

Governance and Ethics Committee

Monday, 12 October 2020 at 14:00

Virtual meeting, <https://www.youtube.com/user/nottsccl>

AGENDA

- | | | |
|----|--|--------------|
| 1 | Minutes of last meeting held on 7 September 2020 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Local Government and Social Care Ombudsman Decisions – February – September 2020 | 7 - 96 |
| 5 | Assurance Mapping Annual Report 2019-20 | 97 - 120 |
| 6 | Governance Quarterly Update | 121 -
134 |
| 7 | Follow-up of Internal Audit Recommendations | 135 -
158 |
| 8 | Independent Review into the Oversight of Local Audit and the Transparency of Local Authority Financial Reporting | 159 -
162 |
| 9 | New Members' Intranet Pages 'Members Hub' - Progress Update | 163 -
166 |
| 10 | Work Programme | 167 -
170 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Keith Ford (Tel. 0115 977 2590) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>



Meeting **GOVERNANCE AND ETHICS COMMITTEE**

Date **Monday 7 September 2020 (commencing at 10.30am)**

membership

Persons absent are marked with 'A'

COUNCILLORS

Bruce Laughton (Chairman)
Kevin Rostance (Vice-Chairman)

Nicki Brooks
Steve Carr **A**
Kate Foale **A**
John Handley **A**
Errol Henry JP

Rachel Madden
Phil Rostance
Keith Walker
Martin Wright

SUBSTITUTE MEMBERS

Richard Butler for John Handley
Liz Plant for Kate Foale

OFFICERS IN ATTENDANCE

Ainsley Macdonnell Adult Social Care and Health Department

Rob Disney Chief Executive's Department
Keith Ford
Patrick Hoban
Emily Jackson
Jo Kirkby
Marjorie Toward
Nigel Stevenson
Angela Wendels

OTHERS IN ATTENDANCE

John Gregory Grant Thornton – External Auditors
Lorraine Noak

1. MINUTES

The Minutes of the last meeting held on 21 July 2020, having been previously circulated, were confirmed and signed by the Chairman.

2. APOLOGIES FOR ABSENCE

The following apologies for absence were reported:-

Councillor Steve Carr - holiday
Councillor John Handley – other reasons
Councillor Kate Foale

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN'S ANNUAL REVIEW LETTER 2020

Jo Kirkby, Team Manager, Complaints and Information introduced the report which informed Members of the latest Annual Review Letter.

RESOLVED: 2020/025

That no actions were required in relation to the issues contained within the report.

5. NATIONAL AUDIT OFFICE GUIDANCE FOR AUDIT AND RISK COMMITTEES ON FINANCIAL REPORTING AND MANAGEMENT

Rob Disney, Group Manager – Assurance, introduced the report which offered assurance that the Council's arrangements for financial reporting and management were compliant with National Audit Office guidance.

RESOLVED: 2020/026

That no further reports or actions were required arising from the self-assessment.

6. CORPORATE RISK MANAGEMENT UPDATE

Rob Disney, Group Manager – Assurance, introduced the report which provided an update on the Council's arrangements for corporate risk management and proposed a schedule of future updates and member training.

RESOLVED: 2020/027

- 1) That the updated corporate risk register be approved.
- 2) That the Committee receives further proposals for a refresh of the Council's approach to risk management, along with suggested training.

7. INTERNAL AUDIT 2020-21 TERM 1 REPORT AND 2020-21 TERM 2 PLAN

Rob Disney, Group Manager – Assurance, introduced the report which provided details of the work carried out by Internal Audit in Term 1 of 2020-21 and sought Members' views on the Internal Audit Plan for Term 2.

RESOLVED: 2020/028

- 1) That no further actions or follow-up reports were required.

- 2) That it be agreed that the planned coverage of Internal Audit's work in Term 2 of 2020-21 would deliver assurance to the Committee in priority areas.

8. ANNUAL FRAUD REPORT 2019-20

Rob Disney, Group Manager – Assurance, introduced the report and responded to Members' feedback on its contents.

RESOLVED: 2020/029

- 1) That the contents of the Annual Fraud Report 2019/20 be noted.
- 2) That Members' feedback on the adequacy of the Council's current and planned arrangements for tackling fraud and corruption be noted by Internal Audit.

9. GOVERNANCE AND ETHICS COMMITTEE ANNUAL REPORT 2019-20

The Chairman of the Committee, Councillor Bruce Laughton, introduced the report which detailed the work of the Committee in the previous year and outlined planned areas of work in the current year.

RESOLVED: 2020/030

That the contents of the report be agreed and be submitted to Full Council to give a formal appraisal of the achievements of the Committee in 2019-20 and to set out the planned areas of work for the current year.

10. GRANT THORNTON – EXTERNAL AUDIT UPDATE

John Gregory, Engagement Lead, Grant Thornton (the Council's external auditors) introduced the report and gave a verbal update on progress made to date with the external audit of the 2019-20 Statement of Accounts.

RESOLVED: 2020/031

That the contents of the verbal update be noted.

11. UPDATE ON USE OF COUNCILLORS' DIVISIONAL FUND

Keith Ford, Team Manager, Democratic Services, introduced the report which provided the latest six monthly update on expenditure through the Councillors' Divisional Fund (CDF).

During discussions, Members suggested that consideration should be given to possibly amending the CDF Policy to introduce a maximum amount for any single application. Members felt that the Committee could be given the power to approve applications over any agreed limit.

RESOLVED: 2020/032

That further consideration be given to a potential change to the CDF policy to introduce a financial limit on any single application.

12. UPDATE ON USE OF RESOURCES BY COUNCILLORS

Keith Ford, Team Manager, Democratic Services, introduced the report which provided an update on the use of resources by Councillors and their support officers.

RESOLVED: 2020/033

- 1) That the continued use by a local Divisional Member of Stapleford Town Council as a venue for quarterly public consultation meetings, at a cost of £30 per booking, be approved.
- 2) That the continued use by the local Divisional Member of a meeting room at Nuthall Parish Council Focus Point as a venue for Councillor Surgeries, at a cost of £12.50 per surgery (with 11 surgeries booked throughout the year), be approved.
- 3) That no further information or actions were required on the resources expenditure for the period October 2019 – March 2020.
- 4) That the Committee move to an annual reporting cycle on this issue, with any Committee approvals required on specific resource issues to be covered through individual reports to the Committee.

13. WORK PROGRAMME

During discussions, Members requested that further guidance for Members on conduct in virtual meetings be developed and officers suggested that the possibility of offering a training course on virtual meetings be explored.

RESOLVED: 2020/034

That the work programme be agreed, with no further changes required.

The Chairman thanked Patrick Hoban and Emily Jackson, the new apprentices in the Internal Audit team, for attending the meeting and wished them well in their new careers.

The meeting closed at 12.02 pm.

CHAIRMAN

12 October 2020**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE
AND EMPLOYEES****LOCAL GOVERNMENT & SOCIAL CARE OMBUDSMAN DECISIONS
FEBRUARY TO SEPTEMBER 2020****Purpose of the Report**

1. To inform the Committee about Local Government & Social Care Ombudsman's (LGSCO) decisions relating to the Council since the last report to Committee up to 14th September 2020

Information

2. Members have asked to see the outcome of Ombudsman investigations regularly and promptly after the decision notice has been received. This report therefore gives details of all the decisions received since the last report to this Committee in February. There were no Committee meetings for a period during the initial stages of the Covid 19 crisis, and in addition the LGSCO stopped accepting new complaints, and also refrained from contacting Councils with any issues that required a response. The LGSCO is now working normally again.
3. The LGSCO provides a free, independent and impartial service to members of the public. It looks at complaints about Councils and other organisations. It only looks at complaints when they have first been considered by the Council and the complainant remains dissatisfied. The LGSCO cannot question a Council's decision or action solely on the basis that someone does not agree with it. However, if the Ombudsman finds that something has gone wrong, such as poor service, a service failure, delay or bad advice and that a person has suffered as a result, the LGSCO aims to get the Council to put it right by recommending a suitable remedy.
4. The LGSCO publishes its decisions on its website (www.lgo.org.uk/). The decisions are anonymous, but the website can be searched by Council name or subject area.
5. A total of twenty decisions relating to the actions of this Council have been made by the Ombudsman in this period. Appendix A to this report summarises the decisions made in each case for ease of reference, and Appendix B provides the full decision statement in each case. There are so many decisions because there has not been an opportunity to report them to Committee for some time.
6. Following initial enquiries into six cases, the LGSCO decided not to continue with any further investigation because there was insufficient evidence of fault or injustice and/or matters were

the subject of legal proceedings. One complaint was also made late (the LGSCO will not usually investigate complaints made over a year after the alleged fault).

7. Full investigations were undertaken into fourteen complaints. Appendix A provides a summary of the outcome of each investigation. Where fault was found, the table shows the reasons for the failures and the recommendations made. If a financial remedy was made the total amount paid or reimbursed is listed separately. (Reference and page numbers refer to the information in Appendix B). In six cases no fault was found.
8. Fault was found in three investigations undertaken in relation to adult social care complaints. In the first case (page 5, 19 004080) failings were found in the domiciliary care, given to a centenarian lady who is also registered blind and with a hearing impairment. The provider did not respond appropriately to issues raised and the Council was criticised for not monitoring the agency's performance robustly. Apologies were recommended and given, a refund of contributions made and a payment made to the complainant for time and trouble and distress. The payment was made from the adult social care budget. In addition, the Quality Audit Tool, used to monitor providers' performance, has been amended to ensure that providers respond positively and promptly to issues raised.
9. In a second case (page 14, 19 000929) the Council reduced the complainant's support package, and fault was found in that the assessments of him did not clearly explain what changes in need or circumstances had led to the conclusion a reduction was appropriate. The Council re-instated the original provision and agreed to apologise.
10. The final adult's investigation (page 72, 19 012117), concerned the information provided at the start of a home care package, and delay in cancelling the package. No finding was made about the information given at the start of the care package, however fault was found as there was no review of the package after 6 weeks (as our procedure says there should be) which might have prompted the family to cancel the care package at that point. As it was charges accrued and the recommendation made that half of the charges should be waived. An audit is currently being conducted to determine that 6 week reviews are being conducted.
11. Two of the investigations relating to children's services concerned the Integrated Children's Disability Service. In one complex case fault was found in relation to delay and lack of educational provision (during a specific period) for a child with severe disabilities and a life limiting condition, in not providing a carer's assessment for the complainant father, and failings in the handling of the complaint. No fault was found in relation to the handling of a safeguarding referral, and to the provision of education for a different period as the offer of education was declined by the complainant. A payment of £3,900 for loss of opportunity was made from the children's social care budget and £350 from the Complaints team budget. The second case (page 42, 19 011813) also found delay in the issuing of a revised Education and Health Care Plan, resulting in loss of provision and absence from school. The Council made a financial payment to the young person and to her parents for their time and trouble. The Council had already allocated additional resources and established a Review Team to deal with the backlog of cases. All reviews are now meeting the 4 week statutory timescale.
12. One case (page 23 19 0142500) concerned the recalculation of a special guardianship allowance paid to a grandmother for the care of her grandson. In the course of responding to the LGSCO enquiries the Council acknowledged that its policy could be clearer, and explained

it was already conducting a full review of the policy towards family and friends foster carers. The Council therefore offered a remedy of a recalculation of the allowances which was accepted by the LGSCO.

13. The final investigation relating to children's services (page 48 19 016569) concerned a decision made in the complaints team not to progress a complaint to stage 2 of the children's complaints procedure. The LGSCO said that complainants have the right to progress automatically through all stages. We have therefore carried out a stage 2 investigation as recommended.
14. One investigation related to tree cutting, (page 69, 19021076). No fault was found with the Council's assessment that the tree was safe and therefore required no further action on the part of the Council; however the fault was that the Council applied a blanket policy of not allowing private contractors to work on trees, rather than considering whether the work in this individual case could be permitted with the appropriate safeguards (paid for by the complainant). The Council has now confirmed that, with some re-assurances, it will allow the work to go ahead.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

16. The decisions attached are anonymised and will be publicly available on the Ombudsman's website.

Financial Implications

17. Financial remedies will be paid from the following budgets:
 - Adults - £2,824.83 plus an amount still being calculated for one case
 - Children's - £6,650
 - Complaints and Information - £350

Implications for Service Users

18. All the complaints were made to the Ombudsman by service users, who have the right to approach the LGSCO once they have been through the Council's own complaint process.

RECOMMENDATION/S

That members consider whether there are any actions they require in relation to the issues contained within the report.

Marjorie Toward

Monitoring Officer and Service Director – Customers, Governance and Employees

For any enquiries about this report please contact:

Jo Kirkby, Team Manager – Complaints and Information Team

Constitutional Comments (HD (Standing))

Governance & Ethics Committee is the appropriate body to consider the content of this report. If the Committee resolves that any actions are required, it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (RWK 28/09/2020)

The decisions detailed in the report and the appendix have resulted in financial remedies totalling £9,824.83. A sum of £2,824.83 has been funded from the budget for adult social care, £6,650 from the budget for children's social care, and £350 from the budget for the Complaints team.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

APPENDIX A

DECISIONS NOT TO INVESTIGATE FURTHER

DATE	LGO REF/ANNEX PAGE No.	PROCEDURE	COMPLAINT SUMMARY	REASON FOR DECISION
12.02.2020	19 015804 Page 12	Childrens	Council has refused to pay £30 for helping his former partner move home. Alleged treatment by social worker	Insufficient evidence of fault or injustice
04.03.2020	19 014753 Page 21	Adults	Complaint about management of safeguarding alert.	Unlikely we would find fault by the Council.
2.04.2020	19 019 794 Page 27	Childrens	Circumstances in which children placed in care.	Cannot investigate matters relating to a decision made in court.
05.05.2020	19 021 010 Page 40	Adults	Quality of residential care	Complaint late and no reason it could not have been made much sooner.
25.06.2020	19 011 418 Page 54	Childrens	Inaccurate report for court and lack of safeguarding investigations.	Part of the complaint relates to matters which were put before the courts – LGSCO cannot investigate. Council has not had an opportunity to respond to the other matters.
09.09.2020	20 002 528 Page 80	Childrens	Child placed with father and ignoring reports that child at risk.	Matters are subject to legal proceedings and because there is insufficient evidence of fault by the Council

FULL INVESTIGATIONS

DATE	LGO REF ANNEX PAGE No	PROCEDURE	COMPLAINT SUMMARY	DECISION	RECOMMENDATION	FINANCIAL REMEDY
06.02.2020	19 007722 Page 1	Adults	Father complaining on behalf of adult son. Council charging too much for care provided. Son cannot afford to pay.	No fault by the Council.	None	
10.02.2020	19 004080 Page 5	Adults	Complaint by daughter - poor standard of domiciliary care. No improvement despite complaints. Should not have to pay for inadequate services.	Upheld Council should have taken robust action to address issues and monitor ongoing quality of care provided by agency.	<ul style="list-style-type: none"> • Apology • review of care needs and support plan 	Refund of 50% contributions £2324.83 and £500 for time and trouble

					<ul style="list-style-type: none"> Monitor the care agency's performance 	making complaint
21.02.2020	19 000929 Page 14	Adults	Reduction in support package in Sept 2018 not in line with statutory guidance and with insufficient explanation	Fault found in the way the Council reduced the support package as it was not done in line with the statutory guidance. The assessment did not clearly explain what the changes in need or circumstances were that led the Council to conclude that the support package should be reduced.	Reinstatement of care package and apology	
09.03.2020	19 014 250 Page 23	Childrens	Complaint about re-calculation of Special guardianship allowances i)Why the Council retrospectively reduced the allowance paid to Mrs G between January and April 2017. ii)Why the Council has not allowed for birthday and festive allowances which are paid to foster carers.	Fault found Council did not consider if it should have non means tested SG allowance for 2 years, or explained about allowances.	Council had already agreed to offer remedy: recalculation of allowance and pay birthday and festivities allowance for 2 year period.	
03.04.2020	19 011 110 Page 29	Childrens	Council failed to provide services and support to child, who has severe disabilities and a life-limiting condition, and also to complainant in his role as a carer.	Fault found: failure to arrange provision outlined in EHC plan between Sept 18 and March 19; failure to father carers assessment; failure to properly investigate complaint.	Financial remedies and apologies. Review of complaints procedure and policy on parent carers needs assessments	£3,900 for loss of opportunity – to be used for educational benefit. £350 for time and trouble
11.06.2020	19 011 813 Page 42	Childrens	Parents complain Council delayed in changing daughters Education and Health Care Plan.	Fault found significant delay resulting in lack of provision and worsening mental health.	Apology, payments to young person and her parents. Provision of information to LGSCO about other children affected and any continuing backlog	£2,500 to young person, £250 for time and trouble
22.06.2020	19 016 569 Page 48	Childrens	Incident in school not properly investigated. Complaint incorrectly handled.	Fault found Council refused to investigate at stage 2 of the statutory process.	Stage 2 complaints investigation to be carried out.	
22.06.2020	19 008 583	Childrens	Handling of safeguarding referrals	No fault		

	Page 50					
28.07.2020	19 007 570 Page 56	Adults	Council assessed contributions towards cost of care without taking into account her expenditure.	No fault		
5.8.2020	19 007 602 Page 59	Adults (Joint investigation with Health Ombudsman)	Complaint about care and treatment received from Nottinghamshire Healthcare NHS Foundation Trust, Nottingham City Council on behalf of Nottinghamshire County Council and Nottingham City Clinical Commissioning Group between July 2016 and September 2017.	No fault by Council Some by Trust	None	
05.08.2020	19 009 087 Page 66	Corporate	Council arranged for the resurfacing of a right of way, they narrowed it and moved it closer to property. Action was taken without the proper procedure to change the route of the right of way. An area of complainants land was re-surfaced by the Council's contractor, removing a flood defence he had built.	No fault		
07.08.2020	19 021 076 Page 69	Corporate	Council will not allow a tree surgeon to scale a tree outside complainants' property and remove overhanging branches. Resulting bird faeces are hazardous and falling branches are damaging his car.	Fault Council had blanket policy and failed to consider if work could be done in this case.	Reconsider decision not to allow complainant to engage tree surgeon.	
07.09.2020	19 012 117 Page 72	Adults	Son complaining on mother's behalf that Council wrongly charging for her care; i) told him care would be free for the first six weeks. ii) should have carried out a review after the first six weeks Had it done so, the Council would have cancelled the care. iii) delayed in cancelling the care.	Fault i) no records about what was said but contributions already waived. ii) No review carried out at 6 weeks according to procedure. iii) not upheld Delay in responding to complaint.	Apology, waive half outstanding contributions, review procedures.	Fee waiver
07.09.2020	19 012 777 Page 76	Adults	Cost of contribution to care package	No fault		

The Ombudsman's final decision

Summary: Mr and Mrs F complain on behalf of his adult son, Mr M, that the Council is charging too much for the care it provides. The Ombudsman has found no fault by the Council.

The complaint

1. Mr and Mrs F complain on behalf of his adult son, Mr M, that the Council is charging too much for the care it provides. They say Mr M cannot afford to pay the amount demanded and to do so would cause him financial hardship.

The Ombudsman's role and powers

2. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
3. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

4. I spoke to Mr and Mrs F about their complaint and considered the Council's response to my enquiries and:
 - The Care Act 2014 ("the Act")
 - The Care and Support Statutory Guidance ("the Guidance")
 - The Care and Support (Charging and Assessment of Resources) Regulations 2014
 - The Council's "Calculating Contributions towards a Personal Budget" Policy
5. I sent Mr and Mrs F and the Council my draft decision and considered the comments I received.

What I found

Personal budget

6. Everyone whose needs the local authority meets must receive a personal budget as part of the care and support plan. A personal budget sets out the cost to the

local authority of meeting eligible needs, the amount a person must contribute to that cost, and the amount the council must contribute. A personal budget can be administered as direct payments to enable people to commission their own care and support.

Charging for care and support

7. Councils can make charges for care and support services they provide or arrange. Charges may only cover the cost the council incurs. If a person has less than the upper capital limit (£23,250), they only have to pay an assessed contribution towards the cost of their care.
8. The Council has discretion to allow short term waivers from collecting contributions for reasons of financial difficulty or extreme hardship.

Financial assessments and disability related expenses

9. In assessing what a person can afford to pay, a council must take into account their income, such as pensions or benefits.
10. If a council takes a disability benefit into account, they must also assess disability-related expenses (DREs) in the financial assessment. This is because the Guidance says councils must leave individuals with enough money to pay for necessary disability related expenditure to meet any needs not being met by the council.
11. DREs are costs that arise from a disability or long-term health condition. Councils should not be inflexible in the costs they accept and should always consider individual circumstances. The Guidance gives examples of what may be disability related expenditure. These include the costs of any specialist items needed to meet the person's disability needs, for example maintenance of disability-related equipment, and transport costs over and above the mobility component of DLA.
12. The Council makes a standard allowance of £20.00 per week for DREs. If a person's costs are higher than this a full assessment of their costs will be made.

Minimum income guarantee

13. Councils must ensure that a person's income is not reduced below a specified level after charges have been deducted. The minimum amounts are set out in the Regulations. Councils have discretion to set a higher level if they wish and the Council previously had a more generous level than in the Regulations.
14. The Council decided to change its policy to bring it in line with the Regulations. In April 2019 it reduced the minimum income guarantee level to £154.45 per week, in line with national levels.

NHS continuing healthcare

15. NHS continuing healthcare is a package of care arranged and funded solely by the health service in England for a person aged 18 or over to meet physical or mental health needs that have arisen because of disability, accident, or illness. It may be provided at home or in a care home. (*NHS Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012*)

What happened

16. Mr M has physical and learning disabilities and does not have capacity to make decisions about his care or finances. He lives with his parents, Mr and Mrs F, who are his court appointed deputies. Mr F says they divide bills and household costs equally between the three members of the household.

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17. Mr M received direct payments to meet his care and support needs, which include attending a day centre. He also received some continuing healthcare funding from the NHS.
 18. The Council had assessed Mr M as needing to contribute to the cost of his care. In February 2019 Mrs F told the Council Mr M could not afford to pay his contribution and that to do so would leave him in financial hardship and debt. She completed an income and expenditure form. She says a social worker helped the family assess its expenditure to see if money could be saved, but this had not proved possible.
 19. In April 2019 the Council implemented its new policy which reduced the minimum income guarantee level.
 20. The Council assessed Mr M's finances in April 2019. It calculated his income, capital, and his level of minimum income. It then considered any extra expenses Mr M has because of his disability. The Council included the following weekly DREs:
 - incontinence items £3.46
 - wheelchair repairs £12.50
 - a nebuliser £0.83
 21. Mr and Mrs D had also asked the Council to consider physiotherapy costs and transport costs. DRE allowances are unlikely to be approved for health-related treatments as these are the responsibility of the NHS. Transport costs are covered by the mobility component of DLA.
 22. The Council determined Mr M should contribute £25.87 per week to the cost of his care. It then considered Mr and Mrs F's income and expenditure form, which showed that Mr M could not afford to pay this contribution as doing so would leave him with a deficit of £24.63 per week. The Council therefore wrote to Mr and Mrs F on 3 May 2019 agreeing to waive Mr M's contribution for a month. It then extended the waiver until 4 August 2019.
 23. Mr and Mrs F complained that Mr M would not be able to pay the contribution once the waiver ended.
 24. The Council wrote to Mr and Mrs F on 1 August 2019. It said it considered that "the household had sufficient weekly income and savings for you to be able to make provision for the payment of your new contribution amount." As a result, it decided a waiver could not be applied for reasons of financial difficulty or extreme hardship. The Council directed Mr and Mrs D to the Ombudsman if they remained dissatisfied. Mr and Mrs F complained to the Ombudsman

Events since the complaint

25. The Council assessed Mr M's finances again in August 2019 and completed an audit of his direct payments. It concluded Mr M had not had to pay a contribution from March 2018 to February 2019. He had however paid a contribution, and so was owed a refund of £896.
26. On 12 August 2019 the NHS agreed Mr M was eligible for full CHC funding. The Council therefore wrote to Mr M to confirm his direct payments would be ending.

My findings

27. The Council told Mr and Mrs D that it considered the household had sufficient weekly income and savings. When assessing Mr M's finances and the

contribution he should make to his care costs, the Council must only assess Mr M's income and savings, not the household's.

28. I have reviewed the April 2019 and August 2019 financial assessments. They only take into account Mr M's benefits and correctly disregard the relevant benefits. The Council left Mr M with a minimum income of £170.23 per week and allowed disability related expenditure of £20 per week, in line with its policy, which is sufficient for the DREs it had identified.
29. I therefore find there was no fault in the Council's calculations and the financial assessment was completed in line with the requirements of the law, statutory guidance and the Council's own policy.
30. The Council considered an Income and Expenditure form completed by Mr and Mrs F which showed Mr M did not have enough income to pay his contribution. It therefore agreed to waive his contributions for three months.
31. When it considered whether to continue the waiver it decided there were no reasons of financial difficulty or extreme hardship. This is a decision the Council is entitled to make and without evidence of fault in the way it was made, the Ombudsman cannot challenge it, even though Mr and Mrs F disagree with it.
32. The contribution towards his care costs left Mr M with a deficit in his disposable income, but this injustice is not caused by any fault of the Council. Mr M might be able to seek some money management advice to consider any areas he could reduce his expenditure and provide more disposable income.

Final decision

33. There was no fault by the Council. I have completed my investigation.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Council failed to ensure domiciliary care services provided to Mrs Y were of a satisfactory standard. It also failed to properly address complaints about this.

The complaint

1. Mrs X complains about the poor standard of domiciliary care provided to her mother, Mrs Y. She says despite many complaints there has been no improvement. Mrs X believes her mother should not have to pay for an inadequate service.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
3. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

4. I have:
 - considered the complaint and discussed it with Mrs X;
 - considered the correspondence between Mrs X and the Council, including the Council's response to the complaint;
 - made enquiries of the Council, and considered the responses;
 - taken account of relevant legislation;
 - offered Mrs X and the Council the opportunity to comment on a draft of this statement, and considered the comments made.

What I found

Relevant legislation

5. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 apply to care providers. The Care Quality Commission (CQC) monitors, inspects and regulates adult care services providers to ensure they meet fundamental standards of quality and safety.
6. The CQC has provided guidance on the regulations. This says that:
 - The care and treatment of service users must be appropriate, meet their needs and reflect their preferences (regulation 9).
 - The care and treatment must be provided in a safe way for service users (regulation 12). The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

What happened

7. Mrs Y is a centenarian. She lives in her own home. She is registered blind and is hearing impaired. Mrs X and her sister provide emotional and practical support.
8. The Council commissioned home care services from Comfort Call Care Agency (the care agency) in January 2019. Mrs X says the care planning was done without her or her sister present. She says Mrs Y would not have been comfortable partaking in any sort of meeting without the support of her family, and says Mrs Y would not have been able to articulate all her needs properly, neither would she be able to identify the level of support Mrs X and her sister provide.
9. Mrs X became concerned about the quality of the care soon after it started. She complained to the Council and the care agency about:
 - poor hygiene in kitchen and bathroom
 - an open tin can in the fridge with the lid up
 - dirty fridge – out of date food in the fridge
 - bins not emptied, and a carer leaving a bag of rubbish in the hallway
 - carers not washing hands prior to food preparation and medication administration
 - a carer recording inaccurate visit times
10. Mrs X says when the carers arrive they ask Mrs Y what tasks need doing. Mrs Y does not like giving instruction and is not always aware of household tasks because of her impaired eyesight. She says Mrs Y is reluctant to shower and she needs much encouragement, but carers do not make any real attempt to encourage her.
11. Mrs X complained to the Council in January and February 2019. The Council offered Mrs X the option of changing to a different care provider or moving to direct payments so Mrs X could employ her own carers. Mrs X declined both options saying there were three or four carers who provided good care, and Mrs Y had a good relationship with these individuals. The Council offered to review Mrs Y's care. The officer asked Mrs X to contact the Council if she wanted to go ahead.

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12. Following Mrs X's complaint, she, and her sister met with the care agency on 6 March 2019 to discuss the problems. An officer from social services was also present. Mrs X was unhappy with the attitude of the council officer. She says the officer said "*...if it isn't in the care package it would not be done... you have received the services therefore you will have to pay.*" And, as the officer was leaving she said she sometimes left knives in the sink in her own house. Mrs X says the officer did not seem to realise the implications for someone who is blind.
 13. As a result of this meeting the care agency completed a new care plan on 11 March 2019. It included a risk assessment and information about Mrs Y's capacity to make decisions about her care. I have seen a copy of this document. It records Mrs Y's comments, that her family help her a lot and that she would like family present for important decision making. The assessor recorded Mrs Y has intermittent confusion, a visual impairment and that she wears a hearing aid and needs people to speak loudly and slowly in front of her.
 14. Information about Mrs Y's day to day needs is detailed. It gives specific instructions about keeping Mrs Y's environment safe from clutter and that spills should be mopped up immediately. Storage facilities should be kept tidy and sharp objects/breakables removed. Kitchen sides should be clean, and bins emptied. Mrs Y's bathroom and toilet should be kept clean and tidy. Carers should ensure Mrs Y's kettle is refilled after use. Other domestic tasks include washing pots and ensuring they are put back in the same place, ensuring food in the fridge is in date, assistance with laundry and making/changing the bed, and that Mrs Y needs encouragement and support to have a shower, and some assistance with dressing.
 15. On 14 March 2019 Mrs Y submitted a formal complaint to the Council, in addition to her complaint about the quality of care provided, she also complained about the attitude of the council officer present at the meeting on 6 March 2019. An officer from the Council's complaints team contacted Mrs X on 26 & 27 March 2019. She apologised for the delay in acknowledging the complaint. She said she would contact the care agency to ask it to respond to the complaint and said she "*presumed that your desired outcome is for the charges in the sum of £324.29 to be waived*".
 16. The care agency responded to Mrs X's complaint on 3 April 2019. It acknowledged a carer wrongly documented her exit time from Mrs Y's home and apologised for this. It said it had already apologised to Mrs X for a carer leaving an open tin can in the fridge, and that it had addressed this with the carer. It apologised for bins not being emptied and said this would be added to the care plan. It addressed matters of kitchen and bathroom hygiene and said this would be addressed in the care plan and with carers.
 17. Mrs X complained repeatedly to the care agency about the same issues. In addition to the complaints Mrs X praised one of the carers, saying she was dedicated, went the extra mile, and was an asset to the company.
 18. Mrs X also continued to complain to the Council saying the standard of care was not adequate and despite assurances from the care agency the problems continued. She said Mrs Y should not have to pay for a service she was not receiving. She asked the Council to waive Mrs Y's contribution towards her care, at that time, a total of £604.80.
 19. The Council responded to Mrs X's complaint on 9 April 2019. The author said she had spoken to the council officer who attended the meeting on 6 March 2019, and the officer accepted she had made a comment about knives being left in the sink.

She said she was trying to explain how this could happen if carers were distracted talking to Mrs Y. The officer could not recall making any other comments. The officer who undertook the initial care planning with Mrs Y acknowledged it may have been better if Mrs X or her sister had been present meeting. The author of the letter apologised that this had not happened. She went on to say, “[council officer] has regularly engaged and listened to your concerns and has promptly responded by liaising with Comfort Call and Adult Care Financial Services, ACFS, to support you to resolve the issues regarding your mother’s care package”. The Council says the knife left in Mrs Y’s sink was a butter knife.

20. Mrs X continued to have concerns about a lack of cleanliness by carers and discussed this with the care agency on 20 May 2019. The officer from the care agency asked Mrs X for dates and times when this happened and said she would read the care logbook in Mrs Y’s home. The officer completed a task checklist for carers which she said would be put on Mrs Y’s fridge door. She asked Mrs X to approve the list.
21. Mrs X asked that the duties list be placed on Mrs Y’s fridge as soon as possible. She also asked that carers refill Mrs Y’s sugar and teabag bowls. She said she should not have to keep sending emails to remind carers to complete basic tasks and that the situation was getting her down.
22. Mrs X says the task list was not put in place.
23. As a result of Mrs X’s continued complaints, the care agency sent a manager to Mrs Y’s house on weekly basis to check cleanliness. It contacted social services on 29 May 2019 to ‘confirm that everything was in order’.
24. I have seen a log of the managers visits to Mrs Y’s home. On one occasion, 30 May 2019, the manager sent Mrs X an email to says she had recently visited Mrs Y and “*was happy with the standard of cleanliness of the property*”. She then went onto explain she had completed some domestic tasks herself, including wiping the fridge, and cleaning a utensil pot on the draining board. She told Mrs X “*as long as we work together and continue to communicate with each other im hopeful we can overcome these issues*”.
25. On 4 June 2019 the Council wrote to Mrs X responding to her complaint. The author of the letter said she was responding to Mrs X’s complaint about the quality of care, and Mrs X’s request for the Council to waive Mrs Y’s contributions towards her care. The officer said, “*I understand that you recently confirmed to [council officer] that there were still problems with the care package and as result of this you would like the care charges, as stated above, to be waived. You reported to [council officer] that there were problems with the care package on a daily basis*”. The officer went to say “*If you are dissatisfied with the quality of care provided by Comfort Call, which you clearly are, the remedy would be to consider a change of care provider or for your mother to have a Direct Payment so you could employ your own care agency or Personal Assistant*”.
26. Mrs X responded to the Council in writing on 5 June 2019 saying although she was “*...disputing the invoices she had paid them even though the complaints were continuing. She said she wanted “to keep the financial side of matters in hand*”. Mrs X said she was willing to pay but expected decent quality care. She reiterated her complaint about her absence from the initial care planning meeting.
27. On 25 June 2019 Mrs X sent an email to the care agency again to say a carer had not given Mrs Y the correct medication, Mrs Y had realised and told the carer, and the carer had said she had got the wrong day. Mrs X expressed concern

about this. The manager responded and said the carer had given a different version of events, that she realised she had taken the wrong medication out of the packet and rectified it straight away. The manager said she had told the carer to be more conscientious when dealing with medication.

28. Mrs X gave an example of poor care that occurred during this investigation. On the weekend of 14/15 September 2019, Mrs Y was unwell, and an ambulance service was called. Paramedics attended and after undertaking checks, they advised Mrs X to contact Mrs Y's GP. Mrs X contacted the GP early on Monday 16 September 2019. She then went to Mrs Y's home around 8.30am to await the GP's visit. When she arrived, she found Mrs Y in a soiled nightdress and tissues soiled with faeces strewn around the bedroom floor and in the bathroom. The carer had left shortly before Mrs X arrived.
29. Mrs X contacted the care agency to complain and was told the carer did not see the tissues and did not notice Mrs Y was in a soiled nightdress because she did not mobilise whilst the carer was present. Mrs X says she does not understand how the carer could not notice.
30. Mrs X says she is exhausted with complaining to the care agency and the Council about the same issues. She says the care agency manager no longer responds.
31. In a recent discussion with Mrs X she confirmed there to be ongoing issues of poor care. She says she was reluctant to change providers or accept direct payments because there are three carers who provide an excellent service, and Mrs Y has a good relationship with these individuals. However constantly having to deal with issues that arise is having a detrimental effect on her wellbeing. She expressed a wish to explore direct payments but said she did not understand how it works

Analysis

32. The Council had a duty under section 8 of the Care Act 2014 to meet Mrs Y's eligible needs. It did so by an arrangement with the care agency. Any failings in the care agency's service to Mrs Y is fault by the Council because the care agency provided services on the Council's behalf under section 8.
33. It is clear the standard of care provided to Mrs Y did not meet Mrs X's expectations. The issue to be considered is whether the standard of care was good enough, and whether the Council did enough to address the issues Mrs X raised.
34. There is also the matter of Mrs X having been excluded from the initial care planning meeting. Mrs X and her sister provide significant support to Mrs X. They should have been involved in the care planning from the outset. The Care and Support statutory guidance says, (10.21) *"In considering the person's needs and how they may be met, the local authority must take into consideration any needs that are being met by a carer. The person may have assessed eligible needs which are being met by a carer at the time of the plan – in these cases the carer should be involved in the planning process"*.
35. The care plan completed by the care agency contained key information, but it is not easily readable. It is not a document that could be read quickly by carers visiting Mrs Y. The tasks are lost in the narrative. However, carers are aware Mrs Y is blind and it is difficult to understand why a carer would place a tin can with the lid open in a fridge. This raises questions about carers competency, training and indicates a basic lack of common sense. This should have caused the Council concern. It did not, instead the Council told Mrs X if tasks were not in the

care plan they would not get done. The care plan did record that sharp objects and breakables should be removed, but even if had not, it is a reasonable expectation that carers have awareness of health and safety.

36. During a meeting Mrs X had with the Council and the care agency, a council officer made a comment about leaving knives in the sink. Even allowing for differing interpretation. The comment was inappropriate and insensitive. There are no circumstances which excuse carers leaving any type of knife in a bowl in the home of a blind service user. The same can be said for any other obvious hazard, such as an overflowing bin.
37. In response to Mrs X's repeated complaints, a manager from the care agency made several inspection visits to Mrs Y's home. On one occasion, the manager said she was satisfied with the standard of cleanliness then went on to describe some domestic tasks she had completed during the inspection. This is contradictory, if the standard of cleanliness was satisfactory then there would have been no tasks to complete. Mrs X's lack of confidence in the care agency is understandable.
38. Mrs X repeatedly complained to the Council about the care and said Mrs Y should not have to pay for a service she was not receiving. In its response the Council said officers had regularly engaged with Mrs X, listened to her concerns, and promptly engaged with the care agency. This was not good enough. I have not seen any evidence which shows the Council properly addressed the issues with the agency, some of which presented a real risk to Mrs Y's safety. It appeared to accept the care agency's assurances and gave little weight to the information provided by Mrs X. Consequently, unacceptable practice continued. Other service users may also have been affected.
39. The Council said if Mrs X was dissatisfied with the care provided then the remedy would be to change care providers or change to a direct payment. This is not an acceptable response. Service users are entitled to expect good quality care and should not be expected to change providers or accept direct payments because they complain about poor care. The Council should have taken robust action to address the issues and monitor the ongoing quality of care provided to Mrs Y and any other service users it commissions care for.
40. Mrs X says Mrs Y should not have to pay for poor quality care. I note Mrs X has not withheld payment of Mrs Y's contributions. She has paid in full. Mrs X would like the Council to waive Mrs Y's contributions in full. She acknowledges that not all the care was poor and praised three or four carers. On that basis I cannot recommend the Council refund all the contributions Mrs Y paid. However, Mrs Y has experienced ongoing instances of poor care. The Council missed several opportunities to address this. Because of this it should refund Mrs Y 50% of the contributions she paid towards her care.
41. Mrs X is in her seventies. She has been put to significant time and trouble pursuing her concerns with the care agency and the Council. She has been caused worry and uncertainty about the care Mrs Y is receiving. This has caused her anxiety and low mood. The Council should apologise for this. It should also offer a carers assessment.
42. The Council should provide Mrs X with information about direct payments and provide support should she wish to proceed.

Agreed action

43. The Council will within four weeks:
- apologise to Mrs Y for the poor care highlighted above
 - refund her 50% of all contributions paid towards her care from January 2019 to the date of the final decision
 - complete a review of Mrs Y's needs and update her care and support plan as necessary
 - apologise to Mrs X for the worry and uncertainty she has suffered and apologise for the time and trouble she has been put to pursuing the complaint with the Council, care agency and the Ombudsman, and pay her £500 in acknowledgement
 - offer Mrs X a carers assessment
 - provide Mrs X with information about direct payments and provide guidance and support should she wish to proceed.
 - monitor the care agency's performance including records, care plans, call time adherence and client satisfaction as part of its regular contract monitoring and take appropriate action to address any concerns in service
44. Under the terms of our Memorandum of Understanding and Information Sharing Protocol, I will send CQC a copy of the final decision statement.

Final decision

45. The Council failed to ensure Mrs Y received a satisfactory standard of care. It also failed to properly address the concerns raised about this.
46. It is on this basis; the complaint will be closed.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman will not investigate this complaint about the Council's decision not to pay the complainant £30 for helping his ex-partner move house. This is because there is insufficient evidence of fault by the Council and insufficient evidence of injustice.

