



AGENDA FOR THE AUDIT COMMITTEE AND AUDIT COMMITTEE (ADVISORY)

Members of the Audit Committee and Audit Committee (Advisory) are summoned to a virtual meeting to be held by Zoom on **28 July 2020 at 7.00 pm.**

Link to the meeting: <https://weareislington.zoom.us/j/95537523035>

Linzi Roberts-Egan
Chief Executive

Enquiries to : Mary Green
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Despatched : 20 July 2020

Membership

Councillor Nick Wayne (Chair)
Councillor Sue Lukes (Vice-Chair)
Councillor Anjna Khurana
Councillor Andy Hull
Alan Begg (Independent member)
Nick Whitaker (Independent member)

Substitute Members

Councillor Vivien Cutler
Councillor Mouna Hamitouche MBE
Councillor Sara Hyde
Councillor Flora Williamson

Quorum: is 3 Councillors



A. Formal Matters

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1. Apologies for absence
2. Declaration of substitute members
3. Declarations of interest

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a) Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

(b) Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

(c) Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

(d) Land - Any beneficial interest in land which is within the council's area.

(e) Licences- Any licence to occupy land in the council's area for a month or longer.

(f) Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

(g) Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

4. Minutes of previous meeting

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B. Items for Decision

1. Annual Governance Statement 2019 - 2020 5 - 34
2. The Investigatory Powers Commissioner's Office inspection update 35 - 42

C. Urgent non-exempt items

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

D. Exclusion of press and public

To consider whether, in view of the nature of the remaining item on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information procedure rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

E. Confidential/exempt items

1. The Investigatory Powers Commissioners Office inspection update - exempt appendices 43 - 46

F. Urgent exempt items (if any)

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next ordinary meeting of the Audit Committee and Audit Committee (Advisory) will be on 29 September 2020

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London Borough of Islington

Audit Committee and Audit Committee (Advisory) - 18 May 2020

Minutes of the meeting of the Audit Committee and Audit Committee (Advisory) held via Zoom on 18 May 2020 at 7.00 pm.

Present: **Councillors:** Nick Wayne (Chair), Sue Lukes (Vice-Chair), Andy Hull and Anjna Khurana

Independent member: Alan Begg

Councillor Nick Wayne in the Chair

122 APOLOGIES FOR ABSENCE (Item A2)

Received from Nick Whitaker.

123 DECLARATION OF SUBSTITUTE MEMBERS (Item A3)

None.

124 DECLARATIONS OF INTEREST (Item A4)

None.

125 MINUTES OF PREVIOUS MEETING (Item A5)

RESOLVED:

That the minutes of the meeting held on 28 January 2020 be confirmed as a correct record and the Chair be authorised to sign them.

126 APPOINTMENT TO PENSIONS SUB-COMMITTEE (Item A6)

RESOLVED:

That Councillor Satnam Gill be appointed to the Pensions Sub-Committee, to replace Councillor Andy Hull.

EXTERNAL AUDITOR REPORTS (Item B1)

Ade Oyerinde, Marc Chang and Paul Grady, representing Grant Thornton, were present.

In response to a question as to whether the auditors were confident that they would be able to produce the audit on time, Paul Grady stated that he was confident that, all being well, the final audit report would be produced before the deadline of November 2020.

A member of the Committee asked for a definition of the reference to "beacon properties" in the report. Paul Grady replied that it was a method of property valuation that did not involve the valuation of each property individually. The Director Service Finance said that he would circulate details to members of the Committee of the total number of beacon properties in Islington.

RESOLVED:

(a) That the contents of the report of the Director Service Finance and Acting Section 151 Officer, presenting Grant Thornton's external audit plan for the external audit of the Council and the Pension Fund for the year ending 31 March 2020, be approved.

(b) That the Annual Report 2019/20, appended to the report of Director Service Finance, be also approved.

(c) That the addenda reports on Grant Thornton's response to Covid-19 for both the Council and Pension Fund audits, be also noted.

(d) That information be circulated to members of the Committee on the total number of beacon properties in Islington.

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GENDER PAY GAP (Item B2)

The Acting Director of Human Resources introduced his report which detailed an analysis of the gender pay gap within the Council. He noted that: the Council's overall mean and median figures for gender showed a positive picture and that these reflected high levels of female representation in middle and senior management: in contrast to gender, pay gaps for BAME staff were larger and the Council was taking a range of actions to improve the progression and recruitment of BAME people into middle and senior grades, including a new management development programme: that through the Workforce Strategy, staff who had not as yet declared a disability would be encouraged to do so, so that action could be taken to provide them with access to the support that they needed at work.

The Committee discussed aspects of the recruitment and retention of BAME senior staff in the Council.

RESOLVED:

That the contents of the report of the Acting Director of Human Resources, detailing the analysis undertaken to compile information on gender pay gap in the Council, be noted.

129

NEXT STEPS ON STRATEGY AND CHANGE (Item B3)

The Director of Fairer Together, Strategy & Change, introduced her report, which detailed the work of the Strategy & Change Team in strengthening the Council's approach to project and programme management through the establishment of a Project Management Office, the findings of a review of the Project Management Office undertaken earlier this year and the new approach to Corporate Delivery to be rolled out from June, in line with the Council's new Target Operating Model.

She undertook to report back in September to share more detail of directorate and programme plans and the process for risk mitigation.

RESOLVED:

That the contents of the report detailing the work of the Strategy and Change Team be noted.

130 **2020-21 INTERNAL AUDIT PLAN (Item B4)**

Members noted that a number of audits had not been completed, although completion was geared to Q4. In response to questions from members about the sufficiency of resources in the Audit Team, the Head of Internal Audit, Investigations and Risk Management said that the Team was well resourced. An Audit Manager had been appointed and had taken up her post in April 2020. On the matter of whistleblowing complaint investigations, she noted that the length of investigation was due to the practicalities around these particular cases, rather than a resourcing issue.

RESOLVED:

That the 2020-21 Internal Audit Plan, detailed in the report of the Acting S151 Officer, be approved.

131 **WHISTLEBLOWING POLICY (Item B5)**

RESOLVED:

That the revised Whistleblowing policy at Appendix 1 to the report of the Acting S151 Officer, including section 1.3, matters in scope of the procedure and section 3.1, Audit Committee approval for the use of an external investigator, be approved.

132 **WHISTLEBLOWING MONITORING REPORT - 1 APRIL 2019 TO 10 FEBRUARY 2020 (Item B6)**

The Chair asked for written responses on various individual whistleblowing cases in the exempt appendix. Once a response had been received, this would be circulated to all members of the Committee.

RESOLVED:

- (a) That the contents of the report of the Acting S151 Officer, detailing whistleblowing referrals made between 1st April 2019 and 10th February 2020, in addition to referrals carried forward from previous years, be noted.
- (b) That written responses on various individual whistleblowing cases in the exempt appendix, raised by the Chair, be circulated to members of the Committee in due course.

133 EXCLUSION OF PRESS AND PUBLIC (Item)

RESOLVED:

That the press and public be excluded during consideration of the following items as the presence of members of the public and press would result in the disclosure of exempt information within the terms of Schedule 12A of the Local Government Act 1972, for the reasons indicated:

<u>Agenda item</u>	<u>Title</u>	<u>Reasons for exemption under Schedule 12A of the LGA 1972</u>
E1	Whistleblowing monitoring report - 1 April 2019 to 10 February 2020 – exempt appendix	<u>Categories 1, 2 and 7 – Information relating to any individual; Information which is likely to reveal the identity of an individual; and Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime</u>
E2	Next steps on Strategy and Change - exempt appendix	<u>Category 1</u>

134 WHISTLEBLOWING MONITORING REPORT - 1 APRIL 2019 TO 10 FEBRUARY 2020 - EXEMPT APPENDIX (Item E1)

Noted.

135 NEXT STEPS ON STRATEGY AND CHANGE - EXEMPT APPENDICES (Item E2)

Noted.

The meeting ended at 9.00 pm

CHAIR



Report of: Corporate Director - Resources

Meeting of	Date	Ward(s)
Audit Committee	28 th July 2020	All

Delete as appropriate		Non-exempt
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SUBJECT: Annual Governance Statement 2019-20

1. Synopsis

- 1.1. This report provides Committee with the Council's 2019-20 Annual Governance Statement (AGS). In accordance with Regulation 6 of the Accounts and Audit Regulations 2015, the Council is required to undertake a review its governance framework and publish an AGS as part of the Statement of Accounts.
- 1.2. The purpose of the AGS process is to provide a continuous review of the Council's governance framework, to provide assurance on its effectiveness and, where applicable, produce an action plan to address weaknesses identified. The process of preparing the AGS adds value to the corporate governance and internal control framework.
- 1.3. This report is intended to support the Committee in obtaining assurance that the Council has a sound framework of governance, risk management and internal control.

2. Recommendations

- 2.1. To approve the Annual Governance Statement at Appendix A;
- 2.2. To authorise the Corporate Director - Resources, in consultation with the Chair of Audit Committee, to approve minor amendments to the Annual Governance Statement to reflect any post balance sheet events predominantly related to Covid-19, prior to the signing of the final statement of accounts; and
- 2.3. To note that officers will report back on any amendments made to the Annual Governance Statement at a subsequent Audit Committee together with a copy of any amended version of the Annual Governance Statement for the Committee's information.

