

Draft

Annual Governance Statement

2022/2023

This is a signed statement by the Executive Leader and Chief Executive certifying that governance arrangements are adequate and operating effectively within the Council.

1. Scope of Responsibility

Tameside MBC (the Council) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively. The Council also has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.

In discharging this overall responsibility, the Council is also responsible for putting in place proper arrangements for the governance of its affairs, facilitating the effective exercise of its functions, which includes arrangements for the management of risk. These arrangements are intended to make sure that we do the right things, in the right way, for the right people, in good time, and in a fair, open, honest and accountable way. The Council has approved and introduced a Code of Corporate Governance.

This Annual Governance Statement explains how we have followed the above Code and the requirements of the Accounts and Audit (England) Regulations 2015.

The Council, in accordance with the Local Government Pension Scheme (LGPS) Regulations, administers the Greater Manchester Pension Fund (GMPF).

The Council delegates the function in relation to maintaining the GMPF to the following: -

- Pension Fund Management Panel
- Pension Fund Advisory Panel
- Pension Fund Working Groups
- The Director of Pensions.

A Local Board was established in 2015 and membership is comprised of scheme employers and member representatives. The purpose of the Board is to assist the Administering Authority in its role as a scheme manager of the Scheme. Such assistance is to:

- secure compliance with the Regulations, any other legislation relating to the governance and administration of the Scheme, and requirements imposed by the Pensions Regulator in relation to the Scheme and;
- to ensure the effective and efficient governance and administration of the scheme.

The Executive Leader of the Council chairs the Management Panel and all Panels and Working Groups have elected members from the other nine Greater Manchester Authorities, as the fund is accountable to its member Authorities. Whilst the GMPF has different governance arrangements to other Council Services (which are all detailed on its website), all officers are employees of the Council and therefore comply with the Council's Code of Corporate Governance and Constitution. Specific reference will not be made to GMPF throughout the Annual Governance Statement, unless appropriate to do so, as it is considered part of the Council.

2. The Purpose of the Governance Framework

The Governance Framework comprises the systems and processes, and culture and values by which the Council is directed and controlled and its activities through which it accounts to, engages with and leads the community. It enables the Council to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost effective, services.

The system of internal control is a significant part of the framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives

and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Governance Framework has been in place at the Council for the year ending 31 March 2023, and up to the date when the annual accounts are approved.

3. The Governance Framework

Developing codes of conduct which define standards of behaviours for members and staff and policies dealing with whistleblowing and conflicts of interest and that these codes and policies are communicated effectively.

Members and Officers are governed by Codes of Conduct, Cabinet Portfolios, contracts of employment, employment rules and procedures, Professional Codes of Conduct and bound by the Constitution and Code of Corporate Governance. Conflicts of interest are recorded in the minutes of all meetings, where applicable, and a register is maintained for both members and officers by the Monitoring Officer.

The Council is committed to leading on and maintaining the highest standards of behaviour and in support of this hosts the National Anti-Fraud Network (NAFN). In addition to those mentioned above, documentation to eliminate corruption includes Procurement Standing Orders, Financial Regulations, Anti-Fraud, Bribery and Corruption: Statement of Intent, Terms of Reference, Protocols for Gifts and Hospitality and Standards of Conduct and Ethics, a Whistleblowing Policy.

The Council has published the Whistleblowing Policy on its public website and awareness and updates are provided in its internal communications magazine, Live Wire. Allegations received are investigated by officers of the Council including Internal Audit with the Monitoring Officer having oversight.

Such guidance is accompanied by training and communications. The work of the Monitoring Officer, Standards Committee and the Standards Panel are fundamental in defining, achieving and monitoring high standards.

Ensuring compliance with relevant law and regulations, internal policies and procedures, and that expenditure is lawful.

All reports to Senior Managers, Board, Panels, Working Groups, Council and for Key/Executive Decisions are subject to review by the Monitoring Officer (and Head of Legal Services) and the Director of Finance, as the Section 151 Officer. Internal Audit assesses compliance with internal policies and procedures on an ongoing risk assessed basis and annually all members of the Single Leadership Team sign an Assurance Statement and complete a Self-Assessment Checklist, which includes questions on the above issues.

Standing Orders, Financial Regulations and the Scheme of Delegation are all included in the constitution and available on the Staff Portal and Website and any updates are presented to the Council for approval. All decisions of the Council are minuted and available on the website. Supporting procedure notes/manuals to manage risks and ensure consistency of approach are updated regularly and checked as part of the internal audit process.

