

Audit Committee

4 March 2024



Report of: Director of Legal and Democratic Services

Title: Review of External Inspections of Council Services 2023/24

Ward: City Wide

Recommendation

Audit Committee is asked to:

1. Note the findings of the external inspections;
2. Note any improvement actions required as a consequence of the inspection findings and, where appropriate, the management response;
3. Note the assurance arrangements in place that oversee the council's response to inspection findings.

Summary

This report provides a high-level overview of external inspection activity of council services since February 2023. It sets out key inspection findings along with arrangements for implementing any recommendations arising from them.

The significant issues in the report are:

The outcomes of external inspections of council services are described in the report.



1. Purpose

- 1.1 The purpose of this report is to inform Audit Members of the external inspections and peer review activity that has taken place since February 2023. It summarises external inspection and peer review activity and sets out any key findings and recommendations.
- 1.2 This report also includes the outcome of the Ofsted Inspection of Children's Services (ILACS) which took place in January 2023 because the inspection report had not been made public at the time of last year's report.
- 1.3 Inspection activity for the Council services in the year 2023 related to:
- Children's social care services, including council-owned children homes, undertaken by Ofsted
 - Services for children and young people (0-25 year olds) with special educational needs and disability (SEND), undertaken by Ofsted and the Care Quality Commission (CQC)
 - Adult social care in-house provision, undertaken by CQC
- 1.4 Across Adults and Children's Services inspection frameworks are now often a cycle of engagement rather than one-off events - this includes annual conversations with Ofsted as part of the Inspection of Local Authority Children's Services (ILACS), bi-annual conversations with Ofsted around Education, and the new Care Quality Commission (CQC) inspection framework for Local Authority Adult Social Care. This requires us to have more formalised and robust self-assessment of our services and a cycle of continuous improvement arrangements.

2. TITLE OF INSPECTION

2.1 Inspection of Local Authority Children's Services (ILACS)

- 2.2 Bristol City Council's Children's Services were inspected under the Ofsted ILACS framework between 16 and 27 January 2023. Overall effectiveness was judged to be "Requiring improvement to good" while the experiences and progress for children in care and for care leavers were judged to be "good". The report, published on 10 March 2023, required an action plan responding to the inspection findings to be produced by the 23 June 2023.
- 2.3 The Bristol Children's Services Improvement Plan for 2023-25 was approved at Cabinet on the 6 June 2023.
- 2.4 Bristol's Annual Conversation with Ofsted subsequently took place on 12 June 2023, where progress was discussed along with areas of challenge across Bristol's children's services with lead inspectors for the South West region. At that meeting Ofsted approved and commended the Improvement Plan, which was then submitted by the deadline of the 23 June 2023.

- 2.5 The majority of the Improvement Plan is being delivered within services and existing budgets as part of agreed service-level activity and practice development. Key dependencies and programmes for delivery outside of existing service budget and capacity are identified within the Improvement Plan. This is mainly via the Our Families (Children and Education Transformation) Programme and DfE-funded projects such as the development of two new in-house children's homes for children with more complex needs.
- 2.6 In addition, we were successful in securing £500k DfE improvement funding to support delivery of key priorities within our Improvement Plan, focussing on the recruitment and retention of our workforce, placement sufficiency for children in care, and reducing numbers of 16 and 17 year olds entering care where their primary issue is homelessness.
- 2.7 The Council has also partnered with Islington Council as part of DfE funded Sector Led Improvement Partnership arrangements. Islington have provided support with implementation of agreed areas for improvement, including the redesign of services for adolescents and improving performance management and quality assurance arrangements. They have also shared best practice and are acting as a critical friend throughout our improvement journey.
- 2.8 The implementation of the Improvement Plan is being overseen by the Our Families Board with regular reporting on progress to CLB via the Quarterly Assurance Report.

3. SEND inspection framework - Accelerated Progress Plan

- 3.1 The Ofsted and CQC SEND local area inspection revisit in October 2022, and reported in last year's report, found that Bristol had not made sufficient progress in one of the five previously identified area of significant weakness. This was around the relationship with parents and carers and required that an Accelerated Progress Plan (APP) be prepared that responded to the inspection findings.
- 3.2 The APP was developed with key local area partners and was informed by working with parents and carers and using their feedback. The APP links to the Bristol's Belonging in Education priorities and underpins Bristol's SEND vision to support and empower disabled children and young people and those with special educational needs to reach their full potential and have healthy, independent, and fulfilling lives. The APP is delivering improvement across four key objectives.
- Formalising strategic parent carer forum (PCF) arrangements
 - Improving co-production and communication with parents and carers
 - Listening to and working with parents to improve SEND services and the experiences of parents carers and services
 - Workforce and culture – embedded ways of working and continuous improvement arrangements that prioritise relationships with children with SEND and their families
- 3.3 On 5 May 5 2023 the DfE concluded that the APP was fit for purpose and would enable Bristol to tackle it's remaining areas of weakness.