3. Background

- 3.1. As in previous years, the production of the AGS has been led by the Head of Internal Audit, with contributions received from key officers across the Council including Law, Finance, Strategy, People, Housing, and Environment and Regeneration. The Council's Corporate Management Board (CMB) reviewed the AGS on 12th May 2020. The Chief Executive and Leader will sign the AGS following approval by the Audit Committee and once adjustments have been made as outlined in the recommendations at section 2 above.
- 3.2. The 2019-20 AGS follows the guidelines encompassed in the CIPFA/SOLACE 'Delivering Good Governance in Local Government' framework (2016).
- 3.3. Section 3 of the AGS aligns with Chapter 7 of the CIPFA/SOLACE framework, which lists the key elements of the structures and processes that should comprise an authority's governance arrangements.
- 3.4. In line with the framework, the AGS is an assessment of the Council's performance across all of its activities and describes:
- the key elements of the Council's governance arrangements, covering all corporate systems and the range of activities for which the Council is responsible (Section 3),
 - the processes applied in reviewing the effectiveness of the Council's governance framework, including the system of internal control (Section 4),
 - other areas of assurance and governance (Section 5),
 - the actions proposed to deal with any significant governance issues identified (Section 6).
- 3.5. While not published, it is worth noting that, since 2016-17 a self-assessment underpins the AGS. The self-assessment is prepared in accordance with the CIPFA/SOLACE Delivering Good Governance Guidance notes. The self-assessment is a useful tool as it allows authorities to assess how far their processes and documentation meet the criteria suggested in the CIPFA/SOLACE framework.
- 3.6. The governance framework described in the AGS has been in place at the Council for the year ended 31 March 2020.

4. Covid-19

- 4.1. The AGS has been updated to include a Covid-19 section at paragraph 6.2, which reflects the Council's response to Covid-19 and subsequent governance arrangements. The statement was also shared with the Council's External Auditors, who reviewed the statement and provided comments.
- 4.2. The governance framework described in the AGS must be in place for the year ending 31 March 2020, and prepared in accordance with proper accounting practices. Following the advice of the Council's External Auditors, additional updates may need to be made to the AGS to reflect post balance sheet events related to Covid-19. These amendments are expected to be minor. The Committee is therefore asked to authorise the Corporate Director - Resources, in

consultation with the Chair of Audit Committee, to approve any amendments to the AGS to reflect any post balance sheet events predominantly related to Covid-19, prior to the signing of the final statement of accounts. Any amendments made will be reported to the next Audit Committee.

5. Implications

5.1. Financial implications

A sound system of internal controls forms a significant part of the governance framework and is essential to underpin the effective use of resources.

5.2. Legal Implications

Regulation 6 of the Accounts and Audit Regulations 2015 requires the Council to conduct an annual review of its system of internal control and, following the review, the Council must approve an Annual Governance Statement, prepared in accordance with proper practices in relation to internal control, before approving the statement of accounts.

5.3. Environmental implications

There are no environmental implications arising from the recommendations in this report.

5.4. Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed because the decision currently being sought does not have direct impacts on residents.

6. Reason for recommendations

The Annual Governance Statement, attached at Appendix A, reports on the Council's governance arrangements and control environment, and forms part of the Statement of Accounts.

Appendices:

Appendix A – Draft 2019-20 Annual Governance Statement

Final report clearance:

Signed by:

Dave Hodgkinson – Corporate Director – Resources



Date: 13 July 2020

Report Author: Nasreen Khan, Head of Internal Audit, Investigations and Risk Management

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REPORT ENDS

London Borough of Islington

2019-20 Draft Annual Governance Statement

1. Scope of responsibility

- 1.1.** Islington Council is responsible for ensuring that its business is conducted in accordance with the law and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively. Additionally, the Council has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.
- 1.2.** In discharging this overall responsibility, the Council is responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk. The Council has approved and adopted a code of corporate governance which is consistent with the seven principles of the CIPFA/SOLACE framework Delivering Good Governance in Local Government 2016. A copy of the code is on our website, included in the Council's Constitution.
- 1.3.** This statement explains how the Council has complied with the code and also meets the requirements of Regulation 6 (Part 2) of the Accounts and Audit Regulations 2015 in relation to the publication of an Annual Governance Statement. In line with the CIPFA/SOLACE framework, this statement is "an open and honest self-assessment" of the Council's performance across all of its activities and:
 - Describes the key elements of the Council's governance arrangements, covering all corporate systems and the range of activities for which the Council is responsible;
 - Describes processes applied in reviewing their effectiveness, and
 - Lists actions proposed to deal with significant governance issues identified.

2. The purpose of the governance framework

- 2.1.** The governance framework comprises the systems, policies, processes, culture and values by which Islington Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Authority to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective services.
- 2.2.** The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the

risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

- 2.3. The governance framework described in this document has been in place at Islington Council for the year ended 31 March 2020 and up to the date of approval of the Statement of Accounts.

3. The governance framework

This section describes the key elements of Islington Council's governance arrangements.

3.1. ***Developing codes of conduct which define standards of behaviour for members and staff, and policies dealing with whistleblowing and conflicts of interest and ensuring that these codes and policies are communicated effectively.***

- 3.1.1. The Council expects the highest standard of conduct and behaviour from all its Members and officers. Responsibility for promoting, developing and maintaining these high standards lies with the Audit Committee, supported by the Standards Committee. The Standards Committee is responsible for considering complaints regarding alleged breaches of the Members' Code of Conduct. The Audit Committee receives an annual report on Member conduct. In accordance with the Localism Act 2011, the Council has appointed Independent Persons who have statutory functions in relation to the process for dealing with complaints of breach of the Code.
- 3.1.2. Part 6 of the Constitution contains the revised Members Code of Conduct, which sets out the rules for registering and declaring interests; it also includes protocols on Member/Officer Relations, Financial Regulations and Procurement Rules, and the Members Call for Action.
- 3.1.3. Part 7 of the Constitution contains the Members' Allowance Scheme, which includes details on Members' eligible expenses. The scheme is reviewed annually taking into account advice and recommendations of the London Council's Independent Remuneration Panel.
- 3.1.4. An Employee Code of Conduct is reviewed, revised and publicised to staff.
- 3.1.5. The Council has established a whistle blowing policy in accordance with the requirements of the 1998 Public Interest Disclosure Act. This forms part of the Council's Anti-Fraud Policy. The Audit Committee reviews and updates the whistle blowing policy and receives a report concerning whistleblowing bi-annually. The updated policy was approved by Audit Committee on 31 January 2019.

- 3.1.6. The whistle blowing policy is publicised to staff via the corporate induction process, internal newsletters and on the Council's intranet and internet sites. The policy encourages employees to report inappropriate action by other employees, Members and external Council contractors, without fear of victimisation or retribution. Whistle blowing referrals are promptly investigated by Internal Audit, where appropriate, after initial referral to the Head of Internal Audit.
- 3.1.7. The Council has a formal two-stage process for managing complaints. Our aim is to ensure that when things go wrong, we respond quickly to put things right. The process is set out on the Council's website and copies are available from the Central Complaints Team.
- 3.1.8. The Council has a Corporate Complaints Team responsible for the overall management of complaints. Its aim is to ensure the Council learns and improves its performance as a result of customer feedback. Departmental Complaints Officers record and report on all complaints, and the service response is monitored.
- 3.1.9. Customers and residents who are dissatisfied with how the Council has dealt with a complaint can contact the Local Government and Social Care Ombudsman or the Housing Ombudsman; an independent, impartial and free service. The Ombudsman has powers to independently investigate complaints about how the Council has acted.

3.2. *Ensuring compliance with relevant laws, regulations, internal policies and procedures, and that expenditure is lawful.*

- 3.2.1. The Council's Personnel Sub-Committee is responsible for the appointment (save on an interim basis) of Corporate Directors, Service Directors, statutory chief officers and for making a recommendation to Council on the appointment of the Chief Executive. The committee is comprised of both members of the Executive and back-bench members of the Council and appointments are made in accordance with the Recruitment Protocol. The members of the Personnel Sub-Committee participate in some of the preliminary decisions prior to the formal meetings of the committee, such as longlisting, and have an important role in helping to shape the recruitment process.
- 3.2.2. In accordance with the Officer Employment Rules in Part 4 of the Council's Constitution, the appointment and dismissal of non-chief officers will be discharged by the Chief Executive or the Corporate Director of the department in which that officer is employed. The Chief Executive and Corporate Directors may delegate this function to Service Directors, Heads of Service and Service Managers in their department.
- 3.2.3. A new Chief Executive started in post at the Council in September 2019 and a new Corporate Director of Resources began in April 2020.

- 3.2.4. Chief Officers are responsible for ensuring that their staff operate in accordance with human resources policies, and the Code of Conduct for Employees promote high standards of behaviour and are reinforced by appropriate training. As well as providing legal support on specific projects and issues, the Council's Legal Service provides proactive updates, training and advice to Chief Officers, staff and Members on new legislation and case law developments and changes to existing legislation and regulations. All decision making reports to the Council, its Committees and the Executive include appropriate legal implications. Legal Services also provide legal implication comments for reports to Chief Officers and to meetings of the Corporate Management Board. A representative of the Service attends all Council, Executive, Planning and Licensing meetings and other meetings when requested.
- 3.2.5. The Internal Audit service produces an annual plan, which identifies key strategic and operational risks facing the Council and sets out a programme of work designed to provide assurance to the Section 151 Officer, Management and Members that the Council complies with relevant laws, regulations, internal policies and procedures. All internal and external audit reports are available to the Audit Committee, which also receives an annual report on the primary risks facing the Council.