The complaint

1. The complainant, whom I refer to as Mr X, says the Council has refused to pay him £30 for helping his former partner move home. He is also unhappy with the way a social worker has treated him.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. We provide a free service, but must use public money carefully. We may decide not to start an investigation if we believe:
 - it is unlikely we would find fault, or
 - the injustice is not significant enough to justify our involvement.

(Local Government Act 1974, section 24A(6), as amended)

How I considered this complaint

3. I read the complaint and the Council's responses. I invited Mr X to comment on a draft of this decision.

What I found

What happened

4. Mr X's former partner moved home. A family member had agreed to borrow a van. The Council had agreed to pay the relative up to £30 for the cost. This arrangement fell through. Mr X stepped in to help and arranged a van. Mr X helped with the move.
5. Mr X asked the Council for the £30. The Council said it had not made any agreement with Mr X and had not agreed to pay him any money. However, the Council paid Mr X £10.58 for the petrol.

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6. Mr X complained about the Council not giving him £30. He also complained about a social worker involved in the case. He said she had wrongly accused him of being aggressive and had wrongly said he was not allowed contact with his child. In response, the Council confirmed it would not give him £30. It apologised for the poor service Mr X felt he had received. It said there was no suggestion Mr X is not allowed to contact his child but said the social worker had raised concerns about Mr X's conduct with the mother. It also said the social worker had been advised to stop replying to Mr X's messages because, in the Council's view, they were aggressive. Mr X denies being aggressive.

Assessment

7. I will not start an investigation because there is insufficient evidence of fault and injustice. There is nothing to suggest the Council had made an agreement to pay any money to Mr X so no suggestion of fault in its decision not to pay him £30. Despite this the Council did reimburse his petrol costs. The Council also apologised because Mr X thought he had been badly treated.
8. Mr X thinks he should be given £30 which is the amount he believes the Council had agreed to pay to someone else. But, Mr X has received £10 and a dispute over less than £20 does not represent a level of injustice which requires an investigation by the Ombudsman.

Final decision

9. I will not start an investigation because there is insufficient evidence of fault and injustice.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: There was fault in the way the Council decided to reduce Mr B's support package without a clear explanation. The Council has agreed to apologise to Mr B.

The complaint

1. Mr B complains that the Council reduced his support package in September 2018. He says the reduction was not in line with the statutory guidance as the Council had not properly explained what the reasons for the reduction were.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
3. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

4. I have discussed the complaint with Mr B's representative. I have considered the documents that he and the Council have sent, the relevant law, guidance and the Council's policies and both sides' comments on the draft decision.

What I found

Assessing needs

5. The Care Act 2014 says the Council has a duty to assess adults who have a need for care and support. If the needs assessment identifies eligible needs, the Council will provide a support plan which outlines what services are required to meet the needs and a personal budget which sets out the cost of meeting the needs.
6. The needs assessment decides how a person's needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing. Councils must consider whether:

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- The adult's needs arise from a physical or mental impairment or illness.
 - As a result of the adult's needs the adult is unable to achieve 2 or more of the specified outcomes.
 - As a consequence of being unable to achieve these outcomes there is a significant impact on the adult's wellbeing.
7. The outcomes are:
- Managing and maintaining nutrition.
 - Maintaining personal hygiene.
 - Managing toilet needs.
 - Being appropriately clothed.
 - Being able to make use of the home safely.
 - Maintaining a habitable home environment.
 - Developing and maintaining family or other personal relationships.
 - Accessing and engaging in work, training, education.
 - Making use of necessary facilities or services in the local community.
 - Carrying out caring responsibilities for children.

Needs met by a carer

8. The local authority is not required to meet any needs which are being met by a carer who is willing and able to do so, but it should record where that is the case. This ensures that the entirety of the adult's needs are identified and the local authority can respond appropriately if the carer feels unable or unwilling to carry out some or all of the caring they were previously providing.

Carer's assessment

9. If it appears that the carer may have any level of needs for support, local authorities must carry out a carer's assessment. Carers' assessments will establish not only the carer's needs for support, but also the sustainability of the caring role itself, which includes both the practical and emotional support the carer provides to the adult.

Reviews of the care plan

10. Councils are expected to review the care plan at least every 12 months.
11. The review should be proportionate to the needs to be met, and the process should not contain any surprises for the person concerned. Reviews must not be used to arbitrarily reduce a care and support package. Such behaviour would be unlawful under the Act as the personal budget must always be an amount appropriate to meet the person's needs. Any reduction to a personal budget should be the result of a change in need or circumstance.

What happened

12. Mr B is registered severely sight impaired and has needs for care and support. His wife, Mrs B is his main carer.

May 2016 – assessment

13. The social worker assessed Mr B's needs.
14. Mr B needed support to achieve the following outcomes. Mrs B was the main carer in these areas:

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- Managing and maintaining nutrition.
 - Maintaining personal hygiene.
 - Being able to make use of the home safely.
 - Maintaining a habitable home environment.
 - Developing and maintaining family or other personal relationships.
15. Mr B received Council support for the following:
- Maintaining a habitable home environment. Mrs B did the cleaning tasks and paid the bills, but Mr B's personal assistant supported him in accessing emails.
 - Accessing the local community. Mrs B did some of the shopping and Mr B also did this task with support from his personal assistant. He also received support from his personal assistant to go to social outings and medical appointments.
16. Mr B told the social worker he would benefit from more time to access the community because of his rural location and the time that was spent travelling to places.
17. The Council agreed a care plan of six hours support by a personal assistant.
- June 2017 – review of care plan**
18. The Council reviewed Mr B's care plan.
19. Mr B asked for more support to access the local community. The social worker agreed an increase and explained the reasons:
- Mr B's needs has not changed, but sadly Mrs B's health and wellbeing had deteriorated. Therefore, Mrs B was unable to provide the level of support that she had been providing.
 - Mr B lived in a rural area and this meant any community amenity was a long drive away. So a lot of the time allocated to access the community was actually spent travelling. Mrs B had provided some support to Mr B in this area in the past, but was unable to do so because of the decline in her health
20. The Council increased the support to 8 hours.
- July 2017 – review of carer's needs**
21. The Council reviewed Mrs B's needs as a carer. Mrs B said her caring role was all consuming and she often felt stressed and exhausted trying to juggle the responsibilities of her caring role. She had medical conditions affecting her hips which meant it was difficult to mobilise and she rarely accessed the community unless necessary. Mrs B said she was also the primary carer for her sister who had mental health problems.
22. The Council allocated a £150 personal budget and NHS short breaks funding to fund essential breaks throughout the year.
- April 2018 – review of carer's needs**
23. The review said there had been no changes and the support package for Mrs B remained the same.
- May 2018 – agency closure**
24. The agency which the Council employed to provide care and support to Mr B closed down. The Council offered other agencies, but Mr B said they were not suitable. Mr B agreed to consider direct payments so that he could pay for his personal assistant.
- Page 30 of 170
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25. Mrs B had an NHS 'carers planned short breaks' review in September 2018 which said she continued to be eligible.

September 2018 – assessment

26. The social worker re-assessed Mr B's needs and noted that Mr B did not have a personal assistant.
27. This meant he had been unable to access the community, keep in touch with friends or help in the shopping. He had relied on Mrs B's support a lot more and said that taxis were not willing to pick him up because of his remote location.
28. He did have a befriender/volunteer from a charity who visited him for one and a half hours every other week and they would go for a walk locally.
29. The social worker said Mr B needed support with shopping, reading his correspondence and connecting with friends. Mr B agreed to consider a period of rehabilitation from a rehabilitation officer for help with assistive technology so that he could access the internet and emails independently.
30. The Council reduced the support to 4 hours support for social inclusion.

November 2018 - complaint

31. Mr B complained to the Council for cutting his support in half. He said:
- His needs had not decreased, if anything, his health had deteriorated.
 - Mrs B's own health had deteriorated and she suffered from a number of medical conditions which affected her ability to provide care. Mrs B now also had caring responsibilities for her sister. Therefore, she was no longer able or willing to provide the support she had provided in the past. The social worker had not considered this when he reduced the support.
 - When Mr B raised the issue of Mrs B's ability to provide the support, the social worker ended the review assessment.
32. The Council responded and said:
- Mrs B supported Mr B in the majority of the tasks and she had said she could continue to do so, although she was finding it increasingly difficult.
 - Mr B had been offered support from a rehabilitation officer in regards to assistive technology so he could access emails and the internet independently.
 - Mr B was also receiving support from a charity to help with social inclusion so the Council reduced his support in this area.

January 2019 - complaint

33. Mr B complained again. He said:
- The charity volunteer already supported him at the time when he received 8 hours support so this could not explain the reduction in support.
 - The charity volunteer only visited him 1.5 hours every two weeks, not 4 hours every week.
 - His main need for support was in 'accessing the community' and the charity volunteer did not assist in this.
 - The Council had not properly considered whether Mrs B could continue to provide care at the level that she was providing.

34. The Council said:

- Mr B had now received a period of rehabilitation from the rehabilitation officer.
- It offered Mr B a review of his needs.

February 2019 - assessment

35. The social worker said that:

- Mr B had still not found a personal assistant.
- Maintaining personal hygiene. Because of the extent of Mrs B's caring responsibilities and her own ill-health, Mrs B was using the NHS Carers Break funding to help in laundry tasks.
- Maintaining a habitable environment. Mr B had encountered problems in using assistive technology and his current state of mind precluded him from engaging in reablement. Mrs B had withdrawn her support with reading emails and correspondence so Mr B was not receiving support in this area and needed a personal assistant to help him with this.
- Maintaining personal relationships. Mr B needed a personal assistant to go into the community, but had been unable to find one. This had a knock-on effect on his ability to meet people and make friends and he was entirely reliant on Mrs B in this area. The volunteer continued to meet him for 1.5 hours every two weeks, but this may be coming to an end as volunteers were only meant to work with an individual for 6 months.
- Accessing the community. As Mr B did not have a personal assistant, he had been unable to access the community. This also affected his ability to attend medical appointments. He had been unable to do any shopping so this role had fallen on Mrs B. However, because of Mrs B's own ill-health and the extent of her caring role, she was unable to continue to do the shopping.
- Mr B also needed to monitor his blood pressure 3 times a day and required assistance with this.
- The lack of support in the previous months had had a significant impact on Mr and Mrs B's health and wellbeing and had contributed to Mrs B's carer's stress.
- The social worker said it was hoped that Mrs B's health would improve so she could increase her carer's role again in the future. The social worker proposed a review in two months.

36. The Council agreed 9 hours support via direct payments and assisted in finding an agency which could deliver the care.

37. The social worker provided a more detailed breakdown on how she arrived at the 9 hours provision. I have put in brackets the 'outcomes' this corresponded to for clarity.

- 4 hours – social inclusion and attendance at appointments ('accessing the community')
- 2 hours – shopping ('accessing the community')
- 2 hours – access to written and digital information ('maintaining a habitable environment')
- 1 hour – laundry ('maintaining personal hygiene').

38. Therefore, in essence the Council had reinstated the provision of the June 2017 care plan with an extra hour for laundry.

February 2019 – complaint

39. Mr B complained again and said that, although he had agreed to the offer of a re-assessment, the Council had still not provided a good reason for cutting his support in half.
40. The Council said:
- The provision of 8 hours for social inclusion had been excessive and he had previously been 'over-provisioned' in this area.
 - Mrs B's health had deteriorated and she was no longer able to provide the care she provided in the past in relation to shopping. The Council had reviewed Mr B's needs and was in the process of finding a care provider.

Analysis

41. The Ombudsman cannot say what the care plan should be or how many hours support Mr B needed. Only the Council can do this, based on the assessments.
42. I have investigated whether the Council has assessed Mr B in line with the law, guidance and policies.
43. The first and main purpose of Mr B's package of 8 hours support was to meet Mr B's need to 'access the community'. Mr B was unable to drive because of his impaired sight. The support was high because he lived in a remote area and a lot of the time was taken up driving to the destination.
44. The second aim of Mr B's support package was to help him in accessing emails and the internet. The Council said this met the outcome of 'maintaining a habitable home environment.'
45. In the complaint correspondence, the Council said it reduced Mr B's support by 50% in September 2018 for two reasons, so I will consider those reasons in more detail.
46. The first reason for reducing the support was the Council's offer of rehabilitation through a rehabilitation officer. The aim was to make Mr B more independent through the use of assistive technology and therefore to reduce his need for support. However, the Council reduced the support before Mr B started the rehabilitation process and before the Council knew what the effect would be on his ability to live independently and his need for support. This was fault.
47. This failure became clear when the Council then re-assessed Mr B in February 2019, after he had completed the rehabilitation. The assessment noted that Mr B encountered problems in using assistive technology and had been unable to engage in reablement. So essentially the rehabilitation had failed and this need continued to be unmet. The Council then decided to reinstate the provision.
48. The Council's second reason for reducing the support in September 2018 was the fact that a volunteer visited Mr B for 1.5 hours every two weeks. I agree with Mr B that this did not properly explain the reduction in support.
49. The volunteer did not really help Mr B in 'accessing the community'. The volunteer did not drive Mr B anywhere or take him to appointments or help him shopping which were Mr B's main needs in this area. In any event, the volunteer provided the equivalent support of 45 minutes a week so this would not explain a reduction of 4 hours.
50. The Council then said in its later complaint correspondence that it reduced the support from 8 to 4 hours because 8 hours was too high. If this was the case, the

Council should have explained why 8 hours was too high and why 4 hours was sufficient. It failed to do so.

51. I also agree with Mr B that the September 2018 assessment did not properly consider whether Mrs B was 'able and willing' to provide the support that the Council was no longer providing. The only mention of Mrs B in Mr B's needs assessment was that she was willing to continue her caring role in certain areas (meal preparation, personal hygiene, clothing, laundry and cleaning), although she was finding this increasingly difficult.
52. However, I cannot find evidence that the social worker asked Mrs B whether she was willing or able to provide an extra 4 hours of support to access the community. There is also no evidence that the social worker properly considered what the impact of the reduction would be on Mrs B's ability to provide care and this was fault.
53. Therefore, to conclude, I have found fault in the way the Council reduced Mr B's support package as it was not done in line with the statutory guidance. The assessment did not clearly explain what the changes in need or circumstances were that led the Council to conclude that Mr B's support package should be reduced.
54. I have considered the injustice Mr B suffered as a result of the fault. This is difficult to say as during the time that the Council made the reduction, Mr B did not have a personal assistant (May 2018 until April 2019). Therefore, regardless of the hours of support in the care plan, Mr B would have not received the support.

Agreed action

55. Mr B says that the main outcome he wanted from his complaint was for the Council to reinstate the provision that he received before the reduction. This has happened.
56. The Council has agreed to apologise in writing for the fault within one month of the final decision.

Final decision

57. I have completed my investigation and found fault by the Council. The Council has agreed the remedy to address the injustice.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Mrs X complained about the Council's actions when concerns were raised about her handling of her father's finances. We will not investigate this complaint as it is unlikely we would find fault by the Council.

The complaint

1. Mrs X complained about the Council's management of a safeguarding alert. Her complaint included that it:
 - Decided to carry out a safeguarding investigation after her father's (Mr Y's) bank raised concerns about Mrs X's management of his finances.
 - Told Mrs X about the allegations over the telephone, rather than in writing.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. We provide a free service, but must use public money carefully. We may decide not to start or continue with an investigation if we believe it is unlikely we would find fault. (*Local Government Act 1974, section 24A(6), as amended*)
3. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)

How I considered this complaint

4. I considered the information Mrs X provided when she complained to the Ombudsman.
5. I considered Mrs X's comments on my draft decision.

What I found

6. The Council contacted Mrs X after her father's (Mr Y's) bank raised concerns about how she managed his finances. Mrs X says the bank's accusations were false. She says the Council told her about the concerns over the telephone, rather than in writing, meaning she had nothing in writing to help her get advice.

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7. Mrs X disagrees with the Council's reasons for becoming involved, but that does not mean it was at fault. The Council has a duty to consider all safeguarding alerts made to it. The Council took steps I would expect it to, including contacting Mrs X promptly to discuss the concerns and attempting to speak directly to Mr Y. There is no requirement for councils to communicate allegations in writing.
 8. Mrs X has also explained the distress she has experienced. Safeguarding investigations are naturally stressful. However, if we investigated Mrs X's complaint it is unlikely we would decide her distress, or the police investigation, were due to fault by the Council. We should not investigate this complaint.

Final decision

9. The Ombudsman will not investigate this complaint. This is because it is unlikely we would find fault.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Mr and Mrs G question the Council's recalculation of a special guardianship allowance paid to Mrs G for the care of her grandson. We find some fault in the consideration given by the Council to parts of the recalculation. This caused some uncertainty for Mrs G. We have completed the investigation as the Council has now offered a remedy to the complaint which will provide for a satisfactory outcome.

The complaint

1. I have called the complainants 'Mr and Mrs G'. Their complaint concerns the Council's remedy of an earlier complaint made to the Ombudsman. They question the Council's recalculation of a special guardianship allowance paid to Mrs G for the care of her grandson 'Child X'. In particular:
 - Why the Council retrospectively reduced the allowance paid to Mrs G between January and April 2017.
 - Why the Council has not allowed for birthday and festive allowances which are paid to foster carers.
2. Mr and Mrs G say as a result they do not know if the Council has now correctly paid special guardianship allowance to Mrs G.

The Ombudsman's role and powers

3. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
4. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

5. Before issuing this decision statement I considered:
 - Mr and Mrs G's complaint in writing to this office and further information provided in telephone conversations and emails.

- Information provided by the Council in response to written enquiries.
 - Previous decisions taken by us considering earlier complaints made to us by Mr and Mrs G and relevant to this complaint also.
 - Relevant law and guidance as referred to in the text below.
6. I also gave both Mr and Mrs G and the Council an opportunity to comment on a draft decision statement setting out my thinking about the complaint. Both confirmed they were satisfied with the content of the draft decision statement.
 7. Under the information sharing agreement between the Local Government and Social Care Ombudsman and the Office for Standards in Education, Children's Services and Skills (Ofsted), we will share this decision with Ofsted.

What I found

Background

8. Mrs G is Child X's parental grandmother. She lives outside the Council's area. Mr and Mrs G keep separate houses, with Mr G living around 200 miles from Mrs G. Mrs G works one evening a week and at weekends.
9. Child X has a diagnosis of autism, a learning disability, mental health issues, attention deficit hyperactivity disorder (ADHD) and an attachment disorder. These contribute to Child X displaying behavioural issues with episodes of self-harming, smearing, violent outbursts of temper towards people and property and so on. Because of his mental illness, Child X receives disability living allowance, a non-means tested benefit, at the highest rate for support with his care and at a low rate for support with his mobility needs.
10. Previous investigations by this office have found:
 - Child X entered Mrs G's care as a looked after child.
 - The Council failed to pay Mrs G enough financial support for the period July 2015 to November 2016 when she acted as a family and friends foster carer.
 - The Council failed to pay Mrs G enough financial support for the period after January 2017 when she was Child X's special guardian.
11. Our most recent decision on a complaint made by Mrs G (March 2019) found the Council had partially remedied these faults. But we remained dissatisfied with its consideration of the financial support paid to Mrs G as a special guardian. The Council agreed to a further reconsideration of Mrs G's special guardianship allowance taking account of:
 - Child X's disabilities and disability benefits paid in respect of those. We did not consider the Council properly took account of Special Guardianship Regulations which require it to take account of the needs of children who have disabilities.
 - Childcare costs Mrs G incurred which Regulations allow the Council to take account of when paying special guardianship allowance.
 - Costs incurred in facilitating contact between Child X and his birth family.

The current complaint

12. The Council completed its consideration of all these matters by November 2019. It sent Mrs G an updated support plan setting out the financial support it would provide. This included revised amounts to cover childcare and to facilitate contact.

The Council also recalculated the special guardianship allowance paid to Mrs G this time disregarding some of the disability payments Child X receives on account of his needs. The net impact of these changes meant in September 2019 the Council paid over £5000 to Mrs G to cover allowance previously underpaid and for contact visits previously arranged.

13. While welcoming these reassessments Mr and Mrs G still had those concerns listed in paragraph 1. On the first point, while the recalculation of Mrs G's special guardianship allowance had resulted in a net underpayment to her; the detailed calculation showed the Council had offset this against an overpayment for the period January to April 2017. It did this after receiving new information from Mrs G suggesting her wages at that time were higher than it had previously understood (the allowance being means tested).
14. On the second point the Council said that while it based special guardianship allowance on foster care payments it did not consider birthday and festive payments as "*enhancements*". It explained that it expected special guardians would provide gifts at holiday times.

Our enquiries and the Council's response

15. We made enquiries of the Council to further understand its position on these matters. In doing so we noted:
 - The Council's written policy: "*Special Guardianship – Financial Support*" says that maximum payments for special guardians are "*based on 100% of fostering allowances*". Its website also contained a "*table of allowances*" made to foster carers. This described four elements – a basic fostering allowance, a fostering supplement, a birthday allowance and a festive allowance.
 - The same policy also referred to circumstances where a special guardian previously fostered a child and "*received an element of remuneration in the allowance paid to them*". It said the Council may continue to pay that "*element of remuneration for two years from the date of the special guardianship procedure*" (I took this as a reference to the date of the special guardianship order). I asked the Council how it applied this policy to former family and friends foster carers such as Mrs G.
16. In reply the Council said that it recognised its policy in respect of both areas could be clearer. It said it was now undertaking a full review of its policy towards family and friends foster carers which would address these matters, along with certain other matters.
17. In the meantime, the Council wished to offer a remedy to Mr and Mrs G's complaint. It proposed this would involve:
 - The Council recalculating the special guardianship allowance paid to Mrs G for the first two years of the special guardianship order on a non means-tested basis. It would base its award on its fostering allowance less child benefit only (a benefit payable to special guardians but not foster carers).
 - It would pay birthday and festivity allowances to Mrs G for this two-year period also.

My findings

18. I consider the Council has offered a fair remedy to the complaint. I consider it was at fault for not providing sufficient explanation to explain why it did not pay birthday and festive allowances to Mrs G as part of her special guardian allowance. Also, for not considering if it should have non means-tested Mrs G's

special guardianship allowance for two years. I consider these faults caused Mrs G some unnecessary uncertainty about whether the payments made to her were correct.

19. However, I could not say the Council was necessarily obliged to do either. I could only recommend it *consider* making these additional payments. So, the Council's offer to go beyond this and re-assess the special guardianship payments again, giving the benefit of both considerations to Mrs G, is more than I could achieve through continued investigation. It will provide a financial payment to Mrs G greater than anything I would recommended for the uncertainty caused to her.
20. The Council's offer also removes any need for me to consider in further detail its initial reassessment of Mrs G's special guardianship allowance between January and April 2017.

Agreed action

21. The Council has agreed to remedy this complaint, it will therefore carry out the steps outlined in paragraph 17 within 20 working days of this decision.

Final decision

22. For reasons set out above I uphold this complaint finding fault by the Council causing injustice to Mrs G. The Council has made an offer to remedy this complaint which I endorse as I consider it will provide a fair outcome to the complaint. So, I have completed my investigation satisfied with its response.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman will not investigate Miss C's complaint about the circumstances in which her children were placed in the Council's care. This is because we cannot investigate matters relating to a decision made in court.

The complaint

1. The complainant, who I will refer to as Miss C, complains that the Council took her children into care.

The Ombudsman's role and powers

2. The Local Government Act 1974 sets out our powers but also imposes restrictions on what we can investigate.
3. We cannot investigate a complaint about the start of court action or what happened in court. (*Local Government Act 1974, Schedule 5/5A, paragraph 1/3, as amended*)

We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. We provide a free service, but must use public money carefully. We may decide not to start or continue with an investigation if we believe we cannot achieve the outcome someone wants. (*Local Government Act 1974, section 24A(6), as amended*)

How I considered this complaint

4. I have considered what Miss C has said in support of her complaint.

What I found

5. Miss C complains that the Council took her children into care without evidence to justify its action. She also complains that social workers lied throughout the process. She says she has lost two years of family life as a result. She wants the Council to help her with court action to have the children returned to her care.
6. The Ombudsman cannot investigate Miss C's complaint. The decision to place her children into the Council's care was for the court to make, not the Council. By law, the Ombudsman cannot consider what happens in court. This includes both the court's decision and the evidence it considered, including evidence presented by the Council.

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7. Even if the law permitted the Ombudsman to intervene, we could not achieve anything significant. It is not the Council's responsibility to assist Miss C in court, so the Ombudsman cannot achieve the outcome she is seeking.

Final decision

8. The Ombudsman cannot investigate this complaint. This is because we cannot investigate matters relating to a court decision.

Investigator's final decision on behalf of the Ombudsman

The Ombudsman's draft decision

Summary: Mr X complained the Council failed to provide services and support for his son, F who has severe disabilities and a life limiting condition. The Council was at fault. It failed to provide the educational provision for F in line with his Education, Health and Care Plan and delayed consulting for an alternative placement between September 2018 and March 2019. The Council also failed to carry out a parent carer needs assessment on Mr X in line with relevant legislation and statutory guidance and failed to properly handle his complaints. The Council agreed to pay Mr X a total of £3900 to use for F's benefit, and £350 to recognise the injustice caused to him. It also agreed to carry out service improvements and carry out a parent carer needs assessment on Mr X.

The complaint

1. Mr X complained the Council failed to provide services and support for his child, F, who has severe disabilities and a life-limiting condition, and also to him in his role as a carer for F. Mr X complained:
 - The Council failed to ensure F received provision in line with his Education, Health and Care Plan (EHC Plan) between August 2018 and August 2019.
 - Failed to carry out an adequate safeguarding investigation following Mr X's referral about incidents involving F at his school.
 - Failed to offer him a parent carer needs assessment.
 - Failed to carry out and progress home adaptations.
 - Failed to respond to Mr X's complaints in line with the Council's complaints procedure and the children's statutory procedure.
2. Mr X said the Council's faults caused F loss of education opportunity and distress. Mr X said he has suffered distress, frustration, uncertainty and time and trouble.

What I have investigated

3. I have investigated Mr X's complaints about
 - the EHC Plan provision
 - delays in consulting for an alternative placement
 - the parent carer needs assessment and

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- how the Council dealt with his complaints.
4. I have not investigated the other matters for the reasons explained in paragraph 81.

The Ombudsman's role and powers

5. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
6. We cannot investigate complaints about what happens in schools. (*Local Government Act 1974, Schedule 5, paragraph 5(b), as amended*)
7. SEND is a tribunal that considers special educational needs. (*The Special Educational Needs and Disability Tribunal ('SEND')*)
8. The law says we cannot normally investigate a complaint when someone can appeal to a tribunal. However, we may decide to investigate if we consider it would be unreasonable to expect the person to appeal. Mr X appealed to the SEND tribunal in July 2019 about the educational provision outlined in F's EHC Plan. Mr X also appealed about F's social care provision and about the provision of home adaptations. Therefore, although referred to, I have not investigated these matters as Mr X has appealed about them to the SEND tribunal. (*Local Government Act 1974, section 26(6)(a), as amended*)
9. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)
10. Under the information sharing agreement between the Local Government and Social Care Ombudsman and the Office for Standards in Education, Children's Services and Skills (Ofsted), we will share this decision with Ofsted.

How I considered this complaint

11. I spoke to Mr X about his complaint and considered the information he provided.
12. I wrote to the Council and considered its response to my enquiry letter.
13. Mr X and the Council had an opportunity to comment on my draft decision. I considered comments before I made a final decision.

What I found

The law and guidance

Alternative provision

14. Section 19 of the Education Act 1996 says Councils must arrange suitable full-time education, or education adapted to the student's ability and needs, for pupils who cannot attend school because of illness, exclusion or otherwise.
15. The Department for Education issued guidance entitled 'Alternative Provision'. This guidance says 'Local authorities are responsible for arranging suitable education for permanently excluded pupils, and for other pupils who - because of

illness or other reasons - would not receive suitable education without such arrangements being made'.

16. The courts have ruled that what is 'suitable education' is a matter for the council to decide. Whether an alternative placement is 'suitable' is not based on the parent or child's view but upon objective consideration of whether the education offered is reasonably possible or reasonably practicable for the child to access.

Education, Health and Care Plans (EHC Plan)

17. Children with complex needs may require an Education, Health and Care Plan (EHC Plan). This is a legal document which sets out a description of a child's needs (what he or she can and cannot do). It says what needs to be done to meet those needs by education, health and social care. This can include support needed in school.
18. Councils have a legal duty to ensure the special educational provision in section F of an EHC Plan is delivered from the date they issue a final Plan. This duty is non-delegable.
19. Once the Council completes the EHC Plan it has a legal duty to deliver the educational and social care provision set out in the Plan. The local health care provider will have the duty to deliver the health care provision.
20. The Ombudsman cannot investigate the Council's decision whether to conduct an assessment for an EHC Plan, nor can it investigate the content of a Plan. These decisions are appealable to the Special Educational Needs and Disability Tribunal (SEND).
21. The Ombudsman can look at any delay in the assessment and creation of an EHC Plan as well as any failure by the Council to deliver the provision within a Plan.
22. Councils must review an EHC Plan every twelve months. Reviews must focus on the child's progress towards targets in the Plan and on what changes might need to be made to help the child achieve those outcomes. Councils can require a school to convene and hold a review meeting on their behalf. The Special Educational Needs and Disability Code of Practice says reviews are generally most effective when led by the school. The Council must be invited to attend a review meeting.
23. Councils must decide whether to maintain the EHC Plan in its current form, amend it, or cease to maintain it within four weeks of the review meeting. It must then write to the parents/ young person setting out its decision. The Council should issue the final amended EHC Plan or the maintained Plan within eight weeks of this decision letter.
24. If there is a dispute about the EHC Plan, mediation can be a way of settling the dispute. It usually involves a meeting with the council and an independent mediator who will try and help reach an agreement on the disputed points. Representatives from the school or college may also attend the meeting.
25. Decisions to amend or cease a plan can be appealed to the SEND Tribunal.

Child in Need

26. Section 17 of the Children Act 1989 imposes a duty on the Council to safeguard and promote the welfare of children within their area who are 'in need'. A child in need is defined in the Act as a child who is unlikely to achieve or maintain a satisfactory level of health or development or their health or development will be

impaired, without the provision of services; or a child who is disabled. The Council undertakes an assessment of the child's needs to determine what services to provide and what action to take.

Protecting children from harm

27. A Council has a duty to investigate if they have reasonable cause to suspect that a child who lives in their area is suffering, or is likely to suffer, significant harm. This duty comes under Section 47 of the Children Act
28. A Council must have reasonable cause to suspect that a child is suffering or is likely to suffer harm before it can enquire. The Council cannot investigate to see if there is a problem unless it has reasonable cause for concern.

Parent carer needs assessment

29. Councils must assess whether a parent carer of a disabled child whom they have parental responsibility for has needs for support if either:
- It appears to the Council that the parent carer may have needs for support, or
 - The Council receives a request from the parent carer for support.
30. The assessment considers parent carer circumstances and determines the parent's level of needs. The assessment enables Councils to come to an informed decision about the holistic package of support the disabled child and their family require.

Complaint handling

31. The statutory children's complaints procedure sets out the procedure Councils must follow to investigate complaints about Children's Services. It has three stages:
- Local resolution by the Council (Stage 1);
 - an investigation by an independent investigator who will prepare a detailed report and findings (Stage 2). The Council then issues an adjudication letter which sets out its response to the findings; and, if the person making the complaint asks
 - an independent panel to consider their representations (Stage 3).

The law says that when a Council investigates a complaint under this procedure, it must consider the complaint at all three stages, if the complainants requests this.

32. The Council's corporate complaints procedure has three stages.
- Stage 1 - where complaints are dealt with at departmental level.
 - Stage 2 - if the customer is not satisfied at stage 1, an independent investigation is carried out by the corporate complaint's manager.
 - Stage 3 - If the customer is still dissatisfied, the customer can ask for a review panel to consider the details of their complaint and decide if further action is necessary.

What happened

Background

33. Mr X has shared parental responsibility for his son, F, who is 9 years old. Mr X is separated from F's mother. F has a life limiting illness and severe disabilities, which means he is blind, deaf and immobile. F spends half his time each week

with Mr X and the other half which his mother. F is dependent on his parents and carers for all aspects of his life. F has social care and health support at both Mr X's and his mother's home.

34. F attends a special school and has an EHC Plan which specifies the provision and support he requires during the school day.
35. Mr X complained to the Ombudsman in October 2019. His complaint consisted of several elements around the Council's services and support of F. While this complaint is made by Mr X, it is important to state that F's mother was involved in many of the decisions. However, I have only referred to Mr X in the body of this document.

Complaints about F's EHC Plan and the school

36. F has an EHC Plan. The Council held an annual review of F's EHC Plan in January 2018. The Council issued F's amended EHC Plan in February 2018. In April 2018 Mr X disagreed with the provision outlined in the Plan and requested mediation. The main concern was around F's 1:1 support at school. Mr X was concerned about the role of the 1:1 support. Mr X said 1:1 provision should be intensive to meet F's needs. Mr X also raised concerns about adaptations and equipment at his home which he said he required to keep F safe.
37. In June 2018 the records show that following confirmation of continuing health care support for F's 1:1 support in school the issues around this were resolved. The Council amended F's EHC Plan to include provision for a 1:1 carer during the school day for 32.5 hours each week. F's EHC Plan stated he would stand five times per week for 45 minutes while at school and would walk each day if well enough to do so. The plan included a block of sensory swim sessions, accompanied by his 1:1. It also stated F should wear his hearing aids at the times he had the intensive support.
38. Mr X agreed to the amended Plan in July 2018, and in August 2018 the Council issued a final version. Mr X said he did not agree with it but felt forced into accept the plan. However, records show Mr X was dissatisfied with aspects relating to home adaptations and not educational provision at this point.
39. In September 2018, Mr X raised several concerns with the School and the Council. He said:
- F was not receiving provision in line with his EHC Plan
 - The school was refusing to ensure F walked everyday
 - F was not having the 1:1 support outlined in the Plan
 - The school did not have proper safeguarding in place to ensure F could wear his hearing aids and there was an incident where F nearly swallowed one of them
 - The school was leaving F in wet bibs and he had also come home with an inflamed and spotty bottom due to being left wet and soiled for long periods
 - The school were regularly leaving F in his leg splints which had left him in pain.
- Mr X said the lack of provision was unacceptable and the lack of basic care was a safeguarding matter.
40. The Council wrote to Mr X and told him that it had contacted the School about his concerns and was waiting for a response. The school wrote to Mr X in response to his concerns. It said it was complying with the provision set out in F's EHC

Plan. The School said neither F, nor any other student at the school had a named 1:1 and in its view, ring-fenced 1:1 support could be counterproductive. The School acknowledged the incident where F nearly swallowed one of his hearing aids. The School said it had investigated the matter and, in its view, it was a historic incident. It said it had measures in place to manage F wearing his hearing aids. The School said it would ensure F's bib was regularly changed and said at no time was F ever left wet on the School premises. The School said it took its duty of care seriously and refuted Mr X's allegations.

41. The Council said it was clear at this point that F's placement at the School was at risk. The Council therefore agreed to an early annual review of F's EHC Plan. The Council agreed in November 2018 to consult for an alternative school for F.
42. Mr X continued to have concerns about F's care at the school and raised these with the Council in January 2019. He said F was often wearing incorrect leg splints, returning home with clothes wet through from dribble, and also returning home wet. Mr X said the School's care of F was neglectful and was leaving him at risk of infection. Mr X repeated his concern that F was not receiving the provision set out in his EHC Plan. The Council decided to carry out a Child and Family Assessment and the school should investigate Mr X's concerns and respond to the parents following its investigation.
43. Mr X wrote a formal complaint to the Council in January 2019, however the records show the Council did not respond to the complaint. The complaint was about the Council's failure to ensure F received the provision set out in his EHC Plan.
44. The school carried out an investigation and wrote to Mr X with the outcome in February 2019. It recognised it had not used F's splints correctly and also accepted F was left in wet bibs on occasions. The School said it had carried out a new risk assessment and put measures in place to prevent reoccurrence of the incidents.
45. Mr X was unhappy and made a safeguarding referral to the Council which was referred to the Local Authority Designated Officer (LADO). Records show the LADO decided the referral would not meet the criteria for a child protection investigation and felt it was a matter for the school and its governors to investigate. The school had concluded the incidents were not intentional and were not safeguarding concerns.
46. Mr X remained unhappy and removed F from the school in March 2019.
47. The Council completed its Child and Family assessment in March 2019. The Council acknowledged that the complaints raised by Mr X were not one offs, and he had a history of reporting concerns to the school. The Council said the Governing body was investigating how the school managed its investigation. The Council confirmed there were no safeguarding issues within F's homes. The assessment did however state F was being 'discriminated and disadvantaged' by not being able to use his hearing aids continuously. The Child and Family assessment recommended the governing body feedback to the Council with the outcome of its investigation and the Council should ensure F received the provision in his EHC Plan following transition to an alternative educational setting. It said no individuals have been identified as causing F any harm at this time.
48. The Council held meetings following the conclusion of the Child and Family assessment. It was satisfied with the school's actions and the processes it had put in place following the outcome of the investigation.

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49. The Council found an alternative school, School A which could meet F's needs in March 2019, but F was unable to start until September 2019. The Council offered F interim provision at School B from March 2019. Records show however that Mr X declined the offer of the interim placement at School B as he felt it could not meet F's needs.
50. The Council amended F's EHC Plan in April 2019 to show School A as the new placement. The Council continued to offer interim provision at a different school. Records show the School also offered F the use of its resources, such as sensory swim sessions.
51. Mr X complained to the Council again in April 2019. He said:
- The Council had poorly handled his complaint about safeguarding matters at the school and he remained dissatisfied with the outcome
 - The Council was wrong to say the school was suitable for F despite F coming to repeated harm and the school not providing the provision in the EHC Plan
 - The Council failed to respond to his complaint in January 2019
 - The Council had failed to properly consult him in its search for an alternative placement
 - The Council's offer of interim education for F whilst he was out of school was inappropriate and it had failed to show how the interim provision would meet F's needs.
52. The Council's responded to Mr X in June 2019 and told him it would not put his complaint through its procedure on the basis that its various departments have already explained their positions on the matters. It said it had a clear plan for F's transition to School A in September 2019. The Council said the school had appropriately investigated the safeguarding concerns. The Council said if Mr X's ongoing concern was about the named school in F's EHC Plan then he should appeal to the SEND tribunal, and it was not appropriate for the Council's complaints procedure.
53. In July 2019 Mr X submitted an appeal to the SEND tribunal. The matters appealed were about the accuracy of F's SEN and the lack of detail as to how School A would deliver F's provision. Mr X also appealed about social care provision and about the Council's handling of his request for a Disabled Facilities Grant to fund adaptations to Mr X's home.

Mr X's request for a parent carer assessment

54. In June 2019 Mr X asked the Council to carry out a parent carer needs assessment. Mr X said he wanted the assessment to consider his need to earn an income and his own health needs. Mr X said he was unable to provide financially for F because he had no income and did not claim benefits. Mr X said he relied on his wife as the only source of income. The Council considered Mr X's request.
55. The Council wrote to Mr X and informed him the Council would not carry out an assessment, and that Mr X should seek advice about his entitlement to benefits.
56. In response to my enquiry letter the Council said it did not offer standalone parent carer assessments, but instead considered a parent's needs as part of the wider assessment process. The Council said it incorporated the parent's needs into a Child and Family Assessment. The Council said Mr X's referral for a parent carers

assessment did not meet the threshold for a Child and Family assessment in terms of safeguarding, therefore it advised him to contact the DWP.

- 57. F started at School A in September 2019 and records show he has settled in well and is receiving provision in line with his EHC Plan. Mr X's appeal was heard by the SEND tribunal in January 2020.
- 58. Mr X remained unhappy and complained to the Ombudsman.

My findings

- 59. There were several elements to Mr X's complaints, therefore I have separated my findings on each issue below for ease of reading.

