules.

22.2 The Committee RESOLVED to recommend the County Council to:

1) Agree the proposed amendments to the Access to Information Procedure Rules as set out in Appendix 1 of the report; and

2) Agree that the Constitution be amended accordingly.

23. APPOINTMENT TO OUTSIDE BODIES

23.1 The Committee considered a report by the Deputy Chief Executive regarding an appointment to outside bodies.

23.2 The Committee RESOLVED to appoint Councillors to the outside bodies as set out below, for a term until the date of the annual council meeting in the next Council election year, or (where applicable) the Councillor ceases to be a member of the Council, whichever is sooner, or unless the appointee resigns or is removed before then.

Organisation	Appointment
East Sussex Fire Authority	Councillor Lunn
Hastings Plan for Neighbourhoods Board	Councillor Daniel
Coombe Valley Countryside Park Community Interest Company (substitute)	Councillor Hollidge
Safer Rother Community Partnership (substitute)	Councillor Redstone
Safer Hastings Community Partnership (substitute)	Councillor Beaver

24. LMG MANAGERS PAY 2025/26

24.1 The Committee considered a report by the Chief Operating Officer regarding the pay award for Local Managerial Grade (LMG) Managers for 2025/26.

24.2 The Committee RESOLVED to agree the pay offer to LMG Managers for the financial year 2025/26 to mirror the national (NJC) award, as set out in paragraph 1.1 of the report.

25. CHIEF EXECUTIVE, CHIEF OFFICERS' AND DEPUTY CHIEF OFFICERS' PAY 2025/26

[The Chief Executive, Chief Officers and Deputy Chief Officers present at the meeting left prior to consideration of this item]

25.1 The Committee considered a report by the Assistant Director, Human Resources and Organisational Development regarding the pay award for the Chief Executive, Chief Officers and Deputy Chief Officers for 2025/26.

25.2 The Committee RESOLVED to agree the pay offer to for the Chief Executive, Chief Officers and Deputy Chief Officers for the financial tear 2025/26 to mirror the national NJC and JNC pay awards as set out in paragraphs 2.3 and 2.4 of the report.

[Councillors Tutt and Denis abstained from the vote].

Report to:	**Governance Committee**
Date of meeting:	**21 October 2025**
By:	**Deputy Chief Executive and Chief Finance Officer**
Title:	**Amendment to the Constitution - Budget Setting Meeting**
Purpose:	**To consider proposed amendments to the process through which Budget Amendments are considered by Members within the Council's Constitution to reflect recent changes to the environment and the Council's financial position.**

***RECOMMENDATION*:**

The Governance Committee is recommended to recommend to the County Council:

1. **to agree the proposed process for presenting Budget Amendments to Full Council as set out in paragraph 2.6 of the report; and**
2. **the proposed amendments to the Constitution as set out in Appendix 1 of the report.**

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1. Background

1.1. The Local Government Finance Act 1992 sets out the Council's legal obligation to set an annual balanced or 'fully funded' budget prior to 11 March for the forthcoming financial year. Failure to set a budget by this date could have significant financial, administrative and legal implications and incur reputational harm for the Council.

1.2. The responsibility for determining the Council's budget rests with Full Council. Ahead of consideration by Full Council, Cabinet agrees at its meeting in January its recommendations to Full Council with regard to the draft Council Plan, revenue budget and capital programme for the following financial year. At its subsequent meeting in February each year, Full Council then debates the Cabinet's proposed budget and determines whether to adopt it in its proposed form or whether to agree an amended budget.

1.3. With regard to proposed amendments to the budget, Members wishing to move an amendment to the revenue budget or capital programme are encouraged to consult the relevant Chief Officer and the Chief Finance Officer (S151 Officer) prior to moving the amendments, and where possible prior to the meeting. Members are able to propose amendments at any time, provided they are seconded. The current arrangement therefore leaves little time to consider the implications of the proposed amendments and for advice to be provided to Members.

2. Supporting information

2.1. In support of this report, research was undertaken into the budget amendment procedures practiced by other local authorities. This indicates that there are varying approaches regarding the rules for when and how Members propose budget amendments. Neighbouring authorities, such as West Sussex County Council and Surrey County Council, do not specify the amendment process within their Constitutions and instead utilise an informal procedure comparable to the current approach adopted by ESCC. Whilst there is no consensus, it is the case that the majority of council's reviewed for this report do require budget amendments to be submitted prior to the budget setting meeting of their Councils.

2.2. Where authorities do engage a formalised process there is consensus that amendments must be submitted in writing and receive approval prior to circulation.

2.3. The S151 Officer carries responsibility for managing the Council's finances, including:

- ensuring that the budget submitted to Council for approval is balanced and soundly based;
- ensuring that all spend is fully and openly accounted for;
- ensuring that all decisions and commitments by the Council have clear financial implications set out and understood.

2.4. As such stipulating that the S151 Officer has approval of budget amendments ensures that proposals taken to Full Council are financially viable prior to Members debating whether they should be adopted.

Circulation of amendments to Members

2.5. In a majority of the local authorities researched, the amendments proposed by Members are circulated to Full Council in advance of the meeting. The increased visibility of proposed amendments helps ensure that it is possible for officers to ensure that the proposal is viable and facilitates a stronger level of scrutiny and debate at the Full Council meetings.

2.6. It is therefore proposed to alter the process for tabling amendments so that Members would be required to submit budget proposals in writing to the S151 Officer and Monitoring Officer 3 clear working days in advance of the budget setting meeting. Proposals would then require S151 Officer approval prior to circulation to Members ahead of the budget meeting. Any proposals received less than 3 clear working days before the meeting would not be accepted and therefore not considered at the meeting, unless agreed by the Chief Finance Officer. As with questions from the public which are also circulated after the publication of the Council papers, budget amendments would be published as a supplement to the agenda.

2.7. It is proposed that Part 4, Part 3 Budget and Policy Framework of the Constitution is updated to ensure that the governance process is robust and is reflective of the changed environment and the Council's financial position. The revised process will enable greater oversight on amendments, for their implications to be properly considered and for effective support to be provided to Members on budget setting decisions. The changes are detailed at Appendix 1 with changes indicated in red.

2.8. The revisions to the Constitution outlining the proposed process are set out at Appendix 1.

3. Conclusion and reasons for recommendations

3.1. The governance route for proposed amendments to budgets has been reviewed in light of the evolving financial and political environment of the Council. This is to enable those advising members to have sufficient time to make sure that the implications of the amendments are properly understood and help ensure that Members are able to make informed financial decisions.

3.2. It is recommended to formalise the amendment process by requiring that all proposed budget amendments be submitted in writing to both the s151 Officer and the Monitoring Officer 3 clear working days prior to the budget setting meeting. Should an amendment be received after this date it would not be allowed to proceed unless that CFO agreed it could, this is to ensure that where a situation arises such as late confirmation of Government funding late amendments can be made.

3.3. To formalise the budget amendment process, it is being recommended to alter the Constitution to include the additions outlined in Appendix 1 to clarify the route for proposals.

3.4. The Governance Committee is therefore recommended to recommend to County Council to agree the proposed amendments to the Constitution as set out in this report.

IAN GUTSELL
Chief Finance Officer

PHILIP BAKER
Deputy Chief Executive

Contact Officer: Hannah Matthews
Email: Hannah.matthews@eastsussex.gov.uk

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(3) Budget and Policy Framework Procedure Rules

1. The framework for Cabinet decisions

The Council will be responsible for the adoption of its budget and policy framework as set out in Article 4. Once a budget or a policy framework is in place, it will be the responsibility of the Cabinet to implement it.

2. Process for developing the framework

(a) The Cabinet will publicise by including in the forward plan and any other appropriate means depending upon the circumstances a timetable for making proposals to the Council for the adoption of any plan, strategy or budget that forms part of the budget and policy framework, and its arrangements for consultation after publication of those initial proposals.

(b) Following consultation (including policy debates by full Council where relevant) the Cabinet will then draw up firm proposals having regard to the responses to that consultation. If a relevant overview and scrutiny committee wishes to respond to the Cabinet in that consultation process then it may do so. As the overview and scrutiny committees have responsibility for fixing their own work programme (subject to the approval of full Council), it is open to the overview and scrutiny committee to investigate, research or report in detail with policy recommendations before the end of any consultation period. The Cabinet will take any response from an overview and scrutiny committee into account in drawing up firm proposals for submission to the Council, and its report to Council will reflect the comments made by consultees and the Cabinet's response.

(c) Once the Cabinet has approved the firm proposals, the proper officer will refer them at the earliest opportunity to the Council for decision.

(d) In reaching a decision, the Council may adopt the Cabinet's proposals, amend them, refer them back to the Cabinet for further consideration, or in principle, substitute its own proposals in their place.

(e) Any amendment relating to the Cabinet's proposals should:

i) be in writing or submitted via email;

ii) contain the name of two Councillors, one mover and the other as seconder; and

iii) be received by the Monitoring Officer and Section 151 Officer 3 clear working days ahead of the meeting at which it is to be considered in order that the officers may have

sufficient time to consider and advise the Council of the financial implications of any such motion or amendment.

(f) Any amendment which does not meet the criteria laid out at paragraph 2e will not be considered by Full Council, unless otherwise agreed by the Chief Finance Officer.

(gf) If it accepts the recommendation of the Cabinet without amendment, the Council may make a decision which has immediate effect. Otherwise, it may only make an in-principle decision. In either case, the decision will be made on the basis of a simple majority of votes cast at the meeting.

(hgf) The decision will be publicised in accordance with Article 4 and a copy shall be given to the Leader.

(ihg) An in-principle decision will automatically become effective 5 days from the date of the Council's decision, unless the Leader informs the proper officer in writing within 5 days that he/she objects to the decision becoming effective and provides reasons why.

(jih) In that case, the proper officer will call a Council meeting within a further 7 days. The Council will be required to re-consider its decision and the Leader's written submission within 14 days. The Council may:

(i) approve the Cabinet's recommendation by a simple majority of votes cast at the meeting; or

(ii) approve a different decision which does not accord with the recommendation of the Cabinet by a simple majority.

(kji) The decision shall then be made public in accordance with Article 4, and shall be implemented immediately;

(lkj) In approving the budget and policy framework, the Council will also specify the extent of virement within the budget and degree of in-year changes to the policy framework which may be undertaken by the Cabinet, in accordance with paragraphs 5 and 6 of these Rules (virement and in-year adjustments). Any other changes to the policy and budgetary framework are reserved to the Council.

3. **Decisions outside the budget or policy framework**

(a) Subject to the provisions of paragraph 5 (virement) the Cabinet, committees of the Cabinet, individual members of the Cabinet and any officers, or joint arrangements discharging executive functions

may only take decisions which are in line with the budget and policy framework. If any of these bodies or persons wishes to make a decision which is contrary to the policy framework, or contrary to or not wholly in accordance with the budget approved by full council, then that decision may only be taken by the Council, subject to 4 below.

(b) If the Cabinet, committees of the Cabinet, individual members of the Cabinet and any officers, or joint arrangements discharging executive functions want to make such a decision, they shall take advice from the monitoring officer and/or the chief financial officer as to whether the decision they want to make would be contrary to the policy framework, or contrary to or not wholly in accordance with the budget. If the advice of either of those officers is that the decision would not be in line with the existing budget and/or policy framework, then the decision must be referred by that body or person to the Council for decision, unless the decision is a matter of urgency, in which case the provisions in paragraph 4 (urgent decisions outside the budget and policy framework) shall apply.

4. **Urgent decisions outside the budget or policy framework**

(a) The Cabinet, a committee of the Cabinet, an individual member of the Cabinet or officers, or joint arrangements discharging Cabinet functions may take a decision which is contrary to the Council's policy framework or contrary to or not wholly in accordance with the budget approved by full Council if the decision is a matter of urgency. However, the decision may only be taken:

(i) if it is not practical to convene a quorate meeting of the full Council; and

(ii) if the chair of a relevant overview and scrutiny committee agrees that the decision is a matter of urgency.

The reasons why it is not practical to convene a quorate meeting of full Council and the chair of the relevant overview and scrutiny committees' consent to the decision being taken as a matter of urgency must be noted on the record of the decision. In the absence of the chair of a relevant overview and scrutiny committee the consent of the Chairman of the Council, and in the absence of both, the Vice-Chairman, will be sufficient.

(b) Following the decision, the decision taker will provide a full report to the next available Council meeting explaining the decision, the reasons for it and why the decision was treated as a matter of urgency.

5. Virement

There are detailed provisions concerning virement across budget heads and these are set out in the Council's financial rules which are included in Part 4 of this Constitution.

6. In-year changes to policy framework

The responsibility for agreeing the budget and policy framework lies with the Council, and decisions by the Cabinet, a committee of the Cabinet, an individual member of the Cabinet or officers, or joint arrangements discharging executive functions must be in line with it. No changes to any policy and strategy which make up the policy framework may be made by those bodies or individuals except those changes:

(a) which will result in the closure or discontinuance of a service or part of service to meet a budgetary constraint;

(b) necessary to ensure compliance with the law, ministerial direction or government - guidance;

(c) in relation to the policy framework in respect of a policy which would normally be agreed annually by the Council following consultation, but where the existing policy document is silent on the matter under consideration;

(d) which fall within the limits agreed by the Council at the time of approving the policy within the policy framework;

(e) which relate to policy in relation to schools, where the majority of school governing bodies agree with the proposed change.

7. Call-in of decisions outside the budget or policy framework

(a) Where an overview and scrutiny committee is of the opinion that a Cabinet decision is, or if made would be, contrary to the policy framework, or contrary to or not wholly in accordance with the Council's budget, then it shall seek advice from the monitoring officer and/or chief financial officer.

(b) In respect of functions which are the responsibility of the Cabinet, the monitoring officer's report and/or chief financial officer's report shall be to the Cabinet with a copy to every member of the Council. Regardless of whether the decision is delegated or not, the Cabinet must meet to decide what action to take in respect of the monitoring officer's report and to prepare a report to Council in the event that the monitoring officer or the chief finance officer conclude that the decision was a departure, and to the overview and scrutiny

committee if the monitoring officer or the chief finance officer conclude that the decision was not a departure.

(c) If the decision has yet to be made, or has been made but not yet implemented, and the advice from the monitoring officer and/or the chief financial officer is that the decision is or would he contrary to the policy framework or contrary to or not wholly in accordance with the budget, the overview and scrutiny committee may refer the matter to Council. In such cases, no further action will be taken in respect of the decision or its implementation until the Council has met and considered the matter. The Council shall meet within 14 days of the request by the overview and scrutiny committee. At the meeting it will receive a report of the decision or proposals and the advice of the monitoring officer and/or the chief financial officer. The Council may either:

(i) endorse a decision or proposal of the Cabinet or individual decision taker as falling within the existing budget and policy framework. In this case no further action is required, save that the decision of the Council be minuted and circulated to all councillors in the normal way;

or

(ii) amend the council's financial regulations or policy concerned to encompass the decision or proposal of the body or individual responsible for that Cabinet function and agree to the decision with immediate effect. In this case, no further action is required save that the decision of the Council be minuted and circulated to all councillors in the normal way;

or

(iii) where the Council accepts that the decision or proposal is contrary to the policy framework or contrary to or not wholly in accordance with the budget, and does not amend the existing framework to accommodate it, require the Cabinet to reconsider the matter in accordance with the advice of either the monitoring officer/chief financial officer.

Report to:	**Governance Committee**
Date of meeting:	**21 October 2025**
By:	**Deputy Chief Executive**
Title:	**Scrutiny Call-In Process**
Purpose:	**To consider additional guidance for Members in relation to the scrutiny call-in process.**

RECOMMENDATION: **The committee is recommended to agree the call-in request checklist (Appendix 2) as the basis for any future scrutiny call-in requests.**

1. Background Information

1.1 The Local Government Act 2000 provides for the scrutiny of decisions once they have been made but before they have been implemented. This part of scrutiny committees' wider overview and scrutiny role is generally referred to as 'call-in'.

1.2 The process that is to be followed is set out in the Overview and Scrutiny Procedure Rules within the County Council's Constitution. A summary of the process set out is attached at Appendix 1.

1.3 Since November 2024 there have been four call-in requests requiring the procedure to be invoked. In the course of these requests being made and responded to, a number of queries and requests for information about the process have been received from Members, indicating that they would find additional clarity and guidance beneficial. Consequently, the views of the Scrutiny and Audit Committee Chairs and Vice Chairs Group have been sought on the current process and what could be done to provide clarification and guidance.

2 Supporting information

2.1 The four call-in requests received since November 2024 have involved both People and Place Scrutiny Committees. Learning from these requests, the subsequent call-in processes and feedback from the Chairs and Vice Chairs Group indicated that the following aspects of the procedure would benefit from further clarity:

- The issues requiring consideration by Members before submitting a call-in request;
- The criteria for a valid call-in request and the advice which should be sought by Members considering a call-in request;
- The format of the request, including the information it should contain and whether it may be submitted electronically;
- Timescales, including the deadline for submitting a call-in request; and
- How an individual Member's support for a call-in request can be confirmed, whether this can be communicated on behalf of a Member and whether support can be confirmed electronically.

