# ANNUAL GOVERNANCE REVIEW 2017/18

Management Assurance
People Directorate
(Adults, Children & Young People Services, Public Health)

#### Introduction

Every year an annual review of governance is undertaken to confirm that good governance was in place across the Council during the previous financial year. This is a requirement of the Accounts and Audit Regulations 2015 and follows the CIPFA framework for delivering good governance in local government which is considered 'proper practice' under the regulations.

A new framework was published by CIPFA in 2016 that Councils are required to demonstrate compliance with from April 2017 i.e. from the 2016/17 financial year onwards. Our annual governance review process has been updated with the new requirements and whilst as before most elements can be picked up using an evidenced based self-assessment completed by a selection of managers across the Resources and Commercial Directorate (Finance, HR, Legal, Performance and Internal Audit, Risk & Fraud) there are some specific assurances that will need to be obtained from Corporate Directors regarding their individual directorates and thus a form of Management Assurance was re-introduced last year.

The CIPFA framework contains 7 core principles each with a set of sub-principles. Five areas across four of the core principles require management assurance and these are shown below under each relevant core and sub-principle. (Numbering relates back to the framework)

Each Corporate Director is asked to provide management assurance by responding below to the assurance required, with evidence where possible. It recommended that the best way to complete the assurance required is to complete it at your Directorate DMT meeting with your Directors/Divisional Directors, between you it should be quick and easy to provide the necessary assurance. To further help I will attach last years completed assurance to the covering e-mail, however please make sure that your responses relate specifically to what actually happened in 2017/18.

If you have any queries or difficulties completing the table below please contact me on ext. 2420.

Kind Regards Susan

Susan Dixson Head of Internal Audit & Corporate Anti-Fraud

**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

1. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law.

Local government organisations are accountable not only for how much they spend, but also for how they use the resources under their stewardship. This includes accountability for outputs, both positive and negative, and for the outcomes they have achieved. In addition, they have an overarching responsibility to serve the public interest in adhering to the requirements of legislation and government policies. It is essential that, as a whole, they can demonstrate the appropriateness of all their actions across all activities and have mechanisms in place to encourage and enforce adherence to ethical values and to respect the rule of law.

	Sub-principles	Assurance Required	Response demonstrating compliance in 2017/18
	Behaving with integrity		
1.4	Demonstrating, communicating and embedding the standard operating principles or values through appropriate policies and processes which are reviewed on a regular basis to ensure that they are operating effectively	<ul> <li>Provide conformation that an up-to-date register of interest was maintained for staff during 2017/18</li> <li>Confirm who maintains the register</li> </ul>	Yes  Josephine Scanlon, PA to Corporate Director
		<ul> <li>Provide confirmation that an up-to-date register of gifts and hospitality was maintained for staff during 2017/18</li> <li>Confirm who maintains the register</li> </ul>	Yes  The departmental register is maintained by the Corporate Director's P.A.
		Confirm whether any reminder of requirements to declare interests/gifts and hospitality was issued to staff during 2017/18 (how/when with evidence if available)	Yes through email, management meetings and team meetings.

**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

# 3. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The long-term nature and impact of many of local government's responsibilities mean that it should define and plan outcomes and that these should be sustainable. Decisions should further the organisation's purpose, contribute to intended benefits and outcomes, and remain within the limits of authority and resources. Input from all groups of stakeholders, including citizens, service users, and institutional stakeholders, is vital to the success of this process and in balancing competing demands when determining priorities for the finite resources available.

	Sub-principles	Assurance Required	Response demonstrating compliance in 2017/18
	Defining outcomes		
3.2	Specifying the intended impact on, or changes for, stakeholders including citizens and service users. It could be immediately or over the course of a year or longer	<ul> <li>Provide confirmation that service plans were in place for each division within the directorate for 2017/18 linked to the Harrow Ambition Plan.</li> <li>Provide copies of plans as evidence</li> </ul>	Adults Service plan is live for 2017/18 and currently under review.  All Heads of Service in CYPS have service plans governing operational priorities for the annual business cycle.  Public Health Service Plan was developed across the joint public health service for Barnet and Harrow.

