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For all enquiries relating to this agenda please contact Charlotte Evans
(Tel: 01443 864210 Email: EVANSCA1@caerphilly.gov.uk)

Date: 3rd June 2015

Dear Sir/Madam,

A meeting of the **Audit Committee** will be held in the **Sirhowy Room, Penallta House, Tredomen, Ystrad Mynach** on **Wednesday, 10th June, 2015** at **10.00 am** to consider the matters contained in the following agenda.

Yours faithfully,

A handwritten signature in blue ink that reads 'Chris Burns'.

Chris Burns
INTERIM CHIEF EXECUTIVE

A G E N D A

	Pages
1 To Appoint a Chair and Vice-Chair for the Ensuing Year.	
2 To receive apologies for absence.	
3 Declarations of Interest. Councillors and Officers are reminded of their personal responsibility to declare any personal responsibility to declare any personal and/or prejudicial interest(s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.	
To approve and sign the following minutes: -	
4 Audit Committee held on 11th March 2015 (minute nos. 1 - 11).	1 - 6

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To receive and consider the following reports: -

5	Wales Audit Office - 2015 Audit Plan (Draft).	7 - 30
6	Regulator Proposals for Improvement Progress Update.	31 - 42
7	Corporate Risk Monitoring.	43 - 50
8	Wales Audit Office Report: Review of Management Arrangements Following a Homicide Report from Healthcare Inspectorate Wales.	51 - 118
9	Annual Governance Statement for 2014/15.	119 - 140
10	Complaint Made to the Public Services Ombudsman for Wales - Case Number 201301753.	141 - 166
11	Business Continuity in Social Services.	167 - 170
12	Forward Work Programme.	171 - 174

To receive and note the following information items:-

13	Internal Audit Services Action Plan Update.	175 - 178
14	Caerphilly County Borough Council Partnerships and Collaborations Update.	179 - 180
15	Officers Declarations of Gifts and Hospitality.	181 - 184
16	Register of Employees' Interests Forms.	185 - 192
17	Fraud Position Statement for 2014/15.	193 - 200
18	Minutes of the Corporate Governance Review Panel - 16th February 2015.	201 - 202
19	Minutes of the Corporate Governance Review Panel - 23rd April 2015.	203 - 204

**If a member of the Audit Committee wishes for any of the above information reports to be brought forward for discussion at the meeting please contact Charlotte Evans, 01443 864210, by 10.00 a.m. on Tuesday 9th June 2015*

Circulation:

Councillors Mrs E.M. Aldworth, Mrs K.R. Baker, D.G. Carter, W. David, N. Dix, J.E. Fussell, D. Havard, C. Hawker, Ms J.G. Jones, Mrs G.D. Oliver, J.A. Pritchard and D. Rees

Lay Member – Mr N.D. Yates

Auditors - Ms S.J. Byrne (PriceWaterhouseCoopers LLP), Mr I. Davies (PriceWaterhouseCoopers LLP), Mrs L. Pamment (PriceWaterhouseCoopers LLP), Ms J. Joyce (Wales Audit Office) and Ms N. Jenkins (Wales Audit Office)

And Appropriate Officers.

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AUDIT COMMITTEE

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, TREDOMEN, YSTRAD MYNACH ON WEDNESDAY 11TH MARCH 2015 AT 10.00 AM

PRESENT:

Councillor D. Rees - Chair
Councillor D. Havard - Vice Chair

Councillors:

Mrs E.M. Aldworth, Mrs K. Baker, D. Carter, N. Dix, C. Hawker, N. George, S. Morgan,
Mrs G.D. Oliver and J.A. Pritchard

Lay Member - Mr N. Yates

Together with:

N. Scammel (Acting Director of Corporate Services & S151), R. Hartshorn (Head of Public Protection), A. Price (Interim Deputy Monitoring Officer and Head of Democratic Services), R. Harris (Internal Audit Manager), K. Davies (Customer Services/ Complaints Officer), T. Maher (Assistant Director Planning & Strategy), J. Dix (Policy & Research Manager), and C. Evans (Committee Services Officer)

1. APOLOGIES

Apologies for absence were received from Councillor J. Fussell.

2. DECLARATIONS OF INTEREST

There were no declarations of interest made at the beginning or during the course of the meeting.

3. MINUTES - 10TH DECEMBER 2014

RESOLVED that the minutes of the meeting of the Audit Committee held on 10th December 2014 (minute nos. 1 - 11) be approved as a correct record and signed by the Chair.

REPORTS OF OFFICERS

Consideration was given to the following reports.

4. BUSINESS CONTINUITY MANAGEMENT

The report provided the Committee with an update on the business continuity management arrangements implemented within the Council.

A three stage process has been implemented across the organisation incorporating a Business Impact Analysis of services, followed by a Risk Assessment. The Risk Assessments identified functions for which Business Continuity Action Plans have been developed. A task and finish group has been established to address the corporate priorities and arrangements in relation to accommodation, and ICT in the event of a business disruption.

The Committee thanked the Officer for the report and sought further information on the review and monitoring process. The Officer highlighted that Service Managers were responsible for on going reviews and maintenance of business continuity arrangements and, in addition, the Annual Governance Statement review would provide a process for seeking assurance that this is in place.

Staff accommodation and IT equipment was discussed, with particular reference to Pontllanfraith House. Members noted that office/ staff moves are conducted in a thorough and planned manner, with assessments undertaken to determine any risks and requirements, which ensure that arrangements are made as best and efficiently as possible.

Members discussed the emergency provision for Senior Officers in the event of a major incident. Officers highlighted that there are secure emergency procedures in place to deal with any eventualities and maintain business continuity.

The Audit Committee thanked the Officer for the report and noted the contents. In addition, a further report was requested on the Business Continuity Arrangements for Social Services users, including additional information on how the Health Service would respond.

5. REGULATION OF INVESTIGATORY POWERS ACT 2000

The Interim Deputy Monitoring Officer and Head of Democratic Services, provided Members with an overview of the report, which highlighted the number of covert operations undertaken by the Council in accordance with the provisions of the Regulation of Investigatory Powers Act 2000 (RIPA).

It was reported that there was one RIPA operation undertaken by the Authority for the period November to February (inclusive).

Members discussed the report and sought examples of the types of covert operations undertaken under the Regulation of Investigatory Powers Act 2000. It was noted that the majority of the operations conducted were Test Purchases, in collaboration with Trading Standards, for the sale of alcohol.

A Member queried whether Housing Benefit Fraud investigations were conducted under the same legislation. Officers highlighted that Fraud investigations are undertaken under separate legislation, by the Housing Benefit Fraud Team within Department of Works and Pensions.

Members thanked the Officer for the report and noted its contents.

6. UPDATE ON THE NUMBERS OF COMPLAINTS RECEIVED UNDER THE COUNCIL'S CORPORATE COMPLAINTS POLICY

The report provided Members with a detailed update on the number of complaints received under the Corporate Complaints Policy for the period July 2014 to mid January 2015, the use of the Policy and Procedure to deal effectively with unacceptable, persistent or unreasonable actions by complainants and sought the approval of Members that, in addition to the six monthly reports received, an Annual Report on the Corporate Complaints Policy be presented to the Audit Committee going forward.

Members considered the summary of the corporate complaints and noted that the information provides the Council with details of the level of satisfaction or dissatisfaction of the services provided corporately and that the monitoring enables each department to focus on areas of concerns, to improve services and to monitor performance and ensure that any trends are identified and dealt with so as to be avoided in the future.

The Committee thanked the Officer for the report and discussed their concerns for Housing Complaints, the impact the WHQS Programme has had on the data and concerns over programme slippage. Officers highlighted that reports on the WHQS Programme are considered at Caerphilly Homes Task Group and Policy and Resources Scrutiny Committee, therefore it was agreed that discussions be undertaken with the Chair of Policy and Resources Scrutiny Committee on the monitoring of service delivery and performance/customer satisfaction of WHQS and Housing.

Following detailed consideration of the report, discussions ensued and Members sought further information on the role of Learning from Complaints Working Group and the Complaints received by the Ombudsman. The Officer stated that the Learning from Complaints Working Group is made up of Complaints Officers from each directorate, which meets to consider the types and number of complaints received, share best practice and identify any trends. A more detailed report would be provided to the Committee on the Complaints referred to the Ombudsman, however, it was noted that the number of Complaints escalated were moderately low and had been considered by the Monitoring Officer.

The Audit Committee thanked the Officer for the detailed report and noted the contents.

7. PROCEDURE RELATING TO SCHOOL BASED COMPLAINTS

The report, which was presented by Assistant Director Planning and Strategy and Customer Services/Complaints Officer, provided details of the Complaints Process within Education relating to Schools.

Members noted that Section 29 of the Education Act 2002 requires the governing bodies of all maintained schools in Wales, including nursery schools, to establish, implement and publish procedures for dealing with complaints from parents, pupils, members of staff, governors, members of the local community and others.

In addition, the Local Authority (LA) is able to choose what advice is provided to governing bodies and whether there is any evidence that suggests a governing body is failing statutory duty.

The Committee thanked the Officer for the report and noted that any advice/ support and training to school governors, head teachers and school staff to deal with complaints is provided by the Customer Services/ Complaints Officers.

Members discussed Welsh Government (WG) model Policy for Complaints and sought further information on the number of schools that adopt the recommended Policy. The Officer stated that the Education Achievement Service (EAS) are responsible for ensuring that Policies are in place, however the majority of schools have adopted the WG policy but some may have tailored the Policy to suit their school.

Further discussion ensued and Members noted that, whereas there are strong procedures in place within schools, there is room for improvement in that schools could be more proactive in publishing their policies online, which are more obtainable by parents.

Members discussed Governors meetings and it was noted that, for some schools, Head Teachers provide regular reports on school progress, which can include a list of complaints received. Members felt that this practice should be conducted across all Schools and requested that the complaints received by the School, any trends and the actions taken be reported to Governors on an annual basis.

A Member sought further information on how the process and Complaints department manage Social Media. The Officer highlighted that Social Media poses very unique issues. The Department works closely with Legal Services and is very mindful of Harassment Legislation, however, it was noted that the use of Social Media can be beneficial and does not want to be discouraged.

Members noted the report and requested that any future reports contain comparative data.

8. CAERPHILLY COUNTY BOROUGH COUNCIL PARTNERSHIPS AND COLLABORATIONS UPDATE

The report updated Members on work being undertaken around Caerphilly County Borough Council (CCBC) Collaboration and Partnership Protocol and Action Plan for Delivery between December 2014 to February 2015.

Since last reporting to the Audit Committee on 10th December 2014 the first quarterly review of the CCBC partnership and collaboration list was undertaken, following initial completion in 2014. The number of CCBC formal partnerships has increased by 4, and now totals 39. Collaborations have increased by 3 and now total 28. CCBC now leads in 9 of the collaborations (previously 8) and has been identified as hosting the Gwent Visually Impaired Service Collaboration. Partnership governance checks have been conducted for 4 Partnerships/Collaborations, with another scheduled for 17th March 2015.

The Members thanked the officer for the report and sought further information on the Monmouthshire Farm School Endowment. The Officer highlighted that the Grant is in place for students across Gwent (excluding Newport) to attend the Agricultural College in Usk. In addition, Members noted that there are very few applications from Caerphilly, however further advertising will be conducted from April.

Members discussed the various services provided through the collaborations and partnerships and thanked the Officer for the extensive work conducted and noted the report.

9. INTERNAL AUDIT SERVICES ANNUAL AUDIT PLAN 2015/16

The report outlined the intended allocation of audit time for the financial year ending 31st March 2016.

The Public Sector Internal Audit Standards and the Council's own Financial Regulations require that an annual Audit Plan is prepared to ensure that there is an effective and efficient use of audit resources. The 2015/16 Annual Plan is broadly based on an on-going assessment of risk, which makes use of data gathered from numerous sources including senior management, Heads of Service and Members. The purpose of an annual plan is to outline the resources available and set out the intended allocation of audit time for the forthcoming year. Actual work carried out will be regularly assessed against the Plan.

The Committee noted that an action plan has been produced to assist the delivery of improvements that have been suggested by the external auditors, following the completion of their inspection in relation to corporate governance. It is anticipated that working to realign working practices and audit coverage in response to the detailed issues identified will also contribute to the wider requirements of the Internal Audit Standards.

Members thanked the Officer for the detailed report and appendices and sought further information on the Audits of Schools and charging policies. It was highlighted that as the Local Authority is the responsible authority, there is a duty to include audits on education establishments as part of the overall assurance process.

The Committee sought further information on the process dealing with anonymous letters. Officers highlighted that anonymous letters are forwarded to the Internal Audit Team, where the content is considered, those considered to be of a serious or sensitive nature are discussed with the Interim Head of Corporate Services and Section 151 Officer, to determine the appropriate course of action. The remainder are passed to the relevant service areas for investigation. All are followed up to ensure the investigations have been concluded. It was agreed that a report would be presented to the Committee summarising the numbers and types of anonymous letters received.

Concerns were raised around the capacity of the Internal Audit Team, in light of the increasing workloads and expanding remit of the Internal Audit Team. Officers highlighted that there are significant pressures on the Authority to make substantial savings across the board, however they are mindful of staff numbers and workload pressures, as well as the risk and implications to the Authority if the team were to reduce further.

The Audit Committee noted the report.

10. INTERNAL AUDIT SERVICES ACTION PLAN

The report provided the Audit Committee information in respect of an action plan of tasks with associated timelines, to address the suggested improvements identified in the Corporate Governance Inspections.

It was noted that the initial Corporate Governance Inspection took place in the winter of 2013. In addressing the areas for improvement identified by the review, the initial focus was on the reshaping of the annual internal audit plan and the updating of the Audit Charter to better reflect the requirements of the Public Sector Internal Audit Standards, both subsequently being presented to the Audit Committee for approval.

The follow up review, which was undertaken towards the end of 2014, recognised the progress made but recommended an action plan be developed to ensure that areas for improvement identified by the External Auditors are progressed. The delivery of the action plan is to be closely monitored by the Improving Governance Project Board (IGPB).

The Audit Committee were happy to note the detailed report and appendix and thanked the team for involving the Audit Committee where possible in the process.

11. INFORMATION ITEMS

The Committee received and noted the following information items:-

- (1) Officers Declarations of Gifts and Hospitality;
- (2) Audit Committee Forward Work Programme;
- (3) Minutes of Corporate Governance Review Panel – 21st November 2014.

The meeting closed at 12.53 pm.

Approved as a correct record and subject to any amendments or corrections agreed and recorded in the minutes of the meeting held on 10th June 2015, they were signed by the Chair.

CHAIR

2015 Audit Plan

Caerphilly County Borough Council

Audit year: 2015

Issued: May 2015

Document reference: 327A2015

This document is a draft version pending further discussions with the audited and inspected body. Information may not yet have been fully verified and should not be widely distributed.

Status of document

This document has been prepared for the internal use of Caerphilly County Borough Council as part of work performed/to be performed in accordance with statutory functions.

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This document was produced by Non Jenkins, Martin Gibson (Wales Audit Office), and PricewaterhouseCoopers LLP (PwC) on behalf of the Auditor General for Wales.

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2015 Audit Plan

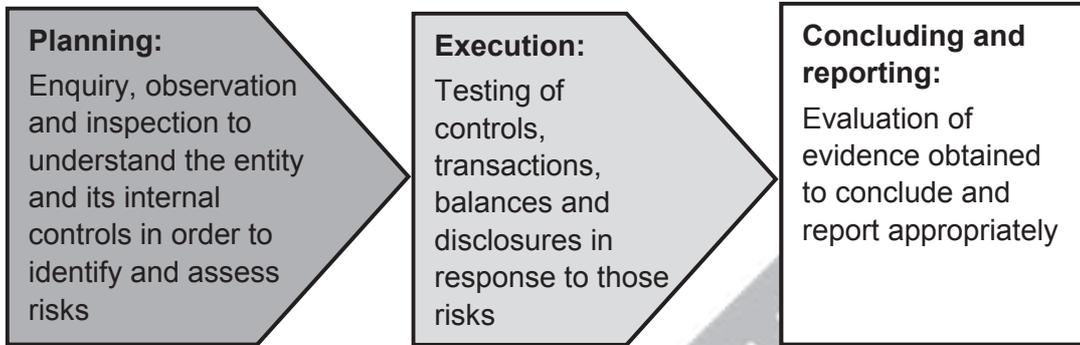
Summary

1. As your external auditor, my objective is to carry out an audit which discharges my statutory duties as Auditor General and fulfils my obligations under the Public Audit (Wales) Act 2004, the Local Government (Wales) Measure 2009 (the Measure), the Local Government Act 1999, and the Code of Audit Practice, namely to:
 - examine and certify whether your financial statements are ‘true and fair’;
 - assess whether you have made proper arrangements for securing economy, efficiency and effectiveness in the use of resources;
 - audit and assess whether you have discharged duties and met the requirements of the Measure; and
 - undertake studies to enable me to make recommendations for improving economy, efficiency and effectiveness or for improving financial or other management arrangements.
2. The purpose of this plan is to set out my proposed work, when it will be undertaken, how much it will cost and who will undertake it.
3. There have been no limitations imposed on me in planning the scope of this audit.
4. My responsibilities, along with those of management and those charged with governance, are set out in [Appendix 1](#).

Financial audit

5. It is my responsibility to issue a certificate and report on the financial statements which includes an opinion on their ‘truth and fairness’.
6. I also consider whether or not Caerphilly County Borough Council (the Council) has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if the Annual Governance Statement does not comply with requirements.
7. [Appendix 1](#) sets out my responsibilities in full.
8. The audit work I undertake to fulfil my responsibilities responds to my assessment of risks. This understanding allows me to develop an audit approach which focuses on addressing specific risks whilst providing assurance for the financial statements as a whole. My audit approach consists of three phases as set out in [Exhibit 1](#).

Exhibit 1: My audit approach



9. The risks of material misstatement which I consider to be significant and which therefore require special audit consideration, are set out in [Exhibit 2](#) along with the work I intend to undertake to address them.

Exhibit 2: Financial audit risks

Financial audit risk	Proposed audit response
<p>Management override of controls</p> <p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].</p>	<p>We will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business; and • include an unpredictable element of audit work that varies year on year.

Financial audit risk	Proposed audit response
<p>Risk of fraud in revenue and expenditure recognition</p> <p>There is a risk of material misstatement due to fraud in revenue recognition and as such it is treated as a significant risk (ISA 240.26-27). We also extend this risk to cover expenditure recognition, as there is a risk that the Council could adopt accounting policies or treat income and expenditure transactions in such a way as to lead to material misstatement in the Comprehensive Income and Expenditure Statement.</p> <p>We have specifically identified two risks. The first is in respect of non-recurring revenue grants funding, in that revenue may not be recognised in line with the terms and conditions of its funding where these grants are for specific programmes or one-off purposes.</p> <p>The second is in respect of expenditure relating to non-payroll costs which may be recognised incompletely or in the wrong accounting period.</p>	<p>We will review the appropriateness of accounting policies adopted by management over income and expenditure transactions and look at the application of relevant accounting policies to ensure that they are in compliance with accounting standards.</p> <p>We will understand and evaluate the controls in place to mitigate this risk and:</p> <ul style="list-style-type: none"> • test key reconciliations; • test non-recurring revenue grant income and non-payroll expenditure to ensure that it is appropriately included in the accounts; • test that transactions that occur around the year-end are appropriately classified within the financial year to which they relate.
<p>Complex Supplier Arrangements</p> <p>The Financial Reporting Council (FRC) recently published a press release regarding complex supplier arrangements, which increases the focus on the review and accounting of such arrangements. There is a significant risk that such transactions may not be accounted for or disclosed appropriately.</p>	<p>We will:</p> <ul style="list-style-type: none"> • Obtain an understanding from management on how they satisfy themselves that complex supplier arrangements are identified, controlled and properly reflected in the accounting records and financial statements. • Understand the commercial and accounting implications of each type of agreement (for example, if an arrangement is linked to future pricing/purchases, then any discount must be applied over the relevant period). We will review the relevant agreements and assess the accounting for the related transactions. • Review the disclosures made in the financial statements of key judgements and the accounting policy in respect of any complex supplier arrangements.

10. In addition, we have identified elevated risks in the area of property valuations and management estimates. Although these areas are not considered significant risks, the nature of the area requires specific consideration due to the materiality of the balance and the level of subjectivity involved.

Financial audit risk	Proposed audit response
Risks related to the preparation of the accounts	
<p>Property plant and equipment (PPE)</p> <p>The Council is required to ensure that items of PPE held on the balance sheet are valued sufficiently regularly to ensure that their carrying amount is not materially different to their fair value at the year-end. As PPE is a large material balance on the balance sheet and the valuation is subject to significant officer judgement, PPE valuation represents a risk of material misstatement.</p>	<p>We will consider the Council's proposed approach to the valuation of its PPE at 31 March 2015 and consider whether it is sufficient and appropriate. We will also test the accuracy of the valuation calculations on a sample basis.</p> <p>We will consider the Council's proposed approach to the valuation of its Council Dwellings as at 31 March 2015 and consider whether it is sufficient and appropriate. We will review the suitability of the model, in particular the cash flows that have been incorporated, for determining a valuation for accounting purposes.</p>
<p>Management's estimates</p> <p>There are a number of management estimates in the financial statements that, given their judgemental nature, may be materially misstated individually or in aggregate. These may include provisions for accumulated absences, equal pay, landfill, insurance and general provisions such as for bad debts and holiday pay accruals.</p>	<p>We will prioritise the audit work on the key judgement areas to ensure that any issues arising are considered as early as possible.</p> <p>We will also perform a review of minutes, contracts and a post balance sheet events review to establish whether the Council has recorded all potential liabilities appropriately.</p> <p>In addition, our work on provisions will include testing of the balance to confirm its accuracy, including agreeing to support evidence where appropriate.</p>

11. I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes, but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material will be reported to the Audit Committee prior to completion of the audit.
12. We set overall materiality to assist our planning of the overall audit strategy and to assess the impact of any adjustments identified. Overall materiality has been set at one per cent of total expenditure based on the 2013-14 accounts, which equates to £6,100,000. We will update this assessment as necessary in light of the Council's actual results for the year ended 31 March 2015. For reporting purposes, I will treat

any misstatements below a 'trivial' level (the lower of five per cent of materiality or £100,000) as not requiring consideration by those charged with governance and therefore I will not report them.

- 13.** My fees are based on the following assumptions:
- information provided to support the financial statements is timely, to the quality expected and has been subject to quality assurance review;
 - appropriate accommodation and facilities are provided to enable my audit team to deliver the audit in an efficient manner;
 - all appropriate officials will be available during the audit;
 - you have all the necessary controls and checks in place to enable the Responsible Financial Officer to provide all the assurances that I require in the Letter of Representation addressed to me; and
 - Internal Audit's planned programme of work is complete and management has responded to issues that may have affected the financial statements.
- 14.** In addition to my responsibilities in respect of the audit of the Council's statutory financial statements set out above, I am also required to certify a return to the Welsh Government which provides information about the Council to support preparation of Whole of Government Accounts.

Risk of fraud

- 15.** International Standards on Auditing (UK & Ireland) state that I am responsible for obtaining reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. The respective responsibilities of auditors, management and those charged with governance are summarised below on the next page.

Auditors' responsibility	Management's responsibility	Responsibility of those charged with governance
<p>My objectives are:</p> <ul style="list-style-type: none"> to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses; and to respond appropriately to fraud or suspected fraud identified during the audit. 	<p>Management's responsibilities in relation to fraud are:</p> <ul style="list-style-type: none"> to design and implement programmes and controls to prevent, deter and detect fraud; to ensure that the entity's culture and environment promote ethical behaviour; and to perform a risk assessment that specifically includes the risk of fraud, addressing incentives and pressures, opportunities, and attitudes and rationalisation. 	<p>Your responsibility as part of your governance role is:</p> <ul style="list-style-type: none"> to evaluate management's identification of fraud risk, implementation of antifraud measures and creation of an appropriate 'tone at the top'; and to ensure any alleged or suspected instances of fraud brought to your attention are investigated appropriately.

Your views on fraud

16. We enquire of those charged with governance:
- Whether you have knowledge of fraud, either actual, suspected or alleged, including those involving management?
 - What fraud detection or prevention measures (eg, whistleblower lines) are in place in the entity?
 - What role you have in relation to fraud?
 - What protocols/procedures have been established between those charged with governance and management to keep you informed of instances of fraud, either actual, suspected or alleged?

Certification of grant claims and returns

17. The Auditor General, undertakes certification work on the Council's grant claims and returns.
18. My audit fee for this work is set out in Exhibit 6.

Overall issues identified

19. **Exhibit 3** summarises the more significant and/or recurring issues I identified when undertaking grant certification work in 2013-14.

Exhibit 3: Overall issues relating to grant claim and return certification

Qualified grant claims and returns qualified in 2013-14

We have recently completed the grant claim certification programme for 2013-14. Based on the work we have undertaken, 12 of the 23 claims we have examined have been qualified (6), adjusted (4) or both qualified and adjusted (2). The reasons for this are due principally to the Council not being able to demonstrate that expenditure defrayed is eligible under the terms of grant funding.

Effectiveness of grant co-ordination arrangements

Comments on the effectiveness of grant co-ordination arrangements at the Council will be included within the annual report covering grants and returns 2013-14, which will be issued separately.

Issues related to specific grant claims and returns

20. In addition to the overall issues identified above, the more significant issues identified relating to individual grant claims and returns will be communicated in the annual report and in the letters accompanying the certified claims.

Performance audit

21. I am required by the Measure to carry out an improvement assessment for each improvement authority every year, to determine whether the authority is likely to comply with requirements to make arrangements to secure continuous improvement. I must also carry out audits of whether the authority has discharged its duties under the Measure. My improvement assessment work, combined with my work on financial matters, also discharges my responsibility to satisfy myself that the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
22. To discharge the requirements of the Measure, I undertake periodic corporate assessments at each improvement authority. Since 2013-14, I have undertaken this programme of corporate assessments on a cyclical basis. Currently I have agreed with the Welsh Government that I may use the grant that I receive from the Welsh Government to fund corporate assessments. This means that, in addition to fee-funded improvement assessment and audit work, each authority will receive an in-depth corporate assessment once during a four-year period. In the intervening years, I will maintain a 'light-touch' overview of developments and of the progress made by the authority. In the event of emerging issues of concern or matters of priority, I do reserve the flexibility to undertake a more frequent corporate assessment.

-
23. In addition to my programme of audit and assessment work under the Measure, I undertake a programme of local government studies as required under sections 41 and 42 of the Public Audit (Wales) Act 2004. This work is not included within the local performance audit fee, but is included within the Wales Audit Office estimates for funding from the Welsh Consolidated Fund.
24. I set out in this section the 12-month programme of performance audit work to be undertaken at the Council. The content of the programme has been determined by a consideration of the risks and challenges facing the Council, the extent of accumulated audit and inspection knowledge, including that of other external review bodies, as well as other available sources of information including the Council's own mechanisms for review and evaluation.
25. The components of my performance audit work are shown in [Exhibit 4](#) and have been designed in order to help deliver the high-level objectives set out in our 2013-2016 corporate strategy (www.wao.gov.uk/publication/wales-audit-office-corporate-strategy-2013-2016).

Exhibit 4: Components of my performance audit work



26. The performance work I propose to undertake is summarised in [Exhibit 5](#).

Exhibit 5: Contents of my 2015-16 performance audit work programme

	Specific projects
Improvement audit and assessment	<p>‘Improvement plan’ audit Audit of discharge of duty to publish an improvement plan.</p> <p>‘Assessment of performance’ audit Audit of discharge of duty to publish an assessment of performance.</p> <p>Financial management review Further work on financial management arrangements following up our 2014-15 review, and looking forward to 2016-17 budget setting and savings proposals. There will also be a focus on the reserves position, policy and use of reserves.</p> <p>Governance review See follow-up work</p> <p>Performance management review See follow-up work</p> <p>Locally determined review(s) Service review of Waste Management – scope to be agreed with Council Service review of Leisure – scope to be agreed with Council.</p>
Follow-up work	<p>I will maintain a focus on assessing the progress that has been made in implementing recommendations from my previous work. As part of this work, I will seek assurance that the Council has appropriate corporate processes for responding to my reports, tracking implementation of my recommendations and reporting this to the appropriate committee.</p> <p>I intend to undertake specific follow-up work on areas for improvement arising from the Special Inspection report, the Follow-up of the Special Inspection and previous audit work relating to:</p> <ul style="list-style-type: none"> • Human Resources and workforce planning • Internal Audit • Self Evaluation • Scrutiny

	Specific projects
Local government studies	<p>Study 1: The strategic approach of councils to income generation and charging for services</p> <p>Under the theme of delivering with less, this study will involve an audit of councils' strategic approach to charging; the approval process for setting and reviewing charging within a council, and the impact of charging on services and service users.</p> <p>Study 2: Council funding of third-sector services</p> <p>Again, under the theme of delivering with less, this study will look at the level of investment in voluntary sector services to benchmark findings against 2009-10 and earlier assessments; review of the measures used to judge the effectiveness of funding in a tracer area; review decision making processes to determine whether the principles of good governance in funding third-sector services are being followed.</p> <p>Study 3: The effectiveness of local community safety partnerships</p> <p>This study will look at the effectiveness of community safety partnerships and the impact of the work of partnerships in delivering improvement within their communities.</p>
Good practice	In line with the commitment to identify and share good practice, I will continue to host shared learning seminars, identify relevant case studies and focus my work on identifying and promoting effective practice.

27. The performance audit projects included in last year's Audit Plan, which are either still underway or which have been substituted for alternative projects in agreement with you, are set out in [Appendix 2](#).

Fee, audit team and timetable

Fee

28. Your estimated fee for 2015 is set out in [Exhibit 6](#) on the next page.

Exhibit 6: Audit fee

Audit area	Proposed fee (£) ¹	Actual fee last year (£)
Financial audit work¹	250,000	276,000²
Performance audit work:³		
• Improvement audit and assessment work and follow-up	111,748	131,377
• Study 1: The strategic approach of councils to income generation and charging for services	0 ⁴	
• Study 2: Council funding of third-sector services	0 ⁴	
• Study 3: The effectiveness of local community safety partnerships	0 ⁴	
Performance audit work total	111,748	131,377
Total fee	361,748	407,377
Grant certification work⁶	Scope of the work to be confirmed	104,000
Other financial audit work⁵	0	£0
Total fee for other audit work	Scope of the grant certification work to be confirmed	104,000

Notes:

¹ Payable November 2014 to October 2015.

² Planned fee for last year was £250,000 but additional work (£26,000) was required to resolve audit issues identified during the audit of accounts primarily relating to property, plant and equipment. Agreed with the Head of Finance.

³ Payable April 2015 to March 2016.

⁴ Funded by the Welsh Consolidated Fund.

⁵ Any additional work arising out of audit issues leading to additional work will be discussed with the Head of Finance in the first instance.

⁶ Payable as work is undertaken.

- 29.** Planning will be ongoing, and changes to my programme of audit work and therefore my fee, may be required if any key new risks emerge. I shall make no changes without first discussing them with the Council.

¹ The fees shown in this document are exclusive of VAT, which is no longer charged to you.

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30. Further information on my fee scales and fee setting can be found on the Wales Audit Office website at: www.wao.gov.uk/about-us/fee-scales-and-fee-setting.

Audit team

31. The main members of my team, together with their contact details, are summarised in Exhibit 7.

Exhibit 7: My team

Name	Role	Contact number	E-mail address
Lynn Pamment	Engagement Lead – Financial Audit	02920 802390 07740 023367	lynn.pamment@uk.pwc.com
Alan Morris	Engagement Director	01244 525970	Alan.Morris@wao.gov.uk
Ian Davies	Financial Audit Senior Manager	02920 802358 07715 762361	ian.j.davies@uk.pwc.com
Osian Lloyd	Financial Audit Manager	02920 802640 07718 340335	osian.p.lloyd@uk.pwc.com
Non Jenkins	Performance Audit Manager	02920 320500 07879 848671	Non.Jenkins@wao.gov.uk
Martin Gibson	Performance Audit Lead	02920 320617 07790 814050	Martin.Gibson@wao.gov.uk

Independence

32. I can confirm that my team members are all independent of the Council and your officers. In addition, I am not aware of any potential conflicts of interest that I need to bring to your attention.
33. At the beginning of the audit process my audit team is required to assess their independence as your external auditor. I have made enquiries of all audit teams providing services to you and I have set out below the relationships that, in my professional judgement, may be perceived to impact upon my independence and the objectivity of my audit team, together with the related safeguards.

Services provided	Fee (estimate)	Threats to independence and safeguards in place
Certification of grant claims and returns	To be confirmed	<p>Self Review Threat: My audit team will conduct the grant certification. There is no self-review threat as the audit team is certifying management completed grant returns and claims.</p> <p>Self Interest Threat: My audit team has no financial or other interest in the results of the Council. I have concluded that this work does not pose a self-interest threat.</p> <p>Management Threat: My audit team is not required to take any decisions on behalf of management as part of this work.</p> <p>Advocacy Threat: I will not be acting for, or alongside, management and I have therefore concluded that this work does not pose an advocacy threat.</p> <p>Familiarity Threat: Work complements my audit team's external audit appointment and does not present a familiarity threat.</p>

Relationships and Investments

34. Senior officers and members should not seek or receive personal financial or tax advice from my audit team. Senior officers and members who receive such advice from us should notify me, so that I can put appropriate conflict management arrangements in place.
35. Therefore at the date of this plan I confirm that in my professional judgement, my audit team are independent accountants with respect to the Council, within the meaning of UK regulatory and professional requirements and that the objectivity of my audit team is not impaired.

Timetable

36. I will provide reports, or other outputs as agreed, to the Council covering the areas of work identified in this document. My key milestones are set out in [Exhibit 8](#).

Exhibit 8: Timetable

Planned output	Work undertaken	Report finalised
2015 Audit Plan	April 2015	April 2015
Financial accounts work: <ul style="list-style-type: none"> • Audit of Financial Statements Report • Opinion on Financial Statements • Financial Accounts Memorandum 	July to September 2015	September 2015
<ul style="list-style-type: none"> • Improvement Plan Audit 	June to July 2015	July 2015

Planned output	Work undertaken	Report finalised
<ul style="list-style-type: none"> Assessment of Performance Audit 	October to November 2015	November 2015
<ul style="list-style-type: none"> Financial Management Review 	April to September 2015	December 2015
<ul style="list-style-type: none"> Locally determined review(s) 	To be determined	March 2016
Annual Improvement Report	2015 to 2016	March 2016
2016 Audit Plan	October to December 2015	January 2016

** Subject to timely clearance of draft findings with Caerphilly County Borough Council.*

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Appendix 1

Respective responsibilities

Financial audit

As amended by the Public Audit (Wales) Act 2013, the Public Audit (Wales) Act 2004 sets out my powers and duties to undertake your financial audit. It is my responsibility to issue a certificate and report on the financial statements which includes an opinion on:

- Their 'truth and fairness', providing assurance that they:
 - are free from material misstatement, whether caused by fraud or error;
 - comply with the statutory and other applicable requirements; and
 - comply with all relevant requirements for accounting presentation and disclosure.
- The consistency of information in the Annual Report with the financial statements.

I must also state by exception if the Annual Governance Statement does not comply with requirements, if proper accounting records have not been kept, if disclosures required for remuneration and other transactions have not been made or if I have not received all the information and explanations I require.

The Public Audit (Wales) Act 2004 requires me to assess whether Caerphilly County Borough Council has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources. To achieve this, I consider:

- the results of the audit work undertaken on the financial statements;
- Caerphilly County Borough Council's system of internal control, as reported in the Annual Governance Statement and my report thereon;
- the results of other work carried out including work carried out under the Local Government (Wales) Measure 2009 (the Measure), certification of claims and returns, and data-matching exercises;
- the results of the work of other external review bodies where relevant to my responsibilities; and
- any other work that addresses matters not covered by the above, and which I consider necessary to discharge my responsibilities.

The Public Audit (Wales) Act 2004 sets out the rights of the public and electors to inspect Caerphilly County Borough Council's financial statements and related documents, to ask me, as the Appointed Auditor questions about the accounts and, where appropriate, to challenge items in the accounts. I must also consider whether in the public interest, I should make a report on any matter which comes to my notice in the course of the audit.

My audit work does not relieve management and those charged with governance of their responsibilities which include:

- the preparation of the financial statements and Annual Report in accordance with applicable accounting standards and guidance;
- the keeping of proper accounting records;
- ensuring the regularity of financial transactions; and
- securing value for money in the use of resources.

Management agrees to provide me with:

- access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
- additional information that I may request from management for the purpose of the audit; and
- unrestricted access to persons within Caerphilly County Borough Council from whom I determine it necessary to obtain audit evidence.

Management will need to provide me with written representations to confirm:

- that it has fulfilled its responsibilities for the preparation of the financial statements;
- that all transactions have been recorded and are reflected in the financial statements;
- the completeness of the information provided to me for the purposes of the audit; and
- to support other audit evidence relevant to the financial statements or specific assertions in the financial statements if I deem it necessary or if required by ISAs.

Performance audit

The Measure places a general duty on improvement authorities to 'make arrangements to secure continuous improvement in the exercise of [their] functions'. It also places specific requirements on authorities to set improvement objectives, and to publish annual improvement plans and assessments of performance. Improvement authorities are defined as county and county borough councils, national park authorities, and fire and rescue authorities.

The Measure also requires me to carry out an improvement assessment for each improvement authority every year, to determine whether the authority is likely to comply with its general duty and requirements of the Measure. I must also carry out an audit of whether the authority has discharged its improvement planning and reporting duties.

To discharge the requirements of the Measure, I undertake periodic corporate assessments at each improvement authority. Since 2013-14, I have undertaken this programme of corporate assessments on a cyclical basis. Currently I have agreed with the Welsh Government that I may use the grant that I receive from the Welsh Government to fund the corporate assessment. This means that, in addition to fee-funded improvement assessment and audit work, each authority will receive an in-depth corporate assessment once during a four-year period. In the intervening years, I will maintain a 'light-touch' overview of developments and of the progress made by the authority.

In the event of emerging issues of concern or matters of priority, I do reserve the flexibility to undertake a more frequent corporate assessment.

I may also, in some circumstances, carry out special inspections (under section 21), in respect of which I will provide a report to the relevant authorities and Ministers, and which I may publish (under section 22). I will summarise audit and assessment reports in my published Annual Improvement Report (under section 24). This will also summarise any reports of special inspections.

In addition to my programme of audit and assessment work under the Measure, I undertake a programme of local government studies as required under sections 41 and 42 of the Public Audit (Wales) Act 2004. This work is not included within the local performance audit fee, but is included within the Wales Audit Office estimates for funding from the Welsh Consolidated Fund.

