

# Public Document Pack

# Blackpool Council

7 September 2022

To: Councillors Burdess, Critchley, Galley, Hunter, Roberts and R Scott  
Dr Stuart Green, and Mr David Swift, Independent Co-opted Members

The above members are requested to attend the:

## **AUDIT COMMITTEE**

Thursday, 15 September 2022 at 6.00 pm  
in Committee Room A, Town Hall, Blackpool

## **A G E N D A**

### **1 DECLARATIONS OF INTEREST**

Members are asked to declare any interests in the items under consideration and in doing so state:

(1) the type of interest concerned either a

- (a) personal interest
- (b) prejudicial interest
- (c) disclosable pecuniary interest (DPI)

and

(2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

### **2 MINUTES OF THE LAST MEETING HELD ON 21 JULY 2022** (Pages 1 - 8)

To agree the minutes of the last meeting of the Audit Committee held on 21 July 2022 as a true and correct record.

### **3 STATEMENT OF ACCOUNTS 2021/2022**

To receive a verbal update from Mr Steve Thompson, Director of Resources, on the Annual Statement of Accounts.

**4 STRATEGIC RISK REGISTER DEEP DIVE - STRATEGY** (Pages 9 - 20)

To consider a progress report on individual risks identified in the Council's Strategic Risk Register and to consider the controls being implemented to manage the strategic risk relating to strategy.

**5 INTERNAL AUDIT FOLLOW UP - CARE AT HOME** (Pages 21 - 30)

To consider a progress report on the recommendations made in the internal audit report of the Care at Home Service (internal provision) issued on the 11 October 2021.

**6 AUDIT COMMITTEE ACTION TRACKER** (Pages 31 - 32)

To consider the Committee's updated Action Tracker.

**7 DATE OF NEXT MEETING**

To note the date and time of the next meeting of the Committee as 20 October 2022, commencing at 6.00pm.

**Venue information:**

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact John Greenbank, Democratic Governance Senior Adviser, Tel: 01253 477229, e-mail [john.greenbank@blackpool.gov.uk](mailto:john.greenbank@blackpool.gov.uk)

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at [www.blackpool.gov.uk](http://www.blackpool.gov.uk).

### **Present:**

Councillor Galley (in the Chair)

Councillors

Baker	Critchley	Hunter
Burdess	Green	R Scott

Mr D Swift, Independent Co-opted Member

Dr S Green, Independent Co-opted Member (via MS Teams)

### **In Attendance:**

Alan Cavill, Director of Communications and Regeneration

Steve Thompson, Director of Resources

Mark Towers, Director of Governance and Partnerships

Nick Gerrard, Growth and Prosperity Programme Director

Tony Doyle, Head of Information Technology

Jonathan Pickup, Head of Information Governance

Dianne Draper, Consultant in Public Health

Tim Coglan, Head of Public Protection

Tracy Greenhalgh, Head of Audit and Risk

Ian Large, Engineering Manager (Traffic Management)

Jenni Cook Democratic Governance Senior Adviser

Nicola Wright, Audit and Assurance Partner, Deloitte (via MS Teams)

Councillor Mrs Callow JP, Chair of the Scrutiny Leadership Board

## **1 DECLARATIONS OF INTEREST**

Councillor Galley declared a personal interest in item 9 of the agenda in respect of any discussion around the Council's wholly-owned companies as he was a Non-Executive Director of Blackpool Entertainment Company Limited and Blackpool Transport Services Limited.

Councillor Burdess declared a personal interest in item 9 of the agenda in respect of any discussion around the Council's wholly-owned companies as she was a Non-Executive Director of Blackpool Transport Services Limited.

## **2 MINUTES OF THE LAST MEETING HELD ON 16 JUNE 2022**

**Resolved:** To agree that the minutes of the meeting held on 16 June 2022 be signed by the Chair as a true and correct record.

## MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 21 JULY 2022

### 3 MANAGEMENT OF INVESTMENT PROPERTIES AUDIT FOLLOW-UP

Mr Nick Gerrard, Growth and Prosperity Programme Director and Mr Paul Jones, Head of Property Services provided the Committee with a progress report on recommendations made in the internal audit report regarding Management of Investment Properties which had been issued on the 24 September 2021. The report outlined the actions being implemented within the Agreed Action Plan to address the audit recommendations made.

An overview of the service was provided and the Committee was advised that properties were only acquired if they supported regeneration goals such as the Houndshill Shopping Centre and the acquisition of this property had been used as an example of good practice in a Treasury consultation. The Corporate Asset Management Plan had been reviewed and now contained clearly defined roles and responsibilities. The revised Plan would be reported to the Executive in the Autumn.

The Committee discussed the update and was advised that although a number of target dates had passed their completion dates, work was underway to ensure that these would be completed as a priority. Recommendation 10 was an ongoing process that should be marked as 'complete' and Recommendation 5, publication of an easily found asset list, should be completed in September. Consideration could also be given to publication of the Corporate Asset Management Plan on the Council's website.

Officers advised the Committee that the audit process as a whole had been extremely useful and had added value to current processes and provided a general assurance to the service.

The Chair of the Audit Committee thanked the officers for their attendance and work respect of the audit recommendations.

**Resolved:** To note the update.

[Mr Gerrard and Mr Jones left the meeting].

### 4 INFORMATION COMMISSIONERS OFFICE (ICO) AUDIT FOLLOW UP

Mr Tony Doyle, Head of Information Technology and Mr Jonathan Pickup, Head of Information Governance, provided the Committee with an overview of the final report from the Information Commissioners Office (ICO) after a follow-up of the recommendations made in the April 2021 inspection.

The Committee was advised that a consensual audit had been carried out by the ICO in April 2021 that had identified 30 recommendations, though high assurance had been given overall, across the three areas under review (governance and accountability, information security and freedom of information). Of these recommendations 90% had been accepted, 7% had been partially accepted and 3% had been rejected. The ICO was satisfied with the completion of recommendations.

