

**MINUTES OF A MEETING OF THE GOVERNANCE AND AUDIT COMMITTEE HELD
AT HYBRID MEETING - ZOOM - COUNTY HALL ON FRIDAY, 23 JUNE 2023**

PRESENT

Lay Member, L Hamilton – Chair

Lay Members:
J Brautigam, G Hall.

Cabinet Portfolio Holders in attendance:
D A Thomas, S C Davies and R Church

County Councillors:
G Breeze, P Lewington, WD Powell, G W Ratcliffe, C Walsh, A Williams

Officers:
Gwilym Davies (Head of PPPP), Helen Dolman (Senior Manager Customer Services and Information Governance), Jo Harris (Senior Strategic Commissioning Manager), Bets Ingram (Strategic Qualities and Risk Officer), Catherine James (Head of Transformation and Democratic Services), Lynette Lovell (Director of Education and Children), Emma Palmer (Director of Corporate Services), Sharon Powell (Head of Children's Services), Wyn Richards (Head of Democratic Services), Jane Thomas (Head of Finance), Andy Thompson (Head of Housing)

In attendance:
Ian Halstead (Assistant Director – SWAP); Phil Pugh, Non Jenkins, Bethan Hopkins (Audit Wales)

1.	ELECTION OF CHAIR
-----------	--------------------------

RESOLVED that Lynne Hamilton be elected Chair for the ensuing year.

2.	ELECTION OF VICE-CHAIR
-----------	-------------------------------

RESOLVED that John Brautigam be elected Vice-Chair for the ensuing year.

3.	APOLOGIES
-----------	------------------

Apologies for absence were received Nigel Brinn Executive Director Economy and Environment.

4.	DISCLOSURES OF INTEREST
-----------	--------------------------------

There were no declarations of interests by Members relating to items to be considered on the agenda.

5.	MINUTES AND ACTION LOG
-----------	-------------------------------

The Chair was authorised to sign the minutes of the previous meeting, held on 5 May 2023, as a correct record.

6.	AUDIT WALES REVIEW - POWYS PLANNING SERVICE
-----------	--

Documents Considered:

- Audit Wales Review – Powys Planning Service

Background:

- Audit Wales provided a background of the Planning Services report to the Committee.
- The report provides recommendations on how to improve on the service, although it was noted that these were not exhaustive.
- The purpose for this review was to note the action plan. Audit Wales explained that they would return in 12 months to review improvements made.
- The Chair noted that there were some challenging points raised in the report, and stressed the point that discussion and debate should remain professional, between members and officers.
- The Head of Property, Planning and Public Protection (PPPP) accepted the recommendations made in the Audit Wales report. He noted that the action plan was a working document, with additional measures to be actioned such as a new IT system, a review of customer feedback, guide for residents and businesses, exit interviews by Human Resources , identifying and defining success. The Agents' Protocol timeline had been extended to ensure it is robust.
- Outstanding planning applications and enforcement matters were reducing. The Planning Team return to the office had a significant positive impact on the Service. This had improved the learning environment for officers, especially officers new to the Service. Communication had also improved both within the Service and with other Services within the Council such as Highways.
- The Head of PPPP noted that returning to the office had allowed officers to discuss planning applications more robustly as communication was easier.
- The Head of PPPP also noted the recruitment of a dedicated Enforcement Planning Officer, who will be supported by the Planning Team to drive forward enforcement action.

Issues Raised by the Committee and Responses Received:

Issues Raised by the Committee:	Responses Received:
Was there any further support needed by the Planning Service which the Council could provide, including Political/Member support, but also operational support from Service Areas such as Human Resources?	Head of PPPP noted that from a Councillor perspective, to reduce timeframes, a harder approach would need to be taken against planning applications which lack information, this would be implemented at the end of the calendar year following

<p>N.B. This question was further developed by the Chair regarding corporate oversight.</p>	<p>scheduled training. It was noted that Councillors would need to be understanding of this hardened approach to planning applications. To remedy this problem, a protocol is being developed in consultation with Planning Agents, which will not allow multiple amendments to planning applications. Positive outcomes are being sought by following this approach.</p> <p>Support from other Service Areas such as Finance and Highways will be important, and this support is in place. The Head of PPPP reassured the Committee that any further resources required would be sought if necessary. Within the Planning Service, workloads were high, and it would take time to embed the new culture of working to address these high workloads. The return to office working would help kickstart this new culture of working.</p>
<p>Do you think that the Audit Wales recommendations will make a positive impact on the Service?</p>	<p>Head of PPPP agreed with the recommendations and stressed the importance of a dedicated officer to lead on management, which should reduce the pressure and workload on the Professional Lead for Planning.</p> <p>The Head of Finance noted that the Finance Service are also re-evaluating their ways of working, as were other Services within the Council.</p>
<p>Do we check that our pay is competitive enough to attract the best people? Do we also have any statistics for staff who are leaving?</p>	<p>The Planning Service reviews pay scales in collaboration with other PCC colleagues, although it was noted that the Planning Inspectorate for Wales, for example, can offer around £10,000 more for Principal Planning Officers; similarly, this is the case for the Private Sector.</p> <p>The Head of PPPP noted that many of the officers recruited over the Covid pandemic period were living outside of</p>

	<p>the County. High workload issues were raised by one officer who had left the Service.</p>
<p>What percentage of major applications are normally determined within the agreed timeframe? Can you also tell me how this compares with Welsh Government performance targets for major applications. And can you also tell me what percentage of all applications are determined within timeframes agreed with Powys applicants, and how this compares with other Welsh authorities?</p>	<p>Addressing the time taken to decide on major applications is imperative to avoid any economic disadvantage. Last year, the target set by Welsh Government to reach a decision on major applications within the agreed timescale was 60%. The Planning Service achieved 80.8% of applications being determined within the agreed timescale.</p> <p>In relation to all applications determined within the timeframes required, last year's performance was 91.4%, Welsh Government's efficiency target was 80%. For quarter 3 of 2022/23, Powys was the 8th best authority in Wales for performance at 93%. The Head of PPPP felt that these statistics show that the Service was performing well in terms of determination of planning applications within the timeframe, when compared with other Welsh Planning Authorities.</p>
<p>What does success look like? I would like to see that documented within the Action Plan. Please could success be defined in the Action Plan, to be able to share with Audit Wales in 12 months' time?. This could also show whether the Service is on a sustainable trajectory, drawing out value from the improvement.</p>	<p>The Head of PPPP welcomed the comments and will take forward everything stated by the Member.</p>
<p>One of the recommendations is about improving probity between elected Members, Officers and Applicants. Could one of the strands of this be some form of clear mechanism of accreditation/scheme for Planning Officers, especially those who are acting-up in more senior roles.</p>	<p>The Head of PPPP has not enquired into an accreditation scheme, specifically. There are accreditation schemes available for Planning Officers, although the Head of PPPP will need to review this with officers within the Service to see what would meet the Service Area's needs.</p> <p>In relation to planning officer interaction with Agents, during the Covid period there had been a breakdown in relations, and building such relations takes time. It is vitally</p>

