



## AUDIT, CRIME & DISORDER AND SCRUTINY COMMITTEE

Tuesday 25 June 2019 at 7.30 pm

Committee Room 1 - Epsom Town Hall

The members listed below are summoned to attend the Audit, Crime & Disorder and Scrutiny Committee meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Councillor Steve Bridger (Chair)  
Councillor Alex Coley (Vice-Chair)  
Councillor Nigel Collin  
Councillor Liz Frost  
Councillor Rob Geleit

Councillor David Gulland  
Councillor Steven McCormick  
Councillor Phil Neale  
Councillor Humphrey Reynolds  
Councillor Alan Sursham

Yours sincerely

Chief Executive

For further information, please contact Democratic Services, 01372 732122 or [democraticservices@epsom-ewell.gov.uk](mailto:democraticservices@epsom-ewell.gov.uk)

### AGENDA

#### 1. QUESTION TIME

To take any questions from members of the Public.

**Please note: Members of the Public are requested to inform the Democratic Services Officer before the meeting begins if they wish to ask a verbal question to the Committee.**

#### 2. DECLARATIONS OF INTEREST

Members are asked to declare the existence and nature of any Disclosable Pecuniary Interests in respect of any item of business to be considered at the meeting.

**3. MINUTES OF THE PREVIOUS MEETING** (Pages 3 - 6)

The Committee is asked to confirm as a true record the Minutes of the Meeting of the Committee held on 16 April 2019 (attached) and to authorise the Chair to sign them.

**4. COMMUNITY SAFETY PARTNERSHIP - END OF YEAR REPORT** (Pages 7 - 10)

This report fulfils the statutory responsibility to scrutinise the work of the Community Safety Partnership (CSP), for the year 2018-2019.

**5. INTERNAL AUDIT ASSURANCE REPORT 2018/19 AND FINAL MONITORING REPORT 2018/19** (Pages 11 - 46)

This report presents the Committee with the last internal audit monitoring report of 2018/19 and the Annual Report 2018/19 prepared by internal auditors RSM.

**6. ANNUAL GOVERNANCE STATEMENT 2018/19** (Pages 47 - 62)

This report seeks the Committee's formal approval of the draft Annual Governance Statement (AGS) and the arrangements made for its preparation as part of the 2018/19 financial statements.

**7. ANNUAL REPORT ON RIPA USAGE & POLICY** (Pages 63 - 98)

To give an annual report to members on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2000.

**8. ANNUAL REPORT ON USE OF DELEGATED POWERS** (Pages 99 - 108)

In accordance with the Council's Scheme of Delegation to Officers, this report sets out significant decisions taken by Officers in consultation with Committee Chairmen, exercise of Committee powers, or powers for reasons of urgency for the period starting 24 May 2018 to 21 May 2019.

**9. CORPORATE PLAN: 2018 TO 2019 YEAR END PERFORMANCE AND TARGET OVERVIEW 2019 TO 2020** (Pages 109 - 128)

This report provides the year-end position for the Key Priority Targets 2018 to 2019 under our Corporate Plan and the Key Priority Targets for 2019 to 2020.

**10. WORK PROGRAMME 2019/20** (Pages 129 - 134)

This report asks the Committee to agree its work programme for 2019/20.

**Minutes of the Meeting of the AUDIT, CRIME & DISORDER AND SCRUTINY  
COMMITTEE held on 16 April 2019**

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**PRESENT -**

Councillor David Reeve (Chairman); Councillor Steve Bridger (Vice-Chairman);  
Councillors Michael Arthur MBE, Alex Coley and Humphrey Reynolds

In Attendance: Neil Pitman (Head of Southern Internal Audit Partnership) (SIAP  
(Internal Auditor)) (Items 31-35 only) and Lorna Raynes (Client Manager) (RSM Risk  
Assurance (Internal Auditor)) (Items 31-34 only)

Absent: Councillor Alex Clarke, Councillor George Crawford, Councillor Rob Geleit,  
Councillor Jean Steer MBE and Councillor Mike Teasdale

Officers present: Gillian McTaggart (Head of Policy, Performance & Governance), Phil  
Gall (ICT Manager) (Items 31-34 only), Margaret Jones (Business Assurance Manager)  
and Tim Richardson (Committee Administrator)

**31 QUESTION TIME**

No questions were asked or had been submitted by members of the public.

**32 DECLARATIONS OF INTEREST**

No declarations of interest were made by Councillors in items on the agenda for  
this meeting.

**33 MINUTES OF THE PREVIOUS MEETING**

The Minutes of the meeting of the Committee held on 7 February 2019 were  
agreed as a true record and signed by the Chairman.

**34 INTERNAL AUDIT MONITORING REPORT**

The Committee received a report summarising progress against the audit plan  
for 2018/19.

The following matter was considered:

- a) **Update on Cyber Security Internal Audit Report.** The ICT Manager  
provided the Committee with an update on actions taken in response to  
the Internal Audit Report on Cyber Security, and the unrelated recent  
website outage experienced by the Council. Following a question from a

member of the Committee regarding arrangements for communicating with Councillors during events such as the website outage, the Head of Policy Performance and Governance informed the Committee that officers would review the approach taken.

Following consideration, it was resolved:

**That the Committee:**

- (1) Received the latest internal audit progress report for 2018/19 attached at Annex 1 to the report.**
- (2) Noted the update regarding the backlog of tree inspections attached at Annex 2 to the report and expressed its concern over the lack of progress, and also noted the update on implementation of the cyber security audit recommendations attached at Annex 2 to the report.**

### **35 DRAFT ANNUAL INTERNAL AUDIT REPORT 2018/2019**

The Committee received a report presenting the draft annual internal audit report 2018/2019.

Following consideration, it was resolved:

- (1) That the Committee received the draft Annual Internal Audit Report for the year ended 31 March 2019 attached at Annex 1 to the report.**

The Committee noted that this was the last meeting at which a representative of RSM would be present, as the Council's Internal Audit contract was now held by the Surrey Internal Audit Partnership. The Committee expressed its thanks to RSM for its work on the Council's behalf.

### **36 INTERNAL AUDIT PLAN 2019/20**

The Committee received a report introducing the Internal Audit Plan and Charter for 2019/20. Neil Pitman, Head of Southern Internal Audit Partnership introduced the Audit Plan for 2019/20 and provided an overview of the Partnership's structure and client portfolio.

Following consideration, it was resolved:

**That the Committee:**

- (1) Endorsed the Internal Audit Plan for 2019/20 as set out at Annex 1.**
- (2) Approved the Internal Audit Charter 2019/20 as set out at Annex 2.**

## 37 COMPLIANCE WITH THE SURVEILLANCE CAMERA CODE OF PRACTICE

The Committee received a report providing a progress update on work to make the Council's street scene CCTV system compliant with the Surveillance Camera Code of Practice.

Following consideration, it was resolved:

- (1) That the committee noted the progress in ensuring compliance with the Surveillance Camera Code of Practice.**

## 38 ANNUAL REPORT

The Committee received a report presenting its Annual Report for 2018/19 and draft work programme 2019/20.

Following consideration, it was resolved:

**That the Committee:**

- (1) Approved the Annual Report 2018/19 attached at Annex 1 to the report;**
- (2) Authorised the Head of Policy, Performance and Governance in consultation with the Chairman to make appropriate amendments or additions to the Annual Report 2018/19 as a result of business transacted at this meeting;**
- (3) Noted the draft work programme 2019/20 attached at Annex 2 to the report.**

## 39 VOTE OF THANKS

The Chairman expressed his thanks to Officers and Members of the Committee for their work and support over the past year. The Committee thanked the Chairman for his hard work on its behalf and way in which he had chaired its meetings over the same period.

*The meeting began at 7.30 pm and ended at 8.40 pm*

COUNCILLOR DAVID REEVE (CHAIRMAN)

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## **COMMUNITY SAFETY PARTNERSHIP - END OF YEAR REPORT**

**Head of Service/Contact:** Rod Brown, Head of Housing & Community

**Annexes/Appendices (attached):**

**Other available papers (not attached):**

### **Report summary**

**This report fulfils the statutory responsibility to scrutinise the work of the Community Safety Partnership (CSP), for the year 2018-2019**

### **Recommendation (s)**

- (1) The Committee is asked to note and comment on the work of the CSP for 2018-2019.**

## **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 Supporting our Community – Through partnership working with enforcement and support agencies, the Community Safety Partnership (CSP) provides the means by which community safety borough issues can be addressed and pressures from outside the borough and region be monitored.

## **2 Background**

- 2.1 Section 17 of the Crime and Disorder Act 1998 made it a requirement for local authorities and the respective police authorities to jointly undertake crime and disorder audits with a view to using the information to develop strategies for dealing with any issues the audit identified.
- 2.2 Subsequently the partnerships were expanded to include Fire and Rescue, Probation and Health Services whilst the police authorities were abolished and the governance transferred to Police and Crime Commissioners.

- 2.3 Epsom and Ewell Borough is covered by the East Surrey CSP. The East Surrey CSP comprises the boroughs of Epsom and Ewell, Reigate and Banstead and the districts of Mole Valley and Tandridge. The CSP meets quarterly with representation from all the districts and boroughs, the statutory partners and other non statutory invited partners such as housing providers. For the year 2018-2019 the partnership was chaired by the Chief Executive of Tandridge District Council.

### **3 Work of the CSP 2018/19**

- 3.1 The operational aspects of the CSP locally are the Community Harm and Risk Management Meetings, (CHaRMM) and Joint Action Groups, (JAG). The CHaRMM agendas are confidential in nature, involving assessment and case management of individuals either as perpetrators or as victims. At any one time over the course of 2018-2019 the CHaRMM meetings involved management of 10-15 adults and juveniles. JAGs in Epsom and Ewell are task and finish groups concerned with antisocial behaviour in a geographical area. In 2018-2019 JAGs were held in connection with issues in Southfield Park, an area of Epsom Town Centre, an area of the Longmead Estate and on the subject of rough sleeping in the borough.

- 3.2 CSP partners have increased joint working during the year including the deployment of counter fly tip and illegal vehicle operations involving the Police, Council, Driver and Vehicle Standards Agency plus joint patrols in parks and open spaces between the police and the Council.

- 3.3 The CSP received an application for a Community Trigger (CT) review during the year associated with an area of the borough. This was ultimately found not to have met the threshold for review as the matter was already receiving appropriate attention from partner agencies.

- 3.4 The current priorities of the East Surrey CSP are:

- Domestic abuse
- Serious organised crime (including child exploitation and modern slavery)
- Prevent (counter terrorism)

In addition, the East Surrey CSP has oversight and receives regular updates on crime trends and anti-social behaviour.

- 3.5 The representation on the CSP from Epsom & Ewell Borough Council is at head of service level. Typically the Head of Housing and Community Safety attends with the nominated elected member.



#### 4 Proposals

- 4.1 The Committee is asked to note and comment on the work of the CSP for 2018-2019.

#### 5 Financial and Manpower Implications

- 5.1 The CSP has no budgets itself. Funding for individual projects, initiatives and the operation of the CSP itself comes from partner agency budgets. Epsom & Ewell Borough Council's contribution to the CSP was managed within set budgets.
- 5.2 In 2019 the Council provided for a fully funded post of Community Safety and Enforcement Officer leading on day to day community safety matters and longer term projects. Through this new position, the Council is able to participate more fully in the work of the CSP.
- 5.3 Resourcing of the CSP meetings themselves are typically borne by the local authority members of the CSP.
- 5.4 **Chief Finance Officer's comments:** none arising from the contents of this report.

#### 6 Legal Implications (including implications for matters relating to equality)

- 6.1 Section 19 of the Police and Justice Act 2006 requires every local authority to have a crime and disorder committee with the power to review or scrutinise decisions made or other action taken in connection with the discharge by the responsible authorities of their crime and disorder functions. The Crime and Disorder (Overview and Scrutiny) Regulations 2009 (the Regulations) complement the provisions under section 19.
- 6.2 The role of the committee is 'critical friend' of the Partnership, providing it with constructive challenge at a strategic level.
- 6.3 **Monitoring Officer's comments:** none arising from the contents of this report.

#### 7 Sustainability Policy and Community Safety Implications

- 7.1 The work of the CSP promotes community safety and partnership working both in a strategic sense and, through the CHaRMM and JAG processes, an operational sense.

#### 8 Partnerships

- 8.1 The CSP is a partnership between statutory partners and invited non-statutory partners who are in a position to collectively provide solutions to crime and antisocial behaviour.

**9 Risk Assessment**

- 9.1 The inherent risks of partnership based approaches have been considered and judged to be of a low risk. All of the statutory and non statutory partners are committed to addressing crime, disorder and antisocial behaviour giving the context for the continuation of a successful partnership.

**10 Conclusion and Recommendations**

- 10.1 It is recommended that the Committee notes the work of the CSP in 2018-2019 and takes advantage of the opportunity to ask questions of the Borough Commander or his representative at the meeting

**Ward(s) Affected:** (All Wards);

## **INTERNAL AUDIT ASSURANCE REPORT 2018/19 AND FINAL MONITORING REPORT 2018/19**

<b>Head of Service/Contact:</b>	Gillian McTaggart, Head of Policy, Performance & Governance
<b>Annexes/Appendices (attached):</b>	<b>Annex 1</b> – Internal Audit Progress Report 2018/19 <b>Annex 2</b> – Annual Internal Audit Report 2018/19 <b>Annex 3</b> – Chief Finance Officer's Annual Overview of performance of Internal Audit
<b>Other available papers (not attached):</b>	Internal Audit Plan 2018/19 Reports and Minutes of meetings of the Audit, Crime & Disorder and Scrutiny Committee: 19 April 2018, 22 November 2018, 7 February 2019 and 16 April 2019.

### **Report summary**

This report presents the Committee with the last internal audit monitoring report of 2018/19 and the Annual Report 2018/19 prepared by internal auditors RSM.

### **Recommendation (s)**

- (1) That the Committee receives the Internal Audit Progress Report 2018/19 (Annex 1), the Annual Internal Audit Report for the year ended 31 March 2019 (Annex 2) and the Review of Performance of Internal Audit by the Chief Finance Officer (Annex 3).**

### **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 None for the purposes of this report.

## 2 Background

- 2.1 The Committee's Terms of Reference specify that the Committee has overall responsibility for audit and governance frameworks (including functions of an audit committee). In accordance with this responsibility, the Committee receives regular internal audit reports each year. These reports include updates on progress made against the relevant audit plan and an annual end of year report encompassing the Head of Internal Audit's opinion.
- 2.2 On 1 April 2019 the internal audit contract with RSM ended and a new contract was established with Southern Internal Audit Partnership (SIAP). Extensive work has taken place over the past few months to ensure a smooth transition between the ending of one contract and the commencement of the other.
- 2.3 At the last meeting of the Committee held on 16 April 2019, RSM reported progress made against the 2018/19 Audit Plan, and presented a draft Annual Report 2018/19. The 2018/19 audit plan had been completed apart from three audits - ICT Service Catalogue, Continuous Assurance (Quarters 3 and 4) and the Follow Up, which monitors the implementation of high and medium internal audit recommendations from previous years.
- 2.4 All outstanding 2018/19 internal audit work was to be completed by the end of April 2018 and reported to the June 2019 Committee meeting along with the final Annual Report 2018/19.

## 3 Audit Plan 2018/19

- 3.1 The audit plan 2018/19 has now been fully completed. A summary of the final position for the year is set out in Table 1 below and in RSM's latest progress report attached at **Annex 1**, which also highlights the findings of the ICT Service Catalogue and Continuous Assurance (Quarters 3 and 4) reviews. The Follow Up is discussed in the Annual Report 2018/19 attached at **Annex 2** and identified that good progress had been made.
- 3.2 Two additional audits were included in 2018/19 using some contingency available in the audit plan. The first was Venues Management, reported to the Committee in February 2019, the second was Residential Property – Health and Safety Checks, reported to the Committee in April 2019.

**Table 1**

Assignment	Reported	Opinion	H	M	L
Cyber Security c/f from 2017/18	22 Nov 2018	Advisory	0	10	2
Midland HR iTrent	7 Feb 2019	Advisory	0	3	1

Assignment	Reported	Opinion	H	M	L
Health & Safety	22 Nov 2018	Partial Assurance	2	2	3
Income from s.106 and Community Infrastructure Levy	22 Nov 2018	Reasonable Assurance	0	1	3
Venues Management	7 Feb 2019	Advisory	2	3	0
EEPIC Company Governance	22 Nov 2018	Reasonable	0	4	2
Community Safety	22 Nov 2018	Advisory	0	1	2
Project Management	7 Feb 2019	Simply weekly and Cemetery Extension: Substantial  Ebbisham Exit: Partial	1	3	1
Homelessness	7 Feb 2019	Reasonable	0	3	1
Treasury Management	7 Feb 2019	Substantial	0	1	0
Payroll	16 April 2019	Reasonable	0	3	3
<b>IT Audit (Service Catalogue)</b>	<b>25 June 2019</b>	<b>Advisory</b>	<b>0</b>	<b>3</b>	<b>0</b>
Corporate Governance (Members)	16 April 2019	Substantial	0	0	2
Risk Management	16 April 2019	Substantial	0	1	0
<b>Continuous Assurance</b>	22 Nov 2018 Quarter 1 Report	Advisory	0	1	0
	7 Feb 2019 Quarter 2 Report	Advisory	0	1	0
	<b>25 June Quarters 3 and 4</b>	<b>Advisory</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Follow Up</b>	<b>25 June as part of the Annual Report</b>	<b>Good Progress</b>			

Assignment	Reported	Opinion	H	M	L
Landlord Responsibilities (health and safety checks)	16 April 2019	Reasonable	1	0	0
Contract Management	One day training delivered 7 February 2019				

#### 4 Annual Report 2018/19

- 4.1 The Annual Report 2018/19 encompassing the Head of Internal Audit's opinion is attached at **Annex 2**. The Head of Internal Audit's opinion has not changed from the draft report presented back in April 2019. It states that:

*'The organisation has an adequate and effective framework for risk management, governance and internal control.'*

*However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.'*

- 4.2 Of those reports issued in 2018/19, RSM provided either a substantial or reasonable level of assurance in the majority of areas reviewed. Two audits were given partial assurance, (i) Health & Safety and (ii) the Ebbisham Exit project review, one element of the advisory Project Management audit. No reports were issued with no assurance.
- 4.3 Progress on the implementation of all outstanding high and medium internal audit recommendations including those of 2018/19 and older will be reported to the Committee later this year.
- 4.4 The Chief Finance Officer has assessed the effectiveness of internal audit as the Council's system of internal control as attached in **Annex 3**. This also forms part of the contract management arrangements.

#### 5 Proposals

- 5.1 It is proposed that the Committee receives the latest internal audit monitoring report 2018/19 (**Annex 1**), the Annual Internal Audit Report 2018/19 (**Annex 2**) and the Review of Performance of Internal Audit by the Chief Finance Officer (**Annex 3**).

#### 6 Financial and Manpower Implications

- 6.1 The audit plan 2018/19 was delivered within the budget agreed.
- 6.2 **Chief Finance Officer's comments:** none arising from the contents of this report.

**7 Legal Implications (including implications for matters relating to equality)**

- 7.1 Legal requirements relating to audit are set out in the Accounts and Audit Regulations 2015. Public Sector Internal Audit Standards (PSIAS) also apply.
- 7.2 **Monitoring Officer's comments:** none arising from the contents of this report. However, it is important to ensure all follow up work is carried out to those areas which have been highlighted and any changes of process implemented.

**8 Sustainability Policy and Community Safety Implications**

- 8.1 None for the purposes of this report.

**9 Partnerships**

- 9.1 2018/19 was the final year of the East Surrey Internal Audit Consortium which includes Mole Valley, Tandridge and Waverley District Councils, Reigate and Banstead Borough Council and Surrey Police and Crime Commissioner.
- 9.2 Southern Internal Audit Partnership (SIAP) commenced the new contract on 1 April 2019 but worked with RSM as part of the handover.

**10 Risk Assessment**

- 10.1 An effective audit service forms a critical part of the Council's risk management arrangements.

**11 Conclusion and Recommendations**

- 11.1 The Committee is asked to receive the Internal Audit Progress Report 2018/19 (**Annex 1**).
- 11.2 The Committee is also asked to receive the Annual Internal Audit Report 2018/19 (**Annex 2**) and Chief Finance Officer's Annual overview of performance of Internal Audit (**Annex 3**).

**Ward(s) Affected:** (All Wards);

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# EPSOM AND EWELL BOROUGH COUNCIL

## Internal Audit Progress Report

### Audit, Crime & Disorder and Scrutiny Committee Meeting

25 June 2019

This report is solely for the use of the persons to whom it is addressed.  
To the fullest extent permitted by law, RSM Risk Assurance Services LLP  
will accept no responsibility or liability in respect of this report to any other party.

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Management actions for improvements should be assessed by you for their full impact before they are implemented. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

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# 1 INTRODUCTION

The Internal Audit Plan for 2018/19 was approved by the Audit, Crime & Disorder Scrutiny Committee in June 2018. Below provides a summary update on progress against that plan and summarises the results of our work to date.

This table informs of the audit assignments that have been finalised and the impacts of those findings since our last report to the Audit, Crime & Disorder Scrutiny Committee.

The Executive Summary and Key Findings of the assignments below are attached to the end of this progress report.

Assignments	Status	Opinion issued	Actions agreed		
			H	M	L
ICT Service Catalogue Review (16.18/19)	FINAL	N/a - Advisory	0	3	0
Continuous Assurance Q3 and Q4 (17.18/19)	FINAL	N/a - Advisory	0	1	0

We can confirm that we have now completed all our 2018/19 internal audit work.