2.2 The Scrutiny and Audit Committee Chairs and Vice-Chairs supported the provision of further written guidance for Members and recommended the development of a checklist which would navigate Members through the procedure as set out in the Constitution whilst retaining Members' ability to lead the call-in process.

2.3 The proposed checklist, which has been reviewed and endorsed by the Chairs and Vice Chairs Group, is attached at Appendix 2. The content is closely aligned to the considerations and

procedure set out in the Constitution. Some additional clarification has been included, with a view to how the Constitution should be interpreted including:

- a deadline of 4pm on the final day of the call-in window for a request to be submitted to the Deputy Chief Executive – this is to ensure there is clarity about the deadline and that requests are received during working hours;
- that each Member wishing to support a call-in request confirms this (ahead of the 4pm deadline) individually by email, for the avoidance of doubt as to whether a Member wishes to support a call-in request; and
- as requested by the Chairs and Vice Chairs Group, that Members considering a call-in request should inform their group leader (where relevant) to support a role for group leaders, as well as officers, in communications and advice on a potential call-in, particularly where the grounds are less clear.

2.4 The checklist will be made available on the councillors' intranet area, or by email or hard copy on request, and can be completed electronically.

3. Conclusion and reason for recommendations

3.1 Learning from recent call-in requests and feedback from the Scrutiny and Audit Committee Chairs and Vice-Chairs Group has indicated that additional guidance and clarity in relation to the call-in process would be beneficial. Governance Committee is therefore recommended to agree the checklist at Appendix 2 as the basis for the submission of future call-in requests.

PHILIP BAKER
Deputy Chief Executive

Contact Officer: Claire Lee Tel: 07523 930526
claire.lee@eastsussex.gov.uk

Local Member: All

Background Documents: None

Scrutiny call-in process

Executive Decisions that can be called-in

The relevant scrutiny committee can call-in a decision made by Cabinet or an individual Cabinet member; a key decision made by an Officer under delegated powers; a decision made by an area committee or under joint arrangements (e.g. the Joint Waste and Recycling Committee).

Call-in Period

When a decision making meeting is held the decision is published after the meeting - normally within 3 days (but can be sooner) and is sent to all councillors. The decision notice will have the date when it was published and will state that the decision will come into force on the expiry of 4 clear working days after the publication of the decision. This is known as the call-in period.

What happens during the call-in period

During the 4 day call-in period the decision can be called-in by the relevant scrutiny committee if 3 (or more) members of the committee request it, setting out their reasons for calling the decision in. The Proper Officer/Monitoring Officer will assess whether the call-in is valid and notify the scrutiny members and the decision maker if the decision is to be called in. For a call-in to be valid the reasons must meet the call-in guidance set out in the Constitution and be made within the call-in period.

Consideration of a called-in decision by scrutiny

If a decision is called-in, the relevant scrutiny committee will consider the called-in decision at a meeting of the scrutiny committee which **must** be held within **10 working days** of the decision to call the matter in. If the committee does not meet within this timescale or does meet but does not object to the decision, the decision can be implemented at the expiry of the 10 working days or the date the committee met, whichever is earlier.

If after considering the decision, the committee is still concerned about it, the decision can be referred back to the original decision making body or person to reconsider it. On receipt of the response from scrutiny, the original decision maker considers scrutiny's views and can either proceed with the original decision or make an amended decision taking into account scrutiny's views.

Scrutiny can alternatively refer the decision to Full Council. If Council does not object to the decision, then the decision can be implemented from the date of the Council meeting. However, if Council does object to the decision, it can only refer the matter back to the original decision making body or person, unless it is contrary to the policy framework, or contrary to or not wholly consistent with the budget.

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Scrutiny call-in request - checklist

Decision details	
Decision to be called in	
Decision maker	
Date of decision *Details of decisions can be found here.*	
Date of this call-in request *A call-in request must be received by **4pm** on the fourth working day after the decision and minutes of the meeting are published. Day 1 is the full working day after the minutes are published. E.g. minutes published on Monday, the call-in deadline is 4pm on Friday.*	
The relevant political group leader(s) must be informed of the potential call-in. Please confirm here which group leaders have been informed.	
Issues for consideration prior to call-in *As set out in the ESCC Constitution (part 4, (5) Overview and Scrutiny Procedure Rules, paragraph 19), call-in should only be used in exceptional circumstances and those considering a call-in should consider the issues below before invoking the procedure. These are not requirements but provide guidance on questions and actions to consider before making a request. Considering these may help determine whether there is a legitimate basis for a call-in request, and/or what the focus of any request should be.*	
Issue	**Details**
If it is a Cabinet or other decision which may affect more than one portfolio, have you consulted any other Scrutiny Committee chairs affected?	
If it affects an electoral division, have you consulted the local Member(s)?	

Have you considered any representations made, whether by members of the Scrutiny Committee, other members of the Council or members of the public?	
Have you taken practical, financial and propriety advice to clarify any matters of doubt affecting the decision to call-in, including consultation with the relevant Cabinet member or officers as appropriate?	
Have political soundings been taken from all political parties on the Scrutiny Committee?	
Have you considered whether any other all-party Scrutiny Committee examination has already been given to the issue?	
Have you considered if the decision is likely to cause significant concern or distress to the local community or prejudice to individuals within it?	
Have you considered if the issue is one that has not been considered in open forum or at all, or otherwise the subject of consultation before the decision was made?	
Have the implications of any delay in implementing the decision which might be subject to call-in been considered?	
Has the level of representations against the decision from outside bodies been considered?	
Reasons for call-in *Those calling-in a decision shall set out the reasons justifying, in their view, the reason for the call-in. Reasons must be legitimate and not designed to impede the proper transaction of business for vexatious, repetitive or other improper reasons.*	
What are the reasons for requesting the call-in?	

Scrutiny Member details	
Which Scrutiny Committee Members are supporting the call-in? *A minimum of three Members of the relevant scrutiny committee are required to request a call-in. Guidance on the 'relevant' scrutiny committee can be obtained from the Deputy Chief Executive if required.*	*Individual written confirmation of support (by email) from **each** of these Members is required in addition to this completed checklist.* 1. Councillor 2. Councillor 3. Councillor

Completed checklist to be sent to the Deputy Chief Executive (Philip.baker@eastsussex.gov.uk) by 4pm on the final day of the call-in window.

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Report to:	**Governance Committee**
Date of meeting:	**21 October 2025**
By:	**Director of Communities, Economy and Transport**
Title:	**Customer Experience Annual Report**
Purpose:	**To provide an update on measures being taken to further improve customer experience by the Customer Experience Board and information about the Council's performance in 2024/25 in handling complaints, compliments, and formal requests for information, including the Local Government & Social Care Ombudsman's annual letter.**

RECOMMENDATIONS:

The Governance Committee is recommended to:

1) **note the progress of the Customer Experience Board in the implementation of a series of measures to improve customer experience;**
2) **note the Customer Experience Board's ongoing focus on using the Customer Contact Dashboard to improve service delivery, reduce costs, and support channel shift;**
3) **agree the new ESCC Complaints Policy with an implementation date of 1 January 2026, in order to be compliant when the new Complaint Handling Code is applied to the Local Government & Social Care Ombudsman processes in April 2026;**
4) **recommend that the County Council amend the Terms of Reference of the Governance Committee to include within them the Governance Committee undertaking the role of "Member Responsible for Complaints" to comply to the Local Government & Social Care Ombudsman's Complaint Handling Code;**
5) **note the number and nature of complaints made to the Council in 2024/25; and**
6) **note the contents of the Local Government & Social Care Ombudsman's annual letter to the Chief Executive.**

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1 Background

1.1 The Customer Experience Board (the Board) leads on the development and implementation of a series of measures to improve Customer Experience across the Council.

1.2 The Board's aim is to identify issues and deliver improvements that result in a better and more consistent customer experience across the authority, considering our corporate priorities, particularly making best use of our resources, and a One Council approach.

2 Updated priorities for the Customer Experience Board

2.1 In January 2025, the Board carried out a review of its achievements against its priorities which were established in 2021. These achievements have been reported in this annual report to demonstrate the progress made for improving the quality and consistency of customer experience across all services.

2.2 In order to continue its accountability, the Board reviewed its priorities to ensure their relevance and suitability, particularly in the context of working within the Council's challenges and budgetary constraints, and the commitment to providing the best customer experience possible.

2.3 The Board approved five updated priorities for 2025/26 and 2026/27, noting they may need further review should local government reorganisation go forward. For the time being the following are the Board's priorities until further development:

1. Ensure the content of East Sussex County Council's (ESCC) website is the best that it can be within available resources with a focus on up to date, relevant, concise and accessible content.
2. Support services to make use of data on customer contact for the purpose of channel shifting to self-service options and reduce costs associated with other methods of contact.
3. Review customer feedback from customer contact channels to maintain our commitment to improving customer experience and satisfaction.
4. Seek to improve customer experience by reviewing customer journeys.
5. Implement the Local Government and Social Care Ombudsman complaint handling code and monitor the impact of the code and new policy.

2.4 In support of the Board's priorities, the focus in 2024/25 has been exploring potential channel shifting by utilising the Customer Contact Dashboard. Recent developments are presented in this report. The report also provides a summary of our customer feedback survey results, Council complaints, Ombudsman complaints, compliments, and formal information requests.

3 Customer Experience developments in 2024/25

Improvements to customer experience - understanding Council-wide customer contact

3.1 The Board rolled out a Customer Contact Dashboard in this annual report in the last year. The dashboard includes data for the three main customers contact channels across the Council:

1. external received calls,
2. external emails received to ESCC public facing group inboxes; and
3. data on webforms used on ESCC corporate website.

3.2 The dashboard continues to be updated and provides information about contact points and volumes in a centralised view of customer contact across the Council. It has created a baseline of data crucially important as evidence to support services with managing demand and in developing plans for channel shift to achieve potential cost savings, but equally, improving service delivery and customer journeys.

3.3 Data from August 2023 to March 2024 (eight months) was presented in the annual report last year, showing customers contact to the Council by telephone calls, emails and webforms as a total of approximately 566,000. The same timeframe for this year (August 2024 to March 2025), in order to compare like for like, is a total of approximately 706,700. Please note that the increase of total contact in the like for like period is due to approximately 80 new contact points added to the dashboard. This accounts for the increase in the total customer contact in the latter period. There are over 300 contact points included in the dashboard.

3.4 We now have complete data for the full year 2024/25, with a total of approximately 1,045,900 contacts recorded. Appendix 1 includes screenshots of the dashboard that illustrate these totals. Please note that these figures do not represent all contact channels within the Council. A reminder of what is counted is provided in Appendix 1.

Channel shifting - delivering service improvements and efficiencies

3.5 The most important purpose of the dashboard is to understand customer contact which will assist in identifying opportunities for channel shift. The dashboard provides data to pinpoint high volume areas of contact and where online options for contact can be expanded and improved, therefore reducing contact with staff and allowing customers to self-serve at a time most convenient to them.

3.6 It is important to note that there will always be a need for telephone contact and for some services this is the most effective way for customers or clients to contact us. In other instances, our customers have an expectation that online self-service or automated help will be available to them, and access to our services 24 hours, 7 days a week, whilst at the same time providing opportunities to reduce costs.

3.7 For 2024/25, the Board prioritised using the dashboard to improve service delivery and to support potential savings by managing demand through channel shift. The Board focused on a channel shifting exercise in each of the following departments: Communities, Economy and Transport (CET), Children's Services (CS), and Adult Social Care and Health (ASCH). The following are updates from each of these departments.

3.8 For CET in 2024/25, the dashboard was used to identify customer contact for the Registration Service. The data showed that the Registration Service had a significantly high volume of telephone calls in total for CET. The data from the dashboard indicated the need for further investigation. In order to understand the data further, an enquiry survey was carried out to understand the nature of the enquiry calls and what better ways could be developed to better serve the customers. It was discovered that some services were solely available via the telephone, and a development is underway to provide more options for customers to access the service 24/7 online, and to handle enquiries more efficiently upfront. A number of actions are underway to make these improvements and full details of the development is provided in Appendix 1. However, it was noted that many telephone calls were for services which customers could self-serve through the website and by amending communication on the website, directing people to online booking the following has been achieved, below is a one-month snapshot:

3.8.1 **Births**

- March 2024 – 210 booked online, 251 in total – 84% appointments booked online
- March 2025 - 243 booked online, 267 in total - 91% of appointments booked online

3.8.2 **Deaths**

- March 2024 - 169 booked online, 532 in total – 32% of appointments booked online
- March 2025 - 345 booked online, 576 in total - 60% of appointments booked online

3.8.3 By directing people to book online the phone calls reduced by 3,559 / 22% when compared to March 2024. The Registration Service recognises that there are further opportunities to meet customer needs with their online requirements and further work will continue during 2025/26.

3.9 ASCH's Information and Advice Project has made inroads into making information available on our website clearer and succinct. Tackling parts of the website that had more complex information, as well as by creating pages specifically for some communities. The page for carers and on financial assessment have improved information and there is a page for people who fully fund their care. ASCH has made significant progress in enhancing communication by developing a comprehensive language guide for ASCH colleagues, designed to support and improve effective language usage. ASCH has undertaken user testing to identify ways to enhance users' experience on our website and are working to implement these improvements.

3.10 As part of the Transformation Programme, CS are completing a project on how we offer information, advice and guidance (IAG). This is currently offered by phone and online by multiple services. IAG offered by CS and professional partners is being mapped and the effectiveness reviewed. CS will then look at options for improvements to reduce duplication of efforts, ensure staff and partners know what we are offering and how, and potentially reduce contact points. The overall aim is to ensure families can access good information, advice and guidance quickly and easily and at the right time. This will help us manage demand and avoid families' needs escalating.

<u>Customer feedback results</u>

3.11 In 2024/25 we received approximately 33,000 customer survey ratings, which is similar to last year with over 35,000 ratings from our feedback surveys. In 2024/25 we continued to collect feedback from customers using all methods of contact possible, these were: ESCC website, online forms, email correspondence, e-newsletters, in-house microsites and feedback devices. However, in 2024/25 we have missing survey results from the feedback devices as there is an error with the system occurring which is currently being investigated and fixed.

3.12 The feedback surveys are well used across all channels and continue to provide valuable insight, particularly for webpages where the results are used as an essential tool when revising and improving web content. A breakdown of results for each contact channel is presented as Appendix 2.

3.13 One area of development which continued in 2024/25 was the 'one click' feedback comments on the feedback surveys. We now have five services in a pilot, which have the 'one click' options on their surveys. A one click comment is where a customer can choose from a number of prepopulated comments instead of having to write out their comment, for example they can choose "I found the information useful" or "I didn't find the information I wanted". Customers can also write an additional comment if they like.

3.14 Staff had voiced frustration where customers left no comments to explain their satisfaction rating. Results of the pilot have shown that customers are using the one click comments and are providing useful information for staff to act upon to provide better customer experience. The pilot of the one click comments will be analysed, and results will be reported in next year's report.

4 Complaints and compliments

4.1 The Council received 840 complaints in 2024/25 compared to 827 complaints in 2023/24 which represents an increase of 1.5% this year. Of the 840 complaints, 49% were fully or partly upheld (412), compared to last year at 50% (412) of all complaints. We continue to analyse the reasons for complaints which provides us with valuable feedback on how we can provide services that meet customers' needs and manage their expectations. How we handle complaints is a crucial element of customer experience, and the Council seeks continuous improvement to ensure we resolve individual customer's problems as effectively as possible, but also to identify where service-wide improvements can be made to create a better experience. A review of complaints by department is available in Appendix 3.

4.2 In 2024/25 we recorded 4,042 compliments, compared to 2023/24 we recorded 3,034 compliments received. Compliments, where recorded, are feedback from individual customers. Ensuring that we provide channels for both positive and negative feedback which are easy for customers to access, helps services to reflect on what is or is not working. Details for compliments by department are available in Appendix 3.

5 Local Government & Social Care Ombudsman letter

5.1 The Local Government & Social Care Ombudsman (LGSCO) sends a letter annually to each local authority summarising the number of complaints received, and decisions made during that period. It informs the Council how many complaints were investigated, either upheld or not upheld, closed after initial enquiries, or referred back to the Council for local resolution (as they were brought too early to the Ombudsman).

5.2 In 2024/25, the LGSCO dealt with 106 complaints regarding ESCC, compared to 86 in 2023/24. Although there was an increase in the number of complaints dealt with by the Ombudsman, the number of complaints investigated was similar to previous years. In 2024/25, 28 were investigated compared to 32 in 2023/24. Out of the 106 complaints, the LGSCO states there were 22 complaints that were not for the LGSCO or too early for it to investigate, which could contribute to the higher total number of complaints dealt with by the LGSCO in 2024/25.