The Medium Term Financial Plan, the Budget Report and a detailed monitoring regime for both revenue and capital expenditure, together with the Section 151 Officer and Monitoring Officer, ensures that expenditure is lawful. Officers of the Council are experienced and trained to fulfil their roles, ensuring that a competent workforce is in place. Officers have regular supervision meetings

to ensure that performance is satisfactory and the attendance at training seminars/courses ensures that officers are up to date with developments in their areas of expertise.

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

The Council's Constitution - Access to Information Procedure Rules outlines access to Council meetings, agendas and minutes, so that members of the public can be involved in the governance arrangements of the Council.

In response to the government's desire for increased transparency, the Council produces open data in accordance with the Local Government Transparency Code, examples of which are; Expenditure over £500, procurement information, payment of undisputed invoices within 30 days, members' allowances, salaries and wages information and fraud data. The Council also responds to Freedom of Information requests and has a central monitoring system in place to ensure deadlines are achieved.

Tameside also has four Strategic Neighbourhood Forums in place which allow members of the public to participate in the decision making process and the Big Conversation which provides residents and service users the opportunity to express their views and opinions about the services they use and how they can be delivered.

The Council has a Scrutiny process in place, with three Scrutiny Panels, covering Health and Adult Social Care, Children's Services, and Place and External Relations. The membership of the Panels are councillors, and supported by officers. The Panels carry out various reviews as required on priority topics and assurance reviews with key partners throughout the year.

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

The Council needs to set out a clear vision that members, employees, service users and the public can identify with and this is detailed in the Corporate Plan, which can be found [here](#).

Our People – Our Place – Our Plan is for everyone every day and is based on five themes: -

- Starting Well;
- Living Well;
- Ageing Well;
- Great Place; and
- Inclusive Growth.

The plan also has eight key Priorities: -

- Very Best Start – in life where children are ready to learn and encouraged to thrive and develop;
- Aspiration and Hope – through learning and moving with confidence from childhood to adulthood;
- Resilient Families and Supportive Networks – to protect and grow our young people;
- Work Skills and Enterprise – Opportunities for people to fulfil their potential through work, skills and enterprise;
- Infrastructure and Environment – Modern infrastructure and a sustainable environment that works for all generations and future generations;
- Nurturing and Communities – Having pride in our people, our place and our shared heritage;
- Longer and Healthier Lives – Good mental health through better choices and reducing inequalities; and
- Independence and Dignity in Older Age – Independence and activity in older age, and dignity and choice at end of life.

The corporate plan is based on a relationship between public services and citizens, communities

and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.

The Council set a balanced budget for 2022/23, which included savings targets of £6.565m whilst also being reliant on a number of corporate financing initiatives to balance. The final outturn position on 2022/23 budgets presents a broadly balanced position, with an overspend of £0.681m on Council Budgets (which will be funded from general reserves). The macro-economic environment continues however, to be very challenging. Inflation is currently running at 8.7%. This has also had a knock on impact on pay costs, in an already tight labour market. The Bank of England rate has increased in response and is currently running at 5%. The prevailing environment means strong and resilient financial management remains a priority for the Council.

Translating the vision into courses of action for the Council, its partnerships and collaborations.

The Tameside Corporate Plan is the Borough's plan to maximise the wellbeing and health of the people within the Borough. There is also a Health and Wellbeing Board. Working with partners across public services, industry, commerce, the community and voluntary sectors the vision is translated into objectives, which are detailed in service plans, team plans, and individual development plans.

The GMPF objectives are detailed in service plans, which are presented to Working Groups and the Pension Fund's Management/Advisory Panel. The Northern LGPS Investment Pool in conjunction with West Yorkshire Pension Fund and Merseyside Pension Fund has created an asset pool of around £56bn, which is helping to reduce investment costs and provide greater scope to allow the funds to invest in major regional and national infrastructure projects.

GMPF is the largest local Government fund in the country and invests in a diverse range of assets. At a high level, GMPF has set itself the target of achieving net zero emissions by c2050, in line with the Paris Agreement. It has been on this journey for some time, and works very closely with its active managers to understand their approach to managing the risks and opportunities of an orderly and just transition to a low carbon economy.

GMPF, as part of the Northern LGPS pool, made a commitment to be a Net Zero Asset Owner using the Paris Aligned Investor Initiative framework. One of the key aspects of this commitment was to set interim carbon reduction targets, building on the Fund's net zero by 2050 or sooner ambition.

The fund is working with the developers of the Paris Aligned Investor Initiative, and its asset managers, with a view to being in the inaugural wave of asset owners to produce such a set of targets.

It is anticipated that the targets will include a 50% reduction in carbon intensity by 2030 versus the 2019 benchmark, along with over £1 billion of new investments in climate solutions by 2030, building on GMPF's position as the largest LGPS investor in renewables.