Failure to provide F with provision as set out in his EHC Plan between September 2018 and March 2019

- 60. The evidence shows the school did not provide the provision set out in F's EHC Plan between August 2018 and March 2019, when Mr X removed him from the School. Mr X first raised concerns in September 2018. Records of mediation show the Council note that the lack of School funding were not good enough reasons for failing to provide the provision. Following Mr X's concerns the Council started consultation on looking for an alternative placement for F. Therefore, I am satisfied the Council was aware of Mr X's concerns.
- 61. Mr X raised several issues about the provision. The key matter was around F's provision of 1:1 support. F's EHC Plan stated he had a 1:1 carer funded by Continuing Healthcare to support him at school for 32.5 hours per week. The school's response in September 2018 made it clear it did not 'ring-fence' funds for a student and said F's EHC Plan did include named 1:1. Therefore, F did not receive a 1:1 carer in line with his plan which meant his needs were not fully met. The Council should have ensured F received this provision as stated within the EHC Plan and its failure to do so is fault.
- 62. Had F received the 1:1 support it is likely the issues around walking, wearing his hearing aids, bib changing, sensory swim sessions, and the leg splints may not have occurred. The Council's Child and Family assessment recognised F was being disadvantaged by not wearing his hearing aids. I have seen no supporting evidence of how either the school or the Council addressed this.
- 63. There is an absolute duty on the Council to provide the provision stated in the EHC Plan. The Council were aware of Mr X's concerns but there is a lack of records from October 2018 onwards which showing how the Council addressed Mr X's concerns. The Council failed to meet the provision laid out in F's EHC Plan between September 2018 and March 2019. That was fault.

Delay in consulting for an alternative placement for F

- 64. The Council started consultation and searching for an alternative placement for F in September 2018 after agreeing to do so following Mr X's concerns. There are no clear records between October 2018 and March 2019 which show how the Council progressed consultations with alternative placements.
- 65. The records I have seen show the Council made progress from March 2019 onwards, after Mr X withdrew F from the school. Therefore, I have concluded the Council did not make any significant efforts to consult alternative placements between October 2018 and March 2019 and that was fault. The delay meant F was left a placement which was not meeting his needs for longer than necessary. It is possible F could have started at School A much earlier than September 2019 had the Council not delayed.

Failure to provide F with alternative provision between March and September 2019

66. Mr X withdrew F from the School in March 2019 due to his concerns about provision and safeguarding matters. The Council consulted with alternative placements and found School A could meet F's needs, beginning in September 2019. The Council offered two forms of interim provision for F, one at School B and also the use of facilities and provisions at the school, which he remained on roll at.
67. Mr X declined the offers of the interim placement which meant F was without education between March and September 2019. However, I cannot find the Council at fault for this because it had offered an interim alternative placement which could meet F's needs. Mr X decided both offers would not meet F's needs, however, as explained in paragraph 16, the courts have ruled that it is for the Council to decide what is suitable. Therefore, the Council met its duty to arrange education for F and is not at fault.

The Council's handling of Mr X's safeguarding referral

68. Mr X raised several safeguarding matters which involved F at the school. The Ombudsman cannot investigate what happens in a school. In this case I can only look at whether the Council carried out its processes correctly.
69. The Council received Mr X's referral and decided it did not meet the criteria for it to carry out an investigation. It carried out a Child and Family assessment and decided the school and its governors should investigate the matter. The Council also met with the school and said it was satisfied with its actions. There was no fault in the Council's actions or how it considered the safeguarding referral. As the substantive matters occurred in the school, I have not investigated them any further as I do not have any jurisdiction to.

Mr X's request for a parent carer needs assessment

70. The law says councils must carry out an assessment if a parent carer of a disabled child requests one, or it appears to the Council that the parent carer has needs for support. It must also be satisfied that the disabled child the parent cares for is someone it may provide services for under Section 17 of the Children act 1989.
71. The Council said it does not offer standalone parent care assessments and considers circumstances as part of the child and family assessment. It said it only carries out an assessment if it identifies safeguarding concerns. However, the legislation is clear, and it cannot be interpreted differently. The Council's interpretation of the legislation is flawed. Mr X is a parent carer for a disabled child, and he requested an assessment. Therefore, the Council must carry out an assessment and not doing so was fault. The failure to complete an assessment means Mr X may have lost out on services and assistance he was entitled to.

Complaint handling

72. Mr X first complained to the Council about matters in May 2018. The Council responded at stage 1 of its procedure but refused to escalate it to stage 2 on the basis the outcome would have been no different. Mr X's complaint was complex and about Children's services. The Council should have considered it under the Children's Statutory complaints procedure, which would have meant an independent investigation at Stage 2 and a right to escalate to Stage 3 if still dissatisfied. The Council failed to consider Mr X's complaint under the statutory procedure which denied him the opportunity to escalate and have his complaint

considered at all three stages. Mr X's complaint was not handled correctly and that was fault.

73. Mr X complained to the Council again in January 2019, mainly about safeguarding matters occurring in the School and around concerns about the EHC Plan. The Council did not respond to the complaint and there are no records of it following this up with him. That is fault
74. Mr X complained to the Council again in April 2019. The Council did not respond until June 2019 when it told him it would not put his complaint through its procedure. The Council has relied on various correspondence, meetings and EHC Plan reviews. None of them have been investigated at stage 2 of its process which appears in conflict with its own stage 2 policy, which subsequently denied Mr X the opportunity for a review panel to consider the matters at stage 3. Mr X's complaints about lack of provision, delay in consultation, and the concerns about interim provision were all suitable for a stage 2 investigation. The Council failed to properly investigate Mr X's complaint in line with its own procedure at stage 2 and that is fault.

Injustice to F

75. F has severe disabilities and a life limiting condition, therefore every day is important. Past time cannot be made up at a later time. The Council failed to ensure F received the provision set out in his EHC Plan between September 2018 and March 2019. F lost out on opportunities to develop and on educational opportunity. The Council's delay in consulting for an alternative provision increases the injustice to F.

Injustice to Mr X

76. Mr X has experienced distress, uncertainty and significant time and trouble because of how the Council handled his complaints. Had the Council dealt with his complaint under the statutory procedure in the first place, he may not have needed to bring his complaint to the Ombudsman. Mr X has also experienced distress and time and trouble following the Council's refusal to carry out a parent carer needs assessment.
77. In deciding the recommended action below, I have consulted the Ombudsman's Guidance on Remedies. Any agreed payments are outside of any provision allocated for F's EHC Plan.

Agreed action

78. To remedy the injustice caused by the faults the Council agreed within one month of the final decision to:
- pay Mr X a total of £3900 to recognise the loss of development and educational opportunity caused by the failure to deliver the provision set out in F's EHC Plan and the delay in consulting for alternative placements between September 2018 and March 2019. The payment should be used for F's educational benefit.
 - pay Mr X £350 to recognise the distress, uncertainty and time and trouble caused to him by the faults identified in the Council's handling of his complaint.
79. The Council agreed within six months of the final decision to:
- review its complaints procedures to ensure complaints about Children's Services are considered appropriately under the correct procedure in future.

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- write to Mr X to apologise for not carrying out a parent carer needs assessment after his request. It should now do so in line with the relevant legislation and statutory guidance.
 - review its policy on how it considers and carries out parent carer needs assessments to ensure it is in line with the legislation and statutory guidance.
 - the Council should provide the Ombudsman with evidence it has carried out the recommendations.

80. These recommendations and timescales are made during the Coronavirus (Covid-19) pandemic. The Council should make every effort to complete them within the agreed timescales, or sooner if possible. However, extensions will be considered given the ongoing crisis which is impacting all public services.

Final decision

81. I have completed my investigation. I found fault causing injustice and the Council agreed to my recommendations to remedy that injustice and improve Council services.

Parts of the complaint that I did not investigate

82. I have not investigated Mr X's complaints about the Council's failure to assist with home adaptations. This was because he appealed to the SEND tribunal about the matters. I have also not investigated the safeguarding incidents which occurred at the School for the reasons explained in paragraphs 68 and 69.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman will not investigate Mr X's complaint about the residential care received by his mother. This is because the complaint is late and there is no reason Mr X could not have complained much sooner.

The complaint

1. The complainant, whom I shall call Mr X, complains about the residential care his mother received between September 2016 and December 2018. The Council has refused Mr X's request for a reduction in his mother's care fees.

The Ombudsman's role and powers

2. The Local Government Act 1974 sets out our powers but also imposes restrictions on what we can investigate.
3. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done. (*Local Government Act 1974, sections 26B and 34D, as amended*)

How I considered this complaint

4. I considered Mr X's complaint to the Ombudsman and the information he provided. I also gave Mr X the opportunity to comment on a draft statement before reaching a final decision on his complaint.

What I found

5. Mr X's mother (Mrs Y) was a resident of a care home between September 2016 and December 2018. Mr X has complained to the Council about the level of care his mother received. Mr X says he raised his concerns directly with the care provider, but things did not improve. Mr X has asked the Council for a reduction in his mother's care fees because of the poor service he says she received.
6. In its responses to Mr X's complaints the Council said:
 - A care review took place in December 2016 and no concerns were raised.
 - A further review was held in January 2018. One concern was raised but this had been resolved by the care provider.
 - In October 2018, a family member contacted the Council to say there had been a sudden decline in Mrs Y's care. A review took place in November 2018, but

no family members attended. It was decided moving Mrs Y could be distressing for her. A review held the following month did not identify any concerns about Mrs Y's care.

- Mrs Y was eventually moved from the care provider because it closed – but this does not mean Mrs Y's care was poor.
 - It would not reduce the charge for Mrs Y's care.
7. The Ombudsman normally expects people to complain to us within twelve months of them becoming aware of a problem. We look at each complaint individually, and on its merits, considering the circumstances of each case. But we do not exercise discretion to accept a late complaint unless there are good reasons to do so. I do not consider that to be the case here. I see no reason why Mr X could not have complained much earlier, and so the exception at paragraph 3 applies to his complaint.

Final decision

8. The Ombudsman will not investigate Mr X's complaint. This is because the complaint is late and there is no reason Mr X could not have complained much sooner.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Mr and Mrs X complain the Council delayed making changes to their daughter's Education and Health Care Plan. The failure led to a lack of provision by the school and resulted in a worsening of their daughter's health and absence from school. The Council were at fault. We recommended the Council make a payment to Mr and Mrs X and their daughter. The Council should take remedial action and also review whether other children were similarly affected.

The complaint

1. Mr and Mrs X complain the Council delayed making changes to their daughter's Education Health and Care Plan (EHCP) following a review meeting in March 2018. They explained the existing EHCP only specified support should be provided up to their daughter's 16th birthday. The changes were required to prepare for her transition to the sixth form. The EHCP had not been amended and issued before she began the sixth form in September 2018, aged 16.
2. Mr and Mrs X say the school stopped providing the support specified in the EHCP when their daughter started sixth form.
3. The failure to provide the support specified in the EHCP led to their daughter's absence from school. Mr and Mrs X complain that as a result, the Council failed to ensure their daughter was receiving a suitable education. They say the lack of support and absence from school caused their daughter to be isolated from her peers and it worsened her mental health.

What I have investigated

4. I have not investigated the school's actions as part of this complaint. The reason for this is set out in the last section of this statement.

The Ombudsman's role and powers

5. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)

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6. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)
 7. We cannot investigate complaints about what happens in schools. (*Local Government Act 1974, Schedule 5, paragraph 5(b), as amended*)

How I considered this complaint

8. I considered Mr and Mrs X's complaint and the information they provided. I asked the Council for information and considered its response to the complaint.
9. Mr and Mrs X and the Council had an opportunity to comment on my draft decision. I considered the comments received before making a final decision.

What I found

Background

10. Mr and Mrs X complain about the way the Council dealt with a review of their daughter's EHCP. I have referred to their daughter, as Y in this statement.
11. Y's existing EHCP was completed in January 2017. The plan explains that Y's needs are associated with her diagnoses of anxiety, Autistic Spectrum Disorder (ASD) and motor dyspraxia. Y's anxiety fluctuates and can be unpredictable. The plan notes that when Y's anxiety is heightened, her health and school attendance is likely to be affected.
12. Y's 2017 EHCP specified the support that she should receive. Amongst other things the plan states Y needs access to staff who understand her conditions. It states key staff should be available throughout the day to enable issues to be resolved as they arise, both in lessons and during unstructured times. It states key staff will allow her to build relationships, establish trust and build confidence in those supporting her learning.
13. The plan also says Y and her family will be supported to identify an appropriate to post-16 setting for continuing Y's education and everyone should work together to ensure an effective and smooth transition.

Review of Y's EHCP

14. A meeting took place to review Y's 2017 EHCP in March 2018.
15. The notes from the meeting show what was discussed. Y highlighted a smooth transition to sixth form as one of the things that was important to her. She stated she needed familiar trusted support at school and freedom to use strategies to cope with anxiety, including walking and use of headphones. The notes from the school under "questions to answer" stated "KS5 funding required".
16. A report prepared by the school ahead of the review meeting described Y's progress for the year. It stated Y had built a good trusted relationship with a teaching assistant and she had confidence in that member of staff. It stated "[Y] will need support to identify how she can build trusted relationships with new staff in her post 16 setting..."
17. The report stated Y would "require an extended transition to help her build relationships with key staff in sixth form".
18. The Council explained that Y attended an independent school. She chose to move to the sixth form at the school. The Council says, following the review, the

school would usually inform the Council what the cost of Y's placement would be. The Council would then agree this. Its commissioning team would then process the funding and draft a contract for the private school.

19. Mr and Mrs X say they had numerous meetings with school and were assured the plan agreed in March would be in place for Y. However, Y's EHCP statement had not been amended by the time she returned to sixth form in September 2018.
20. Unfortunately, Y struggled in sixth form for a number of reasons. Mr and Mrs X say the school presented Y with a timetable that was different to what was expected following the March 2018 review meeting. In the previous year, Y worked almost exclusively with one teaching assistant. In the sixth form she was being expected to interact more and be part of a group, without the close support of someone who knew and understood her. Staff had also discussed with Y the possibility of her attending college which she was not expecting. She also found the removal of her phone, under new rules, difficult. She used this to play music, one of her coping mechanisms when she was anxious.
21. Mr and Mrs X told us they had been given the impression by the school that the teaching assistant Y trusted would be supporting her in sixth form. They say this did not happen. Mr and Mrs X raised the issue with the school. They noted Y's EHCP required her to be supported by familiar staff. They stated Y did not know many of the other staff in the sixth form. So, when Y experienced problems she did not feel she could raise them. This led to anxiety.
22. After discussion with Mr and Mrs X about the issues, the school agreed a different timetable and agreed a list of points to address. However, it stated it could not provide 1-2-1 support for Y. After a period of absence Y tried to return to school but she still found things too difficult.
23. On 10 October, Mr and Mrs X contacted the Council. They explained the issues and stated the existing 2017 EHCP was no longer up to date. The outcomes and provision related to Key Stage 4. Y was now in sixth form in Key Stage 5 and her EHCP needed to be amended as quickly as possible.
24. The Council's response on 16 October apologised that the changes were not made after the March 2018 review. The Council stated its assessment team had a significant backlog of EHCP amendments following reviews and Y's case was sitting in that backlog. The Council acknowledged it needed to have a better way to identify priority cases such as Y's, where she was moving into a new phase of education. It stated it had been unaware that Y was not attending school and had raised this with the school. The Council brought forward the next review of Y's plan from December to November.
25. The Council sent an amended EHCP to Mr and Mrs X on 18 October.
26. A further review meeting was held in early November 2018. In follow up emails the Council stated some of what was discussed was contingent on funding; resources to enable Y to access a work placement or to visit a college. The Council agreed to liaise with the school about this. Mrs X noted that a plan for Y's post-16 education was agreed at her Annual Review in March. It was agreed that to help Y to take the next steps, this year she would need to concentrate on her independence skills and work experience opportunities whilst also looking at suitable courses and visiting other post-16 placements and apprenticeships. If funding was needed for this it ought to have been resolved in March. They were concerned that at a late stage the school seemed unable to meet the needs

identified back in March. I understand they separately raised concerns about the school's actions with the governors.

27. In December Mr and Mrs X commented on the proposed revisions to the EHCP. I have not set out their concerns here. In December the Council stated it would finalise the EHCP to open up Mr and Mrs X's right to appeal if they disagreed with the content. The final EHCP was sent on 2 January 2019.
28. Mr and Mrs X explained that because of the uncertainty around Y's timetable and the support available, Y's anxiety was heightened. Because Y was not familiar with the staff supporting her in sixth form, she had not felt able to address her concerns. She found it too difficult to attend school as a result. As Y's social group is through school this also led to social isolation. Y was unable to attend school from the end of September 2018 to the end of February 2019.

Was there fault by the Council?

Delay in issuing a revised EHCP

29. The first part of Mr and Mrs X's complaint is that the Council delayed making changes to their daughter's EHCP following a review meeting in March 2018. Y was due to start sixth form in September 2018 so the review was also required to plan for a change to a new phase of education.
30. Paragraph 9.179 of the SEN Code of Practice states an EHC plan must be reviewed and amended in sufficient time prior to a child or young person moving between key phases of education. Paragraph 9.180 states that for young people moving from secondary school to a post-16 institution, the review and any amendments must be completed by 31 March in the calendar year of transfer.
31. The move between schools is an important moment for any child and especially those with SEN. This is why the Code says that advance planning for these moves is essential. The importance of everyone working together to achieve a smooth, effective transition to post-16 education was also stated in Y's existing 2017 EHCP.
32. Where a council decides to amend the EHCP it must notify the parent of this decision within four weeks of the review meeting. There is no statutory timeframe for how long the Council can take to do the amendments. However, the Code says this should happen 'without delay'.
33. There was clearly fault by the Council in Y's case. The review of Y's plan should have been completed by 31 March given Y was moving to another phase of education. However, there was significant delay well beyond 31 March, and well beyond the date that Y started sixth form in September 2018.
34. It was not until 19 October 2018 that a proposed EHCP was sent to Mr and Mrs X, and even then, this appears only to have been prompted by their complaint. A revised version of the EHCP was sent on 27 November after a further review meeting and a final amended EHCP was issued on 2 January 2019.
35. The Council told us it could not see evidence on its files to explain why the final statement was only issued in January 2019. However, it explained to Mr and Mrs X in response to their complaint that the delay was because of a backlog in the team responsible for dealing with changes to EHCPs.

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36. This delay was significant and represents fault by the Council. It also raises questions about whether the backlog of EHCP amendments may have similarly affected other young people with special education needs in the Council's area.

Lack of provision

37. As Mr and Mrs X have rights of appeal specifically to enable them to challenge the content of the EHCP when it was issued, I have not investigated whether the provision specified was suitable for Y.
38. In addition, I cannot investigate the actions of a school, so I am unable to investigate the elements of Mr and Mrs X's complaint that refer to the school.
39. However, the SEN Code makes it clear that where young people are moving between specific phases of education, it is important to review their plan in good time. This is specifically to allow for planning, and where necessary, commissioning of support and provision at the new institution to happen before the term starts and to enable any phased introductions and work to help familiarise young people about what to expect. In Y's case, it seems clear that the delay in following up the review meeting and the delay in issuing an amended EHCP significantly contributed to the problems that occurred when Y began sixth form in September 2018.
40. Y's attendance at school had always been affected by her anxiety to a degree, but the Council's fault was a significant contributory factor in the fact that Y was not able to attend school between the end of September 2018 and the end of February 2019. In this period she missed both education provision and the EHCP provision she was entitled to. The lack of support and absence from school caused Y to be isolated from her peers and it worsened her mental health.

Agreed action

41. Within four weeks of our final decision the Council should take the following action:
- Provide a written apology to Y for the failure to properly ensure her EHCP plan was reviewed and issued in good time for her move to sixth form.
 - Make a payment of £2500 to Y. This is to recognise the period in which Y was less able to attend school and did not receive a suitable education or the support in her EHCP. It is also to recognise the distress and social isolation that being away from school caused her.
 - Make a payment of £250 to Mr and Mrs X to recognise the time and trouble they were put to in following up the delayed EHCP with the Council and in bringing the complaint.
 - The Council should provide us with details of how many other cases it has in the backlog of EHCP amendments, what action it has taken to reduce the backlog and what steps it has taken to prioritise the most urgent cases.
 - The Council should provide the Ombudsman with confirmation of whether there are similarly affected children to Y, caused by the backlog of EHCP amendments and how it intends to remedy any injustice caused to them.

Final decision

42. There was fault by the Council. I have now completed my investigation on the basis the Council has agreed to remedy the complaint as we recommended.

Parts of the complaint that I did not investigate

43. I have not investigated the actions of the school. The Ombudsman does not have any jurisdiction to consider complaints about schools.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Council failed to follow the statutory process for dealing with complaints by children about social care when Miss X complained it failed to deal properly with an allegation that a teacher caused her son physical harm. The Council will arrange a second stage investigation under the statutory procedure for children's complaints about social care.

The complaint

1. The complainant, whom I shall call Miss X, complains her son was physically harmed by a teacher and the Council did not properly investigate this, or deal with her subsequent complaint properly, causing the matter to remain unresolved.

What I have investigated

2. I have investigated whether the Council has dealt with Miss X's complaint properly. I give my reason for not investigating the Council's response to the allegation at the end of this statement.

The Ombudsman's role and powers

3. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)
4. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
5. Under the information sharing agreement between the Local Government and Social Care Ombudsman and the Office for Standards in Education, Children's Services and Skills (Ofsted), we will share this decision with Ofsted.

How I considered this complaint

6. I read the Council's final response to Miss X and spoke to her on the telephone. I referred to *Getting the Best from Complaints 2006*, which is statutory guidance laying out the mandatory procedure councils with social care duties must follow when dealing with complaint by or on behalf of children. I shared a draft of this

decision with both parties and invited their comments. I considered those I received.

What I found

Background

7. Miss X told the Council her son was physically harmed by a teacher. The Council did not substantiate the allegation.
8. Miss X was unhappy and complained about the conduct of the investigation.

What should have happened?

9. The Council considered Miss X's complaint at Stage 1 of the statutory procedure laid out in *Getting the Best from Complaints 2006*. It could only refuse to move her complaint to Stage 2, which is an investigation by an officer with an independent person overseeing it, in limited circumstances. These are where it has upheld the whole complaint, or where it becomes clear the complainant is not entitled to complain on the child's behalf.

What happened, and was it fault?

10. When the Council did not uphold her complaint at the first stage, Miss X asked the Council to consider it at Stage 2. The Council wrote back, refusing, saying this would not lead to a different outcome. This was fault. The Council had accepted Miss X's complaint under the statutory procedure, and she was dissatisfied by the Council's response at Stage 1 of that procedure, which had not upheld her complaint. Regardless of the Council's views about the likelihood that a Stage 2 investigation would lead to a different outcome, it is not for the Council to substitute its own methods for a statutory procedure.

Agreed action

11. The Council will arrange a Stage 2 investigation in accordance with *Getting the Best from Complaints 2006* within one month of the final decision.

Final decision

12. I have upheld the complaint about the Council's failure to deal with Miss X's complaint properly. I have closed the case as the Council will carry out a Stage 2 investigation under the statutory complaints procedure.

Parts of the complaint that I did not investigate

13. I have not investigated the Council's handling of the original allegation. This is because it is for the Council to do so in accordance with statutory guidance. Should Miss X remain dissatisfied at the end of the statutory complaints procedure, she is welcome to return to the Ombudsman. She should do so promptly unless she is prevented from doing so.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: Miss B complains about the Council's handling of safeguarding referrals about her partner's son, Child D. The Ombudsman has found no fault in the way the Council has dealt with the concerns raised about Child D's welfare while in his mother's care.

The complaint

1. The complainant, whom I have called Miss B, complains about the Council's handling of safeguarding referrals about her partner, Mr C's son, D. Miss B complains the Council has not taken her and Mr C's concerns about D's welfare while with his mother seriously. She feels the Council has failed to obtain key evidence she and Mr C have to support their concerns about D's mother. Miss B and Mr C remain very worried about D's welfare while he remains in his mother's care.

The Ombudsman's role and powers

2. The law says we cannot normally investigate a complaint when someone could take the matter to court. However, we may decide to investigate if we consider it would be unreasonable to expect the person to go to court. (*Local Government Act 1974, section 26(6)(c), as amended*)
3. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
4. We may investigate complaints made on behalf of someone else if they have given their consent. (*Local Government Act 1974, section 26A(1), as amended*)
5. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

6. I have spoken to Miss B and considered the information she has provided in support of her and Mr C's complaint. Mr C has given his consent for Miss B to make the complaint on his behalf.

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7. I have considered the Council's response to my enquiries, which includes some confidential information I am unable to share with Miss B and Mr C or refer to in this decision.
 8. I have also considered the Council's procedures and the statutory guidance - Working Together to Safeguard Children 2015.
 9. Miss B, Mr C and the Council had an opportunity to comment on my draft decision. I received no comments from Miss B, Mr C or the Council to consider before issuing this final decision.

What I found

10. The Children Act 1989 says councils have a duty to safeguard and promote the welfare of children within their area who are in need. If a local authority receives a report of concern about a child it must decide what response is required. This includes determining whether:
 - the child requires immediate protection, or
 - the child is in need and should be assessed under section 17 of the Act, or
 - there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm

What happened

11. This chronology includes key events in this case and does not cover everything that happened.
12. Mr C and his ex-partner, Ms E, share parental responsibility for their son, D, who lives with his mother and spends time every week with his father.
13. In late August 2018, the police made a safeguarding referral to the Council about Mr E's care of D following a report from Mr C. Mr C reported concerns about drug use by Ms E and others in her home while D was in her care.
14. The Council assessed the referral and made an unannounced visit to Ms E's home a few days later. The Council completed a Children and Families Assessment, which involved speaking to D, his half-sibling and Ms E. The Council observed no evidence of drug use in the property and found the two children showed no signs of neglect or abuse. The Council concluded its assessment of Ms E and the two children on 11 September 2018, when it decided no further action or involvement was required.
15. The Council received another safeguarding referral about D from the National Society for the Prevention of Cruelty to Children (NSPCC) in late January 2019, following a report of concern to it by Mr C. Mr C reported his continued concerns about D's welfare while with his mother. Mr C believed D's behaviour was evidence that Ms E was not caring for him appropriately.
16. The Council made enquiries with D's school and found it had seen no signs of neglect or abuse. The Council noted the concerns reported by the NSPCC following Mr C's contact related largely to the same issues he had raised about D the previous year, which suggested there may be acrimony between the parents. The Council concluded its assessment as further action was not required.
17. The Council received another referral about D from Miss B in April 2019. Miss B had concerns that Ms E had neglected to provide medication to D to help treat an illness he had developed and continued to use drugs while caring for D. The

Council carried out another assessment of D, which included obtaining information from his school and doctor, and an unannounced visit to Ms E's house. The Council undertook direct work with D to check if there was evidence of any risk to him while in his mother's care. The Council concluded its involvement following these checks.

18. Mr C made a further referral to the Council in June 2019. He continued to express concerns that Ms E was using drugs while caring for their son. The Council decided not to take further action in respect of Mr C's referral because it noted this repeated the previous concerns he had raised which it had thoroughly investigated.
19. The Council received another referral from D's doctor in August 2019. This was following an appointment D had attended with Mr C. The referral related to Mr C's concerns about D using offensive language and crying. The Council assessed the referral and concluded there were no safeguarding concerns highlighted. The Council advised Mr C to seek legal advice if he considered his son was unsafe in Ms E's care.
20. The Council received another referral following a disclosure by D about his father. The Council conducted an unannounced visit to Ms E's home to speak to D and his mother about the matter. The Council also spoke to Mr C about D's disclosure. The Council concluded there was insufficient evidence of harm being caused to D by Mr C and closed the case.
21. Miss B escalated her and Mr C's complaints and concerns to the Ombudsman because they felt the Council was ignoring the safeguarding issues they had reported.

Analysis

22. The Council's records show it has acted on each of the referrals it received about D since August 2018. It has undertaken several unannounced visits to the home D shares with his half-sibling and mother. The Council has spoken directly to D and the other child in the household as well as Ms E. There are case notes which clearly show the Council's focus on the wellbeing of the children.
23. The information the Council has shared with me during my investigation also includes copies of the evidence Miss B and Mr C have provided in support of their concerns. This mirrors the information Miss B has shared with me. There appears no evidence the Council has ignored or not properly considered the information Miss B and Mr C have provided.
24. The Council's focus when assessing the matters brought to it will be on the children involved. The approach the Council has taken to obtain its own evidence to assess the situation is reasonable and entirely appropriate in circumstances where there is clear acrimony between separated parents.
25. There is no doubt Miss B and Mr C have remained very concerned about D's welfare throughout this time. I have seen nothing to suggest the Council has not taken those concerns seriously. The Council was however entitled to reach its own conclusions about whether it needed to take further action. I have seen no evidence of maladministration in the Council's handling of these referrals which would allow me to question the decisions or the professional judgement of the social workers that have assessed the children involved in this case.

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26. The Council's suggestion that Mr C seeks independent legal advice if he continues to have concerns about his son remaining in Ms E's care was entirely appropriate because the existing contact arrangements were made via the courts.

Final decision

27. I have completed my investigation and found no evidence of fault by the Council.

Parts of the complaint that I did not investigate

28. I have not investigated any concerns relating to the Council's action during or for court proceedings as such matters fall outside the Ombudsman's jurisdiction and should be raised directly with the court.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: I cannot continue to investigate Mr X's complaint because his complaint relates to matters which have already been considered by the courts. I cannot continue to investigate the other parts of Mr X's complaint as the Council has not had an opportunity to investigate and respond first.

The complaint

1. Mr X complains the Council produced an inaccurate report for Court which meant his contact with his children was limited. Mr X says a further report produced by a social worker for the Children and Family Court Advisory Support Service (CAFCASS) meant he was able to challenge the courts decision and now has increased contact with his children.
2. Mr X also complains the Council has not properly investigated safeguarding concerns he has raised in the past about his children.
3. Mr X says he was not able to spend quality time with his children as a result of the inaccurate report produced by the Council.

The Ombudsman's role and powers

4. We cannot investigate a complaint about the start of court action or what happened in court. (*Local Government Act 1974, Schedule 5/5A, paragraph 1/3, as amended*)
5. The law says we cannot normally investigate a complaint unless we are satisfied the council knows about the complaint and has had an opportunity to investigate and reply. However, we may decide to investigate if we consider it would be unreasonable to notify the council of the complaint and give it an opportunity to investigate and reply (*Local Government Act 1974, section 26(5)*)
6. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

7. I have spoken to Mr X about his complaint and considered the information he provide to the Ombudsman. This includes court documents.
8. I have also considered the Council's response to Mr X's complaint.
9. Mr X and the Council now have an opportunity to comment on my draft decision. I will consider their comments before making a final decision.

What I found

What happened

10. Mr X applied to Court for contact with his children. The Council asked the Council to produce a report about the children, Mr X and his ex-partner. This is often referred to as a section 37 report. The Court will ask a council to prepare this where there are questions about the welfare of a child in private law proceedings.
11. In 2019 the Court ordered that Mr X be allowed daytime contact with his children. Mr X says this was based on an inaccurate section 37 report produced by the Council. Mr X said he felt he had no option but to accept the decision at the time and pursue the matter at a later date.
12. The Council responded to a complaint from Mr X in August 2019. The Council's response dealt with Mr X's complaints about:
 - The Council's assessment process in relation to the section 37 report.
 - The content of the section 37 report.
 - A social worker failing to attend court.
 - The handling of the case since the court decision in 2019.
 - A social worker failing to attend a meeting in June 2019.
13. In early 2020 Mr X went back to Court to gain overnight contact with his children. His application was successful. Mr X says CAFCASS produced a report which contradicted the earlier report produced by the Council. Mr X says this is why he was able to gain overnight contact with his children.
14. In his complaint to the Ombudsman Mr X has raised concerns about the way the Council investigated safeguarding concerns he raised regarding his children. Mr X also complained that he did not receive minutes of child in need meetings in a timely manner and was upset at the way he had been spoken to in those meetings.

Findings

15. I cannot continue to investigate Mr X's complaint about the Council's section 37 report. This is because the report was produced for the courts. The Ombudsman cannot investigate matters which have been put before the courts. This includes the Council's assessment carried out as part of the report process.
16. The Council has not had the opportunity to respond to Mr X's complaints about how it dealt with his safeguarding concerns or the conduct of child in need meetings. If Mr X wishes to pursue these complaints, he should contact the Council in the first instance. I cannot investigate the complaint as the Council has not had an opportunity to investigate and reply first.

Final decision

17. I have stopped my investigation into this complaint. This is because the part of the complaint relates to matters which were put before the courts and the Council has not had an opportunity to respond to the other matters Mr X has raised.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: the Council considered Ms X's disability-related expenditure appropriately, applied the Minimum Income Guarantee and sought to obtain accurate figures from her. There is no evidence of fault in the way the Council has acted.

The complaint

1. Ms X (as I shall call the complainant) complains the Council has assessed her contributions towards the cost of her care without properly taking into account her expenditure. She says as a result she is in debt and struggling to pay essential bills.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word 'fault' to refer to these. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

3. I spoke to Ms X. I considered all the information provide by Ms X and the Council. Both Ms X and the Council had an opportunity to comment on an earlier draft of this statement before I reached a final decision.

What I found

Relevant law and guidance

4. Councils can make charges for care and support services they provide or arrange. Charges may only cover the cost the council incurs. (*Care Act 2014, section 14*)
5. Councils must assess a person's finances to decide what contribution he or she should make to a personal budget for care. The scheme must comply with the principles in law and guidance, including that charges should not reduce a person's income below Income Support plus 25%. Under the Care Act 2014, charges must not reduce people's income below a certain amount but local authorities can allow people to keep more of their income if they wish. This amount is known as the Minimum Income Guarantee.

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6. If a person incurs expenses directly related to any disability he or she has, the Council should take that into account when assessing his or her finances. The list of items which can be included as disability related expenses is not exhaustive but does not include items or services which should be provided by the NHS (*Care Act 2014 Department for Health, 'Fairer Charging Guidance' 2013, and 'Fairer Contributions Guidance' 2010*)
 7. The Council makes a standard allowance of £20.00 per week for disability-related expenditure (DRE).

What happened

8. Ms X is an adult with some learning disabilities. She uses a wheelchair and has a PIP mobility award. The Council funds support for her for 10.5 hours a week to support her with meal preparation and with prompting to carry out personal hygiene tasks and dressing appropriately. Her other eligible assessed need – making use of facilities in the community – is fully met by her friends who help her to access church and other activities.
9. In November 2018 Ms X contacted the Council to say her DRE was above £20 a week and she could not afford the £37.96 contribution she was assessed as able to make towards the cost of her care.
10. The Council says it awarded an additional amount of DRE to enable her *'to pay for items like thermacare pain relief pads, lifeline, electric wheelchair purchase and annual servicing of the wheelchair, specialist cutlery, specialist shoes, back heaters and gloves to assist with grip/pressure. The electric wheelchair was taken into account at £7 per week and £1.92 per week was taken into account for servicing the wheelchair.'* It also increased her DRE for taxis on which her expenditure was significantly greater than the national average owing to her mobility needs. The Council says as Ms X's expenditure on utilities was less than the national average, it did not award any DRE for those. The result of the reassessment was to reduce her contribution towards the cost of her care to £0.00.
11. In April 2019 the Council changed its contributions policy. It says this was to bring it in line with other local authorities, and with the Government guidance on Minimum Income Guarantee (MIG) levels. It implemented the change in policy in two phases. The effect of the policy change would have been that Ms X's contribution towards the cost of her care should have been £51.51 from 08 April 2019, and £70.29 from 04 November 2019. This was because from 9 April 2019, the MIG level for a person under pension age decreased from £189.00 per week to £170.23 per week and reduced again on 4 November 2019 from £170.23 to £151.45 per week.
12. The Council says it identified that Ms X would be unable to afford the contribution and so it applied a temporary waiver from 09 April so her contribution remained the same (£0.00). It wrote to explain it would review her income and expenditure in the next few months and would contact her again.
13. On 01 August 2019 a manager wrote to Ms X. She said her review of Ms X's finances showed she should be able to afford the assessed contribution towards the cost of her care and the waiver would end.
14. Ms X complained to the Council about the contribution of £87.55 she was assessed as able to make. She said she was saving to go to respite care which her doctor had recommended.

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15. The Council says Ms X's social worker has tried to contact her to discuss her income and expenditure further. He has also asked her support workers to assist in this process but Ms X has been unwilling to engage. It says it cannot continue to waive her contribution indefinitely. Ms X owed £552 by the end of November 2019.
 16. The Council says it cannot take into account any costs for respite care as this is not currently in place.
 17. The Council's records show the MIG levels are met in its financial assessments for Ms X.

Analysis

18. The Council applied a waiver for several months but was unable to obtain accurate figures from Ms X despite several attempts.
19. There is no evidence of fault in the way the Council has considered Ms X's disability-related expenditure.

Final decision

20. There is no fault on the part of the Council.

Investigator's decision on behalf of the Ombudsman

Complaint reference:
19 007 602

Complaint against:
Nottinghamshire County Council
Nottinghamshire Healthcare NHS Foundation Trust
Nottingham City Clinical Commissioning Group

Local Government & Social Care OMBUDSMAN



The Ombudsmen's final decision

Summary: The Ombudsmen did not take further action with Mr H's complaint about the mental health treatment provided to his daughter, Miss G, by a Council, CCG and a Trust. Although there was some fault by the Trust, we have not found this led to a shortfall in Miss G's treatment.

The complaint

1. Mr H complains on behalf of his daughter, Miss G, regarding the care and treatment she received from Nottinghamshire Healthcare NHS Foundation Trust (the Trust), Nottingham City Council on behalf of Nottinghamshire County Council (the County Council) and Nottingham City Clinical Commissioning Group (the CCG) between July 2016 and September 2017.
2. Mr H complains that after his daughter's discharges from section 3 of the Mental Health Act (MHA) in 2016 and 2017 the arrangements made for her aftercare under section 117 (s.117) of the MHA were inadequate. He also complains the transition from child to adult mental health services when his daughter turned 18 in 2017 was not properly planned or managed.
3. Mr H said failings by the Trust have delayed his daughter's recovery and that this has had significant implications for both her and the rest of the family. He also felt although some faults have been identified and apologies given, no changes or service improvements have been made to prevent this situation arising again.
4. Mr H would like an acknowledgment of failings and service improvements to prevent similar circumstances happening to other patients.

The Ombudsmen's role and powers

5. The Ombudsmen have the power to jointly consider complaints about health and social care. Since April 2015, these complaints have been considered by a single team acting on behalf of both Ombudsmen. (*Local Government Act 1974, section 33ZA, as amended, and Health Service Commissioners Act 1993, section 18ZA*)
6. The Ombudsmen investigate complaints about '*maladministration*' and '*service failure*'. We use the word '*fault*' to refer to these. If there has been fault, the Ombudsmen consider whether it has caused injustice or hardship (*Health Service Commissioners Act 1993, section 3(1) and Local Government Act 1974, sections 26(1) and 26A(1)*).
7. If it has, they may suggest a remedy. Recommendations might include asking the organisation to apologise or to pay a financial remedy, for example, for

inconvenience or worry caused. We might also recommend the organisation takes action to stop the same mistakes happening again.

8. If the Ombudsmen are satisfied with the actions or proposed actions of the bodies that are the subject of the complaint, they can complete their investigation and issue a decision statement. (*Health Service Commissioners Act 1993, section 18ZA and Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

9. Whilst investigating this complaint I have considered information from the Council, Trust, the CCG and Mr H. I also obtained independent clinical advice from a Consultant Psychiatrist. In addition, I have considered the relevant national guidance and legislation. I sent a draft decision to Mr H and the organisations and considered all their comments before making this final decision.

