

GMCA Audit Committee

Date: 21 January 2022

Subject: Internal Audit Progress Report

Report of: Sarah Horsman, Head of Audit and Assurance, GMCA

PURPOSE OF REPORT

The purpose of this report is to inform Members of the Audit Committee of the progress made on the delivery of the Internal Audit Plan for Q3 2021/22. It is also used as a mechanism to approve and provide a record of changes to the internal audit plan.

RECOMMENDATIONS:

Audit Committee is requested to:

- Consider and comment on the progress report
- Approve the changes to the Audit Plan (Section 3)

CONTACT OFFICERS:

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Equalities Impact, Carbon and Sustainability Assessment:
N/A

Risk Management
N/A

Legal Considerations
N/A

Financial Consequences - Capital

N/A

Financial Consequences - Revenue

N/A

Number of attachments included in the report:

BACKGROUND PAPERS: N/A

TRACKING/PROCESS	
Does this report relate to a major strategic decision, as set out in the GMCA Constitution	No
EXEMPTION FROM CALL IN	
Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency?	No
TfGMC	Overview & Scrutiny Committee
N/A	N/A

1 Introduction

The Internal Audit strategic three-year plan for GMCA was presented to the Audit Committee in April 2021 and this set out the planned assurance activity to be conducted during 2021/22 based on our understanding of the organisation's strategic and operational risks.

Separate plans are approved by Transport for Greater Manchester (TfGM) and Greater Manchester Police (GMP) / Police and Crime Functions with reporting to their respective Audit, Risk and Assurance Committee (ARAC) and Joint Audit Panel.

The purpose of this progress report is to provide Members with an update against the GMCA audit plan for 2021/22.

2 Progress against the 2021/22 Internal Audit Plan

2.1 Internal Audit work completed since the last meeting of the Audit Committee

Since we last reported to Audit Committee on 30 September 2021, we have finalised and published four audit reports and certified four grants. The Executive Summaries from these reports are appended to this report.

- **Core Investment Team - Loan Funding and Approval:** This report provided a **reasonable assurance opinion** over the loan approval process for core funds and confirmed general compliance with the control framework including the assessment, appraisal, approval and monitoring of loans. The Chief Executive Appraisal Sub-Group acted as a gateway for all loan approval decisions and our review showed this provided robust challenge to proposals being submitted prior to approval. The audit identified a small number of recommended improvement actions and a timetable for implementation of these was agreed.
- **Supporting Families Programme (Formally Troubled Families):** This work was completed in conjunction with the ten GM District Audit teams and provided a positive assurance opinion overall on the delivery of the key elements of the Supporting Families Programme. There were no significant 'red flag' risks brought to our attention in the assurance reports received which required immediate attention or oversight by GMCA. Audit recommendations for improved controls were made by 7 out of the 10 GM Districts. Implementation monitoring of these actions will be completed by the Districts themselves.
- **Programme and Project Governance:** This report provided a **reasonable assurance opinion** over the effectiveness of the general control framework operating around programme and project management across GMCA and GMFRS. The audit identified that there is further capacity to improve and

strengthen existing arrangements with a more consistent and defined approach. The report made two recommendations linked to the development of a simplified project control framework against which projects would be expected to be delivered; and the development of a recommended training programme for all project managers.

- **Grant certifications** – These were completed for Local Energy Market Grant £304k, Green Homes Grant £2.2m, Brownfield Housing fund £16.2m and Covid-19 Emergency Active Travel Fund £1.88m.
- **Grant Management and Reporting (Interim Assessment):** An Interim Position statement was issued in November 2021 which reflected our current observations over existing controls. At the time, there was significant work ongoing to review internal financial systems, policies and processes for dealing with grants and implementing a revised process for managing and monitoring grants. Training of finance staff is due to take place in January 2022 with the new process implemented immediately following this during February to March 2022. We intend to revisit this assessment and provide an assurance opinion over the revised processes and controls in March 2022.

Draft reports are being prepared for issue on Accounts Receivable, GMFRS Stores, Contract Award and Cyber Security. We aim to finalise these with Management during January 2022.

Resourcing: We are pleased to report that we have recruited to the vacant Principal Auditor post. Stuart Richardson joined us on 30 November 2021. We are now fully resourced, but delivery of the audit plan will be kept under review to take account of emerging risks and any changes to client availability or working arrangements.

Our overall progress in delivering 2021/22 planned audit work remains reasonable but has been impacted due to COVID-19 work absence and staff availability. We are seeking some changes to the plan which are outlined at **Section 3**, if approved, we remain confident the rest of the plan can be achieved.

2.2 Internal Audit work in progress 2021/22

A summary on the status of ongoing audit work is as follows:

Planning Stage	
GMFRS - Firefighter Training and CPD	We have issued our terms of reference for this audit and fieldwork will commence in January 2022.
Asset Compliance	We have discussed with management the outline scope for this work which will focus on providing

	assurance over the completion of statutory health and safety checks across the GMCA estate on gas and electricity, legionella and fire safety. Audit work to commence in January 2022.
Fixed Asset – Data Migration	This is an additional piece of work requested by management which will commence in January 2022.
Grant Certifications	Upcoming grant on Public Sector Decarbonisation scheme due in March 2022.
Anti-Fraud Policies	We will review and update GMCA fraud policies during Quarter 4.

Fieldwork Stage	
Procurement – Contract Award	This work is nearing completion and a draft report is being prepared.
Accounts Receivable	Fieldwork on this audit is nearing completion.
GMFRS – Fire Safety Assessments	Fieldwork commenced in January 2022 on this audit

Reporting Stage	
GMFRS – Stores management	Draft report issued to management and awaiting finalisation.
Grant Funding – Management and Reporting	We issued an interim position statement in November 2020 which we will revisit in April 2022.
ICT Security Audit – Outsourced Work	Salford Internal Audit Service have completed their fieldwork for the Cyber Security audit. A draft report is with management for review.

Details of our progress in respect of the 2021/22 Audit Plan is shown in **Appendix B**.

3 Changes to the Internal Audit Plan

The internal audit plan is regularly reviewed and can be amended to reflect changing risks and/or objectives. In line with the Internal Audit Charter, any significant changes to the plan must be approved by the Audit Committee.

We are proposing some changes to the audit plan, with one new addition and three deferred audits to 2022/23. Details of these are shown at **Appendix C**. The plan will be kept under review during quarter 4 due to the uncertainty caused by the pandemic and any emerging risks and priority work.

A cumulative record of changes to the plan, with the rationale for each, is shown as an **Appendix C** to this report.

4 Other Activities

Aside from delivery of the internal audit plan, since the last meeting internal audit have undertaken the following additional activities.