	<p>important that the first point of contact relating to the application is the case officer, then raising any points/concerns up to the principal planning officer and finally at appeal if necessary.</p> <p>It was noted that after two Principal Planning Officers left during the Covid period, the Head of PPPP had to step-in on some planning matters which is not a standard practice. Use of the Planning Service website is important as many of the FAQs and planning guides are freely available on the website.</p>
<p>What importance would you accord to stability and commitment at the political level in terms of supporting this process?</p>	<p>It was noted that the Portfolio Holder, Councillor Berriman wanted to see outcome-based results, especially relating to addressing the backlog of planning applications.</p>
<p>Prior to Audit Wales undertaking this audit, was performance better? Were the timelines being hit, and are the findings in this report mainly due to Covid? Did we have recruitment issues prior to that? Did the Covid period impact on isolation of staff?</p>	<p>In relation to Covid, there has been a large impact on the Service due to Covid issues. The time taken to determine applications before the audit was historically low; this had been accepted as long as there were outcomes. One of the main reasons for this was due to the number of major applications received by the Authority and is one of the highest in Wales. These major applications were complex and were usually applications for the erection of chicken sheds. Due to these being significant investments, some extensions of time were granted for applicants to make amendments, which increases the time taken overall to determine the application.</p> <p>Prior to that, there had been five-year housing supply issues, which resulted in a number of major applications. As a result, the Head of PPPP set up a Working Group to look at the time taken to determine major applications, including service culture and staff retention. These issues were highlighted in the Audit Wales Review, so the plans are in place, for example</p>

	<p>on training being provided to Officers.</p>
<p>What are our current vacancies in relation to the Planning Service workforce?</p>	<p>Regarding workforce, there are 25 people in the Development Management Team, 7 people in the Policy Team and a Professional Lead. There were currently three vacancies, one vacancy of which is for the Development Manager Team Leader. One recently recruited Enforcement Officer had resigned. There are low sickness levels and low grievance issues across the Planning workforce.</p> <p>Regarding resources, the Head of PPPP would welcome more resources. The number of major applications such as for poultry units have decreased, so Officers now have availability for enforcement and determining other applications. As a result of fewer applications for poultry units, income had reduced by around £400,000. I was noted that poultry units can cost up to £50,000 per application. Cabinet had supported reducing the income target for the Service Area accordingly.</p>
<p>In relation to Audit Wales, do you flag up concerns during the process, or at the end of the process when giving feedback. For example, if a problem is emerging, this should be addressed at the time rather than waiting which may allow deterioration.</p>	<p>Bethan Hopkins noted in terms of early engagement, where possible, during interviews, evidence will be triangulated which has been picked up during the process. Feedback sessions were also arranged as part of the review process. It was noted that it was not the intention of Audit Wales to give a report with many surprises unknown to the Service before its publication. It should be the case that the Action Plan from the Service was already underway.</p>
<p>Has the Action Plan been accepted by the Portfolio Holder?</p>	<p>Councillor Berriman noted that as soon as the CEO and himself were informed, the Planning Improvement Board had been convened to discuss and drive the necessary improvement. The opportunities for change had been identified and were being actioned. The ambition of the Service was not just about improving the</p>

	<p>performance statistics specifically, as many of the areas were operating favourably when compared to other Authorities. The service had a poor reputation regarding housekeeping, internal and external communication and enforcement action. It was noted that there may also be frustration from Agents due to delays to the planning determination process. The quality and timeliness of determining planning applications was most important, as this is what is mainly perceived by applicants, agents and member of the public.</p> <p>It was noted that there are isolated examples of excellence which needed to become more embedded corporately. Officers from other Service Areas had been very helpful to the Planning Service. Councillor Berriman confirmed that in a year's time, it should be possible to measure success and give stakeholders assurance of progress.</p>
<p>Relating to data integrity, point 27, Audit Wales had concerns around performance data, data integrity and quality assurance, and whether Planning was accurately report information to Welsh Government and the public. It was noted that it was not the first time GAC have seen this comment when compared to the other Service Areas. Could Audit Wales expand on the point relating to concerns around data integrity? Please could the Head of PPPP also expand?</p>	<p>Audit Wales noted that this point refers to when the first draft of the report was sent to bodies for factual clearance, to check if there were any factual errors. Some of the statistics reported from the Planning Service were not fully accurate. It was noted that it is for the Service to ensure they have assurance processes in place.</p> <p>In relation to the data, the Head of PPPP had asked Officers in the Service to explain the errors. The issue had been identified and steps taken to resolve and ensure that the error would not occur in future.</p> <p>Training and guidance notes were now in place specifically relating to reporting on enforcement. The BI team and the IT Service would assist the Planning Service with ensuring robustness of data capture and in terms of the robustness of the IT system.</p>

<p>With regards to the procedures for inputting data, what are the checks involved with data input?</p>	<p>It was noted that liaison with Welsh Government allowed the Service to ensure that the correct information was being submitted. The Lead Planning Technician was required to undertake a review of all the dates which are extreme, i.e., very quick or a very long determination. Welsh Government had highlighted these data issues, however now that the indicators were more established and embedded, these issues should no longer occur.</p>
<p>Could the Strategic Equalities and Risk Officer also comment on any risk considerations?</p>	<p>The Chair recommended that this question be addressed under the Risk Management Policy and agenda item.</p>
<p>Is the process for bringing staff back into the office now complete? Are there any aspects that are impeding the return to office working?</p>	<p>Staff were initially asked to ensure they work from the office on certain days. Now Officers were returning to the office to work within a hybrid approach, to allow some home working where appropriate. The staff were coming into the office more having realised the benefits in terms of team communication, for example.</p> <p>The Head of Finance noted that office working/remote working approaches work differently within each Service Area. For the Finance Service, a hybrid and flexible working model works very well especially as Officers are spread throughout the County. Performance monitoring can still be undertaken by using the routine processes, so the flexible working model does allow people to come into the office when needed.</p>

Observations and Recommendations:

- Definition of Success to be embedded within the Action Plan to address the Audit Wales recommendations.