The Committee considered the update and was advised that out of the recommendations,

## MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 21 JULY 2022

only one was rejected as it was a training and development issue and evidence that actions were already taking place to address it had been provided. In respect of Key Performance Indicators (KPIs), the Committee was advised that training figures were reported to the Corporate Leadership Team to ensure all service areas were aware of any departments that were not meeting targets with respect to training.

The Chair of the Audit Committee thanked the officers for their attendance and for their work on implementing the ICO recommendations.

**Resolved:** To note the update.

[Mr Doyle and Mr Pickup left the meeting].

### 5 STRATEGIC RISK REGISTER DEEP DIVE - SECURITY

The Committee considered a deep dive into the Strategic Risk 'Security' which included the sub-risks (a) Terrorism related act at major events and in publicly accessible locations and (b) Pandemic infection / health security concern (human and animals). The Chair noted that as this had the potential to be a sensitive topic, the meeting could move into private session if necessary.

Mr Alan Cavill, Director of Communications and Regeneration, provided the Committee with an update in respect of sub-risk (a) and advised that the Council had a good working relationship with the emergency services, in particular the Police and military. Multi and single agency plans were in place to deal with incidents and security assets were deployed as necessary for events, for example barriers provided at the Airshow and fireworks events.

The Committee discussed Mr Cavill's update and was advised that a new location for the CCTV control room had been identified, which was a better facility, would have more/replacement cameras and work would be undertaken to ensure that there was no gap in CCTV provision whilst the transfer took place.

In response to questions from the Committee Mr Cavill provided an overview of a recent incident that had taken place at in the vicinity of Blackpool North Train Station and how the multi-agency teams had worked together to manage the incident. In relation to lessons learned from the Manchester Arena bombing, the Committee was advised that regular updates were received from Counter-Terrorism officers to anticipate outcomes and implications from the Public Inquiry. The Council's aim was to ensure that the public felt safe at events and would act on any recommendations from the Inquiry.

In relation to the impact of new developments within the town, pre-application discussion took place to ensure that security was built into design where appropriate. The Committee's attention was drawn to the example of the Quality Corridor Scheme whereby the pedestrian route between the train station and the conference centre had been protected through the use of bollards.

Dr Dianne Draper, Consultant in Public Health and Mr Tim Coglan, Head of Public Protection,

## MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 21 JULY 2022

provided an overview of security sub-risk (b). Work continued with the Health Protection Board and the UK Health and Security Agency to share situational analysis and keep up to date on new issues. The Health Protection Board continued to meet now that the Country was starting to live with Covid and quarterly meetings were in place which helped to build good multi-agency relationships. The Lancashire Resilience Forum continued to meet to review pandemic plans going forward and to ensure processes were in place to ensure effective arrangements for health protection incidents and outbreaks, with key risks identified and appropriate mitigation measures undertaken. Work in relation to vaccinations, both Covid-19 and seasonal influenza, continued and the vaccine bus was still in use. Dr Draper commended the response of the service, the level of commitment, communication and hard work in responding to an unprecedented situation.

In relation to animal health outbreaks, such as avian flu, Mr Coglan advised the Committee that the audit on animal health outbreak planning had been requested by the service. Recommendations had been broadly complied with and six members of the Public Protection Team had achieved a qualification to enable them to effectively respond to an animal health outbreak. A lead officer had been identified in the Public Protection Team to deal with animal health incidents, with a second officer identified to support Public Health with human health incidents. Policies and plans for dealing with such incidents had undergone a full review and were now in a final draft before implementation. A field incident guide had been developed which followed national guidance.

The Committee considered the update and in respect of future risks, the Council was proactively putting its own plans and strategies in place, rather than wait for this to be a requirement and to ensure that projects were locally-led where possible. Effective health surveillance, situational analysis and monitoring procedures were in place to try any mitigate against any future outbreaks. In response to questions from the Committee, Mr Coglan confirmed that in his opinion the audit process had been beneficial to the service.

The Chair of the Committee thanked Dr Draper and Mr Coglan for attending and their respective teams for their hard work on these matters.

**Resolved:** To note the update.

[Dr Draper and Mr Coglan left the meeting].

### **6 COMMUNITY AND ENVIRONMENTAL SERVICES AUDIT TRACKER PROGRESS UPDATE**

Mr Ian Large, Engineering Manager (Traffic Management) provided the Committee with an update on the progress made by the Community and Environmental Services in respect of outstanding items on the Audit Tracker.

The first outstanding action was in relation to cost analysis findings of Traffic Regulations Orders and the Committee was advised that this was slightly delayed due to a large piece of work required to move on-street parking to ticketless/pay by app. This would require extremely specific Traffic Regulation Order and work was also required to ensure that the orders were generally fit-for-purpose. In addition to on-street parking, provision for blue

## MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 21 JULY 2022

badges, trailers, caravans and motorcaravans would also need to be reviewed. Once all Traffic Regulation Orders had been reviewed they could then be ratified and this work could take around six months.

The second outstanding recommendation was in relation to development of the new junction at Common Edge Road following the appointment of a consultant and designers. Design work for a link road at Division Lane was underway with site investigations required. Works at School Road were in an early stage of design.

The Audit Committee thanked Mr Large for his update.

**Resolved:** To note the update.

[Mr Large left the meeting].

### **7 ANNUAL GOVERNANCE STATEMENT 2021/2022**

Mr Mark Towers, Director of Governance and Partnerships, outlined the report which provided the Committee with the opportunity to review and approve the Annual Governance Statement for 2021/22. Once approved the Statement would be published as part of the Council's Statement of Accounts and shared with the officer Senior Leadership Team.

The Annual Governance Statement would assist the Council in ensuring that its business was conducted in accordance with the law and proper standards and that public money was safeguarded and properly accounted for and used economically, efficiently and effectively.

To develop the Statement workshops had taken place with the Extended Corporate Leadership Team and key elected members with a role in governance. The Statement was considered a strong, robust document and would be brought back to the Audit Committee for a half-yearly review in January.