## 2 OTHER MATTERS

### 2.1 Changes to the audit plan

As reported to the November meeting of the Audit, Crime & Disorder Scrutiny Committee, there have been some minor changes to timings of reviews since this was agreed in June 2018. This includes combining the Q3 and Q4 continuous assurance reviews in order to fit with management availability. There have also been two additions to the plan, both previously reported to the Committee. The first is Venues Management, that was added in at management request in response to a budget overspend in this area in 2017/18. The second is Health and Safety Property Checks which again was a management request, this time in response to some concerns as to whether the correct checks were being completed and retained.

## FOR FURTHER INFORMATION CONTACT

**Mike Cheetham, Head of Internal Audit**

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## APPENDIX A: INTERNAL AUDIT ASSIGNMENTS COMPLETED TO DATE

The following reports have previously been reported to Audit Committee.

Assignments	Opinion issued	Actions agreed		
		H	M	L
Health & Safety (1.18/19)	Partial Assurance	2	2	3
Income from s106 agreement and implementation of the Community Infrastructure Levy (2.18/19)	Reasonable Assurance	0	1	3
EEPIC Company Governance (3.18/19)	Reasonable Assurance	0	4	2
Community safety (4.18/19)	N/a - Advisory	0	1	2
Homelessness (5.18/19)	Reasonable Assurance	0	3	1
Continuous assurance Q1 (6.18/19)	N/a - Advisory	0	1	0
Venues Management (7.18/19)	N/a - Advisory	2	3	0
Treasury Management (8.18/19)	Substantial Assurance	0	1	0
Project Management (9.18/19)	Simply Weekly and Cemetery Extension – Substantial Assurance Ebbisham Exit – Partial Assurance	1	3	1
Continuous Assurance Q2 (10.18/19)	N/a - Advisory	0	1	0
Midland HR ITrent System (11.18/19)	N/a - Advisory	0	3	1
Payroll (12.18/19)	Reasonable Assurance	0	3	3
Residential Property – Health and Safety Checks (13.18/19)	Reasonable Assurance	1	0	0
Corporate Governance (Members) (14.18/19)	Substantial Assurance	0	0	2
Risk Management (15.18/19)	Substantial Assurance	0	1	0

# ICT SERVICE CATALOGUE REVIEW - EXECUTIVE SUMMARY

## 1.1 Background

The Epsom & Ewell Borough Council (the “Council”) has an ICT Service Catalogue which constitutes the key collection of business and information technology related services that is performed by and for the Council.

As part of the 2018/19 internal audit plan for the Council we have performed a review of the following areas related to the ICT Service Catalogue as follows:

- Review of the categorisations of each of the systems (high/medium/low) in the catalogue with the purpose of validating them;
- Assessment of the content of the data elements to suggest updates where required; and
- Validation of agreements with third-party suppliers regarding new releases and patching procedures.

This is a factual report to determine whether the areas agreed in the scope (Appendix A) are documented as prescribed. This is an agreed upon procedures assignment delivered at the request of management and the Audit Committee. This report does not provide a level of assurance or formal internal audit opinion and should not be taken to provide such.

## 1.2 Key findings

The key findings from this review are as follows:

- Categorisation of each system and ICT service is not completed in the ICT Service Catalogue and there is no evidence of business risk assessments supporting the categorisations of High, Medium and Low priorities. Without a comprehensive business risk assessment for each system and ICT service there is a risk of not having sufficient investment in recovery and mitigation strategies for managing any incident affecting critical services provided by the Council in an efficient manner. **(Medium, 2.1)**
- As a result of comparing the ICT Service Catalogue's 31 High priority entries with the completed and up-to-date system support guides, updates to the ICT Service Catalogue were made and highlighted before sharing with the ICT Manager. Since the ICT Service Catalogue as a key source of information is not complete and up-to-date with the system support guides, there is a risk of missing out on updates which are critical for the maintenance of the systems regarding system upgrades and change of system suppliers. **(Medium, 2.2)**
- Agreements signed in 2018 with three third-party suppliers providing High or Moderate priority services were made available for review and they all include information about relevant software upgrades and technical support. However, other agreements could not be located and verified. The Council has signed agreements with a large number of suppliers and without ready access to up to date agreements, the ICT team may miss out on critical upgrades, license renewals and updates which may affect the services provided both internally and to the public. **(Medium)**

## 2 ACTION PLAN

### Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
Page 24 1	<p>The ICT Service Catalogue spreadsheet was obtained and reviewed. At the time of this assignment it contained 137 entries covering systems and ICT services available to the Council's various departments. Of these, 31 had been categorised as High priority, 41 as Medium/Moderate, 62 as Low and the rest had not been categorised.</p> <p>Based on information received during the interview with the ICT team we concluded that the categorisation process has not been formally determined, which means that priority and categorisation levels selected are not necessarily a result of formal business impact assessments. Identification of business owners was also missing for the majority of the entries in the spreadsheet. Consequently, we could not validate the categorisations used by the Council.</p> <p><i>Implication:</i> Without a comprehensive business risk assessment for each system and ICT service there is a risk of not having sufficient investment in recovery and</p>	Medium	<p>In a continued process to update the ICT Catalogue, the ICT Management will perform Business Impact Assessments (BIA) together with the business owners to confirm the categorisation/priority level for each system/ICT service.</p> <p>The BIA shall focus on the effects or consequences of any interruption to critical business functions.</p>	30 September 2019	ICT Manager



Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
	mitigation strategies for managing any incident affecting critical services provided by the Council in an efficient manner.				
2.2	<p>The ICT Service Catalogue spreadsheet contains the following data elements for the 137 items:</p> <ul style="list-style-type: none"> <li>• Description of the service provided;</li> <li>• System Support Guide completed;</li> <li>• The software application that achieves that service;</li> <li>• Service, Package or ICT;</li> <li>• The currently-used version of the software;</li> <li>• The importance of the service based on business impact (priority);</li> <li>• The third party responsible for supporting the service;</li> <li>• Documentation RAG status;</li> <li>• Document location;</li> <li>• The users or departments to which the service is delivered;</li> <li>• The primary point of contact for the service; and</li> <li>• Service is Active unless stated Retired.</li> </ul> <p>In addition to the ICT Service Catalogue there are system support guides in the process of being updated for each system/ICT service by the ICT Officer. During the onsite visit we reviewed each completed guide for the 31 High priority entries in the catalogue spreadsheet.</p> <p>Each system support guide contains the following data elements:</p> <ul style="list-style-type: none"> <li>• <i>System Name;</i></li> <li>• <i>Alternate Name;</i></li> <li>• <i>What does it do?</i></li> <li>• <i>Server;</i></li> <li>• <i>Business Owner;</i></li> <li>• <i>Privileged Access;</i></li> </ul>	Medium	<p>As the ICT department will keep both the ICT Service Catalogue and the system support guides, the data elements in the catalogue will be reviewed. Only the data elements in the ICT Service Catalogue spreadsheet which are critical for the daily support and maintenance of the systems and ICT services will be kept and the following will be added:</p> <ul style="list-style-type: none"> <li>• Expiry date/license number;</li> <li>• Links to supplier contracts; and</li> <li>• Links to the documentation locations.</li> </ul>	30 September 2019	ICT Manager

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
	<ul style="list-style-type: none"> <li>• Subject Matter Expert;</li> <li>• <i>3rd Party Support</i>;</li> <li>• <i>Supplier</i>;</li> <li>• <i>Priority</i>;</li> <li>• Dependencies;</li> <li>• Delivery Method;</li> <li>• <i>Documentation Location</i>;</li> <li>• AD Group; and</li> <li>• License/ Expiry Date.</li> </ul> <p>The cursive entries in the above list indicate information which is also documented/to be documented in the ICT Service Catalogue.</p> <p>As a result of comparing the ICT Service Catalogue entries with the 31 completed and up-to-date guides, updates to the ICT Service Catalogue were made and highlighted before sharing with the ICT Manager.</p> <p><i>Implication:</i> Since the ICT Service Catalogue as a key source of information is not complete, up-to-date and consistent with the system support guides there is a risk of missing out on updates which are critical for the maintenance of the systems regarding system upgrades and change of system suppliers.</p>				
2.3	<p>Agreements signed in 2018 with three third party suppliers providing High or Moderate priority services were made available for this review as the ICT Manager informed us that older agreements could not be found.</p> <p>The agreements with the third party suppliers of the document management system, Microsoft Dynamics implementation and the geographic information system were reviewed. All have information about relevant software upgrades and technical support.</p> <p><i>Implication:</i> The Council have signed agreements with a large number of suppliers and without ready access to up to date agreements the ICT team may miss out on</p>	Medium	The ICT management will locate the current supplier contracts and make sure that location and contact details are added to the ICT Service Catalogue.	30 September 2019	ICT Manager

Ref	Findings summary	Priority	Action for management	Implementation date	Owner responsible
	critical upgrades and license renewal and updates which may affect the services provided both internally and to the public.				

# CONTINUOUS ASSURANCE – QUARTER 3/4 – BACKGROUND

An audit of Continuous Assurance of key controls was undertaken as part of the Council's approved internal audit periodic plan for 2018/19.

As part of the annual internal audit plan, we have agreed to undertake quarterly testing on an agreed set of controls across a number of areas, in order to provide a high-level assurance that key controls are in place and operating effectively.

These reviews focus on a suite of controls considered to be key risk areas for the Council, for which management require assurance throughout the year of their functionality and effectiveness.

The series of reviews to be completed quarterly are intended to give ongoing assurance over some of the key financial processes, including revenues, benefits, capital accounting and debtors rather than completing detailed reviews in these areas. A number of areas were not tested for these quarters owing to staff availability.

The controls tested as part of this report are from across the following areas (with a complete schedule of controls tested detailed in Appendix A):

- Finance
- Environmental Services
- Fleet Management
- Licensing
- Safeguarding

# FINDINGS OVERVIEW

## 1.1 Key findings

Below is a tabular representation which reflects our view of the controls tested as part of this review, highlighting the areas where actions have been raised based on our testing.

Further details of these findings and management actions to address the issues identified can be found in the Findings and Action Plan in section three of this report.

	Conclusion (Q3/Q4)
Purchase order approval	Not Tested
Purchase invoice matching and approval	Not Tested
Key control account reconciliations	Not Tested
New benefit claims	✓
Changes to supplier standing data	Not Tested
Debtors income and reconciliation	Not Tested
Council Tax and NNDR discounts/relief	✓
Tenders and quotations	✓
Tree inspections	X
Council vehicle checks (MOT and Tax)	✓
Employee driving licence checks	✓
Issue of Licences	✓
Employee DBS Checks	✓

✓	No actions raised	✓	Low actions raised	X	Medium / High actions raised
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## 2 FINDINGS AND ACTION PLAN

### Categorisation of internal audit findings

Priority	Definition
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible regulatory scrutiny/reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, regulatory scrutiny, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

This report has been prepared by exception. Therefore, we have included in this section, only those risks of weakness in control or examples of lapses in control identified from our testing and not the outcome of all internal audit testing undertaken.

Ref	Area	Priority	Finding summary	Actions for management	Action owner	Target date
Page 30	Tree Inspections	Medium	<p>The Council has a spreadsheet maintained by the Tree Officer which is used to monitor the tree inspection programme, detailing the schedule of tree inspections to be completed.</p> <p>As per previous quarter's findings in this area, through discussions with the Tree Officer it was noted that the spreadsheet is not currently up to date due to a backlog of inspections. For example, no inspections that had been scheduled for 2018 and onwards have so far been undertaken due to the backlog from 2017 inspections.</p> <p>It was also noted that the Council no longer manages inspections for highway trees since April 2017, and that the current schedule requires updating to reflect the refocus to Council maintained trees.</p>	<p>The Council should determine what action is to be taken in addressing the current backlog in tree inspections, liaising with the relevant committee such as the Environmental Committee.</p> <p>Based on the agreed actions, the tree inspection spreadsheet should be updated such that the inspection schedule is accurate for inspections that are to be carried out going forward.</p>	Jeremy Young – Tree Officer	31 May 2018



## EPSOM AND EWELL BOROUGH COUNCIL

### **Annual Internal Audit Report 2018/2019**

**May 2019**

This report is solely for the use of the persons to whom it is addressed.  
To the fullest extent permitted by law, RSM Risk Assurance Services LLP  
will accept no responsibility or liability in respect of this report to any other party.

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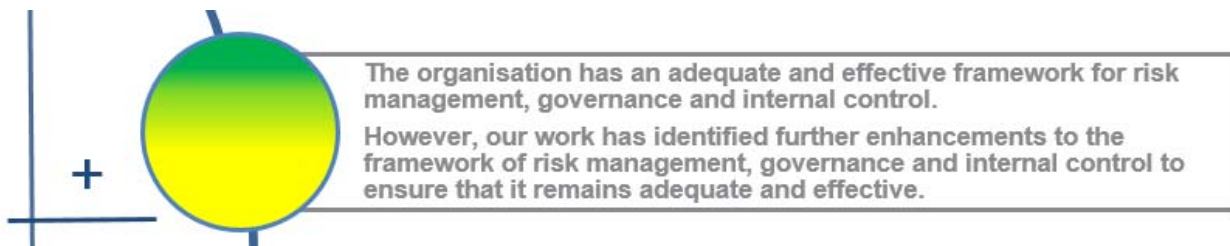
# 1 THE HEAD OF INTERNAL AUDIT OPINION

In accordance with Public Sector Internal Audit Standards, the head of internal audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's annual governance statement.

## 1.1 The opinion

For the 12 months ended 31 March 2019, the head of internal audit opinion for Epsom and Ewell Borough Council is as follows:

### Head of internal audit opinion 2018/19



Please see appendix A for the full range of annual opinions available to us in preparing this report and opinion.

## 1.2 Scope and limitations of our work

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee, our opinion is subject to inherent limitations, as detailed below:

- the opinion does not imply that internal audit has reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. As such, the assurance framework is one component that the board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management;
- the opinion is based on the testing we have undertaken, which was limited to the area being audited, as detailed in the agreed audit scope;
- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;

- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to attention; and
- it remains management's responsibility to develop and maintain a sound system of risk management, internal control and governance, and for the prevention and detection of material errors, loss or fraud. The work of internal audit should not be seen as a substitute for management responsibility around the design and effective operation of these systems.

### 1.3 Factors and findings which have informed our opinion

Based on the work undertaken, there is generally a sound system of internal control, designed to meet the Borough Council's objectives, and controls are generally being applied consistently. We have provided either a substantial or reasonable level of assurance in the majority of areas reviewed.

As noted above, the Council can take reasonable or substantial assurance for the following areas reviewed in the period:

- Treasury Management (Substantial)
- Corporate Governance (Members) (Substantial)
- Risk Management (Substantial)
- Project Management – Simply Weekly and Cemetery Extension (Substantial)
- EEPIC Company Governance (Reasonable)
- Homelessness (Reasonable)
- Income from S106 Agreements and Implementation of Community Infrastructure Levy (Reasonable)
- Payroll (Reasonable)
- Residential Property – Health and Safety Checks (Reasonable)

However, for the following two areas the Council can only take 'partial assurance':

#### **Health and Safety:**

We found there were weaknesses around the consistent use of accident/incident reporting forms by employees at the Council. In addition, we found weaknesses around the monitoring framework for the annual Risk Assessment reviews and for reviewing the implementation of the actions resulting from the fire risk assessments undertaken by the Council. We raised two high, two medium and three low priority actions during this review, details of which can be found in the full reports.

#### **Project Management – Ebbisham Exit:**

Officers interviewed (Borough Solicitor / Head of Property) as part of this review have highlighted that there were flaws in the initial business case and that this exercise was not treated as a project in the formal sense of the term but was rather seen as a conveyancing and legal process. Additionally,

further legal complications arose in establishing the sub-agreements in place with the users of the Ebbisham Centre which would transfer to the new Lessor. as the Council's Solicitor found differing types of agreement were in place. Either a licence, a hire agreement or lease arrangement. In addition, some of these could not be located or were out of date. Further delay occurred as correct agreements were required going forward.

We raised one high and one low priority actions during the review of this project, details of which can be found in the full reports.

We have additionally completed six advisory reviews. These related to Community Safety, Continuous Assurance Q1, Continuous Assurance Q2, Continuous Assurance Q3 and Q4, Midland HR iTrent System IT Review, Venues Management and ICT Service Catalogue Review.

A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

#### **1.4 Topics judged relevant for consideration as part of the annual governance statement**

There are no areas that we are aware of through our work or from wider sector knowledge that have impacted your AGS.

## 2 THE BASIS OF OUR INTERNAL AUDIT OPINION

As well as those headlines discussed at paragraph 1.3, the following areas have helped to inform our opinion. A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

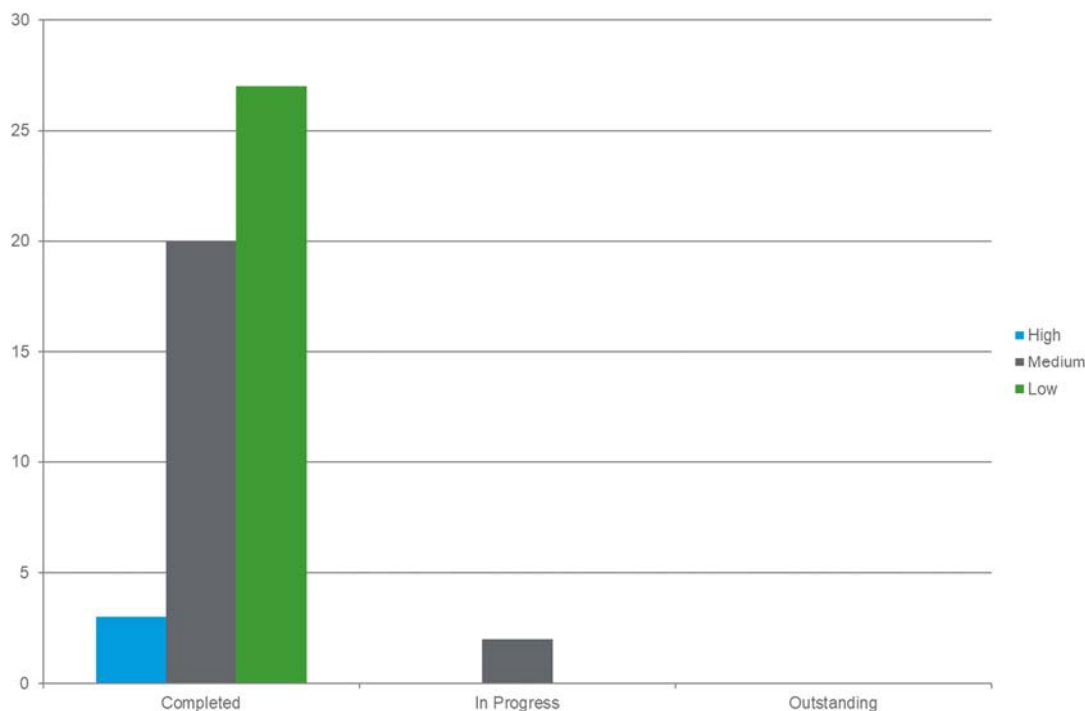
### 2.1 Acceptance of internal audit management actions

Management have agreed actions to address all of the findings reported by the internal audit service during 2018/2019.

### 2.2 Implementation of internal audit management actions

Where actions have been agreed by management, these have been monitored by management through the action tracking process in place using the 4action system. During the year progress has been reported to the audit committee, with the validation of the action status confirmed by internal audit on rolling basis.

Our follow up of the actions agreed to address previous years' internal audit findings shows that the organisation had made good progress in implementing the agreed actions.



As noted in the above table, all high and low priority actions due had been implemented. Two medium actions remain in progress or not yet implemented and these relate to Emergency Planning (1 action) and Housing Rent Accounting (1 action). It should be noted that the Housing Rent Accounting Action, which relates to issues with the current rent accounting system, was raised in 2016/17.

## **2.3 Working with other assurance providers**

In forming our opinion we have not placed any direct reliance on other assurance providers.

## 3 OUR PERFORMANCE

### 3.1 Wider value adding delivery

In the last year we have:

- highlighted actions for management throughout our audit reports based on our knowledge and experience in the local government sector to provide areas for consideration;
- provided a training session/workshop on contract management;
- provided regular contact and ad-hoc telephone calls and responded to queries from senior staff throughout the year.

### 3.2 Conflicts of interest

RSM has not undertaken any work or activity during 2018/2019 that would lead us to declare any conflict of interest.

### 3.3 Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS).

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2016 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF) published by the Global Institute of Internal Auditors (IIA) on which PSIAS is based.

The external review concluded that “there is a robust approach to the annual and assignment planning processes and the documentation reviewed was thorough in both terms of reports provided to audit committee and the supporting working papers.” RSM was found to have an excellent level of conformance with the IIA’s professional standards.