7.	ANNUAL GOVERNANCE STATEMENT ASSURANCE
----	--

Documents Considered:

- Annual Governance Statement

Background:

- GAC’s role under the constitution is to ‘oversee the production of the annual governance statement, recommend its adoption to the County Council and ensure the appropriate action is taken to address the issues raised.’.
- An update on the draft Annual Governance Statement (AGS) was presented to the Committee by the Head of Transformation and Democratic Services.
- A full presentation of the AGS and associated self-assessment would be provided to the Committee in July.
- It was noted that that the AGS is a draft document, therefore not currently for approval.
- The report shows how the Council is supporting the seven CIPFA principles.
- Recent impacts on governance within the Council include:
 - The 2022 Local Government Elections
 - Interim leadership arrangements
 - Audit Wales review of the Planning Service
 - Audit Wales review of Safeguarding
- Ongoing impacts on governance within the Council:
 - Financial Management Code of Practice
- The AGS will be updated to reflect the more recent impacts on governance.
- The finalised AGS and accounts will be brought to Governance and Audit Committee on 24 November 2023, with the public release of the documentation by the end of November 2023.

Issues Raised by the Committee and Responses Received:

Issues Raised by the Committee:	Responses Received:
<p>Looking at the criteria for assurance levels, who decides and scores whether it is substantial or reasonable? What detailed work is done to reach that level of assurance? What does substantial, reasonable and partial mean?</p>	<p>It was explained that the process was an iterative one which would take GAC’s views into account in finalising the AGS. Cabinet/EMT would prepare their assessments and the AGS based on evidence. The scores were derived from a wide variety of sources, such as the Complaints report, Audit and Information Compliance report, the self-assessment workbooks completed by Services, Panels with Cabinet/EMT in attendance. The Cabinet and EMT welcomes AGS views at this stage of preparation of the AGS.</p>
<p>By going through each of the seven principles, albeit some of the principles</p>	<p>It was confirmed that this was the task.</p>

<p>are of more interest to the Committee than others, on the basis of what we have seen over the course of the year and looking at the definitions of substantial/reasonable/partial – do I think I have evidence to say to you, on the basis of this Committee’s consideration, it is substantial. Is that what you are looking for?</p>	
<p>In terms of subjectivity and objectivity, I am assuming you will be receiving information from many sources, which will include subjective information which will then be amalgamated alongside the views of the Cabinet/EMT to form an opinion of substantial/reasonable/partial. There is obviously an element of evidence-based subjectivity to that.</p>	<p>It was confirmed that it was hoped that a consensus would emerge through this process.</p>
<p>Regarding the blank BRAG spaces on pages 14-15 of the report, I wonder when these will be complete, as the asset review has been going on for some considerable time.</p> <p>On-track means it will be complete by when?</p>	<p>It was noted that it would be helpful to have GAC comments. In terms of gaps in the report, the outcome-based budgeting item was on-track: green.</p> <p>The Head of Finance noted that the way in which we are approaching Sustainable Powys would require outcome-based assessment.</p> <p>The Director of Corporate Services noted that it would not be possible to set an end-date for some of the objectives within the report. Regarding benchmarking, a template had been developed, however it was recognised that the effectiveness of this is in how such tools are populated, used and taken forward.</p> <p>Similarly, the overarching asset strategy had been developed, although the application and implementation would require a work programme over a number of years, due to the volume of assets. There would be elements of the asset review which would</p>

	<p>require immediate focus, in addition to actions which would be embedded into business-as-usual activities.</p> <p>Officers reminded the Committee that there were a range of views and assessments feeding into the AGS. The finalised AGS would make an assessment in respect of the CIPFA principles, together with the views of the Scrutiny Committees, Cabinet, EMT and GAC.</p>
<p>As the Sustainable Powys exercise may be quite profound, I would ask that the Governance and Audit Committee be updated regularly. Especially regarding the asset report which will move forward over time, but it will be very much in the direction depending on the conclusion of Sustainable Powys.</p>	<p>The Director of Corporate Services suggested that Members read through the full documentation, including the updated report after discussion with Cabinet/EMT, to fully draw upon all aspects including subjective views held by Members.</p>

Actions:

- The Head of Transformation and Democratic Services asked for any formal feedback relating to the Annual Governance Statement to be provided by Friday 30th June 2023.

Observations and Recommendations:

- The Chair noted that this was the first review of the document, as the Head of Transformation and Democratic Services has asked the Committee to focus on the seven CIPFA assurance principles on activity over the past year. For now, the focus was on the seven principles.
- The Director of Corporate Services further noted that it may be helpful to add to the points made by the Head of Transformation and Democratic Services. Assurance levels were set as substantial throughout, except for the final CIPFA principle, which was reasonable as there were some elements yet to be completed.
- Each year the Council must set out what it plans to do within the year, and explain how the Council delivered on those objectives, for example. Although the Committee had experienced issues in receiving reports for this meeting, the Director of Corporate Services asked that this does not distort the overall position and the work completed together between Committee Members and Officers.

- Audit Wales noted that the Committee's role for scrutinising the finalised AGS would be best suited to challenge where Members believe that the ratings/assurance levels are different to what the Member's understanding would be.

Comments made by the Chair

The Chair noted that the Committee has experienced delay and uncertainty over receiving the final agenda and papers for this meeting. It was important to ensure that the agenda is published on-time.

The Chair also highlighted the responsibility of the Governance and Audit Committee to making recommendations to Cabinet on draft policies/reports. Likewise, the Committee is responsible for approving the Annual Audit Plan.

[Roles of the Governance and Audit Committee](#)

County Councillor P Lewington agreed with the Chair's comments and further noted that it was difficult to fully read and appreciate the content of reports when they are submitted late, especially the night before the meeting date.

J Brautigam proposed that even when papers are not available, there needs to be at least a weekend between the agenda being published and the meeting date to allow Committee Members to read the reports properly.

8. RISK MANAGEMENT POLICY AND GUIDANCE

Documents Considered:

- Risk Management Policy and Guidance

Background:

- The Strategic Equalities and Risk Officer noted that the report was being presented at Governance and Audit Committee for consideration prior to Cabinet for decision.
- The document sets out best practice measures to help mitigate risk across the Council. It was noted that the intention is that the guidance will help Officers and Services, but also Members and stakeholders to capture and manage risk within the Council. The process of policy revision and document refresh would be undertaken every 3 years, unless there was a change in legislation affecting risk management, in which case an update would take place to ensure the guidance is robust.
- It was reported that there were no significant changes as whole, although the guidance had been strengthened, to include the risk escalation process and programme/partnership risk management.

