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**MINUTES OF A MEETING OF THE
PEOPLE OVERVIEW & SCRUTINY SUB COMMITTEE
Appointment Centre Room 7 & 8, Town Hall, Romford
19 March 2026 (7.02 - 8.08 pm)**

Present:

COUNCILLORS

Conservative Group	Jason Frost (Chairman) and Damian White (In place of Judith Holt)
Havering Residents' Group	Christine Smith
Labour Group	Frankie Walker (Vice-Chair)

17 CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded Members of the action to be taken in an emergency.

18 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Jacqueline Williams and Judith Holt, with Councillor Damien White substituting for Cllr Holt, and co-optees Julie Lamb, Jack How and Ian Rusha.

19 DISCLOSURE OF INTERESTS

There were no disclosures of interests.

20 MINUTES

The minutes of the previous meetings held on 21st October 2025, 6th November 2025 and 13th January 2026 were approved as accurate and were signed by the Chairman.

21 DEFIBRILLATORS IN HAVERING - HEALTHWATCH HAVERING

The Sub-Committee was presented a report from Healthwatch Havering on Defibrillators in the Borough.

The committee noted that the Circuit database lists defibrillator locations but recorded entries were not always publicly accessible. Approximately 220–230 defibrillators existed in Havering, but many were inside schools and

offices and inaccessible outside working hours. Members noted that only 14% were available 24/7 and 8% were listed but missing.

It was explained that defibrillators were far more effective than traditional CPR alone and should ideally be accessible within 500m of any given location and deployable in 3–5 minutes. All units were privately funded and not funded by the NHS or LAS. Members were pleased to note that some new defibrillators had already been installed following the report, including at two churches.

Population growth and increasing density were highlighted, strengthening the case for wider public availability. The Sub-Committee discussed the challenges of school-based defibrillators, including safeguarding concerns and restricted access. Officers confirmed that first-aid training in schools already incorporated defibrillator use. The committee considered the value of including defibrillators in future housing developments, possibly as part of developer social value commitments, management charges or estate infrastructure. Officers described the importance of maintenance and battery checks and confirmed that modern defibrillators required no specialist training.

In response to Members' Questions, the Director of Children's Services advised that she would ask Headteachers of schools that had defibrillators on their premises to consider making at least one accessible to the public at all times, and the Director of Adult Services stated that she would explore the possibilities of installing a defibrillator in each of the Council's sheltered housing complexes and would consult with the Director for Regeneration to request that developers of new housing to include at least one publicly-accessible defibrillator in all new developments.

The Sub-Committee formally supported the recommendation for a publicity campaign promoting defibrillator use and awareness, as set out in the report.

22 ANNUAL COMPLAINTS AND COMPLIMENTS

The Sub-Committee first received the Adult's Social Care Complaints report.

It was noted that Adults Services operated a single-stage complaints process, with complainants able to escalate directly to the Ombudsman. Complaint numbers had fallen slightly from the previous year. Officers had increased focus on analysing complaints by ethnicity to ensure equitable access to the process.

Members noted there had been seven Ombudsman referrals received, a significant reduction compared with the previous year, and three cases resulted in findings of maladministration.

Members raised concerns about a sharp rise in cases categorised simply as "Adult Social Care" which officers attributed to miscoding within the

case-tracker system, as it was being used as a 'catch-all'. Officers explained that financial assessments continued to be one of the most common causes of complaint and noted that younger residents, aged 25–34, were becoming increasingly confident in submitting lengthy, often potentially AI-generated complaints.

The Sub-Committee agreed the following action points:

1. Remove "Adult Social Care" as a catch-all category and reallocate cases accurately.
2. Correct the categorisation of "personal care" which should not be classed as a disability category.
3. Add clear timescales to the 2025/26 action plan.
4. Provide training for complaints officers to improve handling of complex casework.

The Sub-Committee then received the Children's Social Care Complaints report.

It was reported that the year had coincided with the aftermath of an Inadequate Ofsted rating, alongside significant restructuring and the introduction of an improvement plan. Complaint numbers had risen but officers emphasised that improved scrutiny and recording, rather than service deterioration, accounted for much of the increase. Many complaints related to staff attitude, which often arose from statutory requirements for unannounced visits. Officers also highlighted the increasing length and complexity of complaints, potentially generated with AI tools. It was explained that delays were being experienced at Stage 2 due to national shortages of independent investigators.

The committee noted that learning from complaints was being fed regularly into quality assurance and systemic-practice training for staff which aimed at strengthening communication with families and preventing escalation.

The Sub-Committee agreed the following action points:

1. Update service categories within the case-tracker to reflect new structures and remove outdated headings.
2. Ensure the 2025/26 report reflects new Family First Partnership arrangements.

The Sub-Committee then received the Education Service Complaints report.

Members noted a small fall in overall complaints with SEND complaints decreasing but general education complaints slightly rising. Member enquiries increased due to an improved recording processes. Response times had improved from 65% to 78%. Officers highlighted a new staff recognition scheme that acknowledged compliments and good practice.

Members noted that two Ombudsman cases were considered during the year; one resulted in maladministration with injustice, while the other required no further action. Members queried the exclusion of Ofsted-directed school complaints from the report to which officers explained that, although Ofsted handled these cases, the council was always notified and used the intelligence to support school-improvement monitoring.

The Sub-Committee agreed the following action points:

1. Include a section in future reports explaining any liaison with Ofsted.
2. Refine Education service categories within the case-tracker.

Chairman