5.3 There were 21 complaints upheld out of 28 complaints investigated (75%), which is lower than the average of similar authorities at 89% upheld (the LGSCO calculates this and makes available on its website). It should be noted that the 'upheld' rate for LGSCO cases is generally high as it only investigates cases where there is a likelihood of fault to be found and where the LGSCO thinks it is likely it will make recommendations over and above any remedies that have been offered through our own local complaints process. A breakdown of LGSCO complaints by department is provided in Appendix 3, and the LGSCO letter 2024/25 is provided as Appendix 5.

5.4 The LGSCO annual letter was sent earlier this year (in May) in response to councils requesting that performance data was made available earlier in the year. This letter is only for statistical data. A separate letter would have been issued mid-July by the Ombudsman if there were any performance concerns in 2024/25. ESCC did not receive a performance letter.

6 Local Government & Social Care Ombudsman Complaint Handling Code

6.1 The LGSCO launched a new Complaint Handling Code (the Code) in February 2024 in order to provide a single standard for complaint handling by local councils in areas not already covered by statutory complaint processes. In response, the Board has developed a new draft Complaints Policy for ESCC in order to adhere to the Code. The new Complaints Policy is presented within this annual report to the Governance Committee for consideration. The draft Complaints Policy is presented as Appendix 6.

6.2 If agreed by the Governance Committee, launching the new Complaints Policy and adhering to the new Code will be a key focus for the Customer Experience Board in 2025/26. The new policy would be implemented on 1 January 2026 for the Council. The LGSCO plans to apply the Code to its processes from 1 April 2026.

6.3 The new Code recommends a role of 'Member Responsible for Complaints" (the Member). This role has responsibility for complaints and to support a positive complaint handling culture in the Council. This role can be carried out by an individual or committee depending on the governance arrangements already in place. The 'Member' should receive information on complaints that provides insight on the Council's complaint handling performance.

6.4 It has been included in the new Complaints Policy (Appendix 6), that the Governance Committee is the 'Member Responsible for Complaints', as this reflects the governance arrangements already in place, with the Governance Committee already receiving the Customer Experience Annual Report, which provides insight on the Council's complaint handling performance.

6.5 As outlined in the Code, the 'Member' should receive updates on volume, categories, and outcomes of complaints, alongside complaint handling performance; and also reviews of issues and trends arising from complaint handling. These should be provided in an annual complaints performance and service improvement report, which for the Council, is already provided in this Customer Experience Annual Report.

6.6 With this in mind, it is recommended that the Governance Committee recommend to the County Council to amend the Terms of Reference of the Governance Committee to include that the Governance Committee undertakes the role of "Member Responsible for Complaints" in order to comply to the LGSCO Code.

7 Formal requests for information

7.1 There were 2,159 formal information requests received in 2024/25 compared to 2,107 formal information requests received in 2023/24, which was a small increase of 2.5%. This total of 2,159 requests is the highest in 7 years. These requests relate to the Environmental Information Regulations (EIR), Freedom of Information (FOI) Act, and Data Protection Act. These requests include where information was provided in full or in part, where no information was provided or held, and requests not validated or withdrawn. There were 1,346 FOI and EIR requests completed in 2024/25, and the Council achieved 86% compliance in meeting the statutory deadline of responding within 20 working days. Formal information requests have their own complaint procedure and information about complaints received is provided in Appendix 4.

8 Conclusion and Recommendations

8.1 This report provides an overview and progress update on measures taken to further improve customer experience and summarises the annual results for complaints, compliments, the LGSCO letter, and formal information requests received in 2024/25.

8.2 Governance Committee is recommended to:

1) note the progress of the Customer Experience Board in the implementation of a series of measures to improve customer experience;
2) note the Customer Experience Board's ongoing focus on using the Customer Contact Dashboard to improve service delivery, reduce costs, and support channel shift;
3) agree the new ESCC Complaints Policy with an implementation date of 1 January 2026, in order to be compliant when the new Complaint Handling Code is applied to the Local Government & Social Care Ombudsman processes in April 2026;
4) recommend that the County Council amend the Terms of Reference of the Governance Committee to include within them the Governance Committee undertaking the role of "Member Responsible for Complaints" to comply to the Local Government & Social Care Ombudsman's Complaint Handling Code;
5) note the number and nature of complaints made to the Council in 2024/25; and
6) note the contents of the Local Government & Social Care Ombudsman's annual letter to the Chief Executive.

RUPERT CLUBB
Director of Communities, Economy and Transport

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BACKGROUND DOCUMENTS

None

Governance Committee

21 October 2025

Appendix 1 Customer Contact Dashboard

1.0 Dashboard: customer contact definitions and parameters

1.1 The project has focused on public facing access points for telephone calls, group email addresses, and webforms in the corporate ESCC website. The following describes more fully what is and is not included in the current dashboard development:

- All public facing telephone numbers are included only (and not personal or mobile numbers).
- All public facing group email inboxes with ESCC domain (@eastsussex.gov.uk) are included.
- Webforms only from the corporate (eastsussex.gov.uk) website are included. To clarify, webforms from other microsites are not included, with the exception of webforms from eastsussexhighways.com due to the high volume of this ESCC microsite and data readily available.
- Webforms that are embedded into the corporate website that feed into other systems (e.g. case managements systems, mapping systems) are not included.
- In person visitors (e.g. The Keep, Libraries, Receptions) are not included.
- Contact via social media is not included.

2.0 Snapshots of Customer Contact Dashboard

2.1 The dashboard images at the end of this document provide the visual representation of the figures presented in the dashboard. These are:

- In order to compare like for like:
  - Image 1 August 2023 – March 2024 and Image 2 August 2024 – March 2025
- In order to provide a full year of figures:
  - Image 3 April 2024 – March 2025

3.0 Example of channel shifting development: Registration Service, CET

3.1 From the results of the figures in the dashboard, it was established that telephone calls were very high. The data, therefore highlighted that there were opportunities for channel shift, due to the significant high number of telephone contact to the service.

3.2 In the last year 2024/25 there were 47,626 calls in to the service an average of 3,968 per month. There were 33,391 emails averaging 2,782 a month and 6,102 bookings online average 508 a month. This shows 52% of customer contact was made over the telephone.

3.3 Customers continue to have limited options when making an enquiry or booking for a ceremony, and at present the only option is over the telephone. This limits accessibility to the service for the customer as telephone lines are open between 9am and 5pm Monday to Friday.

3.4 An investigation was carried out in 2024 into how the service can increase accessibility for the customers, looking to reduce the need for the customer to avoid repeated calls after initial bookings to check on details and make changes for confirmed

bookings of ceremonies. The investigation focused on the breakdown of the types of contact to the Registration Service, identifying the service offer that contributes to the highest volume of enquiry and bookings that are made over the telephone. Options were reviewed to reduce the contact over the telephone by seeking alternative options that improves accessibility for the customer, and it was concluded that use of the online bookings system needed to be increased.

3.5 The benefits for the customers in developing online self-serve option is that customers can carry out their tasks at any time without a need to wait for the telephone lines to be available, it also removes the need for customers to call back if the telephone lines are busy or require a call back from a member of the team.

3.6 The improvements being made meet all five areas of the East Sussex Way with customer focus at the heart and it supports the Council's priority helping people help themselves and making the best use of resources now and for the future. The significant work being done supports the 2025/26 business plan priorities to channel shift within Registration and strengthens the progress towards meetings those priorities.

Image 1: August 2023 to March 2024

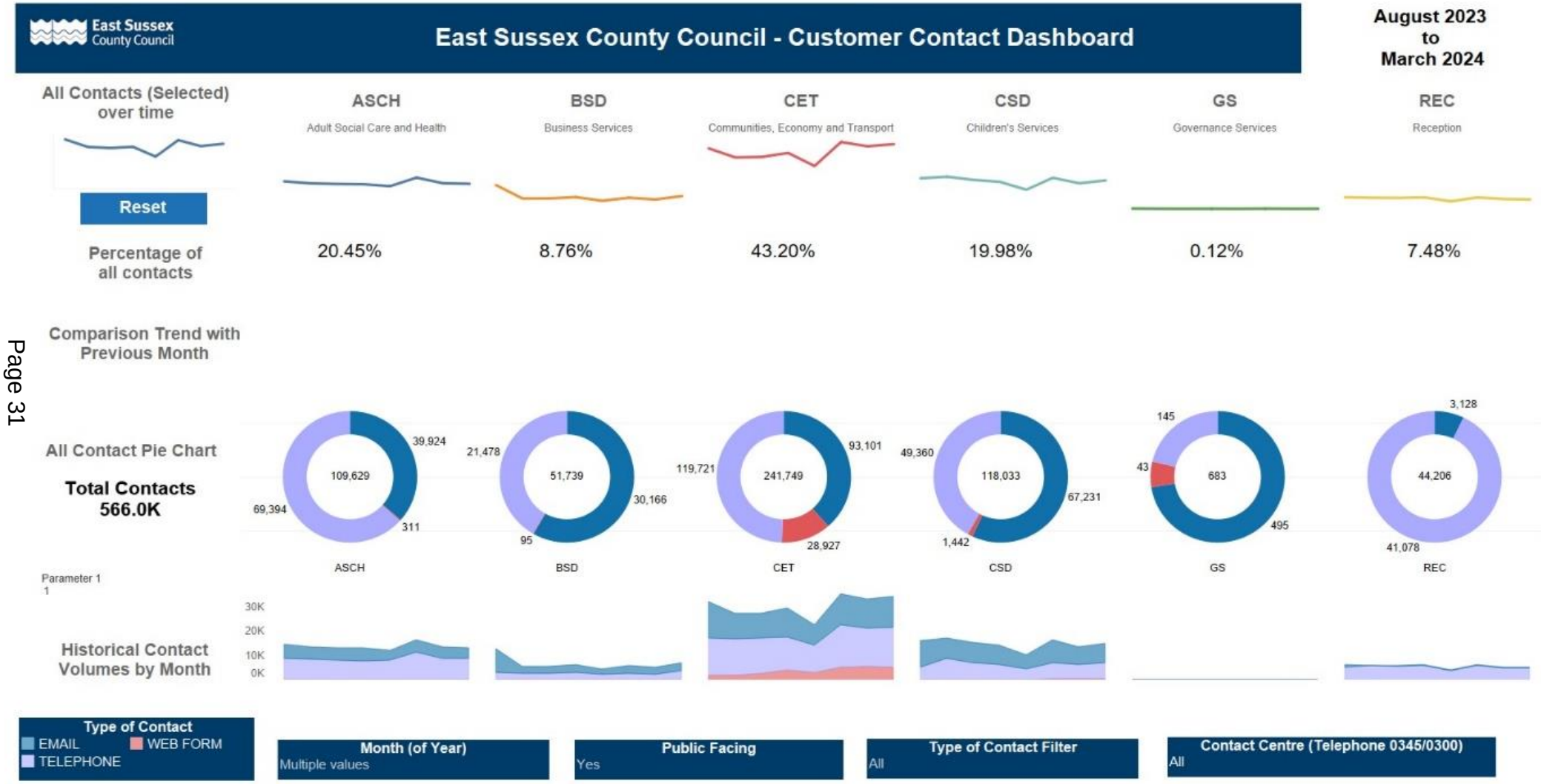


Image 2: August 2024 to March 2025

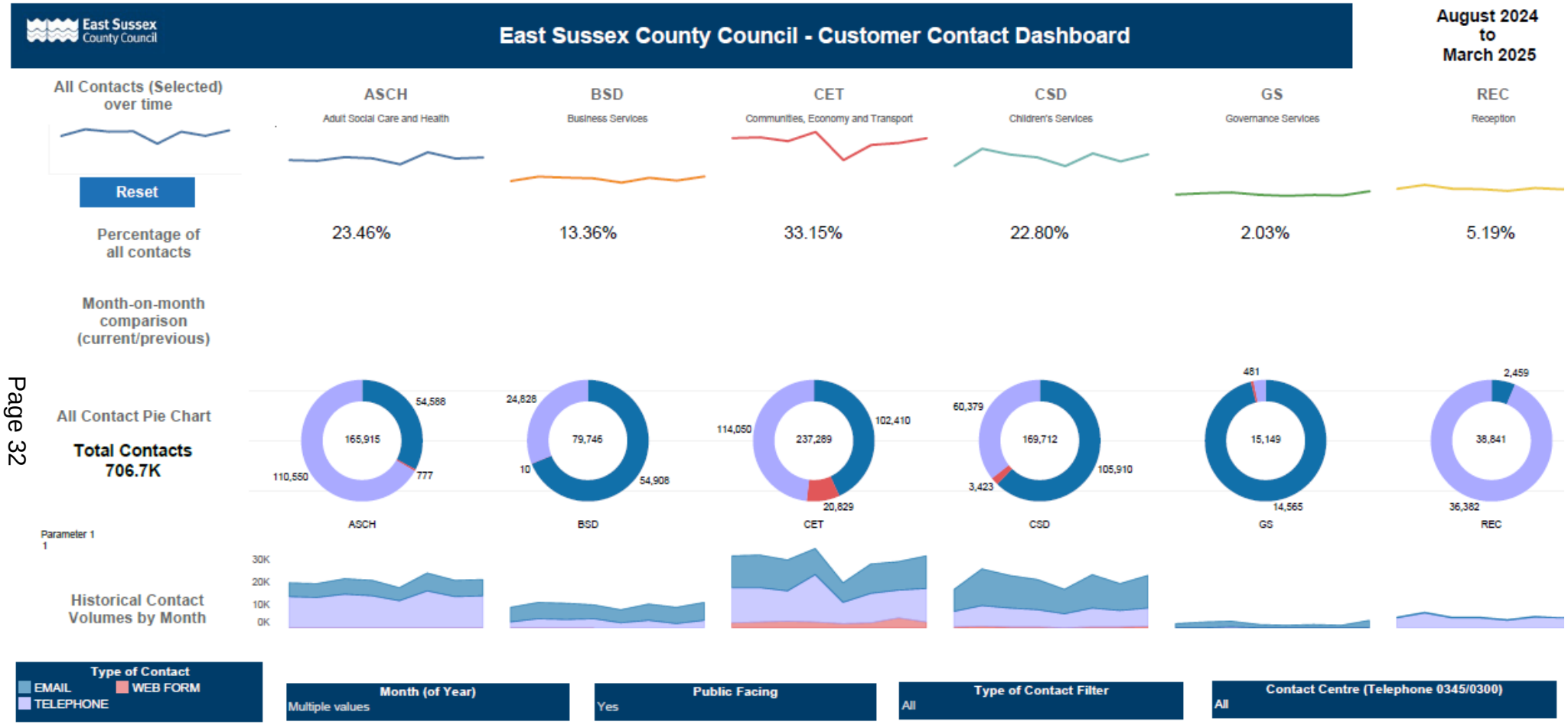
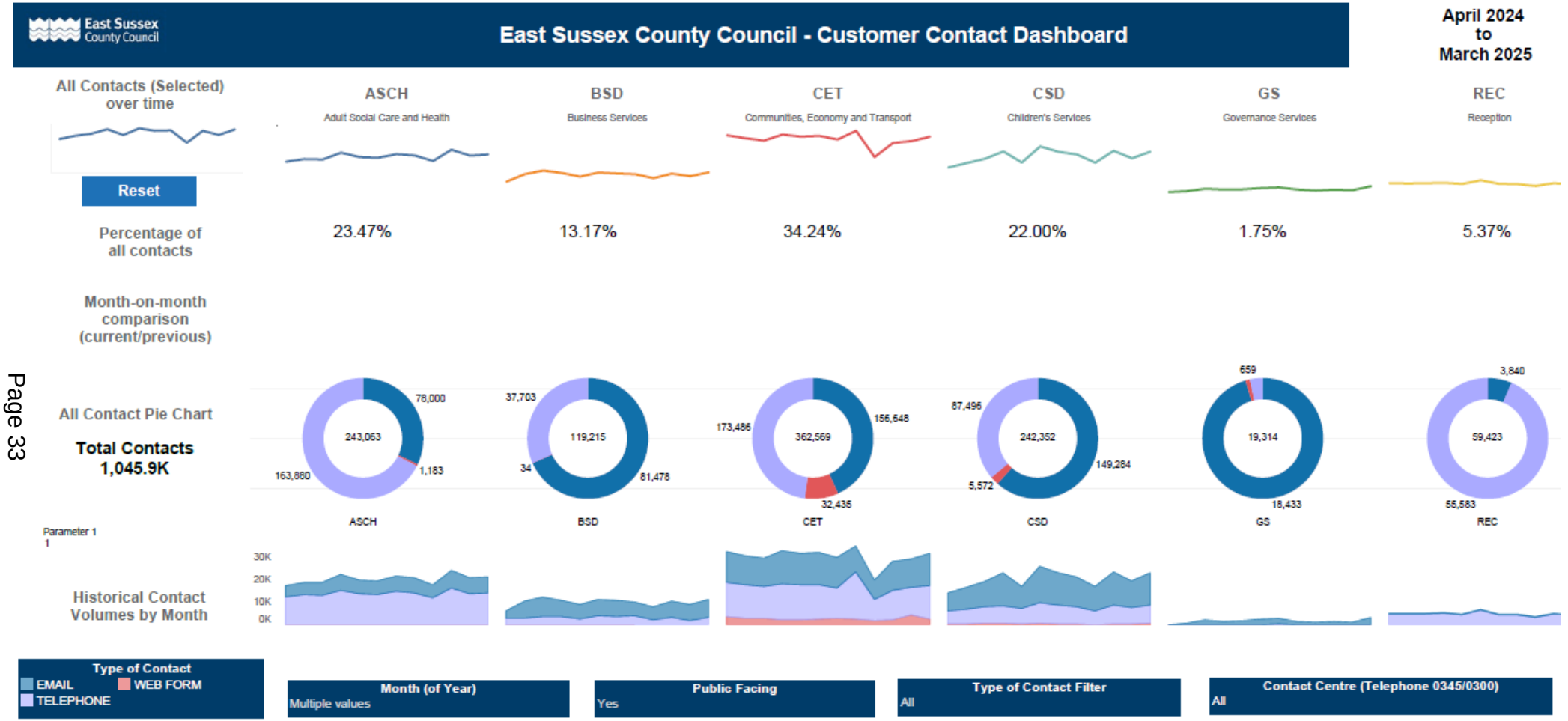