What I found

Legal, local and national background

10. Section 3 (s.3) of the MHA allows for a person to be admitted to hospital for treatment if their mental disorder is of a nature and/or degree that requires treatment in hospital. In addition, it must be necessary for their health, their safety or for the protection of other people that they receive treatment in hospital
11. Under s.117 of the MHA 1983, councils and CCGs have a joint duty to provide or arrange free aftercare for people who have been detained under s.3. CCGs only commission care, they do not provide it directly.
12. Aftercare services must meet a need arising from or related to the person's mental disorder and reduce the risk of their mental condition worsening and the need for another hospital admission again for mental disorder.
13. To address someone's s.117 aftercare needs, professionals should determine:
 - What was the mental disorder for which they were detained under a qualifying part of the MHA?
 - What needs do they have which directly arise from or are related to that mental disorder?
 - What services are required to meet those needs?
 - Which of those services are required to reduce the risk of a deterioration in the person's mental disorder?
 - Which of those services are required to reduce the risk of them needing admission to hospital for that mental disorder?
14. Care planning for s.117 aftercare should be done via the Care Programme Approach (CPA) framework. It should start when the person is admitted to hospital. CCGs and councils "*should take reasonable steps*" to ensure aftercare services are in place in good time for discharge
15. When a person is entitled to services under s.117, they are not entitled to Continuing Healthcare funding (CHC) for those services. Continuing Healthcare funding is to pay for a person's health and social care if they have what is called a primary health need. However, they may be entitled to CHC for additional care needs as well as s.117 aftercare for the needs arising from their mental disorder.

Page 74 of 170

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16. The Section 117 after-care local policy and guidance (Nottingham
 17. City and Nottinghamshire county councils, Nottinghamshire Healthcare NHS Foundation Trust, Clinical Commissioning Groups 2015) states:
“the aftercare of the detained patients should be included in the general arrangements for implementing the care programme approach”
 18. NICE Guidance (NG69) ‘Anorexia nervosa: treatment for children and young people’ states:
“Many children and young people with anorexia find it helpful to have a talking therapy that family members or carers can take part in too. This is called family therapy.”
 19. Transition planning should be in line with the relevant NICE guideline (NG43) ‘Transition from children’s to adults’ services for young people using health or social care services’. Paragraph 1.2.1 recommends:
“...practitioners should start planning for adulthood from year 9 (age 13 or 14) at the latest. For young people entering the service close to the point of transfer, planning should start immediately.”

Background

20. In 2016 Miss G was 16 and suffering from an eating disorder. She had been under the care of the Children and Adolescent Mental Health Service (CAMHS) for an eating disorder, anxiety and depression since 2012. CAMHS in Nottingham is provided by the Trust.
21. In March 2016, Miss G was detained for treatment under s.3 of the MHA because of her refusal to eat. She was admitted to an adolescent inpatient unit (the Unit). The Unit takes care of young people with mental health issues for assessment and treatment. Miss G was discharged from the section in May 2016 but remained at the Unit for treatment.
22. In July 2016 Miss G left the Unit. The Trust subsequently stated in its complaint response that this was against medical advice. The Trust said staff had told Miss G her choice was to stay there and carry on her care plan or leave against their advice.
23. Mr H complained about a lack of aftercare for his daughter following this discharge. He said the care plan was inadequate and there was only one single joint meeting involving a psychiatrist and a dietician. Mr H said the family sought a second opinion at Great Ormond Street Hospital which recognised the seriousness of Miss G’s issues, but this was too late to prevent a readmission to inpatient care. He said it had a detrimental effect on her and the family.
24. The CCG in its investigation report of April 2018 admitted fault in that it and the Trust did not follow the s.117 procedure in carrying out a joint assessment. It apologised for this. The CCG said that Miss G did not benefit from the full range of options a s.117 assessment would have offered. However, it stated the actual impact on Miss G was hard to quantify. As the Trust had pointed out, she did have a care plan and support from CAMHS in place and family therapy was also offered. The Trust apologised for not providing actual s.117 aftercare but said it had put care in place and welcomed the second opinion from Great Ormond Street.
25. Unfortunately, in December 2016, Miss G was again detained under s.3 of the MHA, this time being admitted to a hospital in Scotland (the Hospital). The

Hospital provides services for children and young people with complex needs or a combination of mental health or eating disorders. The CCG said the section was removed in June 2017 as Miss G no longer met the criteria under the MHA. Miss G was discharged two days later when she decided not to come back following a period of home leave.

26. Mr H said the Trust took no action, as far back as April 2017, to start planning for his daughter's discharge. He said the self-discharge was because to return to Scotland would have caused his daughter great distress. Mr H went on to say the failure of CAMHS to offer adequate support post discharge meant his daughter did not have access to a personal health budget under s.117. He felt this would have been the best method of offering continuity of care for his daughter who was extremely distressed following her discharge.
27. Mr H said he did not feel a proper package of care was in place. There was no support for daily activities and no family therapy. There was also a lack of psychiatric support.
28. The Trust, in its contribution to the CCG's investigation report, said on her return to Nottingham, it liaised with the Hospital over Miss G's ongoing treatment and care plans. The Trust said it also liaised with Nottingham Citycare Partnership about CHC funding and was advised to follow the s.117 aftercare process. Nottingham Citycare Partnership is a community health service that offers nursing, nutrition and dietetics services in the Nottingham area.
29. A CPA meeting was held on 19 July 2017 with Miss G and her parents. One of the actions from that meeting was for Miss G's care co-ordinator to complete a s.117 application.
30. Citycare said it received a referral from a CAMHS psychiatrist on 24 July 2017 but it was incomplete and it did not receive a full referral until 8 August 2017. A meeting was held on 16 August 2017 without the family because they were on holiday but a s.117 assessment was carried out by Citycare with the family and the input of a social worker on 6 September 2017.
31. The s.117 assessment was considered on 26 September 2017 and funding agreed. The Nurse Assessor agreed a care and support plan with Miss G and a personal health budget was set up.
32. The Trust in its complaint response said it made an application for a s.117 assessment four weeks after Miss G discharged herself. It said during this time many other tasks were being carried out by community team in order to support Miss G's care. There were referrals to other inpatient providers, requests for day service assessment, requests for paediatric review and planning for her transition into adult services. It said some services were offered but declined by Miss G's family.
33. The CCG said in its investigation report the s.117 assessment eventually took place with Miss G and her family in early September 2017. The CCG accepted the usual discharge arrangements were compromised as Miss G discharged herself. However, it said there was a delay from discharge in June until early August 2017 in the s.117 referral being made by the Trust.
34. It went on to say the multi-disciplinary team offered a package of care designed to meet Miss G's support needs, some of which she declined to take up.
35. During this period Miss G turned 18 in August 2017. Mr H criticised the lack of transitional arrangements from CAMHS to adult psychiatric services which

impacted on his daughter's mental health. He said preparations should have been made many months before she turned 18.

36. In response the Trust said it had for some time been considering how to manage the transition. However, at the time Miss G was in the Hospital and it took into account the fact she could be remaining there past her 18th birthday. In June 2017 it made a referral to an Adult Eating Disorder Team. However, the team did not accept her as a patient due to her '*unsettled presentation*'.
37. The Trust went on to say in early June 2017 there was a CPA meeting attended by the CAMHS Eating Disorder team and the Adult Eating Disorder Team Lead. During the meeting the Lead explained how the team functioned and how the transition would be handled. There followed a multi-disciplinary meeting in the team about the transition.
38. The Trust rang Miss G a week later and explained how the transition would work. A meeting was then offered with the CAMHS and the Adult Eating Disorder team to introduce the Adult Team and discuss the transition. However, Miss G did not attend the meeting.
39. The Trust explained the following week it held a meeting with Miss G, her mother, her GP and members of the CAMHS to discuss the transition. Further meetings took place and CPA meetings were offered to the family in July 2017 but were declined. The CPA meeting eventually took place later in July and agreed a care plan. Further appointments were then offered to discuss the CPA and transition, but Miss G did not attend.
40. The CCG concluded in its investigation that planning had been taking place while Miss G was an inpatient and following her discharge. This included both the CAMHS and Adult Teams and a CPA was put in place. It also found that services were offered but not always taken up.
41. In its response to the Ombudsmen's enquiries, the Trust outlined the improvements it has made to the service since 2017. It has appointed a Transition Specialist Practitioner to provide assessment and ongoing treatment for patients from the age of 17.5 years. This Practitioner continues treatment into the adult eating disorder services ensuring there are no gaps in provision. An Occupational Therapist has been appointed to support young people with reintegration back to community. In addition, an Occupational Therapist Assistant has been appointed to work across CAMHS to build a young patient's independence.
42. Furthermore, local specific Commissioning for Quality and Innovation (CQUIN) framework forums and transition champions have been appointed. CQUIN supports improvements in the quality of services and the creation of new, improved patterns of care.

Analysis

Lack of s.117 aftercare in 2016

43. From the records Miss G had over 100 appointments with CAMHS during 2016 including during inpatient stays.
44. The Trust offered individual support, family therapy, psychiatric follow up, dietetics and liaison with Miss G's school and GP. This was a comprehensive care package from CAMHS. This package of treatment would also be in line with NG63 for eating disorders. Not all of these appointments were attended. In addition, the CCG and Trust apologised for the lack of further options offered under s.117.

Page 77 of 170

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45. Taking this into account, although the s.117 process was not strictly followed, there was no fault by any organisation as she had a comprehensive care package in place in line with NICE guidelines.

Lack of aftercare in 2017

46. From looking at the records and the information provided by the Trust and CCG, in 2017 a care package in line with the NICE guidelines was offered by the Trust. However, it proved difficult to deliver this complete package and a number of appointments were not attended. With regard to the delay in the s.117 referral, there was an excessive delay in making a s.117 referral and this was partly because the application was not properly made by the Trust.
47. However, I have not found fault with the care package that was offered while the s.117 referral was being put together. Although a personal health budget could have been offered sooner, the package already offered was suitable for Miss G's needs. At that time there was no legal requirement to offer a personal health budget as part of a s.117 aftercare plan. In addition, when a social care assessment was carried out it did not identify any social care needs for Miss G. Therefore, although there was a fault on the part of the Trust in the delay in making the s.117 referral, it did not lead to a quantifiable shortfall in the care that was offered to Miss G.
48. Regarding the personal health budget, there was a delay in this being obtained due to the faults outlined above. I recognise Mr H's frustration with this delay. However, at the time there was no legal requirement for the personal health budget and there is insufficient evidence that this had a negative effect on the provision of Miss G's care because I am satisfied there was a suitable package of care in place to meet Miss G's needs. .

The transition from CAMHS to adult care services

49. The first reference in the notes to a consideration of this transition was in May 2017, four months before Miss G's 18th birthday. At this point Miss G was still an inpatient at the Hospital and the discussion was around whether in the future she could be moved to an adult inpatient facility in Leicester or Nottingham. The discussion concluded staff should speak to Miss G to see what she wanted to do in the future with her care. Transition planning was formally started as part of a CPA meeting (5 June 2017). There were then further meetings taking place and offers to Miss G to attend an introductory meeting before her birthday.
50. Appointments were offered as part of the transition plan, but these were not attended. Transition planning was not linked sooner to a specific local service as there was a possibility that Miss G would have needed to continue in an inpatient service for treatment following her 18th birthday. There were a number of different services involved at this point, including a Great Ormond Street eating disorder consultant, a therapist from Scotland and the Leicester Eating Disorder service as well as local CAMHS.
51. However, Miss G had already received considerable CAMHS input from the age of 13 and had already had a number of hospital admissions, including under section 3 of the MHA and had not recovered. Therefore it would be expected that ongoing adult mental health input would be needed and formal transition planning, including the family, should have started sooner.
52. Taking into account the above and NICE guidelines (NG43), based on the information I have seen so far, there was fault by the Trust in not starting transition planning earlier. However, my view is this did not lead to a shortfall in

her care as she had involvement from a suitable range of professionals by the time she turned 18 in August 2017.

53. Although it did not assure Miss G in this instance, it may provide some reassurance to Mr H that the Trust, as outlined in Paragraphs 41 and 42, has improved its transition arrangements for other patients as this was one of the outcomes he wanted to see as a result of this complaint.

Final decision

54. After considering further comments from Mr H and the organisations complained about, I do not recommend further action by the Council, CCG or Trust. Based on the information I have seen, there was no fault with the Council or CCG and although there was a delay in s.117 aftercare and transition planning by the Trust, it did not lead to an obvious detriment in Miss G's care. The Trust has also apologised and made improvements to its services.

Investigator's decision on behalf of the Ombudsmen

The Ombudsman's final decision

Summary: Mr X complains the County Council affected his property when it re-surfaced a right of way he uses to access his driveway. I found no fault in the Council's actions.

The complaint

1. Mr X complains when the County Council arranged for the resurfacing of a right of way, they narrowed it and moved it closer to his property. He says this action was taken without the proper procedure to change the route of the right of way and it caused him difficulties accessing his property. He also complained an area of his own land (immediately in front of his driveway) was re-surfaced by the Council's contractor, removing a flood defence he had built.

The Ombudsman's role and powers

2. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
3. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

4. I spoke to Mr X and considered the information he provided. I asked the Council for information and I considered its response to the complaint.
5. Mr X and the Council had an opportunity to comment on my draft decision. I considered the comments received before making a final decision.

What I found

Background

6. The entrance to Mr X's driveway is down a lane which is a designated right of way. Mr X says for years the lane has been around four metres wide. He says a watercourse/drainage channel runs down the opposite side of the lane to his home. Mr X has suffered flooding issues caused by water running down the lane and into his property.

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7. Mr X says the County Council arranged for the resurfacing of the lane. When it did the work it narrowed it and moved it closer to his property. It did this without the proper procedure to change the route of the right of way. He also asked why the Council had only surfaced the lane to width of 2.7m in front of his property, when it was wider elsewhere. He felt, in effect, it had been moved nearer to his property.
 8. Mr X also complained an area of his own land (immediately in front of his driveway) was re-surfaced by the Council's contractor, removing a flood defence he had built. He provided evidence his driveway entrance was slightly higher than the footpath before the resurfacing.
 9. The Council stated the lane had not been diverted and the contractor had tarmacked what was already surfaced. They stated they had not moved the line of the path. The Council stated as 2.7m was the recorded width for the footpath, and that was provided, it had no grounds to carry out more works.

The designation of the Right of Way (ROW)

10. The Council stated the lane in question was made a Right of Way (ROW) in 2009. The footpath was added as part of a number of paths that were in common use by members of the public "as of right", but before 2009 were not officially designated as ROWs.
11. Although the full width of the lane, and as it may appear on Ordinance Survey maps may be around 4 metres, this full width was not all designated as a ROW in 2009. The Council explained it would only designate the actual footprint used by the public as a ROW. In this case it found the width used by the public was a maximum of 2.7m wide, so this was what the Council made a ROW.
12. When it intends to designate footpaths as a Right of Way, the Council publicises its intentions via an Order. The Council says no objections were made. Once a ROW is designated it is recorded in a definitive map and definitive statement. This describes the features and extent of ROWs. The entry for the footpath in question describes its location and goes on to state that it has a width of between 1.2m and 2.7m. It is 2.7m in the area around Mr X's property.
13. After the Council designated the lane as a ROW, the element that is a ROW became publicly maintainable. This does not mean it is publicly owned.

Resurfacing Works

14. The Council told us when it decided to re-surface the lane, it had considered the impact on drainage.
15. The Council provided details of the work it commissioned and carried out to the lane. This included the need to retain a drainage channel to one side and to clear debris to ensure it worked. The contractor's quote shows they intended to grade the surface to aid surface water drainage and to carry out this work.
16. The Council stated the contractor did not surface anything that was not already tarmacked and there were no changes to the levels outside Mr X's property. It stated care was taken to camber the lane further down the lane, to ensure water flowed down the other side of the lane (where there is a drainage channel). The stone drainage strip was provided along the other side of the lane to take water run-off and act as a soakaway.
17. The Council initially stated it had inspected the works and nothing had changed to Mr X's side of the lane other than the re-surfacing. The Council did not consider there would be an impact to water flowing along the lane as a result of the works.

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18. The Council later considered evidence provided by Mr X during our investigation that indicated the level of the footpath had been raised slightly when the resurfacing was done., This made it approximately level with the edge of Mr X's driveway entrance. The Council offered to pay for work to reinstate a 'lip' along the driveway entrance as Mr X had before the works.
 19. Mr X also noted that vegetation growing in and around the drainage channel opposite his drive caused a nuisance when accessing his property. The Council stated because the vegetation was not encroaching on or obstructing the public footpath this would need to be addressed with the landowner. The Council noted that Mr X was raising flooding issues separately.

Analysis

20. Although the ownership of the lane is not clear, the Council's resurfacing works were carried out as a result of its duty to maintain Rights of Way.
21. The first element of Mr X's complaint is that the Council had in effect moved the right of way towards his property without following the proper diversion process. Having reviewed the available description of the ROW from the Council's definitive map and statement, I do not consider the resurfacing works have led to a change in the route of the ROW. The description of the ROW is not so detailed as to define which part or side of the lane it is positioned. The provision of the 2.7m wide ROW along the lane meets the Council's statutory duties.
22. There is evidence the Council had regard for the need for drainage and took account of the potential for flooding when carrying out the resurfacing. It stated its contractor had only surfaced the area that was already hard surfaced.
23. The Council stated they did not increase the levels outside Mr X's property, and a camber had been built into the lane further up to direct flood water to the stone drainage channel on the other side of the lane. I am satisfied there is evidence the Council took account of the need for drainage and understood the potential flooding issue when the works were carried out. However, there was evidence the level of the path to the front of Mr X's driveway was raised slightly. The Council has agreed to pay for the reinstatement of the "lip" along the driveway that Mr X had previously in response to this. This is appropriate.
24. Although I have not found fault in the County Council's actions, it is open to Mr X to review what private rights of access he has, possibly documented in his property deeds. If Mr X's private rights of access specify that he has a right to a wider and more extensive access than the ROW the Council has maintained, it may be open to him to take civil action against the landowner or others to restore this.
25. I have not found fault in the County Council's actions concerning works to the ROW, but I have sympathy for Mr X's circumstances and the impact that flood water coming down the lane has previously had on his property. I understand Mr X is pursuing actions to address the causes of the flooding separately.

Final decision

26. I found no fault by the Council. Subject to further comments by Mr X and the Council, I intend to complete my investigation and close my file.

Investigator's decision on behalf of the Ombudsman

Page 82 of 170

The Ombudsman's final decision

Summary: Mr X complains the Council will not allow him to hire a tree surgeon to scale a tree outside his property and remove overhanging branches. He says the resulting bird faeces are hazardous and falling branches are damaging his car. The Council was at fault for failing to properly consider Mr X's request. The Council has agreed to reconsider its decision.

The complaint

1. Mr X complains the Council will not allow him to hire a tree surgeon to scale a tree outside his property and remove overhanging branches. He also says he was incorrectly told the tree had a Tree Protection Order and so could not be trimmed.
2. He says this means his car and drive are exposed to large quantities of bird faeces that are hazardous for him to clear away. He says falling branches are damaging his car.

The Ombudsman's role and powers

3. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
4. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
5. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)
6. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done. (*Local Government Act 1974, sections 26B and 34D, as amended*).
7. Mr X first complained to the Council in 2006. He continued to speak to the Council about the tree until he complained again in January 2020. The Council responded the same month. There is no good reason to investigate further back than 12 months from the date Mr X received the response to his January 2020 complaint.

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8. I have not investigated Mr X's complaint about damage to his car caused by falling branches. This would be a private legal matter between Mr X and the Council. Mr X may wish to seek legal advice about whether he has a claim against the Council.

How I considered this complaint

9. I have considered:
- all the information Mr X provided and discussed the complaint with him;
 - the Council's comments about the complaint and the supporting documents it provided; and
 - council policies, relevant law and guidance and our guidance on remedies.
10. Mr X and the Council had an opportunity to comment on my draft decision. I considered any comments received before making a final decision.

What I found

Relevant law and guidance

11. A council may own trees, for example on the highway or in public open spaces. Councils should ensure 'highway trees' are safe for highway users and users of adjacent land.
12. The Council's "*Tree Conservation and Maintenance*" policy says trees cannot be cut down, pruned or damaged without permission. It also says that the Council should act to alleviate nuisance to nearby properties. It does not refer to damage to cars or health.
13. The Council's "*Highway Network Management Plan*" says it will maintain trees within the highway where there are safety concerns.
14. The "*Well-Maintained Highways Code of Practice for Highway Maintenance Management*" recommends trees should be inspected every five years.
15. A Tree Preservation Order (TPO) makes it an offence to cut down, top, lop, uproot or willfully damage a tree without the Local Planning Authority's (LPA's) permission.

What happened

16. The Council owns a tree on a road outside Mr X's property which overhangs the drive where Mr X parks his car. The Council uses a contractor to monitor and maintain its trees, including the one outside Mr X's home.
17. Mr X contacted the Council about the tree regularly, starting in 2006.
18. In 2017 and 2018, the tree was inspected and found to be safe. As such, the Council decided not to do any maintenance on it.
19. Mr X continued to contact the Council about the tree. Mr X says the Council's contractor verbally told him he could not cut the tree as it had a TPO.
20. Mr X later confirmed the tree did not have a TPO.
21. In January 2020, Mr X complained to the Council. He wanted the Council to allow him to hire a qualified tree surgeon to scale the trunk of the tree and cut the branches.

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22. The Council responded to say its position remained the same. It did not find the tree to be unsafe and so would not prune it. It said Mr X had the right to cut the overhanging branches where they crossed his boundary line, but that any work to remove the branches must be carried out from within the boundaries of Mr X's home. It would not agree to allow a surgeon to scale the tree. It said he could use a cherry picker or scaffolding.
23. Mr X says he previously tried to use a cherry picker and was not able to reach the overhanging branches. He says scaffolding would be unsafe as his drive slopes towards the road.
24. In its response to my enquiries, the Council said it did not agree to Mr X's request because it would not allow anyone to work within a tree to cut branches. This was because it would not know if the contractor had suitable insurance, qualifications and authorised methods of working. It did not provide any evidence to show it had asked Mr X to supply this information.

Findings

25. The Ombudsman cannot question a Council's decision where it has followed the correct policy and legislation and there is no fault in the decision-making process. The Council assessed the tree according to its policies and found it to be safe. It therefore did not have to take any action to cut the tree itself.
26. Mr X says he was incorrectly told he could not cut the tree due to it having a TPO. As this conversation was verbal, I cannot make a judgement on it. However, the tree belongs to the Council so no-one can cut it back without the Council's permission.
27. The Council's response to my enquiries shows it has a blanket policy of not allowing private contractors to work within the tree. It has not considered whether the contractor Mr X wants to use has appropriate qualifications, insurance and methods of working. The failure to consider whether the work could be permitted on this occasion was fault.
28. Mr X says the Council has not considered its duty of care to residents who are in contact with bird faeces because of its trees. Whether or not the Council has a duty of care to residents in respect to bird faeces is a legal matter and not for the Ombudsman.

Agreed action

29. Within one month of the date of my final decision the Council will:
- confirm it is willing to reconsider its decision not to allow Mr X to engage a qualified tree surgeon to scale the tree and remove the overhanging branches. The Council should set out the information Mr X needs to provide in a letter to him. The Council should reconsider its decision within one month of receiving the information from Mr X.

Final decision

30. I have completed my investigation. I have found fault leading to personal injustice. I have recommended action to remedy that injustice and prevent reoccurrence of this fault.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Council is at fault as it failed to carry out a review of Mrs Y care and support needs after six weeks to determine if a care package was meeting her needs. The Council's fault contributed to Mr X and Mrs Y not cancelling the care package when she no longer wanted it which she incurred costs for. The Council has agreed to waive half of Mrs Y's outstanding care charges to remedy her injustice.

The complaint

1. Mr X complains on behalf of Mrs Y. He complains the Council:
 - told him that Mrs Y's care would be free for the first six weeks.
 - should have carried out a review after the first six weeks as it had undertaken to do. Had it done so, the Council would have cancelled the care as Mrs Y did not want it.
 - delayed in cancelling the care.
2. Mr X considers that as a result the Council is wrongly charging Mrs Y for the care.

The Ombudsman's role and powers

3. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word fault to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
4. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

5. I have:
 - Considered the complaint and the information provided by Mr X;
 - Discussed the issues with Mr X;
 - Made enquiries of the Council and considered the information provided;

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- Invited Mr X and the Council to comment on the draft decision. I considered any comments received before making a final decision.

What I found

6. Councils can make charges for care and support services they provide or arrange. Charges may only cover the cost the council incurs. (*Care Act 2014, section 14*)

What happened

7. Mr X contacted the Council in December 2017 for support for Mrs Y as Mr Y who cared for Mrs Y was admitted to hospital.
8. Officers A and B, social workers, visited Mrs Y to carry out an assessment of her care and support needs. They considered Mrs Y was eligible for a home care package. Mr X has said the officers advised that the first six weeks of care would be free of charge. The Council has said the officers explained that home care services were not free of charge and that a financial assessment would be required to establish how much Mrs Y should pay. The Council's record of the visit does not record any discussion about charging for the care.
9. The Council wrote to Mrs Y on 31 January 2018 to confirm her home care package would start on 7 February and the name of the provider. The letter said the care would initially be provided for six weeks and during the six week period an officer would carry out a review to consider whether Mrs Y's needs had changed. The letter also said that the Council would send a form for Mrs Y to complete with details of her income, savings and outgoings. This information would be used to calculate how much Mrs Y needed to pay towards the cost of her care.
10. The care package started on 7 February 2018. Officer A contacted Mr X on 8 February 2018 to check the care had started. Officer A's record of the call notes Mrs Y is happy with the care. Officer A also notes she told Mr X that she was ending her involvement.
11. In February 2018, the Council sent documents for Mr X to complete for Mrs Y's financial assessment and a factsheet about paying towards a personal budget for care at home. The factsheet set out who was exempt from paying towards their personal budget. It explained everyone else had to have a financial assessment to see how much they could afford to contribute. Mr X returned the financial assessment documents in March.
12. The Council assessed Mrs Y as needing to pay £80.91 towards her personal budget which would increase to £87.50 in April 2018. The Council wrote to Mrs Y in April 2018 notifying her of contribution. It also sent an invoice for £566.37 for her contributions since the start of her care package.
13. The Council's records show Mr X contacted the Council on 22 April about Mrs Y's care bill. The record notes Mr X said the hospital told him that the first six weeks of Mrs Y's care would be free. Mr X contacted the Council again on 27 April. The Council's record notes Mr X said he wanted to cancel Mrs Y's care. Mr X says the officer he spoke to said it would be cancelled. Mr X says he contacted the Council again on 30 April as the carers were still calling. In response to my enquiries the Council has said it did not cancel Mrs Y's care package immediately until the request could be discussed in person with Mrs Y.

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14. On 4 May, officer C, a reviewing officer, visited Mrs Y to review her care and support needs. The review noted Mr X and Mr and Mrs Y said she was no longer in need of the care. The carer records showed that Mr and Mrs Y were refusing care.
 15. The records of officer C's visit note she told Mrs Y she would cancel the care package and suggested to Mr X he may want to cancel the calls with the care provider on a daily basis until the care package was closed.
 16. Officer C made a request for the care package to be cancelled immediately but the care provider continued to call. Officer C contacted the care provider on 9 May to cancel the care calls. I note the Council sent a credit note to Mr X on 17 February 2020 to waive the charges between 30 April and 6 May 2018.
 17. Mr X made a complaint to the Council in June 2018. He raised that the hospital and Council told him the first six weeks of care would be free and the Council had not carried out a review after six weeks. Had it done so Mrs Y would have cancelled the care. Mr X also complained the carers continued to visit after he had cancelled the care and he continued to receive invoices.
 18. I understand the Council met with Mr X in October 2018 to discuss his complaint. It wrote to him in January 2019 to advise the Council would waive the charges for the first six weeks. This would leave a debt of £511.82. Mr X says he contacted the Council by telephone in late January 2019 as he was unhappy with the response but did not receive a response.
 19. The Council sent a demand for £511.82 to Mrs Y in May 2019 and warned of possible court proceedings. The Council responded to Mr X's complaint in June 2019. The Council said it would not waive Mrs Y's care charges in full as it had no record of Mr X contacting the Council before May to cancel the care package.
 20. In response to my enquires the Council has said it has waived the charges between 23 April and 4 May 2018.

My assessment

21. Mr X says the Council told him Mrs Y's care would be free for six weeks. The Council says officers explained Mrs Y would be charged a client contribution for the duration of her care. There is no record of the discussion in the case notes. So, I cannot know what information was provided to Mr X and Mrs Y. But the Council has waived Mrs Y's client contribution for the first six weeks so I cannot achieve any more for Mr X and Mrs Y by pursuing the matter further.
22. The Council's letter of 31 January 2018 stated it would carry out a review of Mrs Y's care during the first six weeks to see if her needs had changed. There is no evidence to show such a review was carried out. This is fault.
23. Mr X considers Mrs Y would have cancelled the care had the review taken place so Mrs Y would not have incurred the care costs. Mr X and Mrs Y did not contact the Council about cancelling the care package. The Council's letter of 31 January 2018 and the factsheet sent with the financial assessment gave sufficient information for Mr X to know Mrs Y would have to contribute to her care package even if they thought the first six weeks was free. So, it is appropriate to consider that Mr X could have contacted the Council after the six weeks had passed, particularly if Mrs Y no longer wanted the care which she would be charged for. However, had the Council carried out the review when it should have done, then it is likely Mr X and Mrs Y would have been prompted to cancel the care.

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24. So, I consider the Council's failure to carry out the review contributed to Mrs Y not cancelling her care package after six weeks. It is therefore appropriate and proportionate for the Council to waive half the outstanding charges in recognition of this.
25. The Council would have to carry out a review of Mrs Y's care before cancelling the care package. So, on balance, it is not at fault for not cancelling the care package immediately on Mr X's contact of 22 April. I will not investigate if there was delay in arranging the review as the Council says it waived Mrs Y's charges from 23 April to 6 May 2018. So, I cannot achieve any more for Mr X and Mrs Y by investigating the matter further.
26. The Council's complaints procedure provides it should respond to complaints within 20 working days. Mr X made his complaint in June 2018. I understand the Council met with Mr X in October 2018 but it did not respond in writing until January 2019. This is an excessive amount of time and is fault. The Council's complaints procedure is one stage so the Council should have notified Mr X of his right to make a complaint to the Ombudsman in this letter rather than considering Mr X's complaint further in June 2019. This prolonged Mr X's complaint which will have caused frustration to him. The Council should apologise to Mr X.
27. The Council has said it has reviewed its adult social care complaints procedure since Mr X's complaint which should prevent the faults experienced by Mr X from recurring.

Agreed action

28. That the Council will:
- a) Send a written apology to Mr X for the frustration caused by not considering his complaint in accordance with its complaints' procedure.
 - b) Waive half of Mrs Y's outstanding client contributions to acknowledge its failure to carry out a review of her care and support needs after six weeks contributed to Mr X and Mrs Y not cancelling her care package. The Council should send an invoice to Mrs Y for the remaining half of the charges detailing the periods for when these charges were accrued.
 - c) Review its procedures to ensure the Council is implementing its policy of reviewing care and support needs after six weeks to see if the care package is meeting the service user's needs.
29. The Council should take the action at a) and b) within one month of my final decision and the action at c) within three months of my final decision.

Final decision

30. The Council is at fault as it failed to carry out a review of Mrs Y care and support needs after six weeks to determine if a care package was meeting her needs. The Council's fault contributed to Mr X and Mrs Y not cancelling the care package when she no longer wanted it. The Council has agreed to waive half of Mrs Y's outstanding care charges which is a proportionate remedy for Mrs Y's injustice. I have therefore completed my investigation.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman has not found fault in the way the Council assessed Mr C's finances and decided that he had to pay a contribution towards the cost of his care package.

The complaint

1. Mrs B says her son, Mr C, who has a learning disability, cannot afford the contribution towards his care package.

The Ombudsman's role and powers

2. We investigate complaints of injustice caused by 'maladministration' and 'service failure'. I have used the word 'fault' to refer to these. We cannot question whether a council's decision is right or wrong simply because the complainant disagrees with it. We must consider whether there was fault in the way the decision was reached. (*Local Government Act 1974, section 34(3), as amended*)
3. If we are satisfied with a council's actions or proposed actions, we can complete our investigation and issue a decision statement. (*Local Government Act 1974, section 30(1B) and 34H(i), as amended*)

How I considered this complaint

4. I have considered the documents the Council has sent and the relevant law, guidance and policies.

What I found

Law, guidance and policies

5. The Care Act 2014, the Care and Support Statutory Guidance 2014 (updated 2017) and the Care and Support (Charging and Assessment of Resources) Regulations 2014 set out the Council's duties towards adults who require care and support and its powers to charge. The Council also has its own policies.
6. The CASS Guidance says the approach to charging should (among other things):
 - ensure that people are not charged more than it is reasonably practicable for them to pay;
 - be clear and transparent, so people know what they will be charged;
 - promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;

Financial assessment

7. Councils must carry out a financial assessment if they decide to charge for the care and support. This will assess the person's capital and income.

Income

8. Local authorities may take most of the benefits people receive into account as income.
9. Some benefits must be disregarded as income (among others):
 - The mobility element of the Disability Living Allowance (DLA) or Personal Independence Payment (PIP).

Minimum Income Guarantee (MIG)

10. Local authorities must ensure that a person's income is not reduced below a specified level (MIG) after charges have been deducted. The amounts are set out in the regulations. However, this is only a minimum and local authorities have discretion to set a higher level if they wish.
11. The purpose of the MIG is to promote independence and social inclusion and ensure that a person has sufficient funds to meet their basic needs such as purchasing food, utility costs or insurance. This must be after any housing costs such as rent and council tax net of any benefits provided to support these costs – and after any disability related expenditure.
12. The government publishes a circular each year which sets out what the MIG will be for that year. The MIG has not changed since 2015.

Disability related expenditure (DRE)

13. Where disability benefits are taken into account, the Council must allow the person enough benefits to pay for necessary disability related expenditure to meet any needs which are not met by the Council.
14. There is no definitive list of what DRE is. The guidance gives examples but says that any reasonable additional costs related to a person's disability should be included.

Council's own policy

15. Prior to November 2018, the Council's policy on calculating the contribution to a person's care included the following:
 - if a person received disability living allowance, it disregarded £28.30 of this as income; and
 - all people, regardless of their age, had a MIG of £189.
16. In October 2018 the Council's Adult Social Care and Public Health Committee agreed changes and said it would (among other things):
 - include the full amount of a person's disability living allowance as income from 8 April 2019.
 - reduce the MIG for people under pension age to £170.23 from 8 April 2019 with a further reduction to £151.45 from 4 November 2019.
17. These changes were designed to bring the Council's policy more into line with national guidance.
18. The Council allows DRE of £20 per week to every person who is receipt of certain disability related benefits. However, the Council may approve a higher rate of DRE if the person provides evidence of the expense.

What happened

19. Mrs B submitted an income and expenditure sheet in February 2019. This showed Mr C's income (employment support allowance and personal independence payment) and his outgoings including rent, utilities and food. Mrs B said Mr C did not have any DRE as he had a learning disability rather than a physical disability.
20. The Council assessed Mr C's finances on 8 April 2019 in line with the new policy. Based on the new MIG of £170.23, Mr C would have to pay a contribution of £25.87. However, the Council also compared Mr C's income and expenditure and this showed that his monthly expenditure was higher than his monthly income. The Council therefore decided to waive the contribution until June 2019 as it said it would cause Mr C financial hardship. The Council reviewed Mr C's finances on 3 June 2019 and continued the waiver.
21. At the review in August 2019, the Council questioned some of Mr C's expenses. Mrs B said Mr C was heavy handed and frequently broke household appliances so she had included a figure of £100 a month for this. She also included £45 per month for healthcare to pay for Mr C's glasses as he broke them frequently. The Council also questioned Mr C's £80 satellite TV/wifi subscription, but Mrs B said that Mr C found it difficult to concentrate and so having lots of channels to flick through kept him occupied for longer. The Council said these costs were excessive and could be reduced. The MIG was meant to cover regular living expenses.
22. The Council wrote to Mr C on 14 August 2019 and said it had reviewed his finances and decided to end his waiver as he had sufficient weekly income and savings to pay the contribution. This meant he would have to pay a weekly contribution of £25.87.
23. The Council re-assessed Mr C's finances on 4 November 2019. His MIG had now reduced to £151.54 in line with the policy. This meant his contribution would be £44.65. The Council said Mr C could not afford this so granted him a waiver of £18.78 which reduced his contribution to £25.87.
24. I asked the Council whether it had considered if the £100 for broken appliances, the £45 a month for glasses and £80 for satellite tv/wifi could be DRE. The Council said it had not done so. It said it would not consider satellite tv/wifi to be DRE in this case, but could consider the other two items. The Council agreed to contact Mrs B for evidence of the expenditure and then speak to the social worker to consider whether parts of the costs could be DRE.

Analysis

25. I have not investigated whether there was any fault in the way the Council made the policy changes. That was not Mrs B's complaint and, in any event, the Ombudsman has already investigated this aspect in another complaint and has not found fault.
26. I have investigated whether there was any fault in the way the Council decided to charge a contribution and I have not found fault.
27. The Council implemented its new financial policy in two phases and it reviewed Mr C's finances at each stage. It calculated Mr C's MIG in line with the law and its own policies. The Council also carried out an affordability test at each stage and did so by comparing Mr C's income with his outgoings.

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28. I accept that Mrs B disagrees with the contribution but that was a result of the change in policy and the Council applied the policy correctly.
29. Mrs B said there was no DRE as Mr C had no physical disability. The Council took this at face value and then disallowed some of the costs she was claiming (£100 monthly cost of replacing household appliances, £45 for replacing glasses and £80 for satellite tv/wifi) as they seemed unusually high.
30. Of course, the test for DRE was not whether Mr C had a physical or mental disability as Mrs B thought, but rather whether the costs were linked to the disability and met Mr C's needs.
31. In my view, it would have been helpful for the financial assessor to explore these costs a bit further during the assessment. However, I would not say this was fault, but a point of good practice.
32. Also, I note that the Council has agreed to consider whether some of the outgoings can be considered as DRE which is an appropriate offer and I therefore propose to close the case.

Final decision

33. I have completed my investigation and have not found fault by the Council.

Investigator's decision on behalf of the Ombudsman

The Ombudsman's final decision

Summary: The Ombudsman cannot investigate this complaint about the complainant's child being placed in the care of the father and a complaint that the Council has ignored reports that the child is at risk. This is because the matters are subject to legal proceedings and because there is insufficient evidence of fault by the Council.

The complaint

1. The complainant, whom I refer to as Ms X, disagrees with her child being placed in the care of the father. She also says the Council has ignored her reports of bruising while the child has been in the father's care.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this statement, I have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. I refer to this as 'injustice'. We provide a free service, but must use public money carefully. We may decide not to start an investigation if we believe it is unlikely we would find fault. (*Local Government Act 1974, section 24A(6), as amended*)
3. We cannot investigate a complaint about the start of court action or what happened in court. (*Local Government Act 1974, Schedule 5/5A, paragraph 1/3, as amended*)

How I considered this complaint

4. I read the complaint and the Council's responses. I saw an email the Council sent to Ms X about a recent court order. I considered comments Ms X made in reply to a draft of this decision.

What I found

What happened

5. The court ordered that Ms X's child should live with the father. Ms X disagrees with this decision. She says the reports produced by the Council, for the court, have favoured the father.
6. Ms X says she has seen bruises on her child whilst she has been living with her father. Ms X says she has sent 120 reports of bruising to the Council. Ms X says the Council has ignored her concerns.

-
7. The Council says it took action after receiving the reports of bruising. It visited the father and the child and saw no evidence of bruising other than the normal bruising any young child is likely to experience. The Council liaised with the nursery, health visitor and contact supervisors and nobody had any concerns about the bruising or the child's well-being. The Council notified the police of Ms X's reports and informed the judge.
 8. In June the court ordered the Council to send it all the contact logs from October 2019. The Council must also submit to the court any concerns the Council has in relation to Ms X or the father. Ms X told me she is currently involved in court action.