The risk assurance service line has in place a quality assurance and improvement programme to ensure continuous improvement of our internal audit services. Resulting from the programme, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

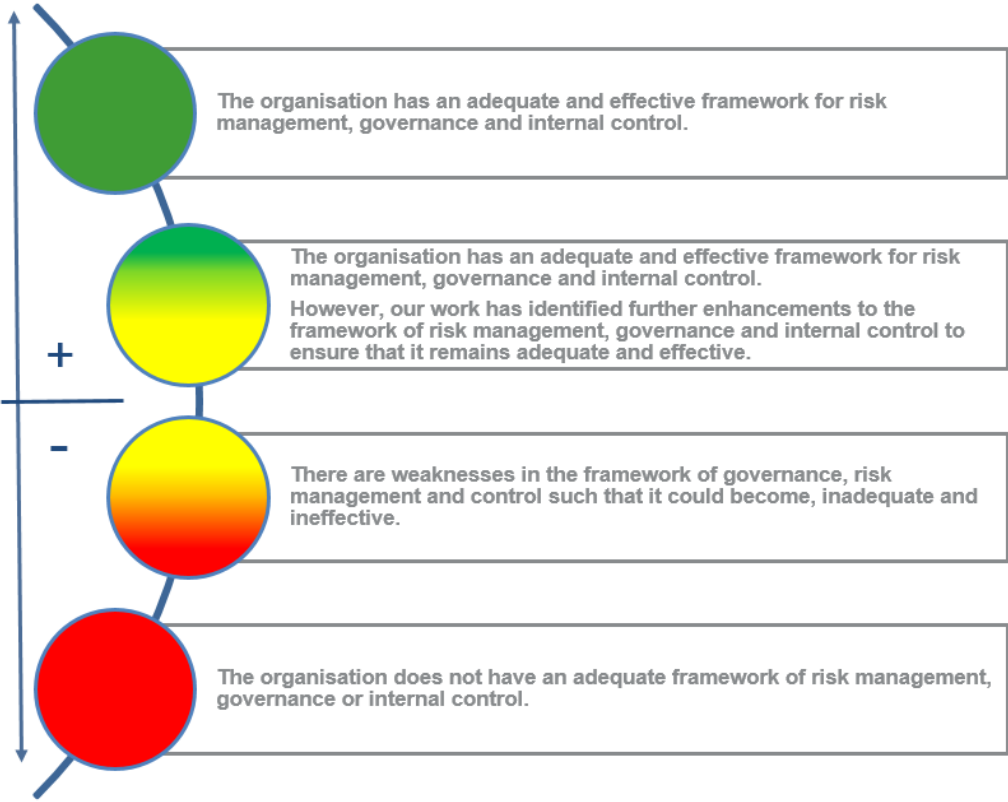
### 3.4 Quality assurance and continual improvement

To ensure that RSM remains compliant with the PSIAS framework we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews are used to inform the training needs of our audit teams.

This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

# APPENDIX A: ANNUAL OPINIONS

The following shows the full range of opinions available to us within our internal audit methodology to provide you with context regarding your annual internal audit opinion.

Annual opinions	Factors influencing our opinion
 <p>The organisation has an adequate and effective framework for risk management, governance and internal control.</p> <p>The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.</p> <p>There are weaknesses in the framework of governance, risk management and control such that it could become, inadequate and ineffective.</p> <p>The organisation does not have an adequate framework of risk management, governance or internal control.</p>	<p>The factors which are considered when influencing our opinion are:</p> <ul style="list-style-type: none"><li>• inherent risk in the area being audited;</li><li>• limitations in the individual audit assignments;</li><li>• the adequacy and effectiveness of the risk management and / or governance control framework;</li><li>• the impact of weakness identified;</li><li>• the level of risk exposure; and</li><li>• the response to management actions raised and timeliness of actions taken.</li></ul>

## APPENDIX B: SUMMARY OF INTERNAL AUDIT WORK COMPLETED 2018/2019

Assignment	Executive lead	Assurance level	Actions agreed		
			H	M	L
Community Safety	Rod Brown - Head of Housing and Community  Oliver Nelson - Environmental Health Officer	Advisory	0	1	2
Continuous Assurance - Quarter One	Gillian McTaggart - Head of Corporate Governance	Advisory	0	1	0
Continuous Assurance - Quarter Two	Gillian McTaggart - Head of Corporate Governance	Advisory	0	1	0
EEPIC Company Governance	Gillian McTaggart - Head of Corporate Governance  Mark Shephard - Head of Property and Regeneration	Reasonable	0	4	2
Health and Safety	Gillian McTaggart - Head of Corporate Governance	Partial	2	2	3
Homelessness	Rod Brown - Head of Housing and Community  Annette Snell - Housing Operations Manager	Reasonable	0	3	1
Income from S106 Agreement And Implementation of the Community Infrastructure Levy	Gillian McTaggart - Head of Corporate Governance	Reasonable	0	1	3
Midland HR iTrent System IT Governance Review	Shona Mason - Head of HR & Organisational Development	Advisory	0	3	1
Project Management	Gillian McTaggart – Head of Corporate Governance	Simply Weekly- Substantial Cemetry Extension- Substantial Ebbisham Exit- Partial	1	3	1
Treasury Management	Brendan Bradley - Chief Accountant	Substantial	0	1	0
Venues Management	Lee Duffy - Chief Financial Officer	Advisory	2	3	0



Assignment	Executive lead	Assurance level	Actions agreed		
			H	M	L
	Gillian McTaggart – Head of Corporate Governance				
Payroll	Shona Mason - Head of HR & Organisational Development	Reasonable	0	3	3
Residential Property – Health and Safety Checks	Gillian McTaggart – Head of Corporate Governance	Reasonable	1	0	0
Corporate Governance (Members)	Amardip Healy - Chief Legal Officer Gillian McTaggart Head of Corporate Governance	Substantial	0	0	2
Risk Management	Gillian McTaggart – Head of Corporate Governance	Substantial	0	1	0
Continuous Assurance – Quarters Three and Four	Gillian McTaggart - Head of Corporate Governance	Advisory	0	1	0
ICT Service Catalogue Review	Phil Gall - ICT Manager	Advisory	0	3	0

All of the assurance levels and outcomes provided above should be considered in the context of the scope, and the limitation of scope, set out in the individual Assignment Report.

We use the following levels of opinion classification within our internal audit reports. Reflecting the level of assurance the board can take:

	<p>Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective. Urgent action is needed to strengthen the control framework to manage the identified risk(s).</p>
	<p>Taking account of the issues identified, the board can take partial assurance that the controls to manage this risk are suitably designed and consistently applied. Action is needed to strengthen the control framework to manage the identified risk(s).</p>
	<p>Taking account of the issues identified, the board can take reasonable assurance that the controls in place to manage this risk are suitably designed and consistently applied. However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).</p>
	<p>Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage the identified risk(s) are suitably designed, consistently applied and operating effectively.</p>

## FOR FURTHER INFORMATION CONTACT

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### **rsmuk.com**

The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of Epsom and Ewell Borough Council and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

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**ANNUAL OVERVIEW OF PERFORMANCE OF INTERNAL AUDIT SERVICES  
FINANCE OFFICER 2018/19**

**Introduction**

Internal Audit is a statutory function and it is the responsibility of the Council to maintain an adequate and effective system of internal audit.

In accordance with the International Standards (Public Sector Internal Audit Standards) and Regulation (6) of the Accounts and Audit Regulations 2015, the Chief Finance Officer has reviewed the effectiveness of internal audit.

Based on the work undertaken in the audits listed within the Annual Internal Audit report 2018/19 the Head of Internal Audit's opinion stated :

**The organisation has an adequate and effective framework for risk management and governance.**

**However our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.**

There are no areas identified that would impact on the Annual Governance Statement

<b>Audit Contract</b>	This is the 7 <sup>th</sup> and final year of the contract. There is a new contract in place from 1 <sup>st</sup> April 2019 with Southern Internal Audit Partnership.																																														
<b>Delivery of the Audit Contract</b>	<p>The Audit Strategy 2018/19 was agreed on 19th April 2018, by the Audit, Crime &amp; Disorder and Scrutiny Committee based on the Council's risk profile and where assurances are required.</p> <p>A total of 199 audit days were planned and 17 audits were completed in 18/19, plus follow up and sign off of the Epsom &amp; Walton Downs Conservators Accounts.</p> <p>Two of these were given partial assurance and these related to Health &amp; Safety and the Project Management arrangements for the exit of the Ebbisham Centre.</p> <p>As this was the end of the contract a draft Annual Internal Audit Report was brought to the Committee in April 2019.</p>																																														
<b>Audit Quality, Monitoring Arrangements and PI's</b>	Regular operational contract monitoring meetings are in place and a regular monitoring report is issued.																																														
<b>Consortium</b>	<p>The 6 Consortium members (Epsom &amp; Ewell, Mole Valley, Reigate &amp; Banstead, Tandridge, Waverley and Surrey Police) met on several occasions during 2018/19 and agreed to transfer the contract to Southern Internal Audit Partnership (SIAP) after a number of options were reviewed. RSM have assisted with the on-boarding process during the handover.</p> <p>Five members will join as stakeholders, one member will join under client arrangements.</p>																																														
<b>Audit Recommendations 2018/19</b>	<table border="1"> <thead> <tr> <th>Assurance Levels</th><th>No in 2018/19</th><th>No in 2017/18</th><th>No in 2016/17</th><th>No in 2015/16</th><th>No. in 2014/15</th></tr> </thead> <tbody> <tr> <td>No Assurance</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td></tr> <tr> <td>Partial Assurance</td><td>**2</td><td>0</td><td>3</td><td>3</td><td>2</td></tr> <tr> <td>Reasonable Assurance</td><td>5</td><td>9</td><td>6</td><td>8</td><td>4</td></tr> <tr> <td>Substantial Assurance</td><td>3</td><td>4</td><td>4</td><td>3</td><td>7</td></tr> <tr> <td>WIP</td><td>0</td><td>2</td><td>4</td><td>1</td><td>1</td></tr> <tr> <td>Advisory</td><td>*7</td><td>1</td><td>3</td><td>5</td><td>2</td></tr> </tbody> </table>	Assurance Levels	No in 2018/19	No in 2017/18	No in 2016/17	No in 2015/16	No. in 2014/15	No Assurance	0	0	0	0	2	Partial Assurance	**2	0	3	3	2	Reasonable Assurance	5	9	6	8	4	Substantial Assurance	3	4	4	3	7	WIP	0	2	4	1	1	Advisory	*7	1	3	5	2				
Assurance Levels	No in 2018/19	No in 2017/18	No in 2016/17	No in 2015/16	No. in 2014/15																																										
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Substantial Assurance	3	4	4	3	7																																										
WIP	0	2	4	1	1																																										
Advisory	*7	1	3	5	2																																										

Annex 3

	Follow up	1	1	1	1	1												
	Deferred	0																
	<b>Sub Total</b>	18	19															
	Bus Grants & smaller bodies	Signed Off	Signed off	Signed off	Signed off	Signed off												
	<b>Total</b>	<b>19</b>	<b>20</b>	<b>22</b>	<b>21</b>	<b>19</b>												
	*Advisory - Continuous Assurance reports recorded as one audit in plan but three reports were issued																	
	**Partial Assurance includes Project Management Audit – one report but three opinions recorded in summary; the Ebbisham Exit project received a partial assurance. Corporate Health & Safety also received partial assurance																	
<b>Follow up Recommendations</b>	RSM follow up recommendations during year. A detailed management report on recommendations was also brought to the committee in November. As follows <table><tr><td><b>Not yet due</b></td><td><b>10</b></td></tr><tr><td><b>Fully Implemented</b></td><td><b>11</b></td></tr><tr><td><b>Partially Implemented</b></td><td><b>6</b></td></tr><tr><td><b>Not Implemented/Outstanding</b></td><td><b>0</b></td></tr><tr><td><b>Superseded</b></td><td><b>3</b></td></tr><tr><td><b>TOTAL</b></td><td><b>30</b></td></tr></table> The 10 relating to the Cyber Security had not been due for implementation. The end of year Internal Audit Report identified that good progress had been made on implementing recommendations During 2019/2020, the outstanding recommendations will be followed up internally.						<b>Not yet due</b>	<b>10</b>	<b>Fully Implemented</b>	<b>11</b>	<b>Partially Implemented</b>	<b>6</b>	<b>Not Implemented/Outstanding</b>	<b>0</b>	<b>Superseded</b>	<b>3</b>	<b>TOTAL</b>	<b>30</b>
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<b>Not Implemented/Outstanding</b>	<b>0</b>																	
<b>Superseded</b>	<b>3</b>																	
<b>TOTAL</b>	<b>30</b>																	
<b>Feedback from External audit</b>	The External Auditors (Grant Thornton) have not identified any weaknesses in internal audit which impact on their audit approach.																	
<b>Role of the Audit, Crime &amp; Disorder and Scrutiny Committee</b>	In meeting their requirements as an Audit Committee they:- -receive regular monitoring reports and the Annual Audit Strategy -are independent to management -consider an annual report -review external audit report action plans -review the Annual Governance Statement - receive the outcome of specialist reviews																	
<b>Additional Services</b>	RSM have delivered contract management training in replacement of a contract management audit. Over 30 officers attended to improve contract management skills across the Council.																	
<b>Overall Summary</b>	This was the final year of the contract and during the year a report was taken to Strategy & Resources Committee on the options consider by the Consortium for the provision of internal audit services. It was agreed that internal audit providers would be Southern Internal Audit Partnership, who are currently hosted by Hampshire County Council. The existing Consortium will be disbanded. RSM are thanked for their work on behalf of Epsom & Ewell Borough Council.																	

Chief Finance Officer

21st May 2019

## **ANNUAL GOVERNANCE STATEMENT 2018/19**

**Head of Service/Contact:** Gillian McTaggart, Head of Policy,  
Performance & Governance

**Annexes/Appendices (attached):** **Annex 1** - Draft Annual Governance  
Statement 2018/19

**Other available papers (not  
attached):**

### **Report summary**

**This report seeks the Committee's formal approval of the draft Annual Governance Statement (AGS) and the arrangements made for its preparation as part of the 2018/19 financial statements.**

### **Recommendation (s)**

**The Committee is asked to:**

- (1) Confirm the adequacy of the arrangements made for preparing the Annual Governance Statement**
- (2) Consider and endorse the 2018/19 AGS prior to it being certified by the Chief Executive and the Chairman of the Strategy & Resources Committee**
- (3) Give delegated authority to the Chief Finance Officer to make any required amendments prior to its submission with the Statement of Accounts.**

## **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 Corporate governance affects all aspects of our services because it relates to the framework in which decisions are made. It is defined as the system by which local authorities direct and control their functions and relate to their communities.

1.2 The AGS underpins everything we do and supports our core values of openness and integrity.

1.3 The Committee's terms of reference cover the responsibility for review and approval of the AGS.

## 2 Background

2.1 Our governance arrangements aim to ensure that we set and meet objectives, act lawfully, openly and honestly. All monies and resources are accounted for, safeguarded and used economically, efficiently and effectively.

2.2 The Accounts and Audit (England) Regulations 2015 require that councils produce a statement to cover their whole internal control environment, both financial and non-financial. The AGS is designed to provide assurance concerning our governance arrangements.

2.3 The principles and standards are based on the CIPFA /SOLACE guidance: Delivering Good Governance in Local Government Framework 2016.

2.4 The AGS forms part of the 2018/19 financial statements.

## 3 Proposals

3.1 The Council is committed to the principles of corporate governance and has adopted the principles contained in the latest guidance issued by CIPFA/SOLACE. The Code of Corporate Governance was approved by Strategy & Resources Committee in April 2017.

3.2 The AGS is attached as **Annex 1** to this report. The statement outlines the following:

- The purpose of the Governance Framework and compliance with the principles;
- The process of annually reviewing the effectiveness of the governance and internal control framework; and,
- Identifying significant governance issues arising from the 2018/19 Annual Governance Statement and monitoring issues from the 2017/18 statement.

3.3 The AGS is an important document as it is one form of providing assurances to residents and other stakeholders, including the Council's partners, that its decision making processes and procedures have integrity.



- 3.4 An action plan has been prepared to capture the issues raised throughout the review process. This document will form the basis for the Committee to monitor throughout the year. The action plan is provided as part of the AGS. An update on the action plan will be reported to the Committee in November.
- 3.5 The statement was developed through a comprehensive evaluation process which has included input from the Leadership Team.

#### **4 Financial and Manpower Implications**

- 4.1 There are no direct financial implications arising through the preparation and publication of the Council's Annual Governance Statement.
- 4.2 However, the draft statement includes an assessment as to the extent to which the Council's financial and other internal control related procedures are being complied with.
- 4.3 **Chief Finance Officer's comments:** The Annual Governance Statement is a statutory requirement and will be subject to external audit alongside the Statement of Accounts 2018/19 for the Council.

#### **5 Legal Implications (including implications for matters relating to equality)**

- 5.1 The AGS is a statutory requirement as set out in the Account and Audit Regulations 2015.
- 5.2 External Audit will review the statement as part of the audit of the 2018/19 accounts.
- 5.3 **Monitoring Officer's comments:** *none arising from the contents of this report.*

#### **6 Sustainability Policy and Community Safety Implications**

- 6.1 There are no implications for the purposes of this report.

#### **7 Partnerships**

- 7.1 There are no implications for the purposes of this report.

#### **8 Risk Assessment**

- 8.1 The Council's Risk Management Strategy forms one of the key elements of the Council's governance arrangements.

#### **9 Conclusion and Recommendations**

- 9.1 The Committee is asked to confirm the adequacy of the arrangements for the compilation of the AGS as well as to endorse the AGS.

- 9.2 Responsibility for signing the statement lies with the Chief Executive and the Chairman of the Strategy & Resources Committee

**Ward(s) Affected:** (All Wards);



## DRAFT ANNUAL GOVERNANCE STATEMENT – 2018/2019

### 1.0 Introduction

- 1.1 This is the Council's Annual Governance Statement for 2018/19. It provides an opinion on the Council's governance arrangements, a review of the effectiveness of the governance statement, an update on the actions agreed in last year's statement and issues identified in 2018/19.
- 1.2 The Council adopted a code of corporate governance which reflects the principles and is consistent with the CIPFA/SOLACE Framework, "Delivering Good Governance in Local Government" 2016. This framework requires that local authorities are responsible for ensuring that;
- Their business is conducted in accordance with all relevant laws and regulations.
  - Public money is safeguarded and properly accounted for.
  - Resources are used economically, efficiently and effectively to achieve priorities which benefit the local authority.
- 1.3 All Councils are required to produce an Annual Governance Statement (AGS) and review their governance arrangements at least once a year.

## 2 Corporate Governance

- 2.1 Corporate governance is the process by which the Council directs, controls and is held to account. The Council's governance framework aims to ensure that in conducting its business it:
- Operates in a lawful, open, inclusive and transparent manner;
  - Makes sure that public money is safeguarded, properly accounted for and used economically, efficiently and effectively
  - Has effective arrangements for the management of risk and;
  - Secures continuous improvements in its governance
- 2.2 The Council approved its Code of Corporate Governance in April 2017 which is based on the seven new principles within the Chartered Institute of Public Finance (CIPFA)/ Society for Local Authority Chief Executives (SOLACE) Framework 2016. The Code summarises the Council's internal arrangements; each section looks at how the Council accounts for the principles. The Council acknowledges that it is responsible for ensuring that there is a sound system of

governance and internal control compliant with its adopted principles within the local code. A high level summary is included in this document.

### 3 Compliance with the Principles

#### 3.1 **PRINCIPLE A- Behaving with Integrity, demonstrating strong ethical values and respecting the law**

This is achieved by:

- 3.2 The Council's Constitution lays out compliance with legislation and includes;
- Codes of conduct which define our standards and behaviour and deals with Conflicts of interest
  - Whistleblowing procedures
  - Financial Regulations and Contract Standing Orders
  - Anti-Fraud and Corruption Strategy and the Anti-Bribery Policy
  - Rules relating to Members external interests
  - Rules relating to Gifts and Hospitality
  - Codes of Conduct for Members and Officers
  - Scheme of Delegation to officers
  - Information Security Policy
  - Information Governance Policy
  - Money Laundering Policy

- 3.3 The Monitoring Officer has specific responsibility for ensuring legality and investigating issues to ensure compliance with laws and regulations.

#### 3.4 **PRINCIPLE B - Ensuring openness and comprehensive stakeholder engagement.**

This is achieved by:

- 3.5 Documenting a commitment to openness and acting in the public interest.
- 3.6 Establishing clear channels of communication with different sectors of the community and other stakeholders, ensuring accountability and encouraging open consultation.
- 3.7 Ensuring an effective scrutiny function is in place.

#### 3.8 **PRINCIPLE C - Defining outcomes in terms of sustainable economic, social and environmental benefits.**

This is achieved by:

- 3.9 Developing and communicating a vision which specifies intended outcomes for citizens and service users and is used as a basis for planning

**3.11 PRINCIPLE D - Determining the interventions necessary to optimise the achievement of the intended outcomes.**

This is achieved by:

- 3.12 Translating the vision into courses of action for the Council, its partnerships and collaborations
- 3.13 Reviewing the effectiveness of the decision making framework, including delegation arrangements, decision making in partnerships, information provided to decision makers and robust data quality.
- 3.14 Measuring the performance of services and related projects and ensuring that they are delivered in accordance with defined outcomes and that they meet the agreed use of resources and value for money.

**3.15 PRINCIPLE E- Developing the Council's capacity, including the capability of its leadership and the individuals within it.**

This achieved by

- 3.16 Defining and documenting the roles and responsibilities of members and management with clear protocols for effective communication in respect of the Council and partnership arrangements.
- 3.17 Ensuring effective arrangements are in place for the discharge of the Head of Paid Service.
- 3.18 Providing induction and identifying the development needs of members and senior management.

**3.19 PRINCIPLE F - Managing risks and performance through robust internal control and strong public financial management.**

This is achieved by:

- 3.20 Reviewing the effectiveness of the framework for identifying and managing risks and for performance and then demonstrating clear accountability.
- 3.21 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 2015).
- 3.22 Independent review of the internal controls by Internal Audit when carrying out assessments of key activity areas.

**3.23 PRINCIPLE G - Implementing good practices in transparency, reporting, and audit, to deliver effective accountability.**

This achieved by:

- 3.24 Ensuring that assurance arrangements conform to the governance requirements of the CIPFA statement on the Role of the Head of Internal Audit (2010) and where they do not, explain why and how they deliver the same impact.
- 3.25 Undertaking the core functions of an audit committee, as defined in audit Committee, Practical Guidance for Local Authorities and Police (CIPFA 2013)
- 3.26 Ensuring that the Council provides timely support and information and responses to external auditors and properly considers audit findings and recommendations.

