

# Public Document Pack

Governance and Audit Committee – 09-02-2023

## MINUTES OF A MEETING OF THE GOVERNANCE AND AUDIT COMMITTEE HELD AT BY ZOOM ON THURSDAY, 9 FEBRUARY 2023

### **PRESENT:** L Hamilton (Chair)

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

Independent / Lay Members: G Hall, J Brautigam.

Cabinet Portfolio Holders In Attendance: County Councillors D Thomas (Cabinet Member for Finance and Corporate Transformation), R Church (Cabinet Member for a Safer Powys) and S Cox (Cabinet Member for a Caring Powys)

Officers: Caroline Turner (Chief Executive), Jane Thomas (Head of Finance), Wyn Richards (Scrutiny Manager and Head of Democratic Services), Gwilym Davies (Head of Property, Planning and Public Protection), Nina Davies (Director of Social Services and Housing), Rachel Evans (Head of Commissioning), Michael Gray (Head of Adults), Bets Ingram (Strategic Equalities and Risk Officer) and Emma Palmer (Director of Corporate Services)

Other Officers In Attendance: Ian Halstead (Assistant Director – SWAP); David Burridge, Bethan Hopkins, Non Jenkins (Audit Wales)

### **1. APOLOGIES**

There were no apologies for absence.

### **2. DISCLOSURES OF INTEREST**

There were no Declarations of Interest from Members relating to items to be considered on the agenda.

### **3. DECISION TRACKER**

#### **Documents Considered:**

- Decision Tracker

#### **Issues Discussed:**

Question	Response
What is the position regarding the Working Group meetings	Officer Response: All have been arranged except the Internal Audit Working Group.
Review of the Debt Policy can this be considered soon.	Officer Response: This could be considered at the March meeting.
Have not seen the terms of reference for the Working Groups	The Chair advised that the Terms of Reference were agreed by the Committee and were subsequently updated with details of Members of the Group, lead officers and contact details. The Chair had asked for the first meeting of all groups to be held in the first quarter

	<p>of 2023. During the first meeting each Working Group would determine its chair, discuss the terms of reference with the lead officer and prioritise its work programme.</p> <p>The Committee also agreed that each Working Group would provide a regular feedback report to the committee on its activities.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• Recirculate Working Group terms of reference to the Committee.</li> <li>• Template for Working Group feedback reports to be devised.</li> </ul>
<p>Could the Assistant Director (SWAP) comment on the two actions in relation to corporate fraud and assurance mapping.</p>	<p><b>Officer Response:</b></p> <p>In terms of corporate fraud, SWAP had been undertaking a fraud risk assessment. Stage 1 had been completed and delivered to the Council. Stage 2 of the work had been undertaken and actions completed and sent to the client. The fraud risk assessment might be considered by the Committee in future.</p> <p>In relation to assurance mapping SWAP was transitioning to new software, with the timescale to have good visual assurance maps being three to six months. Will report back on this in the future.</p> <p>The fraud risk assessment and assurance map will be the responsibility of the Council and SWAP was in an unique position to start this in support of the Council. This will be reported back to the Committee in future.</p>
<p>No reference to the issue raised following the GCRE presentation. This related to potential conflicts of interest for the Council when it had a variety of roles in complex matters such as GCRE.</p>	<p><b>ACTION:</b></p> <p>Review and include this on the decision tracker.</p>

**Outcomes:**

- Noted.
- Actions as detailed above.

4.1. Strategic Risk Register Report Quarter 2, 2022-23

**Documents Considered:**

- Report of the Head of Finance

**Issues Discussed:**

- The Committee considered the Quarter 3 Report to be considered by Cabinet on 7<sup>th</sup> March 2023 and was asked to seek assurance on the effectiveness of the arrangements in place for the management of risk.
- Further detailed work has continued in relation to strategic and global risks. A detailed session on the Nature and Climate Emergency had been undertaken on 8 February. The Cabinet had received risk and management training and had access to the relevant service risk registers on JCAD.
- There are 15 risks on the strategic risk register and all risk owners had provided a summary of progress.
- It was proposed to escalate the risk on financial services (£989k fraud risk) and the Property Planning and Public Protection risk on potential power outages.
- It was also proposed to request that Cabinet de-escalate the risks relating to Children’s Services and Education. Both risks relate to the management of budget and both risks are currently covered within risk FIN0001. Both risks would continue to be managed within the Service’s own risk registers and any budget risk would be included under FIN0001.
- One risk was being suggested to be escalated from the Service Risk Register to the Strategic Risk Register (CS0091 relating to Adults and Children’s Services).

