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| MEETING | PEOPLE SCRUTINY PANEL (Councillors Qaseem (Chair), P. Bedi, Bal, Basra, Begum, Brooker, R. Davis, Matloob and Sandhu) |
| DATE AND TIME: | MONDAY, 24TH OCTOBER, 2022 AT 6.30 PM |
| VENUE: | COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL |
| DEMOCRATIC SERVICES OFFICER: (for all enquiries) | NADIA WILLIAMS 07749 709 961 |

SUPPLEMENTARY PAPERS

The following Papers have been added to the agenda for the above meeting:-

* Items 2, 4 and 5 were not available for publication with the rest of the agenda.

PART 1

| <u>AGENDA ITEM</u> | <u>REPORT TITLE</u> | <u>PAGE</u> | <u>WARD</u> |
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| 2. | Minutes of the Meeting held on 26 September 2022 | 1 - 6 | - |
| 4. | Slough Children First (SCF) Business Planning - Task and Finish Group | 7 - 170 | All |
| 5. | Members' Attendance Record | 171 - 172 | - |

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People Scrutiny Panel – Meeting held on Monday, 26th September, 2022.

Present:- Councillors Qaseem (Chair), Bal, Basra, Begum, Brooker, Matloob and Sandhu

Also present under Rule 30:- Councillor Ali

Apologies for Absence:- Councillor P. Bedi and Neil Bolton-Heaton

PART 1

ONE MINUTE SILENCE

The Panel held a one-minute silence at the start of the meeting to pay respect to the late Queen Elizabeth II.

5. Declarations of Interest

Councillor (Cllr) Bal declared that he was a trustee of the James Elliman Trust.

Cllr Brooker declared that he was the Chair of Finance and Audit at St Mary's Farnham Royal CE Primary School, and Governor at Ryvers School.

Cllr Basra declared that she worked in the education sector.

Cllrs Bal, Brooker, and Basra remained and took participated in the meeting.

6. Minutes of the Meeting held on 31 March 2022

Resolved – That the minutes of the meeting held on 31 March 2022 be approved as a correct record, subject to it being noted that Cllr Brooker had stated that he was the Governor for Special Needs at St Mary's Farnham Royal CE Primary School.

7. Minutes of the Meeting held on 15 June 2022

Resolved – That the minutes of the meeting held on 15 June 2022 be approved as a correct record.

8. Member Questions

Responses to Members' Questions had yet to be received in respect of the following queries:

31 March 2022 - Minute 36 – Re-procurement of Adult Social Care Domiciliary Care Contracts: Report back on the question of actual figures clawed back from unspent money for 31 March 2022 financial year ended.

15 June 2022 - Minute 2 – Re-Procurement of Community Equipment Service: Update on feedback from users of the service, their experiences, as well as further details relating to economies of scale.

9. Home to School Travel Assistance and Post 16 Travel Assistance Policies - Consultation Feedback

The Associate Director, Education & Inclusion introduced a report on the Home to School Travel Assistance and Post 16 Travel Assistance Policies – Consultation Feedback. The Associate Director, Education & Inclusion and the Executive Director for Education & Inclusion responded to Members' questions and comments as set out below.

A Member asked who provided the bursary of £1500 for post 16 students in education. Officers responded that the Government provided Post 16 bursaries to schools and colleges and those eligible for transport would also be eligible for the Post 16 bursary.

A Member expressed concerns that with the rising cost of living, it would not be appropriate to expect parents to personally pay £750 towards Post 16 travel costs. Officers reassured the Panel that parents would not be expected to pay anything.

A Member noted from the feedback, that 58 responses had been received and asked for the number of people that were currently being provided with transport. Officers responded that whilst the actual number could not be provided at this point, approximately 500 people used the service. Officers could not speculate on the low responses but confirmed that wide consultation had been targeted at all current users of the service to encourage as many people to respond as possible...

A Member asked why so many people disagreed to the question about the Council's proposal to encourage more young people and families to use travel bursary to make their travel arrangements to school/college. Officers responded that although one could only speculate, it may be that the preference was to use the bursary towards education rather than transport.

A Member asked why children in faith and single sex schools did not qualify to receive travel assistance. Officers explained that there was an eligibility criteria, which depended on the schools the children attended and the special educational needs (SEND) and disabilities of the children. Eligibility for transport was assessed on an individual basis. It was also highlighted that there was no statutory responsibility to provide transport for faith or single sex schools, unless the child had special needs.

A Member asked why so many children from different parts of the borough were being sent to Langley Academy. Officers explained that this was mostly due to parental choice but eligible pupils with SEND who attended faith or single sex schools were provided with transport. However, if there was schools close to the children's homes that met their needs, but the parents then chose to send them to schools far away, this would be classed as parental choice and would therefore not be eligible for transport.

A member highlighted that parents were sometimes forced to send their children to schools that were far away from their homes, and were not allocated any of their preferences. Officers explained school places were allocated as per the schools' admission criteria, and mitigation measures were considered as required.

(18. 57 – the meeting was paused for a short moment and resumed almost immediately).

A member commented that the contributory bursary of £750 was too steep, given that students would be required to purchase books and equipment for their studies. Officers responded that the annual contribution of £750 proposed for travel assistance for those aged 16-18 (19 if continuing course) was reasonable, compared to fees charged by other councils (as set out in table on page 18 of the report) and comparable neighbouring authorities such as Buckinghamshire.

Members asked about the cost of providing the independent travel training. Officers explained that this would be reviewed once the policy had been approved, and that savings would be based on the type of travel used by the child. Details including training provider would be explored after a decision had been made.

A member asked how confident officers were that training of up to 15 children/young people could be achieved. Officers explained that although 15 children had been identified, no assessment had yet been carried out. The aim was to support young people to become independent if they were able to, and children would not be forced if deemed not be required. There was also potential for this number to rise or drop.

A Member asked about the Travel Bursary value based on Distance Bands (based on shortest driving route) and asked whether it would also be based on children's needs. Officers responded that the sum was based on distance as parents would be transporting their children to school.

A Member asked if the travel bursary valued would be adjusted to take account of inflation and rising costs. It was explained that fees were set currently and officers may need to look at the flexibility of reviewing fees annually. The suggestion to review more frequently would need to be looked at bearing in mind that the Council's costs would also rise simultaneously.

A Member asked whether the removal of travel assistance to faith schools and same sex establishments would affect the social and academic needs of

existing pupils. Officers responded that the Council had to abide by statutory duties and obligations and balance parents' needs accordingly.

A Member asked whether sufficient notice had been given to parents of the cessation of existing provision at the end of 2022/23 academic year, and the length of the notice period. Officers responded that transport would cease from September 2023 and the policy would commence once agreed by the Cabinet.

A member asked how families with more than one child attending faith/same sex schools would cope with managing the school run once the policy was introduced. Officers advised that provisions allowed for exceptions to be made. Parents could appeal and decisions would be made on a case-by-case basis.

A Member asked whether consideration could be given to allowing a different contributory figure to the proposed £750 towards transport costs. Officers responded that comparison had been made with other councils and this figure had been considered by Slough Borough Council (SBC). Officers would feed this issue back to Cabinet and there was no clarity as what would be the recommended charge at this stage.

A Member suggested that there were still many areas that required further clarification including, costs, removal of travel assistance to faith schools and same sex establishments and independent travel training provision. Officers would therefore need to report back to the Panel so that it could assess the effects of the changes to users and ascertain how the changes had impacted on their experiences.

The Panel did not believe that realistic comparison on the contribution to travel assistance should be made with Buckinghamshire, given that Slough had a higher level of deprivation than this neighbouring authority.

Under Rule 30, Councillor (Cllr) Ali expressed concerns about the issue of parental choice where parents could choose the school they wished for their children to attend. The proposed change of policy would mean that if they selected a faith school, from September 2023, they would not qualify for assistance with travel. This time frame would not be sufficient for those with children already attending faith schools, the change would also result in some parents having to move their children to different schools. Cllr Ali suggested that the change should be phased out and put in place in September 2024 instead of 2023 to allow current pupils to complete their education. The Council could not base its decision to make these changes on such low responses – 58 out of 500 he considered was very insufficient.

Officers explained that parents were not obliged to use the travel bursary but they could access it at any time.

At the conclusion of the discussions, the recommendations below were moved, seconded, and agreed:

Resolved - That the following recommendations be made to Cabinet:

- a) That the Council make provision for children who are at a critical stage of their education (be it faith school, single sex or far away from home), if the Home to School Travel policy (5-16) impact them detrimentally, then according to the mitigating circumstances, the Council allow them to continue with their current service provision and undertake a review on a 6 monthly basis.
- b) That the Council reconsider the value of travel bursary (for 5-16 and post 16) based on the complexity of children's needs and undertake a review on a 4 monthly basis to make adjustments for the rising rate of inflation.
- c) That the consultation period is extended since it was insufficient with a very low response rate of approximately 11%.

10. Members' Attendance Record

Resolved – That Members' Attendance record 2022-23 be noted.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 7.29 pm)

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SLOUGH BOROUGH COUNCIL

REPORT TO: People Scrutiny Panel
DATE: 24 October 2022

CONTACT OFFICER: *Alexander Polak, Head of Governance and Scrutiny*
(For all Enquiries) alexander.polak@slough.gov.uk

WARD(S): *all*

FOR DECISION**TASK AND FINISH GROUP: SCF BUSINESS PLANNING****1. Purpose of Report**

1.1 This report invites Members to set up a Task and Finish Group to review a range of recently produced documents relating to Slough Children First (eg Annual Report, Annual Review process, Mutual Ventures report, and draft business plan), in order to make informed recommendations to cabinet on approval of the business plan as part of the budget setting process.

2. Recommendations:

1. That an 'SCF Business Planning Task and Finish Group' be convened;
2. That the Panel commends to this Task and Finish Group the 'key lines of enquiry' set out at section 5.7, subject to any input from the committee in light of this report and its appendices; and
3. That this Group be made up of up to 5 members from the committee, ideally with cross-party input, and be expected to report their findings to the People Scrutiny Panel within three months, subject to the discretion of the Panel Chair.

3. Commissioners' Review

Commissioners support this proposal and the approach suggested.

4. Report

4.1 Slough Children First (SCF) is a company wholly-owned by Slough Borough Council, which provides social care and support services to children, young people and families. The recent production of a number of key documents relating to the company (ie an Annual Report, an SBC-led review of its governance, a review conducted by Mutual Ventures on behalf of DLUHC and a high level business plan) present a window of opportunity for Members to conduct an informed review into the arrangements surrounding the company and to make recommendations to Cabinet in time to influence budget setting decisions.

4.2 The attached [Cabinet report from 17 October 2022](#) sets out in detail the current circumstances for the company and the context of the various materials available. Not all of these materials are in the public domain (eg the Mutual Ventures review and the high level business plan) however the T&F group can expect to have access to these documents in the course of their work. The following key documents are appended to the cabinet report:

- [SCF Annual Report 2021-22](#)
- [Review of Governance of SCF](#)

4.3 The following recommendation is included in the report to Cabinet:

- *Note that People Scrutiny Panel is receiving a report recommending that it set up a task and finish group to review the Mutual Ventures report, Annual Review process and draft business plan to make recommendations to cabinet on approval of the business plan as part of the budget setting process.*

4.4 The proposed key lines of enquiry for the Task and Finish Group have been drawn from the Annual Review process referred to in the Cabinet report. They are very broad and best practice will be to narrow these down during the course of the T&F process in order to produce specific recommendations:

- Consider the quality of practice and the outcomes for children, young people and families in the borough of Slough;
- Is the operation of the contractual arrangement working as intended;
- To review the effectiveness of the discharge of the Council's statutory functions as delivered by SCF;
- Consider whether changes are required;
- Consider relevant factors in relation to the setting of future years' contract sums

4.5 By considering these, or similar, lines of enquiry, it is anticipated that Councillors will be able to develop recommendations for the Panel to consider recommending on to the Cabinet. In order to resolve the work in time to feed into budget setting it will be important to complete the work within swift timescales.

4.6 Officer support to this Task and Finish Group will be drawn from staff in the service who necessarily must continue to do the 'day job' during this time, facilitated by Democratic Services who will advise on best practice planning and execution of a scrutiny review and assist with the synthesis of the information gathered. Members must therefore be prepared to take an active role in shaping and leading the review. In the first meeting of the T&F, members will be assisted to confirm the scope of their review and to explore the range of information they might like to look at or witnesses they may wish to call in order to shape their ideas. This could include looking at the way in which other authorities manage the function, for example, or requesting written or verbal input from the people and organisations involved in reviews and oversight of SCF at this time.

5. Legal and Financial Implications

5.1 Financial

5.1.1 None – resources for the Task and Finish Group will be drawn from the existing officer corps from the Council and SCF. There may be financial implications to any recommendations resulting from this process, which will be dealt with in any report produced by the Task and Finish Group.

5.2 Legal Implications

5.2.1 There are no legal implications to convening a Task and Finish Group. There may be legal implications to any recommendations resulting from this process, which will be dealt with in any report produced by the Task and Finish Group.

6. Conclusion

6.1 This report invites Members to set up a Task and Finish Group to review a range of recently-produced documents relating to Slough Children First (eg Annual Report, Annual Review process, Mutual Ventures report, and draft business plan), in order to make informed recommendations to cabinet on approval of the business plan as part of the budget setting process.

7. Appendices Attached

- A) [Slough Children First Limited \(SCF\) Annual Report and Governance Review](#)
- B) [SCF Annual Report 2021-22](#)
- C) [Review of governance of SCF](#)

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SLOUGH BOROUGH COUNCIL

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| REPORT TO: | Cabinet |
| DATE: | 17th October 2022 |
| SUBJECT: | Slough Children First Limited (SCF) Annual Report and Governance Review |
| CHIEF OFFICER: | Gavin Jones – Chief Executive Steven Mair – Executive Director of Finance and Commercial |
| CONTACT OFFICER: | Jane Senior, Associate Director People Strategy and Commissioning Peter Robinson – Nominated Council Finance Representative Sarah Wilson – Principal Lawyer |
| WARD(S): | All |
| PORTFOLIO: | Cllr Swindlehurst – Leader of the Council Cllr Christine Hulme, Children's Services, Lifelong Learning & Skills |
| KEY DECISION: | NO |
| EXEMPT: | Public |
| DECISION SUBJECT TO CALL IN: | YES |
| <u>APPENDICES:</u> | Appendix 1 – SCF Annual Report Appendix 2 – Governance Review |

1 Summary and Recommendations

1.1 This report provides Slough Children First's (SCF) annual report, together with an update on a detailed governance review. SCF became wholly owned by the Council in April 2021. Prior to that it was a standalone trust. SCF delivers statutory children's services on behalf of the Council in accordance with a direction of the Secretary of State for Education. This is the first annual report since the change in governance arrangements.

Recommendations:

Cabinet is recommended to:

- Note SCF's Annual Report

- Note the governance review of SCF and in particular the recommended actions and recommend to the Audit and Corporate Governance Committee that it receives six monthly reports on progress against the governance review recommendations.
- Note that People Scrutiny Panel is receiving a report recommending that it set up a task and finish group to review the Mutual Ventures report, Annual Review process and draft business plan to make recommendations to cabinet on approval of the business plan as part of the budget setting process.

Reason:

To ensure that Cabinet is provided with an update on progress in SCF in the previous financial year to form part of the annual review of the arrangement and to demonstrate that the Council is properly fulfilling its ownership role of SCF by reviewing the governance arrangements in place in SCF.

DLUHC Commissioner’s Comments

The Commissioners note and support the recommendations in this report

DfE Commissioner’s Comments

Slough Children’s First was set up in April 2021 following Ministerial direction but with the agreement and support of the Council. With one exception nationally, Council owned companies for children’s services have been created through intervention from the DfE following sustained and systemic failure of the local authority in running those services. The most successful of the companies, Achieving for Children (Richmond, Kingston, Windsor and Maidenhead), Worcestershire Children First and Together for Children (Sunderland) deliver children’s services more broadly than just social care and have the full support of their Councils with a financially sustainable approach. Slough Children’s First has had a series of encouraging Ofsted reports but progress remains fragile particularly around workforce at all levels. There remain significant issues around total funding for the company and financial processes and management.

Appropriate governance arrangements between the Council and the Company are crucial if the aim of a “good” or better overall Ofsted rating is to be achieved. I finish as DfE Commissioner on 30th September 2022 and will be succeeded by Paul Moffat. It is for him, working with DfE colleagues, to make recommendations on the suitability of the company model to the Secretary of State for Education who remains the decision maker whilst the Council is in formal intervention.

SCF Chairman’s Comments

Slough Children First (SCF) continues to be fully committed to ever-improving quality of life and outcomes for the borough’s children, driven by our vision of every child in Slough being “safe, secure and successful”, a vision for achievement alongside the council and other key partners.

In Slough as elsewhere demand pressures on children’s services are increasing, with impact on budget projections and spend levels. Here these pressures are accentuated by SBC’s extreme financial pressures and make collaboration and mutual confidence between SBC and SCF all the more important.

We have welcomed the council's engagement, support and challenge in the areas covered in this report. We look forward to debates on the conclusions and recommendations arising from the Mutual Ventures (MV) review and its implications for the Business Plan's progress and consideration by the council. We commit too to providing information and advice to support discussions on future delivery options and associated opportunities and risks.

The development of the SCF 2022/29 Business Plan remains a protracted process but one which has generated good debates around what we are seeking to achieve for the borough's children, what strategies will get us there, and within what financial envelope. Children's spend is notoriously volatile and our challenge - especially as a low spending service – is to ensure maximum efficiency along with investment in prevention and early intervention strategies which are far better for children as well as offsetting cost pressures in the medium term,.

The review of SBC/SCF governance arrangements as we embarked upon year two of the new arrangements has been timely, and again an opportunity for collaboration on improvement. Rather than spending time contesting conclusions within the detail of the review, as I write we are putting together a prioritised governance improvement plan to complement initiatives already underway. We will share this plan with the council and are ready to provide six monthly progress reports to Audit and Corporate Governance Committee should Cabinet determine this way forward as recommended in the report.

Finally, we are ready to support the work of the People Scrutiny Panel should it agree to the establishment of a task and finish group reviewing the Mutual Ventures report, Annual Review process and draft business plan, again in the spirit of collaboration and shared ambitions for Slough's children.

2 Report

Introductory Paragraph

- 2.1 SCF became wholly owned by the Council on 1 April 2021, with new Articles of Association setting out its governance arrangements. The Articles of Association set out a list of reserved matters, which must be approved by the Council, as the sole owner of the Company. The Company was previously Slough Children's Services Trust, incorporated on 12 March 2015 and was responsible for the Council's statutory children's social care functions from 1 October 2015.
- 2.1 SCF delivers statutory children's social care functions under a direction of the Secretary of State for Education and in accordance with a service delivery contract (SDC) between SCF and the Council. Improvement activity to support this across children's services are a critical part of the Council's improvement journey and the Council and SCF need to work together to ensure that the services can be delivered in a cost-effective way, contributing to the delivery of required financial savings to enable the Council to become financially sustainable within the medium term.
- 2.2 As well as being the responsible local authority for children's services within Slough, the Council is the commissioner of services under the SDC, the sole owner of SCF and the primary funder. The risks that sit with SCF will inevitably impact on the Council and the Council is expected to demonstrate that it is properly monitoring and governing its wholly owned companies. Whilst not specifically in relation to SCF, the Council's external auditors raised concerns and a statutory recommendation in 2021

about the governance of the Council's companies and this has also been a focus in the governance review commissioned by DLUHC. The Council's Principal Lawyer has undertaken a governance review with the support of SCF and the findings are reported below.

- 2.3 Schedule 3 of the SDC sets out the annual review process that should be undertaken, of which the submission of an Annual Report is the first stage. The Council should note the progress made and consider this when agreeing the forthcoming business plan and negotiating a new contractual payment for the next financial year. It is proposed that a report on the business plan will be considered later in the year following a review by the People Scrutiny Panel and discussions between the Council and the Department for Education (DfE).
- 2.4 Due to concerns about the ongoing financial sustainability of SCF, it submitted a high level investment business plan for 2022-2029. This requires significant investment in SCF in the short term to implement a range of preventative initiatives which would deliver savings on statutory services in future years. Due to the level of investment required and the length of time it would take to deliver any savings, as well as concerns about previous initiatives not delivering the anticipated savings, the DfE commissioned Mutual Ventures to undertake a review of the investment plan and to assess its viability.

Slough Corporate Plan

- A borough for children and young people to thrive

The Council's corporate plan emphasises the need for children and young people to be able to access services that keep them safe and secure. This includes a focus on delivering preventative help to children and families and ensuring that children with special educational need and disabilities (SEND) should have the same opportunities as non-disabled children and young people. It also includes a focus on raising aspirations and delivering opportunities for young people to prosper. Whilst children's social care services are delivered by SCF, other children's services including education, early years and services for children with SEND are delivered by the Council and many other council departments deliver services that contribute to this priority.

- A council that lives within our means, balances the budget and delivers best value for taxpayers and service users

Whilst the services are delivered by SCF in accordance with a statutory direction from the DfE, the Council is legally the commissioner of services and the sole owner of SCF. The funding for children's social care services delivered via SCF form a significant part of the Council's general fund. The Council has a duty to secure best value and to ensure that its companies remain fit for purpose in terms of delivering against the original strategic aims and that they are demonstrating delivery of value for money.

Options considered:

The SDC requires SCF to submit an annual report to the Council as part of a contractual annual review process. Whilst this is not a reserved matter that requires Cabinet approval, this is a first step in agreeing the annual business plan. As such this report has been presented to Cabinet for formal noting.

There is no legal requirement to undertake a formal governance review, however based on the concerns raised by the Council's external auditors and in the DLUHC commissioned governance review, officers have undertaken this review and have presented it to Cabinet for formal noting. The Mutual Ventures independent review should be considered as part of this wider governance review, as it will consider the viability of SCF's business plan for delivery of services in the future.

Any change to the current delivery model would need prior discussion and detailed development with the DfE Commissioner and DLUHC Commissioners, and the explicit agreement of the Secretary of State for Education.

For the above reasons, no other options were considered appropriate at this time.

Annual Review

- 2.5 The SDC sets out the contractual arrangements between the Council and SCF and includes the process for annual review at Schedule 3.
- 2.6 Schedule 3 sets out a key component of the Council's strategic oversight and review of the SDC. The aims and objectives of the annual review are to:
- Consider the quality of practice and the outcomes for children, young people and families in the borough of Slough;
 - Facilitate the Council's quality assurance of the operation of the contractual arrangement;
 - Enable the Council to review the discharge of its statutory functions as delivered by SCF;
 - Consider whether changes are required;
 - Consider relevant factors in relation to the setting of future years' contract sums.
- 2.7 The annual review process requires SCF to prepare an annual report prior to 30 June in every contract year. This should be formally considered by the Strategic Commissioning Group. The draft of the annual report should include, as a minimum, the following:
- A summary of SCF's performance in the previous financial year.
 - A summary of the Council's performance under the SDC and any support services agreement.
 - The cost of performing the services in the preceding contract year in comparison with its budget.
 - A summary of any agreed changes.
 - A summary of the demand analysis in the preceding financial year, including any increases in demand against assumptions.
 - The expected demand for services in the two contract years immediately following the annual review.
 - The effects of any changes in children's social care legislation or guidance on the delivery of services and any actual or anticipated changes in law.
 - The strategic priorities and outcomes likely to be relevant to the commissioning in the following contract year.
 - A summary of any social, demographic or other relevant factors.
 - The results of any audits or surveys including a summary of the outcomes of any surveys of service users and relevant stakeholders and third parties in relation to the services carried out during the previous contract year.
 - The outcomes of any rectification plans

- A high-level review of central Government funding, including details of any anticipated funding directed to the services in the previous financial year and future years;
- Matters relating to the risk register.
- The outcome of any regulatory inspections.
- The proposed changes to the agreement to be considered as part of the annual review, including changes to the service specification, KPIs and financial mechanism for the following contract year.

2.8 The draft annual report was received by the Council in the form of a powerpoint presentation and a number of appendices. It contained most of the information referred to above, although not in the order set out in the SDC. The report was considered at the contractual Strategic Commissioning Group on 21 September 2022.

2.9 At the meeting, the SCG discussed the performance against KPIs, noting some deterioration, but that SCF is still compliant with the contractual obligations. Further work is to be done to review the KPIs to ensure they are correctly capturing risk. On finances, it was noted that one in-year change had been agreed and that there was a risk arising from a lack of certainty around public health grant funding and health funding.

2.10 The annual review process requires the following matters to be agreed:

- the content of the Annual Report;
- the contribution rates determined by the LGPS Fund Actuary;
- any matters arising in relation to the financial mechanism, including whether the contract sum for the forthcoming contract year remains appropriate;
- the proportionate share of any Surplus that will be allocated to each Party pursuant to the financial mechanism;
- the results of any audits carried out by the Council during the preceding contract year;
- any significant complaints made against SCF in respect of the preceding contract year;
- any serious incidents (including serious case reviews) involving SCF in the preceding contract year;
- a review of the Key Performance Indicators and the Services Specification;
- a review of the Dependencies and the Support Services;
- a review of the governance arrangements under the SDC to assess whether they continue to be appropriate and fit for purpose; and
- such other matters that the Parties may agree from time to time

2.11 The strategic commissioning group agreed the following:

- The Annual Report be noted and referred to Cabinet for formal noting.
- The Annual Report would benefit from re-ordering to follow the list set out above and should be presented in a narrative report.
- The contract sum for the next year to be considered as part of approving the business plan.
- There is no surplus and SCF is currently projecting a deficit over and above the in-year amendment to the contract sum. Details of the deficit for 2021/22 and the projected deficit for 2022/23 are contained in the financial implications section.

- Audits – SCF had presented information on its auditing of social care cases, but no information on its internal and external audits. It had been subject to two internal audits on value for money and governance. Neither report had been presented or referred to in the annual report and it was agreed that a further discussion take place to ensure the internal audit plan was appropriately focused and the findings were provided to the Council following appropriate consideration at board level. Both audit reports were presented after the meeting and were finalised in the 2022/23 period. The internal audit undertaken on governance was limited in nature and has largely been superseded by the wider governance review. The value for money audit was also limited and has largely been superseded by the more detailed analysis being undertaken by Mutual Ventures.
- Complaints – SCF was subject to 3 complaints which were upheld by the LGSCO in 2021/22, which all related to one family. The details of these have been included in a report to Audit and Corporate Governance Committee. A report on complaints data was also presented.
- Serious incidents – the Council has been notified of one serious incident. The SCG discussed any lessons learned and changes to practice. In future years the Annual Report should include details of any lessons learned and recommended changes to practice and risk procedures because of serious incidents.
- Key performance indicators and service specification – at the SCG meeting in August 2022, SCF agreed to review the KPIs to ensure they were appropriately capturing risk. There was discussion about including a KPI on caseloads. This will be discussed further and agreed at part of the contract monitoring process. There are no proposals to amend the service specification.
- Dependencies and support services – a number of concerns have been raised about support services, including ICT and accommodation arrangements. There are separate meetings and processes in place for these issues to be discussed and reported up to the SCG if a resolution cannot be reached. There are pressures being put on SCF due to delays and issues in Council services, including delays in the customer contact centre and the SEND service.
- Governance arrangements – this is subject to a separate review and was not discussed in detail. However, the SDC provides terms of reference for the strategic commissioning group setting out the membership of the group as including the lead member for children’s services. As the lead member for children’s services does not have a decision-making role in this meeting, it would be preferable for this member to be removed from the standing membership and be separately briefed by officers where necessary. It is not usual for elected members to attend contractual meetings in relation to the Council’s other contractual arrangements. This will be considered as part of the contract management processes.

Governance review

2.12 Following concerns being raised about the Council’s governance of its companies and issues with the business planning process earlier this year, the Principal Lawyer commenced a desktop governance review in May 2022. This was formally reported to the Council’s corporate leadership team (CLT) on 18 May 2022 with a recommendation that CLT officers note and agree to the contract management arrangements being simplified as set out above, note and comment on the governance review and consider next steps, request SCF to provide evidence and information to support the governance review, including flagging any information that should be kept confidential and consider the nomination of further council nominated non-executive directors.

- 2.13 A meeting took place with SCF officers on 9 June 2022 where it was agreed that SCF would support with the review and a request for information was sent on 16 June 2022 to SCF's chief executive and chairman. Documentation and information in support of the review was sent by SCF on 6 September 2022.
- 2.14 It should be noted that there has been a lot of work undertaken by SCF officers and directors, as well as by Council officers to improve both the relationship and the processes in place. In addition, SCF is continuing to improve its delivery of social care services, as evidenced by its regulatory inspections and this is testament to the hard work and commitment of SCF staff and leaders. The governance review is not intended to detract from this work. However, it is accepted by SCF and the Council that good governance is critical to delivering high quality services and more work is required to demonstrate effective governance.
- 2.15 The review is appended at Appendix 2. The findings have been shared with SCF officers and the board and the Principal Lawyer attended a board meeting to discuss these on 22 September 2022. The findings have also been shared with the DLUHC commissioners and the DfE commissioner. There are several areas of concern, which can be summarised as follows:
- Induction processes for new directors and development programme - this is not as comprehensive as it should be and could limit the effectiveness of the board to hold executive officers to account. All directors should be able to and demonstrate that they are scrutinising and monitoring financial and performance management. The submission of the first business plan for 22/23 indicated that the scrutiny of financial projections and deliverability of savings proposals was not as robust as it could be;
 - Clarity on role of Lead Member for Children's Services - the lead member for children's services is continuing to attend board meetings, but there doesn't appear to be any clarity or documentation on her role and on one document she was named as the lead on behalf of the board. As the lead member for children's services is no longer a director of SCF, her attendance at the board is as a participating observer and there should be a protocol setting out her role, including procedures in relation to confidential information and the need to withdraw from meetings when there is a conflict of interest;
 - Effectiveness of board - very little assurance data was supplied for this, including in relation to appraisal of the Chair, which is the responsibility of DfE. A formal request has been sent to the DfE for information on this process. No documentary evidence was supplied to demonstrate effective performance management information or processes for any of the executive directors, including the SCF chief executive;
 - Assessing and monitoring value for money – there was a lack of clarity on where the responsibility sits for this and how independent reviews are informing this. There is an option to set up another board committee focused on finance and business operations, which would separate out quality assurance from financial management. Whilst this model may work and it is a matter for the SCF board to determine its committee structure, there is a potential that financial management will not be considered in terms of service performance. There is a recommendation that financial implications are included on all board reports;
 - Risk management procedures – a formal review of KPIs is recommended and risks should be formally reported via the contract meetings, as at present the performance data doesn't flag the concerns, but information is presented in other forums that indicated that there are significant risks. Whilst there is a risk management policy and procedures, a review of the board papers indicates that

mitigations that are being reported to and by the board are not always accurate or mitigating the risk. This is particularly relevant in relation to financial risks;

- Delivery model - the Council should have evidence that it has reviewed the suitability of the model on a periodic basis. This is addressed by the recommendation from Cabinet in September 2022 for officers to liaise with DfE on an options appraisal.
- Business plan approval and compliance with contractual mechanisms - the latter has been improved recently and there has been training from the external lawyers who represented SCF in the contract negotiations. However, this is still an area of concern. The contract sets out a very clear annual timetable of submitting an annual report, having an annual review, submission of an annual business plan to inform setting of Contract Sum and processes for in-year changes to Contract Sum, both for invest to save and demand pressures. This is not working as anticipated and SCF need to establish a governance timescale that ensures that documents are presented, reviewed and submitted to the Council in accordance with the annual process and containing the information set out in the SDC.
- Culture and values - there is a need for more focus on governance processes and an acceptance that good governance is intrinsically linked to high quality performance. The independent non-executive directors were appointed in 2021 and have made significant progress in setting up a board structure and new committees which has improved the processes. SCF need to consider whether the right information is being supplied at the right time to the board and its committees to ensure good governance.
- Internal schemes of delegation - the financial procedure rules appear not to have been reviewed since the company's articles changed and apart from decision-making on social care matters, no internal scheme of delegation has been supplied.