Image 3: April 2024 to March 2025 (full year)



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Governance Committee

21 October 2025

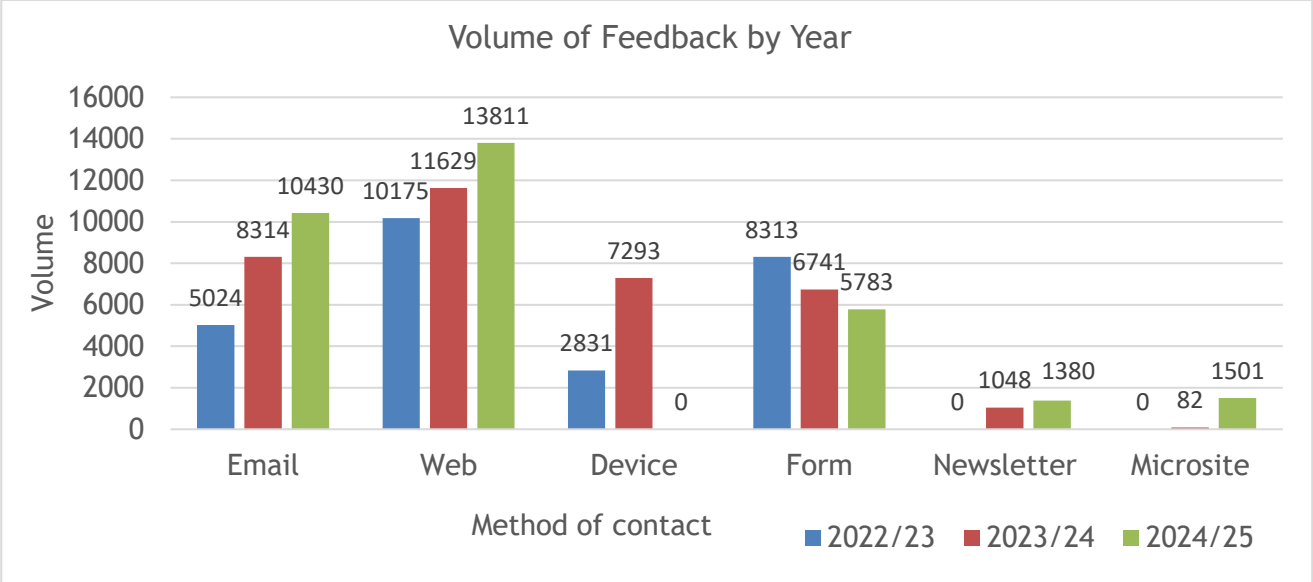
Appendix 2 Key customer feedback developments in 2024/25

1.0 Customer Feedback in 2024/25

1.1 In 2024/25 we collected feedback from customers using the following methods of contact: ESCC website, online forms, email correspondence, e-newsletters, in-house microsites and feedback devices. The collection of feedback assists in monitoring customer satisfaction across the Council and provides valuable insight to inform service improvements.

1.2 The following graph shows the totals for the methods of contact for the last three years. Please note that in 2024/25 there was an error occurring for the feedback devices and the results are currently not accurate. We are unable to use the results at this time and so the graph below for 2024/25 currently shows at zero until the error is corrected.

Graph 1 - Volume of customer feedback over the last three years

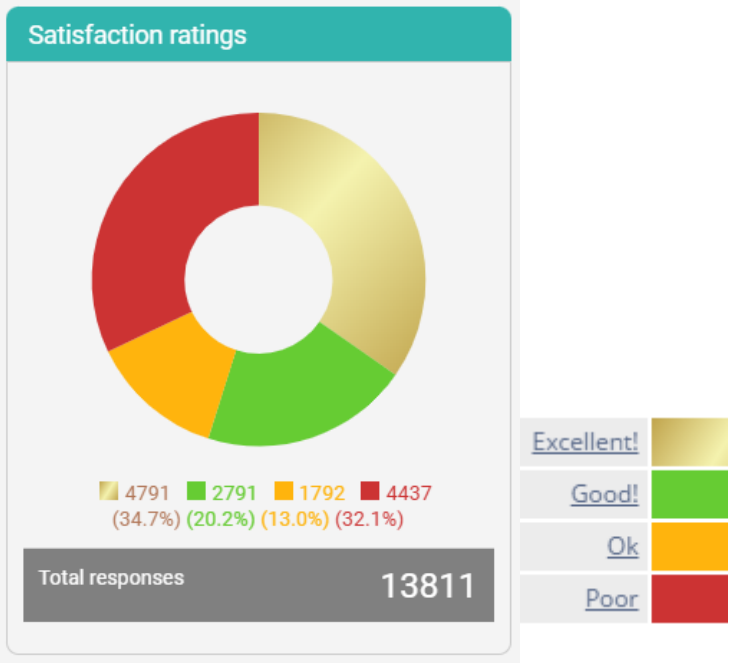


2.0 Website feedback 2024/25

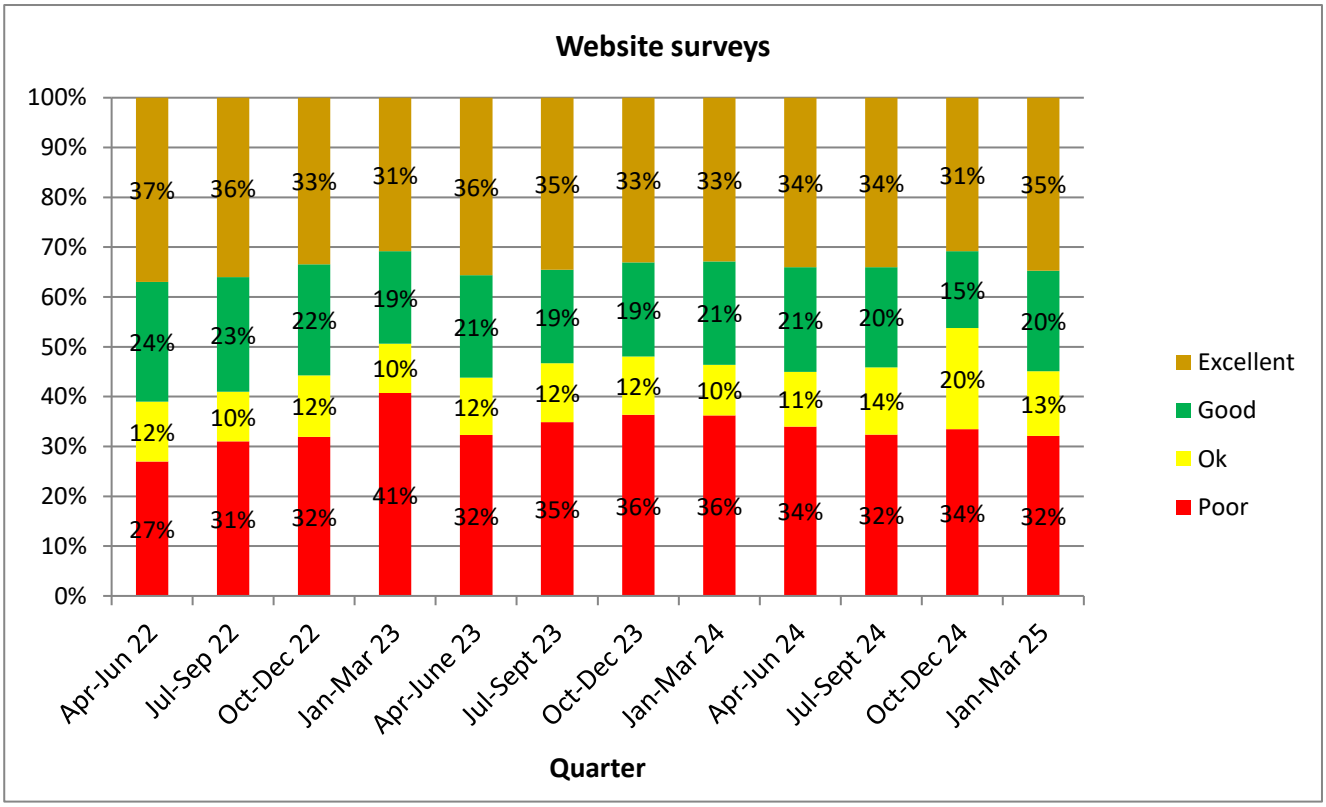
2.1 Key takeaways:

- We received almost 14,000 website feedback surveys in 2024/25.
- Feedback surveys are available on about a quarter of our corporate website content.
- Overall satisfaction with the website is 68% which is very consistent with previous years.

Graph 2 - Customer satisfaction ratings: Website, 2024/25



Graph 3 - Website satisfaction ratings: three-year comparison

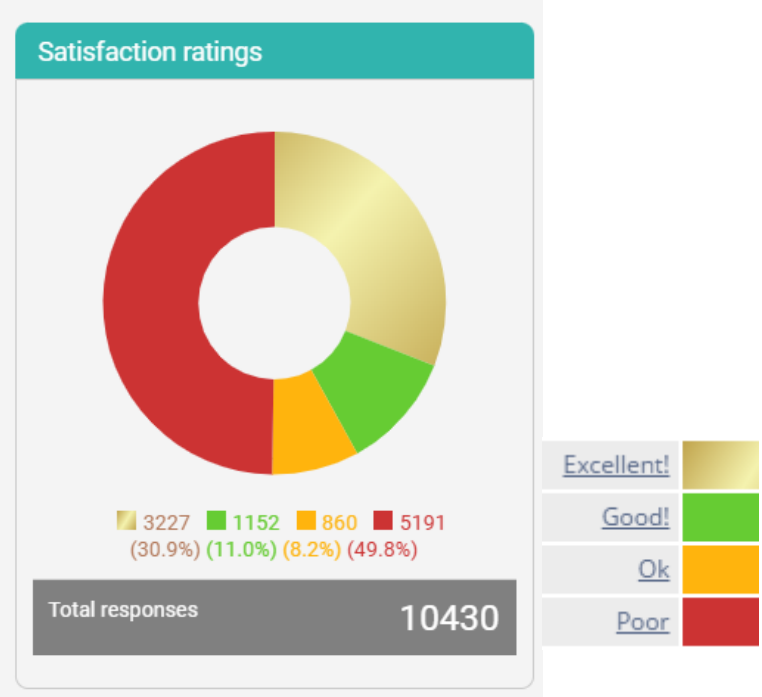


3.0 Email feedback 2024/25

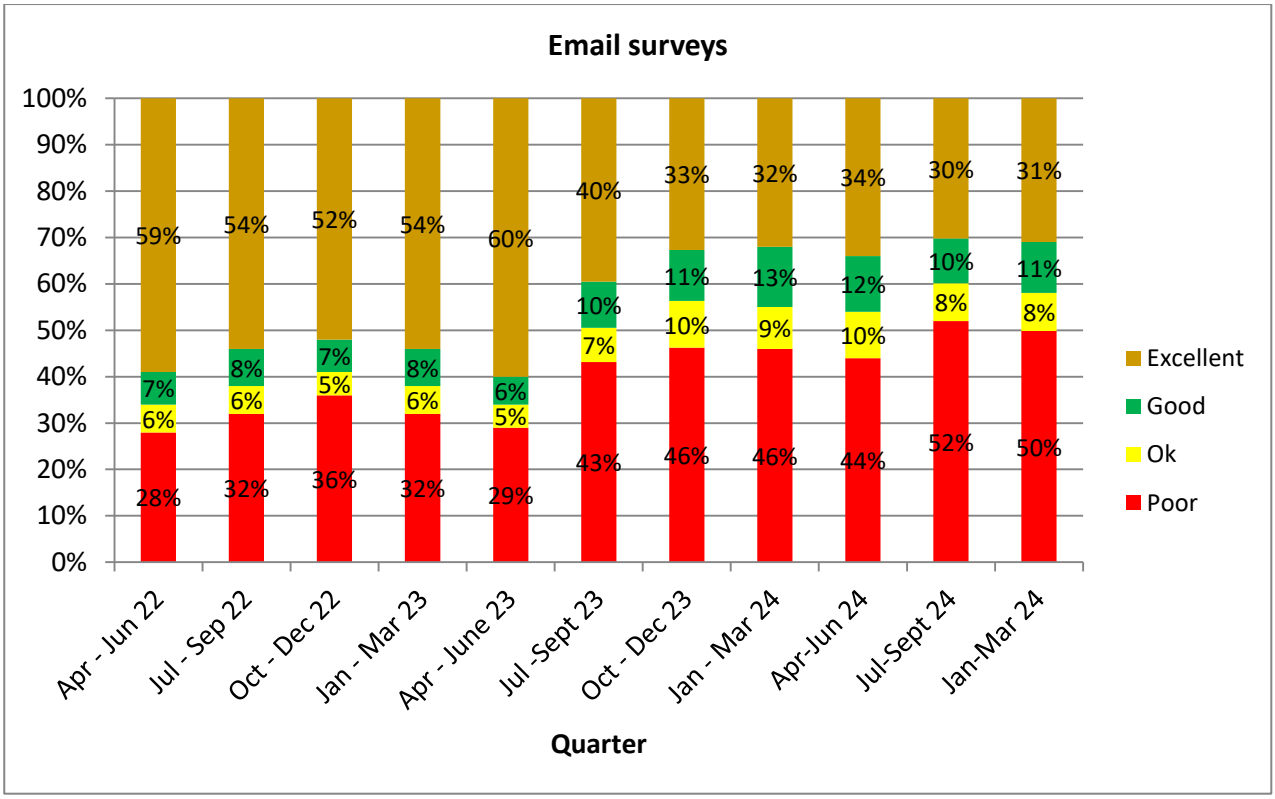
3.1 Key takeaways:

- We received over 10,000 email feedback surveys in 2024/25.
- 19 teams are using the email feedback surveys.
- Overall customer satisfaction rating for emails was 50% which continues to be low.