#### **4. How do we know that our arrangements are working?**

- 4.1 The Code of Corporate Governance requires assurance upon:
  - Delivery of the Council's Corporate Plan and the Key Priorities
  - Services delivered economically, efficiently and effectively
  - Management of risk
  - Financial planning and performances
  - Effectiveness of internal controls
  - Community engagement and public accountability
  - Project management and project delivery
  - Governance of shared services and alternative services delivery modules
  - Procurement processes
  - Roles and responsibilities of members and officers
  - Standards of conduct and behaviour
  - Training and development of members and officers
  - Compliance with laws and regulations, internal policies and procedures
  - Records keeping

#### **4.2 Sources of Assurance**

- Constitution and scheme of delegation
- Council Meetings and Full Council
- Corporate Plan and Service delivery plans
- Performance Management Framework
- Risk Management Framework
- Project Management methodology
- Medium Term Financial Strategy and budget monitoring
- Customer Service Strategy and Complaints Policy
- HR Policies and procedures
- Whistleblowing policies
- Organizational Development Strategy
- Training for Members and Officers
- External Audit and Internal Audit
- Role of Head of Paid Service, Chief Finance Officer and Chief Legal Officer

#### **4.13 Assurances Received and Review of Effectiveness**

- All Heads of Service are required to complete a Divisional Assurance Statement.
- The Statutory Officers were consulted on the review process and their roles and responsibilities and consulted on the outcome.
- The Chief Executive and the Chair of Strategy and Resources sign the AGS
- Any frauds reported and complaints to the Ombudsman are reviewed.
- The Head of Internal Audit's Opinion for 2018/19 is taken into account, and comments made by external audit and other external reviews.
- Performance and performance indicators are reviewed.
- We have made progress in implementing the action plan from 2017/18.
- The Leadership Team is fully structured and assists with good governance in delivering key services and making corporate decisions and monitors performance.
- Key management roles are defined and are within the Leadership Team,
- The Council's finances are driven through the Medium Term Financial Strategy. The Council sets an annual budget which is regularly monitored and reviewed and the Council's financial systems and processes are regularly audited.
- A new Member Officer Protocol was introduced in 18/19 with training to all staff and Members

#### 4.14 Opportunities to improve

This AGS builds upon previous AGS's. All the key governance mechanisms remain in place. This documents includes any changes to the key governance systems and an update of the significant governance arrangements in 2017/18

## 5 The Council and how it functions

- 5.1 The Council is a committee authority where policies and decisions are determined and scrutinized.
- 5.2 The Council has the following committees in place; Audit, Crime & Disorder and Scrutiny, Community & Wellbeing, Environment and Safe Communities. Strategy & Resources, Planning. And Standards.
- 5.3 The Council's Regulatory and Advisory Committees/Panels include; Licensing Hearing Panel, the Appointments Panel, Financial Policy Panel, Health Liaison Panel and the Human Resources Panel.
- 5.4 In addition the joint committees and outside bodies include; Epsom and Walton Downs Conservators, Epsom & Walton Downs Consultative Committee and the Nonsuch Park Joint Management Committee.
- 5.5 The Constitution sets out the roles and responsibilities and there is a terms of reference for each committee/body

- 5.6 Meetings are open and all agenda papers, reports and decisions can be found on the Council's website and partnership risks are identified in committee reports. Details of all consultations and surveys are also available. The Council's budget and financial statements are available through the web site. The web site also highlights all completed and approaching public consultation.
- 5.7 The management structure is available on the Council's website. The Chief Executive is the Head of Paid Service. In 2018 the Council added the role of Chief Operating Officer. These posts meet regularly and also are part of the Leadership Team.

## **6 Significant operational events in 2018/19**

- 6.1 The Leadership Team were restructured in 2018/19, reducing from 11 officers to 9. This resulted in a number of functions changing their reporting structure. This has been in place since November and continues to be embedded. A number of functions were amalgamated; the most significant being ICT, Revenues & Benefits and Customer Services are now all within the newly formed service for Digital Service & Transformation. The Venues Team are now within Property & Regeneration and have been subject to a separate restructure.
- 6.2 The Council's ICT arrangements have been strengthened during 2018/19 with additional resources. In addition the new equipment from the previously shared Datacentre was returned which enhances overall resilience and stability with our infrastructure and will support an in house Datacentre
- 6.3 The Council's planning service has been streamlined to improve the service and support the delivery of the Local Plan although remains at risk of possible designation for the quality of decision making.
- 6.4 The Council introduced an updated financial module in 2018/19 which resulted in issues with recording value added tax and bank reconciliations. An interim solution was put in place for the 2018/19 accounts and officers are working with the supplier Civica to find a permanent solution.

## **7 Managing Risks**

- 7.1 All Members and officers are responsible for ensuring that the risk implications are considered and included when making decisions and planning services. To deliver services and key priorities the Council must manage its risks and opportunities.
- 7.2 Significant risks are recorded in the Leadership Risk Register which is managed and monitored. The Leadership Team reviews this every 6 months. The risk register is used to formulate the internal audit plan. The service risks are identified from the Divisional Assurance Statements completed by the Heads of Services. The Risk Management Framework is reviewed annually.



- 7.3 The Council's IT systems are regularly audited and the Council has an IT Security & Acceptable Use Policy and IT Information Assurance Policy. Staff have received training on information governance and a number of workshops were held on maintaining information asset registers to improve how data is managed.

## **8 Managing Fraud**

- 8.1 The Council's Whistleblowing Policy is part of the Constitution which is available on the Council's website. The Council also has an Anti-Fraud and Anti-Corruption Strategy which determines the culture of honesty and opposing fraud and corruption

## **9 Managing Resources**

- 9.1 The Council continues to manage the effect of austerity measures through its Medium Term Financial Strategy and has introduced some new initiatives.
- 9.2 The Council is required to set a balanced budget on an annual basis. The budget sets out how much money will be spent on services, invested in projects and the level of Council tax for individual residents. The level of Council Tax also includes tax required by Surrey County Council and Surrey Police Commissioners Office although it has no control over the amount set by these bodies.

## **10 Responsibility of the Chief Financial Officer**

- 10.1 The Chief Finance Officer is responsible for delivering and overseeing the financial management arrangements for the Council. He is part of the Council's Leadership Team and reports direct to the Chief Executive. These arrangements, both in design and in day to day practice, enable the financial aspects of material business decisions to be given due weight.
- 10.2 The Council maintains an effective system of financial control which is clearly set out within the Council's financial regulations and procedure rules. Control and oversight is facilitated by an effective internal audit function and underpinned by a strong culture of careful management of public money demonstrated by all managers. The effectiveness of the control environment can be evidenced through the Council's recent history of financial outturns and the timeliness and quality of the financial statements and other financial returns.
- 10.3 The Chief Finance Officer is the Council's S.151 Officer and in accordance with the statutory requirement has the relevant accountancy qualification and significant local government experience. In the opinion of the Chief Finance Officer, the Council's finance function is adequately resourced and contains a mix of staff with the appropriate levels of professional qualifications and experience.
- 10.4 The Chief Finance Officer is involved in the preparation of the Annual Governance Statement.

## **11 Managing Performance**

- 11.1 The Council's performance management arrangements use a RAG system (red/amber green). Targets are set annually based on the Council's Corporate Plan. The relevant Heads of Service and Committee Chairmen are consulted on proposed targets. The Audit, Crime & Disorder and Scrutiny Committee receives and reviews all key priority targets, although accountability rests with the relevant Head of Service. For 2018/19; 77% of key priority targets were achieved and 78% of the targets contained within the Service Delivery Plans were either achieved or partly achieved (green and amber status)..

## **12 Stakeholder Engagement**

- 12.1 The Council has changed its complaints process to a two stage procedure for recording complaints. This is clearly laid out in our procedure backed by the customer charter. In 2018/19, 484 complaints were received, of these 70% were resolved within 15 days. 38 complaints escalated to Stage 2 and of these 59% were resolved within 15 days. The number of complaints to the Ombudsman forms part of this procedure and an annual report is received. For 2018 the Ombudsman reported that a total of 15 complaints were referred to the Ombudsman with one complaint upheld.
- 12.2 Data is published on the website to meet the requirements of the Local Government Transparency Code.
- 12.3 During 2018/19 the Council has engaged with residents, visitors and local businesses on Future 40 to develop a long term vision for the Borough through a series of events, consultations and forums.

## **13 Internal Audit and External Audit Assurance**

- 13.1 Internal audit is a key element of the governance arrangements and provides an independent, risk based approach.
- 13.2 Internal Audit is delivered through a Consortium with other Surrey organizations and was provided in 18/19 by an external provider RSM. RSM operate to the Public Sector Internal Audit Standards which is assessed every 5 years; they report direct to the Audit, Crime & Disorder and Scrutiny Committee. This is the final year of the contract with RSM and arrangements have been agreed going forward. However during 2018/19 the contract was re-procured and there has been an on boarding/ handover to the new providers for 2019/20 - the Southern Internal Audit Partnership.
- 13.3 Due to the changes in the contract the Head of Internal Audit's provided a draft year end opinion for 2018/19 and concluded that the Council has an adequate and effective framework for risk management, governance and internal control. However their work identified some further enhancements to the framework of

risk management, governance and internal control to ensure that it remains adequate and effective.

- 13.4 The Audit, Crime & Disorder and Scrutiny Committee carries out the role of an Audit Committee as identified in CIPFA's "Audit Committees – Practical Guidance for local authorities". The Committee produces an Annual Report to Council which covers the work of internal audit. This Committee meets throughout the year and monitors specific areas of governance including performance management, risk management and internal audit; it receives the Head of Internal Audit's Year end opinion. As a Scrutiny Committee, it also conducts a number of specific reviews.
- 13.5 In 2018/19, the Committee met 4 times and reviewed progress against the audit plan, progress in implementing recommendations, and risk management arrangements. The Committee annually reviews how effective it has been in overseeing the arrangements in their annual report to Council.
- 13.6 External Audit is provided by Grant Thornton, who were appointed through Public Sector Audit Appointments Ltd (PSAA). The statutory accounts have been audited and Grant Thornton have issued an unqualified opinion and value for money.

## 14 Issues from 2017/18

- 14.1 The implementation of the actions identified in 2017/18 have been monitored and reported in detail to the Audit, Crime & Disorder and Scrutiny Committee as part of the arrangements for approving the AGS.

Issues identified for 2017/18	Action taken
A number of codes, policies and strategies are out of date and in need of updating	<p>A number of policies have been updated during 2018/19 although there is further work to ensure they are all updated.</p> <p>The Constitution is being updated on a rolling in February 2019.</p> <p>A corporate template for policies has been agreed to provide a standardised approach with improved version control.</p> <p>The HR policies have been revised and updated and are being coordinated by external consultants. .</p>
The Council has introduced alternative service methods and needs to ensure the governance arrangements are clear.	The Sub-Committee for the governance of the Council's wholly owned company EEPIC has been established and will receive updates and the business plan

	moving forward.
The Council has received confirmation that it is at risk of designation for the quality of decision making although an improvement plan is in place resulting from the Planning Peer Review.	The Council is monitoring the decision making of the Planning Committee very closely and performance has improved. However the risk of designation remains a concern as it is based on a 24 month rolling programme and will continue to be closely monitored.

## 15 CONCLUSION AND SIGNIFICANT GOVERNANCE ISSUES 2018/19

- 15.1 The Council is satisfied that the appropriate governance arrangements are in place however it remains committed to maintaining and where required improving those areas. The key issues to be addressed in 2019/20 are listed below and these will be reviewed and monitored with a detailed action plan.

Issues identified for 2018/9	Planned Action
As a result of the restructure, staff changes and legacy IT issues there is a need to review and align business continuity plans and the arrangements for disaster recover	A review of Service Business Continuity Plans will be undertaken in 19/20 which will link into a review of Corporate Business Continuity Plans. There is also a clear road for IT service improvements that includes disaster recovery.
Although elements of the Constitution have been revised and a number policies and procedures have been updated, several remain out of date including fraud policies and HR policies	Continue to revise the Constitution on a rolling programme and update all policies and ensure they are fit for purpose and communicated to relevant officers and Members
Implement the Members Induction programme for 2019/20 as a result of the May 2019 elections	A detailed induction programme for new and existing members has been developed and will be implemented during 2019/20 with Members Briefings and specific sessions on key areas to improve governance.
The Council remains under financial pressure, implementing its Income Generation Plan and carrying external debt following acquisition of investment property	Monitor the potential loss of further funding and the associated implications. Agree and implement the new Medium Term Financial Strategy for 2020/21 to 2023/24 including the identification of additional sources of funding and income.
Some areas are unclear on the decision making process to ensure the correct authorities are obtained either through committee reports or delegated authority	Further training will be provided to ensure that the correct authority is obtained when making decisions

**Signed:**

.....

Chair of Strategy and Resources & Chief Executive on behalf of Epsom and Ewell  
Borough Council

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## **ANNUAL REPORT ON RIPA USAGE & POLICY**

**Head of Service/Contact:** Amardip Healy, Chief Legal Officer  
**Annexes/Appendices (attached):** **Annex 1** – Policy & Guidance on Lawful Surveillance, Regulation of Investigatory Powers Act 2000

**Other available papers (not attached):**

### **Report summary**

To give an annual report to members on activities relating to surveillance by the Council and policies under the Regulation of Investigatory Powers Act 2000.

### **Recommendation (s)**

**That the Committee:**

- (1) notes the annual report of the Council's use of its RIPA powers;**
- (2) approves the Council's 'Policy & Guidance on Lawful Surveillance' for the forthcoming year attached at Annex 1.**

### **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 To ensure that any covert surveillance activity carried out by the Council remains proportionate and in line with current legislation and good practice. Compliance with this legislation will contribute to keeping the Borough clean and green, safe and vibrant, and supporting our community and businesses.

## 2 Background

- 2.1 The Council has a number of functions to undertake which involve the enforcement of laws and regulation. On occasion, officers may need to conduct investigations and, in exceptional circumstances, the Council has the power to make use of covert surveillance and similar activities.
- 2.2 The Regulation of Investigatory Powers Act 2000 (RIPA) and the Codes of Practice issued under section 71 of that Act regulates the way in which the Council conducts surveillance for the purposes of law enforcement. The fundamental requirement of RIPA is that when the Council considers undertaking directed surveillance or using a covert human intelligence source it must only do so if:
  - a) the activity has been authorised by an officer with appropriate powers, and
  - b) the relevant criteria are satisfied, including authorisation by the Magistrates Court.
- 2.3 All directed surveillances (covert, but not intrusive) and use of covert human intelligence sources (CHIS) require authorisation by a senior Council officer and the exercise of the powers is subject to review. The controls are in place in accordance with the Human Rights Act, particularly the right to respect for family and private life.
- 2.4 Substantial changes were made to the powers of Local Authorities to conduct directed surveillance and the use of human intelligence sources under the Protection of Freedoms. As of 1 November 2012 any RIPA surveillance which the Council wishes to authorise must be approved by an authorising officer at the council and also be approved by a Magistrate; where a Local Authority wishes to seek to carry out a directed surveillance or make use of a human intelligence source the Council must apply to a single Justice of the Peace. The Home Office issued guidance to Local Authorities and to Magistrates on the approval process for RIPA authorisations.
- 2.5 The Office of the Surveillance Commissioner (OSC) oversees the exercise by Councils of their surveillance powers. As a consequence of the Investigatory Powers Act 2016, the Office of the Surveillance Commissioner was subsumed (with the Interception of Communications Commissioner's Office and the Intelligence Services Commissioner) into the Investigatory Powers Commissioner's Office which took effect from the 1st September 2017.



- 2.6 Following a desktop review by the Surveillance Commissioner in 2017, a number of recommendations were made. They included updates to the Council's RIPA Policy. The recommendations were incorporated into an amended policy and reported to the Strategy & Resources Committee for approval. The amended policy was approved on the 17th April 2018. Following a review of the law and good practice, no changes were felt necessary to the Policy this year.
- 2.7 As a part of the 2017 recommendations, there was also a requirement to ensure officers were trained in the use of powers. Specialist training was arranged by the Council which included a number of other Surrey Councils. Not only did this keep the cost to the Council of such training to a minimum, it also enable a wider sharing and knowledge of good practice. This format for training will be repeated as part of a rolling programme.
- 2.8 The Council's policy requires a regular update of RIPA activity to be reported to the Audit, Crime & Disorder Committee. The Council did not undertake any directed surveillance or use a covert human intelligence source in 2016/2017. In 2017/18, one application was approved for directed surveillance which lead to the conviction of a defendant in a fly tipping case. There have been no applications for the period 2018/19.

### **3 Proposals**

- 3.1 This report seeks to inform on the last year's activities and seeks approval of 'Policy & Guidance on Lawful Surveillance' for the forthcoming year attached at Annex 1.
- 3.2

### **4 Financial and Manpower Implications**

- 4.1 There are no financial implications to this report.
- 4.2 **Chief Finance Officer's comments:** None for the purposes of this report.

### **5 Legal Implications (including implications for matters relating to equality)**

- 5.1 The Policy & Guidance document sets out the means of compliance with and use of the RIPA legislation by the Council. It is based on the requirements of the Act and the relevant Codes of Practice.

5.2 Use of investigatory powers potentially engages the Human Rights Act 1998 and in particular the qualified right to private and family life under article 8 of the European Convention. This right may only be interfered with in circumstances where it is necessary and proportionate to do so in pursuit of the public interest. The Council's RIPA Policy & Guidance document is designed to facilitate compliance with the Human Rights Act.

5.3 **Monitoring Officer's comments:** none arising from the contents of this report

## **6 Sustainability Policy and Community Safety Implications**

6.1 The RIPA Policy is part of the Council's regulatory toolkit. An annual review of the Policy helps to maintain public confidence in the Council's position on community safety.

## **7 Partnerships**

7.1 Not applicable for the purposes of this report

## **8 Risk Assessment**

8.1 It is important to ensure regulatory investigative procedures are kept up to date in line with current good practice.

## **9 Conclusion and Recommendations**

9.1 An annual review and updating of the RIPA policy ensures the Council is both up to date with current thinking and practice and allows all regulatory tools to remain available if needed.

**Ward(s) Affected:** (All Wards);



## **Policy & Guidance on Lawful Surveillance Regulation of Investigatory Powers Act 2000**

May 2019

### **Review and Amendment**

**Review Period:** Annual

**Responsible Officer:** Chief Legal Officer

<b>Date</b>	<b>Review or Amendment</b>	<b>Review Comments/ Summary of Amendment</b>	<b>Review/Amendment Made by</b>
18/10/2017	Amendment	Various amendments made in response to OSC/IPCO Inspection Report	Simon Young
16/3/2018	Amendment	Various amendments in response to annual review	A Healy
29/5/2019	Review	No change	A Healy

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## A. INTRODUCTION

1. In September 2000, the Regulation of Investigatory Powers Act 2000 ("RIPA") came into force in England and Wales. The Act sets out in detail the type of surveillance work, and certain other investigatory work, the Council may lawfully undertake and the circumstances in which it may be undertaken. The Act provides a regulatory framework with which the Council must comply. In simple terms, the Act requires the Council to have procedures in place, which ensure that surveillance, and/or other regulated activities are: necessary, on specified grounds; proportionate to what is sought to be achieved; and are properly authorised.
2. The Council takes its statutory responsibilities seriously and will, at all times, act in accordance with the law and take necessary and proportionate action in these matters. The Council has various powers and duties in connection with the detection of crime, including environmental enforcement work, licensing and other regulatory work, and the detection of benefit fraud.
3. The Chief Legal Officer is duly authorised by the Council to keep this policy up to date and accurate and maintain a central record of authorisations for the purpose of RIPA. This policy should be read in conjunction with the codes of practice, which can be viewed at <https://www.gov.uk/government/collections/ripa-codes>
4. This version replaces version 2 of the Policy and Guidance documents approved in 2010. The current version of the policy and forms are those saved in O:\Common\SharedData\RIPA. If a hard copy has been printed, reference should first be made to the electronic copy of the policy, to check for any revisions. Forms should not be saved locally; the relevant form on the Home Office website should be used on each occasion. The forms are available at <https://www.gov.uk/government/collections/ripa-forms--2>. If the forms or website are unavailable for any reason, the forms in the above folder may be used instead.

5. If you are in any doubt about RIPA or any related legislative provisions, please consult the Chief Legal Officer at the earliest possible opportunity.

## **B. BACKGROUND**

6. Article 8 of the European Convention on Human Right is enshrined in UK law by the Human Rights Act 1998. Article 8 requires the Council and any organisations working on its behalf to respect the private and family life of citizens. The European Convention made this a qualified right and not an absolute right and as such the Council may interfere in a citizens rights mentioned above if the interference is, a) in accordance with the law, b) necessary, and c) proportionate. RIPA was passed to ensure that law enforcement and other operations are consistent with the duties imposed upon public authorities by the Human Rights Act.
7. RIPA sets out a statutory mechanism for authorising certain regulated activities. It seeks to ensure that any interference with an individual's Article 8 rights is necessary and proportionate and there is a balance between the public interest and the human rights of individuals. Covert surveillance, and other regulated activities will only be undertaken where there is no reasonable and effective alternative means of achieving the desired objective. No activity shall be undertaken by the Council or its officers within the definition of intrusive surveillance.
8. Significant changes came into force pursuant to the Protection of Freedoms Act 2012, and amendments to the Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) Order 2010.
9. Investigatory activities are controlled by a system of authorisation, which requires a senior officer to consider the purpose for which action is to be undertaken and the arrangements for ensuring that it is undertaken in accordance with the requirements of Guidance issued by the Office of the Surveillance Commissioners. Authorisations can only be given effect once an order approving the authorisation or notice has been granted by a Justice of the Peace.

10. Any evidence gathered by activities subject to RIPA but not properly authorised may be ruled inadmissible in court, jeopardising the case and potentially rendering the Council liable to pay court costs. Such activities being undertaken without proper authorisation could also lead to a challenge and/or claim for compensation under the Human Rights Act.
11. The Council is committed to using the RIPA framework in accordance with the Guidance issued by the Office of the Surveillance Commissioners and the Codes of Practice issued by the Home Office.