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Appendix 2

Performance work in last year's audit outline still in progress

Performance audit project	Status	Comment
Gwent Frailty	Ongoing	Draft project brief has been issued to the Council and fieldwork began in April 2015.
Local Government Study – Independence of Older People	Ongoing	Fieldwork is nearing completion and reporting anticipated in August 2015.
Local Government Study – Delivering with Less – Leisure Services	Ongoing	Fieldwork is nearing completion and reporting anticipated in August 2015.

Appendix 3

National value-for-money studies

Caerphilly County Borough Council may also be interested in the national value-for-money examinations which I undertake, some of which will be of particular relevance to, and may involve evidence gathering across, local government. These studies are funded by the National Assembly and are presented to the National Assembly's Public Accounts Committee to support its scrutiny of public expenditure.

The table below covers all of the value-for-money studies work currently programmed, although some of this work is still at an early stage of development. The programme includes all-Wales summaries of audit work undertaken locally in the NHS and reactive examinations into specific issues of public concern that have been raised with me. I will shortly be considering and consulting on potential topic areas for future value-for-money studies to start, and potentially in some cases to be reported, in 2015-16.

Further updates on my programme of value-for-money studies will be provided to you within the regular progress reports prepared by my team.

Topic	Anticipated publication timeframe
GP prescribing	April to June 2015
Welsh Government investment in next generation broadband infrastructure	April to June 2015
Regional education consortia	April to June 2015
Welsh Government acquisition of Cardiff Airport	April to June 2015
Rail services	April to June 2015
Orthopaedic services	April to June 2015
NHS waiting lists and private practice	Summer 2015
Picture of public services	Autumn 2015
Development of Natural Resources Wales	Autumn 2015
Regeneration Investment Fund for Wales ²	To be confirmed
Wales Life Sciences Investment Fund ³	To be confirmed
Flood and erosion risk management (likely to focus on coastal flooding)	To be confirmed

² While in clearance, the timescale for publication is uncertain for reasons specific to the project.

³ While in clearance, the timescale for publication is uncertain for reasons specific to the project.

Topic	Anticipated publication timeframe
Early intervention and public behaviour change ⁴	To be confirmed
Welsh Government interventions in local government ⁵	To be confirmed
Welsh Government responses to audit recommendations	To be confirmed
Public procurement and the National Procurement Service	To be confirmed

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⁴ In the short term, development of a new Picture of Public Services report will take priority over this work. However, the Picture of Public Services report is likely to reflect on these themes in some way. Wales Audit Office staff will also be exploring opportunities to take forward work in this area as part of our good practice exchange programme.

⁵ Plans for this work are being revisited in light of the Welsh Government commissioned review of the Anglesey intervention and to take into account any wider implications arising from the local government reform programme.

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@wao.gov.uk

Website: www.wao.gov.uk

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

E-bost: info@wao.gov.uk

Gwefan: www.wao.gov.uk



AUDIT COMMITTEE – 10TH JUNE 2015

SUBJECT: REGULATOR PROPOSALS FOR IMPROVEMENT PROGRESS UPDATE

REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & S151 OFFICER

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to update members on progress against the proposals made by all regulators since the last Audit Committee update in December 2014.

2. SUMMARY

- 2.1 The previous report detailed the outstanding proposals as at December 2014. Since that time a number of proposals have now been addressed and no new ones have come onto the proposal register. Currently we have **31** proposals. We believe **9** proposals have been addressed and should now be closed following consideration by Audit Committee. Closing the 9 proposals would leave **22** outstanding as of May 2015.
- 2.2 Although there are no new proposals to add to this update, a report on Looked After Children carried out and presented by Wales Audit Office to Health and Social Care and Wellbeing Scrutiny on 10th February 2015. There were some good practises and some suggestions for improvement that have been built into an action plan. These are not statutory recommendations rather suggestions for improvement and they will be included into the proposal register for the next Audit Committee update.

3. LINKS TO STRATEGY

- 3.1 Both the Corporate Assessment and the Annual Improvement Report (WAO) are designed to assess and report on the Council's compliance with the Local Government Measure 2009. In addition it encapsulates other regulatory and inspection outcomes.

4. THE REPORT

- 4.1 At May 2015 reporting against the individual categories is as follows:

Customer Services Review	Asset Management	Information Management Review	Review of Management Arrangements following a Homicide Report	Safeguarding	Total
8	6	3	2	5	28

The 1 proposal for 'Evaluation of Social Services contribution to MTFP' and the WAO Improvement Letter with 2 Proposals, are recommended for closure and so these subject areas have been removed from the above categories.

4.2 As of May 2015 the following figures are reported as outstanding

Outstanding	New proposals added	Sub total outstanding	Recommend closure as of May 2015	Total Outstanding	Total outstanding last time reported
31	None * (*See 2.2)	31	9	22	32

- 4.3 The reductions in the proposals represent good progress since the last report, however of the remaining 22 proposals 17 have been outstanding for more than a year with 3 being more than 2 years old. However if the recommended 9 proposals are accepted this will reduce to 8 that are more than a year old. Some of the proposals have many actions and are more complex with partnership-based solutions will not easily be resolved within a year however progress is being made and the specific reviews updates are given below;
- 4.4 Customer Services proposals have remained static since the last time this was reported. The review was carried out in August 2013 and initial work has delayed due to budgetary decisions that needed to be made as part of the MTFP. Since then good progress has now been made in catching up and developing the customer service strategy, which is due to go out for consultation shortly. The Customer Services Project Group is established and will coordinate the implementation of the strategy. Many of the actions will happen after the implementation of the strategy so when this is completed in the summer the remainder of the actions should then speed up and fall into place, such as the updating of corporate customer service standards.
- 4.5 There has been a recommendation to close 4 of the proposals from the 'Review of Management Arrangements following a Homicide Report' (April 2013). This leaves 2 more proposals outstanding. The Director of Social Services is presenting a report on this work to the same Audit Committee, as this update so there will be a verbal presentation given on the work of this review.
- 4.6 Asset Management has 6 proposals outstanding and remains static from the last time the figures were reported. P & R Scrutiny Committee agreed (30/9/14) that the current financial climate and lack of clarity over the levels of future WG funding has rendered it no longer possible to develop a comprehensive Asset Management Strategy. Individual strategies are in place but it is difficult to bring those together into a coherent strategy. This affects 5 of the 6 proposals. It will have to be considered whether to close these proposals down in light of this information or to retain them, as the current White Paper on local democracy refers to the need to have an asset management strategy. However this is not yet a bill and consultation on the White Paper by Welsh Government has just closed.
- 4.7 The Information Management Review (Nov 2012) is recommending 2 proposals for closure and this leaves one outstanding regarding improvements in response times for Freedom of Information requests. Much work has progressed on this proposal and this may be recommended for closure in the next update. The actions to address these proposals have been complex with long-term solutions and in the main are now normal day-to-day business.
- 4.8 Wales Audit Office has stated that the decision on whether a proposal is completed is an internal matter and is for the organisation to decide, (although it is within their remit to make more proposals if they do not believe it has been addressed). We will forward the register onto the Wales Audit Office for their information and update once seen and agreed by Audit Committee.
- 4.9 We recommend 9 proposals be closed down as they have been completed and encourage members to view the specific proposals attached within Appendix A and judge if they concur that these proposals are now completed.

4.10 This report does not include an update against the Improving Governance Programme actions as this is reported separately. A report that provided an update of the proposals for the Corporate Governance action plan was presented to Cabinet on 20th May, which recognised and evidenced the good progress made to date.

4.11 When monitoring progress against the proposals, members are advised to consider what value the proposals are making and what difference the activity in addressing them has made for our citizens in creating more efficient, customer focused services.

5. EQUALITIES IMPLICATIONS

5.1 No specific Equalities Impact Assessment has been undertaken on this report, however the Local Government Measure 2009 cites fairness and accessibility as part of a definition of what 'Improvement' means.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications arising from this report although it is worth noting that External Audit fees could be reduced, if regulators are assured and place reliance on the organisation's own ability to monitor and challenge itself to improve.

7. PERSONNEL IMPLICATIONS

7.1 There are no personnel implications arising from this report.

8. CONSULTATIONS

8.1 There have been no consultations that have not been included in this report.

9. RECOMMENDATIONS

9.1 It is recommended that Audit Committee note the contents of this report, monitor the progress against the attached action plan and give agreement on closing the proposals that are noted closed within the Appendix.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To ensure members are aware of progress the Council's action plan and have an opportunity to monitor and challenge its content.

11. STATUTORY POWER

11.1 Local Government Measure (Wales) 2009.

Author: Ros Roberts Corporate Performance Manager roberr@caerphilly.gov.uk
Consultees: Nicole Scammell, Acting Director of Corporate Services
Colin Jones, Head of Performance and Property
Chris Burns, Interim Chief Executive
Dave Street, Director of Social Services
Lynton Jones, Acting head of ICT and Customer Services
David Hardacre, Cabinet Member, Performance, Property and Policy
Karen Powell, Service Manager, Social Services

Appendices:

Appendix: Update of proposal register May 2015.

Action Plan 2015 Response to Regulator Proposals

Number of action	Original Document	Regulator Proposal	Action	2015April/May	Service Officer Responsible	By When	Additional Information	Status
25	1A2 Dec 2012 (Carried forward from historical list)	P2 Better engage and strengthen scrutiny to improve self-evaluation arrangements and to inform the councils overall evaluation of progress against its improvement objectives	Consideration of moving from 2 individual PM scrutiny's to using more frequent scrutiny to give greater reporting opportunities. We are also reviewing and revising the planning cycle to include a self-evaluation process	Member review of Performance of the Improvement Objectives is a standard part of day to day business. Training took place and the Annual Performance Report goes to Council and Scrutiny prior to that every year. IO's are reported every 6 months. Service Self evaluation is in its 2nd cycle and whilst challenge sessions need to be developed further this has no relation to the reporting of the Council Performance to Members against the Councils priorities. A Review of Scrutiny is taking place and this is included within the wide ranging workshops.	R.Roberts	Dec-14	In addition to the newness of self-evaluation, the removal of the PM scrutinys without a definate steer on replacement and the newness of embedding performance in ordinary scrutinies, means that PwC would like this to remain open, was closed but now reopened wef 29.1.2014 OPEN - Transferred to current list 9th May 2014	RECOMMEND CLOSURE
Page 35 IA 1 October 2012	Carried forward from Appendix A (historical)	P2 Formal annual financial assessments of its Improvement Objectives are included within all relevant SIPs to ensure that resources are clearly aligned to priorities;	1. Guidelines sent to Heads of Service 2. Critique Plans when received 3. Escalate any none compliance 4) Introduction of Self-Evaluation to include costings as part of the evaluation.	Costings of the Improvement Objectives are agreed with the Corporate Finance Director and are reviewed in line with the Medium Term Financial Plan and this is standard practise. The self-evaluation and plan include any actions to address the Improvement Objectives and each objective has a section on Resources to tell the public how we plan to afford to deliver the objective.	Nicole Scammell and RR	Jun-13	Following discussion with PWC it was agreed to keep this open. PWC would like the assurance of one more cycle including new self-evaluation process, particularly with workforce planning. We will review after the plans are written. OPEN - Transferred to current list 9th May 2014	RECOMMEND CLOSURE
32	Customer Services Review (August 2013)	P1: Governance and performance management. Develop a more co-ordinated strategic approach to customer services. This should include developing and implementing a customer service strategy that supports the Council's strategic vision and improvement priorities.	To develop and implement a Customer Services Strategy.	A detailed Customer Services Strategy has been written and is in the first round of consultation. It has been shared with the customer service project group and is being prepared to go to P&R Scrutiny in June. The strategy covers a wide range of areas and provides a strategic approach to Customer services and clearly provides a vision	Dave Titley Customer Services	Report to P&R Scrutiny Committee in March 2014 explaining		In progress

33	Customer Services Review (August 2013)	P1: Governance and performance management. Develop a more co-ordinated strategic approach to customer services. This should include establishing clear links between the customer service strategy document, Improvement Objectives and departmental service improvement plans.	To develop and implement a strategy.	The CS strategy clearly identifies other Council and Partner Strategies of where customer services can help the other strategies to meet their outcomes, such as the draft Anti Poverty Strategy, The Single Equalities Plan and the Single Plan called 'Caerphilly Delivers'. There are specific links shown to the objectives in these and other strategies noted above. The new Council service evaluation process is an evidence based process subject to challenge which asks services to evaluate themselves against how they provide customer services. When the strategy is formalised this link will be clear.	Dave Titley Customer Services	Report to P&R Scrutiny Committee in March delayed til June 2014.		In progress
34	Customer Services Review (August 2013)	P1: Governance and performance management. Develop a more co-ordinated strategic approach to customer services. This should include ensuring the customer service strategy clearly sets out appropriate performance measures that enable the Council to manage, monitor, report and evaluate its strategy and other related strategies including its customer charter.	To develop and implement a strategy that includes performance management information.	The strategy clearly defines the purpose and measures will be set to show how near or far we are from that purpose.	Dave Titley Customer Services	Report to P&R Scrutiny Committee in March delayed til June 2014.	Draft Strategy out to consultation with officers and members during March and April, with final proposed strategy presented to P&R Committee in June 2014.	In progress
35	Customer Services Review (August 2013)	P1: Governance and performance management. Develop a more co-ordinated strategic approach to customer services. Including customer services' performance measures in the Council's corporate performance reporting arrangements and ensuring they are subject to effective self-evaluation, challenge and scrutiny.	Review customer service standards then develop suite of performance managers based on the objectives of the strategy 10 links to 12	Performance Measures already exist and are reported on within the Corporate Management Team cycle, however they will be reviewed in line with the new strategy and developed into a more rounded suite of indicators. This should be completed by the end of the year. The Council has set up a customer project group that has a wide range of representatives who forms part of the a self-evaluation and challenge process and is a mechanism for raising issues of development in customer care.	Dave Titley Customer Services	Sept 14 (to go into performance report Oct 14		In progress
36	Customer Services Review (August 2013)	P1: Governance and performance management. Develop a more co-ordinated strategic approach to customer services. This should include ensuring that the Council's equalities and Welsh language objectives are being delivered and reflected in the customer service strategy.	The customer service strategy will include joint work with the Equalities, Policy and Translation unit to ensure there is input at the beginning of the process and during the process.	The Equalities and Welsh language objectives are reflected in the new strategy and this will be clear when the strategy is sent out for formal consultation towards the end of May 2015.	Dave Titley Customer Services	Nov-14		In progress

37	Customer Services Review (August 2013)	P1: Governance and performance management. Develop a more co-ordinated strategic approach to customer services. This should include ensuring that the lead Cabinet Member for customer services has clearly documented responsibilities and is provided with regular performance information.	Proposal to set up Customer Services Customer service programme board with cabinet member as lead.	The Cabinet Member for Customer Services sits on the newly formed Customer Services Project group which has terms of reference and responsibilities. One of the later activities for the group will be to view performance information. Performance Information based on the Corporate Management Scorecard is now being presented to Cabinet and this includes some customer service information although this will be reviewed	Dave Tittley Customer Services	Nov-14		In progress
38	Customer Services Review (August 2013)	P1: Governance and performance management. Develop a more co-ordinated strategic approach to customer services. This should include ensuring business cases are developed for service improvements that clearly set out and analyses the costs and benefits of the service improvement, and the expected improvements and the outcomes to be delivered.	To set up customer services board in which all cases would go to the board, not everything needs a case - so guidelines are needed for when case should be used and this will be included in the terms of reference of the board.	As noted above a project group has been set up with cabinet and service representation. This is an operational group. It was decided to use the existing corporate information technology group to receive business cases and approve cost / benefit analysis and act as the Strategic board with input from the more operational working sub-group. This action should be closed once the Strategy is adopted.	Dave Tittley	Nov-14	To be closed off by the next reporting cycle	In progress
39 Page 37	Customer Services Review (August 2013)	P2: Information and data. Strengthen the approach to evaluating and improving customer services in a proactive way. This should include collecting and analysing customer views and satisfaction data for e-mail and telephone correspondence.	1) Review the Customer Service standards and measures. 2) Implement survey forms for one-stop-shops and survey of contact centre 3) Broaden to other contact e.g Housing repairs to find out what they do 4) add performance data to Ffynnon CMT scorecard	This recommendation is 70% complete with regard to the methods for recording satisfaction, however the standards still need to be reviewed and addressed and performance from the satisfaction data needs to be included within the reporting cycle.	Dave Tittley	Nov-14		In progress
42	Asset Management (Land and Property) Strategy Review (September 2013)	P1: Develop a robust Asset Management Strategy for its property and associated infrastructure. The strategy should set out a vision for each type of asset that shows how it contributes to the delivery of the Council's priorities.	Further develop the existing draft strategy	P & R Scrutiny Committee agreed (30/9/14) that the current financial climate and lack of clarity over the levels of future WG funding has rendered it no longer possible to develop a comprehensive Asset Management Strategy. Individual strategies are in place but it is difficult to bring those together into a coherent strategy.	Colin Jones (RCJ)	Apr-14		Partially Complete - On hold
43	Asset Management (Land and Property) Strategy Review (September 2013)	P1: Develop a robust Asset Management Strategy for its property and associated infrastructure. The strategy should set targets for assessing progress, including the condition and suitability of each asset.	Complete update of building conditions survey	All property condition surveys are now complete and the information provided is being acted upon.	John Thomas (JT)	Apr-14		In progress
44	Asset Management (Land and Property) Strategy Review (September 2013)	P1: Develop a robust Asset Management Strategy for its property and associated infrastructure. The strategy should describe an overall plan for implementing the Strategy.	To form part of development proposals as above (item 42)	P & R Scrutiny Committee agreed (30/9/14) that the current financial climate and lack of clarity over the levels of future WG funding has rendered it no longer possible to develop a comprehensive Asset Management Strategy. Individual strategies are in place but it is difficult to bring those together into a coherent strategy.	Colin Jones (RCJ)	Apr-14		Partially Complete - On hold

45	Asset Management (Land and Property) Strategy Review (September 2013)	P1: Develop a robust Asset Management Strategy for its property and associated infrastructure. The strategy should be approved by members.	Further develop the existing draft strategy	P & R Scrutiny Committee agreed (30/9/14) that the current financial climate and lack of clarity over the levels of future WG funding has rendered it no longer possible to develop a comprehensive Asset Management Strategy. Individual strategies are in place but it is difficult to bring those together into a coherent strategy.	Colin Jones (RCJ)	Council Apr-14		Partially Complete - On hold
46	Asset Management (Land and Property) Strategy Review (September 2013)	P2: Ensure that the individual service asset management plans are developed as soon as possible and are used to inform the Council's financial planning process.	Develop Service Asset Management Plan (SAMP) and consider impact on the Medium Term Financial Plan (MTFP)	For the same reasons described above services are having difficulty understanding and planning their Property Asset needs. Having said that Building Rationalisation has been accepted by Council as an MTFP saving proposal and hence that will necessitate the need for some planning	John Thomas (JT)	Jan-Mar '14	Current MTFP issues gives priority to service savings so services are unable to set definitive plan on their property requirements - this action is delayed until Oct / Nov. The completion date has been changed from Jan-March 14	Partially Complete - On hold
Page 48 38	Asset Management (Land and Property) Strategy Review (September 2013)	P4: Develop and implement arrangements to monitor the delivery of the strategy.	Agenda updates on progress to Asset Management Group (AMG)	P & R Scrutiny Committee agreed (30/9/14) that the current financial climate and lack of clarity over the levels of future WG funding has rendered it no longer possible to develop a comprehensive Asset Management Strategy. Individual strategies are in place but it is difficult to bring those together into a coherent strategy.	AMG	Nov-14	Current MTFP issues gives priority to service savings so services are unable to set definitive plan on their property requirements - this action is delayed until Oct / Nov. The completion date has been changed from Jan-March 14	Incomplete - on hold
52-27	AIR 2013 Improvement Assessment Letter 1 2013	R3: Address the 3 recommendations in the Auditor Generals report Evaluation of Social Services contribution to the Medium term financial plan.						
57	Evaluation of Social Services contributions to the MTFP (September 2013)	P3: The Council should undertake further analysis to identify the non-statutory services that it could prioritise to achieve a significant saving and those statutory services that could be re modelled to realise benefits in line with its corporate and service priorities.	Update being sought from Acting Head of Corporate Finance	We now have a strong focus on discretionary services to date and this will continue into the future and is part of normal day to day management. Therefore we recognise closure as this has been addressed.	Steve Harris	Summer 2014		RECOMMEND CLOSURE
64	Information Management Review (November 2012)	P4: Ensure that sufficient data is held outside the recommended nine-mile limit to enable a full restoration of service information in the event of a disaster.	Find a suitable solution. Discuss options with neighbouring authorities in addition to CCBC's existing BSI27001 recovery plan.	The task to migrate to the new storage array will be completed by Christmas, this is a prerequisite for the final solution where data will be held at Newport CC. This will be achieved by the end of the financial year following installation and appropriate testing of the solution.	SIRO	01/12/2013 revised to Dec 2014	Although still collaborating with colleagues at Newport CC, CCBC are comfortable with this very low level risk and continues to look at alternatives for future.	RECOMMEND CLOSURE

65	Information Management Review (November 2012)	P5: Continue to develop more robust arrangements for whole-life cycle management of electronic information including e-mails, in particular disposal of information that the Council no longer has the rights to hold; ensuring that the Council is compliant with legislation.	Continue ongoing IGPT actions of data mapping; developing a records management policy and email management procedures; identify means of managing records backlogs on network drives and email.	290 staff trained on records management, email management, naming conventions, fileplan, etc, and key messages disseminated to additional 1068 staff during other IG courses. Members IG training now mandatory and continuing. Info Risk Management process embedding, and work with OGSIRO to improve, which has led to greater focus within services on records management and familiarisation with fileplan and retention schedule. Majority of email cleared from live Outlook system into EAS, a prerequisite to Exchange upgrade to improve performance. Next step is to review retention policy on emails stored within EAS Archive. Continue to look at options available within marketplace to manage records on network drives. Data has been consolidated for IT, and work continues to remove duplication and redundant files on Council's network. Existing BS10008 accreditations under review to check fit with new standard and completion of building cleaning and HR accreditations.	SIRO	Jun-15	We think this proposal should now be closed as improvements in this area will always continue, but we are confident major improvements since 2012 as evidenced in previous updates justifies closure of this action.	RECOMMEND CLOSURE
66	Information Management Review (November 2012)	P6: Further improve the response times for Freedom of Information (FOI) requests.	Continue ongoing Corporate Information Governance Unit actions of finding and implementing methods of improvement, including improvements to Publication Scheme.	FOI compliance rates have improved during the 2014 calendar year since inclusion in AGS. A number of procedural changes took effect at the end of 2014 inc reporting late/poor quality responses to the Chief Exec in order for a reminder to be sent, reduction of internal deadline to 12 days, quarterly service area reports on compliance rate, awareness raising sessions for senior management teams and training sessions for staff, so further improvements are anticipated to be in evidence over the coming months. Compliance has	SIRO	Mar-14		Ongoing
68	Review of Management Arrangements following a Homicide Report from Healthcare Inspectorate Wales – April 2013	P1: Establish robust arrangements, to ensure and systematically check, that protocols and procedures are implemented and operating effectively in practice.	Practice reviewed to ensure compliance with relevant policies & procedures. (Director Social Services)	Report coming to Audit Committee 10th June to provide full update as requested by members in October 2014	Dave Street	Quarterly		In Progress
69	Review of Management Arrangements following a Homicide Report from Healthcare Inspectorate Wales – April 2013	P2: Ensure all action plan targets are complete and adopted.	Plans and targets reviewed on a regular basis (Director Social Services)	Report coming to Audit Committee 10th June to provide full update as requested by members in October 2014	Dave Street	Six Monthly		In Progress

70	Review of Management Arrangements following a Homicide Report from Healthcare Inspectorate Wales – April 2013	P3: Improve inter-agency working in relation to rehousing and the management of vulnerable people in need of housing by: ensuring health and social care information sharing protocols cover housing services;	ISP's developed to encompass Housing related issues. (Director Social Services)	Report coming to Audit Committee 10th June to provide full update as requested by members in October 2014	Partnership Board (Dave Street)	Apr-14	These actions have been completed and the report should advise the outcomes from those actions	RECOMMEND CLOSURE
71	Review of Management Arrangements following a Homicide Report from Healthcare Inspectorate Wales – April 2013	P3: Improve inter-agency working in relation to rehousing and the management of vulnerable people in need of housing by: revising Risk Assessment procedures to incorporate and cover housing services;	Risk assessment procedures to cover housing related issues. (Director Social Services)	Report coming to Audit Committee 10th June to provide full update as requested by members in October 2014	K.Powell	Ongoing	These actions have been completed and the report should advise the outcomes from those actions	RECOMMEND CLOSURE
Page 40	Review of Management Arrangements following a Homicide Report from Healthcare Inspectorate Wales – April 2013	P3: Improve inter-agency working in relation to rehousing and the management of vulnerable people in need of housing by: improve staff knowledge, awareness and understanding so as to minimise risk to vulnerable people by undertaking three-way training and information sharing between housing, health and social services.	(Director Social Services)	Report coming to Audit Committee 10th June to provide full update as requested by members in October 2014	K.Powell	Jun-14	These actions have been completed and the report should advise the outcomes from those actions	RECOMMEND CLOSURE
73	Review of Management Arrangements following a Homicide Report from Healthcare Inspectorate Wales – April 2013	P3: Improve inter-agency working in relation to rehousing and the management of vulnerable people in need of housing by: revise the draft Mental Health Joint Accommodation Protocol (MHJAP) to include Registered Social Landlords (RSL) and Supporting People services to minimise gaps in service provision.	Revised protocol in place. (Director Social Services)	Report coming to Audit Committee 10th June to provide full update as requested by members in October 2014	K.Powell	Mar-14	These actions have been completed and the report should advise the outcomes from those actions	RECOMMEND CLOSURE
SG2015/01	Local Authority arrangements for Safeguarding Children Issue date October 2014	P1 Develop a Corporate Safeguarding Policy that clearly specifies roles, responsibilities and procedures for safeguarding	Corporate Safeguarding Group established - Gareth Jenkins	Working Group set up and split into 3 Task Groups. Group 1 was set up to develop a corporate policy and research good practice, work is ongoing to define the audience, so the correct format is used i.e an easy read for awareness and a more detailed policy for professionals and those with greater involvement. Anticipated Policy to be consulted on and published by the autumn. The working group received familiarisation training in safeguarding so they are better able to understand their roles	Gareth Jenkins	Final draft for consultation by end of June. Political endorsement and publication during the autumn 2015.		In progress

SG2015/0 2	Local Authority arrangements for Safeguarding Children Issue date October 2014	P2 Agree Designated Safeguarding Officers within all of the Council's service areas.	Safer Recruitment/HR policies – Lynne Donovan	The agreement of designated officers will form part of the policy. Task Group 2 is looking at aspects of safer recruitment and other HR policies such as Code of Conduct, DBS checks and references, Job Descriptions and Person Specifications to help all understand their safeguarding responsibilities.	Gareth Jenkins	Final draft for consultation by end of June. Political endorsement and publication during the autumn 2015		In progress
SG2015/0 3	Local Authority arrangements for Safeguarding Children Issue date October 2014	P3 Improve the range, quality and coverage of safeguarding performance reporting to provide adequate assurance that corporate arrangements are working effectively	Corporate governance/audit and QA – Gail Williams	Task Group 3 has been established to explore what other authorities report and how. It is proposed that performance measures are agreed and that monitoring, reporting and governance arrangements are strengthened to meet the recommendations. Please cross reference with P5 below.	Gareth Jenkins	Final draft for consultation by end of June. Political endorsement and publication during the autumn 2015		In progress
SG2015/4	Local Authority arrangements for Safeguarding Children Issue date October 2014	P4 Ensure all elected members and staff who come into contact with children on a regular basis receive training on safeguarding and child protection issues and the Council's corporate policy on safeguarding. This should also include volunteers.	Training - Jane Haile	Following establishment of the Corporate Safeguarding Group, it became evident that a 4th Task Group was required to specifically look at the training requirements across the Council. The Task Group will research and implement appropriate training including for Elected Members. There is a need to map who needs training and at what level.	Gareth Jenkins	Final draft for consultation by end of June. Political endorsement and publication during the autumn 2015		In progress
SG2015/5	Local Authority arrangements for Safeguarding Children Issue date October 2014	P5 Identify and agree an appropriate internal audit programme of work for safeguarding.	Gareth Jenkins	The new Corporate Working Group decided to subsume P5 into P3 in terms of dealing with the actions as there is strong correlation between the audit and the governance of the work programme and the assurance that regulators look for.	Gareth Jenkins	As above.		In progress

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AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: CORPORATE RISK MONITORING

REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & S151 OFFICER

1. PURPOSE OF REPORT

- 1.1 To provide an update of the Corporate Risk Register in accordance with the recommendations to Audit Committee at their meeting 17th September 2013.
- 1.2 To afford Audit Committee the opportunity to satisfy itself that appropriate arrangements are in place for the council's risk management processes to be regularly and robustly monitored and scrutinised.
- 1.3 Members have a critical role to play in evaluating the council's risk management arrangements and in particular understanding how the council identifies, manages and, where possible, mitigates/removes risk. Risk Management is crucial to the effective delivery of council services.

2. SUMMARY

- 2.1 At its meeting on the 17th September 2013 Audit Committee accepted the council's new Risk Management Strategy and supporting Guidelines, which were subsequently approved by Cabinet on the 2nd October 2013.
- 2.2 The Strategy identified the role of Audit Committee in the risk monitoring process as being:
 - Review the effectiveness of the risk management and internal control framework
 - Review the Council's Risk Management Strategy and how it is being implemented
 - Review and challenge the risk register and resultant action plans for the council's key strategic and corporate risks
 - Satisfy itself that robust processes and procedures exist and are applied for the management of operational risks including health & Safety risks.
- 2.3 For some time Corporate Management Team (CMT) has identified and monitored the council's key corporate risks. Monitoring arrangements have been strengthened following the introduction of the Risk Management Strategy. CMT now monitor the Council's Corporate Risks on a monthly basis and report progress to Cabinet on a regular basis. The Strategy identifies that the Corporate Risk Register should be owned and understood by Cabinet and CMT. It also recognises that Audit Committee would be the guardians of the risk management strategy and should satisfy itself that it is being adhered to.
- 2.4 A programme of Risk Management training has been introduced for members commencing with Audit Committee (30th October 2013). Cabinet Members have also received training. Further and continuous training will be provided to satisfy one of the Proposals for Improvement identified in the Auditor General's Corporate Governance Follow Up Report.

3. LINKS TO STRATEGY

- 3.1 Service improvement and delivery is key to delivering council priorities and risk management is a crucial element.

4. THE REPORT

- 4.1 Attached as Appendix 1 is the most recent version of the council's Corporate Risk Register. These risks are reviewed on a monthly basis by CMT and include:

- A description of each individual risk
- An assessment of the risk using the normal Red/Amber/Green (RAG) identification
- Details of mitigation measures put in place
- Identification of the risk owner

- 4.2 The Corporate Risk Register is compiled generally in the following ways:

1. CMT collectively identify organisational risks that arise from such sources as national/regional agendas, changing legislation, budget settlements, partnership risks, project risks etc
2. CMT collectively identify whole authority operational risks that could result from Regulatory inspections/reviews, political influences, work force planning, performance management etc
3. Directors escalate operational risks that in their opinion require a corporate approach to their management

- 4.3 The Corporate Risk Register is a 'living document' and changes at every review as new risks are introduced, existing risks are closed, or existing risk's RAG assessment is updated.

5. EQUALITIES IMPLICATIONS

- 5.1 The Local Government Measure defines fairness and access as one of the criteria that constitutes 'improvement' within the Wales programme for Improvement 2009.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no financial implications associated with this report

7. PERSONNEL IMPLICATIONS

- 7.1 There are no personnel implications associated with this report

8. CONSULTATIONS

- 8.1 There are no consultees that have not been included in the overall report.

9. RECOMMENDATIONS

- 9.1 It is recommended that Audit Committee accepts the Corporate Risk Register update as part of their ongoing commitment to regularly reviewing the Register.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To ensure compliance with the Council's Risk Management Strategy

11. STATUTORY POWER

11.1 Local Government Measure 2009, Wales Programme for Improvement 2010

Author: Colin Jones: Head of Performance Management & Property Services

Consultees: N. Scammell: Acting Director of Corporate Services
CMT

Ros Roberts: Performance Manager

Gail Williams: Interim Monitoring Officer

Cllr B. Jones: Deputy Leader and Cabinet Member for Corporate Services

Cllr D Hardacre: Cabinet Member for Performance, Property and Asset Management

Background Papers:

Risk Management Policy & Guidelines

Appendices:

Appendix 1 Corporate Risk Register (Apr 2015)

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Ref	Area	Background information	Actual Risk	Mitigation actions - what we are doing to reduce the risk and by when.	Additional Resources Required	Current Risk Level 2014-15 (Feb 2015)	Current Risk Level 2014-15 (Mar 2015)	Current Risk Level 2014-15 (Apr 2015)	Comments from latest risk review	Risk Owner
CMT01	Medium Term financial budget planning	Budget pressures will potentially have a negative effect on service delivery across all services, if appropriate mitigation measures are not put in place.	1. Workforce Planning: less staff to deliver services. 2. Failure to maintain and/or improve service delivery 3. Managing staff morale in light of cuts 4. Failure to take early decisions on which services should be cut could lead to poor planning	1. HR have a suite of policies agreed by Cabinet/Council to help downsize the workforce, although these will need to be kept under review. 2. Report presented to Council 25th Feb 2015 outlined revised MTFP for 2016/17 and 2017/18 and a set of 5 key principles agreed by members that would be used in the first instance to identify savings proposals. This was agreed by Council. 3. CMT met on 26th February to agree timetable for the next £26m of savings. Meetings will be held with finance staff and CMT prior to Leadership Team and PDM. A July seminar is planned for a list of savings proposals.	1-4 None	High	High	High	As detailed in the mitigation actions.	Corporate Management Team
CMT03	Performance Management Culture	The WAO Annual Improvement Report (AIR) 2013 has identified weaknesses around the council's Performance Management Framework. In particular the council is considered to present performance in an unbalanced way and member involvement/challenge should be improved. The council's approach to self-evaluation has also been identified as an area for improvement by both Estyn & WAO	1. An unbalanced evaluation of the council's performance can lead to complacency and reduce the drive to improve performance, particularly during these difficult financial times. 2. Members lack of understanding of performance management will reduce their capacity to mount effective challenge. 3. Failure to provide members with adequate and appropriate performance information on a regular basis will render Governance arrangements less effective. 4. Although a relatively new concept, other authorities are further advanced in self evaluation and this reflects poorly on the council	1. Efforts have been made to make reports more balanced by reflecting and explaining the reasons behind poor performance as well as highlighting good performance e.g. Annual Performance Plan published Oct 2014. A survey by WG has identified a public opinion view that the council is best in Wales at informing the public how we are performing. 2. Performance Management training identified as part of the Member Training Programme. 3. New programme of presenting performance information to Scrutiny meetings being developed by CMT. Risk Management monitoring arrangements have been strengthened. 4. A self evaluation model has been rolled out as part of the council's performance management planning process. Self evaluations are scheduled for completion by mid March 2015.	1. None. 2. None 3. None 4. Support being provided by WLGA at no cost. Additional cost recovered from identified Improving Governance budget	Medium	Medium	Medium	CMT/Cabinet arrangements have been strengthened. There now needs to be a focus upon improving scrutiny arrangements. <ul style="list-style-type: none"> • Risk management has been strengthened – Corporate Risk Register reviewed by CMT monthly. Report to Audit Committee 10th September 2014. • Self-Evaluation to be completed by services by mid March 2015. • Performance reporting to CMT/Cabinet re-structured with quarterly meetings. • Review of Scrutiny to be completed by October 2015. 	Acting Director of Corporate Services
CMT09	Business Continuity Planning	Business Continuity Planning is well established in some key services, but there is a lack of consistency of approach across the Authority, and there are some gaps in respect of some services.	1. The risk is the possible disruption to service delivery during emergencies.	1. A Business Continuity Strategy has been agreed by CMT and a pilot study is currently underway to evaluate the feasibility of the agreed approach, once satisfactorily completed the strategy will be implemented across the Authority. 2. Progress update along with a delivery programme to be presented to Audit committee March 2014	1-2 None	Medium	Medium	Medium	Progress report presented to Audit Committee	Corporate Management Team
CMT12	Waste Management Service Continuity & Target Achievement	Significant changes in the Waste Management arena could potentially affect service delivery to the public and/or target achievement if mitigation measures are not put in place.	1. Lack of waste transfer station of effective design, size and location. 2. Uncertainty over long term organics procurement. 3. Uncertainty over future contractual arrangements for dry recycling and the WG stance on collection methods. 4. Changing regulatory regimes affecting the type of materials that can be counted in the recycling PI resulting in possible non-compliance with targets.	1. Development of effective waste transfer facility. 2. Development of effective interim organics procurement strategy to cope with delays in main collaborative process. 3. Alternative strategies to ensure that recyclable tonnages "lost" from the PI calculation are mitigated against where possible by improving performance in other areas and where this is not possible, ensuring that WG are advised in advance of the likely impact on target achievement.	1. Yes. 2. Possibly. 3. Yes	High	High	High	1. Waste transfer station planning application submitted but not yet considered by planning committee 2. Interim organics contract now finalised but 2nd Heads of Valleys contract procurement yet to commence. 3. Council report to be prepared and considered by March meeting of full council on collection of recyclables.	Acting Deputy Chief Executive / Head of Community and Leisure Services