**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

4. Determining the interventions necessary to optimise the achievement of the intended outcomes (Not covered in the 2007 Framework)

Local government achieves its intended outcomes by providing a mixture of legal, regulatory, and practical interventions (courses of action). Determining the right mix of these courses of action is a critically important strategic choice that local government has to make to ensure intended outcomes are achieved. They need robust decision-making mechanisms to ensure that their defined outcomes can be achieved in a way that provides the best trade-off between the various types of resource inputs while still enabling effective and efficient operations. Decisions made need to be reviewed frequently to ensure that achievement of outcomes is optimised.

	Sub-principles	Assurance Required	Response demonstrating compliance in 2017/18
	Planning interventions		
4.7	Establishing appropriate key performance indicators (KPIs) as part of the planning process in order to identify how the performance of services and projects is to be measured	<ul> <li>Confirm that KPIs have been established and approved for each service element and included in the 2017/18 service plans (e.g.         Directorate/Divisional/Service Score Cards – not the Corporate Score Card)     </li> <li>Confirm that KPIs are reported upon regularly and to whom (copy of report to be included as evidence)</li> </ul>	Adults Divisional scorecard established for key service elements and included in service plan for 2017/18.  KPI's for CYPS established through the Department for Education CIN census and 903 annual reporting and review. KPI's are approved by Divisional Director in consultation with Business Intelligence and Quality Assurance services.  Public Health KPIs were agreed at the start of 2017-18. They are reported on at the Improvement boards quarterly. We have quarterly performance meetings with our service providers which gives a broader data set of KPIs than is reported on in the Improvement Board.  Adults KPIs are reported upon monthly to the director, quarterly to the improvement board and corporate strategy board.  Adults Improvement Board Q1_2017 25_07_17 v1.2.pdf  KPI's are reported on a monthly basis across CYPS. Reports are used effectively by the Senior Management Team for monthly performance meetings overseen by statutory DCS (Corporate Director People Services) and Divisional Director CYPS. This is ensures that there is a strong and embedded governance culture across CYPS (as evidenced in OFSTED SIF inspection January 2017). Overview of performance is reported into Corporate Centre through established Improvement Boards quarterly. We have quarterly performance meetings with our service providers which gives a broader data set of KPIs than is reported on in the Improvement Board.

	Optimising achievement of intended outcomes		
'so	nsuring the achievement of social value' through service lanning	<ul> <li>Confirm that service plans in the directorate demonstrate consideration of 'social value' 1</li> <li>Confirm that the achievement of 'social value' is monitored and reported upon and to whom</li> </ul>	The Adults service plan documents Adults ambition and adults programme board monitor new and established initiatives for social value achievement.  All CYPS service plans are focussed on improving outcomes for the most vulnerable young people and their family resident in Harrow. Outcomes are focussed on improving the emotional, mental health, physical health, educational and wellbeing (as evidenced in OFSTED SIF inspection January 2017). Social Care Services delivery is focussed on identifying and improving economic, social and environmental outcomes for vulnerable young people under an assessment framework triangle that references 1: individual need, 2: parenting capacity, and 3: wider family/network/community.  Adults confirm that any current and future commissioning / procurement activity will have social value fully considered.  CYPS KPI reporting mechanisms are self evident in achieving a focussed approach for outcomes that support the achievement of "social value." As stated above in 4.7 there are monthly performance reports and regular meetings overseen by DCS and Divisional Director CYPS.  In line with corporate requirements, Social Value was evaluated during the procurement process of the Substance Misuse and Sexual Health services in 2016-17 and in the procurement of the 0-19 Public Health Nursing service in 2017-18. 10% of the evaluation criteria was weighted to Social Value.  All Public Health commissioned services are required to provide evidence of the social value they provide and this is included in our returns to the Economic Development Team.