Assessment

9. I cannot start an investigation because the matters have been, and continue to be, subject to legal proceedings. The law says the Ombudsman cannot investigate any matter that has formed part of legal proceedings. The court decided the child must live with the father, the court has been made aware of Ms X's reports of bruising and the court has asked for information about events since October 2019. As the court has been, and remains involved, I cannot start an investigation. Ms X will need to raise any concerns she has with the court.
10. I also will not start an investigation because there is insufficient evidence of fault by the Council. In response to Ms X's reports about the bruising it visited the child and the father and obtained evidence from the people involved with the child's care. It also notified the police and the court. The Council decided it did not need to take any action because it was satisfied the child was not at risk. The fact the Council decided it did not need to take additional action does not mean it ignored Ms X's reports.

Final decision

11. I cannot start an investigation because the matters are subject to legal proceedings and because there is insufficient evidence of fault by the Council.

Investigator's decision on behalf of the Ombudsman

12 October 2020

Agenda Item: 5

REPORT OF SERVICE DIRECTOR – FINANCE, INFRASTRUCTURE & IMPROVEMENT

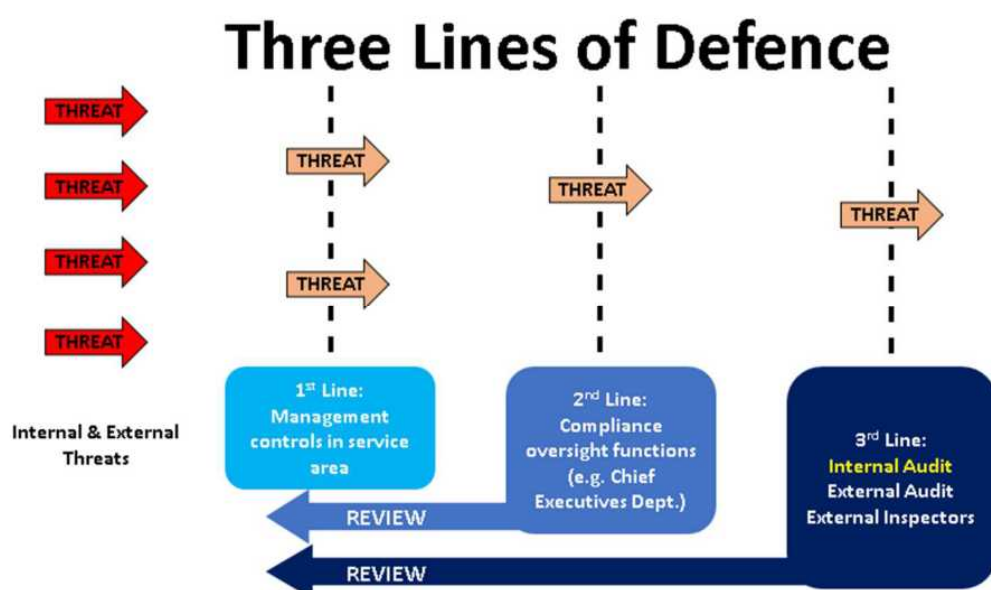
ASSURANCE MAPPING ANNUAL REPORT 2019-20

Purpose of the Report

1. To present the outcomes from the assurance mapping work carried out during 2019-20, and to consider options for its development in 2020-21.

Information

2. This is the second annual report following members' approval of the pilot undertaken in 2018-19. The remit of this annual report was expanded to include two new areas, People Management and Asset Management following agreement of the Governance and Ethics Committee in November 2019.
3. For each of these five areas (Finance, Risk, Performance, People and Asset Management), Key Lines of Enquiry (KLOEs) were determined and used to map the sources of assurance available to the Council across its three lines of defence.



4. This second annual report covers the following elements:
 - a) Reporting the evidence gathered from the assurance sources across the three lines of defence and assessing what assurance can be taken from it about the Council's arrangements for the five areas.
 - b) Proposing actions to be taken in 2020/21 to address any concerns identified.
 - c) Considering the possibilities for its expansion in 2020/21.

Assurance mapping outcomes in 2019/20

5. **Appendix 1** presents details of the evidence gathered for each of the five areas. The evidence for each KLOE is presented across the three lines of defence. A summary for each of the aspects of governance under review is set out below, along with an assessed rating for the assurance level suggested by the evidence. A simple 'Red-Amber-Green (RAG) rating' has been applied, based around the following principles:



Red - The evidence identifies weak assurance and points to significant cause for concern with a number of KLOEs. Urgent action is required.



Amber - The evidence has identified positive assurance, but there are some KLOEs on which action is required as a matter of priority over the coming year.



Green - The evidence provides strong assurance that risks and challenges are under active management. There may be scope for strengthening in some KLOEs.

The following summaries also set out current developments and proposed actions to address the gaps and issues highlighted for each aspect of governance.

Financial Management – Budgetary Control

1 st Line	2 nd Line	3 rd Line
Reasonable assurance that budgetary control procedures are complied with	<p>High degree of compliance with forecasting process</p> <p>Monitoring shows in-year forecasts are reliable</p> <p>Balanced budget agreed for 2020/21, but now facing significant revision due to Covid-19</p> <p>Overspend of £4.2m in 2019/20, due to pressures on demand led budgets in Children's Services</p> <p>Capital programme spend on target</p> <p>Medium Term Financial Strategy (MTFS) shows cumulative budget shortfall of £51.4m to 2023/24</p>	Reasonable assurance from Internal Audit on budget forecasting procedures



Green

Significant budget challenge facing the Council

Budgetary control procedures are strong

Developments and actions

Relevant actions included in the Annual Governance Statement (AGS) Governance Action Plan:

- Implementation of the Chartered Institute of Public Finance & Accountancy (CIPFA) Financial Management Code
- Continued campaigning for the Fair Funding review to take place

Actions arising from the internal audit review of the Council's response to Covid-19

- Development of sensitivity analysis for MTFS assumptions

Financial Management – Financial Compliance

1 st Line	2 nd Line	3 rd Line
Substantial assurance that the Council's Financial Regulations are complied with	<p>Provision of timely and effective professional advice to front-line services</p> <p>Monthly monitoring confirms good levels of compliance with core financial procedures</p>	Rolling 12-month reports of the Chief Internal Auditor confirm a reasonable level of internal control is in place



Green

Strong assurance available from all three lines of defence

Developments and actions

No developments or additional actions are identified

Financial Management – Financial Prudence

1 st Line	2 nd Line	3 rd Line
High degree of assurance of compliance with the Treasury Management Framework and Investment Strategy	Strong cashflow management Above average returns on prudent investments in an increasingly challenging environment	Positive assurance from Local Government Association (LGA) Peer Challenge review about the Council's approach to financial management CIPFA indicators of financial stress for 2018/19 show the Council as responding prudently to its known financial challenges



Green

Prudent approach to addressing known financial challenges

Developments and actions

Actions identified in the July 2020 report to the Finance & Major Contracts Monitoring Committee

- Corporate Financial Resilience Group established
- Continued government lobbying

Financial Management – Value for Money

1 st Line	2 nd Line	3 rd Line
Broadly substantial assurance that service provision is under active and ongoing review	Mixed levels of performance against core measures Projected overspend in 2018/19 The transformation model and programme are undergoing substantial review	External Auditor provided unqualified VFM conclusion for 2018/19 Limited assurance from Internal Audit review of Corporate Commissioning.



Amber

Strong focus on ensuring the transformation model and programme continue to drive improvements in VFM

Developments and actions

Relevant actions included in the AGS Governance Action Plan:

- Implement co-ordinated reporting of finance, performance and transformation to the Corporate Leadership Team
- Review the effective use of benchmarking
- Implement proposed changes to the transformation model and refocus performance management to support its delivery
- Confirm implementation of agreed actions from internal audit reviews of social care fraud risk
- Development and implementation of continuous assurance feeds to the Corporate Leadership Team and Governance & Ethics Committee

Performance Management

1 st Line	2 nd Line	3 rd Line
<p>Planning & Performance Management Framework complied with</p> <p>Reasonable assurance regarding frontline performance management and continuous service review</p>	<p>Good progress against key strategic measures reported monthly to Corporate Leadership Team</p> <p>Mixed progress against measures in the Council Plan and Departmental Strategies</p>	<p>Positive outcome of Ofsted inspection of Children's services</p> <p>LGA Peer Review identified opportunity to improve the cross-cutting approach to delivering corporate and strategic objectives</p>



Amber

Strong framework in place
A more corporate approach will lead to further improvements in performance

Developments and actions

Developments set out in the July 2020 report to the Improvement & Change Sub-Committee:

- Implementation of the revised approach to transformation, including the establishment of the Strategic Insight Unit

Relevant actions included in the AGS Governance Action Plan:

- Internal audit of performance management
- Development of performance reporting in specific departments
- Review of data quality in the Mosaic system

Risk Management

1 st Line	2 nd Line	3 rd Line
<p>Risk management strategy and framework in place</p> <p>Departmental Risk, Safety & Emergency Management Groups (RSEMGs) are in operation</p> <p>Strong assurance that risk register mitigations are carried out</p>	<p>Risk, Safety & Emergency Management Board (RSEMB) providing strategic oversight</p> <p>Corporate risk register has been brought up to date for the impact of Covid-19</p> <p>Positive outcomes from internal health & safety checks</p> <p>No process for capturing risk appetite</p> <p>Updates on risk management to Governance & Ethics Committee lapsed</p>	<p>Predominantly positive assurance from reviews and inspections by:</p> <ul style="list-style-type: none"> • British Standards Institution (BSI) • Council insurers



Green

Strong framework in place and complied with
Strong assurance from internal and external reviews

Developments and actions

Relevant actions included in the AGS Governance Action Plan:

- Implement changes to the delivery of corporate risk management, including the establishment of the Council's risk appetite

Asset Management		
<div><div>1st Line</div><div>Phase 1 of Property Transformation Programme has established strategic framework</div><div>Service Asset Management Plans (SAMPs) are in development</div><div>Arc quarterly reporting shows mixed performance against Key Performance Indicators</div></div>	<div><div>2nd Line</div><div>Phase 2 of Property Transformation Programme now complete and will deliver key monitoring and reporting processes</div><div>Over 1/3 of properties classified as condition rating C or D</div><div>Maintenance backlog of approximately £94m</div><div>Asset valuations conducted in accordance with guidelines</div></div>	<div><div>3rd Line</div><div>Positive progress reported on implementing Internal Audit recommendations for vacant property management</div><div>Positive assurance from other external inspectors, such as British Standards Institution, Council insurers and external audit</div></div>
<div><div>↓</div><div>Amber</div></div>	<div><div>↓</div><div>↓</div><div>↓</div><div>The Property Transformation Programme is progressing improvements</div></div>	
<div>Developments and actions</div> <div>Roll-out of the outcomes from the Property Transformation Programme is the key driver</div> <div>Relevant actions included in the AGS Governance Action Plan:<ul style="list-style-type: none">Follow-up of the agreed actions in the internal audit report on vacant property management</div>		

People Management – Safe Working Environment		
1st Line Health & Safety policies are in place Few reportable incidents occur	2nd Line Internal inspections return positive assurance Reducing number of employer liability claims	3rd Line Action in progress to implement Internal Audit recommendations BSI certificate of occupational health and safety registration maintained
↓	↓	↓
Green	Strong assurance from all three lines	
Developments and actions		
Actions arising from the impact of COVID-19 to provide a safe working environment for staff, including the adaptation of council buildings, continued working from home, and the use of Personal Protective Equipment (PPE).		

People Management – Staffing Capacity

1 st Line	2 nd Line	3 rd Line
<p>Policy and procedure framework in place</p> <p>Reasonable assurance that Employee Performance & Development Reviews (EPDRs) are carried out</p> <p>Good use being made of apprenticeship opportunities</p>	<p>Staff turnover rates are manageable</p> <p>Positive feedback about recruitment process</p> <p>Departmental workforce modelling is progressing</p>	<p>Positive assurance from Internal Audit on recruitment</p> <p>Learning and development portal highlighted by LGA Peer Review as good practice</p>



Green

Strong assurance from all three lines

Developments and actions

The development of departmental workforce modelling will bring added and important assurance

People Management – Staff motivation

1 st Line	2 nd Line	3 rd Line
<p>Job evaluation process drives pay equality</p> <p>Positive feedback from Children's & Families Dept staff survey</p>	<p>Sickness rates are above challenging, stretch targets</p> <p>Slight improvements seen in gender pay gap and diversity</p> <p>Mixed feedback from Adults' staff about induction and career progression</p>	<p>Positive assurance from Internal Audit about managing sickness</p> <p>LGA Peer Review highlighted enthusiasm and commitment of the Council's staff</p> <p>Disability Confident Employer certification achieved</p> <p>Retained status as Stonewall Lesbian, Gay, Bisexual and Trans (LGBT) Top 100 employer</p>



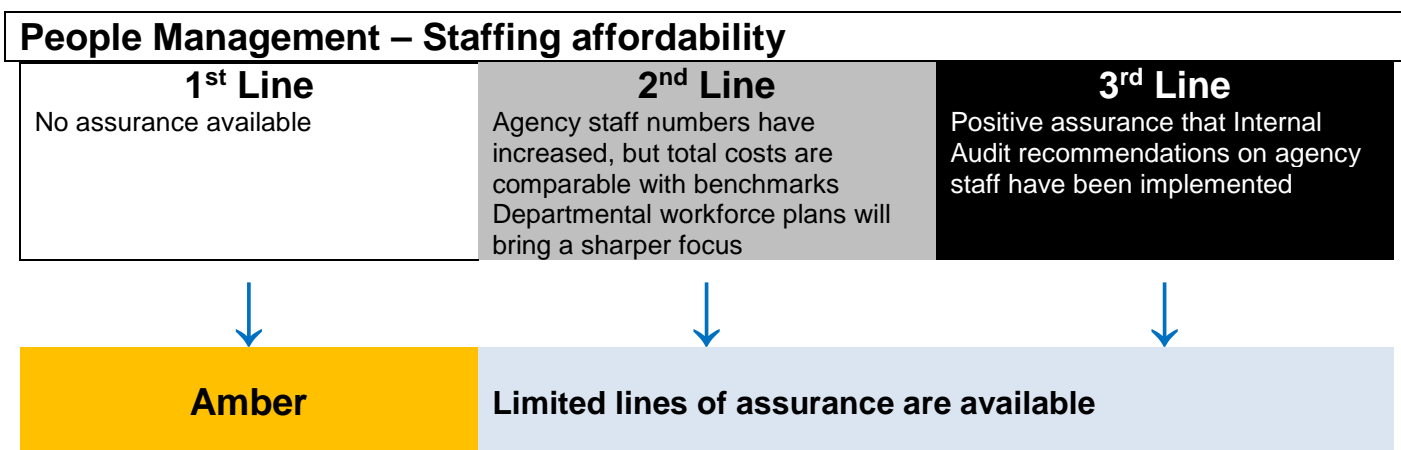
Green

Assurance is mostly positive, with no significant issues of concern

Developments and actions

Relevant actions included in the AGS Governance Action Plan:

- Equality Impact Assessments – finalise consultation with key stakeholders and deliver training



Developments and actions
The development of departmental workforce modelling will bring added and important assurance

6. Key conclusions that may be drawn from the evidence presented are:
- As a Council, we are fully aware of the financial challenges we face, and we are taking appropriate and effective action to meet them.
 - Essential to this are our proposals to remodel our approach to transformation, and this is bringing with it a refocusing of our performance management arrangements.
 - We value and act upon the risk management guidance we receive, and we are taking further steps to strengthen our approach and reporting arrangements.
 - The Property Transformation Programme is driving the improvements required in the management of our estate assets.
 - We have strong and progressive arrangements in place for the effective management of our people, and we continue to press forward with key developments.

Use of the outcomes from Assurance Mapping

7. One of the primary aims of assurance mapping is to provide annual assurance to the Council (both the Corporate Leadership Team (CLT) and the Governance & Ethics Committee) that effective governance arrangements are in place in the areas that matter most to the Council. This is an important purpose of itself and, it might be argued, reason enough to carry out the exercise.
8. Beyond this, the assurance assembled through this process can be put to effective use to inform and direct wider governance activity in the Council. The outcomes of this report have been used as set out below:
- a) The Council's Local Code of Corporate Governance and the AGS for 2020/21 – due to the impact of the national pandemic, the confirmed findings from this year's assurance mapping have lagged behind presentation of the AGS to Committee in July 2020. Nonetheless, the draft and emerging findings from this process were used as a source of assurance for the statutory AGS, and to consider whether any changes should be recommended to the Council's Local Code of Corporate Governance. The AGS report highlighted to Committee the possibility that the Statement may need to be revised, should additional evidence come

to light in the run-up to its publication alongside the Final Statement of Accounts. In finalising these assurance mapping findings, no additional issues have been identified which require an update.

- b) Governance & Ethics Committee's work programme – in September 2020, the Governance & Ethics Committee considered its Annual Report to Council on its activities in 2019/20. An important element of that report is to reflect on the achievements of the past year and to consider the Committee's priority areas of focus for the coming year. This assurance mapping report provides an important steer for the Committee with regard to assurances it should be seeking in 2020/21. This can be seen especially in relation to risk management and the development of continuous assurance.
- c) Internal Audit Plans – assurance mapping has delivered a clear view of the relative areas of strength and weakness in the governance processes covered by the map. The Team has updated its Priority Needs Assessment as a result, which Members will know serves as the basis for Internal Audit's proposed termly plans. The importance of relevant and timely assurance from internal Audit, as a key 3rd Line assurer, is evident throughout all aspects of governance presented in this report. Internal Audit's termly plans are now strongly driven by the areas of priority highlighted by the assurance mapping process.

Proposals for assurance mapping in 2020/21

- 9. Given the benefits outlined last year and through the Assurance Mapping Update 2019/20 reported to the Governance and Ethics Committee on the 6 November 2019, it is firstly proposed to continue with the assurance mapping process in 2020/21.
- 10. Should this proposal be accepted by Committee, consideration should be given to the aspects of governance to be included in the map for the coming year. *Figure 1* below depicts the aspects of governance currently included, along with suggestions for further aspects which might also be considered. The other areas suggested are by no means exhaustive and we will continue beyond 2020/21 to identify areas that would enhance the governance coverage through assurance mapping.
- 11. *Figure 2*, below, presents a proposal for the aspects of governance to be included in the map for 2020/21.

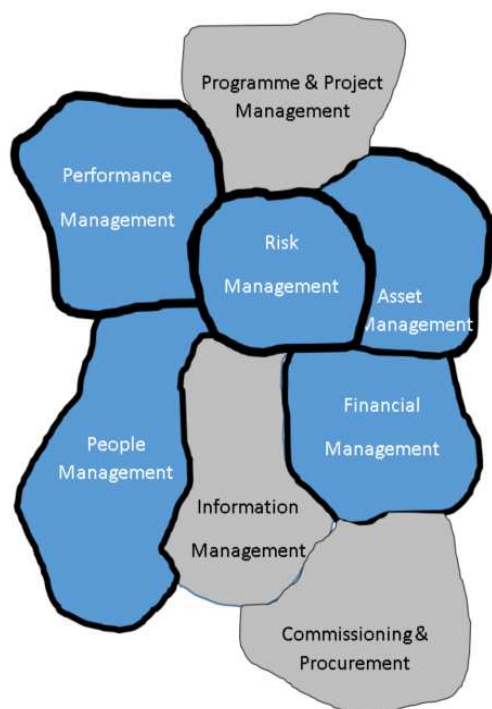


Fig. 1 Current scope of assurance map in 2019/20



Fig. 2 - Proposed scope of assurance map in 2020/21

The rationale for the proposal at *Figure 2* is as follows:

- a) The current aspects of governance should be retained in the map for 2020/21. This will provide a basis for tracking the actions arising from the 2019/20 exercise, and it will facilitate trends and progress in these areas to be monitored over time.
- b) The inclusion of commissioning and procurement would recognise the significant non-pay expenditure incurred by the Council.
- c) The inclusion of transformation would assist in delivering appropriate assurance to the Committee that the significant impact of this programme's objectives is being realised.
- d) The Information Governance Improvement Programme has now closed and has ceased reporting progress to the Committee. Inclusion of this area in the map will ensure a continued flow of assurance for the Committee.

Other Options Considered

12. The assurance mapping process might be discontinued. This would deny the Council the benefits of the approach highlighted in this report. The scope of the assurance map might be retained to cover just the five aspects of governance covered in 2019/20. This would preclude the measured widening of the scope to allow extended benefits to accrue.

Reasons for Recommendations

13. To recognise the benefits that the assurance mapping approach has brought to the Council, along with the improvements that may be made to it. Further, to apply the benefits of the approach to a manageable widening of its scope.

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

The assurance map aims to deliver a comprehensive assessment of the effectiveness of the Council's governance, risk and control framework. This will provide assurance relating to many of the considerations listed above.

RECOMMENDATION/S

- 1) The assurance mapping process is retained in 2020/21.
- 2) The scope of the assurance map for 2020/21 is widened to embrace Transformation, Commissioning & Procurement and Information Governance.
- 3) Progress against proposed actions to address the issues identified be reported to Committee as part of quarterly update reports on the AGS.
- 4) Members consider the positive assurance delivered in the five aspects of governance covered by the current exercise and determine whether there are additional actions they would like to see implemented.

Nigel Stevenson

Service Director – Finance, Infrastructure and Improvement

For any enquiries about this report please contact:

Rob Disney, Group Manager – Assurance

Constitutional Comments (SS – 10/09/2020)

15. This report is appropriate for the Governance and Ethics Committee to receive and make recommendations thereon.

Financial Comments (RWK 28/09/2020)

16. There are no specific financial implications arising directly from the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

Financial Management Assurance from KLOEs – Budgetary Control

Congruent plans
Corrective actions
In-year forecasting
Overspending minimised

Effective monitoring & reporting
Budget pressures
Income stream maximisation
Underspending redirected to pressures

1st Line



Positive assurance

Corporate Directors' Annual Assurance Statements.

- Budgetary control processes carried out.

Dept	Assurance Level
ASCPH	Substantial
C&F	Reasonable
Place	Reasonable
Chief	Substantial
Exec's	Substantial

2nd Line



Positive assurance

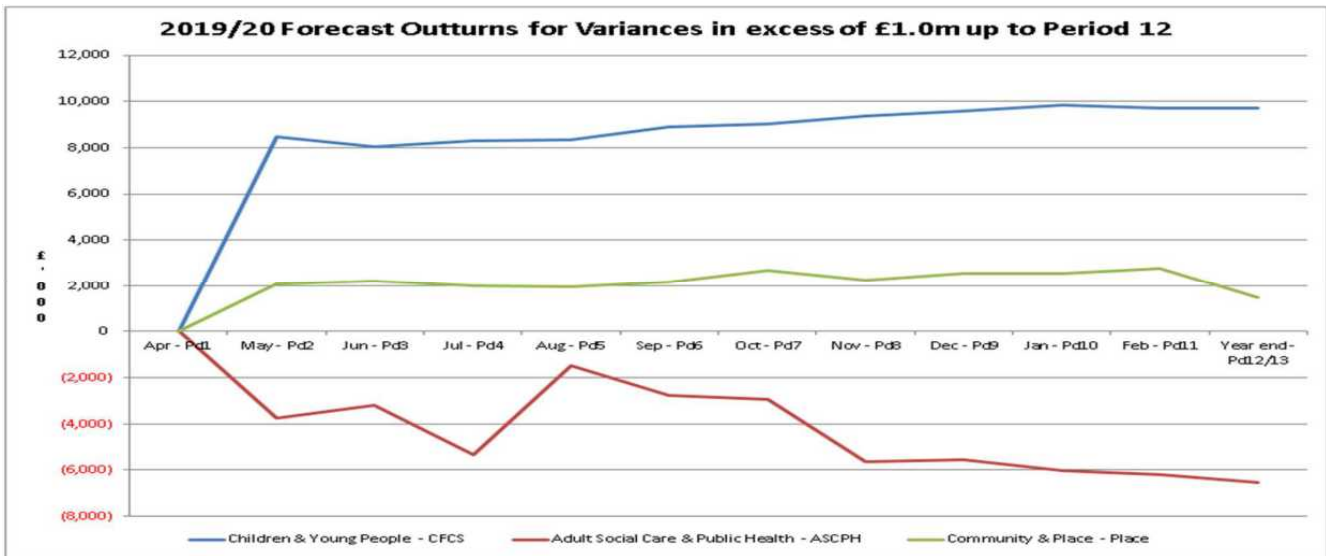
- Close in-year budget monitoring and reporting – monthly financial monitoring report to the Finance & Major Contracts Management Committee, including a focus on volatile budgets.

2nd Line



Positive assurance

- Compliance with forecasting system - 87% budget lines approved without intervention
- Monitoring of fluctuations shows in-year forecasting is reasonably reliable.
- The recorded net overspend within the Committees at the 2019/20 year-end was £4.2m



2nd Line



Mixed assurance

- Covid-19 impact on the budget and MTFS approved in February 2020
- anticipated shortfall in funding for the current year likely to be £10.8m (to be met from reserves) and over £26m in 2021/22. The new shortfall scenario (years 2023/24 requiring more work) is likely to look like this



2nd Line



Positive assurance

- 2019/20 Year end: Summary Capital Programme Position

Committee	Revised Budget £'000	Total Outturn £'000	Variance £'000
Total	119,634	119,841	207

3rd Line



Positive assurance

- Internal audit of budget forecasting (Mar 2020)



REASONABLE ASSURANCE

Financial Management Assurance from KLOEs – Financial Compliance

Compliance with budget holder duties

Financial Regulations compliance

1st Line



Positive assurance

Corporate Directors' Annual Assurance Statements.

➤ Compliance with Financial Regulations

Dept	Assurance Level
ASCPH	Substantial
C&F	Substantial
Place	Substantial
Chief Exec's	Substantial

2nd Line



Positive assurance

- The Chief Executive's Department is comprised of a range of professional staff delivering routine and ad hoc advice to other managers and Councillors. An important focus of this input is to assist the organisation in complying with internal and statutory regulations.
- Financial, constitutional and HR-related comments are provided for all committee reports as a matter of routine.

2nd Line

- Financial Control Statement - reported monthly within the Chief Executive's Department, to provide a focus on a range of compliance issues. The evidence available from the period 12 report is summarised as follows:
 - ✓ Effective use of accounting procedures - accounting code maintenance
 - % budget lines <£1,000 – 26% - % virement lines <£1,000 – 37%
 - % journal transfer values posted to direct pay codes – 0.2% of debit values & 0.17% of credit values - increased from 63% last year
 - ✓ Compliance with budget forecasting procedure
 - High level of compliance – as detailed above under 'Budgetary Control'
 - ✓ Reconciliation of bank and holding accounts
 - All reconciliations up to date
 - ✓ Monitoring of accounts payable indicators
 - 95% paid within terms
 - Low number and value of open invoices and invoices entered over 30 days
 - ✓ Monitoring of sales ledger debt
 - % of total outstanding debt over 6 months old (by value) – 24%
 - ✓ Bad and doubtful debts monitoring
 - The number of write-offs has increased slightly from 71 per annum in 2018/19 to 77 in 2019/20, however, the total value has reduced by £269k which is approx. 33% per month less than the previous fy and this is not excessive (£46k per month).
 - ✓ Payroll monitoring
 - Total value of net pay – monthly payments are relatively consistent
 - Low number and value of net pay advances
 - ✓ Pay overs monitoring
 - Statutory pay overs (tax, national insurance, statutory maternity pay, etc) are up to date
 - ✓ VAT issues
 - No significant issues have arisen
 - ✓ Capital issues
 - No significant issues have arisen

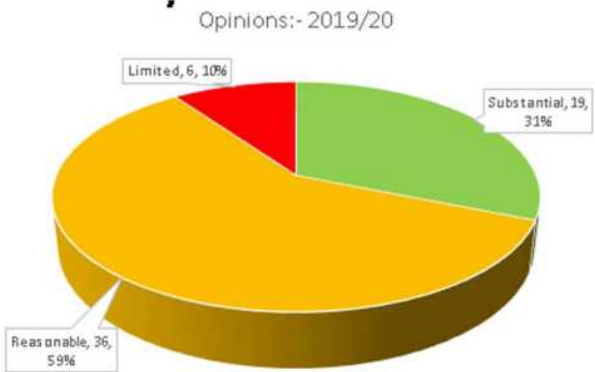
3rd Line



Positive assurance

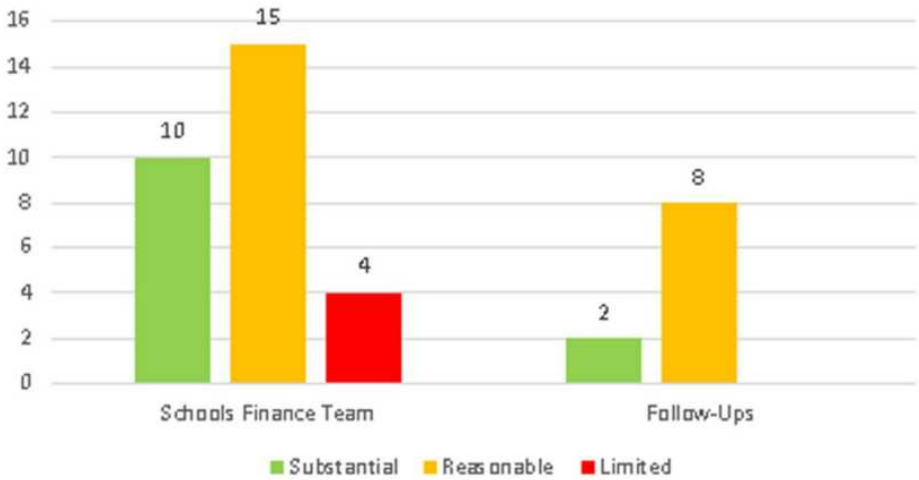
- Chief Internal Auditor (Group Manager – Assurance) provides a rolling 12-month view of opinions issued by Internal Audit on the adequacy of the Council's system of internal control, governance and risk.

Internal Audit opinions issued in 2019/20



Within the above, the following relates to schools

Schools Audits 2019/20



Financial Management Assurance from KLOEs – Financial Prudence		
Treasury management framework	Investment strategy	
Finance charges minimised	Returns on investments	

1st Line



Positive assurance

1st Line staff provide assurance that the Council’s Treasury Management Framework and Investment Strategy is applied on a daily basis.

2nd Line



Positive assurance

- Strong compliance with the Council’s Treasury Management Strategy, as reported to the Finance & Major Contracts Monitoring Committee each month.
- - ✓ Effective cashflow management (March 2020 Committee report)
 - ✓ Prudent investment activity – outstanding investment balances totalled approximately £60m at the start of the year and approximately £59m at the year-end
 - ✓ A snapshot of the return on investments at the half yearly position (Sept 2019) was as follows

Table 2: Snapshot return on Investments	Balance	Return
	£m	%
Total	43.4	0.73

Over the same period the average 7 day LIBID was 0.57%

- ✓ Borrowing managed within the limits of the prudential code (Report to County Council Dec 2019 – Treasury Management Mid-Year Report)

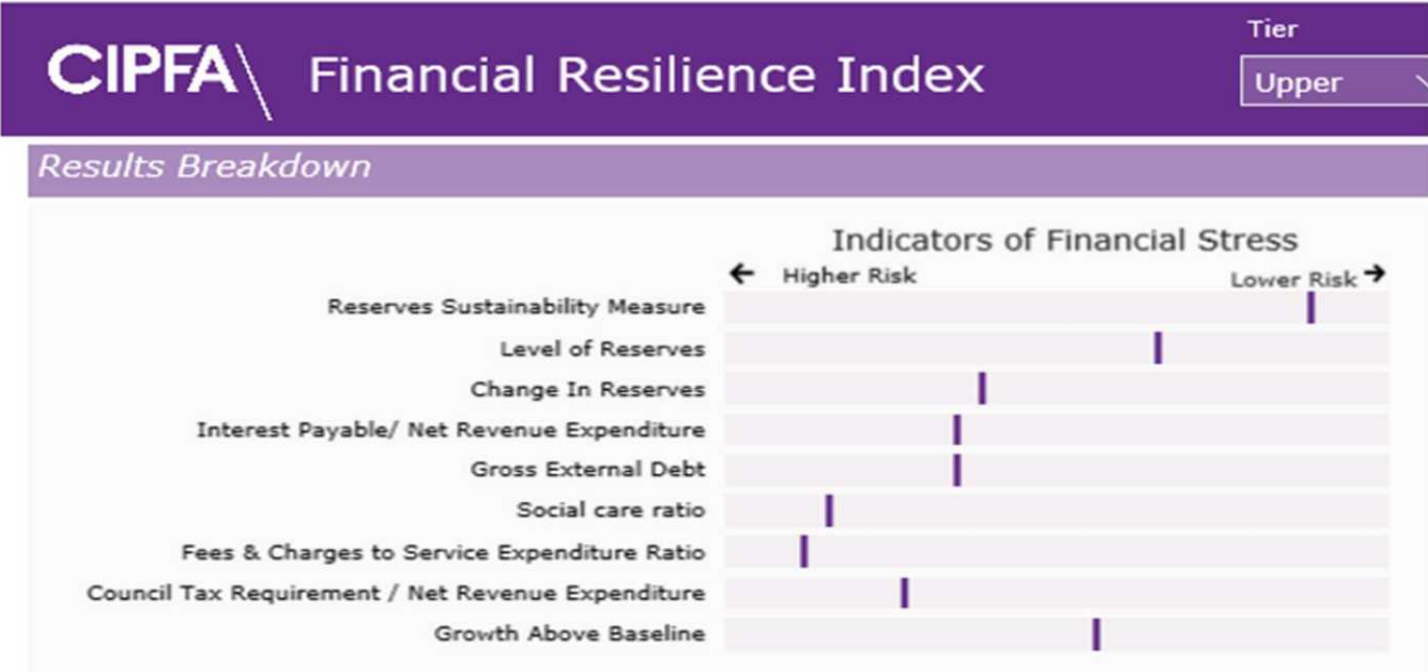
⚠ PWLB interest rates decreased over the first half of the financial year. This decrease included a degree of instability due to Brexit. Recent drops in interest rates due to Coronavirus are likely to have an impact on future income.

3rd Line



Mixed assurance

- This shows Nottinghamshire’s position relative to other County Councils
- Its use is limited as data relates to the 2018/19 financial year



3rd Line



Positive assurance



Peer Challenge

Nottinghamshire County Council has good financial management in place and there is a history of the organisation setting balanced budgets. It has a good record of delivering savings and protecting frontline services.

Financial Management Assurance from KLOEs – Value for Money

Service provision review
Options for change
Transformation programme delivering

Use of benchmarking
Value for money achieved

1st Line

2nd Line

3rd Line



Positive assurance

Corporate Directors’ Annual Assurance Statements

- Ongoing review of services and use of benchmarking

Dept	Assurance Level
ASCPH	Substantial
C&F	Substantial
Place	Reasonable
Chief Exec’s	Reasonable

- Partnerships and collaborations to aid VFM

Dept	Assurance Level
ASCPH	Substantial
C&F	Substantial
Place	Substantial
Chief Exec’s	Reasonable

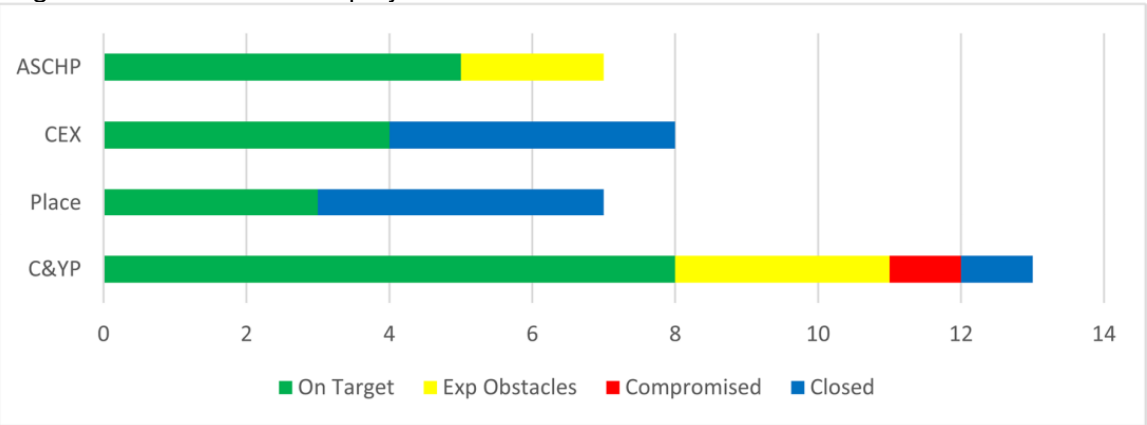


Mixed assurance

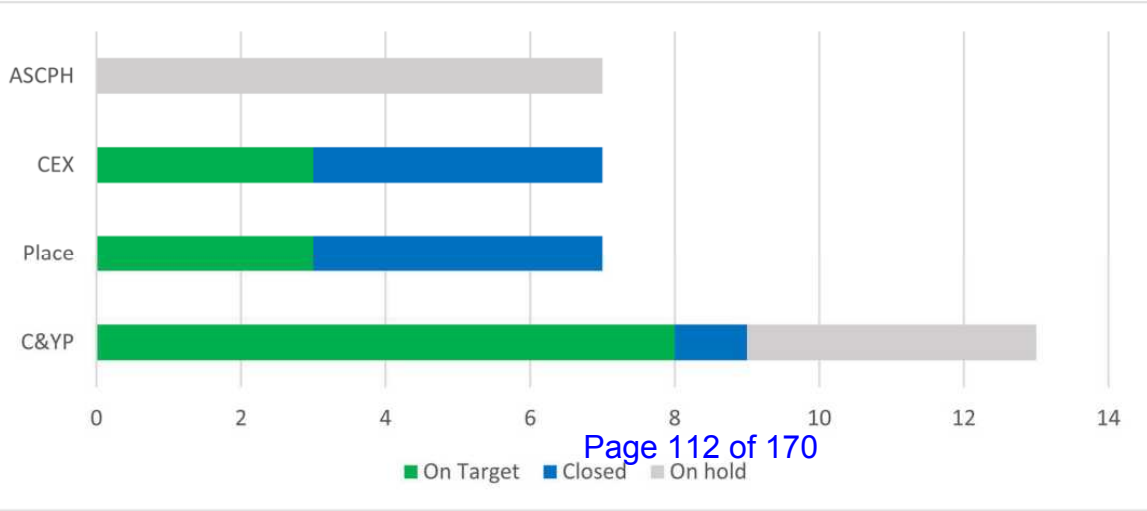
CLT reports – April 2020 set on performance, finance and transformation progress:

Dept	CLT Performance Dashboard Summary	Budget Draft Outturn March 2020
	% measures on track	Overspend /underspend £’000
ASCPP	71%	-6.530
C&F	54%	9.690
Place	71%	1,489
CEX	92%	-468
Total	72%	4,181

Progress with transformation projects – Feb 2020



Due to Covid 19, a number of projects have been put on hold, resulting in the following project status in March 2020:



Positive assurance

- External audit unqualified opinion - annual letter 2018/19 – [Grant Thornton](#).
- Value for Money conclusion Unqualified conclusion:- ‘the Council put I place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources.’
- The Council applies a stringent monitoring regime and the MTFS is monitored and aligned to the vision of the Council and adjusted where necessary.

Transformation Partner

- The Council is working with an external transformation partner to carry out a series of deep-dive diagnostics , looking at how the Council could achieve better outcomes using resources differently. A key element of this programme is to help redefine the Council’s approach to intelligence and insight-led transformation, building a new model to move the organisation forward.



Limited assurance from Internal Audit review of Corporate Commissioning 2019/20.