The Committee discussed the report and a committee member suggested that more detail could be included in respect of staff survey results and more reference to partnership working, particularly the NHS. Mr Towers commented that these areas could have more focus next year when outcomes from both areas were being delivered. In relation to the Council's wholly-owned companies, Mr Towers explained that the Statement was a reflective review of governance arrangements and the companies reported to the Council's Shareholder Committee. In relation to governance for the key partnership arrangements such as Blackpool Tower and Houndshell Shopping Centre, the review of these arrangements would be carried out as part a planned internal audit review and would be fed back into the Annual Governance Statement for 2022/2023 when the audit reviews have been completed. The Shareholder Committee would be bringing a report in respect of the Council's wholly-owned companies to the Audit Committee in the Autumn.

The Committee noted that the document was easy to follow and had taken a great deal of work to compile.

## MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 21 JULY 2022

**Resolved:** To approve the Draft Annual Governance Statement for 2021/2022.

### 8 EXTERNAL AUDIT UPDATE

Ms Nicola Wright, Audit and Assurance Partner, Deloitte advised the Committee that the Chartered Institute of Public Finance and Accountancy (CIPFA) had undertaken the consultation to investigate the national issue around the historical accounting of local authority infrastructure assets and the results of this consultation were awaited.

The Committee discussed the update and any unintended consequences caused by the delay and Mr Steve Thompson, Director of Resources, offered to share the draft accounts with the Audit Committee. In addition, Ms T Greenhalgh, Head of Audit and Risk, would consider how the Committee could support the Council in this current situation.

**Resolved:** To note the update.

### 9 RISK SERVICES QUARTER ONE REPORT

Ms Tracy Greenhalgh, Head of Audit and Risk, provided the Committee with a summary of the work completed by Audit and Risk Services in quarter one of the 2022/23 financial year. In particular she noted that in relation to risk management 100% of the scheduled risk management groups had been held in the quarter with risk workshops facilitated for the Care Cap trailblazer project and ZEBRA zero carbon bus network project. Work to review service level business continuity plans and transfer the plans onto a new template was ongoing and once reviewed, the Corporate Business Continuity Plan would be updated. In relation to risk registers, at the end of Quarter 1, the overall completion rate had decreased from 89% (as at 31st March 2022), to 87% (as at 30th June 2022) due to directorate staffing changes that occurred during the quarter.

The Committee discussed the Internal Audit performance indicators and noted that the percentage of audit plans completed was significantly low at 16%. Ms Greenhalgh explained that this was currently not a cause for concern and work from the previous year was often being completed in quarter one. An improvement in quarter two was expected. In relation to the key performance indicators for Children's Services, the Committee expressed concerns that an extension had already been given. A proactive approach to tackling this had been taken with meetings taking place at a senior level to ensure completion by the end of September. The Committee was assured that mandatory training via ipool was monitored and the Corporate Leadership Team informed of any areas of low completion.

Ms Greenhalgh provided the Committee with a detailed summary of the work undertaken in the quarter which had included commissioning and compliance with standard operating procedures. A split assurance had been given and Ms Greenhalgh clarified that although the controls in place were adequate for the commissioning function within the Commissioning and Adult Services Teams, concerns had been identified in relation to aspects of the commissioning process within Children's Services for which an inadequate assurance had been given. Work was underway to address these concerns.

## MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 21 JULY 2022

In relation to the Conference Centre a split assurance had been given for the reason that controls around the actual build of the conference centre were inadequate although it was acknowledged that some of the issues were outside of the Council's direct control, however no priority one recommendations had been made as lessons learned had been identified and would be considered for future projects. Mr A Cavill, Director of Communications and Regeneration, advised the Committee that the venue was busy and had the benefit of technology to host gaming events and online conferences. In relation to future projects, Mr Cavill advised the committee that design and build contracts would not be split and that local contractors would be used where possible.

Audit testing had been carried out at Layton Primary School and a split assurance had been given due to a lack of controls relating to the unofficial school fund which created unnecessary risk. Work was underway to address the issues.

The Committee was provided with an update on priority one recommendations and was advised that during quarter one no directed or covert surveillance had taken place under the Regulation of Investigatory Powers Act 2000 (RIPA).

The Committee discussed the fraud and error statistics and in particular the single persons council tax discount. Ms Greehalgh summarised the work carried out to ensure all claims were valid and noted that this work was supported by the National Fraud Initiative. In relation to concerns expressed by the Committee in relation to the high number of priority one and two recommendations in Commissioning, Ms Greenhalgh advised that this issue may be brought to a future Committee for additional assurance as part of the follow-up process.

The Committee requested that further information be sought in relation to insurance claims, particularly the ratio for claims made versus claims paid and Ms Greenhalgh agreed to provide the Committee with defensibility rate information if available.

**Resolved:** To note the report.

### 10 AUDIT COMMITTEE ACTION TRACKER

The Committee gave consideration to the updated Action Tracker, noting that actions one and four could now be removed. An update on action 8 would be provided within quarter two reporting.

**Resolved:** To note the Action Tracker.

### 11 DATE OF NEXT MEETING

The date of the next meeting was noted as 15 September 2022.

## MINUTES OF AUDIT COMMITTEE MEETING - THURSDAY, 21 JULY 2022

### Chairman

(The meeting ended at 7.54 pm)

Any queries regarding these minutes, please contact:

Jenni Cook Democratic Governance Senior Adviser

Tel: 01253 477212

E-mail: [jennifer.cook@blackpool.gov.uk](mailto:jennifer.cook@blackpool.gov.uk)

<b>Report to:</b>	<b>AUDIT COMMITTEE</b>
<b>Relevant Officer:</b>	Arif Rajpura, Director of Public Health John Blackledge, Director of Community and Environmental Services Vicky Gent, Director of Children’s Services Paul Turner, Assistant Director Children’s Services
<b>Meeting</b>	15 September 2022

## STRATEGIC RISK REGISTER DEEP DIVE – STRATEGY

### 1.0 Purpose of the report:

1.1 To consider a progress report on individual risks identified in the Council’s Strategic Risk Register and to consider the controls being implemented to manage the strategic risk relating to strategy.