Ref	Area	Background information	Actual Risk	Mitigation actions - what we are doing to reduce the risk and by when.	Additional Resources Required	Current Risk Level 2014-15 (Feb 2015)	Current Risk Level 2014-15 (Mar 2015)	Current Risk Level 2014-15 (Apr 2015)	Comments from latest risk review	Risk Owner
CMT16	School Attainment	School attainment levels are still below the all Wales average, along with pupil attendance. Low levels of attainment and relative achievement are continual risks for the borough.	1. There is a gap between the attainment of Free School Meals pupils and Non Free School Meals pupils which must be addressed.	1. Standards of attainment are monitored and reported to SMT / CMT / Scrutiny through an annual programme of reporting described in the Directorate Plan Handbook.	1 None	Medium	Medium	Medium	Improvement has been continuous in the majority of key indicators for several years but remains a priority, especially at L2+ KS4.	Acting Deputy Chief Executive
CMT17	Sustainability of staffing via grant funded resources	Heads of Service and Directors are aware of all the grant funded schemes within their service areas.	1. There is lack of security or sustainability in maintaining staff and skills as grants can be removed or not renewed.	1. Staff are placed on temporary contracts. 2. This risk needs to be closely monitored in the light of the worsening settlement from Central Government to WG.	1-2 None	Medium	Medium	Medium	There has been a cut to the Adult Learning Grant, the affect of the cut has not yet been established.	Corporate Management Team
CMT18	Secondary school surplus places in top quartile across Wales.	Too many school places with falling pupil roles locally and nationally	1. Falling pupil roles will affect the funding available to schools and put budgetary pressure on the LEA	Council (23 July 2013) approved proposals to proceed with Phase 1 of a secondary rationalisation programme.	1 None	Medium	Medium	Medium	Letter from Minister questioning our Education Plan for surplus places.	Acting Deputy Chief Executive
CMT25	Equal Pay	We want to Attain a Memorandum of Understanding with Unions and Claimants' Solicitors resulting in the delivery of a revised settlement strategy.	1. Potential not to succeed in GMF defence. No authority has been successful in its GMF defence in the last 10 years and the Council's GMF defence is scheduled for September 2013.	<ul style="list-style-type: none"> Project Board following risk assessment pertaining to proceeding with GMF defence, agree a settlement strategy for negotiation with Unions and claimant's solicitors Final data cleansing exercise and negotiation with union and claimants' solicitors in search of a memorandum of understanding run in tandem. Project Board put in place a Project Team to deliver the revised settlement strategy within agreed timescales. 	This can be funded from the Equal Pay / Single Status provision	Low	Low	Low	Memorandum of understanding agreed.	Acting Director of Corporate Services
CMT27	Reputation	Recent events have led to a lot of media criticism of the authority	1. Lack of resident confidence in the council. 2. Staff morale is low. 3. Intervention measures imposed by WG	1. Improvements have been made in communication to re-assure residents that high quality service provision is being maintained. 2. Team briefings have been introduced to improve communication with staff. The Interim CE also sends out regular communiques. 3. Improving Governance Board established supported by an experienced consultant	3. Improving governance budget established.	Low	Low	Low	Corporate Governance improvements being publicly recognised. (Risk now low following Corporate Services SMT on 2nd December 2014)	Acting Director of Corporate Services
CMT29	WHQS programme	Everyone in Wales should have the opportunity to live in a good quality home within a safe and secure community. To help achieve this, the physical standard and condition of existing housing must be maintained and improved to the Welsh Housing Quality Standard (WHQS).	1. There are nine high level risks relating to the WHQS programme, they are as follows: Government policy changes, Asbestos, Failure of relationships with stakeholder groups, Organisation structure/delivery, Culture, Changes to business plan, Challenges to tender process, IT development, Keystone (asset management software system).	• The WHQS programme has its own specific risk register which was reviewed and updated by the Project Board on 10th March 2014.		High	High	High	Project update report (13/02/14) has identified issues around procurement leading to potential contract delays and wall cavity insulation issues that could have budget implications. Challenge to tender process remains a risk particularly given the large scale of contracts. Key personal additions made & Deputy Head of Programmes appointed 14-10-14. All major contracts have now been let and contractors are on site.	Interim Chief Executive

Ref	Area	Background information	Actual Risk	Mitigation actions - what we are doing to reduce the risk and by when.	Additional Resources Required	Current Risk Level 2014-15 (Feb 2015)	Current Risk Level 2014-15 (Mar 2015)	Current Risk Level 2014-15 (Apr 2015)	Comments from latest risk review	Risk Owner
CMT 30	Information Governance		Risks to the authority of poor information governance are 1) insufficient protection of information leading to negative effects for the Council (monetary penalties; adverse publicity; impaired services) and negative effects for the public (embarrassment; identity fraud); and 2) poor management of information reduces service efficiencies due to excessive information being maintained, which increases duplication and storage costs; reduction in information quality and ability to find information; and legislative breaches (e.g. data protection and FOI).	1. Mitigation measures include staff training and awareness raising; quarterly reports from Heads of Service on information risk assurance; development of a corporate information asset register which will enable the Council to assess suitability of storage, access, retention, and protection for specific types of information; formalising information sharing using WASPI; and ongoing development of policies and procedures on records management, data protection and public access to information. 2. Information Governance Stewards work with the Senior Information Risk Owner and Corporate Information Governance Unit to cascade information governance messages and initiatives to all staff.	1-2 None	Medium	Medium	Medium	Failure to make progress in Information Governance will impact on service delivery council wide as information quality and location is unreliable; there is a risk of up to £500,000 fines for breaches of the Data Protection Act; and failure to comply with the Freedom of Information Act could lead to decision and enforcement notices from the Information Commissioner's Office. These risks could also result in adverse press, loss of trust by the public, and criticism from the Council's auditors. Mandatory Protecting Information training is done and will take place annually. The Information Governance Communications Plan is complete and Member training continues. The information risk policy and register is place and is reported to SIRO quarterly. The Records Management policy is also in place. Work is ongoing with ICO.	Acting Director of Corporate Services
CMT 31	Governance Arrangements	The Wales Audit Office Public Interest report has identified significant governance issues.	1. This is a risk to robust decision making and proper accountability.	1. The Improving Governance Arrangements Board has been set up, also the Action Plan has been developed and agreed. 2. The action plan has been reviewed by CMT and PDM. 3. Regular reports to Cabinet in respect of progress on delivering the Action Plan.	Improving Governance budget established	Low	Low	Low	Corporate Governance improvements underway and progress regularly reported to Cabinet. WAO Corporate Governance Inspection has recognised improvement.	Acting Director of Corporate Services
CMT 35	Microsoft/Office 2003/Windows XP Upgrade	Product not supported after 8th April 2014.	Lack of support for Windows XP represents a significant risk across the authority as it has circa 3200 users of this software system.	1. Interim Extended Support Contract to be recommended in a report by SIRO to Acting Corporate Services Director and Interim Chief Executive. 2. Cabinet report being prepared to upgrade software and hardware. Scheduled for CMT on 17 April 2014.	1. Extended Warranty will cost approximately £200k (indicative cost - to be confirmed) 2. Upgrade arrangements will add a significant cost which could be funded via the Council's PC replacement programme	Low	Low	Low	Extended support arrangement now in place until 08/04/2015. Original cost estimate overstated as actual cost is £12.5k. This risk will be mitigated by the implementation of Virtualisation Desktop Infrastructure (VDI) and upgraded Microsoft software. This implementation is scheduled to start in September 2014 and be completed by the end of March 2015. (This has now been implemented)	Acting Director of Corporate Services
CMT 36	Property Services - Asset Rationalisation (MTFP)	The MTFP has identified the rationalisation of council owned buildings as a contributor to making future revenue budget savings. The identification of buildings not fit for purpose, under-utilised or poorly performing and any that are surplus to requirements is important to further discussion/agreement on developing a disposal strategy	Failure to develop a strategy will lead to a reactive approach rather than planned that will make it extremely difficult to properly plan and realise the cost saving required under the MTFP	Develop lists (top 20 & 50) of candidate properties. Change culture from "does anybody want this surplus property" to "why cannot we dispose of this surplus property". Continue to stress the cost of providing office accommodation and looking at ways of reducing these costs. Ensure that the data collected for each property is current and accurate. Maximise the use of property.			Medium	Medium	The risk has been added following discussion at Corporate Services SMT; 10th March 2014	Acting Director of Corporate Services

Ref	Area	Background information	Actual Risk	Mitigation actions - what we are doing to reduce the risk and by when.	Additional Resources Required	Current Risk Level 2014-15 (Feb 2015)	Current Risk Level 2014-15 (Mar 2015)	Current Risk Level 2014-15 (Apr 2015)	Comments from latest risk review	Risk Owner
CMT 37	Dry Recyclable Waste Collection	There has been a substantial change in the recycling MRF Market which has resulted in the MRF Industry becoming very selective in the materials they are prepared to receive. The result has been no formal contract with any single MRF provider to treat the Authority's recyclables. Consideration therefore needs to be given to making changes to the recycling collection service to improve quality, reduce contamination levels and improve marketability of the material(s).	Significant issues experienced in attempting to secure a contractor to deal with dry recycling which will impact on the ability to achieve statutory recycling targets and could result in fines being levied against the Authority. There is difficulty in ensuring that residents provide materials of a suitable quality that is acceptable to MRF Contractors.	Currently working with WG to try and develop a solution that will overcome the problems identified. This will involve an intensive communications campaign, and may involve the installation of a picking/sort line at the Full Moon WTS and a potential change in collection method during 2015/16.	Yes- likely to require investment in payments to MRF Contractors, funding possible service changes and installation of the picking-sort line.		High	High	The risk has been added following discussion at Corporate Services SMT; 10th March 2014	Acting Deputy Chief Executive / Head of Community and Leisure Services



AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: WALES AUDIT OFFICE REPORT: REVIEW OF MANAGEMENT ARRANGEMENTS FOLLOWING A HOMICIDE REPORT FROM HEALTHCARE INSPECTORATE WALES

REPORT BY: CORPORATE DIRECTOR OF SOCIAL SERVICES

1. PURPOSE OF REPORT

1.1 This report is to inform members of the progress in achieving the objectives outlined in the Wales Audit Office Action Plan.

2. SUMMARY

2.1 Health Inspectorate Wales (HIW) published a report in June 2011 following an enquiry into the circumstances surrounding a homicide in the County Borough in March 2009 by an individual with mental health issues. The report identified a number of failings on the part of all agencies involved and made a total of 23 recommendations.

2.2 The Wales Audit Office (WAO) carried out review of Housing services in September 2012 to ensure the Council had "established appropriate systems to manage the housing of vulnerable people discharged from institutions".

2.3 The review focussed on the recommendations of the HIW report in relation to Housing and Mental Health Services. The WAO's report recommended further improvements to processes to support joint working practices between Housing and Mental Health Services in the County Borough.

3. LINKS TO STRATEGY

3.1 Divisional Service Improvement Plan.

4. THE REPORT

4.1 The HIW report made recommendations for improvement covering all agencies. In the aftermath of the report an Action planning group was formed comprising senior officers from the Local Authority and Aneurin Bevan Health Board. This group ensured that each of the relevant actions was progressed in line with the recommendations.

4.2 Progress against the action plan was initially looked at by the Care & Social Services Inspectorate for Wales (CSSIW) in 2012 and this was followed up by the Wales Audit Office (WAO) who made further recommendations in relation to the housing actions.

4.3 In response to the WAO Report a working group was convened comprising representatives of Aneurin Bevan Health Board, Caerphilly Housing; Social Services and Voluntary Sector

partners. The group considered the recommendations in the WAO Report and reviewed the recommendations of HIW in relation to the interface between Housing and Mental Health Services.

- 4.4 The working group determined that an over-arching comprehensive protocol was required between Housing and Mental Health Services. The protocol would address the wide range of housing need that is presented by people with mental health problems and set out clear processes to support them to access housing services.
- 4.5 A Joint Protocol for Adult Mental Health and Housing Services in Caerphilly has been developed by the working group. A further work stream was also needed to develop a Personal Information Sharing protocol (PISP) to underpin the over arching Joint Services Protocol. This has also been completed in line with the guidance of the Wales Accord for Sharing Personal Information (WASPI)
- 4.6 The Protocols will be introduced simultaneously. The Personal Information Sharing Protocol will ensure that information is able to be shared between partners. The Joint Protocol will provide the necessary framework and ensure systems are in place to support staff in all agencies to undertake their work with people. The Protocols combined provide a comprehensive framework to ensure people with mental health problems are supported to meet their housing needs.
- 4.7 The protocols have been consulted upon internally in the Organisations of each of the stakeholders involved. A wider external consultation exercise will be concluded during June 2015. Following this the Protocols will be taken through a process to receive endorsement with a view to publication and implementation in practice.
- 4.8 The protocols will be submitted for information to the Gwent Mental Health and Learning Disability Partnership Board. The Personal Information Sharing Protocol will be passed to the Board for the Wales Accord for Sharing Personal Information for assurance and publication on the website.
- 4.9 To introduce the Protocols into practice multi agency awareness raising training sessions are planned to include all stakeholders. In addition the Protocols will be discussed in the meetings of the local Community Mental Health Teams and Housing
- 4.10 The use of the protocols in practice will be monitored and audited through the Care And Treatment Planning (CTP) process for Mental Health Services. The CTP process was introduced by the Mental Health Wales Measure 2010 and was put into practice in June 2012. One of the domains of CTP now covers accommodation which enables risk to be identified in relation to housing need...
- 4.11 The CTP performance in mental health services is monitored and audited by ABHB on behalf of the Local Authority and reported to Welsh Government. The performance reports are received by the local Integrated Service Development Group and issues of compliance are addressed by Managers of Health and Social Services each month.
- 4.12 Following a period of three years in operation the protocols will be reviewed by all partners involved. The current versions of the protocols are being circulated for information to support this report (appendix 1 & 2)

5. EQUALITIES IMPLICATIONS

- 5.1 There are no potential equalities implications of this report and its recommendations on groups or individuals who fall under the categories identified in Section 6 of the Council's Strategic Equality Plan. There is no requirement for an Equalities Impact Assessment Questionnaire to be completed for this report.

6. FINANCIAL IMPLICATIONS

6.1 There are no financial implications associated with this report.

7. PERSONNEL IMPLICATIONS

7.1 There are no personnel implications associated with this report.

8. CONSULTATIONS

8.1 There are no consultees that have not been included in the overall report.

9. RECOMMENDATIONS

9.1 The provision of joint protocols supports practice between agencies to improve outcomes for people with mental health problems in need of housing services.

9.2 The report is provided for information and it is recommended that the Audit Committee members note the actions and progress in response to the recommendations of the Wales Audit Office Report.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To ensure Regulator reviews are appropriately managed and monitored across the Authority.

11. STATUTORY POWER

11.1 Local Government Measure 2009, Wales Programme for Improvement 2010.

Author: Dave Street, Corporate Director of Social Services
Consultees: Jo Williams, Assistant Director of Social Services
Karen Powell, Service Manager, Adult Services

Appendices:
Appendix 1 Caerphilly Joint Mental Health Services & Housing Protocol
Appendix 2 Caerphilly Mental Health Services Personal Information Sharing Protocol

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CAERPHILLY MENTAL HEALTH AND HOUSING JOINT PROTOCOL

2015-18

Caerphilly Mental Health Service and Caerphilly County Borough Council Housing Services

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CAERPHILLY MENTAL HEALTH AND HOUSING JOINT PROTOCOL

1. Introduction

Caerphilly Housing and Mental Health Services recognise that identifying and accessing suitable accommodation and support is vital to enable individuals with a mental illness to manage their mental health.

Our commitment reflects the drive in Raising the Standard – Revised National Service Framework for Adult Mental Health Services, to ensure the accommodation element of an individual's care is considered fully. This protocol also contributes to regional and local strategies and protocol objectives including:

- Healthier Future, The Health, Social Care and Well Being Strategy for Caerphilly
- Aneurin Bevan Health Board, Clinical Futures and the Gwent Mental Health Strategy
- Living Independently in the 21st Century in Caerphilly
- Caerphilly Housing and Homelessness Strategies
- 2004 Baseline Audit of Mental Health Services in Caerphilly
- Community Safety Plan
- Supporting People Strategic Plan
- Together in Mental Health 2012-2013

1.1 Objectives

The objectives of the protocol are to:

- Assess an individual's accommodation status at the earliest possible stage
- Enable individuals to maintain and remain in their own home wherever possible
- Provide a clear process and information sharing pathway between Housing and Mental Health to benefit service users and protect staff
- Provide joint planning to ensure that suitable accommodation and support services are accessed at all relevant stages from hospital discharge to independent living
- Strengthen the relationship between housing and mental health services
- Act as a tool for teams to use during the induction of new staff
- Monitor service provision and identify areas for development

1.2 Scope

This protocol covers:

- The assessment process of an individual's accommodation status by the

Caerphilly Community Mental Health Services (CMHS)

- Discharge from secure provision into suitable accommodation
- Individuals who are homeless or threatened with homeless and are experiencing mental health problems
- Individuals that are having issues with maintaining the occupation of their home

1.3 Partners

The following agencies are partners of Caerphilly's Mental Health Services and Housing Joint protocol: Caerphilly County Borough Council, Aneurin Bevan University Health Board, Gofal and other agencies.

Staff operating within this protocol should be mindful that there may be other agencies and services supporting the individual and these should be considered throughout the process. This particularly applies to individuals that are under the age of 25 who may be receiving support from Children's Services and individuals 65 and over who may be receiving support from the Older People's Service.

1.4 Key Legislation, Policies and Procedures

This protocol sits within the wider duties, policies and protocols to the organisations party to this protocol. It should be used in conjunction with these in order to provide the best possible service for the service user, the protection of staff and for the benefit of the community.

The following is a non-exhaustive list of key legislations, policies and guidance that should be used in conjunction with this protocol:

- Mental Health Act (2007)
- Mental Capacity Act (2005)
- Mental Health (Wales) Measure 2010
- Raising the Standards' The Revised Adult Mental Health National Service Framework for Wales (October 2005)
- Homelessness Act (2002) and the Housing (Wales) Act 2014 upon enactment
- Housing Act (1996)
- Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse (January 2013)
- Data Protection Act (1998)
- Human Rights Act (1998)
- Anti-Social Behaviour Act (2003)
- MARAC and MAPPA Guidance - Crime and Disorder Act (1998)
- Prevention through early intervention: helping people with mental health problems to find and keep a home 2014.

2. Information sharing and Service User Consent

Effective information sharing is vital to providing the best possible service to meet the individual's needs and the protection of staff.

At all times staff should be mindful of various policies and legislations including the Data Protection Act and refer to them for further guidance when necessary.

The agency/service requesting information should be contacted if, due to any circumstances, the agency/service holding the information cannot supply the information requested.

Where information is exchanged it should only be provided to other staff in that agency/service on a need to know basis.

2.1 Consent

It is preferable to gain the individual's consent to share information with agencies at the earliest possible opportunity.

The individual's consent should usually be given in writing on a services' existing consent form or as part of the Care Plan agreement/CTP Standard Template is available in Appendix 1.

See guidance regarding the principles of information exchange, both with and without consent.

When asking for the individual's consent regarding information exchange it is important to ensure that they are giving it on an informed basis and every effort has to be made in order to support the individual to understand the information required. Staff should explain:

- That if consent is given, what information is going to be shared, who with and why,
- Only the information necessary to carry out the task is provided.
- That information exchange can be limited and only shared with certain Agencies if requested; if the service user wishes to give consent with restrictions this should be noted.

And consider:

- Whether the person has the capacity to give consent. If the member of staff assesses that the person does not have capacity to give consent the decision taken will need to be in the persons best interest and will usually be made by the professional involved, who assessed the person's capacity. However, if there is a relevant and appropriate Lasting Power of Attorney the decision-making in this situation will be their responsibility.
- The professional should, when they are the decision maker, take into account the person's best interests, statutory grounds and as appropriate the views of relatives and carers along with the person's past wishes and actions and any advance statements they have made.

The Local Authority can offer advice and guidance in relation to the Mental Capacity Act. A brief description of the principles of the Mental Capacity Act can be found in this document's glossary of terms.

Throughout this document reference is made to a person giving consent. However, this also incorporates 'in a person's best interest' if they have been assessed as lacking the capacity to make the decision.

3. CASE PROCESSES

3.1 Essential action of the Caerphilly Mental Health Services (CMHS) regarding identifying accommodation needs and outcomes

3.2 Accommodation Section of Care and Treatment Plan (CTP)

The early identification of an individual's accommodation status is important as it can prevent loss of tenure and help with the early planning of their future housing needs.

The Care Co-ordinator should complete the Accommodation section of the CTP

On admission to the Adult Mental Health Inpatient Ward (Ty Cyfannol, Ysbyty Ystrad Fawr) inpatient staff should be referred to Gofal Hospital to Home worker so a Housing Health Check can take place, which identifies any housing related issues.

4. Individuals identified by the CMHS as current social housing tenants

Where the individual is identified as a social housing tenant the Care Coordinator, allocated member of the CMHS or an Inpatient Staff member should:

Refer to the CTP regarding whether there are any issues with the individual's tenancy.

Ask for consent to share relevant information with housing services, explaining to the individual the relevancy of sharing certain information detailed in Appendix 3

Where the person has been formally assessed as lacking the mental capacity to consent to the sharing of information, if it is considered that information needs to be exchanged;

- in the person's best interests
- to support least restrictive options and processes
- to manage risk and safeguarding issues the staff member undertaking that assessment and conclusion is able to proceed with the information sharing.

In case circumstances of a complex nature, the CMHSs should consider requesting a meeting with a staff member of the relevant Housing Services. The Care Coordinator should consider the most appropriate status of that meeting e.g. S115.

Discussions and meetings regarding accommodation may have various benefits for the individual including:

- Discussing the possibility of providing Floating Support

-
- Arranging for the CMHT to provide a list of trigger points which if a member of staff notices i.e. rubbish left outside property for two weeks, then that the named member on the trigger form will be contacted (Consent rules apply paragraph 2.1)

From April 2015 the local authority has the ability to discharge its housing duty into the PRS if that accommodation is suitable, affordable and available to the applicant for at least 6 months. Information sharing and disclosure will need to be considered if it is to use the PRS successfully and safely.

5. Individuals at risk of homelessness or are identified as homeless

If the Accommodation Section of CTP indicates that an individual is threatened with homelessness or is homeless, a member of CMHT should refer the case to the Housing Allocation and Advice Centre (HAAC) who will consider the options outlined below which can also be seen in the process flow chart and refer to the relevant Sections of this protocol on the specific processes. Gofal have a wide range of services that may be able to help people at risk of becoming homeless and those who are homeless. This includes investigating accommodation options and making various applications

Whilst operating under this protocol HAAC will work to their specific policies and procedures. The Authority will discharge its homelessness duties by way of one suitable offer of accommodation. The client has a right to request a review of the decision if the offer is not considered reasonable to them. The Care Co-ordinator and/or Gofal Crisis Worker can offer a view on what type of accommodation (including location) would be suitable in each case.

5.1 Supported Accommodation

HAAC or key worker to consider the suitability for the individual if they are homeless, or in the event that homelessness occurs and take action where necessary.

Where consent is given for either the CMHS or HAAC to help with an application for housing or support it may be suitable to:

- Make the agency/service aware that the individual is known to the CMHS,
- State which service is supporting the application e.g. Gofal
- Ensure and evidence that the service user has given permission for the Support Agency to be provided with information and
- Ensure the housing agency service provider has been provided with relevant information about the accommodation need from the accommodation Section of CTP and any associated risk

6. Crisis Intervention: Supporting individuals with accommodation issues

Where an individual has an identified housing need HAAC and Gofal are able to provide support with accommodation related issues/problems, such as:

-
- Discussing and assessing the available options regarding local accommodation in the area;
 - Supporting individuals with homelessness and housing applications;
 - Carrying out a Housing Health check for inpatients of Ty Cyfannol to ensure appropriate housing and a better planned discharge;
 - Provision of supported housing and short term support depending on voids within Gofal's supported accommodation provision;
 - Providing resettlement support into new tenancies;
 - Working with tenants of the Local Authority, Social and, Private landlords who are experiencing rent arrears difficulties;
 - Assisting individuals with Mortgage arrears.
 - Signposting to other relevant services according to their needs.

The Care-Co-ordinator, relevant member of CMHT, Housing Officer or Ward staff should assess whether HAAC' and Gofal Services are required and access them as soon as possible (Contact Details – Appendix 2).

A member of HAAC team should not usually act as a representative for another key service or agency involved in a case. For example, a Joint Assessments' meeting regarding an individual's housing application will usually require the input of an appropriate representative from housing services and the CMHT. HAAC may, however, advocate on behalf of a service user at such a meeting.

7. Housing Allocations and Advice Centre: Where the individual, with or without the support of the CMHSs, presents themselves

The Housing Allocations and Advice Centre strives to prevent homelessness where possible, assess individual cases provide interim accommodation for qualifying households and provide assistance in finding permanent accommodation.

When providing assistance to access accommodation a range of options will be examined including, social housing accommodation, and the private rented sector.

A referral should be made to the Housing Allocations and Advice Centre (Contact Details Appendix 2)

On receipt of a referral HAAC should:

- Perform an initial assessment where the individual is identified as threatened with homelessness
- Perform a Homelessness Assessment where the individual is identified as homeless or where homelessness cannot be prevented.

Where mental health issues are identified and the CMHT or related agencies are not supporting the individual's application, the homelessness team may;

- Ask for the individual's consent to contact the Community Mental Health Team and other relevant agencies such as referral to Supporting People or Gofal's Crisis Service to establish whether they are known to the service Contact details in Appendix 2

- Where the individual is unknown to the Mental Health Service but there are concerns regarding the individual's Mental Health, HAAC will request Now Medical to perform an emergency primary assessment with the individual's permission. 'Now Medical' is an organisation that provides medical and psychiatric advice to the housing departments of local authorities, housing associations and health Boards on matters such as medical priority for allocations and transfers, vulnerability for priority need and special housing needs.

7.1 Where the individual is known to CMHS

Where an individual is known to a service and consent has been given contact should be initiated between HAAC and the service/s. This would involve liaising with the Care Coordinator,

Further discussions between HAAC, the individual and relevant service providers are likely to be undertaken in order to assess the case further and establish whether the individual is in priority need and/or the appropriate actions that should be taken.

Whilst operating under this protocol HAAC will work to their specific policies and procedures. The Authority will discharge its homelessness duties by way of one suitable offer of accommodation. The client has a right to request a review of the decision if the offer is not considered reasonable to them. The Care Coordinator and /or Gofal Crisis Worker can offer a view on what type of accommodation (including location) would be suitable in each case.

The Care Co-ordinator will be consulted on what type of accommodation (including location) would be suitable in each case.

8. Supported Accommodation Specifically for Individuals with Mental Health Needs

Combined with the information from the CTP and other information the relevant CMHS may consider the suitability of Supported Accommodation for individuals. This could be where the service user, at present, is deemed as vulnerable and unable to live independently without support.

Where the individual has agreed, a member of CMHS staff or Gofal's Crisis Intervention Service should contact suitable Supported Accommodation providers regarding accommodation availability and support the service user with the application (See Contact details in Appendix 2)

The CMHS staff, should regularly contact Supporting People Team regarding supported accommodation voids/vacancies, with the aim of identifying suitable accommodation for individuals at an early stage.

To make an application to Supported Accommodation, staff should follow the specific processes outlined by the provider.

The Care Coordinator should engage formal review processes and involve all relevant parties regarding re-assessment of an individual's circumstances whilst in Supported Accommodation. This includes an evaluation of whether it is suitable for the individual to progress to a different type of accommodation. The Supported

Accommodation Provider can also request a review of accommodation needs with the Care Coordinator if there are significant and unscheduled changes in circumstances.

Review processes should consider when an individual may be able to make the transition from supported accommodation to another suitable type of accommodation i.e. independent living, to promote a planned rather than crisis response to accommodation need.

9. Applying for Social Housing

Applications for Social Housing are managed by HAAC and will be assessed in line with relevant protocols, policies and procedures of the Council including the Caerphilly Homes Allocations Scheme 2014. The council will also provide advice on applications to other forms of housing such as private renting, social letting schemes and where possible assistance for owner-occupiers.

When considering making an application for social housing, the individual and any agencies supporting them should consider whether:

- The properties available through the Council are suitable for their needs
- They are likely to be able to maintain a tenancy, (this could be with or without support)
- The support that would be necessary to help the individual at the start or for a certain period is in place or will be in place when relevant i.e. at the start of the tenancy.

All applicants who are eligible to apply for social housing will be added to the Council's waiting list. They may also make applications to be registered on other Social landlord waiting lists where appropriate.

The HAAC Service is frequently asked for nominations from its waiting list and is able to refer certain applicants for nomination to Linc Cymru, United Welsh Housing Association, Wales and the West, Cadwyn and Charter Housing Association under nomination agreements with the Social Landlords. Partner Social Landlords are not obliged to accept housing applicants nominated to them by HAAC, if the applicants do not meet specific local lettings policies operated by the individual social landlords.

An applicant is entitled to appeal an adverse decision made regarding their housing application, for example, no priority is awarded or an application is suspended.

An appeal should be made within 21 days of the decision. For further details of the appeals process, individuals can refer to several documents including Caerphilly Homes Allocations Scheme which is available on the Council's website.

9.1 Individuals applying for Social Housing who are receiving support from CMHS

9.2 Essential CMHT Processes

Individuals applying for Social Housing should receive support with their application or agreed Support Provider in accordance with current housing application process and procedures, see process flowchart below

9.3 Housing Allocations and Advice Centre Application Process

Applications can be made on line or using a standard paper form and must be returned to the Housing Allocations and Advice Centre. Contract details in Appendix 2

Where additional information for the purpose of processing the application is required housing staff should liaise with the support agency.

After initial processing and investigations, the case file will be passed to the relevant officer for a full assessment.

A request for a joint assessment of the application with key agencies including the relevant CMHS and those providing support may also be requested. A joint assessment may be undertaken in a range of ways e.g. via telephone, email or face-to-face meeting.

Face-to-face meetings should be expected when jointly assessing cases of a complex and/or contentious nature.

A joint assessment meeting should be minuted and the outcome of the meeting recorded.

9.4 Re-housing Assessment Panel

Where an agreement cannot be reached at the Joint Assessment Meeting, the application should be referred to the Rehousing Assessment Procedure (RAP), a panel consisting of:

- Private Sector Housing Manager
- Housing Occupational therapist
- Older Persons Housing Manager
- Relevant Landlord Manager
- Disabled Facilities Grant and Adaptations Manager
- Team Manager Gofal on a case by case basis
- Supporting People Team Manager
- Team Manager Mental Health

In all cases the applicant and consented support agencies will receive notification of the outcome of the application.

9.5 Individuals applying for housing that present unsupported by the CMHS or Gofal

HAAC will assess the housing application form and will endeavour to establish whether an individual is experiencing any mental health problems.

As part of these processes HAAC:

- Ascertain if the individual is receiving any support which may lead to the identification of the involvement of a mental health service or support provider;
- Ask the individual for consent to contact the identified Support Provider to help with the processing of the application or check whether they are known to services where they are unsure. The Community Mental Health Service has the ability to identify whether the person is a service user

Where consent has been refused or cannot reasonably be obtained, Housing staff should refer to paragraph 2.1 of this protocol and consider whether it is appropriate to exchange information without consent.

If there are identified support needs in relation to maintaining a tenancy a referral should be made to Supporting People's Tenancy Support Service; obtaining the person's consent.

Where it is identified that the individual is receiving support from a CMHS the service should be contacted and refer to the process 1

Where an individual is unknown to the Mental Health service the Officer from HAAC will advise the individual to make an appointment with their GP or, where they believe the individual is at serious risk, consult with their Line Manager followed by relevant agencies i.e. CMHS

Where the individual expresses concern gathering the medical information required, completing the SHN/MHQ Form or explaining the degree of help they are receiving from the Mental Health Service, the HAAC should consider the following options:

- Referring the individual to Supporting People for further assistance.
- Helping them with processes where suitable

Information provided by GP's, CMHS's and others will contribute towards the assessment of the individual's application and may lead to other services becoming involved and support arrangements put in place.

The decision regarding the individual's application will be communicated clearly under relevant guidelines of the service.

10. Supporting tenants who are having issues maintaining the occupancy of their home and experiencing mental health needs

Where a member of the CMHS or relevant member of staff providing support believes there may be an issue with the individual's tenancy or where the individual raises it themselves, the matter may be discussed with them.

Where appropriate, HAAC, with consent will contact the individual's Landlord to establish whether they are aware of any issues.

Where consent is refused or cannot reasonably be obtained, staff should refer to paragraph 2.1 of this protocol when considering whether it is appropriate to exchange information without consent.

Where contact is made with the relevant landlord, the HAAC, the CMHS, Gofal and, where appropriate, other agencies will work together with the individual to try and resolve the issue/s.

10.1 Social Housing Landlords who identify that a tenant has an issue with the occupancy of their home which may be related to a mental health need

When a landlord is concerned about the maintenance of an individual's tenancy, and believe it may be related to mental health needs, they should:

- Ask the individual whether they are receiving any support which may lead to the identification of the involvement of the CMHS. The relevant individual then could be contacted to gain advice and support;
- Ask the individual for consent to contact the identified Support Provider to help with the processing of the application or check whether they are known to services where they are unsure. (The CMHS has the ability to identify whether the person is a service user – See Appendix 2
- Where consent has been refused or cannot reasonably be obtained, housing staff should refer to paragraph 2.1 of this protocol and consider whether it is appropriate to exchange information without consent.

In circumstances where the individual or CMHS has identified a named member of staff or service that is providing support to the individual, the officer should contact them and initiate joint working to try and resolve the problem.

Where the individual is unknown to the Mental Health Service but a concern remains regarding the tenancy advice should be sought, with consent, from different sources regarding the action that should be taken including: HAAC, Caerphilly's Supporting People Tenancy Support Service, Social Services, CMHS.

Where the individual refuses to give consent to contact various different agencies regarding potential support etc or where consent cannot reasonably be obtained, staff should consider whether it is appropriate to exchange information without consent. Where these circumstances do not apply, other housing policies, procedures and protocols should be referred to and appropriate action taken.

11. Tenants with Housing benefit difficulties experiencing mental health needs.

11.1 Housing benefit issues in relation to tenants receiving support from CMHS or Gofal

Where a member of the CMHS, Housing Department or relevant member of staff providing support believes there may be an issue with the individual's tenancy or where the individual raises it themselves the matter will be discussed with them.

Individuals should receive support with their housing benefit claim from the CMHS (i.e. Care Co-ordinator) or from the agreed Support Provider i.e. Gofal or other Supporting People Support Provider

With consent the relevant member of staff should contact the Housing Benefit Department

The Housing Benefit Department has a named Officer to deal with queries from the CMHS, Gofal and Housing Officers in relation to tenants who are having difficulties with their housing benefit claim and have mental health needs.

When dealing with an individual's claim the relevant member of staff should ensure the following information is sent, with consent to the named Officer in the Housing Benefit Department:

- Application form
- Appeals letters (if appropriate)
- Backdating appeals letter (if appropriate)
- Financial information
- Supporting letters

Where consent is refused or cannot reasonably be obtained, staff should consider whether it is appropriate to exchange information without consent.

Where contact is made with the Housing Benefit Department the CMHS, Housing Benefit Department and, where appropriate, other agencies will work together with the individual to try and resolve the issue/s.

11.2 Housing Benefit staff identify that the individual has an issue with their tenancy that maybe related to a mental health problem.

Where Housing Benefit staff are concerned about an individual's housing benefit claim and believe it may be related to mental health needs, they should:

Ask the individual whether they are receiving any support that may lead to the identification of the involvement of the CMHS. The relevant individual then could be contacted to gain advice and support.

Ask the individual for consent to contact the identified Support Provider to help with the processing of the application or check whether they are known to services where they are unsure.

The Community Mental Health Service has the ability to identify whether the person is a service user

In circumstances where the individual or CMHT has identified a named member of staff or service that is providing support to the individual, the officer should contact them and initiate joint working to try and resolve the problem.

Where the individuals refuses to give consent to contact different agencies regarding potential support etc. or where consent cannot reasonably be obtained, staff should refer to paragraph 2.1 of this protocol.

12. Monitoring and Reviews

This protocol will be reviewed every 3 years or as necessary. Representatives of the agencies named in Appendix 2 will be consulted when undertaking the review.

Monitoring mechanisms to evidence usage of the protocol and service demand will be developed.

Staff should be encouraged to share good practice with colleagues and partners to the protocol.

Reference of Information

Glossary of Key Terms

Care and Treatment Plan (CTP): CTP is a way of identifying important care needs if an individual has a mental illness.

It provides an organised way of:

- Assessing a range of the person's needs
- Developing a single Care Plan to meet those needs
- Identifying those responsible for any actions.
- Not everyone will receive CTP usually it is those who are receiving care from secondary mental health services i.e. a psychiatrist.

Care Co-ordinator or Care Manager: Usually individuals eligible for CTP will have a Care Co-ordinator. Care Co-ordinators are responsible for completing and reviewing a Care Plan for the individual as part of CTP.

They will be the point of contact for the individual, their carer/s and other professionals delivering services as part of their care plan.

Caerphilly Mental Health Services (CMHS): are the range of services and teams supporting people living Mental Health difficulties in Caerphilly. The teams consist of Care-Coordinators, psychiatrists, physiologists, community nurses, social workers and support staff who provide a assessment care management service in the community. The Service Areas and Teams include:-

Community –Based Teams

- North Caerphilly Community Mental Health Team (CMHT). Rhymney Integrated Health and Social Care Centre.
- South Community Mental Health Team (CMHT) Mill Road, Caerphilly.
- Early Intervention Service (EIS), Forglen House, Risca
- Assertive Outreach Team (AOT) Hafancoed, Blackwood.

All teams are multi-disciplinary, including Consultant Psychiatrists, Psychologists, Community Nurses, Occupational Therapists, Social Workers, Support Workers. Each team has a Leader and Administrator. If a service user is under the care of any of the above teams, they will have a designated Care Coordinator.

Inpatient Services

Ty Cyfannol – Adult Mental Health Ward Ysbyty Ystrad Fawr. Provides assessment, care and treatment for adults experiencing mental health needs which can only be provided in a mental health hospital / ward.

Crisis Resolution and Home Treatment Team – this team is located in Ysbyty Ystrad Fawr and works alongside the Inpatient Services and Community Teams to support people in mental health crisis, to provide treatment at home rather than in hospital where possible and to support discharge from hospital.

Housing Allocations and Advice Centre

The Housing Allocations and Advice Centre provides homelessness prevention advice and assistance on processes applications for social housing need.

Access to emergency accommodation, homelessness matters, private rented accommodation and advice on potential mortgage repossession should also be directed to the Housing Allocations and Advice Centre.

Caerphilly Homes Landlord Services has three Area Housing Officers and two Neighbourhood Housing Offices providing a management service to current council tenants. Older person's housing is provided through various housing complexes and designated units throughout the county borough. Sheltered Housing accommodation is both accessed and managed by a separate Management Team.

Social Landlords

Linc Cymru, United Welsh, Wales and the West, Cadwyn, Aelwyd and Charter Housing Association are other landlords providing social housing within the county borough. These landlords currently operate their housing waiting lists however the HAAC team have an agreement to nominate prospective tenants when suitable voids become available.

Private Rented Sector

Accommodation in the private rented sector is managed either directly by the private landlord or through a letting agencies. Once enacted, the Housing (Wales) Act 2014, Part 1 will require all private landlords and letting agents to register their properties and undergo training to become licensed. Until this legal requirement is enforceable, only private sector landlords and letting agents who have achieved Accreditation status will be approached to provide housing solutions for clients to whom this protocol is applicable.

Mental Capacity Act (2005):

- There is always the assumption of capacity i.e. that the person is able to make decisions themselves.
- Every effort has to be made to support the individual to make the decision.
- An unwise decision does not constitute a lack of capacity.
- Any action taken on behalf of a person who lacks capacity has to be in their best interests and the least restrictive option for the individual.

In order to have capacity the individual must:

- Understand the information necessary and relevant to the decision to be made.
- Retain the information for long enough to make a decision
- Weigh up the information in order to make the decision
- Communicate their decision

If the individual is able to do all of the above, then there will be the reasonable belief, that they have capacity to make the specific decision at that time.