Key points of the three phases in the guidance include:

- Section 3-6 provides definitions, outline of the risk management landscape and relevant risk management standards and guidance.

- Section 7-12 contains documentation relating to governance and infrastructure, processes, integration of risk management, risk management culture and continuous improvement.

It was noted that:

- JCAD software can be shared with third parties where relevant.
- Powys County Council must maintain their risk registers with consideration for the risks associated with partnerships and third-party relationships.
- The risk registers must be open to scrutiny and Governance and Audit Committee where they are within the remit of the Committee.
- Executive Management Team may raise a risk to the Strategic Risk Register.
- Risk Management training video is available on the Council website. There were also plans to deliver training available through Trent.
 - Appendix B: Matrix is broken down by organisation activities. Aids Officers/Services and Members with the moderation of risks.
 - Appendix C: Includes a section on Programme and Partnership Risks

Issues Raised by the Committee and Responses Received:

Issues Raised by the Committee:	Responses Received:
<p>Have there been any further conversations regarding mandatory training relating to risk?</p>	<p>Conversations have started with Workforce and Organisational Development, to try to strengthen the risk management training with regards to employee induction, and training for new managers. A balance is required as there are other pertinent mandatory training requirements. Advice from Officers was to provide reasoning behind why risk management training should become mandatory. This could entail a formal request to EMT from Governance and Audit Committee.</p> <p>The Head of Finance noted that mandatory training must be limited to training that is relevant to every officer across the Council. Officers who are involved in risk management and policy need to be aware of the risk management policy, so risk is effectively managed accordingly. The</p>

	<p>Head of Finance felt that there was not a need for risk management to be mandatory training, as there are processes in place for officers to access training relating to risk.</p> <p>The Chair accepted that there is adequate risk training in place, although questioned whether this was having a sufficient impact. A recent survey conducted by SWAP had a poor response rate.</p>
<p>How will the policy be 'brought to life' with the assurance that Officers will read the report? I share the concern noted by the Chair of the non-response rate from previous risk-relate surveys.</p>	<p>The Strategic Equalities and Risk Officer is working with the Communications Team to raise awareness around risk within the Authority, to inform staff that the guidance exists and is available. Lessons learned from the fraud risk communication campaign appeared to be effective. Bookable training via Trent on risk management should embed the contents of the risk management policy and guidance using scenarios.</p> <p>Conversations with Officers in Workforce and Organisational Development are underway to ensure staff are aware of the risk management guidance. It is further hoped that continual engagement with the Senior Leadership Team and the support of EMT and professional Officers will allow the guidance to filter through teams for all Officers to become aware.</p> <p>The Strategic Equalities and Risk Officer noted that although the response rate for the SWAP survey was low, there were issues around completion for example some Officers were not aware of the legitimacy of SWAP and disregarded the email.</p> <p>The Director of Corporate Services explained how she felt that discussions around risk for officers is much greater now compared to in recent years. There was a need to understand risk which would then inform risk management. The Director did not agree that SWAP</p>

	<p>survey completion had any correlation to Officers understanding risk.</p>
<p>Should the training on offer be included in the report as an appendix, as it may not be considered that risk training should become mandatory training for all officers in the Authority? Training requirements relating to risk for Officers could be checked as part of the performance review, including risk training for Councillors for example through Member Development sessions.</p>	<p>Training is mentioned in parts of the report, however the Strategic Equalities and Risk Officer would review the report with the Head of Finance to see if the training opportunities can be drawn out and included as an appendix to the report.</p>
<p>Gareth Hall asked whether an issues log exists, as some of the previous risks were now issues? How have they been dealt with? I would want the same rigour around dealing with issues as is the case with risk management as set out in the guidance. Are there any plans for the creation of an issues log?</p>	<p>The CEO (Dr Caroline Turner) had asked for an issues log to be developed and implemented. It was explained that there is functionality within the JCAD software for managing issues. Discussions were undertaken at SLT and EMT, and a report was drafted outlining the support of SLT regarding the recording of issues. As issues were often operational, there were concerns around duplication of work where Officers manage their own operational issues. The issues log recorded in JCAD was therefore used for audit purposes only.</p> <p>The Head of Finance added that it is very difficult to include absolutely everything across an organisation in a report for Committee, which then makes it difficult for the Committee to gain the assurance needed. From the perspective of Committee Members, looking at the policy and processes in place, when a policy is updated, Officers are looking for the guidance of Members on the appropriateness of the guidance, reliance of management team oversight, receiving the feedback and being able to deliver through the risk reporting process.</p> <p>It was noted the authority is currently in a good place in terms of managing identified risks. It was not proposed that an issues log be implemented, because of the diverse nature of the</p>

	<p>organisation. Each Service Area would look at what issues were affecting them daily. Every management team looked at their issues and when necessary, escalated them to be addressed on a corporate level. It was essential to have a balance. If the Committee feels that the policy and process in place, is appropriate, that would be the starting point. The oversight given by the management team should give Members the assurance that the policy is working.</p> <p>The Chair noted that if we see evidence through external and internal audit, that the framework/protocol/policy is not being implemented and acted on sufficiently, that would be the point of the Committee's intervention to seek assurance from management of improvement action.</p>
<p>I look forward to the guidance going to Cabinet and hope that the recommendations are acceptable, the risk management approach should help us achieve our strategic objectives set out in the corporate plan. Section 2.3 and 2.4 is clear as to where we need to be aiming the risk training, and where we can gain the understanding of risk as there is a need to distinguish between a strategic and operational risk. The strategic risk is about the policy and programme, identifying the risks which could arise when attempting to implement a policy or programme. Operational risks relate to an active programme, the policy has been applied, which could develop similarly to health and safety, which is now mandatory training.</p>	<p>I think the Committee would still like to take a proposal to EMT regarding mandatory training for the right cohort of people, which would be at managers' discretion. This is how we would look for ongoing assurance, specifically the impact of this risk management framework on our business, including communications, engagement and training.</p>

Observations and Recommendations:

- To support the Risk Management Policy and Guidance for Cabinet approval.

- To propose to Cabinet/EMT a recommendation that risk management training should be mandatory, where it is relevant to the Officers' roles.