Consistent with GMPF's fiduciary duty to our beneficiaries, employers and taxpayers GMPF ensures that the businesses in which we invest are both financially and environmentally sustainable have high standards of governance and are responsible employers. This is set out in our Responsible Investment Policy, which has been updated to explicitly refer to Human Rights.

GMPF does not typically divest from businesses unless ESG factors are likely to have a financially material negative impact. Instead GMPF seeks to use its influence as an investor to address issues of concern. GMPF engages with companies on a wide range of ESG issues via its Fund Managers and through its membership of collaborative organisations, and participates in investor initiatives to leverage outcomes of company and policy engagement.

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

Significant improvements in the quality of life for our residents will only be achieved through effective partnership working. This involves working together through a shared vision for the future of the borough, to create a place based approach that redefines services and places individuals, families, communities at the heart.

The Corporate Plan is the key document that communicates the vision for Tameside, and the delivery of the vision is supported by outcome specific networks, joint teams and partnerships. In addition to the website, the Council has embraced social media (Facebook, Twitter and Instagram) as communication channels to endeavour to reach all sections of the community. Council meetings are webcast and the Executive Leader publishes a blog on the Council's website.

The Tameside Engagement Strategy sets out how the Council will involve local people in shaping delivery of high quality services across the borough. It aims to help ensure that a co-ordinated and strategic approach to consultation and engagement is undertaken. There is a new Equality Strategy 2023-27 now in place.

Consultation has continued using the Big Conversation, which provides residents and service users the opportunity to express their views and opinions about the services they use and how they can be delivered in the future, in light of the financial challenges faced by Tameside.

The Council's approach to consultation and engagement is detailed in the comprehensive Partnership Engagement Network, which brings together stakeholders from a range of organisations, and groups to inform and influence policy develop and decision-making.

Accountability is demonstrated by the publication of the Statement of Accounts, the Annual Report in the Citizen Newspaper, the Annual Governance Statement and the review of service plans.

Engagement work coordinated through the Tameside and Glossop Partnership Engagement Network (PEN) has continued and the approach is founded on a multi-agency conversation about 'place shaping' for the future prosperity of our area and its communities. The key headlines are:-

- Facilitated thematic Tameside and/or Glossop engagement projects
- A Community Champions scheme has been set up to support local residents.
- Supported 27 engagement projects at the regional and Greater Manchester level
- Established the Community Champions Network to provide residents and workforces with the coronavirus information they need to lead the way in their community, with over 250 members now registered
- Established the Tameside & Glossop Inequalities Reference Group in response to how the coronavirus pandemic, and the wider governmental and societal response to this, has brought equalities (and indeed inequalities) into sharp focus
- Delivered two virtual Partnership Engagement Network (PEN) conferences and four Partnership Engagement Network sessions during 2022/23.

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

The Council has a documented decision-making process and Scheme of Delegation, which are included in the Constitution. It publishes a Forward Plan and all agendas and minutes of meetings can be found on the Council's public website together with webcasts as the majority of meetings have been held virtually. The Safe and Sound Decision Making Framework in place ensures that good processes are in place for making and implementing decisions, which are informed by good information and data, stakeholder views and an open and honest debate, which reflects the interests of the community.

Managers are required to do STRIVE management training in order to carry out their role.

The robustness of data quality is the responsibility of managers and is reviewed as part of the Internal Audit and External Audit functions.

All reports provided to Decision Makers have to contain both legal and financial implications approved by the Head of Legal (Deputy Monitoring Officer) and Assistant Director Legal Services (MO) and the Director of Resources (Section 151 Officer).

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

Effective challenge is an integral part of how the Council and its partners manage Tameside. It ensures that the partnership and constituent organisations remain focused on improvement and achievement. Challenge helps to identify areas for benchmarking and the development of best practice. Similarly, it supports individuals and teams further develop their own skills and capacity, which in turn helps to deliver better outcomes for local people.

The Council's approach includes: -

- Peer assessment and challenge;
- Performance Management;
- Big Conversation and Service Redesign;
- Benchmarking;
- Learning from Complaints;
- Scrutiny;
- Risk Management and Internal Audit, and
- External Audit;

Continual improvement has always been at the heart of the organisation and the results can be seen through our sustained record of achievement. The External Auditor is responsible for providing a Value for Money conclusion for the Council annually. At the time of the production of the AGS, the External Auditors were reviewing the process on this.

Children's Service received an unannounced focused visit from OFSTED in April 22. The Inspectors recognised that additional investment had been utilised but application has been slow due to the national shortage of Social Workers, meaning recruitment has been challenging. The Ofsted visit letter published on 6 June 22 required the service to have two priority actions and a formal notice to improve from the DFE. A priority action plan was produced and has been monitored by the Children & Families Scrutiny Committee. In addition, a newly constituted Children's Improvement Board meet every month to track in detail the agreed improvement actions. The plan was formally reviewed at 6 months in January 2023 by the external DFE intervention team who noted significant progress made in service quality, timeliness and service user experience, evidenced by the detailed data performance scorecards provided and front line staff and manager interviews undertaken.