4.1 **Whistleblowing and Counter Fraud activities** - One whistleblowing allegation was received, investigated and closed with no further action required. Details will be reported through to Audit Committee in line with whistleblowing arrangements.

4.2 Boards and subgroups

- The Head of Audit and Assurance is a member of the Information Governance Board and of the Serious Information Governance Incident (SIGI) Panel both of which are chaired by the Senior Information Risk Owner. The Board meets on a regular basis. Progress has been made in identifying and managing IG risks and in developing formal mechanisms to record decisions made by SIGI in relation to specific incidents.
- Internal Audit also attend the Freedom of Information (FOI/EIR) and Transparency User Group to feed into the development of processes around statutory duties under the Freedom of Information and Environment Information Regulations. This group will provide assurance to the Information Governance Board
- Internal audit attends the North West Chief Audit Executive Meetings and the Counter Fraud subgroup which meets quarterly on fraud matters affecting the region, knowledge sharing and good practice.

4.3 External Quality Assessment actions

Good progress has been made in implementing the actions arising from the external quality assessment of Internal Audit which was undertaken in the summer of 2021. Of the 24 discrete agreed actions 13 have been completed, 5 have been extended and 6 are not yet due.

Those where extended timescales are required are as follows:

- Recommendation 2 – consideration of arrangements for Counter Fraud arrangements: target date 31/12/21. This is ongoing. Discussions have taken place with another local authority regarding provision of call off arrangements if required. Will continue to be reviewed Q4 2021/22 in line with review of Counter Fraud Policies and Procedures.
- Recommendation 6 – this is in regard to reporting against new KPIs, target date 31/12/21. The new KPIs are included in 4.4 below for approval at this meeting of the Audit Committee so will be reported in Q4 of 2021/22.
- Recommendations 7 and 8 – development and population of an assurance framework: target date 31/12/21. This will be included within development activities for 2022/23.
- Recommendation 12 – development of a document retention policy: target date 31/12/21. Extended to 30/6/22, the risk associated with this finding is low as the team is new so does not currently hold historic data. This policy will be developed and implemented by the end of Q1 2022/23.

4.4 Internal Audit Key Performance Indicators

The Head of Audit and Assurance has recently concluded an exercise to identify alternative, output based KPIs to better assess the quality of the Internal Audit service, as well as the performance of the team. The proposed new suite of KPIs is set out overleaf.

Activity	#	Performance Indicator	Type	Description	How calculated	Target
Delivery of audit plan	1	Completion of audit plan	Quantitative	Measure of final reports (i.e., completed audits) and grant certifications issued.	Number of engagements where final reports/certifications have been issued / number of engagements in the plan	100% by year end

	2	Elapsed time of audits	Quantitative	The relevance and impact of audit work diminishes over time due to the timeliness of the findings and opinion. Audits should therefore not be prolonged over an extended period. This KPI measures audits only, not grant certifications.	% of audits with a total elapsed time from fieldwork start to final report issue < 3 months.	<3 months
Audit action implementation	3	Quality of agreed audit actions	Qualitative	It is important that audit actions are practical, reasonable and will be effective in mitigating any risks identified during the audit.	% of responses that are "Agree" or "Strongly Agree" to the question "The agreed actions in the audit report were relevant, practical and will effectively mitigate risks identified in the audit findings".	90%
	4	Audit actions implemented (rolling 12 months)	Quantitative	Audit action implementation is an important indicator of the value of internal audit as well as a reflection of the quality and feasibility of the agreed actions and dates.	Audit actions implemented / total audit actions (over last 12 months)	85%
Audit action implementation	5	Historic open audit actions	Quantitative	There may be reasons that audit actions cannot be implemented within timescales, but they should be either implemented or superseded. Old, open actions should be kept to a minimum. Implementation is management's responsibility, but IA have a role to play in ensuring actions are implementable and in confirming that they have been implemented.	Number of audit open audit actions >6 months past target implementation date. 1-3 would be Amber, >3 Red.	0
Internal Audit Effectiveness	6	Audit process	Qualitative	The audit process should be efficient and effective, with stakeholders feeling	% of audit surveys with "Agree" or "Strongly Agree"	80%

				suitably engaged throughout the process.	gely Agree" in relation to audit process	
	7	Customer satisfaction	Qualitative	Overall, stakeholders should feel satisfied with the audit process and product at the end of an audit.	% of audit surveys with overall score of "Agree" or "Strongly Agree" in the overall satisfaction question	80%

The value of these KPIs will be dependent on responses from auditees as to the quality of work that has been undertaken. A new survey has been designed in MS Forms to try to make the feedback process as simple as possible so as to enable timely and relevant feedback.

It is proposed to launch the new survey for audits undertaken from this point onwards and to introduce the new KPIs in Q4 with a move to only the new KPIs for 2022/23.

In addition to these KPIs, the Head of Audit and Assurance will annually survey SLT and CEMT members to obtain more general feedback on the IA service.

Appendix A - Summary of Internal Audit Reports issued 2021/22

The table below provides a summary of the internal audit work completed. This will inform the annual Internal Audit opinion for the year 2021/22.

Audit	Assurance Level	Audit Findings					Coverage		
		Critical	High	Medium	Low	Advisory	GMCA	GMFRS	Waste
External Quality Assessment of Internal Audit	Compliant with PSIAS				13	8	✓	✓	✓
Programme and Project Governance	Reasonable			2			✓	✓	✓
Loan Approval Decisions – Core Investment Funds	Reasonable			1	3		✓		
Supporting Families Programme	Positive Overall	We made no recommendations as part of this review					✓		
Grant Funding – Management and Reporting	N/A	An Internal Audit Position Statement was issued following an interim assessment completed in November 2021. Further work to be conducted in April 2022.					✓		

Grant Certifications				
BEIS Growth Hub Funding	Positive	✓		
Covid-19 Emergency Active Travel Fund 20/21 (31/5099)	Positive	✓		
Green Homes Grant (31/5187)	Positive	✓		
Brownfield Housing Fund 20/21 (31/52990	Positive	✓		
GM Local Energy Market (Oct20-June21)	Positive	✓		
GM Local Energy Market (Oct20-Sept21)	Positive	✓		

The following tables show definitions for the Assurance Levels provided to each audit report and the ratings attached to individual audit actions.