3.3. Documenting a commitment to openness and acting in the public interest.

- 3.3.1. The Council's Constitution, through the Local Code of Corporate Governance sets out the Council's commitment to:
- Focus on the purpose of the authority and on outcomes for the community;
 - Work effectively with officers to achieve a common purpose, whilst understanding the clearly defined different functions and roles;
 - Promote the values of the authority and demonstrate the values of good governance by upholding high standards of conduct and behaviour;
 - Take informed and transparent decisions which are subject to effective scrutiny;
 - Develop their own capacity and capability;
 - Engage with local people and other stakeholders.
- 3.3.2. The Council also sets out its commitment to Freedom of Information and Environmental Information Regulations in its Access to Information Policy. The Council sets out its commitment to complying with Individual Rights, as set out in the General Data Protection Regulation, in the Individuals Rights Policy.
- 3.3.3. A comprehensive Data and Information Management policy suite is in place to ensure staff are aware of their obligations to keep personal data secure. All staff are also briefed on Data Protection and Information Governance responsibilities via 'pop-up' training, and must complete two

mandatory eLearning courses on GDPR and data handling.

3.3.4. The Council has an Information Asset Register and a Record of Processing Activity in place to ensure that it manages its information and identified and mitigates any risks efficiently.

3.3.5. The Information Commissioner's Office (ICO) carry out compulsory audits or ask organisations to participate in a 'consensual' audit. The Council participated in a consensual audit by the ICO in 2015. The Council are required by law to refer data breaches to the ICO where they meet the threshold for reporting. The Council reported two incidents in 2019-20 and both were closed with no further action as the ICO were satisfied with the remediation actions undertaken by the council. Individuals are also entitled to escalate complaints to the ICO, these arise either from a Freedom of Information (FOI) or Data Protection (DP) concern (late/incomplete subject access request, alleged data breach etc). The ICO can issue a decision notice in response to an FOI complaint (this can be for or against the council). The ICO can also issue practice recommendations or fines in relation to breaches of DP legislation (e.g. breach of data or another breach of legislation such as failing to respond to a subject access request in one month). The council have had no decision notices or practice recommendations issued in 2019-20.

3.4. *Establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation.*

3.4.1. The Council regularly engages and consults with residents and the wider community on a diverse range of issues. Various communication channels are used, including council websites, email, social media channels, public meetings and the quarterly magazine delivered to residents. In 2014, 2015, 2017 and again in 2018, a survey of 1,000 residents was undertaken to test perceptions of the Council, its services, and the priorities for residents. The findings are used to shape policy and communications.

3.4.2. Through its Fairer Together programme, the council has established channels of communication with different sections of the community, enabling community groups and voluntary sector organisations to co-develop our aspirations for a fairer Islington with collaboration and partnership between different community stakeholders. This work, will build on our Voluntary and Community Sector Strategy 2016-2020 to support the development of a strong, vibrant and resilient voluntary and community sector.

3.4.3. The council facilitates a number of networks with community partners in particular for voluntary sector organisations and faith communities working to promote equalities outcomes for communities with protected characteristics. This is supplemented by an annual programme of

community and equality events delivered in partnership with the borough's voluntary and community sector.

- 3.4.4. Under the communications banner of 'We Are Islington' the council has worked with an extensive variety of community organisations to establish a cross-community celebrating Islington Festival delivered by a consortium of equality networks and advice, engagement and support for EU Nationals affected by Brexit.
- 3.4.5. An annual Voluntary and Community Sector Conference, delivered in partnership with Voluntary Action Islington, provides an opportunity for engagement with a wide number of local organisations that work closely with some of the most vulnerable residents.
- 3.4.6. Through its VCS Partnership Grants Programme, the Council has made commitments of £2.7 million per annum until March 2020 to 49 voluntary and community sector organisations. This includes £1.414 million for advice services (including Islington Law Centre, Citizens Advice Bureau, Islington People's Rights and Help on Your Doorstep advocacy service), £220,000 to borough-wide infrastructure partners and networks, £395,000 to delivery partners, £597,000 to community hubs and £35,000 for a borough-wide volunteering offer.
- 3.4.7. Alongside this, the council runs small grants programmes, including the Islington Council Community Chest fund and Local Initiatives Fund which facilitate clear communication channels with all sections of the community and promote and enable community resilience.
- 3.4.8. Council meetings are open to the public; the only exception is for agenda items that are confidential. The time, date and location of public meetings are displayed on the Islington website.
- 3.4.9. Ward partnership meetings provide a means for councillors to engage with residents and organisations in their ward to discuss local issues. Those meetings are open to the public.

3.5. *Developing and communicating a vision which specifies intended outcomes for citizens and service users and is used as a basis for planning and translating the vision into courses of action for the authority, its partnerships and collaborations.*

- 3.5.1. The central aim of the Council's Administration is to make Islington a fairer place. In 2010, the Council set up a Fairness Commission which explored inequalities for residents and set out recommendations for a fairer Islington. This was followed in 2014 by a second commission – the Employment Commission – looking at how to tackle unemployment, a key driver in the poverty and inequality in Islington. In 2016/17, the Council set up a Fairer Futures Commission looking at young people's experience of growing up in Islington.

3.5.2. The Council's priorities to achieve its vision of a fairer Islington are set out in 'Building a Fairer Islington' our Corporate Plan for 2018-22.

3.5.3. The council's seven key priorities are:

- **Homes** - Delivering decent and genuinely affordable homes for all
- **Jobs and Money** – Delivering an inclusive economy, supporting people into work and helping them with the cost of living
- **Safety** – Creating a safe and cohesive borough for all
- **Children and young people** – Making Islington the best place for all young people to grow up
- **Place and environment** – Making Islington a welcoming and attractive borough and creating a healthier environment for all
- **Health and independence** – Ensuring our residents can lead healthy and independent lives
- **Well run council** – Continuing to be a well-run council and making a difference despite reduced resources

3.5.4. These priorities and the intended outcomes have been communicated to staff, residents and service users in newsletters, on the Council's website (www.islington.gov.uk) and through a variety of other media. The Council also uses large print and translated documents to make the information accessible.

3.5.5. In enabling a clear focus on key priorities for Corporate Management Team for the year ahead, the council drafted a delivery plan to feed into the corporate plan. This document set out key ambitions, priorities and deliverables for the council in 2020. This is now being refreshed in line with the changing context in light of Covid-19.

3.5.6. The Council uses feedback from surveys and complaints in its commissioning strategies and actively engages with service users and carers to co-produce plans for service development and service change.

3.6. *Reviewing the effectiveness of the decision-making framework, including delegation arrangements, decision-making in partnerships, information provided to decision makers and robustness of data quality.*

3.6.1. Part 3 of the Council's Constitution sets out the bodies or officers that are responsible for discharging the Council's executive and non – executive functions. The terms of reference of these bodies are set out in Part 5 of the Constitution. These include specific responsibilities for ensuring the Council has effective governance arrangements in place.

3.6.2. The Council's functions may lawfully be exercised by:

- Council;
- The Executive;
- The Leader;
- Individual members of the Executive (although only in very limited circumstances in Islington);

- Individual Ward Members (although not currently in Islington as the Council has not decided to delegate any such powers);
 - Committees and Sub-Committees of the Council or the Executive;
 - Joint Committees;
 - Officers, and
 - Other persons authorised under specific legislation.
- 3.6.3. The Executive is made up of the Leader of the Council and seven Executive members. The Executive is responsible for the Council's most significant decisions, which are made in line with Council policy and budget. Its functions and terms of reference are set out in Parts 3 and 5 of the Constitution. Executive agendas, minutes and summaries of decisions are available on the Council website.
- 3.6.4. Decision making arrangements are set out in the Constitution. The Council operates a Leader and Cabinet (Executive) model of decision making. Although some decisions are reserved for full Council, most are made by the Executive or by Committees, Sub-Committees or officers. The limited powers delegated to individual portfolio holders are set out in the Constitution as is the process should the Leader decide to exercise any Executive functions personally. In accordance with the Local Government Act 2000, the Council has mechanisms in place to allow the effective, independent and rigorous examination of the proposals and decisions by the Executive. These mechanisms involve the overview and scrutiny process, call-in and question time. The conduct of the Council's business is governed by the Constitution.
- 3.6.5. The Constitution includes formal delegation of responsibility and accountability, the Council's Procurement Rules and Financial Regulations. The Monitoring Officer and Section 151 Officer have overall responsibility for ensuring that standing orders, standing financial instructions, the scheme of delegation and supporting material are up to date and clearly communicated.
- 3.6.6. The Executive is responsible for the implementation of policy and ensuring the effectiveness of service delivery. The scrutiny function supports effective decision making and policy development by the Executive. The Policy and Performance Scrutiny Committee and Review Committees are responsible for overseeing a targeted work programme that can help support service improvement through an in-depth investigation of poor performance and the development of an effective strategy/policy framework for the Council and its partners. This includes consideration of medium term financial strategy. The Policy and Performance Scrutiny Committee and Review Committees are the scrutiny bodies responsible for monitoring the performance of the Council and its partners in relation to their stated policy and priorities.
- 3.6.7. All formal meetings are clerked by well-trained and experienced Democratic Services Officers and lawyers are present when appropriate to provide advice on law and constitutional procedure. Members are

required to make sound decisions based on written reports, which are prepared in accordance with the Council's report writing guidelines, and have to be cleared by relevant officers including Finance and Legal Services and by portfolio holders. Reports must address the impact on residents, including equalities impact and environmental impact, together with financial and legal implications and risks.