If the individual is unable to do one or more of the above then there will be the reasonable belief that the individual lacks the capacity to make that decision at that specific time.

Note: Capacity assessments are time and decision specific

Lasting Powers of Attorney: if an individual, who has been assessed as lacking capacity to make a decision, has appointed a Lasting Power of Attorney they may be authorised to make decisions on the individuals behalf if the attorneyship is applicable and relevant to the decision being made.

Gofal is a registered mental health charity, which has been providing high quality community based services for over 20 years. In Caerphilly there are a range of services, which include: Supported Accommodation, Tenancy Support, Family Floating Support, Pathway to Employment Services and a Crisis Intervention Service (which includes the Hospital to Home Service), which supports people who are at risk or losing their homes or are homelessness.

Gofal Crisis Intervention Service and Hospital to Home Service

The service is for people who are experiencing mental health problems who are: homeless, in rent or mortgage arrears, at risk of losing their homes and in need of help to keep their tenancies, in need of more suitable housing, in need of housing related benefits advice or experiencing problems with their landlord.

Tenancy Support

Tenancy support projects are designed to enable people with mental health problems to live independently in their own homes within the community. Support is tailored to the individual and may include addressing rent arrears and debt resolution, community and social integration, access to other services such as GP's, mental health services and accessing training and employment opportunities, management of their mental health and support to access community facilities.

We also have a family support worker as part of this service who works with parents with housing related support issues and to enhance parenting skills.

Supported Housing

Gofal works in partnership with United Welsh to provide 12 units of supported housing which is time limited in the Caerphilly County Borough. The project works to a core and cluster model across two projects. Ty Osborne provides supported accommodation with staff on site 24 hours a day. Jubilee House provides a lower level of supported housing with the staff team from Ty Osborne attending the project on a daily basis and the tenants of the project being able to access Ty Osborne outside of these times.

Services are provided to people with mental health needs, who have difficulty in managing their own tenancy. Support is person centred but might include support around daily living skills, advocacy, emotional support, support around management of an individuals mental health issues and budgeting advice amongst many other areas. The aim of the projects is enable service users to move on into their own independent accommodation.

Supporting People services specialising in provision for people with Mental Illness**Floating Support**

Supporting People floating support referral forms can be accessed on the Caerphilly Supporting People website, following receipt of the referral a instruction will be made to an appropriate agency to provide support.

Floating support services include the provision of crisis, medium and long term support

Accommodation Based Support

Caerphilly Supporting People contracts with a number of support providers to manage supported housing schemes for both long term and short term (2-3 years)

Access to specialist supported housing is agreed in partnership with the support provider and CMHS

Move on

A 'move on' process is in place that allows for tenants of supported accommodation to access individual tenancies with continuing support until tenancy sustainability is achieved.

Protocol for Better Planned Discharge in relation to Mental Health Patients

This protocol is designed to improve local discharge policy and practice for Caerphilly CCBC, ABHB and Gofal; promote shared positive outcomes for people with mental health problems being discharged from hospital with a housing related need, some of which are homeless or at risk of becoming homeless or being discharged into unsuitable accommodation for their needs.

This protocol will ensure that every inpatient in Ty Cyfannol will have a Housing Health check on or as near to admission as possible, so that housing related needs are identified by Gofal's Hospital Link Worker, so providing a basis on discharge for wellbeing and recovery.

Outcomes

- To provide a dedicated housing related specialist service to effectively discharge people from Ty Cyfannol in partnership with health and social care practitioners, Supporting People, Housing and Homeless teams and third sector organisations;
- To assist in providing safe discharge, to link patients with community services and attempt to minimise delayed discharge;
- To promote recovery and wellbeing by providing a holistic assessment of an individual's needs by using a Recovery focused outcome monitoring tool. Gofal will use the Recovery Star Outcome Monitoring tool to assess and support a person's journey of recovery. The project will monitor outcomes in relation to housing need, delayed transfers of care and map any significant trends and unmet need and link into Strategic Planning arrangements to ensure that the service meets current needs of individuals who experience mental health problems and have a housing related support need.

Housing Health Check

The Hospital Link Worker (HLW) is based on Ty Cyfannol to ensure easy access for inpatients and staff to the service; so better planned discharge can be achieved.

The HLW service is available Monday to Friday daily. In event of the HLW not being available due to annual leave or sickness and a housing crisis emerges the ward staff should contact a member of the Crisis Intervention Service at Gofal. (01495 245802). The HLW will give Gofal team members a handover of work to be completed if absences due occur to ensure continuity of service. The HLW shall complete a diary of their whereabouts and provide their mobile number (for ward staff uses only); so their whereabouts is known when not present on the ward.

Ward Staff will inform the HLW of any new patients who require a Housing Health Check. It is also the responsibility of the HLW to enquire about new patients and their housing situation. The Housing Health Check will identify any housing need. A copy of this assessment will be given to ward staff to keep in the patients file.

For those individuals who are in housing need a more detailed assessment will be carried out by the HLW. Gofal works within the recovery model of support and will use the Recovery Star model. At this stage ward staff will be required to provide information on the patient's needs and a risk assessment / Management plan. This is to ensure effect support planning.

From the assessment process a support plan will be written, where possible in partnership with the patient. Any other support needs which have been identified will be discussed with ward staff and OT; so these needs can be met. Any updates on a person's housing situation will be written in a patient's notes, so keeping staff informed regarding a person's housing status at all times.

Housing Access Route for Inpatients who are Homeless

The HLW shall contact Caerphilly CBC Housing Advice Team if anyone presents as homeless following the Housing Health check. The HLW shall obtain information from ward staff and the patient (if appropriate) in relation to their mental health and housing needs and an up to date risk assessment for the Housing Advice Team to inform the housing prevention duty.

The HLW and Housing Advice Centre Representative shall be invited to all pre-discharge meetings concerning patients with a housing need.

The HACr (Housing Advice Centre Representative) shall research the accommodation available in all housing sectors. The three routes into housing are:

- **Social Housing**
- **Private Sector Housing**
- **Supported Housing**

Supported Housing - The HLW shall complete all relevant housing applications for Supported Accommodation.

When properties become available, the HACr and HLW will discuss the various options. This will be communicated to ward staff and Care Co-ordinator. Once agreed on a property and an offer made, all support providers shall be advised.

Tenancy accepted and sign up arranged to include the attendance of the support provider and / or Care Coordinator (where appropriate). The HLW will provide a resettlement package on discharge into accommodation.

The Care Co-ordinator / HLW to monitor and arrange formal review of progress in tenancy management and to refer to Tenancy Support Service if longer term support is required around tenancy maintenance.

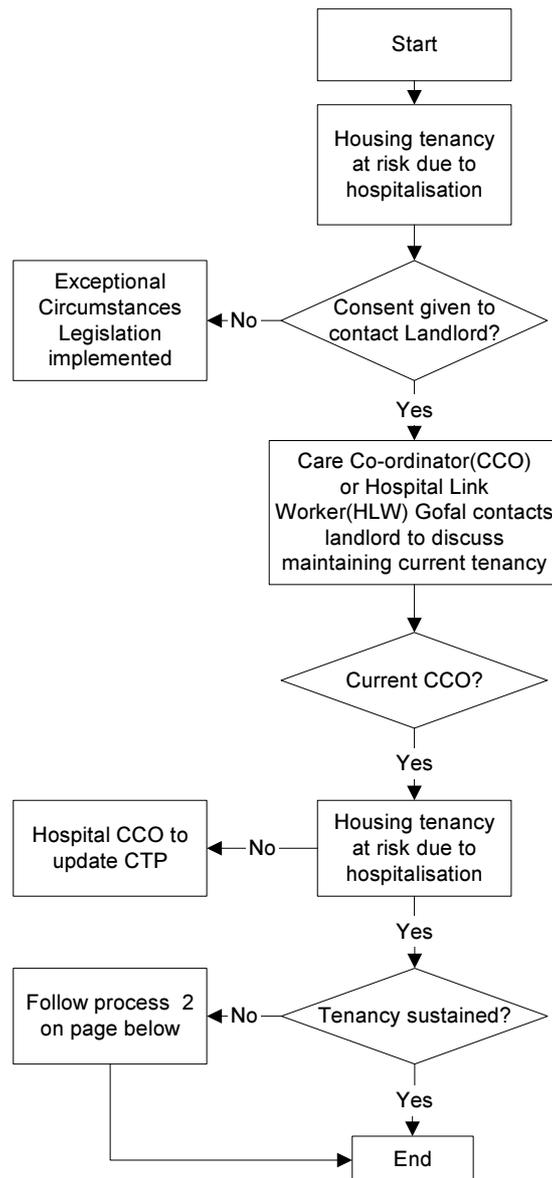
Escalation Process

Effective joint working is the key to this process. Initially, concerns, disagreements or disputes with regard to any aspects of the assessment, care planning, or decision-making should be resolved by members of staff as close to the matter as possible. In the event that a dispute cannot be resolved in this way, arrangements should be made for appropriate senior managers from the relevant agencies to resolve the matter.

Clear and timely communication between agencies should ensure that progress is made towards an agreement on the actions required in each case.

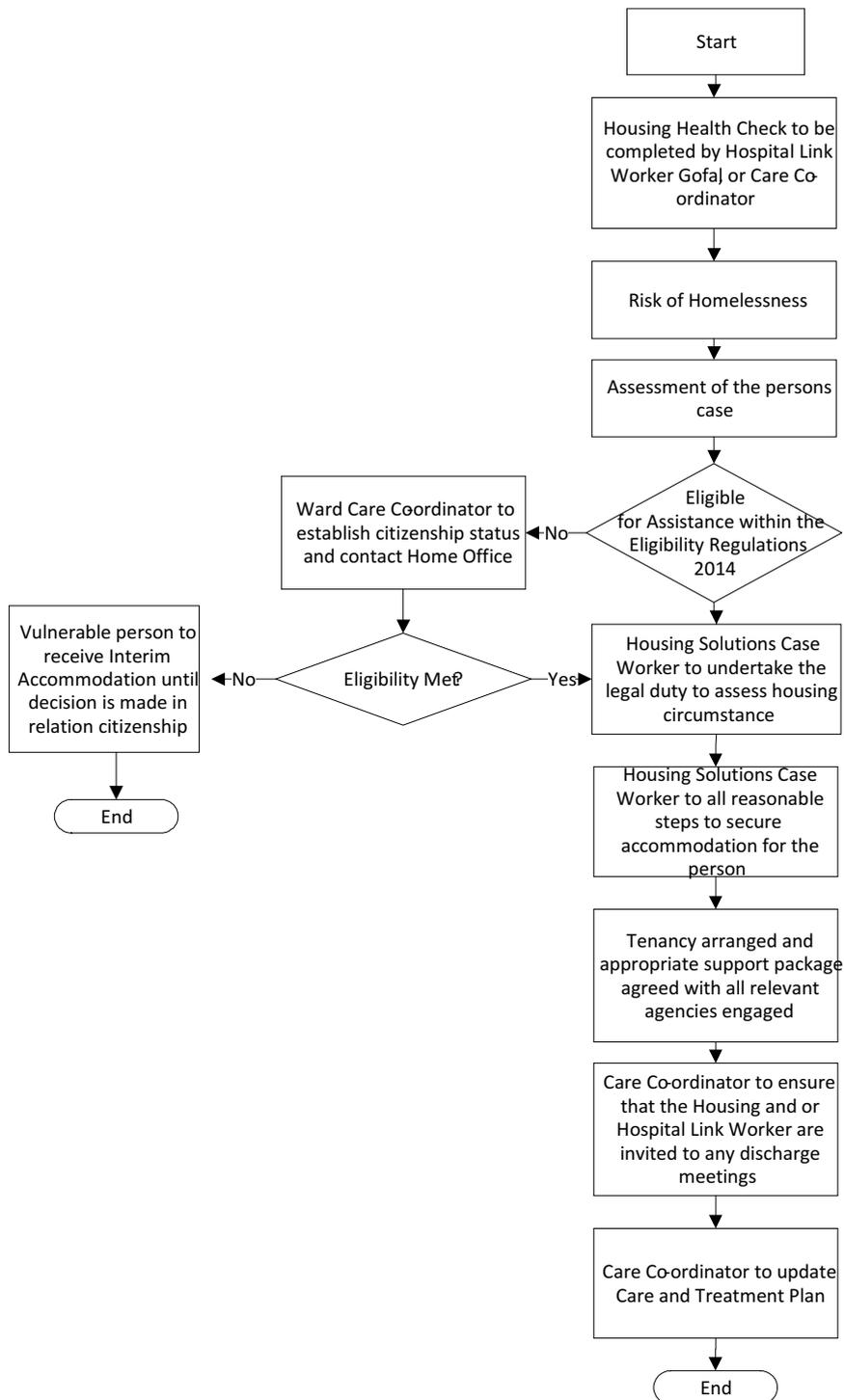
Process 1 Support with Current Tenancy Following Hospital Discharge From Mental Health Ward

18 February 2015



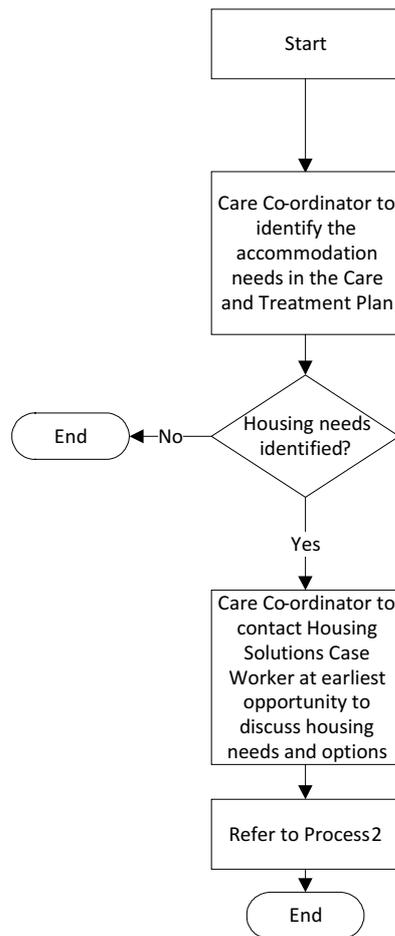
Process 2 for Risk of Homelessness Following Discharge from Ward

10 April 2015



Process 3 Discharge from Secure Provision

10 April 2015



Appendix 1

Example Caerphilly Local Agreement for Consent to Share Information

Service User Name:

Service User Address:

.....

.....

In order to provide a seamless efficient service, there are times when it would be an advantage for us to share information with partner agencies that might include:

Caerphilly County Borough Council
Aneurin Bevan University Health Board
Gofal

As well as reducing the number of people asking for the same details from you, it would also promote your independence by providing better access to the services you need when you need them.

Information will only be shared on a need to know basis and only with your permission and will depend on the sensitivity of the information.

The information that might be required to be shared but not exclusively is:

Information about your support needs e.g.

Assessment identifies that you require assistance to maintain your tenancy

Assessment identifies that you would benefit from supported accommodation

Information relating to your current accommodation status e.g. assessment identifies that you are homeless and requires accommodation

Assessment identifies that you would like to apply for alternative accommodation

Information relating to your housing benefit claim e.g. assessment identifies that you require assistance with your housing benefit claim

Assessment identifies that you require assistance with housing benefits appeals

Information could also be shared as part of a review of current services being provided, a change in your circumstances or following a risk assessment.

I agree that the information can be shared with health and social care professionals

YES/NO

I agree that the information can be shared with Caerphilly Council

YES/NO

I agree that the information can be shared with Aneurin Bevan Health Board

YES/NO

I agree that the information can be shared with Gofal

YES/NO

Service user unable to give consent (please give details):

Service User signature: -----

Date: -----

Appendix 2**Contact Details****Caerphilly Housing Benefit Service**

Housing Benefits Manager
Email Benefits @Caerphilly .gov.uk
Telephone 01443 815588

Caerphilly Homes Landlord Services

Eastern Valleys Area Housing Office, 01495 235477
Upper Rhymney Valley Area Housing Office, 01443 863105

Graig-y-Rhacca Neighbourhood Office 02920 853054
Lansbury Park Neighbourhood Office 02920 860917
Older Persons Housing Management Team 01495 235386

Caerphilly Housing Allocations and Advice Centre

General number 01443 873610
Homelessness Prevention 01443 873546

Social Landlords

Cadwyn 02920 498898
Charter 01633 212375
Linc Cymru 0800 072 0966 / 0300 123 1134 or 02920 482474
United Welsh 02920 858100 / 0800 294 0195
Wales and the West 02920 860462 / 0800 052 2526
Aelwyd Housing Association 029 2048 1203

Caerphilly Mental Health Services (CMHS)

Integrated Team Leader South Community Mental Health Team (02902 855020)
Integrated Team Leader North Community Mental Health Team (01685 846444)
Assertive Outreach Team (AOT) – Integrated Team Leader (01495 226500)
Early Intervention Service– (01633 238804)
Crisis Resolution and Home Treatment Team – (01443 802424)
Ty Cyfannol Ward – Inpatient Unit, Ysbyty Ystrad Fawr – (01443 802388)
Primary Care Mental Health Services – 01633 618022

Gofal

Crisis Intervention Service 01443 865060
Hospital to Home Service
Tenancy Support
Supported Housing

Tenancy Support & Crisis Services: 01495 245802
Email: enquiries@gofal.org.uk

Ty Osborne & Jubilee House: 02921 155012
Email: enquiries@gofal.org.uk

Supporting People Programme

01443 864548
Email supportingpeople@caerphilly.gov.uk

Wales Accord on the Sharing of Personal Information

Information Sharing Protocol for Integrated Mental Health Adult Services and Housing Caerphilly 2015 - 2018

Version: [1]

Further information on how an ISP should be developed within the WASPI framework is contained within Section 1 of the

Guidance on the Development of an Information Sharing Protocol

Further guidance may be sought from the WASPI Service Integration and Development Team at:

www.waspi.org

Note: This page can be removed once the ISP development has commenced

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1 Introduction to this ISP

This Information Sharing Protocol (ISP) is supplementary to the Wales Accord on the Sharing of Personal Information (WASPI), and has been agreed between the participating partner organisations. Partners have given consideration to its contents when drawing up this document.

This ISP has been prepared to support the regular sharing of personal information for Integrated Mental Health Adult Services (ABUHB & CCBC) with Housing, Probation Services, Approved Private and Social Landlords and Voluntary Sector Agencies within Caerphilly.

It supports the information sharing partner organisations involved and the groups of Service Users it impacts upon. It details the specific purposes for sharing and the personal information being shared, the required operational procedures consent processes and legal justification.

This ISP covers the exchange of information between Aneurin Bevan University Health Board, Caerphilly County Borough Council, Gofal, Probation Services, approved Private and Social Landlords and voluntary sector agencies.

It supports the information sharing partner organisations involved and the groups of service users it impacts upon. It details the specific purposes for sharing and the personal information being shared, the required operational procedures, consent processes, and legal justification.

This ISP should be read in conjunction with Caerphilly Mental Health and Housing Joint Protocol.

For the purpose of this ISP, **explicit consent** is required from service users.

Partners may only use the information disclosed to them under this ISP for the specific purpose(s) set out in this document or to support the effective administration, audit, monitoring, inspection of services and reporting requirements.

A glossary of terms for this ISP is contained within Appendix A.

Please note: Staff should not hesitate to share personal information in order to prevent abuse or serious harm, in an emergency or in life-or-death situations. If there are concerns relating to child or adult protection issues, the relevant organisational procedures must be followed.

The information sharing partner organisations

This ISP covers the exchange of information between practitioners of the following organisations:

Information Sharing Partner Organisations	Responsible Manager
Caerphilly County Borough Council	Corporate Director of Social Services Chief Housing Officer
Aneurin Bevan University Health Board Gofal	Divisional Manager Head of Services

Probation Services	Head of Probation Services
United Welsh Housing Association	Chief Executive
Linc Cymru	Assistant Director of Housing
Wales & West Housing Association	Head of Housing
Charter Housing Association (Seren)	Director of Charter Housing
Derwen Cymru (Seren) Housing	Director of Homes and Communities
Cadwyn Housing Association	Director of Operations
Alewyd Housing Association	Housing Manager
MAPPA	Gwent MAPPA chair
Gwalia	Director of Support Services
Drugaid/Kaleidoscope	Director of Operations
The Wallich	South Wales area manager
Police	Police and Crime Commissioner
Prison Service	HMPS Manager

The responsible managers detailed above have overall responsibility for this ISP within their own organisations, and must therefore ensure the ISP is disseminated, understood and acted upon by relevant practitioners.

The responsible manager from each partner organisation will regularly monitor and audit access to information shared under this ISP to ensure appropriate access is maintained.

Benefits of sharing

By sharing personal information under this ISP, it is envisaged that the following benefits will be achieved:

- Facilitating the provision of appropriate accommodation
- Improved assessment of care requirements
- More co-ordinated service which avoids duplication and the need for the service user to present information to different agencies.
- A more pro-active service
- Reducing the homelessness assessment timescales through joint meetings and case conferences, minimising the time spent by the Service User in inappropriate temporary accommodation

Legislative / statutory powers

Disclosure of information will be conducted within the legal framework of the Data Protection Act 1998 (DPA), the Human Rights Act 1998 and in compliance with the common law duty of confidence.

The conditions set out in Schedule 2 and 3 of the DPA are known as the “conditions for processing”. Organisations processing personal data need to be able to satisfy one or more of these conditions. For the purpose of this ISP, the condition that will be allowed upon for both Schedules (where required) is **explicit consent**. Therefore no further conditions need to be met.

In addition to relying on consent as a Schedule condition, public bodies may have statutory requirements to share some types of personal data. In the absence of a statutory requirement, a public sector body should be able to explain the legal power it has to enable it to share. Other organisations may not need statutory powers to share.

Local authorities have wider powers under section 2 of the Local Government Act 2000 to promote or improve the social wellbeing of their area. This provides an implied power to share information with other statutory services and the independent sector.

Section 47 of the NHS and Community Care Act 1990 provides for social services authorities to involve the staff of health and housing agencies in order to prepare comprehensive assessments of need. It can be implied from this duty that there is a power to share information with health bodies or housing authorities.

The Mental Health Act 1983 (amended 2007 and incorporating the Mental Capacity Act 2005) provides for mental health services to undertake formal assessments involving relevant organisations in order to adhere to the Code of Practice and ensure decisions are made in an appropriate manner. This would imply that there is a power and a need to share information with relevant organisations in order to arrive at an appropriate decision when determining appropriate care and in particular the potential restriction of a person's liberty.

Section 22 of the National Health Service Act 1977 provides for a general duty on NHS bodies and local authorities to cooperate with one another in order to secure and advance the health and welfare of the people of England and Wales. This general duty implies a power to share information between NHS bodies and local authorities.

Paragraph 16 of Schedule 2 of the National Health Service and Community Care Act 1990 provides that NHS Trusts have general powers to do anything which is necessary and expedient for the purposes of or in connection with the provision of goods and services for the health services and similarly will give rise to an implied power to share information.

Details of personal information being shared

Personal information shared for the purpose of this ISP includes a range of information and might therefore include:

- Name
- Address
- Date of birth
- National insurance number
- Symptoms
- Diagnosis

-
- Medication
 - Risk History
 - Family information
 - Housing information
 - Substance use history
 - Service history
 - Telephone number
 - Marital status
 - Ethnicity
 - Language
 - Financial and Benefit information
 - Other agency involvement
 - Personal Identification reference number

The information is used to assess needs and where appropriate provide care to the service user. On-going review as circumstances change will ensure appropriate support is provided to assist the service user.

Only the **minimum necessary** personal information consistent with the purposes set out in this document can be shared.

Information provided by partner organisations will not generally be released to any third party without prior consultation with the owning partner organisation.

An information reference table within Appendix B provides a comprehensive list of the personal information to be shared between the partner organisations, including with whom in each partner organisation it will be shared with, why it will be shared and the methods of how it will be shared.

Identifying the service user

In order to ensure that all partner organisations, when sharing information, are referring to the same service user, the following personal identifiers must be included:

- Name (all known)
- Date of birth
- Previous addresses
- National Insurance number
- Gender
- Personal Identification number

Informing the service user

It is necessary to communicate with the service user or their lawful representatives about the need for information sharing at the earliest appropriate opportunity, preferably at first

contact unless by doing so would risk harm to others or hinder any investigation or legal proceedings.

Therefore in most cases practitioners will clearly inform service users or their lawful representatives about what personal information is to be shared, and for what purposes it will be used. Partner organisations should also ensure that service users are provided with any information they need to fully understand the way in which their personal data will be handled in any specific circumstance, including the names of any persons or organisations with whom their data may be shared.

Where appropriate, agreed methods of providing this information are:

- Verbally
- Referral letter
- Advice leaflets

Obtaining consent

The approach to obtaining consent should be transparent and respect the rights of the service user.

Consent is given by a service user agreeing actively, to a particular use or disclosure of information. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute. For the purposes of this ISP, **explicit consent** will be required from service users.

Consent must not be secured through coercion or inferred from a lack of response to a request for consent. Practitioners must be satisfied that the service user has understood the information sharing arrangements and the consequences of providing or withholding consent.

Where a service user is a child or young person, the practitioner should consider whether the child or young person has the capacity to understand the implications of giving their consent in the particular circumstance. Where the practitioner is confident that the child or young person can understand their rights, then consent should be sought from them rather than a parent. It is important that a child or young person is able to understand (in broad terms) what it means to give their consent.

Consent should not be regarded as a permanent state. Opportunities to review the service user's continuing consent to information sharing should arise during the course of the service provision. Practitioners should exercise professional judgement in determining whether it would be appropriate to re-visit a service user's continued consent at any given juncture. Ideally it should take place in the context of a review or re-assessment.

Consent obtained from service users for the purposes of this ISP will only be used to support the delivery of the purposes and functions set out in this document. Once the provision of this specific ISP concludes or the purpose changes, then consent obtained for it will also end.

In some exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or where an appropriate professional of sufficient seniority within the partner organisation, has taken the view that the duty of confidentiality can be breached where there is a substantial over-riding 'public interest'. Such situations where information might be shared without consent include:

- 'Life and death' situations, for example, where information is shared in an emergency in order to preserve life;

-
- where a person's condition indicates they may be a risk to the public or may inflict self-harm;
 - in order to prevent abuse or serious harm to others;
 - on a case-by-case basis, to prevent serious crime and support detection, investigation and punishment of serious crime.

This is not an exhaustive list and each situation should be considered on a case by case basis.

Where decisions are made to share personal information without the service user's consent, as detailed above in 8.7, this must be fully documented in the service user's record.

Where it is not appropriate to defer the sharing of information, then it will not be appropriate to defer consent, as consent cannot be obtained retrospectively. Therefore, only where deemed necessary, may information be shared without consent.

If there are any concerns relating to child or adult protection issues, practitioners must follow the relevant organisational procedures.

Obtaining consent where a service user lacks mental capacity

The Mental Capacity Act 2005 Code of Practice defines the term 'a person who lacks capacity' as a person who lacks capacity to make a particular decision or take a particular action for themselves, at the time the decision or action needs to be taken.

Whenever dealing with issues of capacity to consent, local rules and procedures should be followed and these must be in compliance with the Mental Capacity Act 2005 and its Code of Practice.

Where a person has a temporary loss of capacity consent will be deferred, if appropriate, until such time as consent can be obtained. Consent to share information will be sought when capacity is regained.

Recording consent

Decisions regarding service users' consent of how and when it was obtained and whether it was provided in verbal or in written form, must be stored or recorded in the service user's record.

Refused and withdrawn consent

A service user has the right to refuse their consent to have information about them shared. They also have the right to withdraw previously granted consent at any point, to the sharing of their information. Further personal information should not then be shared under this ISP.

Where the service user has refused or withdrawn consent, the implications of withholding consent will be clearly explained to them and this dialogue will be recorded in the service user's record. If a service user withdraws consent to share personal information it will also be explained that information already shared cannot be recalled.

Information security

Practitioners carrying out the functions outlined in this ISP should make themselves aware of, and adhere to, their organisation's information security policies and procedures.

Where practitioners are unable to comply with their organisation's policies regarding the safe and secure transfer of information they must ensure that a risk assessment is undertaken by their Information Security/Governance department at the earliest opportunity. Alternative secure methods, as identified within the organisation's policy, must be used until such time as the risk assessment has been undertaken.

A list of agreed methods for the safe and secure transfer of personal information is documented within Appendix B.

Any breaches of security, confidentiality and other violations of this ISP must be reported in line with each partner organisation's incident reporting procedures. Consideration should be given to share, where appropriate, the outcome of any investigation with the partner organisations involved.

Records management

Practitioners carrying out the functions outlined in this ISP should make themselves aware of, and adhere to, their organisation's records management procedures, specifically in relation to collecting, processing and disclosing of personal information.

All information, whether held on paper or in electronic format must be stored and disposed of in line with each partner organisation's retention and disposal schedule.

Personal information will only be collected using the agreed collection methods, ensuring the required information is complete and up-to-date.

Practitioners will ensure where practical, that records are maintained of when information is shared with a partner organisation, and to whom.

Decisions about service users should never be made by referring to inaccurate, incomplete or out of date information.

If information is found to be inaccurate, practitioners will ensure that their records and systems are corrected accordingly. Consideration must also be given to advising partner organisations where practical.

Data Protection Act and Freedom of Information Act requests

Where requests are received for information relating to this ISP or any individual service user(s) then each request will be dealt with in accordance with each partner organisation's relevant policies and procedures.

Complaints

Each partner organisation has a formal procedure by which service users, partner organisations and practitioners can direct, their complaints regarding the application of this ISP.

Review of this ISP

This ISP will be reviewed **three years after agreement and every two years thereafter** or sooner if appropriate.

Appendix A – Glossary of Terms

Term	Definition
Consent	An informed indication by which the service user signifies agreement and understanding of how personal information relating to them is processed.
Personal information	Information which relates to an individual, including their image or voice, which enables them to be uniquely identified from that information on its own or from that and / or other information available to that organisation. It includes personal data within the meaning of Section 1 of the Data Protection Act 1998 and information relating to the deceased.
Sensitive personal information	Personal information as to; the racial or ethnic origin of an individual; their political opinions, their religious beliefs or other beliefs of a similar nature, whether they are a member of a trade union, their physical or mental health or condition, their sexual life, the commission or alleged commission by them of any offence, or any proceedings for an offence committed or alleged to have been committed by them, the disposal of such proceedings or the sentence of any court in such proceedings.
Personal identifiers	A set of basic personal details that allow partner organisations to identify exactly who is being referred to. For example, name, address, date of birth, post code.
Processing personal information	Broadly describes the collecting, using, disclosing, retaining or disposing, of personal information. If any aspects of processing are found to be unfair, then the Data Protection Act 1998 is likely to be breached.
Service user	An inclusive term to describe those people who have contact with service providing organisations within Wales and have information recorded about them. For example: individual organisations may refer to these people as data subjects, patients, clients, lawful representatives, etc.
Practitioner	An inclusive term to describe any staff working for the partner organisations involved in the care of or provision of services for the service user. For example: police officer, health professional, social worker, volunteer etc.
Responsible Manager	A senior manager within an organisation who has overall responsibility for the area of work related to a specific ISP. It will be their responsibility to ensure that ISPs are disseminated, understood and acted upon by relevant practitioners and that access to personal information is regularly monitored and audited to ensure appropriate access is maintained.

Appendix B – Information Reference Table

The sharing of personal information to support the provision of [Mental Health Adult Services and Housing]

	Description	Information Exchange 1	Information Exchange 2	Information Exchange 3	Information Exchange 4
1	Information exchange General description of the process or stage to which the information exchange relates.	Referral Client seeks housing assistance either personally or via partner agency	Assessment Assessment of need against property suitability	Allocation and onward referral Allocation of housing Discharge of homelessness duty	On-going review Case conferences Ad hoc review
2	What information will be shared? Description of the information to be provided. Please note: Only the minimum and relevant personal information is to be shared and strictly on a case by case basis.	Name Current address Date of birth National Insurance number Details of family members Mental health status and risk assessment Diagnosis and medication Involvement with other agencies Financial, employment and benefits information Disclosed criminal convictions	Name Previous address(es) Date of birth National Insurance number Details of family members Mental health status and risk assessment Diagnosis and medication Involvement with other agencies Financial, employment and benefits information Disclosed criminal convictions	Name Previous address(es) Date of birth National Insurance number Details of family members Mental health status and risk assessment Diagnosis and medication Involvement with other agencies Financial, employment and benefits information Disclosed criminal convictions	Name Previous address(es) Date of birth National Insurance number Details of family members Mental health status and risk assessment Diagnosis and medication Involvement with other agencies Financial, employment and benefits information Disclosed criminal convictions
3	Consent to share Details of when and how consent will be sought.	On application for housing Via application form Organisation's consent form	On application for housing Via application form Organisation's consent form	On application for housing Via application form Organisation's consent form	On application for housing Via application form Organisation's consent form

4 Partner Organisation(s)	Who by	Who to	Who by	Who to	Who by	Who to	Who by	Who to
a Details of provider and recipient organisation(s).	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service	1. CCBC 2. ABUHB 3. GOFAL 4. Probation Service 5. United Welsh HA 6. Linc Cymru 7. Wales and West HA 8. Charter HA 9. Derwen Cymru Housing 10. Cadwyn 11. Alewyd 12. MAPPA 13. Gwalia 14. Drug Aid 15. Wallich 16. Police 17. Prison Service
b Role(s) of staff responsible for providing and receiving the information.	Who by	Who to	Who by	Who to	Who by	Who to	Who by	Who to

1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services
1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer
1.2 Social Worker	1.2 Social Worker						
1.3 Support worker	1.3 Support worker						
2. Divisional Manager		2. Divisional Manager		2. Divisional Manager		2. Divisional Manager	
2.1 Psychologist		2.1 Psychologist		2.1 Psychologist		2.1 Psychologist	
2.2 Hospital Link Worker		2.2 Hospital Link Worker		2.2 Hospital Link Worker		2.2 Hospital Link Worker	
2.3 Ward Staff		2.3 Ward Staff		2.3 Ward Staff		2.3 Ward Staff	
2.4 CPN		2.4 CPN		2.4 CPN		2.4 CPN	
2.5 Occupational Therapy		2.5 Occupational Therapy		2.5 Occupational Therapy		2.5 Occupational Therapy	
3. Head of Services		3. Head of Services		3. Head of Services		3. Head of Services	
4. Head of Probation Services		4. Head of Probation Services		4. Head of Probation Services		4. Head of Probation Services	
4.1 Probation Officer		4.1 Probation Officer		4.1 Probation Officer		4.1 Probation Officer	
5. Assistant Director Housing		5. Assistant Director Housing		5. Assistant Director Housing		5. Assistant Director Housing	
5.1. Head of Housing		5.1. Head of Housing		5.1. Head of Housing		5.1. Head of Housing	
6..Dir. of Homes and Communities		6. Dir. of Homes and Communities		6. Dir. of Homes and Communities		6. Dir. of Homes and Communities	
7..Dir. of		7. Dir. of		7.. Dir. of		7.. Dir. of	

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5 Form title and reference number Detail the title and reference number of any form(s) or letter(s) used to collect and / or convey the information.	Housing application form	Housing application form	N/A	N/A
6 How will the information be transferred? Detail all agreed secure methods in which the information can be transferred to the recipient e.g. fax, direct feed from system, verbal transfer at team meeting, telephone call, e-mail.	Verbal Letter Email Telephone Meeting Fax ICT system	Verbal Letter Email Telephone Multi-Disciplinary Meeting Fax ICT system	Verbal Letter Email Telephone Meeting Fax ICT system	Verbal Letter Email Telephone Multi-Disciplinary Meeting Fax ICT system
7 When will it be shared? Details of when the information needs to be exchanged or shared e.g. daily, weekly, monthly, yearly, as and when necessary.	As and when necessary	As and when necessary	As and when necessary	As and when necessary
8 Additional considerations Issues or comments not included (where appropriate).				

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Wales Accord on the Sharing of Personal Information

Information Sharing Protocol for Integrated Mental Health Adult Services and Housing Caerphilly 2015 - 2018

Version: [1]

Further information on how an ISP should be developed within the WASPI framework is contained within Section 1 of the

Guidance on the Development of an Information Sharing Protocol

Further guidance may be sought from the WASPI Service Integration and Development Team at:

www.waspi.org

Note: This page can be removed once the ISP development has commenced

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1 Introduction to this ISP

This Information Sharing Protocol (ISP) is supplementary to the Wales Accord on the Sharing of Personal Information (WASPI), and has been agreed between the participating partner organisations. Partners have given consideration to its contents when drawing up this document.

This ISP has been prepared to support the regular sharing of personal information for Integrated Mental Health Adult Services (ABUHB & CCBC) with Housing, Probation Services, Approved Private and Social Landlords and Voluntary Sector Agencies within Caerphilly.

It supports the information sharing partner organisations involved and the groups of Service Users it impacts upon. It details the specific purposes for sharing and the personal information being shared, the required operational procedures consent processes and legal justification.

This ISP covers the exchange of information between Aneurin Bevan University Health Board, Caerphilly County Borough Council, Gofal, Probation Services, approved Private and Social Landlords and voluntary sector agencies.

It supports the information sharing partner organisations involved and the groups of service users it impacts upon. It details the specific purposes for sharing and the personal information being shared, the required operational procedures, consent processes, and legal justification.

This ISP should be read in conjunction with Caerphilly Mental Health and Housing Joint Protocol.

For the purpose of this ISP, **explicit consent** is required from service users.

Partners may only use the information disclosed to them under this ISP for the specific purpose(s) set out in this document or to support the effective administration, audit, monitoring, inspection of services and reporting requirements.

A glossary of terms for this ISP is contained within Appendix A.

Please note: Staff should not hesitate to share personal information in order to prevent abuse or serious harm, in an emergency or in life-or-death situations. If there are concerns relating to child or adult protection issues, the relevant organisational procedures must be followed.

2 The information sharing partner organisations

This ISP covers the exchange of information between practitioners of the following organisations:

Information Sharing Partner Organisations	Responsible Manager
Caerphilly County Borough Council	Corporate Director of Social Services Chief Housing Officer
Aneurin Bevan University Health Board	Divisional Manager

Gofal	Head of Services
Probation Services	Head of Probation Services
United Welsh Housing Association	Chief Executive
Linc Cymru	Assistant Director of Housing
Wales & West Housing Association	Head of Housing
Charter Housing Association (Seren)	Director of Charter Housing
Derwen Cymru (Seren) Housing	Director of Homes and Communities
Cadwyn Housing Association	Director of Operations
Alewyd Housing Association	Housing Manager
MAPPA	Gwent MAPPA chair
Gwalia	Director of Support Services
Drugaid/Kaleidoscope	Director of Operations
The Wallich	South Wales area manager
Police	Police and Crime Commissioner
Prison Service	HMPS Manager

The responsible managers detailed above have overall responsibility for this ISP within their own organisations, and must therefore ensure the ISP is disseminated, understood and acted upon by relevant practitioners.

