

Agenda for a meeting of the Governance and Audit Committee to be held on Thursday, 26 January 2023 at 10.30 am in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
Tait Thornton Godwin	Felstead	Griffiths

Alternates:

LABOUR	CONSERVATIVE	LIBERAL DEMOCRAT
M Slater Azam Cunningham	Pollard	Sunderland

Notes:

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- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From:

Asif Ibrahim
Director of Legal and Governance
Agenda Contact: Kanwal Amrez
Phone: 07929 070 288
E-Mail: kanwal.amrez2@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The Director of Legal and Governance will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

Members Code of Conduct – Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

- (1) *Members must consider their interests, and act according to the following:*

Type of Interest	You must:
<i>Disclosable Pecuniary Interests</i>	<i>Disclose the interest; not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Directly Related)</i> OR <i>Non-Registrable Interests (Directly Related)</i>	<i>Disclose the interest; speak on the item <u>only</u> if the public are also allowed to speak but otherwise not participate in the discussion or vote; and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Affects)</i> OR <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting participate and vote <u>unless</u> the matter affects the financial interest or well-being (a) to a greater extent than it affects the financial interests of a majority of inhabitants of the affected ward, and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest; in which case speak on the item <u>only</u> if the public are also allowed to speak but otherwise not do not participate in the discussion or vote; and leave the meeting</i>

unless you have a dispensation.

- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*
- (4) *Officers must disclose interests in accordance with Council Standing Order 44.*

3. MINUTES

Recommended –

That the minutes of the meeting held on 24 November 2022 be signed as a correct record.

(Kanwal Amrez – 07929 070 288)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS

(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Kanwal Amrez – 07929 070 288)

B. BUSINESS ITEMS

5. AUDIT COMPLETION REPORT 2021/22 - AUDIT OF CBMDC - PROGRESS UPDATE

1 - 20

The External Auditor will present **Document “Y”** which summarises the findings from the audit of the City of Bradford Metropolitan District Council.

The report provides the Governance and Audit Committee with an update on progress in delivering the responsibilities of the external auditors. It also includes a summary of recent national reports and publications for information.

Recommended –

That the update detailed in Document “Y” be noted.

(Nicola Hallas – 07824 086 593)

6. STATEMENT OF ACCOUNTS 2021/22 - PROGRESS UPDATE

The Director of Finance and IT will provide a verbal update on progress on the Council’s 2021-22 draft Statement of Accounts.

Due to a national issue effecting infrastructure both the Statement of Accounts and the Audit Completion Report will not be brought to Governance and Audit, until March 2023. The Government has put a statutory override into place on 25th December 2022, however guidance for the application of this statutory override, is not expected until January 2023 (no date has yet been specified).

Until this guidance has been received and interpreted (from both an accounting practitioner and auditor’s perspective) the impact on the 2021-22 Statement of Accounts cannot be assessed, implemented and audited.

As such the Statement of Accounts and Audit Completion Report will not be ready for sign off by the Governance and Audit Committee, in January 2023. This is an issue which will impact the sign off dates of all Authorities with infrastructure assets, with many other Authorities still awaiting sign off of their 2020-21 Statements.

Recommended –

That the financial position of the Council’s 2021-22 Statement of Accounts be noted.

(Rachel Gledhill-Moseley – 07966 307065)

7. REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA 2000) - LEVEL OF USE (QUARTERLY REVIEW)

21 - 24

The Director of Legal and Governance will submit **Document “Z”** which provides information relating to:

- The number of authorised and approved covert surveillance operations (Nil return) undertaken by the Council’s criminal investigation teams during 2022.
- The use of the Council’s CCTV equipment by the Police/ Department of Work and Pensions (DWP) for covert surveillance.

Recommended –

That the contents of the report Document “Z” be noted.

(Linda Bailey - 07814 779 093)

8. LGO COMPLAINTS

25 - 58

The Strategic Director for Health & Wellbeing will present **Document “AA”** the report will provide details of an investigation into a complaint lodged by a Bradford resident into the service he received from Bradford Council’s Adult Care Social Service in 2019, the LGSCO undertook a detailed investigation and found fault causing injustice with recommendations made. The LGSCO have published this as a public interest report, with a request that the report is presented to a committee of elected members.

Recommended –

That Members formally receive this report and comment on its content and the response from the Council.

(Iain Macbeath - 01274 432990)

9. ANNUAL GOVERNANCE STATEMENT REVIEW

59 - 70

The Director of Finance and IT will submit **Document “AB”** the report reviews progress on the significant governance concerns reported in the Council’s Annual Governance Statement 2021-22.

Recommended -

That members –

- **Review the information contained in this report and the progress made in addressing the significant governance challenges.**
- **Endorse the further actions planned.**
- **Alert officers and Members to any emerging governance concerns requiring review during the 2022-23 process.**

(Mark St Romaine - 07890 418375)



Report of External Audit to the meeting of the Governance and Audit Committee to be held on 26 January 2023

Y

Subject:

External audit's progress report for 2021/22 audit of the City of Bradford Metropolitan District Council.

Summary statement:

This report provides the Governance and Audit Committee with an update on progress in delivering our responsibilities as your external auditors. It also includes a summary of recent national reports and publications for information.

Cameron Waddell
Partner
Mazars LLP
Report Contact: Nicola Hallas
Phone: 07881 283 559
e-mail: nicola.hallas@mazars.co.uk

1. SUMMARY

This report provides the Governance and Audit Committee with an update on progress in delivering our responsibilities as your external auditors.

It also includes a summary of recent national reports and publications for information.

2. BACKGROUND

Not applicable

3. OTHER CONSIDERATIONS

None

4. FINANCIAL & RESOURCE APPRAISAL

Not applicable

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

Not applicable

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

Not applicable

7.2 SUSTAINABILITY IMPLICATIONS

Not applicable

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

Not applicable

7.4 COMMUNITY SAFETY IMPLICATIONS

Not applicable

7.5 HUMAN RIGHTS ACT

Not applicable

7.6 TRADE UNION

Not applicable

7.7 WARD IMPLICATIONS

Not applicable

**7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS
(for reports to Area Committees only)**

Not applicable

7.9 IMPLICATIONS FOR CORPORATE PARENTING

Not applicable

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

Not applicable

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

Not applicable

10. RECOMMENDATIONS

The Governance and Audit Committee is asked to:

- note the contents of this report.

11. APPENDICES

Progress report – City of Bradford Metropolitan District Council

12. BACKGROUND DOCUMENTS

None

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External audit progress report

City of Bradford Metropolitan District
Council

Governance and Audit Committee
January 2023



1. Audit progress
2. National publications

01

Section 01: **Audit progress**

Audit progress

Purpose of this report

This report provides the Committee's January 2023 meeting with:

- an update on progress in delivering the 2021/22 audit; and
- a summary of recent relevant reports and publications for your information (Section 2).

Audit progress

2021/22 audit

Our work on the financial statements is substantially complete. We intend to bring our 2021/22 Audit Completion Report to the Governance and Audit Committee upon completion of outstanding matters in March 2023. The matters outstanding are shown in the following table and include:

- Valuation of land and buildings.

We have set out, in the following table, a summary of progress to date, to give an overview of:

- whether key areas of work are on-going or complete;
- where complete, whether there is any material misstatement of the financial statements (where work is on-going, this is shown as 'TBC' i.e. to be confirmed); and
- some brief narrative to set out any issues arising to date, noting a full schedule will be included in our Audit Completion Report.

We would highlight that where work is shown as 'complete' in the following table, this is subject to:

- Manager and partner; and
- our technical team's review of the final revised financial statements.

The file review process may raise queries which lead us to revisit areas completed; this is a normal part of the audit process.

Audit progress

This table sets out progress on the 2021/22 financial statements audit.

Area	Status	Material misstatement?	Comments
Statutory records	Complete	No	
Laws and regulations	Complete	No	
Related party transactions	Complete	No	
Movement in Reserves Statement	Complete	No	
Expenditure testing	On-going	TBC	We await the response to our final queries on pay expenditure
Income testing	Complete	No	
Grant income testing	Complete	No	
Other operating income and expenditure	Complete	No	
Financing & investment income and expenditure	Complete	Yes	Amendment to the 'remeasurement of the net pensions liability' as a result of the revised pensions report (further details overleaf).

Audit progress

This table sets out progress on the 2021/22 financial statements audit (continued).

Area	Status	Material misstatement?	Comments
Cash flow statement	Complete	No	
Property, plant and equipment	On-going	TBC	Our work in this area remains ongoing. We are discussing a number of areas with the valuer. We will report the outcome of our work in this area in full in our Audit Completion Report.
Capital financing requirement disclosure	On-going	TBC	
Investments	Complete	No	
Debtors	Complete	No	A debtor with Central Government of £1.18m has been incorrectly classified as a payment in advance. As a result of this error, we have concluded there is an extrapolated classification error within payments in advance of £9,071m. The bad debt provision has been overstated by £1.2m and thus, understating debtors by the same amount.
Cash and cash equivalents	Complete	No	
Loans and borrowings	Complete	No	
Creditors	Complete	No	

Audit progress

This table sets out progress on the 2021/22 financial statements audit (continued).

Area	Status	Material misstatement?	Comments
Long-term liabilities – pensions	Complete	Yes	The Council obtained a revised pensions report from the Actuary, due to there being a material difference in the ‘return on assets’, between what the Actuary estimated and the actual return on assets for the final quarter of 2021/22. This increase in the CBMDC share of plan assets will result in a decrease to the Council’s net pensions liability by approximately £26.1 million.
Private finance initiative	Complete	No	
Financial instruments	On-going	TBC	
Usable & Unusable reserves	On-going	TBC	
Collection Fund	On-going	TBC	
Provisions	Complete	No	
Contingent liabilities and contingent assets	Complete	No	
Use of experts	Complete	No	
Accounting estimates	On-going	TBC	Informed by audit work in multiple other areas, therefore, remains ‘TBC’ until all other work completed.

Audit progress

This table sets out progress on the 2020/21 financial statements audit (continued).

Area	Status	Material misstatement?	Comments
Senior officers' remuneration	Complete	TBC	
Exit packages	On-going	TBC	Agreement of one exit package to supporting information
Members' allowances	Complete	No	
Expenditure and funding analysis	Complete	No	
Accounting policies	Complete	No	Minor amendments required to disclosures.
Disclosure of assumptions and key sources of estimation uncertainty	Complete	No	Minor amendments required to disclosures.
Disclosure of critical judgements	Complete	No	Minor amendments required to disclosures.
Going concern	Complete	No	Complete, subject to final procedures and other work.
Dedicated Schools Grant disclosure	Complete	No	Minor amendments required to disclosure but no overall impact on the total amount disclosed.

Audit progress

This table sets out progress on the 2020/21 financial statements audit (continued).

Area	Status	Material misstatement?	Comments
Narrative report	Complete	No	
Annual governance statement 2021/22	On-going	-	
IT general controls testing	Complete	No	
Value for money	On-going	-	

02

Section 02: **National publications**

National publications

	Publication/update	Key points
National Audit Office (NAO)		
1	Introducing Integrated Care Systems: joining up local services to improve health outcomes	Overview of Integrated Care Systems
Public Sector Audit Appointments Ltd		
2	Consultation on proposed auditor appointments from 2023/24	Consultation document

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NATIONAL PUBLICATIONS

National Audit Office

1. Introducing Integrated Care Systems: joining up local services to improve health outcomes, October 2022

Integrated Care Systems (ICSs) bring together NHS, local government and other partner organisations to plan and deliver integrated services to improve the health of the local population. There are 42 ICSs covering the whole of England, ranging in size from 542,000 people to 3.51 million. ICSs were introduced into legislation by the Health and Care Act 2022, the relevant provisions of which took effect from 1 July 2022.