3.7. *Measuring the performance of services and related projects and ensuring that they are delivered in accordance with defined outcomes and that they represent the best use of resources and value for money.*

3.7.1. The Council has in place a robust Performance Management Framework to ensure effective delivery of services and priorities. Elements are:

- Corporate Performance Indicator Suite – performance measures covering key services, priorities and equalities objectives;
- Internal monitoring and challenge around performance and delivery through Departmental Management Teams, Corporate Management Board and (with Executive Members) through Political Leadership Meetings and Joint Board;
- Performance reporting to scrutiny committees, including more in depth scrutiny of specific topics;
- Public reporting and scrutiny through quarterly reports to scrutiny committees, including more in depth scrutiny of specific topics; and
- Overall monitoring of corporate performance through the Policy and Performance Scrutiny Committee.

We are currently developing a suite of measures that will help us monitor the impacts and response to COVID-19. These will either replace or sit alongside existing corporate performance measures. Arrangements for internal and public reporting are also being drawn up.

3.7.2. Copies of performance reports to the council's five scrutiny committees can be found on the Council website in the Democracy section of the website.

3.8. *Defining and documenting the roles and responsibilities of members and management, with clear protocols for effective communication in respect of the authority and partnership arrangements.*

3.8.1. The Council's Constitution sets out how the Council operates, how decisions are made transparently, and how the Council demonstrates its accountability to residents and local businesses.

3.8.2. The Constitution also sets out the roles and responsibilities of the Executive, other member level decision making bodies and officers. A Publicity Protocol governing Members' and Committees' communication is set out in Part 6 of the Constitution; compliance with this is supported by a specialist Communications Team.

3.8.3. The Constitution is updated at least annually to reflect any internal or legislative changes. Key amendments coming into effect in 2019/20 included an update to the Terms of Reference of Personnel Sub Committee, and updates to the Members Allowance Scheme, the Procurement Rules and clarification of the delegations in relation to decisions about council owned property.

3.9. Ensuring that financial management arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2016) and ensuring that assurance arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2019).

3.9.1. The Interim Corporate Director of Resources and the S151 officer were responsible for leading and directing financial strategy and operations for 2019-20. These officers were responsible for:

- Ensuring lawfulness and financial prudence of decision-making;
- Reporting to full Council (or to the Executive if the matter to which the report relates is an Executive function) and the Council's external auditor if they consider that any proposal, decision or course of action will involve incurring unlawful expenditure; or is unlawful and is likely to cause a loss or deficiency; or if the Council is about to enter an item of account unlawfully, and
- Providing advice on the scope of powers and authority to take decisions, maladministration, financial impropriety, probity and budget and policy framework issues to Members.

3.9.2. The Head of Internal Audit gives an objective based opinion on all aspects of governance, risk management and internal control, and reports quarterly to the Audit Committee.

3.9.3. The Corporate Governance Group meets at regular intervals to discuss and monitor compliance with corporate systems of internal control, data security and governance issues. The group includes the Corporate Director of Resources , the Director of Law and Governance (the Council's Monitoring Officer) and the Head of Internal Audit. Representatives from each department are also included in the membership of this group.

3.10. Ensuring effective arrangements are in place for the discharge of the monitoring officer function.

3.10.1. The roles and responsibilities in respect of the democratic process are set out in detail in the Constitution. The Director of Law and Governance is responsible, as Monitoring Officer, for:

- Maintaining and keeping under review the Constitution (setting out in particular the bodies and post holders able to exercise the

- Council's functions, and the code of conduct for members) and making this widely available to Councillors, officers and the public.
- Holding an up-to-date list of authorisations issued by the Directors to other officers under Part 3, paragraph 8.6 and Appendix 3 of the Constitution, authorising other officers to exercise functions delegated to them under the Constitution.
 - Reporting to full Council (or to the Executive if the matter to which the report relates is an Executive function) if they consider that any proposal, decision or omission has given, may or would give rise to unlawfulness or has given rise to any maladministration which has been investigated by the Ombudsman.
 - Contributing to the promotion and maintenance of high standards of conduct through provision of support to the Standards Committee and by maintaining a Register of Interests of Councillors and voting co-opted members of the Council.
 - Receiving and acting on complaints that a member has breached the Islington Members' Code of Conduct.
 - Advising whether decisions of the Executive are in accordance with the Policy Framework and the Budget.
 - Advising Councillors on the scope of powers and authority to take decisions, maladministration, financial impropriety, probity and budget and policy framework issues.

3.11. *Ensuring effective arrangements are in place for the discharge of the Head of Paid Service function.*

3.11.1. The Chief Executive is the Head of Paid Service and works closely with elected members to deliver the following:

- Leadership: working with elected members to ensure strong and visible leadership and direction, encouraging and enabling managers to motivate and inspire their teams.
- Strategic direction: ensuring all staff understand and adhere to the strategic aims of the organisation and follow the direction set by the elected members.
- Policy advice: acting as the principal policy adviser to the elected members of the Council to lead the development of workable strategies which will deliver the administration's objectives.
- Partnerships: leading and developing strong partnerships across the local community to achieve improved outcomes and better public services for local people.
- Operational management: overseeing financial and performance management, risk management, people management and change management within the Council.

3.12. *Providing induction and identifying the development needs of members and senior officers in relation to their strategic roles, supported by appropriate training.*

- 3.12.1. The Council is committed to the on-going professional development of Members and officers. Upon election, all Members are provided with a corporate induction and offered access to an on-going training and development programme. Details of all training provided to Members is reported to Audit Committee annually and was last reported on 2 September 2019.
- 3.12.2. Since the local elections in May 2018, training and development has been provided to Councillors on both a group and individual basis. There is an ongoing development programme with a number of dates scheduled for planned training each year. This has included personal development skills based work as well as specific knowledge. Councillors have also attended various conferences and away days as well as specific events put on by the LGA and London Councils.
- 3.12.3. In 2019-20, the Council moved from an annual performance appraisal model to a Quality Conversations approach to employee performance management. This approach will ensure that meaningful conversations take place between managers and employees as regularly as required to manage and improve personal and organisational performance, to build trusting relationships and that the Council's employees the right skills and behaviours to help achieve success.
- 3.12.4. New employees attend the Council's corporate induction programme, in addition to which directorate and role specific training is provided where needed. Information on staff training, development programmes and courses available are regularly publicised on the Council's intranet website, IC Bulletin and News Roundup, which includes an induction training course for all new Islington staff and Managers. There is compulsory training for staff on key issues such as equality, data security and health and safety.

3.13. *Reviewing the effectiveness of the framework for identifying and managing risks and for performance and demonstrating clear accountability.*

- 3.13.1. The Council continues to make efforts to improve the risk maturity of the organisation and move towards a more risk aware culture by embedding risk management into business as usual practices. During 2019, a number of targeted risk management training sessions were held to help improve risk management knowledge in key areas (such as Strategy, Resources and People). A review of the risk management framework is planned for the coming year to ensure the framework remains fit for purpose and supports the council in the pro-active identification, assessment, control and reporting of risks.
- 3.13.2. The Council's Principal Risk Report is reviewed and updated annually and presented to the Audit Committee. The process is led by the Council's Risk Manager and Head of Internal Audit, in consultation with risk owners, Directorate Managements Teams (DMTs) and the Corporate Management Board (CMB).

3.13.3. The work of Internal Audit, in accordance with their Annual Audit Plans, continues to be directed towards the high-risk areas as identified within the Principal Risk Report and local risk assessments.

3.14. *Ensuring effective counter fraud and anti-corruption arrangements are developed and maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).*

3.14.1. The Council's Anti-Fraud Strategy incorporates promotes a zero tolerance approach to fraud and incorporates the Council's fraud response plan. The Council's whistleblowing policy provides a mechanism for suspected fraud to be reported confidentially.

3.14.2. The Head of Internal Audit has overall responsibility for anti-fraud related activity and reports outcomes of whistleblowing investigations bi-annually to the Audit Committee.

3.14.3. Completed anti-fraud work in 2019-20 produced reports in a number of areas with recommendations to strengthen controls and further mitigate fraud risk.

3.14.4. The Council participates in the National Fraud Initiative. The Council has also participated in the CIPFA Counter Fraud Hub pilot to explore options for better use of data across London.

3.15. *Ensuring an effective scrutiny function is in place.*

3.15.1. The Policy and Performance Scrutiny Committee and the theme based scrutiny committees enable Councillors to scrutinise the performance of the Council and its partners and decisions made by the Executive.

3.15.2. Scrutiny Committees have responsibility for overseeing performance of the service area within their remit. There are four Scrutiny Committees, closely aligned with Council departments as follows:

- Children's Services Scrutiny Committee;
- Health and Care Scrutiny Committee (to cover Public Health and Adult Social Care);
- Environment and Regeneration Scrutiny Committee, and
- Housing Scrutiny Committee.