The service has since been reviewed by the DFE intervention team again in June 2023 with the outcome being, while the service remains on a journey of improvement, a significant positive direction of travel in improvement has again been noted.

The three funds that comprise Northern LGPS (GMPF, West Yorkshire Pension Fund and Merseyside Pension Fund) have formed Northern Private Equity Pool (NPEP), a joint venture that combines the private equity investing activities of the three funds. NPEP will draw on the combined expertise and experience of the internal teams at each of the respective Northern LGPS funds, and the administration capabilities of Northern LGPS's pool-wide external custodian. The combined scale and resources of the NPEP will enable funds in Northern LGPS to invest in private equity through lower cost implementation approaches than have been the case historically.

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.

The Council Constitution sets out the roles and responsibilities of each Executive Member, and the responsibilities delegated to the Chief Executive, members of the Single Leadership Team and senior managers of the Council. It includes the post and responsibilities of the Statutory and Proper Officers.

The Chief Executive for the Council is the lead officer responsible for the integration of health and care in Tameside known as a 'place-based lead' for health and care integration. On July 1 2022, Tameside and Glossop CCG became part of NHS Greater Manchester Integrated Care (Tameside) and Derby and Derbyshire Integrated Care (Glossop) services. The Chief Executive works closely with colleagues and partners in Tameside to continue to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access to services; enhance productivity and value for money and help the NHS to support broader social and economic development. This work continues to be undertaken locally through the Integrated Care Partnership as part of national changes to the way the NHS and local councils support people's health and social care. Each partnership works with the public in their local area, and with the wider system across Greater Manchester, to enable healthier lives and plan and deliver better health and social care services for all.

Protocols for effective communication are in place. Meetings have agendas and minutes published on the Council's Website and a Forward Plan is published. The Corporate Plan, the Citizen Magazine, Scrutiny, Consultation via the Big Conversation and the Tameside and Glossop Partnership Engagement Network (PEN) update which is produced monthly. Increasingly, the use of Social Media (Facebook, Twitter and Instagram) are examples of the ways the Council communicates with partners and residents of the Borough. Also the introduction of Community Champions has increased contact with residents.

The Constitution is reviewed and updated regularly and changes are disseminated across the Council and Tameside and Glossop Clinical Commissioning Group via the Chief Executive's Weekly Brief, The Wire and team briefings.

The Tameside Health and Wellbeing Board is a statutory partnership with health commissioners, providers and other interested parties. It is chaired by the Executive Member with responsibility for Health & Wellbeing and has focused on the wider implications on the health and wellbeing of Tameside, with particular work streams around poverty, work and skills and healthy places.

Ensuring that financial management arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Chief Finance Officer in Local Government (2015) and the Financial Management Code (FM Code) 2019 and where they do not, explain why and how they deliver the same impact.

The financial management arrangements in place conform with the CIPFA statement. The service is managed by the Director of Resources, who is the Council's Section 151 Officer. The role is supported by a Deputy Section 151 Officer and they are supported by a group of experienced Finance Business Partners who manage the service area finance teams.

The Chartered Institute of Public Finance and Accountancy (CIPFA) published The Financial Management Code (FM Code) in late 2019. The FM Code provides guidance for good and sustainable financial management in local authorities, giving assurance that authorities are managing resources effectively.

The FM Code requires authorities to demonstrate that the processes they have in place satisfy the principles of good financial management, which is an essential part of ensuring that public sector finances are sustainable. The FM Code identifies risks to financial sustainability and introduces a

framework of assurance. This framework is built on existing successful practices and sets explicit standards of financial management.

An assessment of compliance with the standards with the FM code was undertaken in March 2021. This concluded that the Council is compliant with minimum standards as set out in the FM Code but identified some areas for further improvement. A draft self-assessment has been undertaken in June 2023 by Financial Management. This will be published in 2023/24 and reviewed by the Audit Panel as part of their 2023/24 work programme.

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

The Head of Legal Services is Deputy Monitoring Officer and is currently carrying out the Monitoring Officer role. This follows the former Executive Director of Governance and Pensions (Monitoring Officer) becoming Acting Chief Executive in June 2022 and permanent in December 2023. An interim experience Monitoring Officer who will be Assistant Director for Legal Service (Borough Solicitor) was appointed by Council as the Council's Monitoring Officer. A Monitoring Officer Protocol is in place and detailed on the website.

Ensuring effective arrangements are in place for the discharge of the head of paid service function.