This report examines the setup of ICSs by DHSC, NHS England (NHSE), and their partners and the risks they must manage. Unlike many National Audit Office reports, this is not an assessment of whether the programme has secured good value for money to date because ICSs have only recently taken statutory form. Instead, it is an assessment of where they are starting from and the challenges and opportunities ahead. NAO makes recommendations intended to help manage those risks and realise those opportunities.

The summary provides the key findings, our conclusion on ICSs' likely success, and our recommendations. The rest of the report sets out:

- an introduction to ICSs, describing their structure, objectives, and governance arrangements (Part One);
- an overview of the positions that ICSs are starting from, in terms of finances, staffing and activity levels, and some of the wider challenges facing the health and care sector (Part Two); and
- an examination of government's efforts to improve population health through better integration and a focus on prevention, and our assessment of ICSs' prospects for success this time (Part Three). Introducing Integrated Care Systems: joining up local services to improve health outcomes.

<https://www.nao.org.uk/reports/introducing-integrated-care-systems-joining-up-local-services-to-improve-health-outcomes/>

NATIONAL PUBLICATIONS

Public Sector Audit Appointments Ltd

2. Consultation on proposed auditor appointments from 2023/24, October 2022

PSAA has consulted on the on the proposed auditor appointments for all opted-in bodies for audits from 2023/24 to 2027/28. The consultation closed on 14 November 2022.

<https://www.psa.co.uk/2022/10/consultation-on-proposed-auditor-appointments-from-2023-24/>

Contact

Mazars

Partner: Cameron Waddell

Email: cameron.waddell@mazars.co.uk

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Report of the Director of Legal and Governance to the meeting of Governance and Audit Committee to be held on 26 January 2023 at 10.30 at City Hall Bradford

Z

Subject: Regulation of Investigatory Powers Act 2000 (RIPA 2000) – Level of use

Summary Statement:

This report provides information relating to:

- **The number of authorised and approved covert surveillance operations (Nil return) undertaken by the Council’s criminal investigation teams during 2022.**
- **The use of the Council’s CCTV equipment by the Police/ Department of Work and Pensions (DWP) for covert surveillance.**

Asif Ibrahim
Director of Legal and Governance
Report contact: Linda Bailey
Team Leader, Education Employment
and Litigation
07814 779093
linda.bailey@bradford .gov.uk

Portfolio

Leader of Council and Corporate Portfolio

**Improvement Area:
Corporate**

1. SUMMARY

1.1 This annual report is to provide information relating to the above and in particular: -

- (a) The number of authorised and approved covert surveillance operations (Nil return) undertaken by the Council's criminal investigation teams during 2022.
- (b) The use of the Council's CCTV equipment by the Police and Department of Work and Pensions (DWP) for covert surveillance.

2. BACKGROUND

2.1 The Council's use of authorised and approved covert surveillance operations and obtaining of data communication information for 2022 is set out below.

2.2 All departments returned a nil return for 2022. This indicates the enforcement teams' criminal investigators are able to obtain evidence without the need for covert surveillance. It should be noted that many of the criminal offences investigated by the Council do not fall within the definition of a serious criminal offence defined under RIPA 2000 namely carrying a penalty of more than six months' imprisonment. Covert surveillance of offences outside this definition cannot be authorised under RIPA.

2.3 The Council owns a substantial CCTV system which assists the West Yorkshire Police and the Council in the prevention and detection of crime within the Centres of Bradford, Bingley, Shipley, Keighley, Silsden, Ilkley, Baildon, Wrose, Oakworth, Wibsey and Idle. The CCTV equipment is occasionally used by the Police or DWP. In order for the police or DWP to use the Council CCTV for directed surveillance evidence must be provided to the Council's CCTV manager (Phil Holmes) that the use of the CCTV is necessary and proportionate to detect or prevent crime in a police operation.

The numbers of RIPA authority operations that were carried out from within the Control Room during 2022, are as follows:

Quarterly Period (QTR)	Police	DWP	Refusals	Accepted	Total Operations
QTR 1	1	0	0	1	1
QTR 2	1	0	0	1	18
QTR 3	1	0	0	1	2
QTR 4	0	0	0	0	0

2.4 If any matters arise relating to RIPA that should be brought to the attention of the Committee over the course of the next 12 months a further report will be brought.

3. OTHER CONSIDERATIONS

3.1 THE INVESTIGATORY POWERS COMMISSIONER'S OFFICE (IPCO)

- (a) IPCO was established under the Investigatory Powers Act 2016 which came into

force in September 2017.

- (b) The Commissioner of IPCO makes arrangement for all police and local authorities to be inspected periodically.

3.2 COUNCIL'S GUIDANCE AND POLICY DOCUMENT

All officers are reminded that any covert surveillance must be authorised and approved by the Director of Legal and Governance and the Magistrates court respectively and advice should be obtained from Legal Services when any such action is contemplated.

The Council's RIPA Co Ordinator and Monitoring Officer reviews the Council's Policy and Guidance document in January each year and the review is currently being undertaken.

4. FINANCIAL & RESOURCE APPRAISAL

There are no financial implications arising from a resolution adopting the recommendations of this report.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

This annual report is intended to audit potential risks of unauthorised covert surveillance by officers of the Council without authorisation and approval.

6. LEGAL APPRAISAL

The undertaking of covert surveillance or obtaining of data communication information is regulated by the Human Rights Act 1998, the Regulation of Investigatory Powers Act 2000, the Investigatory Powers Act 2016 and associated guidance and Codes of Practice.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

There are no equality impact or diversity implications as a result of a resolution adopting the recommendations of this report.

7.2 SUSTAINABILITY IMPLICATIONS

There are no sustainability implications as a result of a resolution adopting the recommendations of this report.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

There are no greenhouse gas emission impacts as a result of a resolution adopting the recommendations of this report.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no community safety implications as a result of a resolution adopting the recommendations of this report.

7.5 HUMAN RIGHTS ACT

There are no Human Rights issue as a result of a resolution adopting the recommendations of this report.

7.6 TRADE UNION

There are no trade union implications as a result of a resolution adopting the recommendations of this report.

7.7 WARD IMPLICATIONS

There are no ward implications as a result of a resolution adopting the recommendations of this report.

7.8 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

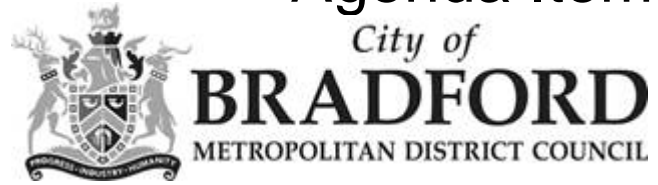
No Privacy Impact Assessment is required.

8. OPTIONS

See recommendation below.

9. RECOMMENDATIONS

9.1 That the contents of the report be noted.



Report of the Strategic Director, Health & Wellbeing to the meeting of Governance and Audit Committee to be held on Thursday 26 January 2023

AA

Subject:

Public Interest Report into Adult Social Care by the Local Government and Social Care Ombudsman (LGSCO) of 1 December 2022, ref 21 001 973.

Summary statement:

After an investigation into a complaint lodged by a Bradford resident into the service he received from Bradford Council adult social care in 2019, the LGSCO undertook a detailed investigation and found fault causing injustice with recommendations made. The LGSCO have published this as a public interest report, with a request that the report is presented to a committee of elected members.

EQUALITY & DIVERSITY:

This report highlights specific learning for the council with regard to people with disabilities and way that staff are trained and business processes configured to offer an inclusive and responsive service to their needs. In this instance, the council's services for people with autism in 2019 were not fit for purpose and this led to an unacceptable delay in providing a service for a man and his family. A full action plan has been completed and this detail has been provided back to the LGSCO at their request.

Iain MacBeath
Strategic Director, Health & Wellbeing

Portfolio:

Healthy People and Places

Report Contact: Iain MacBeath
Phone: (01274) 432990
E-mail: iain.macbeath@bradford.gov.uk

Overview & Scrutiny Area:

Health Overview & Scrutiny

1. SUMMARY

- The Local Government and Social Care Ombudsman (LGSCO) undertook an investigation after a complaint was received by them from a Bradford resident. The resident has autism and had requested an assessment under the Care Act. This was not undertaken in a timely manner and there were business process failures in dealing with the case.
- At the LGSCO's instruction, a full copy of the report is attached as an appendix to this report. My full response to the LGSCO as statutory director of adult social services is also attached.
- The council has complied with every LGSCO recommendation including making a full apology to Mr Y and Mrs Z and providing compensation payments of £2,000 to each party. An action plan developed to respond to the issues raised was completed in July 2022. Many of the issues had been resolved before that time.
- The LGSCO asked that the council manually check its records to ensure these unacceptable delays did not happen to others and this assurance was provided.

2. BACKGROUND

- Mr Y complained that the Council took four months to complete an assessment of his care and support needs. It then took a further 16 months to provide the services needed, but these still did not adequately meet the assessed care needs. The council could not decide which team should assess Mr Y because he had autistic spectrum disorder and no learning disability or mental health condition. He had already spent two years trying to get a full assessment. It also took five months to do an inadequate carer's assessment for Mrs Z.
- The LGSCO found fault causing injustice and made recommendations. These recommendations are set out in full in their report, attached. These included compensation to the couple, finalising the care assessment and carer's assessment and seeking appropriate support for Mr Y. The LGSCO also made recommendations to ensure the same did not happen again.
- A response from the council to the LGSCO public interest report was sent on 23 December 2022, well before the deadline of mid-March 2023. This is because the recommendations had largely been acted upon after receipt of their draft report in July 2022. That detailed response is also attached for member's information. This includes confirmation that the rules around public interest reports had been complied with and an apology and compensation has been sent to the complainants. The council has reviewed the care and support being provided and continues to work with the family to source the right support.
- The council has also undertaken a comprehensive training programme for its staff who assess and plan alongside people with autism under the Care Act. We have also provided advanced training for a number of specialist colleagues.

- The council has also manually inspected records to ensure that no other people with autism have experienced similar delays and unacceptable service levels. Section 7 of the response goes into the detail of the exercise undertaken and cases reopened to check that people are satisfied with their assessment and level of service.

3. REPORT ISSUES

- As part of the LGSCO process for publishing a public interest report, the council must undertake a number of actions to satisfy the Ombudsman:
 - The report was published by the LGSCO on their website on 1 December 2022 and a press release issued to our local newspapers.
 - After the publication of the report, the council must issue notices in at least two local newspapers with two weeks of the LGSCO publicising the report, which was done in the Telegraph & Argus and Keighley News in week beginning 12 December.
 - The council must make paper copies of the LGSCO report available in at least one of its central offices – these are available at reception at City Hall.
 - The council must arrange for the appropriate committee of elected members to receive and comment on the report within three months of publication.
 - The council must write back to the LGSCO to confirm these actions have been undertaken.

4. FINANCIAL & RESOURCE APPRAISAL

- The payment of compensation and cost of additional training for staff have been met within existing council budgets. No other financial implications.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

No remaining risk management and governance issues.

6. LEGAL APPRAISAL

- Under Section 31(2) of the 1974 Local Government Act, the Council must formally consider the LGSCO's report. The report must be considered at its Executive or appropriate public committee that has been delegated to deal with such matters. This was deemed to be Governance and Audit Committee under City of Bradford and Metropolitan District Council's constitution.

7. OTHER IMPLICATIONS

7.1 SUSTAINABILITY IMPLICATIONS

- No implications.

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

- No implications.

7.3 COMMUNITY SAFETY IMPLICATIONS

- No implications.