2.16 The Principal Lawyer attended the board meeting on 22 September 2022. The board were thankful for the detailed review and accepted that more work is required to ensure effective governance processes are in place. Board members had had limited time to review the detail of the review, but were keen to support the high level outcomes. It was agreed that the review contained recommendations to the Board and the Council and it was a matter for the Board to determine whether recommendations to SCF were appropriate.

2.17 It is proposed that the recommendations form an action plan that is reported to the Audit and Corporate Governance Committee on a 6 monthly basis as a minimum to monitor progress.

Mutual Ventures review

2.18 SCF has developed a further high level 7 year business plan 2022-29, along with a prevention and early help (continuum of care) business case, targeted early help (abridged) business case, an edge of care (investing for outcomes) business case, a workforce (enhanced retention offer) and a draft programme plan. The business plan has been discussed at a number of meetings commencing in Spring 2022. Due to concerns about the level of investment requested and the length of time required to deliver savings, the DfE commissioned Mutual Ventures to undertake a review of the plan.

2.19 Mutual Ventures have spoken to various stakeholders to inform its review, including the current and new DfE commissioners, the DLUHC commissioners, council officers responsible for finance, commissioning and governance, SCF board members

(executive and non-executive directors). Mutual Ventures is in the process of finalising its report and it is recommended that the final report is considered by the People Scrutiny Panel as part of its review of the longer term business plan in order to make recommendations to Cabinet.

3. Implications of the Recommendation

3.1 Financial implications

- 3.1.1 The contract sum for services provided by SCF in 2022/23 agreed by Cabinet in February 2022 and approved by Council in March 2022 was £31.436m. Cabinet also approved a working capital loan of £5m in March 2021 that is due to be repaid at the end of the contract.
- 3.1.2 In September 2022 Cabinet agreed an increase in this contract sum of £0.343 to £31.779m,
- 3.1.3 SCF incurred a deficit of £1.332m in 2021/22 and are forecasting a deficit for 2022/23 of £3.890m, an accumulated deficit of £5.222m at 31 March 2023. Assuming savings planned are delivered and the current forecasts are realistic. The current projections would mean SCF would be insolvent by the year end if no additional funding is agreed with the Council or DfE.
- 3.1.4 The current draft SCF business plan is predicting a deficit of £3.4m for 2023/24, with no contribution to Council savings targets. £1.2m of this relates to an assumed reduction in DfE grant to £0.9m support for the company.
- 3.1.5 As it stands the Council cannot provide the level of support set out by SCF in future years and significant work will need to be undertaken in order to agree a contract sum for 2023/24.

3.2 Legal implications

- 3.2.1 The Secretary of State for Education has powers to issue a direction in relation to specified social services functions relating to children under s.497A of the Education Act 1996. Various directions have been issued in relation to statutory functions in Slough since 2014. The sixth statutory direction was issued in April 2021. This requires that the Council secures that prescribed children's services functions are performed by SCF and the Council jointly and other prescribed children's services functions are performed by SCF on behalf of the Council. The Council was also directed to enter into a new service agreement to implement the discharge of these functions and continue to comply with any instructions of the Secretary of State, his representatives and the Children's Services Commissioner in relation to
 - i. ensuring that the Council's children's social care functions are performed to the required standard;
 - ii. the terms of the Service Agreement that require the Secretary of State's consent or approval;
 - iii. the operation of the Direction.
- 3.2.2 The intention behind amending the Articles of Association and a new Governance Side Agreement was to change the ownership of the Company and clarify the roles

and responsibilities of the Council and the DfE, on the basis this will give the Council greater control over the strategic direction of the Company, whilst ensuring operational independence for day to day functions. The reserved matters set out in the Articles allow the Council to make certain high level decisions as opposed to leaving these matters to the Company's board of directors, however these matters are also subject to consultation and consent rights of the DfE.

3.3 Risk management implication

3.3.1 Risks

| Risk | Assessment of Risk | Mitigation | Residual Risk |
|---|---|---|----------------------|
| Children and Families at risk. | <p>Very High</p> <p>The Company has raised a serious issue that children and families will be at significant risk due to a rise in demand pressures, should solutions and mitigations not be found.</p> | <p>A Type-one in year change request has been agreed to address some of the risks raised.</p> <p>Recruit to the existing vacancies to deal with the demand and effectively assess and intervene to mitigate risk of harm to children. There has been success in terms of recruitment of foreign qualified social workers. Concerns have been raised with the DfE about the system in place in relation to agency teams of social workers, which is impacting on the ability to recruit to permanent roles.</p> <p>The DfE has commissioned a review by Mutual Ventures to consider the deliverability of the longer term business plan.</p> | High |
| Insolvency risk is hard to properly assess without a finalised business plan. | <p>Very High</p> <p>The Company has raised an issue in respect of its solvency.</p> | <p>The draft business plan 2022-29 is currently being reviewed by Mutual Ventures who have been appointed for this purpose. Future necessary action will be determined following the conclusion of this review.</p> | High |

3.4 Environmental implications

None

3.5 Equality implications

SCF provides social care services to protect some of the most vulnerable children and supports families from a diverse background. If SCF fails to adequately deliver its services this will impact on children and working age adults with children to a greater extent than the wider population. In addition, it will negatively impact on children and parents with disabilities who are more likely to need the support of SCF. Certain ethnic groups and gender are disproportionately represented within the community supported by SCF and will therefore be disproportionately impacted by any change in the delivery of services.

3.6 Procurement implications

The services have been commissioned from SCF in accordance with a direction of the Secretary of State for Education. SCF is solely involved in delivery of children's social care services for SBC and is wholly owned by SBC, which means there is no need to competitively tender for services.

3.7 Workforce implications

None

4. Background Papers

None.



Slough Children First 2021/22 Annual Report

March 2022



A hands-on approach to help children in Slough be
..... Safe, Secure and Successful

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Aims and Objectives of the Annual Review



Slough Children First (SCF) and Slough Borough Council (SBC) have a contractual agreement between both parties. As part of this agreement SBC are required to complete an Annual Review of the services they commission from SCF. SCF are required to produce an Annual Report summarising the services delivered for the year.

The key aims and objectives of the annual report are to:

- Understand the context of Slough for the year
- Review SCFs discharge of statutory functions
- Reflect on the quality of practice and outcomes achieved for children, young people and families
- Reflect on and plan future budget and financials including any factors that may affect this
- Identify areas of focus for the following year
- Quality assurance against the agreement between the Company and SBC
- Identify any changes required to the performance of the agreement



Slough Context

Slough Population



Slough is a complex and diverse town with a population of approximately 149,557. Slough's population is significantly younger than England's profile with almost a third of people aged under 18 (21% nationally) and we have the largest number of children and young people aged 0 to 19 in Berkshire East (31% of the total population). Our population is expected to grow to 151,674 by 2029.

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- Slough's male life expectancy and healthy life expectancy continue to be significantly worse than national and regional rates. Boys born in Slough today can expect to live to 78 with the last 20 years of life not being in good health.
- There is also a 5.3 year difference in life expectancy between boys born in the least deprived areas and most deprived areas of Slough.



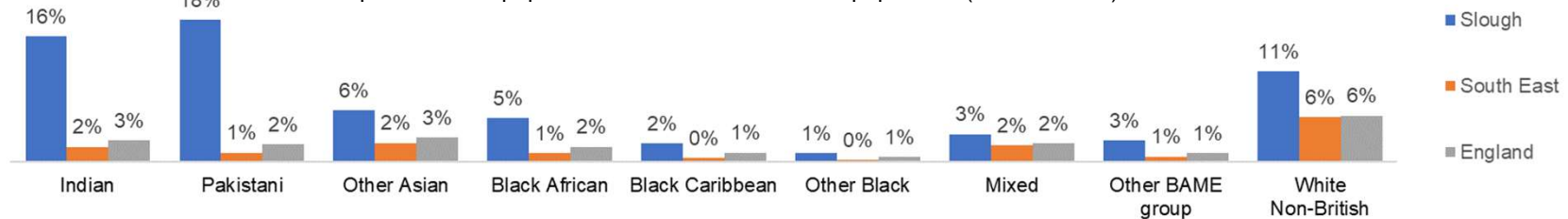
- Slough's female life expectancy is similar to national rates and also higher than males. However, healthy life expectancy is significantly worse than national and regional rates. Girls born in Slough today can expect to live to 82 with the last 23 years of life not being in good health
- There is also a 5.8 year difference in life expectancy between girls born in the least deprived areas of Slough and most deprived areas.

Diverse Community



Slough is one of the most ethnically diverse Boroughs in England with 54% of the population coming from a Black, Asian and Minority Ethnic (BAME) background (15% in England). A further 11% of the population are from a White non-British background (5% in England). People from an Asian background make up 40% of Slough's total population and are the largest ethnic group. 39% of Slough residents born outside the UK and the EU, and 13% having been resident in the UK for less than 10 years (Slough Local Insight).

Proportion of the population from non-White British population (Census 2011)



150 languages are spoken in Slough schools posing challenges for engagement with all of these differing communities. 67.4% of households in Slough had English as a main language, with 15.5% of households having no one who speaks English as their main language

Employment



From Jul-20 to Jun-21, **68%** of Slough's working age population were in employment. The proportion of people in employment decreased during the pandemic and this drop has been more pronounced in Slough.

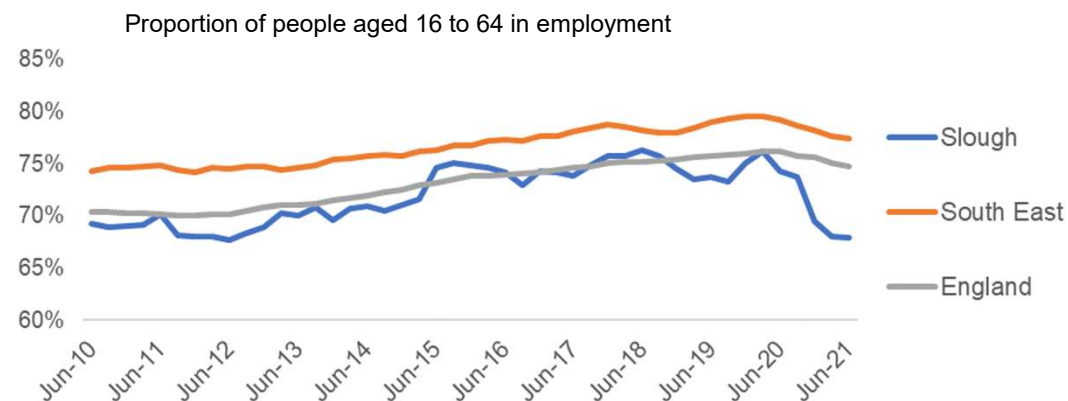
6.4% of Slough's working age population were estimated to be unemployed (4,600 people). 27% (26,100) of Slough's working age population were also economically inactive (not in employment or seeking work). The main reasons for being economically inactive in Slough were being a student and looking after family and/or home.

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Pre-Covid, Slough had traditionally high employment and a fast growing economy but its unemployed claimant rate is higher now than it was pre-Covid.

Slough remains in the **top 10** highest unemployment rates out of 63 largest cities and towns in England.



Slough Deprivation and Housing

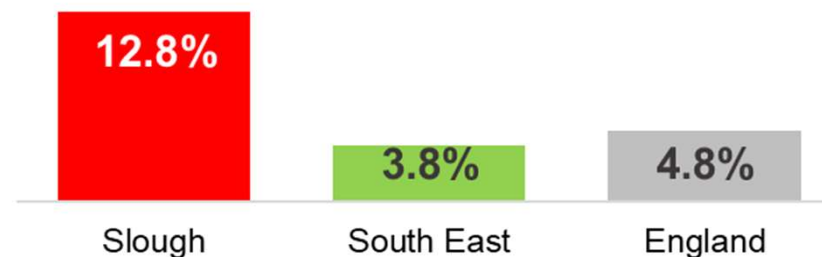


- Slough's overall deprivation ranking sits within the 5th more deprived decile in England.
- 7 out of Slough's 80 Lower Super Output Areas (LSOAs) fall within the 10%-20% most deprived neighbourhoods nationally. These are in areas of Britwell and Northborough, Central, Chalvey, Colnbrook with Poyle and Elliman wards.
- Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups (Office for Health Improvement and Disparities 2022). In 2019, 5,105 households in Slough were considered to be fuel poor.
- The average household size in Slough is 2.8 people, compared to 2.4 in England.
- Over 6,500 households in Slough were estimated to be overcrowded in 2011. This means that there are fewer bedrooms than would standardly be required for the number of people in the house.
- 1,038 households in Slough were identified as eligible for support (termed prevention or relief duty) under the Homeless Reduction Act in 2019/20. This is a rate of 19.1 per 1,000 households.

Proportion of households in fuel poverty (2019)



Proportion of households that are overcrowded (2011)



Children & Young People (under 18): Health



Approximately 43,650 children and young people (aged under 18) live in Slough ([Office for National Statistics 2022](#)). This is 29% of Slough's total population, which is the 2nd highest proportion in England. Although fertility rates are decreasing both nationally and locally, Slough currently has the highest total fertility rate in England ([Office for National Statistics 2021](#)).



6.5% of Slough mothers were smokers at the time of delivery in 2020/21.



Childhood obesity is increasing nationally. Slough's prevalence of obesity continues to be worse than national figures and is the highest rate in the South East for both age groups measured through the National Childhood Measurement Programme



3.9% of term babies born in Slough were a low birth weight (under 2,500g) in 2019.

Infant mortality is a key indicator of the general health of the entire population. In 2018-20, 29 babies under 1 died in Slough at a rate of 4 per 1,000 population.



65% of Slough babies were breastfed 6-8 weeks after birth in 2020/21.

In 2017-19, 16 children aged 1 to 17 died in Slough at a rate of 13 per 100,000 population.

Children & Young People (under 18): Income and Education



19.5% of Slough's under 16s lived in relative low income families in 2019/20. This is over 7,700 children and continues to increase.



13.2% of pupils in Slough had special educational needs (SEN) in 2018, which is 3,995 pupils.

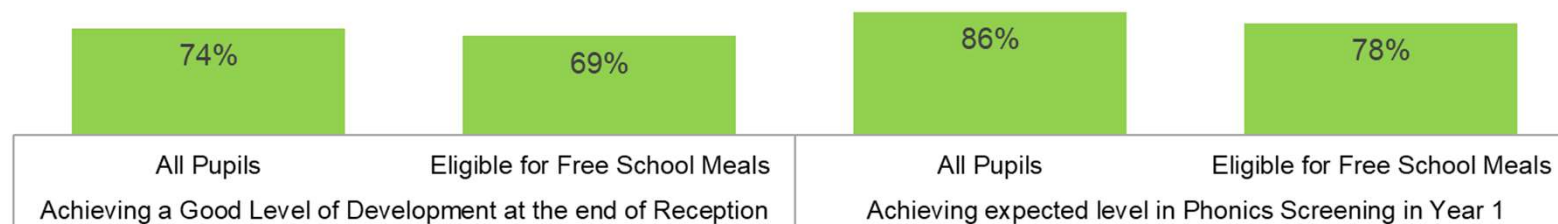
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195 children in Slough were in care on 31-Mar-20. This is a rate of **45** per 10,000 population.

- Slough's school readiness and attainment levels are significantly better than England's and continue to increase. This is also true for children eligible for free school meals.
- KS 4 attainment in Slough's state-funded schools continue to be significantly better than England's.

School readiness in Slough (2018/19)



Mental Health

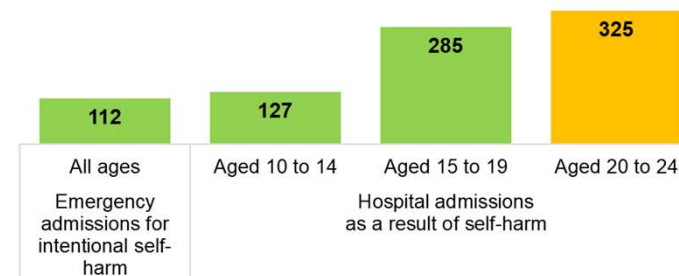


- Mental health problems affect around one in four people in any given year. 19% of Slough's population aged 16 and over are estimated to have a common mental disorder, which is significantly higher than the national (17%) and regional (15%) prevalence rates.
- Nationally, 16% of children aged 5 to 16 are estimated to have a probable mental health disorder

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- Hospital admissions for self-harm in children have increased in recent years with admissions for young women being much higher than admissions for young men.
- Suicide is a significant cause of death in young adults and can be an indicator of underlying rates of mental ill-health. From 2018 to 2020 there were 32 suicides recorded for Slough residents at a rate of 9 per 100,000 population.
- The suicide rate in males is higher, both nationally and locally. In 2018-20 81% of suicides in Slough were male.
- In 2018-20, Slough's premature mortality rate for people with severe mental illness (SMI) was significantly worse than England's at 123.1 per 100,000 population. The under-75 mortality rate was 376% higher than the general population in Slough for this time period, which was similar to England.

Slough Admission rates per 100,000 population (2019/20)



Environment and Crime



Slough is classified as an urban city or town with no rural areas ([Office for National Statistics 2021](#)). Air quality indicators in Slough indicate higher levels of fine particulate matter and mortality attributable to air pollution, compared to England

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children and **public health services have an important role to play in tackling violence** to help focus on interventions that are effective and target prevention and treatment.

Domestic Abuse Increase: There is a 9.7% increase in Domestic Abuse valid crimes for Slough when comparing 20/21 against 21/22.

Modelled estimates indicate that the rate of **children and young people** from Slough who living in households where **domestic violence and abuse**, parental substance misuse or parental mental health issues are affecting an adult in the household are higher than the rest of Berkshire East.



176 children and young people were in the youth justice system in Slough (2020/21). Of these 78 were statutory and 98 were voluntary



18 children and young people were were first time offenders in Slough (March 2021).



There were 295 admissions from violent crime in Slough during the latest 3 year period (2017/18 to 2019/20). This was a rate of **64** per 100,000 population.

| Out of court disposals | |
|--|------------|
| Community Resolution Police Facilitated | 82 |
| Community Resolution with YOT Intervention | 36 |
| Community Resolution (Non Substantive/Voluntary) | 23 |
| Youth Conditional Caution | 11 |
| Youth Caution | 5 |
| Community Resolution - other agency facilitated | 3 |
| Youth Restorative Disposal | 1 |
| Youth Caution + Conditions | 1 |
| Grand Total | 162 |



Leadership and Partnerships

Leadership in Slough



- The Company changed its operating model in April 2021 to become a Wholly Owned Company but retained its operational independence. The Council as the sole owner has oversight and influence through the Company's governance arrangements
- New arrangements have resulted in a New Board – new chair and new Non Executive Directors with a wealth of Public sector experience.
- Slough has experienced changes in strategic leadership, with 4 short-term interim DCS/Chief Executives in post during 2021 and the extended leave of the Council Chief Executive
- Both of these roles now have stable, albeit, interim arrangements in place alongside 3 DLUHC appointed Commissioners for the Council working with the Company's DfE Commissioner.
- The departure of the Assistant Director for Quality Improvement, Performance and Practice (QIPP) and the Associate Director, Children and Families (both for career development reasons) in November 2021 gave the opportunity to further align services and functions together.
- The Performance Team joined the Quality Assurance and Safeguarding Service to bring our extensive suite of data and performance management information, and better use of quality assurance information closer together to provide a more focused lens on our practice
- The role of 'Head of Regulated Services' was developed and the post holder is now the Responsible Individual for the Independent Fostering Agency (IFA), the adoption service and Breakaway, Slough's Children's Home.
- Our Heads of Service leadership team, all of whom are permanent, have developed and pulled together over the last year, keeping a relentless focus on doing what is right for our children. This group brings great stability to Slough Children First,.
- Their efforts shows themselves in the progress made on our improvement journey and has been noted from the Company Board, DFE and the DfE Commissioner despite all of the issues faced.

Strategic Aims and Priorities



Overarching Strategic Aim is continuous improvement of services to get to Good

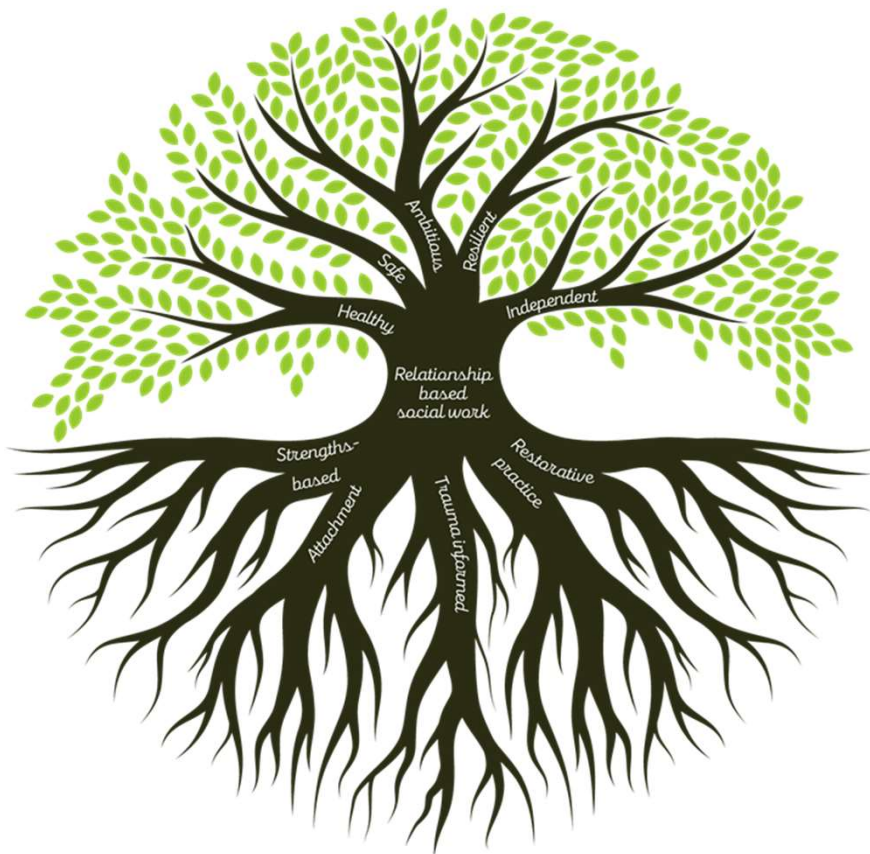
The company has four strategic aims, each with its own set of priorities to support the delivery of services:

| Quality improvement throughout a child's journey | Stability of workforce | Being sustainable | Development of child focused partnerships |
|---|---|--|---|
| Consistently good practice throughout a child's journey ensures better outcomes for children and families | A stable and effective workforce which enables better outcomes for children and families | A secure and sustainable organisation which provides high quality and cost-effective outcomes | Key strategic partners working together to ensure the best outcomes for our most vulnerable children. |
| a) Promote the voice of the child and hold the child in mind in all our work b) Safeguard and promote needs c) Quality partnership working improves outcomes for all children d) Improved and evidenced outcomes | a) Attract, support, develop and retain quality staff and effective leaders b) A positive culture which provides professionally fulfilling employment c) Effective communication mechanisms | a) Strong and transparent governance b) Evidenced use of resources efficiently to meet children's needs c) Value for Money d) Maximising partnerships to deliver better aligned services which achieve better outcomes for children | a) Work with key partners to develop the continuum of services b) Development of community offerings through the voluntary sector to support children and families c) A review of tri partite panels with Health and Education to ensure the child is at the centre of the outcome with all parties working in collaboration d) Build strong relations with local providers to help develop sufficiency of placements for our young people. e) Work in strategic partnership with the council on accommodation options for our young people. f) Developing close links with adults to ensure robust transition planning for our children with disability to ensure a seamless and transparent transition of support offering |

Our New Practice Framework – The Slough Approach

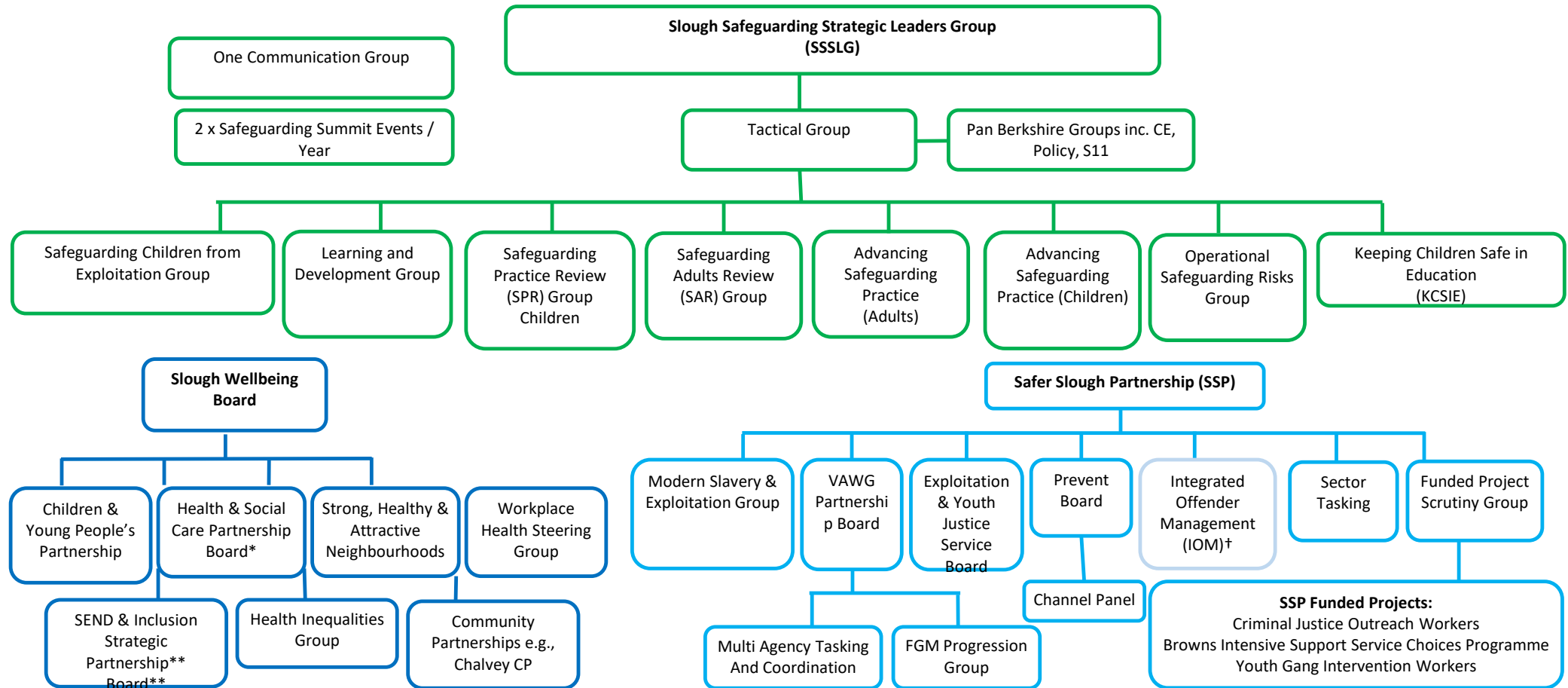


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- The Slough Approach has been developed to provide us with a clear focus on the way in which we aim to work with children, families and partners in Slough.
- This will ensure everyone who works in Slough understands the way in which we expect them to work with children, families and partners as this will be a more familiar model of practice.
- We changed our framework as systemic practice wasn't the right anymore for Slough and the associated costs. But we have kept our clinicians as they add considerable value to our work
- We have based our framework on a Relationship Based approach. Underpinning our Relationship Base approach are four key strands:
 - Attachment Theory
 - Restorative Practice
 - Strengths Based
 - Trauma Informed
- We recognise there are a range of tools and approaches that support social workers to work with children and families in a relationship based approach and have developed an action plan to ensure social workers learn about these.
- We are working closely with Research in Practice to access their resources and held a day in late January 2022 where staff were able to access a number of seminars on relationship based social work as part of an ongoing programme of learning and development with RiP
- We launched our new Practice Framework during Practice Learning Week w/c 14th March 2022
- We are continuing with further bite sized sessions on the four key strands and tools and we are planning to include the framework in the induction programme.

Slough Partnership Structure



Safeguarding Partnership Working in Slough



What is working well

- Partners are willing to engage and partnerships are friendly.
- Multi-agency audits have commenced.
- Partners acknowledge the issues and difficulties facing both communities and other partners in Slough and want to make a difference.
- Good on the ground and operational arrangements exist with partners which benefits individual children and young people.
- Independent Equalities audit commissioned.

What needs to improve

- Too many meetings with the same people in them sharing similar information. Meetings and Partnership Boards to be more constructive, focused on delivery and partners held to account for developments and improvements.
- Positive discussions with partners are not consistently followed enough with joint funding to improve outcomes for children and families.
- There are gaps in the current and proposed continuum of care which could be effectively filled by partners.
- Each partner has their own workforce challenges which should not be barriers to activity.
- A more expansive knowledge of communities and their assets in Slough, and the role they can play in supporting families.