The Chief Executive is the head of paid service and the role and function are detailed in the Constitution.

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

Induction guidelines are available for managers including a checklist to ensure consistency across all services. Member induction is delivered by the Monitoring Officer and the Executive Support Team. As part of this, a finance induction for new members is delivered by Finance.

Training needs are assessed using Annual Development Reviews for officers. The process takes into account the needs of the service and then identifies any gaps in the skills and knowledge of the workforce to enable it to meet its objectives. All training requirements are reviewed by management and then compiled into service training plans, which are submitted to People and Workforce Development to inform and direct the provision of future training and development opportunities.

An online training facility – Me Learning - is in place for staff and there are certain training modules that have been categorised as mandatory – for example Equality, Information Governance, Cyber Security and Data Protection.

Training for members is assessed on an annual basis and a programme of events is scheduled to ensure both local and national subjects are covered.

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

The Council empowers its employees to be innovative and to find solutions to problems, but recognises that there are potential risks for the Council. Significant and cross cutting service risks are amalgamated into the Corporate Risk Register, which is regularly presented to the Single Leadership Team and the Audit Panel. The Council's approach to risk management is to be further enhanced during 2023/24, using the '3 lines approach' as part of the embedding of an 'assurance model' which integrates best practice in the disciplines of risk and audit.

Every report presented to Senior Managers, Council, Committees, Board, Panels, Working Groups and for Key/Executive Decisions is risk assessed.

Information Governance and Cyber Security continued to be a key priority for the Council as staff are working differently and we are totally reliant on technology to continue to deliver services effectively. Working at home presents a new set of challenges to be managed. Information Governance, Cyber Security and Data Protection training is delivered via a range of media, including briefing notes, the Chief Executive's Brief, the Wire, workshops and E-Tutorials.

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

The Council has an Anti-Fraud, Bribery and Corruption Strategy: Statement of Intent as part of the Constitution and all investigations are undertaken by Internal Audit. All investigations are conducted in line with the Fraud Response Plan and operational guidance notes. The Standards Panel receives reports on investigations underway to monitor progress and provide direction, where appropriate. The Council continues to participate in the National Fraud Initiative, which is conducted every two years by the Cabinet office and the datasets to be uploaded and the matches received are coordinated by Internal Audit.

A Whistleblowing Policy is maintained and available on the Council's website.

Ensuring an effective scrutiny function is in place.

This role is performed both by the Scrutiny function and by Tameside Members who sit on outside bodies' committees. The Scrutiny function conducts reviews across Tameside, which may call into, account other public service providers, for example the NHS and the Police.

Scrutiny activity adopted a combination of approaches to review service and performance updates, respond to formal consultations, focus reports of the Local Government and Social Care Ombudsman and areas in need of more in-depth review. This included a responsibility for:

- Research and insight on a particular issue, including desktop reviews
- Review of decisions and recommendations
- Follow-up (from previous review / municipal year)
- Engagement and consultation – to provide responses to pre-decision activity
- Consideration of decisions and reports from the Ombudsman
- Budget updates
- Receive updates on key issues as they arise
- Active monitoring of national and regional policy and substantive variation to service change.

Reviews conducted are reported to the Scrutiny Panels and the Overview Panel and the programme of reviews and reports are available on the scrutiny website together with an Annual Report. Members who represent the Council on outside bodies are ensuring that service delivery is effective, providing a challenge function and that the needs of Tameside are taken into account.

The statutory Officer for Scrutiny is the Head of Policy and Communications.

Ensuring that assurance arrangements conform with the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2019) and, where they do not, explain why and how they deliver the same impact.

The Council's assurance arrangements conform with the governance requirements of the CIPFA Statement. During 2022/23, Internal reported directly to the Assistant Director of Finance as the Deputy Section 151 Officer and reported quarterly to the Audit Panel and the Greater Manchester Pension Fund Local Board. The Risk Management and Audit Service was also judged to conform to the Public Sector Internal Audit Standards (PSIAS) for 2022/23 via a self-assessment, which was presented to the Audit Panel. Looking forward to 2023/24, under a new Head of Assurance who

replaces the former Head of Risk Management and Audit Services, the disciplines of risk and audit will be fully integrated into a model of assurance to embed best practice in this area. An external assessment of internal audit under PSIAS is due to take place in December 2023.

Undertaking the core functions of an Audit Committee, as identified in CIPFA Position Statement on Audit Committees in Local Authorities and Police (CIPFA 2018).

The Audit Panel has delivered the functions of an Audit Committee in compliance with the revised CIPFA Position Statement on Audit Committees (2022). Meetings are regularly attended by our External Auditor. Training is assessed for members of the panel based on their existing skills and knowledge to determine a training plan which will be delivered by officers of the Council, External Audit and service specific experts where required. A Forward Plan is presented regularly to the Panel detailing the items for agendas and any training to be delivered.