Question	Response
<p>In relation to the de-escalation of risks, this seemed to be about presentation rather than a reduction in the level of the risk. If these are moving to a Service risk we need assurance that we are not losing sight of the importance of these risks. Would be moving towards leaving them in the Strategic Register rather than de-escalating them.</p>	<p>The Chair expressed concern regarding bundling these risks within a broader corporate risk and whether the risks could potentially not receive sufficient attention if de-escalated.</p> <p>Officer Response: With the overall risk regarding the financial sustainability of the Council, this is considered at a corporate level. That consideration encompasses the whole of the budget and these two risks are a part of that. It was felt that having these as separate risks was a duplication of the risk and it could be managed within the overarching risk. This is important in the way the budget is developed on a corporate basis taking account of all services. There would not be a loss of sight of any budgetary impacts across all Services.</p>
<p>Page 43 which refers to the Ukraine issue. It also refers to the Ukraine cell continuing to meet and the status of withdrawn. What does ‘withdrawn’ mean in this context.</p>	<p>Officer Response: The term ‘withdrawn’ relates to one of the mitigating actions or controls rather than the risk itself. That means that one of the mitigating actions has been withdrawn rather than the risk itself.</p>

	<p>The cell was set up in response to the emerging issues around Ukraine to establish what those impacts were in relation to supply chain, increasing costs. As we now understand and are dealing with those issues on a routine basis the overarching remit of the cell has been amended to be much broader.</p>
<p>In the column for control / actions – many are “in progress”. Some of these are aspirational and some are one-offs. What is the timeline for progress and when will results be achieved. Of the actions which are the ones which would have the major impact on reducing the risk. Can these be actions be ranked and show an indication of whether the actions / mitigations are working.</p>	<p>Officer Response: A meeting was arranged with the company that produced the JCAD software to see if the Council could set targets and dates for mitigating actions and controls. Whether mitigation is going in the right way was a part of the risk management process and part of the conversations with the Senior leadership Team, the Cabinet and the Committee. Cabinet Members can now view the progress against those controls. This information is available and could be added to the report.</p>
<p>In relation to the risk around schools. Concerned at the level of risk identified particularly in relation to secondary schools. Also concerned about the wording which suggests that secondary schools are winning the battle against deficits. This is not the view shared by schools and governors. The seriousness of the situation has been recognised by the Cabinet with the proposal to add £500k for schools. All high schools are likely to be heading for much higher deficit positions. Surprised at the level of risk identified and should be reviewed as the risk is higher than stated.</p>	<p>Officer Response: The levels of school budget deficits seen historically have been of concern. The issues raised have been the subject of scrutiny debate and are likely to be considered at Schools Forum. In terms of individual deficits, work was being undertaken with individual schools to look to assist schools resolve some of those issues. Budgets had been stabilised over past years due to changes to the formula but work was ongoing to reduce costs where appropriate. The impact of the cost of living increases and inflation would impact on schools as well as all services. All the additional funding from Welsh Government was passported to schools, but schools like all services would have to manage some of those pressures themselves.</p> <p>Cabinet Member Response: The settlement from Welsh Government although better than expected was below the rate of inflation so all services were impacted in terms of funding. All additional funding for schools was passported to schools. Due to the</p>

	<p>pressures in relation to energy costs a contingency fund for schools had been set up. If Committee undertook a deep dive into schools deficits there were historic issues regarding deficits in secondary schools. By providing £500k into schools this had meant a reduction in funding for other services.</p> <p>ACTION: Committee to further consider school budgets for a risk Deep Dive.</p>
<p>Page 25 – information system potentially not fit for purpose. Mnemonics are fine if you know what they mean. Can this be clarified in the document. Surprised at the risk level of this particularly in view of the report on corporate safeguarding which makes a number of recommendations and a low rating.</p> <p>The Quarter 3 report also states that a review was taking place with a view to implementing a replacement data system. However in Quarter 1 there had been an options appraisal was being undertaken. The report does not provide an indication of progress made or the sense of urgency to resolve this. Has the cost of a replacement data system been budgeted for or will this be an additional budgetary requirement.</p>	<p>Chair’s Comment: WCCIS – Welsh Community Care Information System</p> <p>Officer Response: Take on committee comments about acronyms.</p> <p>In terms of WCCIS the stability and performance of the system had improved recently so the rating level of the risk was reviewed on a regular basis.</p> <p>The Corporate Safeguarding review looked at the Council’s approach to safeguarding as a whole rather than individual services.</p> <p>Work regarding WCCIS system was ongoing and was a priority which included the prioritisation of resource corporately to review the digital work required across social care. Work was progressing and recommendations would be forthcoming soon.</p>
<p>Endorse the Chair’s comments about retaining these risks as separate and not combining them.</p> <p>With regard to the risks being escalated especially fraud, what evidence was there that the fraud situation was likely to get worse.</p> <p>In relation to power outages, it was understood that the roll out of power cuts was only likely in worse case scenarios. Do these risks deserve a residual risk of 12. Are there contingency plans.</p>	<p>Officer Response: Nationally there are increased levels of fraud, not specifically the Council. Therefore, this risk recognises the potential problem. The score has been challenged at Senior Leadership Team and Executive Management Team. Officers had asked for this to be reviewed. Overall, when you looked at all the factors there was a heightened risk due to the pressures on individuals.</p> <p>In terms of power outages it was hoped that the likelihood was low but the Council needed to be prepared for this as the impact could be significant. Some</p>

	<p>buildings had backup generators, but the Council had been considering whether there would be a need to move things around or bringing people together in specific buildings so this needed to be planned.</p> <p>With regard to the risk of fraud, the risk register was about the current situation. However, this risk was horizon scanning and looking at the potential risk in the future.</p>
<p>Is the inadequacy of grid infrastructures in Powys reflected in and taken into account in the risk or accounted for elsewhere. Is the ability to generate electricity locally taken into account as well.</p>	<p>Officer Response: These items would not be featured in the risk register as mitigating actions but these are things being considered in other areas of the Council.</p>

**Outcomes:**

- Noted
- Chair would write to Cabinet to ask them to consider the accountability and sightedness of de-escalating the two risks if they are included in the overall corporate risk.
- Schools Budget Deep Dive to be added to the forward work plan.