3.15.3. Policy and Performance Scrutiny Committee acts as the Scrutiny Committee for those areas not covered above i.e. Crime, Employment, Finance and Resources and is initially responsible for all Councillor Calls for Action.

3.15.4. Each Executive Member is required to report annually to the relevant scrutiny committee on delivery of services and priorities within their portfolio. The Executive Member is accompanied by the relevant

Corporate Director. Details are set out in the performance management framework.

3.15.5. Accountability and effectiveness of other service providers is addressed through relevant partnership arrangements, including the Safer Islington Partnership, Children and Families Board and the Health and Wellbeing Board.

3.15.6. The Council's scrutiny committees can undertake more in-depth research into particular challenges or concerns, and request evidence from other service providers and external organisations.

3.16. *Undertaking the core functions of an audit committee, as identified in Audit Committees: Practical Guidance for Local Authorities (CIPFA, 2018).*

3.16.1. The Audit Committee's terms of reference are set out in Part 5 of the Constitution and are in accordance with recommendations from CIPFA. Its key responsibilities include approval of the annual Internal Audit work plan, review and approval of the annual Statement of Accounts and monitoring the effectiveness of the Council's corporate governance activities and promoting high standards of member conduct.

3.16.2. The Committee meets on at least a quarterly basis. Since its inception, it continues to review and report on the Council's auditing processes, with particular regard for performance, value for money, and governance issues. The Committee includes independent members.

3.16.3. The Audit Committee and its two Sub-Committees deal with a range of matters including Council accounts and audit functions, personnel and pension functions.

3.16.4. The regular training of the Audit Committee's members helps ensure the Committee is able to effectively discharge its responsibilities.

3.16.5. The Audit Committee has independent members suitably qualified and trained to support the committee in an advisory capacity.

3.17. *Ensuring that the authority provides timely support, information and responses to external auditors and properly considers audit findings and recommendations.*

3.17.1. Internal Audit assesses the level the implementation of audit recommendations and reports bi-annually to CMB and the Audit Committee. The External Audit is factored into the work plan of the Resources Directorate and adequate resources are devoted to this. Information needed by the External Auditors is provided promptly and the Council remains in regular dialogue with the External Auditors throughout the year.

3.18. *Incorporating good governance arrangements in respect of partnerships and other joint working and ensuring that they are reflected across the authority's overall governance structures.*

- 3.18.1. The Council works in partnership with a wide range of organisations from the statutory sector, third sector and business sector to deliver services for local people and drive forward improvements in Islington. Partnership working includes different types of relationships – from contractual arrangements between the Council and other organisations to deliver services or projects through to strategic forums (some of which are required by statute, others voluntary) which bring partners together around the table to agree how best to tackle key challenges and shared priorities. Some have funding to allocate and targets to meet, others provide a steer to inform individual partners' priorities and commissioning.
- 3.18.2. Governance arrangements vary depending on the nature of partnership working but are designed to ensure that the partnership remains appropriate, effective and fit for purpose. In addition, the Council's Financial Regulations provide guidance on best practice in managing partnership arrangements.
- 3.18.3. Where the relationship is a contractual one i.e. funding to deliver an agreed service, the contract or service level agreement will set out requirements around use of funding, what is to be delivered, targets, measurable outputs and how the contract is to be monitored, reviewed and evaluated. Contracts and budgets are managed by the relevant department with the Corporate Director having overall responsibility.
- 3.18.4. Where the relationship is a strategic one, for instance membership of a partnership such as the Safer Islington Partnership, the Terms of Reference will set out governance and accountability arrangements.
- 3.18.5. Generally speaking, most partnerships and forums are not legal entities - partners are there on a voluntary basis and the Council is usually the formal accountable body in terms of any targets or funding that falls within the remit of the partnership.
- 3.18.6. Where a partnership is a mandatory requirement, e.g. the Safer Islington Partnership and Children's Trust Boards, there will be an expectation set out in legislation on named partners to attend. Even in the case of non-mandatory partnerships such as the Children and Families Board or the Islington Partnership Board, partners may agree 'mandatory' membership from key organisations.
- 3.18.7. Over the past decade, the Council has worked closely with its partners through the Islington Partnership Board (IPB). The IPB discusses priorities for the borough, shares information about key issues affecting individual organisations and agrees joint working arrangement for cross

cutting challenges such as youth unemployment and welfare benefit reforms.

3.18.8. Where the partnership involves sharing data then either a contract or an Information Sharing Agreement will be in place.

3.18.9. The Health and Wellbeing Board, which includes membership from the Council, Islington Clinical Commissioning Group and Healthwatch Islington provides the mechanism for leadership of the local health and wellbeing system, maintaining an overview of account for improvement in health and wellbeing outcomes, and ensuring effective coordination and integration of commissioning plans to secure best use of resources and population health outcomes.

4. Assurance

4.1 Review of Effectiveness

4.1.1. Regulation 6 of Part 2 of The Accounts and Audit Regulations 2015 requires that relevant bodies conduct, at least once in each year, a review of the effectiveness of the system of internal control. The findings of the review must be considered by the body to ensure that it has the system of internal control required by Regulation 3.

4.1.2. The Council has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of effectiveness is informed by the work of the executive managers within the authority who have responsibility for the development and maintenance of the governance environment, the Head of Internal Audit's annual report, the Council's self-assessment (as per 4.2 below) and also by comments made by the external auditors and other review agencies and inspectorates.

4.2. Self-assessment

4.2.1. In line with section 5 of the CIPFA/SOLACE Delivering Good Governance in Local Government 2016 (guidance notes), the Council holds a comprehensive self-assessment which details the Council's effectiveness in applying principles of good governance in practice.

4.2.2. The self-assessment, having been completed for the first time in 2016-17 by key officers across the Council; has been annually updated since. The self-assessment indicated that the Council had achieved a sound level of implementation of good governance principles in a number of areas, with some areas requiring improvement. Directorate level self-assessments were also completed in-year.

4.3. External Audit and Inspectorates

4.3.1. The annual external audit of the Statement of Accounts has consistently produced an unqualified opinion with little or no material or immaterial

adjustments. The same also applies to the audit of grant claims and returns.

- 4.3.2. Adult Social Care is subject to a regular Peer Review which functions as an external audit of departmental effectiveness. This is coordinated by London ADASS and the LGA and carried out by peers from other London Authorities.
- 4.3.3. Adult social care reablement and residential services are subject to statutory Care Quality Commission regulation and inspection.
- 4.3.4. Children's Services are subject to the statutory inspection regime from Ofsted, which found the service to be outstanding in March 2020.

4.4. Internal Audit

- 4.4.1. The Public Sector Internal Audit Standards (PSIAS) require that the Head of Internal Audit provides an annual audit opinion and report that can be used by the organisation to inform its governance statement.
- 4.4.2. The Internal Audit plan is developed using a risk-based approach. Internal Audit provide assurance on the actions to mitigate key potential risks through delivery of the audit plan.
- 4.4.3. The audit plan is delivered by the in-house team across the Shared Internal Audit Service (with LB Camden) and a co-sourced partner. The full summary of the work that Internal Audit has undertaken during the 2019-20 financial year, will be provided in the 2019-20 Internal Audit Annual Report to the Audit Committee.
- 4.4.4. Audit recommendations made in 2019-20 will be scheduled for follow up in 2020-21 to ensure that management action has been implemented within agreed timescales. This will provide senior management and the Audit Committee with a direction of travel in the internal control environment across the Council and will identify areas where further improvement is required.

4.5. Head of Internal Audit's Annual Opinion

- 4.5.1. The Head of Internal Audit's annual opinion categories range from No Assurance, Limited Assurance, and Moderate Assurance to Substantial Assurance. The annual opinion given for 2017-18 and 2018-19 was Moderate Assurance.
- 4.5.2. The work undertaken during 2019-20 has enabled the Head of Internal Audit to form a reasonable conclusion on the Council's control framework, risk and governance arrangements. For the year ended 31st March 2020, the Head of Internal Audit's opinion is that the adequacy and effectiveness of the Council's arrangements is Moderate Assurance – overall the Council's systems for control, risk and governance are

generally adequate with some improvement required. Revision to assurance ratings and residual risks will be closely monitored through follow-ups in 2020/21. Further detail on audit outputs is provided in the Internal Audit Annual Report.

- 4.5.3. The Head of Internal Audit also concluded that the Internal Audit service continues to be effective, complies with PSIAS, and provides the necessary skills and expertise to deliver a cost effective, value added, service to the Council, its partners and stakeholders. LB Croydon undertook an independent peer review of Islington Internal Audit service in May 2016 to comprehensively review the effectiveness of the Shared Internal Audit Service with LB Camden. It concluded that the audit shared service 'fully conforms' with PSIAS which was the highest rating available. In 2017-18 to 2019-20, a PSIAS self-assessment was conducted to ensure continued compliance with standards. In 2019-20, the Internal Audit service also benefited from ongoing networking and benchmarking across the Cross Council Assurance Service (a consortium of London boroughs drawing on the same framework agreement for co-sourced assurance services).