9.	CORPORATE COMPLAINTS ANNUAL REPORT
-----------	---

Documents Considered:

- Corporate Complaints Report

Background:

- The Director of Corporate Services noted the Governance and Audit Committee had not yet been updated on the Corporate Complaints Report since the Covid Pandemic period which had delayed the report.
- The Local Government (Wales) Measure 2011 (Section 81) as amended by Section 115 of the Local Government and Elections (Wales) Act 2021 requires that a local authority's Governance and Audit Committee make reports and recommendations in relation to the authority's ability to handle complaints effectively.
- The report covers the two reporting years of,
 - 1st November 2020 to 31st October 2021
 - 1st November 2021 to 31st October 2022
- The information provided referred to corporate complaints and did not include those complaints made in relation to Social Care or Information Rights regimes.
- It was explained that complaints were managed on the basis of being a stage 1 or stage 2 complaint.
- Currently the outcome of a complaint was reported upon as being upheld or not upheld, with any information as to "lessons learnt" being captured within the response, and so not easily reported upon.
- There were various themes drawn out from information relating to corporate complaints from Heads of Service.
- There had been a 38% increase in complaints 1st November 2021 to 31st October 2022 against 1st November 2020 to 31st October 2021.
- Complaints in respect of housing maintenance that were previously addressed by HOWPS, were now included within the corporate complaints data.
- In the majority, complaints made to the Council were managed effectively and in line with Council policy.
- The administration of the Council's corporate complaints is undertaken by several staff within the customer services team, in addition to other customer services duties. The staffing costs of their proportionate duties spent on the administration of corporate complaints is approximately £30,804 per annum. No exact recordings were maintained as to time spent on these duties.

Issues Raised by the Committee and Responses Received:

Issues Raised by the Committee:	Responses Received:
As part of the process in capturing the lessons learnt, can there be mention of	The Director and Author of the report noted the recommendation.

liaising with the Risk Officer, to see if there are any crossovers between the lessons learnt and risk.	
The figures around HTR appear alarming, however it is likely high due to the interface with constituents. The Working Group had scrutinised these complaints and the change in system may have increased the level of complain, nevertheless this should help to improve the Service for the people of Powys, as the complaints will be managed far better in future.	

Actions:

None

Observations and Recommendations:

- To consider liaison between the lessons learnt from corporate complaints with the Strategic Risk Officer, to identify any links to strategic risks.
- The Chair and Lay Member J Brautigam noted the positive engagement between the HTR Working Group and the HTR Service Area.
- The Committee was assured by the Heads of Service undertaking a lessons learnt process regarding complaints received.

10.	SWAP - INTERNAL AUDIT PLAN 2023-24
------------	---

- Request for Committee to consider and approve the Annual Plan and the Internal Audit Charter.
- To seek the views of the Committee on whether the areas of coverage were sufficient and appropriate, and whether the plan covered the key risks and priorities of the Council.

Background:

- SWAP’s approach to planning.
- The Audit Plan was based upon the following driving key factors:
 - Corporate Objectives – Stronger, Fairer and Greener
 - Strategic and Operational risks
 - Wider SWAP Universe – comparisons with other Authorities’ Risk Registers
 - Risks across the Sector
 - Healthy Organisation Core Principles – Councils core systems in place to deliver services.
 - Other Assurance providers – Wales Audit Office, Estyn, CIW.
 - Questionnaires to officers and Committee Members for areas to be considered adding to the Audit Plan

- Fraud and IT Risk Assessment – work programmes in place for higher risk areas
- Knowledge and experience within Internal Audit of the Local Authority
- Summary of relevant key areas in the Risk Assessment:
 - Summary of issues affecting Powys, Regionally and Nationally
 - Powys risks were often duplicated across other Regions & Nationally, which adds credibility to the Assessment.
- Reflection on coverage
 - Under the Corporate Priorities of Stronger, Fairer, Greener, being Awareness, Access, Employment, Equality and Poverty.
 - Awaiting further information and detail from the Corporate Plan, when available would ensure reflected within the Audit Plan.
 - It was reported that the Core Assurance areas had reasonable coverage, extending into the forthcoming year.
- Key risks that are not covered in Audit Plan include:
 - Strategic Risks – no direct work undertaken on the Nature Emergency and the Covid Pandemic.
 - Resources – plan is to deliver 675 days of resource by SWAP during the year.
- Plan details:
 - Basic information, assignment, sponsor and work type, colour coded list of reasons chosen Audits, narrative of work to be covered.
 - In progress - 197 days of work, to go live works -162 days, Pipeline works - 406 days which allows for flexibility and resilience on the programme.
- Internal Audit Charter:
 - Professional Standards to be approved annually.
 - Defines relationship between the Council and SWAP.
 - Sets out the Reporting Framework – promoting and supporting SWAP’s independence and objectivity.

Points raised by the Panel:	Responses received from Officers or Cabinet Members.
<p>Chair had expected to have had more confidence in the Plan. Unsure of the appropriateness of the 2023/24 Audit Plans introduction regarding the Councils response and adaptiveness to the COVID Pandemic.</p> <p>Chair requested wording to be removed from Pg 2 of the document referencing Committees more traditional approach to audit planning. The Constitution requires an Annual Audit Plan for the Governance and Audit Committee to consider and approve.</p> <p>It was noted that the draft Charter also</p>	<p>The plan was late to be finalised, EMT have had sight of the plan but not discussed in great detail to allow for sign off. Senior Officers would take and include the comments from Committee, to update the Plan and provide feedback to EMT when reviewing the plan.</p> <p>We propose to review the revised and updated Audit plan, Charter and Protocols at the next G&A meeting, ensuring the plan is appropriate and covers all aspects the Chair has raised.</p>

<p>states the Committee ‘oversees the scope’, the Committee approves the Annual Plan.</p> <p>It was noted that the draft Charter also states the Committee ‘oversees the scope,’ the Committee approves the Annual Plan. It feels imprecise not to fully recognise the Committee’s role in determining or approving the plan, which is determined ultimately by Executive Management Team (EMT). The Committee has a particular role to play according to the Charter, however this is not clear in the plan presented.</p> <p>Chair raised that there are no dates in the plan, understand the adaptive and agile approach for flexibility, however Committee needs assurance what work will be done, by when, and with a clear scheduled pipeline of work explained. Currently the pipeline given does not have any resource allocation.</p> <p>The report states (pg 152) “the Committee is responsible for approving the scope of audit work”. The report states (pg. 152) “the Committee is responsible for approving the scope of audit work”. However, the Committee is responsible for approving the Annual Plan. Noted that there is a difference between ‘assurance’ and ‘reassurance.’</p> <p>The Charter should reflect the protocol between the Council and SWAP. Senior officers sign off on remits, respond to draft plans, and deliver the manager actions. There should be listed within the Charter SWAP’s obligations to the Council, and the Council’s obligations to SWAP.</p>	
<p>The rigour in the principles of how the plan is formulated incorporating the Corporate Objectives and Risk Assessments, it is not explicitly explained how the Audit Works are identified and how these link to Corporate Objectives and Risk Assessments.</p>	<p>The Head of Audit role would work with the Committee to formulate the Audit Plan required. In terms of the structure, it was in line with the SWAP approach, SWAP would continue to work with the Committee to provide understanding and background information to enable the Committee to approve the plan.</p>

	<p>Feedback welcomed on the Charter. The plan of works is to provide Committee with assurance, whilst there may be elements that appear random, they do come from a place of deep analysis, which is difficult to reflect on one page to give necessary structure required by Committee.</p>
--	--

Actions

- Chair, Head of Audit and Head of Finance to finalise the Plan, Protocol and Charter ready for formal approval at the next meeting of the Governance and Audit Committee.