### 2.0 Recommendation(s):

2.1 To consider the controls being implemented to manage the strategic risk relating to strategy.

### 3.0 Reasons for recommendation(s):

3.1 To enable the CLT and Audit Committee to consider an update and progress report in relation to an individual risk identified on the Strategic Risk Register.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council’s approved budget? Yes

### 4.0 Other alternative options to be considered:

4.1 N/a

### 5.0 Council priority:

5.1 The risk impacts on all the Council’s priorities.

### 6.0 Background information

6.1 At its meeting in March 2022, the Audit Committee agreed to continue to invite Strategic Risk Owners to attend future meetings to provide updates and progress reports in relation to the individual risks identified on the Strategic Risk Register.

- 6.2 Does the information submitted include any exempt information? No
- 7.0 List of Appendices:**
- 7.1 **Appendix 4(a)** - Strategic Risk Register Deep Dive – Strategy
- 8.0 Financial considerations:**
- 8.1 The controls being implemented will be done so within current budget constraints.
- 9.0 Legal considerations:**
- 9.1 Risks need to be effectively managed in order to comply with relevant legislation.
- 10.0 Risk management considerations:**
- 10.1 To enable CLT and Audit Committee to gain assurance that strategic risks are being effectively managed.
- 11.0 Equalities considerations:**
- 11.1 Equality analysis should have been undertaken, where necessary, when decisions were made in relation to the identification of the actions identified in this document. As this report presents monitoring against pre-agreed actions no further equality analysis has been undertaken as part of this report.
- 12.0 Sustainability, climate change and environmental considerations:**
- 12.1 Sustainability, climate change and environmental matters should have been considered, where necessary, when decisions were made in relation to the identification of the actions identified in this document. As this report presents monitoring against pre-agreed actions no further analysis has been undertaken as part of this report.
- 13.0 Internal/external consultation undertaken:**
- 13.1 The progress report has been prepared in conjunction with risk owners.
- 14.0 Background papers:**
- 14.1 N/a

Appendix 4(a):

**Risk Category: Strategy**

**Risk: a) Poor health and wellbeing outcomes.**

**Risk Owner: Director of Public Health and Director of Community and Environmental Services**

<b>Gross Risk Score</b>	<b>20</b>	Impact - 4	Likelihood – 5
-------------------------	-----------	------------	----------------

**What impact does this have?**

- Increased demand for statutory services.

**What opportunities does this create?**

- Build a more resilient community to reduce reliance on the public sector.

**What controls do we already have in place?**

- Dementia Action Alliance in place.
- Preventative services such as the Tobacco Addiction Service are in place to improve health outcomes and reliance on public services.
- Continued work with grass root community groups to advise / signpost them to support that enables them to support their communities.
- Isolation support for Blackpool residents is in place and a counselling service has been commissioned to support those who have to isolate due to Covid-19 and require mental health and wellbeing support.
- Integration 2020 project, which involved multi-agency work to encourage connecting people and organisations in a coordinated approach to solution focused community engagement and development, in order to improve people's health and wellbeing.
- Work being undertaken to encourage and support greater levels of community engagement and development in neighbourhoods, pushing health and social care services to consider factors that influence people's health and wellbeing beyond the medical model of intervention.
- Increased town wide engagement and community involvement.
- Community Covid champions focussing on vaccination, increasing uptake and guiding those who are not vaccinated to understand why and support accordingly.

<b>Net Risk Score</b>	<b>16</b>	Impact - 4	Likelihood – 4
-----------------------	-----------	------------	----------------

**What are we doing to further manage the risk?**

**Monthly VCFS/Communities catch up meeting to be introduced post Covid-19.**

Meetings take place every two months over Teams which the Director of Public Health chairs to discuss a wide range of health and wellbeing matters.

**Deliver the new Digital Blackpool program which is focused on reducing issues experienced during isolation.**

Funding has been received to deliver a laptop loan scheme and this is now up and running and available

to Blackpool residents.

**Focused work with the Primary Care Networks (NHS) to ensure multi agency work continues, focused around place based solutions.**

There are currently four Primary Care Networks in place. Public Health are actively engaged with two of these and support the other two on a more ad-hoc basis. Given the current NHS reorganisation around footprints the focus on place based solutions will be embedded further going forward.

**Develop joint working with the NHS to develop neighbourhoods.**

In July 2022 it was agreed that as part of the NHS reorganisation Blackpool would become its own footprint. Staff are currently being appointed to these roles and this will then present an opportunity to develop deeper integration across the town.

**Work with NHS Colleagues on their Communications and Engagement work to inform the Community Engagement Framework and Guide.**

The draft framework has been to both CLT and Scrutiny and the team are just in the process of undertaking further engagement activity across both stakeholders and residents.

The engagement will consist of both VCFS led outreach and a workshop and will be delivered in partnership with Healthwatch/Empowerment to provide an element of independence.

The Community Engagement post which formerly sat in Public Health has now moved over to the Chief Executives department and sits alongside the Council's policy and research functions.

**Review the leisure services offer to determine what the impact on income would be if the service created a greater focus on health and wellbeing rather than necessarily competing with the private sector gym market.**

As a result of the Covid-19 pandemic a number of funding opportunities have become available for health and wellbeing, some of which is allocated to accessing leisure centres. This has enabled the service to expand its focus and maintain a level of the traditional gym membership offer alongside some targeted marketing in relation to health and wellbeing. The leisure centres are therefore attracting new customers who have multi-complex health and wellbeing challenges to engage them in a programme and fitness due to the positive outcome this can have.

**Deliver the actions identified in the Green and Blue Infrastructure Strategy for the year as such initiatives are shown to have a positive impact on health and wellbeing.**

The Green and Blue Infrastructure Strategy is a ten year plan and the Council is currently in year four of its delivery. An annual report is taken to Scrutiny Committee to provide an update of progress, with the last report presented in March 2022 being well received. In addition an internal audit of this area is underway, the outcome of which will be reported to a future Audit Committee. Implementation of the actions is progressing well and this is balanced with the adoption of a dynamic approach so as not to miss out on additional opportunities from 'greening', such as links with the Growth and Prosperity Team and the regeneration programme.

