

## **Audit Committee**

### **Minutes of the meeting held on Monday, 3 September 2018**

#### **Present:**

Councillor Ahmed Ali (Chair) – in the Chair  
Councillors Connolly, Russell, A Simcock and Watson

Independent Co-opted member: Mr S Downs  
Independent Co-opted Member: Dr D Baker

#### **Also present:**

Councillor Bridges , Executive Member for Children's Services  
Councillor Craig, Executive Member for Adults Health and Wellbeing

**Apologies:** Councillor Lanchbury

#### **AC/18/44. Minutes**

The minutes of the Audit Committee held on 31 July 2018 were submitted for approval.

#### **Decision**

To approve the minutes of the meeting held on 31 July 2018 as a correct record

#### **AC/18/45. ICT Assurance Update: Disaster Recovery Planning and Public Service Network**

The Committee considered the report of the Chief Information Officer which provided an update on the progress made to ensure that the Council has plans in place to achieve ICT Disaster Recovery (DR) capability and improve the resilience of the Council's ICT infrastructure. The report explained that the work is progressing to establish DR capability by September 2019 and provided details on the associated approach and timescales. The Committee also received a presentation on the arrangements for data storage centre.

The Chair invited questions from the Committee.

A member referred to the use of Crown Commercial Services Framework in the procurement of the necessary technical infrastructure and sought assurance that the framework procurement process would be governed by the same ethical procurement standards as those used by the Council.

The Committee was informed that the procurement framework used is the same as that used by the Council and worked to the same ethical standards.

A member referred to Public Service Network (PSN) certification and asked officers to explain the implications in not achieving PSN certification and when was the certification expected to be renewed by the Cabinet Office.

It was reported that there was no specific operational restrictions imposed or impact on users or partners as a result of non-certification. The Council had provided regular updates to the Cabinet Office on progress being made to decommission MS Servers and other obsolete platforms.

The Committee agreed that it was satisfied with the assurance provided by the review of effectiveness and management of improvement actions provided within the report it had considered.

## **Decision**

To note the report submitted and the comments raised.

### **AC/18/46. Adults Assurance update**

The Committee considered the report of the Director of Adult Services which provided an update on the progress being made to meet the concerns raised regarding limited assurance opinions in respect of:

- Transition: Children to Adult;
- Disability supported accommodation services, Quality Assurance;
- Homecare Contracts; and
- Client Financial Services.

The Chair invited questions from the Committee.

A member referred to terminology used within the report to describe the users of a service and requested officers refers to users of a services as “residents” and not “customers”.

Members commented on the report with reference to transitions (children to adult) and expressed concern on the time taken for the development of a strategic vision. Officers were also requested to provide details on the number of transitions and cases that were complex or had entered into a crisis state. Officers were also asked to explain the outcome of the work stream development report (paragraph 2.2 of the report) and underlying work load.

It was reported that work was ongoing with partners and the outcome of user forums would be fed into the production of an Our Strategic Vision and this would include a half-day workshop in November 2018 to finalise the strategy with a launch event proposed in early 2019.

The Executive Member for Adults Health and Wellbeing reported that the figures for those young people involved in transitions were available and could be provided to members. The figures were not included in the report because the remit related to the vision strategy, governance and key roles and responsibilities as requested in the

Work Programme. With reference to paragraph 2.2, the Committee was informed that the work stream report had not sufficiently taken into account the pace and evolution of the service and the development of the Our Manchester vision. Work was ongoing to determine service capacity, demand, workload and waiting lists and the findings of a demand and gap analysis would be reported to the Executive Member for Adults Health and Wellbeing.

The Chair referred to provision for the mental health of young people as part of the support offered during transitions and asked for an update on developments for the service.

The Committee was informed that an internal audit of Greater Manchester Mental Health NHS Foundation Trust would take place on systems and processes and the quality of service experienced by users and their outcomes. Additional resources had been provided to support improvements in mental health support for young people in transition. Mental health professionals would also be taking part in the workshop in November to look at development pathways and processes for young people in transition. In addition, work had been commissioned to consider current service provision for young people aged 16 years to 21 years old in view of the current process of the transfer between providers when a young person reaches the age of 18. Other work was looking at a future young person mental health model which could be used as part of future commissioning arrangements.

A member referred to the new model of homecare (paragraph 4.3) and sought assurance on how the new model would address the concerns of the existing model (paragraph 4.1 of the report).

The Committee was informed that the new model of homecare is outcome based and will be located within twelve neighbourhoods in the city. The new model will provide flexibility for the user on the way a package of care is delivered. A neighbourhood manager and social work team will be directly involved to oversee the development of relationships with locally based lead providers to broker support packages. The support packages will be monitored and checked to ensure a standard of quality for the user.

A member referred to the writing of reports to the Committee and the need to provide a clear distinction in the information provided by an Executive Director and the opinion of the Head of Audit and Risk Management.

The City Treasurer reported that the Committee receives a quarterly assurance report from the Head of Audit and Risk Management which follows a formal process to provide independent opinion to the Committee on audits that had been completed. Including audit opinions within a report in advance of this may present those views as subjective and not independent.

The Committee agreed that it was satisfied with the assurance provided by the review of effectiveness and management of improvement actions provided within the report it had considered.