- 3.4 Operational oversight for delivery of the APP is by the SEND Partnership Group.
- 3.5 The SEND Improvement Board, currently chaired by independent LGA Improvement Advisor, which provides local area oversight and assurance for the delivery of outcomes for children with SEND is monitoring and accountable for overall progress against the APP, supported by additional oversight from DfE and NHSE SEND improvement advisors.
- 3.6 Following the most recent formal review of the plan the DfE commented that ‘the local area has been proactive in tackling the issues raised in the Ofsted/CQC revisit report and that work is underway across the local area to build consistency, engagement, and collaboration.’ At the next review meeting in March 2024 the intention is to demonstrate further progress following agreement of a Memorandum of Understanding with Bristol Parent Carer Voice (the Parent Carer Forum) and a coproduction charter.

4. Council-run children's homes

- 4.1 The Council continues to have five registered Children’s Homes for children in care, which are inspected under Ofsted’s Social care common inspection framework (SCCIF). Three homes are currently rated good, and two are judged to be requiring improvement. Each Home has an improvement plan to address any recommendations made by inspectors.
- 4.2 Most recent inspections of local authority children’s homes are summarised below:
- Blaise House was judged ‘Good’ in an inspection in October 2023 with very high praise for the work there and the quality of care provided to children. Leadership was a strong feature.
 - Silbury House was judged to be ‘Good’ in June 2023, this was from a requires improvement judgement in January that year and demonstrates the progress the home has made since that inspection.
 - Witch Hazel House has been judged as Good in all areas and outstanding for leadership and management.
 - Frome House received ‘Requires Improvement to be Good’ from the full inspection in the summer 2023. This was a result of the team embarking on some complex work with two young children, bringing one back from an expensive placement.
 - Cherry Blossom was judged ‘Requires Improvement to be Good’ at full inspection in November 2023. The main issues of concern in the inspection were the risk posed by a young person who had recently left the home regarding smoking and fire risks and the home’s ability to manage the complexity of another young person currently placed with them.
- 4.3 The quality of care of the children in all of our homes was highlighted by Ofsted as a positive feature
- 4.4 Further the Council continues to have two Short Break Homes for disabled children, the Bush and Belbrook, both of which are rated good by Ofsted.

- 4.5 In addition to the inspection process, each home receives a monthly visit undertaken by an Independent Visitor whose role it is to assess the performance of the Home against the Children's Home Standards. A report is received by senior managers and actions put in place to address any areas for improvement that are highlighted. This is a statutory requirement outlined in the Children's Homes Regulations.
- 4.6 Bristol also makes use of the independent sector. Bristol's aim is to place children in homes that are rated as either Good or Outstanding by Ofsted. In some cases where this is not possible, Bristol will carry out a quality assurance and due diligence process to ensure that home is working towards fulfilling their improvement action plans to reach Good or Outstanding and we will often do this in partnership with Ofsted.
- 4.7 Bristol's Placements and Commissioning team monitor independent providers and work as members of Children's Cross Regional Arrangements Group to monitor and share intelligence on independent residential providers.
- 4.8 The above is in addition to the Children Act Independent Review process which considers the suitability and quality of the care plan and placement for every child in our care.

5. LGA corporate parenting peer diagnostic (ongoing)

- 5.1 As reported last year this diagnostic undertaken in November 2022 was part of a wider package of support to develop the effectiveness of the Corporate Parenting Board. The package included peer interviews with key officers and councillors to understand the approach to corporate parenting. A Corporate Parenting Board observation. Development of key areas and aspects for improvement and a bespoke development programme for the corporate parenting board.
- 5.2 During 2023 the Director Children and Families has continued to progress actions to address the findings and observations from the diagnostic in particular to ensure that Corporate Parenting is embedded in into the corporate agenda including through delivery of an LGA facilitated workshop with CLB on the 29th August 2023 out of which came a number of key action points
- 5.3 The Director for Children and Families has also recently led a Corporate Parenting workshop at Leadership Forum around how services across the council can support and enhance the offer to our Children in Care and those that care for them.
- 5.4 Work is underway via a cross-council and partnership Task and Finish group to develop a new Corporate Parenting Strategy. The strategy will aim to embed corporate parenting responsibility as a core council priority touching on every area of the authority, and with our key partners. Notable changes from the previous version will include holding the strategy corporately rather than within children's services and having a more robust action plan to sit underneath it to ensure strong governance arrangements. A consultation on the draft priorities is scheduled for March 2024 and the strategy is due for sign off in July 2024.