Compliance with Planning & Performance Management Framework
Effective performance management
Use of benchmarking
Progress of transformation programme

Performance Management Assurance from KLOEs

Target performance levels to deliver Council Plan
Accountability for performance
Actual performance levels achieved

1st Line



Positive assurance
Planning & Performance Management Framework was in operation and complied with in 2019/20

Corporate Directors’ Annual Assurance Statements
➤ Performance management & benchmarking processes

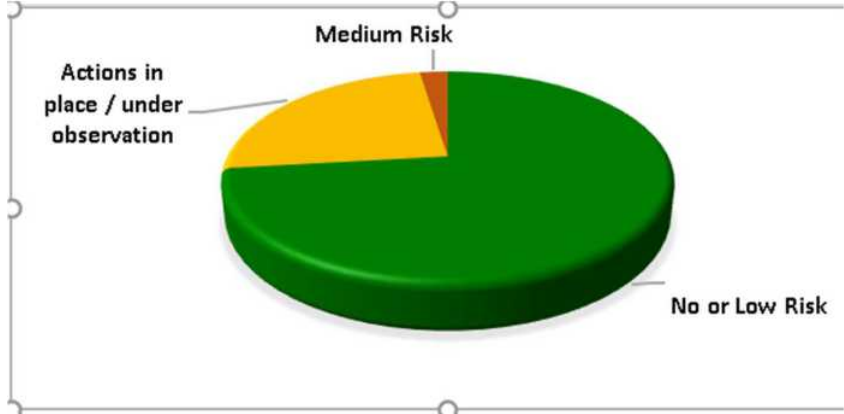
Dept	Assurance Level
ASCPH	Substantial
C&F	Substantial
Place	Reasonable
Chief Exec’s	Reasonable

2nd Line



Positive assurance
Monthly report to Corporate Leadership Team on 41 key Council-wide service and strategic performance measures.

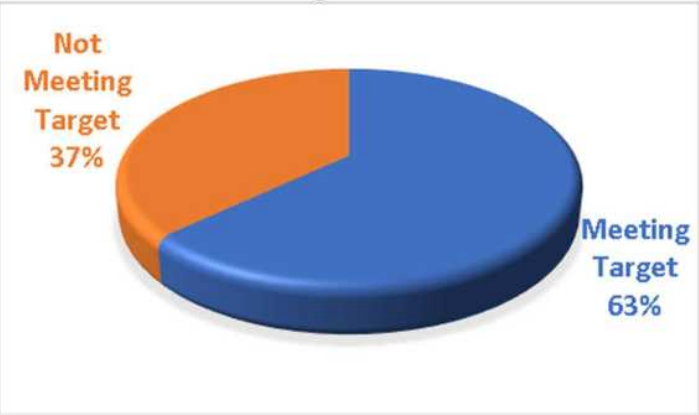
Position up to April 2020



2nd Line



Mixed assurance
Half-Yearly Reports to the Improvement & Change Subcommittee on the Council Plan, covering he revised 27 core [measures](#) which focus on whether plan commitments are being achieved:



Quarterly reporting of Adults Social Care & Public Health Department and Place Department core data sets to service committees:

ASCH - Jan 2020			Place - Sept 2019		
Meeting Target	Not Meeting Target	No Target Set	Meeting Target	Not Meeting Target	No Target Set
12	17	5	8	5	1

Half yearly reporting of Chief Executive’s Department core data set to Improvement and Change Sub Committee

CEX Corporate Health Measures – Sept 2019

Meeting Target	Not Meeting Target	No Target Set
5	2	10

➤ Scope to make improved use of benchmarking tools as part of routine, corporate performance reporting

3rd Line



Positive assurance



Council’s children’s services had an Ofsted inspection in October 2019 resulting in retention of the Council’s Good rating.



Mixed assurance



Peer Challenge

The Council is strong in individual service areas but has capacity to be more corporate and cross-cutting to deliver on its corporate and strategic priorities.

Risk Management Assurance from KLOEs

Risk management strategy & framework
Established risk appetite
Risk mitigation actions carried out
Exposure to significant risks is minimised
Prompt actions taken where risks materialise

National, regional and local horizon scanning
Risk registers maintained
Risk management informs key decision-making
Focus on high priority risks

1st Line



Positive assurance

- Risk Management Framework was in operation 2019/2020
- Risk, Safety & Emergency Management Groups (RSEMGs) in operation
- Appropriate insurance cover in place during 2019/2020
- Corporate Risk Team active in responding to significant incidents (floods & COVID-19)

Corporate Directors' Annual Assurance Statements

- Corporate risk register mitigations carried out

Dept	Assurance Level
ASCPH	Substantial
C&F	Substantial
Place	Substantial
Chief Exec's	Reasonable

2nd Line



Mixed assurance

- RSEMB and RSEMGs met regularly, and the corporate risk register has been brought up to date for the impact of Covid-19



Risk scores have increased for 5 corporate risks

- Internal Health & Safety inspections
In 2019/20 internal audit inspections were carried out at 10 Council sites and 60 schools. These identified 29 'Major Nonconformities', and follow-up activity has confirmed that corrective actions for 21 of these have already been implemented.
- Annual Review of Health & Safety report to Personnel Committee – delayed due to Covid-19, Interim report submitted in July 2019 confirming BSI OHSAS 18001 certification to 2021.



Evidence showing no or limited assurance

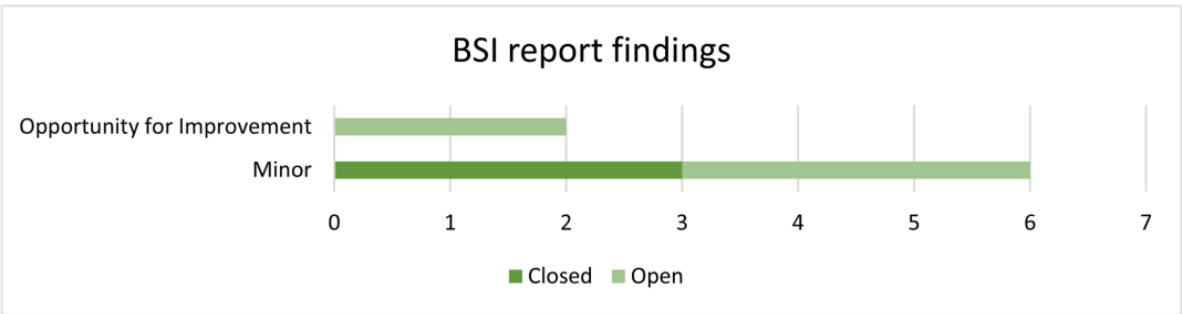
- No established procedure to determine the Council's corporate risk appetite
- Six monthly updates on risk management to Governance & Ethics Committee did not occur in 2019/20 due to emergency response pressures

3rd Line



Positive assurance

- External health & safety reviews by BSI on 6 aspects of H&S



- Periodic review by Council's insurer: 7 property reviews in 2019/20 identified 6 important actions and one advisory action. It is the responsibility of a site's Nominated Property Officer to complete any remedial actions and provide updates to the Risk and Insurance Team.
 - Internal audit review of vacant property management (Mar 2018)
- Progress with implementation of the agreed recommendations (8 Priority 1 & 7 Priority 2) is being monitored by the Governance & Ethics Committee. Update report to G&E November 2019 reported positive progress.

Asset Management Assurance from KLOEs

Asset strategy and management plans
Asset Inventory
Condition Surveys

Valuations updated
Planned and remedial maintenance

1st Line



Positive assurance

- Phase 1 of the Property Transformation Programme established:
 - Corporate Property Strategy 2018-23
 - over 20 operational processes were created or updated
 - corporate landlord model of operation
- Report to Policy Committee Feb 2020 – Investing in Nottinghamshire - Making the Best Use of Council Premises. Proposals re: management of the property portfolio
- The P2 property system is maintained as the Council's formal property register. Voluntary registration of all Council property assets has been completed with Nottingham District Land Registry to confirm absolute title.
- Established Nominated Property Role in place for all properties.

2nd Line



Emerging assurance

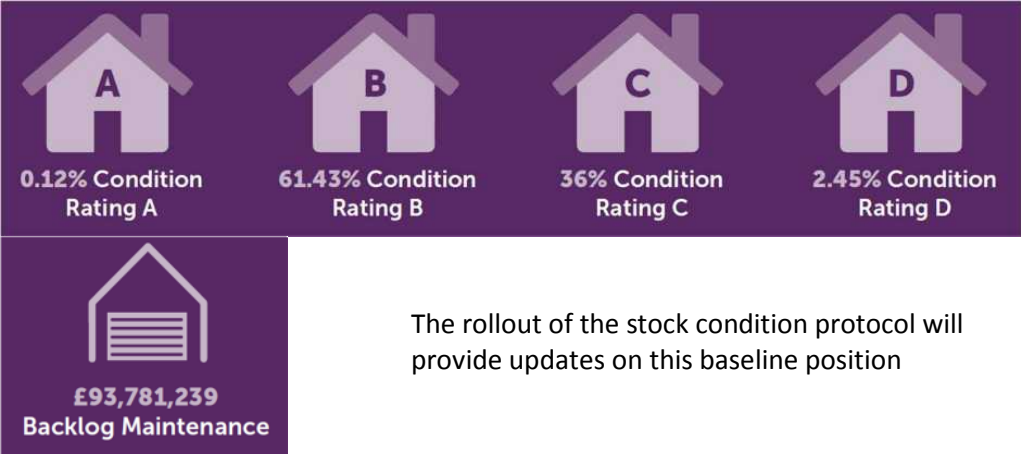
- Actions are progressing to strengthen oversight and monitoring
Phase 2 of the Property Transformation Programme is now complete and due to report to Policy Committee. It will provide for 2nd Line assurance arrangements:
- complete the P2 property system improvements
 - development and use of performance indicators
 - deliver a more robust case management process
 - complete the Service Asset Management Plans which feed the Property Asset Management Plan
 - progress the corporate landlord model
 - establish a quality assurance culture within Property Services

2nd Line



Mixed assurance

Property condition and maintenance headlines from Corporate Strategy 2018-23:

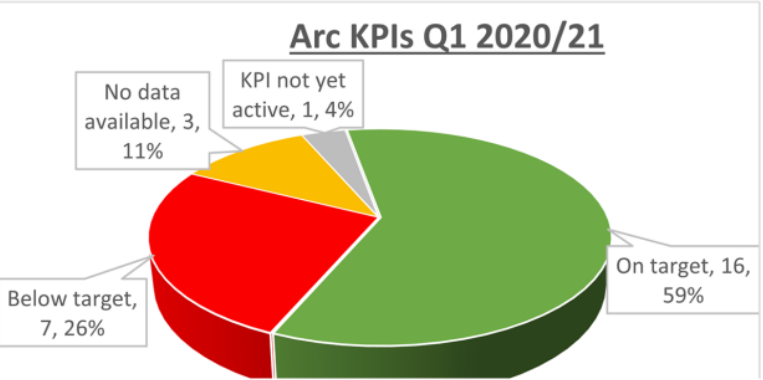


The rollout of the stock condition protocol will provide updates on this baseline position

1st Line



Mixed assurance



1st Line



No assurance currently available

- Work is in progress to put Strategic Asset Management Plans in place
- New and improved protocol for stock condition surveys agreed and now being rolled out following completion of the property transformation programme

2nd Line



Positive assurance

- Legal Services checklist in place for all properties acquired and disposed of
- Adherence to Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 asset valuation guidelines issued by CIPFA and production of asset values is noted in annual financial accounts.

3rd Line



Positive assurance

- Governance & Ethics Committee received a positive update on progress with implementing the Internal Audit recommendations on the management of vacant property - these are being followed up by Internal Audit
- Property Compliance Internal Audit report February 2019.



REASONABLE ASSURANCE

3rd Line



Positive assurance

- British Standards Institute report BS OHSAS 18001 certification renewed per Personnel Committee November 2019
- Externally Audited Statement of accounts 2018/19
- Insurer inspections of sample properties have identified few issues to address



No assurance currently available


- Stock safety compliance with BSI safety standard OHSAS 18001 was in place until December 2019, but a new review was due in January 2020.

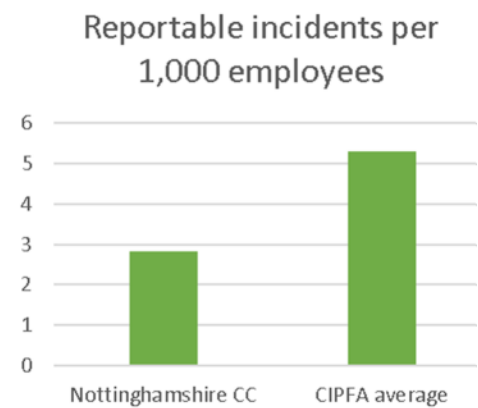
People Management Assurance from KLOEs – Safe Working Environment

Health and Safety Policies
Routine Health and Safety Audits
Health and Safety Executive Reporting


Incident reporting
Committee and Leadership reporting
Safety & Emergency Management Board

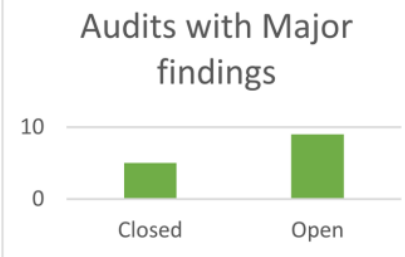
1st Line

-  **Positive assurance**
- Health & Safety policies and procedures are available to all staff and updated. Currently being reviewed as the standard is being migrated from BS OHSAS 18001 to ISO 45001.
 - Number of HSE reportable incidents compares favourably with the CIPFA benchmark average. There were 21 incidents in 2018/19, and 21 in 2019/20

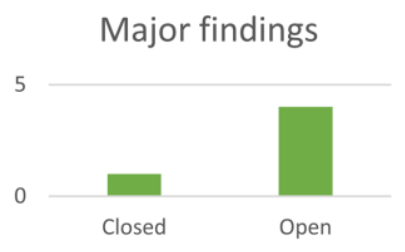


2nd Line


-  **Positive assurance**
- Internal health & safety team audits
- In the first 9 months of 2019/20 there were 10 corporate and 60 school audits. Major non-conformities were found on 14 of the audits, and these are followed up and closed:



- Internal health & safety team inspections
- In the first 11 months of 2019/20 there were 36 inspections. Only 5 had a Major non-conformity, which are followed up and closed:




2nd Line

-  **Positive assurance**
- Payments in respect of Employers liability claims for health & safety incidents (below) show a reducing trend.

Financial Year	Claims Received	Liability Accepted	Repudiated	Total Cost
2018/2019	28	10	18	£317,406
2019/2020	20	2	18	£265,936

2nd Line

-  **Mixed assurance**
- A children's department workforce health check in 2019 recorded that 79% of staff felt that there were adequate processes in place to monitor their safety. Whilst this was reasonably high, the comments provided by some staff would suggest that there needs to be a more consistent approach to staff safety.

3rd Line

-  **Evidence showing actions in progress to address recent concerns**

Internal Audit review of Health & Safety (May 2018)



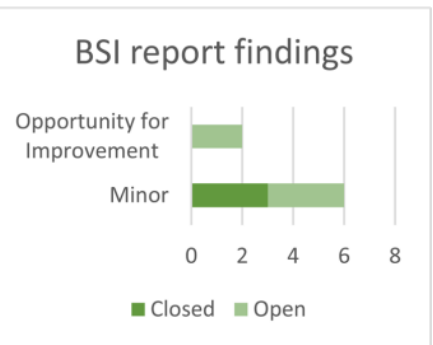
The 3 Priority 1 actions are still in progress (the other actions are cleared).

3rd Line

-  **Positive assurance**

bsi.
Certificate of Registration Certification to Occupational health & safety standard BS OHSAS 18001. From Oct 2019 until March 2021.

BSI inspections identified minor findings, which are being addressed



3rd Line

-  **Positive assurance**


No Health & Safety Executive fines or enforcement notices in the year.

Workforce Planning
One – to – One meeting and EDPR delivery
Personnel Committee reporting

People Management Assurance from KLOEs – Staffing Capacity

Application of VCDR Process
Management Monitoring
Human Resources Policies and Procedures

1st Line

 **Positive assurance**
Corporate Directors' Annual Assurance Statements

- Undertaking regular and effective EPDRs

Dept	Assurance Level
ASCPH	Reasonable
C&F	Substantial
Place	Substantial
Chief Exec's	Reasonable

- ☒ All policies and procedures available to all staff in the Personnel Handbook on the intranet.

1st Line

 **Positive assurance**


- ☒ Programmes in progress:
 - Apprenticeships Levy

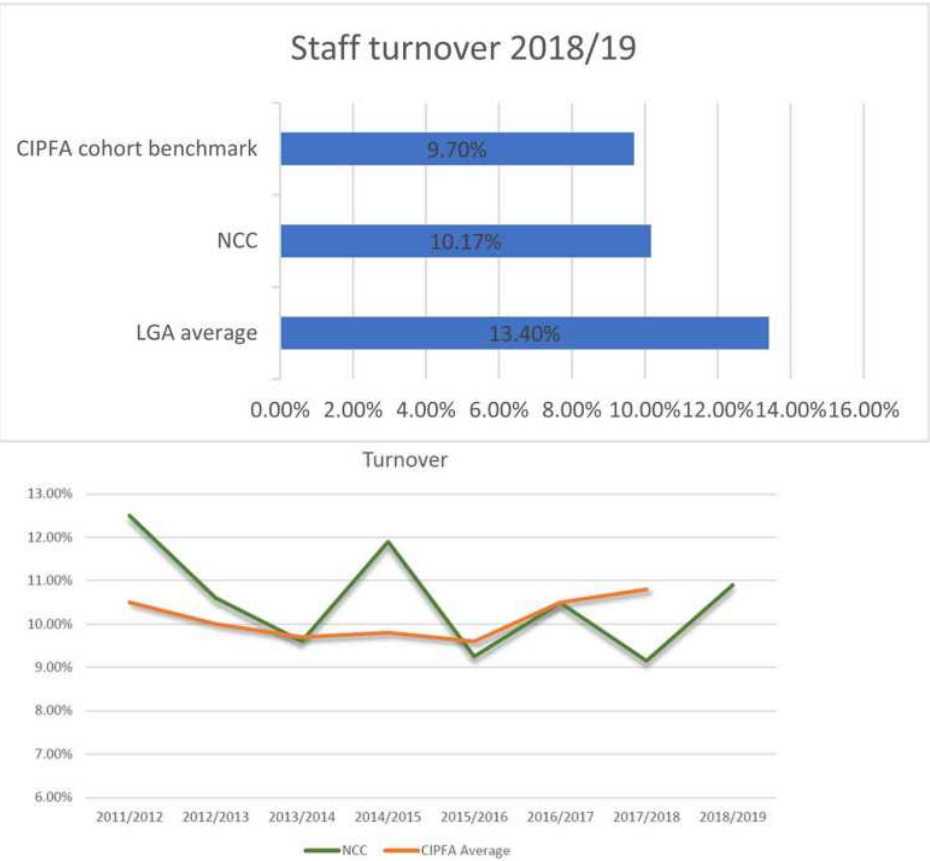
currently funded (Oct 2019)	Future plans
296	324 (or more)
 - Graduate Development Programme

Cohort 1 started 2018	cohort 2 started Sept 2019
6	5
 - Work Experience Programme.


placements arranged in 2018/19	Further placements by Aug 2019
58	10
 - Leadership Development Programme
Refreshed at July 2019 committee

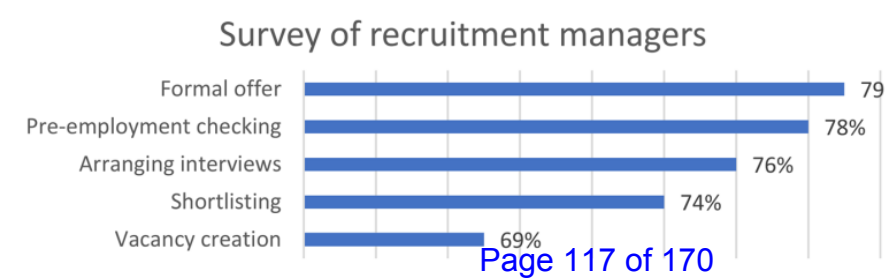
2nd Line

 **Positive assurance**
Staff turnover indicates no trend of concern. It is within the range of other councils, and recent past NCC experience:



2nd Line

 **Positive assurance**
Survey of managers using the recruitment process (to Feb 2020) gave positive scores:



2nd Line

 **Mixed assurance**

Workforce Modelling by each department, as part of the Workforce Plan, is still in progress. This should identify future workforce needs – employee numbers, skills, knowledge and experience – to deliver the council's objectives and priorities.

No comprehensive data on the number and proportion of staff who have done training, as training has been recorded on different systems over the years. Recent emphasis in some areas:

- health & safety
- mandatory training. Reported positively to CLT, but not in context of the number of employees who ought to take the training:

Updated Measures	Latest	Target	Previous	Good is...	Risk
Number of mandatory training completed (Q3)	818	N/A	1190	High	

3rd Line

 **Positive assurance**



LGA peer challenge (June 2019) highlighted the 'My Learning My Career' learning and development portal as an example of good practice.

Internal Audit review of Recruitment (June 2018)



All actions now cleared except one recently actioned and still to be checked by internal audit.

People Management Assurance from KLOEs – Staff are Motivated

Equalities policies and procedures
Staff satisfaction surveys
Incident monitoring

Routine reporting of key indicators
Workforce diversity statistics
Stonewall equality index

1st Line



Positive assurance

✔ The council’s job evaluation processes and single status agreement ensure that staff in the same positions receive equal pay regardless of their diversity.

A children’s department workforce health check in 2019 recorded positive scores of between 78% and 98% over 14 questions. The following are of significance:

93%	of staff felt listened to and supported by their managers
88%	of eligible staff had received an EPDR within the last 12 months
80%	of staff stated that the introduction of Smarter Working and more flexible working arrangements had been beneficial to their work-life balance and their well-being
80%	of staff rated their job roles as rewarding
78%	of staff who had experienced change, stated that they had felt supported through the change process

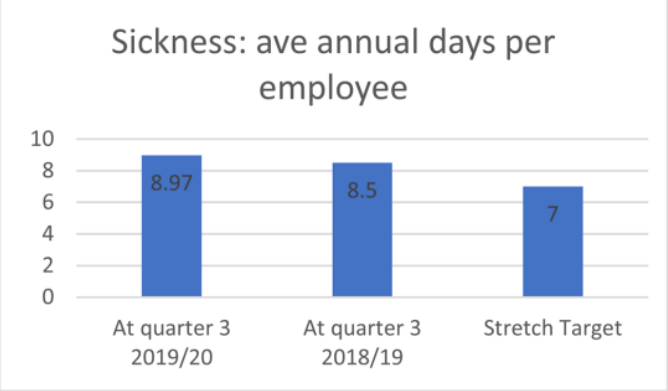
In the Adults department a similar survey was last carried out in early 2018,

2nd Line



Mixed assurance

Sickness absence has increased since last year and is above the stretch target.



A further increase to 9.3 days annual sickness was reported in quarter 4. This is noted separately as it was affected by the start of coronavirus related sickness. Coronavirus sickness was not analysed separately until 1 April 2020.

2nd Line



Positive assurance

The Pay Multiple – the ratio of the Chief Executive’s pay to the lowest and median earners – is calculated as at 1 Feb each year. There is no national or local target for the multiple, but it is in line with Government recommendations, and has slightly improved:

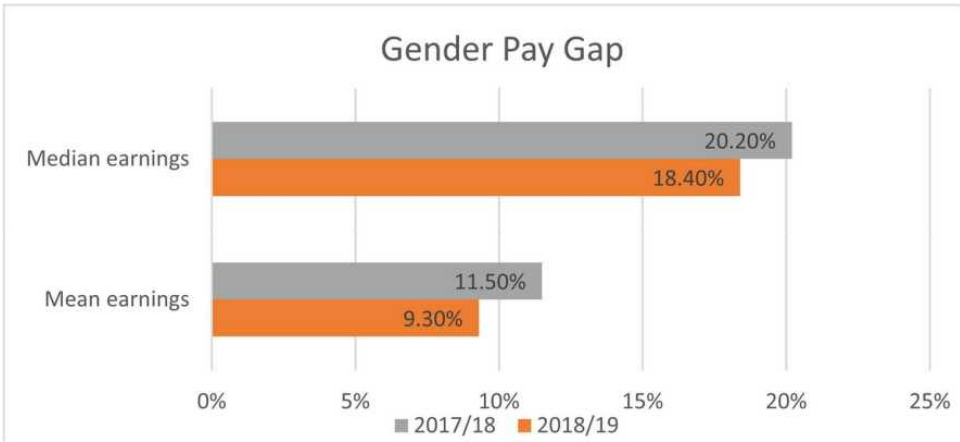


2nd Line



Mixed assurance

The gender pay gap has narrowed, although there remains a gap.

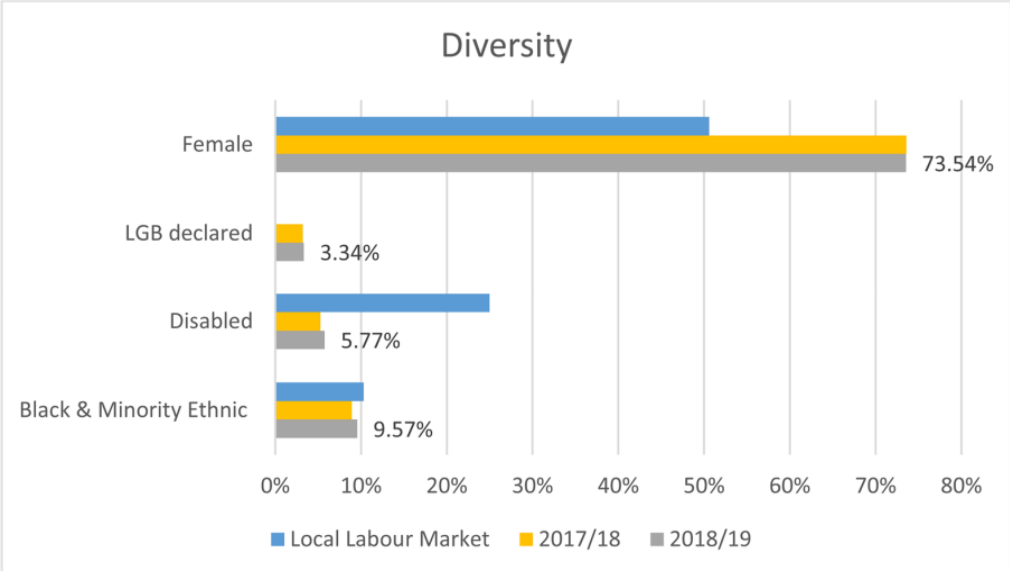


2nd Line



Mixed assurance

Workforce diversity has generally increased, although the proportions of Black & Minority Ethnic and Disabled employees are below the local labour market figures - which includes the City



2nd Line



Mixed assurance

A 2019 survey of adult social care staff focused mainly on recruitment with mixed results as follows:

88%	of staff got an induction
55%	said their induction was sufficient to their job
77%	agreed (or strongly agreed) they enjoy their role in adult social care
44%	agreed (or strongly agreed) there is opportunity for career progression

3rd Line



Positive assurance

Internal Audit review of Sickness Absence Management (Oct 2019)



Action tracking of this will commence in 2020.

People Management Assurance from KLOEs – Staff are Motivated

(Continued)

Equalities policies and procedures
Staff satisfaction surveys
Incident monitoring

Routine reporting of key indicators
Workforce diversity statistics
Stonewall equality index

3rd Line*Positive assurance*

LGA peer challenge (June 2019) reported that it ‘found the Council to be an open, friendly and a welcoming organisation with a very enthusiastic and committed workforce that is focused on the needs of residents. Everyone the peer team met was proud to be working for the Council and felt valued and supported in their roles. They are motivated and have a positive approach to delivering the best for the citizens of Nottinghamshire.’

3rd Line*Positive assurance*

Disability Confident Employer certification in April 2019 until April 2021.



The council was named in the list of Stonewall LGBT Top 100 Employers 2020. This was the sixth consecutive year.

People Management Assurance from KLOEs – Staffing is Affordable


Routine Budgetary Control
Smarter / Flexible working programme
Agency staff spend monitoring

Benchmarking of Staff Costs
Monthly performance reporting
Staffing demands within MTFS


1st Line

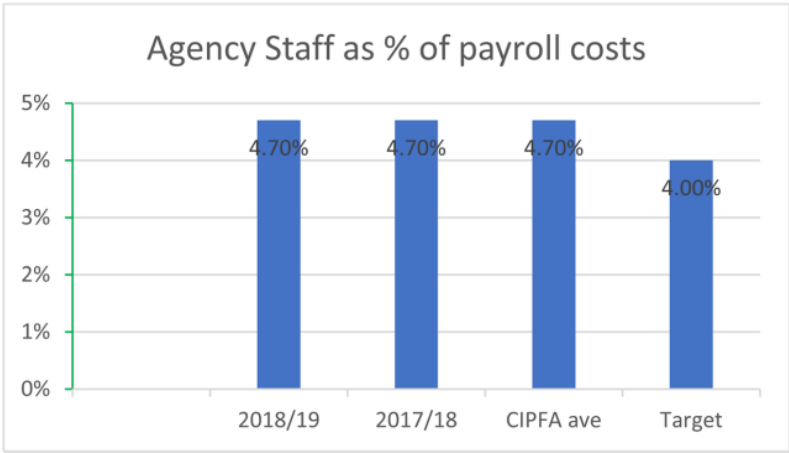
 **No assurance currently available**

2nd Line

 **Mixed assurance**
Staff costs are not itemised separately in the monthly financial monitoring reports to the finance and major contracts management committee , but as staff costs are a significant element of expenditure, their impact is picked up in those reports. For example, the period 10 report to the Feb 2019 committee explained the main overspend, in the children’s department, and included the impact of staff costs such as a £1.3m overspend on social work staffing.


2nd Line




 **Mixed assurance**
Agency staff numbers increased to 311 in March 2019 compared to 214 in March 2018. Their proportion of payroll costs has remained unchanged, and in line with the CIPFA benchmarking average, although above target.



The workforce modelling, as part of the workforce plan will be a key part of measures to ensure that staff costs are managed.

3rd Line

 **Evidence showing actions taken to address recent concerns**
Internal Audit review of Agency Workers & Consultants (Sept 2016)

-  Limited assurance
- 
- 

All actions now cleared except part of one recently actioned and still to be checked by internal audit.

12 October 2020

Agenda Item: 6

**REPORT OF SERVICE DIRECTOR FINANCE, INFRASTRUCTURE &
IMPROVEMENT****QUARTERLY GOVERNANCE UPDATE****Purpose of the Report**

1. To inform Committee of the progress being made with the Governance Action Plan for 2020/21, and to request Members' feedback regarding the most significant governance issues currently facing the Council and whether revised actions are needed to address emerging risks.

Information

2. The Accounts and Audit (England) Regulations 2011 require the Authority to publish an Annual Governance Statement (AGS) along with its Statement of Accounts. The focus of the AGS is to assess the extent to which the Council's Local Code of Corporate Governance has been complied with over the course of a financial year, along with an assessment of the most significant governance issues the Council is dealing with. This gives rise to an annual Governance Action Plan.
3. The Council continues to review progress against the action plan on a quarterly basis. This ensures the AGS is used as a live document throughout the year, contributing towards maintaining an appropriate, strategic focus on the Council's ongoing governance arrangements.
4. The latest quarterly update identifies the following as the most significant governance issues for the Council.

Issue	Comment
Local government re-organisation	The September 2020 meeting of the Policy Committee approved a proposal to revisit the issue of local government re-organisation in the County. Following this, we have requested an invitation from the Secretary of State to come forward with proposals for unitary local government for the County Council's administrative area. We will now commence a formal process of engagement during the Autumn with both the general public and our many operational and strategic partners.

Issue	Comment
The transformation agenda	<p>The Council has been working alongside its external partner to develop a new, intelligence and insight-led model of transformation. A report to the Improvement & Change Sub-Committee in July 2020 set out recommendations from the first phase of this review. The proposed, new model of transformation will be taken forward by a new Service Director, along with programmes of cross-cutting work which are being scoped for consideration by the Sub-Committee.</p> <p>The importance and urgency of this work has been compounded by the impact of the pandemic on the County's residents and businesses, alongside the impact on the Council's finances. The scope and focus for Transformation and Change is being reshaped around the Council's emerging resilience, recovery and renewal objectives.</p>
Financial resilience	<p>The COVID-19 pandemic has placed significant, unforeseen and additional financial burdens on the Council. The importance of effective management of the most volatile elements of the annual budget is now heightened and remains a key area of focus. Concern lies around processes for budget setting, forecasting and the effective use of data. The newly established Financial Recovery Group is playing a lead role in shaping the Council's response to any gap in Government funding for the impact of the pandemic. Maintaining the flow of transparent, financial data for Councillors is a key priority.</p>
Fair Funding & Business Rates Retention	<p>Progress has been delayed again due to the pandemic, and the Council continues to campaign for the promised Fair Funding Review to occur. It is anticipated that there will be renewed calls for it in response to the Comprehensive Spending Review 2020, which was launched in July 2020 and due to report in the autumn.</p>
Pressure on core systems of internal control	<p>The findings of Internal Audit over recent Termly Audit Plans are not identifying a concerning number of areas in which only limited assurance can be provided over the effectiveness of internal controls. However, the Group Manager – Assurance has reported to the Governance & Ethics Committee a decline in implementation rates for agreed actions following audits. Understanding the impact of the pandemic on the internal control framework in the Council is key to achieving an appropriate balance between probity and speed of response.</p>
Vulnerability to fraud	<p>The Annual Fraud Report 2019/20 was presented to the Governance & Ethics Committee in September 2020. The incidence of internal fraud remains low, but the Council continues to be the target of attacks from external sources, notably in relation to its suppliers' bank details. The Council is also alert to the opportunities that fraudsters seek to exploit from the pandemic situation.</p>
Independent Inquiry into Child Sexual Abuse (IICSA)	<p>A comprehensive action plan was agreed by the Children & Young People's Committee in December 2019, and that Committee is performing ongoing scrutiny and monitoring at appropriate intervals. An update to the Committee in September 2020 reported good progress against the action plan. A second phase of public hearings took place in November 2019 for the Accountability & Reparations investigation, and an additional, special sitting-day was held on 5 February 2020. The recommendations from this phase of the inquiry are directed primarily to the Ministry of Justice to progress, and the Council will keep its action plan under review to take account of developments from Government.</p>
Controversial/sensitive decisions	<p>The risk of challenge and demonstrations at Council meetings, at which potentially controversial and sensitive decisions are to be taken, is recognised. As the Administration Body for the Nottinghamshire Local Government Pension Scheme, the Council continues to be a focus of</p>

Issue	Comment
	attention by the Nottingham Extinction Rebellion group on its stance on investments. The Council's stance and approach on this issue remains under active management.
UK General Data Protection Regulation (GDPR) / Data Protection Act 2018	The Information Governance Improvement Programme closed in March 2020, having helped the Council make significant improvements in its exposure to reputational and financial risks of breaches in data protection. Ongoing Information Governance risks, their severity and mitigations are regularly considered by the Information Governance Board (IGB). Also, the Board will shortly consider a separate risk assessment as part of the recovery from COVID-19. This will review decisions and activity during the response phase to identify any information governance related learning, and ensure any necessary mitigations are put in place going forward. Incremental improvements will be made to enhance electronic document and records management, exploiting new technologies and progress in this will also be considered by the IGB.
Move to the Cloud and ICT resilience	<p>The County Council currently stores its software and data within the ICT Data Centre on the County Hall campus. Work continues to provide these services using a 'cloud' based online approach, as part of the plans to use the latest technology to provide more cost-effective ICT Services. The most appropriate ICT systems and applications remain under review, both in light of the response to the pandemic and with a view to the Council's emerging plans for recovery and renewal.</p> <p>The impact of new ways of working for the vast majority of the Council's staff has required an increase in ICT resilience to enable Council staff to work more effectively at home and with the right technology in place. A range of actions have been taken to achieve a stable service, and this will receive continual monitoring and further update reporting to the Improvement & Change Sub-Committee.</p>
Brexit implications for the Council	With ratification of the Withdrawal Agreement, the UK left the EU with a deal on 31 January 2020. The Government has now moved into a transition / implementation period in which it is negotiating its future relationship with the European Union. The Government's position is that it is expected to have a trade and other relevant agreements in place by December 2020. The Council's risk assessment is being updated to ensure appropriate mitigations are planned for the scenario that trade negotiations are not be completed in this timescale.
Local Government Association Peer Challenge	The LGA Peer Challenge was conducted in June 2019 and its subsequent report recognised a number of the Council's key attributes that underpin the positive findings of the Review Team. A report to Policy Committee in October 2019 agreed an action plan in response to the report's five recommendations. Progress is being monitored by the appropriate committee for each action.
Ofsted inspection of Children's Services	The inspection endorsed the actions set in train to deliver improvements in discrete aspects of the service, and the Children & Young People's Committee will oversee implementation. The latest progress report is currently being prepared.
Return of Committee schedule	A local, cross-group, political agreement was reached about how to manage the council's decision making and governance in the face of the pandemic. The Constitution's emergency and urgency provisions for decision-making enabled governance of the Council's response to the pandemic to continue in the early stages of the crisis. These decisions have been reported to Members. The Council has now seen a return to its Committee and Full Council schedule in a safe and secure manner. This included an

Issue	Comment
	Extraordinary Full Council meeting on 11 th June which agreed the Committee structure and decision-making processes for the year ahead.

5. The thoughts and insight of Corporate Leadership Team colleagues are sought on a quarterly basis to assess whether the above list continues to represent the most significant governance issues on which the Council needs to focus. To assist with this, CLT colleagues are asked to consider the following:
 - Colleagues' awareness of significant governance issues being dealt with by senior managers in their departments – to identify whether some issues should be added to, or removed from, the list. Alternatively, colleagues may be aware of a more specific or emerging development within one of the areas listed, which should require a refocus of the Council's response.
 - Reference to the Council's [Local Code of Corporate Governance](#), as an aid to considering whether colleagues are aware of any emerging issues within the areas the Code covers.
6. An important part of the AGS is its Action Plan, and this should also be refreshed following each quarterly update. The Action Plan for 2020/21 is set out in **Appendix 1**, along with an update on progress that has been identified through consultation with relevant managers.

Other Options Considered

7. None – the Council has a single governance action plan and has determined to receive quarterly updates on progress against it.

Reason/s for Recommendation/s

8. To enable Members of the Committee to contribute to the development and review of the Council's governance framework.

Statutory and Policy Implications

9. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Whilst there are no specific implications arising from the content of this report, the Council's governance framework spans all of these areas and the action plan is targeted at strengthening governance in specific areas where the opportunity for improvement has been identified.

RECOMMENDATION/S

1) That Members determine whether they wish to see additional actions taken, or to receive further reports relating to the governance issues raised in this report.

Nigel Stevenson

Service Director – Finance, Infrastructure & Improvement

For any enquiries about this report please contact:

Rob Disney, Group Manager – Assurance

Constitutional Comments (EKH 24/09/2020)

10. This report is appropriate to be considered by Governance and Ethics Committee and they have the power to make any resolution resultant upon the recommendation.

Financial Comments (RWK 28/09/2020)

11. There are no specific financial implications arising directly from the report.


Background Papers and Published Documents




Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.