Future Developments

- Challenge the continued prioritisation of Children's Services in Slough across all partnerships.
- Use the change of chair of the strategic safeguarding arrangement to the Chief Exec/DCS to further strengthen these arrangements and hold partners to account.
- Develop the confidence and ability of partners to act as lead professionals.
- Develop stronger strategic arrangements with partners to create a greater impact for more children and young people.
- Ensure partners understand the company's transformation and the role they need to play to ensure it's sustained success.
- Map all of the different communities in Slough including the assets and services they are able to provide.

Safeguarding Partnership Arrangement: Impact 2021/22



- SPR completed on twins
- Multi-agency file audits
- Retrospective audit of 2019-2021 reviews linked to knife crime
 - Focused sub group on Sexual and Criminal Exploitation
 - Review of MACE/weekly meetings
 - Development of exploitation team
- Learning from Data
 - Conversion rates from contact to Referral- threshold document
 - Increase volume and complexity- Review of EH
 - Recruitment and retention problems all professionals- Place
- An independent review of the demographics of the victim and perpetrators
- Focus on the MASH and strategy meetings- improved attendance of partners and partnership working
- Reviewed the Multi-Agency Referral Form
- Implemented the Neglect Tool Kit

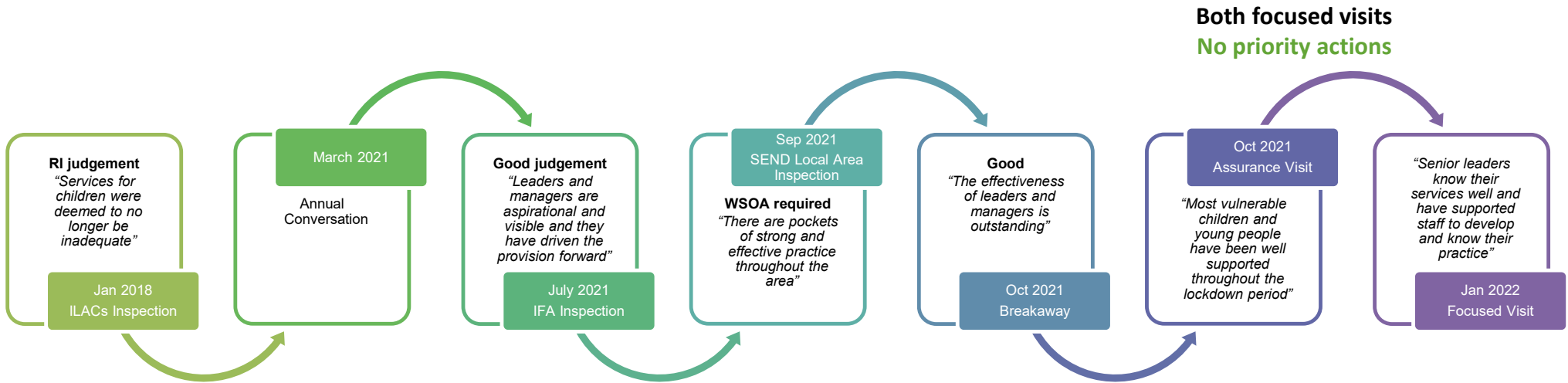


Regulatory Inspections and Legislation Changes

Regulatory Inspections



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IFA Inspection July 2021



No longer inadequate and judged to be “Good”

- Ofsted deemed the IFA to be good in all areas – Overall experience for children, Help and Protection and Leadership and Management
- Children thrive due to careful matching to foster carers skills sets which is supporting placement stability
- Ofsted saw examples of tenacity and the IFA having difficult conversations with Foster Carers in the best interests of children
- Positive feedback about the training offer to foster carers and praise for the training co-ordinator who goes above seen in other IFAs
- Leadership team is aspirational and visible with a good grasp of strengths and areas for improvement
- Some learning which the IFA will take through into a refreshed service plan – quality of foster carer daily logs (recommendation) and further strengthening of the Fostering Panel (Ofsted requirement)
- Some learning for SCF – quality of placements plans
- Ofsted noted the turnover of staff and the changes in social workers in SCF

Outcome of SEND Local Areas Inspection September 2021



- SEND services were deemed to require a Written Statement of Action.
- This was not unexpected and was highlighted to Ofsted and CQC in a SEF which was recognised to be honest and accurate
- The Written Statement of Action (WSOA) is the first part in a series of steps required to address the significant areas of weakness identified in the inspection report and will require changes at a strategic, partnership, commissioning, and operational level.

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Local area inspection findings – Concerns Raised

- Leaders have not effectively implemented Children and Families Act 2014 reforms, and the Council (BSC), Slough Children First (SCF) and the CCG failed to work together to develop and effective strategy for doing so.
- Despite a desire to improve, improvement work is in its infancy.
- Too little focus on the reality faced by children and young people with SEND and their families
- Information about support is not readily available or understood, although when parents receive support, it has been praised and welcomed.
- Co-production has been weak.
- Joint commissioning is not well developed
- Social care needs of children and young people with SEND are rarely considered unless known to children's social care
- Waiting times for assessment of occupational therapy and neurodevelopmental needs are unacceptably long.
- There is no dysphagia (people who experience difficulties swallowing, eating and/or drinking) service for children over five, meaning treatment is only accessed via emergency departments.
- The area fails to deliver services in accordance with many EHC plans, including a significant number of children not receiving speech and language therapy.
- Staff turnover is high, with no coherent workforce strategy
- Completion of EHC plans within the statutory timeframe has fallen.
- Not all schools are welcoming of children and young people with SEND and arrangements for partnership working between schools have been informal and ad hoc.

Breakaway Inspection October 2021



- Overall experience and progress of children and young people : **Good**
- Children enjoy staying at Breakaway and feel welcomed.
- Their successes are celebrated, and their individual needs are met with a range of activities
- Parents are complimentary about the care their children receive and are able to transfer some of the learning at home to improve their lives
- How well children and young people are helped and protected: **Good**
- Children are encouraged to take age-appropriate risks, dependent on their needs and understanding
- Swift and appropriate actions by staff help safeguard children when there are concerns
- The effectiveness of leaders and managers: **Outstanding**
- Children are listened to, heard, and what they have to say is acted upon.
- There is a thread of accountability and responsibility throughout the management team, with effective quality assurance processes

Ofsted Focused Visit January 2022



Summary of overall areas of strength identified:

- No Area Priority Actions
- Staff were positive throughout the visit about working for SCF and demonstrated enthusiasm and commitment to children.
- Leaders know the service well and have supported staff to develop and improve their services
- Relationship with the Council and Strategic partnerships have improved
- Noted the early impact of Targeted Early Help moving into the company
- Successfully navigated delivery of services through pandemic
- MASH helping to keep children safe
- Range of recruitment strategies are in place

Summary of challenges:

- Significant challenges in recruitment and retention, which hampers stability and therefore practice
- Bottlenecks in in early help and safeguarding and family support children do not receive service quickly enough
- Caseloads are too high and situation is fragile

What Needs to Improve in this area of Social Work Practice

- Management oversight within the assessment teams to ensure that risk to all children is assessed when their circumstances change.
- Capacity in early help and safeguarding and family support to reduce the delay in children receiving help.
- The impact of quality assurance processes to improve social work practice

Ofsted Focused Visit January 2022



Targeted Early Help

- Decision making is appropriate with good understanding of thresholds and steps up work well
- Noted improved impact of NEET team
- Some families wait too long for allocation

MASH

- Thresholds well understood and timely proportionate decision making with parental consent
- Evidence of strong management oversight giving clear direction for staff
- Partners evident in the front door but have resilience issues
- S47 enquiries commence promptly but still variable in quality

Assessment Service

- Quality is improving and a strong focus on impact on children
- Most assessments include family history and presenting issues and the analysis supports appropriate decision-making, which clearly identifies what needs to change
- Knowledgeable about children and this awareness is gained through their regular visits, strong relationships and some engaging direct work

Safeguarding and Family Support

- Capacity issues in S&FS create bottleneck in the Assessments teams
- Changing risks for a small number of children while they wait to transfer to the next team, which should have prompted an update to the assessment
- Less effective management oversight of CIN

Domestic Abuse

- Children at risk from domestic abuse are identified and range of services
- Support families affected by domestic abuse effectively

Contextual Safeguarding Team

- Risks to children are managed well -Holistic assessment and informed by multi-agency mapping and safety planning
- When children go missing, early screening at the front door appropriately informs decision-making

Quality Assurance

- Performance management reporting is well established and support focus of areas to develop
- Quality assurance processes are developing, audits continue to show variability in the quality of social work practice
- More consistency and effectiveness of auditors

Changes in Children's Social Care Legislation or Guidance



Important national developments that impacted the planning arrangements for children's services in England and Wales:

1. The National Child Safeguarding Review Panel report (**Dec 2020**) into recent child deaths has identified national improvements required regarding information sharing, partnership working and the organisational context for the leadership and management of high-quality child protection practice. The SCF Business Plan identifies priorities in these areas, including the need for investment.
2. Adoption and Children (Coronavirus) (Amendment) Regulations 2020 (**Apr 2020**), temporary changes to the protections given in law to vulnerable children living in care

2021/22 Known and Expected Changes

1. The recent national review of children's social care by Josh MacAlister (**May 2022**) sets out the way forward for the children's social care system over the next decade.
2. The final Parliamentary approvals for ICBs (**Jun 2022**) which include children as a priority group and raise the bar for the role that the health system plays in keeping children safe. Ensuring that health commissioners and providers work closely with the council and SCF is a crucial enabler to the delivery of the SCF Business Plan.
3. Known policy changes on the horizon include the White Paper on education and Green Paper on SEND, Changes in Staying Close and Put for Care Leavers, and Revision of Working Together due in 2023



Demand and other Relevant Factors

Social, Demographic and Other Relevant Factors



Increasing Costs:

- Increase in inflation rates e.g., fuel and food poverty. The war in the Ukraine in Feb 22 has significantly contributed to inflationary increases. For children, young people, and families in Slough this has resulted in an increase in the cost of living and with an expected increase in families needing our support as they struggle to make ends meet.
- We are already seeing the impact from the cost-of-living rises, with inflationary requests from providers averaging 12% from those that have made requests.

Capacity and Demand:

- Recruitment and retention of social work staff is both a local and national challenge.
- Too many vacant business support roles, and some staff in these roles neither resilient or skilled enough.
- There is increased demands coming into the system due to the impact of Covid-19, the current economic climate, and a lack of a coordinated and coherent Targeted Early Help system.
- Growth agenda for the population in Slough as a result of new builds and families placed by other local authorities requiring our services. The number of properties in Slough is projected to increase to 57,504 by 2030.
- Increased numbers in UASC and changes in the regulations and assessment requirements will place further challenges on our services.

Covid-19

- Significant impact of Covid during this period
- Known and future impacts of Covid e.g., deterioration of mental health in children and young people and readiness for learning; shortage of professionals across the public sector with significant gaps in other agencies placing additional pressure of children's social care.

Staff Skills, Knowledge, and Capability:

- More complex work coming through and a workforce, which is inexperienced with several critical posts vacant.
- Complexity of the problems being experienced by children, young people and families is increasing due to changes in societal factors such as poverty, domestic violence, mental health and substance abuse

Sufficiency:

- Not enough placements and services to meet complex increasing needs of children not available.
- On-going concerns about our transient population with vulnerable families migrating into Slough from elsewhere in the country, some placed by OLA

Systems and Processes:

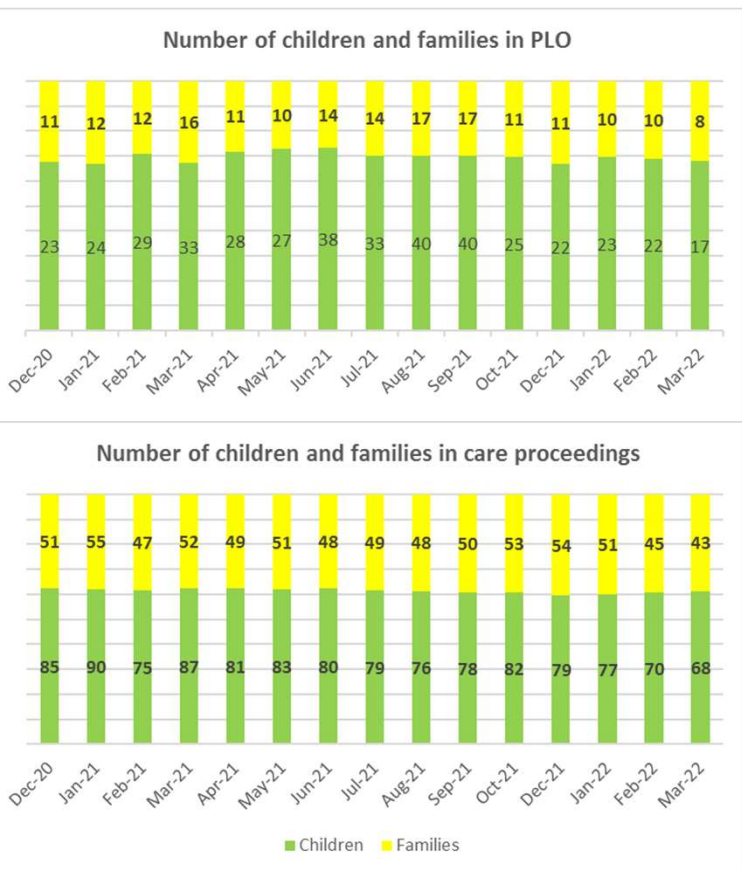
- Too much duplication in the ICS system and processes either not being followed or well understood without the appropriate floor walkers.

Impact of Covid-19 in Slough



- Strategically we have taken the decision throughout the pandemic to keep services open. Ofsted noted in the January 2022 focused visit '*Leaders have successfully navigated the impact of the pandemic*'.
- Throughout 2021, the practice standard of seeing children face to face during visits has been maintained unless either the family or the social worker have Covid.
- The volume of open referrals rose as schools opened up to all students in early 2021, but Covid within school bubbles forced large numbers of children back at home to self-isolate leaving Slough Children First as the only organisation with sight of these children to manage risk appropriately.
- MASH have remained in the office throughout the year, and other teams have worked in the office on a rota basis with strict measures in place to keep staff safe. But adhering to Covid rules has not been without consequences, causing some anxiety for staff. It affected back office staff the most who had to remain at home throughout the whole pandemic, increasing their isolation away from colleagues and their team.
- In February 2022, Covid restrictions were slightly relaxed in Observatory House and then further relaxed in April 2022 to eliminate the need for social distancing. As a result more staff have been allowed into the office and all services have moved onto the same floor. This has had a positive impact on staff morale.
- Slough has responded to its nationally comparable high rates of Covid infection, with a comprehensive vaccine programme made available to all Slough Children First staff, including foster carers from January 2021. 268 staff (out of 333 employees) had received two doses of the vaccine. 56 staff have declined the vaccination and 9 staff are not known but thankfully in the last year there have been no further staff deaths from Covid.

Operational pressures from PLO and Care Proceedings



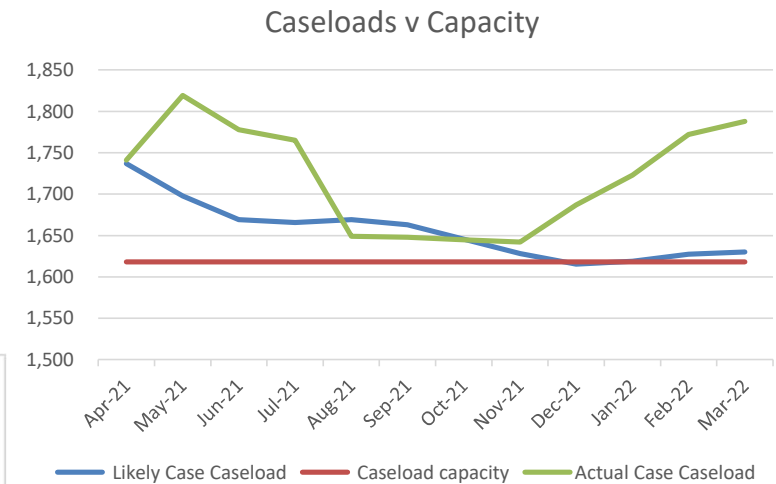
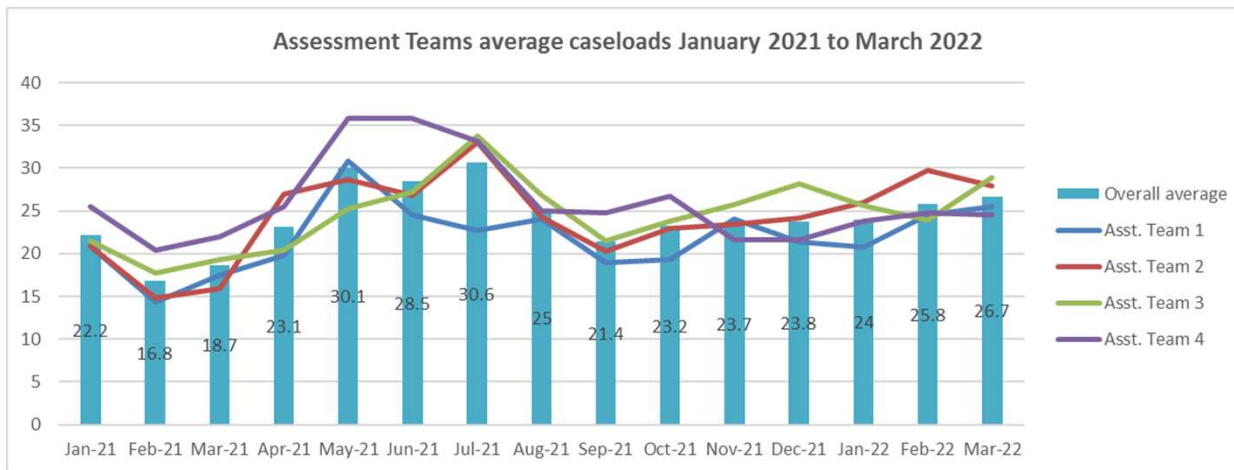
- Complexity of matters in court requiring expert opinions which takes times and adds to delays
- Delays in Reading Courts due to Covid were similar to the national picture. Though as courts return to face to face from April 2022, this is enabling some of the backlog to be cleared and Final Hearings are able to be held
- 24 children and families are exceeding the 26 week care proceeding timescale which is a consistent number across the last 12 months
- 4 children and families are currently exceeding the 16 week PLO timescale
- Care proceedings rose in January 2021 to the highest levels seen and have only recently reduced with an average of 79.3 children and 49.8 families per month in care proceedings since December 2020. The reduction is due to courts catching up.
- An average of 28.3 children and 12.3 families in PLO since December 2020 with a recent reduction as a result of de-escalating families
- New Permanency Planning Meeting (PPM) process developed in collaboration with staff underpinned by coaching and revised practice standards to strengthen the use of the permanency process in Slough which results in swifter permanence for children
- Some early impact has been seen through increased ownership of permanence for children by staff and managers.



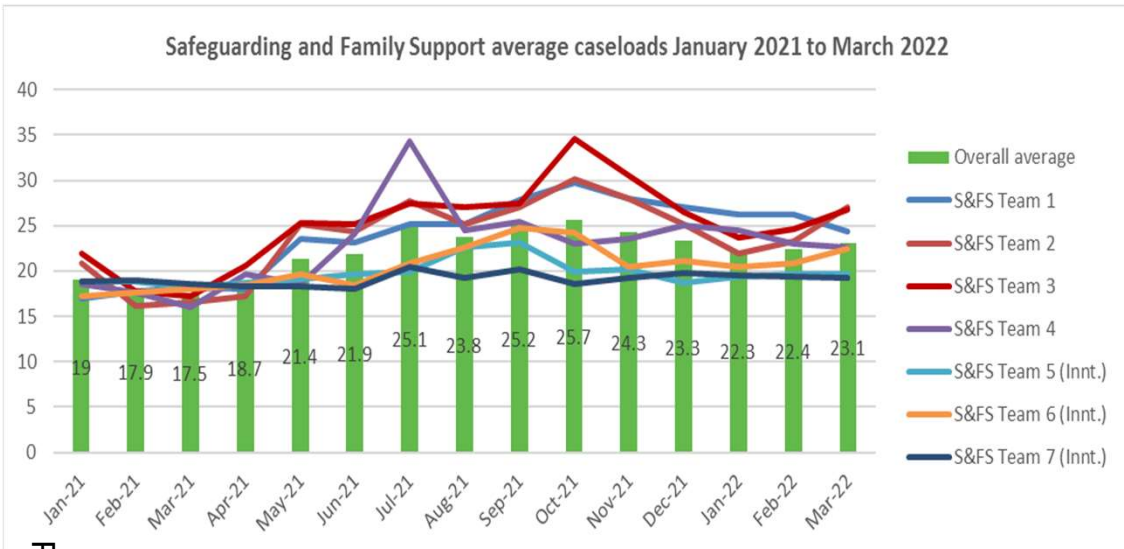
Demand Analysis: Caseloads

- Caseloads have continued to be a pressure and exceeded capacity in 2020/21.
- As seen in the chart on the right caseloads exceed our predictions at the start of the year (May-Jun) and we saw another significant spike (outside of predictions) at the end of Nov/ beginning of Dec 2021.

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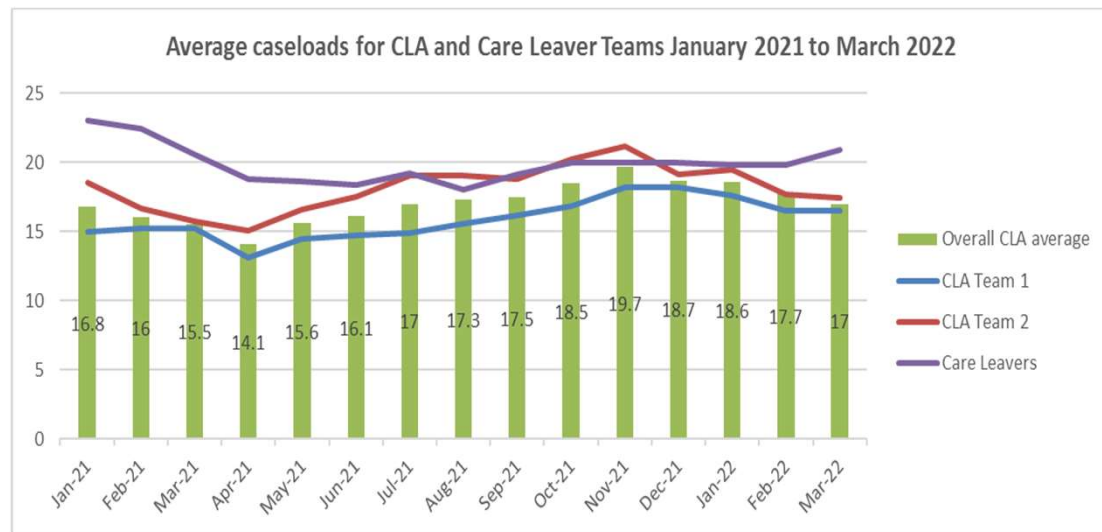
- Average caseloads in Assessment should be between 20-22 children per worker.
- Throughout 2021/22 the Assessment teams exceeded the average caseloads and were predominately in the top 10 highest caseloads each week.



- Average caseloads in SG&FS should be between 18-20 children per worker.
- The Safeguarding and Family Support teams held higher than average caseloads throughout the year, adding to pressures in the system.

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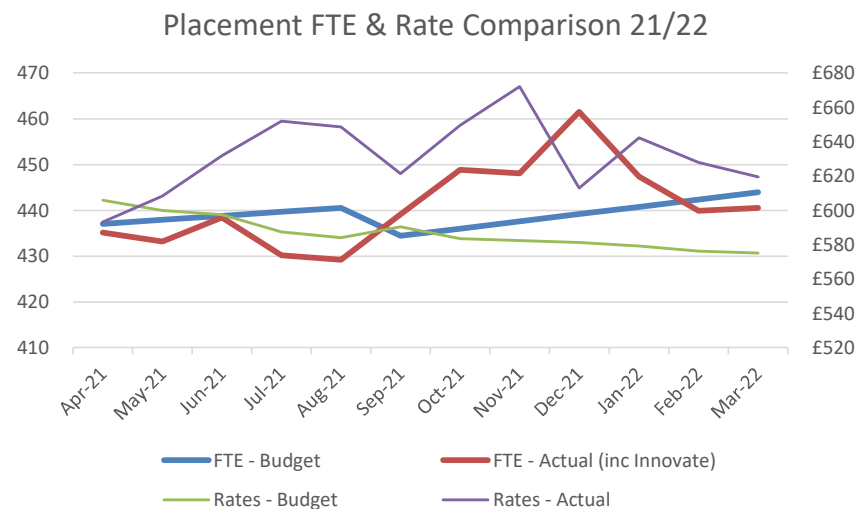
- Average caseloads in CLA should be between 16-18 children per worker.
- Average caseloads for care leavers should be between 20-25 children per worker. This does not include where they are a secondary worker for children looked after aged 16-18
- The service managed to maintain the overall average caseloads at this level through out the year but we saw a peak November, similar to caseload pressures in other areas of the service.



Demand Analysis: Placements



- Throughout this period demand for placements significantly outstrips supply.
- Recruitment of foster carers proved challenging in this period due to Covid-19
- There was an increase in demand for mother and baby placements directed by the Courts.
- There was a very high cost placement out of Slough to protect a young person whilst a criminal trial was progressing. This was a significant cost for the period.
- Ofsted began reinspecting providers and there was an increase in the number of disrupted placements as a result.
- Delays in court processes delayed permanent placements for some children.
- The MacAlister review highlighted the costs of placement and the profits some providers were making. CMA review commenced on a national level.



Sufficiency: Unregistered Placements



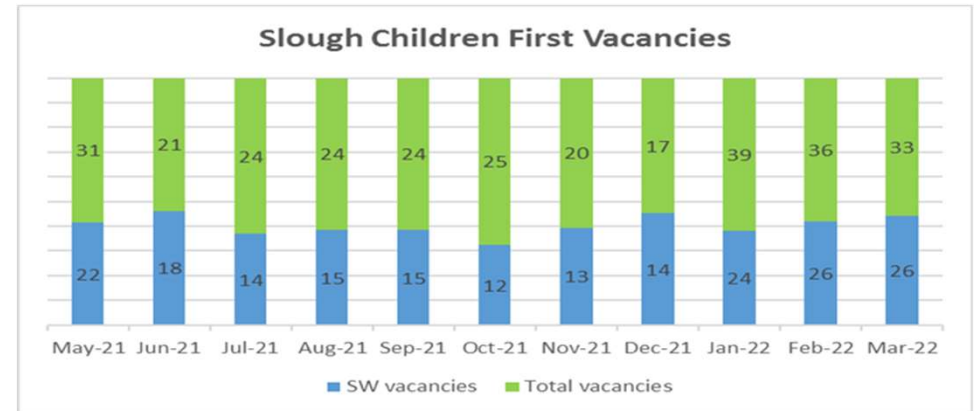
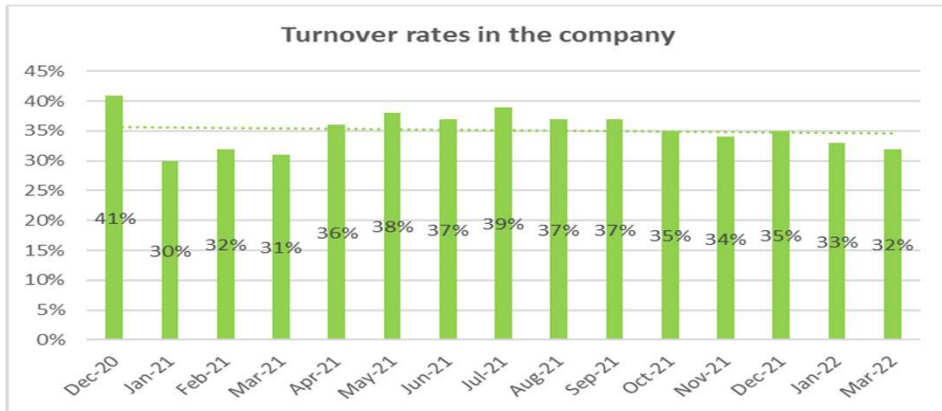
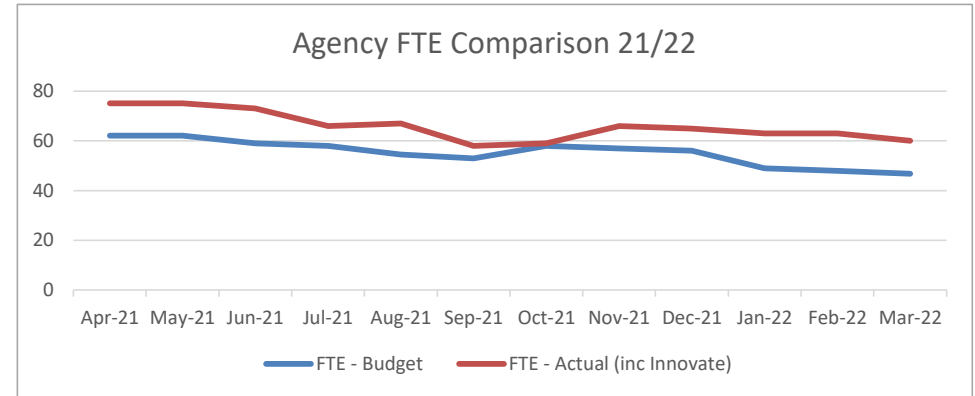
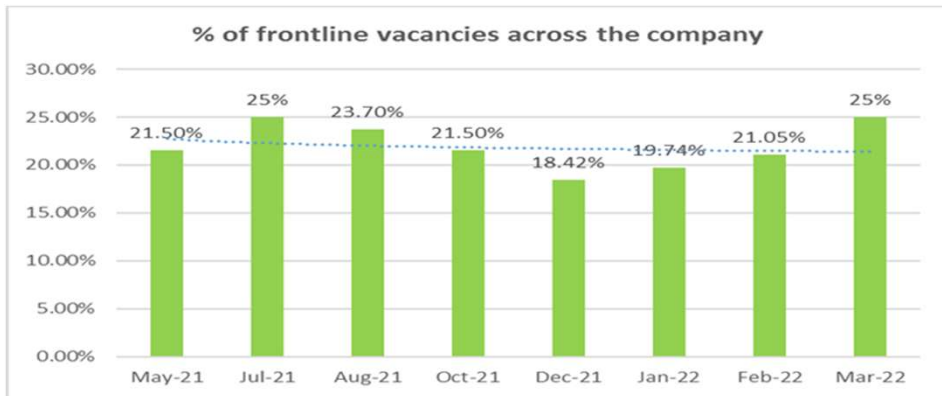
- Lack of provision for children with autism, learning disability and possibly mental health is a national challenge:
 - 14 year old with ASD/ LD/ MH: Bespoke placement setup with 3:1 staff (6 days) now in Council property with £50K plus damage. Residential school placement identified for Sept 2022
- Court directed Reg 24 placements which don't meet the minimum fostering standards support the child payments but not the fostering allowance and additional support:
 - 2 currently
- 16 year old with ASD several placement break down in local hotel with support staff for 11 days. Moved into residential placement but subsequently broke down and now moved into semi- independent.
- 14 year old concern about exploitation currently in 2:1 placement under DoLS
- 17 year old NCA involved - placed in a safe house at significant cost

Unaccompanied Asylum Seeking Children (UASC)



- New Lead Member for children agreed in May 2021 we would become part of the NTS
- Since April 2021 we've had 35 young people present as UASC
 - NTS – 7
 - Care 4 Calais- 10
 - Hotel- 15
 - Police-2
- 33 UASC currently being supported over 0.07%
- Majority from local asylum dispersal hotel
- Age assessments have been challenging- appointed additional member of staff
- Home Office specialist team have assisted - one of their assessments being challenged
- Currently have 3- JRs disputed age assessments
- Process for unaccompanied Ukraine asylum seekers in place-as yet none identified

Demand Analysis: Workforce



Demand Analysis: Workforce



| Area | No of Posts | | Impact on Services |
|-------------------------|-------------|---------|---|
| | Perm | Interim | |
| HOS | 7 | | <ul style="list-style-type: none"> All permanent - creates stability for staff |
| IRO's and CP chairs | 6 | 2 | <ul style="list-style-type: none"> Secondment of staff to two PIM roles 1 vacant CP chair |
| Team Managers | 13 | 9 | <ul style="list-style-type: none"> 3 of the interim are Innovate (reducing to 2) 6 Permanent managers in EH All Interim TMs in post more than 6 months |
| Assistant Team Managers | 7 | 5 | <ul style="list-style-type: none"> An interim is covering a Maternity Leave due to return in early May |
| Service Co-ordinators | 4 | | <ul style="list-style-type: none"> Backbone of the service 2 on long term sick leave |

Key Areas of Focus

- **Organisational Development:** A culture of learning from scrutiny, audits, service user and staff feedback
- **Training:** A stable and skilled workforce lead by managers who can meet the demands of services and achieve positive outcomes for children
- **Cultural Competence:** A shift in culture with a fully engaged staff group that understands the operating model they are working in and committed management team that are skilled to lead staff and establish an environment of positive behaviours
- **Recruitment and Retention:** A clear and sufficient recruitment processes which secures new staff in a timely way ensuring the right support is in place at the right time
- 79% of frontline / case holding staff are permanent
- Voluntary turnover of 20% of permanent staff in a rolling 12 month period indicating staff are feeling more valued by the Company

ASYE's - Good pipeline of newly qualified staff with 2 cohorts a year. There are currently 11 ASYE's with 179 children and caseloads between 13 – 20 children (average of 16.3)

- This gives ASYE's the space to develop their experiences, however this is a 19% reduction in capacity to allocate a further 41 children (assuming 20 children per SW)
- This is most acute in the Safeguarding and Family Support service who have the most ASYE's (8)
- The one downside of growing our own is our experienced social workers are bearing the impact of less experienced staff with higher caseloads than we would like
- Historical ASYE retention rates are good, although attrition levels in the last couple of years has been high, so a post ASYE group has been put in place for support for social workers in their 2nd year of employment.

