



<b>MEETING:</b>	Full Council
<b>DATE:</b>	Thursday, 29 September 2016
<b>TIME:</b>	10.30 am
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## SUPPLEMENTARY AGENDA

4. Audit Committee Minutes - 23rd September, 2016 (*Pages 3 - 10*)

### Minutes of the Scrutiny Committees

21. Overview and Scrutiny Committee - 13th September, 2016 (*Pages 11 - 18*)

A handwritten signature in black ink that reads "Diana Terris".

Diana Terris  
Chief Executive

27<sup>th</sup> September, 2016

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<b>MEETING:</b>	Audit Committee
<b>DATE:</b>	Friday, 23 September 2016
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Reception Room, Barnsley Town Hall

**Present** Councillors Richardson (Chair), Barnard and Lofts together with Independent Members - Ms K Armitage, Ms D Brown, Mr S Gill and Mr M Marks

## 23. DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

There were no declarations of interest from Members in respect of items on the agenda.

## 24. MINUTES

The minutes of the meeting held on the 20<sup>th</sup> July, 2016 were taken as read and signed by the Chair as a correct record.

## 25. ACTIONS ARISING FROM THE PREVIOUS MEETINGS

The Committee received a report detailing actions taken and arising from previous meetings of the Committee.

**RESOLVED** that the report be noted and that, where appropriate, future reports detail progress of actions required and timescales for submission of future reports.

## 26. REPORT TO THOSE CHARGED WITH GOVERNANCE (ISA 260) 2015/16

The Committee considered a report of the External Auditor (KPMG) which had been submitted in accordance with International Standard on Auditing 260, the External Audit Governance Report 2015/16. Ms C Partridge and Ms L Wild representing KPMG presented the report which incorporated, amongst other things, the following:

- The Headline findings
- The proposed opinion and audit adjustments
- The key significant financial audit risks, area of audit focus and judgements
- The Accounts Production and audit process
- The current position with regard to the completion of the audit of the financial statements
- The Value for Money Conclusion including the specific Value for Money Risks

Appendices to the report provided the following:

- Key issues and recommendations
- The audit differences
- Materiality and the reporting of audit differences
- The Declaration of independence and objectivity

It was reported that it was anticipated that an unqualified audit opinion on the Authority's Financial Statements would be issued by 30<sup>th</sup> September, 2016 following

consideration by Council on the 29<sup>th</sup> September. It was also reported that the Annual Governance Statement complied with the guidance issued and was in line with the auditor's understanding of the Authority.

The audit had identified one material audit adjustment with a total value of £13.3m, however, whilst there was an impact on the net worth in year, there was no overall impact on the Authority's medium term financial plan as this was simply a reallocation of costs over a longer period. In addition, there was no impact on the Council Tax requirements for the Council. The appropriate adjustments had been made to the financial statements.

During the year KPMG had continued to review the risks to the financial statements on an ongoing basis. In January 2016 they had identified risks in relation to the Consolidation of subsidiary companies and the Minimum Revenue Position (MRP). Work had continued on these two issues throughout the year and the findings on these were outlined within Appendix 3. There were no matters of any significance arising as a result of audit work in the Consolidation of Subsidiary Companies and the changes to the policy on the MRP.

The Authority had continued to have good processes in place for the production of the accounts and good quality supporting working papers. Officers dealt with queries efficiently and the audit process had been completed within the prescribed timescales. The Finance Team, Mr N Copley, Service Director Finance, and Miss F Foster, Director of Finance, Assets and IT and their staff were thanked for their assistance and support.

No specific Value for Money risks had been identified within the Audit Plan for 2015/16. It had been concluded that the Authority had made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. It was anticipated that an unqualified VFM conclusion would be issued by 30<sup>th</sup> September 2016.

All work on the financial statements was substantially complete subject to the completion of work in relation to Creditors, Journal Entries, Whole of Government Accounts and Completion of Final Review.

The presentation engendered a full and frank discussion during which matters of a detailed and general nature were raised and answers were given to Members questions where appropriate.