Observations:

The Committee made the following observations:

- The Committee requested that:
 - Wording be altered to reflect the Constitution and the role of the Committee to approve an Annual Audit Plan
 - An explanation be provided of Audit works link to the Corporate Objectives and Risk Assessments.
- The Committee expressed concern:
 - That they do not have adequate confidence or assurance in the current Audit Plan in its present state.
 - Of the lack of dates and resources for the scheduled pipeline of works.

11.	SWAP - ANNUAL AUDIT OPINION REPORT 2022- 2023
------------	--

Background

- It was reported that the purpose of the report: -
 - Is to outline work undertaken throughout the year.
 - Raise and concerns or issues.
 - Assess if mitigations have been employed successfully by the Council.
 - Risk of fraud and impact of risk management in that process.
- The 3 Lines Model shows where Internal Audit was positioned in the Assurance Framework.
 - There were potential changes in the standards for Internal Audit and Professional Practices, which may impact on how reporting and the Charter going forward.
- Corporate Risks —
- Assessed that there were no high Corporate risks.
 - Statutory compliance has been downgraded on the Strategic Risk Register.
- Areas of concern
 - Highways operations, control frameworks and performance, cultural issues within the service.

- In light of concerns the Council Management Board and Audit Committee Working group, have considered reports and the outputs. There would be a further Internal Audit update in all 7 areas.
- Offer assurance to Committee that mitigations were being tracked and will provide further opinion on whether this has been embedded following the next audit.
- Adult Social Care
 - Continuing Health Care (CHC) Framework issues identified regarding disputes on the resolution process.
 - Deprivation of Liberty Safeguarding (DoLS) where the Council were failing to statutory requirements and assessment under the framework, aware of potential changes in legal framework which may impact from October 2023.
 - Follow-up Internal Audit would be undertaken in both of these areas.
- Housing services –
 - Regarding Voids, there has been a transition from HOWPS to internal delivery of service within the last year.
 - Though bordering on a high risk, Internal Audit deems as a significant concern the Services ability to turn around social housing and of statutory compliance in terms of potential risks to public health.
 - Follow-up process would be undertaken to provide further assurance in these areas.
- Recognised the work of the Care Inspectorate Wales (CIW), Estyn and Audit Wales to ensure work was aligned.
- In general, follow up had been positive, in terms of recommendations and implementation of actions.
- Fraud Risk, during the year a baseline maturity framework undertaken, to review where the Council was positioned against a number of key indicators. Some improvement noted, work would progress closely with Fraud Team to address remaining issues.
- Risk Management system noted at a reasonable assurance level. Committee referenced some work required to embed further.
- Value for money picked up on 4 main areas; analytics, process, project and benchmarking, indicting some work in these areas which cover VFM.
- Outcomes noted as 85% audit opinion are positive, 15% recorded as limited assurance opinion, which is in line with other Local Authorities.
- Quality feedback reported at 100% met or exceeded expectation in terms of value added.
- Headlines: -
 - 62 reviews completed in year,
 - 3 areas of concern, but no high Corporate Risks that would indicate significant failure within the Authority.
 - Reasonable coverage across Strategic Risks.

- Comfortable position with Fraud and Risk Management.
- Overall Reasonable Opinion reported as sound systems of Governance, risk management is under control, but some issues require mitigation.

Points raised by the Panel:	Responses received from Officers or Cabinet Members.
	<p>Report sets out all areas for the Internal Auditor to form opinion. It has to be noted this is the opinion of the Internal Auditor not the Council.</p> <p>It is important that the Opinion is recognised, and the Assessment is fair based on coverage and information included in the report. The opinion of Reasonable is appropriate for where we are as an organisation.</p> <p>Chief Executive and S151 Officer are comfortable with the report as stands. Report will be scheduled for EMT for further comment.</p>

12.	SWAP - REVIEW OF HOUSING VOIDS (HOUSING SERVICE)
------------	---

Background

Follow-up review from work completed in 2020 noted:

- Fundamental failure to turn void properties round promptly, which was important due to the requirement for social housing.
- The above may have been in part due to the transfer of the housing repairs and maintenance operation, and data, from HOWPS / KIER to the Council. There were numerous sets of data that were slightly conflicting.

Head of Service comment:

- The Report relates to 2019/2020 when void works were being undertaken in their entirety by HOWPS private sector company, controlled by Kier. Which included the sub commissioning of any sub-contracts to undertake void works.
- Since July 2022, all void works were now managed and increasingly delivered by PCC Housing Services.
- There was a recommendation that more void work be carried out with contractors to ensure works are completed on target. Since July 2022, an increasing proportion of works had been undertaken directly and target dates for both in-house teams and external contractors were managed by area maintenance leads.
- From July 2022 the average time of void works had reduced and improved from 165 days to 84 days.
- Void rent loss for each void property equated to £1248 per void, with 450 voids per annum on average. As progress was made void rent loss will reduce and Housing Services are confident further savings will be delivered.

- Currently there were 4800 people registered for social housing in Powys.
- No targets were in place for void works prior to 2019/2020 for Housing surveyors.
- Re-inspections were improving from the reported position, currently at 95% of void pre-inspections carried out within 10 working days from receipt of keys from the outgoing tenant.
- Recruitment process ongoing to further increase the capacity and capability of the Housing Quality team.
- The documented Business Continuity plan was produced in the event of a sudden failure of a major contractor. The Council no longer had nor relied upon a major contractor for void works. These were now primarily completed by internal teams works, with some works contracted out to small companies.