Demand Analysis: Workforce

ASYE's

- Whilst posts may be filled with 'permanent' members of staff, ASYE's have capped case loads and therefore are not truly comparable to experienced SWs.
- There were 12 ASYE's with approx. 124 children and with caseloads between 8 – 19 children
- With fully qualified workers this would be 240 children (assuming all are holding 20 children). This is a reduction of 48% in capacity.
 - R&A have 2 ASYEs (holding 24 children rather than 40).
 - S&FS have 8 ASYEs (holding 100 children rather than 180)
 - CLA has 1 ASYE (holding 15 children rather than 20)

Full capacity figures

| Team | Full capacity | Vacancies | Vacancy impact | ASYE total | ASYE impact | Total Impact reduction | % reduction impact |
|------|---------------|-----------|----------------|------------|-------------|------------------------|--------------------|
| R&A | 516 | 7 | 140 | 24 | 16 | 156 | 30 |
| S&FS | 472 | 6 | 120 | 100 | 80 | 200 | 42 |
| CLA | 272 | 5 | 100 | 15 | 5 | 105 | 39 |

In totality

- There are 22 interim case holding workers and 18 vacancies within the operational services, therefore 40 'vacancies' to fill to create a truly permanent workforce
- There are currently 9 perm social workers being progressed (including the international candidates)



Performance and Progress in 2021/22

People, Place and Our Children

Neglect and emotional abuse remain the highest categories of abuse, at 59% and 34% respectively as of March 2022, for children on a child protection plan.

Statistically high numbers of **Child Protection**: 66.2 per 10,000 compared to 40.8 (SN 2020/21). August 2021 was significant with the highest number of children going onto a CP plan (44) and the lowest coming off (7). This showed a new pattern where demand didn't drop over school holidays.

An increasing number of **CLA** supported by us (240 in March 2022 up from 223 in March 2021) has contributed to Slough now being comparable with Statistical Neighbours: 55 per 10,000 compared to 56.1 (SN 2020/21). August and December 2021 saw the highest number of children become looked after in the month (19 and 20)

There are periods of sustained demand during the year when the number of children open to us reaches over 1,800 (highest 1,849 in May 2021). The number of children open to us hasn't dropped below 1,600 in either 2021 or 2022 and was 1,769 at the end of March 2022.



High levels of **Child In Need** numbers due to the complex situations our children live in. Numbers were high at the start of 2021 (553 in February 2021) and reduced to 502 children in November 2021 but have since significantly risen to 621 in March 2022.

Pressures on **sufficiency** of placements for children and young people with very complex needs, vulnerabilities and/ or challenging behaviours.

Covid coupled with **cost of living rises** has caused a significant impact on Slough households. The rise in food and fuel poverty, drug and alcohol abuse, the effect on the mental health of adults and increased domestic abuse has led to families having more complex needs and increasing homelessness.

Dependencies of Performance Measures



The SCF will work within a set of interrelated dependencies with services within SBC and the wider partnership, for example:

- **IT** – The delivery of services is crucially dependent on:
 - Sufficient devices rolled out to all relevant staff
 - Devices being properly configured for maximum efficiency
 - Robust and consistent connectivity
 - Suitable software acquisition and update
- **Housing** – If there is a lack of responsiveness from housing, Children's Services may have to fund:
 - families in emergency accommodation
 - homeless 16/17 year olds
 - care leavers
 - asylum seekers
- **Adult Services** – Adult services are responsible for the management and oversight of transition services for children with disabilities. Tardy planning can lead to Children's Services retaining responsibility for too long.
- **Broader work across the partnership** on domestic abuse, substance misuse, alcohol misuse, mental health issues, crime especially violent crime, gangs and county lines all significantly impact on the demand for

Children's Services, and people's ability to parent well. The functioning of the Children and Young People's Partnership will therefore be a key dependency.

- **Information** – need a suitable JSNA which picks up children's issues hinders good quality strategic planning and commissioning
- **Universal services** – the move to the locality model, digital services and increasing self-service need to evidence a reduction in demand at higher levels, or at least appropriate triaging and signposting of services.
- **Partnerships** – Partnerships need to be strengthened to ensure good quality integrated delivery for maximum efficiency, and that suitable arrangements are in place for the tri-partite funding of placements and for continuing health care funding to be accessed for relevant children.
- We will want to track **IHAs completed within 20 working days**, but these need to be delivered by health services in other areas and are not within our control.
- Currently there is a **national shortage of placements for children**, particularly adolescents with additional needs. We want to track the percentage of placements made more than 20 miles from Slough. We will take account of this in our consideration of sufficiency and commissioning, but this is not susceptible to quick fixes, so this measure may become part of the performance framework after year one.

Hearing the Voice of the Child



I already have 2 mummies

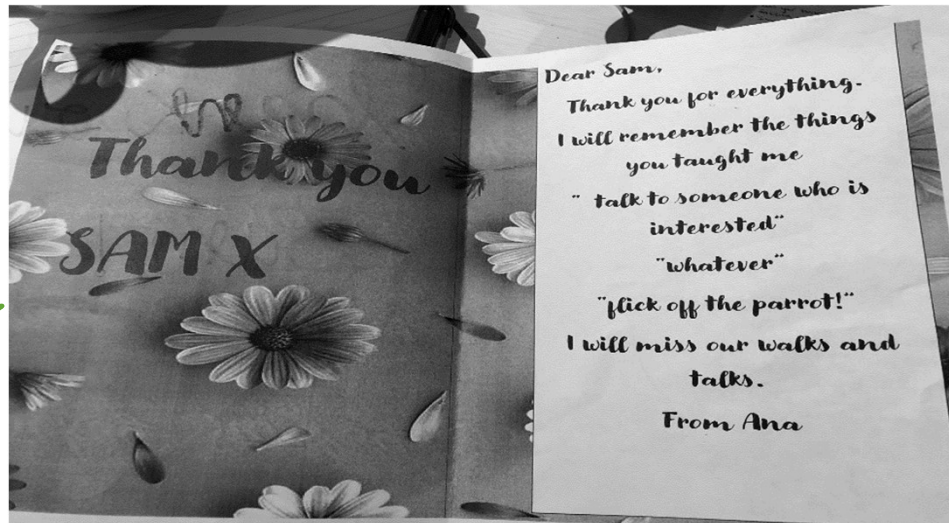
I am happier with this foster carer because they listen to me and we do fun things

I have SEND needs. I am finding the jump from Year 11 to Year 12 difficult

Now I am with my family I feel safe from x

I am struggling emotionally but I want to keep my college place going

I want to live with my brother and not separately from him

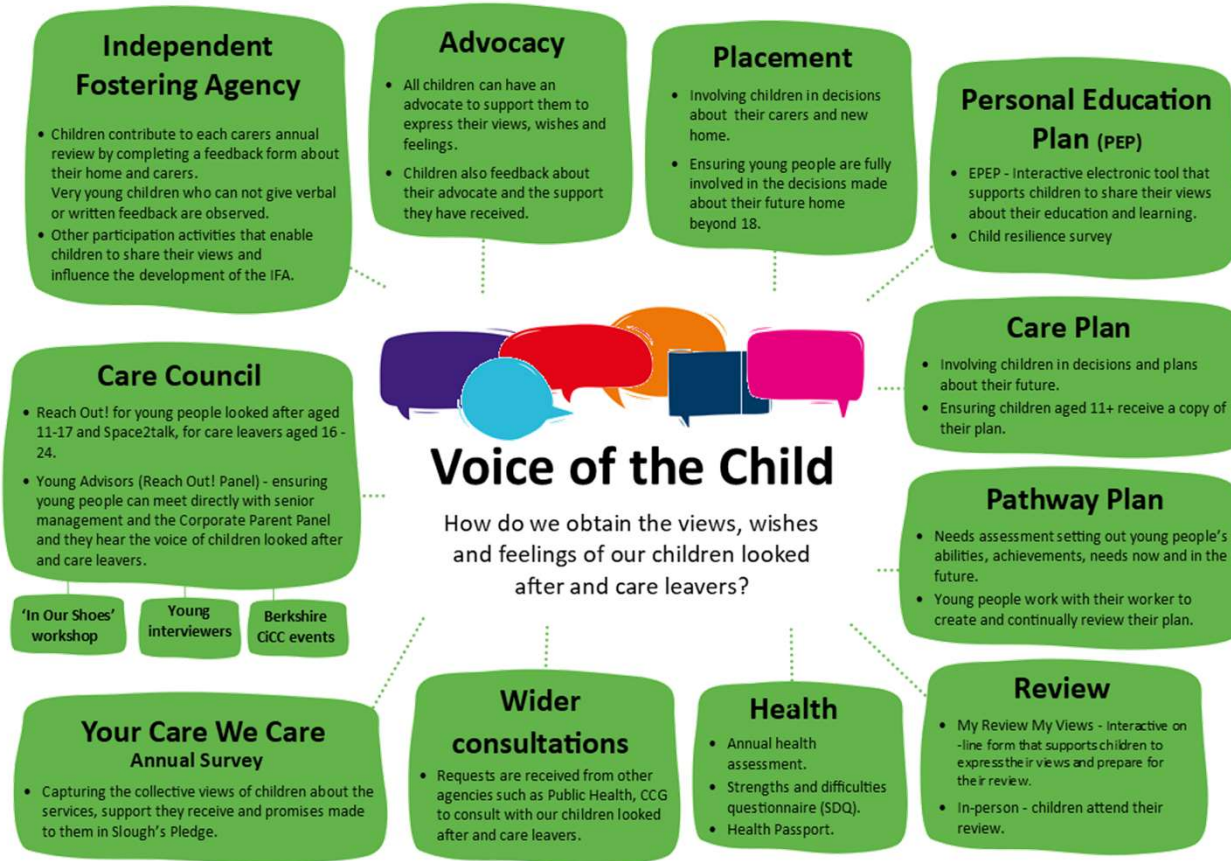


I'm worried about what will happen if my Dad comes home.

Areas of focus

- Consistently ensure that the recording reflects the workers knowledge of the lived experience of our children
- Implementation of the revised Participation strategy
- Ensure that the voice of the child and family is used to inform commissioning

Childs Voice



- Work undertaken to return to face to face meetings for **Reach Out**- limited uptake so return to virtual
- **Space2talk** continued support on line
- **Hot Topics** shared with Corporate Parenting Panel
- Consultation Tool used by 57 children- themes feel happy, want to be involved in their review and don't understand care plan
- **Health and Well being research**- views on the health support they receive
- **Recruitment** of senior staff
- Development of **training** for foster carers
- Your experience **service feedback** cards

Contractual KPIs- Company Performance Framework



| Performance/Efficiency Indicators | Good to be | Baseline Data | | | | 2021/22 | | | | | | | | | | | | 2020-21 | | 2020-21 Benchmarking | | | |
|--|------------|---------------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-------|----------------------|-------|-------|-------|
| | | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | High | Low | Slough | SN | SE | ENG |
| % of Re-Referrals | ↓ Low | 17.0% | 25.0% | 14.6% | 19.7% | 19.9% | 25.0% | 24.0% | 17.5% | 19.4% | 25.4% | 27.2% | 23.2% | 23.5% | 13.5% | 18.2% | 19.2% | 25.4% | 12.9% | 17.3% | 20.6% | 27.7% | 22.7% |
| Assessments completed on time | ↑ High | 91.9% | 85.7% | 87.7% | 79.2% | 94.6% | 90.2% | 89.7% | 72.3% | 71.1% | 67.9% | 86.9% | 89.3% | 91.3% | 84.8% | 87.7% | 99.6% | 96.7% | 67.2% | 74.9% | 88.9% | 88.7% | 87.6% |
| ICPC timeliness (statutory measure by child) | ↑ High | 81.0% | 41.2% | 53.3% | 70.5% | 27.6% | 59.3% | 71.4% | 90.5% | 77.8% | 94.1% | 66.7% | 89.7% | 75.0% | 68.4% | 83.3% | 75.0% | 100.0% | 41.2% | 65.3% | 84.3% | 82.0% | 83.0% |
| % of children subject to CPP with all reviews within timescale | ↑ High | 75.2% | 74.6% | 69.8% | 68.7% | 82.5% | 84.5% | 88.2% | 90.5% | 91.1% | 92.2% | 92.1% | 91.6% | 92.3% | 89.3% | 92.4% | 91.5% | 80.0% | 64.7% | 83.9% | 94.0% | 92.7% | 93.2% |
| CP Visits undertaken on time | ↑ High | 80.0% | 80.1% | 86.8% | 86.4% | 83.5% | 93.8% | 87.4% | 82.0% | 80.9% | 81.1% | 88.4% | 89.3% | 87.7% | 97.7% | 91.7% | 93.9% | 97.6% | 65.7% | 87.3% | n/a | n/a | n/a |
| % CLA visits undertaken on time | ↑ High | 91.5% | 94.6% | 97.5% | 91.4% | 95.9% | 92.3% | 90.5% | 93.2% | 86.5% | 83.1% | 88.8% | 87.9% | 82.9% | 89.5% | 89.0% | 82.9% | 97.5% | 90.0% | n/a | n/a | n/a | n/a |
| % of CLA with their latest review within timescales | ↑ High | 100.0% | 97.1% | 95.6% | 93.0% | 96.4% | 95.5% | 96.4% | 95.5% | 92.0% | 89.3% | 96.8% | 97.2% | 96.9% | 96.8% | 96.8% | 93.9% | 97.9% | 90.5% | n/a | n/a | n/a | n/a |
| Participation in CLA reviews | ↑ High | 92.9% | 98.0% | 87.2% | 85.7% | 89.7% | 90.6% | 89.7% | 95.2% | 90.0% | 100.0% | 88.9% | 87.2% | 91.2% | 84.6% | 88.5% | 95.0% | 100.0% | 85.0% | n/a | n/a | n/a | n/a |
| CLA placed over 20 miles away | ↓ Low | 33.0% | 31.6% | 32.5% | 30.0% | 30.1% | 30.9% | 33.7% | 33.8% | 31.9% | 32.4% | 35.3% | 34.1% | 32.9% | 33.0% | 33.7% | 34.8% | 35.5% | 28.6% | 31.0% | 21.7% | 28.0% | 21.0% |
| Placement Stability - short term | ↓ Low | 12.3% | 11.7% | 11.3% | 8.5% | 7.7% | 7.7% | 7.3% | 6.5% | 5.6% | 4.2% | 6.1% | 5.3% | 6.7% | 7.0% | 6.7% | 5.4% | 15.7% | 6.4% | 10.0% | 8.3% | 11.0% | 9.0% |
| Placement Stability - long term | ↑ High | 80.8% | 83.0% | 82.4% | 86.0% | 83.1% | 83.6% | 83.6% | 81.5% | 74.2% | 76.1% | 74.2% | 74.2% | 72.1% | 71.2% | 69.2% | 66.7% | 88.5% | 70.9% | 85.0% | 69.7% | 68.0% | 70.0% |
| Care Leavers EET | ↑ High | 48.2% | 46.8% | 50.0% | 47.5% | 50.0% | 55.1% | 58.1% | 60.0% | 58.4% | 58.2% | 56.2% | 52.9% | 53.5% | 50.7% | 51.4% | 53.5% | 59.5% | 44.4% | 49.0% | 51.7% | 51.0% | 52.0% |
| Care Leavers with a pathway plan (18+) | ↑ High | 93.7% | 92.5% | 95.0% | 91.7% | 96.5% | 95.7% | 93.2% | 84.4% | 89.7% | 89.7% | 89.4% | 87.1% | 88.5% | 82.3% | 81.6% | 83.3% | 95.5% | 80.8% | n/a | n/a | n/a | n/a |
| Supervision | ↑ High | 47.5% | 74.3% | 78.9% | 78.9% | 90.8% | 77.3% | 82.4% | 77.6% | 80.3% | 73.6% | 71.3% | 86.8% | 78.6% | 79.2% | 83.4% | 76.9% | 95.7% | 32.7% | n/a | n/a | n/a | n/a |

What's Worked Well



The following areas highlight where Slough Children First has improved over the last 12 months

- Targeted Early Help decisions are appropriate and well considered
- MASH operating in real time with effective application of thresholds for interventions
- Improved quality of assessments with strong focus on the impact on children
- Exploitation Team completing holistic assessments informed by increasing multi-agency mapping, supporting children to remain in the family home and keeping them safer
- Range of services for domestic abuse and an internally developed programme starting RESPECT accreditation
- Improved management oversight and more regular supervision providing a better grip, and supporting leaders to have a good understanding of service
- Performance management reporting is well-established and driving improvements
- All children Looked After 16+ have an allocated Personal Advisor
- Virtual School has extended its remit to include all children with an allocated social worker with positive impact on children re-engaging in education
- Staff morale is high, there has been increase in permanent staff and good pipeline of AYSE and overseas trained social workers
- Practice improvement mentors have supported staff to develop more consistent practice, and offered opportunities for peer support and learning
- Focus on sufficiency of emergency placements, short breaks and local provision
- The impact of clinicians work on individual children
- Good Ofsted outcomes for IFA and Children's respite unit

Our Improvement and Transformation Programme

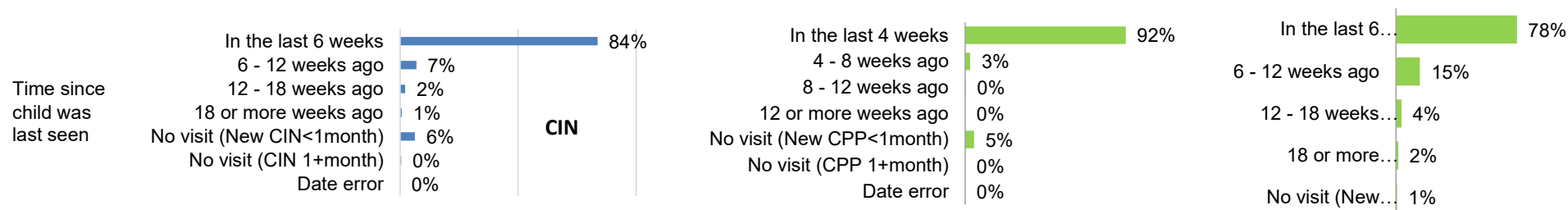


- Revised improvement plan in April 2021 focused on quality and aligned to the company's business plan to deliver its strategic aims through 5 priority areas. (see [Appendix 1](#) for copy of plan)
- Successes seen in the improvement plan have been enabled by extra capacity provided through DfE funding to deliver our transformation programme.
- DfE transformation programme has enabled 4 key workstreams to be set up in 2021. Each are showing impact and in turn positively impacting on changes to performance and the culture in the company.
 - **Stability of workforce** – turnover is reducing from previous highs and an increased number of permanent frontline staff (55.6% March 2022)
 - **Quality of practice** – More consistency in quality of practice – 6% increase in the number of children's files graded as good and 15.5% less files graded as inadequate compared to 2020/2021
 - **Contextual Safeguarding** – improved response recognised by Ofsted
 - **Sufficiency** – stronger and increased local offer, especially for 16+ young people
- This is providing the scaffolding in Slough upon which to create and maintain good services in a small unitary organisation, without large resources and with similar inner London challenges.
- The improvement plan is being delivered against a backdrop of sustained increases in demand, staff turnover, impacts of Covid and s114 which brings a variety of pressures. These collectively have at times tested Slough Children First's resilience to maintain good compliance in services.
- But we are focused on a continued cultural shift which builds on the successes we have seen already and is underpinned by consistency of leadership.

Improvements made via our Improvement Programme



Maintained statutory face to face visiting frequency with staff protected by PPE



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Workforce

- The percentage of permanent frontline staff has increased from 38.2% in April 2021 to 54% in December 2021
- All company permanent staff stable at 78%
- Achieved through an increase in the number of permanent applications resulting in appointments - 22 permanent and fixed term contract new starters between Nov 2021 and Jan 2022, and 8 offers for Feb – March 2022

Participation and Engagement

- Return to face to face participation and engagement activity where it has been safe to do so
- Research underway to understand which social media platforms young people prefer to use to improve participation and communication activity
- Introduction of 'Your Experience Cards' to gather feedback from all service users

Permanency and sufficiency in placements

- Permanency planning is now embedded and owned by managers
- Improved pathways for 16-25 accommodation and support is enabling more young people to be supported within Slough.
- 79% of Care Leavers aged 16+ are in suitable accommodation (December 2021) with 90% of Care Leavers aged 18 – 21 years old in suitable accommodation (87.3% SN & 88% Eng.)

Culture and change

- Staff well-being supported via clinical support as well as sleep and anxiety workshops
- Staff generous in their fundraising for children's Christmas presents and CLA celebration event scheduled for May 2022

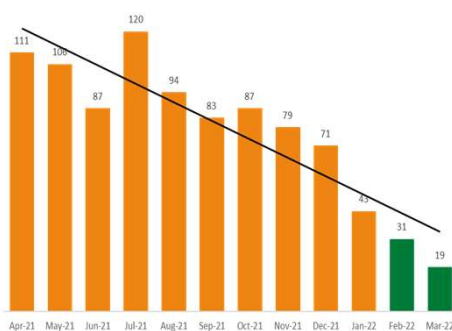
Service Improvement: Early Help



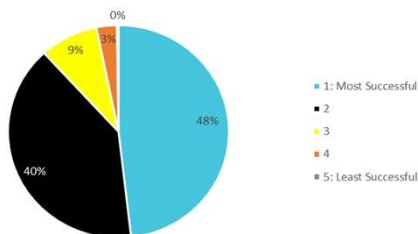
Ofsted focused visit January 2022 – “Early help decisions are appropriate and well considered. There is a good understanding of thresholds for this service”

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EH Assessment timeliness



Outcomes for families following a period of Early Help Intervention



Better

- Targeted Early Help, NEET and Targeted Youth Services have landed well in the company strengthening services for children and young people. (see next slide for further details)
- Duty manager co-located in the MASH to provide a single point of contact for targeted early help which is working well
- Early Help staff closely plan with the assessment team on step downs and this has added value to making step downs more effective.
- More robust process in place for step ups and step downs as noted by Ofsted in Jan 22 “*Effective systems are used to ensure children access the appropriate social work support when their needs increase or change is not achieved*”.
- The average length of time from allocation to completed assessments has consistently reduced in the past 9 months. The 30 day timescale has been met in the last two months (see graph)
- Management oversight and supervision standards are now aligned with SCF timescales and monitored more frequently, assisting with improved performance **to 75%**
- Pie chart shows 88% of families (689 families and 1368 children) were recorded as having the highest levels of success at point of Early Help case closure, with only 3% having a low rating.
- Audit processes are now aligned with those of the Company with an Early Help audit tool developed

Areas of focus for further improvement

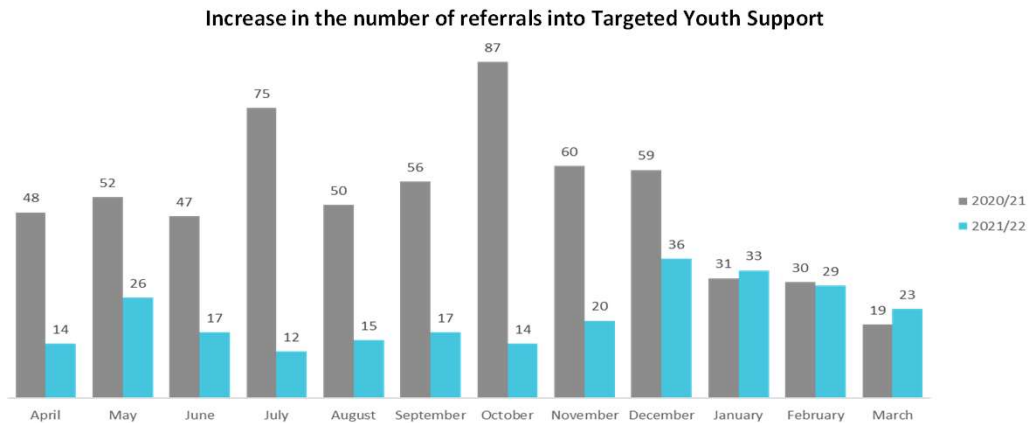
- Reconfigure the team to ensure adequate capacity in the Early Help team as noted in the Jan focused visit (*what needs to improve*) to support the timely transfer of families and increase the number of Early Help staff physically located within the Front Door
- As part of the company’s work to transform its operating model, develop a targeted Early Help service and an Edge of Care service with partners
- To support the development of the revised operating model, review and amend thresholds between levels 2 and 3 to maximise the effectiveness of the targeted Early Help
- Improve the impact of management oversight on practice and the progress of children’s plans
- Influence the development of Family Hubs to support the development of a continuum of targeted services in Slough
- Develop a set of specific KPIs and align data reporting as per other services within the company
- Further develop quality assurance activity and close the loop on learning
- Develop EH workers through a professional qualification to enable a consistent standard of evidence based professional practice for those otherwise qualified staff
- Development of an Early Help Toolkit for practitioners

Impact seen already from Targeted Early Help after aligning with the company



- **Changes in Targeted Youth Services and Engage in 2021 have impacted on service delivery**
- Services transferred to the company in April 2021 as part of changes to a Wholly Owned Company. They were led by an SBC Associate Director who left in July 2021.
- In November 2021 they transferred to the Director of Operations alongside Early Help which gave them a renewed focus
- This concentrated thresholds and gave an outwards focus on wherever the child and young person was living.
- These changes have resulted in an increase in activity from November 2021 onwards and better outcomes for children and young people

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Referrals dropped significantly through 2021 (50% reduction in referrals since December 2020), though this has started to increase back to a rate comparable with the start of 2021.

Improving outcomes for young people Not in Employment Education or Training (NEET)

- NEET workers became part of our successful Virtual School in December 2021 as they moved into the company.
- Focus since then on ensuring the destination of all young people is known
- Improvements in NEET and also “not knowns”. This work has brought Slough 32nd out of 150 LAs.

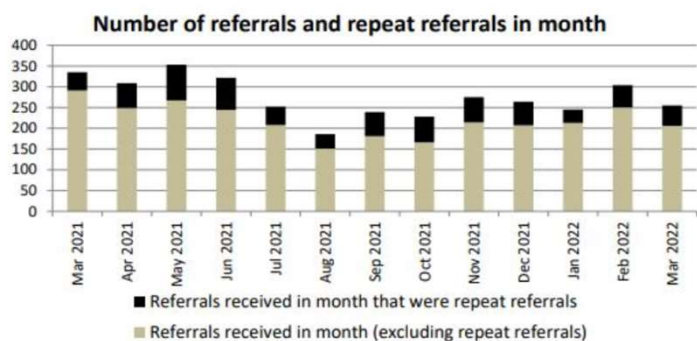
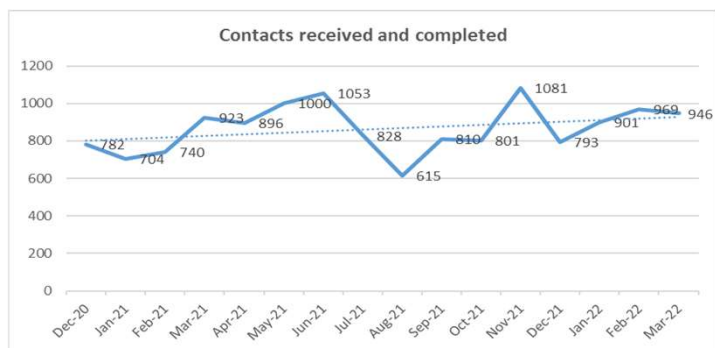
| | Slough Mar 2022 | South East | England |
|------------------|-----------------|------------|---------|
| NEET | 2.4% | 2.4% | 2.7% |
| Not Known | 0.6% | 2.6% | 1.8% |
| NEET & Not Known | 3.0% | 5.0% | 4.5% |

Service Improvement: MASH



Ofsted focused visit – January 2022 confirmed work to continually strengthen the MASH have been successful “Systems within the MASH are effective at ensuring concerns about children are effectively progressed. Decisions within the MASH are timely, proportionate and take account of relevant multi-agency information.”