The following issued were referred to:

- Reference was made to the two recommendations and to the rationale for them:
  - The need for the Authority to review its written procedure notes for the posting and authorisation of journal entries and ensure that they reflected the procedures what were both required and were currently in practice. This was due for completion by the 31<sup>st</sup> October, 2016

- The need for the latest valuation of the waste PFI asset to be reflected in the 2016/17 statement of accounts and for all new assets to be valued when they came into use in line with the requirements of the Code. Work was ongoing in this respect and it was anticipated that this would be complete by 31<sup>st</sup> March, 2017. In response to questioning, it was noted that there was no additional staff training needs identified in this area
- Specific reference was made to the reasons for the audit adjustment given that this was a value of £13.3 m. The Authority had accepted that adjustments due to the repayment for the PFI contracts made by the Council had been put into a prepayment account to match the revised MRP policy over a longer period. This was not in accordance with accounting standards. It was reported that the Authority had accounted for the actual payment over 60 years, per the revised MRP policy instead of over the 25 years in line with the life of the lease. Several adjustments had been required to the draft statement of accounts to rectify this and the impact of these adjustments was outlined. It was stressed, however, that there was no overall impact on the Authority's medium term financial plan as this was simply a reallocation of costs over a shorter period. It was further stressed that the necessary adjustments had been accepted and made by the Council and there were no additional financial implications for the Authority
- There was a discussion of materiality, how this was calculated and whether or not this was appropriate. It was noted that this had been set at £11m which equated to around 1.7% of the gross expenditure of the Authority. It was considered that the reassessment undertaken due to the significant fall in Gross Expenditure (compared to 2014/15) was correct and appropriate in the circumstances
- Reference was made to Significant Risk 1 and to the consolidation of subsidiary companies. It was noted that, following review, KPMG had agreed with the Authority that for 2015/16 group accounts were not required
- In relation to Journal authorisation:
  - It was noted that the creditors and journal entries had now been completed. The Service was looking to undertake a review of Journal entries/authorisation including an interim audit of processes and controls
  - It was noted that the authorisation procedures were being updated. There was no evidence of inappropriate entries. The Service Director Finance would submit a further report on this once the procedures had been updated and were in place
- It was noted that the final Director review was now complete, pending receipt of the final signed financial statements
- All Members of the Council had the opportunity to comment on the Annual Governance Statement, it had been published and was to be the subject of a presentation and report to the Council meeting to be held on the 29<sup>th</sup> September, 2016
- As previously stated, and in response to further questioning, the KPMG representatives stated that it was anticipated that, following consideration by Council, an unqualified opinion would be issued by 30<sup>th</sup> September, 2016

**RESOLVED:-**

- (i) That the External Auditor's Reprt 2015/16 be received and referred for consideration by the Council to be held on the 29<sup>th</sup> September, 2016;
- (ii) That the Auditor's findings on the effectiveness of the Council's internal controls and the conclusion on the Council's arrangements for securing Value for Money be noted; and
- (iii) That the Committee place on record their thanks and appreciation for the hard work of the External Auditor and the Director of Finance, Assets and Information Services and their respective Teams in this process.

**RECOMMENDED TO FULL COUNCIL ON THE 29<sup>th</sup> SEPTEMBER, 2016:-**

- (i) That the External Auditor's Annual Governance Report 2015/16 be approved;
- (ii) That the findings on the effectiveness of the Council's internal controls and the conclusions on the Council's arrangements for securing Value for Money be noted; and
- (iii) That the findings from the audit work in relation to the 2015/16 financial statements be noted and accordingly, the final accounts 2015/16 be approved.

**27. ANNUAL GOVERNANCE REPORT 2015/16**

Further to minute 21 of the previous meeting held on the 20<sup>th</sup> July, 2016, the Committee considered a joint report of the Chief Executive, Director of Finance, Assets and IT and Director of Legal and Governance on the final Annual Governance Statement for 2015/16, requesting the Committee to refer it to Council for consideration and adoption as part of the process for approving the 2015/16 Statement of Accounts. A copy of the Statement was appended to the report.