4.2. Risk Appetite

**Documents Considered:**

- Report of the Cabinet Member for Finance and Corporate Transformation

**Issues Discussed:**

- The risk appetite in the report supersedes the Council’s existing one dated July 2019.
- The risk appetite is fluid and needs to be regularly reviewed by Cabinet to ensure that the Council is taking account of current situations.
- Although there is a risk appetite for programmes and project delivery, individual programmes and projects should consider a further detailed approach if necessary.
- In relation to the risk appetite, it was noted that the Council would aim to operate organisational activities at the levels set out in Section 5 of the report. Where the level of risk was higher this should be highlighted using the relevant governance mechanisms.
- It was suggested that the colours in Table 5.2 should be removed and add the risk appetite range as set out in Table 5.3.
- The Chair welcomed the document as it provided a level of confidence.
- The Head of Finance highlighted paragraph 2.4, and by defining the risk appetite across the Council, risks could be better prioritised together with the mitigation and allocation of resources. This also provided a greater consistency for services when considering risks at an individual level.

Question	Response
<p>Would like assurance regarding how the document is used. Is it a live</p>	<p>Officer Response: It is a live document which will be</p>

document and used once it has been approved.	reviewed probably on an annual basis. It will be a key document as part of the risk management framework and toolkit with services referring to this when identifying new risks or reviewing existing risks.
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**Outcomes:**

- Noted.

<b>5. SWAP</b>
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5.1. Quarterly Internal Audit Update Report 2022-23 - Quarter 3

**Documents Considered:**

- Report of the Assistant Director, SWAP.

**Issues Discussed:**

- This was the report to the end of Quarter 3 – December 2022.
- In terms of plans that are delivered by SWAP, there was an indication that coverage was acceptable in terms of the Council’s key risks.
- There was a revised planning process underway and SWAP would be considering the Council’s new objectives to ensure alignment to the Council’s objectives and key risks.
- Planning of work continues to be agile and SWAP was attending a new corporate fraud forum that had been established and was meeting with the corporate fraud team and assessing the impact of fraud on the Council, and could feed into the risk assessment.
- 34 audits had been undertaken and SWAP was on track to deliver the annual plan and opinion.
- In terms of assurance, 83% of the work was positive assurance.
- In terms of action tracking, there were no outstanding priority 1 and 2 actions for the period so Council is mitigating risks.
- Overall an indicative opinion of reasonable was provided with sound levels of internal control.

Question	Response
In relation to the five overdue actions on the dashboard, what is the significance of these and what are the reasons for the delays.	Officer Response: These are priority 3 actions and of merit and mentioned on page 89 of the report. These had slipped beyond the designated implementation dates but are being followed up by SWAP. SWAP was actively liaising with Services and these were not issues of concern from SWAP’s perspective.
On pages 69 / 70 there is no audit coverage planned for WCCIS’s unreliability and the Russian invasion of Ukraine and the pressure on markets. What is the appropriateness of None and None	Officer Response: WCCIS was a very specific risk and was being dealt with in other parts of the Council and therefore not considered as a specific risk in itself. However, in the work being undertaken with Adults and Children’s Services SWAP would be considering the role and the impact that

	<p>WCCIS was having on the delivery of those services.</p> <p>In relation to Ukraine this risk was so wide that SWAP would not consider this as a risk in itself. Again related risks would be considered.</p> <p>ACTION: The Assistant Director indicated that he would review how this was detailed in the coverage.</p>
<p>Page 89 - Two of the overdue items related to finance items and related to conflicts of interest. Can we have a date and time when this will be resolved.</p>	<p>Officer Response: The actions had been undertaken but the record had not been updated.</p> <p>ACTION – Head of Finance to progress the outstanding actions record being updated.</p>
<p>Audit coverage. Does good coverage mean a single or multiple audits. What does audit coverage mean.</p>	<p>Officer Response: Good, Some or None is a subjective opinion and could be a mixture of a single specific audit on a specific risk or looking at multiple elements of the risk. SWAP was reviewing the position of its coverage and in future reports there should be clarity on how this linked to corporate objectives and risk and how SWAP's work linked to those.</p>
<p>In relation to the balance between draft and signed-off reports. Does the Council have a protocol for dealing with draft reports so that there is an expectation that amendments to fact or management action are completed in a certain timescale. Where actions have not been completed in the required timescale, is this looped back into the risk register as this could be a risk.</p>	<p>Officer Response: In relation to draft reports the client is involved in the reporting process with some issues addressed before the formal reporting stage. There is also a need for an agile approach between SWAP and the Council in completing reports. The assurance process could be considered by the Internal Audit Working Group.</p> <p>ACTION: It would also be helpful if some work was undertaken to identify how audit recommendations were recognised in risk registers.</p>
<p>Is there a link between the level of draft reports and the capacity of staff to respond.</p>	<p>Officer Response: Inspection is the norm in the Council and there is a culture to respond to audit reports. Resources are stretched for SWAP and the Council. It was important to get to the end of the process in a structured way. The lack of resources did have a small impact on responses but the Council was working with SWAP to</p>



resolve those issues.
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**Outcomes:**