- None





Electoral Division(s) and Member(s) Affected




- All






Planned Action	Officer responsible	Target date for completion	Progress status
1. Progress reporting against key governance action plans: compliance with agreed progress reporting against key action plans for significant aspects of the governance framework.	Group Manager Assurance to monitor and report compliance with agreed progress reporting	Continuous in 2020/21	 In progress
1a. LGA Peer Review <i>Recommendations 1 & 2 – developing an inclusive vision for Notts and showing leadership of place</i> The September 2020 meeting of the Policy Committee approved a proposal to revisit the issue of local government re-organisation in the County. Following this, we have requested an invitation from the Secretary of State to come forward with proposals for unitary local government for the County Council's administrative area. We will now commence a formal process of engagement during the Autumn with both the general public and our many operational and strategic partners. Alongside this, work will commence to prepare for the new Council Plan and the opportunities that presents to engage fully with all our partners and stakeholders. The current Council Plan is due to run until the spring of 2021. Senior members and directors continue to play an active role in the Nottingham & Nottinghamshire Economic Prosperity Committee.			
<i>Recommendation 3 – reviewing the constitution and operating model</i> Updated procedure rules were agreed by Full Council in December 2019, following consideration by the Governance & Ethics Committee in November 2019. Further progress has been hampered by the impact of the Covid 19 pandemic, although the response to the emergency has seen the Council establish its arrangements for broadcasting virtual committee meetings. With regard to the review of the functioning of committees, some initial work has commenced in relation to the Pensions Committee.			
<i>Recommendation 4 – modelling sustainable savings plans</i> A significant plank of the Council's response is the work with our external partner to review our transformation model, and our priority, strategic programmes for the next phase of our improvement through recovery and renewal from the pandemic. The Improvement & Change Sub-Committee approved initial proposals in July 2020, and it will consider further developments through the autumn.			
<i>Recommendation 5 – developing a corporate and agile approach to change and digital</i> The Improvement & Change Sub-Committee approved the 'Improving Customer Experience through Digital Developments' cross-council programme in September 2019, incorporating five key themes for deliverables. Under this programme, the MyNotts App was successfully launched and continues to be developed further. Significant progress has also been made with the adoption of Microsoft Office 365.			
1b. IICSA An update report to the Children & Young People's Committee in September 2020 reported good progress against the action plan.			






Planned Action	Officer responsible	Target date for completion	Progress status
1c. Ofsted inspection of children's services The next update report to CLT and Committee is being drafted.			
1d. Counter-fraud The Annual Fraud Report 2019/20 was presented to the Governance & Ethics Committee in September 2020, incorporating a refresh of the counter-fraud action plan. A further update to Governance & Ethics Committee will be prepared for January 2021.			
1e. Information Governance risks The Information Governance Board, chaired by the Council's Senior Information Risk Owner (SIRO) and comprising senior representation from each Council Department, meets regularly to keep IG risks under active management.			
2. Post-pandemic review: formally review the Council's response to capture and apply learning for the future. This will build on two reports to date to Policy Committee on the impact of COVID-19.	Chief Executive	March 2021	 In progress
Internal Audit completed its review of the organisational response to the emergency, which delivered positive assurance. The Emergency Management Team is progressing a complementary debrief of the Council's management of the emergency through its emergency response framework and through its significant role with its Local Resilience Forum (LRF) partners. The outcome will be reported to a future meeting of the Resilience, Recovery & Renewal Committee.			
3. Return of Committee schedule: ensure the Committee and Full Council schedule is fully re-established and working safely and effectively.	Service Director – Customers, Governance and Employees	As the Covid 19 pandemic allows	 Completed
Arrangements for holding virtual meetings have been established, and all of the Council's committees are now meeting in accordance with revised schedules for the remainder of the year.			
4. Local Code of Corporate Governance: review the Local Code to ensure it remains up-to-date with the Council's revised governance practices and arrangements to support ongoing recovery and renewal from the pandemic	Group Manager Assurance	March 2021	 Completed

Planned Action	Officer responsible	Target date for completion	Progress status
The Local Code was updated and approved by the Governance & Ethics Committee at its meeting in July 2020. Quarterly governance updates throughout the year will keep under review the need for any further changes to the Local Code in response to developments with the pandemic.			
5. Equality Impact Assessments (EIA) – review the approach with key stakeholders and deliver refresher training workshops for completion of EIAs, along with an online e-learning package.	Service Director – Customers, Governance and Employees	March 2021	 In progress
Following a review during 2019/20, a programme of management training, comprising a blend of workshops and online e-learning, was due to commence roll-out towards the end of the year and into 2020/21. Work is being commissioned through Corporate Equalities Group, working with the self-managed staff support groups, to review and progress this particularly in the light of issues such as Black Lives Matter. A first deliverable has seen CLT undergo unconscious bias training in September 2020. It is now planned to review the entire equalities training offer, including EIAs, to ensure it remains current with recent developments. The HR Team continues to give advice on EIAs on an ad hoc basis.			
6. Constitution review: completion of the review of the Constitution, incorporating financial regulations for property transactions.	Group Manager – Legal, Democratic & Complaints	March 2021	 In progress
As above under 1a. LGA Peer Review			
7. Register of Interests – completion of the current review by Legal Services, followed by approval of proposed changes and awareness raising.	Group Manager – Legal, Democratic & Complaints	March 2021	 In progress
Progress has been restricted by demands on the team during the pandemic response.			
8. CIPFA Financial Management Code – shadow implementation during 2020/21, with periodic progress updates to the Governance & Ethics Committee	Group Manager – Finance Strategy & Compliance	The code is applicable from 1/4/2020, with the planned first full year of compliance being 2021/22	 In progress
It is proposed to take a report to Finance & Major Contracts Management Committee to provide an update on progress during this shadow year.			

Planned Action	Officer responsible	Target date for completion	Progress status
9. Planning & Performance Management Framework: implement co-ordinated reporting of finance, performance and transformation to the Corporate Leadership Team	Group Manager – Assurance	October 2020	 In progress
Progress with this had to be suspended to direct resources to delivery of the data and intelligence products needed to inform the Council's response to the pandemic. Progress has now resumed, with target implementation for most areas of the CLT performance dashboard from the second half of the financial year.			
10. Service Planning: review the content and timescales for 2020/21 service plans, to support the Council's COVID-19 recovery and renewal plans.	Group Manager – Assurance	October 2020	 Completed
The decision was taken to suspend the requirement for service plans in 2020/21, instead allowing services to focus on their plans for recovery from the emergency response to the pandemic. It is anticipated that the usual format of service planning will recommence from 2021/22.			
11. Performance reporting in specific departments: revised arrangements for monthly performance board reporting in the Place and Chief Executive's Departments, incorporating the introduction of continuous assurance feeds for key corporate processes.	Group Manager – Assurance	October 2020	 In progress
Good progress is being made with the development of continuous assurance feeds on corporate processes. A first draft format is due to be presented to CLT and to the Chief Executive's Department Extended Leadership Team in October 2020.			
12. Benchmarking: co-ordinate CIPFA benchmarking reports and consider its use within the performance management framework, along with other benchmarking tools (eg CFO Insights).	Group Manager – Assurance	December 2020	 In progress
Work has commenced to assess the value the Council derives from its participation in CIPFA benchmarking clubs and from its access to the CFO Insights product.			

Planned Action	Officer responsible	Target date for completion	Progress status
13. Audit of performance management: carry out an internal audit review of service planning.	Group Manager – Assurance to arrange for completion of an independent review	October 2020	 Yet to start
Initial scoping work had commenced prior to the pandemic for a review of service planning, to be conducted by Assurance Lincolnshire through the Council's internal audit collaboration. This was suspended due to the pandemic. Internal Audit's Term 2 Plan for 2020/21 includes a review of 'Post-Covid19 recovery and renewal plans (previously Service Planning)'.			
14. Transformation Operating Model: agree and implement a revised operating model for transformation in the Council.	Corporate Leadership Team	July 2020 - approval of new model January 2021 – New transformation model fully operational	 In progress
The Improvement & Change Sub-Committee approved a new model for transformation, improvement and change at its meeting in July 2020. The Sub-Committee also considered emerging findings from the work undertaken by the Council with its external partner, along with emerging themes for transformational programmes of work to improve outcomes for residents whilst enabling the Council to meet its financial challenges. In order to deliver this at pace, the Sub-Committee approved the proposal to establish an additional Service Director post to lead and drive transformation, change and improvement across the Council.			
15. Transformation best practice: carry out the National Audit Office self-assessment guidance for best practice in Member scrutiny of transformation.	Group Manager Assurance and Group Manager Transformation & Change to prepare a joint report to the Improvement & Change Sub-Committee	November 2020	 Yet to start
Completion of the self-assessment will be co-ordinated with current development of the Council's transformation model, and reported later in the year to the Sub-Committee.			

Planned Action	Officer responsible	Target date for completion	Progress status
16. Social care fraud risk: Continue to monitor implementation of the agreed actions from the internal audit review of the Council's response to social care fraud.	Group Manager – Assurance and Service Directors/Group managers with responsibility for social care services	Periodic updates to the Governance & Ethics Committee through Internal Audit's follow-up procedure	 In progress
The latest position against the agreed actions from Internal Audit's previous reports on this issue was presented to the Governance & Ethics Committee in October 2020.			
1. 17. Risk management: a) Complete the transfer of responsibility for corporate risk management to the Assurance Group b) Undertake a review of the Council's approach to risk management, including development of an approach to establishing the Council's risk appetite c) Deliver a training session on risk management for the Governance & Ethics Committee	Group Manager – Assurance	a) June 2020 b) October 2020 c) March 2021	 Completed  In progress  Yet to start
The Assurance Group assumed responsibility for corporate risk management during the response to the pandemic. The Risk, Safety & Emergency Management Board (RSEMB) requested that the corporate risk register be updated for the impact of Covid 19, and this was completed and approved by RSEMB, CLT and by the Governance & Ethics Committee at its meeting in September 2020. Work is now progressing with RSEMB to refresh the approach to corporate risk management. Progress is due to be reported to the Governance & Ethics Committee as part of the next 6-monthly update on this topic in February 2021, for which a risk training session for Members will also be prepared.			
18. Vacant property management: further progress report to Governance & Ethics Committee on actions to address the risks identified by the internal audit	Corporate Director - Place	Periodic updates to the Governance & Ethics Committee through Internal Audit's follow-up procedure	 In progress
The latest position against the agreed actions from Internal Audit's previous reports on this issue was presented to the Governance & Ethics Committee in October 2020.			

Planned Action	Officer responsible	Target date for completion	Progress status
19. Data quality in Mosaic: greater priority given to addressing issues highlighted by routine reporting	Corporate Director – Adults Social Care and Health	To commence in the 3 rd quarter of 2020/21	 Yet to start
This will become a focus for attention from the 3 rd quarter of 2020/21.			
20. Pension Fund Committee: active management of the Committee's meetings	Service Director – Finance, Infrastructure & Improvement	Ongoing in 2020/21	 In progress
The Pension Fund Committee resumed its meetings schedule at County Hall in September 2020, the arrangements for which were managed to ensure the smooth running of the meeting. Subsequent meetings are planned to be held virtually.			
21. IICSA Accountability & Reparations: update the Council's response for the findings and recommendations of IICSA in its Accountability & Reparations Report	Corporate Director Children's & Families & Service Director Finance, Infrastructure & Improvement	To be determined following publication of the IICSA report	 Yet to start
Further updates and guidance from IICSA are awaited.			
22. ICT resilience: keep the resilience of ICT provision, and development of digital working solutions, under frequent review to remain aligned with the Council's operating environment during recovery from the pandemic.	Group Manager - ICT	As part of established reporting to the Improvement & Change Sub-Committee	 In progress
An update report was taken to the Improvement & Change Sub-Committee in July 2020, to outline the range of actions taken to increase ICT resilience for the changed working arrangements of most of the Council's staff. Continual monitoring and update reporting to the Sub-Committee will remain in place.			
23. Fair Funding & Business Rates Retention: continue to be active in campaigning for the Fair Funding Review to take place.	Service Director – Finance, Infrastructure & Improvement	Ongoing pending an announcement from Government	 In progress
The 2020/21 Local Government Settlement put this back another year, and Covid-19 has impeded further progress; the Government has not produced anything further, nor has it, or the Local Government Association, called any meetings on the subject. The Comprehensive Spending Review will serve as a prompt for further activity on this issue when it is published in the autumn.			

12 October 2020

Agenda Item: 7

REPORT OF SERVICE DIRECTOR, FINANCE, INFRASTRUCTURE & IMPROVEMENT

FOLLOW-UP OF INTERNAL AUDIT RECOMMENDATIONS

Purpose of the Report

1. To report progress with the implementation of agreed management actions to address Internal Audit recommendations.

Information

2. Internal Audit carries out regular follow-up work to obtain assurance that the actions proposed by management in response to Internal Audit's recommendations are being taken. This assurance is obtained in two phases, as set out below:

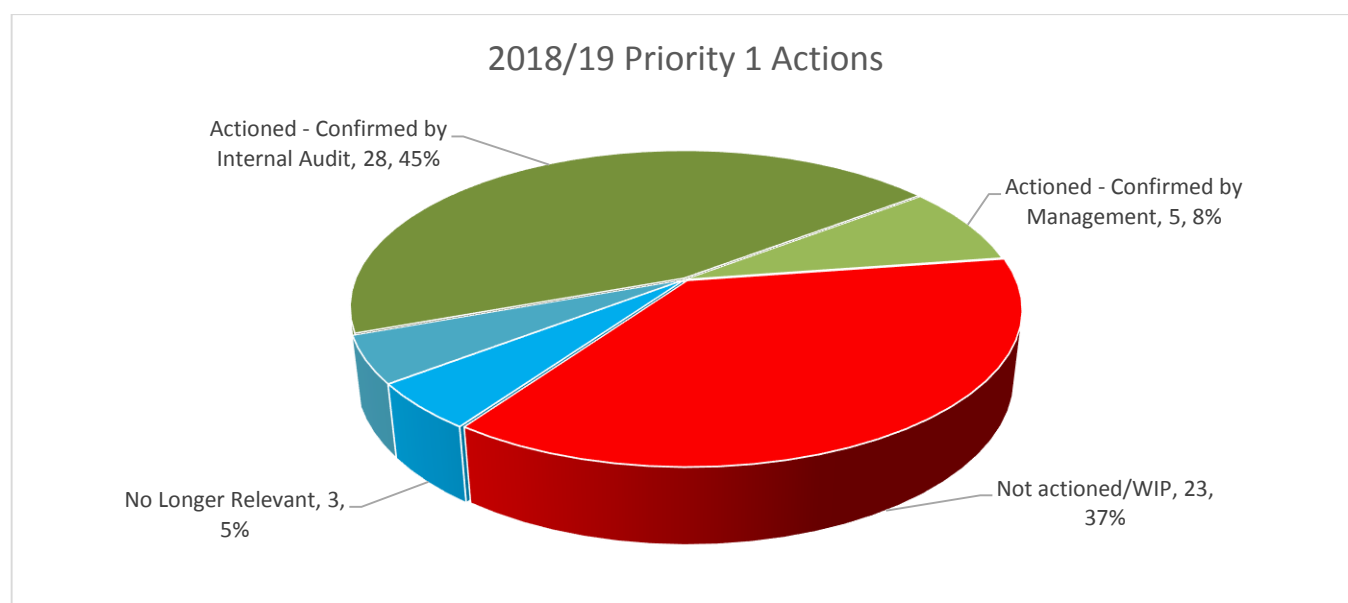
Priority rating of recommendation	Management assurance	Internal Audit assurance
Priority 1	Assurance is sought from management that all agreed actions have been taken	Compliance testing scheduled to confirm all agreed actions relating to high priority recommendations are carried out consistently.
Priority 2		Compliance testing is scheduled for selected actions

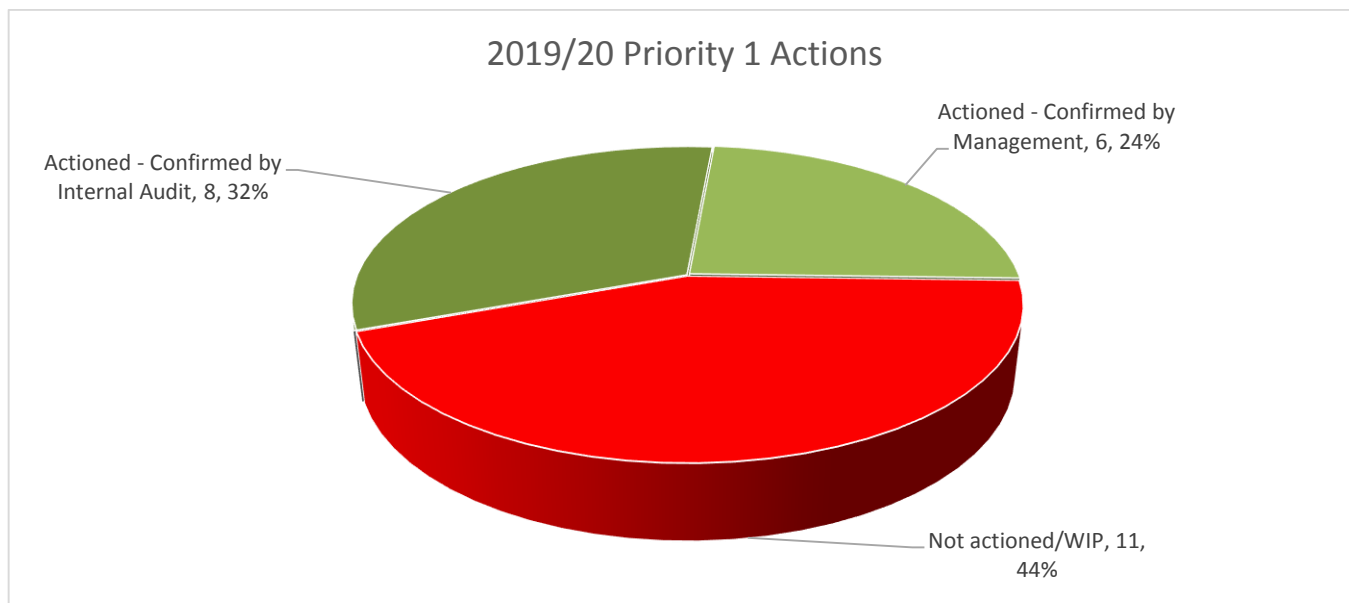
3. Internal Audit carries out the following work to provide an update on progress on a 6-monthly basis, although this update has been delayed due to the Covid19 Pandemic:
 - For recommendations agreed in audit reports issued since the date of the previous meeting, seeking assurance from management that agreed actions have been taken in accordance with the proposed timescales.
 - For actions previously confirmed to have been taken by management, carrying out compliance testing to confirm satisfactory implementation.
4. Since the commencement of the Covid19 Pandemic the Council has prioritised the delivery of front-line services and refocused the service delivery within all departments. This has involved the reprioritisation of services and redeployment of staff which has impacted on resources

available to implement planned actions. Progress continues with improving the process for obtaining management assurance on agreed actions. Functionality has been developed within Internal Audit's automated system to enable action owners across the Council to input their updates directly into the system. The action owners will be prompted by system-generated reminders as each action's implementation date falls due. Completion of testing has been frustrated and delayed due to Covid19 priorities, but once systems updates are complete and rolled out, this should bring further efficiency to the follow-up procedure.

Priority 1 Actions

5. **Appendix 1** sets out the updated position with the Priority 1 actions that are being cleared through the follow-up process. This sets out details of the agreed management actions, the management assurances received and the outcome of Internal Audit's follow-up testing to date. The categorisation we follow as regards the Red-Amber-Green (RAG) rating included in the appendix is:
 - Red – the implementation date has passed but the action remains in progress – based either on management's update or on Internal Audit's own testing;
 - Amber – management has confirmed that the action has been completed; and
 - Green – Internal Audit's testing confirms the action is operating consistently.
 The appendix also indicates the proposed timing for follow-up testing by Internal Audit in future periods. It has been updated since the previous update to Committee as follows:
 - Actions previously confirmed as implemented by Internal Audit have been removed
 - New actions agreed in recently issued reports have been added.
6. The previous updates to Committee captured the final view for actions agreed from audits carried out in 2017/18 and this update will move forward and focus on actions agreed for 2018/19 and 2019/20. It should be noted that any Priority 1 actions which are still outstanding remain listed on Appendix 1 until their implementation has been confirmed.
7. Attention has now moved on to the implementation of actions agreed from audits carried out in 2018/19 and 2019/20. The current status of the Priority 1 actions for those years are summarised in the following charts:





8. Follow-up testing by Internal Audit since the previous update in January 2020 has been completed in the following areas, although some planned testing has been delayed due to Covid19 as noted below :

- a) Adult Social Care and Public Health Department (ASCH): Direct Payments – our testing confirms that clear guidance has been issued to service users regarding the expectations and requirements of nominated and authorised account holders and to staff to improve monitoring, auditing and escalation procedures. Our follow up testing has confirmed that these processes have been effectively implemented. Two agreed actions depend on subsequent systems developments with Mosaic which once implemented can be scheduled for further follow-up testing, however these actions still need to be implemented to enable testing.
- b) ASCH Dept: Procurement of Adult Suppliers & Providers – most of the actions on this audit had already been cleared before 2020, but the remaining two have been delayed because of Covid19. A framework agreement for Day Services Transport was due to be tendered and in place by Spring 2020 but was cancelled, and with Day Service provision being suspended during the period, requirements are to be reviewed. A review of the provision of Specialist Food Products for County Enterprise Foods has been delayed because suppliers in the food industry are dealing with changes to supply and working arrangements during this period.
- c) ASCH Dept: Direct Payment Support Services – our testing has found that a more robust service specification has been developed but contract monitoring arrangements continue to be subject to further consultation. Our testing can be completed when actions have been put in place.
- d) ASCH Dept: Homecare Commissioning & Contract Management – the phase one portal was fully implemented in January 2020 and used to commission care packages and receive provider actual delivered care information. Phase two involving automated

reconciliation of care hours actually delivered and hours commissioned has been delayed partially as a result of Covid19 and also the need to revisit the original specification to improve governance and refine processes. We will be able to test and provide assurance once automatic reconciliation is trialled.

- e) ASCH Dept: Short-term Independence Service (Discharge to Assess) – payment to non-approved providers – Corporate Procurement confirmed larger house cleaning now carried out via in-house team with external providers rarely used. External providers charge well below £5,000 so budget holder responsibility to approve. Testing will be scheduled to review compliance.
- f) ASCH Dept: External Day Care Providers – the tender was prepared and due to go live in March 2020 but was pulled due to Covid19. The impact of Covid19 on vulnerable people meeting in congregate settings means that there is a need to review the future service delivery model and specification. There is significant work to do so current best estimate for new procurement is probably June 2021.
- g) ASCH Dept: Deputyships and Appointeeships – the end state report is now being completed to confirm actions of Working Group. All but two holding accounts have been reconciled and closed. The exceptions are the Loans Account - still needed for clients in urgent need of funds before legal powers granted; and Deceased Client Accounts - still needed for unclaimed estates at time bank provider changed. Testing confirmed that all fees and loans are now being accounted for and reconciled in BMS.
- h) ASCH Dept: Continuing HealthCare and Joint Funding – Covid19 has had a major impact on these work flows. Continuing healthcare nationally has been suspended and no date for recommencement has been determined, although the end of September had been mentioned informally. Health colleagues have ceased other activities except Covid19 related work at present and implementation remains on hold.
- i) Children and Families Department (C&F): School Expansion and Pupil Place Planning - Covid19 has impacted upon the review initiated by the Programme and Projects Team and is yet to conclude. However, we have been provided with evidence of a developed business case and option appraisal template which fully meets the action required in terms of determining priorities using a transparent and consistent methodology. School data forecasting processes and projection tools have also been evidenced which, when fully implemented, will complete the agreed actions.
- j) C&F Dept: Specialist Education Provision – testing has confirmed that the developments in Mosaic have now gone live. Testing has confirmed developments with the implementation of recommendations, but further actions are required before our testing can be completed, however due to Covid19 work this has been delayed.
- k) C&F Dept: Clayfields Secure Unit – overpayments have been fully recovered from two employees. Debt enforcement action is being taken against two other employees, thus completing the agreed actions.
- l) C&F Dept: Community Short Breaks Offer – there are now satisfactory BMS compliant processes for recovering and reconciling overpayments or mis-sending, should these occur. The audit of new accounts is done within two months of the card creation.

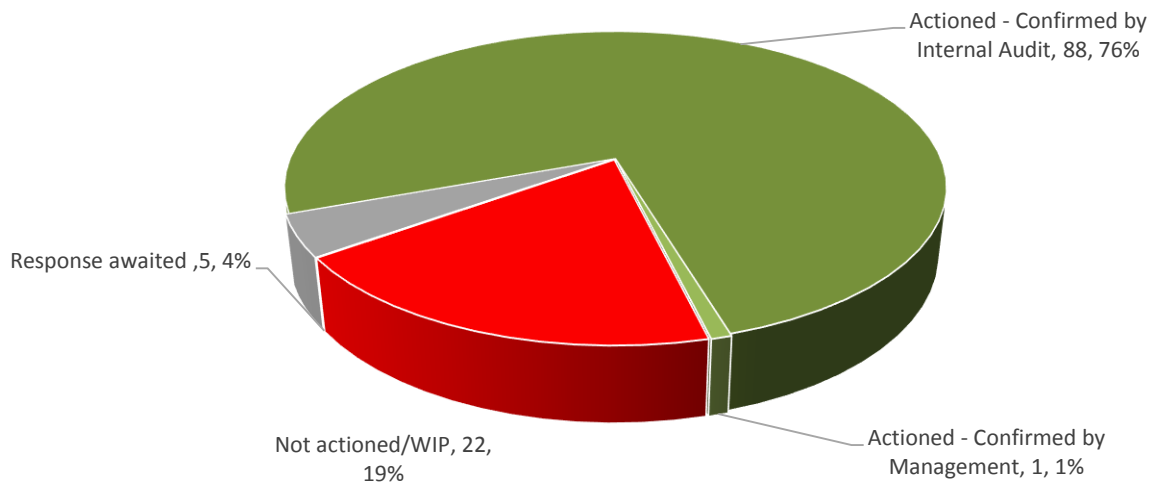
- m) Place Department: Catering - Food Supplies to Schools and Other Council Locations. - we have confirmed that a system has been introduced, and is in operation, for schools and other locations to confirm their deliveries of food items, against orders, and for these to be centrally checked to the consolidated invoices received from suppliers.
- n) Place Dept: Vacant Property Management – a separate report was presented to members on 6 November 2019 covering the progress with implementation of recommendations by management. We have since commenced testing on the 15 recommendations and have confirmed implementation of 10. Work continues with the remaining recommendations.
- o) Place Dept: Property Compliance – review of all aspects of Property Compliance continues through monthly Key Performance Indicator reviews of ARC's performance and expenditure. Ability to review compliance is available within the P2 system where improvements to functionality and usability is ongoing. Closedown reports detailing Property Transformation Programme is to be presented to Policy Committee in the Autumn and Corporate Leadership Team in early September.
- p) Chief Executives' Department (CEX): Pensions Administration – data cleansing and reconciliation to payroll data continue to be in progress with the assistance of Civica. Process has in part been delayed by HMRC missing deadlines to provide accurate data regarding Gross Minimum Pension calculations.
- q) CEX Dept: Treasury Management – remote home working has been introduced following Covid19 lockdown. Testing of transaction authorisation procedures was completed satisfactorily. Progress on developing Treasury Management business continuity arrangements in the event of non-availability of NCC systems continues to be stalled.
- r) CEX Dept: Contract Management - several actions were due to be completed by July 2020 in a project led by Corporate Procurement. Progress has been made, but was paused during Covid19, as procurement work focused on the urgent need to ensure continuity of delivery of services and supplies, including the need to extend contracts, and secure the supply of Personal Protective Equipment (PPE).
- s) CEX Dept: Procurement of Occupational Health Equipment – implementation of recommendations has been delayed due to Covid19 work and we have been unable to complete follow up testing. Testing will be rescheduled when actions have been implemented.
- t) Cross-cutting: Agency Staff and Consultants – management confirmed that the new Agency Staff management contract was scheduled to go live on 1st September. This addresses the audit requirements, but in addition to this, the vacancy control system is being redesigned to make the process more robust. We will check for compliance once new arrangements are operational.
- u) Cross-cutting: Procurement Compliance - we have confirmed that the remaining actions on this audit have now been cleared, with the competitive procurement of suppliers for water, and fuel for fleet vehicles.

- v) Cross-cutting: Employee Recruitment – a new system has been implemented and is due to go live shortly. We have been unable to complete testing but will schedule this when the system is operational.
- w) Cross-cutting: Health & Safety – the planned actions have been delayed due to Covid19. The Health and Safety Team is currently prioritising the recruitment of more first aiders and maintaining appropriate fire safety measures for those staff who attend council buildings. Follow up testing will be scheduled when actions implemented.
- x) Cross-cutting: Ethical Framework – work has commenced with implementation of recommendations but impacted by Covid19 work. A revised declaration of interest form has been developed for the Chief Executive's department and implementation continues with other stakeholders. We will schedule further testing once recommendations have been implemented.
- y) Cross-cutting: Sickness Absence Management - several actions were due to be completed by July 2020. Progress has been delayed because Covid19 has placed an unprecedented demand on the Human Resources Group to respond to the needs of employees during the crisis, and to prepare employees and managers for the current recovery phase.
- z) Cross-cutting: Information Governance Improvement Programme - most of the actions on this audit had already been cleared before 2020. Plans have been developed to make progress on Retention of Records, Personal H-drives, and improving the Information Asset Registers. These will be revisited in our future action tracking exercises.
- aa) Cross-cutting: Procurement of Tree Survey Works – testing confirmed that two actions had been taken and progress was being made against the final action. Testing will be carried out for this action when confirmed.
- bb) Cross-cutting: Budget Forecasting - testing has identified the implementation of some recommendations but others such as training, guidance and consistent business modelling have been delayed due to Covid19. We will test implementation of outstanding actions once implemented.

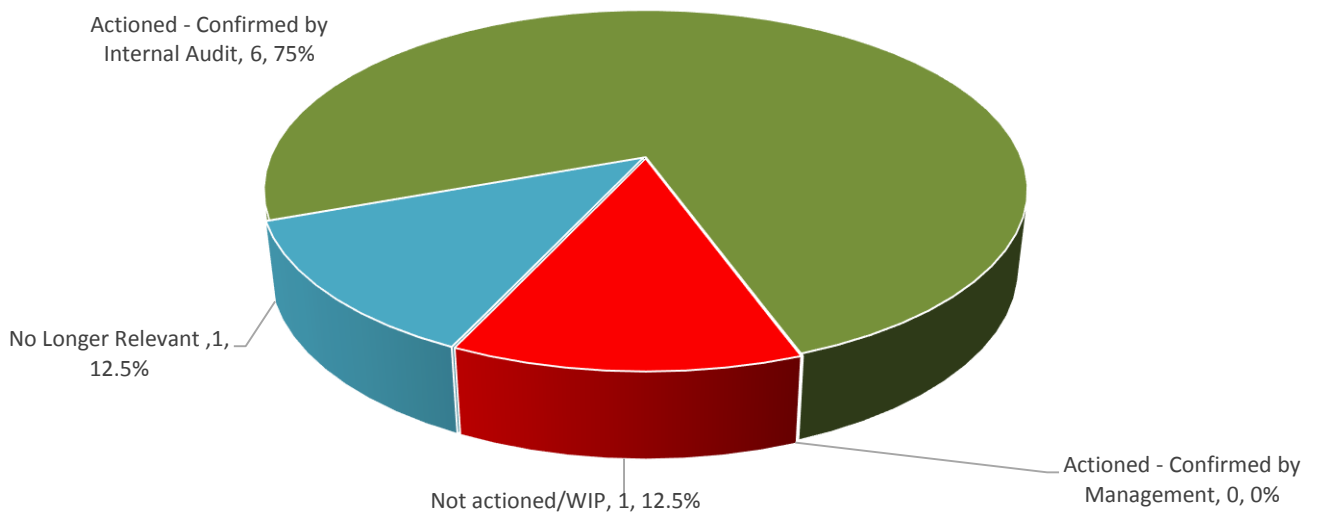
Priority 2 Actions

9. Similarly, with the Priority 1 actions a final view of progress for 2017/18 Priority 2 actions has been previously reported and we move forward with the implementation of Priority 2 actions from 2018/19 and 2019/20.
10. Progress with implementation of the 2018/19 and 2019/20 Priority 2 actions are summarised in the following charts:

2018/19 Priority 2 Actions



2019/20 Priority 2 Actions



11. The position above for Priority 2 actions relates primarily to the assurance updates received from management and this continues to provide a positive level of assurance that improvements to the Council's system of internal control are being made as a result of Internal Audit's work.

Management updates to the Governance & Ethics Committee

12. The continued drive and support from the Committee will be key in securing improved implementation rates going forward. Arising from the details presented in this report, the Committee may consider that it requires further updates and assurances from management

at its next meeting in relation to one or more of the areas in which agreed actions remain outstanding.

Other Options Considered

13.No other options for obtaining the required assurances were considered at this time.

Reason for Recommendation

14.To enable the Governance & Ethics Committee to consider whether it has received sufficient assurance that actions in response to Internal Audit's recommendations are being implemented as agreed, or whether it considers that further and more detailed updates from management are required.

Statutory and Policy Implications

15.This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Many of Internal Audit's recommendations are made with specific financial implications in mind. Such recommendations, and the associated management actions, are designed to secure effective governance, internal control and risk management.

RECOMMENDATION

- 1) The progress detailed in the report and its appendix are considered, and the Committee determines whether it wishes to receive further and more detailed updates on progress from relevant managers in any of the areas of activity covered by this report.

Nigel Stevenson

Service Director – Finance, Infrastructure and Improvement

For any enquiries about this report please contact: Rob Disney, Group Manager – Assurance

Constitutional Comments (KK 23/09/2020)

The proposals in this report are within the remit of the Governance & Ethics Committee.

Financial Comments (RWK 23/09/2020)