In the ensuing discussion, reference was made to the following:

- The final Statement was substantially the same as the draft submitted to the previous meeting and provided an assurance that the Authority had appropriate procedures and processes in place
- The Service Director, Legal Services, who presented the report, emphasised that the Council's Governance arrangements were fundamentally sound and no major issues were revealed. There was, however, a light touch action plan (attached as Appendix 2) to capture some improvements suggested through the review process. The Service Director briefly went through the plan and explained that this would form the basis for the Committee monitoring

throughout the year. An update of the Action Plan would be reported to the Committee in December, 2016.

- It was noted that in relation to the recording of officer delegated decisions that the processes were now in place to ensure that this was in line with legislation. It was suggested, however, that this action should not be considered complete until a review had taken place to evidence that the recording of officer decisions was working in line with the implemented processes.
- Arising out of the above discussion, the Service Director Legal Services commented that there was no evidence to suggest that there had been any misuse of the officer delegated decision process. Any decisions taken were required to be listed on the Council's Website and the link to this would be sent to all Members
- It noted that there was no reference to the Sheffield City Region governance arrangements. It was noted, however, that the City Region had its own governance and audit arrangements although it was accepted that the Council was in a strong position to influence these through the support given in relation to internal control support functions such as HR, Risk Management, Health and Safety, Information Governance and Internal Audit that were delivered via a service level agreement. It was suggested that reference to this be made via a small amendment to paragraph 3.19 of the AGS
- It was noted that the link to the Council's Risk Management site was not public facing and action would be taken to address this
- In relation to the Panel to consider allegation of misconduct by Members it was reported that these Independent Panel Members were Messrs S Carvell, M Moore, and D Waxman. These persons were appointed for the relevant provisions of the Local Government Act 2000 as amended by the Localism Act 2011 with regard to the investigation of ethical standards complaints. The term of office was coming to a close and arrangements were being made to undertake a recruitment exercise to seek new/replacement members
- In relation to Whistleblowing complaints, the Committee was reminded of the policy currently in place. A review of the arrangements was to be reported to Committee in spring 2017 which would include an analysis of the use of the arrangements in the previous year. It was noted that the number of referrals/complaints received was extremely small which could either mean that there were relatively few instances of 'misconduct' that needed reporting or that employees were reluctant to report issues (which could be for a variety of reasons). The policy was, however, well-advertised both on the BMBC Intranet site and on staff notice boards in 'break out' areas. It was important to realise, however, that the Whistleblowing arrangements were only one of a number or ways to raise issues
- It was suggested that a training session be arranged on the Council's Risk Management Framework arrangements. This could possibly form an item for discussion at the Audit Committee Training Day scheduled for 2<sup>nd</sup> November, 2016

**RECOMMENDED TO FULL COUNCIL ON THE 29<sup>th</sup> SEPTEMBER, 2016** that the final Annual Governance Statement 2015/16 be approved and adopted.

## **28. EXTERNAL AUDIT REPORT AND TECHNICAL UPDATE**

The Committee received the External Audit progress report and technical update for September, 2016 giving a high level overview of progress in the delivery of the External Auditor's responsibilities. The report set out in the appendix a summary of the main deliverables including report and opinions give and members noted progress against those issues.

The following matters were highlighted:

- It was noted that no areas of concern had been identified
- The audit of the draft financial statements was almost complete and the Value for Money conclusion was complete
- The Housing Benefit and Council Tax Benefit Claim was the only grant remaining under the Public Sector Audit Appointments (PSSA) regime
- Additional work was being undertaken in relation to the Teacher's Pensions Agency and the Pooling of Capital Receipts which fell outside the PSAA regime and the cost for this work was £7,750. In response to detailed questioning, the External Audit representatives explained the rationale for these fees and the Service Director Finance commented particularly on the issues previously addressed in relation to the Teacher's Pensions Agency return
- Reference was made to the KPMG publication of reports 'Value of Audit – Perspectives for Government'; 'Reimagine – Local Government'; and 'The Future of Cities'

**RESOLVED** that the External Audit progress report and technical update for September, 2016 be noted.

## **29. AUDIT COMMITTEE WORK PLAN 2015/16**

The Committee received a report providing the indicative work plan for the Committee for its proposed scheduled meetings for the remainder of the 2015/16 municipal year.