- Noted
- Ukraine - That the Assistant Director review how this was detailed in the coverage.
- It would also be helpful if some work was undertaken to identify how audit recommendations were recognised in risk registers

5.2. SWAP Report - Continuing Health Care

**Documents Considered:**

SWAP Report – Continuing Health Care. Limited Assurance.

**Issues Discussed:**

- Continuing Health Care (CHC) is a service provided to those leaving hospital who are in need of care.
- The key findings of the audit is that there is a national framework but no local operating protocols having been agreed between the Council and the Health Board.
- There had been recent improvements but there was a lack of visibility around performance. Therefore it was difficult to tell how well the service was performing in terms of the discharge process.
- There were excessive delays and disputes over funding decisions that might have an impact on clients.
- There should be greater visibility and monitoring of CHC Health Board debts.
- The report was compiled during the Covid period which was likely to have had an impact on service delivery.
- There were four priority 2 recommendations, a limited assurance opinion and some significant risks to be addressed.

The Committee was provided with the following contextual information by the Service:

- CHC is not necessarily a service which people receive when they leave hospital.
- It is a complete package of ongoing care arranged and funded solely by the NHS through Local Health Boards where a client's needs are primarily health based. CHC can be provided in any setting such as the person's home or a care home. As it is funded by the NHS this is an entitlement for individuals eligible to receive it.
- There is a national continuing care framework (2022) which sets out the arrangements for the NHS to follow in delivering continuing health care in Wales. It sets out the process for the NHS working with partners such as local authorities to assess a person's health needs and to ensure appropriate care is in place to meet those needs.
- In relation to the four actions identified by SWAP:
  - The Council was working alongside PTHB (Powys Teaching Health Board) to establish a formal operating procedure which would include a disputes resolution protocol. As this is primarily health-led the Council relies on the Health Board for timescales in terms of delivering this work.
  - To date there was neither an operating nor disputes resolution protocol in place despite efforts by the Council. Extensive comments had been made

- on a draft of a standard operating protocol sent to the Council in February 2021. Further comments were also provided in March 2021 and further clarification sought since then. This document together with a disputes resolution protocol was awaiting sign off by Powys Teaching Health Board (PTHB). This had been raised with PTHB on a number of occasions.
- In terms of Adult Services reviewing its internal monitoring processes, there had been progress and a dedicated CHC team established which tracked all current cases and regular surgeries were being held for adult social services staff. Operational teams were also reminded to advise the CHC team of any multi-disciplinary meetings where primary health needs might be identified. There was also a dedicated CHC email address as a single point of contact for staff.
  - Any decisions regarding eligibility for CHC rested with the Health Board through their quality assurance processes. Therefore, the Council was reliant on the Health Board to work alongside the Council to get documents agreed.
  - In relation to financial implications there had been an agreement to undertake an internal review of how information was collated and there had been improved communications with the finance team to stop payments where necessary and request credit notes. Invoices raised by the finance team followed the Council's debt management processes.
  - The Director since coming into post had established close relationships with colleagues at the Health Board to address issues such as winter pressures, discharges from hospital and the pressures in the health and care sector. The Committee received assurance that there was confidence that progress would be made on the actions.

Question	Response
<p>Comment: The Chair sought assurance that this issue was on the Health Board's agenda for consideration.</p>	<p>No comment.</p>
<p>Historic debts were identified in the previous financial year which were quite significant. Action was promised at the highest level to recover some of these monies. What is the outline of progress.</p>	<p>Officer Response: In terms of ongoing debts, meetings were being held regularly with PTHB to try and clear debts and resolve issues, where resolution had not been forthcoming appropriate action was being taken. As part of the Treasury Management report the Cabinet had asked for more information regarding the level of debt in Adult Social Care and the volumes and amounts were considerable so it was important to reduce this as soon as possible.</p>
<p>The report focussed on the Council. As this report looks at links to another organisation is there a link into those other organisations when there is consideration of a possible cross over in relation to budgets or decisions as the impact of decisions taken is taken by</p>	<p>Officer Response: SWAP had only approached this report from the Council's perspective only. It did not consider the impact from the Health Board's perspective or liaise with the Health Board regarding the review.</p>