### **Necessity**

12. The Council must consider whether the information that it is thought necessary to obtain by the authorised conduct could reasonably be obtained by other overt means and why it is necessary to use covert methods in the investigation. Prior to considering the “necessity” of a particular regulated activity, it is important to consider the scope of a local authority’s powers to engage in that activity. For example, there is now the crime threshold referred to in paragraph 21, which restricts the Council’s ability to authorise directed surveillance.

### **Proportionality**

13. The following should be borne in mind when assessing proportionality:
- The means should not be excessive compared to the gravity of the alleged offence
  - The least intrusive covert methods should be chosen
  - Collateral intrusion should be minimised
  - Whether all other reasonable methods have been considered and discounted



## C. SURVEILLANCE

14. Surveillance includes:

- Monitoring, observing, listening to persons, watching or following their movements, listening to their conversations and other such activities or communications.
- Recording any of the above in the course of authorised surveillance.
- Surveillance by or with the assistance of appropriate surveillance devices.

15. Surveillance can be overt or covert. Most surveillance carried out by the Council will be overt (open) and not hidden or secretive. Any surveillance that is undertaken where the subject is aware of it, for example, where a noisy resident has been warned that they are going to be recorded for noise, comes under the definition of overt surveillance. In many cases, officers will be behaving in the same way as a normal member of the public (e.g. in the case of most test purchases), and/or will be going about Council business openly.

16. Overt Surveillance does not require RIPA authorisation.

17. Covert surveillance enables public bodies to detect and prevent crime and obtain information about an individual's or organisation's activities.

18. The Home Office Code of Practice on Covert Surveillance and Property Interference states that surveillance will be covert where it is carried out in a manner calculated to ensure that the subject is unaware that it is or may be taking place.

19. RIPA regulates surveillance that is 'directed surveillance', and/or 'intrusive surveillance'. Surveillance is "**Directed surveillance**" if the following are all true:

- It is covert but not intrusive.
- It is carried out for the purposes of a specific investigation or operation
- It is likely to result in the obtaining of private information about a person

(information relating to his/her private and family life, home and correspondence and aspects of business and professional life)

- It is not conducted by way of an immediate response to events or circumstances where it would not be reasonably practicable to seek authorisation.

20. Examples of “directed surveillance” have in the past included, for example, the surveillance of individuals in respect of possible fly tipping, benefit fraud, anti-social behaviour, or planning contraventions. Since 1 November 2012, it has only been possible for directed surveillance to be authorised where the authority is investigating particular types of criminal offences. These are criminal offences, which attract a maximum custodial sentence of six months, or more, or criminal offences relating to the underage sale of alcohol or tobacco.

21. The key element of "directed surveillance" is the targeting of an individual with the likelihood of gaining private information.

22. **"Intrusive surveillance"** is defined as covert surveillance that:

- is carried out in relation to anything taking place on any residential premises or in any private vehicle; and
- involves the presence of an individual on the premises or in the vehicle or is carried out by means of a surveillance device.

23. Intrusive surveillance can only be carried out by the police and other law enforcement agencies. Council Officers must **not** carry out intrusive surveillance. If the surveillance may become, or if there is a risk of it becoming, intrusive the surveillance should stop and the officer should seek advice from the Chief Legal Officer. Officers need to give careful consideration to their chosen methods of surveillance and/or devices to be used to ensure that there is no unwitting intrusive surveillance.

24. **CCTV** - The provisions of RIPA or the Code of Practice do not cover the overt use of CCTV surveillance systems. Members of the public are aware that such systems are in use for their protection and to prevent crime. However, if CCTV is targeted at an individual, a RIPA situation could arise.

25. **Collateral Intrusion** – Authorising officers should take into account the risk of intrusion into the privacy of persons other than those who are directly the subjects of the investigation. Measures should be taken to avoid or minimise unnecessary intrusion into the lives of those not directly connected with the investigation or operation.

#### **D. CONDUCT AND USE OF A COVERT HUMAN INTELLIGENCE SOURCE**

26. A Covert Human Intelligence Source (CHIS) is a person who establishes or maintains a personal or other relationship with another person for the covert purpose of:

- using such relationship to obtain information or to provide access to any information to another person, or
- covertly disclosing information obtained by the use of such a relationship or as a result of the existence of such a relationship,
- where the relationship is conducted in a manner that is calculated to ensure that one of the parties to the relationship is unaware of its purpose or (in the case of disclosure of information) it is disclosed in a manner that is calculated to ensure that one of the parties to the relationship is unaware of the disclosure in question.

27. A CHIS may be an undercover officer or controlled informant. An informant can be considered to be “controlled” where a Council officer is directing the informant’s activities or enquiries.

28. **Other types of informants** – RIPA does not apply to members of the public who volunteer information as part of their civic duties, or members of staff who report information in accordance with their contract of employment, or under the Council's Whistleblowing Policy.
29. The Council is involved in many of the everyday functions of law enforcement. For example, Enforcement Officers might use an informer (CHIS) as part of their enforcement function. The Council's Internal Auditors might use an informer to see if there is an abuse of someone's official position, (e.g. stealing money).
30. The Council can only use a CHIS if RIPA procedures are followed. The conduct or use of a CHIS requires **prior authorisation**. All authorised officers should consult the Chief Legal Officer for further information regarding procedure prior to authorising a CHIS. It will be important for an authorising officer to follow the requirements of Section 29 of RIPA. So, for example, the authorising officers' needs to be satisfied that there will be a Handler for the CHIS – with day-to-day responsibility for the dealing with the CHIS, and for the CHIS' welfare and security; there also needs to be a separate Controller, with general oversight of the use made of the CHIS.
31. "Test Purchasing" usually involves a council officer or other volunteer, who attempts to buy a product or use a service, where the seller/provider is not authorised in the circumstances to sell the product or provide the service. Most usually, this is organised/undertaken by licensing officers. This will not normally require authorisation, as no relationship is established between the test purchaser and the "target" of the operation. However, this will be fact sensitive. It is recommended that a summary of the proposed operation is written down and a judgment taken and recorded as to whether authorisation is required. This should be sent to the Chief Legal Officer.
32. The Regulation of Investigatory Powers (Source Records) Regulations 2000 contain mandatory arrangements for using a CHIS. Adequate arrangements

must be in place to ensure that records are kept which relate to the source and that these records contain particulars of certain matters. The particulars are listed below:

- The identity of the source
- The identity, where known, used by the source
- Any relevant investigating authority other than the authority maintaining the records
- The means by which the source is referred to within each relevant investigating authority
- Any other significant information connected with the security and welfare of the source
- Any confirmation made by a person granting or renewing an authorisation that the information above has been considered and that any identified risks have been explained to and understood by the source
- The date when, and the circumstances in which, the source was recruited
- The identities of the persons who, in relation to the source, are discharging or have discharged the functions
- The periods during which those persons have discharged those responsibilities
- The tasks given to the source and the demands made of him in relation to his activities as a source
- All contacts or communications between the source and a person acting on behalf of any relevant investigating authority
- The information obtained by each relevant investigating authority by the conduct or use of the source
- Any dissemination by that authority of information obtained in that way, and
- In the case of a source who is not an undercover operative, every payment, benefit or reward and every offer of a payment, benefit or reward that is made or provided by or on behalf of any relevant investigating

authority in respect of the source's activities for the benefit of that or any other relevant investigating authority.

## **E CONFIDENTIAL INFORMATION, VULNERABLE PERSONS AND JUVENILES**

33. There are special safeguards which apply when either:

- a. Knowledge of confidential information is likely to be acquired;
- b. When a vulnerable individual is used as a source;
- c. When a juvenile, being a person under the age of 18, is used as a source.

34. In all three instances at a), b) and c) above only the Chief Executive or in her absence the person acting as Chief Executive can grant authorisation, save that in no circumstances can a juvenile under the age of 16 be authorised to give information that can be used against his or her parents.

35. Confidential information consists of matters subject to legal privilege, confidential personal information, communications between a Member of Parliament and another person or confidential journalistic material. This is further particularised in the revised Code of Practice.

36. A vulnerable person is a person in need of community care services because of illness, age, mental or other disability, or, is unable to take care of himself or herself, or is unable to protect himself or herself against significant exploitation or harm.

## **F. EXAMPLES OF DIFFERENT TYPES OF SURVEILLANCE**

Type of surveillance	Examples
<u>Overt</u>	<ul style="list-style-type: none"> <li>• Police Officer or Wardens on patrol;</li> </ul>
Not requiring prior	<ul style="list-style-type: none"> <li>• Signposted Town Centre CCTV cameras (in normal use);</li> </ul>

Type of surveillance	Examples
authorisation	<ul style="list-style-type: none"> <li>Recording noise from outside the premises after the occupier has been warned that this will occur if the noise persists (in most cases).</li> </ul>
<b><u>Covert</u></b> But not requiring prior authorisation	<ul style="list-style-type: none"> <li>CCTV cameras providing general traffic, crime or public safety information.</li> </ul>
<b><u>Directed</u></b> <b>Must be RIPA authorised</b>	<ul style="list-style-type: none"> <li>Officers follow an individual or individuals over a period, to establish whether s/he is working when claiming benefit or on long-term sick leave.</li> <li>Test purchasers where the officer has a hidden camera or other recording device to record information which might include information about the private life of a shop-owner, e.g. where s/he is suspected of running a business in an unlawful manner.</li> <li>Can only be used for offences, which meet the crime threshold.</li> </ul>
<b><u>Intrusive</u></b> Council Officers cannot do this	<ul style="list-style-type: none"> <li>Planting a listening or other device (bug) in a person's home or in their private vehicle.</li> </ul>

## **G. ANTI-SOCIAL BEHAVIOUR (ASB) ACTIVITIES** (e.g. noise, violence, etc.)

37. Persons who complain about ASB and are asked to keep a diary will not normally be Covert Human Intelligence Source and therefore do not require authorisation as they are not required to establish or maintain a relationship for a covert purpose. Recording the level of noise (e.g. decibel) will not normally capture private information and does not require authorisation. However, careful consideration should be given to how this is to be done in practice, as it is possible that conduct requiring authorisation might be undertaken.

38. Recording sound (with a DAT recorder) on private premises could constitute intrusive surveillance, unless it is done overtly. For example, it may be possible to record if the noisemaker is warned that this will occur if the level of noise continues. However, this will depend on how this is to be done,

including the technical capabilities of the equipment used. Placing a stationary or mobile video camera outside a building to record ASB on residential estates will require prior authorisation.

## **H. INTERCEPTION OF COMMUNICATIONS**

39. Local authorities cannot generally intercept communications. Under Part I of RIPA, employers can intercept e-mails with employees consent. However, consent is not needed where the purpose is to detect and prevent crime OR unauthorised use of the e-mail or internet system. The employer must make “all reasonable efforts” to inform the employee that their e-mails may be intercepted. The Council cannot otherwise seek to intercept communications.

## **I. ACQUISITION OF COMMUNICATIONS DATA**

40. Under Part I, Chapter II of RIPA, local authorities have powers in respect of the acquisition of communications data from telecommunications and postal companies. Communications data means any traffic or any information that is sent by telecommunications system or postal system, together with information about the use of the system by any person. For example, this could include the dates and times messages are sent or calls made, but not the content of the messages.

41. An authorised person can authorise another officer within the public authority to collect the data. The local authority is allowed to collect data communications itself, i.e. if a private telecommunications company is technically unable to collect the data, the local authority would be able to collect the communications data itself.

42. In order to compel a Communications Company to obtain and/or disclose communications data in their possession, a Notice must be issued (Appendix 2). The *only* grounds a local authority can compel this is for the purposes of “preventing or detecting crime or of preventing disorder”.

43. In issuing a Notice, the authorising officer can authorise another person to



liaise with the Communications Company covered by the Notice.

44. Whilst RIPA allows local authorities in appropriate circumstances to acquire communications data, this is not something Epsom & Ewell Borough Council can directly do at present, as we have no appropriately trained and accredited officers.

## **J SOCIAL MEDIA AND WEBSITES**

45. Although Social Media and other websites are easily accessible and a great deal of information may be published, if that information is going to be sought out and used as part of an investigation, consideration must be given to whether authorisation under RIPA should be obtained. A guidance note is included at Appendix 3.

46. Care must be taken to understand how the particular site/service works. Officers should not assume that one site or service provider will work in much the same way as any other. Individuals have a large measure of responsibility to set privacy settings to protect against unsolicited access to their private information on social media or the internet generally. Unprotected data may be considered published and no longer fully under the control of the originator. An author has a reasonable expectation of privacy, especially where access controls have been applied. Where privacy settings are available but have not been used, authorisation is not usually required to access and use that data in an investigation. Regard will of course need to be had to whether that information can be directly tied to a particular individual.

47. In certain circumstances, however, authorisation might be required. Following an individual's activities on social media could stray into covert surveillance. Any proposal to ask to become a "friend" or to otherwise connect with an individual could constitute use of a CHIS. One-off test purchasing over the internet where no ongoing relationship is established will not normally require a CHIS authorisation.

48. Social media could be a valuable source of information. Prior to undertaking research, legal advice must be sought, and the investigating officer should document their decision, if they conclude in light of that advice, that no authorisation is required. Records of activities should be kept, and officers should regularly review whether authorisation is required. If required, authorisations will be granted and administered in the normal way.

49. Officers must not create covert online identities, for the purposes of research or investigation without first seeking legal advice. This activity is generally to be discouraged. If such activities are, in exceptional circumstances, considered to be necessary, this will require the approval of the Chief Legal Officer and/or the Chief Executive, before any RIPA authorisation is considered by an authorising officer. The approved arrangements must include details of controls in place, including a register of such identities and details of which officers have access to those identities. A record must be kept of all activities using a covert identity.

## **K. NON-RIPA SURVEILLANCE**

50. RIPA does not of itself grant powers to carry out surveillance; such powers are either available under specific legislation, or ancillary to other functions. RIPA provides a framework for ensuring that surveillance that is undertaken is authorised and supervised in a manner that ensures compliance with the Human Rights Act 1998. Equally, RIPA does not prevent surveillance from being carried out or require that it may only be carried out in accordance with RIPA.

51. There may, exceptionally, be times when it will be necessary to undertake covert surveillance or use a CHIS otherwise in accordance with RIPA. For example, there may be a serious internal investigation. If this might lead to criminal proceedings, then a RIPA authorisation may be appropriate, but if criminal proceedings are not contemplated, this might not be possible.

52. There may be serious cases of anti-social behaviour or nuisance for which the penalties would be below the threshold for a RIPA authorisation.

Nonetheless, there may be good reasons why covert directed surveillance, or the use of a CHIS is necessary, in order effectively to deal with the matter, especially if it might be the only effective means of efficiently obtaining the information necessary in order for action to be taken.

53. In such circumstances it is recommended that the same procedures are followed, as if it were a RIPA authorisation – the forms should be clearly endorsed “NON-RIPA APPLICATION” on the top of each page. An application should be submitted for the consideration of an Authorising Officer in the usual way, who should consider it under the necessity and proportionality tests. The normal procedure of timescales, review and cancellations should also be followed.

54. The authorisation, review, renewal and cancellation of non-RIPA surveillance/CHIS activity must be notified to the Chief Legal Officer. Authorisations will not require Magistrates’ Court approval and will take effect when authorised. Records will be kept alongside the RIPA central record.

## **L. PROCEDURES**

55. The overall rules and procedures that need to be followed are set out below. A quick RIPA checklist is included at Appendix 4.

### **Authorisation**

56. An authorisation under Part II of the Act will provide lawful authority for a public authority to carry out surveillance. Public authorities are strongly recommended to seek an authorisation where the surveillance is likely to interfere with a person’s Article 8 right to privacy by obtaining private information about that person. There is a great likelihood of risk if you are carrying out observations around a person’s home. The Chief Legal Officer who is the Monitoring Officer for RIPA is authorised by the Council to oversee

all RIPA use/processes within the Council and maintain the Central Record of Authorisations for the purpose of RIPA. The Monitoring Officer will receive and retain originals of all RIPA applications, authorisations, renewals, reviews and cancellations, and to maintain these in a central file. The list of authorised officers is attached as Appendix 1. If the Chief Operating Officer or Head of Service wishes to add, delete or substitute a post s/he must make a formal request to the Chief Legal Officer for consideration. The Monitoring Officer will oversee the RIPA process on behalf of the Council.

57. Private information is a broad term and can include aspects of private life such as gender identification, name, sexual orientation and sexual life. It can also cover interaction with others in the outside world (and not restricted to private premises), and may include activities of a professional or business nature (*Perry v United Kingdom*).

58. Ideally the Authorising Officer should not be responsible for authorising a CHIS in connection with their own activities, i.e. those operations or investigations in which they are directly involved or for which they have direct responsibility. If this is unavoidable, it should be highlighted in the central record.

59. All surveillance covered by the Act must be authorised using the corporate application forms, listed in Appendix 2. To ensure that the latest version of the relevant form is being used, officers must use a blank template on each occasion, and must not type over the top of a previously saved form.

60. Surveillance equipment will only be installed with the authorisation of the Council's authorised officers. If a resident is requested to keep a video diary as part of an evidence gathering exercise, this will be regarded as directed surveillance on behalf of the Council, and as such will require authorisation.

61. Directed surveillance or the conduct and use of CHIS can *only* be authorised by the Council on the ground of the prevention or detection of crime/disorder.

62. It is important that careful consideration be given to the issue of confidential information. It should be possible in most cases to ensure that it is not likely that confidential information will be acquired. In any case in which this is considered likely, advice should be sought prior to submission of an application to the Chief Executive for authorisation.

### **How is the application for authorisation made?**

63. It should be made in writing, and it should specify:

- The details of the purpose for which the CHIS/surveillance will be used,
- The identities, where known, of those to be subject of the use or conduct of the CHIS/surveillance,
- Details of what the CHIS will be asked to do,
- An account of the investigation or operation,
- The ground on which the authorisation is sought (i.e. for the prevention or detection of crime/disorder),
- Why the use of CHIS/surveillance is considered to be proportionate to what it seeks to achieve.
- An explanation of the information which the Council desires to obtain as a result of the authorisation,
- Details of the level of authority required,
- The potential for collateral intrusion, that is to say, interference with the privacy of other persons other than the subjects of the investigation, and an assessment of the risk of such intrusion or interference,
- The likelihood of acquiring any confidential material and what that material might be,
- Where authorisation is sought urgently, reasons why the case is considered to be urgent.

64. In assessing an application form the Authorising Officer must:

- Be mindful of the corporate policy,
- Satisfy himself that:
  - The use of covert means is proportionate to the mischief being investigated and the degree of intrusion on the target and others;
  - the RIPA authorisation is in accordance with the law, and the proposed activity is necessary and proportionate, and
  - Whether other means show covert surveillance could be used,
- In assessing proportionality and necessity, consider whether other less intrusive means could be used to gather information,
- Consider the degree of intrusion for those likely to be affected, bearing in mind Article 8 of the Human Rights Act, including an assessment of the risk of any collateral intrusion,
- Set a date for reviewing the authorisation, Set the date on which the authorisation will expire
- Forward **the original** authorisation to the Chief Legal Officer within 5 working days of making the authorisation, keeping a copy on their own file.

65. When authorising the conduct or use of CHIS the Authorised Officer must adhere to the Regulation of Investigatory Powers (Source Records) Regulations 2000, and:

- Be satisfied that the appropriate arrangements are in place for the management of the CHIS. This should include a risk assessment for health and safety;
- Consider the diverse impact on community confidence that may result from the information obtained;
- Ensure that records are available on a need to know basis.

66. The authorisation must be reviewed within the time stated on the application form and cancelled as soon as it is no longer necessary. The duration of the authorisation for directed surveillance can last for a maximum of 3 months from the date of authorisation and 12 months for a CHIS. However, it is essential that the authorisations are reviewed or cancelled at the proper time. There must be evidence of cancellation on file.

67. Prior to any authorisation having effect, or being renewed, judicial approval must be sought. This will be done by the investigating officer in conjunction with the Council's legal team, who will advise on the completion of the judicial application/order form and liaise with the court service.

### **Training and Development**

68. All officers certified to sign RIPA forms shall be given the appropriate training. If the Chief Legal Officer feels that an authorised officer has not had the appropriate training/guidance then he is authorised to retract the officer's authorisation until the training has been completed.

69. RIPA Monitoring Officer shall aim to keep a Central Record of all RIPA training undertaken (to include officer name, date, provider & course title, optional comments, and copy of course materials where appropriate and available)

70. Regular refresher training of key staff shall be programmed (every 2-3 years).

71. Anyone attending training shall be encouraged to share what they have learnt with colleagues.

72. Extra training /updating will be held on at least a biennial basis – to cover legislative changes/guidance/cases etc., and follow-up on the most recent OSC inspection report or good practice.

## M. MAINTENANCE OF RECORDS AND OTHER MATTERS

73. The Chief Legal Officer is responsible for:

- The integrity of the process in place within the public authority for the management of CHIS;
- Compliance with Part II of the Act and the Codes;
- Oversight of the reporting of any errors to the Commissioner and identifying both the cause(s) of errors and the implementation of processes to minimise the repetition of errors;
- Engagement with the OSC inspectors when they conduct their inspections, where applicable; and
- Where necessary, oversight of the implementation of post-inspection action plans approved by the relevant oversight Commissioner.

74. The following documents must be forwarded to the Chief Legal Officer by the Authorising Officer and retained by the Chief Legal Officer where an authorisation has been granted:

- **The original** of the forms with any supporting documentation;
- A record for the period for which the surveillance has taken place;
- The frequency of reviews as prescribed by the Authorising Officer;
- A record of the result of each review of an authorisation;
- A record of any renewal of an authorisation, the reason why the person renewing an authorisation considered it necessary to do so, and the reasons, if any, for not renewing an authorisation;
- The date and time of any instruction by the Authorising Officer;
- A record including the date and time of any oral authorisation given by the Authorising Officer, and the reason why the case was considered urgent;
- Any risk assessment made in relation to a CHIS;
- The circumstances in which tasks were given to the CHIS;



- The value of the CHIS to the investigating authority;
- The reasons for cancelling an authorisation;
- The date and time when any instruction was given by the Authorising Officer to cease using a CHIS
- A copy of the judicial application form, and original of any order obtained from the Court.