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

Information, support and responses are provided to External Audit in a timely manner. Audit findings and recommendations during 2022/23 were considered by the Director and Assistant Director of Finance, the Director of Governance and Pensions and the Assistant Director (Pensions Local Investments and Property) and presented to the Audit Panel and the Pension Fund Management Advisory Panel.

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

Good governance arrangements in respect of partnership working were established many years ago when the Tameside Strategic Partnership was created and those standards are still adopted today.

The continued successful delivery of outcomes by the various networks, joint teams and partnerships operating across Tameside to maximise the wellbeing and health of the people of the Borough demonstrates that the arrangements in place are sound. Tameside has always promoted working with partners and it is through our strong and long-standing partnerships, along with new ones that may develop in the future, that help us to produce solutions and real improvements for Tameside.

4. Review of Effectiveness

The Council has responsibility for conducting, at least annually, a review of the effectiveness of its Governance Framework including the system of internal control. This review of effectiveness is informed by the work of the Directors/Assistant Directors within the Council who have responsibility for the development and maintenance of the governance environment, Internal Audit and by comments made by the External Auditor and other review agencies and inspectorates.

The process that has been applied in maintaining and reviewing the effectiveness of the Governance Framework includes the following measures and actions: -

- The Council has adopted a Planning and Performance Framework and carries out a programme of monitoring which runs throughout its annual cycle. This includes quarterly monitoring of all revenue and capital budgets, which are reported to the Single Leadership Team, Board and Executive Cabinet, and regular monitoring of Service Delivery Plans by directorates in terms of performance indicators and update reports. A refreshed strategic delivery and performance framework is due to be implemented in 2023/24.
- The Capital Programme is regularly monitored and reported quarterly to the Strategic Planning and Capital Monitoring Panel, Audit Panel, Board and the Executive Cabinet.

- The Council is open to peer challenge and a LGA Peer Challenge had been commissioned to take later this year or early next year (this had previously been postponed due to COVID-19) and the change in Leadership.
- The Executive Cabinet carries out its functions in accordance with responsibilities outlined in Cabinet Portfolios, which are detailed in the Council's Constitution. Several Non-Executive Members are appointed to specific roles to assist Executive Members in the delivery of their particular areas of responsibility. All roles are assigned at the annual meeting of the Council.
- There is a well established Overview and Scrutiny function, which has been revised and updated in the light of experience. Scrutiny Panels review the work of the Council throughout the year; make a series of recommendations to Overview Panel and Executive Cabinet, which then require a formal response and action, as appropriate. There is a public website where the public can access completed review reports and Annual Plans and Annual Reports. Scrutiny emails are regularly circulated to scrutiny members, elected members and senior management drawing their attention to guidance, live consultations and outputs from GM scrutiny.
- To support delivery of the Medium Term Financial Plan and be in a positive position to respond to the financial challenges facing the Council, a detailed monitoring and reporting system has been put in place. The corporate plan delivery is managed through an Assistant Directors group. The continuation of this work is necessary to ensure that we are in a strong position to manage and use our resources effectively to maintain good outcomes and achieve the level of savings required. Service areas have been challenged to look for new and innovative ways of delivering their services as well as working more closely with our partners. Given the magnitude of the financial challenge the Council faces, consultation via the Big Conversation has continued so that residents' views on any changes can be taken into consideration. Finance work closely with the Executive Members/Single Leadership Team, during the budget preparation period to ensure that a robust set of savings plans are in place, with clear delivery plans. Looking forwards a new medium term financial strategy is in the process of being implemented during 2023/24 by the new Director of Resources to strengthen the Council's financial resilience.
- The Directors have each reviewed the operation of key controls throughout the Council, from the perspective of their own directorates, using a detailed assurance self-assessment checklist. They have provided a signed assurance statement and identified any areas for improvement, which will form the basis of the action plan to this Governance Statement.
- The Code of Corporate Governance was reviewed and the evidence documented to demonstrate compliance with the principles of good governance. The Review was reported to senior management and the Audit Panel in July 2022.
- The Monitoring Officer, carries out a continuous review of all legal and ethical matters, receiving copies of all agendas, minutes, reports and associated papers, and comments on all reports that go to members and when necessary taking appropriate action, should it be required.
- The Director of Resources as the Section 151 Officer, carries out a continuous review of all financial matters, receiving copies of all agendas, minutes, reports and associated papers, and commented on all reports that go to members and when necessary taking appropriate action, should it be required.
- The Standards Committee is responsible for standards and probity, and receives regular reports from the Monitoring Officer and Head of Paid Service.
- The role held by the Director of Finance (now Director of Resources in 2023/24) conformed to the requirements of the five principles of the CIPFA Statement on the Role of the Chief

Financial Officer (CFO) in Local Government during 2022/23.