There are no specific financial implications arising from the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Adult Social Care and Health					
Direct Payments - monitoring and auditing					
Repeat Recoups and Care Reassessments - Action to prevent repeated excess balances and recoups to be more effective.	31/03/2018, revised to 30/04/2019 and 2020.	A new Mosaic ACFS Alert has been created and is raised for cases where a DP surplus recoup has been identified in two or more consecutive Audits. ACFS Auditors are flagging these alerts up and front line teams are required to review the packages where this type of alert is now raised.	Testing to be scheduled once processes are embedded.		Confirmed by management (AMBER)
Non-payment of Service-user Contributions - To have a robust method of ensuring that service user contributions are made in full into their direct payment account.	31/03/2018, revised to 30/06/2019 and 2020 - will be done as part of a wider systems review but no set date as yet for commencement.	ACFS have an alert workflow in Mosaic making it mandatory for the worker receiving the alert to respond with actions taken. It is currently not possible to follow up these Alerts due to resource this would require to monitor/track, liaise and follow up with workers, revisiting old cases, as new ones continually come in. There is currently no means to report on them in Mosaic and efficiently track. It is hoped to establish an effective Alert Workflow in Mosaic next year with mandatory fields for Workers to complete to ensure proper resolution (and to enable us to report on 'open' Alerts). There's currently no capacity in the Mosaic Dev Team to undertake this due to Systems Review work.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Procurement of adult social care suppliers and providers					
Day services transport - To be under review with the Category Manager who is looking at procurement approaches.	30/04/2018	Partly actioned. Two providers were mentioned in our original report. One has now been competitively procured. Resolution of the other was delayed because for a time it intended to leave the market. A new framework agreement was to be tendered and in place for spring 2020, but was cancelled because of Covid-19.	Further management update to be obtained; testing to be scheduled.	We have confirmed that one of the two providers has been competitively procured.	Confirmed by Internal Audit as Partly Implemented (AMBER)
County Enterprise Foods: specialist food products - To be under review with the Category Manager who is looking at procurement approaches.	30/04/2018	The supplier mentioned in our report met unique requirements. A competitively procured NCC food contract was awarded in October 2019. Some spending was transferred to this, but not all. Because of Covid-19 food suppliers have been struggling with supply and working arrangements. So it has not been a good time to address this and further work is planned for early 2021.	Further management update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Services to self-funders					
Data collection and reporting self-funder numbers There is an option in Mosaic to note down that a service user is 'a previous self-funder' however this is not currently mandatory. Part of the wider mapping work of changes required to Mosaic includes consideration of steps required to improve data collection.	31/03/2020, no revised date can be set at present time.	This work has not been progressed and the opportunity to review options has been delayed due to the Department's emergency response to the pandemic. As part of the Department's move towards recovery planning the Simplifying Processes Programme and work to develop core metrics to support high performing teams will recommence and opportunities to improve the data collection and reporting of self-funder numbers as part of these work-streams will be explored.	Testing to be scheduled once changes to Mosaic complete.		Implementation remains in progress (RED)
Homecare commissioning and contract management					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Outstanding risks: Contingency plans to be kept under review and tested as necessary.	31/03/2019	August 2020 update :Contingency arrangements activated in response to Covid-19 in March. Portals closed and brokerage system implemented and Mosaic workflow re-designed . Portals reactivated in August 2020 and now accommodate both old and emergency workflows should a further Covid spike arise.	i) Pre-Covid Interim arrangements tested ii) Covid arrangements to be scheduled for testing.	Audit review of pre-Covid interim arrangements provided adequate assurance that contingency arrangements in place were effective.	Confirmed by management (AMBER)
Care Home fees investigation - Gedling Village					
Contract rate adjustments - new element in Mosaic If commissioners want to reduce cost of a banded home, to be a new element in Mosaic called a 'Contract Rate adjustment'.	not confirmed - reset to 31/03/2021.	From the Mosaic Development Team perspective, the new elements have never been created or implemented as we have not had sign off from Finance (from the action plan the date to be implemented was awaiting confirmation from Finance).	On hold.		Implementation remains in progress (RED)
Contract rate adjustments - annual uplift in Mosaic To be a new process to manually change these packages on uplift to ensure amount agreed remains the same with the percentage uplift applied.	not confirmed - reset to 31/03/2021.	See above	On hold.		Implementation remains in progress (RED)
ACFS liaison with commissioners When unexpected or unorthodox commissioning instructions are identified, to be checked with the commissioners before deciding what - if anything - needs to be done.	Implemented at time of final report.	Lesson learned was that ACFS must not alter commissioned service without instruction from commissioners. If necessary it refers back to CSC so Reviewing Team can agree a new funding level and request a change to commissioned cost to be actioned by Data Input Team. Issue also ties in with above controls.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
Direct Payment Support Services					
DPSS Contract Monitoring - More robust and formalised arrangement need to be in place and monitored.	30/11/2019 - Contract terms to be amended with new tender in March 2021.	Work is actively taking place to tender for a new model of DPSS, in partnership with Nottingham City Council and the CCGs within the Nottingham and Nottinghamshire Integrated Care System (ICS). The service specification is in draft form and includes a list of the monitoring information requirements.	Further update to be obtained; testing to be scheduled.	Audit confirmed that the draft service specification includes more formal contract monitoring measures to be put in place.	Implementation remains in progress (RED)
DPSS Liability - Liability of the DPSS for client monies needs to be clarified and agreed.	30/11/2019 - amended to 31/03/2021.	The new DP agreement, incorporating the new clauses is a live document and is available in Total Mobile and Mosaic. The clauses are reflected in the draft service specification for the new service. The contract arrangements for the new service are still being developed through Legal Services.	Further update to be obtained; testing to be scheduled.	Audit confirmed the DP agreement has been updated. Awaiting new contract to confirm terms have been included.	Implementation remains in progress (RED)
Service User Contribution Underpayments - The DPSS accreditation agreement does not set out responsibilities for setting up and monitoring service user contributions.	30/11/2019 - amended to 31/03/2021.	The additional clauses defining the DPSS responsibilities in relation to service user contributions (setting up, monitoring and raising alerts) have been added to the draft service specification for the new service. It is also hoped to develop a tracking system for alerts with the Mosaic Development Team in 2020 where contributions are not being paid.	Further update to be obtained; testing to be scheduled.	Evidence of the revised wording is noted as included in the draft service specification document.	Implementation remains in progress (RED)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Accreditation Agreement - Lack of evidence of signed agreements with existing providers.	30/11/2019 revised to 31/3/2021.	Legal services have advised that the accreditation agreement should not be refreshed until the tender for new services has been completed.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Contractual Arrangement with Non-Accredited Providers - Formalising contractual arrangements for non-approved DPSS providers.	30/11/2019 - amended to 31/03/2021.	New providers will not be able to be added to the Framework Agreement. SUs can choose to use an alternative provider but if a managed account is being used, the Provider would need to sign the DP agreement, therefore accepting the terms within the agreement including those around liability for Client monies.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Accredited Provider Checks - Appropriate checks of approved providers should be carried out and evidenced.	30/11/2019 - amended to 31/03/2021.	Verification checks on a range of issues relating to the providers' operational policies and practices are included in the draft specification for the new service, including the insurance requirements. Remedies for non-compliance and the consequences of breach of the new framework agreement need to be agreed as part of the contracting approach. Verification checks of DPSS providers' insurance documents were carried out during recent site visits.	Further update to be obtained; testing to be scheduled.	Evidence of the revised wording is noted as included in the draft service specification document.	Implementation remains in progress (RED)
Financial Safeguards - Separation of duties between carer and support provider.	30/11/2019 - amended to 31/03/2021.	The audit recommendation has been included within the draft specification for a new service. Legal Services have advised that there is nothing in the Care Act to say that DPSS providers can not also act as care providers. Further work is needed to determine the measures that would need to be taken to satisfy the Council as to the adequacy of any separation of functions.	Further update to be obtained; testing to be scheduled.	Internal Audit can confirm that the draft service specification includes clauses where companies provide both DPSS and care services and requires these functions to be kept organisationally separate.	Implementation remains in progress (RED)
Bank Statements - Separate bank accounts and statements should be used for direct payment recipients managed by a DPSS.	30/11/2019 - amended to 31/03/2021.	The audit recommendations have been incorporated into the draft specification for the new service, together with the requirement for real time account reporting. ACFs auditing processes do already incorporate the checking of supporting documentation.	Further update to be obtained; testing to be scheduled.	Internal Audit have confirmed that it is stated in the draft service specification that the Commissioners' preference is for each individual Service User to have a separate, dedicated bank account.	Implementation remains in progress (RED)
Short-term Independence Service (Discharge to Assess) - payment to non-approved provider					
Staff training - (a) Managers and social workers to be trained in, and aware of, NCC Financial Regulations and standard procurement and payment procedures. (b) If in doubt, managers and social workers must contact Corporate Procurement or P2P Hub for further advice.	(a) 31/07/19 (b) 30/09/19	Previous Team Manager undertook 'lessons learned' session with team, and handed over to successor findings of incident. Current Team Manager - D2A Team South confirmed they are revisiting guidance in team meetings.	Actions confirmed.	Corporate Procurement confirmed larger house cleaning now carried out via in-house team; external providers are rarely. External providers charge well below £5k so budget holder responsibility to approve. Corporate Procurement flag issue if it is regular spend and value exceeds £5k and cumulative contract value. Team Manager added that if in-house team quotations are high, will only approach BMS-approved providers.	Cleared by Internal Audit (GREEN)
External Day Care Providers					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Service provider tendering and contracting A competitive process to select external day care providers to be undertaken (instead of ASCH Commissioning annually extending contracts beyond duration of framework agreement that expired Mar-16).	planned for 30/04/20; revised because of Covid-19 to 30/06/21	The tender was prepared and due to go live in Mar 20 but was pulled due to Covid. The impact Covid has on the ability vulnerable people have to meet together in congregate settings means that there is a need to review the future service delivery model and specification and we will not simply be able to go live with the previous specification. There's a lot of work to do so current best estimate for new procurement is probably June 2021. However, that would be for the procurement exercise so new contract issuing would be after that.	On hold.		Implementation remains in progress (RED)
Contract compliance – monitoring visits Contract management to be undertaken by Quality & Market Management Team (QMMT). Visits to be timetabled. Portfolios within QMMT to give day services equal rating alongside other provision.	31/10/2019	The new portfolios of work were implemented by Oct 19 and audit visits got underway. Subsequently portfolios have changed again in line with workforce restructuring. As a result of Covid building based day services closed and services were delivered in a different way such as virtually and through outreach support within social restrictions. Visits have not commenced again due to ongoing restrictions and the changed nature of the service offer.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
Contract compliance – performance The relevant key performance indicators (KPI's) and quality standards to be a contractual requirement.	planned for 30/04/20; revised because of Covid-19 to 30/06/21.	KPI's will be in new contract – see above re timeline issue.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Transport of service users arranged by external day care providers - contracts: To seek signatures for any unsigned contracts within one month.	31/12/2019	Contracts signed. We're not transporting people currently but again I refer to the issue about contracting and new model outlined in point 1.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
Transport of service users arranged by external day care providers - payments To seek data from providers on number of journeys. This will enable a VFM assessment to be made. Commissioners will work with Transport services to provide a comparative cost to benchmark against.	30/04/2020	We have the data on the number of journeys. The journey cost for external providers was significantly cheaper than costs sourced through the Transport DPS. The intention was to use the tender to re-contract for this element but the tender is now delayed.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
Transport of service users arranged by external day care providers – monitoring QMMT to visit providers that also arrange transport to check the arrangements.	Implemented at time of Final report.	QMMT visited both sites and undertook the necessary checks.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
Deputyships and appointeeships					
Accounting controls over Appointeeships and Deputyships An end state report to be prepared following a Working Group with Adult Care Financial Services (ACFS), Business Support Centre (BSC) and Finance to process future transactions using BMS processes where possible, not the off-system holding accounts then in use.	31/01/20 revised to 31/08/20	The end state report now been completed to confirm actions of Working Group. All but 2 holding accounts reconciled and closed. The exceptions are Loans Account - still needed for clients in urgent need of funds before legal powers granted; and Deceased Client Account - still needed for unclaimed estates at time bank provider changed (cannot create individual accounts for deceased persons).	Actions confirmed.	Confirmed by attendance at Working Group, examination of documentary evidence and reports, and discussions of new systems in practice. BMS testing in conjunction with Statutory Debt Recovery Practitioner confirmed that all fees and loans are now being accounted for and reconciled in BMS.	Cleared by Internal Audit (GREEN)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Spending personal allowances on behalf of clients Intention to continue with measures to obtain and monitor evidence of spend.	interim phase - 28/02/2020; final solution - 31/08/20	Personal allowance monitoring has formed part of business as usual in July. Attached is the procedure. I now bring it into each supervision to ensure the procedure is adhered with.	Actions confirmed.	Confirmed by documentary evidence and observation of the system in practice.	Cleared by Internal Audit (GREEN)
Referrals to Client Finance Team to become Deputy or Appointee Intention to introduce measures to ensure that, prior to submitting referrals, social workers explore all other suitable alternatives.	28/02/2020	The referral comms had already gone out at the point of the audit, attached is the comms.	Actions confirmed.	Confirmed by documentary evidence and observation of the system in practice.	Cleared by Internal Audit (GREEN)
Continuing healthcare and Joint Funding					
Formal approval by health partners ASCH Commissioning and ASCH Finance to continue to engage with health partners to reduce backlog of Continuing Care Package Review forms, with expectation they will start using Council's SharePoint system too.	1/4/20 and ongoing originally; now 1/1/21	Covid-19 has had a major impact on work flows. Continuing healthcare nationally has been suspended and no date for it to start again, although end of September had been mentioned informally. Health colleagues are not doing any other activities except Covid-19 related work at present.	On hold.		Implementation remains in progress (RED)
Form completion by social workers ASCH Commissioning and ASCH Finance to continue to engage with social workers and team managers to improve the Care Package Review form submission process and first-time completion levels.	1/4/20 and ongoing originally; now 1/1/21	See above.	On hold.		Implementation remains in progress (RED)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Children and Families					
School expansion & pupil place planning					
Use of forecasting model to prioritise pupil place demand pressures between planning areas - A standardised scoring methodology/model evaluation template for planning areas to be developed to ensure that all relevant factors are evaluated, subject to challenge and outcomes ranked in order of priority.	31/12/2018	August 2020: Planning data refined and projection tool developed based on actual admission numbers. Data quality strategy in development and business case and options appraisal scoring template agreed.	Awaiting implementation prior to testing.		Implementation remains in progress (RED)
Expansion business case accuracy and completeness - Business cases to explicitly address standardised set of criteria so all relevant factors can be identified and evaluated. Impacts on planning areas (including school estate) to be evaluated as standard element of business cases. Full audit trail of decisions to be maintained. Ofsted reports to be included as factor in expansion business cases.	31/12/2018	August 2020: Business case and options appraisal template developed incorporating standardised and weighted factors.	Awaiting implementation prior to testing.		Implementation remains in progress (RED)
Specialist Education Provision					
Audit Trail - Mosaic - Complete records to be recorded electronically in Mosaic for all INM and AP education placements.	31/12/2018 - revised implementation date of 31/10/2020.	The Mosaic step is now in operation, having been thoroughly reviewed in order to address some identified earlier data issues. The production of the NASS contracts will be enabled from October 2020.	The testing of contracts to be scheduled when action is fully operational.	Internal Audit have confirmed through examination of the system that the education referral process has now been built into Mosaic. The issuing of contracts through Mosaic remains in progress.	Implementation remains in progress (RED)
Quality Assurance - Provider Visits - Visits to all INM and AP providers should be carried out in accordance with the provision set out in the contract with schools.	01/04/2019	In 2019/20, three AP providers were removed from the Approved Provider list following the appropriate legal processes as a result of failing to comply with the QA requirements. A comprehensive programme of quality assurance visits has now been established and, together with other QA and contract management activity, will help inform overall provider performance moving forward. We have also begun to share QA and compliance information across neighbouring authorities with the ambition that this will evolve into a formal sharing of intelligence about providers across the east midlands region.		Internal Audit previously confirmed the QAF process was operating as stated. The Performance Indicator workbook was issued in September 2019 and the first completion deadline was January 2020, with termly updates thereafter. Visits are being prioritised and scheduled to take place on a two year cycle. Visits to schools with problems are carried out when required.	Confirmed by management (AMBER)
Clayfields Secure Unit - additional hours procedures (post-investigation)					
That progress on recovering outstanding repayments is periodically reported to the Service Director Youth, Families and Social Work, by the Clayfields Centre Manager.	31/10/2019	Previous outstanding repayments now recovered. Debt recovery invoice raised for net overpayment identified in 2018. One overpayment written off due to ill health at the request of HR.	Complete.	Verified to payroll and debt recovery records.	Cleared by Internal Audit (GREEN)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
ii) Unwillingness of employees to engage in repayment discussion should be escalated to HR and Legal Services.	31/10/2019	The two employees from whom recovery is required are now being processed by HR.	Complete.	Verified to payroll and debt recovery records.	Cleared by Internal Audit (GREEN)
Community short breaks offer for children and young people with disabilities					
1.Recovery of overpayments or mis-spending – transaction monitoring Outstanding DP recovery cases have been addressed. Sales invoices to be issued where necessary. Options for acting on unpaid sales invoices being clarified. Regular 4 weekly review meetings planned. DP agreement already updated for Council's position on non-compliance.	30/06/19, later 30/09/19	Sales invoices now issued; the process is in line with instructions from BSC Debt Recovery and Enforcement. Regular 4 weekly review meetings on unpaid sales invoices occur.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
2.Recovery of overpayments or mis-spending – GDPR and SharePoint Full names of CYP no longer to be input to SharePoint (used for records of fund recovery).	30/06/19, later 30/09/19	Independent confirmation obtained that SharePoint is a secure, GDPR-compliant, site with limited access.	Sufficient confirmatory detail received.		No longer relevant (WHITE)
3.Recovery of overpayments or mis-spending – former young people Children's Commissioning to identify CYP who have turned 18 and communicate with ASCH colleagues regarding those eligible for continued service. The process identified for any outstanding debt recovery to be followed.	30/06/19, later 30/09/19	Previous 18+ have been checked and concerns will be shared with ASCH colleagues via a Mosaic case note. All CYP turning 18 will be checked at point of DP audit.	Sufficient confirmatory detail received		Cleared by Internal Audit (GREEN)
4.Recovery of overpayments or mis-spending – reconciliation of manual records with BMS Regular month-end reconciliation is now carried out, helped by reduction of profit centres from three to one. Additionally, to be an independent 10% quality assurance of cases since 2016.	31/08/2019	Month-end reconciliation being applied, and more work is to be done to improve recording. >10% quality assurance check carried out and findings acted upon.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
5.DP monitoring and audit - joined-up approach with ASCH Department Agreed to focus initially on developing C&F's own DP processes to best suit the service, which are in any case becoming more similar to ASCH processes.	N/A	N/A	N/A		Recommendation no longer relevant (WHITE)
6.DP monitoring and audit – monitoring initial use of prepayment cards Initial DP audits to start within one or two months of initial funds' payment.	30/06/19, later revised to 01/04/20.	The audit of new accounts is done within 2 months of the card creation.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
7.DP fund allocations – GDPR and BMS Full names of CYP no longer to be input to BMS, to be displayed in financial reports. All providers to be issued with limit orders and references used will be invoice numbers.	01/04/2019	Invoice numbers now being used to reference against limit orders.	Sufficient confirmatory detail received.		Cleared by Internal Audit (GREEN)
Place Catering (County Hall & Trent Bridge House)					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Confirmation of goods received prior to paying invoices to suppliers: Re-introduce checks of consolidated invoices on the basis of a 10% ratio.	1/4/2016 (revised to start from April 2019 invoices).	The checks cover 100% of each invoice, rather than the original target of 10%. 100% checks on all suppliers' invoices are now in place.	Complete.	We have confirmed, by seeing evidence, that 100% checks are carried out on the invoices that are received, either monthly or weekly, from all the relevant suppliers.	Cleared by Internal Audit (GREEN)
Vacant property management					
1) Reliable documentation of handover checks: 2) Extent of handover checks: 3) Documented vacant property and site security strategy: 4) Decommissioning: 5) Exit fire risk assessment: 6) Value for money in the procurement arrangements: 7) Insurance liability during construction works: 8) Reviewing insurance liability on other works. The audit completed in 2017 contained 15 recommendations (Eight Priority 1 and Seven Priority 2) covering a range of actions required.	Various Dates.	Internal Audit received an update report on progress with implementation of all recommendations contained in the Vacant Management Report which was reported to the Governance and Ethics Committee on 25 July 2018. The progress report identified that action had commenced on each of the recommendations but the implementation of several recommendations would need to be considered alongside the Turner & Townsend review of Property Services. Internal Audit have subsequently received an update report which was presented to the Governance and Ethics Committee on the 6 November 2019 where the Service Director, Place and Communities provided management assurance that implementation of all 15 recommendations had been completed.	Testing is being undertaken.	Internal Audit is seeking evidence of implementation with officers from Property, Risk & Insurance and Health & Safety. Meetings have been held with officers from each department and where available evidence captured or requested to support actions. We have commenced testing on the implementation of the 15 recommendations and have confirmed implementation of 10. Work continues with testing the remaining recommendations.	Confirmed by management (AMBER)
Property Compliance					
1) A review and update of all property compliance policies to be completed, including KPIs as part of a wider review and action plan of property compliance. 2) A report on the policies and Strategies to be presented to Policy Committee as an outcome of the Property Transformation Programme	Original dates 31st October 2020. September Policy Committee.	1) Review of all aspects of Property Compliance continues. Monthly KPI meetings review Arc's performance and expenditure. Ability to review compliance position available within P2 with improvements to functionality and usability ongoing. 2) Closedown report detailing Property Transformation Programme to be presented at Policy Committee in the Autumn and Corporate Leadership Team in early September.	Assurance to be obtained from Committee reports upon completion.		Implementation remains in progress (RED)
Chief Executive's					
Pensions Administration					
04.1 - Reconciliation of pension payments to pension system.		i) Reconciliation of UPM to payroll values This continues to progress with data now loaded into the Test area of the Pension Administration System. ii) Pensions non-recurring payments: for example refunds, lump sum payments. Pensions Administration have now implemented a single payments process, where payments can be made directly from the Pensions Administration System through BACS. The payments are then posted directly into the BMS system. This is being reported to Pension Committee in September.	i) Testing to be scheduled once reconciliation is completed. ii) Schedule testing of process in T2.		Confirmed by management (AMBER)
05.1 - Periodic reconciliation of Pension UPM and Pension Payroll data sets.		HMRC 9 months late in providing Guaranteed Minimum pension data. NCC liability negotiated down from £750k to £30k and data agreed. Civica continue to be engaged in the reconciliation of Pension UPM and Pension payroll datasets.	Testing to be scheduled once reconciliation is completed.		Confirmed by management (AMBER)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Treasury management					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Business continuity arrangements - A remote solution is in development to enable partial continuity of operations in the event of a failure of NCC IT systems. Approval has been sought to add Barclays.Net to the IT 'Safelist' which will enable the use of Barclays.Net from remote locations without having to pass through the NCC firewall.	31/11/2018	August 2020: The safelist option is still being considered . No further progress to report.	To be scheduled following management update.		Implementation remains in progress (RED)
Business continuity arrangements - A remote home-working process is under development to enable the Treasury Management process to be completed by staff working remotely.	31/12/2018	August 2020: Remote homeworking process established in response to Covid-19.	To be scheduled following development of tangible solution.	Tested satisfactorily as part of continuous audit process .	Cleared by Internal Audit (GREEN)
Payroll (data analytics & deep dive review)					
Overtime and other timesheet payments entered by, approved by and paid to the same person - A report is to be developed within Query Manager which will report where the inputter, the approver and the payee are the same individual. This report will automatically run on a weekly basis and be reviewed by the Payroll Manager and actioned accordingly.	31/07/2019	Internal audit understands that the action is to be addressed in a different way, but we await full confirmation of this.	Testing to be carried out in time for the next update in six months' time.		Response awaited (WHITE)
Contract Management					
Guidance for Contract Managers - to develop guidance on contract management to replace and improve that in the contracts manual.	31/07/2020, now revised to Autumn 2020.	A contract management project group has been formed. A corporate contract management framework has been agreed. Finalisation of templates is in progress. Progress was paused due to Covid.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Awareness of Guidance - to publicise the availability of the above guidance, in particular to contract managers.	31/07/2020, now revised to Autumn 2020.	When the above is finalised it will be formally launched through appropriate channels. Work on an e-learning module for finance and procurement is underway. Contract management will be encompassed within this.	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Alternative approaches to Contract Management - when developing the above guidance, to make use of best practice available from other relevant sources.	31/07/2020, now revised to Autumn 2020.	All current best practice models were reviewed in developing the NCC corporate contract management framework (above).	Further update to be obtained; testing to be scheduled.		Implementation remains in progress (RED)
Procurement - Occupational Health assessments and equipment					
Conflict of Interest - review of areas to identify potential conflicts where suppliers fulfil more than one type of supply.	01/04/2020 - ongoing until September 2020.	Reviews from category managers continue. Procurement plans to be ready for September 2020 – delayed due to Covid activity.	Testing to be scheduled once actions confirmed as taken.		Implementation remains in progress (RED)
Contractual Arrangements - the need for formal contracts with suppliers in accordance with Financial Regulations.	Implemented	Updated spend reports have been developed from BMS. Spend reports have been produced which category managers are reviewing and will continue to do so at regular points.	Testing to be scheduled at next update.		Confirmed by management (AMBER)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
GDPR Compliance - the need to ensure that revised terms are included in all contracts.	Implemented	Category managers are well embedded into the departments and ensure full compliance of spend where possible. Where arrangements are in place where there is no agreed contract, discussions are taken place regarding GDPR, with liaison with legal and IG teams.	Testing to be scheduled at next update.		Confirmed by management (AMBER)
Best Value - Workplace Assessments	30/09/2020	Corporate contract management framework is under way. A cross departmental group has been set up and an online contract management toolkit has been developed. Work was paused on this due to Covid-19 response activity, however will be completed in August/September 2020.	Testing to be scheduled once actions confirmed as taken.		Implementation remains in progress (RED)
Assessor Suitability - ensuring sub-contractors have the relevant skills to carry out the requirement of the contract.	30/09/2020	Already underway as part of the tender evaluation criteria.	Testing to be scheduled once actions confirmed as taken.		Implementation remains in progress (RED)
Range of Products and Equipment Suitability	1st March 2020	Post-delivery assessment for the equipment previously provided under the COS contract has been carried out on a 1 in 4 sample and this identified no issues based upon the responses received back.	Testing to be scheduled at next update.		Confirmed by management (AMBER)
Demonstration Charges - monitoring of discounts applied.	1st March 2020	Demo charges and discounts will no longer be applied so checks in relation to this will not be required. However, further clarification is needed around how and where managers order chairs and other equipment. It is hoped that a solution to this can be found shortly which will enable consistent pricing and VFM to be achieved.	Testing to be scheduled once actions confirmed as taken.		Implementation remains in progress (RED)
Contract Monitoring	1st March 2020	Contract monitoring arrangements are in place and set out in the contract. The Senior Business Partner HR and Senior Occupational Advisor met with the new provider on 11/11/19 and they are to produce a bi-annual report.	Testing to be scheduled at next update.		Implementation remains in progress (RED)
Cross-Cutting					
Agency Staff & Consultants					
Automation of management information: Build into future tendering exercises for this service the requirement to differentiate between the nature of agency placements.	Originally the end of the contract in November 2017, extended to September 2019. Revised date September 2020.	The new managed service contract is due to go live with effect from 1 September and implementation plans are being discussed with individual service managers which include the provision of tailored management information. Monthly MI reports continue to be provided on spend, fill rates and levels of usage. CLT have yet to discuss the revised vacancy control process which will be done as part of the ongoing budget control measures and part of a more robust resourcing conversation. This should be discussed in mid September.	Testing to be scheduled once actions confirmed as taken.	We will check for compliance once the new contract is operating and vacancy control procedures have been amended.	Confirmed by management (AMBER)
Procurement compliance					

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Fuel for fleet vehicles: There are 2 contracts for fuel, 1 for bulk fuel (called off from an ESPO), and Via also use fuel cards. To undertake a desktop exercise and understand who is the lead (NCC or Via). To liaise with Via regarding this to establish who is responsible for fuel cards.	31/03/2018	This was delayed as the status of Via in relation to this was uncertain. A new supplier has now been competitively selected from a Crown Commercial Service framework agreement.	Actions confirmed.	We have confirmed that the supplier was competitively procured. The contract is about to be issued.	Cleared by Internal Audit (GREEN)
Water: to continue to competitively procure water supplies, although this will not start until the end of 2018.	31/12/2018 (revised to 31/7/2019)	Following a procurement exercise, the council's water retailer switched to a new supplier on 1 October 2019.	Actions confirmed	We have confirmed that the competitively procured supplier is now being used.	Cleared by Internal Audit (GREEN)
Employee recruitment					
Contract of employment - development work to enable the production of contracts of employment at the point of formal offer. Original implementation date was September 2018.	30/09/2018 - delayed until January 2020. Extended to end of September 2020.	The build of the system of automation around contract creation has been completed, however some changes were needed at the start of Covid which required HR input. This has hampered the finalisation of the build and testing.	Testing of compliance with new processes to be scheduled once action confirmed.		Confirmed by management (AMBER)
Health & safety					
Mandatory training - The facility and processes to identify and record mandatory training to operate effectively.	28/03/2018, revised to 31/03/2020 - on going post Covid.	Due to Covid, the actions have not been progressed as planned. The dashboard to record e-learning has been delayed and mandatory training is for the H&S Team only for the time being.	Testing to be scheduled following implementation.	Advised still WIP.	Implementation remains in progress (RED)
Emergency Response Team training - Information recorded in the Designated Fire Officer System (DFO) to be up to date.	28/03/2018, revised to 31/03/2020 - on going post Covid.	It has not been possible to update the information held within the DFO system at this time.	Testing to be scheduled following implementation.	Advised still WIP.	Implementation remains in progress (RED)
Emergency response provision - Staffing levels to be adequate in the event of an emergency.	28/03/2018, revised to 31/03/2020 - on going post Covid.	A recent campaign was launched to recruit more first aiders. We have had some responses and training is being organised by H&S. Evac mats are now in use and instructions are on the wall as there is no formal training. Due to current circumstances with Covid, with little or no fire wardens available on site, we are using the signing in sheets as registers. When appropriate, the annual induction training will be launched with the consideration for an online method for fire safety with extinguishers, thereby negating the need for unnecessary employees attending buildings.	Testing to be scheduled following implementation.	Advised still WIP.	Implementation remains in progress (RED)
Ethical framework					
Register of Staff Gifts and Hospitality - A consistent form of register for gifts and hospitality to be devised for use by all departments. Original implementation date 31st March 2019.	31/03/2019, revised to 30/4/2021.	The Gifts and Hospitality Register and Declarations of Interests process and guidance has been drafted and is in the process of being discussed with stakeholders prior to agreement and implementation. Due to Covid issues, it has not been possible to proceed any further as intended without input from HR.	Testing to be scheduled once actions confirmed as taken.	Internal Audit have confirmed that a separate staff declarations of interests and gifts and hospitality has recently been issued to all staff in Chief Executive's Department. The aim of the recommendation is to have a joined up and consistent approach across all departments.	Implementation remains in progress (RED)

Action Description	Implementation date (original & revisions)	Management Update	Internal Audit follow-up status	Internal Audit follow-up outcome / testing	Action Status
Staff Declaration of Interest - staff declarations should be made annually. Original implementation date 31st March 2019.	31/05/2019, revised to 30/4/2021.	This will be undertaken when the guidance has been implemented.	Testing to be scheduled once actions confirmed as taken.	As above.	Implementation remains in progress (RED)

12 October 2020**Agenda Item: 8****REPORT OF SERVICE DIRECTOR FOR FINANCE, INFRASTRUCTURE &
IMPROVEMENT****INDEPENDENT REVIEW INTO THE OVERSIGHT OF LOCAL AUDIT AND THE
TRANSPARENCY OF LOCAL AUTHORITY FINANCIAL REPORTING****Purpose of the Report**

1. To provide members with an update on recommendations arising from the Independent Review into the Oversight of Local Audit and the Transparency of Local Authority Financial Reporting.

Background

2. The responsibilities for the framework within which local authority audits are conducted is the Local Audit and Accountability Act 2014. When the Government abolished the Audit Commission and its centralised performance and inspection regimes it put in place a new localised audit regime, refocussing local accountability on improved transparency. Now the Act has been fully implemented, the Government had a commitment to review its effectiveness by undertaking a post implementation review of the audit framework and financial reporting elements of the Act.
3. In June 2019, the Government commissioned Sir Tony Redmond to undertake an independent review of the effectiveness of local audit and the transparency of local authority financial reporting. The findings from Sir Redmond's report were published on 8 September 2020. The Review did not look at the broader issues of local authority finances and sustainability.
4. The guiding principles of the review were accountability and transparency. How are local authorities accountable to service users and taxpayers and how are auditors accountable for the quality of their work; and how easy is it for those same individuals to understand how their local authority has performed and what assurance they can take from external audit work.
5. In summary, it makes detailed proposals for a new organisation with the clarity of mission and purpose to act as the system leader for the local audit framework; and for a standardised statement of service information and costs, compared to the annual budget, that is aimed at taxpayers and service users. A link to the Report can be found here: <https://www.gov.uk/government/publications/local-authority-financial-reporting-and-external-audit-independent-review>

Summary of Key Findings

6. Local External Audit arrangements - most significant finding is the lack of coherence in local audit arrangements.
 - a. There appeared to be no coherence in approach to procure audit and there were serious concerns regarding effectiveness of local audit.
 - b. Some of this is linked to the fee structure and a view that the cost is 25% less than it should be and as a result the quality of auditors has reduced.
 - c. There is concern auditors do not have the experience or knowledge of local authorities.
 - d. 40% of audits were not complete by the deadline for 2018/19.
7. Governance arrangements – question on whether the Audit Committees understand the issues to question and challenge in an effective way?
 - a. There are relatively low number of independent Audit Committee members and little communication between Audit Committee and inspectors.
 - b. No formal exchange of views.
 - c. There seems to be no real relationship between Audit Committee and Full Council with very few reports go to Full Council.
 - d. Question on the role of the 3 statutory officers in relationship to Audit – do they engage with auditor together on informal or formal basis?
 - e. Internal Audit not used much by External Audit as code of practice does not require them to liaise with internal audit work although there is a feeling that they can assist.
 - f. Not always the expertise in local authority finance departments in completing the accounts process.
8. Reporting - Current arrangements do not allow for public to understand the accounts. More can be done to improve transparency of what local authorities do.
9. The recommendations in the report centred on 3 aspects, namely: Local Audit arrangements, Governance and Financial Reporting.
10. Local Audits –
 - a. A new Office of Local Audit Regulation (OLAR) will be established and have responsibility for procuring, managing, overseeing and regulating local audits. This will include current responsibility fulfilled by Public Sector Audit Appointments (PSAA), National Audit Office (NAO) and Financial Reporting Council (FRC).
 - b. There will be a Liaison Committee chaired by the Ministry for Housing, Communities and Local Government (MHCLG) comprising FRC, Institute of Chartered Accountants in England and Wales (ICAW), NAO, Chartered Institute for Public Finance and Accountancy (CIPFA), Local Government association (LGA) and authority representatives, as well as Probation, Home Office and Audit Partners. This would meet quarterly and provide link to the regulator and would provide facility for feedback and commentary in how the local audits are done.
 - c. The OLAR could impose sanctions where there are significant issues in a local authority, e.g. if financial resilience issues where MHCLG are needed to intervene.

- d. The current fee structure for local audit be revised to ensure that adequate resources are deployed to meet the full extent of local audit requirements.
- e. The external auditor be required to present an Annual Audit Report to the first Full Council meeting after 30 September each year, irrespective of whether the accounts have been certified.

11. Governance –

- a. At least 1, suitably qualified, independent member will be required on each Audit Committee.
- b. There will be a requirement for the 3 statutory officers to meet with External Audit annually.
- c. All Audit Committee members will have a requirement to be trained.
- d. The deadline for publishing audited local authority accounts be revisited with a view to extending it to 30 September from 31 July each year.
- e. An annual report to be presented to first Full Council meeting after 30 September from the External Auditor, irrespective of whether the accounts have been certified.
- f. Auditors must have skills and training but also needs to be in place for local authority finance staff.
- g. The need for an induction/training mechanism for new s151 Officers on Final Accounts.
- h. The changes implemented in the 2020 Audit Code of Practice are endorsed; OLAR to undertake a post implementation review to assess whether these changes have led to more effective external audit consideration of financial resilience and value for money matters.

12. Financial Reporting –

- a. A new standardised statement of services and costs will be required to enable a comparison of budget setting Council Tax information to outturn.
- b. CIPFA/ Local Authority (Scotland) Accounts Advisory Committee (LASAAC) be required to review the statutory accounts, in the light of the new requirement to prepare the standardised statement, to determine whether there is scope to simplify the presentation of local authority accounts by removing disclosures that may no longer be considered to be necessary.

Other Options Considered

- 13. The report presents members with an update on the recommendations from the Independent Review into the Oversight of Local Audit and the Transparency of Local Authority Financial Reporting. No other options were considered.

Reason/s for Recommendation/s

- 14. To present members with the opportunity to consider the content of the Independent Review into the Oversight of Local Audit and the Transparency of Local Authority Financial Reporting.
- 15. The recommendations arising from this national review will now be considered by the Government. It is anticipated that any changes then forthcoming from the Government's response would be subject to further consultation.

Statutory and Policy Implications

16. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1) Members consider whether there are any actions they require in relation to the recommendations arising from the Independent Review into the Oversight of Local Audit and the Transparency of Local Authority Financial Reporting.

Nigel Stevenson

Service Director for Finance, Infrastructure & Improvement and Section 151 Officer

For any enquiries about this report please contact:

Nigel Stevenson

Constitutional Comments (KK 9/9/2020)

17. The proposal in this report is within the remit of the Governance and Ethics Committee.

Financial Comments (NS 9/9/2020)

18. There are no specific financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

12 October 2020

Agenda Item: 9

REPORT OF SERVICE DIRECTOR - CUSTOMERS, GOVERNANCE AND EMPLOYEES

NEW MEMBERS' INTRANET PAGES 'MEMBERS HUB' – PROGRESS UPDATE

Purpose of the Report

1. To present an update to members on the progress made to date with regard to redesigning the members' intranet pages and to seek feedback from members on the proposals and any additional suggested content.

Information

2. Members will recall that an update report on the Activity Plan relating to the Members Communication and Engagement Programme was considered at a meeting of this Committee on December 17th 2019.
3. Since that time, progress has unfortunately slowed from what had been planned, due to the need to focus many resources on the Council's urgent response to the COVID-19 pandemic. This included diverting many resources within Democratic Services, ICT, the Customer Services Centre and Communications teams into changing systems, procedures and service delivery to ensure that vital services continued to be delivered to the front line and so that alternative "virtual" meetings could take place to ensure that important democratic processes could continue.
4. More recently, it has been possible to refocus some capacity on the work of the Activity Plan and this report is to update members on one particular element, around Communications with members. There were 7 specific elements to this section and progress with each of the elements can be summarised as follows:

No.	Activity	Status	Comments
1.1	Develop and launch new "Newsroom" pages	Completed	Pages available to members from September/October through: https://www.nottinghamshire.gov.uk/newsroom
1.2	My Notts App and Website	Completed	Launched January 2020 and substantial improvements, additional tiles and new services have been added over intervening

	Development and launch		months. Latest report on progress to Improvement and Change Sub-Committee on 22/9/20
1.3	Re-launch information for members webpages on the Intranet	Design and initial content in testing	Progress update and demonstration to Governance and Ethics Committee today (12 October 2020)
1.4	Information leaflets and online content	Completed	Leaflet on gritting completed. Other topic specific leaflets/online content to be developed over the medium term
1.5	Design and Implement a standardised summary of Council achievements, activities and information	On Target	Scoping underway. Further Information leaflets to be delivered (flooding leaflet due January 20) Further content to be based on Council strategy and Budget information. To be made available in different formats including printed and online solutions
1.6	Develop and implement information and insight for members on constituency matters	In discovery	Work to capture relevant information for members relating to their ward areas is in the discovery stage. It is envisaged that it will take time to develop and refine the tools to deliver a suitable system for members. Testing and implementation is not expected until mid-2021.
1.7	Procure and implement Customer Relationship Management (CRM) system	To be developed as part of cross cutting transformation programmes	Long term objective linking to Council's Digital Programme. Will require a whole Council project management approach to develop a business case and specific requirements to form the basis of a specification necessary for a procurement exercise.

5. The focus on today's report is on element 1.3 (the development of improved Intranet Pages specifically dedicated to members' needs). Members will receive a practical demonstration of the proposals and feedback is welcomed.
6. The demonstration will consider:
 - a. The current members intranet pages and way in which information is presented
 - b. The proposal to bring all member information and access to one single page rebranded as the "Members Hub"
 - c. A demonstration of the test version of the Members Hub, to show the look and feel of the buttons/tiles and the links which sit beneath them
 - d. Members' feedback on the direction of travel and suggested additional content
 - e. The timescales for next steps, completion and launch
 - f. Any identified training requirements
7. At the next meeting of Committee, it is hoped to bring a wider update on progress with the Activity Plan with a particular focus on member training and development.

8. In the meantime, (and in light of the previous success of other working groups doing work on Outside Bodies and development of the Members Code of Conduct) it is suggested that it would be helpful to establish a cross-party Members Working Group. The group could consider any further developments for these proposals or for other elements of the Activity Plan relating to the Programme. This way, there will be a readily identified group with whom to discuss any new elements of this work to ensure that members' needs and requirements are reflected in the end products.

Reasons for Recommendation

9. To update members on progress to date with activities falling within part 1 of the Activity Plan agreed by members in December 2019.

Statutory and Policy Implications

10. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Data Protection and Information Governance

11. Within the current proposals there is no intention to capture personal information relating to customers and users. The data is information already available and is just being brought together in one location with improved navigation. Should this change, Information Governance colleagues will be involved to ensure compliance and security of data is considered and any potential issues identified, and risks mitigated.

Finance Implications

12. There are no financial implications at this stage. The Members Hub is intended to draw together information already available from a variety of places into one single location which is clear and easy to use for members.

Human Resources Implications

13. None

Public Sector Equality Duty implications

14. The Members Hub will be built to government accessibility standards in line with new Accessibility Legislation. This will improve the intranet and, in turn, the overall experience of using the Members Hub ensuring it is easy to use and accessible to all members.

Implications for Service Users

15. The aim of the Members Hub is to provide a single, easy to access channel for Members, to improve engagement with and access to Council information about services and support for elected members. Feedback from members will inform the nature and feel of the Members Hub to ensure fitness for purpose for members use.

RECOMMENDATION

- a) That members approve the overall approach being taken with the test Members Hub and
- b) That members provide feedback with regard to the look and feel of the Members Hub and any further suggestions for content
- c) That a cross party member working group be established to undertake a review of the test Hub, to provide any further suggestions for content and to provide member feedback on any other aspects of the Activity Plan as necessary

Marjorie Toward

Service Director - Customers, Governance and Employees

For any enquiries about this report please contact:

Heather Dickinson, Group Manager Legal, Democratic and information Governance,

Tel: 0115 9774835

Constitutional Comments (HD – 30/9/2020)

23. The proposal in this report is within the remit of the Governance and Ethics Committee.

Financial Comments (SES 30/09/2020)

24. There are no specific financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Members Communication and Engagement Programme Update – Report to Governance and Ethics Committee 17 December 2019 (Published)

Electoral Division(s) and Member(s) Affected

- All

12 October 2020**Agenda Item: 10****REPORT OF THE SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To review the Committee's work programme for 2020-21.

Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the Committee's agenda, the scheduling of the Committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and Committee meeting. Any member of the Committee is able to suggest items for possible inclusion.
3. The attached work programme includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.

Other Options Considered

4. None

Reason/s for Recommendation/s

5. To assist the Committee in preparing and managing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

- 1) That Committee considers whether any changes are required to the work programme.

Marjorie Toward

Service Director, Customers, Governance and Employees

For any enquiries about this report please contact:

Keith Ford, Team Manager, Democratic Services Tel. 0115 9772590

E-mail: keith.ford@nottsc.gov.uk

Constitutional Comments (EH)

7. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

8. There are no financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

GOVERNANCE & ETHICS COMMITTEE - WORK PROGRAMME (AS AT 2 OCTOBER 2020)

<u>Report Title</u>	<u>Brief summary of agenda item</u>	<u>Lead Officer</u>	<u>Report Author</u>
25 November 2020			
Audit Findings Report	Grant Thornton's audit findings. Possibly to incorporate approval of Statement of Accounts	Nigel Stevenson	Glen Bicknell
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council (item to be confirmed).	Marie Rowney	Jo Kirkby
Internal Audit 2020-21 Plan – Term 3	To agree proposed actions in Terms 3.	Rob Disney	Simon Lacey
6 January 2021			
Counter Fraud Update	To consider an update on actions taken to address potential fraud.	Nigel Stevenson	Rob Disney
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council (item to be confirmed).	Marie Rowney	Jo Kirkby
Follow-up on Internal Audit Recommendations	To consider progress against previously agreed internal audit recommendations.	Rob Disney	Simon Lacey
1 February 2021			
Corporate Risk Management Update	To consider the latest update on this issue.	Rob Disney	Simon Lacey
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council (item to be confirmed).	Marie Rowney	Jo Kirkby
31 March 2021			
Use of Councillor's Divisional Fund	To consider the latest six monthly monitoring report.	Marjorie Toward	Keith Ford
Internal Audit 2020-21 Plan – Term 2 and 2021-22 Plan Term 1	To consider progress in the latest monitoring term and proposed actions in 2021-22 Plan Term 1.	Rob Disney	Simon Lacey

Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council (item to be confirmed).	Marie Rowney	Jo Kirkby
Internal Audit Recommendations: Action Tracking	To consider progress against previously agreed internal audit recommendations.	Rob Disney	Simon Lacey
23 June 2021			
Annual Governance Statement 2020-21	To approve the annual statement.	Rob Disney	Simon Lacey
Update on Local Government and Social Care Ombudsman Decisions	To consider any recent findings of the Local Government Ombudsman in complaints made against the County Council (item to be confirmed).	Marie Rowney	Jo Kirkby
Assurance Mapping 2020-21	To consider this annual review of progress.	Rob Disney	Simon Lacey
Annual Fraud Report 2020-21	To consider this annual review of progress.	Rob Disney	Simon Lacey
Head of Internal Audit Annual Report 2020-21	To consider the Head of Internal Audit's latest annual report.	Rob Disney	Simon Lacey