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Better

- Three Partnership workshops held in February 2022 to strengthen multi agency decision making
- Low number of MASH referrals which are only applied when appropriate remains a strength.
- Consistently able to make the majority of decisions in 1 day. 99.4% of contacts where a decision was made in 1 day (99% March 21).
- 21.4% of referrals that were re-referrals (within 12m) ytd: against a target of 22% (17.3% 20/21, SN 20.6%, SE 27.7% & ENG 22.7%)
- Management oversight is making a difference to children Ofsted focused visit stated “*Strong management oversight in the MASH helps to progress prompt decision making for children*”
- Compliant strategy discussions remained a focus for the service and Ofsted saw the outcome of this work. “*Partners work well together and strategy discussions in the MASH are mostly well attended*”.
- Strong but stable agency leadership is enabling a consistency of decision making.
- Dedicated health visitor recruited to MASH
- Daily missing meeting (DMM) with police discusses safeguarding issues from the last 24 hours
- Home Office rep in the MASH for 10 hours per week for timely immigration advice and support for families
- Education safeguarding lead aligned to the Front Door to ensure effective communication and action and to support DSL network

Areas of Focus for further improvement

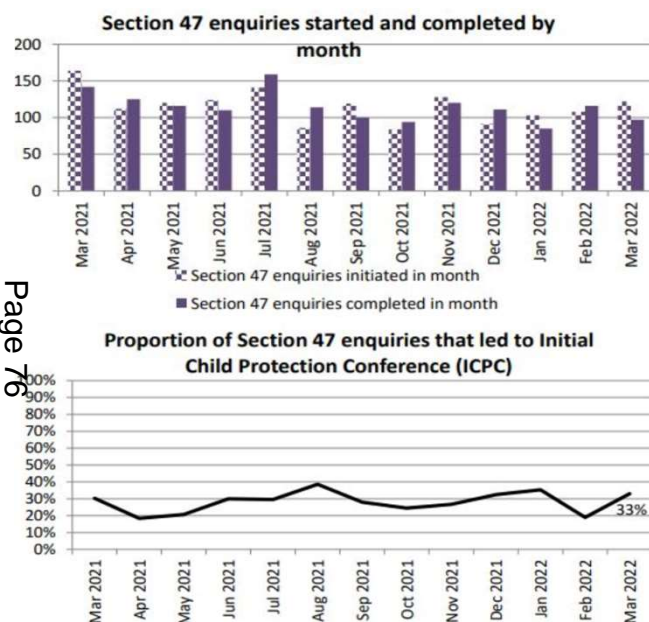
- Low conversion rate and still too few contacts with evidence of other agency intervention. A reliance remains on social care by partners accounting for the high number of referrals
- Health have remained virtual
- Partners struggle to attend multi-agency meetings as a result of their own capacity and recruitment issues, though virtual meetings enable better attendance.
- This is impacting on the DV triage pathway which is not working as it should and further work is required
- Three Partnership workshops held in February 2022 to strengthen multi agency decision making
- Prevent pathway reviewed launched February 2022
- Reducing demand as we are seeing new ‘normals’ in terms of regular peaks throughout the year and demand higher when it had previously been ‘quiet’
- Increased volume of contacts (see graph) starting with the lifting of lockdown in early 2021.
- 39% sustained increase in the number of referrals starting from August 2021 (186) to February 2022 (303). This has slightly reduced in March 2022. Average 269 referrals per month since April 2021
- Conversions rate of contact to referral remains high (28.8% ytd March 22) with multiple and increased complexity across all children
- Starting to see increase in homelessness in families including those not previously known to services and increases in teenage pregnancy. Further analysis of data required to identify and understand any trends

Actions to address areas for further improvement in the MASH



- Embed the new threshold document developed by the safeguarding partnership and more user friendly MARF with partners across Slough
- Embed the understanding of the new offer from Targeted Early Help in MASH to help divert demand away from statutory teams
- Further embed quality assurance activity in the MASH to align with the rest of the company and incorporate multi agency audits of the MASH into the quality assurance programme
- Dip sample changing trends in demand to better understand what is behind changes e.g. hypothesis spike in re-referrals contain larger sibling groups and increases in teenage pregnancy.
- Use the Front Door Monitoring Group and Partnership workshops to reinforce the need for partners to be consistently present, and to drive further improvements in multi-agency decision making to ensure consistent compliance with WT18
- Further develop the interface of the Front Door with multi-agency meetings, e.g. MAPPA, MARAC and Access Panel to support multi- agency risk management
- To continue to ensure children's views and feelings are understood and influence their plans

Service Improvement: Assessment



The Shine Project (Domestic Abuse programme)

- A bespoke 5 and 10 week family focused domestic abuse program for perpetrators and victims has been developed.
- The learning from the 1st cohort was used to make further improvements in advance of the 2nd cohort.
- 87.5% of couples (14 out of 16) have successfully completed the course, and there was a 100% completion of the 2nd cohort which benefited from the earlier learning.

Better

- Assessment timeliness finished the year very strong at 99.6% in March 2022. This has consistently been maintained in the high 80's and low 90%'s to give an average of 85.5% over the year apart from August and September when there were staffing challenges (71.4% and 67.6% respectively) (SN 88.9%, SE 88.7% & ENG 87.6%).
- An Increasing number of permanent social workers in the Assessment Team (including overseas social workers to maximise their learning experience) alongside long standing agency staff who are committed to Slough. This creates stability and supports consistency of practice
- Have maintained good quality work by the Assessment Teams who provide direct work and interventions whilst undertaking assessments. Ofsted noted in the focused visit *"The quality of assessments is improving"*
- Consistency in management team is supporting a continued focus on management oversight (99.4% - 28th March 22)
- *"Workers in the assessment teams are knowledgeable about children and this is gained through their regular visits, strong relationships and some engaging direct work"*. Ofsted focused visit
- Staff have a stronger understanding of Southwark/Lambeth judgements to assess and support 16 - 17 year old homeless young people
- The Clinician effectively supports social workers to prevent children coming into care and builds family resilience
- Assessment Team staff attend in Psycho-social meetings with Wexham Hospital to ensure children are not retained

Areas of focus for further improvement

Fluctuations each month in section 47 enquiries leading to initial CP conference (see graph). 29.4% ytd in March 22 but reached 39% in August 2021 and 35% in Jan 2022 which is comparable to SN 35.6%, SE 32.3% & ENG 36.5%

- The average caseload for the Referral and Assessment service in March 2022 is 26.7 children per worker (not ASYE's or any manager). The average service caseload since April 2021 is 25.5 children (should be 25 children) with a high of 30.6 children in July 2021.
- Although average caseloads reduced after July 2021, they have been rising again from December 2021. Social workers in the Assessment Teams had some of the highest individual caseloads in January to March, with the highest at 43 children on 28th March 2022.
- This rise was partly due to demand, the protected caseloads of ASYE's and overseas social workers and capacity in other services to transfer children.
- The affect on the timeliness of transferring children as a result of capacity issues in Early help and S&FS was noted by Ofsted in the focused visit, but children continue to be visited and social workers continue work whilst waiting to transfer

Actions to address areas for further improvement in the Assessment Teams

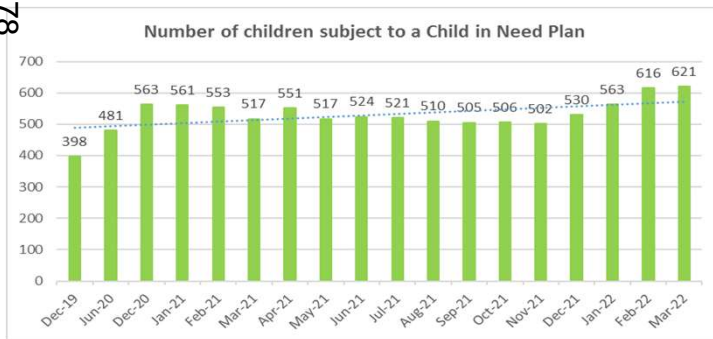
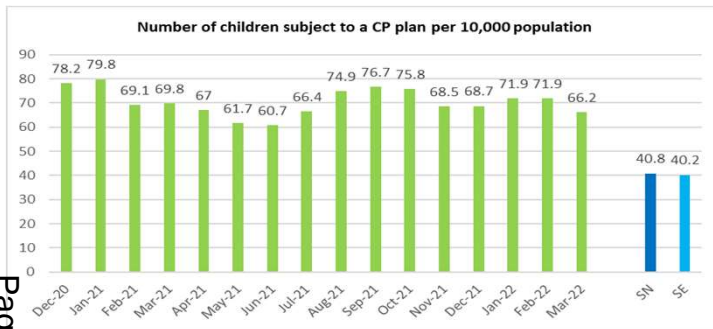


- Maintain a dual focus on compliance and quality expectations using the thrice weekly performance information to scrutinise performance, identify issues and necessary actions, as well as the use of increased quality assurance activity including dip sampling to check on quality and understand trends in practice
- Embed Front Door practice guidance and practice standards to ensure consistent practice
- Assessment completion timescales to be reviewed so they are in line with the needs of the child and family
- Continue to reiterate our expectations of the standards of a good assessment, providing training, tools and coaching to frontline staff on what makes a good assessment
- Complete a strategic review on whether short CIN interventions should remain in the front door to limit transfer points for children and ensure timely interventions
- Maintain a focus on the thresholds for instigating S47 enquiries through further dip sampling
- Work towards early permanence for children from the point of referral with effective pre-birth assessments (using the new pre-birth tool) and include well-coordinated and timely discharge planning meetings
- Review and further improve the twice weekly Transfer Meetings within current capacity issues in receiving teams to ensure their effectiveness in a smooth transitions for children to other services
- Piloted Family Network Meetings to be fully implemented to support families in identifying and understanding their needs and they play a key role in the decision made about them and the actions to be undertaken.

Service Improvement: Safeguarding and Family Support



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Better

- 7.1% of children subject to CIN (S17) plans for over 12 months: (44 children not including long term CWD) March 2022
- Low figures maintained up to Feb 22 for % of CP plans ended after 2+ years. Was 14.6% in March as a result of a sibling group of 5: Average of 2.7% since April 2021 (SN 5.4% & SE 4.2%)
- Good average figures for Children subject to a CP plan for 2 or more years: 0.7% for Feb 22 and an average of 0.6% since April 2021 (Better than SN 3.1% & SE 2.0%)
- 93.9% ytd Children on a CP plan visited in the last 2 weeks which maintains strong performance since January 2022 (97.7%) but visiting was below our 92% target for most of 2021.
- 88.8% of CIN visits within timescales
- 100% of RCPCs held within timescale in March 22 and 97.4% for the year. This is despite significant tests in the latter part of 2021 from increased numbers of children on a CP plan and staffing challenges for CP chairs
- Supervision timeliness has been improved over the last few months and is measured weekly: 81.5%. Management Oversight is high at 96% for the service (Both 28th March 22 Compliance Report).
- The Head of Service has been focussed on the quality of management oversight through weekly meetings with the Team Managers but there is recognition there have been a very challenging year with significant management and staffing turnover in the service
- Children subject to PLO plans are subject to more regular review of their plans. Where there is delay this is now more purposeful
- Following a pilot, there is now an agreed template for pre-birth risk assessments for use in pre-proceedings.

Area of Focus for Further Improvement

- **Maintaining a focus on compliance whilst focusing on quality**
 - 79.3% of children subject to a CP Plan visited and seen alone
 - Number of children on repeat plans within 2 years has increased from the end of 2021 in line with the increase in number of CP plans (average of 15.8% since Oct 2021). This is largely due to large sibling groups. 13.5% for the 2021/2022 year against a 10% target
 - Monthly fluctuations in % of ICPCs held within statutory timescales also due to large sibling groups. 75.5% March 22 compared to 83.3% Feb 22. 74.2% ytd is below SN 84.3%, SE 82.0% & Eng 83%.
 - CIN review timeliness remains an issue at 80.2%. The main issues behind this are timeliness of the initial review and timely recording of reviews on ICS.
- **Demand**
 - At 66.6 per 10,000 population, the number of children subject to CP plans has reduced from a high of 79.8 in Jan 21. This rate is still high when compared to SN 40.8 & SE 40.2 (see graph)
 - In Aug 21 the highest number of children became subject to a CP plan in 1 month (44) with the lowest number coming off a plan also in the same month (7)
 - Nov 21 and March 2022 were the 2 highest months for children coming off a CP plan (48), though 27 and 23 became subject to a plan respectively in the same months
 - Overall number of children on a CIN plan has risen again from its lowest this year of 502 in Nov 21 to 626 children (March 22).
 - There has been a 22% increase in CIN children numbers from early in the pandemic (481 in June 2020) to 626 now.

Actions to address areas for further improvement in Safeguarding and Family Support



Children in Need

- Continue to improve CIN practice, including evidence informed interventions, and ensure there is a clear pathway to ensure plans are progressing in a timelier manner and avoid drift and delay (Ofsted action)
- Review of all Children In Need plans to identify those who would benefit from a timed step down to new Targeted Early Help teams
- Regularly review case closures to ensure safe decision making
- Strengthen the timeliness and quality of CIN reviews by ensuring there is stronger agency involvement and contingency planning
- Ensure timely and quality recording of CIN reviews on ICS to support practice

Children subject to the child protections process

- Continue to improve CP practice within the service ensuring timely visits, quality recording on children's files and effective management of risk (Ofsted action)
- Ongoing review all children on a CP plan 9 months plus with each to have clear actions recorded on their file to be undertaken
- Continue to work to reduce the number of children subject to a CP plan (currently 289 children)
- Introduce and embed the Edge of Care service to reduce the number of 10 – 18 years old on a CP plan (currently 123 children)

Children subject to PLO and Care Proceedings

- Embed the new approach to permanence planning for children at different stages of their journey
- Ensure the timely reviews of PLO plans and distribution of plans and minutes to families and professionals.
- Genograms to be multi-generational and consider both the child's maternal and paternal

network.

- Implement the Community Based Assessment Team to reduce the reliance on external capacity for completing complex assessments and frontload these to support timelier decision making by courts

For all children in the service

- Focus on those recently stepped up from Early Help and the exercise of thresholds
- Continued focus on timely and quality visits to children to drive children's plans
- Improve direct work with children through the regular and consistent use of direct work tools which promote the voice of the child
- Further develop and embed processes for hearing from and acting on the voice of parents from children and families to drive CIN and CP plans
- Pre-birth assessments completed and shared with families at least four weeks prior to the birth of an unborn child
- Family Network Meetings (FNM) to be embedded as a model of intervening with families and used to support children and families throughout the child's journey.
- Children subject to plans have a SMART outcome focussed plan which meets their individual needs and improve contingency planning
- There is still more to do despite management oversight being more present on cases (96% in the service 28th March 2022) to improve its quality and how this drives children's plans
- Further improve the quality and consistency of supervision (81.5% present 28th March 2022)

Staffing

- Improve staff stability and permanency to improve the effectiveness and progression of plans and reduce the number of social workers families have to work with.
- Reduce caseloads through a permanent, graduated and sustainable solution to the three additional Innovate Teams

Service Improvement: Corporate Parenting



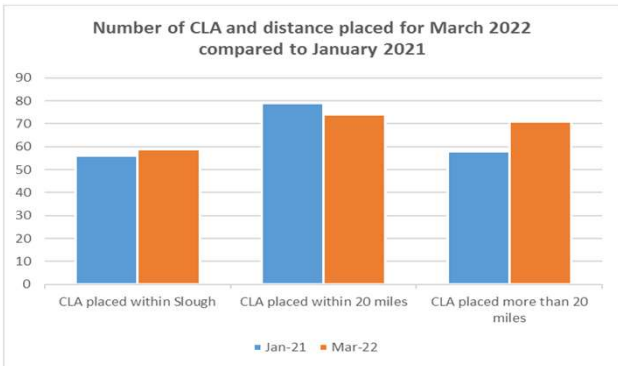
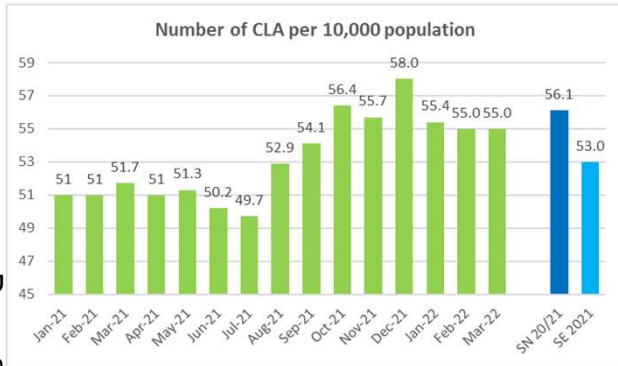
Corporate Parenting Panel

- Comprises elected members from Slough Borough Council, officers from Slough Children First, partners including education, health and housing as well as young people
- Each elected member on the panel has a lead on one of the strategic outcomes for children
- Refresh of the corporate parenting panel to move to thematic sessions and enable deep dives of good practice and areas for further development. Officer reports are now used as background information to ensure informed discussions rather than being the focus of the meeting
- Trialling how best to hear the voice of young people in Corporate Parenting Panel as some ways of doing this work better than others as part of a refocus in the company to strengthen hearing the voice of the child
- Engagement with the LGA to complete a peer review of the Corporate Parenting Panel in late 2022 to further strengthen it

Elected member engagement

- New elected member for children's services in place since May 2021 who is passionate about improving the lives of children and young people
- Training of current and new elected members to strengthen their role as corporate parents and improve the feedback loop
- CLA and Care Leaver celebration being re-instigated in May 2022 at the request of the lead member. She undertook a sponsored walk in late 2021 to raise £800 from fellow elected members
- We are developing further links with local companies in Slough to enable them to meet their social responsibilities and support the celebration event.
- Revised Corporate Parenting strategy has been signed by elected members
- Care Leaver comfort packs and Children Looked After first night back packs have been created and are available where this support is necessary for children and young people

Service Improvement: CLA and Support Services



Better

- Although placement stability (for children in the same placement for 2 years or more) finished at 66.7% ytd (due to a number of 16 yr olds leaving care), it outperformed SN (69.7%) and SE (68%) for most of the year meaning children were settled in a placement meeting their needs (average of 75.8% each month and a high of 83.6% in May)
- Children with 3 or more placements in the last year continues to perform well at 5.4% against a target of 10%. This is better than SN (8.3%) & SE (11.0%)
- Improvements in the planning of placements in conjunction with the Brokerage Team is supporting placement stability and sufficiency.
- Disruption and stability meetings are now embedded in practice to reduce the number of emergency placements
- 95% of CLA participated some way in their CLA review in March 22 with a ytd figure of 88.8%
- 84.6% of CLA in the CLA service have an up to date assessment following a focus in this area (28th March 2022 Compliance Report)
- Good response to risks for CLA as a service with timely strategy meetings
- The processes for unregulated placements is now embedded in practice and the service has an aim for zero young people under 18 years old to be in unregulated placements.
- Personal Advisors are allocated to CLA when they are 16 yrs old. Joint SW and PA visits are an area of focus for the company.
- Improvement in SDQ completion in timescale (within last 12 months) from 51.5% in April 21 to 67.6% in March 22.
- Permanent Team Managers across the service enable a focus on quality and support the stability of staff.
- Educational outcomes for CLA continue to be outstanding (see Virtual School slide)

Areas of Focus for Further Improvement

- Children placed more than 20 miles away hasn't reduced at 34.8% 21/22 compared to 31% for 20/21 (25% target). This is as a result of an increase in the number of CLA and the number of UASC. (currently 31 against a quota of 31)
- Increasing number of age assessments for UAYP. The skill mix of staff has made this challenging and so we recruited an additional SW to complete. This is also resulting in increased costs for legal advice in a challenging and changing environment
- Visit timeliness is 85.3% overall for CLA in March 2022 and 81.3% for the CLA teams (28th March 2022)
- CLA seen alone (aged 3 yrs +) is higher at 80.6% ytd than 75.7% for 20/21, but is still below our target of 90%
- Children with up to date health and dental checks performance has improved from 62.8% (20/21) to 78.2% ytd. Despite this improvement, this is still below our 90% target.
- Children with up-to-date health checks is 88.5% ytd with performance tested in the last few months.
- Children with up-to-date dental checks has improved from a low base of 34% in March 21 to 67.9% ytd as children access dentists
- Children IHAs within timescale (1m) 40.5% ytd and fluctuate each month. Delays primarily OOB CLA where local escalation processes do not address barriers
- The timeliness of referrals for IHAs also fluctuates each month and is 56% for the year against a target of 90%. 56% is higher than 41.9% for 20/21
- Average number of days to complete an IHA has risen slightly to 23.7 days from 22.9 days in March 2021
- 18.3% (ytd) of CLA leave care due to adoption or SGO which is slightly lower than SN (20.3%) and SE (18.6%), but it should be noted they have also both declined from the previous year.

Actions to address areas for further improvement in CLA Teams

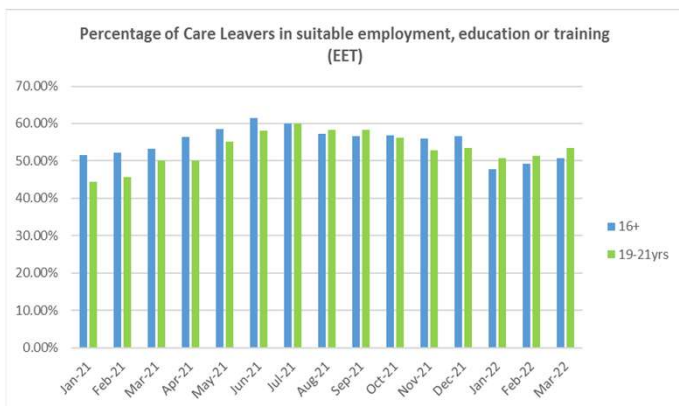


- Focused on both compliance and quality in a number of areas, with compliance remaining as a result of staff turnover
- Attention across the service on up to date and appropriate planning for children looked after
 - Review the requirement to update placement plans every 6 months to ensure they are focused on improving children's outcomes
 - Improve the timeliness and quality of SMART Care Plans, ensuring review minutes are available in a timely way to support planning
 - Improve the quality of pathway plans for young people aged 16 – 18 years old as they are currently not good enough
 - Embed a stronger process of social workers explaining the individual child's care plan
 - Ensure all children in the CLA service have an update to date C&F assessment (84.6% 28th March 2022) addressing via supervision of both the social worker and manager where this is out of timescale

Address the quality and accuracy of case summaries (83.6%) and chronologies (78.2%) on children's files which enable a good and quick understanding of the child's current circumstances

- Ensure managers have a grip on children's files through dip sampling of management oversight and supervision, and taking action to address issues identified
- Ensure the recording of CLA visits reflect the voice of the child and their lived experiences
- Develop effective direct work which is linked to the children's assessment and plan, with impactful outcomes recorded on the child's file.
- There is increased evidence of the voice of the child being seen on children's files but this needs to be further strengthened so their voice influences their planning
- The Life Story Worker to support life story work for the wider CLA cohort
- Embed the new approach to permanence planning for children at different stages of their journey
- Develop the UASC policy for Slough to continue to improve procedures for accommodating and supporting unaccompanied asylum-seeking children.
- Embed the new Contact Centre service feedback process which started in December 2021 to get better feedback from service users, and use this information consistently and effectively to further improve the experience of children and families using the service.

Service Improvement: Care Leavers



Better

Strong performance for Care Leavers in suitable accommodation (19-21y/o): 90.1%; SN 87.3% & SE 85.0%.

- % of care leavers in education, employment or training (aged 19-21): 53.5% (49.1% March 21), comparable to SN 51.7% & SE 51.0%
- Some direct work with young people with complex needs has reduced the numbers who are NEET
- All managers in the service are now permanent
- Care leavers audits are now embedded in the quality assurance programme
- Revised the Pathway plan format to be more tailored and this has been embedded into practice. Next steps to add into ICS
- Care Leavers group (Space to Talk) continued during 2021 virtually and this group is commencing back to meeting face to face. Recent Hot Topics have focused on housing and the relevant lead member is following up on actions raised
- Increased number of Care Leavers been given independent, tenancy accommodation via the Council

Areas of Focus for Further Improvement

- Despite a difficult few months with recruitment and non-registration of 2 staff, resilience is being rebuilt
- Keeping in touch with 69% and 79% with 17-18 year olds and 19-21 year olds respectively, a slight reduction on last year
- Space 2 Talk to be developed further and extend to include hard to reach groups. The groups has discussed the idea of a podcast to reach more of their peers
- Care leavers with current pathway plans (18+) is 81.6%. Performance dipped below our 85% target in January 2022 following a strong period of meeting the target for most of 2021. Finished at 83.3% in March 2022
- Care Leavers with a current pathway plan (16+) is 51.8% ytd and to be further improved to reach our target of 85%
- Care Leavers offer to be reviewed to ensure we have a robust offer in light of s114 constraints
- 5 young people are Staying Put with fostering households
- Review how we work with Care Leavers aged 21 + as we have been going beyond our statutory duties during Covid to match regulations but still provide support to YP in line with their needs.
- Link with partners to develop a strong Post 16 offer to support young people
- Transfer our good on the ground links with housing to develop stronger strategic relationships to improve the housing offer for Care Leavers

Service Improvement: Children with Disabilities



Better

- Ofsted provided good feedback in the SEND local areas inspection stating "*Support for the needs of children and young people who are known to children's social care is identified clearly in their EHC plans. Records show that child protection plans and EHC plans, for example, are in harmony with one other*"
- Ofsted also noted "*Care leavers and children and young people who are looked after are routinely involved in designing and reviewing their own EHC plans and packages of support*".
- CWD criteria reviewed to support clearer processes and protocols in place for work with other services
- CWD Panel is now embedded into practice with the impact of equitable resource distribution to support children to remain at home and layered management oversight
- Transitions for children who meet criteria for Adult Social Care works very well and children are tracked from 16 yrs old to plan for their transfer to ASC.
- Meeting the needs of children and families to enable children to remain at home
- Staff in the team are creative in their approaches to meeting the needs of children and families
- CAMHs spot purchase support now available
- Improved links with Breakaway, our Children's home to take referrals of two children
- Positive behaviour support is now routinely accessed

Areas of Focus for Further Improvement

- **End of year performance affected by annual leave**
- Management oversight and supervision dipped in March 2022 to 49% and 83% respectively having previously been 96.6% and 100% on 28th Feb 2022 and similar in previous months. This consistency is supported by the stability of the Team Manager and Assistant Team Manager, both of whom are permanent
- Good performance for visiting children also dipped slightly on 28th March 2022 to 89.1%. This had been consistently higher previously (96.6% on 28th February 2022 Compliance report)
- After a period of long term stability, 2 social workers left for personal reasons and 1 social worker went on maternity which was a significant change for a small team. This was alongside the departure of an occupational therapist
- 2 experienced agency social workers have been recruited and 1 social worker vacancy remains
- All CWD children have an up to date assessment to enable packages to be reviewed upon assessment
- Continued challenge with tri-partite funding arrangements which has been escalated strategically
- CWD panel to be inclusive of health
- Further scrutiny to be undertaken on why we are an outlier for packages of support balanced with the number of children in care and the Local Offer
- Work to increase Health and tri-partite funding for placements has been bolstered by extra capacity to help achieve this
- Research and develop a charge rate to undertake OT assessments when children and young people are discharged from hospital
- Development of Short Breaks and link to Local Offer
- Transition into adulthood for CLA (especially OOB) who are not CWD who require support from adult services are not getting the right support.
- CWD team to contribute as a key partner to the implementation of the WSOA

Service Improvement: Independent Fostering Agency (IFA)



The IFA was judged inadequate in April 2019. Following 4 monitoring visits in 2019 and 2020, a judgement inspection in July 2021 found the IFA to be Good. The IFA is currently supporting 49 fostering households with 49 children and an additional 5 young people in Staying Put arrangements (comparison of 45 fostering housings with 48 children and 2 Staying Put arrangements compared to same time last year)

Better

- Stable and experienced managers and social work team enabled a continued focus on outcomes for children, supporting the good judgement
- In early 2022, the Registered Manager became the Responsible Individual and a Practice Manager became Registered Manager providing further continuity. An experienced interim Practice Manager is also in post
- Skilled foster carers with good retention rates (only 5 resignations in 2021 and all with valid reasons)
- Since April 2021, there have been 4 fostering households approved, with 4 more due to panel before the end of April 2022.
- Charms, an electronic case file management system has been implemented which gives a stronger and more comprehensive overview of foster carers
- An increase in the volume of quality assurance activity is identifying gaps in files which can be rectified to ensure their accuracy
- Significant reduction in level of complaints and allegations from children and foster carers over the last 12 months due to collaborative working between supervising social workers and fostering households
- Significant support and guidance continues to be provided to foster carers with an increase in face to face participation and engagement activities as Covid rules have allowed.

Areas of Focus for Further Improvement

- Improve the Fostering Panel which was stable with a long standing Panel Chair and Advisor until January 2021 when the Panel Advisor left. There have been several changes to the Panel Advisor since and the panel was subject to a requirement in the Ofsted inspection.
- Embedding process and systems in Charms as a new system and ensuring accurate and quality recording within
- Key documents including care plans, placement plans, safer care plans to be routinely shared with foster carers and children
- Improve Foster Carer logs through training for carers and use of Charms which enables logs to be written directly onto the system and then audited for quality
- Continue to increase the number of fostering households by 8 per year
- 65 placements have been made between April 2021 and February 2022. This includes 26 internal and external respite placements. *We are unable to compare against 2020/2021 due to the change to Charms.*
- Further support and training is to be offered to foster carers to enable them to take placements

Service Improvement: Adoption



Slough's VAA joined Coram 'Ambition for Adoption' Regional Adoption Agency in April 2021 so it can match children to a wider pool of adopters quicker and meet the diverse needs of children in Slough.