Graph 4 - Customer satisfaction ratings: Email, 2024/25



Graph 5 - Email satisfaction ratings: three-year comparison

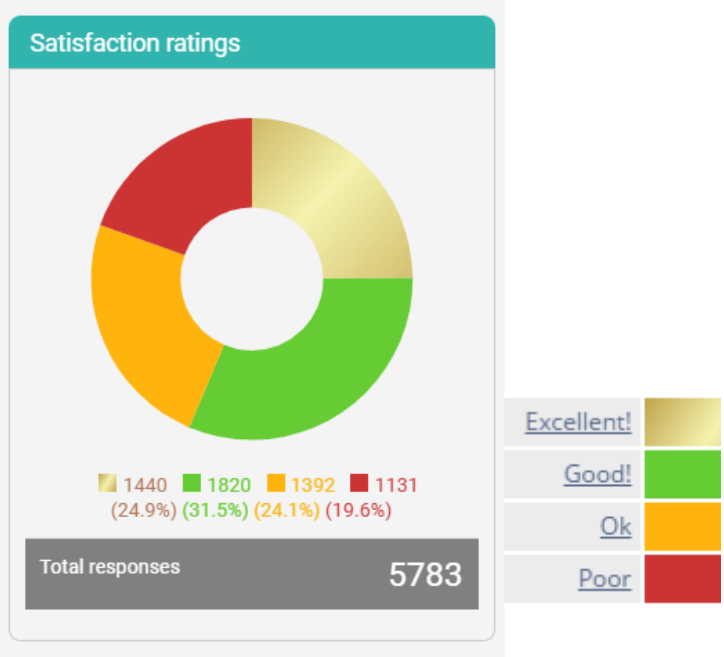


4.0 Form feedback 2024/25

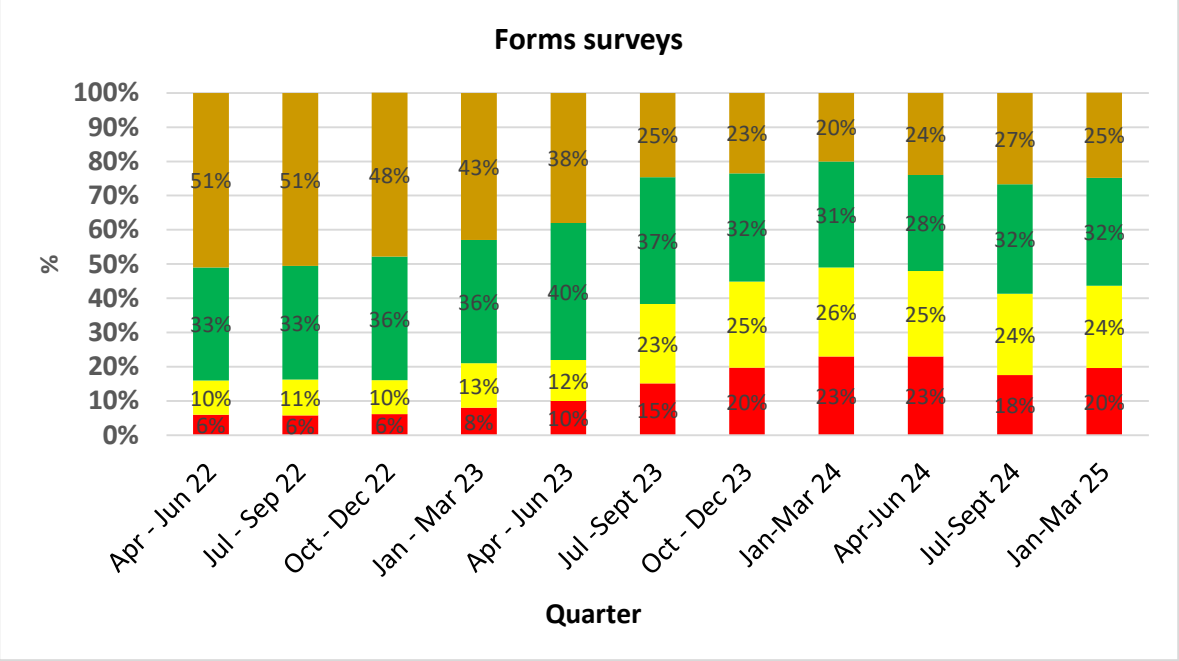
- We received almost 6,000 feedback surveys via forms in 2024/25.

- There are 22 teams using the form feedback surveys.
- The satisfaction rating is high at 80%.

Graph 6 - Customer satisfaction ratings - Forms, 2024/25



Graph 7 - Form satisfaction ratings: three-year comparison

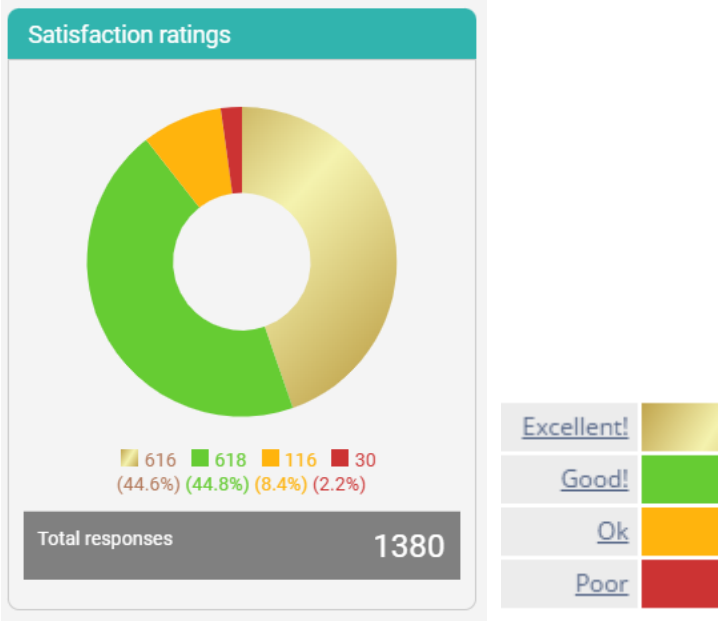


5.0 Newsletter Feedback 2024/25

5.1 There are two newsletters which gather feedback:

- These are for Library and Information Services and Health and Social Care.
- Both receive extremely high satisfaction rating at 98%.

Graph 8 - Customer satisfaction ratings - newsletters, 2024/25

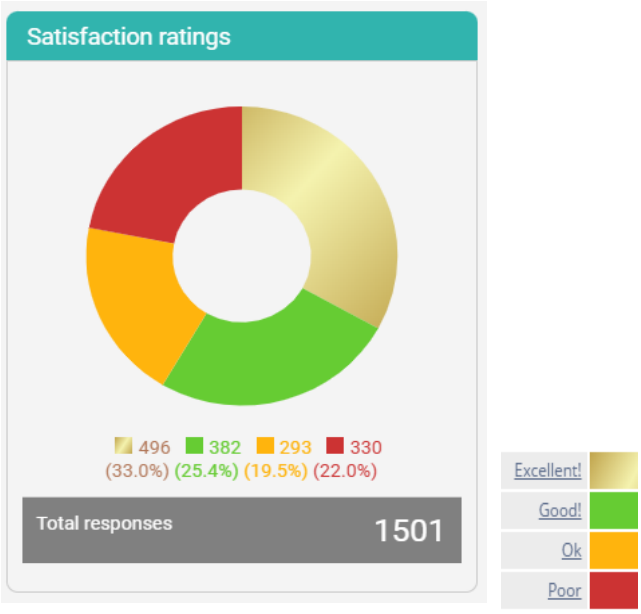


6.0 Microsite Feedback 2024/25

6.1 This is a new area of gathering feedback:

- There are currently four microsites using the surveys.
- There has been a significant increase in feedback received as this channel.
- In 2023/24 there were 82 feedback surveys, and in 2024/25 there were 1,500 survey responses received.
- There has been high satisfaction on the microsites at 78% which is similar to the ESCC website (68%).
- Having feedback surveys on the microsites helps to monitor consistency across the multiple websites for ESCC.

Graph 9 - Customer satisfaction ratings - Microsites, 2024/25



7.0 Feedback devices 2024/25

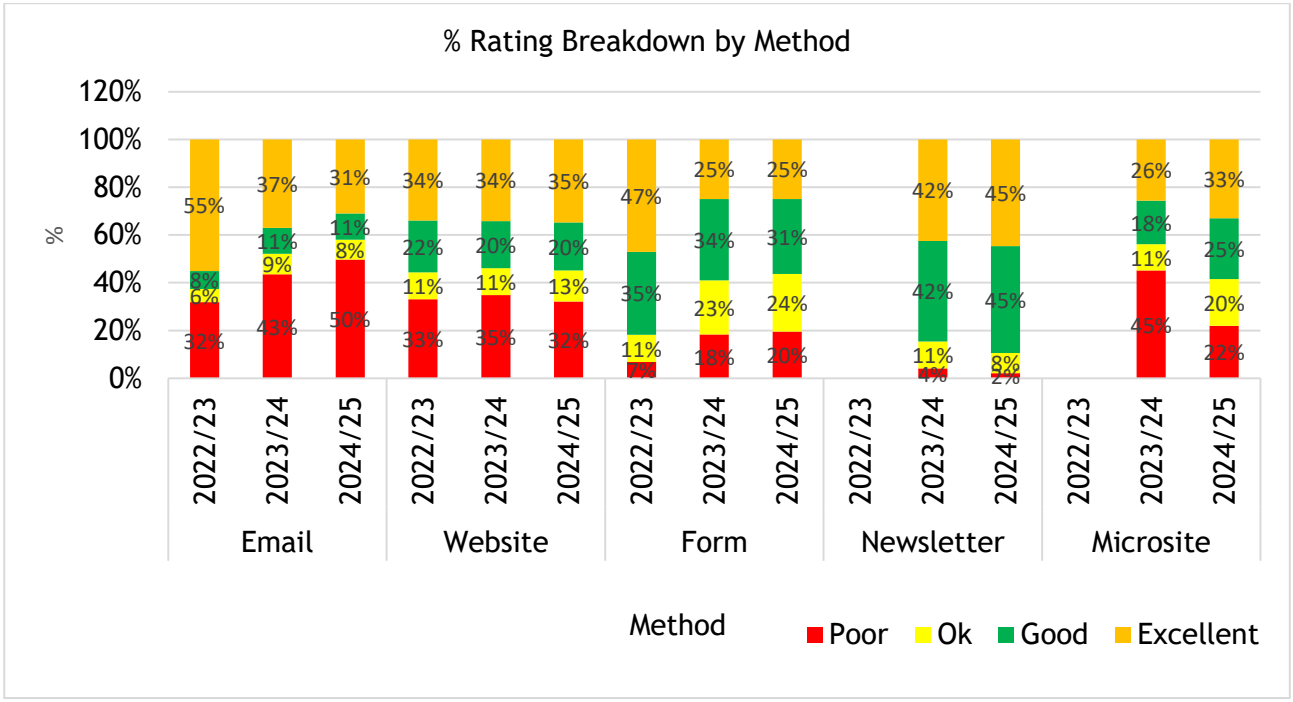
7.1 Feedback devices have been installed at the libraries in Battle, Crowborough, Hailsham, Hampden Park, Heathfield, Lewes, Newhaven, Peacehaven, Rye, Seaford and Uckfield this year bringing the total number of in-person feedback devices to 15 (14 in libraries and 1 at County Hall, Lewes).

7.2 Unfortunately there is an error occurring the feedback devices surveys results are currently not accurate. We are unable to use the results at this time. The error will be investigated and gathering feedback surveys will resume in future.

8.0 Customer satisfaction ratings by method for 2022/23, 2023/24 and 2024/25

8.1 The following graph shows the satisfaction ratings by method for the last three years (where they were collected). Please note that in 2024/25 there was an error occurring for the feedback devices surveys and the results are currently not accurate so results for feedback devices have not been included at this time.

Graph 10 - Customer satisfaction ratings by method for 2022/23, 2023/24 and 2024/25



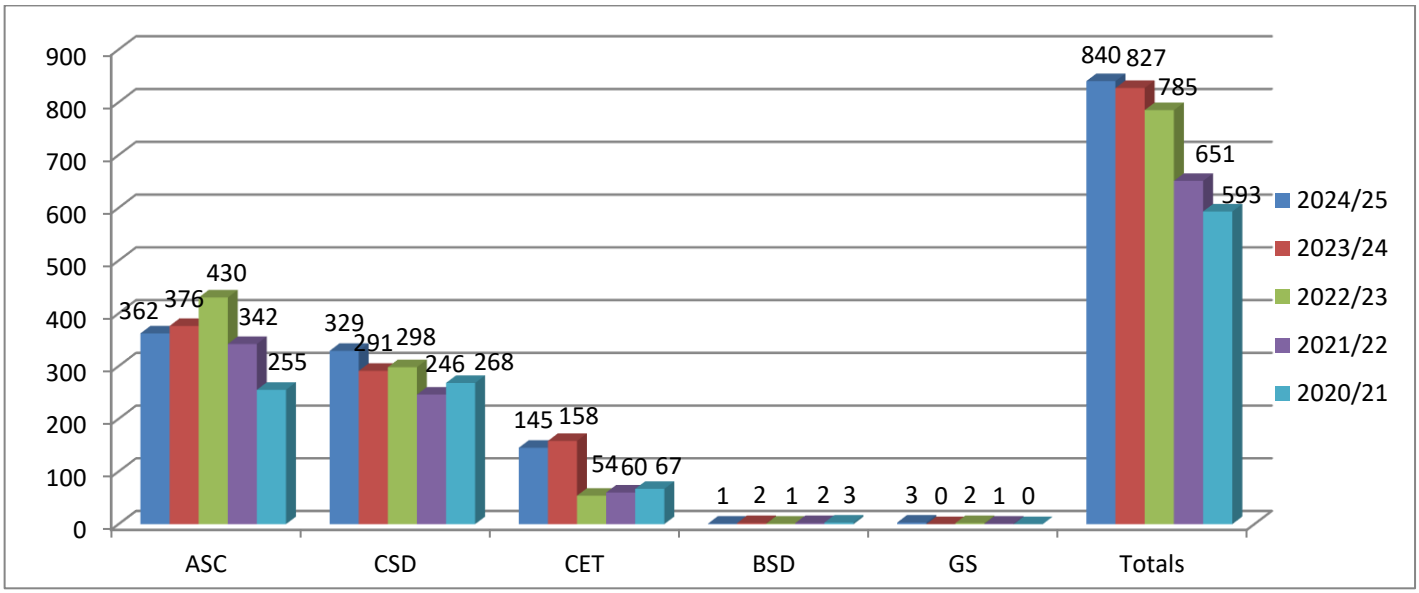
Governance Committee

21 October 2025

Appendix 3 Complaints and compliments by department 2024/25

1. Summary

1.1 The Councill received a total of 840 complaints in 2024/25 compared to 827 complaints in 2023/24, which represents an increase of 1.5%. The following graph shows the number of complaints received over the last five years by department, and in total. Please note comparisons of complaints and compliments between departments are not valid due to the nature of the different services provided by each department.



1.2 The following table presents the total number of Local Government & Social Care Ombudsman (LGSCO) complaints for ESCC where decisions were made, and the percentages of upheld complaints compared to similar authorities for five years. There were 21 upheld complaints for ESCC, and where there were remedies recommended by the LGSCO, ESCC received 100% satisfaction with compliance with these recommendations (as reported by the LGSCO at East Sussex County Council - LGSCO).

Year	Investigated	Upheld	Not upheld	Not investigated	Total	ESCC uphold rate %	Average County Council uphold rate %
2024/25	**28**	21	7	**78**	**106**	**75%**	**89%**
2023/24	**32**	28	4	**54**	**86**	**88%**	**85%**
2022/23	**26**	20	6	**58**	**84**	**77%**	**80%**
2021/22	**38**	25	13	**51**	**89**	**66%**	**71%**
2020/21	**30**	21	9	**38**	**68**	**70%**	**71%**

2. Adult Social Care and Health

	Change	2024/25	2023/24	2022/23
Number of complaints received	↓4%	362	376	430
Number of complaints upheld/partially upheld	↑4%	175	168	218
Number of compliments	↑14.5%	2,651	2,268	1,512

2.1 Summary

2.1.1 Adult Social Care and Health (ASCH) recorded a total of 362 complaints during the reporting period, down from 376 the previous year. In 2023/24, 45% of complaints were upheld/partially upheld, this year 48% were upheld/partially upheld.

2.1.2 Demand on services continues to rise and complaints continue to be multi-faceted, across services, providers, and organisations. The biggest area of complaints related to the provision of service (127), which was 35% of all the complaints received. There were 57 complaints relating to the provision of service which were upheld or partially upheld. Of these, 21 complaints were in relation to the service not being to the quality or standard expected.

2.1.3 The second biggest area of complaints related to assessments (65), which was 18% of all complaints received. There were 30 complaints relating to assessments which were upheld or partially upheld. Of these 9 complaints were in relation to a delay.

2.1.4 We have continued to strengthen our complaints duty function to provide a person centred and resolution focussed approach. The aim is to resolve matters before going into the complaints process. This year we resolved 570 enquiries through this triage approach.

2.1.5 ASCH has recorded the highest ever number of compliments over a year, with 2,651 expressions of thanks and heartfelt praise for care and support services. There are significantly more compliments (2,651) about our services than complaints (362). The ratio per compliment to complaint is 7:3 compared with 6:1 last year. Our Joint Community Rehabilitation Service recorded over 1,500 compliments (1,638). This was followed by our Carers Break/Dementia Service (293) and then our Shared Lives & Supported Accommodation (SAILS) teams (182).

2.2 Action taken to improve the service

2.2.1 Information recording

- Discuss with staff the importance of accurate recording.
- Remind the team to ensure that the correct procedures are followed when people's cases are being closed, and that all actions are completed before closure or if the worker is leaving the team.
- Remind staff members to be more explicit in their recordings and state where there is a minimum contribution subject to the full financial assessment.
- Ensure more robust recording systems are in place to document that charging information is shared.
- Remind the team and workers concerned, of the importance of both sending written information about charging and recording they have done so.
- Guidance which includes people (where they are able to) signing a form to say they have received financial information, and us not agreeing funding (unless urgent) until this has been done.
- Discuss with the worker the importance of updating assessments accurately and checking prior to sending out.
- Take forward as a reminder/learning point with the team that when undertaking an assessment or review, the allocated worker refers to previous notes and assessments, to gain some background information and consider any changes in care and support needs and service provision.
- Ensure the information about client's preferred communication format is identified within our finance systems.
- Review systems for checking and cross-referencing people's addresses on financial recording systems.
- A process in place to prevent incorrect figure on correspondence happening again.