- An assessment of compliance with the standards in the Financial Management Code has concluded that the Council is compliant with minimum standards set out in the Code but has identified some areas for further improvement, which are included in the Improvement Plan in Appendix A.
- Children's Services have continued on their journey to implement the improvements identified by the various Ofsted Inspections, which commenced in 2016. The Council has taken a number of direct and positive steps to ensure that effective monitoring takes place regarding improvement activity and service development.
- The Audit Panel carries out a overview of the activities of the Council's risk and audit functions. Members are provided with a summary of reports issued and their associated audit opinion. They approve the Annual Plans for each, and receive regular progress reports throughout the year. During 2022/23, the Head of Risk Management and Audit Services presented an Annual Report and opinion, and the External Auditor submitted update reports during the year. The accounts for 2020/21 onwards remain to receive formal sign off by the External Auditor, but that position is to be resolved during 2023/24. The Corporate Risk Register was presented to the Audit Panel during the year. The Council's approach to internal audit and risk management is being enhanced in 2023/24, using the '3 lines approach' as best practice and as part of the embedding of the 'assurance model' as referenced earlier.
- Internal Audit provides a continuous review in accordance with the Council's obligations under the Local Government Act 1972, and the Accounts and Audit Regulations 2015. It operates under the Public Sector Internal Audit Standards. An External Peer Review was last conducted in March 2018 which confirmed that the service was fully compliant with all the standards, the self-assessment undertaken annually since then have reaffirmed compliance and the report for 2022/23 was reported to the Audit Panel. The next external peer assessment is due to take place in December 2023.
- The Data Protection Officer and the Head of Risk Management and Audit continued to monitor adherence to data protection legislation throughout the year and taken appropriate action to deal with any incidents arising. Executive Support continued to monitor the processing of Freedom of Information and Subject Access Requests and weekly progress reports are now provided to all managers and the Executive Cabinet to ensure compliance with the relevant timescales.
- The Chartered Institute of Public Finance and Accountancy (CIPFA) published The Financial Management Code (FM Code) in late 2019. The FM Code provides guidance for good and sustainable financial management in local authorities, giving assurance that authorities are managing resources effectively. An assessment of compliance with the standards with the FM code was undertaken in March 2021. This concluded that the Council is compliant with minimum standards as set out in the FM Code but identified some areas for further improvement. A draft self-assessment has been undertaken in June 2023 by Financial Management. This will be published in 2023/24 and reviewed by the Audit Panel as part of their 2023/24 work programme.
- The Council's External Auditors review the activities of the Council and issue an annual opinion on the Annual Accounts and a Value for Money conclusion. See however, previous point on accounts opinion sign off. Conclusions and significant issues arising are detailed in their update reports.

5. Level of Assurance

The governance arrangements in place comply with the Principles outlined in the Council's Code of

Corporate Governance and can be regarded as fit for purpose. Areas for development have been identified in the Improvement Plan attached at **Appendix A**, and addressing these will further enhance the Governance Framework.

The Internal Audit opinion for 2022/23 is that members and senior management can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas reviewed, are suitably designed and applied effectively. The finding of Internal Audit's work is that controls are in place to mitigate these risks and where improvements have been highlighted, managers have agreed to implement the suggested recommendations. This will aid the management of risks and support the overall control environment.

Internal Audit worked with senior managers throughout the year using the Post Audit Review (audit follow up) process to ensure identified improvements are implemented.

6. Conclusion and Signatures

The Annual Governance Statement has been reviewed by Senior Management, presented, and approved by the Audit Panel. We have been advised on the implications of the review of the effectiveness of the Governance Framework in place, and the action plan compiled to address the further developments identified to ensure the continual improvement of the system in place.

We are satisfied that these steps will address the improvements that have been identified and their implementation will be monitored by the Audit Panel throughout the year and as part of our next Annual Review.

Signed:

Signed:

Executive Leader of Tameside MBC

Chief Executive of Tameside MBC

Dated:

Dated:

Annual Governance Statement 2022/2023 – Improvement Plan

Ref	Area of Review	Improvement Identified for Implementation in 2021/22 AGS	Progress Reported As At June 2023	Improvement Identified for Implementation in 2023/2024	Improvement Owner and Completion Date
1	Vision Tameside (Carry Forward)	To complete the Ashton Town Hall project along with the remaining elements of the Vision Tameside project. Director of Place March 2022 and ongoing	This project is part of Tameside's Levelling Up Funding proposals. Completion aim is March 2025.	Completion of project by March 2025	Director of Place March 2025
2	Children's Services (Carry Forward)	To monitor the revised improvement plan with delivery action and risks being tracked monthly. Director of Children's Services March 2023	Complete and ongoing. Eight month stock take of the improvement plan monthly actions RAG rated and approved and signed off May 23 by Children's Improvement Board Quarterly monitoring of Improvement Plan undertaken by Children's Scrutiny Panel.	Revised improvement plan coproduced with partners and signed off at Children's Improvement Board April 23 agreed with DFE Monthly actions tracked in to Improvement Board forward plan and agenda reports schedule External DFE 6 month review of progress 20/06/23	Director Children's Services March 2024
3	Management of CCTV (Carry Forward)	Capital investment to update the CCTV system as funding becomes available Director of Place Autumn 2022	Action carried forward	Capital investment to update the CCTV system as funding becomes available	Assistant Director Place March 2025
4	ICT Disaster Recovery and Business Continuity	Services to review and agree their system recovery priorities in conjunction with the IT Service. Once determined systems will need to be put in place to ensure Tier 1 systems have full recovery checks	Action carried forward	Services to review and agree their system recovery priorities in conjunction with the IT	Director of Resources March 2024

Ref	Area of Review	Improvement Identified for Implementation in 2021/22 AGS	Progress Reported As At June 2023	Improvement Identified for Implementation in 2023/2024	Improvement Owner and Completion Date
	Planning (Carry Forward)	and tests undertaken annually and Tier 2 systems every other year. Director of Finance March 2023		Service. Once determined systems will need to be put in place to ensure Tier 1 systems have full recovery checks and tests undertaken annually and Tier 2 systems every other year.	
5	Information Governance (Carry Forward)	Delivery of the Information Governance Work Plan and review the Information Governance Service across the Council. Director of Governance and Pensions Director of Finance January 2023	Action carried forward	The Information Governance Work Plan has been regularly monitored in 2022/23 by the Information Governance Group. Capacity issues within the service has impacted upon progress. This will be addressed in 2023/24.	Director of Resources and Head of Assurance March 2024
6	Implementation of a Strategic Commissioning Function (Carry Forward)	Until the proposed legislation is passed through Parliament, it is difficult to evaluate the risks ahead. As further clarity is received on the GM Integrated Care System, risks will be identified, evaluated and reported in accordance with the joint principles agreed across the Place based leadership model. Director of Finance/Single Leadership Team September 2022	Action no longer relevant due to changes in GM moving forward with locality based leads.		
7	Debtors (Carry Forward)	Improvements to the Debtors System need to be embedded across the Council and these will then be tested by Internal Audit in the latter half of 2022/23 to	Action carried forward	Debtors has been included on the refreshed audit plan for	Head of Assurance December 2023

Ref	Area of Review	Improvement Identified for Implementation in 2021/22 AGS	Progress Reported As At June 2023	Improvement Identified for Implementation in 2023/2024	Improvement Owner and Completion Date
		provide assurance that the overall system is working effectively and fit for purpose. Director of Governance and Pensions Director of Finance March 2023		2023/24 and will be completed by Quarter 2	
8	Compliance with the CIPFA Financial Management Code (Carry Forward)	To ensure that the nine improvements identified in the assessment conducted and reported to Executive Cabinet in April 2021 are implemented. Director of Finance March 2023	Action carried forward	A draft self-assessment was undertaken in June 2023 by Financial Management. This will be published in 2023/24 and reviewed by the Audit Panel as part of their 2023/24 work programme	Director of Resources September 2023
9	Early Help Service (Carry Forward)	To review and implement the learning and improvements identified by the Peer Review conducted by Stockport Council in December 2020. Delivery of colocation of neighbourhood teams along with a newly identified Family Hubs work programme. Director of Children's Services December 2022	All learning and improvements implemented and responded to. Family Hubs launched and opened in January 23. New Early Help Strategy and delivery model agreed with Partners in May 23 due to be received at Cabinet June 23	As progress reported	Director of Children's Services December 2022 June 2023
10	Assurance (Risk & Audit)			Embed a model of assurance to the disciplines of risk and audit using the '3 lines approach'.	Head of Assurance March 2024
11	Statutory Accounts sign off			Liaison with External Audit to expedite sign off of outstanding	Director of Resources March 2024

Ref	Area of Review	Improvement Identified for Implementation in 2021/22 AGS	Progress Reported As At June 2023	Improvement Identified for Implementation in 2023/2024	Improvement Owner and Completion Date
				statutory accounts.	
12	Medium Term Financial Strategy			Implementation of a robust medium term financial strategy	Director of Resources February 2024 (Budget Council)
13				Embed a refreshed strategic delivery and performance framework during 2023/24.	Head of Policy, Performance & Intelligence March 2024