The adoption service is awaiting an inspection following its last inspection as a voluntary adoption agency in November 2018. The overall judgement was 'Good' in 2018 and the adoption service remains a good service.

Better

- From April 2021 to March 2022, 16 children have been adopted - 4 with Coram and 12 with other agencies including several children with complex needs and "hard to place" children
- This includes a sibling group of 3 and 2 sibling groups of 2 and a 7 year old child (also deemed harder to place) who moved into their adoptive placement in April 2022 - a significant achievement.
- 2 further children have identified adopters, both of whom are their current foster carers and assessments have started
- 32 children in 25 families have received post adoption support
- A trained Theraplay social worker has supported 3 families with positive feedback from professionals and families
- The post adoption service was able to hold a picnic in the summer 2021 which was received positively by families for the chance to get support and advice from the service and other families.
- No disruptions for Slough children have been experienced this year so far
- Continued good education support for adopters from the Virtual School

Areas of Focus for Further Improvement

- Over the 12 months up to December 2021, the Company averaged 634 days against the DfE target of 426. Out of the 16 adoptions made so far, 8 were deemed harder to place and so took longer
- Continue the focus on early permanence for children in Slough through the following activities:
 - Training for frontline staff and managers,
 - Permanency planning meetings,
 - Consistent attendance by the Adoption service Manager at LPMs
 - Working with Coram's Early Permanence Manager
 - Early Permanence champions in Slough
- Provide Coram with a good understanding of the needs of older children and those harder to adopt so they can widen the pool of adopters for these children.
- Work with Coram on a long term strategy to recruit more applicants from Black, Asian and minority ethnic backgrounds (33% of adopters were from Black, Asian and minority ethnic backgrounds)
- Continue work to ensure fostering for adoption is considered for each child who we are family finding for, where appropriate
- Use the training needs survey to plan a coordinated approach to workforce development for adopters with RAA partner agencies.

Service Improvement: Virtual School



A strong, effective and proactive Virtual School which has been strengthened with the addition of a Deputy Headteacher to extend arrangements to support all vulnerable children with a social worker. This project is called 'Safer in a Slough School'.

Better

- Employment of a Slough Care Leaver as an apprentice focusing on ePEPs
- Experienced Virtual School team who have distributed leadership across a number of areas
- Joint training of social workers and teachers on the Virtual School's new responsibilities is enabling good outcomes for children. *See next slide for further details*
- Services to 16+ young people have been strengthened as a result of a 16+ Learning Advocate having earlier conversations with young people about careers and education opportunities. This is resulting in positive outcomes for Sep 2021
- 37.5% (6/16 young people) are staying in college for their Yr 14
- 6% (1/16) start employment
- 19% (3/16) start university
- 37.5% (6/16) are NEET - 2 have EHCPs. Efforts are being made to find them traineeships or other Education, employment or training options
- 100% of under 16 ePEPs and also 16+ ePEPs have been completed within timescales
- Children continue to do very well in school in exams
- 7/10 of the Y6 pupils had an EHCP and made good progress against individual targets
- Yr 11 GSCE results were the best ever for the 15 pupils, including 5 with an EHCP. They scored 43 against 21.4 for CLA national (2020) and all have post GSCE destinations
- 97.5% of CLA (155 out of 159 children) attend good and outstanding schools. 4 children attend a 'requires improvement' school and their needs are met.
- 23 young people confirmed at university this year (19 last year), studying a range of courses including criminology, education and nursing. There is also 1 graduation this year

Areas of Focus for Further Improvement

- The retirement of the long standing and well respected Virtual School headteacher brings both great opportunities and risks
- Our focus will be to ensure the Virtual School maintains its high standards whilst we review its delivery model and develop it even further
- Develop a coherent graduated response approach in conjunction with Haybrook College to support our most vulnerable learners with proportionate intervention.
- Continue to focus on reducing the number of young people who are not in employment, education or training (NEET) and reduce the number of unknown to as low as possible – currently 2.4% for unknown
- No child is missing education who is known to social care in particular those on school rolls but not attending.
- Find and implement effective ways to measure and analyse educational attainment and progress of CIN/CP children.

Safer in a Slough School - Our Approach



- Appointed an Assistant Head from within the Virtual School who has since become the interim Virtual School headteacher
- Built on our successful pilot for children on Edge of Care
- Engaged schools early in our new responsibilities and showed them how this will benefit them.

What everyone can benefit from:

- We are developing a **Webpage** offering a 'one stop shop' with FAQs continually reviewed in line with practice and guidance as well as **Signposting** to partner agencies
- Tailored Training Opportunities for Social Workers, Designated Teachers, Designated Safeguarding leads and other professionals involved with our young people, either face to face or virtually delivering DfE and local practice in respect of the expectation of the education provision of a child with a Social Worker
- We will be sharing of **Local Data and National Trends** for scrutiny to DfE and other partners to help inform further practice across the team around the child

How we can help you as a professional:

- Our **Advice Line** and online support is available during office hours providing advice, information, guidance and support
- **Education Information Surgeries** for Education Providers and Social Workers supported by Virtual School, where appropriate facilitating guest attendance by other professionals such as Attendance and Educational Psychology for Specific Targeted opportunities
- The opportunity to bring children of concern to the **CME / EHE** Group
- Development of **Peer Support** opportunities to share best practice.
- Collaboration to offer **Attachment Awareness Training** for schools
- **'Safer in Slough Schools' recognition** for those education provisions who show best practice and engage positively around the child with a Social Worker

Impact on children:

- Attendance, engagement and attainment improving: For example:
 - A family at the point of prosecution is now working on a graduated re-integration for their child back to school supported by an overseas trained social worker who has also received support on further their understanding of education in the UK.
 - Two young people who had been out of education for some time are now back in education and have started to view colleges for the next stage of their education, potentially preventing 2 young people from being NEET at the end of the school year
- Social workers are more confident in challenging the education system to ensure their children access the right education and have a better education of education – For example
 - YP at secondary school was finding attendance a challenge whilst changing their identity. SW was supported by VSDepHT to negotiate a Pastoral Support Package with the school, allowing the young person time to reintegrate successfully back to school alongside on a long term plan to support their transition.

Sufficiency Achievements



- Focus on providing and commissioning , quality assured, local provision which meets needs and improves children's outcomes
- Increase in in-house foster placements
- Tender for, (implementation by August 2022,) of accommodation and support for young people aged 16-25 to provide 40 beds within Slough and step down arrangements and support to promote tenancy stability
- Procurement of block residential of 4 beds for 11-18 year olds in Slough
- Accreditation of semi-independent providers within 10 miles to improve access and choice. There has been a growth from 10 providers providing 22 beds in February 2021 to 18 providers providing 55 beds in December 2021.
- Joint work undertaken with Slough Borough Council on a contract register which gives SCF access to their providers, for example taxis, to reduce costs.
- AMZ project enabled 3 young people to move back to Slough from distance placements, access education and maintain family contact
- Effective project with the Care Leavers team focused on care leavers aged 18+ who can't go into their own flat on a fully independent basis has brought all but 1 young person back to the local area
- Significant work with local providers to put in place arrangements for out of hour's placements for young people aged 16-18 years.

Serious Incidents April 2021- March 2022



| Date | Incident | Issues | Actions taken |
|-----------|---|---|---|
| July 2021 | 6-month-old baby was on holiday with his mother and grandmother and was found dead in the bed in which they had all slept, after consuming alcohol and smoking. | Neglect Sudden Infant Death/ Safe sleeping | <ul style="list-style-type: none"> Rapid Review has taken place partners agreed that the case meets the criteria for a Safeguarding Practice Review As the case was only recently referred to Slough and Slough Children First were not in contact with the family RBWM have agreed to lead the SPR. Information about safe sleeping and SUDI have been shared during the Practice Learning Week. |
| 15/08/21 | 2 Young People was stabbed in an incident which took place on 15/08/2021. 1x Young person was a looked after child. | Knife crime Exploitation Trauma and loss (death of a significant adult) | <ul style="list-style-type: none"> Rapid Review meeting has taken place and the agreement was this did not meet the criteria for a SPR. Noted that a significant amount of analysis on knife crime and exploitation had been completed following the death of a young person in 2019 so many elements have been explored. Safeguarding Partnership raised a query regarding the decision and risk analysis in bringing young person back to Slough from a stable, therapeutic placement elsewhere. |
| 15/08/21 | Young person was stabbed in an incident on 15/08/2021. This took place on the same day as the other two incidents but in a different part of Slough | Knife Crime Exploitation | <ul style="list-style-type: none"> As above |
| 16/02/22 | Child Looked After became ill and died – underlying health conditions complicated by Covid – No safeguarding concerns. | Natural Causes | <ul style="list-style-type: none"> No Rapid Review, National Panel agreed with this recommendation |

Areas of Focus for Further Improvement



- Focus on the consistency of good quality practice to ensure effective child centred interventions
- Recruitment and retention are our biggest challenges, particularly in Safeguarding and Family Support
- Embed our organisational development strategy to assist in the attraction, recruitment, development and retention of experienced, quality staff
- Development of a new Operating Model articulated in our Business Plan include a robust Targeted Early Help Service and a complete continuum of care including the implementation of an effective edge of care strategy
- Develop the role of partners in Slough to help manage some of the demand for statutory services including the role of lead professionals
- Review our CIN interventions to ensure they are timely and evidence informed
- Strengthen our approach to hear the voice of the child in our recording
- Further develop our participation strategy to include CIN, those subject to CP plans, and families wider networks
- Further embed our quality assurance framework to ensure we close the loop and involve front line practitioners and managers more effectively
- Review our exploitation strategy and delivery model, to ensure we maximise the impact on children across the whole child's journey

Conclusion

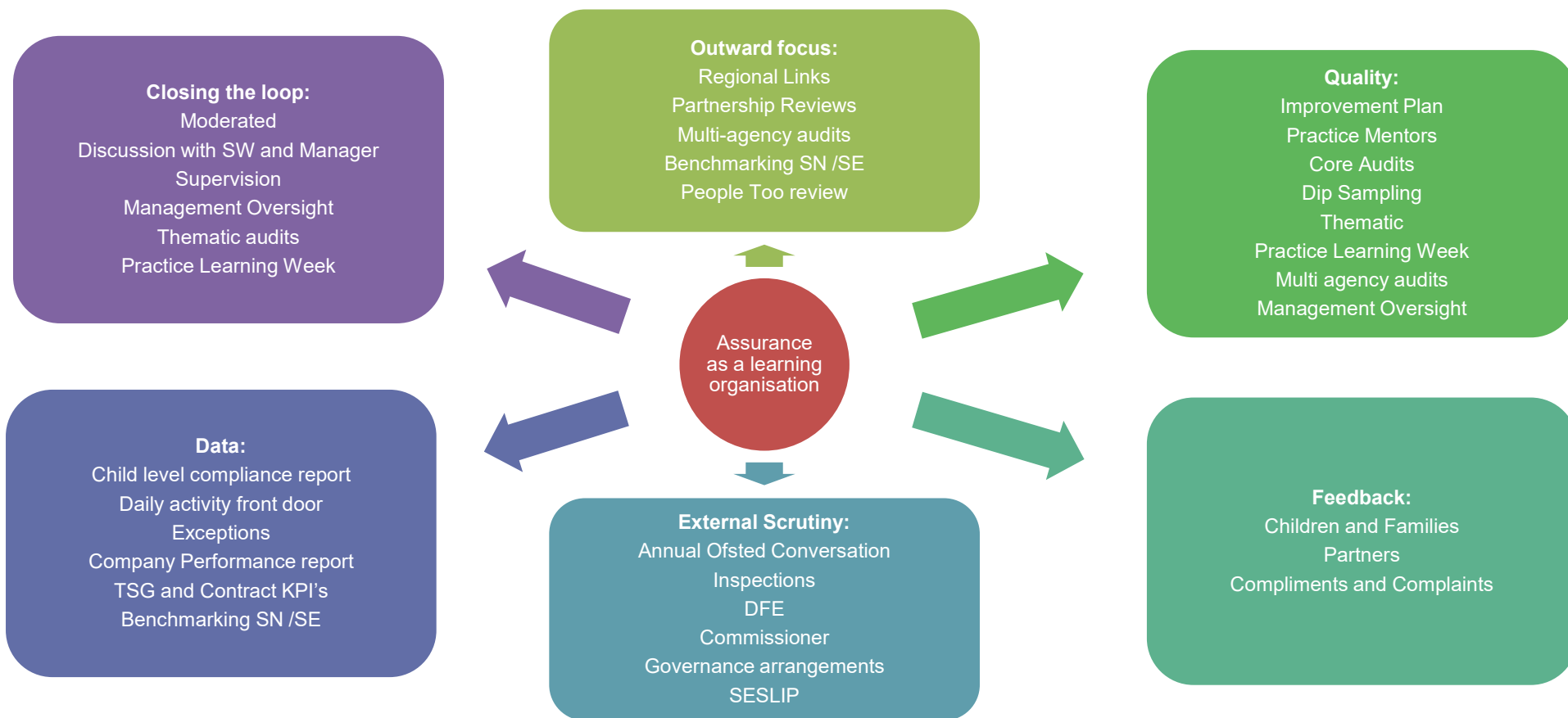


- Services over the last year which have transferred to the Company or have landed well and been developed, which bodes well for future innovation as the Company develops its 7 year Business Plan.
- Services provided to vulnerable children, young people and families in Slough have been tested by increases in demand, staffing issues and Covid and its resulting impacts.
- As a result there remains some variability across areas of practice, in particular the fragility of S&FS confirmed by the most recent Ofsted focused visit.
- Our biggest challenge continues to be the stability of our workforce, despite recent and sustained improvements in the permanent to agency staffing ratio and an early but significant trend of reducing turnover rates.
- We have an amazing workforce seen by Ofsted who stated "Staff like working for Slough Children First, morale is good and they are committed and enthusiastic" and we know our staff are the key to achieving our ambitions.
- We want to be judged as 'good' in the next few years.
- Our plans include the development of a new operating model with an increased focus on early intervention and prevention, a focus on developing and retaining high quality, permanent staff and being an outward facing, learning organisation with children at the heart of all we do.
- This we believe will enable us to turn our strategic priorities and aspirations into reality.



Quality Assurance

Quality Assurance mechanisms in Slough



Quality Assurance: Post Pandemic Support for Staff



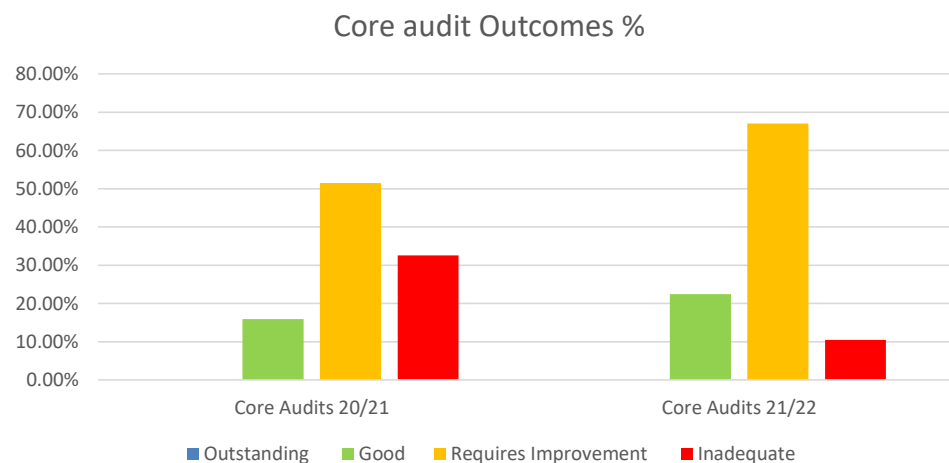
- **4 Core Workshops:** Run on a repeating cycle, created in response to identified areas of improvement and learning from practice audits: Assessment/ Direct Work/ Language in social work practice/ The Child's Journey
 - **Targeted Workshops:** Close the loop S47s, Plans, Care Plans, Pathway Plans (100 attendees)
 - **Specialist Workshops:** With the Virtual School on: Pre-Birth Assessment (SPR), 'Understanding Fostering for Adoption', 'How to write a good Child Permanence Report', 'Promoting the education of children with a social worker',
 - **Coaching:** Individual, including intensive coaching from September to December 2021 for the overseas SW recruits to ensure that they land well and are orientated
 - **Facilitated Peer Supervision for First Line Managers:** Creating a shared learning culture/cohesion
 - **Practice Initiatives:** Permanency Planning Meetings and Family Network Meetings.
- Practice**
- 'Big Three' –getting the basics right - **Chronologies-Case Summaries-Genograms; Plan-Do-Review.**
 - Reducing Parental Conflict and Working with Men
 - Understanding Regulation 24
 - Family Network Meetings
- Coaching**
- First Line Managers – targeted monthly facilitated peer supervision groups.
 - Team-Based coaching in SFS – intensive audit work and coaching offered
 - Overseas recruits to ensure they land well
- Closing the loop**
- Learning from audits – focus on Pre-Birth Assessment -also delivered to Assessment Team and into CLA Whole Service Meeting
 - Understanding and embedding the Practice Framework
 - Practice Learning Week

2021/22 Audit Outcomes



- Improvements in the quality of children’s files, with the company meeting its target of 85% of files RI or better with 90% (110 out of 123) of core audits undertaken in 2021/2022.
- Management oversight overall in timescale finished the year slightly down at 89.5% (March 2022 TSG) but with an average of 92.9% since Jan 2021.
- Where management oversight is directly reported on as part of audits, it was judged either good or requires improvement in the majority of cases, with just 10.5% of the core audits in deeming management oversight inadequate in supporting safe and reflective practice.

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- 123 core audits completed in 2021/22 compared to 101 in 20/21.
- 6.6% increase in audits graded good 22.5% in 21/22 compared to 15.9% in 20/21
- 15% increase in audits graded as RI 67% in 21/22 compared to 52% in 20/21
- 22% decrease in audits graded as inadequate 10.5% in 21/22 compared to 32.6% in 20/21.
- Of the 49 CP audits 89.8% were graded as RI or good 10.2% CP audits inadequate
- Of the 44 CIN audits 88.6% were graded as RI or good 11.4% inadequate
- Of the 25 CLA audits 88% were graded as RI or good 12% were graded as inadequate.
- Of the 6 Care Leaver audits 100% were graded as RI or good.

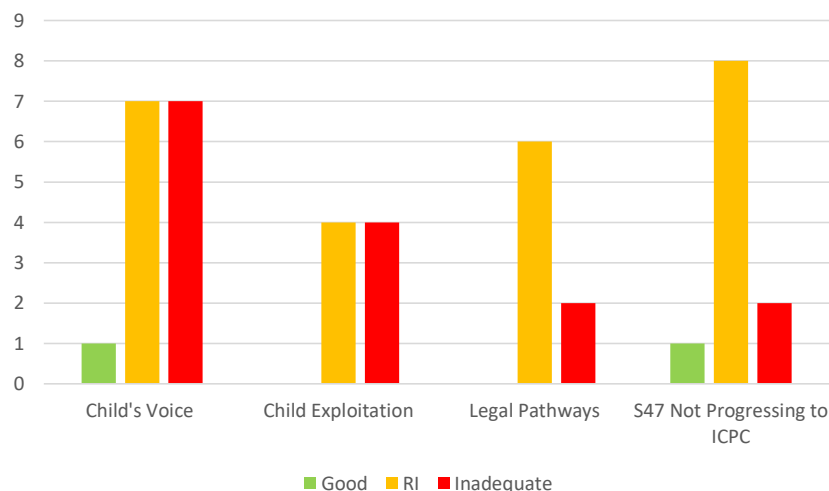
The majority of practice remains in RI overall.

Thematic Audits



- A range of thematic audits have taken place throughout the year which have focused more on specific issues where we felt we need to understand practice better in order to focus on what may need to improve.
- These audits were completed by the Improvement Team over a number of months and findings were used to inform part of the activity supporting the ongoing Improvement Plan supported by DfE funding.

Thematic Audits



Key Findings:

- The thematic audits provided an opportunity to deep dive into specific areas of interest.
- The Improvement Team were able to quickly address inadequate audits with social workers and managers where necessary.
- In two of the thematic audits practice between RI and inadequate was quite evenly split.
- In two of the thematic audits practice was more in line with the core audit outcomes with the majority of practice RI.
- The Improvement Team have been able to implement programmes around a large proportion of the key findings of the themed audits and this remains ongoing.

Practice Learning Week



- In the past year we have held two Practice Learning Weeks one in September 2021 and one in March 2022.
- Whilst each of these events have enabled a sharing of a large bank of research, information, learning from Safeguarding Practice Reviews and direct work tools they have also enabled senior leaders to complete additional audits linked to a particular theme or issue.
- In September 2021 the audits were focused on pre birth and baby assessments, linked to a Safeguarding Practice Review.
- In March 2022 the audits were focused on the quality of supervision and management oversight.

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Practice Learning Week Audits Sept 2021 and March 2022



Key Findings

- The pre birth audits identified a higher number of inadequate audits, as this was at the start of our focus on pre birth assessments as an area for improvement it was expected that we would identify areas for development.
- The majority of practice in both areas of audit activity was RI which correlates broadly with other audit outcomes.



Financial Outturn and Risks

Financial Outturn for 2021/2022

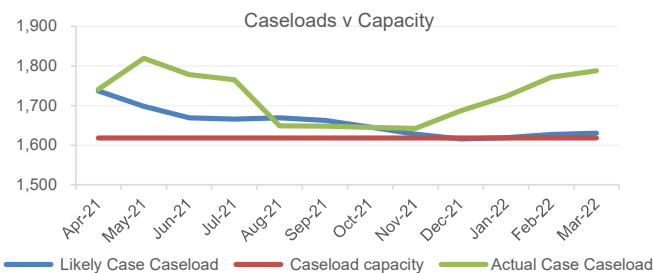


- SCF reported an outturn position of (£1,332k) loss for the full year against a balanced budget.
- The outturn loss was a result of a number of key factors through the year:
 - Covid 19 impacts on demands
 - Growing complexity of cases
 - Reliance on interim staff
 - Growth in UASCs
- The 2021/22 budget set in September 2020, 6 months into the Covid Pandemic, an event not seen in our lifetime nor one anyone could predict. A time when the country had come out of lockdown and Schools were re-opening. The budget assumed we had seen the worst with an expectation for caseloads to fall. With a further lockdown at Christmas, caseloads remained high throughout the year. The impact of Covid had a significant impact on the cost base;
 - Staffing costs overall were adverse, requiring the retention of Innovate teams to meet demands and higher than planned agency staff numbers as turnover remained high due to too high a caseload per worker
 - Increasing complexity of cases, with rising exploitation of the vulnerable, exacerbated through the pandemic with rising mental health issues, the impact being seen in growth in legal proceedings.
 - Legal proceedings were also impacted through closure of courts and delays in proceedings, adding additional legal hours and increasing legal spend.
 - Covid led to continued support for care leavers requiring support and accommodation with no alternate housing options available.
 - The cost pressures were partially offset by additional Covid grant funding.
- The budget worked on the premise of a zero pay rate rise for 2021/22 as set out for all public sector workers. This was not the case, with staff awarded a 1.75% pay increase in March 2022 for the year.
- SCF saw a significant rise in the number of UASCs in the system, rising from 9 at the end of March 2021 to 26 by March 2022 (full time equivalents). This had a significant impact on placement costs in year, partially offset by home office funding.
- SCF were largely successful in delivering on its savings plans, achieving the overall savings targets, over achieving on targeted placement rates and Health contributions against savings plans, offset by under achieving projected reductions in care leavers, delayed with Covid as highlighted above. SCF also managed staffing vacancies to deliver additional underspends to offset the pressures, along with attracting additional income streams to offset the pressures.

Financial Outturn for 2021/2022



| | Full Year | | |
|---|-----------------|-----------------|----------------|
| | Actuals | Budget | Variance |
| | £k | £k | £k |
| SBC Core Income | 31,534 | 31,534 | 0 |
| DFE Income | 2,701 | 2,454 | 247 |
| Transformation - DFE | 1,459 | 1,481 | (23) |
| Other Income | 3,223 | 1,891 | 1,332 |
| Total Income | 38,917 | 37,360 | 1,557 |
| Pay | (11,513) | (12,457) | 944 |
| Agency | (5,688) | (3,934) | (1,754) |
| Placement Allowances | (14,600) | (13,434) | (1,165) |
| Other Child Support Costs | (3,276) | (2,532) | (744) |
| Legal Fees | (2,171) | (1,406) | (765) |
| Other Overheads | (2,256) | (2,114) | (142) |
| Transformation costs | (1,459) | (1,481) | 23 |
| Total Expenditure | (40,964) | (37,360) | (3,604) |
| Net Surplus/(Loss) | (2,046) | 0 | (2,046) |
| Additional Charges to the Council for Covid | 714 | | 714 |
| Net Surplus/(Loss) | (1,332) | 0 | (1,332) |



Key Variances.

- **DFE income £247k favourable** - £100k new grant for extension of virtual school duties, £137k final agreed running cost grant to meet costs.
- **Other Income £1,332k favourable** - £491k Home office funding of increase in UASCs, £152k health funding contributions to packages, overachievement on budgeted savings targets, £262k Public Health contribution to CSC costs for early help, £110 Troubled Families funding of costs for running the programme and contribution to early help staffing, £115k DA duty grant, new income stream to cover costs of working with families, £72k Covid winter grant to help provide additional support to those families most vulnerable through Covid, £60k COMF funding to support the coordination of support into families through Covid, VAT rebate £42k
- **Pay & Agency (£810k) adverse** - (£1,796k) extension and increased rates for Innovate teams to meet the continuing higher than planned demands on service, (£412k) additional costs of grant activity funded above, including extension of virtual school duties, running cost grant, DA duties and troubled families. (£210k) pay inflation paid which was not budgeted for, partially offset by vacancies £1,608.
- **Placements (£1,165k) adverse** - (£505k) increase in UASCs as highlighted, (£540k) increase in residential & (£196k) fostering rates, partially driven by the increased complexity of needs presenting, also reflecting the additional support needed for young people in care through Covid. The increased rates were partially offset by reduced demand for remand services in year against budgeted projections.
- **Other support costs (£744k) adverse** - (£371k) care leavers, extended support through Covid with no alternate housing arrangements available, (£182k) additional support to children and families through additional grant funding highlighted above, including extension of duties for virtual school, Covid winter grant and COMF funding. (£191k) additional S17 spend to support young people through Covid.
- **Legal Fees (£765k) adverse** - sustained higher than planned proceedings with increased complexity of need and rising demands alongside delays from court closures as a result of covid, resulting in the added pressure.

Central Government Funding



| Funding Stream | 2021/22 Funding Amount | 2022/23 Funding Amount | Status |
|---------------------------|---------------------------|---------------------------|--------------------|
| Pupil Premium Plus | | | |
| Remand Grant | | | Reduced in 2021/22 |
| Youth Justice Board Grant | | | |
| Strengthening Families | | | |
| Department for Education | | | |
| | | | |
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Corporate Risk Register

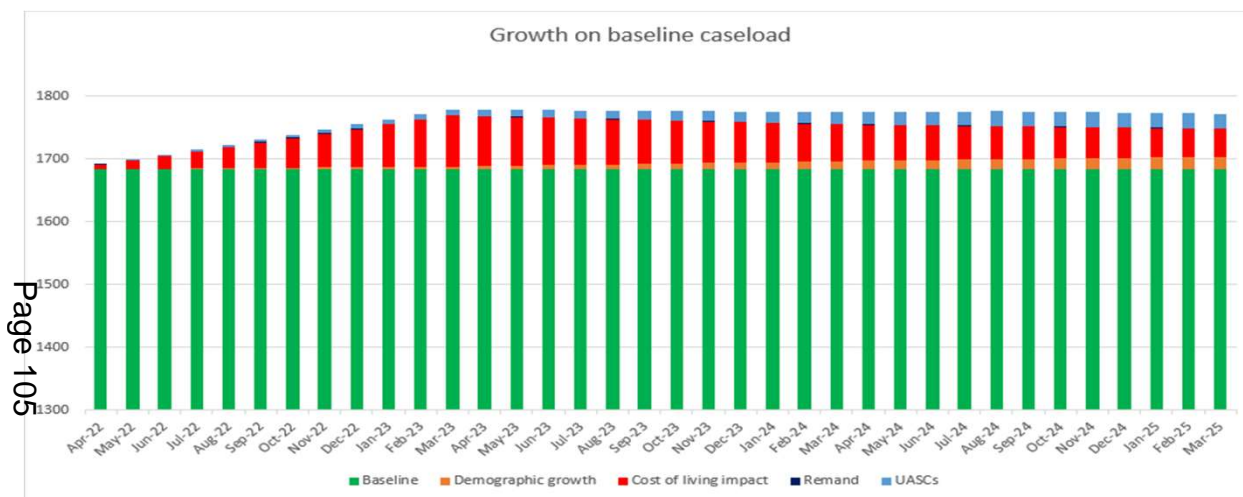


- The Company Corporate Risk Register captures the urgent and high-level risks across the company, which are reviewed regularly by ELT, the Audit and Risk Committee and the Company Board.
- The highest ranking risks managed in 2021/22 were:
 - Sustainability within budget
 - Stable skilled and permanent workforce
 - Stable and skilled executive leadership
 - Covid-19
 - Compliance against Regulations and Quality Assurance
 - Transition to wholly owned company
 - IT equipment and services not sufficient for requirements
 - Update of business continuity plan
 - Getting to good - Practice quality and improvement
 - Introduction of IR35
 - Whistleblowing's



What's Next

Expected Demand: Next 2 years



| Average caseload profile | | 2022/23 | 2023/24 | 2024/25 |
|----------------------------------|---------------------------------|----------------|----------------|----------------|
| Targeted early help | Baseline | 985.0 | 985.0 | 985.0 |
| | Demographic growth | 1.5 | 6.3 | 12.0 |
| | Cost of living growth | 28.7 | 45.0 | 33.1 |
| | Total targeted caseloads | 1,015.2 | 1,036.2 | 1,030.1 |
| Statutory services | Baseline | 1,783.9 | 1,683.9 | 1,683.9 |
| | Growth in UASCs | 5.0 | 14.6 | 22.6 |
| | Demographic growth | 2.4 | 9.1 | 17.0 |
| | Cost of living growth | 44.0 | 68.9 | 50.8 |
| | Growth in CL | 12.2 | 0.3 | 29.8 |
| Total statutory caseloads | 1,835.3 | 1,776.5 | 1,774.3 | |

- There is an expectation for the pressures on cost of living growth to increase in the next two years but will start to ease over time. However, this still remains a risk with ever increasing projections.
- Demographic growth will continue to increase year on year.
- We expect to see a greater increase in UASCs over the next two years.
- Although we expect an initial decrease in care leavers this is likely to increase in the next two years.
- Overall we expect demand for statutory services to increase in the next two years due to various social and economic factors, and this is a pattern being seen nationally across the country.