75. The Council will retain records in the Central Register for a period of at least 3 years after the end of a period of authorisation.

### **Central Register of Authorisations**

76. This will be maintained by the Chief Legal Officer. All completed forms must be sent to the Chief Legal Officer, marked "Private and Confidential", within 5 working days for the purpose of maintaining the Central Register.

77. If you need any further advice on RIPA, please contact the Chief Legal Officer.

### **Who is responsible for overseeing compliance with RIPA?**

78. The Chief Surveillance Commissioner and Surveillance Commission together with the Assistant Surveillance Commissioners have been appointed to provide independent oversight of the use of the powers contained in Part II of the Act. They will inspect the Council from time to time to ensure that the Council is complying with the Act. In addition, the 2000 Act establishes an independent tribunal. The tribunal has full powers to investigate and decide any case where a person complains about the conduct of the Council in exercising its powers that are covered by the Act.

## **Working with Other Organisations**

79. Where another agency has been instructed by the Council to undertake any action under RIPA this must be done in accordance with this policy. The Chief Operating Officer or appropriate Head of Service requesting the work must ensure that the agency is made explicitly aware of what they are authorised to do.

## **Involvement of Councillors**

80. This policy and the Council's use of RIPA will be reviewed on at least an annual basis by the Chief Legal Officer and by the Strategy and Resources Committee at least every four years. A report on the use of RIPA will be considered by the Audit Crime & Disorder and Scrutiny Committee at least annually. Councillors will not act as authorised officers.

## **Acknowledgement**

In producing this policy the Council has considered the Guidance of the Office of Surveillance Commissioners, the Codes of Practice. Good practice from other local authorities was considered.

## **List of Appendices**

<b>APPENDIX 1</b>	LIST OF AUTHORISED OFFICERS
<b>APPENDIX 2</b>	RIPA FORMS
<b>APPENDIX 3</b>	GUIDANCE NOTE ON COVERT SURVEILLANCE OF SOCIAL NETWORKING
<b>APPENDIX 4</b>	QUICK RIPA CHECKLIST

## **APPENDIX 1 - LIST OF AUTHORISED OFFICERS**

Chief Executive – Kathryn Beldon

Chief Operating Officer - Damian Roberts (also to act as the Chief Executive's Deputy when she is absent)

Chief Legal Officer <sup>1</sup>– Amardip Healy

### **Other Authorised Officers (subject to receiving the appropriate training):**

Head of Housing & Community – Rod Brown

Grants and Licensing Team Leader – Rachel Jackson

Benefits Manager – Pete Wells

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<sup>1</sup> Will not normally grant authorisations, due to role in overseeing use of RIPA.

## **APPENDIX 2 – RIPA FORMS**

Please see paragraph 4 of the Policy

The forms are available at <https://www.gov.uk/government/collections/ripa-forms--2>

### **List of Forms**

1. Application for Authorisation to Carry Out Directed Surveillance
2. Review of a Directed Surveillance Authorisation
3. Application for Renewal of a Directed Surveillance Authorisation
4. Cancellation of a Directed Surveillance Authorisation
5. Application for Authorisation of the Use or Conduct of a Covert Human Intelligence Source
6. Review of a Covert Human Intelligence Source (CHIS) Authorisation
7. Application for Renewal of a Covert Human Intelligence Source (CHIS) Authorisation
8. Cancellation of an Authorisation for the Use or Conduct of a Covert Human Intelligence Source (CHIS)
9. [Forms relating to the Acquisition of Communications Data have been removed from the list – please speak to the Chief Legal Officer for further information]
10. Application for judicial approval for authorisation to obtain communications data, to use a covert human intelligence source or to conduct directed surveillance.

### **APPENDIX 3 – GUIDANCE NOTE ON COVERT SURVEILLANCE OF SOCIAL NETWORKING SITES**

The purpose of this guidance note is to provide clarity on the Council's position:

1. In using social media for the gathering of evidence:
  - officers must not 'friend' individuals on social networks
  - officers should not use their own private accounts to view the social networking accounts of other individuals
  - officers viewing an individual's profile on a social networking site should do so only once in order to obtain evidence to support or refute their investigation
  - further viewing of open profiles on social networking sites to gather evidence or to monitor an individual's status, must only take place once RIPA authorisation has been granted and approved by a Magistrate
  - officers should be aware that it may not be possible to verify the accuracy of information on social networking sites and, if such information is to be used as evidence, steps must be taken to ensure its validity.
2. It is not possible to provide a definitive list of social networking sites, so this should be taken to mean any site which involves individuals creating a profile which contains personal information and is viewable by others, whether accepted as 'friends' or otherwise. This might include sites such as 'Facebook' and 'Linked-In'.
3. As the definition of 'private information' under RIPA includes: 'any information relating to a person's private or family life and should be taken generally to include any aspect of a person's private or personal relationship with others, including family and professional or business relationships' Sites used to advertise goods and services should be included within the definition. Although there is likely to be a reduced expectation of privacy with this type of site, there

is still the possibility of obtaining private information that may be subsequently used in any enforcement proceedings.

4. If an allegation is received or, as part of an investigation into an individual, it is necessary to view their social networking site, officers may access the main page of the individual's profile once in order to take an initial view as to whether there is any substance to the allegation or matter being investigated.
5. The initial viewing must be reasonable – for example, it would not be reasonable to spend any significant amount of time searching through various pages of the individual's profile or to print out several pages just in case they may reveal something useful.
6. In some cases where, for example, a link to a site is provided by a complainant, it may be relevant for the receiving officer to view the link before passing it onto the investigating officer to also view. This would count as one viewing. However, it would not be reasonable for each officer in a team to view the site in turn so that they may each gather some information.
7. If there is a need to monitor an individual's social networking site, authorisation must be obtained.
8. If the offence being investigated falls under RIPA, a formal RIPA application must be completed, authorised by an Authorising Officers and then approved by a Magistrate.

## APPENDIX 4 – QUICK RIPA CHECKLIST

When is RIPA Authorisation required? If the answer is 'Yes' to all of the following questions:

Questions to ask	Matters to consider
Is the proposed activity 'surveillance'?	involving monitoring, observing or listening to persons, their movements, their conversations or their other activities or communications, recording anything monitored, observed or listened to in the course of the proposed activity and/or a surveillance device will be used.
Is it 'covert'?	carried out in a manner calculated to ensure that the target(s) will be unaware of the activity
Is it 'directed'?	for the purposes of a specific investigation/operation.
Is it likely to result in obtaining private information about this person?	information about the target /targets' private or family life is likely to be obtained.
Is it a 'foreseen/planned response'?	something other than an immediate response to events. If the proposed activity has been planned in advance, it requires authorisation if all the answers to questions 1 to 4 above have also been 'Yes'.
Is it a "core function" of the Authority?	<ul style="list-style-type: none"> <li>• matters which relate to functions the Authority is required to carry out under statute (such as investigating benefit fraud, planning or food hygiene enforcement, licensing).</li> <li>is for the purpose of preventing or detecting criminal offences that are</li> </ul>



Questions to ask	Matters to consider
	either punishable, whether on summary conviction or indictment, by a maximum term of at least 6 months' imprisonment or are related to the underage sale of alcohol and tobacco (the crime threshold)
does it meet Home Office requirements	If the answer is 'No' to any of the above questions, the proposed activity falls outside the scope of RIPA and this policy.

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## **ANNUAL REPORT ON USE OF DELEGATED POWERS**

**Head of Service/Contact:** Amardip Healy, Chief Legal Officer

**Annexes/Appendices (attached):** **Annex 1:** Schedule of significant officer decisions taken in consultation with Committee Chairmen

**Other available papers (not attached):**

### **Report summary**

**In accordance with the Council's Scheme of Delegation to Officers, this report sets out significant decisions taken by Officers in consultation with Committee Chairmen, exercise of Committee powers, or powers for reasons of urgency for the period starting 24 May 2018 to 21 May 2019.**

### **Recommendation (s)**

- (1) That the Committee notes that the significant decisions taken by Officers in consultation with relevant Chairmen recorded using the delegated authority process from 24 May 2018 to 21 May 2019.**

#### **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 No direct implications.

#### **2 Background**

- 2.1 The Scheme of Delegation was drawn up on the principle that Officers are authorised to do all things that are necessary to run their services and to implement council policies provided their actions are taken within budget and according to standing orders etc.

- 2.2 The Scheme still contains a number of caveats and restrictions to ensure that Members are aware of most actions taken under delegated powers and are consulted properly. One of these is that a report should be presented annually to this Committee setting out significant decisions taken by Officers under delegated powers in the previous year.
- 2.3 Under the previous Scheme of Delegation, urgent decisions or decisions that needed to be made in consultation with a Chairman or where specifically authorised by a Committee are recorded. The process is also used as a means of recording decisions which officers have felt it necessary to consult members upon.
- 2.4 The phrase “significant decision” is not defined in the Scheme therefore for the purposes of this report will be defined as those decisions still recorded using the Officer Action process. The officer named is usually the officer who has initiated the action on behalf of their Service Head, if not the Service Head themselves.

### 3 Proposals

- 3.1 Annex 1 to this report sets out the decisions which have been recorded using the delegated authority process. All decisions have been reported in Members’ Update.

### 4 Financial and Manpower Implications

- 4.1 As set out in individual cases and signed off by the Chief Finance Officer.
- 4.2 **Chief Finance Officer’s comments:** If the matter involves a significant amount of expenditure, the use of this process should only be exercised when the matter is proven as urgent and cannot wait for formal agreement at the next relevant policy committee.

### 5 Legal Implications (including implications for matters relating to equality)

- 5.1 The Chief Executive, Chief Operating Officer and Heads of Service are empowered to take all operational decisions within agreed policies in relation to the services for which they are responsible.
- 5.2 **Monitoring Officer’s comments:** none arising from the contents of this report.

### 6 Sustainability Policy and Community Safety Implications

- 6.1 None.

### 7 Partnerships

- 7.1 None

**8 Risk Assessment**

- 8.1 In taking any decision, the officer concerned must be satisfied that they have authority to do so. The process of seeking authority has a number of layers designed to ensure the correct use of delegated authority.

**9 Conclusion and Recommendations**

- 9.1 The Committee is asked to note the significant decisions taken by officers.

**Ward(s) Affected:** (All Wards);

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NAME	RESPONSIBLE COMMITTEE	FORM No.	DATE ISSUED	SUBJECT	DATE REPORTED IN MEMBERS' UPDATE	REASON FOR USE OF DELEGATED POWERS	FINANCIAL IMPLICATIONS	SOURCE OF FUNDING
L. Duffy	Strategy & Resources	<b>515</b>	24/05/18	Loan Agreement	<b>Cancelled</b>			
S. Emmons	Community & Wellbeing / Strategy & Resources	<b>516</b>	11/06/18	Playhouse Changing Rooms Tenders	22/06/18	Urgent Decision Required	Increase of budget approved by Council of £7,771	Capital Reserves
E. Hill	Community & Wellbeing	<b>517</b>	12/06/18	Use of Affordable Housing S 106	<b>Cancelled</b>			
A. Healy	Strategy & Resources	<b>518</b>	20/06/18	Membership of LGA new company structure	22/06/18	Significant Officer Decision	-----	-----
A. Healy	Strategy & Resources	<b>519</b>	20/06/18	EEPIC Loan Documentation	22/06/18	Authorised by Council	-----	-----
M. Shephard	Strategy & Resources	<b>520</b>	25/06/18	Appointment of Well's professional team	3/08/18	Authorised by Committee	£91,840	Corporate Projects Reserve

NAME	RESPONSIBLE COMMITTEE	FORM No.	DATE ISSUED	SUBJECT	DATE REPORTED IN MEMBERS' UPDATE	REASON FOR USE OF DELEGATED POWERS	FINANCIAL IMPLICATIONS	SOURCE OF FUNDING
R. Chevalier	Environment	<b>521</b>	27/6/18	Administration of Parking Suspension and Waiver certificates	3/08/18	Authorised by Committee	Income from operating service to exceed cost	-----
R. Brown	Strategy & Resources	<b>522</b>	05/07/18	Police & Crime Commissioner (PCC): Community Safety Grant Bid	3/08/18	Significant Officer Decision	Bid amount of £174,000 (full scheme) or £50,000 (part scheme) applied for	PCC
R. Chevalier	Environment	<b>523</b>	23/07/18	Longrove Car Park: implementation of proposals	3/08/18	Authorised by Committee	-----	-----
R. Ormella	Strategy & Resources	<b>524</b>	24/08/18	Affordable housing grant to Mount Green	14/09/18	Urgent Decision Required	£50,000	S106 funds
L. Duffy	Strategy & Resources	<b>525</b>	05/09/18	Surrey Business Rates Pilot Bid 2019/20	14/09/18	Urgent Decision Required	Business rate retention as detailed in bid	-----



NAME	RESPONSIBLE COMMITTEE	FORM No.	DATE ISSUED	SUBJECT	DATE REPORTED IN MEMBERS' UPDATE	REASON FOR USE OF DELEGATED POWERS	FINANCIAL IMPLICATIONS	SOURCE OF FUNDING
G. McTaggart	Strategy & Resources	<b>526</b>	12/09/18	Borough Investment Fund Administration	12/09/18	Urgent Decision Required	-----	-----
K. Beldon	Strategy & Resources	<b>527</b>	5/10/18	Preliminary due diligence for potential property acquisition	05/10/18	Urgent Decision Required	£50,000	Investment property reserve
L. Duffy	Strategy & Resources	<b>528</b>	5/10/18	Council Tax Base 2019-20	18/01/19	Authorised by Council	Agreed Council Tax Base of 32,895.63 (Band D equivalent properties)	Calculation of Council Tax Base prescribed in regulations
R. Brown	Strategy & Resources	<b>529</b>	19/12/18	Purchase of property for use as temporary accommodation	18/01/19	Urgent Decision Required	£279,970	Residential Acquisition Fund

NAME	RESPONSIBLE COMMITTEE	FORM No.	DATE ISSUED	SUBJECT	DATE REPORTED IN MEMBERS' UPDATE	REASON FOR USE OF DELEGATED POWERS	FINANCIAL IMPLICATIONS	SOURCE OF FUNDING
G. McTaggart	Strategy & Resources / Community & Wellbeing / Environment & Safe Communities	<b>530</b>	3/01/19	Response to SCC Transformation Consultation	19/01/19	Consultation period outside of committee cycle	-----	-----
R. Jackson	Community & Wellbeing	<b>531</b>	24/01/19	Additional DFG funding	1/03/19	Significant Officer Decision	Increase in DFG budget within capital programme by £78,900	Central Government
A. Healy	Environment & Safe Communities	<b>532</b>	29/01/19	Making of a new alcohol Public Space Protection Order	1/03/19	Authorised by Committee	-----	-----
S. Emmons	Environment & Safe Communities/ Community & Wellbeing	<b>533</b>	30/1/2019	Virement of £10k between Committee budgets	<b>Cancelled</b>			
M. Shephard	Strategy & Resources	<b>534</b>	11/02/19	Lease agreement	<b>Cancelled</b>			

NAME	RESPONSIBLE COMMITTEE	FORM No.	DATE ISSUED	SUBJECT	DATE REPORTED IN MEMBERS' UPDATE	REASON FOR USE OF DELEGATED POWERS	FINANCIAL IMPLICATIONS	SOURCE OF FUNDING
M. Shephard	Strategy & Resources	<b>535</b>	12/02/19	Disposal of land	<b>Cancelled</b>			
D. Roberts	Strategy & Resources	<b>536</b>	25/02/19	Heathrow Expansion Consultation	1/03/19	Consultation period outside of committee cycle	-----	-----
A. Healy	Planning	<b>536</b>	1/03/19	Revocation of Planning Permission	8/03/19	Significant Officer Decision	-----	-----
K. Jakubczyk	Licensing & Planning Policy	<b>537</b>	18/03/19	SW Railway Asset Management Consultation	29/03/19	Consultation period outside of committee cycle	-----	-----
J Sharpe	Environment & Safe Communities	<b>539</b>	11/04/19	Govt. Waste Strategy Consultation	10/05/19	Consultation period outside of committee cycle	-----	-----

NAME	RESPONSIBLE COMMITTEE	FORM No.	DATE ISSUED	SUBJECT	DATE REPORTED IN MEMBERS' UPDATE	REASON FOR USE OF DELEGATED POWERS	FINANCIAL IMPLICATIONS	SOURCE OF FUNDING
G. McTaggart	Environment & Safe Communities	<b>540</b>	21/05/19	SCC Consultation – Surrey Fire & Rescue	24/05/19	Consultation period outside of committee cycle	-----	-----

## **CORPORATE PLAN: 2018 TO 2019 YEAR END PERFORMANCE AND TARGET OVERVIEW 2019 TO 2020**

<b>Head of Service/Contact:</b>	Gillian McTaggart, Head of Policy, Performance and Governance
<b>Annexes/Appendices (attached):</b>	<b>Annex 1</b> – Overview of Key Priority Targets 2018 to 2019 at Year- end <b>Annex 2</b> – Year-end Performance Report 2018 to 2019 <b>Annex 3</b> – Overview of Key Priority Targets for 2019 to 2020
<b>Other available papers (not attached):</b>	Corporate Plan 2016 to 2020 Service Delivery Plans 2019 to 2020

### **Report summary**

**This report provides the year-end position for the Key Priority Targets 2018 to 2019 under our Corporate Plan and the Key Priority Targets for 2019 to 2020.**

### **Recommendation (s)**

**That the Committee:**

- (1) Considers the performance reported at Annexes 1 and 2 and identifies any areas of concern.**
- (2) Notes the Key Priority Targets set for 2019 to 2020 as detailed in Annex 3 of this report.**

### **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 This report outlines year-end performance made against the Key Priority Targets from year three of the Corporate Plan and informs the Committee of the Key Priority Targets for year four.**

## 2 Background

- 2.1 The Council has a four-year Corporate Plan for the period 2016 to 2020. New Key Priority Targets are set for each year of the Plan. Progress made against these targets is monitored and reported regularly and culminates in an end of year report.
- 2.2 This report informs the Committee of the achievements secured in 2018 to 2019. It also outlines the new targets for the final year of the current Corporate Plan.

## 3 Corporate Plan: Delivery against Key Priority Targets 2018 to 2019

- 3.1 **Annex 1** provides an overview of the achievement of 2018 to 2019 targets. The overall percentage of targets achieved and not achieved is set out in the table below.
- 3.1 The report set out at **Annex 2**, highlights those targets achieved and not achieved and provides detailed commentary against those not achieved.

Performance status		
Key to reporting status	Number	%
Achieved	46	74%
Not achieved	16	26%
Information only indicators	4	(Excluded from the overall percentage as information only indicators)
<b>Total</b>	<b>66</b>	<b>100%</b>

## 4 Key Priority Targets for 2019 to 2020

- 4.1 **Annex 3** sets out the Council's Key Priority Targets for 2019 to 2020 which have been approved by the four policy committees. These targets are linked to our Annual Service Delivery Plans for 2019 to 2020. Feedback received as part of year three of the Corporate Plan was fed into the target setting process for year four.
- 4.2 2019 to 2020 forms the last year of the current Corporate Plan. A target to 'Develop the programme for the new Corporate Plan 2021 – 2025 by July 2019' is included within the 2019/20 Key Priority Targets.

## 5 Financial and Manpower Implications

5.1 There are no financial or manpower implications for the purpose of this report.

5.2 ***Chief Finance Officer's comments: none arising from the contents of this report.***

**6 Legal Implications (including implications for matters relating to equality)**

6.1 There are no legal implications for the purpose of this report.

6.2 ***Monitoring Officer's comments: none arising from the contents of this report.***

**7 Sustainability Policy and Community Safety Implications**

7.1 No implications for the purpose of this report.

**8 Risk Assessment**

8.1 Performance management provides clear direction and enables progress to be monitored and action taken as needed on a timely basis to keep targets on track. This reduces the risk that targets will not be achieved at year-end.

**9 Conclusion and Recommendations**

9.1 The Committee is requested to consider the year-end performance reported for 2018 to 2019 and identify any areas of concern.