5. Other areas of Governance and Assurance:

5.1. Resources

- 5.1.1 The Council has a sound process for setting its budget that ensures that estimates are robust and in particular, savings proposals are fully scrutinised to ensure political, managerial and financial deliverability. A detailed and lengthy budget setting process was undertaken through 2019/20 to develop the 2020/21 budget.
- 5.1.2 The Council's in-year budget monitoring process routinely monitors service financial performance and key risks against the budget and looks to put management action in place to deliver the council's financial outturn within the overall budget. During 2019/20 there has been a consistent underspend across each department. However, the Covid-19 pandemic has resulted in a significant loss of income in the Environment and Regeneration Department., resulting in a final net overspend at outturn.
- 5.1.3 Since 2010, the Council's budget has been subject to major funding cuts which has resulted in the Council having to make circa £250m in savings. Despite this, the Council has set a balanced budget for 2020/21, including implementing the maximum permissible increase in Council Tax of 2.99% and the adult social care precept of 3%. The detailed budget includes savings of £10m in 2020/21. There is currently no certainty over local authority funding beyond 2020/21 although we now understand the Fair Funding review and the Spending Review have been delayed for a further year and so we now anticipate a stand still settlement for 2021/22.

- 5.1.4 Delivering robust financial management including financial control and providing high quality financial advice is a key contributor to the Council's strong financial standing. The unprecedented ask of financial management professionals should be considered in the context of a reduction in financial management resources of over 50% since 2010. This inevitably adds more risk to financial management processes. Processes and the organisation of those resources are reviewed regularly to mitigate the risk as much as is possible and focus the reduced resource where they are needed most. Any further material reduction in resource, indeed the loss of key personnel would present a significant corporate risk.
- 5.1.5 The Council's Housing Revenue Account (HRA) has benefited over a number of years from a robust and funded 30-year business plan and this continues to be the case over the short/medium and long term. The Welfare Reform and Work Act 2016 imposed a requirement for Local Authorities to reduce rents year on year by 1% over a 4 year period commencing in 2016-17, which had a significant adverse financial impact on HRA. To mitigate against this a number of measures were implemented principally involving rescheduling current borrowing over the term of the 30-year business plan, 2019-20 was the final year of the 1% rent reduction and rents have now been uplifted although from a now reduced base. This has provided a little more certainty for the future.

5.2. People

- 5.2.1 In March 2019 the Children, Employment and Skills directorate and Adult Social Services (formerly part of the Housing and Adults Social Services directorate) were brought together to form one combined directorate, now known as the People Directorate.
- 5.2.2 The Corporate Director of People holds the statutory Director of Children's Services (DCS) role. The DCS is supported by a structure which allows the effective discharge of statutory duties with appropriate seniority and experience held at senior management level.
- 5.2.3 The revised structure and organisational arrangements provide a strong accountability, scrutiny, leadership and management grip on the Council's statutory duties for children in need of help and protection, children in care and care leavers, including early help and benefitting from high educational standards locally. Cultural opportunities for children and young people and employment and training pathways are strengthened as a result of employment, skills and culture services integration into the directorate. Strengthened arrangements between children's services and adults' services are being developed at pace to ensure there is ever greater consistency and continuity for young people as they become adults.
- 5.2.4 Accountability meetings are held with the leader of the Council and the Chief Executive, who hold the lead member for Children and Family

Services and the chair of the Children's Safeguarding Board to account. These assurance checks are integral to the decision-making processes of the Council.

- 5.2.5 The quality of work for children in need of help and protection, children looked after and care leavers is scrutinised through Islington's Quality Assurance Framework. Professional leadership is challenged by the Chief Executive and Leader of the Council who hold the Corporate Director, the Lead Member for Children and Families and the Service Director of Safeguarding to account on a quarterly basis. Progress on themes arising from audit and performance data is reported at these meetings.
- 5.2.6 As part of this quality assurance, external and highly qualified professionals in the field carry out service reviews to benchmark against inspection expectations. There are research links with universities that inform practice, and this has led to an Innovation Grant from the DfE on Motivational Social Work, Doing What Counts, and Measuring What Matters.
- 5.2.7 An annual self-assessment is carried out. Social worker caseloads, timeliness of interventions and outcomes for children are monitored at all levels and management oversight is good. The quality, value for money and sufficiency of placements for children is kept under review. An evaluation of Early Intervention has been undertaken, and early findings indicate good impact. Only evidence-based programmes are in use.
- 5.2.8 The Islington Safeguarding Children Board (ISCB) has an independent chair who meets periodically with the Corporate Director as part of the accountability framework. The ISCB annual report is discussed by the Health and Wellbeing Board (HWB), Children and Families Board (CFB) and the Children and Families' Scrutiny Committee. Both the HWB and CFB reflect on the learning and build ISCB recommendations into their respective strategies. There continues to be a strong focus on Child Sexual and Criminal Exploitation through the ISCB's sub group that leads the partnership on this work. The ISCB also oversees multi-agency audits of practice, training and compliance with safeguarding requirements set out in legislation. The Children and Families' Scrutiny Committee have looked at exclusions in schools and how to achieve best practice in this area to support the health and wellbeing of all children and young people, in addition to the annual report on learning and education standards, an annual safeguarding report and quarterly performance reports are also scrutinised by the Committee.
- 5.2.9 The Joint Strategic Needs Assessment includes sections on vulnerable children and those in need of help and protection and is used to determine priorities for both the safeguarding board and for services for children and families. Educational outcomes for Children Looked After and care leavers are scrutinised at the Corporate Parenting Board.

- 5.2.10 The Corporate Parenting Board is co-chaired by the Lead Member for Children and Families and the Chair of the Children's Active Involvement Service. It has strong representation from the Children's Active Involvement Service, and the voice of the child is well evidenced in individual casework. Budget and change management proposals are scrutinised for impact on the quality of work with children in need of help and protection, children looked after and care leavers and this is included in Equality Impact Assessments.
- 5.2.11 Children's Services were judged outstanding by Ofsted in March 2020. They assessed the impact of leaders on social work practice with children and families as outstanding, the experiences and progress of children who need help and protection as outstanding, and the experiences and progress of children in care and care leavers as good.

5.3. Adult Social Care

- 5.3.1. The Director of Adult Social Care is the statutory DASS, (Director of Adult Social Services) for Islington and reports to the Corporate Director for People. The DASS is responsible for providing professional leadership for all staff involved in delivering the Council's social services functions for adults and across local networks and partnerships involved in the provision of adult social care services. The DASS is also accountable for ensuring that relevant professional and occupational standards and standards of conduct are maintained across adult social care services provided by or commissioned by Islington.
- 5.3.2. The DASS is responsible for market shaping and continuity: commissioning effectively and ensuring the availability and quality of services that people want in order to be in control of their lives. The DASS holds responsibility for safeguarding adults who need care and support from abuse or neglect; when doctors are considering compulsory treatment or admission to psychiatric hospital and/or when people lack capacity to decide and may be restricted of their liberty.
- 5.3.3. The current structures and organisational arrangements provide a strong accountability, scrutiny, leadership and management grip on Islington's statutory duties for vulnerable adults including the duty to provide information, advice and guidance.
- 5.3.4. Assurance checks are integral to the decision making processes of the Council. Professional leadership is challenged by the Chief Executive and Leader of the Council who hold the Director of Adult Social Services, the Deputy Leader (who is also Lead Member for Health and Social Care) and the independent Chair of the Safeguarding Adults Partnership Board to account on a quarterly basis. Progress on themes arising from audit and performance data is reported at these meetings.

- 5.3.5. The Council has a Safeguarding Adults Partnership Board that meets the current requirements for its scope and inclusiveness, chaired by an independent expert in the field who meets with the DASS.
- 5.3.6. The Safeguarding Adults Board oversees Safeguarding Adults Reviews and the implementation of recommendations arising from these reviews across the partnership.
- 5.3.7. The quality of social care practice in Adult Social Care is scrutinised through the quality assurance framework. Themes arising from this are reviewed by senior leaders and used to inform training programmes. Islington is a member of the North London Social Work Teaching Partnership, a consortium working to raise standards of social work education and continuing professional development and staff access continuing opportunities.
- 5.3.8. Approved Mental Health Act Professionals, (AMHPs) are warranted and supervised in line with statutory requirements.
- 5.3.9. The Council has partnership agreements (known as section 75 agreements) with the Camden and Islington Mental Health Foundation Trust, Whittington Health and Islington NHS Clinical Commissioning Group, for the provision and commissioning of health and social care services. The purpose is to ensure cost effective, outcome focused, joined up services for vulnerable people. There are regular meetings between the Chairs and Chief Executives of these organisations and the Council Leader and Chief Executive, and an annual report to the respective Boards and the Council's Executive to ensure that the day-to-day arrangements for collaborative working are meeting the aims of the partnerships and the objectives of the Council.
- 5.3.10. These arrangements have been strengthened in the light of the Better Care Fund and greater inter-dependency of health and social care funding. The partnership agreements and governance have been reviewed and refreshed. The Council and the CCG have also reviewed their respective commissioning structures to ensure better integration and accountability. These arrangements have been formally agreed by the Health and Wellbeing Board in line with national guidance.

5.4. Housing

- 5.4.1. Housing is responsible for managing council residential tenanted and leasehold properties in the borough, either directly or through Partners for Improvement in Islington as part of the Council's two street properties PFI contracts. A Homes and Estates Safety Board, with an independent chair, oversees the particular fire and property-related risks to people in these dwellings. This is part of the overall corporate health and safety arrangements.