Strategic Priorities and Outcomes for Next Year 2022/23



Getting to Good

- Consistently good practice throughout a child's journey
- Improved and evidenced outcomes
- Scale and scope of children's services
- Embedding the new practice model
- Voice of the child influences services across the continuum of care
- Reduced caseloads for staff across the services

Workforce Stability and Development

- Leadership stability
- Staff engagement and buy-in
- Increased retention
- Career development for all roles
- Balanced skills mix with right people for right job
- Staff wellbeing
- Culture and environment
- Right tools and systems to support the workforce

Child Focused Partnerships

- Relationship with SBC
- Partnerships across the child's journey
- Work with key partners to develop the continuum of services
- Joint learning and development across partnerships
- Working with partners to develop capacity and support in Slough

Value for Money

- A secure and sustainable organisation
- High quality and cost-effective outcomes
- Transformation capacity and capability in SCF
- Strong and transparent governance
- Supporting SCF and SBC savings

2022/23 Focus



- Continuous improvement of practice with children and their families in our trajectory to Good
- Development of the SCF 7 year Business Plan
 - 3 Invest to Save projects in place:
 - Continuum of care (Prevention and Early Help)
 - Edge of Care
 - Workforce- recruitment and retention
- Implementation of new Practice Framework across SCF staff and partners
- Review of threshold document through the Local Safeguarding Partnership
- Further development of strategic partnership arrangements
- Regulatory inspections expected: HMIP YOT inspection, Breakaway and Ofsted ILACs inspection

Document Control



Changes

| Version | Status | Date | Changes Made | Changes By |
|---------|--------|----------|---|--|
| 0.1 | Draft | 18/08/22 | Initial Draft | Priya Bhudia, Project Manager |
| 0.2 | Draft | 19/08/22 | Updated context and performance sections | Carol Douch, Director of Operations |
| 0.3 | Draft | 19/08/22 | Updated performance, finance and risk sections | Priya Bhudia, Project Manager Alex Pilgerstorfer, Finance Business Partner Carol Douch, Director of Operations |
| 0.4 | Draft | 19/08/22 | Updated context, regulated services, performance and risks sections | Priya Bhudia, Project Manager Carol Douch, Director of Operations |

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Approvals

| Version | Status | Name and Role | Signature | Date |
|---------|--------|---|-----------|------|
| 1.0 | Final | Andrew Fraser, Chief Executive (SCF) and Executive Director: Children's (SBC) | | |

Review of governance arrangements for Slough Children First – Updated September 2022

| Aim | Recommended evidence | Evidence found | RAG rating | Actions recommended | Responsible person/body |
|--|---|--|---|--|---|
| Governance aims | | | | | |
| <p>C1 There should be evidence that the council and senior management recognise the importance of establishing appropriate and proportionate governance arrangements for the oversight of entities</p> | <p>The council has sufficient control to ensure that its investment is protected, appropriate returns on investment can be obtained and that the activities of the entity are aligned with the values and strategic objectives of the council</p> | <p>Articles of Association set out aims of SCF and list of reserved matters (Article 6 sets out 9 objects of the Company including around safeguarding, high quality services, innovation and improvements, working collaboratively and demonstration of value for money).</p> <p>The reserved matters are set out in Article 29. This includes the requirement to approve annual business plan, a function that is reserved to Cabinet for all its connected entities. In addition it includes restrictions on borrowing from third parties above £250k, forming a separate legal entity or participating in any partnership of joint venture, giving a guarantee or indemnity outside of ordinary business, selling or disposing of part of the business, including assets, dealing with surpluses unless agreed in business plan or SDC, acquiring interests in land, obtaining charges over assets and commencing, defending or settling significant claims or litigation except during ordinary course of business.</p> <p>The Council has a service delivery contract with SCF, which sets out a mechanism for</p> | <p>Amber – due to risks around financial sustainability</p> | <p>Clarify role of scrutiny committees/panels.</p> <p>Clarity over role of Audit & Corporate Governance Committee</p> <p>Clarify extent to which SCF is subject to internal controls of the Council ie. expenditure control panel.</p> <p>The Principal Lawyer to undertake a review of the Articles of Association to consider whether to recommend changes to the number of Council nominated NEDs</p> | <p>Monitoring Officer / Scrutiny Officer</p> <p>Principal Lawyer</p> <p>s.151 Officer</p> |

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| | <p>“Teckal” companies demonstrate compliance with relevant exemption requirements under EU procurement law</p> | <p>negotiating the contract sum on an annual basis and a mechanism for negotiating any in-year changes. There are detailed provisions around the information to be provided to support this and to include in the annual business plan.</p> <p>Control test – company is wholly owned with a list of reserved matters that must be decided by the Council</p> <p>The Articles allow the Council to appoint up to 3 NEDs, subject to the independent NEDs being in the majority (Article 8.3).</p> <p>Function test – The company is wholly engaged in delivery of statutory services on behalf of SBC and the Council has right to decide if the SCF wishes to enter into arrangements to deliver services to third parties (Article 29 – entering into new third party contract to provide services to third parties over set value.</p> <p>4 August 2022 Work undertaken to simplify contractual arrangements. Company has utilised the contractual mechanism in relation to in-year contract sum negotiations and improvements made in relation to business case submission.</p> | | <p>and independent NEDs and the quorum rules.</p> | |
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| | | <p>September 2022 update</p> <p>The Council has nominated a new NED to align with the gaps identified in the skills audit. The individual was interviewed by SCF directors prior to appointment and will be provided an induction by SCF.</p> <p>The Council's Principal Lawyer has acted as the equivalent of a "shareholder representative" and has met with NEDs leading on governance and will be attending the SCF board meeting on 22 September 2022.</p> <p>More work is needed to ensure the elected member bodies have proper oversight of financial and service performance, however this has been delayed by the delay in approving a comprehensive business plan for SCF. Cabinet received a report on the Annual Business Plan in February 2022 and September 2022, but there has been no opportunity to take this through scrutiny. Risks arising from the operation of SCF have been reported to Audit and Corporate Governance Committee as part of an enhanced corporate risk register. The annual report is being presented to cabinet in October 2022, however in future years this needs to be presented earlier in the financial year, as it is a summary of the previous year's performance.</p> | | | |
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| <p>C2 There should be evidence of a culture of challenge and clarity relating to the purpose, efficiency, effectiveness, specific objectives, and freedoms of the entity</p> | <p>There is a culture of challenge</p> <p>There is a clarity of purpose</p> <p>The entity has clear objectives</p> | <p>There is evidence of challenge in member meetings, including Cabinet when receiving reports such as the annual business plan, including a decision only to approve the plan on an interim basis.</p> <p>There is less evidence of clarity in relation to the Council's purpose in governing the company – for instance performance data on children's social care is presented to multiple forums, including scrutiny, but the Council's effectiveness in governing SCF has not been subject to the same level of scrutiny.</p> <p>The business plan could have more of a focus on efficiency and effectiveness, including use of benchmarking data and external assurance outside of the Ofsted visits.</p> <p>The entity has objects set out in its Articles (see C1) and various aims and objectives set out in its business plan, however there could be more work to ensure these are more closely aligned with the Council's corporate plan and strategic priorities.</p> <p>There is considerable confusion around the freedom of SCF and a lack of understanding around the contractual mechanisms around the</p> | <p>Amber – due to risks around deadlines not being met and documents not being in accordance with contractual requirements.</p> | <p>SCF need to ensure that whoever is undertaking company secretariat functions is ensuring that the board of directors fully understand the contractual mechanisms and the requirements for contract sum re-negotiation and business plan submissions.</p> <p>Clarify role of scrutiny committees/panels.</p> <p>Clarity over role of Audit & Corporate Governance Committee</p> <p>SBC to review business plan to ensure it aligns with its own corporate plan and priorities.</p> | <p>SCF Director of Finance</p> <p>Monitoring Officer / Scrutiny Officer</p> <p>s.151 officer</p> <p>SBC Chief Executive</p> |
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| | <p>The entity has sufficient freedoms to achieve its objectives</p> | <p>contractual sum and business planning process.</p> <p>Update 4 August 2022 Steps taken to simplify contractual meeting arrangements, including re-drafting ToR for SCG and monitoring groups. Improvements made in relation to complying with contractual mechanisms.</p> <p>September 2022 update The board of directors received training from external lawyers on 18 July 2022 on the contractual mechanisms. An in-year change request was submitted in July 2022 which provides some assurance in relation to understanding the contractual mechanisms, although council officers had to request additional information to ensure the request complied with the requirements of the contract. This has also been the case in relation to the annual business plan. SCF has a comprehensive handbook setting out the terms of reference for its board and committees. SCF has confirmed that an annual timetable is to be created to ensure deadlines are met regarding submission of required documents to the Council for approval.</p> | | <p>September 2022 update The induction programme for new directors to include training/briefing on contractual requirements. Annual timetable of deadlines for submission of documents to the Council for approval to be provided by SCF to the Council.</p> <p>Report on governance review to be taken to Cabinet in October 2022, alongside a review of financial sustainability of SCF as commissioned by the DfE.</p> <p>The annual business plan to be provided to the Council by 30 September each year to allow it to be</p> | <p>SCF Chair/SCF CE</p> <p>SBC Principal Lawyer</p> <p>SCF CE</p> |
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| | | | | taken through scrutiny and cabinet prior to approval of the contract sum as part of the Council's budget setting. | |
| C3 There should be a clearly designated council shareholder role or function which is both understood and recognised by the council and the entity (and documented in terms of reference) | <ul style="list-style-type: none"> The council has a designated "shareholder" role to represent its ownership of the entity The shareholder provides oversight of any decisions taken by the entity The shareholder provides a regular review of whether the entity provides the most effective | <p>The company is limited by guarantee, not by shares. Some of the reserved functions are reserved to Cabinet.</p> <p>Decisions below this level should be decided by an officer who is not the DCS (as this officer is also chief executive of SCF). There is a conflict of interest protocol appended to the secondment agreement that makes clear that reserved functions cannot be exercised by this officer.</p> <p>Oversight is provided via the contractual mechanism, with a contract manager and finance lead, although this could be simplified. These individuals can be used to fulfil the "ownership" role as well with the decision made by the Council's Chief Executive, who is the lead officer under the contract.</p> <p>There is less evidence of a comprehensive review of whether the entity provides the most effective vehicle to deliver the outcomes required – there was some historic work undertaken by Mutual Ventures, however SBC</p> | Green | <p>September 2022 update A formal review of the KPIs and other performance indicators to be undertaken.</p> <p>Engagement with DfE on an options appraisal to consider delivery models for children's services in Slough.</p> <p>Contract liaison group to continue and to report to contractual and other forums as appropriate.</p> | <p>SBC Contract Manager/ SCF CE</p> <p>s.151 officer/SBC CE</p> <p>SBC Contract Manager</p> |

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| | <p>vehicle to deliver the outcomes it requires and whether there are suitable alternatives</p> <ul style="list-style-type: none">• The process for appointing a shareholder is set out in terms of reference | <p>is under statutory intervention and the DfE view is that these functions should be delivered by a separate entity. SBC therefore does not have the right to terminate the arrangement or insource services without the explicit consent of the Secretary of State.</p> <p>The Articles restrict SCF's ability to join another entity and having additional members would require a change to the articles, which is a decision reserved to the Council as sole member. In addition DfE consent would be required.</p> <p>4 August 2022 Interim MO/Principal Lawyer acting as equivalent of "shareholder rep" at officer level. Clear reserved matters to cabinet.</p> <p>September 2022 update There is an officer contract liaison group attended by the Principal Lawyer (as lead on governance), finance officer (as lead on finance) and contract manager (as lead on contract management), as well as attendance from officers leading on delivery of support services. These officers between them represent the Council at contract monitoring meetings, the strategic commissioning group and the partnership meeting chaired by the DfE commissioner and are responsible for reporting</p> | | | |
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| | | <p>to elected members on the performance of SCF.</p> <p>A report was taken to cabinet in September 2022 seeking delegated authority for officers to engage with the DfE on an options appraisal, informed by the DfE commissioned review of the financial sustainability of SCF.</p> <p>At the strategic commissioning group, SCF chief executive and Director of Operations agreed to review the KPIs as a result of concerns that the contractual KPIs were not properly capturing the risks which are being presented to other forums.</p> | | | |
| <p>C4 There should be clarity regarding the role of shareholder, with reserved matters clearly documented and updated as required, reflecting any changes made as the entity has developed, in a shareholder's agreement (or</p> | <p>The council has sufficient control to ensure that its investment is protected, appropriate returns on investment can be obtained and that the activities of the entity are aligned with the values and strategic objectives of the council</p> | <p>The company is limited by guarantee and only has a sole member, therefore a membership agreement is not required. The reserved matters are clearly set out in the Articles (see C1).</p> <p>The concerns around protection of investment and Teckal compliance are covered in C1 and not repeated here. Therefore the assessment is solely focused on clarity around the role of the shareholder in documentation – a need to ensure clarity of role in certain member meetings is picked up in C2.</p> <p>4 August 2022 update</p> | <p>Green</p> | <p>September 2022 A review of the articles of association be undertaken particularly in relation to number of independent NEDs and council nominated NEDs and quorum rules.</p> | <p>SBC Principal Lawyer/SBC Chair</p> |

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| as set out in the company's governing articles of association) | "Teckal" companies demonstrate compliance with relevant exemption requirements under EU procurement law | The "shareholder rep" function where this can be exercised at an officer level is being exercised by the CE or the MO/Principal Lawyer, depending on decision. The Council's constitution sets out clearly which reserved matters need to go to Cabinet. | | | |
| C5 There should be evidence that the individual undertaking the shareholder role is provided with suitable training and support commensurate with the role | <p>There is a culture of challenge</p> <p>There is a clarity of purpose</p> <p>The entity has clear objectives</p> <p>The entity has sufficient freedoms to achieve its objectives</p> | <p>The member role is not undertaken by a single individual, nor would this be appropriate as decisions will be of varying sizes, with more significant decisions reserved to full cabinet.</p> <p>The Council has a contracts manager and a senior finance lead and the Principal Lawyer attends the SBC contract group and advises on company governance. These officers would advise the s.151 officer and SBC Chief Executive who would make decisions under reserved functions where these are not referred to Cabinet. If a matter was referred to cabinet, the report would be cleared by finance and legal to ensure appropriate compliance with governance.</p> <p>Concerns around clarity of purpose for other member meetings is picked up in C2. The assessment is based on Cabinet and the above officers understanding of the shareholder role.</p> <p>4 August 2022</p> | Green | <p>September 2022 update</p> <p>The Principal Lawyer to continue acting as equivalent of "shareholder rep" under delegation from chief executive, as opposed to the new Monitoring Officer.</p> <p>The Principal Lawyer has advised and delivered training on company governance to Council officers and was the lead internal lawyer on negotiating the changes to articles of association and service delivery contract and has a</p> | Principal Lawyer/SBC Chief Executive |

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| | | <p>The MO/Principal Lawyer has been in communication with the NED and other board members who are leading on governance. There is a closer relationship with the board on the role of the shareholder and the Council as commissioner of services.</p> <p>September 2022 The Principal Lawyer has met with two NEDs who are leading on governance and attended SCF board meeting on 22 September 2022.</p> | | good understanding of these. | |
| C6 There should be evidence of formal periodic shareholder/ Chair/CEO meetings with effective supporting papers to inform subsequent company board meetings | <p>The shareholder has a mechanism to communicate its views to the entity</p> <p>Periodic and effective shareholder/Chair/ CEO meetings are documented</p> | <p>There are minuted meetings between the Council, SCF and the DfE called Transition Steering Group/Continuous Improvement Board, as well as contract meetings. However, the strategic contract meetings have not always happened in a timely manner, nor with the right attendees. The Council's Chief Executive should chair these meetings, however this has been difficult with changes in personnel.</p> <p>There are multiple meetings between personnel in the Council and SCF, including meetings involving the Chairman, the DfE commissioner and elected members, however the purpose of these meetings is not always clear and this leads to considerable duplication.</p> | Green | <p>Regular strategic contract meetings should be arranged, with the Council having internal agenda planning meetings in advance. These should be chaired by the Council's chief executive.</p> <p>The role of the TSG should be reviewed to avoid duplication between this and the contract management meetings.</p> | <p>SBC Chief Executive</p> <p>DfE commissioners / DCS / SBC Chief Executive</p> |

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| | | <p>There is a clear governance framework set out in the SDC and this should be followed, although a review should be undertaken to ensure close alignment between performance and finance and reduce the number of meetings.</p> <p>4 August 2022 The ToR for SCG and monitoring group have been simplified and the role of the improvement board (TSG) reviewed. The MO is working closely with the NED leading on governance and has supported the board with a skills audit and governance review and identified a NED with the skills to fill the identified gaps.</p> <p>September 2022 The role and ToR of the TSG (now called Continuous Improvement Board/Getting to Good Board) have been reviewed and will be more of a partnership board in future.</p> <p>The Principal Lawyer has met with the independent NEDs leading on governance and been in communication with the Chairman of the Board, as well as attended the SCF board meeting on 22 September 2022. The Principal Lawyer has led the governance review of SCF, involving officers and SCF personnel as appropriate.</p> | | <p>September 2022 The SBC Chief Executive to continue to chair the strategic commissioning group, with the Principal Lawyer in attendance, as well as other appropriate officers. The elected members should not be invited to these meetings, as this should be an officer forum, but appropriate briefings should be provided and formal updates taken to cabinet as appropriate and as part of the annual business plan approval process process.</p> | SCB Contract Manager |
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| Council oversight, scrutiny and governance framework | | | | | |
| C7 There should be documented evidence of transparent member and officer scrutiny, oversight, and approval of business plans | <p>There is a clearly defined governance framework underpinned by clear governance principles</p> <p>The role of the shareholder is separate from the board</p> <p>The business plan is current and updated at least annually</p> <p>The business plan is challenged and monitored by the board</p> | <p>The Articles reserve approval of the annual business plan to the Council.</p> <p>The SDC clearly sets out the requirements and dates for submission of the business plan.</p> <p>A comprehensive review of the business plan took place, resulting in it being re-written and submitted to Cabinet late. A comprehensive report went to Cabinet, recommending approval on an interim basis, a requirement for scrutiny to review the plan and a requirement for an updated version to be submitted. This has been delayed due to concerns about the deliverability of savings and a high level longer term business plan has been re-drafted, which will go through the same approval process.</p> <p>There is a clear separation of function between Cabinet and the Board of Directors, albeit that the Lead Member for Children's Services was a council nominated director – the Council's Code of Conduct permits council appointed post holders to stay and vote in meetings and the letter of appointment set out the requirements of the role. The Lead Member for Children's Services correctly declared her interest in the meeting. This member has since resigned from the board and attends meetings as an observer. The Council needs</p> | Amber – the board needs to receive further support to enable it to effectively challenge and hold executive directors to account on deliverability of the business plan and management of demand in statutory services. | <p>SCF to provide copies of board minutes to demonstrate that the board of directors appropriately challenged the business plan, to understand how plans were submitted that were later identified as undeliverable.</p> <p>September 2022 If the lead member for children's services is to attend board meetings as a participating observer, a protocol should be draw up to SCF setting out conditions, including confidentiality requirements.</p> <p>Whilst there is some evidence of good</p> | <p>SCF Director of Finance</p> <p>SCF Chair</p> <p>SCF Chair, in consultation</p> |

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| | | <p>to consider its approach to nominating directors to the board.</p> <p>4 August 2022 The role of the equivalent of “shareholder rep” is clearly separated from the board and the Principal Lawyer is undertaking this function.</p> <p>The LM for Children’s Services is permitted to attend the board meetings as a participating observer, however there is no documented agreement setting out the purpose of this role and any confidentiality requirements. This risks confusion in terms of decision making.</p> <p>September 2022 update SCF has confirmed that board challenge of the business plan took place at meetings on 5 October, 9 December 2021, 11 January, 15 March, 29 March, 5 April, 25 May, 8 July and 18 July 2022, as well as at committee meetings in February and July 2022.</p> <p>An extract of the minutes for 9 December 2021 has been provided as evidence. This demonstrates appropriate challenge on the clarity of the strategic programme of plans and the importance of partnerships and workforce issues. There was limited evidence of challenge on the deliverability of the financial savings and the risks associated with these. This appears contrary to the significant</p> | | <p>challenge by the board on the business plan and the NEDs in particular appear to be growing in confidence in their ability to challenge assumptions and risks, there is still limited evidence of proper scrutiny of financial management, deliverability of projects and management of risks, including around workforce, projects and demand pressures.</p> <p>Consideration to be given to what support could be provided to the board from an independent Director of Children’s Services from another local authority or from</p> | <p>with DfE Commissioner.</p> |
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| | | <p>concerns that were raised by council officers, elected members and both the DfE and DLUHC commissioners, which led to the plan being approved on an interim basis only.</p> <p>It is unclear how the challenge on partnerships and strategic programme of plans were captured in the updated plan, as these continued to be concerns of the Council and commissioned with the updated business plan.</p> <p>An extract of the minutes for 11 January 2022 has been provided as evidence. Good discussion about link with public health on universal services and 0-19 health visitor/school nursing provision. Limited assurance or response given in relation to request for update on early help provision. Good discussion on continuing health care. Reference to “very underdeveloped workforce” but no action in response. Discussion on retaining Innovate Teams and risk of non-delivery of savings, with assurance being given that biggest target is health funding and an opportunity to offset pressures elsewhere. Feedback of Council’s officers concerns focused on strategic priorities for next 3 years and that the Council was concerned the plan will not achieve what is says. Feedback refers to need for outcomes focused approach and clarity in terms of money. There was limited</p> | | <p>external organisations such as the LGA or Institute of Directors. This should include how to scrutinise financial management and risks and hold executive officers to account for a statutory, demand led service and how to review and challenge performance data.</p> | |
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| | | <p>discussion on deliverability and risks particularly in terms of financial savings.</p> <p>An extract of minutes from 15 March 2022 has been provided. Reference for need for plan to go to scrutiny in September (this was inaccurate as the expectation was for updated plan to go to scrutiny in Quarter 1 of 2022/23. Appropriate reference to the Council commissioning the service and need to plan and cost services around the commissioned model. Intention to have a workshop to discuss business plan in more detail.</p> <p>An extract of minutes from 25 May 2022 has been provided. Appropriate challenge in relation to assumptions that were made that have proved to be inaccurate and directors highlighted need for the business plan to be realistic and not to meet a budget target irrespective of risk.</p> | | | |
| C8 There should be evidence of a clear set of KPIs that fall out of the business planning process | The council regularly undertakes an objective assessment of how successfully each entity supports its policies and strategies | <p>Performance monitoring is undertaken during contract management meetings, which take place quarterly. The KPIs are set out in the SDC.</p> <p>The performance data should be reported in the annual business plan and be considered as part of the scrutiny process of the business plan. To date the Company has been submitting its performance data independently</p> | Amber – due to need for the KPIs to be formally reviewed. | September 2022 update SCF to review KPIs and other performance indicators as set out in service delivery contract. | SCF CE/Director of Operations |

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| | <p>KPIs are relevant to “SMARTER” goals</p> <p>KPIs are reported and monitored within the context of the governance framework</p> | <p>of this process and a separate annual report going to scrutiny panel.</p> <p>Performance data is also presented to TSG, therefore it is presented and monitored at multiple meetings – there is an opportunity to simplify this process.</p> <p>4 August 2022 update A contract review has been undertaken streamlining the finance and performance meetings. KPIs are in place and regularly monitored, however there is limited evidence of a link between the reported KPIs and the stated risks around safeguarding children, which may indicate that the KPIs need a review or that the business plan risks need to be backed up by better data.</p> <p>September 2022 update At the strategic commissioning group in August, SCF CE and Director of Operations agreed to review the contractual KPIs to ensure they remain the right indicators to correctly flag risk and performance concerns.</p> | | | |
| C9 There should be evidence that senior company staff are performance | Board, committee, chair, and director performance is evaluated annually, including against agreed KPIs | <p>The Council has no evidence of this from SCF and should request this evidence on at least an annual basis.</p> <p>There has been considerable change in the board of directors and a need to ensure that</p> | Red – whilst the set up of the RNAC is positive, no evidence has been | September 2022 update The RNAC to be responsible for reviewing effectiveness of the | SCF chairman and chair of RNAC. |

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| <p>managed against KPIs</p> | | <p>there are appropriate induction, training and development programmes in place to support directors to undertake their functions.</p> <p>The assessment is based on a lack of evidence and can be reviewed if evidence is supplied by SCF.</p> <p>September 2022 update SCF has confirmed that the Chair appraised the NEDs and CE and the CE manages and appraises the executive directors. Overview of the system is the responsibility of the Remuneration, Nominations and Appointments Sub-Committee (RNAC), reporting to the Board. The first meeting of this committee took place in July 2022.</p> | <p>provided of effective performance management.</p> | <p>board and sub committees and to provide assurance evidence to SBC.</p> | |
| <p>C10 There should be evidence of ongoing assessment of value-for-money and quality offered by the entity through an adequately resourced monitoring function</p> | <p>Regular reviews take account of value-for-money and performance quality</p> | <p>There are regular contract monitoring meetings and benchmarking evidence is presented. There is a need to align the performance monitoring with the finance monitoring as they are linked.</p> <p>Further assurance is required as to the steps SCF is taking to monitor its budget, as overspends have in the past been presented late and as a fait accompli. There is no evidence that the in-year contractual mechanism has been used to re-negotiate the deficits and therefore SCF is rolling these over</p> | <p>Red – whilst there appears to be some evidence of effective monitoring and external review, no documentary evidence has been provided of this or the changes that</p> | <p>September 2022 update SBC to request sight of external reports and internal assessments of value for money and quality on a minimum of an annual basis, to be incorporated into the Annual Report submitted by SCF. The outcome of</p> | <p>SBC Principal Lawyer/ SBC Contracts Manager</p> |

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| | | <p>and drawing down on its loan. This does not demonstrate effective governance within SCF.</p> <p>4 August 2022 SBC has undertaken a contract review and agreed to streamline the performance and finance monitoring meetings. Budget monitoring data is provided, but this indicates substantial overspends and limited use of the contractual mechanism to re-negotiate contract sums.</p> <p>An updated business case has been presented, which forecasts significant overspends, which has resulted in Mutual Ventures being commissioned by the DfE to undertake a finance review.</p> <p>September 2022 update SCF confirms that quality is monitored through the Quality and Practice Improvement Sub Committee (QPIC), Performance Board, Ofsted and Transition Steering Group. The Essex DfE Partners in Practice programme reviewed SCF's performance and Mutual Ventures are currently reviewing the business plan. PeopleToo also undertook a review in October 2021. Internal audit did a value for money audit and governance audit in May and June 2022. NEDs have taken part in the Practice Learning Week.</p> | <p>have resulted.</p> | <p>these should be included in reports to elected members.</p> <p>SCF to ensure it utilises the in-year change mechanism to deal with demand pressures and invest to save pressures and the information provided is in accordance with the contractual requirements and backed up by independent evidence where available.</p> <p>SCF to consider which of its committees should be responsible for assessing and monitoring value for money and performance and to provide minutes of meetings to SBC upon request, as well as provide the</p> | <p>SCF Chair/SCF CE</p> <p>SCF Chair</p> |
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| | | <p>No documentary evidence has been supplied for this and the reference to Ofsted and TSG as evidence of effective monitoring systems in place in the SCF misinterprets their role. There was no formal reporting back to the Council on the PeopleToo review or the Essex DfE Partners in Practice programme review, which was a missed opportunity to demonstrate to the Council, as sole member, the steps being taken by SCF to review its own performance and seek independent assurance.</p> | | <p>opportunity for Council officers to attend on at least an annual basis. If a finance committee is required, this should not be delayed pending a further council nominated director being appointed. The independent NEDs should have the capability to chair such a committee.</p> | |
| <p>C11 There should be ongoing assessment of risks relating to the entity, supported by processes to ensure that risks are managed as part of the council's overall risk management approach, with appropriate</p> | <p>The council regularly reviews risks relating to its entities and establishes whether they are effectively managed and scrutinised</p> <p>The council's overview and scrutiny committee (or equivalent) provides overview, pre-decision scrutiny and call-in</p> | <p>Further work is needed to ensure the risk management processes in SCF are fed back to and align with the Council's risk management processes. Significant risks should be presented to the Audit and Corporate Governance Committee as part of the Council's corporate risk register.</p> <p>The role of scrutiny needs to be clarified – in the past an annual report on performance has been presented, but there have been no reviews of business plans or the Council's role in governance of SCF. If any decision is taken to change the services or functions delivered, scrutiny should be involved in this process.</p> <p>4 August 2022</p> | <p>Amber – risks are being reported, however the processes in place should be reviewed to ensure this accords with the Council's new risk management strategy.</p> | <p>September 2022</p> <p>Consideration to be given to scrutiny's role in scrutinising the performance of SCF and other Council companies as part of the wider scrutiny review.</p> <p>There should be a formal review of KPIs and agenda'd discussions on risk at contract monitoring group meetings, reported</p> | <p>Monitoring Officer / Scrutiny Officer</p> <p>SBC Contract Manager/SCF Operations Director/SCF CE</p> |

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| escalation and reporting | decisions in relation to the entity | <p>Training and work planning has been carried out for scrutiny members and an experienced officer is supporting members in a scrutiny officer role.</p> <p>Risk reporting should come through the contract monitoring meetings and feed into the Council's risk register. At present it is unclear where the risks sitting in SCF are being reported and we need to ensure that these are clearly being reported via the contract meetings.</p> | | up to strategic commissioning group where appropriate. This should be in addition to risks being included in the Council's corporate risk register and reported to Audit and Corporate Governance Committee. | |
| C12 There should be evidence of a consistent approach across the council when it comes to engaging with its entities | All council entities are managed in a consistent way with appropriate support, guidance and controls | <p>SCF delivers statutory children's functions in accordance with a DfE direction. This is covered by a SDC and it is therefore quite different from some of the Council's other companies, which are set up for the purpose of trading or regeneration or owned for a specific narrow purpose.</p> <p>The involvement of the DfE also means that the Council does not have the freedoms that it has with its other Council companies. The Council has a governance side agreement with the DfE which requires it to consult and in prescribed circumstances get consent before certain decisions are taken. This includes decisions relating to:</p> | Green | 4 August 2022 No update | |