9.2 The Committee is also requested to note the Key Priority Targets set for 2019 to 2020.

**Ward(S) Affected:** (All)

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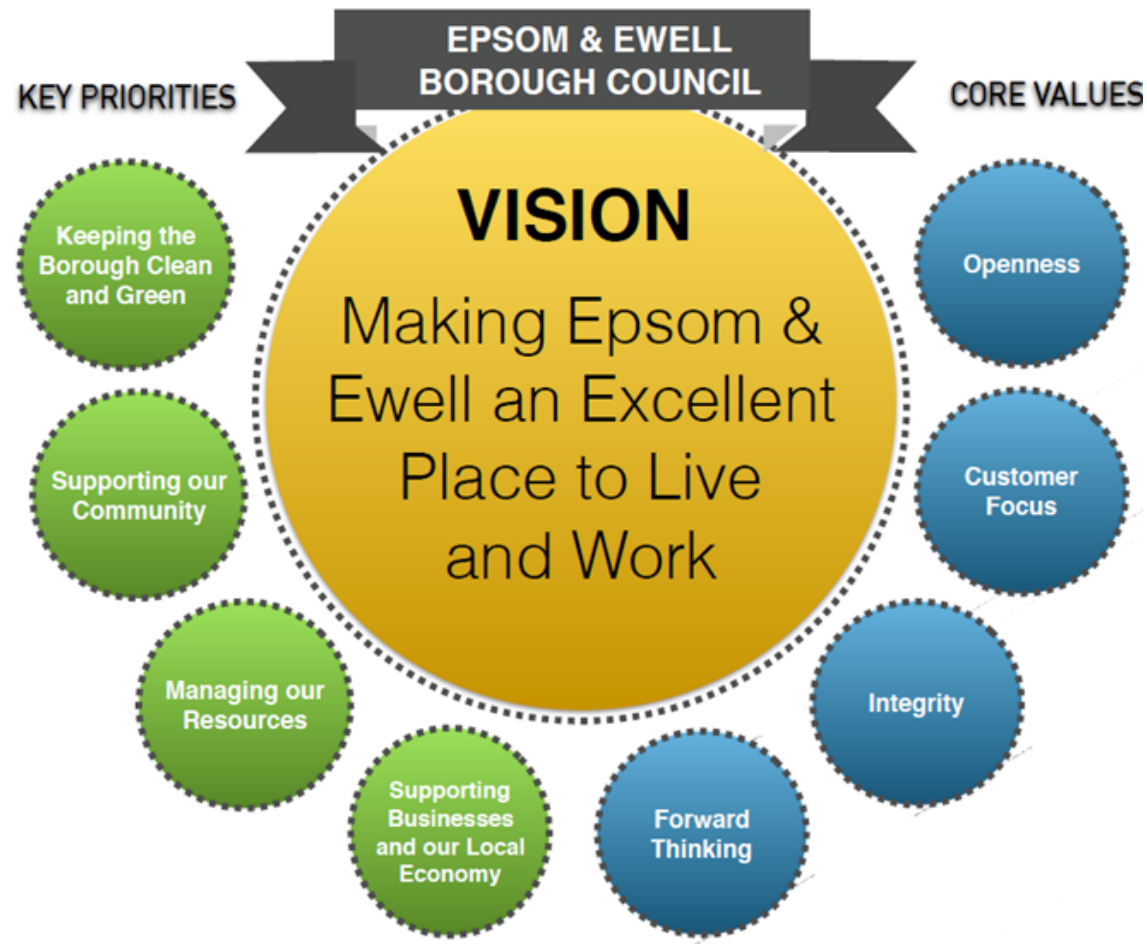


# Key Priority Targets Overview - Year-End 2018/19

Keeping our borough clean and green	Supporting our community	Managing our resources	Supporting businesses and our local economy
<div><div>• Establish a corporate group to evaluate the future approach to enforcement and community safety with an agreed work programme by April 2018 (Damian Roberts S&amp;R) (Achieved)</div><div>• Evaluate the available powers and legal options for enforcement and present a report to Committee for member consideration by September 2018 (Rod Brown EC) (Not Achieved)</div><div>• Oversee the implementation of Public Space Protection Orders (PSPOs) as agreed by the Environment Committee by September 2018. (Rod Brown EC) (Achieved)</div><div>• Prepare options for introducing electric charging points by October 2018 (Ian Dyer EC) (Not Achieved)</div><div>• Introduce new planting scheme for flower beds and flower displays by December 2018 (Ian Dyer EC) (Achieved)</div><div>• Maintain external accreditation to Alexandra Rec Ground, Ewell Court Park and Rosebery Park and a South and South East Award for Nonsuch Park by December 2018 (Ian Dyer CW) (Achieved)</div><div>• Produce Operational Management Plans for Poole Road Park and Long Grove Park by Dec 2018. (Ian Dyer CW) (Achieved)</div><div>• Undertake a survey on the changes resulting from simply weekly collection and feedback on what would increase recycling behaviours by Sept 2018 (Ian Dyer EC) (Achieved)</div><div>• Refurbishment of Rosebery Park Pond by July 2018 (ID S&amp;R) (Achieved)</div><div>• Hold at least three Community Clean up events by Nov 2018 (Ian Dyer CW) (Achieved)</div><div>• Street Cleaning /Cleanliness (Twice yearly street cleansing survey (Phase 1: April to Aug; Phase 2 Sept to Mar) based on a random selection of 113 areas achieving a cleanliness rating of Grade B or above (grading being A to D) in 75% of all selected streets (Ian Dyer EC) (Achieved)</div><div>• Complete the newt survey at Stones Road Allotment and report on future options by Sept 2018 (Mark Shephard S&amp;R) (Not Achieved)</div><div>• Deliver the Local Plan in accordance with: (Ruth Ormella LPPC)<ul style="list-style-type: none"><li>Pre-submission consultation by 30 Sept 2018;</li><li>Submission to the Secretary of State by 31st December 2018 (Not Achieved)</li></ul></div><div>• Complete the Green Belt Study 2 and report to LPPC by July 2018 (Ruth Ormella LPPC) (Achieved)</div></div> <div>Statistics<div><div>• Recycle 54% domestic waste by 31 March (Ian Dyer EC) (Average Year End 18/19, 52.67%; Average 17/18 50.93%) (Not Achieved)</div><div>• Over the year at least 99% of bins to be collected on average each week 31 March (Ian Dyer EC) (March 2019, 99.92%) (Achieved)</div><div>• Fly tipping – remove 95% of all fly tips on council owned land within 5 working days of being reported to Operational Services (Ian Dyer EC) (March 2019, 98%) (Achieved)</div><div>• No*/Tonnage of fly tips removed (Ian Dyer EC) (Year-end 915; 132.12 Tonnage removed)</div><div>• Graffiti – remove 95% of graffiti on council owned land within 5 working days of being reported to Operational Services. (ID EC) (Not Achieved)</div><div>• Graffiti – remove offensive graffiti within two working days of being reported to Op Svcs. (Ian Dyer EC) (Not Achieved)</div><div>• Graffiti – remove 95% of graffiti on private property two working days from receiving the waiver document. (ID) (Not Achieved)</div></div></div>	<div><div>• Appraise options for the development of the Wells Site and agreed community space by Sept 2018 (Mark Shephard S&amp;R) (Achieved)</div><div>• Complete the transfer and support the handover of Horton Chapel to the Horton Chapel Arts &amp; Heritage Society by March 2019 (Amardip Healy S&amp;R) (Achieved)</div><div>• Deliver the agreed CIL 15% and Civic Investment Fund (CIF) by July 2018 (Gillian McTaggart S&amp;R) (Achieved)</div><div>• To complete the build in the Long Grove Skate Park extension by May 2018 and arrange a fun day to officially open the park by June 2018 (Rod Brown CW) (Achieved)</div><div>• A report to S&amp;R Committee to determine the options to develop two units for residential accommodation in South Street by July 2018 (Mark Shephard/Rod Brown S&amp;R) (Not Achieved)</div><div>• As part of the Health &amp; Wellbeing Strategy, review the social prescribing pilot scheme and recommend the next steps to the Community and Wellbeing Committee by Sept 2018 (Ian Dyer CW) (Achieved)</div><div>• Produce a policy for the management of events on Council land by April 2018 (Damian Roberts CW) (Achieved)</div><div>• Support the delivery of the Hollymoor Lane Parade by 31 March 2019 (Mark Shephard S&amp;R) (Achieved)</div><div>• Submission of a planning application to extend Epsom Cemetery by 30 Sept 2019 (Rod Brown CW) (Achieved)</div><div>• A review of the CCTV provision provided by the Council by 31 March 2019 (Rod Brown S&amp;R) (Not Achieved)</div></div> <div>Statistics<div><div>• Less than 40 households living in emergency nightly paid temporary accommodation per month (Rod Brown CW) (March 2019 – 37; March 2018 – 33; 2018/19 Year End Average - 38) (Achieved)</div><div>• At least 8 households accommodated through the private sector leasing scheme by 31 March 2019 (Rod Brown CW) (2018/19 Year End - 10) (Achieved)</div><div>• At least 30 new households supported through the rent deposit scheme by 31 March 2019 (Rod Brown CW) (2018/19 Year End- 38) (Achieved)</div></div></div>	<div><div>• Implement the new on-street parking agreement by 30 Sept 2018 (Ian Dyer EC) (Achieved)</div><div>• Delivery of the Income Generation Plan (by April 2018) and the supporting marketing action plan by September 2018 (Lee Duffy S&amp;R) (Achieved)</div><div>• Produce a 10 year Financial Projection for the Council by Sept 2018 (Lee Duffy S&amp;R) (Achieved)</div><div>• Retender the FM contract to be awarded in January 2019 (Mark Shephard S&amp;R) (Achieved)</div><div>• Agree an action plan and Implement the recommendations from the Playhouse Review by October 2018 (Mark Shephard CW) (Not Achieved)</div><div>• Replace the stage and first floor changing rooms at the Playhouse by 31st March 2019 (Mark Shephard CW) (Achieved)</div><div>• Replace the air conditioning units and lighting at Bourne Hall by March 2019 (Mark Shephard CW) (Achieved)</div><div>• Improve on-line functionality to increase digital services for residents by 31 March 2019 (Judith Doney S&amp;R) (Achieved)</div><div>• Co-ordinate and support the Council’s civic events for 2018 to commemorate WW1, Epsom 400 and Suffragette by 31 December 2018 (Shona Mason S&amp;R) (Achieved)</div><div>• Report on adopting a policy on single use plastics and an action plan to Strategy &amp; Resources by September 2018 (Amardip Healy S&amp;R) (Achieved)</div><div>• To agree an unauthorised encampment protocol with partners by May 2018 (Amardip Healy S&amp;R) (Achieved)</div></div> <div>Statistics<div><div>• At least 99.0% of Business Rates to be collected (Judith Doney S&amp;R) (2018/19 Year End - 99.28%) (Achieved)</div><div>• At least 98.4% of Council Tax collected (Judith Doney S&amp;R) (2018/19 Year End - 99.10%) (Achieved)</div><div>• Process new Housing Benefit claims within an average time of 28 days (Judith Doney S&amp;R) (March 2019 Target 28 days, Actual 13 days) (Achieved)</div><div>• Process Housing Benefit change of circumstances within an average time 11 days (Judith Doney S&amp;R) (March 2019 Target 11 days, Actual 3 days) (Achieved)</div></div></div>	<div><div>• Upgrades to the Ashley Centre Car Park installing:<ul style="list-style-type: none"><li>Fencing, railings, mesh and fire doors by Dec 2018 (Achieved)</li><li>Deckshield work to be completed by March 2019 (Not Achieved) (Ian Dyer EC)</li></ul></div><div>• Letting availability of South Street premises ground floor as a commercial occupation by March 2019 (Mark Shephard S&amp;R) (Not Achieved)</div><div>• Run an educational event for local businesses with the Surrey Chamber of Commerce by August 2018 (Economic Development Contract; Ruth Ormella/Julia Owen) (Achieved)</div><div>• Host an annual welcome event with University of the Creative Arts (UCA) business students by October 2018 (Shona Mason S&amp;R) (Not Achieved)</div><div>• Work in conjunction with UCA to produce a promotional film to promote Epsom &amp; Ewell by March 2019 (Economic Development Contract; Ruth Ormella /Julia Owen) (Achieved)</div><div>• Support the work of the Business Improvement District (BID) by March 2019 (Amardip Healy S&amp;R) (Achieved)</div><div>• Produce an economic profile of the Borough including ward profiles by Dec 2018 (Gillian McTaggart S&amp;R) (Achieved)</div><div>• Report to S&amp;R on the options to establish a joint committee by July 2018 (Amardip Healy S&amp;R) (Not Achieved)</div><div>• Develop a Memorandum of Understanding for the market place by December 2018 (Damian Roberts) (Achieved)</div><div>• Ten percent reduction of 0-2 food hygiene rated food businesses 31 March (Rod Brown EC) (Not Achieved)</div><div>• No more than ten per cent of major planning applications allowed at appeal (using the two-year rolling assessment period defined by the government) (Ruth Ormella L&amp;PPC) (Achieved)</div><div>• The number of officer recommendations overturned by the Planning Committee* (Ruth Ormella L&amp;PPC) (0 decisions overturned for 2018/19)</div></div> <div>Statistics<div><div>• At least 90% of premises licence application determined within 21 days from the end of the statutory consultation period 31 March (LPPC Rod Brown) (2018/19 Year End - 97%) (Achieved)</div><div>• Number of major planning applications (MHCLG) received* (L&amp;PPC Ruth Ormella) (March 2019, Actual 2, Year End 35)</div><div>• Number of non-major planning applications (MHCLG) received* (March 2019, Actual 103, Year End 906)</div><div>• At least 60% of major planning applications decided in time (Year End 100%) (Achieved)</div><div>• At least 70% of non-major planning applications decided in time (Year End 87.86%) (Achieved)</div></div><div>(*Note: Information only indicator)</div></div>

Key: Target Achieved ; Not Achieved

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## Corporate Plan: Key Priority Performance Targets

### Performance Report: Year end 2018/2019

## Corporate Plan: Key Priority Performance Targets

### Performance Report: Year end 2018/2019

#### Achieved

##### **Keeping our borough clean and green:**

- ✓ Establish a corporate group to evaluate the future approach to enforcement and community safety with an agreed work programme
- ✓ Oversee the implementation of Public Space Protection Orders (PSPOs) as agreed by the Environment Committee
- ✓ Introduce new sustainable planting scheme for flowers beds and flower displays
- ✓ Maintain external accreditation to Alexandra Rec Ground, Ewell Court Park and Rosebery Park and a South and South East Award for Nonsuch Park
- ✓ Produce Operational Management Plans for Poole Road Park and Long Grove Park
- ✓ Undertake a survey on the changes resulting from simply weekly collection and feedback on what would increase recycling behaviours
- ✓ Refurbishment of Rosebery Park Pond
- ✓ Hold at least three Community Clean up events
- ✓ Complete the Green Belt Study 2 and report to LPPC
- ✓ Over the year at least 99% of bins to be collected on average each week
- ✓ Fly tipping – remove 95% of all fly tips on council owned land within 5 working days of being reported to Operational Services
- ✓ Street Cleaning /Cleanliness (Twice yearly street cleansing survey (Phase 1: April to Aug; Phase 2 Sept to Mar) based on a random selection of 113 areas achieving a cleanliness rating of Grade B or above (grading being A to D) in 75% of all selected streets

**Supporting our community:**

- ✓ Appraise options for the development of the Wells Site and agreed community space
- ✓ Complete the transfer and support the handover of Horton Chapel to the Horton Chapel Arts & Heritage Society
- ✓ Deliver the agreed initial Community Infrastructure Levy (CIL) and Civic Investment Fund scheme (CIF) in line with timetable
- ✓ To complete the build in the Long Grove Skate Park extension and arrange a fun day to officially open the park
- ✓ As part of the Health & Wellbeing Strategy, review the social prescribing pilot scheme and recommend the next steps to the Community and Wellbeing Committee
- ✓ Support the delivery of the Hollymoor Lane Parade
- ✓ Submission of a planning application to extend Epsom Cemetery
- ✓ Less than 40 households living in emergency nightly paid temporary accommodation per month
- ✓ At least 8 households accommodated through the private sector leasing scheme
- ✓ At least 30 households supported through the rent deposit scheme
- ✓ Produce a policy for the management of events on Council land

**Managing our resources:**

- ✓ Implement the new on-street parking agreement
- ✓ Delivery of the Income Generation Plan, and supporting marketing action plan
- ✓ Produce a 10 year Financial Projection for the Council
- ✓ Retender the FM contract to be awarded
- ✓ Replace the stage and first floor changing rooms at the Playhouse
- ✓ Replace the air conditioning units and lighting at Bourne Hall
- ✓ Improve on-line functionality to increase digital services for residents
- ✓ Co-ordinate and support the Council's civic events for 2018 to commemorate WW1, Epsom 400 and Suffragette
- ✓ Report on adopting a policy on single use plastics and an action plan to Strategy & Resources
- ✓ To agree an unauthorised encampment protocol with partners
- ✓ At least 98.4% of Council Tax collected
- ✓ At least 99.0% of Business Rates to be collected
- ✓ Process new Housing Benefit claims within an average time of 28 days
- ✓ Process Housing Benefit change of circumstances within an average time 11 days

**Supporting businesses and our local economy:**

- ✓ Run an event for local businesses with the Surrey Chamber of Commerce by (Economic Development Contract)
- ✓ Work in conjunction with UCA to produce a promotional film to promote Epsom & Ewell
- ✓ Support the work of the Business Improvement District (BID)
- ✓ Produce an economic profile of the Borough including ward profiles
- ✓ Develop a Memorandum of Understanding for the market place
- ✓ At least 90% of premises licence application determined within 21 days from the end of the statutory consultation period
- ✓ At least 60% of Major planning applications decided in time – MHCLG
- ✓ At least 70% of Non-Major planning applications decided in time – MHCLG
- ✓ Quality of Decisions: 24-Month Risk Monitor for Major Decisions (National Threshold for designation 10%)

## Not achieved

### Keeping our borough clean and green:

- ✖ Evaluate the available powers and legal options for enforcement and present a report to Committee for member consideration
- ✖ Prepare options for introducing electric charging points
- ✖ Complete the newt survey at Stones Road Allotment and report on future options
- ✖ Deliver the Local Plan in accordance with:
  - Pre-submission consultation
  - Submission to the Secretary of State
- ✖ Recycle 54% domestic waste
- ✖ Graffiti – remove 95% of graffiti on council owned land within 5 working days of being reported to Operational Services
- ✖ Graffiti – remove offensive graffiti within two working days of being reported to Operational Services
- ✖ Graffiti – remove 95% of graffiti on private property within two working days from receiving the waiver document

### Supporting our community:

- ✖ A report to S&R Committee to determine the options to develop two units for residential accommodation in South Street
- ✖ A review of the CC Agree an action plan and Implement the recommendations from the Playhouse Review TV provision provided by the Council

### Managing our resources:

- ✖ Agree an action plan and Implement the recommendations from the Playhouse Review

### Supporting businesses and our local economy:

- ✖ Upgrades to the Ashley Centre Car Park installing:
  - Fencing, railings, mesh and fire doors (completed)
  - Deckshield work to be completed (delayed to summer 2019)
- ✖ Letting availability of South Street premises ground floor as a commercial occupation
- ✖ Host an annual welcome event with University of the Creative Arts (UCA) business students
- ✖ Ten percent reduction of 0-2 food hygiene rated food businesses
- ✖ Report to S&R on the options to establish a joint committee



Keeping our borough clean and green – Key priority				
Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
Evaluate the available powers and legal options for enforcement and present a report to Committee for member consideration	Rod Brown Head of Housing & Community (EC)	September 2018	<b>April to Sept:</b> Not started. Existing enforcement is underway and future options are now part of the wider joint enforcement project which has received funding from a successful bid to the Police and Crime Commissioner.	<b>Not achieved</b>
			<b>Oct to Dec:</b> On Hold	
			<b>Jan to March:</b> Approach to community safety work evolved across 2018/2019. Community safety work for 2019/20 included in new target for Environment & Safer Communities Committee 2019/20 to address community safety hotspots/themes.	
Prepare options for introducing electric charging points	Ian Dyer Head of Operational Services (EC)	October 2018	<b>April to Sept:</b> Two service providers have come in to give a business overview and discuss options for Epsom & Ewell Borough Council. Capital Bid was submitted but deferred to 2019/20	<b>Not achieved</b>
			<b>Oct to Dec:</b> On Hold	
			<b>Jan to March:</b> Target to report to Environment & Safe Communities Committee on the options for electric charging points in car parks included for 2019/20.	
Complete the newt survey at Stones Road Allotment and report on future options	Mark Shephard Head of Property & Regeneration (S&R)	September 2018	<b>April to Sept:</b> Newt survey completed. Reporting to S&R in November.	<b>Not achieved</b>
			<b>Oct to Dec:</b> Report on future options to S&R postponed to future meeting.	
			<b>Jan to March:</b> To report to Strategy & Resources Committee in July 2019 on options for Stones Road Allotment.	

Keeping our borough clean and green – Key priority				
Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
Deliver the Local Plan in accordance with: <ul style="list-style-type: none"> <li>• Pre-submission consultation</li> <li>• Submission to the Secretary of State</li> </ul>	Ruth Ormella Head of Planning (LPP)	September 2018	<b>April to Sept:</b> The Local Plan Regulation 19 submission is scheduled for Autumn 2019, on the basis that the changes to the National Planning Policy Framework (NPPF) and the Housing Delivery Test have led to further work and the commissioning of the Transformational Masterplan. The change in the programme has been reported to the Licencing and Planning Committee in July 2018.	<b>Not achieved</b>
		December 2018	<b>Oct to Dec:</b> Work continues on Local Plan in line with new dates.	
			<b>Jan to March:</b> Target dates superseded by new timetable reported to LPPC July 2018.	