7.4 HUMAN RIGHTS ACT

- There are clearly Human Rights Act issues in not meeting our statutory obligations for this family in a timely way. The council has taken steps to ensure that no other people have been affected in the same way and that steps have been taken to mitigate the chance of this happening again.

7.5 TRADE UNION

- No implications.

7.6 WARD IMPLICATIONS

- No implications.

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

- No implications.

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

- No implications.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

No implications.

8. NOT FOR PUBLICATION DOCUMENTS

- None.

9. OPTIONS

- No options, for information and comments.

10. RECOMMENDATIONS

- That Members formally receive this report and comment on its contents and the response from the council.

11. APPENDICES

- Report by the Local Government and Social Care Ombudsman, Investigation into a complaint about City of Bradford Metropolitan District Council (reference number: 21 001 973) 15 November 2022.
- Letter from the Strategic Director Health & Wellbeing to the LGSCO dated 23 December 2022 with a detailed response confirming acceptance and compliance with recommendations in their report.

12. BACKGROUND DOCUMENTS

- None.

**Report by the Local Government and Social Care
Ombudsman**

**Investigation into a complaint about
City of Bradford Metropolitan District Council
(reference number: 21 001 973)**

15 November 2022

The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Key to names used

Mrs X	The complainant and Mr Y's advocate
Mr Y	The person affected
Mrs Z	Mr Y's partner and person affected
Mrs Q	Mrs Z's mother

Report summary

Adult Social Care

Mr Y complained that the Council took four months to complete an assessment of his care and support needs. He says it took a further 16 months to provide the services he needed, but it still did not provide enough. It could not decide which team should assess him because he had autistic spectrum disorder and no learning disability or mental health condition. He had already spent two years trying to get a full assessment. It also took five months to do an inadequate carer's assessment for Mrs Z.

Finding

Fault found causing injustice and recommendations made.

Recommendations

The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

To remedy the injustice caused, we made recommendations to the Council which it has agreed to implement. These recommendations are:

- apologise to Mr Y and Mrs Z, setting out the faults identified in this report and the actions the Council has taken, and will take, to avoid similar problems in future;
- pay Mr Y £2,000 for the loss of service and avoidable distress it caused him;
- pay Mrs Z £2,000 for the loss of service and avoidable distress it caused her;
- finalise the Care Act compliant carer's assessment for Mrs Z and make sure all future carer's assessments are Care Act compliant;
- review Mr Y's current support and advise what further work is needed to address the ongoing difficulties he has experienced in engaging suitable support;

To ensure the same problems do not happen again:

- provide us with details of the market engagement work both undertaken and planned, and analysis of the outcomes;
- make sure all assessors and their managers are familiar with the Care and Support Statutory Guidance (which is available online in an easily accessible format) in particular sections 1,2, 6 and 7;
- make sure all relevant staff are clear about how people, including those with ASD, should be directed to suitable assessors who can assess their needs properly;
- make sure at the first point of contact, it considers whether people with ASD will have substantial difficulty being involved in their assessment and will need an advocate;
- put in place an ongoing programme of training in autism so that all assessors and their managers, have regularly updated specialist training. All staff should

receive autism awareness training within the general equality and diversity training programme;

- make sure there is a way of providing easily accessible assessment records electronically and securely to the person assessed.

To put things right for others affected by the same issues:

- identify those with ASD and no learning disability, over the last two years, who have:
 - been declined a full assessment by an assessor without training in ASD;
 - complained about an assessment by an assessor without training in ASD;
 - not been offered an advocate and are currently awaiting assessment or are in the process of being assessed;
- use the information identified above to reopen cases and provide advocacy where needed to support these individuals to complete a fresh needs assessment and ensure any eligible needs are met appropriately; and

The Council should provide us with evidence to satisfy us these actions have been taken.

The complaint

1. The complainant, who we have called Mrs X, is a professional advocate and complained on behalf of Mr Y and his partner, Mrs Z, that the Council:
 - did not adequately assess Mr Y's needs and identify eligible needs until December 2019 after starting an assessment in August 2019;
 - delayed providing services which started in April 2021, 20 months after Mr Y's assessment began and seven months after its complaint response acknowledged it had gone on too long already;
 - did not provide sufficient support to meet Mr Y's needs. The Council decided four and a half hours a week was enough although the social worker recommended eight hours. It also provided this in periods of two hours or more although Mr Y could only cope with up to one and a half hours at a time;
 - delayed completing a carer's assessment which they requested in August 2019 and was only completed in January 2020. Over 16 months after it was completed, the Council had not offered Mrs Z any support despite Mr Y's increased care needs; and
 - did not adequately consider their human rights.
2. Mr Y told us that, for the past four years he has "doggedly pursued" his rights under the Autism Act which has been an "uphill battle every step of the way". He says four and a half hours a week was not enough to meet his needs fully. The Council referred Mr Y to the mental health team three times despite him not having a mental health disorder. It also arranged a continuing healthcare assessment with nothing to suggest he might be eligible. Mr Y says the delays and inadequate assessment meant his needs were not met for around 18 months longer than necessary. The lack of support for Mr Y meant Mrs Z was under more pressure.
3. Mr Y says his stress levels increased so much he had to reduce his hours at work and Mrs Z was signed off sick with anxiety and stress. Her carer's assessment was not properly completed and she still does not have support in her own right. She has no respite and care workers have left because they understood they were to support Mr Y, not Mrs Z. Mr Y lost independence financially and socially.
4. He told us he feels his human rights were disregarded by the Council and there was a systemic failure that needs to be addressed. He says the Council is trying to assist him to be dependent on others rather than helping him to be more independent. The waiting list for an assessment for a shower he could use independently is between one year and two and a half years long. Mr Y is now unable to work and feels he has been "dumped and forgotten again". He would like financial recompense for himself and Mrs Z, and to be confident the Council has taken action to make sure it deals properly with autistic people in future.

Legal and administrative background

5. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused

an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)

6. We may investigate complaints made on behalf of someone else if they have given their consent (*Local Government Act 1974, section 26A(1), as amended*). Both Mr Y and Mrs Z have given consent for Mrs X to complain on their behalf.
7. We cannot investigate late complaints unless we decide there are good reasons. Late complaints are when someone takes more than 12 months to complain to us about something a council has done (*Local Government Act 1974, sections 26B and 34D, as amended*). In this case, we exercised our discretion to consider events back to 2019 as Mr Y had been pursuing his complaint since then and the Council gave him incorrect information which delayed him bringing his complaint to us.

Assessment

8. Sections 9 and 10 of the Care Act 2014 (the 2014 Act) require councils to carry out an assessment for any adult with an appearance of need for care and support. They must provide an assessment to everyone regardless of their finances or whether the council thinks the person has eligible needs. The assessment must be of the adult's needs, how they impact on their wellbeing and the results they want to achieve. It must also involve the individual and where suitable their carer or any other person they might want involved.
9. Councils must carry out assessments over a suitable and reasonable timescale considering the urgency of needs and any variation in those needs. Councils should tell people when their assessment will take place and keep them informed throughout the assessment. They must also consider how to prevent needs developing or escalating at every interaction with a person.
10. The Care and Support Statutory Guidance to the 2014 Act says comprehensive assessments must be completed by appropriately trained assessors. Assessors must undergo "regular, up-to-date training on an ongoing basis", appropriate to the assessment and the condition of the person being assessed. Where an assessor does not have the skills, they must consult someone with relevant experience.
11. Assessments should provide a holistic view of the person's needs and "must be person-centred", and "consider the person's own strengths". If both parties agree, councils may combine an assessment with that of a carer where "intrinsically linked", to avoid completing two separate assessments. Assessments should be collaborative.
12. "At the point of first contact", the council must consider whether the person will have substantial difficulty being involved in their assessment. This includes substantial difficulty in communicating their views, wishes or feelings. In which case, the council must find someone "appropriate and independent" to "support and represent" the person. This should happen "as early as possible" in the assessment process. Where there is no one else appropriate, the council must appoint an independent advocate.

Carer's assessment

13. Where an individual provides or intends to provide care for another adult and it appears the carer may have support needs, local authorities must carry out a carer's assessment. Carer's assessments must seek to find out not only the carer's needs for support, but also the sustainability of the caring role itself. This includes the practical and emotional support the carer provides to the adult. The

carer's assessment must also consider the outcomes the carer wants to achieve in their life outside of caring and the impact caring has on this and their wellbeing.

14. Where the local authority is carrying out a carer's assessment, it must include in its assessment a consideration of the carer's potential future needs for support. It must also consider whether the carer is, and will continue to be, able and willing to care for the adult needing care. (*Care and Support Statutory Guidance 2014*)
15. Councils must ensure eligible needs of carers are met. This is not dependent on the cared for person having eligible needs.

Care plan

16. The 2014 Act gives councils a legal responsibility to provide a care and support plan, or a support plan for a carer. The care and support plan should consider what the person has, what they want to achieve, what they can do by themselves or with existing support and what care and support may be available in the local area. When preparing a care and support plan the council must involve any carer the adult has. The support plan must include a personal budget, which is the money the council has worked out it will cost to arrange the necessary care and support for that person.
17. Section 22 of the 2014 Act says "a local authority may not provide healthcare services which are the responsibility of the NHS". However, a local authority "may provide some healthcare services in certain circumstances, that is, where the service provided is minor and accompanies some other care and support service". The "other care and support service" must be one that the local authority is permitted to provide and "of a nature" that a local authority would be expected to provide."

Autism

18. The National Autistic Society says: "Autism is a lifelong developmental disability which affects how people communicate and interact". Also, "Autism is not a mental health problem but autistic people can have good and bad mental health like anyone else.". (*online at autism.org.uk*)
19. Mencap says "Autism is not a learning disability, but around half of autistic people may also have a learning disability." (*online at mencap.org.uk*)

The Autism Act 2009

20. The Autism Act 2009 (the Act) came into being following a campaign due to a lack of diagnosis services for adults and because many services were for people who also had a learning disability or a mental health condition. People with autism and no learning disability or mental health condition fell between the gaps. The Act says there must be a Government strategy for improving services for adults with autism underpinned by legally binding guidance to councils. In 2015, the Government updated the adult autism strategy statutory guidance, following the introduction of the Care Act 2014. The guidance says the following.
 - *"In line with the 2010 statutory guidance, local authorities should be providing general autism awareness to all frontline staff in contact with adults with autism, so that staff are able to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour and communication. In addition to this, local authorities are expected to have made good progress on developing and providing specialist training for those in roles that have a direct impact on and make decisions about the lives of adults with*

autism, including those conducting needs assessments. This expectation remains central to this updated statutory guidance.”