Assurance levels

	DESCRIPTION	SCORING RANGE	DESCRIPTION
	SUBSTANTIAL ASSURANCE	1-6	A sound system of internal control was found to be in place. Controls are designed effectively, and our testing found that they operate consistently. A small number of minor audit findings were noted where opportunities for improvement exist. There was no evidence of systemic control failures and no high or critical risk findings noted.
	REASONABLE ASSURANCE	7-19	A small number of medium or low risk findings were identified. This indicates that generally controls are in place and are operating but there are areas for improvement in terms of design and/or consistent execution of controls.
	LIMITED ASSURANCE	20-39	Significant improvements are required in the control environment. A number of medium and/or high-risk exceptions were noted during the audit that need to be addressed. There is a direct risk that organisational objectives will not be achieved.
	NO ASSURANCE	40+	The system of internal control is ineffective or is absent. This is as a result of poor design, absence of controls or systemic circumvention of controls. The criticality of individual findings or the cumulative impact of a number of findings noted during the audit indicate an immediate risk that organisational objectives will not be met and/or an immediate risk to the organisation's ability to adhere to relevant laws and regulations.

Audit Finding Classification

Risk Rating	Description/characteristics	Score
Critical	<ul style="list-style-type: none"> • Repeated breach of laws or regulations • Significant risk to the achievement of organisational objectives / outcomes for GM residents • Potential for catastrophic impact on the organisation either financially, reputationally or operationally • Fundamental controls over key risks are not in place, are designed ineffectively or are routinely circumvented • Critical gaps in/disregard to governance arrangements over activities 	40
High	<ul style="list-style-type: none"> • One or more breaches of laws or regulation • The achievement of organisational objectives is directly challenged, potentially risking the delivery of outcomes to GM residents • Potential for significant impact on the organisation either financially, reputationally or operationally • Key controls are not designed effectively, or testing indicates a systemic issue in application across the organisation • Governance arrangements are ineffective or are not adhered to. • Policies and procedures are not in place 	10
Medium	<ul style="list-style-type: none"> • Minor risk that laws or regulations could be breached but the audit did not identify any instances of breaches • Indirect impact on the achievement of organisational objectives / outcomes for GM residents • Potential for minor impact on the organisation either financially, reputationally or operationally • Key controls are designed to meet objectives but could be improved or the audit identified inconsistent application of controls across the organisation • Policies and procedures are outdated and are not regularly reviewed 	5
Low	<ul style="list-style-type: none"> • Isolated exception relating to the full and complete operation of controls (e.g. timeliness, evidence of operation, retention of documentation) • Little or no impact on the achievement of strategic objectives / outcomes for GM residents • Expected good practice is not adhered to (e.g. regular, documented review of policy/documentation) 	1
Advisory	Finding does not impact the organisation's ability to achieve its objective but represent areas for improvements in process or efficiency.	0

Appendix B – Progress against the Internal Audit Plan 2021/22

The table below shows progress made in delivery of the 2021/22 Internal Audit Plan.

Key: ○ Not Yet started ◉ Scheduled ● In progress ● Complete

Directorate	Audit Area	Audit	Timing	Planning	Fieldwork	Draft Report	Final Report	Audit Committee	Comments
Corporate Services	Governance	Annual Governance Statement 2020/21	Q1	●	●	●	●	Sept 2021	IA contributed to the update of the AGS
Corporate Services	Grants	Mandatory Grant Certifications	Q1-Q4	◉	◉	◉	◉		Ongoing
Corporate Services	ICT	Cyber Security	Q1	●	●	◉	○		Draft Report issued
Corporate Services	Grants	BEIS Growth Hub Funding 2020/21	Q1	●	●	●	●	Aug 2021	Completed
Core Investment Team	Loans and Investments	Loan Approval Decisions	Q1	●	●	●	●	Jan 2022	Final Report Issued
Corporate Services	Procurement and Contracting	Contract Award and Finalisation	Q1	●	●	◉	○		Draft Report being prepared
GMFRS	Governance	Whistleblowing / Grievance	Q1	●	●	●	●	Sept 2021	Ongoing investigation
GMCA	Governance	Whistleblowing	Q2	●	●	●	●	Sept 2021	Completed

Directorate	Audit Area	Audit	Timing	Planning	Fieldwork	Draft Report	Final Report	Audit Committee	Comments
Corporate Services	Governance	Governance Framework	Q1	●	○	○	○		Planning
Corporate Services	Governance	Programmes and Project Governance	Q1	●	●	●	●	Jan 2022	Final Report Issued
Education, Work and Skills	Finance	Adult Education Budget	Q1	○	○	○	○		Not started delayed to Q4
Corporate Services	Finance	Accounts Receivable	Q2	●	●	●	○		Fieldwork Completed
GMFRS	Assets	Stores & Logistics	Q2	●	●	●	○		Draft Report Issued
Corporate Services	Finance	Grant Funding Management and Reporting	Q2	●	●	●	○		Interim Opinion Given
Public Sector Reform	Compliance	Supporting Families Programme	Q2	●	●	●	●	Jan 2022	Final Report Issued
Environment	TBC	Carbon Reduction	Q3	○	○	○	○		Proposal to Defer to 2022/23
Corporate Services	Finance	Budgetary Control	Q3	○	○	○	○		Proposal to Defer to 2022/23

Directorate	Audit Area	Audit	Timing	Planning	Fieldwork	Draft Report	Final Report	Audit Committee	Comments
Placemaking	TBC	Asset Compliance	Q3	●	●	○	○		Fieldwork Commenced
GMFRS	Training	Continuing Professional Development	Q4	●	●	○	○		Fieldwork Commenced
Mayoral	Governance	Mayoral Priorities	Q4	○	○	○	○		Proposal to Defer to 2022/23
GMFRS	Protection and Prevention	7(2)(d) Fire Safety Risk Assessments	Q4	●	●	○	○		Fieldwork Commenced
Corporate Services	Finance	Fixed Asset Data Migration	Q4	●	⊙	○	○		Fieldwork Commencing Jan 22

Other Audit Activity			Quarter
Information Governance	Head of IA is a member of the IG Board, ongoing advice, and oversight of IG risks through this forum.		All
Risk Management	Internal audit facilitates quarterly strategic risk register updates through the Senior Leadership Team and the ongoing development and implementation of a GMCA-wide risk management framework.		All
Audit action tracking	Internal audit will monitor and report on a quarterly basis the implementation of agreed audit actions		All
Whistleblowing investigations	Receipt and investigation of whistleblowing reports		As needed

Ad-hoc advice and support	Advice and reviews requested in-year in response to new or changing risks and activities.	As needed
Contingency days	Days reserved to address new or emerging risks	As needed

Appendix C - Changes to the Internal Audit Plan

The internal audit plan is designed to be flexible and can be amended to address changes in the risks, resources and/or strategic objectives. Similarly, management and the board may request additional audit work be performed to address particular issues. In line with Public Sector Internal Audit Standards (PSIAS) the Audit Committee should approve any significant changes to the plan.