**What will these additional actions achieve?**

The NHS reorganisation and the creation of a Blackpool footprint creates an opportunity to join up capacity and resource between the Council and the NHS. As part of this there is a clear agenda for community engagement and co-creation with local residents. When communities feel that they are engaged with and listened to this can have a positive impact on their health and wellbeing outcomes.

A key focus of leisure services is to reduced health inequalities through embedding 'Move More' principles into systems.

In addition to the positive impact that the implementation of the Green and Blue Strategy will have on health and wellbeing it will also contribute to the Council climate change agenda through carbon reduction.

**What barriers do we face?**

Whilst community engagement capacity across the Council has significantly decreased due to austerity there is an opportunity through joint working with the NHS across the Blackpool footprint to pool resources and bridge some of the gaps.

In terms of leisure services the sector as a whole is still trying to recover / bounce back from the Covid-19 pandemic and this is also the case for the Council's leisure facilities. Therefore the financial position is being closely monitored. To help offset this the service is investing in new equipment this year which will hopefully help maintain and grow the customer base. The complexity of the health system also creates some barriers in terms of linking through to leisure as a means of improving health and wellbeing.

The biggest barrier to the Green and Blue Infrastructure is the pace of change across the town and 'greening' sometimes drops down the priority. There is a continued need to ensure that where possible green and blue initiatives are considered at the outset of schemes so that the Council can maximise opportunities in this space.

**Do these actions contribute to the sustainability of the Council?**

Improving health and wellbeing of local residents and making interventions upstream will in the long term start to reduce treatment costs which will benefit both the health and social care costs for our residents.

The implementation of the Green and Blue Infrastructure Strategy is a key contributor to delivery of the Council's climate change agenda and the need to identify ways in which to make Blackpool more sustainable given the current climate emergency.

**Do these actions impact on the Council's finances?**

Factors such as cost of providing and the maintaining health and wellbeing initiatives is factored into the Council's budget setting process. Where appropriate, sustainability of schemes is also factored into any external funding bids.

Both Council and Public Health funding has reduced over the last few years which has limited opportunities to carry out all of the preventative work the team would have liked to have done.

However, the Council are working closely with NHS colleagues as part of the implementation of the place based footprint to seek opportunities to leverage funding for further preventative initiatives.

**How does this contribute to the Council Plan?**

The work of Public Health and also the joint working with the NHS via the implementation of place based solutions all contributes to the Council’s community priority.

The work of leisure services contributes to the health and wellbeing agenda which forms part of the Council’s community priority.

The Green and Blue Infrastructure Strategy contributes to the community priority, as there is a proven links between the benefits of green space on health and wellbeing. It also contributes to the economy priority as the provision of green space helps promote an attractive space for residents and visitors to use.

**Any additional changes to this strategic risk?**

Given the new arrangements with the NHS and the Blackpool footprint there will be changes along the way which need to be managed. At this stage all the signs of the new arrangements are positive however if there is no true delegation of the budget from the ICS to the place this could limit opportunity.

An Active Live Strategy is in place which was approved in January 2021 and covers a five year period. Delivery of the actions in this strategy will be a key driver of reducing health inequalities across the town.

A key risk is the impact that the cost of living crisis will have on the health and wellbeing of Blackpool residents. Consideration is being given to what this impact will be and what ways the Council can support the local community.

---

**Risk: b) Poor educational attainment**

**Risk Owner: Director of Children’s Services**

<b>Gross Risk Score</b>	<b>20</b>	Impact - 4	Likelihood – 5
-------------------------	-----------	------------	----------------

**What impact does this have?**

- Loss of, or lack of, talent to take up employment in Blackpool.
- Increased exclusions and children missing education.
- Statutory requirement for local authority to ensure the adequate provision of school places in local area would not be met.

**What opportunities does this create?**

- Schools Improvement Funding.

**What controls do we already have in place?**

- School Improvement Board in place.
- Links with the Regional Schools Commissioner and OFSTED embedded.
- School improvement strategy in place which is challenged through the school improvement governance structure.
- Ten year strategy in place for 2020 to 2030 and Inclusion Strategy in place.
- Reviewed the Medical Admission Policy to ensure the right young people receive specialist support and maintain a good understanding of academies as admissions authorities to prevent delay in school allocation.
- School Organisation Plan in place to predict requirements for school places so that provision can be made as demand increases.

<b>Net Risk Score</b>	<b>16</b>	Impact - 4	Likelihood – 4
-----------------------	-----------	------------	----------------

**What are we doing to further manage the risk?**

**Further enhance the tracking system for school performance and work in conjunction with the Regional Schools Commissioner to hold schools to account.**

A robust data set is considered by the Blackpool Education Improvement Board on a quarterly basis. This data contains a combination of national and local attainment indicators and helps the Board target their attentions on areas where improvement and intervention made by required. The Regional Delivery Directorate (formerly the Regional Schools Commissioner) and the Department for Education also receive this data.

**Refine the Inclusion Plan for schools and literacy strategy.**

Detailed plans have now been developed underpinning both the Inclusion Plan and Literacy Strategy setting out the actions which need to be taken. Both the Inclusion Plan and Literacy Strategy are currently being revised based on current outturn data and it is hoped that these will be ready around September. The Right to Succeed charity have carried out this work on behalf on the Blackpool Education Improvement Board.

**Continue to gate-keep the process for making referrals to the Pupil Referral Units and ensure a robust Admissions Policy and Right of Appeal is in place.**

Admissions to the Pupil Referral Units are the lowest they have been in around 10 years with current admissions standing at approximately 100 pupils. This is due to the robust Admissions Policy which has been put in place which sets out a clear criteria for a place in a Pupil Referral Unit including a place which has been procured by a school, due to permanent exclusion or a hospital school placement. Whilst it is difficult to predict future demand dependent on the needs of families who arrive in Blackpool the new processes have resulted in more pupils continuing their education in mainstream schools.

The Admissions Policy follows statutory requirements and as such a Right to Appeal process has been incorporated.

**Further develop a school led system which improves attainment at Key Stage 3 and 4 whilst holding individual Trusts to account.**

This is now embedded through the Blackpool Education Improvement Board which now has very good representation for key stakeholders. By working collaboratively steps can be taken to continue to improve in this area.