It was noted that a number of training requests had been received, some of which could be dealt with at the sessions immediately prior to the meetings of the Committee and some that required more in depth discussion which could possibly be dealt with at the Member Training Day in November.

Arising out of the discussion particular reference was made to the itinerary for the training day.

**RESOLVED:**

- (i) that the core work plan for 2015/16 meetings of the Audit Committee be approved and reviewed on a regular basis; and



- (ii) that, in order for an itinerary to be produced, the Director of Legal and Governance and Head of Internal Audit and Corporate Anti-Fraud compile a list of outstanding training events for circulation to all Members who then be requested to submit their suggestions for items for discussion at the November Training day.

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Chair

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<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 13 September 2016
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clements, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hayward, W. Johnson, Lofts, Makinson, Mitchell, Philips, Sheard, Spence, Tattersall, Unsworth and Wilson together with co-opted members Ms P. Gould and Ms K. Morritt

### 18 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

### 19 Declarations of Pecuniary and Non-Pecuniary Interest

There were no declarations of pecuniary or non-pecuniary interest.

### 20 Minutes of the Previous Meeting

The minutes of the meeting held on 12<sup>th</sup> July 2016 were approved as a true and accurate record.

### 21 Barnsley Safeguarding Adults Board (BSAB) Annual Report 2015-16

The Chair welcomed the following experts to the meeting which included the following:

- Bob Dyson, Independent Chair, BSAB
- Brigid Reid, Chief Nurse, Barnsley Clinical Commissioning Group (CCG)
- Sarah MacGillivray, Designated Nurse for Safeguarding Adults, Barnsley CCG
- Alison Bielby, Deputy Director of Nursing, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Peter Horner, Public Protection Unit Manager, South Yorkshire Police
- Julie Warren-Sykes, Assistant Director of Nursing, Governance and Safety, South West Yorkshire Partnership Foundation Trust (SWYPFT)
- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate, BMBC
- Michael Potter, Service Director, Organisation & Workforce Improvement, BMBC – Chair of Performance Sub-group
- Cath Erine, Safeguarding Adults Board Manager, BMBC
- Ray Speed, Team Manager, East LTC Team, Adult Assessment & Care Management, People Directorate, BMBC

- Kate Anderson-Bratt, Senior Contracts and Compliance Manager, Adult Joint Commissioning, Adult Assessment & Care Management, People Directorate, BMBC
- Cllr Caroline Saunders, Cabinet Support Spokesperson – People (Safeguarding), BMBC

Bob Dyson advised the committee this was his first year as the Chair of the BSAB, as well as the first report he had been involved with. As the Chair of the Barnsley Safeguarding Children Board (BSCB) for several years, his joint involvement with both boards has brought them closer together.

Members proceeded to ask the following questions:

- i) What is in place to protect vulnerable people in their own home where they may not be in regular contact with professionals, for example they may be subject to financial abuse from a relative, but are fearful of raising their concerns?

Members were advised the partner agencies on the board do everything they can to protect individuals in their own home, but unfortunately there will always be cases that are not reported. In relation to Making Safeguarding Personal (MSP), we can only work with people how they want to be helped and some people will not always accept support. A Safeguarding Awareness Week (SAW) is held, to help raise everyone's awareness of safeguarding. It also signposts people to the organisations which can offer the right type of help and support. We provide ongoing Adult Social Care in our communities, undertaking assessments and working with our providers to monitor situations and review them regularly.

- ii) Is there one contact number that worried neighbours can phone, should they have any safeguarding concerns?