This Section records any changes to the current internal audit plan since it was originally approved in April 2021.

Audit Area	Audit	Timing	Days	Change requested	Rationale	Approved by Audit Committee
Finance	Fixed assets – Data Migration	Q4	TBC	Plan addition	A request from Management to undertake this work. To provide assurance over migration of fixed asset data from BWO to the CIPFA fixed asset system.	
Finance	Budgetary Control	Q3		Defer	To defer to 22/23 audit plan. A significant amount of development work is being undertaken in finance to improve budget monitoring processes and aligned to the new finance structure. This affects the timing of this work.	
Environment	Carbon Reduction	Q4		Defer	To defer to 22/23 audit plan. Unlikely to deliver due to time constraints.	
Mayoral	Mayoral Priorities	Q4		Defer	To defer to 22/23 audit plan. Unlikely to deliver due to time constraints.	

Appendix D – Progress with EQA actions

The table below shows the progress made with the actions arising from the External Quality Assessment of Internal Audit undertaken in 2021/22.

PSIAS Ref	Rec No.	Recommendation	Responsible	Agreed Action	Target date	Status
1130	1	In future, assurance arrangements over which the Head of Audit and Assurance also has operational responsibility should be overseen by somebody outside of the internal audit activity. This could be done via a peer review arrangement (NWCAE group members have undertaken these in the past) or external provider.	Head of Audit and Assurance	Assurance over risk management arrangements will be overseen by a party outside of the internal audit function. Consideration will be given to establishing arrangements for peer review from another local or combined authority. No assurance work over risk management is in the scope of the Audit Plan for 2021/22 so these arrangements will be sought to be effective for 2022/23 and beyond.	30/04/2022	
1210	2	Consideration should be given to the development of counter fraud arrangements including buying in external resource, specific counter fraud training, or joint reviews.	Head of Audit and Assurance	The Head of Audit and Assurance is currently assessing Counter Fraud requirements at TfGM. It therefore is appropriate to consider both to determine the most effective and cost efficient way to develop/obtain the necessary counter fraud skills within the teams.	31/12/2021	Ongoing, will complete in Q4 in line with review of counter fraud policies

PSIAS Ref	Rec No.	Recommendation	Responsible	Agreed Action	Target date	Status
1220	3	The Internal Audit Manual should be updated to include reference to internal auditors considering and documenting the cost of assurance in relation to potential benefits when undertaking consulting engagements.	Head of Audit and Assurance	Audit Manual will be updated in line with the recommendation.	31/12/2021	Complete
1300	4	The QAIP should be reviewed on an annual basis and presented to the Audit & Governance Committee.	Head of Audit and Assurance	Complete – Review date of QAIP changed to April 2022	30/09/2021	Complete
1311	5	Future performance targets should be developed in consultation with appropriate parties and included in any future service level agreement developed.	Head of Audit and Assurance	New outcome focussed KPIs to be developed and approved by Audit Committee.	31/12/2021	Complete
1311	6	As a minimum a formal annual update on performance should be presented to the Audit Committee, with regular updates on a quarterly basis.	Internal Audit Manager	a) Once new KPIs have been agreed (as per 5 above) they will be reported to Audit Committee as part of the regular progress update reports – From December 2021.	31/12/2021	Revised date 31/3/22
		As a minimum a formal annual update on performance should be presented to the Audit Committee, with regular updates on a quarterly basis.	Internal Audit Manager	b) Annual review of performance in line with KPIs presented as part of the annual review of effectiveness of Internal Audit. Target Date – April 2022.	30/06/2022	
2010	7	A formal assurance framework should be developed in consultation with relevant stakeholders.	Head of Audit and Assurance	Develop and document Assurance framework for GMCA, in line with the “three lines” model	31/12/2021	Revised to 2022/23 development plan

PSIAS Ref	Rec No.	Recommendation	Responsible	Agreed Action	Target date	Status
2050	8	An assurance mapping exercise should be undertaken to identify and determine the extent to which the Head of Audit and Assurance can place reliance on other sources of assurance. An exercise is currently being undertaken with the NWCAE group to develop this area around assurance mapping so we would advise tapping into this group to gain areas of best practice that can be used in the future.	Internal Audit Manager	After the development of the Assurance Framework (7) an assurance mapping exercise will be undertaken. This can be used to inform HolA opinion for 21/22 as well as the planning process for 22/23.	31/03/2022	Revised to 2022/23 development plan
2120	9	In order to manage fraud risk more effectively, a risk assessment of fraud risks should be undertaken as part of the annual planning process. This will help determine whether resources are needed to provide assurance in any given high-risk fraud area (for example via completion of proactive counter fraud reviews).	Head of Audit and Assurance	Fraud risks will be considered in the annual planning process for 2022/23	31/03/2022	
2210	10	The results of any risk assessments of individual activity should be highlighted in the scoping document. The results of the assessment	Internal Audit Manager	We will review the planning document templates and incorporate a risk assessment section to ensure that it is clearly documented.	31/12/2021	Complete

PSIAS Ref	Rec No.	Recommendation	Responsible	Agreed Action	Target date	Status
		should feed through to the objectives.				
2210	11	Guidance should be provided to internal auditors in order to ensure that internal auditors use criteria established by management to evaluate governance, risk and control, whether met or inadequate, and formally documented as part of the scoping exercise. This should also form part of management review of auditor documentation.	Head of Audit and Assurance	Audit manual to be updated to include reference to specifying what criteria are being audited against. If criteria don't already exist then guidance around how to develop them will be included.	31/12/2021	Complete
2330	12	The Head of Audit and Assurance should develop and implement a process for the retention of engagement records. This document should be reviewed on a regular basis.	Head of Audit and Assurance	Document retention policy will be drafted in consultation with relevant stakeholders including IG and Legal.	31/12/2021	Revised to 31/3/2022
2340	13	Internal audit procedures should be updated to include the requirement for a consistent approach around highlighting and evidencing supervisory review of working papers.	Internal Audit Manager	A practical and efficient way to consistently evidence review will be determined and included in the IA manual for immediate implementation.	31/12/2021	Complete