2.2.2 Invoicing

- Process put in place to manage communications where a late invoice will be sent out.

- Issues with late submission of invoices have been picked up with the provider to impress the importance that invoices should be sent through in a timely manner for payment to be made.
- The need for vigilance to ensure old invoices that ASC are liable for are reviewed before any invoice is sent to the adult.

2.2.3 **Contract closure**

- Remind staff to ensure all open contracts that require closing are closed appropriately and in a timely manner.
- Prompt to be added to the panel process to check when there is a change in circumstances any open contracts have been requested to close.

2.2.4 **Contact and responsiveness**

- Apology for the frustration caused regarding the number of teams and phone numbers given to resolve the query. Feedback will help us to improve our services and avoid this from happening in future.
- Apology for the delay in allocating and responding to phone messages.
- Processes put in place to ensure that inboxes and cases are monitored when workers are unavailable, and for duty workers to also action and follow up calls and tasks, which is overseen by a manager.

2.2.5 **Delays**

- Review has been carried out to improve timescales for completing financial assessments.
- Review systems to ensure improvements are made where capital drop assessments are required, and people are updated about timescales.
- Using a Duty booking system to enable people in capital drop situations to be assessed in a timelier manner.

2.2.6 **Safeguarding**

- Domestic Violence (DV) checklist has been devised and shared by the Safeguarding Development Team specifically around DV planning.

2.2.7 **External providers**

- Remind staff to let ASCH know when changes to a package of care are requested.
- Improve system and practice for carers logging in and out.

2.3 **Local Government & Social Care Ombudsman (LGSCO)**

2.3.1 The table below sets out the LGSCO findings for complaints about ASCH.

Year	Investigations						
	Upheld	Not upheld	Closed after initial enquiries	Invalid/ incomplete	Referred back	Advice given	Total
2024/25	8	5	12	7	3	1	36
2023/24	13	2	8	1	8		32
2022/23	6	3	8	3	7	1	28

2.3.2 Further analysis for ASCH of the LGSCO complaints will be provided in the department's Annual Complaints Report. The report will be available later in the year and published on the Council's website: Comments, compliments and complaints annual report. This report is provided

under the Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009.

3. Children's Services

	Change	2024/25	2023/24	2022/23
Number of complaints received	**↑13%**	**329**	**291**	**298**
Number of complaints upheld/partially upheld	**↑5%**	**155**	**148**	**153**
Number of compliments	**↑112%**	**1052**	**496**	**332**
Number of Member enquiries received	↓27%	174	238	224

3.1 Summary

3.1.1 Children's Services received a total of 329 complaints during the reporting period. This is up from 291 complaints received in 2023/24. As this year included the general election, the rise in complaints could be attributed to the fall in MP enquiries. People may have used the complaint route when the MP route was unavailable to them during the period immediately before and after the election. During the pre-election period, MPs could not raise enquiries on their constituents' behalf. Further, in East Sussex six of the seven MPs elected were new. This meant they needed to recruit staff and set up offices. This could be linked to a fall in MP enquiries. This year we handled 174 MP enquiries. This is a significant drop from the 238 MP enquiries we received in 2023/24. Overall, the total number of contacts fell. We received 958 complaints, member enquiries and enquiries. This is down from 990 received in 2023/24.

3.1.2 The number of complaints from children and young people increased from four to nine. The sample size is too small to be of statistical significance, although we do know that whilst formal complaints from young people are rare, our children's residential settings receive and resolve lower-level issues outside the regulated process. Three young people made complaints with the help of an advocacy service. This is available to any child or young person who wants to complain about a service they have received from us.

3.1.3 In 2024/25, 47% of complaints were upheld/partially upheld. This is slightly less than the 51% upheld or partially upheld last year.

3.2 Action taken to improve the service

3.2.1 Children's Services continues to use the learning from complaints and how people contact us as a tool in improving the services offered by the department and in improving our digital offer through our website. We have continued to track key themes and complaint types to make enhancements to our call and complaint handling process. The Customer Relations Manager regularly meets with senior managers and quality assurance leads across Children's Services to share outcomes from complaints and associated corrective actions. This ensures that learning is logged and tracked and that what we learn from complaints is having a positive impact on the services that the Council delivers. Below are examples of learning themes identified, and improvement actions taken as a result of complaints.

3.2.2 Actions taken to improve services in 2024/25 include the following:

Social care

Disagreement with family assessments

- We continue to see complaints from people expressing disagreement with the information and professional judgements within Family Assessments. Complaints about family assessments often include multiple points of disagreement.

- Last year we introduced a step for ensuring that parents could share their views when they had received the completed assessment. We also reviewed our processes for

dealing with this type of complaint. Rather than enter into a lengthy, potentially adversarial complaints process, we now set up a meeting between the complainant and relevant social care manager to discuss any areas of disagreement with the assessment. This means a speedier resolution with clarity around what, if anything, will be changed. It means the complainant also has a clearer understanding of any professional judgements within the assessment.

- Further, every customer who complains about a family assessment is given the opportunity to add their statement to the records, to be read alongside the original information. This ensures that families' views are fairly heard and recorded.

Education

SEND Assessment and Planning

- In 2024/25 the SEND Assessment and Planning Team experienced a high level of statutory demand in November and December. This was for Education, Health, and Care Needs Assessment (EHCNAs). We have a statutory duty to decide whether to assess or not and to let families know our decision within six weeks from request.

- When the six-week period ended over the Christmas period, statutory timescales were missed in a small number of cases. Families who requested an EHCNA in the later part of the year told us that they were expecting decisions to be communicated to them over the Christmas period, including on Christmas Day and Boxing Day.

- We looked at why there was an increase in requests over this period, as this had not happened before. It is good practice not to submit requests during the summer holidays which may explain some of the increase. Schools and families may also have waited for children to settle into the new academic year before requesting an EHCNA.

- As a result of the complaints, we have changed the process for keeping families up to date on progress of EHCNAs. To manage expectations, when we can see that EHCNA demand is increasing, we now proactively explain to families that they will not receive a decision within 6 weeks where this is the case. We expect this to only be an issue over the Christmas period. While disappointing for the families, it means that we are clear and upfront from the beginning of the process about timelines. We aim for families to feel informed and to have clear communication so they can raise any issues with staff they are working with, rather than feeling they need to complain.

3.3 Compliments

3.3.1 In addition to the complaint-related contacts received, we also logged 1,052 compliments. Despite the increase in complaint-related contact, the high rise in compliments indicates that customers are also having positive experiences.

3.3.2 This is 112% higher than the 496 compliments received in 2023/24. This increase can be attributed to a change in how compliments are collected. Compliments are often shared informally making them harder to collect and record centrally. Last year, new systems were implemented to ensure that each division within the department was reliably sharing positive feedback. The changes were embedded this year. The sharp increase indicates that staff are now aware that it is important to recognise compliments and share them so they can be recorded and recognised.

3.4 Local Government & Social Care Ombudsman

3.4.1 The table below sets out the LGSCO findings for complaints about Children's Services:

Year	Investigations						
	Upheld	Not upheld	Closed after initial enquiries	Invalid/ incomplete	Referred back	Advice given	Total
2024/25	12	2	28	1	6		49
2023/24	13	2	14		7		36
2022/23	11	2	15	1	10		39

3.4.2 There is further analysis of these complaints in the Children's Services Annual Complaints Report. The report has been published on the council's website: Children's Services Annual Complaints Report. This report is required under The Children Act 1989 Representations Procedure (England) Regulations 2006.

4. Communities, Economy & Transport (CET)

	Change	2024/25	2023/24	2022/23
Number of complaints received	↓ 8%	145	158	54
Number of complaints upheld/partially upheld	↓ 14%	81	94	15
Number of compliments	↑ 25%	339	270	409

4.1 Summary

4.1.1 There were 145 complaints received and completed in CET in 2024/25, compared to 158 complaints received in 2024/25. Of the 145 complaints in 2024/25, 81 were fully or partly upheld which was 56% of complaints, compared to 59% of complaints upheld in 2023/24.

4.1.2 For 2024/25, there were 38 complaints upheld or partly upheld in relation to issues with the quality of the service delivery and 42 complaints regarding poor communications with our customers.

4.1.3 There were 30 (37%) upheld complaints in 2024/25 regarding claims being made to Highways. In 2023/24, it was 49% of the upheld complaints and it was a new area of concern for customers. Complaints that are logged about claims only address the communications and any processing issues, not the outcome of the claims (which is handled by an appeal process). These complaints about claims were upheld due to lack of responses, delays in processing, and errors in handling the claims. The number of complaints regarding claims has steadily decreased through the year of 2024/25, with one upheld in Q4, 2024/25.

4.1.4 There were 17 (21%) complaints upheld about Highways due to lack of communications to customers' queries regarding repairs needing to be carried out.

4.1.5 There were 24 (30%) complaints for Highways regarding quality of delivery of service. Some themes of these complaints were incomplete, incorrect information or conflicting or poor explanations causing confusion for the customers or not addressing their concerns. Other areas were regarding insufficient work being carried out. The remedies for these complaints were providing correct information or explanations, and where needed, further work carried out to resolve the issues fully.

4.1.6 In 2024/25, 7 (9%) complaints regarding Home to School Transport, were upheld due to incorrect information regarding transport arrangements, errors with payments, and lack of communications. These complaints related to where new transport and payments arrangements were being embedded.

4.2 **Action taken to improve the service**

4.2.1 The following are actions taken to improve services in 2024/25 as a result of complaints.

4.2.2 Highways Claims Team

- The team reviewed their responses in order to provide more thorough and improved explanations due to the complaints about poor communications.
- Where complaints were regarding claim outcomes which was based on incorrect information, it was discussed with team members to identify where the errors were made in order to avoid them occurring in the future.

4.2.3 Home to School Transport Team put additional measures in place to prevent any delays in payment occurring in future due to their complaints.

4.2.4 East Sussex Highways Contact Centre Team

- Improvements were made to communications by updating the standard template wording on the team's 'no reply' email responses so that the emails included instructions on how to log onto the website customer account in order to respond or make further queries.
- It is recognised that it is not always productive to invite customers to respond to matters which have been resolved (and where there is no further help or explanation that can be provided to them); however, evidence showed that some customers had further queries which needed addressing. There is also standard template wording providing customers instructions on how to log a complaint if they remain unhappy.
- Work was carried out in the Contact Centre to improve communications between teams in ESCC and the Contact Centre in order to make it clearer to customers who will help them and who will provide information to them about any ongoing work.

4.2.5 Improvements to Highways corporate webpages

- Improvements were made to the Highways webpages on the ESCC corporate website (eastsussex.gov.uk) in order to update and remove the duplication between the ESCC and Balfour Beatty websites, ensuring key information is maintained on just one website.
- Policies have been made more accessible and easier to navigate and read.
- The number of pages has been significantly reduced to simplify the user experience.
- User engagement analysis was carried out in order to optimise and improve visibility of the reporting process, recognising that reporting a problem is the primary user journey.
- These changes make it easier for users to find the information they need quickly and efficiently. Customer feedback will continue to be monitored.

4.3 **Compliments**

4.3.1 There were 339 compliments logged in CET in 2024/25 compared to 270 compliments in 2023/24. Compliment numbers continue to be higher than the number of complaints, which indicates that staff continue to deliver high quality services and show their commitment to customers. The following are some themes of the compliments received in 2024/25:

- Customer appreciated being kept informed, including about resources available.
- The dedication and inspiration of staff in supporting individuals to improve their circumstances.
- Customers were grateful for work carried out and the improvement to their surroundings and environment.
- Individuals appreciated the professionalism, care and consideration of staff they interacted with.
- They appreciated staff being welcoming, friendly and willing to help with their needs.

4.3.2 There is often fluctuation in numbers of compliments received due to factors such as events, promotions, and works or developments taking place. For 2024/25, the number of compliments increased for the teams of Culture, Employability & Skills, and Waste.

4.4 Local Government & Social Care Ombudsman

4.4.1 The table below sets out the LGSCO findings for complaints about CET:

Year	Investigations					
	Upheld	Not upheld	Closed after initial enquiries	Invalid/ incomplete	Referred back	Total
2024/25	1		14	1	3	19
2023/24	2		12	1	2	17
2022/23	2	1	11			14

4.4.2 One complaint was upheld by the LGSCO in relation to CET services. Although this complaint was upheld, it was not investigated by the Ombudsman. This was due to the Ombudsman identifying that ESCC had taken satisfactory action to address the complaint already.

5. Business Services

	Change	2024/25	2023/24	2022/23
Number of complaints received	-	1	2	1
Number of complaints upheld/partially upheld	-	1	2	1
Number of compliments	n/a	n/a	n/a	n/a

5.1 Summary

5.1.1 One complaint was upheld for Business Services in 2024/25 regarding lack of communications. An apology was given, and the customer was contacted by the relevant team.

5.2 Compliments

5.2.1 No compliments from external individual customers were reported departmentally for Business Services in 2024/25.

5.3 Local Government & Social Care Ombudsman

5.3.1 There was one complaint registered with the LGSCO in 2024/25 regarding Business Services, but it was closed after its initial enquiries and not investigated.

6. Governance Services

	Change	2024/25	2023/24	2022/23
Number of complaints received	-	3	0	2
Number of complaints upheld/partially upheld	-	0	0	0
Number of compliments	n/a	n/a	n/a	n/a

6.1 **Summary**

6.1.1 There were three complaints logged for Governance Services in 2024/25 and none of them were upheld.

6.2 **Compliments**

6.2.1 No compliments were recorded in 2024/25.

6.3 **Local Government & Social Care Ombudsman**

6.3.1 There was one complaint registered with the LGSCO in 2024/25 regarding Governance Services, but it was closed after its initial enquiries and not investigated.

7. Chief Executive's Office

7.1 Customers often address their complaints to the Chief Executive (CE) or Leader and so they are received through the CE Office. However, the complaints are about issues with services provided by departments rather than the CE Office itself, so these are recorded by the relevant department and form part of their figures and analysis.

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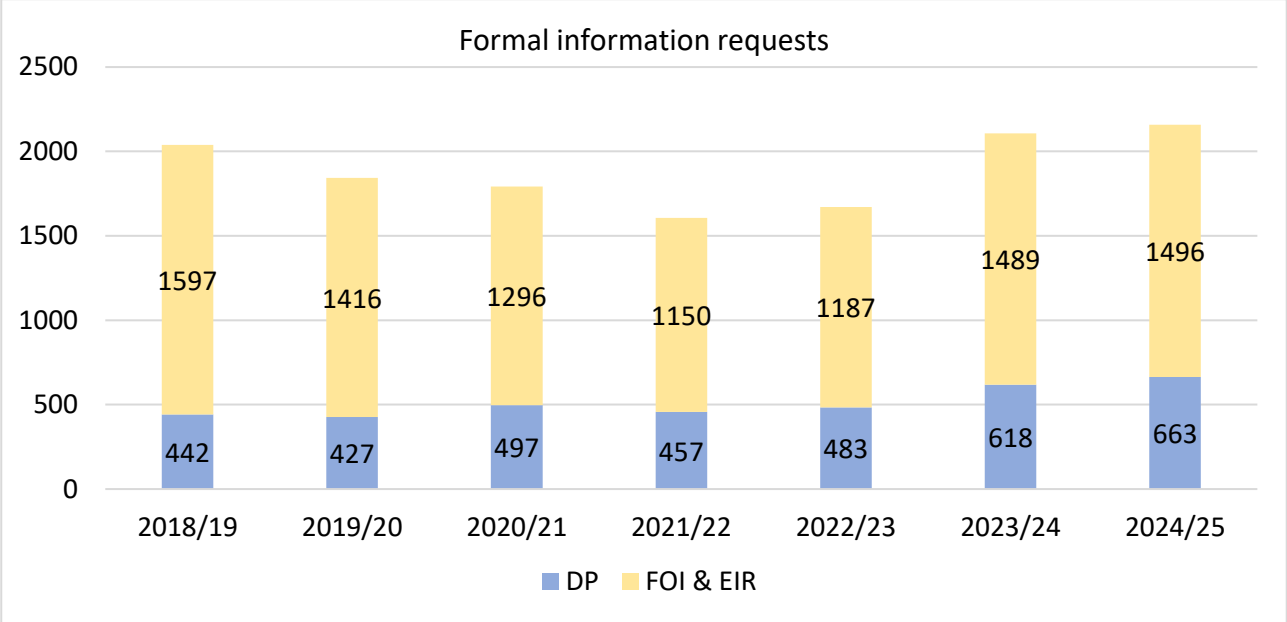
Governance Committee

21 October 2025

Appendix 4 Formal requests for information 2024/25

1.0 Information requests statistics

1.1 The following is a breakdown of the number of FOI and EIR requests and Data Protection requests (such as Subject Access Requests, Individual Rights Requests, etc.) for the seven years. In 2024/25, for FOI / EIR requests that equates to an average of 6 request per working day. For DP requests, an average of 2-3 per working day.