- *“...local authorities and NHS bodies should develop commissioning plans for services for adults with autism and review them annually. Local authorities should also allocate responsibility to a named joint commissioner/senior manager to lead commissioning of care and support services for adults with autism.”*
- *“In addition, local commissioning plans should set out how local authorities will ensure that adults with autism are able to access direct payments (where appropriate) and benefit from the personalisation of health and social care. Local partners should already have a local autism partnership board in place which brings together different organisations, services and stakeholders and adults with autism and their families to set a clear direction for improved services. Autism partnership boards have proved to be a highly effective means for stakeholders to shape and monitor local delivery of the strategy and statutory guidance. It is therefore essential for their partnership arrangements to be established in areas where they are not currently.”*
- *“Historically, people with autism may have approached services, but where they do not have a co-occurring learning disability or mental health problem, they are sent between teams and end up falling in between services.”*

Healthwatch

21. Healthwatch is a statutory committee of the Care Quality Commission (CQC), established under the Health and Social Care Act 2012. Its main statutory functions include supporting local Healthwatch organisations and escalating concerns to the CQC. Also, providing advice to Government, the NHS and local authorities. When Healthwatch gives advice to bodies, they must respond in writing.
22. Local Healthwatch are funded by and accountable to local authorities. Their main statutory functions include:
 - obtaining the views of people about their needs and experience of local health and social care services. Also, making these views known to those involved in the commissioning and scrutiny of care services; and
 - writing reports and recommending how services could or should be improved.
23. In January 2017, Healthwatch Bradford published a report about the difficulties people with ASD had in the area. It recommended the following.
 - *“The implementation of the Autism Strategy...and the appointment of a named local lead for the local authority and CCG.”*
 - *“Continuous professional development training should be made available, ideally compulsorily for NHS and council staff, to improve understanding of autism and how to ensure services are fully accessible to all staff who may come into contact with autistic people, including those performing financial and Care Act assessments, mental health services, learning disabilities services and Bradford’s First Response service.”*
24. It also included the following comments.
 - *“A lack of autism awareness was reported across a wide range of professionals, including GPs, mental health workers, social workers and those carrying out Care Act 2014 and other assessments.”*

- *“We are calling for more attention to be paid to the needs of autistic people. Greater awareness and understanding of autism is needed to ensure that people can live well and access the services to which they are entitled.”*
- *“Staff carrying out [Care Act] assessments often lack any understanding of the way in which autistic people may interpret what is being asked of them, or how autism can affect their day to day lives.”*
- *Local authorities and NHS bodies should “ensure autism awareness training is included within general equality and diversity training programmes for all staff working in health and care.”*
- Local authorities should *“Ensure there is a meaningful local autism partnership arrangement that brings together different organisations, services and stakeholders locally, including the CCG, and people with autism, and sets a clear direction for improved services.”*

Human rights and equalities

25. The Human Rights Act 1998 (the 1998 Act) sets out the fundamental rights and freedoms that people can expect.
26. Article 8 of the 1998 Act says everyone has the right to respect for their private and family life, their home and their correspondence. Public authorities may be obliged to actively protect rights under this article and may interfere with these rights to protect the rights of other people or the public interest. The public authority must interfere with the right as little as possible.
27. In 2009, the UK agreed to follow the United Nations Convention on the Rights of Persons with Disabilities (CRPD). The purpose of the CRPD is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” (*UN Human Rights, Office of the High Commissioner, online at [Convention on the Rights of Persons with Disabilities | OHCHR](#)*)
28. The Equality Act 2010 protects the rights of individuals and supports equality of opportunity for all. It offers protection in employment, education, the provision of goods and services, housing, transport and the carrying out of public functions.
29. The Equality Act makes it unlawful for organisations carrying out public functions to discriminate on any of the nine protected characteristics listed in the Equality Act 2010. They must also have regard to the general duties aimed at eliminating discrimination under the Public Sector Equality Duty. The ‘protected characteristics’ referred to in the Act include disability.
30. The Public Sector Equality Duty requires all local authorities (and bodies acting on their behalf) to have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
 - advance equality of opportunity between people who share a protected characteristic and those who do not; and
 - foster good relations between people who share a protected characteristic and those who do not.

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31. The broad purpose of the public sector equality duty is to consider equality and good relations in the day-to-day business and decision making of public authorities. It requires equality considerations to be reflected in the design of policies and the delivery of services, including internal policies, and for these issues to be kept under review.

How we considered this complaint

32. We produced this report after examining relevant documents and interviewing the complainant and relevant employees of the Council.
33. We gave the complainant and the Council a confidential draft of this report and invited their comments. The comments received were taken into account before the report was finalised.

What we found

Background

What happened

34. Mr Y had diagnoses of high functioning autism spectrum disorder (ASD) and anxiety disorders. ASD is a lifelong condition. He also had health conditions which, increasingly throughout these events, caused him significant difficulty with mobility. He had difficulty in communicating with people and used an advocate to help with this. He lived at home with his partner, Mrs Z. Mrs Z and her mother, Mrs Q, provided Mr Y with support in many areas of his life. He also had a support dog. The Council had previously assessed Mr Y in 2017. He was unhappy with that assessment, and he was not offered any services. He says his GP advised him to go out of the area to find services because the Council did not have any services for people with autism. Following this experience, Mr Y went to great lengths to understand what he should expect from the Council.
35. Mr Y advised the Council that people have told him he can appear aggressive and hostile at times. He said this was not his intention and may have been due to frustration, for example, with delays. The Council says the social worker agreed to communicate with Mrs Z, Mr Y's advocate, or Mrs Q on occasions when this happened. It also agreed to invite his advocate and family members to meetings held at times and places most comfortable for Mr Y.

Mr Y's assessment

36. In mid May 2019, after the community mental health team (CMHT) declined a referral from his GP, Mr Y contacted the Council to ask for an assessment. The Council allocated Social Worker 1 almost three weeks later. The soonest they were both available to meet was another two weeks later. On the day of the appointment, Mr Y telephoned to ask if Social Worker 1 had arranged an advocate; they had not. Mr Y asked them to do so and to meet later that day than planned so Mrs Z would be home to support him. Social Worker 1 agreed. Mr Y told them that his children's social worker had recommended he needed support, and there was an ongoing court case.
37. Social Worker 1 referred Mr Y for an advocate and within two weeks, Mrs X was allocated. She met with Mr Y and arranged an assessment for him at the end of August. This delay was because Social Worker 1 was on leave for three weeks.

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38. At the end of August, Social Worker 1 completed an initial assessment of Mr Y with Mrs X present. Mr Y asked Social Worker 1 to send him a copy of the assessment in digital format as he could not read printed documents. He said he would need this for the next meeting. He did not receive this. The outcome of Mr Y's assessment was that he should be provided with short term information and advice; he would not have a full needs assessment. Mr Y received the draft of this assessment from Mrs X in mid September. He said it was apparent Social Worker 1 had little experience of working with people with high functioning ASD. Social Worker 1 confirmed they had no training in ASD.
39. Mr Y complained to the Council and just over three weeks later, Social Worker 1's manager visited Mr Y to discuss his complaint. Mr Y said the assessment was inaccurate and portrayed him as a narcissistic psychopath. In his comments to us he referred to this as "humiliating and degrading treatment". They agreed another independent social worker would complete an assessment. The Council said this was because the learning disability team did not have the skills required by the Care Act 2014, to complete Mr Y's needs assessment.
40. Social Worker 2 had an understanding of ASD and completed the assessment at the end of November with Mrs X and Mrs Z present. Mr Y says this assessment portrayed his needs well though he had given the same information as he had to Social Worker 1. Mr Y told Social Worker 2 that he needed support to be "as independent as possible". This included support to develop and implement strategies to allow him to continue to work and maintain relationships. Mr Y's medical records showed that his consultant had recommended he undertake Cognitive Behavioural Therapy and Psychoeducation from a specialist. However, he had not yet been able to access this through the NHS.
41. Social Worker 2 found Mr Y had eligible social care needs. They recommended support with safely preparing meals, planning activities, managing his finances, accessing the community and caring for his children. He also needed prompting to complete personal care, eat, and complete household tasks. Mr Y was working, supported by many reasonable adjustments made by his employer. However, he had reduced his hours significantly due to the difficulties he was experiencing. Social Worker 2 noted that Mr Y significantly valued his ability to work and reducing his hours had impacted his mental health. They noted it would cause a "significant detriment to his own identity and purpose" and would have a "significant impact on his wellbeing should he not be able to work". Mr Y had educated himself on autism and completed online learning on parenting. However, Social Worker 2 noted that Mr Y could not apply this learning to real life without one to one support or guided learning by someone knowledgeable about autism.
42. Social Worker 2 recommended Mr Y receive support to apply for a Blue Badge and receive a direct payment to allow him to arrange his support flexibly. Any support was to be provided by people with in-depth and specialist knowledge of high functioning autism. They also recommended that the Council support Mr Y to plan his care and support, to jointly identify how it could best meet his needs. They noted that "availability of services for people with Autism is poor" and suggested a creative and multiagency approach to care planning. They said the impact of Mrs Z's role on Mr Y daily was "significant" and she had indicated she could continue, though this would change on the birth of their child in about three months' time.

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43. The Council referred to this assessment as to consider whether an exception for provision of health services under section 22 of the 2014 Act (see paragraph 17) applied. It said the outcome was a recommendation to Mr Y's GP to refer him to the CMHT for a mental health assessment. This was to "secure access" to "psychological therapy services" to address Mr Y's "primary health needs arising from his diagnosis of Autism and associated anxiety". Social Worker 2 noted that the GP had referred Mr Y for this and that as no such service existed within the clinical commissioning group (CCG) area, this was unsuccessful. The assessment notes "efforts have continued to be made by his GP and the CCG". The Council provided Mr Y with a copy of the assessment in December 2019.
 44. In January 2020, a newly allocated social worker from the learning disability team (LDT) visited Mr Y. They agreed to support Mr Y to complete his benefits application, to jointly plan his care and support, to reduce caring demands and to promote his independence. Also, to speak to the GP about a referral to the CMHT and refer for an alarmed medication box for Mr Y.
 45. Social Worker 3 completed Mr Y's initial care and support plan. It proposed eight hours a week and noted this needed discussing with management before being approved and sent to a panel for approval. The support included: preparation and cooking of main meals, food shopping, laundry and other household tasks, dealing with correspondence, forms, budgeting and with appointments. Future support to be dependent on Mr Y's progress. Social Worker 3 noted they were happy to attend his children's reviews with Mr Y and discuss with children's services other ways of involving Mr Y. Mr Y wrote to children's services to introduce Social Worker 3.
 46. In March, Mr Y and Mrs Z's child was born and Social Worker 3 attended a children's services review where the case was closed. The children's social worker said it was good that Mr Y now had a social worker seeking to get support for him.
 47. The Team Manager (TM) read Social Worker 3's submission to the panel to agree funding, and the support plan. He questioned whether Mr Y wanted to be more independent in household tasks or if this was for Mrs Z. He asked for Mr Y's desired outcomes to be made clearer and for support to be time limited based on Mr Y becoming more independent. He suggested reducing the support to cook family meals from three times a week to one, to see if the outcome was realistic. He also suggested support from an occupational therapist (OT). At the end of his message to Social Worker 3, he said "At the moment any support is likely to be delayed whether it's agreed or not". At this point, it was over 10 months since Mr Y asked for an assessment and four months since he was assessed to have eligible social care needs. The first national COVID-19 lockdown had recently begun and face to face support was not available for many people. The CMHT declined the second referral.
 48. Social Worker 3 discussed the case with the TM and revised the care and support plan from eight hours to four and a half hours a week. She explained this to Mr Y and said the Council had decided on the lower amount of support as Mr Y had not previously had support. She said it would all be new to him and potentially overwhelming while he adapted. She said she would review the outcomes achieved by this level of support and change it if necessary. Mr Y understood the reasoning for this but could not agree to it. He says Social Worker 3 proposed the eight hours as a starting point. Social Worker 3 agreed to take this back to the TM.