PSIAS Ref	Rec No.	Recommendation	Responsible	Agreed Action	Target date	Status
2	14	In order to formally demonstrate that Internal Auditors display objectivity whilst performing services in accordance with the PSIAS, a reference should be made to this in every Internal Audit report produced.	Head of Audit and Assurance	Complete: Report template for 2021/22 has been updated to include reference to conformance with PSIAS.	30/09/2021	Complete
1000	15	The Counter Fraud Strategy and Policy should be reviewed and published on the website.	Head of Audit and Assurance, Internal Audit Manager	Counter fraud activities are built into the audit plan for 21/22. The policies will be reviewed, refreshed, approved by Audit Committee and published	31/03/2022	
1100	16	A formal process should be introduced to ensure that threats to objectivity are identified and managed at engagement level by highlighting this in the Audit Charter and scoping documentation.	Head of Audit and Assurance	a) Section 9.7 of IA Charter has been updated to reflect engagement level objectivity will be confirmed and documented at the planning stage. Complete - July 2021.	31/07/2021	Complete
1100	16	A formal process should be introduced to ensure that threats to objectivity are identified and managed at engagement level by highlighting this in the Audit Charter and scoping documentation.	Internal Audit Manager	b) Template planning documents will be updated to allow for objectivity to be confirmed at that stage within each engagement. December 2021.	31/12/2021	Complete

PSIAS Ref	Rec No.	Recommendation	Responsible	Agreed Action	Target date	Status
1130	17	A process for the rotation of audit assignments should be introduced and documented within the Internal Audit Charter.	Head of Audit and Assurance	a) Section 9.7 of IA Charter has been updated to refer to rotation of duties. Complete - July 2021.	31/07/2021	Complete
1130	17	A process for the rotation of audit assignments should be introduced and documented within the Internal Audit Charter.	Internal Audit Manager	b) IA manager will wherever possible ensure rotation of auditor responsibilities within the audit plan.	Ongoing	Ongoing
1210	18	The use of data analytical tools should be explored and introduced, with relevant training provided.	Head of Audit and Assurance	In line with the action from Recommendation 2 above. Data analytics skills will also be considered for development within the team and budget requested as necessary.	30/04/2022	
1230	19	A formal process to individually assess internal auditors against pre-determined skills and competencies should be introduced and highlighted in the Audit Manual.	Head of Audit and Assurance, Internal Audit Manager	The PRA process at GMCA will be used to assess performance. By its nature this will assess how auditors are performing against their objectives. IA Manual will be updated to reflect.	31/12/2021	Complete
1300	20	The Head of Audit and Assurance should formalise the period assessment for evaluating conformance with the PSIAS, such as highlighting the results in the Head of Audit and Assurance annual opinion.	Head of Audit and Assurance	Complete – the 2020/21 audit opinion summarised the results of the internal audit effectiveness assessment which includes conformance with PSIAS and reference to the QAIP.	30/06/2021	Complete

PSIAS Ref	Rec No.	Recommendation	Responsible	Agreed Action	Target date	Status
2450	21	In the annual report and opinion, the Head of Audit and Assurance should include reference to any scope limitations in the opinion, or if there were no scope limitations this should be clearly documented, and clearly identify which audits completed in the year formed part of the originally agreed internal audit plan.	Head of Audit and Assurance	Reference to whether there were any scope limitations will be included in the 2021/22 opinion	30/06/2022	

Appendix E – PROGRAMME AND PROJECTS



INTERNAL AUDIT REPORT

GMCA Programme and Project Governance

FINAL

Based on the audit work performed, this audit has been classified as REASONABLE ASSURANCE.

**REASONABLE
ASSURANCE**

Reference: 2021/22 Q1

Draft Report Issued: 24 August 2021

Final Report Issued: 18 November 2021

Audit Sponsor: Andrew Lightfoot, Deputy Chief Executive

Lead Auditor: Damian Jarvis and Phoebe Scheel

EXECUTIVE SUMMARY

1. Background and Context

- 1.1. Greater Manchester Combined Authority (GMCA) has several 'flagship' reform and investment programmes which include those projects being delivered under thematic areas such as Placemaking, Work and Health, Skills and Employment, and Digital.
- 1.2. GMCA are often the accountable body for the funding of these projects but responsibility for actual delivery may be led by other strategic partner organisations such as Transport for Greater Manchester (TfGM), or via commissioned services.
- 1.3. There is a requirement for robust evaluation and effective programme and project control arrangements to ensure the delivery of project outcomes across GMCA.

2. Audit objective and scope

- 2.1. The objective of this audit was to provide assurance over the effectiveness of GMCA governance and accountability arrangements to ensure the successful completion of GMCA-led programmes and projects to agreed quality, budget, and completion timescales.
- 2.2. The audit examined the activities in place for managing these at both strategic (Corporate) and operational (Directorate) level.
- 2.3. The review included a maturity self-assessment, including the strengths and weaknesses of the current approach, across the following areas:
 - planned programmes and alignment with the GMS and the business planning cycle.
 - organisational structures and workforce capacity.
 - governance, authority and accountability.
 - methodology for delivery including systems, policies, procedures and processes.
 - culture, training and competence.
 - use of consultants and value for money.
 - Finance and Cost Control.

Limitations:

- 2.4. Our key findings and assurances are based on interview feedback and discussion. The results of the maturity self-assessment and some of the assertions made during interview are unverified and not supported by detailed testing.
- 2.5. This work intends to provide an initial assessment only and does not entail detailed compliance testing of systems, policies and processes or the effectiveness of these at project level.
- 2.6. We did not undertake a detailed review of project documentation or records, nor are we providing assurance on the adequacy of this.

3. Audit Opinion

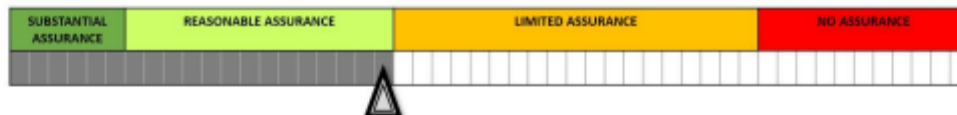
- 3.1. Overall, we can provide a **reasonable assurance opinion** over the effectiveness of the general control framework operating around programme and project management. However, there is further capacity to improve and strengthen existing arrangements with a more consistent and defined method of approach.
- 3.2. It was noted through discussion with Programme Managers (PMs) and self-assessments from across multiple Directorates (not including GMFRS – see later) that directorates:
- were able to demonstrate that robust processes are in place at project level, including alignment with the GMS, governance and accountability, and mechanisms for monitoring progress and delivery. Many examples of good practice were shared with us, along with plans for further improving and embedding the PM function. However, all PMs acknowledged that a more consistent approach that is supported and promoted centrally by leadership would be beneficial, including training for PMs at various levels, and a set of guidance tools and templates.
 - felt confident that all programmes and projects could be directly linked as arising from the priorities of the GMS. All programmes and projects were subject to some form of approval process, though this rarely included a Project Initiation Document (PID) or formal Gateway approval but was likely to include a Business Case as a minimum.
 - independently developed their own sets of project management guides, tools and templates for their own PMs to pick and choose from. Whilst these appear to be working well for each individual Directorate, all agreed that having a CA-wide approach or set of templates would be of benefit, as long as they were not required to be rigidly adhered to. The varied nature of the work that the CA undertakes will necessitate a degree of flexibility and the ability for PMs to tailor the approach to suit to individual circumstances, but conversely does not mean that Directorates could or should work in silos.