<p>others.</p>	
<p>The report referred to Council staff having individual training to enable challenge of the decision making process. Assurance was sought regarding shared training provision as it could provide an understanding across organisations.</p> <p>What is the escalation process if we believe the cost sits with PTHB rather than the Council.</p>	<p>Officer Response:</p> <p>In relation to training, the Council benefits from robust training provided by a legal expert that provides training not only relating to continuing health care but also on wider aspects of legislation such as the mental health and mental capacity acts. There is an expectation that all practitioners will go through this training to provide consistency across the service. There had been conversations with PTHB about joint training previously but has not been implemented as yet.</p> <p>In terms of the escalation process, the framework provides a high level overview of what the disputes resolution process might look like, but it does encourage health boards and local authorities to develop their own local protocol. The expectation is that the multiple disciplinary team should be in a position to make a decision as to whether a primary health need exists. That decision would be ratified through the Health Board’s quality assurance processes. If that team cannot take the decision or there is a dispute in the ratification process then it would be escalated to the two senior managers in the respective organisations to review the case. If that did not resolve the position it would be escalated to the Head of Service (and counterpart in the NHS) or to the Director level. Normally issues are resolved at senior manager level, but there was no formal process currently in place.</p>
<p>What are the consequences to the Council if it funded care illegally and what are the risks. Is the debate around who pays for the care, not around whether the individual receives the care, and if the client should pay for the service but cannot pay, who pays for the care.</p>	<p>Officer Response:</p> <p>The legal thresholds are set out in the Social Care and Well-Being Act and state clearly that local authorities cannot meet an individual’s need for care and support by arranging the provision of the service if the provision should be provided under a health enactment. That meant that if it had been identified that a person had a primary health need the Council could not legally fund that care as this was the responsibility of the NHS.</p>

	<p>In relation to the impact on the individual, if a person had a primary health need which was not ratified by the Health Board then this could be provided and funded by the Council. The Council could seek a contribution from the individual for their own care which meant that the individual was illegally funding their own care. Therefore there are serious impacts, as a person needing health care should have that provided free at the point of need. That is why it was important for the Council to work in partnership to ensure that decisions on individual cases were correct.</p>
<p>What is the level of involvement of primary care particularly GP practices in bringing improvement and resolution in these cases as the primary point of contact for people coming out of hospital would be the GP practice.</p>	<p>Officer Response: It would be difficult to comment in detail on the role of GPs in the health led process. There would be a likelihood that those practitioners would have an input in the multi disciplinary team process. The multi disciplinary team considers assessments of the individual's needs from a variety of sources and GPs may have a role at that point in that process.</p>
<p>Would community pharmacies have any role in the process</p>	<p>Officer Response: There might be evidence from a community pharmacist which could inform the assessment of need, but it was not known how often this would happen as it would depend on the individual.</p>
<p>In two of the action points the responsible officer is listed as not applicable as they are PTHB staff who are responsible. Although the lead rested with Health there should be a Council officer identified linked to these actions. Also do not like timescales that are marked as ongoing. Would encourage the insertion of the name of a responsible Council officer and timescales in the document.</p>	<p>Officer Response: The Director of Social Services suggested that her name should be included as the responsible officer for those actions. Timescales would also be considered and discussed with PTHB following which the document could be updated.</p> <p><b>ACTION:</b> Director of Social Services name to be added to the SWAP report as responsible for management action.</p>

**Outcomes:**

- Noted.

5.3. SWAP Report - Deprivation of Liberty Safeguards

**Documents Considered:**

SWAP Report – Deprivation of Liberty Safeguards (DOLS). Limited Assurance.

**Issues Discussed:**

- DOLS is the procedure that would deprive an individual of their liberty where they lack capacity and the report was around the assessment of that process. The current report was a follow on report to one undertaken in 2019-20 which identified significant issues.
- There had been some improvement in some areas since the previous report but there were still some significant outstanding areas.
- Two main areas were identified:
  - Delivery – there were statutory timescales in place to undertake assessments and the audit identified that there were lengthy delays and timescales were not being met.
  - The process itself and the Council having to undertake a best interest assessment as part of the process, and the ability to do this. It was determined there was little internal capacity and limited external capacity to undertake these assessments. Therefore the resource needed to undertake these assessments was insufficient.
- Two actions were identified, one priority 1 and one priority 2. The audit opinion was a limited assurance.
  
- The following contextual information and Service update was provided to the Committee:
  - DOLS was an important part of the Mental Capacity Act. The safeguards ensure that if a person cannot consent to their own care arrangements in a care home or hospital those arrangements are protected checked if it meant that the individual was deprived of their liberty.
  - Arrangements were checked to ensure that they were necessary and in the person's best interests.
  - A peer support group had been established to support the best interest assessors in their role.
  - The Council was seeking to create 'best interest assessor' positions internally but that was challenging due to current capacity within the service.
  - Payments were being offered to current 'best interest assessors' to provide additional hours to reduce the backlog of DOLS registrations whilst the DOLS legislation remained current.
  - A framework had been developed for overseeing and monitoring the quality assurance and timeliness of assessments allocated to external agencies, independent best interest assessors and Section 12 doctors.
  - DOLS and mental capacity act resources had been updated on the internal website which provided best practice guidance for staff.
  - A mental capacity act and DOLS Forum was in place to share learning from cases and promote communication and joint working.
  - There had been difficulties previously in securing agency staff to undertake this work but the Council was now working with 2 agencies on a regular basis with a dedicated focus to reduce the backlog of DOLS authorisations. An agreement had also been reached with three independent 'best interest assessors' on a monthly basis to reduce the number of assessments.