6.0 Planning Advisory Service Peer Review of Development Management (DM) Service - September 2023

6.1 The Planning Advisory Service undertook a peer review of the Development Management service in September 2023. This was in order to support us in improving and recovering the performance of the service in light of the large backlog that had been accumulated.

Summary of Main Findings

6.2 Requiring immediate action

- a) Develop a clear action plan to address the current backlog of cases facing the DM service, whilst still meeting the Government's performance targets. With the support of senior corporate managers and political leaders, a radical approach needs to include a mix of different interventions, including:
 - i. procuring external or agency support to offload a significant part of the work from the existing team, e.g. focusing on the more straightforward or uncontentious applications.
 - ii. fast-tracking other applications that are policy compliant and do not have objections to approval.
 - iii. working with existing staff to hold dedicated "clearance weeks" or similar exercises where less urgent work is put on hold to address backlog applications.
 - iv. offering staff the opportunity for overtime / flexitime specifically to help to clear the backlog – this would need to be agreed in consultation with the council's HR team to manage potential workload pressure risks.
 - v. Case officers working with their Team Leader or a more senior officer to review applications at an appropriate stage after the consultation end date, to enable better case management and ensure straightforward decisions are issued as soon as possible; and
 - vi. a "one chance improvement approach" to applications, i.e. allowing only one opportunity for amending applications in the backlog that are not policy-compliant and refusing to validate poor quality applications, accompanied with investment in the pre-app service so applicants can then negotiate solutions.
- b) Time needs to be found to negotiate a Service Level Agreement with IT services to support the IDOX Uniform system and planning webpages, setting clear performance targets for dealing with system outages and updates, etc.

4-6 month timescale

- c) More clearly define management roles for the DM service through a restructure of the current DM team structure. Most LPAs have an identified Head of Development Management who can unite disparate teams, oversee reforms to current practices and drive change on behalf of the Chief Planning Officer. For this post to be identified in Bristol, it may require a new role to be created from the existing team or identifying a current manager/Team Leader who can take on the role. This would create a more cohesive and flexible service enabling it to respond to changes more rapidly, enabling individual case officers to be deployed as required as well as enable more opportunity for career development by combining Major and non-Major applications in some teams.
- d) Identify an officer to make some immediate updates to the website to reduce time spent on queries and complaints, e.g. the standard of applications required; local validation list and protocol for resubmitting invalid applications or amending validated applications; clearer sign-posting to Planning Portal for advice; and availability of the pre application service.
- e) Take a firm position on the provision of non-key services such as informal telephone advice on permitted development, to minimise the interruptions. The support team should be able to direct callers to a web page or the pre application service and advise that it is not possible to provide advice over the phone because of resource constraints.
- f) Bring together the existing process notes and guidance for case officers into a single DM manual, enhancing and updating current examples as well as filling in gaps to provide a comprehensive guide to DM in Bristol for new and existing staff.
- g) Continue to develop the approach to standard wording and templates for reports to ensure they are of an appropriate length and detail for each type of development and can be prepared with minimal time spent on more routine applications.
- h) Re-introduce staff appraisals and development programmes, helping new staff to progress and supporting existing staff as they take on new or more challenging roles. The overall aim should be to help retain existing staff as well as help attract new staff as resources allow to create a more stable service in the future.
- i) Develop and agree a consultation protocol with both internal and external consultees, with agreed standing advice for more straightforward applications (e.g. Highways, drainage and environmental health). This should be regularly reviewed with consultees to ensure it remains fit for purpose.

6-12 month timescale

- j) Update the local validation checklist to ensure the council complies with paragraph 44 of the National Planning Policy Framework and ensure that the Business Support Services Team have the necessary training and mentoring. Consideration should also be given to the position of the team and the case for closer line management through the Head of DM (or equivalent) in recognition of their critical role to the wider service.
- k) Take a stronger line on rejecting poorly presented or incomplete applications as well as limiting the number of amendments to a validated application. This may mean enforcing the Council's current Planning Application and Negotiation Framework or refreshing and simplifying this to move away from allowing amendments at all, once the Council can offer a full pre-app service so applicants can negotiate improvements.
- l) Review the existing approach to pre-application engagement with applicants so that a more robust approach can be taken on negotiations. This review should use the guidance on good practice in pre-applications and PPAs outlined by PAS.
- m) Undertake a peer review of the two planning committees, to ensure that they are working efficiently and address confusion around the role of each committee. This could also help the Council understand the resourcing requirements of managing two committees and consider whether this is sustainable.
- n) The findings and observations from this peer challenge are being progressed by the Director of Economy of Place.