Within GMFRS:

- A dedicated interim PMO function had been established to assist with Programme for Change, this offer is being made permanent with recruitment taking place at the time of writing this report.
 - There is a clear reporting structure in GMFRS with internal oversight of project dashboard reports being overseen by Performance Board and Deputy Mayor's Executive. Less formalised project reporting arrangements exist within GMCA, though individual Directorates all had some form of project delivery monitoring in place.
- 3.3. Areas where there are opportunities for improvement include:
- The recent internal audit on Performance Management included a recommendation around ensuring that a consolidated register of all grant-funded programmes and projects is developed. As it stands, during this audit we found

that even individual Directorates did not necessarily have a single list of all ongoing programme and projects. Linked to this is the strengthening of financial gateway process to ensure there is a clear line of sight to the budget setting process and financial reporting.

- There is no central responsibility within the organisation for overseeing programme delivery. For “non-GMFRS” activities, programme and project managers operate within all Directorates but there is little visibility of the breadth and scope of their work at an organisation-wide level. Many staff fulfil a ‘project manager’ function without it being a formal part of their job role or title. A group of PMs have set up an informal networking group to share tips and best practice, but it was felt that more needed to be done at a strategic level to bring their interests together, raise the profile of this work, and develop consistency and share knowledge.
- 3.4. In the longer term, to aid the effective deployment and development of project management capability within the organisation, internal audit feel that consideration should be given to creation of a central PMO function as there is currently little visibility of project manager capacity across the organisation and little sharing / flexing of resources between Directorates. Management however are of the view that given the diversity of programmes and projects overseen across the GMCA, a single centralised PMO function is not deemed practical or cost effective. GMFRS are however progressing to establish PMO arrangements.



The scoring is based on the rating mechanism provided in Appendix 3

4. Summary of Exceptions/Areas for Improvement

Finding	Risk Rating				
	Critical	High	Medium	Low	Advisory
1. No central oversight of all programmes and projects across GMCA		X			
2. There is no consistent suite of programme and project management guides, process flows, tools, and templates.			X		
3. There is no standardised, approved project management training or accreditation for project/programme managers			X		
TOTAL		1	2		

5. Organisational implications

- 5.1. There is a wide and varied set of projects being delivered across GMCA from smaller initiatives to flagship change/transformational projects and complex cross cutting policy initiatives involving pan-GM organisations. This diverse range of projects means that not all follow a traditional project management approach or have clear targets and milestones for delivery and are not always solely within the organisations gift to deliver. This can present a mixed economy in terms of governance and may impact on visibility over project delivery, project decision making and resourcing.
- 5.2. The details from the maturity self-assessments carried out is shown at **Section 7** of this report.

6. Management Response

- 6.1. The Deputy Chief Executive provided the following comments in response to the report and proposed audit actions.
- 6.2. The GMCA budget (excl. GMFRS) is £246M of which 2.6M (just over 1%) is core recurrent funding. The Job descriptions of all Directors and Heads of Service requires postholders to possess significant experience of programme and project management.
- 6.3. The GMCA Business Plan documents all programmes and significant projects delivered by the GMCA. Grant conditions and funding agreements underpin these programmes and projects and performance against these agreements is monitored as part of the business plan performance monitoring framework. Each Director is accountable for delivery of programmes and projects. Performance against KPIs is monitored on a quarterly basis and overseen by the GMCAs SLT and CEMT.

- 6.4. GMFRS are still seeking to appoint to permanent roles a Programme Management Officer and Project Manager following the Interim PMO arrangement coming to an end in October 2021.
- 6.5. A good practice Project and Programme Control guide will be developed by the GMCA ELT group to accompany the good practice commissioning and contract management guides that have been produced recently.
- 6.6. A new training and development programme for GMCA is currently being developed, informed by a corporate and directorate training needs analysis. A revised programme will be adopted in 2022 and will incorporate PPM training.
- 6.7. We will continue to support and facilitate the PM Network support group.

CIT - LOAN APPROVAL DECISIONS



INTERNAL AUDIT REPORT

Loan Approval Decisions (Core Investment Funds)

FINAL

Based on the audit work performed, this audit has been classified as REASONABLE ASSURANCE.

**REASONABLE
ASSURANCE**

Reference: 2021/22-Q2

Draft Report Issued: 16 September 2021

Final Report Issued: 7 December 2021

Audit Sponsor: Steve Wilson, Treasurer

Lead Auditor: Jessica Jordan

EXECUTIVE SUMMARY

1. Introduction

- 1.1 GMCA utilises several funds to provide loans to the Greater Manchester business community to support the growth and development of the region's economy and support businesses that may not otherwise be able to access the finance needed. These funds come from a variety of sources and are each subject to their own governance processes. Whilst some are governed by external organisations who will make loan approval decisions, ultimately the GMCA remains the accountable body for the investment funding. This is predominantly grant funding utilised as loan funds and as such, any non-repayment of loans would affect the availability of the recyclable loan funds themselves rather than any risk to GMCA core funds.
- 1.2 The purpose of this audit was primarily to provide assurance over the processes in place for the administration of core recyclable loan funds which are directly administered by GMCA.
- 1.3 The audit also sought to confirm the levels of assurance received regarding the externally managed loan funds.

2. Audit Objective and Scope

- 2.1 The audit considered the documented systems, policies, procedures, and processes which support the administration of loan fund agreements, specifically examining the control framework across the following stages:
 - **Stage 1: Loan Assessment:** That all stages are documented from initial enquiry to approval stages including the request and submission of company information.
 - **Stage 2 Loan Appraisal:** levels of due diligence are carried out in line with expectations and takes account of the Authority's risk profile.
 - **Stage 3 Loan Approval:** stages of approval from initial recommendation to formal approval by GMCA Board and issuing of loan agreements. Compliance with delegated authority for sign off and procedures for managing any conflicts of interest.
 - **Stage 4 Monitoring and Reporting:** Procedures for performance monitoring and reporting on the portfolio as a whole and ensuring there is sufficient arrangements for oversight and scrutiny to ensure that the Authority is not over-exposed to any individual business / projects through cross funding between schemes
- 2.2 The audit reviewed a sample of loans and equity purchases made through the Core Investment Team during the last two years.
- 2.3 The audit also considered information received regarding the management of funds by external fund managers over scheme performance and management of any associated risks.