<sup>&</sup>lt;sup>1</sup> Social value is defined by the CIPFA framework as 'concerned with social, economic and environmental wellbeing. In England and Wales, the Public Services (Social Value) Act 2012 requires bodies to consider how the services they commission and procure might improve the economic, social and environmental wellbeing of the area. Social value in procurement is being picked up separately as part of the annual governance review.

**Core Principle:** Acting in the public interest requires a commitment to and effective arrangements for:

# 5. Developing the entity's capacity, including the capability of its leadership and the individuals within it

Local government needs appropriate structures and leadership, as well as people with the right skills, appropriate qualifications and mind-set, to operate efficiently and effectively and achieve intended outcomes within the specified periods. A local government organisation must ensure that it has both the capacity to fulfil its own mandate and to make certain that there are policies in place to guarantee that its management has the operational capacity for the organisation as a whole. Because both individuals and the environment in which an organisation operates will change over time, there will be a continuous need to develop its capacity as well as the skills and experience of individual staff members. Leadership in local government is strengthened by the participation of people with many different types of backgrounds, reflecting the structure and diversity of communities.

	Sub-principles	Assurance Required	Response demonstrating compliance in 2017/18
	Developing the entity's capacity		
5.2	Improving resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that defined outcomes are achieved effectively and efficiently	Confirm that there was utilisation of research and benchmarking exercises during 2017/18 with specific details (formal and informal and including professional networks, peer engagement and reviews)	John Jackson, ADASS Resources Joint Policy Lead and former DASS at Oxfordshire County Council led a Local Government Association review of adults' budgetary pressures, challenges and areas for further efficiencies. See Improvement board Q1 2017/18  Adults Improvement Board Q1 2017 25 07 17 v1.2.pdf (page 3)  CYPS has robust and effective systems in place to ensure that the operational capacity of the division fulfils all required statutory functions. The Harrow Children's Workforce Strategy is the overarching mechanism that governs this crucial area of the Council's workforce. This is also demonstrated in the following ways:  Policies and procedures are comprehensive, up to date, and available for all staff through commissioned service TRIX (http://harrowcs.proceduresonline.com/)  All CYPS staff access comprehensive and up to date research and practice development reports. This is available for all staff through the commissioned service RIP (http://www.rip.org.uk)  All CYPS staff access appropriate skill and experience development opportunities (as evidenced in OFSTED SIF inspection January 2017). This is achieved through CYPS partnership with the West London Alliance, Harrow Safeguarding Children Board, and Learning Pool commissioned training  Social Worker career progression scheme  Quality Assurance Framework for CYPS  Participation Strategy for CYPS in order to ensure that the voice of young people contribute to service design and delivery.

Management Assurance relating to the core principles and sub-principles of good governance			
	We benchmark all of our public health outcomes against the national and London levels as well as the rates in other London boroughs and in boroughs with similar characteristics (which may be outside London). We also benchmark performance of drug and alcohol services against national data and compare our outcomes to comparator local authorities based on the size and nature of their substance misuse profile.		
	We benchmark the data for commissioned services such as health visiting and sexual health services against other London boroughs. In 2017-8, we undertook needs assessments and stakeholder engagement to inform the development of service specifications for 0-19 nursing (HV and School nursing). This also looked at the level of funding for such services across London to ensure we were getting value for money. Our budget, which was lower than many London Boroughs of similar size and demographics, was allocated to an organisation who offered additional services to address unmet need (e.g. vision testing and additional checks for under 5s,) or to replace funding lost in the MTFS (e.g. breast feeding peer support and oral health promotion).  We take part in the London wide sector-led improvement programmes to look into the effectiveness of our local systems in tackling the problem by comparing what we do with what others do and at what cost. This included SLIs on tobacco control and childhood obesity in the past and the forthcoming one on alcohol misuse.		

Corporate Director: Paul Hewitt .....

**Date:** 30/05/18.....

Assurance statement and supporting evidence reviewed and fed into Annual Governance Review evidence table/AGS. No significant gaps identified.

Susan Dixson: Head of Internal Audit

27/06/18