The responsible manager from each partner organisation will regularly monitor and audit access to information shared under this ISP to ensure appropriate access is maintained.

3 Benefits of sharing

By sharing personal information under this ISP, it is envisaged that the following benefits will be achieved:

- Facilitating the provision of appropriate accommodation
- Improved assessment of care requirements
- More co-ordinated service which avoids duplication and the need for the service user to present information to different agencies.
- A more pro-active service
- Reducing the homelessness assessment timescales through joint meetings and case conferences, minimising the time spent by the Service User in inappropriate temporary accommodation

4 Legislative / statutory powers

Disclosure of information will be conducted within the legal framework of the Data Protection Act 1998 (DPA), the Human Rights Act 1998 and in compliance with the common law duty of confidence.

The conditions set out in Schedule 2 and 3 of the DPA are known as the “conditions for processing”. Organisations processing personal data need to be able to satisfy one or more of these conditions. For the purpose of this ISP, the condition that will be allowed upon for both Schedules (where required) is **explicit consent**. Therefore no further conditions need to be met.

In addition to relying on consent as a Schedule condition, public bodies may have statutory requirements to share some types of personal data. In the absence of a statutory requirement, a public sector body should be able to explain the legal power it has to enable it to share. Other organisations may not need statutory powers to share.

Local authorities have wider powers under section 2 of the Local Government Act 2000 to promote or improve the social wellbeing of their area. This provides an implied power to share information with other statutory services and the independent sector.

Section 47 of the NHS and Community Care Act 1990 provides for social services authorities to involve the staff of health and housing agencies in order to prepare comprehensive assessments of need. It can be implied from this duty that there is a power to share information with health bodies or housing authorities.

The Mental Health Act 1983 (amended 2007 and incorporating the Mental Capacity Act 2005) provides for mental health services to undertake formal assessments involving relevant organisations in order to adhere to the Code of Practice and ensure decisions are made in an appropriate manner. This would imply that there is a power and a need to share information with relevant organisations in order to arrive at an appropriate decision when determining appropriate care and in particular the potential restriction of a person's liberty.

Section 22 of the National Health Service Act 1977 provides for a general duty on NHS bodies and local authorities to cooperate with one another in order to secure and advance the health and welfare of the people of England and Wales. This general duty implies a power to share information between NHS bodies and local authorities.

Paragraph 16 of Schedule 2 of the National Health Service and Community Care Act 1990 provides that NHS Trusts have general powers to do anything which is necessary and expedient for the purposes of or in connection with the provision of goods and services for the health services and similarly will give rise to an implied power to share information.

5 Details of personal information being shared

Personal information shared for the purpose of this ISP includes a range of information and might therefore include:

- Name
- Address
- Date of birth
- National insurance number
- Symptoms

- Diagnosis
- Medication
- Risk History
- Family information
- Housing information
- Substance use history
- Service history
- Telephone number
- Marital status
- Ethnicity
- Language
- Financial and Benefit information
- Other agency involvement
- Personal Identification reference number

The information is used to assess needs and where appropriate provide care to the service user. On-going review as circumstances change will ensure appropriate support is provided to assist the service user.

Only the **minimum necessary** personal information consistent with the purposes set out in this document can be shared.

Information provided by partner organisations will not generally be released to any third party without prior consultation with the owning partner organisation.

An information reference table within Appendix B provides a comprehensive list of the personal information to be shared between the partner organisations, including with whom in each partner organisation it will be shared with, why it will be shared and the methods of how it will be shared.

6 Identifying the service user

In order to ensure that all partner organisations, when sharing information, are referring to the same service user, the following personal identifiers must be included:

- Name (all known)
- Date of birth
- Previous addresses
- National Insurance number
- Gender
- Personal Identification number

7 Informing the service user

It is necessary to communicate with the service user or their lawful representatives about the need for information sharing at the earliest appropriate opportunity, preferably at first contact unless by doing so would risk harm to others or hinder any investigation or legal proceedings.

Therefore in most cases practitioners will clearly inform service users or their lawful representatives about what personal information is to be shared, and for what purposes it will be used. Partner organisations should also ensure that service users are provided with any information they need to fully understand the way in which their personal data will be handled in any specific circumstance, including the names of any persons or organisations with whom their data may be shared.

Where appropriate, agreed methods of providing this information are:

- Verbally
- Referral letter
- Advice leaflets

8 Obtaining consent

The approach to obtaining consent should be transparent and respect the rights of the service user.

Consent is given by a service user agreeing actively, to a particular use or disclosure of information. It can be expressed either verbally or in writing, although written consent is preferable since that reduces the scope for subsequent dispute. For the purposes of this ISP, **explicit consent** will be required from service users.

Consent must not be secured through coercion or inferred from a lack of response to a request for consent. Practitioners must be satisfied that the service user has understood the information sharing arrangements and the consequences of providing or withholding consent.

Where a service user is a child or young person, the practitioner should consider whether the child or young person has the capacity to understand the implications of giving their consent in the particular circumstance. Where the practitioner is confident that the child or young person can understand their rights, then consent should be sought from them rather than a parent. It is important that a child or young person is able to understand (in broad terms) what it means to give their consent.

Consent should not be regarded as a permanent state. Opportunities to review the service user's continuing consent to information sharing should arise during the course of the service provision. Practitioners should exercise professional judgement in determining whether it would be appropriate to re-visit a service user's continued consent at any given juncture. Ideally it should take place in the context of a review or re-assessment.

Consent obtained from service users for the purposes of this ISP will only be used to support the delivery of the purposes and functions set out in this document. Once the provision of this specific ISP concludes or the purpose changes, then consent obtained for it will also end.

In some exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or where an appropriate professional of sufficient seniority within the partner organisation, has taken the view that the duty of

confidentiality can be breached where there is a substantial over-riding 'public interest'. Such situations where information might be shared without consent include:

- 'Life and death' situations, for example, where information is shared in an emergency in order to preserve life;
- where a person's condition indicates they may be a risk to the public or may inflict self-harm;
- in order to prevent abuse or serious harm to others;
- on a case-by-case basis, to prevent serious crime and support detection, investigation and punishment of serious crime.

This is not an exhaustive list and each situation should be considered on a case by case basis.

Where decisions are made to share personal information without the service user's consent, as detailed above in 8.7, this must be fully documented in the service user's record.

Where it is not appropriate to defer the sharing of information, then it will not be appropriate to defer consent, as consent cannot be obtained retrospectively. Therefore, only where deemed necessary, may information be shared without consent.

If there are any concerns relating to child or adult protection issues, practitioners must follow the relevant organisational procedures.

9 Obtaining consent where a service user lacks mental capacity

The Mental Capacity Act 2005 Code of Practice defines the term 'a person who lacks capacity' as a person who lacks capacity to make a particular decision or take a particular action for themselves, at the time the decision or action needs to be taken.

Whenever dealing with issues of capacity to consent, local rules and procedures should be followed and these must be in compliance with the Mental Capacity Act 2005 and its Code of Practice.

Where a person has a temporary loss of capacity consent will be deferred, if appropriate, until such time as consent can be obtained. Consent to share information will be sought when capacity is regained.

10 Recording consent

Decisions regarding service users' consent of how and when it was obtained and whether it was provided in verbal or in written form, must be stored or recorded in the service user's record.

11 Refused and withdrawn consent

A service user has the right to refuse their consent to have information about them shared. They also have the right to withdraw previously granted consent at any point, to the sharing of their information. Further personal information should not then be shared under this ISP.

Where the service user has refused or withdrawn consent, the implications of withholding consent will be clearly explained to them and this dialogue will be recorded in the service user's record. If a service user withdraws consent to share personal information it will also be explained that information already shared cannot be recalled.

12 Information security

Practitioners carrying out the functions outlined in this ISP should make themselves aware of, and adhere to, their organisation's information security policies and procedures.

Where practitioners are unable to comply with their organisation's policies regarding the safe and secure transfer of information they must ensure that a risk assessment is undertaken by their Information Security/Governance department at the earliest opportunity. Alternative secure methods, as identified within the organisation's policy, must be used until such time as the risk assessment has been undertaken.

A list of agreed methods for the safe and secure transfer of personal information is documented within Appendix B.

Any breaches of security, confidentiality and other violations of this ISP must be reported in line with each partner organisation's incident reporting procedures. Consideration should be given to share, where appropriate, the outcome of any investigation with the partner organisations involved.

13 Records management

Practitioners carrying out the functions outlined in this ISP should make themselves aware of, and adhere to, their organisation's records management procedures, specifically in relation to collecting, processing and disclosing of personal information.

All information, whether held on paper or in electronic format must be stored and disposed of in line with each partner organisation's retention and disposal schedule.

Personal information will only be collected using the agreed collection methods, ensuring the required information is complete and up-to-date.

Practitioners will ensure where practical, that records are maintained of when information is shared with a partner organisation, and to whom.

Decisions about service users should never be made by referring to inaccurate, incomplete or out of date information.

If information is found to be inaccurate, practitioners will ensure that their records and systems are corrected accordingly. Consideration must also be given to advising partner organisations where practical.

14 Data Protection Act and Freedom of Information Act requests

Where requests are received for information relating to this ISP or any individual service user(s) then each request will be dealt with in accordance with each partner organisation's relevant policies and procedures.

15 Complaints

Each partner organisation has a formal procedure by which service users, partner organisations and practitioners can direct, their complaints regarding the application of this ISP.

16 Review of this ISP

This ISP will be reviewed **three years after agreement and every two years thereafter** or sooner if appropriate.

17 Appendix A – Glossary of Terms

Term	Definition
Consent	An informed indication by which the service user signifies agreement and understanding of how personal information relating to them is processed.
Personal information	Information which relates to an individual, including their image or voice, which enables them to be uniquely identified from that information on its own or from that and / or other information available to that organisation. It includes personal data within the meaning of Section 1 of the Data Protection Act 1998 and information relating to the deceased.
Sensitive personal information	Personal information as to; the racial or ethnic origin of an individual; their political opinions, their religious beliefs or other beliefs of a similar nature, whether they are a member of a trade union, their physical or mental health or condition, their sexual life, the commission or alleged commission by them of any offence, or any proceedings for an offence committed or alleged to have been committed by them, the disposal of such proceedings or the sentence of any court in such proceedings.
Personal identifiers	A set of basic personal details that allow partner organisations to identify exactly who is being referred to. For example, name, address, date of birth, post code.
Processing personal information	Broadly describes the collecting, using, disclosing, retaining or disposing, of personal information. If any aspects of processing are found to be unfair, then the Data Protection Act 1998 is likely to be breached.
Service user	An inclusive term to describe those people who have contact with service providing organisations within Wales and have information recorded about them. For example: individual organisations may refer to these people as data subjects, patients, clients, lawful representatives, etc.
Practitioner	An inclusive term to describe any staff working for the partner organisations involved in the care of or provision of services for the service user. For example: police officer, health professional, social worker, volunteer etc.
Responsible Manager	A senior manager within an organisation who has overall responsibility for the area of work related to a specific ISP. It will be their responsibility to ensure that ISPs are disseminated, understood and acted upon by relevant practitioners and that access to personal information is regularly monitored and audited to ensure appropriate access is maintained.

18 Appendix B – Information Reference Table

The sharing of personal information to support the provision of [Mental Health Adult Services and Housing]					
	Description	Information Exchange 1	Information Exchange 2	Information Exchange 3	Information Exchange 4
1	<p>Information exchange</p> <p>General description of the process or stage to which the information exchange relates.</p>	<p>Referral</p> <p>Client seeks housing assistance either personally or via partner agency</p>	<p>Assessment</p> <p>Assessment of need against property suitability</p>	<p>Allocation and onward referral</p> <p>Allocation of housing</p> <p>Discharge of homelessness duty</p>	<p>On-going review</p> <p>Case conferences</p> <p>Ad hoc review</p>
2	<p>What information will be shared?</p> <p>Description of the information to be provided.</p> <p>Please note: Only the minimum and relevant personal information is to be shared and strictly on a case by case basis.</p>	<p>Name</p> <p>Current address</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>	<p>Name</p> <p>Previous address(es)</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>	<p>Name</p> <p>Previous address(es)</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>	<p>Name</p> <p>Previous address(es)</p> <p>Date of birth</p> <p>National Insurance number</p> <p>Details of family members</p> <p>Mental health status and risk assessment</p> <p>Diagnosis and medication</p> <p>Involvement with other agencies</p> <p>Financial, employment and benefits information</p> <p>Disclosed criminal convictions</p>
3	<p>Consent to share</p> <p>Details of when and how consent will be sought.</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>	<p>On application for housing</p> <p>Via application form</p> <p>Organisation's consent form</p>

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b	Role(s) of staff responsible for providing and receiving the information.	Who by	Who to						
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1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services	1. Director of Social Services
1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer	1.1 Chief Housing Officer
1.2 Social Worker	1.2 Social Worker	1.2 Social Worker						
1.3 Support worker	1.3 Support worker	1.3 Support worker						
2. Divisional Manager		2. Divisional Manager		2. Divisional Manager		2. Divisional Manager		2. Divisional Manager
2.1 Psychologist		2.1 Psychologist		2.1 Psychologist		2.1 Psychologist		2.1 Psychologist
2.2 Hospital Link Worker		2.2 Hospital Link Worker		2.2 Hospital Link Worker		2.2 Hospital Link Worker		2.2 Hospital Link Worker
2.3 Ward Staff		2.3 Ward Staff		2.3 Ward Staff		2.3 Ward Staff		2.3 Ward Staff
2.4 CPN		2.4 CPN		2.4 CPN		2.4 CPN		2.4 CPN
2.5 Occupational Therapy		2.5 Occupational Therapy		2.5 Occupational Therapy		2.5 Occupational Therapy		2.5 Occupational Therapy
3. Head of Services		3. Head of Services		3. Head of Services		3. Head of Services		3. Head of Services
4. Head of Probation Services		4. Head of Probation Services		4. Head of Probation Services		4. Head of Probation Services		4. Head of Probation Services
4.1 Probation Officer		4.1 Probation Officer		4.1 Probation Officer		4.1 Probation Officer		4.1 Probation Officer
5. Assistant Director Housing		5. Assistant Director Housing		5. Assistant Director Housing		5. Assistant Director Housing		5. Assistant Director Housing
5.1. Head of Housing		5.1. Head of Housing		5.1. Head of Housing		5.1. Head of Housing		5.1. Head of Housing
6..Dir. of Homes and Communities		6. Dir. of Homes and Communities		6. Dir. of Homes and Communities		6. Dir. of Homes and Communities		6.. Dir. of Homes and Communities
7. Dir. of		7. Dir. of		7. Dir. of		7. Dir. of		7. Dir. of

Re Quality Assurance Date:

<p>5 Form title and reference number</p> <p>Detail the title and reference number of any form(s) or letter(s) used to collect and / or convey the information.</p>	<p>Housing application form</p>	<p>Housing application form</p>	<p>N/A</p>	<p>N/A</p>
<p>6 How will the information be transferred?</p> <p>Detail all agreed secure methods in which the information can be transferred to the recipient e.g. fax, direct feed from system, verbal transfer at team meeting, telephone call, e-mail.</p>	<p>Verbal Letter Email Telephone Meeting Fax ICT system</p>	<p>Verbal Letter Email Telephone Multi-Disciplinary Meeting Fax ICT system</p>	<p>Verbal Letter Email Telephone Meeting Fax ICT system</p>	<p>Verbal Letter Email Telephone Multi-Disciplinary Meeting Fax ICT system</p>
<p>7 When will it be shared?</p> <p>Details of when the information needs to be exchanged or shared e.g. daily, weekly, monthly, yearly, as and when necessary.</p>	<p>As and when necessary</p>	<p>As and when necessary</p>	<p>As and when necessary</p>	<p>As and when necessary</p>
<p>8 Additional considerations</p> <p>Issues or comments not included (where appropriate).</p>				

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AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: ANNUAL GOVERNANCE STATEMENT FOR 2014/15

REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & S151 OFFICER

1. PURPOSE OF REPORT

- 1.1 To allow Members the opportunity to review the draft Annual Governance Statement (AGS) for 2014/15 and make any changes that they feel are required and justifiable.

2. LINKS TO STRATEGY

- 2.1 This report deals with Corporate Governance, which is fundamental to the efficient and effective running of Council business.

3. THE REPORT

- 3.1 Attached as Appendix 1 is the draft Annual Governance Statement for 2014/15 to allow Members to consider and make comments.
- 3.2 The draft AGS incorporates a number of changes to the previous year's AGS, which is attached as Appendix 2. The majority of the changes relate to the fact that the Authority has made much progress in respect of its Improving Governance Programme. This progress has been acknowledged in the Special Inspection Report presented to Council on 28 January 2014 by the Wales Audit Office (WAO) and a further follow up published in January 2015 and presented to Council on 27 January 2015. It is acknowledged that there are still improvements that can be made, hence, the work of the IGPB (Improving Governance Programme Board) continues.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no additional financial implications in respect of the preparation of the AGS.

5. EQUALITIES IMPLICATIONS

- 5.1 There are no direct equalities implications stemming from this report on any group identified in Section 6 of the Council's Strategic Equality Plan, therefore an impact assessment has not been carried out.

6. PERSONNEL IMPLICATIONS

- 6.1 There are no personnel implications in respect of the preparation of the AGS.

7. CONSULTATIONS

- 7.1 The draft AGS has been considered by the Corporate Governance Panel on 22 May 2015 and Corporate Management Team on 29 May 2015. All comments have been reflected in the draft AGS attached.

8. RECOMMENDATIONS

- 8.1 Members are requested to consider the draft AGS and advise and agree any changes that they feel can be justified.

Author: Nicole Scammell, Acting Director of Corporate Services & S151 Officer
Consultees: Chris Burns, Interim Chief Executive
Dave Street, Corporate Director of Social Services
Cllr C. Forehead, Cabinet Member for HR & Governance / Business Manager
Gail Williams, Acting Head of Legal Services and Monitoring Officer
Richard Harris, Internal Audit Manager
Lynton Jones, Acting Head of ICT & Communications (Senior Information Risk Owner) (SIRO)
Colin Jones, Head of Performance & Property
Steve Harris, Acting Head of Corporate Finance

Appendices:
Appendix 1: Draft Annual Governance Statement for 2014/15
Appendix 2: Annual Governance Statement for 2013/14

DRAFT**CAERPHILLY COUNTY BOROUGH COUNCIL****ANNUAL GOVERNANCE STATEMENT FOR 2014/ 2015****Background**

Since the publication of the previous year's Annual Governance Statement the Wales Audit Office (WAO) has published a follow up to the Corporate Governance Inspection. This was presented and agreed at Council on 27 January 2015 and acknowledged the significant progress in addressing the recommendations and proposals for improvement identified in the Special Inspection (SI) undertaken in the Autumn of 2013 and the two Public Interest Reports. The Improving Corporate Governance Programme Board is still meeting to ensure that the remaining actions are satisfactorily concluded. Reports are presented periodically to Cabinet.

Scope of responsibility

The Authority is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Authority also has a duty under the Local Government Act 1999 and the Local Government Measure 2009 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of strategic effectiveness, service equality, service availability, fairness, sustainability, efficiency and innovation.

In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

The Authority has approved and adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'. A copy of the code is on our website at www.caerphilly.gov.uk or can be obtained from the council's communication department. This statement explains how the Authority has complied with the code and also meets the requirements of regulation 4(2) of the Accounts & Audit (Wales) Regulations 2005 in relation to the publication of a statement on internal control.

The Authority has acknowledged and accepted that there had been serious shortcomings in respect of its duties identified in 2012 and 2013 by WAO. The Authority has undertaken significant work to improve those shortcomings, which were reflected in the SI published in January 2014 and the follow up CGI published in January 2015. These two reports were presented and approved at Council.

The purpose of the governance framework

The governance framework comprises the systems, processes, culture and values, by which the Authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the authority's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The governance framework has been in place at the Authority for the year ended 31 March 2015 and up to the date of approval of the Statement of Accounts.

The governance framework

The following paragraphs describe the key elements of the systems and processes that comprise the authority's governance arrangements:

Identifying and communicating the authority's vision of its purpose and intended outcomes for citizens and service users

- The Council's Corporate Plan sets out the Council's aspirations, priorities and Improvement Objectives. These are derived from the Caerphilly Single Integrated Plan (Caerphilly Delivers), which clearly articulates a shared vision for Caerphilly County Borough Council and its strategic partners.
- Long term outcomes and interim performance standards have been established for each Improvement Objective. Progress is reported via the Scrutiny Committee process.
- The Single Integrated Plan (forward looking plan) is published widely and is also available on the Council website and intranet. Similarly the Council's Corporate Plan is published on the website, and updated annually. Progress is reported via the Scrutiny Committee process.
- The Council's Annual Performance Report (published in October) tells citizens and service users how we have performed against the Improvement Objectives as required under the Local Government Measure 2009.

Reviewing the authority's vision and its implications for the authority's governance arrangements

- The Single Integrated Plan, Corporate Plan and annual Performance Report are regularly reviewed and the Council's vision and strategic objectives have been refined to reflect changing aspirations, both locally and nationally.
- A performance management framework has been developed.
- The Council is a lead partner of the Caerphilly Local Service Board (LSB). The Single Integrated Plan implemented from April 2013 onwards details the LSB vision, and following analysis of a Unified Needs Assessment, has identified five outcomes for delivery, namely:

Prosperous Caerphilly
Safer Caerphilly
Healthier Caerphilly
Learning Caerphilly
Greener Caerphilly

The Policy and Resources Scrutiny Committee on 14 April 2015 received an update in respect of the Delivery of the Plan. The Scrutiny Committee acknowledged the good work undertaken to date and determined a further review by Scrutiny during 2015.

“Caerphilly Delivers” (The LSB Single Integrated Plan) was considered and approved by Caerphilly LSB on 17th April 2013 and Caerphilly County Borough Council on 23rd April 2013.

Measuring the quality of services for users, ensuring they are delivered in accordance with the authority’s objectives and ensuring that they represent the best use of resources

- Service Delivery Plans contain key service objectives that are geared, where appropriate, towards achieving the overall strategic objectives detailed in the Council’s Corporate Plan. They also contain targets in respect of both national performance indicators and local performance targets.
- The Service Delivery Plans are produced after the conclusion of the services Self Evaluation. Self Evaluation is in its second year of implementation. Challenge sessions with the Interim Chief Executive; Cabinet Member for Performance and Head of Property and Performance will be undertaken during the Summer of 2015. A review will be undertaken in the autumn to determine whether this process is adding value.
- This system is in turn supported by individual annual staff performance and development reviews to ensure that everyone understands their individual and service unit contribution to corporate goals.
- The Council uses a performance management software system, Ffynnon, which is used to monitor not only individual performance indicators, but also their combined effect on the achievement of strategic objectives.
- Performance against targets is monitored at officer and Member levels, by Corporate Management Team, Directorate Management Teams with Cabinet Members, and Scrutiny Committees.
- Albeit that there is an established process in place, as outlined above, the reporting of performance is under review to ensure these procedures are best able to take the Authority forward in the medium term in light of reducing budgets.

Defining and documenting the roles and responsibilities of the executive, non-executive, scrutiny and officer functions, with clear delegation arrangements and protocols for effective communication

- The Council’s Constitution sets out how the Council operates, how decisions are made and the procedures that are followed to ensure that these are efficient, transparent and accountable to local people.
- Policy and decision-making is facilitated through the Executive Cabinet supported by a framework of Statutory and Scrutiny Committees.
- The Constitution also sets out the situations where senior officers of the Council can make decisions under delegated authority. Delegated power decisions and information items are published on the intranet.
- The Council publishes an Annual Improvement Plan which sets out key priorities agreed by the Council, its committees and chief officers under their delegated powers and a performance report which details progress against these.
- The Council’s Constitution is reviewed and refreshed on a regular basis to reflect current legislation and working practices with the most recent report having been presented to Council at the Annual General Meeting. In addition, further consideration is to be given to the adoption of the new All Wales Framework Constitution, which to date has only been adopted by a few authorities in Wales.
- Various guidance notes for officers have been prepared to sit alongside the Council’s Constitution and training has been rolled out. The documentation is available on the Council’s corporate governance page. In addition and as one of the formal recommendations of the CGI a decision making protocol for recording decisions at Corporate Management Team was established and successfully implemented. Currently officers are rolling out

training for members on the Council's Constitution and decision making processes, this is ongoing and forms part of the Member's Mandatory training requirements approved by Full Council.

Developing, communicating and embedding codes of conduct, defining the standards of behaviour for members and staff

- The Council's Constitution contains formal Codes of Conduct that articulate the standards of ethical behaviour that are expected from members and officers. These incorporate procedures for the disclosure of pecuniary interests and offers of gifts and hospitality.
- Both members and officers are made aware of the personal conduct and disclosure requirements and they are available for reference on the Council's intranet.
- The WAO Public Interest Reports issued in March and December 2013 both raised significant concerns in respect of conflicts of interest, particularly with regard to the role of officers. Much work has been undertaken to ensure formal notification and acceptance of the Code of Conduct by all staff, plus training events to raise awareness. This work has been reported to the IGPB and Cabinet.

Reviewing and updating standing orders for contracts, financial regulations, a scheme of delegation and supporting procedure notes / manuals, which clearly define how decisions are taken and the processes and controls to manage risks

- The Monitoring Officer in conjunction with senior officers and members undertakes periodic reviews of the Councils Constitution including reviewing Standing Orders for Contracts, Financial Regulations and the Scheme of Delegation to ensure that current practices and legislation are reflected. The Standing Orders have recently been reviewed to reflect the new European Regulations.
- The standard member reporting procedure requires a consideration of risk for all significant decisions. This is also underpinned by a robust structure and system for identifying and evaluating all significant business risks at both corporate and operational levels, the key elements of which are a Corporate Risk Register; Directorate Risk Register and Service Level Risk Assessments built into the business planning process.
- This area was strengthened during 2013/14. A Risk Management Strategy was formally agreed, training on risk was delivered to Audit Committee and Cabinet Members. This training is ongoing. The Corporate Risk Register is reported to Audit Committee and Cabinet periodically after consideration by Corporate Management Team.

Undertaking the core functions of an audit committee, as identified in CIPFA's Audit Committees – Practical Guidance for Local Authorities

- The Council has appointed an Audit Committee whose terms of reference comply with the latest CIPFA guidelines. These extend to monitoring and reviewing the adequacy of the governance framework.
- The Terms of Reference are reviewed annually and are updated if required.

Ensuring compliance with relevant laws and regulations, internal policies and procedures and that expenditure is lawful

- The Council aims to ensure compliance with established policies, procedures, laws and regulations through a variety of mechanisms, including:

Monitoring Officer;
Section 151 Officer;
Internal Audit;
External Audit;

Performance Management Framework;
Corporate Management Team.

- The WAO Public Interest Reports issued in March and December 2013 identified serious failings in this area.
- In the light of these Public Interest Reports, the Interim Chief Executive has strengthened the roles of both the Monitoring Officer and Section 151 Officer. Both officers attend the formal Corporate Management Team meetings. The S151 role has been incorporated into a new temporary post of Director of Corporate Services and S151, and is no longer at Head of Service level. The interim management arrangements currently in place across the Council are reviewed and agreed by Council periodically.
- The standard committee reporting procedure and template requires the Monitoring Officer to examine reports to the Executive for compliance with legal and procedural issues. His/her comments are referred to the Councils Corporate Management Team for action.
- In addition to the above, the Authority has a Deputy S151 and Monitoring Officer to ensure adequate cover for these roles is in place.

Arrangements for whistle blowing and for receiving and investigating complaints from the public

- The Council has reviewed its Whistleblowing Policy in line with legislative changes, and following the work of the Whistleblowing Commission by Public Concern at Work. Public Concern at Work is a leading Charity and has been identified as an organisation leading best practice in this area. The Authority has developed a new policy following their assistance and model of best practice. This revised Policy has been approved, implemented and staff have been made aware of its existence using a number of communication channels.
- The Council also operates a formal Corporate Complaints Procedure, which has been widely publicised.
- The Audit Committee has a more proactive role to play in monitoring the level of complaints and the procedures that are in place. Reports are regularly presented. In addition, individual Scrutiny Committees receive reports on complaints.

Identifying the development need of members and senior officers in relation to their strategic roles, supported by appropriate training

- Formal induction programmes and training and development plans are in place for members. Where identified by the PDR process senior officers participate in management development training.
- All senior officers participate in the corporate staff appraisal scheme.
- It had been recognised that the induction and training of members was sporadic in respect of some committees. In order to address this issue Council has approved the implementation of a new, more focused training regime for members this includes the identification of certain aspects of training as mandatory.
- A review of induction arrangements for officers is being undertaken as this area should be improved. Discussions have taken place initially at the HR Strategy Group prior to formal consultation/approval.
- Appropriate training has and will continue to be delivered where identified in the Action Plan.

Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation

- Upto date strategies are in place in respect of communications, marketing and consultation.

- A corporate database of formal consultations is maintained to reduce duplication of consultation.
- An extensive consultation process was introduced in respect of the 2014/15 Budget Strategy.

Incorporating good governance arrangements in respect of partnerships and other group working as identified in the Audit Commission's report on the governance of partnerships, and reflecting these in the authority's overall governance arrangements

- The Council has adopted a formal Framework for Partnership Working which specifies the minimum governance requirements in respect of all the Council's partnerships and the enhanced requirements in respect of its key partnerships.
- Since 1999 a "Compact Agreement" has been in place which is a local agreement for governing the relationship between public sector organisations within the County Borough and third sector organisations. In April 2013, a revised Compact Agreement was published for the period 2013 to 2017 bringing together the following partners: Gwent Association of Voluntary Organisations, Caerphilly County Borough Council, Gwent Police, the Police and Crime Commissioner for Gwent, Aneurin Bevan Health Board, South Wales Fire and Rescue Service, Community and Town Councils and the Caerphilly Business Forum. The Compact Agreement recognises the mutual benefits that can be gained from close co-operation and sets out guidelines for how all parties should work together.
- Key partnerships and partners are invited to attend the biannual Caerphilly Local Service Board Standing Conference, which focuses on communicating progress made on the delivery of LSB priorities, which include "Caerphilly Delivers" (the Single Integrated Plan), tackling the impact of poverty and reducing the harm caused by alcohol, and associated programmes/projects/initiatives.
- During 2013/14, a detailed piece of work was undertaken identifying all partnerships and collaborations. Governance arrangements for these have also been collated. Reports in respect of this piece of work have been reported to Audit Committee, IGPB and CMT. The Corporate Governance Panel randomly selected a small number of partnerships which have been audited in order to review the robustness of the governance arrangements, and the ability for the partnership to be held to account through scrutiny. The conclusions of these reviews by Internal Audit have been reported to the Audit Committee.
- In addition, a Collaboration and Partnership Strategy has been developed and approved which sets out the requirements for creating new Partnerships and Collaborations and importantly includes the arrangements for disbanding and exiting arrangements.

Review of effectiveness

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the corporate governance panel within the authority who have responsibility for the development and maintenance of the governance environment, the Internal Audit Manager's annual report, and also by comments made by the external auditors and other review agencies and inspectorates. The review covers all significant corporate systems, processes and controls, spanning the whole range of the Council's activities, including in particular those designed to ensure:

- The Authority's policies are put into place.
- The Authority's values are met.
- Laws and regulations are complied with.
- Required processes are adhered to.
- Performance and Financial statements and other published information are accurate and reliable.

- Human, financial and other resources are managed efficiently and effectively.
- Services are delivered efficiently and effectively.

The following paragraphs describe the processes that have been applied in maintaining and reviewing the effectiveness of the Council's governance framework:

Corporate Level Review

A management group, the Corporate Governance Panel, consisting of the following officers and the Cabinet member for HR and Governance has been established to oversee the compilation of the Annual Governance Statement:

- Acting Director of Corporate Services and S151;
- Head of Legal Services and Monitoring Officer;
- Head of Performance and Property;
- Internal Audit Manager;
- Head of ICT and Customer Services/SIRO

The group has conducted a detailed corporate level review of the Council's system of governance in accordance with the guidance provided by CIPFA / SOLACE.

The arrangements have been strengthened since March 2013 taking on board the findings of a WAO report on the AGS Statement.

Directorate Level Review

The Council has also introduced Directorate Assurance Statements requiring members of Corporate Management Team to review the operation of a range of governance systems and procedures within their service areas and indicate whether there are any significant non-compliance issues. These are analysed to ascertain whether there are any common areas of concern, and if so, whether these constitute significant governance issues and as such need to be included in the Annual Governance Statement.

Scrutiny Committees

The Council has Scrutiny Committees who meet in public and make recommendations on the improvement and development of policies and hold the Executive and officers exercising delegated powers to account for their decisions.

Following the CGI Follow Up Report by WAO published in January 2015, the Authority's Scrutiny arrangements are currently under review. This work is planned to conclude with recommendations for improvement to Council in October 2015.

Audit Committee

The Council has appointed an Audit Committee whose terms of reference comply with the latest CIPFA guidelines. These extend to monitoring and reviewing the adequacy of the governance framework.

Standards Committee

The Council has appointed a Standards Committee in accordance with the provisions of S.53-55 & S.81(5) Local government Act 2000 and associated regulations. Their terms of reference are set out in the Council's Constitution.

Performance Management

The Performance Management Unit (PMU) is responsible for developing and maintaining the Council's performance management framework in accordance with the Wales Programme for Improvement. It supports and challenges the Council as a whole, and the individual services, to continuously improve its services and works with the external auditors to co-ordinate inspection programmes.

The PMU co-ordinate and support the Self Evaluation and Service Delivery Plan process.

Information Governance

The Head of ICT and Customer Services is the Council's Senior Information Risk Owner (SIRO), whose role is to assure the Council's information through implementation of the Council's Information Risk Management Policy. The SIRO assesses quarterly information risk returns from each Head of Service (as the information asset owner) to ensure risks are reported appropriately, measures to reduce risk are effective and information risk management is embedded into the culture of the organisation.

The SIRO is supported by a network of information governance stewards within each Directorate who communicate key messages to staff and management across the organisation, and assist Heads of Service in assuring the information that is managed and used by their Service area.

Information assurance is also supported by the work of the Corporate Information Governance Unit and the Information Governance Project Team. This includes training a wide cross-section of staff and achieving over 99.5% completion of Protecting Information e-learning for Council computer users. The Council's Data Protection Policy and staff leaflet was sent to all employees alongside the Code of Conduct. An Information Asset Register has also been developed and the security, access and storage of information assets are under evaluation.

Internal Audit

Internal Audit is responsible for monitoring the quality and effectiveness of the system of governance and internal control. A risk-based Internal Audit Plan is produced each financial year. The reporting process for Internal Audit requires a report of each audit to be submitted to the relevant Directorate. Each report includes recommendations for improvements and an agreed management action plan. The process includes follow-up reviews of agreed recommendations to ensure that they are acted upon. Following the findings in the SI undertaken by WAO, the role of the Internal Audit team will be changing over a 2/3 year period as recently reported to Audit Committee. The focus will move from predominantly finance based with thematic reviews undertaken where there is identified risk. More non financial audits will be introduced. There will also be a role in respect of the review of the Risk Management process, focusing on the effectiveness of the mitigation of risks.

The Internal Audit Annual Report contains a statement / judgement on overall levels of internal control (a view based on the relative significance of the systems reviewed during the year, in the context of the totality of the control environment).

The Internal Audit Section is subject to regular inspection by the Council's external auditors.

External Audit

In accordance with the Audit Commission's Code of Audit Practice, the Council receives regular reports on elements of its internal control environment, including performance management, risk management, financial management and governance.

Review Outcome

It is acknowledged that a significant amount of work has been undertaken to improve and strengthen the Council's governance arrangements. Reports on progress have been presented on a regular basis to Audit Committee, Council and Cabinet. Progress made by the Authority was recognised by WAO in the SI published in January 2014 and again in January 2015. The work in respect of Improving Governance will continue to be undertaken and monitored.

The previous year's AGS had highlighted 2 areas where improvements were required to strengthen the governance arrangements , these were:-

- **Interim Management Arrangements**

The SI recognised that the extent of interim arrangements in respect of senior staff could create instability in the Authority moving forward. The Authority had acknowledged that this was a concern.

- **Improving timeliness of response to Freedom of Information (FOI) and Environmental Information Regulations (EIR) requests**

The Council is subject to increasing numbers of requests for information and response within the statutory 20 working day period is challenging, as reported to Policy and Resources Scrutiny Committee. Failure to comply with a minimum of 85% of requests within 20 working days could result in monitoring by the Information Commissioner, which would lead to regulatory action if the Council had not improved within a specified timescale. Failure to comply with recommendations made as part of regulatory action would be dealt with as contempt of Court. A number of measures have been taken to improve performance including a reminder from the Interim Chief Executive to all Managers of the importance of prompt responses, and the situation is continually monitored.

In addition to the above, there was one outstanding area for improvement from the previous year deemed incomplete:-

- The further development of the Council's Business Continuity arrangements.

During the last year, the interim arrangements in respect of Senior Staff have been strengthened, particularly in respect of the appointment of a further Interim Chief Executive, Chris Burns. The current Interim Chief Executive is a full time appointment. There is an option to extend the Contract. A report to Council will be recommending a further 12 month extension. Other interim arrangements have now been in place in some instances for over 2 years. These officers are now very experienced which reduces the risk to the Authority moving forward. Hence, it is recommended that this area for improvement be removed from the AGS.

The second area for improvement relating to FOI response times has seen significant progress for 2013. 72% of FOI responses occurred within 20 working days. In 2014, this increased to 76%. For the quarter, Jan 2015 to March 2015, this increased to 83%. Hence, it is recommended that this area for improvement be removed from the AGS but monitored by the Corporate Governance Panel to ensure continuous improvement is maintained.

The third area of improvement relates to Business Continuity. It has been identified via the Audit Committee process that Business Continuity exists in most front line service areas and IT but that there is no consistent approach. Recent reports to the Corporate Governance Panel and CMT have agreed a strategy that has been adopted by the Authority, which should ensure that there is both a strategic and consistent approach to Business Continuity. Progress to date has been reported to the Audit Committee since March 2014. A report presented in March 2015 acknowledged that significant progress has been achieved.

Based on the progress made, it is proposed that this area is also removed from the AGS, albeit that reports will continue to be made to Audit Committee.

There is one new area for improvement that has been identified during the 2014/15 review process :-

The effectiveness of the current Scrutiny arrangements has been identified as an area that could be improved and to ensure that they are effective and productive a review of the current processes is to be undertaken. The review will ensure that any weaknesses or shortcomings will be addressed and current best practice will be built into our procedures going forward. It is intended that the review be completed by October 2015.