1.2 There were also an additional 2,807 "Con29s" completed in 2024/25. These are a specific type of request for local authority searches used in property conveyancing, under EIR. These achieved 100% compliance with the statutory 20 working days deadline.

2.0 Complaint process: internal reviews of formal information requests

2.1 When a requester wants to make a complaint regarding the final response of a FOI and EIR request, there is a separate procedure called an internal review. In ESCC this is carried out by Legal Services.

2.2 For Data Protection subject access requests (SARs), if the requester remains dissatisfied with a response, the Customer Services Team reviews and responds and asks for Legal Services support if it is complex. Requesters can complain to the Council's Data Protection Officer if they remain unhappy. For all the types of information requests, there is the option to complain to the Information Commissioner's Office (ICO) if the requester remains dissatisfied.

2.3 In 2024/25, the Council received six requests for internal reviews, which was the same number as 2023/24. Out of the six internal reviews, Legal Services found fault with three requests. For these three the internal reviews provided further information to the requesters. For two of the internal reviews, our positions were held and exemptions used were supported. The sixth

internal review final response is outstanding. Internal reviews are used to identify where improvements can be made, and they are reviewed thoroughly irrespective of the outcomes.

3.0 Complaints to the Information Commissioner's Office (ICO)

3.1 If a requester makes a complaint to the ICO, the ICO first serves an Information Notice to the Council requesting it reviews the complaint and tries to resolve it. The Customer Services Team received six information notices regarding information requests in 2024/25, compared to three in 2023/24. Five of these notices in 2024/25 were resolved. One notice is outstanding. No formal complaints from the ICO were received.

3.2 There are various reasons why the ICO may contact the Council. These reasons are not solely about information requests the Council receive. The ICO also contacts the Council regarding complaints it receives in relation to any data protection concern including potential data security incidents. The ICO initially takes an informal approach and raises any concerns on behalf of a customer about their personal data. ICO will ask us to investigate and take ownership in the first instance and to report back to the ICO how we remedied the situation directly with the customer. Sometimes communication takes place directly with a service or mostly in contact with our Data Protection Officer. Some of the reasons the ICO contact us do not fall under this annual report; however, where contact from the ICO is relevant to this report, it has been included.

Local Government & Social Care OMBUDSMAN

21 May 2025

By email

Ms Shaw
Chief Executive
East Sussex County Council

Dear Ms Shaw

Annual Review letter 2024-25

I write to you with your annual summary of complaint statistics from the Local Government and Social Care Ombudsman for the year ending 31 March 2025. The information offers valuable insight about your organisation's approach to complaints, and I know you will consider it as part of your corporate governance processes. We have listened to your feedback, and I am pleased to be able to share your annual statistics earlier in the year to better fit with local reporting cycles. I hope this proves helpful to you.

Your annual statistics are available here.

In addition, you can find the detail of the decisions we have made about your Council, read the public reports we have issued, and view the service improvements your Council has agreed to make as a result of our investigations, as well as previous annual review letters.

In a change to our approach, we will write to organisations in July where there is exceptional practice or where we have concerns about an organisation's complaint handling. Not all organisations will get a letter. If you do receive a letter it will be sent in advance of its publication on our website on 16 July 2025, alongside our annual Review of Local Government Complaints.

Supporting complaint and service improvement

In February we published good practice guides to support councils to adopt our Complaint Handling Code. The guides were developed in consultation with councils that have been piloting the Code and are based on the real-life, front-line experience of people handling complaints day-to-day, including their experience of reporting to senior leaders and elected members. The guides were issued alongside free training resources organisations can use to make sure front-line staff understand what to do when someone raises a complaint. We will be applying the Code in our casework from April 2026 and we know a large number of councils have already adopted it into their local policies with positive results.

This year we relaunched our popular complaint handling training programme. The training is now more interactive than ever, providing delegates with an opportunity to consider a complaint from receipt to resolution. Early feedback has been extremely positive with delegates reporting an increase in confidence in handling complaints after completing the training. To find out more contact training@lgo.org.uk.

Yours sincerely,

Amerdeep Somal
Local Government and Social Care Ombudsman
Chair, Commission for Local Administration in England

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East Sussex County Council Complaint Handling Policy

1. Introduction and Purpose

1.1 The purpose of this policy is to outline East Sussex County Council's procedures for handling complaints. We aim to ensure that complaints are investigated fairly, promptly, and in a manner that promotes learning and improvement.

1.2 East Sussex County Council values the views of our customers. We are committed to dealing effectively with any concerns or complaints about our services. If we have got something wrong, we'll apologise and try to put things right. We will listen to your concerns and ensure you have an opportunity to explain your position. We learn from complaints to help improve our services.

1.3 We will deal with your concerns in an objective, open and honest way. Any contact you have with us in the future will not be affected because you have expressed a concern or made a complaint. This includes acknowledging and taking steps to address any actual or perceived conflict of interest in the handling of your complaint that you may raise or that we may become aware of.

1.4 We define a complaint as ***'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual or group of individuals.'*** This means that we may treat correspondence not received directly by complaints handling staff as a complaint and provide a written response.

1.5 You do not need to use the word 'complaint' in order for your concern or issue to be treated as a complaint. A complaint can also be submitted by a third party or representative and we will handle it in line with this policy.

1.6 This policy applies to complaints regarding a service where you have not been able to resolve the issues by speaking directly with the staff providing the service. The team delivering the service will first be given the opportunity to investigate what has gone wrong to allow them to try to put it right. This is a 'service request'.

1.7 We define a service request as ***"a request that the organisation provides or improves a service, fixes a problem or reconsiders a decision". Service requests may include expressions of dissatisfaction.***

1.8 Wherever possible, it is best to deal with things sooner rather than later. If you have a concern, you should raise it as a service request with the person you are dealing with first. If possible, they will try to resolve it there and then. If you make

a complaint and there appears to be an immediate solution to your problem, we will handle this as a service request.

1.9 When this is not possible or you remain unhappy, we will start the complaints process. If we can resolve your concern or issue at any stage in the complaint process, we will ensure we contact you to offer you a solution.

1.10 Not all complaints require a detailed investigation. Where there is very little impact on the individual or the wider public, we may respond to a complaint with an explanation of the relevant law and/or our standard processes unless there is any clear fault that can be quickly addressed.

1.11 If you submit a complaint to a third-party site (such as Resolver), a Councillor or a member of the Council's senior leadership team such as a Director, we may pass it to the relevant complaints handling staff to handle under this policy. Where this happens, we will share copies of any response to you with the member or officer you originally contacted.

2. When does this policy apply and when do we accept a complaint?

2.1 We will need to check that we can accept your complaint. If we cannot accept your complaint, we will explain the reasons for this. If we cannot consider your complaint under this policy, we may be able to provide a response to the feedback you have given us.

2.2 This policy does not apply to complaints where there is a statutory process in place. Statutory complaints procedures for some complaints in Adult Social Care and Health and Children's Services are set out in Appendix 1.

2.3 We will accept complaints that are made within 12 months of the issue occurring. We will also accept complaints which are made within 12 months of when you become aware of the issue. We may accept a complaint outside of this timeframe where there are good reasons to do so.

2.4 We will not investigate complaints under this policy for services or decisions made which we are not responsible for. We only deal with complaints from individuals, their families or authorised representatives about services delivered by the Council. If you complain to us about matters outside our responsibility, we will do our best to signpost you to the right organisation or authority, providing their contact details where possible.

2.5 We will not investigate any matters where there is a right of appeal to a tribunal or appeal panel to resolve your concern. We will tell you where you can appeal and we expect you to follow the procedure available to you.

2.6 We may not be able to accept your complaint where a legal or other action is ongoing. The reason for this is that a complaint may interfere with the ongoing action or legal proceedings. This is called “concurrent consideration”. We will let you know if this is the case and why we are not able to accept your complaint. Once the legal or other action has ended, you may submit your complaint again and we will check if we can accept your complaint.

2.7 If you make a new complaint through another staff member or route and we are already handling a similar matter for you, we will not create a new complaint. We will let you know that we are already dealing with the matter.

2.8 Complaints about staff conduct are not dealt with by complaints handling staff directly. There are separate HR processes covering staff performance and conduct.

2.9 Where a complaint contains issues relating to staff conduct, we will then pass details of the part of the complaint about staff conduct to the relevant line manager for their information and action as appropriate. Depending on the nature of the complaint, we may also pass details to the Local Authority Designated Officer (LADO) or Persons in Position of Trust (PIPOT). The LADO oversees allegations about adults who work or volunteer with children. The PIPOT oversees allegations or concerns about individuals who work or volunteer with adults at risk.

2.10 For reasons of employer and employee confidentiality, feedback on staff conduct complaints will generally not be provided. However, you can be assured that all complaints are taken seriously, and the relevant action taken.

2.11 If you raise other issues as part of any conduct complaint, a response will be provided to these issues.

2.12 Complaints about Child Protection (CP) Conferences in East Sussex are governed by the Pan-Sussex Child Protection and Safeguarding Procedures Manual. This is a shared set of procedures used throughout East Sussex, West Sussex and Brighton & Hove. Full details of this process are set out in the Pan-Sussex Complaints Process, but the key information is provided in Appendix 3. Any changes made to the Pan-Sussex Complaints Process will override information here.

2.13 In most cases, if we tell you that we will not accept your complaint, we will explain that you can escalate it to the Local Government and Social Care Ombudsman. The Ombudsman is independent of all government bodies and can investigate the handling of your complaint by the Council. If you remain unhappy following our response, you can contact the Ombudsman to make a complaint to them. Normally, they will only investigate your case after you've given us the chance to investigate it.

Contact details for the Ombudsman

Website: www.lgo.org.uk

Phone: 0300 061 0614

Post: Local Government & Social Care Ombudsman, PO Box 4771, Coventry, CV4 0EH

3. Accessibility and Awareness

3.1 This policy takes into account the Council's Equality of Opportunity and Diversity and Inclusion commitment. We help individuals to make a complaint by providing different methods of contact. Complaints can be made by:

- Webform
- Email
- Post
- Phone
- In person

3.2 We publicise this complaint policy and information about the Ombudsman and its Complaint Handling Code on the Council's website. We make information available to individuals on how to complain if they are unhappy with the services they have received from the Council.

3.3 If you raise a concern with any member of staff, which cannot be dealt with by them as a service request or has already been dealt with as a service request, we will provide information on how to make a formal complaint to raise your concern.

3.4 When we ask for feedback on our services, we will also give you details of how you can complain.

3.5 You can have a suitable representative deal with your complaint on your behalf. You can ask the representative to represent you or accompany you to any meeting regarding your complaint.

3.6 For complaints about Children's Services, our complaints process is designed to give a voice to children and young people. Complaints can also be made by or on behalf of a young person's family, where they hold parental responsibility (PR). People who can show a sufficient interest in the young person's well-being may also be able to complain.

3.7 If you need a representative to deal with your complaint on your behalf, tell us who we may or may not speak to about your complaint. Let us know if you want to be sent a copy of all correspondence we send to your representative.

3.8 If you are complaining on behalf of an older child or another adult, we may ask you to complete a Consent Form. More details about consent are explained in Appendix 4 below. This is to ensure that the person you are representing knows about

the complaint and agrees with it. We also need their permission to share personal and sensitive information about them with you.

3.9 If a representative is nominated, we will handle the complaint as if we were dealing with you directly and will ask them for any additional clarification or evidence we might need throughout the investigation.

3.10 We work in line with the Data Protection Act 2018 and UK GDPR. This affects the information we can share with an individual. If a representative makes the complaint, we may not be able to provide a detailed response without consent from the person the complaint is made on behalf of. Where we cannot respond to a complaint, we will always ensure that we provide the information shared with us to the relevant teams for action as appropriate.

3.11 Children and young people under 18 years old making a complaint can get support from a free independent advocate. They will help you make your complaint. We will usually offer this service at the point that we confirm we are dealing with your complaint.

3.12 If you are over 18 and need extra assistance to make your complaint to any service, we will try to put you in touch with someone who can help.

3.13 If you do not need a representative at all stages of your complaint, a representative may also advocate on your behalf at different stages of the complaint process or accompany you at any meetings or during calls which might be needed. Please tell us in advance who we may or may not speak to about your complaint and whether only certain matters can be discussed with them.

3.14 Citizens Advice offer an impartial service and can advise you if you need any help with making a complaint to us. To find out more, please contact your local branch. Details can be found on their website at: www.citizensadvice.org.uk

4. The complaint handling process

4.1 We make reasonable adjustments for individuals who may need to access the complaints process in different ways. We will keep a record of any reasonable adjustments agreed. Any reasonable adjustments agreed will be regularly reviewed.

4.2 We will keep a record of your complaint. Please see our privacy notices for information on how we handle and keep your personal data:

- Privacy notice - Children's Services: your information and you | East Sussex County Council
- Corporate complaints and enquiries handled by our Customer Services team | East Sussex County Council
- Privacy notice - Adult Social Care and Health: your information and you | East Sussex County Council

4.3 We have systems in place to ensure a complaint can be remedied at any part of the complaints process.

4.4 Our complaints teams are committed to providing a good service that is fair to all who access it. In rare cases we may need to reduce or end our involvement. This is to prevent unfair demands being placed on the service that would stop us being able to help people equally and efficiently.

4.5 We recognise that some individuals may find it hard to accept that we cannot help them. We will always explain our decisions and give clear reasons why we cannot help. In most cases we will offer signposting advice to services or authorities who we believe are best placed to assist.

4.6 The process we follow is set out below:

- Step 1: When we send a final decision or final response, we will make your next steps or escalation options clear. It is expected that you follow this advice.
- Step 2: If you do not follow the escalation advice and we continue to receive contact from you directly or via other officers or members of the Council, we will look at more formal ways to manage the situation. This will be in line with our published Unreasonable Customer Behaviour Policy

4.7 We ensure that any third parties we work with or commission or contract, understand our complaints handling process and work in line with our policies and procedures.

5. Complaints handling teams

The quickest way to make a complaint is online via our secure web forms. Contact details for the complaint handling teams are:

Adult Social Care and Health complaints

Online: Submit a complaint or give feedback to adult social care and health online

Email: asccomplaintsfeedback@eastsussex.gov.uk

Telephone: 01273 481 242

Post: Adult Social Care and Health Feedback Team, North C County Hall, St Anne's Crescent, Lewes, BN7 1UE

Children's Services

Online: Feedback and complaints about Children's Services

Email: CS.CustomerRelations@eastsussex.gov.uk

Telephone: 0345 60 80 192

Post: Customer Relations Team, North B County Hall, St Anne's Crescent, Lewes, BN7 1UE

Corporate Complaints

Online: Complaint - East Sussex County Council

Email: corporate.complaints@eastsussex.gov.uk

Telephone: 01273 482913

Post: Corporate Complaints, West D County Hall, St Anne's Crescent, Lewes, BN7 1UE

6. Complaints stages

Stage 1

6.1 We will check if we can accept your complaint. The steps we take to do this are set out Section 2.

6.2 If needed, we will set out our understanding of your concerns and ask you to confirm that we've got it right. We may also check with you to ask what outcome you're hoping for.

6.3 If it is unclear what you are complaining about, we will ask you to clarify what you are concerned about. If we do not hear back from you, we will close your complaint. But you can make a complaint again if you contact us at a later time.

6.4 You can raise a complaint on someone else's behalf. This includes children and young people. We will check that you have consent or another lawful basis from the person you are representing to consider your complaint and share personal and sensitive information about them with you. Our response to you will only include information that relates to you and your involvement with the Council unless we receive a valid consent form. More details about consent are explained in Appendix 4.

6.5 We will acknowledge receiving your complaint within five working days. If we cannot accept your complaint, we will tell you at this stage and explain the reason for this.

6.6 If it is not possible to acknowledge that we have accepted your complaint within five working days, we will let you know. We will explain why, and when you can expect to know whether we can respond to your complaint. We may request further information from you to help us understand your complaint.

6.7 We will review the available evidence. This could include case files, notes of conversations, letters, and emails. We may also talk to the staff about your

complaint. We will look at our policies and guidance and any legal entitlement if relevant.

6.8 If during the investigation, we become aware of circumstances that could lead to a safeguarding risk, we will take advice. We may suspend the complaint until this risk has reduced. We will tell you of this unless doing so would add to the risk identified.

6.9 In some cases, we may suggest a meeting with a service manager to discuss your concerns or another method to try to resolve any disagreements.

6.10 We will aim to send you a written response within 10 working days of your complaint being acknowledged.

6.11 If you add to your complaint, we will add the new issues into the response if we are able to. If this would delay the process or they are unrelated to the complaint already being considered, we will consider the new issues as a new complaint.

6.12 If we cannot respond to your complaint within 10 working days, we will let you know. We will explain why we need more time and let you know when we aim to respond.

6.13 Our written response will let you know what we have found. We will respond to the outcomes you asked for.

6.14 If you are unhappy with the outcome of your Stage 1 complaint, we will provide details to you of how to escalate your complaint Stage 2.