Keeping our borough clean and green – Key priority																																														
Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:																																										
Recycle 54% domestic waste	Ian Dyer Head of Operational Services (EC)	March 2019	<b>April to Sept:</b> For the period April to September the average recycling rate is 53.77%.																																											
			<b>Oct to Dec:</b> YTD average 53.94% recycling rate.																																											
			<b>Jan to March:</b> Year-end average recycling rate 52.67%.																																											
<div><p><b>% of Domestic Waste Recycled</b></p><table><thead><tr><th>Month</th><th>2018/2019 (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>April</td><td>52.98%</td><td>54%</td></tr><tr><td>May</td><td>56.12%</td><td>54%</td></tr><tr><td>June</td><td>56.94%</td><td>54%</td></tr><tr><td>July</td><td>51.31%</td><td>54%</td></tr><tr><td>August</td><td>50.54%</td><td>54%</td></tr><tr><td>September</td><td>54.17%</td><td>54%</td></tr><tr><td>October</td><td>49.47%</td><td>54%</td></tr><tr><td>November</td><td>54.28%</td><td>54%</td></tr><tr><td>December</td><td>55.68%</td><td>54%</td></tr><tr><td>January</td><td>49.25%</td><td>54%</td></tr><tr><td>February</td><td>49.69%</td><td>54%</td></tr><tr><td>March</td><td>51.61%</td><td>54%</td></tr><tr><td><b>Year-end Average</b></td><td><b>52.67%</b></td><td><b>54%</b></td></tr></tbody></table></div>					Month	2018/2019 (%)	Target (%)	April	52.98%	54%	May	56.12%	54%	June	56.94%	54%	July	51.31%	54%	August	50.54%	54%	September	54.17%	54%	October	49.47%	54%	November	54.28%	54%	December	55.68%	54%	January	49.25%	54%	February	49.69%	54%	March	51.61%	54%	<b>Year-end Average</b>	<b>52.67%</b>	<b>54%</b>
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Not achieved

Keeping our borough clean and green – Key priority				
Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
Graffiti – remove 95% of graffiti on council owned land within 5 working days of being reported to Operational Services	Ian Dyer Head of Operational Services (EC)	March 2019	<b>April to Sept:</b> 100% graffiti removed.	<b>Not achieved</b>
			<b>Oct to Dec:</b> December 92% removed.	
			<b>Jan to March:</b> For the period 2018/2019 an average of 67% graffiti removed within 5 working days of being reported to Operational Services.	
Graffiti – remove offensive graffiti within two working days of being reported to Operational Services	Ian Dyer Head of Operational Services (EC)	March 2019	<b>April to Sept:</b> 100% graffiti removed.	<b>Not achieved</b>
			<b>Oct to Dec:</b> December 100% removed.	
			<b>Jan to March:</b> For the period 2018/2019 an average of 72% offensive graffiti removed within two working days of being reported to Operational Services.	
Graffiti – remove 95% of graffiti on private property within two working days from receiving the waiver document	Ian Dyer Head of Operational Services (EC)	March 2019	<b>April to Sept:</b> 100% graffiti removed.	<b>Not achieved</b>
			<b>Oct to Dec:</b> December 100% removed.	
			<b>Jan to March:</b> Overall 23 reported and 12 removed. The average removed is 52%, this target was missed due to lack of resources and an increase in incidents reported. The team will continue removing incidents reported, however it has not been included in our key Priority Targets for 2019 to 2020.	

Supporting our community – Key priority				
Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
A report to S&R Committee to determine the options to develop two units for residential accommodation in South Street	Mark Shephard Head of Property & Regeneration  Rod Brown Head of Environmental Health (S&R)	July 2018	<b>April to Sept:</b> Planning permission successfully obtained but programme delayed due to building works, contract to be tendered in next quarter and a report to S&R will follow in quarter four.	<b>Not achieved</b>
			<b>Oct to Dec:</b> Report to S&R Committee delayed to Q4 pending completion of options analysis.	
			<b>Jan to March:</b> Target included for 2019/20 to report to Strategy & Resources Committee on options on the future development of South Street premises for both residential and commercial units.	
A review of the CCTV provision provided by the Council	Rod Brown Head of Housing & Community (S&R)	March 2019	<b>April to Sept:</b> Initial discussions with MVDC and research from other LAs.	<b>Not achieved</b>
			<b>Oct to Dec:</b> Meeting with police representatives indicated a far more in depth focus is required into future CCTV provision, funding, monitoring arrangements and technology. Initial paper has been taken to the Leadership Team and joint work with boroughs in the East Surrey CSP is likely to be required once the police's intentions and timescales become clear.	
			<b>Jan to March:</b> Target to review the current CCTV provision, assess options and report to the Environment & Safe Communities Committee included for 2019/20.	

## Managing our resources – Key priority

Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
Agree an action plan and Implement the recommendations from the Playhouse Review	Mark Shephard Head of Property & Regeneration (CW)	October 2018	<b>April to Sept:</b> An action plan has been agreed and updates reported to Community and Wellbeing Committee on 9/10/18.	<b>Not achieved</b>
			<b>Oct to Dec:</b> Action plan update report taken to C&W Committee with agreement received to implement a transaction charge.	
			<b>Jan to March:</b> A further action plan update has been agreed to be taken to C&W Committee on 10/10/19.	

## Supporting businesses and our local economy – Key priority

Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
Upgrades to the Ashley Centre Car Park installing: <ul style="list-style-type: none"> <li>Fencing, railings, mesh and fire doors</li> <li>Deckshield work to be completed</li> </ul>	Ian Dyer Head of Operational Services (EC)	December 2018	<b>April to Sept:</b> Tender process complete and contract awarded for fencing and mesh. Final surveyor assessments undertaken on areas where specialist fixing required. Planning permission obtained for fencing. Materials ordered. Work to commence late Oct/early Nov. Tender process for Railings underway. Works may run into 2019 if suspended over Christmas. Deckshield work scheduled for Q4 2018-19. Tender document being prepared.	<b>Not achieved</b>
		March 2019	<b>Oct to Dec:</b> Fencing works on top floors (level 5 and level 4C and D) almost complete. Work to begin in Jan on the identified areas of risk on level 3 and 4. Stairwell railings and mesh for windows scheduled to begin end of January 2019 and last for 6 weeks. Fire door repairs completed, metal replacements on some doors to be done. Deckshield tender document to be issued in early 2019 works may overrun into summer of 2019.	
			<b>Jan to March:</b> Fencing, railings and stairwell mesh completed. Deckshield work delayed to summer of 2019.	

Supporting businesses and our local economy – Key priority				
Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
Letting availability of South Street premises ground floor as a commercial occupation	Mark Shephard Head of Property & Regeneration (S&R)	March 2019	<b>April to Sept:</b> This is subject to refurbishment completion, planning permission agreed but works delayed.	<b>Not achieved</b>
			<b>Oct to Dec:</b> Report to S&R Committee delayed to Q4 pending completion of options analysis.	
			<b>Jan to March:</b> Target included for 2019/20 to report to Strategy & Resources Committee on options on the future development of South Street premises for both residential and commercial units.	
Host an annual welcome event with University of the Creative Arts (UCA) business students	Shona Mason Head of HR & Organisational Development (S&R)	October 2018	<b>April to Sept:</b> Initial discussions have taken place to scope the format of the event with next steps to engage with UCA.	<b>Not achieved</b>
			<b>Oct to Dec:</b> Seeking to establish with UCA if event will proceed.	
			<b>Jan to March:</b> No response from UCA confirming support for event therefore not progressed.	

Supporting businesses and our local economy – Key priority				
Key priority performance target for 2018/19	Responsible officer	Achieved by:	Latest progress:	Status:
Report to S&R on the options to establish a joint committee	Amardip Healy Chief Legal Officer (S&R)	July 2018	<b>April to Sept:</b> Held in abeyance pending review by County Council of local committees.	<b>Not achieved</b>
			<b>Oct to Dec:</b> Matter has been reactivated. Due date April 2019.	
			<b>Jan to March:</b> This matter has been put on hold by the County Council. Awaiting their decision on the way forward.	
Ten percent reduction of 0-2 food hygiene rated food businesses	Rod Brown Head of Housing & Community (EC)	March 2019	<b>April to Sept:</b> 16% increase. Total of 4 additional premises 0-2 rated.	<b>Not achieved</b>
			<b>Oct to Dec:</b> 7.6% increase since April 2018. Net two additional premises 0-2 compared with April 2018.	
			<b>Jan to March:</b> 11% increase compared with April 2018 – equates to three additional premises scored 0-2. In total there are 29 premises with a food hygiene rated 0-2.	

# Key Priority Targets 2019/20

Keeping Our Borough Clean And Green	Supporting Our Community	Managing our Resources	Supporting Businesses And Our Local Economy
<ul style="list-style-type: none"> <li>Create the Seasonal Environmental Action Team (SEAT) and work programme by April 2019. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Maintain external accreditation to Alexandra Recreational Ground, Ewell Court Park and Rosebery Park and a South East in Bloom Award for Nonsuch Park by December 2019. <b>(Ian Dyer; C&amp;W)</b></li> <li>Produce Operational Management Plans for Shadbolt Park and Gibraltar Recreation Ground by December 2019. <b>(Ian Dyer; C&amp;W)</b></li> <li>Produce a report on the options for electric charging points in car parks to Environment &amp; Safe Communities by October 2019. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Report on progress against the actions within the single use plastics policy by January 2020. <b>(Amardip Healy; E&amp;SC)</b></li> <li>Report on options for Stones Road Allotment by July 2019. <b>(Mark Shephard; S&amp;R)</b></li> <li>Hold at least 6 Community Clean up events by November 2019. <b>(Ian Dyer; C&amp;W)</b></li> </ul> <p><b>Statistics</b></p> <ul style="list-style-type: none"> <li>Recycle 54% domestic waste by 31 March 2020. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Over the year at least 99% of bins to be collected on average each week by 31 March 2020. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Fly tipping – remove 95% of all fly tips on council owned land within 5 working days of being reported to Operational Services. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Graffiti – remove 95% of graffiti on council owned land within 5 working days of being reported to Operational Services. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Graffiti – remove offensive graffiti within two working days of being reported to Operational Services. <b>(Ian Dyer; E&amp;SC)</b></li> </ul>	<ul style="list-style-type: none"> <li>Using evidence, identify and address community safety hot spots/ themes within the Borough as outlined in the Community Safety Plan by December 2019. <b>(Rod Brown; E&amp;SC)</b></li> <li>Review the current CCTV provision and assess options and report to the Environment and Safe Communities Committee by October 2019. <b>(Rod Brown; E&amp;SC)</b></li> <li>Develop a Corporate Health &amp; Wellbeing Strategy and report to Community &amp; Wellbeing Committee by October 2019. <b>(Rod Brown; C&amp;W)</b></li> <li>Create additional in-borough temporary accommodation by March 2020. <b>(Rod Brown; C&amp;W)</b></li> <li>Report the Homelessness &amp; Rough Sleepers Strategy to the Community &amp; Wellbeing Committee by October 2019. <b>(Rod Brown; C&amp;W)</b></li> <li>Complete the Epsom Cemetery expansion works by 31 December 2019. <b>(Rod Brown; C&amp;W)</b></li> <li>Report to S&amp;R on a permanent scheme for the allocation of CIL 15% (Community Infrastructure Levy) by April 2019. <b>(Gillian McTaggart; S&amp;R)</b></li> <li>Review the provision of Daycare+ and report to the Community &amp; Wellbeing Committee by 31 Oct 2019. <b>(Ian Dyer; C&amp;W)</b></li> <li>Publish the draft Vision for consultation by September 2019. <b>(Damian Roberts; S&amp;R)</b></li> </ul> <p><b>Statistics</b></p> <ul style="list-style-type: none"> <li>Less than 40 households living in emergency nightly paid temporary accommodation per month. <b>(Rod Brown; C&amp;W)</b></li> <li>At least 8 households accommodated through the private sector leasing scheme by 31 March 2020. <b>(Rod Brown; C&amp;W)</b></li> <li>At least 30 households supported through the rent deposit scheme by 31 March 2020. <b>(Rod Brown; C&amp;W)</b></li> </ul>	<ul style="list-style-type: none"> <li>Produce a new 10 year Medium Term Financial Strategy with regard to the Fair Funding Review and report to S&amp;R by February 2020. <b>(Lee Duffy; S&amp;R)</b></li> <li>Income Generation Plan <ul style="list-style-type: none"> <li>Deliver the agreed targets contained within year 2 of the (as agreed at S&amp;R Committee on 17 April 2018)</li> <li>Review progress against year 1 of the plan and report to S&amp;R Committee by February 2020. <b>(Lee Duffy; S&amp;R)</b></li> </ul> </li> <li>Refurbish the toilet facilities at Bourne Hall by February 2020. <b>(Mark Shephard; S&amp;R)</b></li> <li>Upgrade the pay and display machines as agreed through the capital programme by October 2019. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Complete the extension of Hope Lodge Car Park by July 2019. <b>(Ian Dyer; E&amp;SC)</b></li> <li>Develop the programme for the new Corporate Plan 2021 – 2025 by July 2019. <b>(Gillian McTaggart; S&amp;R)</b></li> <li>Review the options for digital democracy for consideration by Members by July 2019. <b>(Amardip Healy; S&amp;R)</b></li> <li>Launch the new Members’ Induction and training programme by May 2019. <b>(Amardip Healy; S&amp;R)</b></li> <li>Report and approve the new suite of Human Resource policies to S&amp;R Committee by Sept 2019. <b>(Shona Mason; S&amp;R)</b></li> <li>Procure and install the new IT system for Operational Services to enable the replacement of the CRM system by Sept 2019. <b>(Judith Doney; S&amp;R)</b></li> <li>Implement the Bring Your Own Device and mobile technology policy by December 2019. <b>(Judith Doney; S&amp;R)</b></li> <li>Produce a 10 year Asset Management Plan by July 2019. <b>(Mark Shephard; S&amp;R)</b></li> <li>Implement the new Corporate Apprenticeship Scheme by July 2019. <b>(Shona Mason; S&amp;R)</b></li> <li>Report to Strategy &amp; Resources Committee an update on current and future commitments on the Residential Acquisition Fund by January 2020. <b>(Rod Brown; S&amp;R)</b></li> </ul> <p><b>Statistics</b></p> <ul style="list-style-type: none"> <li>At least 99.0% of Business Rates to be collected. <b>(Judith Doney; S&amp;R)</b></li> <li>At least 98.4% of Council Tax collected. <b>(Judith Doney; S&amp;R)</b></li> <li>Process new Housing Benefit claims within an average time of 28 days. <b>(Judith Doney; S&amp;R)</b></li> <li>Process Housing Benefit change of circumstances within an average time of 11 days. <b>(Judith Doney; S&amp;R)</b></li> </ul>	<ul style="list-style-type: none"> <li>Undertake a second consultation on next stage of Local Plan by September 2019. <b>(Ruth Ormella; L&amp;PP)</b></li> <li>Prepare and produce the Masterplan for Epsom and Ewell by August 2019. <b>(Ruth Ormella; L&amp;PP)</b></li> <li>Report to S&amp;R on options on the future development of South Street premises for both residential and commercial units by July 2019 <b>(Mark Shephard; S&amp;R)</b></li> <li>Introduce a new business newsletter to improve communications with local businesses by June 2019. <b>(Shona Mason; S&amp;R)</b></li> <li>Support a Business Expo in September 2019. <b>(Julia Owen; S&amp;R)</b></li> <li>Hold three business breakfasts and a dinner by March 2020. <b>(Julia Owen; S&amp;R)</b></li> <li>Host a networking event for local businesses by March 2020. <b>(Julia Owen; S&amp;R)</b></li> </ul> <p><b>Statistics</b></p> <ul style="list-style-type: none"> <li>Number of major planning applications (MHCLG) received* <b>(Ruth Ormella; L&amp;PC)</b></li> <li>Number of non-major planning applications (MHCLG) received* <b>(Ruth Ormella; L&amp;PC)</b></li> <li>At least 60% of major planning applications decided in time. <b>(Ruth Ormella; L&amp;PC)</b></li> <li>At least 70% of non-major planning applications decided in time <b>(Ruth Ormella; L&amp;PC)</b></li> <li>No more than ten per cent of major planning applications allowed at appeal (using the two-year rolling assessment period defined by the government). <b>(Ruth Ormella; L&amp;PC)</b></li> <li>The number of officer recommendations overturned by the Planning Committee* <b>(Ruth Ormella; L&amp;PC)</b></li> <li>93% of all food businesses rated as 3-5 within the food hygiene ratings by 31 March 2020. <b>(Rod Brown; E&amp;SC)</b></li> </ul> <p>(*Note: Reporting information only indicator)</p>

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## **WORK PROGRAMME 2019/20**

<b>Head of Service/Contact:</b>	Gillian McTaggart, Head of Policy, Performance & Governance
<b>Annexes/Appendices (attached):</b>	<b>Annex 1</b> – Work Programme 2019/20
<b>Other available papers (not attached):</b>	Agenda and Minutes of 16 April 2019 Audit, Crime & Disorder and Scrutiny Committee meeting

### **Report summary**

This report asks the Committee to agree its work programme for 2019/20.

### **Recommendation (s)**

- (1) That the Committee approves the work programme 2019/20 attached at Annex 1.**

## **1 Implications for the Council's Key Priorities, Service Plans and Sustainable Community Strategy**

- 1.1 Implications vary across the different items agreed for inclusion in the work programme. Specific implications are considered by the Committee before undertaking any individual scrutiny investigation.

## **2 Background**

- 2.1 Paragraph 1 of the Overview and Scrutiny Procedure Rules requires the Committee to approve an annual Overview and Scrutiny Work Programme including the programme of any sub-committees or panels.

## **3 Work Programme 2019/20**

- 3.1 A draft work programme for 2019/20 was prepared at the end of 2018/19 and presented at the April 2019 Committee meeting. This work programme has since been amended slightly (movement of the report on complaints from June to November 2019) and is now attached at **Annex 1** for consideration and approval by this Committee.

- 3.2 The work programme has been designed to ensure that the Committee meets its responsibilities relating to audit, risk management and scrutiny. It identifies those items for consideration by the Committee at its four formal meetings held across the year. No items for review by a subcommittee or panel have been identified at this time.
- 3.3 Regular internal audit monitoring reports which highlight progress made against the internal audit plan are scheduled for each of the four Committee meetings. The Internal Audit Assurance Report 2018/19 and the Annual Governance Statement (AGS) 2018/19, key governance documents, are included elsewhere on this Agenda. Progress made against actions contained in the AGS and the annual audit findings of the external auditor 2018/19 are scheduled for the November 2019 meeting.
- 3.4 Regular performance management reports have also been scheduled across the work programme. These reports highlight progress made against the Key Priority Targets of the Corporate Plan for 2019/20.
- 3.5 A number of annual reports are included in the work programme covering the following areas:
  - 3.5.1 Use of delegated powers at the Council within the last 12 months
  - 3.5.2 Matters relating to the Regulation of Investigatory Powers Act 2000
  - 3.5.3 Community Safety Partnership – End of Year Report
  - 3.5.4 Council Complaints
  - 3.5.5 Risk Management Framework
  - 3.5.6 Annual Report of the Audit, Crime & Disorder and Scrutiny Committee.
- 3.6 The last report, scheduled for April 2020, updates the Committee on Compliance with the Surveillance Camera Code of Practice. It follows up on a report taken to this Committee back in April 2019.

#### **4 Proposals**

- 4.1 It is proposed that the Committee approves its work programme for 2019/20 attached at **Annex 1**.

#### **5 Financial and Manpower Implications**

- 5.1 The Committee will wish to consider workload implications when considering its work programme, particularly if it wishes to add any new items for scrutiny by a sub-committee or panel. In-depth scrutiny reviews require more intensive input for members as well as officers.

- 5.2 **Chief Finance Officer's comments:** none arising from the contents of the report.

**6 Legal Implications (including implications for matters relating to equality)**

- 6.1 The Committee's draft work programme 2019/20 has been designed to meet the Committee's responsibilities as set out in legislation and its own Terms of Reference.
- 6.2 **Monitoring Officer's comments:** none arising from the contents of the report.

**7 Sustainability Policy and Community Safety Implications**

- 7.1 As Crime & Disorder Committee, this Committee has a responsibility under the Police and Justice Act 2006 to review the work of the local Community Safety Partnership. A report on the 2018/19 work of the East Surrey Community Safety Partnership has been included elsewhere on this Agenda.

**8 Partnerships**

- 8.1 The Committee has the ability to make reports or recommendations on matters, which affect the authority's area or the inhabitants of that area. It may require relevant partner authorities (excluding local health bodies) to have regard to any report or recommendations made.

**9 Risk Assessment**

- 9.1 Agreeing items for scrutiny and review at the beginning of the year will assist the Committee in managing its workload and rescheduling work across the year according to need and/or risk.

**10 Conclusion and Recommendations**

- 10.1 The Audit, Crime & Disorder and Scrutiny Committee is responsible for setting its own work programme. With a new year now begun, a new work programme has been developed encompassing all areas of responsibility. This programme does however remain fluid across the year thereby enabling the Committee to respond to any new areas of scrutiny or review.
- 10.2 It is recommended that the Committee approves its work programme 2019/20 attached at **Annex 1**.

**Ward(s) Affected:** (All Wards);

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**Audit, Crime & Disorder and Scrutiny Committee  
Work Programme 2019/20**

<b>MEETING DATE</b>	<b>ITEMS FOR CONSIDERATION BY FULL COMMITTEE</b>
<b>25 June 2019</b>	<ul style="list-style-type: none"> <li>• Internal Audit Assurance Report 2018/19 and Final Monitoring Report 2018/19</li> <li>• Annual Governance Statement 2018/19</li> <li>• Corporate Plan: Year End Performance Report 2018 to 2019 and Key Priority Targets for 2019 to 2020</li> <li>• Community Safety Partnership 2018/19 – End of Year Report</li> <li>• Use of Delegated Powers Annual Report</li> <li>• Annual Report on the Regulation of Investigatory Powers Act 2000</li> <li>• Work Programme 2019/20</li> </ul>
<b>21 Nov 2019</b>	<ul style="list-style-type: none"> <li>• Internal Audit Monitoring Report 2019/20</li> <li>• Annual Governance Statement and District Auditor's Audit Findings, Progress Against Action Plans</li> <li>• Risk Management Framework Annual Report</li> <li>• Corporate Plan: Performance Report One 2019 to 2020</li> <li>• Complaints – Annual Monitoring Report 2018/19</li> <li>• Work Programme 2019/20</li> </ul>
<b>6 Feb 2020</b>	<ul style="list-style-type: none"> <li>• Internal Audit Monitoring Report 2019/20</li> <li>• Corporate Plan: Performance Report Two 2019 to 2020</li> <li>• Work Programme 2019/20</li> </ul>
<b>21 April 2020</b>	<ul style="list-style-type: none"> <li>• Internal Audit Monitoring Report 2019/20</li> <li>• Internal Audit Plan 2020/21 and Internal Audit Charter 2020/21</li> <li>• Update on Compliance with the Surveillance Camera Code of Practice</li> <li>• Annual Report 2019/20</li> </ul>

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