Signed

Keith Reynolds
Leader of the Authority

Chris Burns
Interim Chief Executive

CAERPHILLY COUNTY BOROUGH COUNCIL**ANNUAL GOVERNANCE STATEMENT FOR 2013 / 2014****Background**

Since the publication of the previous year's Annual Governance Statement the Wales Audit Office (WAO) published a further Public Interest Report in December 2013 arising out of findings in respect of the Buy Out of Annual Leave / Essential User. The report, which followed a referral to the WAO by the Council's S151 Officer was presented to Council on the 28th January 2014. The Report highlighted a number of procedural failings by the Authority. In April 2013 as part of the improving governance programme. The Authority established the Improving Governance Programme Board (IGPB). This has successfully driven the Council's Action Plan approved by Council in April 2013. The Board is now well established with a regular reporting format to ensure that Corporate Management Team play an active role in the delivery of improved corporate governance arrangements. In addition Cabinet are updated regularly and there are progress Reports to the Audit Committee.. The Action Plan has been extended to include the recommendations set out in the Public Interest Report mentioned above.. In addition in January 2014 the findings of the Special Inspection (SI) on Corporate Governance undertaken during the Autumn of 2013.were presented to Council. This SI acknowledged the progress made by the Authority in respect of improving its corporate governance. Since January 2014, further progress has been made. The Improving Corporate Governance Programme Board is still meeting to ensure that the remaining actions are satisfactorily concluded.

Scope of responsibility

The Authority is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Authority also has a duty under the Local Government Act 1999 and the Local Government Measure 2009 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of strategic effectiveness, service equality, service availability, fairness, sustainability, efficiency and innovation.

In discharging this overall responsibility, the Authority is responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

The Authority has approved and adopted a code of corporate governance, which is consistent with the principles of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'. A copy of the code is on our website at www.caerphilly.gov.uk or can be obtained from the councils communication department. This statement explains how the Authority has complied with the code and also meets the requirements of regulation 4(2) of the Accounts & Audit (Wales) Regulations 2005 in relation to the publication of a statement on internal control.

The Authority has acknowledged and accepted that there have been serious shortcomings in respect of its duties identified above. The Authority has undertaken significant work to improve those shortcomings, which were reflected in the SI published in January 2014.

The purpose of the governance framework

The governance framework comprises the systems processes, culture and values, by which the Authority is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

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The governance framework has been in place at the Authority for the year ended 31 March 2014 and up to the date of approval of the Statement of Accounts.

The governance framework

The following paragraphs describe the key elements of the systems and processes that comprise the authority's governance arrangements:

Identifying and communicating the authority's vision of its purpose and intended outcomes for citizens and service users

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- Long term outcomes and interim performance standards have been established for each Improvement Objective.
- The Single Integrated Plan (forward looking plan) is published widely and is also available on the Council website and intranet. Similarly the Council's Corporate Plan will be published from June 2014 onwards.
- The Council's Annual Performance Report (published in October) tells citizens and service users how we have performed against the Improvement Objectives as required under the Local Government Measure 2009.

Reviewing the authority's vision and its implications for the authority's governance arrangements

- The Single Integrated Plan, Corporate Plan and annual Performance Report are regularly reviewed and the Council's vision and strategic objectives have been refined to reflect changing aspirations, both locally and nationally.
- A performance management framework has been developed.
- The Council is a lead partner of the Caerphilly Local Service Board (LSB). . The Single Integrated Plan implemented from April 2013 onwards details the LSB vision, and following analysis of a Unified Needs Assessment, has identified five outcomes for delivery, namely:

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Safer Caerphilly
Healthier Caerphilly
Learning Caerphilly
Greener Caerphilly

The Policy and Resources Scrutiny Committee on 15 April 2014 received an update in respect of the Delivery of the Plan. The Scrutiny Committee acknowledged the good work undertaken to date.

“Caerphilly Delivers” (The LSB Single Integrated Plan) was considered and approved by Caerphilly LSB on 17th April 2013 and Caerphilly County Borough Council on 23rd April 2013.

Measuring the quality of services for users, ensuring they are delivered in accordance with the authority's objectives and ensuring that they represent the best use of resources

- Service level Improvement Plans contain key service objectives that are geared, where appropriate, towards achieving the overall strategic objectives detailed in the Council's Corporate Plan. They also contain targets in respect of both national performance indicators and local performance targets.
- This system is in turn supported by individual annual staff performance and development reviews to ensure that everyone understands their individual and service unit contribution to corporate goals.
- The Council uses a performance management software system, Ffynnon, which is used to monitor not only individual performance indicators, but also their combined effect on the achievement of strategic objectives.
- Performance against targets is monitored at officer and member levels, by Corporate Management Team, Directorate Management Teams, and Scrutiny Committees.
- Albeit that there is an established process in place, as outlined above, the reporting of performance is under review to ensure these procedures are best able to take the Authority forward in the medium term in light of reducing budgets, the need to introduce self evaluation on a consistent corporate basis and finally the delivery of the Corporate Plan and Single Integrated Plan.

Defining and documenting the roles and responsibilities of the executive, non-executive, scrutiny and officer functions, with clear delegation arrangements and protocols for effective communication

- The Council's Constitution sets out how the Council operates, how decisions are made and the procedures that are followed to ensure that these are efficient, transparent and accountable to local people.
- Policy and decision-making is facilitated through the Executive Cabinet supported by a framework of Statutory and Scrutiny Committees..
- The Constitution also sets out the situations where senior officers of the Council can make decisions under delegated authority. Delegated power decisions and information items are published on the intranet.
- The Council publishes an annual improvement plan which sets out key priorities agreed by the Council, its committees and chief officers under their delegated powers and a performance report which details progress against these.
- The Council's Constitution has been reviewed and refreshed in January 2014. In addition, the Council is working towards the adoption of the new All Wales Framework Constitution.
- In addition to the refresh of the Constitution, a training need had been established for Members and Managers of the Authority, to ensure that all are aware of relevant policies, protocols and arrangements. A flowchart and guidance has been produced for officers to ensure all are aware of the decision making process with regard, particularly, to Member involvement. Relevant training is ongoing.

Developing, communicating and embedding codes of conduct, defining the standards of behaviour for members and staff

- The Council's Constitution contains formal Codes of Conduct that articulate the standards of ethical behaviour that are expected from members and officers. These incorporate procedures for the disclosure of pecuniary interests and offers of gifts and hospitality.
- Both members and officers are made aware of the personal conduct and disclosure requirements and they are available for reference on the Council's intranet.
- The WAO Public Interest Reports issued in March and December 2013 both raised significant concerns in respect of conflicts of interest, particularly with regard to the role of officers. Much work has been undertaken during 2013/14 to ensure formal notification and acceptance of the Code of Conduct by all staff, plus training events to raise awareness.

Reviewing and updating standing orders for contracts, financial regulations, a scheme of delegation and supporting procedure notes / manuals, which clearly define how decisions are taken and the processes and controls to manage risks

- The Monitoring Officer in conjunction with senior officers and members undertakes periodic reviews of the Council's Constitution including a review of Standing Orders for Contracts, Financial Regulations and the Scheme of Delegation.
- The standard member reporting procedure requires a consideration of risk for all significant decisions. This is also underpinned by a robust structure and system for identifying and evaluating all significant business risks at both corporate and operational levels, the key elements of which are a Corporate Risk Register; Directorate Risk Register and Service Level Risk Assessments built into the business planning process.
- This area was strengthened during 2013/14. A Risk Management Strategy was formally agreed, training on risk was delivered to Audit Committee and Cabinet Members. The Corporate Risk Register is reported to Audit Committee and Cabinet.

Undertaking the core functions of an audit committee, as identified in CIPFA's Audit Committees – Practical Guidance for Local Authorities

- The Council has appointed an Audit Committee whose terms of reference comply with the latest CIPFA guidelines. These extend to monitoring and reviewing the adequacy of the governance framework.
- The Terms of Reference have been recently updated.

Ensuring compliance with relevant laws and regulations, internal policies and procedures and that expenditure is lawful

- The Council aims to ensure compliance with established policies, procedures, laws and regulations through a variety of mechanisms, including:

Monitoring Officer;
Section 151 Officer;
Internal Audit;
External Audit;
Performance Management Framework.

- The WAO Public Interest Reports issued in March and December 2013 identified serious failings in this area
- In the light of these Public Interest Reports, the Interim Chief Executive has strengthened the roles of both the Monitoring Officer and Section 151 Officer. Both officers attend the formal Corporate Management Team meetings. The S151 role has been incorporated into a new temporary post of Director of Corporate Services and S151, and is no longer at Head of Service level. The interim management arrangements currently in place across the Council are reviewed and agreed by Council periodically.

- The standard committee reporting procedure and template requires the Monitoring Officer to examine reports to the Executive for compliance with legal and procedural issues. His/her comments are referred to the Councils Corporate Management Team for action.

Arrangements for whistle blowing and for receiving and investigating complaints from the public

- The Council has a Whistle Blowing Policy, which has been widely publicised via the Council web site, intranet and other channels. The Council is currently reviewing its policy in line with legislative changes, and following the work of the Whistleblowing Commission by Public Concern at Work. Public Concern at Work is a leading Charity and has been identified as an organisation leading best practice in this area. The Authority has developed a new draft policy that is currently undergoing consultation following their assistance and model of best practice.
- The Council also operates a formal Corporate Complaints Procedure, which has been widely publicised.
- The Audit Committee has a more proactive role to play in monitoring the level of complaints and the procedures that are in place. Reports are regularly presented.

Identifying the development need of members and senior officers in relation to their strategic roles, supported by appropriate training

- Formal induction programmes and training and development plans are in place for members. Where identified by the PDR process senior officers participate in management development training.
- All senior officers participate in the corporate staff appraisal scheme.
- It had been recognised that the induction and training of members is sporadic in respect of some committees. In order to address this issue Council has approved the implementation of a new, more focused training regime for members.
- A review of induction arrangements for officers is being undertaken as this area should be improved. Discussions have taken place initially at the HR Strategy Group prior to formal consultation/approval.
- Appropriate training has and will continue to be delivered where identified in the Action Plan.

Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation

- Up to date strategies are in place in respect of communications, marketing and consultation.
- A corporate database of formal consultations is maintained to reduce duplication of consultation.

Incorporating good governance arrangements in respect of partnerships and other group working as identified in the Audit Commission's report on the governance of partnerships, and reflecting these in the authority's overall governance arrangements

- The Council has adopted a formal Framework for Partnership Working which specifies the minimum governance requirements in respect of all the Council's partnerships and the enhanced requirements in respect of its key partnerships.
- Since 1999 a "Compact Agreement" has been in place which is a local agreement for governing the relationship between public sector organisations within the County Borough and third sector organisations. In April 2013 a revised Compact Agreement was published for the period 2013 to 2017 bringing together the following partners: Gwent Association of Voluntary Organisations, Caerphilly County Borough Council, Gwent Police, the Police and

Crime Commissioner for Gwent, Aneurin Bevan Health Board, South Wales Fire and Rescue Service, Community and Town Councils and the Caerphilly Business Forum. The Compact Agreement recognises the mutual benefits that can be gained from close co-operation and sets out guidelines for how all parties should work together.

- Key partnerships and partners are invited to attend the biannual Caerphilly Local Service Board Standing Conference, which focuses on communicating progress made on the delivery of LSB priorities, which include “Caerphilly Delivers” (the Single Integrated Plan), tackling the impact of poverty and reducing the harm caused by alcohol, and associated programmes/projects/initiatives.
- During 2013/14, a detailed piece of work has been undertaken identifying the partnerships and collaborations. Governance arrangements for these have also been collated. Reports in respect of this piece of work have been reported to Audit Committee; IGPB and CMT. Over the next year and under the direction of the Corporate Governance Panel random partnerships will be reviewed in order to review the robustness of the governance arrangements, and the ability for the partnership to be held to account through scrutiny.
- In addition, a Collaboration and Partnership Strategy will be developed, this will set out the requirements for creating new Partnerships and Collaborations and importantly include the arrangements for disbanding and exiting arrangements.

Review of effectiveness

The Authority has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the corporate governance panel within the authority who have responsibility for the development and maintenance of the governance environment, the Manager of Internal Audit’s annual report, and also by comments made by the external auditors and other review agencies and inspectorates. The review covers all significant corporate systems, processes and controls, spanning the whole range of the Council’s activities, including in particular those designed to ensure:

- The Authority’s policies are put into place.
- The Authority’s values are met.
- Laws and regulations are complied with.
- Required processes are adhered to.
- Performance and Financial statements and other published information are accurate and reliable.
- Human, financial and other resources are managed efficiently and effectively.
- High quality services are delivered efficiently and effectively.

The following paragraphs describe the processes that have been applied in maintaining and reviewing the effectiveness of the Council's governance framework:

Corporate Level Review

A management group, the Corporate Governance Panel, consisting of the following officers and the Cabinet member for HR and Governance has been established to oversee the compilation of the Annual Governance Statement:

- Acting Director of Corporate Services and S151;
- Head of Legal Services and Monitoring Officer;
- Head of Performance and Property;
- Internal Audit Manager;
- Head of ICT and Customer Services/SIRO

The group have conducted a detailed corporate level review of the Council's system of governance in accordance with the guidance provided by CIPFA / SOLACE.

The arrangements have been strengthened since March 2013 taking on board the findings of a WAO report on the AGS Statement.

Directorate Level Review

The Council has also introduced Directorate Assurance Statements requiring Directors to review the operation of a range of governance systems and procedures within their service areas and indicate whether there are any significant non-compliance issues. These are analysed to ascertain whether there are any common areas of concern, and if so, whether these constitute significant governance issues and as such need to be included in the Annual Governance Statement.

Scrutiny Committees

The Council has Scrutiny Committees who meet in public and make recommendations on the improvement and development of policies and hold the Executive and officers exercising delegated powers to account for their decisions.

Following a review by WAO, the Authority's Scrutiny arrangements have been strengthened in recent months.

Audit Committee

The Council has appointed an Audit Committee whose terms of reference comply with the latest CIPFA guidelines. These extend to monitoring and reviewing the adequacy of the governance framework.

Standards Committee

The Council has appointed a Standards Committee in accordance with the provisions of S.53-55 & S.81(5) Local government Act 2000 and associated regulations. Their terms of reference are set out in the Council's Constitution.

Performance Management

The Performance Management Unit is responsible for developing and maintaining the Council's performance management framework in accordance with the Wales Programme for Improvement. It supports and challenges the Council as a whole, and the individual services, to continuously improve its services and works with the external auditors to co-ordinate inspection programmes.

As referred to earlier in the Statement a review of these arrangements is ongoing.

Information Governance

The Head of ICT and Customer Services is the Council's Senior Information Risk Owner (SIRO), whose role is to assure the Council's information through implementation of the Council's Information Risk Management Policy. The SIRO assesses quarterly information risk returns from each Head of Service (as the information asset owner) to ensure risks are reported appropriately, measures to reduce risk are effective and information risk management is embedded into the culture of the organisation.

The SIRO is supported by a network of information governance stewards within each Directorate who communicate key messages to staff and management across the organisation, and assist Heads of Service in assuring the information that is managed and used by their Service area.

Information assurance is also supported by the work of the Corporate Information Governance Unit and the Information Governance Project Team. This includes training a wide cross-section of staff and achieving over 99.5% completion of Protecting Information e-learning for Council computer users. The Council's Data Protection Policy and staff leaflet was sent to all employees alongside the Code of Conduct. An Information Asset Register has also been developed and the security, access and storage of information assets are under evaluation.

Internal Audit

Internal Audit is responsible for monitoring the quality and effectiveness of the system of governance and internal control. A risk-based Internal Audit Plan is produced each financial year. The reporting process for Internal Audit requires a report of each audit to be submitted to the relevant Directorate. Each report includes recommendations for improvements and an agreed management action plan. The process includes follow-up reviews of agreed recommendations to ensure that they are acted upon. Following the findings in the SI undertaken by WAO, the role of the Internal Audit team will be changing over a 2/3 year period as recently reported to Audit Committee. The focus will move from predominantly finance based with thematic reviews undertaken where there is identified risk. There will also be a role in respect of the review of the Risk Management process, focusing on the effectiveness of the mitigation of risks.

The Internal Audit Annual Report contains a statement / judgement on overall levels of internal control (a view based on the relative significance of the systems reviewed during the year, in the context of the totality of the control environment).

The Internal Audit Section is subject to regular inspection by the Council's external auditors.

The Internal Audit Manager reports directly to the Acting Director of Corporate Services who is a member of Corporate Management Team and the S151 Officer.

External Audit

In accordance with the Audit Commission's Code of Audit Practice, the Council receive regular reports on elements of its internal control environment, including performance management, risk management, financial management and governance.

Review Outcome

It is acknowledged that a significant amount of work has been undertaken to improve and strengthen the Council's governance arrangements. Reports on progress have been presented on a regular basis to Audit Committee, Council and Cabinet. Progress made by the Authority was recognised by WAO in the SI published in January 2014. The work in respect of Improving Governance will continue to be undertaken and monitored. As a consequence of the progress made to date, this area is no longer seen as an area requiring major improvement.

The previous year's AGS had determined that there were 2 additional major areas where improvements could be strengthened, these were:-

- a) The formulation and implementation of a suitable system of controls and governance in relation to the collaborative arrangements that are currently being developed.
- b) The further development of the Council's Business Continuity arrangements.

During the last year, a detailed piece of work has been undertaken to identify the Council's significant partnership arrangements to enable the Council to develop a Collaboration and Partnership Strategy. The governance arrangements for the Partnerships identified have been collated. This information has been reported to CMT, the IGPB and the Audit Committee.

In light of the completion of this work, it is therefore considered that this is no longer an area that requires highlighting as an area of major concern. Again, as with the Improving Corporate Governance Agenda, work will continue to be undertaken and monitored.

The second area of improvement related to Business Continuity. It has been identified that Business Continuity exists in most front line service areas and IT but that there is no consistent approach. Recent reports to the Corporate Governance Panel and CMT have agreed a strategy that has been adopted by the Authority, which should ensure that there is both a strategic and consistent approach to Business Continuity. Progress to date was reported to the Audit Committee on 5 March 2014. Although progress has been made, it is not seen as significant enough to enable this area of concern to be removed from the 2013/14 AGS.

There are 2 additional major areas where improvements could be strengthened. These are:-

- **Interim Management Arrangements**

The SI recognised that the extent of interim arrangements in respect of senior staff could create instability in the Authority moving forward. The Authority has acknowledged that this is a concern.

- **Improving timeliness of response to Freedom of Information (FOI) and Environmental Information Regulations (EIR) requests**

The Council is subject to increasing numbers of requests for information and response within the statutory 20 working day period is challenging, as reported to Policy and Resources Scrutiny Committee. Failure to comply with a minimum of 85% of requests within 20 working days could result in monitoring by the Information Commissioner, which would lead to regulatory action if the Council had not improved within a specified timescale. Failure to comply with recommendations made as part of regulatory action would be dealt with as contempt of Court. A number of measures have been taken to improve performance including a reminder from the Interim Chief Executive to all Managers of the importance of prompt responses, and the situation is continually monitored.

Signed

Keith Reynolds
Leader of the Authority

Stuart Rosser
Interim Chief Executive

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AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: COMPLAINT MADE TO THE PUBLIC SERVICES OMBUDSMAN FOR WALES - CASE NUMBER 201301753

REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & S151 OFFICER

- 1.1 The attached report, which was originally presented to the Standards Committee on 24th November 2014, was considered at the Policy and Resources Scrutiny Committee on 3rd March 2015.
- 1.2 It was suggested by the Policy and Resources Scrutiny Committee that the report should be referred to the Audit Committee in order that the implementation of the recommendations can be monitored and, if required, recommendations be brought back to the Scrutiny Committee.
- 1.3 Members are asked to consider the report.

Author: H. Morgan, Senior Committee Services Officer

Appendix 1 Report to Policy and Resources Scrutiny Committee on 3rd March 2015 and Standards Committee on 24th November 2014.

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POLICY AND RESOURCES SCRUTINY COMMITTEE – 3RD MARCH 2015

**SUBJECT: COMPLAINT MADE TO THE PUBLIC SERVICES OMBUDSMAN FOR
WALES - CASE NUMBER 201301753**

REPORT BY: INTERIM HEAD OF LEGAL SERVICES AND MONITORING OFFICER

1. On the 24th November 2014 the Standards Committee received the attached report and appendix regarding the above complaint.
2. The Committee noted the contents of the Report and progress made to date in respect of the recommendations contained in the Ombudsman's report and action to be taken regarding outstanding recommendations.
3. In addition the Committee was asked to consider whether the matter should be referred to the appropriate Scrutiny Committee. Whilst the grounds for referral are where in the opinion of the Standards Committee there has been a serious failure in service delivery that would benefit from further consideration by the appropriate Scrutiny Committee, as a number of the recommendations refer to implementation within two/three months from the receipt of the report the Committee unanimously agreed that it would be beneficial for the progress to be monitored at the next meeting of the Policy and Resources Committee.
4. Members are advised that the Chair of the Standards Committee (or a nominee) will be invited to attend the Scrutiny Committee when this report is considered.
5. In respect of progress made in relation to the recommendations Members are advised that since the meeting of the Standards Committee two further recommendations of the Ombudsman have been complied with namely recommendations (d) and (e). For Members ease of reference the Ombudsman's recommendations are set out below in full together with brief details of compliance with each recommendation. Housing Officers will provide a further update to Members at the meeting.
 - (a) Within one month of the report being finalised, the Council's Acting Chief Executive should apologise to the complainant for the failings identified. In addition, the Council should in recognition of the impact of those failings on the complainant, which included the uncertainty as to whether she may have been offered accommodation in 2002, make a payment to her of £500.

The Chief Executive has written to the complainant in accordance with this recommendation and a payment of £500 has been made
 - (b) Within one month of the report being finalised, the Council's Housing Services should remind its housing allocation staff of the importance of ensuring, where supported by the facts, enquiries were made where necessary to ensure applicant's housing applications are correctly pointed in accordance with its lettings policy.

The Housing Department has undertaken a review of the 'Guidance for Staff Assessing and Registering Applications' document and relevant staff has been advised of the updates, with particular emphasis on the allocation of points to applications in accordance with Council policy.

- (c) Within one month of the report being finalised, the Council should provide appropriate training to relevant housing staff on the Council's Corporate Records Management Policy.

Managers within the Housing Department held team meetings with staff to highlight the importance of the Corporate Records Management Policy and made specific reference to good record keeping within their offices.

- (d) Within two months of the report being finalised, the Council's Housing Services should develop guidance on the factors for consideration when considering applying discretion in relation to the removal of time points.

A procedure and guidance has been produced to staff on the factors for consideration when considering applying discretion in relation to the removal of time points.

- (e) Once the guidance was in place, the Council's Housing Services should remind its housing allocation staff of the need to consider applying discretion at the point when the discretionary decision on the removal of time points was being exercised. Housing allocation staff should also be reminded of the need to demonstrate that discretion has been considered.

Allocation Staff have met and have been reminded of the need to use the procedure to demonstrate discretion.

- (f) Within three months of this report being finalised, if it had not already done so, the Council's Housing Services should provide training to relevant housing staff, including allocation staff, on the circumstances when the Council's homelessness duties may be triggered and the steps that should be taken. The Council's Housing Services should also review its documentation to satisfy itself that it supported the early recognition of when the Council's homelessness duties may be triggered and thus engaged.

- (g) The Council should within the timescales specified within the recommendations provide documentary evidence to this office of compliance with the recommendations above.

Documentary evidence for Recommendations a, b, c, d & e above has been submitted to the Ombudsman as requested.

- (h) Finally, in the interim period before the Council's Housing Services introduced its new lettings policy in 2015, where its housing allocation staff have reason to review a housing application that has had time points removed, the application should be reviewed against the guidance developed at (d) above.

6. Members are asked to consider the contents of the Report, the progress made to date in respect of the recommendations contained in the Ombudsman's report and action to be taken regarding outstanding recommendations.

Author: Lisa Lane, Solicitor

Appendices:

Appendix 1 Report and Appendix to the Standards Committee Complaint made to the Public Services Ombudsman for Wales - Case Number 201301753



STANDARDS COMMITTEE - 24TH NOVEMBER 2014

SUBJECT: COMPLAINT MADE TO THE PUBLIC SERVICES OMBUDSMAN FOR WALES - CASE NUMBER 201301753

REPORT BY: INTERIM HEAD OF LEGAL SERVICES AND MONITORING OFFICER

1. PURPOSE OF REPORT

- 1.1 To note the contents of the report from the Public Services Ombudsman for Wales on a complaint against Caerphilly County Borough Council.
- 1.2 To receive an update on the progress made to date in respect of the recommendations contained in the Ombudsmans report and action to be taken regarding outstanding recommendations.
- 1.3 To consider whether the matter would benefit from further consideration by the appropriate Scrutiny Committee. If Committee considers this course of action is appropriate a report setting out the reason for referral will be presented to the relevant Scrutiny Committee along with the report from the Ombudsman. The Chair of Standards Committee (or a nominee) will be invited to attend the respective Scrutiny Committee when the report is presented.

2. SUMMARY

- 2.1 To note the Ombudsmans Report and to consider whether or not to refer the matter to the appropriate Scrutiny Committee.
- 2.2 To receive an update on the actions taken in respect of the recommendations contained in the Ombudsmans report.

3. LINKS TO STRATEGY

- 3.1 The Authority is under a statutory duty to consider reports from the Ombudsman and to give effect to their recommendations. The duty to oversee this is within the terms of reference of this Committee

4. THE REPORT

- 4.1 Since 1st April, 2006 the Public Services Ombudsman for Wales ("the Ombudsman") has had jurisdiction under the Public Services Ombudsman (Wales) Act 2005.
- 4.2 There are two forms of report - a Section 16 which is the form of report which needs to be formally considered by the Authority and Section 21 where the Ombudsman feels that a public report is not required and the matter has been satisfactorily resolved.

- 4.3 The report dated 10th October 2014 has been issued by the Ombudsman under Section 21 of the Public Services Ombudsman (Wales) Act 2005. A copy of the full anonymised report is annexed at Appendix 1 for members' consideration.
- 4.4 The complainant's complaint centred on the Council's handling of her housing application over the preceding years and the way it had let properties on Street 1. Her caring responsibilities meant she only wished to be considered for accommodation in Street 1. Furthermore the complainant expressed dissatisfaction with the way the Council had dealt with her complaint.
- 4.5 The Ombudsman's investigation identified shortcomings in the Council's administration of the complainant's housing application, which led to periods when her housing application was not dealt with as efficiently or effectively as it should have been. Administrative inadequacies included: documents being mislaid; the complainant's housing application not being appropriately pointed; as well as instances of poor record keeping. The Ombudsman's investigation also found evidence that the complainant's housing application had for a period of time been erroneously cancelled (in 2002) and this was coupled with other administrative failings. To the extent set out in the report the complaint was upheld. The Ombudsman identified periods in respect of the complainant's housing application where although there were administrative failings, this did not cause the complainant personal injustice. In those instances, the complaint was not upheld.
- 4.6 The investigation also found that there was a failure by the Council to recognise when its statutory homelessness duties were engaged and to that extent this aspect of the complaint was upheld.
- 4.7 Given the failings identified, the Ombudsman concluded that the Council's response to the complainant had not been as robust, transparent or open as it could have been in acknowledging failings in the administration of her housing application. The Ombudsman therefore upheld this aspect of her complaint.
- 4.8 As a result the Ombudsman recommended the following
- (a) Within one month of the report being finalised, the Council's Acting Chief Executive should apologise to the complainant for the failings identified. In addition, the Council should in recognition of the impact of those failings on the complainant, which included the uncertainty as to whether she may have been offered accommodation in 2002, make a payment to her of £500.
 - (b) Within one month of the report being finalised, the Council's Housing Services should remind its housing allocation staff of the importance of ensuring, where supported by the facts, enquiries were made where necessary to ensure applicant's housing applications are correctly pointed in accordance with its lettings policy.
 - (c) Within one month of the report being finalised, the Council should provide appropriate training to relevant housing staff on the Council's Corporate Records Management Policy.
 - (d) Within two months of the report being finalised, the Council's Housing Services should develop guidance on the factors for consideration when considering applying discretion in relation to the removal of time points.
 - (e) Once the guidance was in place, the Council's Housing Services should remind its housing allocation staff of the need to consider applying discretion at the point when the discretionary decision on the removal of time points was being exercised. Housing allocation staff should also be reminded of the need to demonstrate that discretion has been considered.
 - (f) Within three months of this report being finalised, if it had not already done so, the Council's Housing Services should provide training to relevant housing staff, including

allocation staff, on the circumstances when the Council's homelessness duties may be triggered and the steps that should be taken. The Council's Housing Services should also review its documentation to satisfy itself that it supported the early recognition of when the Council's homelessness duties may be triggered and thus engaged.

- (g) The Council should within the timescales specified within the recommendations provide documentary evidence to this office of compliance with the recommendations above.
- (h) Finally, in the interim period before the Council's Housing Services introduced its new lettings policy in 2015, where its housing allocation staff have reason to review a housing application that has had time points removed, the application should be reviewed against the guidance developed at (d) above.

4.9 Members are asked to note the recommendations set out in the Ombudsman Report

4.10 The Council's Housing Department accepted the findings and agreed to implement the recommendations, and at the time of writing this report the following progress has been made regarding the recommendations. A further update will be provided to Members at the meeting.

Recommendation (a)

The Chief Executive has written to the complainant in accordance with this recommendation and a payment of £500 has been made.

Recommendation (b)

The Housing Department has undertaken a review of the 'Guidance for Staff Assessing and Registering Applications' document and relevant staff has been advised of the updates, with particular emphasis on the allocation of points to applications in accordance with Council policy.

Recommendation (c)

Managers within the Housing Department held team meetings with staff to highlight the importance of the Corporate Records Management Policy and made specific reference to good record keeping within their offices.

Recommendation (g)

Documentary evidence for Recommendations a, b & c above have been submitted to the Ombudsman as requested.

5. EQUALITIES IMPLICATIONS

5.1 None arising from the contents of the report.

6. FINANCIAL IMPLICATIONS

6.1 The payment referred to in paragraph 4.8(a) has been met from existing budgets.

7. PERSONNEL IMPLICATIONS

7.1 There will be personnel implications as a result of staff training required as part of some of the recommendations. These actions can be undertaken within existing staff resources.

8. CONSULTATIONS

- 8.1 This report reflects the contents of the Ombudsman's Report and therefore there has been no formal consultation on the format of this report. A copy of this report and appendix has been provided to the consultees listed below.

9. RECOMMENDATIONS

- 9.1 That the Committee notes the contents of the Report and progress made to date in respect of the recommendations contained in the Ombudsmans report and action to be taken regarding outstanding recommendations.
- 9.2 To consider whether the matter should be referred to the appropriate Scrutiny Committee, the grounds for referral are where in the opinion of the Standards Committee there has been a serious failure in service delivery that would benefit from further consideration by the appropriate Scrutiny Committee. If Committee considers this course of action is appropriate a report setting out the reason for referral will be presented to the relevant Scrutiny Committee along with the report from the Ombudsman. The Chair of Standards Committee (or a nominee) will be invited to attend the respective Scrutiny Committee when the report is presented.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 To satisfy the Council's statutory duties under the Public Services Ombudsman (Wales) Act 2005.

11. STATUTORY POWER

- 11.1 Public Services Ombudsman (Wales) Act 2005, Local Government Act 1974.

Author: Gail Williams, Interim Head of Legal Services and Monitoring Officer
Consultees: FOR INFORMATION ONLY
Chris Burns, Interim Chief Executive
Nicole Scammell, Acting Director of Corporate Services/Section 151 Officer
Shaun Couzens, Chief Housing Officer
Graham North, Public Sector Housing Manager
Councillor K. Reynolds, Leader
Councillor G. Jones, Deputy Leader and Cabinet Member for Housing
Diane Holdroyd, Chair of Standards Committee

Background Papers:
None

Appendices:
Appendix 1 Report of Public Services Ombudsman for Wales 10th October 2014

201301753

Complaint against Caerphilly County Borough Council ("the Council")

The complaint

In summary, you complain:

1. That the Council's records do not reflect the fact that you have been on its housing waiting list since April 1988. The Council says it only has records of you being registered on its waiting list since September 1999.
2. That over the preceding 12 years the Council has not let properties on Street 1 in accordance with its lettings policy. You note that you are your mother's main carer so need to live close to her. You later informed me that due to your caring responsibilities for your mother you have been in receipt of carer's allowance for the past 17 years. I understand that your mother is a Council tenant.
3. About the pointing of your housing application. For example, you are dissatisfied that you have not been awarded medical points despite your epilepsy returning with the stress of your housing situation. As you faced being homeless, following the start of the investigation you moved to alternative private rented accommodation in the area. I understand from you that the rent the landlord was seeking was the cheapest you could find at the time.
4. About the Council's response to your complaint.

Investigation

5. As part of my investigation, information was sought from the Council including a copy of your housing file and the Council's computerised database entries. As my investigation has covered events that occurred sometime ago, not surprisingly as policies and procedures have changed over the years, the Council no longer has in its possession key policies such as its lettings policy amended in 2000. The earliest lettings policy the Council was able to provide to this office was amended in February 2003.

6. During my investigation, I visited the Council to look at your housing file which is kept electronically. I also met with you to discuss your complaint further. You and the Council were also given an opportunity to comment on my provisional findings.

7. Finally, although I have not included every detail investigated, I am satisfied within the remit of my investigation that nothing of significance has been overlooked.

A summary of the legislation/guidance/policies and procedures considered

8. I have considered relevant housing legislation and guidance as well as the Council's policies and procedures. In addition, I have had regard to the Ombudsman's powers and the restrictions that apply. Some of the matters considered are outlined in the attached appendix.

Relevant background information and events

9. I have reviewed your housing application file. The earliest housing application that it contains is dated **30 May 2002**. In that application, the Acting Estate Management Officer ("Acting EMO") dealing with your application made a handwritten reference to a September 1999 application. However, there is no evidence of this application on your file and the Council has confirmed to this office that it has been unable to locate it.

10. In your May application you set out your wish to be re-housed with your adult niece.¹ You highlighted that you had moved into your current address, a private rented property, as you and your partner had separated in November 2001. You noted that you looked after your disabled mother who lived in the adjoining property and this was why you needed to live in Street 1. Finally, you raised concerns about your tenancy and also ticked the box relating to being at threat of losing your present accommodation.

11. On 11 June, the Acting EMO wrote to you requesting further information including proof your niece resided with you and confirmation of the number of steps to the front and rear of the property. She said that your application would be suspended until this information was received.

12. You returned the Acting EMO's letter and the Council has date stamped it as being received on 17 June. You provided the requested information, but in addition, on the back of the letter you also noted that your four month contract with your landlord had ended. You expressed concern that you and your niece would be "out on the streets" if the property was sold, although you noted the

¹ The fact that your niece was residing with you meant you were eligible for family accommodation.

landlord's reassurances that you and your niece would not be asked to leave. You again highlighted that you were a full time carer for your mother and this was why you needed to live in Street 1. The Acting EMO's handwritten note on the letter said "add 4 points steps".

13. On 14 June, the Acting EMO completed a database entry in which she recorded:

"Check file for former arrears – application suspended – Mrs [A] has applied on her own – application suspended as previous partner is also entitled to time points if re-applies. If no response from Mr [B] within the next few months – application can be cancelled."

14. You returned a disclosure form to enable the Council to make further enquiries about your housing application on 20 June.² The following day, the Acting EMO wrote to your former social housing landlord, a housing association, ("the HA") requesting information about your tenancy including whether there had been any rent arrears.

15. In the section on the application form for housing staff to complete, the Acting EMO has recorded that you were on the General Needs waiting list and that your points assessment was 25 points (made up of 9 affordability points, 6 points for having a private landlord and 10 waiting time points). The Council's database was updated on 20 June.

16. The Council has provided me with a print off of its housing application notes screen (referred to as the "Application Screen"). This shows that the Acting EMO amended your application on the 20 June and that you had 29 points. The database entry noted that your application had been suspended until 20 June as enquiries were pending.

17. On 20 June, the Acting EMO sent you the Council's standard letter in which she noted that your housing application had been "assessed" in accordance with the Council's lettings policy and you had been awarded 25 points. A breakdown of your points allocation was not provided. However, the letter referred to further information about the way the points scheme worked being enclosed. You were also informed of the right to request a review of your application if you were dissatisfied with the way the points had been calculated. Finally, you were also advised:

"Your name may be removed from the Housing Register... if you do not reply to any letter sent to you regarding your application. You will be

² The Acting EMO's database entry for 20 June highlights that the information had been received and that she was awaiting a response from the Housing Association.

notified, by letter, if we intend to remove your name from the Register, and we will wait 28 days before we cancel your registration, giving you time to reply, giving reasons why you should remain registered.”

18. The Application Screen shows that in the “the Re-registration Action and Date” row, “Second Letter” has been inserted in the drop down box. In the adjoining box the date “21.08.2002” has been added. The print off also shows that on 11 September your application was cancelled and the reason cited was that the applicant failed to re-register (see paragraph 13). The Acting EMO is identified as the officer responsible for carrying out the amendments.

19. I have reviewed a selection of computer print offs of lettings and shortlisted applicants offered accommodation on Street 1 since 2000. From 21 October 2002 to 17 November only three bedroom properties became available. I note that on 16 December 2002, the Acting EMO allocated a two bedroom property which had become vacant on 18 November to an applicant with one child positioned third on the waiting list (“applicant 3”). Applicant 3 had been on the waiting list since 24 October 2001. The shortlist of applicants shows that there were two higher pointed applicants. However, the Acting EMO has recorded that the first applicant (with 39 points) wanted to be in a flat area and had not been offered the property. The second applicant, who had 35 points and had been on the waiting list since 24 May 2001, had been offered the property but subsequently refused it. Applicant 3 had initially been overlooked pending enquiries as it appears he had not responded to the offer letter. The fourth applicant (with 34 points), who had been on the waiting list since 9 April 2001, was overlooked because he had former rent arrears of over £1400 whilst it appears that the fifth placed applicant (with 33 points) had been overlooked pending enquiries again following no response to letters. Contact was made with applicant 3 on 9 December and a points check visit was arranged. I note that the offer was subsequently confirmed and the tenancy taken up. Between 2 June 2003 to 20 February 2006 only three bedroom properties became available for letting on Street 1.

20. On **28 February 2003**, the Acting EMO completed a database entry concerning your housing application in which she noted: “applicant has been reinstated”. The Council has provided me with a print off of actions undertaken on your housing application (which I shall refer to in this report as “Action List”). This confirms that the suspension on your housing application was removed. The entry records that you had 34 points.³

21. On 3 March, the Acting EMO wrote to the HA again repeating her request for information about your tenancy. The HA responded on 10 March and highlighted that while there had been no managerial problems with your tenancy there were outstanding rent arrears of £100.3

³ On 14 September 2002, if your application had not been cancelled you would have been entitled to a further 5 time points.