Points raised by the Panel:	Responses received from Officers or Cabinet Members.
<p>Requesting clarification on sentence follow up audit majority actions are still in progress how many actions are there.</p>	<p>There were only 3 actions in the original report. The follow up report carried out on the transitional period. 1 action completed, 2 remain in progress, in respect of the improvement of void turnaround time and pre-inspections.</p>
<p>Report states issues with data provided not being accurate.</p>	<p>In the plan there is a data maturity assessment which looks at the work of the insurance providers and at engaging the Authority and how they regard and treat data.</p>
	<p>Deputy Leader noted that the SWAP report highlighted where there was need to improve. It was noted that the Council's housing stock consist mostly of older properties which have deteriorated, and which require increasing amounts of work to make them fit to let and keep them in a liveable condition.</p> <p>The service was now more aware of the returning condition of some properties, some of which require substantial works to be fit for habitation.</p> <p>Significant progress had been made on reducing void times and had been set as a service priority with introduced measures on rent loss into quarterly performance meetings. Reduction since July in voids of 81 days, with an increase in rent to the Council of £575k.</p>

Actions:

Seek assurance from Risk Management if there are any wider Corporate implications in respect of data integrity and data accuracy.

13.	SWAP - REVIEW OF STATUTORY COMPLIANCE (HOUSING SERVICE)
------------	--

Background

- The Council has statutory compliance obligation to ensure that all burning appliances and smoke alarms are inspected regularly.
- The Internal Audit found that from the 5500 properties due to be inspected as part of the Compliance programme, with approximately 10% of properties which had failed to be inspected. This was potentially a risk to human health.
- Underlying data quality issues were found where systems and processes do not support the production of the data and the information that the service require to have a proper understanding of the position.

Points raised by the Panel:	Responses received from Officers or Cabinet Members.
	<p>The Head of Housing reported that the Housing Repairs Maintenance Policy was due for review. The policy required renewal especially due to the implementation of the Renting Homes (Wales) Act 2016, which introduced changes for landlords in respect of asset management and maintenance.</p> <p>The anticipated new Welsh Housing Quality Standard (WHQS2) would also likely impact and require further fundamental changes to the Council's maintenance policy.</p> <p>It was further reported that processes and service delivery had been reviewed previously in July 2022 and are expected to be complete by September 2023, although it was noted that WHQS2 may require internal policy changes.</p> <p>The Internal Audit Report identified a risk in respect of individual working without guidance, the risk had been addressed by undertaking maintenance/repairs work in-house, moving away from HoWPS and</p>

	<p>external contractors.</p> <p>There were concerns reported around data management, as there was no specific software used to store all statutory compliance details, and a backlog of data yet to be recorded. To remedy this, a review of the compliance system would be undertaken. It is anticipated that a new ICT system would be in place by 2025/26. The Head of Housing noted a Housing Ombudsman report from May 2023, which highlighted the need to manage data effectively.</p> <p>Prior to July 2022, HoWPS undertook compliance work on behalf of the Council. Going forward, the Council would utilise a dedicated software module to log repairs, maintenance and compliance data. It was anticipated that a new ICT system would be procured from March 2024, with a planned introduction for 2025/26.</p> <p>It was noted that HoWPS and Kier used different IT systems, and on transferring the data to the PCC system, a number of anomalies were identified. Data cleansing was underway to improve the accuracy of the compliance data.</p> <p>Housing Services was restructured and from March 2022, a Quality Assurance and Compliance Team were in place. The Head of Housing admitted compliance had in the past been less than required but since 2019-20 the position had improved. Quality Assurance of housing compliance was maintained by inspections undertaken by the Housing Quality Network, with monthly reports to Welsh Government.</p> <p>Regarding data quality, there were inconsistencies in the number of properties in asset registers and servicing schedules. To action these, a heating servicing contractor was put in place, and the service was considering</p>
--	---

	<p>weekend working to deal with non-access issues.</p> <p>It was reported that a stock condition survey was to be undertaken from March 2024, which had never been completed in Powys. This was to be brought forward and commissioned for Autumn/Winter 2023, as an updated register was required to account for all assets including kitchens and heating systems.</p> <p>Further updates included:</p> <ul style="list-style-type: none">• The planned recruitment of a Project Officer and a Data Analyst.• A heating servicing contract was due to go to tender in Summer 2023.• Reduction in non-access cases requiring legal involvement to gain consent to enter homes lawfully by one-third. <p>It was noted that overdue inspections had reduced from 522 to 256 by May 2023. Statutory inspections were required for properties using gas, 83 of which were out-of-date due to non-access issues. It was noted that these figures were the lowest recorded in the past 15 years.</p> <p>It was reported that whilst properties with other heating sources were serviced, there is no statutory requirement to do so. The number of other heating systems yet to be serviced due to non-access include:</p> <ul style="list-style-type: none">• 48 air source heat pumps,• 7 unvented cylinders,• 8 oil systems. <p>It was further noted that there were outstanding solid fuel inspections, 46 of these had appointments booked over the summer months. 28 solar systems were not inspected due to health and safety reasons, although checks were undertaken to ensure they operate properly.</p>
--	---

	It was reported that 74 smoke alarms and carbon monoxide detectors were out-of-date, with the majority due to non-access issues; the overall compliance as of 31 st May 2023 was 99%.
The new system scheduled for implementation 2025/26, would there be a process mapping exercise undertaken linked to the new system, so that process improvements are made to manual processes to identify efficiencies prior to digitisation?	During the preparations to bring the service back in-house, work was undertaken to make processes more efficient. There would probably be 2 or 3 ICT systems need however to cover all areas, tenancy management and income recovery, repairs maintenance and asset management.
What are the reasons for the statutory compliance downgrade on the Corporate risk register?	Improvements had been made reflected that on top of the risks, minutes of those meeting and the rationale for this can be shared.