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49. Towards the end of April, the panel decided not to fund Mr Y's support package and said he should be referred to the CMHT. Social Worker 3 noted that he had already had a referral rejected twice and asked for this to be looked at as soon as possible because Mr Y was "falling through the net". The TM said Social Worker 2 had highlighted an earlier recommendation for therapeutic assessment and support. This was the reason for a further referral. Mr Y had now got funding through his GP for counselling support and had agreed to try cognitive behavioural therapy.
 50. The Council discussed where Mr Y's case would best be placed. Initially it had referred him to its autism champion team which declined the request due to a lengthy waiting list and limited capacity. The then service manager wrote that the learning disability team (LDT) were not suitably equipped to support Mr Y. However, "I'm equally not confident that there is any other team within the Authority that is any better placed" unless the autism champion team could be persuaded. The service manager said, in their view Mr Y's needs were still mental health related and not learning disability. They instructed the social worker to refer the case back to the CMHT. Mr Y was unhappy about this but advised Social Worker 3 that the GP had referred him to the CMHT for the third time. The Council said implementation of the care and support plan would need to wait for the outcome of the referral. This was to make sure it was consistent with the outcome of the CMHT assessment.
 51. At the end of May, Mr Y advised Social Worker 3 that the CMHT had again rejected the referral. The CMHT provided information setting out that autism is excluded from its remit. Mr Y asked Social Worker 3 about his support. They advised there had been some senior management discussions which had caused some delay and they were waiting for an update. Mr Y said he would make a formal complaint if he did not hear soon. Two weeks later, Mr Y made a formal complaint and in August the Council overturned the panel's decision.
 52. There were further delays between August 2020 and April 2021 due to difficulty getting a care provider. From mid October, the Council set up a direct payment for Mr Y so Mrs Q could provide him with five and a half hours of support each week. This was not what he would have chosen and he says Mrs Q was "leant upon" to "plug the gap" with "unrealistic expectations" of how she could support him.
 53. In mid April 2021, the Council put four and a half hours formal support in place, twice each week. However, Mr Y says the support workers were only allowed to deliver this in two and two and a half hour sessions. Mr Y could not cope with sessions over one and a half hours which meant he sometimes had to go to bed during his support session. He told us this was a waste of the Council's money and his needs would have been more effectively met with more, shorter sessions, but this was not possible.
 54. From mid June 2021, Social Worker 3 arranged an emergency plan for Mr Y as Mrs Z needed surgery. The Council noted stress was a contributory factor in the condition that caused the need for surgery and Mrs Z needed several weeks off work. The emergency plan provided 13 hours of support each week until mid August with a small increase in July.
 55. Since then, Mr Y has received support from two support workers one of which he has since employed as a personal assistant using a further direct payment. He continued to receive 13 hours or more each week.

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56. Mr Y told us the delay in getting support put increasing stress on himself, Mrs Z, and her family and he was unable to provide financially for them as previously. The stresses this caused put their relationship in jeopardy and his ability to parent was brought into question. He feels his rights to family life, and to independence, were disregarded. He found that the adult's and children's social care teams did not work together effectively, he described it to us as "a great divide". Better communication and collaboration between them would have been helpful in his case. He says the divide and delays in getting support contributed to difficulties in his court case which led to unsatisfactory outcomes. He has children with ASD and is determined that they won't face the difficulties he has faced in getting the support they need.

Mrs Z's carer's assessment

57. At the end of August 2019, after his assessment, Mr Y asked for a carer's assessment for Mrs Z, and Social Worker 1 agreed to process this request. In September, he complained about the carer's assessment as they had not heard anything.
58. Mrs Z contacted the Council at the beginning of November 2019 and again in late November to find out when the carer's assessment would be. The TM apologised for the delay and said he had been waiting to see Mr Y's care needs assessment.
59. At the end of November, Social Worker 2 noted: "I believe [Mrs Z] meets the criteria for the Local Authority to undertake a Carer Assessment".
60. The Council says that at the end of January 2020, Social Worker 3 completed a carer's assessment with Mrs Z. They agreed to refer Mrs Z for a carer's grant "when available".
61. It is not clear what was recorded at the assessment. The only carer's assessment document is undated and Mr Y's name is on the document instead of Mrs Z's. It notes that stress had been a contributory factor in Mrs Z's surgery in mid 2021. This is likely therefore, to be the review that the Council says it completed in July 2021 although some of the information may originate from an earlier assessment. Social Worker 3 noted that Mrs Z provided significant support to Mr Y and made the following observations.
- Mrs Z "has massive stress factors due to her various commitments and demands."
 - "[Mrs Z] was already stressed and overwhelmed pre surgery."
 - Mrs Z "needs more frequent respite and this needs to be considered in the support package."
 - Actions, including increased support for Mr Y, short periods of respite for Mr Y, referrals to physiotherapy, specialist autism services and a social contact provider.
62. When the Council responded to Mr Y's complaint in March 2020, it said an allocated worker was needed to undertake the carer's assessment. It needed to consider priority "across the entire learning disability service" when allocating, to ensure capacity to "provide a proportionate response". It said this was "likely to have contributed" to any delays.
63. The Council says Mrs Z's needs were met with increases to Mr Y's care and support. Mrs Z did not have her own support plan.

Human rights and equalities

64. In June 2020, Mr Y telephoned his social worker and said he was going to formally complain about the Council. He said he had taken legal advice and would take a Human Rights approach.
65. In August, Mr Y spoke to Social Worker 3 with his advocate and expressed his concerns that the Council had still not updated him about which team would support him. He said he still had no support despite eligible needs being identified in November 2019. He said he felt this was a Human Rights issue and discrimination issue. He felt his rights under article 8 (respect for private and family life) had been disregarded.
66. Social Worker 3 went back to the TM to highlight Mr Y's concerns. Mr Y had said the delays and challenges were exhausting and were really affecting his mental health and affecting Mrs Z as his carer. Just over a week later, the Council agreed his care and support plan. The plan notes that Mr Y being supported at home meets his right to respect for private and family life (article 8). It says this "is vital considering previous loss and separation". This is also noted on Mr Y's care and support plan dated July 2021.

Complaint handling

67. In response to Mr Y's September 2019 complaint about his August 2019 assessment, the Council met with him in October to discuss the inaccuracies. It also arranged an independent social worker who completed an assessment in November 2019. However, it did not formally respond to Mr Y's September 2019 complaint until March 2020.
68. Mr Y's September 2019 complaint was about his first needs assessment completed in August 2019 and Mrs Z's carer's assessment. The Council's March 2020 response upheld his complaint about the inaccuracies in his assessment and apologised for this. It said, it had recently moved "towards assessment documentation that is strengths-based and person-centred" which gave the opportunity for assessments to be "substantially more individualised" than previous versions. It hoped the issues had been resolved by the independent social worker's assessment and subsequent allocation to a different social worker. The response also apologised that Social Worker 1 had not provided a copy of the assessment in a digital format. It said it supported this decision as it had to be encrypted and they could not "verify the security" or confirm Mr Y's "ability to access the programme required to open it". It said it was giving "extensive consideration" to more advanced training in autism being more widely available in the LDT. It had also identified autism champions in adult teams who were supporting adults with autism but no learning disability.
69. In April 2020, Mr Y was unhappy with the panel's decision to refer him to the CMHT again and said he would complain again. In August, Mr Y made a complaint and raised concerns about his human rights. The Council upheld his complaint one week later and agreed his care and support plan.
70. In September 2020, the Council wrote to Mr Y with its final response to his complaint. It said:
 - On the service manager's advice that the LDT would be best placed to support Mr Y: *"It is important to qualify that this opinion was to a large part a reflection of the fact that the community mental health team had declined to accept (on I believe three occasions) responsibility to assess your Care Act eligible needs."*

- *“It is however clear that there have been significant difference of professional opinion between key officers” and although this can be a strength within an organisation, in this situation, “it’s a reflection of a lack of clarity from an organisational perspective as to where your needs and where the needs of a wider group of individuals within the community, should be met.”*
 - *“The organisational issues and the difference of professional opinion have contributed to create a delay in the process of you being offered support; this has been unacceptable and will have had a detrimental impact on you.”*
 - *“In terms of how Bradford’s services are currently aligned, there are challenges for the business in terms of responding to individuals whose support needs relate to Autism but who don’t have an additionally identified Learning Disability or need in terms of Mental Health”, ... “As a result there have been differences of professional opinion in terms of which part of the service is best placed to meet your needs” ... “These discussions will continue...”*
 - *“You have been assessed as having care act eligible needs, you have worked with your allocated social worker to develop a support plan that is both appropriate and proportionate in terms of your needs. This plan is designed to deliver practical support to you on a ‘day to day/weekly’ basis and it is unacceptable that the implementation of this support has been delayed because of difference of opinion in terms of which part of the department should hold case or financial responsibility”*
71. At the end of the letter, the Council offered Mr Y £200 as a good will gesture. He said that, until this point, he had never begun to quantify the impact on himself, and this did not reflect the Council’s “inhumane” treatment of him. The Council said this offer would not prevent Mr Y from approaching us if he were dissatisfied with its response. It also said we were not accepting new complaints due to COVID-19. This was not correct, as we had only suspended accepting new complaints until the end of June 2020.
72. Mr Y brought his complaint to us in May 2021. We asked the Council for information, but it did not provide it by the deadline. When we chased for this information, we received an email stating that the Council understood Mr Y was not complaining about the Council but the CCG. It said this was because the CMHT had declined his referral three times. It said the LDT had “eventually stepped in to ensure [Mr Y’s] rights under the Care Act” were recognised. We said we were clear that the complaint was about the Council and asked to speak to an assistant director or head of service. Ten days later we received a comprehensive response to our enquiries. The Council should have provided the information within four weeks but it took 10 weeks.
73. Soon after this we met with the Director of Adult Services and Assistant Director of Commissioning and Integration. They reassured us that the Council did understand its responsibilities and explained what it was doing to ensure it could meet these in future.

How the Council supports people with autism

74. In response to our enquiries, the Council advised that 9 of 148 managers had received autism awareness training. No managers had received specialist training in autism. Six frontline assessment staff had received specialist training, one in each team, and were “Autism Champions”, responsible for supporting the rest of their teams. Of the remaining approximately 800 frontline staff, around two thirds

of whom work in the Council's older people's care services, 110 were trained in autism awareness.

75. The Council said it is now in the process of creating an Adult Disability Service which will provide "holistic social work support for working-age people with disabilities". Since December 2021, the Council has had an officer in post as "Transformational Lead for Neurodiversity". The Council also has a commissioning manager for autism, in post since April 2022, and has increased finances for commissioning. These posts work under the new integrated care system arrangements and report into the mental health, neurodiversity, learning disability and autism partnership board.
76. The Council said the Transformational Lead had commissioned autism awareness training for everybody. It also said this role should help determine further need for pathways into the service for those with learning disabilities, physical disabilities, mental health conditions and neurodiversity. Also, for protocols and resources to address the increase in referrals for autism diagnosis. It is also renewing protocols with the NHS so referrals to specialist psychology and community mental health teams should be improved.
77. The Council's letter to us dated 1 February 2022 apologises for the delay and difficulty Mr Y had engaging suitable support. It says "Market engagement work is planned this year ahead of the recommissioning of accommodation and support services for Mental Health, Learning Disabilities, Neuro Diversity and Physical Disability and Sensory needs with an expectation that there will be improved market responsiveness. In relation to Direct Payments and the recruitment of Personal Assistants the Council is developing an action plan to strengthen the approach to support the [personal assistant] market."
78. In response to our draft report, the Council said it recognised the need to invest in training 250 trained and qualified social work, occupational therapist and nursing assessment staff. It has commissioned a rolling programme of training and 160 assessment staff had been trained since June 2021 with sessions planned for up to 80 more staff to be completed by December 2022. The first sessions of the awareness training were delivered to 60 staff during summer 2022. It also planned for 12 more social workers to train as autism champions from Autumn 2022. The Council says it is confident it now has systems and training in place to prevent similar circumstances recurring.