Stage 2

6.15 If you are unhappy with the Stage 1 response, you can escalate the complaint to Stage 2.

6.16 We will acknowledge your request to escalate a complaint to Stage 2 within five working days. The acknowledgement will summarise our understanding of any outstanding issues and the outcomes you are seeking. If this is not clear we will ask you for clarification.

6.17 Your complaint will be handled by a different complaint handler at Stage 2.

6.18 We will respond to your complaint within 20 working days of the complaint being acknowledged.

6.19 If your complaint is complex we will let you know that we need more time. We will explain the reasons for this and give you details of the Ombudsman.

6.20 The Stage 2 response will set out:

- the complaint stage;

- our understanding of the complaint;
- the decision on the complaint;
- the reasons for any decisions made;
- the details of any remedy offered to put things right;
- details of any outstanding actions; and
- details of how to escalate the matter to the Ombudsman if you remain dissatisfied.

6.21 We will explain that the Stage 2 complaint is our final response.

7. Putting things right

7.1 Responses at Stage 1 and Stage 2 will state whether your complaint has been upheld, partly upheld or not upheld, or if we are unable to make a finding.

7.2 If we agree we got something wrong, we will apologise and tell you how and why it happened. We will explain what we have done to put it right.

7.3 We may provide a remedy to reflect the impact on you as a result of any fault identified.

7.4 When offering a remedy, we take account of practice guides issues by the Local Government and Social Care Ombudsman.

7.5 If we cannot meet the outcomes you asked for, we will explain why and try to offer another solution if possible. The focus of the complaints process is to provide a resolution, and we will do our best to achieve this for you. Where an outcome cannot be achieved through the complaints process, we will do what we can to help. For example, signpost you to further support or ensure your views are fairly represented.

7.6 If there are actions from your complaint which we cannot be carry out immediately, we will still respond to your complaint as soon as possible. We will explain any outstanding actions in your response and carry out the actions as soon as possible. We or the relevant service will keep you updated on the progress of the outstanding actions

7.7 If you disagree with a professional opinion in a report provided in your complaint response, we can ensure your disagreement is put on the record to be read alongside the report in the future.

8. Continuous learning and improvement

8.1 We take your concerns and complaints seriously and try to learn from any mistakes we've made. Where there is a need for service improvement, we will

develop an action plan setting out what we will do, who will do it and when we plan to do it by.

8.2 Complaints outcomes and actions to put things right are shared on a regular basis with senior managers to ensure continual improvement within our departments.

8.3 Monitoring

8.3.1 The Assistant Director Communities oversees the Council's complaint-handling performance, assessing any themes or trends to identify potential systemic Corporate Complaints Policy issues, serious risks, or policies and procedures that require revision.

8.3.2 The Governance Committee is the "Member Responsible for Complaints" in order to meet the responsibilities under the LGSCO Complaint Handling Code. Governance Committee receives an update about the complaint handling performance of the Council, in an annual report.

8.3.3 The Council produces an annual report for members to scrutinise and challenge, and for publication on its website. The annual complaints report will include:

- An annual self-assessment against the Local Government and Social Care Ombudsman's Complaint-handling Code, to ensure this policy remains in line with the Code's requirements.
- A qualitative and quantitative analysis of our complaint-handling performance. This will include a summary of the types of complaints we have refused to accept.
- Any findings of non-compliance with the Local Government and Social Care Ombudsman's Complaint-handling Code.
- The service improvements made as a result of the learning from complaints.
- The annual letter from the Local Government and Social Care Ombudsman about the Council's performance.
- Any other relevant reports or publications produced by the Ombudsmen in relation to our work.

8.3.4 Alongside the annual report, we will publish Members' response to it, in the form of the minutes of the meeting within which the annual report is presented.

9. Policy Review and Updates

9.1 This policy will be reviewed regularly to ensure its continued effectiveness and compliance with relevant legislation and guidance.

10. Appendix 1: Statutory complaints processes

Adult Social Care and Health statutory complaints

Adult Social Care and Health statutory complaints are handled under The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. For more information please see Adult Social Care and Health's leaflet: Your feedback matters.

Children's Services statutory complaints

Children's Services statutory complaints are handled under the Children Act 1989 Representations Procedure (England) Regulations 2006 and The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

Complaints about social care services are covered by a three-stage statutory complaints process. This is set out in The Children Act 1989 Representations Procedure (England) Regulations 2006 and supported by statutory guidance in Getting the best from complaints. Parts of the Ombudsman's factsheet on social care complaints are also replicated here.

This route is mainly used to consider complaints by or about children and young people. Complaints about child protection (CP) matters or how the Council assesses families and prepares reports for the Court in private proceedings (Section 7 or 37 reports) are not covered by this route.

Stage 1 - Local resolution

We will acknowledge your complaint within three working days. We aim to respond in full within 10 working days. We will check that we can respond to your complaint as detailed in Section 2. If we need more time, we will let you know why and give a revised target date for your response. This will be a maximum of 20 working days from when we accepted your complaint.

If we are unable to respond within 20 working days, we will explain why and ask you to agree a further extension. You are not obliged to agree an extension. You have the right to ask that your complaint is escalated directly to Stage 2. However, as the Stage 2 process can take over 12 weeks, we would ask you to carefully consider a request to escalate on these grounds.

Once the investigation is complete, we will send you a written response. This will explain what we found and whether your complaint has been upheld or not. We will let you know what you can do next and your escalation rights. For this type of complaint, it will be to Stage 2 of the statutory process set out below. From the date the Stage 1 letter is sent, you have 20 working days to request that your complaint is escalated.

Detailed guidance on the Stage 2 process will be provided to you at the point your escalated complaint is accepted.

Stage 2 - Formal investigation

Most complaints are resolved at Stage 1. Where we have been unable to reach a resolution, you can request that your complaint is formally investigated at Stage 2 of the statutory process. We will acknowledge receipt of your escalation request within three working days. We will ask you to set out the issues that remain outstanding and what outcome you would like if you have not already done so. If we can deliver the outcome you have asked for, we will let you know.

If we cannot deliver the outcome you have asked for, or do not accept that there has been fault, a formal investigation will start. We will appoint an Investigating Officer (IO) to undertake the investigation into your complaint. This person may be a member of East Sussex staff who has not dealt with your case previously. In most cases, it will be an external contractor. We will also appoint an Independent Person (IP) who will always be independent of East Sussex County Council. Their role is to bring further independence to the process and accompany the IO during the investigation.

The IO and IP will meet with you to discuss your complaint and agree a formal Statement of Complaint (SoC). This is the main document used for the investigation. They will ask you to confirm that you are happy with what is written in the statement.

Once the SoC is agreed, the 25-working day timescale will start, and the IO will carry out their investigation. They will take evidence from you; interview members of staff involved in the complaint and raise enquiries with the Council. They will also have access to all relevant case files to allow for a full and thorough investigation.

In many cases, 25 working days is insufficient to carry out the investigation. An extension up to 65 working days may be agreed by the Customer Relations Manager. You will always be kept informed of this and advised when you can expect the investigation to be completed.

Once the investigation is completed the IO will report to the Assistant Director with their findings. This report will say whether your complaint has been upheld, partially upheld or not upheld. The report will also set out any recommendations that the IO thinks should be taken forward by the department. The IP will provide their own written report. This comments on the independence and the progress of the investigation.

Both the IO and IP reports are sent to the assigned Complaints Officer for quality assurance. The Complaints Officer will highlight any spelling or formatting issues. They also check that no confidential third-party information is in the report. They

then send the draft reports back to the IO and IP for them to review and sign-off as complete.

Once the final signed reports are received, the adjudication process starts. The Assistant Director will review the reports and write to you with their response to the investigation reports which will also be sent to you. This adjudication letter will state whether the Head of Service agrees with the findings and if so, what actions will be taken to put things right.

From the date the letter is sent, you have 20 working days to request that your complaint is escalated to Stage 3 of the statutory process. This is set out below.

The adjudication letter may invite you to a meeting to discuss the outcomes in more detail. Or it may suggest alternative dispute resolution, such as independent mediation, to try and reach a positive outcome. If you choose to accept either of these offers, your right to escalate is protected until 20 working days after the meeting or final mediation session.

You will receive detailed guidance on the Stage 3 process at the point we accept the escalation request.

Stage 3 - Independent review panel

If you remain unhappy after receiving the adjudication letter, you have the right to request an independent review panel. This is to consider the adequacy of the Stage 2 investigation and to try and reach a resolution. This request must be received within 20 working days of the adjudication letter or the final meeting of any mediation process.

In some limited cases we may ask if you would like to escalate your complaint directly to the Ombudsman. This must be done with your agreement. It will only usually be offered where the Stage 2 investigation upheld all aspects of the complaint and at adjudication the Council agreed, set out a clear action plan to any recommendations and met the requested outcomes.

If the above does not apply, we will acknowledge receipt of your request within two working days. We will ask for you to confirm your availability to attend a review panel meeting. We will then commission an independent panel. This is made up of three qualified people who are not employees of East Sussex County Council, with one person appointed as Chair. We will aim for the review panel to take place within 30 working days of receiving your request. In some cases, this may not be possible, for example if a key person is unavailable. But we will always aim to arrange the review panel as quickly as possible. The panel may be held virtually by video conferencing or at one of our buildings in East Sussex.

Ahead of the panel, the Complaints Officer assigned to your case will share the relevant documents from Stage 1 and 2 with everyone attending the panel. This is

usually in the form of a document bundle containing correspondence and reports from these two stages. You should send any information you would like to pre-submit to the panel at least 15 working days ahead of the panel meeting. This can then be circulated in plenty of time. You should also confirm at this point whether you will be bringing a supporter with you to the panel and provide their contact details.

On the day of the panel the Chair will be responsible for running the meeting. They will call on the various parties in attendance to give evidence and address the panel in the open session. The proceedings are usually audio recorded to help with the production of the minutes from the meeting. Consent will always be sought, and the recording will be deleted once the minutes have been typed. Attendees wishing to create their own audio record of the meeting will need the consent of all those attending. Permission to video record the meeting is at the sole discretion of the chair.

The usual review panel attendees are:

- 1 x Panel Chair
- 2 x Panel Members
- The complainant
- The complainant's named supporter (optional)
- The Investigating Officer from Stage 2
- The Independent Person from Stage 2
- The Head of Service
- The Customer Relations Manager
- The Clerk for minute-taking

At the end of the open session, the Chair and Panel Members will go into closed session to deliberate the complaint and agree their draft findings. The Customer Relations Manager and Clerk may also be in attendance. They will only be there in an advisory capacity and to share details from the draft minutes.

At the end of the closed session, the Chair will produce a written report of the panel findings. They will send this to you directly within 5 working days. The report is also shared with the Director of Children's Services who will write to you within 15 working days to give their response to the panel findings. This letter will state whether they agree with the recommendations and set out what actions, if any, will be taken as a result. The Director's letter represents the final response on behalf of the council and will include your escalation rights to the Ombudsman.

Stage 2 and 3 timescales when contact is not maintained

Once a complaint at Stage 2 or 3 has been accepted, we will move as quickly as possible through the process to ensure a swift outcome is reached. It is also important that you as the complainant do not unduly delay your involvement in the process.

If we contact you for information relating to your Stage 2 or 3 complaint, and more than 20 working days passes without a substantive reply, we will consider that you no longer wish to proceed with your complaint. We will make a reasonable attempt to contact you during the above time period to encourage you to engage and make you aware of the deadline for doing so.

If we do not hear from you, we will withdraw your escalation request and close your complaint. We will write to you and advise you of your escalation options, this will usually be to the Ombudsman.

Any request to continue a withdrawn complaint out of time will need to be supported by evidence showing exceptional circumstances prevented you from contacting us.

The above provisions are in line with section 3.8.6 of Getting the Best from Complaints and regulation 18(2) of The Children Act 1989 Representations Procedure (England) Regulations 2006.

11. Appendix 2 – Complaints about Child Protection Conferences (CP process)

It is important to note that the complaints process cannot itself change the decision to have a Child Protection Plan. Also, that during the complaints process, the decision made by the Conference stands.

At the end of the complaints process the outcome will be either that:

- A Conference is re-convened under a different Conference Chair or
- A Review Conference is brought forward or
- The status quo is confirmed.

Stage 1 - Exploration by the Conference Chair and or their Manager

If you wish to make a complaint about a CP Conference you must do this within 10 working days of the conference. You should set out what your complaint is and what you would like to see as the outcome. Complaints made outside this timeframe will only be accepted in exceptional circumstances and at the discretion of the Conference Chair.

Once received and validated, the Conference Chair will aim to meet with you. This will be within a further 10 working days to discuss your complaint and desired outcomes. This meeting may be via telephone or video conferencing and notes will usually be taken.

After the meeting and within a final 10 working days, you will receive a written outcome letter with a copy of any notes taken at the meeting. If you are unhappy with the outcome at Stage 1 you can ask for your complaint to be moved to Stage 2. You should make this request within 20 working days of receiving the Stage 1 outcome letter setting out why you remain unhappy and what resolution you are seeking.

Stage 2 - Formal Consideration

Once a valid request has been received, a Complaint Meeting should be arranged within 28 days. The aim is to try and resolve the areas of concern set out in the Stage 2 request.

The usual attendees for the Complaint Meeting are the Reviewing Manager /Senior Manager for Child Protection Conferences and a note taker. The meeting should try to address areas of dissatisfaction and to resolve them where possible.

After the meeting, an outcome letter will be sent to you within 28 days to confirm what was agreed. If you remain unhappy with the outcome at Stage 2 you can ask for the complaint to be moved to Stage 3. You should make this request within 20 working days of receiving the Stage 2 outcome letter setting out why you remain unhappy and what resolution you are seeking.

Stage 3 - The Complaint and Appeal Panel

Once a valid request has been received the Complaints Officer will aim to arrange a Complaint & Appeal Panel. This will be within 20 working days and will hear the complaint and make a final decision. This panel may be held in person or via telephone or video conferencing.

The panel will consider whether:

- The relevant policies and procedures have been followed properly and
- The disputed decision is as a result of the process that was followed or the information that was presented.

The panel will be made up of at least three safeguarding professionals who will not have had previous dealings with your case. You will be invited to attend the panel and give evidence. Evidence will also be heard from the Conference Chair and any other relevant person, such as the Safeguarding Team Manager.

If you wish to pre-submit written evidence to the panel, do this in a letter addressed to the panel. This must be received at least 10 working days ahead of the panel date. It should be one document that is page numbered for ease of reference.

Once the panel has heard all parties it will go into closed session to deliberate the complaint and reach a decision. After the panel has concluded, a letter will be sent to you with the panel's final decision within 10 working days. This letter represents the final response on behalf of the Council and will include your escalation rights to the Ombudsman or to judicially review the Council's decision.

12 Appendix 3 – Safeguarding issues or allegations against members of staff

When a complaint includes a safeguarding concern being shared with us, we may consider the complaint either fully or in part under this route.

12.1 Safeguarding referrals

If we are already working with individuals named in a complaint, we will usually pass details of the concern to the front-line service team who may be working with the individual named in the safeguarding concern. If we are not working with the individual involvement, we will always notify the correct team of the concern and ask that they take the appropriate action.

When the person making the referral to us does not have parental responsibility (PR) or cannot demonstrate a sufficient interest in the well-being of the named person, our response will be limited. It is unlikely that feedback will be provided to the person making the referral, nor will we be able to confirm whether the individual is known to us.

If there are additional concerns raised, a formal response will be provided to these concerns.

12.2 Allegations against members of staff

If a complaint includes an allegation against a member of staff, that allegation will be considered under this route. Details of the allegation will be referred internally to the Local Authority Designated Officer (LADO) or Persons in Position of Trust (PIPOT). They will undertake their own investigation into the allegations and take the appropriate action necessary.

For reasons of employer and employee confidentiality, feedback on LADO or PIPOT referrals will not be provided. However, you can be assured that all allegations are taken seriously, and the relevant action taken.

As above, if there are additional concerns raised as part of any allegation, a formal response will be provided to these concerns.

13 Appendix 4 - Consent

13.1 Confirming your identity and contact details

We take our responsibilities under the Data Protection Act 2018 and UK GDPR very seriously. Before we can investigate your complaint, we need to ensure that we will only share information with people who are entitled to receive it.

We will use information you provide in your complaint to verify your identity. If we are unable to do this, we will ask for more information from you. This will help us confirm your identity and relationship to the child, children or other adult named in the complaint.

If you are complaining on behalf of an older child or another adult, you will need to provide written consent from them. This will confirm that they agree to you submitting a complaint on their behalf. They need to confirm that they agree with the content of the complaint. They also need to give permission for us to share confidential information with you. We will provide you a consent form to fill in if it is needed.

We will only send written responses to postal or email addresses that we know belong to you. If we are unable to confirm an address is valid, we may ask you to provide further evidence. If we are still unable to verify the details you gave us, we may send your response to your nearest East Sussex County Council building. You can then collect it by providing photo identification.