- 5.4.2. Housing Property Services have effective arrangements to monitor equipment and stock. Arrangements are in place to actively manage the risk of fraud through prevention and detection techniques.
- 5.4.3. The two long term PFI contracts to manage street council housing are managed by a clienting team with governance via senior management meetings with the PFI board and scrutiny via a range of annual audits carried out by the Council's Internal Auditors.
- 5.4.4. The PFI Integration Board has been set up to oversee the programme of work anticipating the Agreement for Islington HRA PFI (Partners for Improvement) Street Properties Project Two (PFI2) contract coming to an end in July 2022, and services transferring in April 2022. The board is recommending to the council's Executive that services are integrated into the council's own housing service. The decision will be considered by Executive in July 2020.
- 5.4.5. The relationship with the 23 Tenant Management Organisations in the borough is managed by the TMO compliance team, supported by internal audit who run an annual programme auditing TMO financial and governance controls.
- 5.4.6. Residents are involved in the prioritisation and governance of the Housing Service via reference groups and representation on Housing Scrutiny Committee.

5.5. Transformation

- 5.5.1. The council is adopting a new programme management framework to ensure organisation change is well planned and delivers at pace. The approach is using a gateway process to develop business cases for change. Corporate Delivery Board, chaired by the chief executive, is being established. This will be supported by Directorate Delivery Board, ensuring that new initiatives are technically deliverable.
- 5.5.2. All major change projects have a CMB sponsor and an SRO at Service Director level. Highlight reports are produced and reviewed at Directorate Delivery Boards, with Corporate Delivery Board taking a corporate overview and reporting to Members.
- 5.5.3. The Strategy and Change team will provide project support to these change initiatives together with project managers embedded in departments to ensure that appropriate progress is made and linkages and dependencies between projects are picked up. This draws on a wider support network, including financial, ICT, HR, Legal and risk management advice to ensure that barriers to success are identified and addressed.
- 5.5.4. The project planning process has a strong emphasis on return on investment and service managers are asked to sign off on the level of

savings potentially achievable before committing them into spending plans. These are then monitored following project completion to ensure they are delivered.

6. Significant governance issues and areas for improvement

6.1. A key element of the annual governance review process is to identify any significant internal control issues. The Council has adopted the approach recommended by CIPFA, which has identified what may be considered generally as a significant issue. These include:

- The issue has seriously prejudiced or prevented achievement of a principal objective;
- The issue has resulted in a need to seek additional funding to allow it to be resolved;
- The issue has resulted in significant diversion of resources from another aspect of the business;
- The issue has led to a material impact on the accounts;
- The Audit Committee, or equivalent, has advised that it should be considered significant for this purpose, or
- The Head of Internal Audit has reported on it as significant in the annual opinion on the internal control environment.

6.2. There were no significant governance issues that met these criteria during 2019-20. However, the following general issues have been highlighted and, in line with good governance arrangements, will be monitored during the year ahead. These include:

Covid 19

- Covid-19 is a new strain of the coronavirus that was first identified in Wuhan City, China in December 2019. The virus has spread rapidly prompting the World Health Organization's declaration that this is a public health emergency of international concern. The UK Chief Medical Officers have raised the risk to the UK to high. The government published its coronavirus action plan on 3rd March 2020, detailing a four-stage response to the outbreak (Contain, Delay, Research and Mitigate). On 12th March, the UK moved from the Contain to the Delay phase. On 16th March, the Prime Minister announced a series of further, far-ranging measures to achieve social distancing for everyone in the UK, whilst protecting older people and vulnerable adults. The measures are in response to disease modelling that shows further action is imperative to slow the current increase in cases and reduce the estimated death rate. On the 17th of March, a £350 billion financial support package was announced by government. The Council continues to monitor and follow national guidance (from central government, the Department for Education, Department of Health and Social Care and Public Health England) with regards to the Covid-19 outbreak, signposting staff to information, guidance and advice pages. We are also launching a communication campaign for Schools, Care Homes and other key services to ensure they are reviewing preparations and following the government guidance. Covid-19 has unsurprisingly had a significant impact on business as usual in service delivery. However, the

council quickly initiated a model that continued to meet the needs of our most vulnerable residents adequately at a time of uncertainty and unrest. Business continuity plans for critical services were developed with clear trigger points, ensuring there was a clear approach towards the risk management and mitigation of these services, be it increasing operational hours, deploying staff from non-critical services or cross-training where possible. An initial equalities impact assessment does demonstrate the disproportion impact on certain groups with protected characteristics. Further analysis and engagement is being quickly undertaken to enable immediate response, some of which has already come into action (e.g.: bereavement offer).

In maintaining resilience in responding to our most vulnerable residents, the 'We are Islington' programme developed a holistic approach in ensuring the most vulnerable groups are adequately supported through measures such as a new Covid-19 response centre and food distribution hub. Revisions were made to adequately manage new response needs to safeguarding, hospital discharges and the care in domiciliary and homes, with the provision of PPE supplies where required. The enforcement of social distancing measures and revised models to manage excess deaths framework have been in place since early April.

The council has undertaken forecast planning of estimated financial pressures from when the Covid-19 impact commenced in March 2020 until September 2020. We have also commenced financial monitoring earlier in the financial year in order to assess the scale of the financial problem. An MTFS refresh is underway which will result in a formal revision of savings position and revised timelines and aims in plugging this gap.

The council has commenced a framework in planning for a 'new normal, which focuses on a process of rebuilding, restoring and rehabilitating services through an extended process. Impacts are being considered on strategic priorities, projects and programmes with an understanding of the extent to which we begin to restore, reinvent and retain services. The MTFS refresh will bring us to a position of understanding the fiscal challenges resulting from Covid-19 with clear plans to address this.

During the Covid-19 crisis, the council is utilising the powers in the 'The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020' to hold remote committee meetings. To date the Council has held a number of meetings of the Planning and Licensing Committees and the Executive. Audit Committee is meeting on 18 May and we are currently bringing further meetings back on line.

Other areas

- Uncertainties and emerging implications surrounding Brexit will be considered, however this monitoring will be driven by the timeline attached to Brexit and may therefore change.
- The delivery of the savings and Capital programmes will rely on these programmes being well managed and monitored. A project is underway to review the governance mechanisms in place, to ensure they appropriately support the delivery of these programmes.

- The Council continues to support the delivery of the Information Governance Strategy that sets out its commitment to ensuring the Council's continued compliance to legislation and this will continue to be tracked in the coming year.
- In recognition of the change in local NHS commissioning arrangements to move to one Clinical Commissioning Group governed at a 5 borough level (from 1 April 2020), and the impact of commissioning budgets and operations; we have included Health and Social Care Integration risk as a new Principal risk.

We propose over the coming year to take steps to address the above matters to further enhance our governance arrangements. We are satisfied that these steps will address the need for improvements that were identified in our review of effectiveness and will monitor their implementation and operation as part of our next annual review.

Signed by:

Councillor Richards Watts

Date

Leader

Signed by:

Linzi Roberts-Egan

Date

Chief Executive



Report of: Corporate Director Resources

Meeting of:	Date:	Ward(s):
Audit Committee	28 July 2020	N/A

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THE APPENDICES TO THIS REPORT ARE EXEMPT AND NOT FOR PUBLICATION

The appendices to the report are not for publication because they contain exempt information under Schedule 12A of the Local Government Act (1972).

SUBJECT: IPCO Inspection Update

1. Synopsis

- 1.1 The Investigatory Powers Commissioners Office ("IPCO") has completed an inspection of the council's use of the Regulation of Investigatory Powers Act 2000 ("RIPA") and compliance with Home Office codes of practice.
- 1.2 The Investigatory Powers Commissioner ("IPC") has identified measures the council is required to take to safeguard data obtained under a covert surveillance authorisation.

2. Recommendation

- 2.1 To note the outcome of the IPCO's inspection of the council's surveillance activities and the necessary actions that the council is required to take within the suggested timelines as detailed in paragraph 5.8 of this report.

3. Background

- 3.1 RIPA provides a statutory framework regulating the use of covert surveillance by public authorities.

- 3.2 The Investigatory Powers Act 2016 ("IPA") governs the lawful obtaining of communications data by public authorities. Communications data is generated in the provision, delivery and maintenance of postal or telecommunications services but does not include the content of the communication.
- 3.3 The council can only undertake covert surveillance under RIPA if the proposed operation is authorised by one of the council's authorising officers and subsequently approved by a magistrate. The council's communications data requests must be authorised by the Office for Communications Data Authorisations.
- 3.4 The Investigatory Powers Commissioner ("the IPC") has responsibility for oversight of investigatory powers used under RIPA. The council was due to be inspected on 9 March 2020, but this physical inspection was cancelled. The inspection has instead been conducted remotely by telephone interview & desktop evaluation. Following completion of the inspection, the IPC issued a report on 5 June 2020. The IPC also issued a data assurance letter regarding data handling and retention safeguards relating to data obtained under RIPA and IPA.

4. The desktop inspection report

- 4.1 Unlike in previous inspections the IPC did not give the council specific actions or recommendations, but some recommendations and actions flow from the desktop inspection report.
- 4.2 **Recommendation 1** – to have a policy to govern 'non-RIPA' type investigations and operations.

RIPA does not apply to low level offences or to non-criminal investigations. The non-RIPA policy will cover covert surveillance related to such investigations and will follow a process similar to that set out under RIPA.

Action 1a – to draw up a 'non-RIPA' policy for sign off by the Senior Responsible Officer for inclusion in the council's RIPA policy & covert surveillance procedural notes.