Conclusions

Mr Y's assessment

79. "At the point of first contact" or when Mr Y first contacted the Council, it should have asked him whether he needed an advocate. This is clearly set out in the statutory guidance to the Care Act 2014. One month passed before the Council even referred Mr Y to an advocacy service. Fortunately, Mrs Z was able to support him for the initial visit, so this did not contribute to any delay with the assessment.
80. When the assessment did eventually take place, the social worker's lack of understanding and knowledge of autism, led to an ineffective assessment. The assessment failed to identify any of Mr Y's care and support needs which, on the balance of probability, were similar to those identified in November 2019. If it had not been for Mr Y's own understanding of the Council's responsibilities towards him, he would probably have gone without the support he needed. This ineffective

assessment caused a significant delay in Mr Y receiving the support he needed and caused Mr Y significant and undue stress and anxiety. It also added to Mrs Z's anxiety and given Mr Y's already high levels of anxiety, this significantly increased the support she needed to give Mr Y. The Council was at fault in how the assessment was carried out.

81. Throughout these events, Mr Y's ability to work decreased until he was no longer able to work. Mr Y had other health difficulties and personal circumstances which contributed to this, and we cannot say the difficulties with the Council caused him to stop working. However, we are satisfied the stress and anxiety it caused contributed to this. Since ASD is a lifelong condition, we can also say that it is likely Mr Y's needs in 2017 when he was not assessed as needing any services, were similar to those identified in November 2019.
82. In March 2020, in response to Mr Y's complaint, the Council indicated that its documentation had contributed to the poor assessment. It said its assessment documentation had recently "moved towards" being strengths-based and person-centred. While this is a welcome development, the statutory guidance to the Care Act 2014 has long stated that assessments must be strengths-based and person-centred. Person-centred approaches were already established best practice before the Care Act was implemented. Strengths-based approaches have since also become established best practice. It is of concern that the Council's documentation was not enabling sufficiently person-centred and strength-based assessments before this.
83. The Council should have ways of emailing assessments to people who want their assessment sent this way. In Mr Y's case, this would likely have been a reasonable adjustment and the Council was at fault here and this delayed Mr Y receiving his copy. This added to the significant stress and anxiety that he was experiencing throughout these events.
84. After Social Worker 2 identified that Mr Y had eligible social care needs, the Council decided the NHS was responsible for this. The Council's reasoning for this was that autism was a mental health issue and so Mr Y's primary need was health related. This was wrong and the Council was at fault. It came to this conclusion several times despite the CMHT declining its referrals. The Council told us the referrals were for therapeutic assessment and support but we are satisfied it was because the Council believed the NHS was responsible. The Council should not have repeatedly referred Mr Y on the assumption it understood the CMHT responsibilities better than the CMHT. A mental health professional recommended the CBT and psychoeducation, but this did not mean his social care needs were due to a mental health disorder.
85. The Council was responsible for assessing and ensuring Mr Y's eligible social care needs were met and the focus on shifting the responsibility created significant delays. It should not have put Mr Y in the middle of a dispute about who was responsible. It should have put the support he needed in place and then, if it still believed it had cause, pursued its dispute with the CMHT. It was this type of misunderstanding that led to the Autism Act 2009 and the associated guidance which was intended to prevent this happening. The Council had not complied with this legislation or the associated guidance. This also came two years after the Healthwatch report (paragraph 23) highlighted problems with the service provided to people with ASD and made recommendations for the Council. Had it completed these recommendations, it is unlikely Mr Y would have been caused such significant injustice. The Council was at fault here.

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86. When the Council reduced its offer from eight hours to four and a half, this was based on a flawed presumption that Mr Y would find the higher level of support too difficult. We do not know if this would have been the case, but the social worker had already discussed this with him and recommended eight hours. This further delayed relieving the pressures which were causing Mr Y and Mrs Z so much stress and anxiety. In addition, the support was not sufficiently flexible to satisfactorily meet Mr Y's needs. So, having waited so long, he could not effectively use the support he was given. This was also fault, and contributed to the stress and anxiety he, and Mrs Z, experienced. It should be noted that there were significant difficulties providing face to face care from March 2020 due to COVID-19. However, Mr Y's support should have been in place before this became an issue and it is possible it might then have continued.

Mrs Z's assessment

87. It took at least four months for the Council to undertake a carer's assessment for Mrs Z. When it did assess her needs it did not complete an adequate record and did not complete a support plan for her. It put Mr Y's name on the assessment instead of Mrs Z's. Mrs Z did not have any relief from her caring duties until Mr Y's support was in place. Mrs Z was entitled to a support plan in her own right. Mrs Z did not get this. The Council did not need Mr Y's assessment, or care and support plan, to be completed before assessing Mrs Z's needs or putting support in place to meet her needs. This was fault and we consider this failure to meet her needs caused Mrs Z significant and undue stress, and anxiety. It is also likely this contributed to her having to reduce her working hours and had a negative impact on her health and wellbeing.
88. After we issued our draft report, the Council began a carer's assessment for Mrs Z in August 2022 which, at the time of writing, has yet to be finalised.

Human rights and equalities

89. The Council's failure to provide necessary support to Mr Y and Mrs Z, engages their article 8 human rights. This runs from the initial failure to offer an advocate to the time when Mr Y received adequate support. Mr Y's support was needed to protect and maintain his family life. It was only when Mr Y complained and raised the issue of human rights that the Council agreed his care and support plan. This was over eight months after it decided he had eligible needs. The Council's failure to consider the impact this had on his human rights before agreeing his care and support plan, was fault.

Complaint handling

90. The Council's responses to Mr Y's complaints were at times helpful, such as arranging an independent social worker to assess his needs. However, it was not until the final response that it acknowledged much of its failure and its responsibility towards Mr Y. Throughout these events, it tried to pass the responsibility to the CMHT and Mr Y. Its failure to recognise its fault when Mr Y complained meant the problems continued without resolution for too long. This was fault and this added to the stress and anxiety Mr Y experienced.

How the Council supports people with autism

91. All practitioners working on the front line should have an awareness of the Autism Act 2009 and associated guidance. For the past 10 years, all frontline practitioners, should have had specialist training in autism. It is our view that this means all managers supporting these practitioners should also have a similar awareness and training. Additionally, all other potential points of contact within the

Council, such as the complaints team and contact centre call takers, should have had an awareness of autism. It is shocking that many of the Council's managers and practitioners still had no understanding of the obligations the Council has towards people with autism. This is fault.

92. We are pleased to note the recent progress the Council has made towards achieving compliance with the Autism Act 2009 and the associated guidance. However, the failure to meet these expectations for so long has, on the balance of probability, caused many people with autism, significant injustice.
93. For Mr Y, this lack of understanding caused confusion and delay. We find the Council was at fault and caused Mr Y significant stress and frustration. This impacted Mr Y's and Mrs Z's wellbeing negatively, as did the complete absence of support for almost one and a half years after Mr Y asked for help. Following our draft report, Mr Y confirmed that, although he received a more appropriate assessment, he continues to be unhappy with the support he receives. He says this is due to issues finding suitable support workers. He also told us the Council has not yet apologised for its errors despite many conversations. These errors have had a catastrophic impact on their lives and he feels any apology now will be disingenuous.
94. On the balance of probability, the Council is likely to have failed many people with ASD over the last 10 years or so. We find it difficult to understand how the Council had almost certainly come across others in similar circumstances yet had not resolved this. We are concerned therefore, that many people with ASD were turned away without having an adequate needs assessment. We have recommended that the Council considers whether this has happened over the past two years. While we believe there are people likely to have been affected before this, it would not be proportionate for the Council to look beyond this.
95. Since receiving our draft report, and in response to our recommendation, the Council looked at its records over the past two years. It found two instances of complaints about assessments by people with ASD and an appropriately trained social worker has approached them offering a reassessment. It says it does not believe there is evidence to show many people with ASD were turned away without having an adequate assessment. However, until the Council has acceptable levels of autism trained assessors and contact staff, it cannot be confident that it serves people with ASD adequately, as it is likely some of those affected did not complain.

Recommendations

96. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)
97. To remedy the injustice caused, we made recommendations to the Council which it has agreed to implement. These recommendations are:
 - apologise to Mr Y and Mrs Z, setting out the faults identified in this report and the actions the Council has taken, and will take, to avoid similar problems in future;
 - pay Mr Y £2,000 for the loss of service and avoidable distress it caused him;
 - pay Mrs Z £2,000 for the loss of service and avoidable distress it caused her;

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- finalise the Care Act compliant carer's assessment for Mrs Z and make sure all future carer's assessments are Care Act compliant;
 - review Mr Y's current support and advise what further work is needed to address the ongoing difficulties he has experienced in engaging suitable support;

To ensure the same problems do not happen again:

- provide us with details of the market engagement work both undertaken and planned, and analysis of the outcomes;
- make sure all assessors and their managers are familiar with the Care and Support Statutory Guidance (which is available online in an easily accessible format) in particular sections 1,2, 6 and 7;
- make sure all relevant staff are clear about how people, including those with ASD, should be directed to suitable assessors who can assess their needs properly;
- make sure at the first point of contact, it considers whether people with ASD will have substantial difficulty being involved in their assessment and will need an advocate;
- put in place an ongoing programme of training in autism so that all assessors and their managers, have regularly updated specialist training. All staff should receive autism awareness training within the general equality and diversity training programme;
- make sure there is a way of providing easily accessible assessment records electronically and securely to the person assessed.

To put things right for others affected by the same issues:

- identify those with ASD and no learning disability, over the last two years, who have:
 - been declined a full assessment by an assessor without training in ASD;
 - complained about an assessment by an assessor without training in ASD;
 - not been offered an advocate and are currently awaiting assessment or are in the process of being assessed;
- use the information identified above to reopen cases and provide advocacy where needed to support these individuals to complete a fresh needs assessment and ensure any eligible needs are met appropriately; and

The Council should provide us with evidence to satisfy us these actions have been taken.

Decision

98. We have completed our investigation into this complaint. There was fault by the Council which caused injustice to Mr Y and Mrs Z. The Council should take the action identified in paragraphs 96 and 977 to remedy that injustice.

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**Department of Health and Wellbeing
Directors Office**

5th Floor Britannia House
BRADFORD
BD1 1HX

Tel: (01274) 432900
Email: Iain.MacBeath@bradford.gov.uk

Date: 23rd December 2022

Dear Sir / Madam

Your Ref: 21 001 973

I am writing in response to the public interest report published by the you on 1 December 2022 regarding the failures by Bradford Council in regard to Mr Y and Mrs Z, your reference number above with findings of maladministration and injustice. Before doing so, I wish to thank the officer undertaking this investigation for their work and apologise to them for all delays on our part in ensuring that they have received sufficient information to be able to conclude their investigation.

We have carefully considered the report and recommendations made by the investigator. The recommendations are welcomed and we accept the findings in full and have taken steps to resolve these issues, as listed below.

The council has complied with your instructions regarding the publication of the report. Two public notices were placed in the Telegraph and Argus and Keighley News local newspapers in the week beginning 12 December 2022 and copies of the report have been made available free of charge at City Hall in Bradford. The report has been shared with the Chief Executive, adult social care Executive Member, Leader of the Council and I have met with the social care staff involved in the case in the preparation of this response. The report is scheduled to be presented to Bradford Council's Governance and Audit Committee on Thursday 26 January 2023, which is the committee specifically reserved for hearing these matters. This is a meeting in public.

By way of response to each of the recommendations in the report, the council has already taken action to resolve many of these issues and will act to implement the others on publication of your report:

1. In response to your recommendation that the carer's assessment be finalised for Mrs Z, a Care Act compliant carer's assessment for Mrs Z has been completed. The social worker allocated is supporting to identify people to provide the support linked to the assessment outcomes. We will then be able to set up a separate carer's personal budget via a direct payment. We are working towards this being finalised by the end of January 2023. I can confirm that our carer's assessments

are indeed Care Act compliant – and we have found a workaround with our IT case management system to record these more appropriately.