Blackpool has been identified by Central Government as a Priority Investment Area of which the Blackpool Education Improvement Board will be a key driver. We are yet to see what changes this new status will bring however actions will be taken to ensure compliance and to continue to improve the attainment of Blackpool's children.

**What will these additional actions achieve?**

The implementation of these actions will achieve a number of benefits including:

- Improved educational attainment.
- Rationalisation of spend across the school funding system.
- Ability to sustain self-improvement with less scrutiny from external bodies.

**What barriers do we face?**

There are a number of barriers which could impact on improvements to educational attainment. These include:

- The legacy of Covid and the impact that this has had on education.
- The unknown quantity on outturn as a result of the pandemic.
- Increasing inflation which impacts on schools budgets due to staff salaries and energy costs.
- The cost of living crisis and the impact that poverty can have on education.

**Do these actions contribute to the sustainability of the Council?**

Whilst the delivery of education is increasingly moving away from the Council as the number of maintained schools reduce, the Council still has a key role in the delivery of a number of associated services such as pupil welfare, attendance and safeguarding.

By helping to ensure that Blackpool children have a good quality education, it has a positive impact on the economy as it creates potential to seek good employment opportunities. The more that children who have a stabilising factor in their life, such as good education, increases their life chances. This in turn can help reduce the number of children in the care system or need to access early intervention services.

**Do these actions impact on the Council's finances?**

The Council is responsible for any deficit in school finances and therefore if schools do not effectively manage their budgets this can impact on the Council's finances.

The impact that good education can have on reducing the number of children in care and requiring early intervention can have a positive impact on social care budgets.

**How does this contribute to the Council Plan?**

The provision of education impacts on both the Council's priorities of community and economy.

**Any additional changes to this strategic risk?**

It is unclear what the next five years will bring in education for a number of reasons including what the

impact of the pandemic and poverty will have on education outcomes.

**Risk: c) Provision for children with special educational needs and disabilities (SEND) is inadequate.**

**Risk Owner: Director of Children's Services**

<b>Gross Risk Score</b>	<b>20</b>	Impact - 4	Likelihood – 5
-------------------------	-----------	------------	----------------

**What impact does this have?**

- Lack of support for children with special educational needs and disabilities.

**What opportunities does this create?**

- Improved opportunities for all children.

**What controls do we already have in place?**

- SEND board and partnership governance is in place.
- Professional SEND Team in place which provides a range of support and services to children and their parents / carers.
- Subject to Ofsted inspections which provide assurance on the quality of services provided.

<b>Net Risk Score</b>	<b>16</b>	Impact - 4	Likelihood – 4
-----------------------	-----------	------------	----------------

**What are we doing to further manage the risk?**

**Update SEND Self-Evaluation Framework (SEF) and Strategy.**

The SEND service was inspected by OFSTED and the CQC in March 2022 and as a result the Council have prepared a Written Statement of Action based on the report's findings. As part of this process both the SEND Self-Evaluation Framework and Strategy have been reviewed.

**Refresh the SEND place-plan.**

The Council are in discussions with the Department for Education about developing a 'Safety Valve Agreement' in relation to finances. As part of this process the SEND place-plan has been refreshed and is relatively functional. There will also be an element of unknowns which could impact on the SEND place plan.

**Enhance the special school estate.**

An outline planning application has been prepared which, if approved, will see an extension to Highfurlong Special School. In addition plans are being developed to build a new Special Free School in Blackpool based on social and emotional needs however funding will need to be secured to progress this.

In addition, the Special Education Resource Facility (SERF) on the Marton School Estate has been

enhanced to include additional classrooms.

**Improve SEND compliance.**

The newly appointed Head of Service has a compliance focus and is ensuring that compliance against legal requirements is met. There have been some dips in performance however this was in relation to quality issues where statutory timescales may not have been met in order to ensure that the quality of the assessments was appropriate. However, this continues to improve ensuring good quality and timelessness.

In all OFSTED reports of Blackpool Schools, school leaders and teachers are noted for their good practice in relation to SEND.

**What will these additional actions achieve?**

The aims of these actions are to ensure the delivery of a highly performing SEND service which ensures that service users are identified early for the right reasons and that assessments are reviewed on a regular basis to enable effective planning to transition to mainstream education. There is evidence to suggest that better educational outcomes are achieved when children with special educational needs and disabilities access mainstream education.

Likewise, it is hoped that the delivery of the actions will result in a better transition from children's to adult services to ensure that service user needs continue to be met during their life.

By investing in the property portfolio the aspiration is that the Council will be able to place children in Blackpool schools rather than funding expensive out of borough placements.

There is also a key focus on building good diversity and cohesion in education and in the wider community.

**What barriers do we face?**

The key barriers to achieving the outcomes include:

- Financial constraints
- A lack of capacity in current special schools in the town.
- The length of time it will take to increase capacity for special school provision.

**Do these actions contribute to the sustainability of the Council?**

By helping ensure that Blackpool children have a good quality education it has a positive impact on the economy as it creates potential to seek good employment opportunities. The more that children have a stabilising factor in their life, such as good education, increases their life chances. This in turn can help reduce the number of children in the care system or need to access early intervention services.

**Do these actions impact on the Council's finances?**

The Council is responsible for any deficit in school finances and therefore if schools do not effectively manage their budgets this can impact on the Council's finances.

The impact that good education can have on reducing the number of children in care and requiring early

intervention can have a positive impact on social care budgets.

**How does this contribute to the Council Plan?**

The provision of SEND education impacts on both the Council's priorities of community and economy.

**Any additional changes to this strategic risk?**

OFSTED are due to re-inspect SEND across the town in around 18 months after the issue of their report. It will be important that by this point the Council and partner agencies can demonstrate improvement against the inspection findings.