The committee were advised, the Adult Social Care contact number (01226 773300) has previously been shared with Members and we will make sure this is also shared with our co-opted Members. The number has been publicised during SAW including information in the Chronicle newspaper. Work is also being done to improve the website as well as putting information out through other media including Twitter and Facebook.

- iii) Would the introduction of a leaflet, or detailing the number to contact in telephone directories be preferable to ensure they are accessible to a wider audience as elderly people may not be online?

The group were advised the use of online communications is to enhance other channels which already exist. South Yorkshire Police (SYP) advised they hold regular drop in sessions in places where people attend in significant numbers, such as at Bingo. Also, a drop in session was held at a branch of the Halifax Building Society, to raise customer's awareness about safeguarding being everyone's responsibility.

- iv) The report demonstrates the sharing of information and intelligence; has the board experienced any difficulties between partner organisations or is this practice embedded?

The committee were advised the board is confident that all partners are willing to work together and share information. Each agency has individual parts of the picture and the South Yorkshire Procedures are very clear about information sharing and this being for prevention rather than waiting till a problem has arisen. A specific agreement with SYP has just been signed in relation to data sharing. Difficulties arise as IT systems within different organisations are not always compatible with each other; however there is a real commitment to sharing information.

- v) The Victoria Climbié case highlighted the lack of communication between the organisations; has there been any move towards having a national database of vulnerable adults?

The group were advised currently there are no plans for a national database. In terms of vulnerable children, a Multi-Agency Safeguarding Hub (MASH) has been established which has co-located a number of front line professionals into one place, enabling them to talk with each other face to face. What is really important is professional curiosity and to look behind what is not being said. We can have information sharing systems but it takes other things to make a difference also.

- vi) Following the implementation of Making Safeguarding Personal (MSP) have there been fundamental changes, have these been well received and are they working?

Members were advised MSP has brought a shift in culture and practice, which has arisen from guidance within the Care Act. This is about looking at people as individuals and when there is an issue over safeguarding, understanding their concerns and giving them an individualised plan. The changes have been welcomed by most staff, as they want to provide the best service they can. Although it has been well received, there are still challenges. The group were given the details of a case which had been reported by the manager of a care home involving a couple of residents who had formed a close relationship, which raised safeguarding concerns. This was subsequently investigated as to whether either person was experiencing any kind of risk and if they had the mental capacity to understand what had developed. The findings proved they both did have the capacity to deal with the relationship; their respective families were made aware of this, and were being fully supported as it was them who were upset by the situation.

- vii) The performance data continues to indicate high instances of safeguarding concerns in care homes (41%); what is being done to address this and have there been any developments since last year in the use of CCTV?

The committee were advised we don't always know the location of safeguarding concerns if they are not in registered care settings. This skews the data and suggests that the incidence of safeguarding in care settings is higher than the reality. Whilst there are a lot of occurrences being recorded in care homes; it is reassuring to know that these alleged incidents are being reported as it would be more concerning if they weren't reporting possible abuse to BMBC. As part of the contracts monitoring process, regular visits are made to the homes; this includes talking with the residents and checking their records. This approach ensures if there are any problems, these can be identified at an earlier stage and the service can work with the care provider to resolve issues. Once an improvement plan is in place, this will be followed up by

unannounced visits, sometimes at 5am and we continue to gather evidence from other professionals going in the home.

Regarding CCTV, there are opposing opinions on its use in residential homes. Following the Care Quality Commissions (CQC) inspection of services at Winterbourne View, they were asked regarding the use of CCTV and last year issued a 'Using Surveillance' document. Implementation of CCTV use is fraught with challenges, such as data protection and consent being given for its use. Should one person object to it being used, it could not be installed. The use of it should only be considered if there is a necessity, as other mechanisms for quality monitoring should prevent need for its use. There shouldn't be any places without any reported incidents as this would create more cause for concern as you can have unprovoked attacks occur in services such as amongst residents, however it is not as a result of how a provider is managing a service.