- 2.4 These agreements are not without risk and some level of default is expected across the schemes. Whilst it is not the aim of this audit to look at how defaults on loans are forecast and dealt with, we have considered the risk profiling of deals prior to approval and how this fits into the overall risk appetite of the Authority.

2.5 Limitations

This audit did not examine the processes for the payment and recovery of loan amounts or whether the loans approved represented value for money.

The accounting arrangements for investment funds was not in scope.

Housing Investment Loan Fund (HILF) was specifically excluded as these funds have been audited separately in recent years.

Note: The loan approval process for external managed funds was not included, but we did consider what assurances GMCA receive and the oversight and reporting arrangements for CBILS and Bounceback loans managed by Manchester Growth Company (MGC). Following initial discussion, a decision was taken not to include this as part of the CIT report but to consider as part of a separate audit on MGC/COVID response.

3. Background

- 3.1 A breakdown of the main investment funds is shown below.

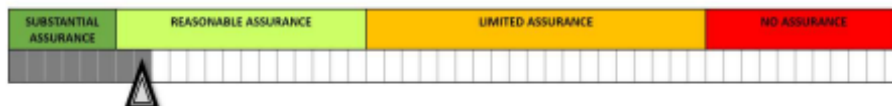
Fund	GM Housing Fund*	Core Funds	Life Sciences Fund	NW Evergreen Fund	Evergreen 2	GM Low Carbon Fund	Bounce Back Loan Scheme	CBILS
Fund Size	£300m	£70m	£31m	£60m	£45m	£15m	£10m	£1.5m
Loans administered by	GMCA	GMCA	Catapult	CBRE			Growth company	Growth Company

Note: Other funds were identified as part of the audit planning work, but these were confirmed to be grant funding and not loans and as such were excluded from the scope of the audit. * Some HIF schemes have been transferred so that the funding is provided by Growth Deal Funds and as such the risk is now carried by GMCA rather than being covered by the Central Government Guarantee however the loan process for these schemes is identical as for HIF funded projects and so these have not been separately identified.

- 3.2 The GMCA Core Investment Team are responsible for administering the use of GMCA recyclable funds including Housing Investment Loan Fund (HILF), Regional Growth Fund (RGF) and Growing Places funds. Historically RGF and Growing Places funds were administered separately with RGF funds being utilised for business loans and Growing Places for commercial loans, however while the two funds remain separate for accounting purposes they are now administered as a single funding pot which can be used for both business and commercial loans including deals which are structured around the purchase of equity. This allows flexibility based on the demand for loans and minimizes the impact of any loan defaults on the overall fund portfolio.
- 3.3 During the 2020/21 financial year, ten loans were approved from these 'Core Funds' totalling over £20 million. This is significantly higher than in 2019/20 where 7 loans were approved which totalled £2.4 million.
- 3.4 The Core Investment Team also have oversight of Low Carbon, Evergreen and Life Sciences funds, which are externally managed meaning GMCA does not have direct involvement in the administration and approval of individual loans decisions.
- 3.5 GMCA also has a capital investment in the Bounce Back Loan Scheme (BBLS) administered by the Growth Company of £10 million. Whilst GMCA have no oversight of the individual loans administered the investment is to be paid back over 6 years, either from the companies receiving the loans or where those companies fail by a claim to the government backed guarantee that underwrites the scheme. Similar arrangements are in place for GMCA's £1.5 million investment in the Growth Companies CBILS (Coronavirus Business Interruption Loan Scheme).

4. Audit Opinion

- 4.1 We provide a reasonable assurance opinion over the loan approval process for core recyclable funds. There is general compliance with the control framework encompassing effective assessment, appraisal, approval, and monitoring of loans. The Chief Executive Appraisal Sub-Group acts as a gateway for all loan approval decisions and our review showed this provided robust challenge to proposals being submitted prior to approval.
- 4.2 We make a small number of improvement actions to the design of the overall control framework to better capture and record steps that are taking place at an operational level and changes that have taken place since the funds were initially set up.



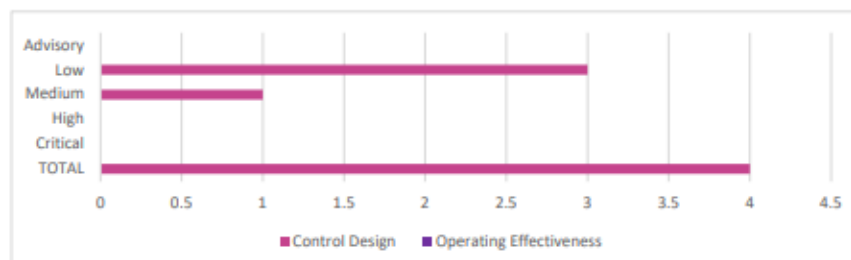
The scoring is based on the rating mechanism provided in Appendix 1

5. Summary of Exceptions/Areas for Improvement

Finding	Risk Rating				
	Critical	High	Medium	Low	Advisory
1. Loan proposals and approvals are not always explicit in evidencing conformance with conditions set out in the GMCA Investment Strategy or where exceptions are made.				X	
2. The terms of Reference for CEX ASG requires review and update			X		
3. There is no formal methodology in place for the setting of loan interest rate calculations.				X	
4. Any declarations of interests by CEX ASG members or CIT staff are made as and when they arise. There is no formal register of personal or business interests maintained.				X	
TOTAL	0	0	1	3	0

Control design vs Operating effectiveness

The table below shows how many of the audit findings relate to issues in the design of controls (Control Design) and how many are as a result of controls not being applied effectively (Operating effectiveness).



6. Organisational implications

- 6.1 The National Audit Office (NAO) are conducting a series of investigations into CBILS and Bounce Back Loan Schemes and the outcome of these should be considered particularly in relation to fraud risks and non-repayment of loans.
- 6.2 The onset of Coronavirus pandemic and the availability of other specific Covid-19 related grants to businesses has affected the take up of GMCA investment loans and there is a need to consider how access and availability to these type of loans is publicised to boost overall take up and to meet scheme objectives. The Core Investment Team have a Business Development Lead who is working with the team to drive forward market awareness of availability of funds as we emerge from Covid-19 restrictions.