- Recent funding from Welsh Government had been utilised to secure an additional internal best interest assessor for 18.5 hours a week on a temporary basis which was to be reviewed.
- In terms of total outstanding applications, in January 2022 the total was 357. However, since September 2022 following action being undertaken there was a downward trend in outstanding applications in number of applications. As of January 2023 there were 279 outstanding applications. Therefore, there was positive progress in reducing the number of outstanding applications.

Question	Response
<p>The statistics are alarming with the Council not meeting statutory requirements. Is there a procedure in place to prioritise people in the queue. Are we also looking at those who have been waiting determination of their application for a long time.</p>	<p>Officer Response: There would not be an instance of anyone jumping a queue. Urgent authorisations were authorised within the timescales. Standard authorisations would be dealt with in the order that they were received. The total number of outstanding allocations had been reduced and there were no outstanding allocations from those received in 2020-21. For 2021-22 there were 16 and the remainder were for the previous year. This is monitored on a daily basis and reported monthly with other monthly figures.</p> <p>Whilst the position was not ideal in terms of outstanding applications this is the same for every local authority in the UK due to previous legislative changes which reduced the threshold of what was a deprivation of liberty. As a result of this change there was a significant increase in the requests for DOLS authorisations.</p>
<p>What percentage of applications are approved as DOLS.</p> <p>Could the Council reduce the pressure by reducing the demand.</p>	<p>Officer Response: The information was not available at the meeting but could be provided.</p> <p>To reach a determination on an application there were six parts to the overall assessment before an application could be authorised.</p> <p>The Council had a legal obligation to complete the six parts of the assessment before concluding whether an authorisation was justified.</p>
<p>Review and renewal dates had increased and Panel referrals had decreased. Could there be a clarification of the date as it appeared that people were supported when</p>	<p>Officer Response: Reviews of authorisations could take place at any point and not at the end of the authorised period. Sometimes the Service had to react sooner than</p>

<p>applications received but there were issues at the renewal and review stages.</p>	<p>expected due to changed circumstances and that might not have been reflected in the report. The backlog of reviews was another area to be dealt with.</p>
<p>In relation to the priority 1 action, if the Council is not meeting its statutory timescales what are the consequences for the Council. As we have been breaching this for the last 5 years why is there a timeline of 12 months to address this action.</p>	<p>Officer Response: The consequences remain unknown at present as every local authority had a backlog of assessments to be authorised which was acknowledged by the Government.</p> <p>Further information was awaited from the Government about the transition from DOLS to LPS (Liberty Protection Safeguards). Whilst the underlying legislation would remain the same the LPS would only have the requirement for three statutory assessments instead of six independent assessments and no referral for a DOLS authorisation under LPS with the process itself being integrated into care and support planning. Whilst the Council had responded to the new Code of Practice consultation in 2021, there was no clarity from Welsh Government as to when the new regulations would come into force to replace the DOLS.</p> <p>In terms of building support internally for 'best interest assessors' and attracting more freelance assessors, the 12 months is a realistic timescale in terms of the current capacity available to the Service. The Service was in business continuity and had a number of vacancies. Therefore, the Service was realistic about what could be achieved with the resources available. This remained a priority for the Service to resolve.</p>
<p>The 12 months will end in October 2023. When would it be planned to audit this area again</p>	<p>Officer Response: SWAP will revisit this area. SWAP would also need to liaise with the Head of Service to ensure that issues were being addressed. SWAP or the Service could also provide updated to the Committee.</p> <p><b>ACTION</b> – assurance to be provided at end of the twelve month period that the actions had been Addressed. If not what were the risk implications for the Council.</p>

Cllr Gareth Ratcliffe left at 11:47

**Outcomes:**

- Noted
- Updates from the Director following meetings of the Corporate Safeguarding Board to Scrutiny and Cabinet to be also circulated to the Committee.
- The Committee to consider the annual report on Corporate Safeguarding following consideration by the Cabinet to seek assurance that the governance arrangements are in place and added to the Committee's workplan

<b>6. AUDIT WALES</b>
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6.1. Corporate Safeguarding Audit Report