- viii) Are there systems in place to identify any potential hotspots where there are a higher number of occurrences being reported?

Members were advised there are forms to report concerns which can be filled in by anyone and we have promoted this. These are then checked on a weekly basis; each service has its own allocated contracts officer, ensuring any concerns will be able to be tracked back to the service provider. Services are RAG (red, amber, green) rated and frequency of inspections will depend on this.

- ix) The report confirms of the 46 care homes in Barnsley, 48% of these were inspected by the end of 2015/16; of these, 19 were rated as 'Requires Improvement' or 'Inadequate'?

The group were advised these CQC inspections are from April 2015; the CQC are currently behind with their inspections and they have focused on those homes which have been non-complaint previously. These results are not reflective of more recent inspection results we have received therefore there is a time-delay in the picture. There has also been a change to the format of the inspections, and by the end of December 2016, all homes will have been inspected under this new regime; the results of which will show in next year's report. We compare our results with other areas and Barnsley's results are slightly above the national average which is positive. We would like all our homes to be rated as outstanding or at least good; with registration removed by the CQC from homes if appropriate.

- x) Do we have a responsibility as a Local Authority to look at how long establishments have been 'requiring improvement' and take action or is this the remit of the CQC?

The committee were advised it depends on the situation; we look at whether services are safe and what service users think. An example was given of a home which was 'under notice' by the CQC; all the residents were well cared for by the staff and the families were happy with the home, however the care provider had failed to meet the CQC standard of registration. It is then necessary to assess the impact on the residents and the risks of moving them, some of whom have lived there for years, versus leaving them in the care of the home. In some cases the reason for the provider not being compliant can be their failure to maintain their back office systems. Conversely, where a care provider has been rated as 'good' or 'outstanding' it is

important this does not lead to complacency, therefore real time inspections are very important.

- xi) What will CQC inspections look at and do care homes have to display their rating?

Members were advised care providers have to visibly display their CQC rating and certificate of registration, such as in their reception area. The inspections are very thorough, considering 5 different areas and take place over several days. They don't just look at care but include their auditing and recruitment processes. They also look at inspection history and even when care is good, if there has not been adequate improvement in back office functions, the CQC would rate a service as inadequate. Regardless of the rating, provided a home is registered, the decision to remain is ultimately the choice of the resident.

- xii) The report details the number of Section 42 decisions made in 24 hours as being 48%; has there been an improvement in the Quarter 1 figures?

The group were advised the Board is due to meet tomorrow, where the figures that will be presented has now increased to 89%. Case file audits were undertaken which showed that the problem was in the recording. Sometimes these delays are justifiable due to front-line employees working shifts and the information that is needed may not be available until the employee starts their next shift.

- xiii) The Member thanked the witnesses for the extensive report and asked if the committee can be reassured that every member of staff employed in a care home has had a Disclosure and Barring Service (DBS) check and appropriate training?

The committee were advised all agencies on the board comply with safer recruitment procedures and are confident in the challenge of this process. This includes the chair of the board having a DBS check. Providers are contractually obliged to have staff DBS checked at the point of recruitment as well as provide 2 references, 1 of which needs to be their most recent employer. We undertake routine audits of staff files and if an allegation is made we would audit a number of files including the person under suspicion, to ensure appropriate checks and documents are in place.

- xiv) P25 of the report identifies the importance of wider community involvement, including Healthwatch who are key in this. What is the role of Healthwatch on the board, do we need to widen community engagement and how long ago is the case study on work with the deaf community from?

Members were advised Healthwatch play an important role on the board as well as the community representative that attends. Work is ongoing to improve community involvement and the Board Manager is meeting with a number of local groups and agencies including Voluntary Action Barnsley (VAB), Healthwatch and our Equality Forums to make sure they have the information they need on safeguarding. Also to help ensure they are the eyes and ears of our communities and hold the Board and its partners to account for their work. The report was completed by a colleague who has now left BMBC; therefore we are not sure of the exact date of the case study.