7.0 Homes England Compliance – February 2023

- 7.1 The HRA New Build Development Team undertook a mock Homes England Audit in February 2023 which was carried out by KPMG but commissioned internally.
- 7.2 The objective of this assignment was to review and assess the control environment currently in place around compliance with Homes England grant funding requirements, and to inform future management action to promote readiness for Homes England compliance audits.
- 7.3 Provide assurance in respect of the following areas of risk:
 - Up to date understanding of the controls required for complying with Homes England schemes is not in place and no assessment of any control gaps has been undertaken;

- Clear procedures have not been established for securely gathering, collating, and reporting information on Homes England schemes, including retention of final, signed documents;
- Required activities and records are not maintained on IMS (or equivalent) for compliance purposes, and/or maintenance of IMS (or equivalent) records lags behind the progress of individual schemes;
- Where local conditions are attached to specific schemes, these are not clearly recorded and shared to ensure awareness and compliance; and
- A clear governance oversight framework has not been established to provide visibility over scheme progress and compliance, including steps required to review, validate, and upload accurate information onto IMS (or equivalent).

Summary of Main Findings

- 7.4 Internal Audit provide 'Reasonable Assurance' regarding the Council's Homes England Compliance for Affordable Housing Delivery.
- 7.5 The Council is in the early stages of acquiring grant funding from Homes England for various schemes. Three schemes were sampled against the Audit Checklist: Airport Road, Romney House and Cedar House. We assessed the accuracy of data held on 'IMS', the 'Investment Management System' used by Homes England for partners to submit bids for funding, for each sample.
- 7.6 We found that scheme files are laid out well, in a systematic manner, and are based on the 'Audit Requirements' section in the Capital Funding Guide, which underpins requirements for Homes England grant funding. Certain areas such as grant claim milestones and insurance arrangements were found to have robust documentary evidence to support compliance. Developer agreements are held on file. Tools such as trackers based on the Capital Funding Guide are in place to support compliance.
- 7.7 Whilst the file structure for Scheme documentation is well-organised, we noted various issues regarding documentation being complete or accessible. This included adherence to local planning condition documentation being inaccessible for Airport Road. Furthermore, incomplete documentation was found across all schemes, such as missing signatures and dates (and therefore potential issues with regards to verifying dates on IMS). Certain approval documentation for procurement of advisors was not provided, for example, copies of signed terms of appointment for consultants.
- 7.8 We note that as Practical Completion (PC) had not been reached on any schemes thus far, elements of the Audit Checklist could not be tested, such as calculation of rents or form of Shared Ownership leases. Given these are common areas of findings for Independent Auditors appointed by Homes England, we have raised an action around formalising processes to support rent setting, and ensuring mandatory clauses are included within leases.

- 7.9 Some minor actions to consider were added to Pentana, (the Audit Management System) and have now been marked as implemented.
- 7.10 The findings and observations from this review will continue to be progressed by the Director of Homes and Landlord Services.

8.0 Homes England Compliance Audit Report for the Rough Sleeping Accommodation Programme (RSAP) 2023/24 Scheme address: 35 Durweston Walk, BS14 8BE - Dec 2023

- 8.1 Grant Thornton UK LLP on behalf of Homes England undertook a compliance audit in late 2023.
- 8.2 The purpose of the Compliance Audit report is to confirm that grant recipients (BCC) have met Homes England's funding conditions and contractual requirements and have properly exercised their responsibilities as set out in the Capital Funding Guide as it relates to RSAP.

Summary of Main Findings

- 8.4 The grade received was "Green – meets requirements."
- 8.5 On review of the evidence provided, the outcome of the audit has shown the provider has a satisfactory overall performance. A GREEN grade has been assigned. The audit has identified one low level breach with no risk of misapplication of public funds.
- 8.6 The reoccurrence of breaches of a similar nature in future years may result in a failure to meet requirements. The provider should refer to the recommendation listed in the Compliance Audit system. The recommendation will assist the provider in ensuring further breaches of this nature do not reoccur in the future.
- 8.7 The recommendation was the provider should review their processes and add the necessary steps to prevent similar issues reoccurring in the future. Please ensure the revised process meets the Capital Funding Guide requirements and funding conditions. The provider is also expected to revise and correct the identified issue in all current grant funded developments.
- 8.8 The findings and observations from this review are being progressed by the Director of Homes and Landlord Services.