2. In response to the recommendations as to how to remedy the injustice caused, I apologise unreservedly to Mr Y and Mrs Z and accept the recommendation that Mr Y should be paid £2,000 and Mrs Z should be paid £2,000 for the loss of service and avoidable distress. A letter of apology was sent to both parties from me in week beginning 5 December with compensation cheques arriving within five working days of these letters. We will check with Mr Y and Mrs Z that this correspondence has arrived given the current postal strikes.
3. You have recommended that the council reviews Mr Y's current support and advises what further work is needed to address the ongoing difficulties he has experienced in engaging suitable support. The social worker is now in the process of reviewing Mr Y's current social care support. The aim is to complete this by the end of January 2023, but sooner if possible. All of Mr Y's funded social care support is now being provided. This is via his direct payment- funded personal assistant. Additionally, the council's occupational therapy team have engaged with Mr Y in relation to his mobility needs. There remain unresolved issues between Mr Y and his landlord with regard to permission for housing adaptations.
4. You have asked us to provide information about details of the market engagement work both undertaken and planned, and analysis of the outcomes. A refresh of the council's autism strategy, which will be an all-encompassing Neurodiversity Strategy, recognising specific interventions around autism & ADHD. The council has commissioned a local voluntary sector organisation, Bradford Talking Media, to facilitate co-production events so that people who are neuro-diverse can shape the strategy. Bradford Council is also fully engaged in a West Yorkshire collaborative to improve and systemise data collection to inform tangible outcomes, implement trusted minimum quality standards, equitable access to assessment and treatment and implement standardised clinical prioritisation for people with autism.

In response to your recommendation that all assessors and their managers are familiar with the Care and Support Statutory Guidance (which is available online in an easily accessible format) in particular sections 1,2, 6 and 7. The Council has taken steps to invest further in training our 250 trained / qualified social work, OT and nursing assessment staff. A rolling programme of training has been commissioned from an external legal training provider. Since June 2021, 192 assessment staff have been trained with a further 38 booked to complete this training by the end of December 2022. This programme is planned to continue on a rolling basis.6. In response to your recommendation that the Council ensure all relevant staff are clear about how people, including those with ASD, should be directed to suitable assessors who can assess their needs properly. The Council recognised the way it's services were configured needed to change to provide a clear pathway from first point of contact through to our adult assessment teams. A new post of Assistant Director for Adults with Disabilities was recruited to and the new post holder started on 7 November 2022. The new role includes remit to ensure that the assessment pathway neurodiversity including autistic people is clear and sufficiently well resourced. In preparation for this wider change programme, the Council has established a specially trained Autism Champion in each of its five Locality Assessment and Support Teams. These social work staff have undertaken specialist training, Understanding Autism Level 3 provided by Shipley College. Council officers have been engaged fully into the West Yorkshire ICB Neurodiversity Strategy and Planning Groups. They have contributed to the development of the West Yorkshire Neurodiversity Priorities Plan (attached in DRAFT stage) which sets out our refreshed approach towards ensuring all staff at

all levels across health and social care understand and can best support autistic people and neuro-diverse needs. In addition, to ensure clarity of the pathway for referrals for adults with long term social care support needs, six social workers have been trained as level 2 specialists in autism, a further 11 social workers are being trained as level 3 specialists in autism due to finish in spring 2023. Three occupational therapists are being trained as specialists in Sensory Integration to support autism assessments. Furthermore, we are conscious of the Health and Care Act 2022 introduced a requirement that regulated CQC registered service providers must ensure their staff receive training on learning disability and autism that is appropriate to their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff to undertake. Whilst the impetus is upon CQC regulated employers to ensure that the Training is undertaken by staff through the [e-learning for healthcare website](#), we are taking steps to ensure the highest quality provision through engagement and compliance monitoring.

5. In response to your recommendation that the Council ensure at the first point of contact, considers whether people with ASD will have substantial difficulty being involved in their assessment and will need an advocate. Staff from our Information and Advice Hub, which is the first point of contact service for adult social care, have been included in the roll out of care act training as detailed at point 2 and autism and neurodiversity awareness training, the detail of which is outlined in below at point 5. All staff in adult social care are able to access the Council's contract with Voiceability for Care Act advocacy to support people who have a substantial difficulty being involved in their assessment. Voiceability records show that since 1st April 2020, independent advocacy has been arranged for 22 individuals who had autism without an associated learning disability.
6. In response to your recommendation that the Council put in place an ongoing programme of training in autism so that all assessors and their managers, have regularly updated specialist training, and all staff to receive autism awareness training within the general equality and diversity training programme. The Council has recognised that there is a need to invest in training assessment staff in relation to autism and neurodiversity. The Council has commissioned two different training packages from an external legal training provider. 319 council staff have been trained in autism or neurodiversity since June 2022. The programme is continuing on a rolling basis. Six social workers have been trained as level 2 specialists in autism. A further 11 social workers are being trained as level 3 specialists in autism due to finish in spring 2023. The Council's general equality and diversity programme, RESPECT, now includes a dedicated autism and neurodiversity training offer.
7. In response to your recommendation that we review our data to confirm identify those with autism and no learning disability, over the last two years, we have undertaken a review of our adult social care data set. The Council is supporting 305 people with autism who are receiving services to meet long term support needs, including those who have a primary health need and a joint funding contribution under the NHS Framework for Continuing Health Care and Funded Nursing Care. Fifty-five autistic people who are being supported do not have an associated learning disability. We have also reviewed the data held on our proprietary complaints data base which records all contacts to the Council's Complaints Team.
 - a. We have considered the data to identify whether people with autism have been declined a full assessment by an assessor without training in ASD. We do not routinely collect information about autism diagnoses at people's first

point of contact with adult social care - because they may not yet have a diagnosis or they may not wish to disclose this in that initial conversation. Young adults who do have a diagnosis of ASD as children and who transition to adult social care in Bradford will routinely be offered a Care Act assessment as part of our agreed protocol with Children's Services. This is monitored through our management information. We can find no evidence that anyone who disclosed an autism diagnosis was declined a care assessment.

- b. We have manually reviewed 794 records held by our Complaints Unit relating to adult social care covering the period over the last two years to consider how many individuals have complained about an assessment by an assessor without training in ASD. We identified three complaints raised in relation to assessments for people with autism. One of these concerns was the complaints raised by Mr Y. We have taken action to make contact with the two other people through an experienced social worker who has completed specialist training in autism to offer a reassessment.
 - c. We have reviewed our adult social care records to identify individuals with autism who have been provided with an advocate to support them whilst they are awaiting assessment or are in the process of being assessed. We have cross-checked this information with Voiceability, our contracted independent Advocacy provider. 22 individuals with autism were referred to Voiceability over the last 2 years, all of whom were subsequently provided with a service.
 - d. Using the data above, we have identified two individuals. An experienced social worker, who has completed specialist training in autism, has making contact with these two individuals, offered a reassessment of need and has concluded the work with both people and no further work was needed at this stage.
8. In response to your recommendation that the Council consider whether is a way of providing easily accessible assessment records electronically and securely to the person assessed. This is not a function which is currently possible with the Council's adult social care client information system. However, we note the recommendation and shall factor this into longer term plans.

I am grateful that you have noted our progress as a council to enhance our offer to people with autism. As you have noted, the Council and health partners have established and appointed new roles to strengthen capacity to identify and develop our support offer for people with autism and neurodiversity. Within the Council these roles include a Neurodiversity and Autism Transformation and Business Change Manager, who was recruited to in June 2021, and a Commissioning Manager for Autism, who was recruited in April 2022. These new posts report into the Mental Health, Neurodiversity, Learning Disabilities and Autism Partnership Board which was established in March 2021.

I hope this demonstrates progress in joint working between health and social care to not only positively identify, diagnose and meet the needs of individuals – but also co-produce our strategic plans for better planning, commissioning and measuring outcomes for adults with autism at a place level.

I am now confident that we have business processes, training and support for staff and joint health and care systems in place to prevent such circumstances reoccurring.

I am sorry for the distress caused to Mr Y and Mrs Z and I hope that that this response begins to address Mr Y and Mrs Z's concerns.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'I. MacBeath', with a long horizontal flourish extending to the right.

Iain MacBeath

Strategic Director of Health and Wellbeing
Bradford Metropolitan District Council

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Report of the Director of Finance and IT to the meeting of the Governance and Audit Committee to be held on 26 January 2023

AB

Subject:

Annual Governance Statement 2021-22 Review

Summary statement:

This report reviews progress on the significant governance concerns reported in the Council's Annual Governance Statement 2021-22.

Christopher Kinsella,
Director of Finance and IT

Portfolio: Corporate

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Improvement Area: Corporate

1. Summary

The purpose of this report is to update members on the progress and improvements being made in addressing those significant governance concerns reported in the Council's Annual Governance Statement 2021-2022.

2. Update on 2021-22 Significant Governance Concerns

2.1 The annual governance review is undertaken against the principles contained in the CIPFA/Solace framework – Delivering Good Governance in Local Government.

The Council is required to consider the effectiveness of its current arrangements and:

- Assess the extent to which it complies with the principles and requirements of good governance
- Identify systems, processes and documentation that provide evidence of compliance
- Identify and ensure individuals and committees hold responsibility for governance arrangements and their continuing application and effectiveness
- Identify issues that have not been addressed adequately and any planned changes required in the future
- Prepare an action plan, identifying any individuals responsible for taking any changes forward

2.2 The Annual Governance Statement (AGS) was formally reviewed and approved by the Governance & Audit Committee at its meeting on the 22nd September 2022. The Committee subsequently authorised the Leader of the Council and the Chief Executive to sign the document on behalf of the Council for inclusion with the Statement of Accounts for 2021-22.

2.3 The Statement reported that the Governance and Audit Committee would be kept informed of progress in addressing weaknesses and areas of concern.

The Annual Governance Statement identified four continuing governance challenges;

- Safeguarding Vulnerable Children
- Elective Home Education
- Ensuring an effective, integrated system of health and social care
- Key Staffing Skills

Two further governance challenges for 2022/23 were also identified;

- Budget pressures
- Procurement

A review of these governance issues has been undertaken and an update is provided in Appendix 1. Council officers recognise the need for continuing effort to achieve improvements in the delivery and operation of their services.

4. Financial and resources appraisal

There are no direct financial implications arising from this report, although consideration of resource issues is included.

5. Risk Management

The Council's risk management framework remains in place and, as previously reported, corporate strategic risks are reviewed regularly, at quarterly intervals. No new risks have currently been identified within the report.

6. Legal appraisal

6.1 The Accounts and Audit Regulations 2015 require the Council to conduct a review of the effectiveness of the Council's governance framework including the system of internal control.

6.2 The Council is required to test its governance arrangements against the principles contained in the CIPFA/Solace framework 'Delivering good governance in Local Government'.

6.3 The CIPFA/Solace framework also requires the Council to provide an outline of the actions taken, or proposed, to deal with significant governance issues.

7. Other implications

7.1 Equality and Diversity

Risk management assists in ensuring barriers to the delivery of services are reduced which in turn supports the achievement of equality and diversity.

7.2 Greenhouse Gas Emission Impacts

There are no impacts on gas emissions.

7.3 Sustainability Implications

The Annual Governance Statement will examine the sustainability of the Council's activity and ensures that mechanisms are in place to deliver business continuity.

7.4 Community Safety Implications

Community safety implications are considered when identifying strategic risks such as safeguarding.

7.5 Human Rights Act

The Annual Governance Statement will take into account any Human Rights Act implications.

7.6 Trade Union

There are no specific implications for the Trade Unions arising from the report.

7.7 Ward Implications

The Annual Governance Statement does not focus on individual ward issues.