22. On 24 March, a database entry⁴ completed by another officer refers to your application being re-instated.

23. The Acting EMO wrote to you (on 28 March) to say that you had 34 points, although again the points were not broken down. Details of your outstanding rent arrears were also noted on the letter and you were advised that every effort should be made to clear these arrears before an offer of accommodation was made.

24. During the period 2004 to 2005, the database entries refer to re-registration forms being sent to you periodically and subsequently being returned by you.⁵

25. On **26 October 2005**, you wrote to the Council to inform them that your landlord was going to increase your rent. You highlighted that the accommodation would no longer be affordable and you would have to move. You also raised concerns about not receiving an offer of accommodation with regards to Street 1, despite vacancies occurring. You again highlighted your caring responsibilities.

26. On 9 November, the Council wrote a series of letters to you. In the first letter, the fact that your niece no longer formed part of your housing application was noted. The housing officer dealing with your application added that this had resulted in your removal from the list for family accommodation and your placement on the list for single persons accommodation. The housing officer also noted that your time points had been removed in accordance with the Council's lettings policy and that you now had 19 points.⁶ A summary of how your points had been calculated was provided. In the second letter, the housing officer said that in the event of your rent increasing you should contact Housing Benefit for further information. In relation to Street 1, the housing officer explained that because of the shortage of family accommodation such properties were allocated to families only. The housing officer suggested that you contacted her if you wished to discuss your application further. The final letter was the Council's standard housing application letter which referred to your points breakdown and the review process.

⁴ A separate print out noted your application was reinstated and re-registration confirmed. The database entries were made at 2.31pm.

⁵ The only re-registration letter that your housing file contains for this period was dated 10 October 2005. On this form you have deleted your niece's name.

⁶ Your points were made up of 4 points for steps front/rear, 6 points for having a private landlord and 9 points for affordability. There was no evidence of the Council carrying out any enquiries to establish when your niece was no longer part of your application.

27. There is a housing re-registration letter signed by yourself on **28 November 2006** which the Council has date stamped as being received on 13 December.⁷ Periodically, between **17 December 2007 to 6 February 2009**⁸ the database entries refer to re-registration letters being sent and re-registration being confirmed.

28. A database entry (dated 20 October 2009) noted, amongst other matters, that you had been advised over the telephone to add more areas as there were no single persons accommodation in your chosen area.

29. In the intervening years up to **2011**, there are further database references to you responding to re-registration of your housing application, although again no documentary evidence of this exists on your file.

30. On **3 January 2012**, a database entry indicated that as your re-registration form had indicated a change in your circumstances a housing application to detail that change had been sent to you.

31. On the form (dated 31 October), you said that you wished to make a joint housing application with your partner. In response to question 15, state of repair, you detailed in the relevant section (as well as on a separate sheet of paper) some of the difficulties you were experiencing with your landlord, which included outstanding disrepairs. You also documented associated safety concerns. Amongst the disrepairs you highlighted were: the hot water not working; a small gas leak that had been present for over a year and; for a seven year period having a cracked front bedroom window and a large hole in the kitchen ceiling caused by a leaking boiler. You highlighted the impact that the disrepair issues, coupled with the stress of the landlady saying that she was going to sell the property, had had on your health. You again reiterated that you were a carer for your mother and so needed to live close to her. In terms of areas you ticked your chosen area only and a handwritten note next to it referred to Street 1.

32. Your housing file contains the housing officer's housing application assessment sheet in which she noted the actions to be taken on your housing application. One of the steps noted "Loss of waiting time pts [points] changed from S/P [Single person] to G/N [General Needs] as of 5.11.12".⁹ The housing officer also noted "Advise [applicant] to contact [Environmental Health] with regards to condition of property". You were awarded 12 points (6 points for having a private landlord; 2 points for steps to front of property and 4 points for leaking windows/doors.

⁷ This was one of only two forms signed re-registration forms on your housing file; although the Action List details re-registration letters being sent out and confirmed.

⁸ Amongst the documentation you provided was the 30 January 2009 annual review letter.

⁹ There was no indication that the officer had considered exercising discretion in relation to your time points on your housing file.

33. The Council sent you a number of letters on 7 November including a request for further information, a standard housing points letter advising you had 14 points, and a letter asking you to contact the Environmental Health Department ("EHD") concerning the condition of your rented property.¹⁰

34. On 22 November the Council sent you a follow up chaser letter. The Council noted that if you did not respond your application might be cancelled.

35. On **2 January 2013**¹¹ the Council wrote to say your housing application had been cancelled as you had not responded to its request for information. You were informed that arrangements would be made to remove your name from the housing list. The review details were set out in that letter.

36. You wrote to the housing officer on 4 February, and referred to a telephone call¹² that had taken place between an Independent Housing Advice Agency and the housing officer that day to establish why you had no time points. You noted that the housing officer had said that she would investigate the matter. In your letter, you asked the housing officer to confirm in writing what she had found out. A database entry noted that the Council reinstated your housing application (on 13 February) after completing its enquiries. On 8 March, in response to a letter from the Council (dated 20 February), you wrote to the housing officer expressing disappointment with your points allocation and the removal of your time points. You again referred to the length of time you had been on the waiting list and asked for an explanation. The Council responded on 15 March. In a later letter (dated 26 March) you not only emphasised your caring role again but made further reference to the outstanding disrepair in your private rented accommodation.

37. On 17 April you attended at the Council where a housing options enquiries form was completed. I have examined the form and note that in the section relating to whether an applicant is homeless or threatened with homelessness, the section 21 notice box has been ticked. I also note that questions designed to establish the extent of the Council's homelessness duty were also completed. The section relating to disrepair and property condition was left blank. The notice to quit ("NTQ") (dated 8 April) that you received from your landlady is on your housing file. At this interview, you were given advice about the validity of the NTQ.

38. On 21 April you wrote to the Council concerning your epilepsy. You asked if you could widen your area from just Street 1 to the whole of your chosen area. Shortly afterwards (on 24 April) you again wrote to the Council setting out your

¹⁰ This letter was not on your housing file but was amongst the documentation you provided to this office.

¹¹ This letter was not on your housing file.

¹² There was no record of such a telephone call on your housing file. In your response to the draft report you explained that you had been present when the Housing Adviser from the Independent Housing Advice Agency had contacted the housing officer.

caring responsibilities. Your housing file contains your Special Housing Needs form¹³ that you completed in order to apply for medical points on the grounds of depression and epilepsy. Your housing file also contains a supporting letter (dated 3 May) that a disability support group wrote on your behalf, where your caring responsibilities are mentioned, together with a letter from your Assembly Member ("AM") to a Member of the Council detailing your imminent homelessness.

39. On 22 April your housing officer wrote¹⁴ to you. She referred to your recent correspondence and Housing Options interview where you had disclosed that you were a registered carer for your mother. You were asked to provide further information in terms of your caring responsibilities.

40. On 23 April the Council's Housing Advice Centre wrote to you to say that it had been informed that you might be a person that was homeless or threatened with homelessness. You were asked to arrange an appointment for a homelessness officer to determine, amongst other matters, what duties the Council owed to you under the relevant homelessness legislation.

41. On 24 April the Council wrote to you to explain when medical points are awarded. You were asked to complete and return the Special Housing Needs form which you subsequently did. The Council wrote to you (on 1 May) setting out what would happen next.

42. On the same date it seems that the housing officer referred your case to the EHD.¹⁵ I have had sight of the correspondence sent to you and your landlady from the EHD concerning arrangements to visit the property. Following a visit from an Environmental Health officer your disrepair points were increased from 4 to 20 points (as you obtained an additional 8 points for a leaking roof and 8 points for severe damp).

43. I have reviewed a series of internal Council e-mails including those between the Area Housing Manager and the Public Sector Housing Manager ("the PSH Manager"). In one e-mail (dated 10 May), the PSH Manager suggested that the Council use its discretionary powers to reinstate your time points if it would improve your housing prospects. In a subsequent e-mail the PSH Manager was informed why even with 49 points your points were insufficient for an offer in your chosen area.

¹³ The form is date stamped as being received by the Council on 29 April.

¹⁴ This letter was not on your housing file but was amongst the documentation that you provided to this office.

¹⁵ Details of the referral were not on your housing file.

44. On 13 May the Council sent you its standard housing points letter to say you had 49 points made up of 8 points for a leaking roof; 8 points for severe damp; 4 points for leaking windows/doors; 4 points for steps front and rear; 6 points for private landlord; 9 points for affordability code and 10 points for providing support/care.

45. On 21 May the Council's Area Housing Manager wrote to you and your partner. She advised that your application was registered with the Council in September 1999. She also said:

"...I can confirm that you have not been passed on the list for any vacancies but because you have limited the areas where you require housing and the properties do not become available often, applicants with higher points are offered before you".

46. Between 23 May to 1 August 2013, your housing file contains various correspondence relating to your housing complaint including a response letter that the PSH Manager sent to your AM (dated 23 May). In this letter the PSH Manager detailed the low turnover of housing stock in your chosen area and the limited number of council housing in the area. He also noted that since August 2012 the Council had only had one nomination request for a two bedroom property that the HA owned in the area. Referring to your housing position, including the NTQ, he suggested that you contacted the Housing Advice Service on a more formal basis.

47. In the PSH Manager's (stage 2) response letter of 1 August to you, he noted in terms of time points that "you will lose these time points if your circumstances change and you move from one waiting list to another i.e. single to couple."

48. Having detailed some of the lettings that had taken place on Street 1 the PSH Manager concluded:

"I can confirm that I have reviewed our records and I am satisfied that your application has been dealt with in accordance with the Allocation Scheme and you have not been overlooked for any properties that have become available in your chosen area."

The Council's evidence

49. The Council in its formal response said that with regards to your claim that you had been on the waiting list since April 1988 it held no record to indicate that this was the case. The Council said that following re-organisation in 1996 its

Housing Department had implemented a new computer system in 1997. Any applications registered at that time were transferred to the new system with applicants retaining their effective dates. The Council said that there was no record of your application being transferred to the new system, which suggested that you did not have an active application registered at that time. It noted that you had indicated that you had paperwork confirming that you had applied for housing in 1988 but to date had been unable to provide the Council with these records.

50. The Council said that all its records had been checked and the information available showed that your application was registered with the Council with effect from 14 September 1999. However, the Council acknowledged that it had been unable to find a copy of this particular application. It later confirmed that apart from a database entry on 1 October 1999¹⁶ there were no database entries detailing activities on your housing application between 14 September 1999 and 31 May 2002.

51. The Council again confirmed that the allocations that you queried in relation to Street 1 had subsequently been checked and that you had been advised that they had all been allocated to applicants with a greater number of points than your application was awarded at those specific times.

52. The Council explained that with regards to medical points that following the return of the Special Housing Needs Form in April 2013, your case had been assessed by a housing occupational therapist in April 2013 who had been unable to recommend additional points for disability arising as a direct result of your then accommodation. The Council noted that you had been advised of the outcome. The Council noted that it had sent you a Mental Health Questionnaire (on 28 August) as the main issues seemed to revolve around your mental health. At the time of the Council's formal response to this office it said the completed form had not been returned.

53. In response to further enquiries, the Council confirmed that the only signed re-registration forms that it had on your housing file were those dated 10 October 2005 and 28 November 2006. It said that it was possible that you had responded to other re-registration letters by telephone. The Council said that although Housing Services has no case management/file recording policy and procedure in place in respect of telephone calls, an officer would be expected to note any relevant information arising from such a call.

¹⁶ This entry noted that Street 1 was your choice in your chosen area.

54. The Council once again clarified its position on the circumstances when time points are removed following a change in an applicant's status. It said that in accordance with its letting scheme, when an applicant moves from the Single Person's waiting list to the General Needs waiting list "any time points accrued are removed."

55. In my discussion with the PSH Manager, he highlighted that the changes in terms of time points had been introduced because applicants would be on one list for a considerable period of time and would then move to another list and overtake applicants in greater need. He noted that applicants could request a review of their points and that it was at that stage that officer discretion came into play and consideration was given to whether the applicant had made a strong enough case for the retention of their time points. If a person did not request a review then their time points were not reviewed. The onus was on applicants to trigger the use of an officer's discretion.

56. On the homelessness front, the Council confirmed that your letter (dated 26 October 2005), did not trigger any homelessness inquiries at that time. It said that you had stated that your rent was about to be increased and you would need to move if the Council did not pay the extra rent. The Council indicated that it had not made a decision concerning the increased rent at that time. You were advised to contact the Housing Benefit section for further advice on this.

57. The Council added that the information you provided in your application in October 2012 again did not trigger any homelessness inquiries. Following the Housing Options interview on 17 April 2013, conducted at its Area Housing Office, the completed form was passed to its Housing Advice Centre who then wrote to you inviting you to contact them to arrange an appointment to discuss your situation but you did not make an appointment.

58. In conclusion, the Council said that it acknowledged that your application had been registered with the Council since 1999. However, it noted that you had always restricted your choice for housing to one particular street in your chosen area. The Council noted that there are only 36 council owned properties in this street and of these only eight are two bedroom properties. During the time your application had been registered there had been several changes in your circumstances which affected your award of points and the type of property you were eligible for. The Council indicated that from the information available it was satisfied that you had not been treated to your detriment at any time and had not been overlooked for any appropriate lettings.

59. Following further enquiries the Council confirmed that it was unable to locate its 2000 lettings policy or any of its lettings policies in the intervening period including 1997. The Council also highlighted that it could not say with absolute certainty whether the social factor criteria detailed in its 2003 lettings

policy would have been the same in 2002. Likewise, it could not say definitively how it would have dealt with your former rent arrears in 2002. During my visit to the Council it also highlighted that following changes to its IT database it was no longer able to access some of the earlier letters that it would have sent to you.

60. The Council was asked to provide details of lettings for a random sample of council lettings that had occurred in Street 1. In relation to a three bedroom letting that occurred in 2008 ("the 2008 letting") when the applicant was positioned 9th on the waiting list the Council commented as follows. It said that during the time you have been on the waiting list it had operated different computer processes and systems which explained the different types of shortlist print outs. In addition, at the time of the 2008 letting all lettings were dealt with by a centralised allocations team. At this time, the allocation team provided the relevant housing officer with a list of applicants in batches of five at a time. While the Council was able to provide the second batch of five shortlisted applicants (with the 9th applicant's details on it), the Council said it was unable to locate a record of the first batch of five shortlisted applicants.

61. The Council also advised that it had been unable to provide shortlists for three of the lettings highlighted as these tenancies had since ended and the paperwork subsequently destroyed in accordance with the Council's normal policy.

Analysis and conclusions

62. You have complained about the Council's handling of your housing application. You have also complained about the way it has let properties on Street 1 over the preceding 12 years. Finally, you remain unhappy with the Council's response to your complaint.

63. My investigation has revealed shortcomings in the Council's administration of your housing application. As a consequence, I consider that there were periods when your application was not dealt with as efficiently and effectively as it should have been. The failings that I have identified include instances of poor record keeping. This has meant evidence to substantiate activities that have occurred in relation to your housing application have not always been on your housing file. For example, I would expect to find evidence of a response to a re-registration letter as it demonstrates, by way of an audit trail, that the applicant remains eligible for housing under the Council's lettings policy. However, there were repeated examples of this information not being available. Given the instances of poor administration that my investigation identified, I cannot totally discount the possibility that you submitted an application earlier than 1999. However, that said, I do not consider it unreasonable for you to have to provide the necessary evidence in support of what you say. I understand that this

information is no longer available to you. To the extent set out in this report, I consider that there were failings in record keeping in respect of your housing file. These failings amounted to maladministration. I have therefore **upheld** this aspect of your complaint.

64. I consider that a reasonable council, in discharging its statutory function, will consider the facts contained in the housing application and assess those facts against its lettings policy. This may mean seeking further information from the applicant. While I acknowledge that the review avenue is open to an applicant to have their points corrected, the review process should not be seen as a substitute for proper management of an application.

65. I am of the view that it would have been reasonable for the Council to have directed its mind to whether you were entitled to social factor points much sooner than in fact occurred. This did not happen. I would also have expected, given the disrepair issues that you raised, for Housing Services to have made the referral, rather than expecting you to contact the EHD (see paragraph 33). This is particularly so given the Council's letting policy, and the fact that Housing Services and the EHD work within the same Council. As a consequence, there was a delay in proper consideration being given to your social factor and disrepair points. While I consider that there have been failings in the pointing of your application I have taken into account the following. Between 2 June to 31 October 2003, only three bedroom properties became available in Street 1. It seems that you would not have been eligible for three bedroom accommodation in this street. Between 31 October 2005 to 31 October 2012, your changed circumstances meant you would only have been considered for single persons accommodation. From October 2012 (when your changed circumstances meant you again became eligible to go on the general needs register), I note that you still only wished to be considered for Street 1. The only property that became available after this date was a three bedroom property (let on 17 December 2012). On the evidence available, I do not believe that the Council's failings caused you personal injustice for the time periods detailed in this paragraph. I have therefore **not upheld** this aspect of your complaint.

66. I note that in 2002 your housing application was wrongly cancelled (see paragraphs 13 and 18) and I have concluded, based on the evidence, that the circumstances that led to this happening amounted to maladministration. The effect of this was that you were not on a shortlist of applicants when a two bedroom property became available (see paragraph 19). With your time points you would have had 34 points. However, I cannot say, in the absence of the pertinent policy, whether you would have satisfied the criteria for social factor points at that time. Again, given that there were failings in terms of the Council following up your tenancy reference with the HA, I am unclear how the Council would have addressed this or indeed your former tenant arrears, if these had

been known at the point when the two bedroom property in Street 1 became available. A degree of uncertainty therefore exists as I cannot rule out the possibility that if your housing application had been dealt with properly that you might have been in a position to be housed at that point. However, the nature of the failings coupled with the absence of the relevant lettings policy means I am unable to be definite in my conclusions.

67. The Council's lettings policy uses the word "normally" (see paragraph 76) to show it has the discretion **not** to remove time points in situations such as yours when an applicant becomes part of a couple and moves from the single persons list to the general needs register. Repeatedly both in correspondence to you and this office (see paragraphs 47 and 54), the Council has failed to recognise the discretionary aspect of its policy and treated it instead as a blanket policy by referring to "will" in relation to the removal of time points. In cases such as yours at the point when the decision to remove the time points is being made (see paragraph 32), I would expect to find evidence that the officer had considered applying discretion. In the event that discretion was not applied, I would expect the officer to document fully the reasons for not doing so having taken into account the individual merits of an applicant's case. It seems to me that only applying discretion if an applicant requests a review of their points amounts to a failure to properly exercise the duty to reach an individual decision on each case. As such it is tantamount to a council fettering its discretion.

68. In terms of your medical points, I have considered the Council's actions and on the evidence I have considered it appears that the Council took the appropriate steps to consider and advise you about the basis on which medical points are awarded. However, it is likely from a homelessness perspective that the sort of health issues you were raising would be one of the factors that a council carrying out homelessness inquiries would need to consider in examining suitability and whether it was reasonable for a homeless applicant to remain in their accommodation.

69. I have outlined the supporting case law and guidance on homelessness (see appendix). This highlights when a council's homelessness duties may arise and how it may affect an applicant's housing application. It also clarifies that a formal homelessness presentation is **not** required to trigger a council's homelessness duty. I consider that there were instances when the Council's homelessness duties were triggered in your case (arguably at paragraph 25 and more definitely at paragraph 31), since you were raising issues about the suitability of the accommodation and whether it was reasonable for you to continue to occupy it by reason for example of affordability or disrepair. I am also of the view that the Housing Option interview amounted to a homelessness determination (see paragraph 37) as the extent of the Council's homelessness

duties were being considered. I am satisfied on the evidence that I have considered that the Council, in failing to recognise its homelessness duties had been triggered, failed to fulfil its homelessness duties as set out in the homelessness legislation which includes the issuing of a section 184 homelessness decision letter containing certain information. To that extent I consider that the Council was maladministrative. I would stress that even if a homelessness duty is triggered this does not mean that a council has to then provide permanent accommodation. However, depending on the outcome of any homelessness inquiries it may affect the pointing of an applicant's housing application. To the extent set out in this report, I have **upheld** this aspect of your complaint.

70. Finally, in view of the failings I have identified, I consider that the Council when responding to your complaint was not as robust, transparent, or open as it could have been in acknowledging failings around the administration of your housing application. As a consequence, you have had the additional inconvenience and distress of having to complain further to this office. I have therefore **upheld** your complaint.

Recommendations

71. I **recommend** that:

- (a) Within **one month** of the report being finalised, the Council's Acting Chief Executive should apologise to you for the failings that I have identified. In addition, the Council should in recognition of the impact of those failings on you, which includes the uncertainty as to whether you may have been offered accommodation in 2002, make a payment to you of £500
- (b) Within **one month** of the report being finalised, the Council's Housing Services should remind its housing allocation staff of the importance of ensuring, where supported by the facts, enquiries are made where necessary to ensure applicants' housing applications are correctly pointed in accordance with its lettings policy
- (c) Within **one month** of the report being finalised, the Council should provide appropriate training to relevant housing staff on the Council's Corporate Records Management Policy
- (d) Within **two months** of the report being finalised, the Council's Housing Services should develop guidance on the factors for consideration when considering applying discretion in relation to the removal of time points

- (e) Once the guidance is in place, the Council's Housing Services should remind its housing allocation staff of the need to consider applying discretion at the point when the discretionary decision on the removal of time points is being exercised. Housing allocation staff should also be reminded of the need to demonstrate that discretion has been considered
- (f) Within **three months** of this report being finalised, if it has not already done so, the Council's Housing Services should provide training to relevant housing staff, including allocation staff, on the circumstances when the Council's homelessness duties may be triggered and the steps that should be taken. The Council's Housing Services should also review its documentation to satisfy itself that it supports the early recognition of when the Council's homelessness duties may be triggered and thus engaged
- (g) The Council should within the timescales specified within the recommendations provide documentary evidence to this office of compliance with the recommendations above
- (h) Finally, in the interim period before the Council's Housing Services introduces its new lettings policy in 2015, where its housing allocation staff have reason to review a housing application that has had time points removed, the application should be reviewed against the guidance developed at (d) above.

I am pleased to note that in commenting on the draft of this report the Council has agreed to implement these recommendations.

Maureen Campbell-Taylor
Senior Investigator

10 October 2014

FOOTNOTE

This letter constitutes a report under s.21 of the Public Services Ombudsman (Wales) Act 2005 and is issued under the delegated authority of the Ombudsman.

Appendix

72. As part of my investigation, I have considered the legislation relating to the Ombudsman's powers and the restrictions that apply. The role of the Ombudsman is to investigate complaints that a listed authority such as a council has been guilty of maladministration and service failings and as a result the complainant has suffered injustice. The legislation does not say what is meant by maladministration but it is taken to mean that a listed authority has acted incompetently or improperly when it comes to its administrative functions.

73. I have also considered the Ombudsman's guidance on the principles underpinning "Good Administration"¹⁷ which emphasises, amongst other matters, the importance of listed authorities creating and maintaining reliable and usable records as evidence of their activities.

74. Furthermore, I have reviewed previous Ombudsman's cases including public reports¹⁸ relating to lettings and homelessness where there has been a failure by a council to recognise the triggering of its homelessness duties or inadequacies in the way that a council has dealt with an applicant's housing application.

75. A local housing authority ("LHA") when allocating its housing stock has to work within the relevant housing legislation,¹⁹ and take account of Welsh Government guidance²⁰ on how its lettings policy should operate. In addition, although not detailed in the legislation, administratively, a LHA when carrying out its statutory function must make such enquiries as will allow it to be satisfied that it has properly discharged its role.²¹

76. The Council uses a points based system to help determine priority, with those applicants in greatest need generally getting the highest points. I have reviewed the Council's lettings policy which has been amended over the years in response to changes in legislation and guidance. Broadly, as well as pointing applicants based on needs, the Council's lettings policy details:

- How changes in an applicant's circumstances may affect their time points. For example, the February 2003 amended lettings policy said that in the case of childless couples, where a single person formed a relationship with a partner prior to rehousing, they would "normally" be required to re-apply as a family without carrying forward any of the time in need points accumulated during the period as a single person. In the converse

¹⁷ Public Services Ombudsman for Wales (March 2008) Principles of Good Administration.

¹⁸ Case reference 200602563 issued 4/9/2008; case reference 200600749 issued 16/4/2008; case reference 200902138 issued 15/6/2011

¹⁹ The Housing Act 1996 as amended.

²⁰ Code of Guidance for Local Authorities on Allocation and Homelessness (April 2003) updated August 2012.

²¹ R v Islington LBC ex p Thomas (1997) 30 HLR 111 QBD.

situation, where a relationship breakdown occurs, each applicant retained their time points. Where an applicant was no longer eligible for family accommodation prior to an offer of a tenancy, they would have to re-apply as a single person and would be granted the time in need points accumulated during the period as a single person. The 2013 amended lettings policy in this area while it has sought to clarify aspects of the policy remains substantively unchanged

- The Council's annual review of applicants on its waiting list
- What happens if a housing application is cancelled
- The criteria for awarding private sector disrepair points and when a referral to the local Environmental Health Office will occur.

77. Homelessness legislation, accompanying guidance²² and case law details a LHA's homelessness duties. In terms of homelessness, there is no explicit requirement for a person who is homeless or threatened with homelessness to make a homelessness application.²³

78. If, and case law supports this, a LHA has reason to believe that an applicant **may** [my emphasis] be homeless,²⁴ or threatened with homelessness, then it **must** [my emphasis] make inquiries sufficient to satisfy itself as to whether the applicant is eligible for assistance. In addition, the council must also determine whether it has any duty to the applicant and the extent of that duty.²⁵ For example affordability and disrepair issues may raise issues about the suitability of the accommodation and whether it is reasonable for the applicant to occupy it. A LHA when deciding whether accommodation is reasonable to occupy, may have regard to the general housing circumstances that exist in the area that the applicant wishes to be housed.²⁶ The threshold for the triggering of a LHA's homelessness duty is low.²⁷

79. Once it has completed its inquiries, a LHA **must** [my emphasis] inform the applicant in writing of its decision and, provide the reasons for reaching that decision²⁸ ("the section 184 homelessness decision letter"). The applicant must also be informed of their appeal rights and the time limits for making an appeal.²⁹

²² Code of Guidance for Local Authorities on Allocation and Homelessness (April 2003), updated August 2012.

²³ Paragraph 12.2 of the Code of Guidance for Local Authorities on Allocation and Homelessness (April 2003).

²⁴ Housing Act 1996 (as amended) s.175.

²⁵ Housing Act 1996 (as amended) s184(1)

²⁶ Housing Act 1996 s177(2)

²⁷ ²⁷ *Aways & Ors, R (on the application of) v Birmingham City Council* [2007] EWHC 52 (Admin) 26 January 2007.

²⁸ Housing Act 1996 s184.

²⁹ Housing Act 1996 s202.



AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: BUSINESS CONTINUITY IN SOCIAL SERVICES

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

- 1.1 To provide members with information in respect of business continuity planning in place for Social Services, as requested in a previous committee meeting.

2. SUMMARY

- 2.1 The report seeks to reassure members that there are robust procedures in place to ensure business continuity in both services directly provided by the directorate and for those services that are commissioned from the independent sector

3. LINKS TO STRATEGY

- 3.1 Business Continuity Management is a process which supports the delivery of all services and strategies across the organisation. The Civil Contingencies Act 2004 requires Local Authorities to put Business Continuity Management arrangements in place.

4. THE REPORT

- 4.1 Social Services has implemented the corporate business continuity management process involving identification of critical services and the impact if these were disrupted or lost. The maintenance of services to vulnerable client groups from both children and adults has been prioritised. The assessment covers all aspects of the services and identifies critical levels of staff that would be required to maintain a safe level of functioning and also indicates requirements for communication in terms of both IT and telecommunications.
- 4.2 Social Services has a very good track record of continuing to deliver services in periods of disruption which have primarily related to prolonged periods of inclement weather. During periods of inclement weather key service areas, such as, South East Wales Emergency Duty Team (SEWEDT) Contact and Referral, Adult Services Duty Information Service (ASDIT), Telecare, Home Care, Community Resource Team (frailty) Supported Living and Residential Care for both children and adults have specific action plans.
- 4.3 Specific action plans involve, prioritising these staff groups for attendance at the work place or clients homes via provision of 4x4 vehicles if necessary, which are coordinated and driven by Facilities staff, who in turn liaise with other directorates in relation to access to suitable vehicles. 4x4 vehicles are commissioned each Winter by Facilities staff on behalf of the directorate as part of the business continuity planning arrangements, commissioning in this way is cost effective and ensures vehicles are available.

- 4.4 Home Care and Frailty introduce walking rotas, combine calls with health/independent care staff where appropriate and negotiate with families/carers in terms of reducing calls such as meals if family can assist. Residential, Supported Living and Telecare managers also make use of 4x4 vehicles, extended working days and re rota staff to different establishments within walking distance. Telecare have a specific requirement for business continuity as part of their accreditation, this is known as “disaster recovery”. All calls are diverted to another monitoring centre and answer by operators who have access to relevant information. This can be used, for example, if the monitoring centre has to be evacuated for a fire alarm.
- 4.5 Decisions are made on a daily basis as to whether or not day centres are to open, these decisions are made in conjunction with transport to ensure safety for service users and staff. If centres are closed staff are redeployed to other essential front line services. Arrangements are in place with other directorates for example Meals Direct to ensure any vulnerable resident receives a meal via alternative means and Highway Operations to ensure access roads are passable to essential buildings such as residential homes for emergency vehicles.
- 4.6 Contact and Referral and ASDIT ensure they have sufficient staff in to manage the volume of work and can direct social workers to situations requiring urgent attention. Key staff have IT fobs so are able to access systems/databases from home or any office base to ensure continuity of service.
- 4.7 Discussions have been held with the regulator CSSIW to enable certain staff groups to undertake different tasks in the event of the need to implement business continuity plans for prolonged periods or if key staff are not available, e.g. staff providing meals who have not undertaken basic hygiene course.
- 4.8 Our business continuity arrangements are proactive to minimise impact on service delivery for example front line staff are offered flu vaccinations on an annual basis. Staff are provided with appropriate equipment for use in adverse weather. Contracted services are required to have a business continuity plan which is monitored and is reviewed following any periods of use.
- 4.9 Social Services recently completed climate change action planning process to identify any potential impact on service provision, no risks were identified. As lessons learnt from this and other authorities illustrates social services have a good track record of continuing to provide services to vulnerable people during periods of disruption.
- 4.10 Social Services fully participate in the authority’s Emergency Planning process; contact details are available for key staff to ensure plans are put into place.
- 4.11 The directorate has negotiated with the trade unions that certain posts are exempted should there be any periods of industrial action, this ensures business continuity of essential services.

5. EQUALITIES IMPLICATIONS

- 5.1 There are no potential equalities implications of this report and its recommendations on groups or individuals who fall under the categories identified in Section 6 of the Council's Strategic Equality Plan, however having sound business continuity management arrangements in place in the event of any disruption ensures that the most vulnerable in society are not without the services they need at such a time.

6. FINANCIAL IMPLICATIONS

- 6.1 Expenditure of leasing of 4x4 vehicles is illustrated below:

Service Area	2013/14	2014/15
	£000s	£000s
Home Care	21.4	17.4
Meals Direct	16.0	14.7
TOTAL	37.4	32.1

7. PERSONNEL IMPLICATIONS

7.1 There are no personnel implications associated with this report.

8. CONSULTATIONS

8.1 All comments have been included in this report.

9. RECOMMENDATIONS

9.1 Members note the content of the report.

10. REASONS FOR THE RECOMMENDATIONS

10.1 Report is for information only.

Author: Dave Street Corporate Director Social Services
 Consultees: Senior Management Team
 Cllr Robin Woodyatt Cabinet Member

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AUDIT COMMITTEE - 11TH JUNE 2015

SUBJECT: AUDIT COMMITTEE FORWARD WORK PROGRAMME

**REPORT BY: ACTING DIRECTOR OF CORPORATE SERVICES & SECTION 151
OFFICER**

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1. The attached report demonstrates the Audit Committee Forward Work Programme.
 2. Forward Work Programmes are essential to ensure that Audit Committee agendas reflect the strategic issues facing the Council and other priorities raised by Members, the public or stakeholders.
 3. The Audit Committee Forward Work Programme identifies reports that are due to be presented to the Committee until March 2016. The document is a working document and is regularly updated when additional reports are identified.
 4. The latest Audit Committee Forward Work Programme is attached at Appendix 1.

Author: C. Evans, Committee Services Officer, Ext. 4210

Appendices:

Appendix 1 Audit Committee Forward Work Programme

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FORWARD WORK PROGRAMME FOR AUDIT COMMITTEE

Deadline (12 Noon) Reports To Committee Services	Meeting Date	TOPIC	RESPONSIBILITY
24/08/15	09/09/15	Complaints Report (6 monthly basis) Regulation of Investigatory Powers Act 2000 WAO Responses- Homicide Update <i>Register- Gifts and Hospitality (Information)</i> <i>Forward Work Programme</i> ISA 260	Gail Williams Gail Williams Dave Street <i>Gareth Hardacre</i> <i>Nicole Scammell</i> PWC
23/11/15	09/12/15	Regulator Proposals for Improvement Progress Update <i>Forward Work Programme</i> <i>Register- Gifts and Hospitality (Information)</i>	Ros Roberts Nicole Scammell Gareth Hardacre
22/02/16	09/03/16	Complaints Report (6 Monthly Basis) Regulation of Investigatory Powers Act 2000 <i>Forward Work Programme</i> <i>Register- Gifts and Hospitality (Information)</i>	Gail Williams Gail Williams Nicole Scammell Gareth Hardacre

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AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: INTERNAL AUDIT SERVICES ACTION PLAN UPDATE

REPORT BY: INTERNAL AUDIT SERVICES MANAGER

1. PURPOSE OF REPORT

- 1.1 To update the Audit Committee on the progress made on the actions identified as a result of the two Corporate Governance Inspections and to provide a flavour of some of the work that the service has been involved with since the inspections.

2. SUMMARY

- 2.1 Internal Audit Services continues to develop its operational practices as well as reviewing its areas of coverage in response to both the requirements of the agreed action plan and emerging issues/current best practice. The delivery of the actions within the action plan is being overseen by The Improving Governance Project Board and the latest update is given within this report. The report also provides the Audit Committee with a flavour of the diversity of the areas that now form part of the overall coverage required of Internal Audit.

3. LINKS TO STRATEGY

- 3.1 To ensure that the Council's strategies are delivered in a proper and transparent way.

4. THE REPORT

- 4.1 A report was presented to the Audit Committee in March that set out an action plan to address the areas that were identified by the two governance reviews undertaken by the external auditors.
- 4.2 The Improving Governance Project Board has picked up the action plan to monitor the on-going progress and the attached Appendix 1 is the latest version which the Board is using as a review tool.
- 4.3 A number of the actions have been completed but due to the nature of others an element of on-going/continuous development is required which either had already been started or was planned for further future development.
- 4.4 The development of the audit plan and the inclusion of a wider mix of audit work is continuing and the list below is indicative of areas of work that the section is undertaking:-
- Participating in a joint review with the Policy and Research Manager, of the governance arrangements in place for a selected sample of the Authority's partnerships or collaborations as a contribution to the annual governance improvement process.

- A service review of operational management practices within the Youth service area.
- The delivery of training to the Audit Committee on the latest best practice guidance issued by the Chartered Institute of Public Finance & Accountancy.
- Participation on a corporate group set up to review the Council's approach to safeguarding, with a specific remit of looking at the governance arrangements and fit within the annual governance review process.
- As part of the ongoing monitoring of the risk management process audit staff have attended directorate senior management meetings to monitor and review the risk management process taking place.
- A data validation exercise has been undertaken to confirm the accuracy and completeness of data being used in decision making in respect of waste collection and recycling.
- Facilitation work has been undertaken to assist with the process of the Council obtaining full Payment Card Industry security standards (PCI) compliance. Ongoing monitoring has also been built into review processes to aid with the early identification of non compliances that could result in monetary penalties.

5. EQUALITIES IMPLICATIONS

5.1 None, the report is for information only.

6. FINANCIAL IMPLICATIONS

6.1 There are no direct financial implications arising from this report.

7. PERSONNEL IMPLICATIONS

7.1 There are no direct personnel implications arising from this report.

8. CONSULTATIONS

8.1 Any comments received have been reflected in this report.

9. RECOMMENDATIONS

9.1 The Audit Committee is asked to note the content of the report in respect of the continuing work that is being undertaken to address the issues identified and the varied nature of the tasks that the service gets involved in undertaking.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To ensure Members are aware of the type of work being undertaken and the moves being made to address the action plan areas.