**Documents Considered:**

- Audit Wales Report – Corporate Safeguarding

**Issues Discussed:**

- This was a follow up report to previous reports presented to the Council in 2014 and 2015.
- The Corporate Safeguarding review considered the arrangements and controls which the Council had in place across the Council and the oversight and corporate governance of those arrangements.
- The review found that the Council:
  - did not have proper control of its corporate safeguarding arrangements in place which exposed the Council and its residents to risk.
  - did not have key mechanisms in place that would assist it with the corporate safeguarding arrangements.
  - needed to address key governance issues, including publishing a corporate safeguarding policy (although a policy had been subsequently produced) and ensuring the corporate safeguarding group carried out its role in accordance with its own terms of reference, which was not the case at the time of the review.
- 11 new recommendations had been made by Audit Wales as set out in the report. The Council had also not met or only partially met the recommendations made in previous reports. The focus for the Council would now be taking forward the new recommendations.
- The Cabinet Member for a Safer Powys advised that he and the Director of Social Services took on their respective responsibilities for corporate safeguarding from July 2022. A number of items had already been taken forward including the adoption of a corporate safeguarding policy and updated terms of reference for the Corporate Safeguarding Group.
- Levels of training by councillors and staff has improved. A website for corporate safeguarding had also been launched.
- The Director of Social Services welcomed and accepted all of the recommendations in the report.
- An action plan had been prepared and was being implemented. This was working corporately across all services including engagement across the Council supported by the Cabinet and Scrutiny.
- A cross service working group had also been established.



- When the report was published in December 2022, progress had been made against all of the actions and to date many of the actions were completed or in progress.
- All these recommendations had been included in the corporate regulatory tracker and would be monitored as part of the quarterly monitoring process.

Action Plan highlights:

- Corporate Safeguarding Policy approved by Cabinet – 13 December 2022.
- A one page summary guidance was created, following a request by Cabinet.
- The Corporate Safeguarding Policy was held on a central repository and would be reviewed and updated on a regular basis.
- The Terms of Reference for the Corporate Safeguarding Board were updated and agreed by the Board on 5 December 2022.
- Safeguarding landing pages had been created on the Council’s public website and intranet which were launched on 8 February 2023 in advance of the target date of March 2023. Communications and promotion of these websites was to be undertaken.
- The Scrutiny Committee had suggested that the Council should have a safeguarding theme per month which would be discussed with the Safeguarding Board.
- Discussions would be held with SWAP about an ongoing programme of audit work on safeguarding.
- Safeguarding was to be built into the Council’s annual self evaluation process.
- In relation to the two DBS policies, this action had been completed with the council now having a single policy.
- A draft corporate volunteering policy was being developed.
- A new contract management approach was being developed which included ensuring that safeguarding policies and practices were in place.
- In relation to mandatory training, Member compliance was at 99%, with staff compliance improving at 78%.
- Providers would be expected to provide safeguarding training to employees in accordance with Cwmpas guidelines.

Question	Response
<p>Thanks to the Cabinet Member and Director for the assurance that this is a priority and action is being undertaken. There is a comment in report about the Council not having corporate control which exposes the Council to risk. What is the level of control now as actions have been taken and what is the assessed level of risk.</p>	<p>Officer Response: The work undertaken in the autumn places the Council in a better position than previously, there are robust procedures and processes in place and that what is in place can be sustained. As recommendations will be in the regulatory tracker there will be oversight of these on a quarterly basis. However, there is more work to be done and that will be discussed with the Board in March 2023. The action plan would be discussed with Scrutiny and the Cabinet.</p>
<p>Pleased with the progress being made. The Council has received negative press coverage regarding this recently.</p>	<p>Officer Response: It was difficult to comment as to why things were not put in place sooner. This</p>

<p>Has this been flagged on the Council's risk register in the past and if not why was this not identified earlier. Concerned that this has taken so long to be identified and resolved.</p>	<p>was one of the key reasons why this was now included on the regulatory tracker to ensure this did not happen again as well as having the policy in the central repository. It was acknowledged that things had not happened as they should have but an assurance was given that steps were in place to ensure that this was taken forward.</p>
<p>Interested in recommendation ten which was performance monitoring. What form will this take and how regularly will the Committee be updated.</p>	<p>Officer Response: As this was included on the regulatory tracker there would be quarterly oversight of the actions under the quarterly monitoring process for performance. It would also be included in the Council's annual self evaluation process and would be a role for all services. The Director indicated that updates could be provided to the Committee as required. Following meetings of the Corporate Safeguarding Board an update would be prepared for Scrutiny and Cabinet which could be circulated to the Committee as well.</p> <p><b>ACTION</b> – updates from the Director following meetings of the Corporate Safeguarding Board to Scrutiny and Cabinet to be circulated to the Committee as well.</p> <p><b>ACTION</b> – The Committee to consider the annual report on Corporate Safeguarding following consideration by the Cabinet to seek assurance that the governance arrangements are in place.</p>
<p>In relation to the recommendations made in 2014 - 15 were there any timeframes for the delivery of those actions.</p> <p>In relation to mandatory training pleased that this is improving. Has the Council identified from Services any resources that are needed to deliver those recommendations. Does the Council look at the number of incidents around safeguarding as these could be costed. If due to training the number of incidents reduce the Council can look at the cost of training against the benefits</p>	<p>Officer Response: In terms of timescales Audit Wales would not set timescales and it would be for the Council to set those timescales.</p> <p>There was a review in 2014 as well as the national 2015 review. It was then for Councils to keep oversight of the recommendations which is why this was raised as a risk and included on the audit plan as follow up work.</p> <p>Conversations were ongoing about allocating resources to support safeguarding as well as mandatory</p>

in the reduction in the number of incidents.	training. Mandatory training is a priority moving forward. The Health and Care Scrutiny Committee wanted to maintain an oversight of this issue as well.
Was there any follow up review between 2015 and 2021.	
From Audit Wales’s perspective are there any other issues which the Committee need to be aware of.	Officer Response: Anything that Audit Wales identified would be included in the work programme in future years.