7.8 Implications for Corporate Parenting

The Annual Governance Statement includes concerns raised in relation to Childrens Services.

7.9 Issues Arising from Privacy Impact Assessment

None

8. Not for publication documents

None.

9. Options

9.1 Members may –

- Endorse the report.
- Provide comment or instruction.
- Bring forward any new governance concerns which should be reviewed, assessed or examined for the 2022-23 Annual Governance Statement.
- Require further information.

10. Recommendations

That members –

- Review the information contained in this report and the progress made in addressing the significant governance challenges.
- Endorse the further actions planned.
- Alert officers and Members to any emerging governance concerns requiring review during the 2022-23 process.

11. Appendices

Appendix 1 - Annual Governance Statement 2021-22: Review of Recognised Governance Challenges.

12. Background documents

“Annual Governance Statement 2021-22” – report to Governance and Audit Committee 22nd September 2022 – Director of Finance and IT.

Annual Governance Statement 2021-22: Review of Recognised Governance Challenges

Governance Challenge – AGS 2021-22	Update provided in the Annual Governance Statement 2021-22	Update for the Governance and Audit Committee 26 January 2023	Responder
<p>Safeguarding Vulnerable Children</p>	<ul style="list-style-type: none"> • We have developed a new comprehensive structure to meet demands. We are continuing all efforts to recruit and retain staff at all levels across children’s social care services in the context of a shortage of qualified social workers nationally. • We are facing growing demands for services and have seen a growth in the number of children looked after. • There is a shortage of good quality placements nationally and this is driving the costs of care up significantly, placing further pressure on budgets. • In the context of the cost of living crisis we anticipate a further growth in poverty and potentially neglect. • There have been improvements in the Authority’s residential provision for children noted in a number of inspections of children’s homes. • We have had positive feedback from Ofsted regarding progress made in Leaving Care services and services to exploited children. 	<ul style="list-style-type: none"> • Structure - This remains ongoing as part of the transfer to the Trust. A number of projects teams have been recruited to help stabilise the workforce whilst we continue to focus on recruitment. ASYE academy continues to grow in strength and we have just recruited staff to complete the MA course at Bradford university as part of a “grow your own” campaign which has been funded by the DfE. • Demand for Services - We are working with partners in Leeds to strengthen and relaunch an edge of care offer which will be supported by partners to support the right support at the right time to enable more children to remain at home when it is safe to do so. We are also working with our children, families and carers to ensure that we have the right permanence arrangements in place by looking at securing SGOs and discharging care orders which will also help with reducing the overall children in care population. • Placements - This continues to remain a challenging area for the organisation which is reflective of the national picture. We are working with local providers to secure local placements for children which are cost effective through our collaborative relationships. We are also looking at supporting long term arrangements for children 	<p>Amandip Johal</p>

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		<p>through the recruitment of foster carers as well as utilising a high cost placement panel to review placement arrangements as well as ensure that placements are joint funded with health and education.</p> <ul style="list-style-type: none"> • Cost of Living Crisis – We continue to anticipate a further growth in poverty and potentially neglect. • Authority’s residential provision - Our homes have continued to strengthen to meet the needs of our children and there is a work plan in place to focus on improvements, matching and stability in the workforce. 	
Elective Home Education	<p>Since the Covid-19 pandemic there has been a significant growth in the numbers of children being removed from school rolls to elective home education. This increases the risk of losses in education and subsequent learning gaps for pupils, lack of opportunities to socialise, potential impact on mental health, decline in school budgets to meet these needs given additional pressures and loss of earnings for Council commercialised services. 43% of the children being home educated have previous Children’s Social Care involvement. Mental ill health is most often cited, and although some children have returned to roll since Covid, more children are being removed. There is a potential risk that children who are home educated may be perceived as ‘unseen’ and therefore possibly more at risk. However, the</p>	<p>The situation remains as it was in the September 2022 update.</p>	<p>Sue Lowndes</p>

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	<p>Local Authority has no grounds to insist on seeing these children. There are new requirements in the Schools Bill which require local authorities to keep a register of Children Not in School. This will require significant extra resource.</p>		
<p>Ensuring an effective, integrated system of health and social care</p>	<p>The council was fully involved in the design and decision making to create a new distributed leadership model for the new health and care partnership in Bradford, District and Craven. These changes went live on 1 July 2022 with the implementation of the Health & Care Act 2022 which led to the end of Clinical Commissioning Groups as organisational entities and the formal adoption of Integrated Care Systems as the employer of these staff.</p> <p>A new system strategy has been adopted, a new Memorandum of Understanding has been signed off by partners, our Better Care Fund plan was accepted by NHS England and a planning and commissioning forum oversees our joint commissioning arrangements.</p> <p>The Strategic Director of Health and Wellbeing took an honorary contract as Director of Integration with Bradford District Foundation NHS Care Trust from 1 May 2022, to join their formal governance arrangements and lead on the integration of community and mental health with adult social care.</p>	<p>Bradford Council has worked alongside health partners throughout the abolition of CCGs on 30 June 2022 and creation of Integrated Care Partnerships on 1 July 2022 to ensure a smooth transition and design of a proportionate governance structure for the health and care partnership. This has been signed off by Executive.</p> <p>A new Independent Chair of the partnership, Elaine Applebee, has been appointed. New arrangements including public Partnership Board meetings, standard format for terms of reference, agreed membership, register of interests, partnership risk register, and memorandum of understanding are in place.</p> <p>The Council is represented on all decision-making bodies including elected members at a West Yorkshire level. Council senior managers hold leadership positions for the partnership including for Partnership Boards and commissioning meetings. Significant progress has been made on the development of new plans and integration of health and care services.</p>	<p>Iain Macbeath</p>

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		<p>The Better Care Fund plan for 2022/23 has been signed off in line with grant conditions and by the Wellbeing Board. The NHS has agreed that the majority of new BCF monies will be provided to the council to protect adult social care.</p> <p>A new partnership risk assurance framework is planned for 2023/24 to compliment the governance arrangements put in place.</p>	
Key Staffing Skills	<p>There continues to be a shortage of professional and skilled staff within the employment market leading to recruitment and retention difficulties to key posts. Inability to recruit in key disciplines could have a significant impact on the Council’s ability to deliver services and support the Council’s ambitions within the financial resources available.</p> <p>In 2021/22, our actions have included;</p> <ul style="list-style-type: none"> • 439 young people started on Kickstart placements across the Council. The largest take up was in Business Admin support and continued to be a popular choice for young people. The Council is due to receive an update in March 2023 from the Department for Work and Pensions with the number of Council Kickstart placements that have led to successful employment. We know that 85 of our Council Kickstart placements have moved on to permanent employment from our scheme. 	<p>We have appointed two temporary HR resourcing specialists to provide strategic and operational support to senior managers in reviewing recruitment challenges, identify skills shortages and developing recruitment and retention strategies and associated initiatives. These include:</p> <ul style="list-style-type: none"> • Whether posts can be converted to apprenticeships, graduate / placement opportunities, • Reducing reliance on Agency / Consultancy workers, in turn contributing to workforce cost reductions, • Developing initiatives for growing our own staff in order to resolve current and future recruitment challenges, • Role composition and market supplements. <p>They will also assist hiring managers with scoping recruitment campaigns and sourcing candidates, ensuring advertising channels are appropriate and</p>	Anne Lloyd

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	<ul style="list-style-type: none"> The Council commenced a graduate scheme in November 2020. Three graduates were recruited as part of the National Graduate Development Programme (NGDP) in November 2020 and January 2021. A further 5 NGDP graduates were recruited through September and October 2022. Placements are offered across Departments with each graduate completing four placements in the two-year period they are with the Council. We are developing a graduate scheme for West Yorkshire Pension Fund and considering routes for other key areas across the Council as well as linking in with initiatives across our public sector system at a place level. We are using the apprenticeship levy to develop existing and new skills including those in professional and skilled roles. The 293 Live Council apprentices are made up of 57 apprentices in maintained schools, 61 new starters in the Council and 175 existing Council staff. The most popular apprenticeship jobs roles/sector qualifications for the 57 apprentices in schools are Early Years (47%), Teaching Assistant/Teacher (33%) Business Admin, Management and IT (20%), Council apprenticeships are in: Adult Care (25%), Management (18%), Building, Construction, Civil Engineering, Trades (14%) Children and Young People (8%), Production/Hospitality (7%), Business Admin (6%) Social Work (3%), and (22%) on other specialised 	<p>reach a wide and diverse range of applicants, and that the CBMDC brand is promoted consistently through all resourcing and recruitment activity.</p>	

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	<p>apprenticeship training.</p> <ul style="list-style-type: none"> • In Children’s Services we are focussed on attracting and retaining social workers through a dedicated “bring heart” campaign and microsite, and are developing an ambitious Assessed & Supported Year in Employment (ASYE) academy to grow our own given the national shortages of experienced Level 3 Social Workers, are recruiting international Social Workers and Students and are partnering with the University. • We continue to review our approach to total rewards and development and include this as part of our wider attraction strategy, and have re-published our offer during September 2022 with staff and in recruitment. We have consulted on and implemented a recruitment and retention market supplement policy, and updated our relocation scheme to help attract and retain talent in hard to fill roles. • Workforce planning is progressing in services, prioritising Legal, highways, transport, planning and social work, and a refresh and review of job evaluation and grading schemes is underway. 		
Budget Pressures	The Quarterly Budget Monitoring report to the July Executive and the Medium Term Financial Strategy report to the September Executive have both highlighted the significant financial impact of	The Quarterly Budget Monitoring report to the November Executive and the Medium Term Financial Strategy report to the September Executive have highlighted the significant financial	Christopher Kinsella

Governance Challenge – AGS 2021-22	Update provided in the Annual Governance Statement 2021-22	Update for the Governance and Audit Committee 26 January 2023	Responder
	<p>inflationary cost of living increases, which will impact both the Council budget position and the wider District as impacts are felt to individuals and businesses.</p> <p>This is the current major significant factor that may impact future governance arrangements. The issue is subject to detailed and thorough discussions at Council Management Team and Joint Leadership Team as actions are sought to mitigate impacts where possible.</p>	<p>impact of inflation/ cost of living price rises, and Social Care demand pressures. These are impacting both the Councils budget position and the wider District as impacts are felt by individuals and businesses.</p> <p>This is the current major significant factor that may impact future governance arrangements. The issue is subject to detailed and thorough discussions at Council Management Team and Joint Leadership Team as actions are sought to mitigate impacts where possible.</p>	
Procurement	<p>The timeliness of procurement processes has necessitated the Council extending some contracts beyond their end dates rather than going out to competition beforehand. Applying extensions is a valid procurement route but may have sometimes been used as the preferred option rather than a fully considered option. The service is currently without a Head of Service following the former Head leaving, whilst there are also a number of senior vacancies within the service. A campaign is underway to appoint a new Head of Service and to attract candidates into the service to fill vacancies. Appointment of a new Head of Service in November 2022 is expected to drive improvement in compliance with existing procurement processes to secure contracts in advance. In the interim the engagement of consultancy experts to provide strategic advice, alongside an end-to-end</p>	<p>A review of the Contracts and Grants Register is currently underway which will enable a RAG status determination against contracts in terms of procurement risk and compliance. Future procurements will be placed on a pipeline and have procurement specialists appointed to advise service areas. Training covering procurement, contract management and P2P which will sit on Evolve is at design stage.</p> <p>A review of the end-to-end procurement has taken place. Newly revised internal thresholds for reporting and monitoring have been identified and will be incorporated into Contract Standing Orders in 2023. An interim Head of Service will be appointed in January.</p>	Christopher Kinsella

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	procurement review will ensure the ongoing effectiveness of procurement processes.		