9.0 Landlord Compliance Data Review – Savills – December 2023

- 9.1 Savills have completed their initial data review and are currently engaging with BCC colleagues on any areas requiring further information and clarification. It is hoped that Savills will be able to feedback on initial the findings in early February with the final report presented in late February 2024.

- 9.2 In Q3 2023/24, an internal high level gap analysis was undertaken on BCC's performance against Landlord Statutory Requirements, including the 'Big 6' compliance areas and other typical compliance areas that affect the social housing landlord function. The review didn't represent a detailed audit and no forensic analysis of data to validate the performance levels being reported has been undertaken. The review identified any themes in BCC's non-compliance with Landlord Statutory Compliance obligation and areas where there is uncertainty on our compliance status. The review also proposed high level actions against each compliance area needed to respond any identified non-compliance. The most significant compliance challenges identified related to areas of: fire safety, asbestos safety, lift / lifting equipment safety, electrical safety and identification of up-to-date HHSRS failures including damp & mould in homes.
- 9.3 The internal Gap analysis recommended that an external compliance audit was undertaken to identify current performance and support the development of an improvement plan. – This recommendation resulted in the instruction of Savills to undertake the Landlord Compliance Data Review currently under way.

Summary of Main Findings

- 9.4 The review will:
- Provide some commentary on the extent to which performance reporting cover the areas we expect to see and highlight areas where we feel the Council's reporting is not aligned to sector good practice.
 - Review the overarching approach to data governance (including team structures and responsibility).
 - Make recommendations relating to the areas above. In particular areas that the Council should look to address as it implements its new IT system.
- 9.5 The findings and observations from this review will be progressed by the Director of Homes and Landlord Services.

10.0 Consumer Standards Preparedness Review – Savills – January 2024

- 10.1 Savills have recently finished their initial data check and are currently undertaking meetings with BCC colleagues which will last until the end of January 2024. Savills anticipate that they will be able to present their initial findings in early February and provide the final findings report in the second half of February 2024.
- 10.2 The way Registered Providers (RP's) of social housing are regulated is fundamentally changing as a result of the Social Housing (Regulation) Act 2023 SHRA. The Regulator for Social Housing (RSH) has been given the power to routinely inspect social

landlords and strengthen enforcement powers. The RSH will be implementing their programme of proactive regulatory inspections and revised Consumer Standards in April 2024.

- 10.3 Savills have been instructed to undertake a Landlord Compliance Data Review and Consumer Standards Preparedness Review. The Consumer Standards review will assess BCC's compliance with the existing Consumer Standards and anticipated new Consumer Standards due to come be published in February and come into force in April 2024.

Summary of Main Findings

- 10.4 The report will include an evidence map showing every Consumer Standard and evidence seen to demonstrate where BCC complies. It will also show where there are opportunities to strengthen or where we don't comply. This will provide something from which we can build and action plan. A detailed report to management teams and senior leadership and councillors will also at high level show strengths and priority areas for improvement.

- 10.5 It is anticipated that the two external reviews being undertaken by Savills will result in significant improvement recommendation. Officers are actively developing plans to form a dedicated 'Task and Finish' group to respond any recommendations (Group will respond to both the Consumer Standards and Landlord Compliance Data Review findings).

- 10.6 The findings and observations from this review will be progressed by the Director of Homes and Landlord Services.

11.0 Human Tissue Authority (HTA) inspection of the Public Mortuary at Flax Bourton – October 2023

- 11.1 The Human Tissue Authority undertook at inspection of the licenced activities undertaken at the Public Mortuary at Flax Bourton.

- 11.2 The Public Mortuary of Flax Bourton has been licensed by the HTA since 2009. This was the fifth inspection of the establishment; the most recent previous inspection took place in May 2021.

- 11.3 Since the previous inspection, there have been no significant changes to the licence arrangements, or the activities carried out under the licence. However, during the inspection major building work was being carried out to provide additional capacity, including long term and bariatric storage.

- 11.4 The HTA found the Designated Individual (DI) and the Licence Holder (LH) to be suitable in accordance with the requirements of the legislation.

Summary of Main Findings

- 11.5 Whilst the HTA found that The Public Mortuary at Flax Bourton had met the majority of the HTA's standards, three major and one minor shortfall were found against standards for Governance and quality systems, Traceability and Premises, facilities and equipment which have now been resolved by the Coroner and Mortuary Service.