This page is intentionally left blank

<b>Report to:</b>	<b>AUDIT COMMITTEE</b>
<b>Relevant Officer:</b>	Nick Henson – Head of Adult Care and Support
<b>Meeting</b>	15 September 2022

## INTERNAL AUDIT FOLLOW-UP – CARE AT HOME

### 1.0 Purpose of the report:

1.1 To consider a progress report on the recommendations made in the internal audit report of the Care at Home Service (internal provision) issued on the 11 October 2021.

### 2.0 Recommendation(s):

2.1 To consider the actions being implemented to address the audit recommendations relating to the Care at Home Service (internal provision) audit.

### 3.0 Reasons for recommendation(s):

3.1 To enable Audit Committee to consider an update and progress report on the audit recommendations.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### 4.0 Other alternative options to be considered:

4.1 N/a

### 5.0 Council priority:

5.1 The relevant Council priority is;

- Communities - Creating stronger communities and increasing resilience

### 6.0 Background information

6.1 The Care at Home service form part of the Care and Support Division within Adult Services, they provide care in the community for a number of situations, these include:

- Primary night care for planned and emergency response,

- Long term palliative care for terminally ill service users remaining in their home,
- Enablement services for hospital discharges,
- Homes Best service to ensure a service users house is clean and safe for returning to home or preventing a hospital admission and emergency rapid response.

The majority of care provided is on a short term basis however there are some long term service users that are supported by Care at Home due to the complexity of the needs that external providers have been unable to support. Typically care is provided between two and six weeks, though this can be as little as one day for bridging care and up to eight years for palliative care.

6.2 The scope and assurance statement of the audit was as follows:

### **Scope**

The scope of the audit was to ensure that adequate and effective controls are in place to minimise business risk by undertaking compliance testing on the following:

- Referral process are robust;
- Care plans are up to date and fit for purpose;
- Policies and Procedures are in place and up to date;
- Health and Safety Manual and Risk Assessments are in place and up to date;
- Robust quality assurance arrangements are established;
- Suitable security arrangements are in place and being complied with;
- Stock control records in place and maintained;
- Staff rotas are in place and operate safe levels of cover;
- Staff mandatory training is up to date and a suitable log is maintained; and
- Enhanced DBS checks are undertaken for relevant staff.

### **Assurance Statement**

Overall, we consider the controls in place to be adequate with several changes necessary, however we do acknowledge that a number of improvements have already been identified by the service, with some early plans to address some of these issues. However, we are particularly concerned around ensuring staff have both received the required level of training and training records are complete and therefore have assessed this element of the scope as inadequate.

6.3 Does the information submitted include any exempt information? No

## **7.0 List of Appendices:**

7.1 **Appendix 5(a):** Internal Audit Recommendations and Agreed Actions.

**8.0 Financial considerations:**

8.1 The controls being implemented will be done so within current budget constraints.

**9.0 Legal considerations:**

9.1 Risks need to be effectively managed in order to comply with relevant legislation.

**10.0 Risk management considerations:**

10.1 To enable the Audit Committee to gain assurance that risks are being effectively managed.

**11.0 Equalities considerations:**

11.1 Where equality analysis is appropriate these will have been undertaken whilst making decisions relating to the subject.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 Any matters relating to sustainability, climate change and environmental considerations will be considered when making decisions relating to the subject.

**13.0 Internal/external consultation undertaken:**

13.1 The progress report has been prepared in conjunction with the relevant Head of Service and Chief Officer.

**14.0 Background papers:**

14.1 N/a

**Appendix 5(a) - Agreed Action Plan**

<i>Recommendation</i>		<i>Priority</i>	<i>Agreed Action</i>	<i>Responsible officer</i>	<i>Target Date</i>	<i>Progress</i>
R1	We recommend a consistent standard of service user packs is maintained with all necessary information obtained and stored on file with robust arrangements to review and sign off necessary records.	3	Agreed. All service user packs are under review to ensure they are in line with the medication policy and CQC requirements.	Service Manager	31 <sup>st</sup> January 2022	<p>The service user packs have been reviewed and updated to ensure consistency.</p> <p>Care and Support workers are allocated to first visits and a more uniformed and consistent approach has been adopted to assessing and completion of all documentation.</p> <p>Further information below in regards to medication.</p>

	<b><i>Recommendation</i></b>	<b><i>Priority</i></b>	<b><i>Agreed Action</i></b>	<b><i>Responsible officer</i></b>	<b><i>Target Date</i></b>	<b><i>Progress</i></b>
R2	We recommend a systematic method for carrying out quality reviews on service user packs and medication records commences to ensure consistency in quality and recorded information.	2	Agreed. The review of current service user packs and procedures will driving in developing a suitable quality assurance programme.	Service Manager Team Leader	31 <sup>st</sup> December 2021	<p>All Primary Night Care reviews have been undertaken by the Care and Support Worker's and a quarterly rolling review schedule has been implemented.</p> <p>This approach will be developed further and extended to include all service users' packs using a 'sampling' approach.</p>

	<b>Recommendation</b>	<b>Priority</b>	<b>Agreed Action</b>	<b>Responsible officer</b>	<b>Target Date</b>	<b>Progress</b>
R3	We recommend the Medication Action Plan outstanding actions are followed up and required changes incorporated into service delivery.	2	<p>Agreed. New standard operating procedures are being developed by Operational Leads, once this has been published further work can take place against the Medication Action Plan.</p> <p>A medication policy statement is due to be signed off and circulated to all providers, internally and externally, for action to be taken to ensure compliance with the Council's standards.</p>	Service Manager  Team Leader	31 <sup>st</sup> January 2022	<p>New Standard Operating Procedure for the Division currently in draft form awaiting final revisions and approval. Operational procedures reviewed and changed as follows:</p> <p>Medication first visit checklist is now in place to ensure all the required information is available. This also helps to identify any additional risk areas that require follow up by a manager.</p> <p>Monthly Medication Administration Record (MAR) 'preparation' procedure has been implemented to ensure consistency of approach.</p> <p>MAR Quality Assurance Audits are being undertaken monthly.</p>

	<b>Recommendation</b>	<b>Priority</b>	<b>Agreed Action</b>	<b>Responsible officer</b>	<b>Target Date</b>	<b>Progress</b>
R4	We recommend the review of procedures takes place to ensure they are updated and monitored using a document control to manage document review dates.	3	Agreed. The Operational Coordinator commenced their role on 1 <sup>st</sup> October 2021 and will be reviewing the current procedure documents.	Service Manager  Operational Coordinator	31 <sup>st</sup> March 2022	Support received from Provider Support Hub to review and update the Standard Operating Procedures.  Daily office procedures have been reviewed and updated to include the daily 'Huddles' and procedures to input onto the system a Package of Care and end a Package of Care.  Document Control processes in place.