SUPPORTING FAMILIES PROGRAMME



INTERNAL AUDIT REPORT

Supporting Families Programme

FINAL

<p>Assurance Classification: We have not issued a formal assurance opinion based on the audit work performed as the criteria for determining assurance opinions varied across all GM Districts and are therefore not directly comparable.</p> <p>However, assurances received were POSITIVE overall.</p>	N/A
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Reference: 2021/22-Q2

Draft Report Issued: 29 November 2021

Final Report Issued: 10 December 2021

Audit Sponsor: Jacob Botham, Principal, Public Service Reform

Lead Auditor: Damian Jarvis

EXECUTIVE SUMMARY

1. Introduction

- 1.1 The Supporting Families (formally Troubled Families) Programme provides funding to Greater Manchester Local Authorities to enable them to provide appropriate support to an agreed number of vulnerable families that meet the national eligibility criteria. GM has a unique agreement with central Government to operate the programme on a city-regional basis receiving funding through GMCA's GM Reform Investment Fund. In practice this means GM operates outside of the national financial framework including the payment by results model. The main driver for this is to better enable GM to invest more upfront in service transformation activity, whilst still delivering on the requirements of the national programme.
- 1.2 As part of this agreement, GM introduced a set of standards and bespoke audit process to provide the necessary assurances to both Government and GMCA that GM Districts are meeting the minimum expectations of the national programme.
- 1.3 This report provides the outcome of the latest Internal audit reviews conducted by GM District Audit teams and provides a consolidated summary of assurances received, highlighting any significant concerns and common issues arising.

2. Audit Objective and Scope

- 2.1 The audit required GM District Audit Teams to provide assurance that local systems designed to support the delivery of the Supporting Families Programme (SFP) are sufficient and demonstrate compliance with the key requirements and standards of the updated Greater Manchester audit framework (appendix 2).
- 2.2 To reflect the changing nature of the delivery model and the impact of Covid-19, the audit also sought assurance over the following areas:
 - The response to the impact of the Covid-19 pandemic on service delivery.
 - The extent to which the Local Authority is responding appropriately to the self-assessment findings of the Early Help Systems Guide that was completed in 2020/21.
 - A continued focus on the role of partner organisations.

Limitations

- 2.3 This report places emphasis on the work undertaken by GM District Audit Teams and the assurances received following the conclusion of their work. The criteria for determining assurance opinions varies across all Districts and are therefore not directly comparable.
- 2.4 Most of the Districts have reported by way of exception, identifying only areas requiring improvement.

- 2.5 One District did not offer an assurance opinion, this was due to the timing of this review, which coincided with OFSTED work and the Early Help redesign being launched. As such, a progress update report was provided and they will seek to ensure that assurance requirements for the Supporting families programme and the Early Help System guide assessment are taken into account as part of the redesign programme. Further work will be undertaken in 2022 aligned to GM reporting requirements.
- 2.6 One District did not provide sufficient breakdown of findings and conclusions to allow for inclusion in the consolidated report.

3. Organisational implications

- 3.1 The Autumn budget and spending review announced continuing funding for an extended supporting families programme, which included an additional £200m of investment. This is around a 40% real-terms uplift in funding for the programme by 2024-25, taking total planned investment across the next three years to nearly £700m. This funding will help up to 300,000 more families facing multiple issues access effective whole-family support and improve their life outcomes
- 3.2 At the time of writing, discussions around the funding model for the Supporting Families programme are still taking place and are not yet signed off by Ministers. GM is also waiting for confirmation around whether it will receive funding as a city-region through the 'earned autonomy' funding model and the level of funding it can expect to receive. Having a bespoke audit process strengthens the case for GM to continue to receive funding through the this existing arrangement.

4. Audit Opinion

- 4.1 The assurance ratings given by GM Districts generally presented a **positive assurance opinion** on the key elements of the Supporting Families programme. There were no low-level assurance opinions given and opinions were broadly consistent with those given previously in 2019.
- 4.2 There were no significant 'red flag' risks brought to our attention in the reports which required immediate attention or oversight by GMCA.
- 4.3 These assurances provide comfort that local systems designed to support the delivery of the Supporting Families programme are generally effective and compliant with the key requirements and standards of the GM SFP Framework.
- 4.4 A summary of the key issues identified by the ten GM Districts across the eight key process areas shown in the Audit and Monitoring framework is shown at **Section 6**, with a summary of the overall conclusions and any recurring themes as follows:

- Reports from GM Districts referred to initial findings from their self-assessment against the Early Help System Guide conducted during 2020 as a means for ongoing service programme redesign for the delivery of the Early Help offer and refreshment of whole family strategy. The implementation of new replacement case management systems and development of robust management information were also seen as barriers which had impacted on working practices and consistency of processing.
- District reports did show some evidence of non-compliance with expected key controls and inconsistency in the adequacy of caseload records. Where appropriate recommendations were given to address these.
- Audit recommendations for improved controls were made by 7 out of the 10 GM Districts including Bolton, Bury, Manchester, Stockport, Tameside, Trafford, and Wigan. Implementation monitoring of these actions will be completed by the Districts.
- There were no recommendations for improvements in reports submitted by Salford, Rochdale, and Oldham.

4.5 Key themes:

- **Systems and Data:** Several Districts referred to the lack of an integrated case management system which can be utilised and accessed by all partners including schools. This presented ongoing risks at partnership level over the use of data and performance information to improve data quality, accessibility, and efficiency, understanding and analysis.
- **Partner Organisations:** Whilst some Districts reported positively over their approach to partnership working, several Districts evidenced issues with Partnership organisations particularly with the quality of case management documentation, gaps in information recorded on systems; and the adequacy of oversight and monitoring arrangements. It was not clear whether there were quality assurance processes in place at all Districts.
- **Covid-19:** The impact of Covid-19 and lockdown on families is yet to be fully understood. Several reports referenced a higher number of referrals for SPF Keyworkers due to an increase in Children's and parental mental health issues within families, domestic abuse and first line response. Most Districts said they had adapted and responded positively to the challenges posed by Covid-19 with several measures introduced and ongoing learning to inform future service delivery.
- **Early Help Systems Guide:** Most Districts understood the key priority areas and had governance arrangements in place to oversee and report progress on these.

4.6 We make no immediate recommendations as part of this report and management should consider the assurances received and findings from this report to inform future discussions with Early Help Leads.

5. Management Response

- 5.1 The absence of any 'red flags' from the individual audits suggests GM Local Authorities continue to deliver support to families in line with our shared standards for the Supporting Families programme here in Greater Manchester and the broad expectations of DHLUC's Supporting Families Unit. It is acknowledged that issues highlighted for improvement in the audit reports will be picked up through local improvement plans agreed between local audit teams and Local Authority Early Help teams and monitored through local governance arrangements. Where there are issues identified that apply to several GM Authorities these will be discussed at relevant GM forums. These include the GM Early Help Group (attended by the Strategic Leads for Early Help from each GM Local Authority and GMCA and responsible for providing strategic direction around Early Help including the Supporting Families programme), the GM Supporting Families Analyst group (attended by lead analysts responsible for Supporting Families) and the GM Early Help Community of Practice (bringing together lead officers to focus on improving practice and sharing innovative local approaches).