**Outcomes:**

- Noted
- Actions as indicated above

6.2. Quarter 2 Audit Wales Work Programme and Timetable

**Documents Considered:**

- Audit Wales Quarter 2 Work Programme and Timetable

**Issues Discussed:**

- The Corporate Safeguarding Report had been considered by the Committee.
- The review of Planning Services was being drafted.
- Assurance and risk assessment was the ongoing annual engagement work which would feed into specific audit work detailed in the work programme.
- The thematic review on unscheduled care was being undertaken across Wales.
- The project brief on the thematic review of digital had been completed and was subject to engagement with the Council.
- The Scrutiny follow up review would be incorporated into a wider review on corporate governance.
- Financial audit work as detailed in the report.

**Outcomes:**

- Noted

<b>7.</b>	<b>STRATEGIC ASSET REVIEW</b>
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**Documents Considered:**

- Presentation by the Head of Property, Planning and Public Protection

**Issues Discussed:**

- The Council had 639 separately listed land and building assets (2022)
- The Cabinet approved an asset management strategy in October 2022 which set out the framework within which the Council’s assets would be appraised, managed and released.
- Action Plan:
  - The first part of the process related to condition assessments and surveys which were to be undertaken over a five year period.
  - The Service was currently on target to complete 20% of the assessments in 2022-23. In 2023-24 the target was 50%, 2024-25 the target was 80% and by 2025-26 the target was 100%

- User reviews and action plans – a more formalised process was to be adopted than previously. The target was that 100% of service areas and tenants would have an annual asset review with action points provided where appropriate in 2023-24
- Reviewing the asset management policy to make sure it is fit for purpose. It was hoped to adopt this by the end of March 2023.
- Asset Reviews with each asset or group of assets having a review every 5 years.

Question	Response
<p>Welcome the approach.</p> <p>What proportion of the assets are subject to designations such as heritage or being in a conservation area or subject to conditions such as a listed building.</p> <p>Seeking assurance that local Councillors and Town and Community Councillors are advised of the ongoing management of the assets as they are publicly owned assets in the Council's stewardship.</p>	<p>Officer Response:</p> <p>The information regarding the numbers of assets which were listed was not available for the meeting. There were a number of assets which were listed and that needed to be taken into consideration when decisions were taken.</p> <p>The Service was in dialogue with local Councillors regarding decisions that were made and encouraged expressions of interest from all parties including Town and Community Councils.</p> <p>Cabinet Member Response:</p> <p>There were a number of constraints which affected Council land and buildings such as SACs. The strategy set out that cost was not the main determining factor but one of the factors for consideration. Town and Community Councils and local Councillors were key.</p>
<p>A fundamental part of the review is the acknowledgement by the Council that assets are held as a means to an end not for their own sake. There has been a huge change in working practices in the Council post covid with staff working at home. Where in the review is an assessment of the need to hold properties. The Council does not have to own assets for the Council or the public to use them e.g. woodlands.</p>	<p>Cabinet Member Response:</p> <p>The Council has committed to 25% reviews every year over a period of years. Office accommodation was being reviewed and the Council was looking at the needs of services as well as partners. There was a recognition that the Council did not need to own all properties and there are other ways of working. Sometimes it was useful to hold land and rent it or hold it to drive the best outcomes.</p>
<p>The question related to the comment about the MTFS. Capital receipts historically had been unambitious around £2m. Currently this has been increased to £4m. Would like to see something more rigorous in the strategy regarding disposals to support the</p>	<p>Cabinet Member Response:</p> <p>This was being discussed and was a double edged sword in terms of reducing prudential borrowing but also sales of properties could lead to a loss of income. It was necessary to ensure that assets worked for the Council both in the</p>

capital programme.
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short and long term.
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County Councillor W. Powell left the meeting at 13:00 p.m.

**Outcomes:**

- Noted

<b>8. WORK PROGRAMME</b>
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**Documents Considered:**

- Forward Work Programme

**Issues Discussed:**

- Debt policy to be added to March
- Role on corporate safeguarding to be added to the Forward Work programme annually
- Self assessment – Friday 3<sup>rd</sup> March 2023 – face to face meeting at County Hall.

<b>9. EXEMPT ITEM</b>
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**RESOLVED to exclude the public for the following item of business on the grounds that there would be disclosure to them of exempt information under category 3 of The Local Authorities (Access to Information) (Variation) (Wales) Order 2007).**

<b>10. POWYS PENSIONS FUND - COMMENT ON 2022 ACTUARIAL VALUATION</b>
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**Documents Considered:**

Comment on the 2022 Actuarial Valuation.

**Outcomes:**

- That the Statement provided the assurance sought by the Committee.

**L. Hamilton  
Chair**

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