11. STATUTORY POWER

11.1 Local Government Act 1972-2003.

Author: Mr R M Harris, Manager Internal Audit
 Consultees: Mr S Harris, Acting Head of Corporate Finance
 Mrs N Scammell, Acting Director of Corporate Services & Section 151 Officer

Appendices:
 Appendix 1 WAO CGI & Follow Up Inspection – Audit Action Plan (Proposal for Improvement P6)

WAO CGI & FOLLOW-UP INSPECTION – Audit Action Plan (Proposal for improvement P6)– Progress as of 14/04/2015

<p><i>(P6) The Council should develop a robust action plan for improving Internal Audit. This should take account of the outcome of the self-assessment against the Public Internal Audit Standards. Reporting and monitoring mechanisms need to be agreed to maintain momentum.</i></p>	<p>A robust Action Plan will be developed and presented to Audit Committee in March 2015. The delivery of the Action Plan will be monitored by the IGPB. SRO: Stephen Harris, Acting Head of Corporate Finance. March 2015</p>	<p>The Action Plan below was presented to and approved by Audit Committee on 11th March 2015. The plan is being monitored by the IGPB</p>
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INITIAL REVIEW	FOLLOW UP REVIEW	INTENDED ACTIONS	Responsible officer & target date	IGPB Monitoring Status
Re-assesses its expectations of the Internal Audit service and puts in place a change programme to address the findings of this inspection	The Council is beginning to address aspects of our recommendations to improve Internal Audit but it lacks a robust action plan to ensure it can keep track of progress	Completion of action plan and presentation to Audit Committee.	RH - 11/3/15	In progress
Strategy & vision				
Audit Charter & strategy.	Audit charter / strategy in place. Key challenge is to ensure that these are now translated into practice.	Audit Charter approved by Audit Committee 10/09/14.	RH - ongoing	Completed. <u>Longer-term:</u> <ul style="list-style-type: none"> ▪ continue the practice via Audit Committee Meetings, meeting with Members, meeting with CTM, DMT and Heads of Service. ▪ Periodic review of Charter as & when necessary
Engagement with Audit Committee				
Greater interaction with the Audit Committee.		<ul style="list-style-type: none"> ▪ Interaction with the Audit Committee has already increased and is set to continue with IAM input into Audit Committee training programme and regular meetings with the Audit Committee Chairman. 	RH throughout 2015	Completed. <u>Longer-term:</u> <ul style="list-style-type: none"> ▪ continue the practice of new regular meetings and review when necessary
Input into strategy and vision.		<ul style="list-style-type: none"> ▪ Audit Charter approved by Audit Committee 10/09/14. 	RH - ongoing	
Planning				
Greater interaction with the Directors & CEO.		<ul style="list-style-type: none"> ▪ Periodic attendance at Directorate Management Teams to supplement emails to Heads of Service. 	RH - Jan/ Feb 2015 and ongoing	Completed. <u>Longer-term:</u> <ul style="list-style-type: none"> ▪ continue the practice and review when necessary
Available resource v. audit need.		<ul style="list-style-type: none"> ▪ This will be covered annually in the Annual Audit Plan report. 	RH - ongoing	In progress
Terms of reference agreed for each audit assignment.		<ul style="list-style-type: none"> ▪ This has already started to happen and is evolving with every piece of work. 	RH - ongoing	Completed. <u>Longer-term:</u> <ul style="list-style-type: none"> ▪ continue the monitor and evaluate the new practice (scoping meeting and TOR)
Risk based focus				
Mapping strategic risk to audit plan.	Audit plan is evolving but still predominantly focussed on financial areas.	Audit plan will continue to evolve and develop in line with engagement with Management. Key risk areas discussed at Directorate Management Team meetings.	RH - ongoing but no later than June 2016	Completed. <u>Longer-term:</u> <ul style="list-style-type: none"> ▪ Continue to monitor emerging risks & issues as well as needs of management

WAO CGI & FOLLOW-UP INSPECTION – Audit Action Plan (Proposal for improvement P6)– Progress as of 14/04/2015

INITIAL REVIEW	FOLLOW UP REVIEW	INTENDED ACTIONS	Responsible officer & target date	IGPB Monitoring Status
Reporting & communication				
Not all reports signed out by IAM.		<ul style="list-style-type: none"> To be reviewed and included within audit manual. 	RH/DG - March 2016	In progress.
Follow up mechanisms could be improved.		<ul style="list-style-type: none"> To be reviewed and included within audit manual. 	RH/DG - March 2016	In progress.
Communication with stakeholders somewhat variable.		<ul style="list-style-type: none"> Audit clients are to be briefed on the audit process at the commencement of each assignment. 	RH/DG - ongoing	Completed. <u>Longer-term:</u> <ul style="list-style-type: none"> continue the monitor and evaluate the new practice (scoping meeting and TOR)
		<ul style="list-style-type: none"> Reporting protocols within the Audit Service will be defined within the audit manual. 	RH/DG - March 2016	In progress.
Quality assurance & performance mgt.				
Quality review of files.	Has not assessed against PSIAS although is looking to participate in contract arrangement being established within South Wales.	A self assessment against PSIAS will be undertaken in order to identify areas for further development prior to the external assessment.	Staff group – Sept. /Oct. 2015	In progress.
	Working papers could be improved in terms of level of review & quality of documentation.	This will be reviewed and addressed in the new audit manual.	RH/DG - March 2016	In progress.
Inconsistency in the issue of reports.		This will be reviewed and addressed in the new audit manual.	RH/DG - March 2016	In progress.
Performance measures should be introduced & reported.		All wales annual benchmarking exercise is undertaken with quarterly data collected and recorded on Fynnon.	Ongoing on a quarterly basis	Completed. <u>Longer-term:</u> <ul style="list-style-type: none"> Used as part of self-evaluation
Use of technology				
No integrated mgt. system in place for audit planning, execution, documentation & reporting.		Cost and resource implications will need to be assessed against benefits. Have been using existing software since 1996 without major issues.	RH/DG - March 2016	In progress.
		<ul style="list-style-type: none"> Audit manual to be re instated. Full rewrite to include the outcomes of the reviews identified above. 	RH/DG - March 2016	In progress.
		<ul style="list-style-type: none"> Enhanced commitment to training of staff to increase knowledge of the requirements of the new standards. 	Courses already booked up to June 15	In progress. <u>Longer term:</u> Ongoing commitment to take up of suitable courses



AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: CAERPHILLY COUNTY BOROUGH COUNCIL PARTNERSHIPS AND COLLABORATIONS UPDATE

REPORT BY: ACTING DIRECTOR CORPORATE SERVICES

1. PURPOSE OF REPORT

- 1.1 An information report to brief Members on work being undertaken around Caerphilly County Borough Council (CCBC) Collaboration and Partnership Protocol and Action Plan for Delivery from March 2015 to May 2015.

2. SUMMARY

- 2.1 Since last reporting to the Audit Committee on 11th March 2015 the second quarterly review has been undertaken of the CCBC partnership and collaboration list following its initial completion in 2014. The number of CCBC formal partnerships has decreased by 1 totalling at 38 partnerships, and collaborations have decreased by 2 totalling at 26 collaborations. CCBC leads in 8 of the collaborations.
- 2.2 A partnership governance check has been conducted for the Local Investment Fund Collaboration on 17th March 2015, which raised no issues for concern.

3. LINKS TO STRATEGY

- 3.1 Compliance with recommendations of the Wales Audit Office under the Council's Improvement Plan, and requirements of the Annual Governance Review Panel on partnerships and collaborative working of the Council.

4. THE REPORT

- 4.1 A review of the CCBC partnership and collaboration list has taken place through Heads of Service from April to May 2015. Nine Heads of Service reported no change to the list for their service area. Three Heads of Service reported a change: the Gwent Trading Standards Project has ended with a decision taken not to proceed; the Job Centre Plus (JCP) Flexible Service Delivery Points Partnership has come to an end as JCP have amended their digital offer and are removing Flexible Service Delivery Points from library settings as part of this change, and the Caerphilly Passport Scheme ceased in March with the end of European funding.
- 4.2 The next review of the CCBC partnership and collaboration list through Heads of Service will be undertaken in June 2015.
- 4.3 The governance check of the Local Investment Fund Collaboration revealed no issues of concern. The project, now in its closure phase, will be concluding June 2015. In terms of

financial management, Rhondda Cynon Taf Council has been the project lead for this European funded project, but officers in CCBC Regeneration and Planning have worked with colleagues in Finance to ensure that project spend is both appropriate and in line with all laid down financial procedures, both in terms of CCBC procedures and those required by the Welsh European Funding Office (WEFO) and European Union (EU).

5. EQUALITIES IMPLICATIONS

- 5.1 The Council's partnerships and collaborative working takes into consideration the Equalities Act 2010 (Statutory Duties) (Wales) Regulations 2011, and the Welsh Language (Wales) Measure 2011.

6. FINANCIAL IMPLICATIONS

- 6.1 Information on the funding arrangements in place for partnership and collaborative working by the Council is contained in background documentation, leading to the generation of the CCBC partnership and collaboration list, which can be made available for Members.

7. PERSONNEL IMPLICATIONS

- 7.1 Significant staff time is invested in partnership and collaborative working by the Council and is met within existing resources.

8. CONSULTATIONS

- 8.1 The write up of the governance check of the Local Investment Fund Collaboration has been verified with the lead officer. The CCBC partnership and collaboration list is updated in consultation with Heads of Service.

9. RECOMMENDATIONS

- 9.1 For Members to note the contents of the report.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 The report is for information only, updating Members on progress with implementing the Partnership Protocol 12 month action plan for delivery up to June 2015.

11. STATUTORY POWER

- 11.1 Local Government Act 2000, and the Local Government (Wales) Measure 2009 (Part 2) Community Strategies, and Well-being of Future Generations (Wales) Act 2015.

Author: Jackie Dix – Policy & Research Manager
Consultees: Nicole Scammell - Acting Director of Corporate Services & S151
Colin Jones - Head of Performance and Property Services
Gail Williams – Interim Head of Legal and Democratic Services
Richard M Harris - Internal Audit Manager
Alessandra Veronese - E-Government Team Leader



AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: OFFICERS DECLARATIONS OF GIFTS AND HOSPITALITY

REPORT BY: HEAD OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT

1. PURPOSE OF REPORT

- 1.1 Quarterly report to advise members of the Audit Committee of the gifts and hospitality declared by officers for the period January to March 2015.

2. SUMMARY

- 2.1 Attached as Appendix 1, is a list of Gifts and Hospitality received by officers of the Council for the 3 months 1 January to 31 March 2015.

3. LINKS TO STRATEGY

- 3.1 The Council acting through this Committee has an obligation to maintain high standards, probity and conduct throughout its workforce.

4. THE REPORT

- 4.1 Heads of Service provide data on a monthly basis to the Head of Workforce and Organisational Development for collation and monitoring purposes.
- 4.2 The Head of Workforce and Organisational Development will continue to monitor the returns and work with Heads of Service to improve their understanding and corporate compliance to the policy.

5. EQUALITIES IMPLICATIONS

- 5.1 None.

6. FINANCIAL IMPLICATIONS

- 6.1 None.

7. PERSONNEL IMPLICATIONS

- 7.1 The Head of Workforce and Organisational Development will continue to monitor the declarations to promote best practice and ensure compliance.

8. CONSULTATIONS

- 8.1 There are no consultations that have not been included in the report. The Improving Governance Programme Board and Corporate Management team have been consulted on this report.

9. RECOMMENDATIONS

- 9.1 The Members of the Audit Committee are asked to note the information provided in Appendix 1.

10. REASONS FOR THE RECOMMENDATIONS

- 10.1 To ensure the Audit Committee have an oversight of the position in relation to officers Gifts and Hospitality.

11. STATUTORY POWER

- 11.1 Local Government Act 2000.

Author: Gareth Hardacre, Head of Workforce and Organisational Development.
hardag@caerphilly.gov.uk

Consultees: Nicole Scammell, Director of Corporate Services & Section 151 Officer (Acting)
Gail Williams, Interim Head of Legal Services and Monitoring Officer
Colin Jones, Head of Property and Performance Management
Cllr Christine Forehead, Cabinet Member for HR and Governance
Alessandra Veronese, Programme Manager – Improving Governance Programme Board

Appendices:
Appendix 1 Declarations of Gifts and Hospitality

Appendix 1
Declarations of Gifts and Hospitality – 1 January to 31 March 2015

Directorate	Service Area	Type of Declaration	Form Details Of Declaration i.e. name of person, nature of relationship, company, gift, hospitality, etc	Head of Service who signed the declaration	Outcome
Corporate Services	Corporate Finance	Gift	The gift consisted of a bunch of flowers and a box of chocolates delivered to Penallta by a Purchase Ledger Customer, accepted in the employee's absence. Approximate value: £20. Employee advised by line manager to speak to HR and advised they would share chocolates with the rest of the team.	Stephen Harris	Accepted
Environment	Engineering and Transport	Hospitality	Invite by Cardiff Transport Preservation Group to official arrival of Bedwas and Machen UDC bus at CTPG Depot, Barry on Saturday, 28 March 2015. Nil value.	Terry Shaw	Accepted
Environment	Engineering and Transport	Hospitality	Invite by Cardiff Transport Preservation Group to official arrival of Bedwas and Machen UDC bus at CTPG Depot, Barry on Saturday, 28 March 2015. Nil value.	Terry Shaw	Accepted

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AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: REGISTER OF EMPLOYEES' INTERESTS FORMS

REPORT BY: HEAD OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT

1. PURPOSE OF REPORT

- 1.1 To advise Members of the Audit Committee of the Register of Employees' Interests Forms completed by officers for the 2 year period 1 April 2013 to 31 March 2015.

2. SUMMARY

- 2.1 Enclosed in the Appendices are summaries of the declarations by Directorate, Service and Type received over the previous 2 years - 1 April 2013 to 31 March 2014 and 1 April 2014 to 31 March 2015.

3. LINKS TO STRATEGY

- 3.1 The Council acting through this Committee has an obligation to maintain high standards, probity and conduct throughout its workforce.

4 THE REPORT

- 4.1 A total of 164 disclosures were made from 1 April 2014 to 31 March 2015 compared to 1108 in the previous year (2013-2014). A total of 120 employees and 1 agency employee submitted disclosures 2014/2015. This compared to 651 employees and 4 agency employees in the previous year (2013-2014). Where multiple declarations have been made on one form they have been separated onto individual lines.

It should be noted that the higher declaration quantity last year, would be mainly due to the work of the Improving Governance Programme Board in strengthening our governance arrangements, and the reissuing of the Code of Conduct to all employees requesting that any current declarations were re-registered. In addition all Heads of Service were asked to reinforce this message through their communication meetings with employees.

Appendix 1 summarises the Declarations by Directorate and Service Area submitted in 2013/2014 and 2014/2015.

- 4.2 Appendix 2 summarises Declarations by Type submitted in 2013/2014 and 2014/2015:

- Gifts and Hospitality;
- Outside Interests;
- Relationships.

Gifts and Hospitality is the subject of a separate, quarterly report to the Audit Committee.

4.3 A new Register of Employees' Interest form was implemented from February 2015 following consultation with the HR Strategy Group. Forms can be accessed from the HR Support portal on the intranet, they are no longer controlled stationery with individual numbers.

5. EQUALITIES IMPLICATIONS

5.1 None.

6. FINANCIAL IMPLICATIONS

6.1 None.

7. PERSONNEL IMPLICATIONS

7.1 The Head of Workforce and Organisational Development will continue to monitor the declarations to promote best practice and ensure compliance.

8. CONSULTATIONS

8.1 There are no consultations that have not been included in the report. The Improving Governance Programme Board and Corporate Management team have been consulted on this report.

9. RECOMMENDATIONS

9.1 The members of the Audit Committee are requested to note the contents of the report.

10. REASONS FOR THE RECOMMENDATIONS

10.1 The members of the Audit Committee are asked to note the content, there is no action required.

11. STATUTORY POWER

11.1 Local Government Act 2000.

Author: Gareth Hardacre, Head of Workforce and Organisational Development.
hardag@caerphilly.gov.uk

Consultees: Nicole Scammell, Director of Corporate Services & Section 151 Officer (Acting)
Gail Williams, Interim Head of Legal Services and Monitoring Officer
Colin Jones, Head of Property and Performance Management
Cllr Christine Forehead, Cabinet Member for HR and Governance
Alessandra Veronese, Programme Manager – Improving Governance Programme Board

Appendices:

Appendix 1 Declarations by Directorate and Service Area 2013/2014 and 2014/2015.

Appendix 2 Declarations by Type 2013/2014 and 2014/2015.

Appendix 1
Declarations by Directorate and Service Area 2013/2014 and 2014/2015

Directorate	2013/2014	2014/2015
Chief Executives	5	2
Corporate Services	555	74
Education	163	13
Environment	298	48
Social Services	87	27
Total	1108	164

Directorate / Service Area	2013/2014	2014/2015
Chief Executives	5	2
Chief Executives	5	2
Corporate Services		
Corporate Finance (including Procurement)	92	30
Housing	180	21
Human Resources	67	4
ICT	52	2
Legal	36	7
Performance and Property	34	4
WHQS	94	6
Education	163	13
Learning Education and Inclusion	48	6
Lifelong Learning / Planning and Strategy	115	7
Environment	298	48
Community and Leisure Services	97	20
Engineering and Transport	72	13
Planning and Regeneration	105	13
Public Protection	24	2
Social Services	87	27
Adult Services	48	22
Childrens Services	31	5
Business Support	7	0
Social Services - Partnership	1	0
Overall Total	1108	164

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Appendix 2
Declarations by Type 2013/2014 and 2014/2015

<i>Type of Declaration</i>	2013/2014	2014/2015
Gifts & Hospitality	51	31
Gift	16	16
Hospitality	34	15
Other	1	0
Outside Interests - Financial	72	30
Business Relationship	13	6
Outside Employment	59	21
Personal Interest	0	3
Outside Interests - Non Financial	81	21
Membership of a Political Organisation	0	1
Membership of an External Body	66	11
Personal Interest	12	6
Volunteering	3	3

Type of Declaration	2013/2014	2014/2015
Relationships - Employee	758	56
Aunt / Uncle including in-Law / Step / Civil / Ex	59	7
Brother / Sister	90	10
Brother / Sister in-Law	57	4
Child / Step Child	85	4
Cousin including in-Law	110	7
Fiancé / Fiancée including Girl / Boy Friend / in-Law / Ex	13	6
Friend / Acquaintance	7	1
Godparent	1	0
Grandparent including Great / in-Law / Step / Civil / Ex	1	1
Husband / Wife including Partner / Civil Partner / Ex	184	7
Niece / Nephew including in-Law / Great / Step	46	1
Parent / Step	89	6
Parents-in-Law including Civil / Partner / Ex	12	1
Son / Daughter in-Law	4	1
Relationships - Other	76	15
Aunt / Uncle including in-law / Step / Civil / Ex	10	0
Brother / Sister	6	3
Brother / Sister in-Law	9	2
Child / Step Child	3	0
Cousin including in-Law	12	1
Fiancé / Fiancée including Girl / Boy Friend / in-Law / Ex	0	1
Friend / Acquaintance	1	2
Grandchild Step /in Law/ Civil/Great Grandchild	1	0
Grandparent including Great / in-Law / Step / Civil / Ex	5	0
Niece / Nephew including in-Law / Great / Step	14	1
Parent / Step	10	3
Parents-in-Law including Civil / Partner / Ex	0	1

Son / Daughter in-Law	2	1
Relationships - Councillor	28	2
Aunt / Uncle including in-Law / Step / Civil / Ex	6	1
Brother / Sister	1	0
Brother / Sister in-Law	1	0
Cousin including in-Law	7	1
Friend / Acquaintance	3	0
Husband / Wife including Partner / Civil Partner / Ex	3	0
Parent / Step	5	0
Parents-in-Law including Civil / Partner / Ex	2	0
Relationships - Contractor	42	9
Aunt / Uncle including in-Law / Step / Civil / Ex	1	0
Brother / Sister	5	0
Brother / Sister in-Law	3	0
Child / Step Child	6	0
Cousin including in-Law	3	0
Fiancé / Fiancée including Girl / Boy Friend / in-Law / Ex	1	1
Friend / Acquaintance	6	1
Husband / Wife including Partner / Civil Partner / Ex	10	4
Niece / Nephew including in-Law / Great / Step	1	0
Parent / Step	5	2
Parents-in-Law including Civil / Partner / Ex	0	1
Son / Daughter in-Law	1	0

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AUDIT COMMITTEE - 10TH JUNE 2015

SUBJECT: FRAUD POSITION STATEMENT FOR 2014/15

REPORT BY: INTERNAL AUDIT SERVICES MANAGER

1. PURPOSE OF REPORT

- 1.1 To present the Audit Committee with a Fraud Position Statement provided by Internal Audit Services as part of its on-going monitoring of the Council's counter fraud processes.

2. SUMMARY

- 2.1 The position statement builds upon an identification and prevention framework report that was presented to the Audit Committee in June 2014. The work undertaken has identified some additional measures which are included in the Statement and these will, along with other measures already in place, assist with maintaining fraud awareness across the organisation.

3. LINKS TO STRATEGY

- 3.1 To ensure that the Council's strategies are delivered in a proper and transparent way.

4. THE REPORT

- 4.1 A position statement has been produced for the year 2014/15 which looks at the measures and processes in place as well as identifying some additional recommendations that can be built into the existing arrangements. The position statement is attached as Appendix 1 and the following five recommendations have been made to enhance existing processes:-

- More coverage of fraud in employee's induction documentation.
- Specific reference to fraud in recruitment policies.
- Strengthening of senior managers understanding of the range and types of fraud.
- The package of policies aimed at fraud prevention should be more regularly reviewed to keep them up to date.
- The fraud reporting requirement within Financial Regulations needs to be communicated more regularly.

- 4.2 The Internal Audit Manager and the Interim Head of Corporate Finance will facilitate the implementation of the recommendations in order to strengthen the organisation's awareness / alertness to the possibility of fraud.

- 4.3 The position statement builds upon an identification and prevention framework report that was presented to the Audit Committee in June 2014. To assist the Committee in obtaining the assurances it requires it is intended that such reports on counter fraud processes will become an annual occurrence.

5. EQUALITIES IMPLICATIONS

5.1 None, the report is for information only.

6. FINANCIAL IMPLICATIONS

6.1 There are no direct financial implications arising from this report.

7. PERSONNEL IMPLICATIONS

7.1 There are no direct personnel implications arising from this report.

8. CONSULTATIONS

8.1 Any comments received have been reflected in this report.

9. RECOMMENDATIONS

9.1 The Audit Committee is asked to note the content of the report.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To provide members with a level of assurance around the Council's counter fraud processes and procedures.

Author: Mr R M Harris, Internal Audit Manager
Consultees: Mr S Harris, Interim Head of Corporate Finance
Mrs N Scammell, Interim Director of Corporate Services & Section 151 Officer
Mrs G Williams, Interim Monitoring Officer

Appendices:
Appendix 1 Fraud Position Statement for 2014/15.

CAERPHILLY COUNTY BOROUGH COUNCIL**FRAUD POSITION STATEMENT FOR 2014/15**

Caerphilly County Borough Council is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively. In discharging this responsibility, members and senior officers are responsible for establishing a sound system of governance, and a framework for identifying and preventing fraud.

This document examines the Council's policy and commitment to the prevention and detection of fraud. In carrying out its functions and responsibilities, the Authority has always adopted a culture of openness and fairness and has expected that elected members and employees at all levels will adopt the highest standards of propriety and accountability.

The Council is committed to dealing with fraud and corruption and deal equally with perpetrators from both inside and outside the Authority.

There are a number of controls and procedures in place which are based on corporately agreed policies and protocols which put the Council in a strong position. However, the profile of fraud on the corporate agenda may not be as high as it could be as staff deal with ever increasing demands.

Fraud and corruption are defined by the Audit Commission as:

Fraud – “the intentional distortion of financial statements or other records by persons internal or external to the Authority which is carried out to conceal the misappropriation of assets or otherwise for personal gain”

Corruption – “the offering, giving, soliciting or acceptance of an inducement or reward which may influence the action of any person”

A general offence of fraud is – “a dishonest act, where a perpetrator intends to make a gain, for them, or cause loss to another.”

1. Objectives

Although the Council recognises that it is impossible to prevent all theft, fraud and corruption, its processes and procedures are designed to operate in ways which make it difficult to commit, likely to be detected and then certain to be punished.

The generally accepted objectives of the Council's Anti-fraud and Corruption strategies are to: -

- Provide a clear statement of the Council's position on fraud and corruption
- Minimise the risk to the Council's assets and good name
- Promote a culture of integrity and accountability in members, employees and all those that the Council does business with
- Enhance existing procedures aimed at preventing, discouraging and detecting fraud and corruption and raise awareness of the risk of fraud and corruption being perpetrated against the Council.

2. Prevention

The Council operates within a framework of regulations, codes of conduct, systems and procedures which are designed to prevent fraud and corruption. However, its' system of prevention includes the following strategy and policy documents: -

- Anti-fraud, Bribery and Corruption Policy
- Financial Regulations and Procedures
- Contract and Procurement procedures
- An Employee Code of Conduct
- Whistle-blowing Policy
- Anti-money Laundering Policy
- Human Resources Policies and Procedures
- Complaints Procedures
- A Members Code of Conduct

The following procedures and protocols are also in operation to prevent fraud and corruption and to enhance accountability to the public: -

- Police referrals in all appropriate cases
- Reporting of suspected irregularities to the Council's Section 151 Officer
- Insurance Section Monitoring
- Creditor Matching Exercises
- National Fraud Initiative Exercise
- Benefit Fraud Investigation through the Department for Works and Pensions (DWP) Single Fraud Investigation Service
- Creditors Section intelligence network
- Internal Audit protocols
- External Audit protocols

The systems of internal control in operation compliment and supplement the policies and procedures: -

Conflict of Interest

Both elected members and employees must ensure that they avoid situations where there is a potential for a conflict of interest. Effective segregation of duties ensures decisions made are seen to be based upon impartial advice and avoid questions about improper disclosures and bias.

- There are new procedures in place and extensive training of senior staff has been rolled out.
- Monitoring is now taking place regularly of all declarations of interest.
- Details are reported to members

Monitoring Officer

The Council's Monitoring Officer is responsible under Section 5 of the Local Government and Housing Act of 1989, to guard against illegality, impropriety and maladministration in the Council's affairs.

Director of Corporate Services and Section 151 Officer

The Director of Corporate Services has a statutory responsibility under Section 151 of the Local Government Act 1972 to ensure the proper administration of the Council's financial affairs.

Members

As elected representatives, all members of the Council have a duty to citizens to protect the Council from all forms of abuse. Members are expected to comply with the national code of conduct, the Council's financial regulations, framework for identifying and preventing fraud and other relevant legislation. It is essential that all Members declare to the Monitoring Officer: -

- Any areas of conflict between their Council duties and any other areas of their personal or professional lives which the Monitoring Officer will record in a register of members interests
- Details of any hospitality or gifts received in connection with their public office will be recorded by the Monitoring Officer.

Managers

Managers at all levels are responsible for the communication and implementation of the policy framework in their area of work. They are responsible for ensuring that their employees are aware of the Council's Financial Regulations and procedural rules. The requirements of employees and the role of employers in the prevention and detection of fraud and corruption is not currently addressed as part of the induction process, but all new employees are given a copy of the Council's Code of Conduct for Employees.

Special arrangements will apply to employees who are responsible for cash handling or systems generating payments.

Managers must ensure that relevant training is provided, and checks must be carried out to ensure that procedures are being followed.

The Council recognises that a key preventative measure in dealing with fraud and corruption is for managers to take effective steps at the recruitment stage to establish, as far as possible, the integrity of potential employees, whether permanent, temporary or casual posts. This is carried out by obtaining two satisfactory references. However, the recruitment and selection procedure does not currently make specific reference to fraud.

Employees

The Council has a formal recruitment procedure, which contains appropriate safeguards on matters such as written references and verifying qualifications held. Police checks are undertaken on employees working with children or vulnerable adults. Each employee is governed by the Council's procedural rules and Financial Regulations and policies (Health & safety, I.T. and Security).

Employees must disclose any personal interest in contracts that have been, or are proposed to be, entered into by the Council. Policies prohibit the acceptance of fees, gifts or rewards other than by means of proper remuneration. Employees are also responsible for the safe keeping of council assets, and should always be aware of the possibility that fraud, corruption or theft exists and be able to share concerns with management.

Internal Audit

The Audit Service plays a vital role in ensuring that systems and procedures are in place to prevent and detect fraud. In addition:-

- The service plays a key role in the investigation of all cases of suspected irregularity, except benefit fraud investigations, in accordance with the requirements of the Human Rights Act 1998 and other legislation and staff will also liaise with management to recommend changes in procedures to prevent losses to the Council.
- Whilst undertaking audit assignments, Internal Auditors are always alert to the possibility or potential for fraud. Tests of systems and processes are targeted on areas considered "high risk."
- Checks are also carried out to identify any duplicate payments, with a view to recovering any overpayments made by the Council and to investigate the circumstances leading to the overpayment.

External Audit

Independent external audit is an essential safeguard in the stewardship of public money. The role is delivered through the carrying out of specific reviews that are designed to test the adequacy of the Authority's financial systems, and arrangements for preventing and detecting fraud and corruption. External Auditors are always alert to the possibility of fraud and irregularity.

National Fraud Initiative

The Authority participates in the National Fraud Initiative which is facilitated by the National Audit Office. Data held by various public sector organisations is cross matched with data held by the Council to identify anomalies for investigation. Internal Audit Services proactively facilitates this process and individual service areas carry out the investigative work.

Creditor Matches

Internal Audit undertakes its own creditor matching exercise using a proprietary I.T. package to identify payment anomalies on an ongoing basis. In addition, they and the Creditors Section have a well developed intelligence network that disseminates information on emerging risk areas.

Benefit Fraud

Benefit fraud has previously been dealt with by a dedicated team of officers specialising in the identification and investigation of this type of fraud. However, from February 2014 this team transferred to a newly established Single Fraud Investigation Service (SFIS) in the Department of Works and Pensions (DWP). The Council still has a responsibility to report cases of suspected fraud.

Council Tax Fraud

Council Tax fraud is dealt with proactively in the Benefits Section of C.C.B.C. If there is a benefit implication in any fraudulent case, it is passed onto the Department of Works and Pensions to deal with. Otherwise, Council Tax Reduction fraud is tackled by using preventive methods to stop Fraud and Error within the system before it happens. However, any fraudulent cases found would be robustly and thoroughly dealt with.

Insurance

The Insurance Section, within Corporate Finance, continues, on a case by case basis, to monitor claims being made against the council and works with the Council's insurers to ensure that any fraudulent claims are robustly and thoroughly dealt with.

Complaints

Complaints received via corporate procedures and those of an anonymous nature are reviewed to establish if a fraud is involved. Appropriate referrals are made to ensure investigations take place, where necessary.

3. Reporting Arrangements and Investigation

The Council expects all elected members and employees of the Council to report any concerns that they may have in respect of fraud and corruption. Members of the public are also encouraged to report concerns.

As set out in the new Whistle-blowing Policy, employees are encouraged and expected to raise concerns they may have without fear of recrimination. These concerns will be treated in the strictest confidence and will be properly investigated. In the first instance an employee should approach their line manager. If they are unable to do this, they can approach the: -

- Head of Workforce and Organisational Development
- Interim Head of Legal and Monitoring Officer
- Acting Director of Corporate Services and Section 151 Officer

Any Senior Manager who has received information about any suspected fraud should report it immediately to the Section 151 Officer, who will inform the Monitoring Officer where appropriate.

Concerns must be raised when members or employees reasonably believe that one or more of the following has occurred, is in the process of occurring or is likely to occur: -

- A criminal offence
- A failure to comply with statutory or legal obligations
- Improper unauthorised use of public or other funds
- A miscarriage of justice
- Maladministration, misconduct or malpractice
- Endangering of an individual's health and safety
- Damage to the environment
- Deliberate concealment of any of the above

The Council will ensure that any allegations received in any way, including anonymous letters or telephone calls will be taken seriously and investigated in an appropriate manner.

The investigating officers must: -

- Deal promptly with the matter
- Record all evidence received
- Ensure that the evidence is sound and adequately supported
- Report findings to the Section 151 Officer
- Liaise with the Police, as appropriate, with the agreement of the Chief Executive.
- Assist in any disciplinary proceedings

Senior Managers are expected to: -

- Co-operate fully with the Internal Auditors and the Police during any investigation
- Implement the disciplinary procedures where appropriate
- Speedily correct any weaknesses discovered in internal control
- Deal swiftly, fairly and firmly with those who offend against the Council

The reporting and investigation process must not be misused. Any abuse, such as raising malicious allegations, will be dealt with through the Council's disciplinary procedure.

When fraud or corruption have occurred because of a breakdown in the Council's systems or procedures, the Service Manager will ensure that appropriate improvements in systems and control are implemented to prevent a recurrence. Theft, fraud and corruption are serious offences against the Authority and employees will face disciplinary action if there is evidence that they have been involved in these activities. Disciplinary action will be taken in addition to, or instead of, criminal proceedings, depending on the circumstances of each individual case, but in a consistent manner, after consultation with the Chief Executive and/or the appropriate Service Manager and the Human Resources Manager. Members will face appropriate action if they are found to have been involved in theft, fraud, or corruption against the Authority.

4. Financial Regulations and Procedures

Financial Regulations provide the framework for managing the Council's financial affairs. They apply to every member and officer of the Council and anyone acting on its behalf.

The Regulations incorporate efficient and effective internal controls including the adequate separation of duties. Managers are responsible for ensuring that reasonable measures are in place to prevent fraud and corruption, and that such controls are properly maintained so that in the event of breach, any irregularity would be picked up promptly, so minimising the loss to the Council.

The Council will continue to develop and enhance its existing systems and procedures. The existence and effectiveness of these systems and controls is independently monitored by Internal Audit Services and the Council's External Auditors.

5. Awareness and Training

The continuing success of the Anti-fraud and Corruption strategy and its general credibility will depend largely on the effectiveness of staff throughout the Council.

To facilitate awareness, the Council supports the concept of full induction, training and follow-up training. This applies particularly to officers involved in internal control systems and financial related systems, to ensure that their responsibilities and duties are regularly highlighted and reinforced. It is also important that adequate training is provided to casual, temporary and agency staff, who may not be aware of the high standards of probity that are required of those who work in the public sector.

A leaflet on the Whistle-blowing Policy is distributed to employees and members on a yearly basis. Copies of this policy are available on the intranet.

6. Conclusion

The Council has in place a robust network of systems and procedures to assist in the fight against fraud and corruption. It is determined that these arrangements will keep pace with any future developments in techniques to both prevent and detect fraudulent or corrupt activity that may affect its operation. Although experience to date would suggest that incidence of fraud are rare within the Authority, staff vigilance needs to be maintained as the risk remains and will do so for the foreseeable future.

The Authority will maintain a continuous review of all its systems and procedures through the audit process. However,

- There could be more coverage of fraud in employees' induction documentation.
- Fraud should be specifically included in recruitment policies, rather than just implied.
- Senior Managers understanding of the wide range/types of fraud needs to be strengthened. This will impact on the reporting requirements and make the statistical evidence more accurate.
- The package of policies aimed at fraud prevention should be more regularly reviewed to ensure that they remain relevant and deal with new or emerging issues.
- The Financial regulations requirement to report all suspected irregularities needs to be communicated to senior staff more regularly.

(The next Fraud Position Statement will be in line with the "Code of Practice on Managing the Risk of Fraud and Corruption" recently issued by C.I.P.F.A.)

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Minutes of meeting on 16th February 2015
Executive Boardroom 3.00pm

Attendees: Nicole Scammell, Colin Jones, Lynton Jones, Gail Williams, Richard Harris

1. Apologies were received from Cllr Forehead.
2. The minutes of the meeting held on 21st November 2014 were reviewed and agreed.
3. Jackie Dix attended to update the panel on the latest progress with the work on partnerships and collaborations. JD briefly ran through a paper she had prepared and issued to panel members prior to the meeting. In summary JD pointed out that the first quarterly review had identified some additional partnerships and collaborations which have been added to the master list. It was also confirmed that the intranet information will be updated asap. JD also confirmed that the audits were going well but that the LIF audit had been delayed due to a resource issue, following discussion it was agreed that NS would write to the appropriate Head of Service to ensure that the audit takes place before the end of March. It was agreed that a report should go to the March audit committee to update members on progress to date in preparation for considering this years AGS.
4. Rob Hartshorn attended to update on the progress made with the BCP work. RH summarised that 259 business impact analysis' had been received and out of 137 action plans expected 99 had already been received. The next stage will include the identification of business critical functions which will include challenging managers basic assumptions about their service areas and to cross match with the IT priority list. RH will also have to work with IT and property to come up with a base plan and a paper will be prepared for consideration by CMT. RH was asked to provide the Audit Committee with an update report for the March meeting.
5. Lynton Jones talked through the update papers on the FOI and CCTV actions, that Joanne Jones had provided prior to the meeting, highlighting some of the key items. It was noted that a slight improvement in the compliance figures had been identified but due to a reduction in the number of requests in the latest period it was to early to make a judgement about process related improvements.
6. The action plan from 13/14 was discussed and RH to update the action plan with comments on progress and to circulate to the panel members for any additional comments.
7. NS confirmed that the CGI review has been completed and agreed. IGPB still meeting to ensure that all recommendations are completed.
8. Following discussion it was felt that the budgetary issues over the coming months will be a major area of concern and could lead to many emerging risks.
9. The timetable for the 14/15 checklist process was noted and it was agreed that as we get closer more meetings will be required to fit in with the timetables for CMT, Audit Committee etc. RH to liaise with Sue Thomas to arrange when appropriate.
10. No progress has been made by RH in reviewing the Code of Practice.
11. GW explained to the group that a piece of work was being undertaken around safeguarding and it was being considered to include safeguarding on the governance checklist as a new subject area. It was agreed that for next years process suitable wording be added to the checklist template to cover off safeguarding.

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Minutes of meeting on 23rd April 2015
Executive Boardroom 2.30pm

Attendees: Nicole Scammell, Colin Jones, Lynton Jones, Angharad Price, Richard Harris

1. Apologies were received from Cllr Forehead. Angharad Price deputised for Gail Williams. A separate briefing has been arranged for Cllr Forehead on 11th May to update her on the discussions.
2. The minutes of the meeting held on 16th February 2015 were reviewed and agreed.
3. The publication “International Framework: Good Governance in the Public Sector” was introduced by RH as a possible reference document for further enhancing the governance arrangements in place. It was agreed that the document would be useful in identifying modern best practice and the principles identified within the document could be used going forward to build upon the governance improvements already made. It was felt that a paper should be prepared for the Improving Governance Project Board setting out the principles highlighted in the publication and how they could be adopted in the continual improvement of our governance arrangements.
4. The scrutiny role within governance arrangements was explained by AP as being an issue that was raised by the Wales Audit Office at a recent seminar she had attended. A discussion ensued around the work that has been and is being done with members around training and effectiveness etc. and it was felt that as this work was ongoing it may be appropriate to consider as an area for inclusion within the AGS.
5. A document summarising the checklist responses received from Heads of Service was discussed. It was felt that no themes were being identified across a number of service areas and many of the issues identified were service specific issues however a detailed discussion took place on the comments put forward in respect of the WHQS service area. It was noted that the WHQS checklist had been submitted by the relevant Head of Service at the beginning of December and it was felt that since its submission progress had been made in some of the areas highlighted, it was therefore agreed that RH would contact the relevant Head of Service to request an update of the position and when received the panel would revisit the checklists content.
6. A summarised list of comments made by the “expert group” was also considered and RH pointed out that the FOI compliance issue picked up in last years AGS has been highlighted again. Following further discussion LJ was to relook at a criteria for sign off on this action and whether for this years review it would remain outstanding. RH also informed the group that he had met with the Interim CEO, as previously agreed by the group, to obtain his views on any areas he felt the panel should be including in its deliberations. Two issues had been raised which were discussed of which one, the effectiveness of the Councils scrutiny arrangements, was felt to be an area for possible inclusion in the AGS as it has already been acknowledged as an area for improvement.
7. RH raised an issue relating to the departure of Sandra Aspinall and the director assurance sign off process in relation to her areas of responsibility. NS agreed to look at the standard wording of the assurance statement and raise the issue at CMT so that all are clear on the requirements for this year.
8. The action plan from 13/14 was discussed and RH to update the action plan with comments on progress. Business continuity planning R Hartshorn is due to report to the March Audit

Committee which should conclude this action point, FOI responses LJ to review and update by mid may in readiness for the next panel meeting scheduled for the 22nd May. The interim management arrangements have been resolved and this action point is considered finished.

9. The updated version of the Governance Code was briefly discussed but further comments were requested via email for RH to incorporate into a final version. Once finalised by the panel the new version will be presented to the Audit Committee for approval. Following discussion it was felt that the budgetary issues over the coming months will be a major area of concern and could lead to many emerging risks.