## **Decisions**

1. To note the report submitted and the assurance provided.
2. To agree that future reports provide relevant statistical information relating to the area of service concerned in addition to any specific issues requested.
3. To agree that a report is submitted providing statistics relating to young people involved in transition (children services to adult services).

### **AC/18/47. Children's Services Audit Recommendations**

The Committee considered the report of the Strategic Director of Children's Services which provided an update on outstanding recommendations from an audit of the Foster Carers Framework and Multi Agency Safeguarding Hub. The report also provided a management update to confirm the actions being taken to address risks identified from the audits.

In the absence of the Director of Children's Services, the Deputy Strategic Director Children's Services introduced the report and responded to questions from Committee Members.

A member referred to Paragraph 3.10 and the use of dip sampling on referrals that progress to a Strategy Discussion and questioned if the process was a sustainable in providing a level of assurance when personnel were not available.

It was reported that the circumstances relating to the dip sampling not taking place in July related to staff resources and had been resolved following the appointment to post of Head of Complex Safeguarding. The review of referral cases was undertaken one month after the referral takes place.

A member commented on the involvement of Internal Audit on the contents of the report and it was explained that Internal Audit would discuss the content prior to submission to the Committee for proof of evidence on actions. The quarterly assurance report to the meeting of the Committee in November would provide the independent opinion of Internal Audit with a further update in January 2019.

A member referred to the Foster Care Contract and a net overpayment of £186 and asked for confirmation on the level of over and under payment involving providers. Officers were also asked to explain the monitoring process involved in visits (announced and unannounced) to children's/ establishments homes for risk evaluations and provider monitoring, and to clarify the length on the timeliness of referrals to ensure children are kept safe.

It was reported that identifying the £186 overpayment was provided as an assurance on the success of the system of monitoring payments, however the detail of the investigation of the financial processes would need to be provided separately. Visits made to children's establishments is the responsibility of Ofsted as the regulator to provide that assurance. It was reported that the Council will have discussions with contract providers to ensure the standards of provision specified are being provided

for the children concerned. The report sets out a framework for the allocation of resources to carry out visits and checks and this will include unannounced visits to any establishment brought into question regarding expected standards. The issue of contacts and referrals was explained and Members were informed that once a contact is received a decision is made based on the evidence and circumstances provided on whether it is necessary to escalate to a referral. Once the referral is confirmed, action will be taken based on professional judgement of the information and intelligence available.

The Committee agreed that it was satisfied with the assurance provided by the review of effectiveness and management of improvement actions provided within the report it had considered.

## **Decision**

To note the report submitted and the assurance provided.

### **AC/18/48. Disclosure & Barring Service (DBS) Checking Arrangements**

The Committee considered the report of the City Treasurer and the Head of Audit and Risk Management which provided an overview of the Council's current arrangements for Disclosure Barring Service checking, previous and recent audit activity in this area and an update on recent progress to further improve the control framework.

The Committee had requested further information following consideration of a report received on DBS administration processes in June 2018, on the following:

- Explanation of the key elements of the DBS checking process;
- Roles and responsibilities of key officers;
- Internal scrutiny arrangements to provide assurance over consistency of decision making; and
- Potential for use of technology to deliver process efficiency.

The Chair invited questions from the Committee.

A member referred to paragraph 2.7 of the report and asked what process was used to communicate to those members of staff requiring DBS notification and making checks for members of staff where online access was not available.

Members were informed that the e-bulk was used for the uploading of documents and not individual checks. Support for staff would be provided by their manager regarding notification and check requirements through a renewal notification system.

With reference to paragraph 2.5, officers were asked what type accreditation or training process was involved for the Lead Counter signatory and delegated officers for the Council and was it possible to delegate the counter-signatory role in their absence. The Committee was advised that the Head of Human Resources and Organisational Development is the Lead Counter signatory for the Council together with other senior officer delegated signatories. A DBS Group had been established to

share information and provide support and training to help maintain consistency across the Council. It was confirmed that it was not possible to delegate the counter-signatory role down to another officer.

A member requested for the submission of information on the process of DBS monitoring for volunteers supporting Council activities.

The Committee agreed that it was satisfied with the assurance provided by the review of effectiveness and management of improvement actions provided within the report it had considered.

### **Decision**

1. To note the report and comments received.
2. To request further information is submitted regarding the monitoring of DBS checks for people acting in a volunteer capacity when supporting Council related activities.

### **AC/18/49. Annual Complaints and Enquiries report 2017/18**

The Committee considered the report of the Deputy Chief Executive which presented the complaints and enquiries dashboard for the Council's annual performance for 2017/18 relating to corporate and social care complaints, Councillor and MP enquiries. The report also provided information of how the complaints and enquiries received has been used to influence service related improvements. The Head of Performance, Research and Intelligence introduced the report.

The Chair invited questions from the Committee.

A member asked how reports relating to complaints on councillors was listed.

It was noted that the Standards Committee considers an annual report on councillor complaints.

### **Decision**

To note the report submitted.

### **AC/18/50. Work Programme and Audit Committee Recommendations Monitor**

The report of the Governance and Scrutiny Support Unit which contained responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

### **Decision**

To note that the Work Programme will be updated for the next meeting of the Audit Committee.