<b>Recommendation</b>		<b>Priority</b>	<b>Agreed Action</b>	<b>Responsible officer</b>	<b>Target Date</b>	<b>Progress</b>
R5	We recommend a record is produced to evidence all employees are aware of the health and safety manual and risk assessments, and know how to access the information.	2	Agreed. A signature list has been produced and all staff are being asked to sign to confirm the awareness of the information and how to access it. This will form part of the induction process for new members of staff.	Service Manager	30 <sup>th</sup> November 2021	Completed  Monitored by the management team.
R6	We recommend advice is sought from the Corporate Health and Safety team in conjunction with reviewing the Health and Safety Manual and risk assessment process, to ensure all relevant activities are captured and up to date and confirm date of next Health and Safety audit.	2	Agreed – the Corporate Health and Safety Team will be consulted with as part of a review of risk assessments and associated papers, however a date for Health and Safety audit to take place could not be confirmed due to the Health and Safety team's limited audit programme.	Service Manager  Team Leader	30 <sup>th</sup> November 2021	Quarterly Meetings agreed and arranged between Care at Home and Health and Safety Team where particular risk areas can be identified/followed up and/or support offered.
R7	We recommend a review of the KPI data reporting is reviewed with consideration to introduce a set of KPI targets to report progress on a quarterly basis.	3	Agreed. Consideration will be given to producing a set of local KPIs for the service.	Service Manager  Operational Coordinator	31 <sup>st</sup> March 2022	Key Performance Information submitted to Head of Service on a quarterly basis.

	<b>Recommendation</b>	<b>Priority</b>	<b>Agreed Action</b>	<b>Responsible officer</b>	<b>Target Date</b>	<b>Progress</b>
R8	We recommend training logs are updated as a matter of urgency and monitored on an ongoing basis, to ensure arrangements are in place to schedule renewal training prior to the lapsing.	1	<p>Agreed – Issues have been raised concerning refresher training completed on iPool that does not generate a new certificate or update the date of completion. Medication Competency assessment completions were restricted due to Covid however nobody was assigned to administer medication that was not trained.</p> <p>Work is underway to revise the mandatory training requirements for the service, whether virtual or classroom training is required and these will be RAG rated on the training matrix for clarity. Team leaders are now required to update training logs for their team members on a weekly basis. Close working continues to take place with OWD to creatively ensure all employees are able to access relevant training whilst continuing service delivery.</p>	Service Manager  Team Leader (DBC)	30 <sup>th</sup> November 2021	<p>The training log is updated daily by the Duty Manager. This ensures that it is current and up to date.</p> <p>Funding has been agreed to provide additional Moving and Handling training sessions to enable the service to catch up following the Covid pandemic. (Currently 75% completion/up to date with the remaining staff booked or will be once they return from sick leave)</p> <p>Allocated Team Leader has overall responsibility for monitoring training and Operational Governance on a quarterly basis.</p> <p>Staff provide manager a screen shot of the completed ipool training where no certificate is issued</p>

<b>Recommendation</b>		<b>Priority</b>	<b>Agreed Action</b>	<b>Responsible officer</b>	<b>Target Date</b>	<b>Progress</b>
R9	We recommend Team Leaders are made aware of the DBS check requirement when assigning hours to Casual employees that may not have worked for the service for three months or more.	3	<p>Agreed. The management team have been notified by email.</p> <p>A process will be linked to the process of checking timesheets to highlight any casual employees that have not worked for the service for 2 months.</p> <p>In the past, the Head of Service received a list of all casual employees that had not been employed for more than three months however this is no longer issued.</p>	Service Manager	Completed	<p>Completed</p> <p>Monitored by the management team.</p>

## AUDIT COMMITTEE ACTION TRACKER

	DATE OF REQUEST	ACTION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
2	21.01.21	To receive, in due course, Deloitte's detailed log of all additional work and the associated costs, with any materially significant queries identified.	September 2021	Ms Nicola Wright, Deloitte	The 2020/21 accounts have not yet been signed off due to some technical accounting issues affecting a number of local authorities. Therefore time spent on the audit is not yet known pending an outcome from CIPFA and the sign-off of the accounts.	In progress
3	29.04.21	That the Chair of the Audit Committee give further consideration as to the role of the Committee in relation to contract management and procurement arrangements, in conjunction with Mrs Tracy Greenhalgh, Head of Audit and Risk.	March 2023	Mrs Tracy Greenhalgh, Head of Audit and Risk	The Chair and Head of Audit and Risk have started to give some thought to how this can be delivered. There is some planned training on how the Audit Committee can add value and after this consideration will be given as to how this can be adapted to procurement.	Not yet due
5	11.11.21	That more specific details around the Council's Strategic Leisure Assets be brought back to the Committee at a future meeting.	November 2022	Mr Lee Frudd, Head of Strategic Leisure Assets	This will be picked up at the November meeting when the strategic risk register deep dive covers the commercial risk category and therefore relevant officers will be in attendance at the meeting.	Not yet due
6	20.01.22	That an updated ISA 260, along with the final accounts be presented to the next meeting of the Audit Committee.	April 2022	Deloitte	The 2020/21 accounts have not yet been signed off due to some technical issues affecting a number of local authorities.	In Progress

	DATE OF REQUEST	ACTION	TARGET DATE	RESPONSIBLE OFFICER	UPDATE	RAG RATING
7	16.06.22	That an update on the progress of the data infrastructure centre be provided to the July meeting.	March 2023	Tony Doyle, Head of IT Services	To be provided in the Audit and Risk Quarterly report once the priority one recommendation is due.	Not yet due