Action 1b – when the 'non-RIPA' policy is signed off the RIPA Co-ordinating Officer to provide a briefing note for officers.

- 4.3 **Recommendation 2** – ensure that officers engaged in investigatory or enforcement areas where RIPA considerations are not immediately apparent maintain their levels of knowledge and know whom to approach for guidance.

Action 2 - Senior Responsible Officer and RIPA Co-ordinating Officer to keep training requirements across the council under 6 monthly review.

5. The data assurance letter

- 5.1 In the desktop inspection letter, the IPC notes that the council has a number of policies and procedures in place to manage data gathered under RIPA and IPA and thus adheres to the safeguards outlined within the relevant codes of practice.
- 5.2 However, the IPC provided a separate letter that sets out additional areas they now expect to be followed and kept under regular review (see below). This report will address each area,

looking at how the council is currently complying and ensuring continued compliance and how we will ensure compliance where we are not fully compliant.

- 1) Review the safeguarding obligations in the relevant code of practice for any powers used by the council
- 2) Ensure that internal safeguard policies for retaining, reviewing and disposing of any relevant data are accurate and up-to-date
- 3) Ensure that the authorising officers for the council have a full understanding of any data pathways used for RIPA or IPA data
- 4) Ensure that all data obtained under IPA and RIPA is clearly labelled and stored on a data pathway with a known retention policy
- 5) Review the wording of safeguards in any applications to obtain data under IPA and RIPA and ensure that they accurately reflect the retention and disposal processes at the council
- 6) Review whether data obtained under previous authorisations is being retained for longer than is necessary and, if appropriate, consider disposing of retained data

5.3 **Review the safeguarding obligations in the relevant code of practice for any powers used by the council**

This has been completed. In summary the three codes of practice set out the safeguards that should be applied in relation to the handling of material obtained through covert surveillance including the dissemination, copying, storage and destruction of private information.

The safeguards set out in each code have similarities and are closely aligned to the data protection principles: secure data storage and handling including ensuring that access is controlled on a 'need-to-know' basis; ensuring that only the information necessary is disclosed ('data minimisation'); ensuring that data is only copied when absolutely necessary; ensuring that data has retention periods applied to it and that data is securely destroyed when it is no longer required.

5.4 **Ensure that internal safeguard policies for retaining, reviewing and disposing of any relevant data are accurate and up-to-date**

The council has a number of policies and training that has been in place for a number of years that supports our compliance in this area.

- Records Management Policy

Sets out the rules governing how the council will store and manage its data. This is a general policy and does not set out how specific information will be stored.

- Information Asset Owners Policy

Sets out the expectations on Information Asset Owners (IAOs) (Service Directors and Heads of Service) with regards to managing the information they are responsible for. Specifically, that they own and effectively manage the risks to their information. This includes ensuring that access to data is controlled where required, that data is only used for its intended purpose and

that data is held in accordance with corporate standards. Information Asset Owners (IAO) are expected to attend IAO training every two years.

- Acceptable Use Policy (AUP)

Sets out the mandatory measures and requirements that are applicable to the use of the council's IT systems. The AUP sets out expectations on data storage which includes some detail as to where data should be stored and the use of removable media. All staff must read and accept the AUP before accessing their laptop for the first time. It is reissued to staff every 2 years or if there has been a significant update.

- Handling Special Category and Criminal Data Policy

Sets out how the council will ensure that special category and criminal conviction data will be protected. This policy is a requirement in the Data Protection Act 2018.

- Data Protection Policy

Sets out how the council complies with data protection legislation, including that data will be stored securely and ensuring that all staff understand their responsibilities.

- Keeping Information Secure Training

A mandatory eLearning course for all staff that includes guidance for staff in how to handle information securely.

- Corporate Retention Schedule

Sets out the retention period for council information. There are gaps in this document and it is currently under review.

Action 3a: The IG Team to review the policy and guidance for staff regarding sharing of data, obtained under a RIPA authorisation, with a specific focus on only providing the data that is necessary.

Action 3b: The retention schedule is updated so that RIPA and IPA is included and clearly defined.

5.4 **Ensure that the authorising officers for the council have a full understanding of any data pathways used for RIPA or IPA data**

Action 4: When the data mapping exercise described at 5.5 below is completed, authorising officers to be provided with a briefing.

5.5 **Ensure that all data obtained under IPA and RIPA is clearly labelled and stored on a data pathway with a known retention policy**

The Information Commissioner's Office recommends that organisations complete data mapping exercises to ensure that organisations can accurately identify how data flows through an organisation. This helps organisations know where their data is, who has access to it and how long it needs to be retained for.

Whilst processes around the control of RIPA authorisations and carrying out the investigation are very clear, the pathway and data flow has not been mapped. This means that the council can't be confident that data is not held in more than one location or that it's not held for longer than required. For example, a central record may be managed well and deleted once it's

reached its retention period, however a copy of the information may also reside in an email account.

Once a data flow is documented, it is easier to see where data resides and identify areas that are potentially not compliant. Clear retention can be identified and agreed and processes reviewed and communicated to relevant staff to ensure that expectations on management, storage and retention and deletion are clear.

Action 5a: Data mapping to be completed to ensure that the flow of data, resulting from a RIPA or IPA authorisation, is clear and identifies where data is stored.

Action 5b: Following the data mapping exercise identify where data should be stored and apply the agreed retention.

Action 5c: Audits are periodically undertaken to ensure that staff are complying with the agreed processes for managing RIPA and IPA data.

5.6 **Review the wording of safeguards in any applications to obtain data under IPA and RIPA and ensure that they accurately reflect the retention and disposal processes at the council**

Action 6: Briefing to be prepared for investigating officers and authorising officers regarding information to be included in RIPA and IPA authorisation requests regarding retention and disposal of the data obtained.

5.7 **Review whether data obtained under previous authorisations is being retained for longer than is necessary and, if appropriate, consider disposing of retained data**

The council has not carried out a review of previous authorisations and therefore this is something that should be carried out. The data mapping and agreement on where the data should be stored and how long it should be retained will need to be completed before this step can be fully completed.

Action 7: Commence a full review of previous authorisations. Identify all locations that data is stored and (where retention has been exceeded) securely destroy the data. Data that is still within retention should be stored in the agreed location and have the agreed retention period applied.

5.8 In order to be compliant with the IPC recommendations the actions outlined in this report need to be implemented. A summary of these actions with timescales is set out below.

Number	Action	Owner	Timescale
Action 1a	To draw up a 'non-RIPA' policy for sign off by the Senior Responsible Officer for inclusion in the council's RIPA policy & covert surveillance procedural notes.	RIPA Co-ordinating Officer	31 August 2020

Action 1b	When the 'non-RIPA' policy is signed off the RIPA Co-ordinating Officer to provide a briefing note for officers.	RIPA Co-ordinating Officer	30 September 2020
Action 2	Senior Responsible Officer and RIPA Co-ordinating Officer to keep training requirements across the council under 6 monthly review.	RIPA Co-ordinating Officer	Every 6 months
Action 3a	The IG Team review the policy and guidance for staff regarding sharing of data, obtained under a RIPA authorisation, with a specific focus on only providing the data that is necessary.	Head of Information Governance and Data Protection Officer	31 July 2020
Action 3b	The retention schedule is updated so that RIPA and IPA is included and clearly defined.	Information Management Lead	31 August 2020
Action 4	When the data mapping exercise is completed, authorising officers to be provided with briefing.	RIPA Co-ordinating Officer	30 October 2020
Action 5a	Data mapping to be completed to ensure that the flow of data, resulting from a RIPA or IPA authorisation, is clear and identify where data is stored.	Head of Information Governance and Data Protection Officer	30 September 2020
Action 5b	Following the data mapping exercise identify where data should be stored and apply the agreed retention.	Information Management Lead (for coordination – each Investigating Manager to own 'their' data)	30 October 2020
Action 5c	Audits are periodically undertaken to ensure that staff are complying with the agreed processes for managing RIPA and IPA data.	Investigating Managers	Annually

Action 6	Briefing to be prepared for investigating officers and authorising officers regarding information to be included in RIPA and IPA authorisation requests regarding retention and disposal of the data obtained.	RIPA Co-ordinating Officer	30 October 2020
Action 7	Commence a full review of previous authorisations. Identify all locations that data is stored and (where retention has been exceeded) securely destroy the data. Data that is still within retention should be stored in the agreed location and have the agreed retention period applied.	Investigating Managers	1 January 2021

6. Implications

6.1 Financial implications:

There are no known financial implications.

6.2 Legal implications:

The IPCO inspection found that the council is complying with the legal requirements of RIPA and the Home Office codes of practice.

The data obtained under RIPA and IPA is subject to obligations under the Data Protection Act 2018.

6.3 Environmental implications and contribution to achieving a net zero carbon Islington by 2030:

There are no known environmental implications.

6.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those

who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed because it is not relevant to this report.

7. Reason for recommendations

- 7.1 To comply with the recommendations flowing from the IPC inspection report and data assurance letter the council should implement the actions by the timelines outlined in paragraph 5.8.

Appendices: IPCO letters – 'Inspection of London Borough of Islington' and 'Assurance of data handling and retention safeguards'. (Exempt)

Final report clearance:

Signed by:



Corporate Director Resources

Date 9 July 2020

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