- xv) Has the Board engaged with other local groups such as one at the college which is for Deaf people?

The group were advised if Members are aware of particular groups and organisations to make the Board aware of them so they can engage them in their work. The Board has a Communication Task and Finish Group which is looking at how we get information out to different groups and communities and how they can work with the Prince's Trust on this.

- xvi) The recent Crime Survey shows that fraud is higher than any other crime; old and vulnerable people are increasingly targeted therefore as part of the engagement strategy how are we making these people aware of scams such as fake phone calls from banks?

The committee acknowledged this as an issue for all ages and advised the more knowledgeable individuals are to this type of crime, the more unlikely they are to becoming a victim. There are a lot of national campaigns about this on TV; the Board publicised this during SAW and SYP have put out local information on this as well as other agencies. We need to make sure these are ongoing communications and not just one-off.

- xvii) In relation to the useful links on page 48, could the service consider creating a poster with these plus telephone numbers which Members could disseminate and display in local notice boards?

The Member of the committee was thanked for their suggestion.

- xviii) The attendance analysis for the safeguarding training detailed in the report, shows there were a considerable number of courses where there were no attendees from the partner agencies?

Members were advised the figures shown in the report are for the training that has been delivered by the Board; partner agencies such as the NHS and the police will undertake their own in-house training and these figures are not included. The Board tries to provide mainstream training which is suitable for the majority of agencies. Similarly, Care Homes commission some of their own training which we check on when we undertake inspections/audits.

- xix) Would it be possible to compile all the training in the different organisations so Members can see the full picture?

The group were advised each member of the Board submits a self-assessment form, which includes details of the training that has been undertaken in their organisation. The Board chair goes through these and questions compliance with training, which helps to reassure that appropriate training is being undertaken. The Board will consider how this information could be incorporated in the report. Difficulties also arise however in that some training may only need to be undertaken on a 3 year basis therefore does not show annually in the report. Members were also informed that the current training information doesn't explain which organisations need to have which training, for example NHS staff have to remain CQC compliant. Also, it's Audits that inform us how effective training is as sometimes less is more.



Members were advised of a number of training sources, including the Council's Workforce Development Team. Also that Barnsley Council is part of a South Yorkshire Group with Doncaster Council, Sheffield Council and SYP who contribute to providing a programme of training.

xx) Why is Rotherham Council not included in this joint training arrangement?

Members were advised Rotherham Council decided to come out of the South Yorkshire arrangements and commission their training externally. Barnsley however felt it was better value for money to stay in the partnership and have been able to source a variety of training provision including a number of free conferences, including one in September on modern slavery, MSP and financial abuse.

The Chair thanked all the experts for their attendance and helpful contribution, and declared this part of the meeting closed.

### **Action Points**

- 1) Information regarding the Single Point of Access Contact Details for Barnsley Adult Social Care to be circulated to OSC co-opted members.
- 2) Members to advise the Board if they are aware of any local groups/organisations they should be engaging with.
- 3) Board to ensure messages continue to be disseminated in relation to fraud prevention on an ongoing basis.
- 4) Service to consider creating a poster with useful links and telephone numbers which Members could disseminate and display in local notice boards in relation to Safeguarding.
- 5) Board to consider how all relevant training in different organisations could be included as part of the annual report.

## **22 Exclusion of Public and Press**

RESOLVED that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I, of Schedule 12A of the Local Government Act 1972, as amended as follows:-

Item Number	Type of Information Likely to be Disclosed
10	Paragraph 2

## **23 Children's Social Care Reports**

Members reviewed and provided challenge to Children's Social Care performance information in relation to early help assessments, contacts, referrals, assessments, section 47 investigations, child protection, looked after children, and caseloads. Witnesses gave further information on issues raised by the report submitted in response to questions from Members. During this meeting, Members were also given information on the establishment of Barnsley Children's Integrated Assessment & Investigation Service including a Multi-Agency Safeguarding Hub (MASH).

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