14. CORPORATE SAFEGUARDING BOARD ACTIVITY REPORT

Background

- Report was a high-level summary of the meeting held on the 16/03/23.
 - The Safeguarding Board met on 8 June 2023. The information within the report shared at this meeting therefore may be slightly out of date, the more recent report would be presented at the next meeting.
 - The report had been presented to Cabinet on 23 May 2023, and at the Health and Care Scrutiny Committee on the 2 June 2023.
 - Committee comments made on the report would be fed back to the Corporate Safeguarding Board at the next meeting as an agenda item.
- Key responsibility of the Board was to oversee and monitor the action plan and recommendations, these actions had been built into the Regulatory Tracker and would be monitored through the quarterly performance meetings.
- Good progress noted against agreed actions.
- Work was ongoing by Services in undertaking a safeguarding audit as part of their self-assessment work and would be considered and reported at a future Board meeting.
- New four-tiered approach to contract management framework, work around child performance and employment discussed, young people's housing, elective home education, adult and children's social care safeguarding performance and mandatory training.
- The Board noted the compliance with mandatory training, from 44.3% in July 2022 to 81.1% at the time of the March Board meeting. VAWDASV training compliance at 82.1%.
- Future items for discussion agreed:
 - Planning for the national safeguarding week in November

- Safeguarding theme of the month
- Annual private fostering report
- Service safeguarding audits
- Contract management update
- Child performance licenses
- Child employment permit update
- Leaflet developed in collaboration with the Tenant Scrutiny Panel on reporting damp and mould in PCC housing stock.
- Young people's safeguarding animation

15. APPOINTMENTS BY THE COMMITTEE
--

Background:

- Rule 7.37.1 of the Constitution requires that an Independent "Lay" Member be appointed by the Governance and Audit Committee to the Finance Panel.
- The Governance and Audit Committee were required to appoint or amend the Membership of the Committee's Working Groups.

Observations and Recommendations:

- Appointment to the Finance Panel:
 - The Chair invited Members to submit nominations to appoint an Independent Lay Member of the Committee to the Finance Panel.
 - J Brautigam nominated G Hall, which was seconded by County Councillor W Powell.
 - G Hall accepted the appointment to the Finance Panel.

RESOLVED that Lay Member G Hall be appointed as a Member of the Finance Panel.

- Appoint/amend the Membership of the Committee's Working Groups:
 - The Chair recommended that the membership remain the same.
 - It was agreed by the Committee that Working Group membership remain under the current arrangements, to allow Members to carry on with their work.
 - No comments were raised by Members against this proposal.

RESOLVED that the Governance and Audit Committee Working Group Membership remain as the current arrangements.

Working Groups

16. HOWPS WORKING GROUP - 24-05-2023

The report of the HoWPS Working Group dated 24 May 2023 was received and accepted by Members of the Governance and Audit Committee.

17. CAPITAL WORKING GROUP - 24-05-2023

The report of the Capital Working Group dated 24 May 2023 was received and accepted by Members of the Governance and Audit Committee.

18. HTR WORKING GROUP 30-05-2023

The report of the HTR Working Group dated 30 May 2023 was received and accepted by Members of the Governance and Audit Committee.

19. INTERNAL AUDIT WORKING GROUP 24-05-2023

The report of the Internal Audit Working Group dated 24 May 2023 was received and accepted by Members of the Governance and Audit Committee.

20. WORK PROGRAMME

Documents Considered:

- Governance and Audit Committee Forward Work Programme.

Background:

- The Forward Work Programme details the Committee’s future meeting dates, times and agenda items.

Issues Raised by the Committee and Responses Received:

Issues Raised by the Committee:	Responses Received:
We had a very enlightening presentation on the Global Centre for Rail Excellence (GCRE), where the Council was involved both as the Local Planning Authority and in coordinating community engagement. I believe there were differing levels of risk associated with the Council’s involvement. I would like this topic to be brought back to the Committee for discussion.	The Chair agreed and will think about how the Council’s involvement with the GCRE could be included as an agenda item in the Forward Work Plan.

Actions:

- Chair to consider the addition of an agenda item relating to the Council’s involvement with the GCRE.
- No further additions were made to the Forward Work Plan.

21. DEMAND IN CHILDREN’S SERVICES

Background

Presentation received and considered by Children’s Services in relation to the Risk “If there is insufficient capacity to respond to the longer-term demand in Children’s Services in a timely manner”.

Chair commented that was pleasing to note within the presentation the strong theme of the amount of work, effort, innovation, and determination in the workforce space to develop the team.

Points raised by the Panel:	Responses received from Officers or Cabinet Members.
<p>Children’s Services had been a perennial issue particularly around resource. What are the future plans on Grown Our Own, also if you could give insight on the current status of the budget?</p>	<p>The trajectory of Grow our Own was noted within the presentation, however, need to carefully manage transition from agency to permanent staff, as we may not be able to offer our Newly Qualified Social Workers (NQSW) positions. The predictions must reflect a realistic growth.</p> <p>Children’s Services were in partnership with Cardiff Uni for Master’s courses. Reviewing a progression framework for our NQSW trajectory for development through to senior positions. The Grow our Own numbers are projected against the vacancy rates, what can be realistically achieved, to manage and navigate student social work placements, ensuring the best learning opportunity possible.</p> <p>In terms of the budget in April and May a slight overspend of approximately £50k, looking to save further monies going forward in different ways. Aware that last September budget was forecast at a £9m overspend, therefore focus had been on reviewing, what and where spend was and were there complicating factors behind the spend. There had been a drive for a culture change, for everyone within the service to be responsible for the spend. End of March 2023 deficit noted at £2m, which was still not acceptable and the team continue to strive to reduce this further.</p> <p>From a Director perspective can offer assurance that the Senior Leadership Team are keeping a high profile on every line of the budget.</p>
<p>Are there any other partnership Universities in the pipeline and is there any obligation factored in for the Grow</p>	<p>It was reported Children’s Services had a long-term partnership with the Open University, who are also looking at a</p>

<p>our Own Newly Qualified Social Work Students or those undertaking Master's degrees to remain with PCC for a period of time, do we open the degree option to the wider council staff if wish to change their career pathways.</p>	<p>Master degree option. We were aware that Aberystwyth University were also commencing a Social Work programme and would be looking to offer placements to students in Powys. The commitment requested by Powys for supporting the degree qualification was 3 years. A number of those already live in Powys and invest their time and energy in the county.</p>
<p>Is the underlying complexity of cases increasing having an effect of the delivery of services</p>	<p>The impact of the pandemic had resulted in families finding it much more difficult to manage, be that accessing service provision, transitioning back into school face-to-face, or from competing demands on a multitude of fronts, cost of living, energy, and poverty in certain areas of Powys, which had led to more complexities coming to the fore.</p> <p>It was noted that the Service attempted to intervene at the earliest opportunity, utilising the Early Help hubs which needed to develop across Powys. Preventative work would reduce the likelihood of cases presented to Children's Services that had reached crisis point.</p>
<p>If could intervene at an earlier stage, that would impact by driving down the front door referrals.</p>	<p>Front Door deal with information, advice and assistance, SWAP had assisted by reviewing if the Front Door could become more digitally smart by delivering information in a different way.</p> <p>The goal was to deal with as much of the signposting, advice, and assistance at the Front Door to prevent and lessen future referrals to the Assessment Team.</p>

L Hamilton (Chair)