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| | | <ul style="list-style-type: none"> • Removal or appointment of chairman of the board • Removal or appointment of the Chief Executive or changes to his or her terms of appointment • Changes to membership of the Company • Approval of company to participate in joint venture or partnership or to form any legal entity which it would be a member • Approval of voluntary winding up or dissolution of the Company or appointment of liquidator or administrative receiver • Terminate the SDC • Sub-contract or delegate any of the obligations under the SDC • Exercise step in rights <p>During the intervention period, the Secretary of State can also give written notice requesting the Council exercises its rights under the Articles.</p> | | | |
| C13 The council should have clear and unfettered access to audited | The council's audit committee pays specific attention to accounts and audit reports | <p>The Council has open book accounting rights under the SDC.</p> <p>SCF shares its draft accounts with the Council for comment and its unable to change its auditors without consent of the Council.</p> | Green | The Council should ensure that its internal auditors programme in audits relating to the functions of SCF, as well as the | SBC s.151 officer |

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| accounts for its entities | The council's internal auditors are able to gain clear and transparent access to financial information and oversight of internal controls | The SDC permits the Council's internal auditors to undertake audits of activities undertaken within SCF. | | governance of the company. 4 August 2022 update Internal audit do include SCF in its audit plan. More focus needs to be given to agreeing the annual audit plan to ensure it is properly addressing risks. | SBC s.151 officer |
| Business case for the entity | | | | | |
| C14 A business case which assessed the risk involved in establishing the entity and recommended its establishment, taking account of other potential delivery models, should be available to review | There is a clear and comprehensive business case that recommended the creation of the entity The business case took account of alternative delivery methods, with the case for the entity's creation having clear benefits over other methods | There is a business case, informed by an options appraisal by Mutual Ventures, which informed the decision to change SCF from a trust to a wholly owned entity. The decision to set up a separate trust to deliver services was made by the DfE and the current direction requires prescribed statutory functions to be undertaken by SCF. Doncaster City Council also had a trust established in similar circumstances and this changed to a wholly owned company. DCC is now out of statutory intervention and has taken a decision to terminate the arrangement and bring the services in-house due to the costs of running a separate entity. Examples of Council | Red – due to risks of insolvency and risks to safeguarding of children being flagged from current model | The Council should consider whether it wishes to commission an options appraisal for the future operating model, however whilst the services are under statutory intervention, this should be commissioned with the agreement of the DfE and the appointed commissioner. | SBC Chief Executive |

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| | | <p>owned companies that are delivering high quality children's services include Achieving for Children, Worcester Children's First and Together for Children (Sunderland).</p> <p>September 2022 update A review of the business plan has been commissioned by the DfE and this recommends consideration of alternative delivery models which secure the services of a local authority partner. A report to cabinet in September recommended that officers engage with DfE on an options appraisal for alternative delivery models.</p> | | <p>September 2022 update Council officers to engage with DfE officials and the DfE commissioner on commissioning an options appraisal to consider alternative delivery models.</p> | SBC Chief Executive |
| <p>C15 Objectives of the entity should be clearly defined and documented, and regularly reviewed to ensure that its operation continues to support council policy and strategy, including periodically reviewing the business case</p> | <p>The objectives of the entity are clearly articulated, defined and documented</p> <p>The objectives are regularly reviewed</p> <p>The objectives continue to reflect council policy and strategy</p> <p>The business case and objectives are regularly reviewed to ensure they are still valid</p> | <p>The Articles clearly set out the overarching objects of SCF. These were reviewed and amended in April 2021.</p> <p>The annual business plan sets out the strategic vision and aims of SCF. These have been reviewed by the board of directors and Council officers, before being approved as part of the business plan approval process.</p> <p>The business plan is updated every year, giving an opportunity for this to be aligned with the Council's corporate plan and strategic priorities.</p> <p>SCF's chief executive is also the Council's DCS and a member of the Council's Corporate Leadership Team. This provides an</p> | <p>Amber – the business planning process must adhere to the contractual timescales and objectives must align to the Articles, contract and Council priorities.</p> | <p>September 2022 update Future year's business plans should have clear objectives linked to the Articles of Association and service delivery contract as well as to the Council's priorities. These priorities must include value for money, as well as quality of practice.</p> | SCF CE/SCF Chair |

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| to ensure it is still valid | | <p>opportunity for him to represent the interests of SCF and the services it is running in any discussion about the Council's priorities and plans.</p> <p>September 2022 update There has been a lot of work on the longer term business case to get it to a position whereby it could be recommended to elected members, however there are still concerns about the length of time that investment will be needed, before the service can be delivered within budget. A review has been commissioned by Mutual Ventures, which raises issues about the golden thread going through the plans and the multiplicity of objectives and aims.</p> | | | |
| Agreements with the entity | | | | | |
| C16 Agreements should be documented between the council and the entity for any support or services provided by either party to the other party | <p>The council and entity have clear and documented agreements for any services or support provided by either party to the other party</p> <p>There is a clear process for escalation if the support or services agreements are not</p> | <p>There is a service delivery contract in relation to services SCF delivers on behalf of the Council. There is also a support services agreement in relation to services delivered by the Council to SCF. There are contract monitoring and performance mechanisms in both agreements.</p> <p>The escalation processes are clearly set out in a schedule of the SDC.</p> | Green | <p>Ensure that relevant individuals understand the contractual and governance mechanisms and that these are adhered to and non-compliance is reported.</p> <p>4 August 2022 Meeting held between SBC and</p> | <p>SBC Contract Manager</p> <p>SBC Contract Manager</p> |

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| | performed to either party's satisfaction | | | SCF re. Governance and contract matters. Simplifying contract meetings. Strategic commissioning group meetings need to be properly agenda'ed and prioritised by senior leaders in both organisations. | |
| C17 All agreements should be clear, up-to-date, and regularly monitored and reviewed, with any changes to agreements documented so that a clear audit trail exists | <p>Agreements for support or services between the parties are up-to-date and regularly monitored and reviewed</p> <p>Changes to agreements are documented with a clear audit trail</p> | Any changes to agreements would be undertaken by way of a formal variation of contract. Depending on the extent of the change, consent or consultation with the DfE would be required and approval of cabinet should be sought. | Green | <p>4 August 2022</p> <p>No update.</p> | |
| Avoiding and managing conflicts of interest | | | | | |
| C18 There should be evidence that a culture exists whereby actual or potential conflicts of | All parties have been trained and demonstrate a commitment to avoiding and monitoring actual or potential conflicts | <p>The DCS/SCF CE has been provided with a copy of the secondment agreement, with the conflict of interest protocol, despite the fact he is an agency worker.</p> <p>All non-executive directors nominated by the Council were provided with a letter of</p> | Amber – due to need for wider SCF training to be undertaken and need for assurance | Evidence of induction and training for directors and senior managers in SCF to be provided. | SCF Chief Executive / Chairman |

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| <p>interests are identified, declared, and acted upon, including evidence of appropriate training across the organisation</p> | | <p>appointment setting out the need to declare interests and manage conflicts of interest. The letter confirms the provision of training and availability of advice.</p> <p>When the Lead Member for Children's Services was a director, she appropriately declared her interest at the meeting of cabinet that discussed the business plan. She was permitted to stay and vote by way of a general dispensation in the Code of Conduct for Members.</p> <p>All reports relating to reserved matters are either presented in the name of the s.151 officer or Council Chief Executive or in the joint names of these officers and the DCS/SCF Chief Executive. The fact that the DCS is also the chief executive of SCF is made clear in these reports.</p> <p>Directors of the company have had access to specialist advice where required on their duties and responsibilities.</p> <p>All Council staff are bound by a code of conduct for employees.</p> <p>September 2022 update SCF confirm that induction training was provided to directors at the board meeting in July 2021. NEDs have participated in training</p> | <p>checks on the documentary evidence.</p> | <p>September 2022 update Training to be provided by SCF on conflicts of interest on a company wide basis.</p> | <p>SCF Chief Executive / Chair</p> |
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| | | <p>on Liquid Logic system. Two legal briefings have been given and there have been two board development days in the first year of the new arrangement. The independent NEDs are also experienced as company directors and have participated in training provided by organisations to whom they are affiliated and are familiar with the Nolan Principles. Conflict of interest declarations are sought at every committee meeting and board meeting and the register is updated as necessary. No new conflicts have been identified during 2021-22 and 22-23.</p> <p>Internal audit conducted a review of governance and considered the arrangements for managing conflicts of interests and were satisfied that sufficient systems were in place.</p> <p>SCF has confirmed that all staff including board directors are required to complete an annual declaration of interests and associations with SCF.</p> | | | |
| C19 The council should have clear and up-to-date policies and processes to consistently manage actual conflicts or | <p>There is a clear conflict of interest policy which is managed actively</p> <p>There is a clear process for investigating and</p> | <p>These procedures are covered by the Council's codes of conduct and staff disciplinary procedures.</p> <p>The terms of appointment for directors sets out the requirements of the role, including in relation to management of conflicts of interest.</p> | Green | <p>September 2022 update</p> <p>The Council will deliver training on management of conflicts of interest for its officers or elected members</p> | SBC Monitoring Officer / Principal Lawyer |

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| <p>potential conflicts of interest, including a clear process for investigations and procedures for appropriate disciplinary actions in the event of breaches</p> | <p>dealing with breaches of the conflicts of interest policy</p> <p>Internal and external auditors review the management of conflicts of interest and escalate any concerns to the Monitoring Officer</p> | <p>There is a conflict of interest protocol specifically for the joint post holder of DCS / SCF CE, which makes it clear that he or she must not exercise any of the reserved functions and flags the potential for conflicts of interest and how these should be managed.</p> | | <p>who are to be nominated or appointed to an outside body.</p> | |
| <p>C20 The roles, responsibilities and reporting lines of officers and members who are involved in council oversight of the entities, the provision of services between the entities or the running of the entities should be clearly defined and documented</p> | <p>Officers and members make themselves available to scrutiny and other council governance forums</p> | <p>The SDC sets out requirements for Company personnel to provide information and make themselves available to attend scrutiny and other council governance forums.</p> <p>The provision of services and the role of individual officers in terms of managing the contract are clearly set out in the SDC.</p> <p>4 August 2022 There has been confusion in the past with SCF officers deputising for the SBC ED and attending and receiving papers for SBC CLT meetings. This has now stopped and consideration is given to what information is shared with SCF personnel</p> <p>September 2022 update</p> | <p>Green</p> | <p>.</p> | |

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| | | <p>Decision making to nominate individuals as NEDs is delegated to the chief executive, unless this is an elected member, in which case this is a decision for full council.</p> <p>Reserved matters decisions that are not reserved to cabinet sit with the relevant executive director or chief executive in accordance with the Council's scheme of delegation and can be further delegated to relevant officers. The Executive Director of People – Children is prevented from making decisions that are reserved matters or “client-side” due to his role as chief executive of SCF.</p> <p>There is a clear separation of functions between officers exercising and advising on “client-side” functions and those sitting on the Company board, either in an executive or non-executive role.</p> | | | |
| Council appointments to the board | | | | | |
| C21 There should be evidence that appointments to the board are subject to a documented formal, rigorous, and transparent procedure based on merit and published | <p>Board members have completed declaration of interest forms</p> <p>Appointments to the board are relevant to the post or office of the council</p> <p>Council appointed directors cease to</p> | <p>A skills audit took place for the board before non-executive directors were appointed. There was a transparent recruitment process for the chairman of the board and the independent NEDs. The Council nominated NEDs were nominated once a skills analysis had been undertaken of the independent NEDs.</p> <p>Council nominated directors would cease to be directors if their role changed and are made based on the role or post, rather than the individual.</p> | Amber – due to need for further review. | <p>Declarations of interest to be provided by SCF to the Council as evidence of compliance</p> <p>A review of the board to be undertaken to identify which council officers or</p> | <p>SCF Director of Finance</p> <p>Principal Lawyer/SBC Chief Executive</p> |

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| <p>objective criteria which also promote diversity</p> | <p>be members if they leave their qualifying roles</p> <p>The process for the appointment and renewal of directors is set out in the articles of association</p> <p>If there is a remuneration committee, relevant matters are referred appropriately</p> <p>Appointments are based on a review of the skills, qualifications, diversity, and other attributes required for the role</p> <p>Where a board member is eligible for renewal and reappointment, this is subject to considering their performance to date</p> | <p>The process for appointment and renewal of directors is clearly set out in the articles.</p> <p>September 2022 update SCF confirm that board directors are required to complete annual declarations of interests and associations with the SCF.</p> <p>SCF is currently carrying out its annual appraisals/evaluation of the Board and individual directors. The CE will be subject to an annual appraisal at the end of his first year in post (Dec/Jan). The DfE is conducting an annual appraisal of the Chair of the Board. The Council can request access to the RNAC for an overview of their priorities and work plan.</p> | | <p>members should be nominated to the board or whether the Council should nominate independent persons (consideration to be given to remuneration as there is currently a restriction on remunerating council nominated members).</p> <p>Evidence to be submitted by SCF of the annual evaluation process of the board and individual directors.</p> <p>4 August 2022 The Board has undertaken a comprehensive skills audit and the identified skills gap has been used to fill one of the Council nominated NED</p> | <p>SCF Chairman</p> |
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| | <p>and skills, and the needs of the board</p> | | | <p>roles. A new RNA Committee is considering the nomination and making contact with the candidate to ensure a good fit.</p> <p>September 2022 update Further information is required to provide assurance there is an effective system of evaluation and performance management of the whole board and individual executive directors. It is concerning that no evidence has been provided of performance management of executive directors and the chief executive and the information provided by SCF suggests an annual appraisal will be completed at the</p> | <p>SCF Chairman</p> |
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| | | | | end of the first year, when the post holder is an interim and only intended to be in post for 12 months. | |
| Articles of Association | | | | | |
| E1 The entity's articles of association should be clear, up-to-date, and reflective of how the entity is run | <p>The entity has articles of association, documenting its constitution</p> <p>The articles address the entity's purpose, conduct of meetings, and role and appointment of directors</p> <p>If the entity is a Teckal company, the articles demonstrate that the council exercises control</p> | <p>SCF has articles of association which were amended in April 2021.</p> <p>The articles address all matters referred to.</p> <p>The articles demonstrate that the Council exercises control both in terms of reserved matters and in terms of the ability to nominate independent directors.</p> | Green | 4 August 2022 No update. | |
| Business planning | | | | | |
| E2 There should be evidence of an up-to-date business plan that is reflective | There is an up-to-date business plan, setting out the organisation's objectives and how | The business plan is in the process of being reviewed, particularly in relation to resourcing requirements. | Red due to delays in submission of previous business plan | Business plan to be updated and approved by the Council. | SCF Chief Executive / SBC Chief Executive |

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| of the current circumstances and environment in which the entity operates | <p>these will be resourced and achieved</p> <p>Requirements to meet the legal criteria in relation to any Teckal companies are reflected in the business plan</p> | <p>The business plan makes clear that SCF's sole focus is delivery of children's services within Slough, which meets the function test.</p> <p>4 August 2022 The business plan approval process has been convoluted and led to multiple versions of the document having to be submitted. The plan is showing a significant overspend and forecasting large overspends each year. The early versions of the plan did not properly flag risks and contain sufficient detail as to how projects to deliver savings were to be managed. The 2022/23 plan is still only approved by SBC on an interim basis and there has been no opportunity for scrutiny to be involved in reviewing the plan.</p> <p>September 2022 update DfE has commissioned an independent review of the business plan. The business plan covers a longer period than set out in the service delivery contract and does not make provision for repayment of the Council's loan at the end of the current contract term.</p> | and concerns about content. | In future years, annual business plans must be submitted within the deadlines set out in the SDC and must have been subject to appropriate scrutiny by the board. | SCF CE / Chair |
| E3 There should be evidence that the board meets regularly to consider, review and record | The board meets regularly, and all decisions are recorded and documented | <p>The board of directors have been meeting and holding extraordinary meetings where required, however evidence of minutes have not been requested or supplied to the Council.</p> <p>September 2022 update</p> | Amber – further information and evidence required to deliver assurance. | Samples of minutes and dates of meetings to be provided to the Council for assurance. | SCF Director of Finance / SCF CE / Chairman |

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| discussions and conclusions | Decisions are taken at the appropriate place, including deferral and recommendations of decisions on matters that are reserved for the shareholder | <p>SCF has confirmed that Board and sub committee meetings are held regularly as set in its annual meetings timetable. In addition to these scheduled meetings, Extraordinary Board meetings also take place as necessary. Dates of 2021 Board meetings – 28/01, 01/03, 25/03, 20/05, 25/06, 29/07, 03/09, 05/10, 09/12 Dates of 2022 Board meetings – 11/01, 15/03, 29/03, 05/04, 25/05, 08/07, 18/07, 22/09</p> <p>There are four sub committees – Workforce Strategy Group (WSG) 2021 – 08/03, 15/04, 13/05, 17/06, 15/07, 19/08, 16/09, 11/11 2022 – 22/02, 22/05, 14/07, 15/09, 15/12 Audit and Risk Sub Committee (ARC) 2021 – 13/01, 11/03, 13/05, 15/07, 16/09, 18/11 2022 – 16/02, 26/04, 05/07, 18/10, 13/12 Quality and Practice Improvement Sub Committee (QPIC) 2021 – 21/03, 29/06, 29/09, 16/12 2022 – 22/02, 22/05, 08/08, 18/11 Remuneration, Nomination and Appointments Sub Committee (RNAC) 2022 – 08/06, 18/08, further dates to be arranged.</p> <p>Minutes were taken and have been agreed by the relevant chair and attendees for all of the above meetings.</p> | | <p>September 2022 update Whilst dates of meetings have been given, no documentary evidence has been supplied of agendas or extracts of minutes to demonstrate the quality of the discussion and conclusions. Further evidence is required to provide assurance on this.</p> <p>The Principal Lawyer to attend meeting on 22 September 2022 to discuss governance review and levels of assurance required moving forward. This is likely to include attendance by Council officers as observers on an annual basis.</p> | <p>SCF CE / Chairman</p> <p>SBC Principal Lawyer</p> |
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| <p>E4 There should be evidence of delivery of strategies and plans, including scrutinising key operational and finance performance information</p> | <p>The board has delegated detailed scrutiny to committees or directors with appropriate skills, including financial management</p> <p>The board challenges performance and key financial and operational reporting</p> | <p>The business plan and performance data demonstrates that SCF is delivering the services with appropriate delegation.</p> <p>September 2022 update SCF has confirmed that challenge to financial and operational information is a significant part of sub committee meetings, with the Risk Register documenting areas for particular attention at Audit and Risk Sub Committee (ARC). Matters of significance at committees are included in the board agenda and dealt with at board. - There has been careful consideration given to the allocation of NEDs sitting on the sub committees, so that there is challenge at sub committees and at Board by those directors not on those sub committees. The Board has committed to set of SCF values (delivering together, honest, and respectful, child focused, improving constantly and looking ahead) which complement those of the Council, in support of the vision to enable all children, young people and their families to be safe, secure, and successful.</p> <p>High level list of members for each sub committee supplied. Operational scheme of delegation supplied Financial scheme of delegation supplied.</p> | <p>Amber – due to need for further review of number of committee and make up of board.</p> | <p>Evidence of board challenge to be provided to the Council.</p> <p>Internal scheme of delegation to be provided to the Council.</p> <p>September 2022 update Remove Councillor Hulme from list of members of committees and if the lead member is to attend board meetings, draft a protocol setting out her role and management of any issues such as access to confidential information.</p> <p>Review the articles of association to consider whether the split of</p> | <p>SCF Director of Finance / Chairman</p> <p>SCF Chief Executive</p> <p>SCF Chair SCF Chief Executive</p> <p>SBC Principal Lawyer / SCF Chair</p> |
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| | | <p>The list of members includes reference to Councillor Hulme being appointed to committees as a participating observer. As Councillor Hulme is no longer a director and there is no documentation in place governing the “participating observer” role, it is not appropriate for her to be named as a member.</p> | | <p>independent NEDs and council nominated NEDs is appropriate, given the lack of membership of a finance committee and need for at least one independent NED to chair more than one committee.</p> <p>Review best practice to consider whether 5 committees of the board are required and whether quality of practice and finance and business could be merged into an operational practice committee, to avoid financial performance and quality of practice being considered in isolation.</p> | <p>SCF Chair</p> |
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| <p>E5 There should be evidence of the desired culture and behaviours</p> | <p>The board promotes the success of the company</p> <p>The board provides entrepreneurial leadership</p> <p>Prudent and effective controls are demonstrated where risk is assessed and managed</p> <p>The board sets strategic aims and ensures sufficient resources (financial and human) are available to meet objectives</p> <p>The board reviews management performance, including that of the CEO/MD and leadership team</p> | <p>Evidence is not available to assess this.</p> <p>September 2022 update SCF has confirmed: The Chair and NEDs were appointed by the DfE in accordance with a stated set of values, culture, and behaviours. The Board has committed to set of SCF values (delivering together, honest, and respectful, child focused, improving constantly and looking ahead) which complement those of the Council, in support of the vision to enable all children, young people and their families to be safe, secure, and successful. SCF Comms promotes the success of SCF. The ARC is managing and assesses risk with the effective controls. The Board sets strategic aims and ensures sufficient resources (financial and human) are available to meet objectives and this is detailed in the business plan). The Board reviews management performance, including that of the CEO/MD and leadership team via the newly established Remuneration, Nomination and Appointments Sub Committee. The Board ensures obligations to shareholders and others are met via contracts for services.</p> | <p>Amber – further work is required to provide assurance on this, although significant change and progress has been made during the last year.</p> | <p>Evidence to be provided by SCF.</p> <p>September 2022 update The SCF Board to consider its current set of values and behaviour as part of its annual review and put in place any required actions in response. In accordance with good governance instituted recommendations, SCF will undertake a survey of key stakeholders on this. Working with the Council, SCF Chairman to review the make up of the board in relation to number of independent NEDs and council nominated NEDs to ensure appropriate</p> | <p>SCF Chairman / SCF Chief Executive</p> <p>SCF Chair / SCF CE</p> |
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| | <p>The board sets corporate values and standards</p> <p>The board ensures obligations to shareholders and others are met</p> | | | skills, experience and knowledge. | |
| E6 The company structures should be regularly scrutinised in order to ensure they remain fit for purpose | <p>The company structures are regularly reviewed</p> <p>Financial and performance benchmarking exercises are carried out</p> | <p>SCF has recently reviewed its structure to take account of the additional services that transferred to it in July 2021.</p> <p>Benchmarking data is regularly presented in performance reports. There is some evidence of financial benchmarking data, although this could be improved.</p> <p>September 2022 update SCF has confirmed that a high level benchmarking exercise was undertaken by PeopleToo and relevant statistics were included in the business case.</p> <p>Mutual Ventures have been commissioned by the DfE to undertake a review of the current business plan and the results of that will be presented to Cabinet. This review has recommended that there is an additional director responsible for strategy and transformation to ensure that projects are effectively monitored and delivered and</p> | Amber – further work is required to review the senior leadership team to ensure that it is able to provide effective corporate leadership and deliver on its business plan priorities. | <p>SCF to include its organisational structure in its annual business plan</p> <p>Consideration given to financial benchmarking data to be included in reporting</p> <p>September 2022 update The organisational structure is included in the latest version of the business plan. The senior leadership team structure and management teams beneath to be reviewed in light of</p> | <p>SCF Chief Executive</p> <p>SCF Chief Executive</p> <p>SCF Chief Executive</p> |

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| | | <p>savings targets linked to these are appropriate and regularly reviewed.</p> <p>The Innovate teams remain in place due to workforce issues regarding recruitment and retention, which means that whilst the structure may be appropriate the meanwhile structure does not reflect this, which is adding cost. This issue has been raised with the DfE, as it reflects a national issue.</p> | | the Mutual Ventures report. | |
| E7 There should be evidence that the board has clear policies and procedures for its members to ensure that actual or potential conflicts of interests are identified, declared, and acted upon | The board regularly monitors conflicts of interest, including with suppliers and users | <p>No evidence available.</p> <p>September 2022 update SCF has codes of conduct for staff, terms of appointment for independent NEDs, declaration and registers of interests and policies for managing conflicts of interests in general. Conflict of interests are also a standing item on all Board and sub committee agendas.</p> | Amber due to documentary evidence not being supplied. | <p>SCF to provide details of its codes of conduct for staff, terms of appointment for independent NEDs, declaration and registers of interests and policies for managing conflicts of interests in general.</p> <p>September 2022 update Written assurance given, but no documentary evidence. SCF to supply a copy of the terms of appointment for</p> | <p>SCF Chief Executive</p> <p>SCF Chairman / SCF CE</p> |

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| | | | | independent NEDs, its code of conduct for staff which applied to executive directors and an extract of minutes to demonstrate the effectiveness of its current systems. | |
| Role and behaviours of company directors | | | | | |
| E8 There should be evidence that directors have sufficient skills and experience to run the entity | <p>Directors' skills align well to the organisation's purpose and objectives</p> <p>Directors are trained so that they are competent in undertaking their roles and responsibilities</p> | <p>Skills audit undertaken before refresh of the board in 2021.</p> <p>Evidence of training is not available.</p> <p>Evidence of evaluation of board and individual directors not available.</p> <p>September 2022 update A copy of the skills audit of the current board has been provided and the gaps identified in that have been used to inform the council nomination to the board. The independent NEDs have a mix of skills and are experienced in company governance. No further documentary evidence has been supplied in relation to whole board effectiveness or effectiveness of individual directors, including executive directors.</p> | Amber – further work needed to evaluate effectiveness of the board as a whole and individually | <p>Evidence of induction and training to be supplied</p> <p>Evidence of process for evaluating effectiveness of board to be supplied</p> <p>September 2022 update SCF to undertake a review of the Board effectiveness and to evaluate the effectiveness of individual directors, including executive directors.</p> | <p>SCF Chairman</p> <p>SCF Chairman</p> <p>SCF Chairman</p> |

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| | | Information has been given on the induction and briefings given to the new board, although documentary evidence has not been supplied. | | | |
| E9 There should be evidence that directors' behaviours are aligned with the requirements of the Companies Act 2006 and the Nolan Principles as well as Cabinet Office's Code of Conduct for Board Members of Public Bodies | <p>Directors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> act within their powers <input type="checkbox"/> promote the success of the company <input type="checkbox"/> exercise independent judgement <input type="checkbox"/> exercise reasonable care skill and diligence <input type="checkbox"/> avoid conflicts of interest <input type="checkbox"/> do not accept benefits from third parties <input type="checkbox"/> declare an interest in proposed transactions or arrangements with the company <p>Directors act in accordance with the seven Nolan Principles:</p> <ul style="list-style-type: none"> <input type="checkbox"/> selflessness | <p>Terms of appointment for Council nominated NEDs address these matters.</p> <p>Evidence to be supplied for independent NEDs and executive directors.</p> <p>September 2022 update SCF confirms that independent NEDs have been recruited by the DfE. All members of SCF are experienced board members holding senior positions at board or councils in other organisations and are familiar with the Nolan principles. References were sought prior to appointment.</p> | Amber – due to need for further information to be supplied for executive directors. | <p>Evidence to be supplied</p> <p>September 2022 update No documentary evidence supplied, although the Council was involved in recruitment processes for the SCF Chair, independent NEDs and council nominated NEDs. Further information required in relation to the two remaining executive directors. Evidence could include reference to objectives in an appraisal, training undertaken, extracts of board minutes demonstrating behaviours as examples.</p> | <p>SCF Chairman</p> <p>SCF Chairman / SCF CE</p> |

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| | <input type="checkbox"/> integrity <input type="checkbox"/> objectivity <input type="checkbox"/> accountability <input type="checkbox"/> openness <input type="checkbox"/> honesty <input type="checkbox"/> leadership | | | | |
| E10 The scope of directors' authorities should be documented and clear to all parties | <p>Directors' authorities are demonstrated in a scheme of delegation</p> <p>The scheme of delegation includes reference to matters that are reserved for board decision and cannot be delegated</p> | <p>No evidence of internal scheme of delegation available</p> <p>September 2022 update Scheme of delegation supplied for decision-making in relation to children. The SCST Board handbook supplied, which sets out board and committee terms of reference for all but one of the committee. SCF has supplied documents as evidence of a finance scheme of delegation, however one is a presentation relating to spend in relation to casework and the other document is the company's financial regulations and refers to SCST. It has not been reviewed since the change in articles of association and new board structure. Neither document is a clear financial scheme of delegation at officer level and no documentary evidence has been supplied in relation to a scheme of delegation for HR or procurement decisions.</p> | Red due to lack of evidence of compliance being supplied. | <p>Internal scheme of delegation to be supplied, including terms of reference for committees</p> <p>September 2022 update The ToR of each committee/sub-committee should be reviewed urgently by the board and on an ongoing basis at least every two years. Documentary evidence to be supplied that there is an effective scheme of delegation in place covering all operational functions to include,</p> | <p>SCF Chief Executive</p> <p>SCF Chairman</p> |

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| | | | | but not limited to, finance, HR and procurement. | |
| Company board composition | | | | | |
| E11 There should be evidence that the board has a diverse membership with the collective skills and attributes needed to lead the entity effectively | <p>There are between five and ten directors on the board</p> <p>At least half of the directors are independent non-executives</p> <p>Appointments to the board are subject to a formal, rigorous, and transparent selection procedure based on merit and published objective criteria</p> | <p>Skills audit undertaken prior to appointment of NEDs. Recruitment process to appoint chairman and independent NEDs.</p> <p>Over half the directors are independent or council nominated NEDs, including the chairman.</p> <p>4 August 2022 Skills audit undertaken and nomination made to fill identified skills gap.</p> | Green | Council to review who to nominate as council nominated directors | SBC Chief Executive |
| E12 There should be evidence that board membership is reviewed regularly for composition and fitness for purpose | Board composition and individual director performance is reviewed periodically to evaluate board composition, the effectiveness of individual | <p>Skills audit undertaken prior to appointment of NEDs. Refresh of board undertaken in 2021.</p> <p>No evidence of evaluation process.</p> <p>4 August 2022 Skills audit undertaken, NEDs are recent appointments. Documentary evidence supplied for skills audit of each director, but not for evaluation process.</p> | Amber due to lack of documentary evidence. | Evidence to be supplied of evaluation process | SCF Chairman |

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| | contribution, and how effectively board members work together to achieve the objectives of the entity | | | | |
| The board and risk management | | | | | |
| E13 There should be evidence that the board understands the organisation's risk profile and the effectiveness of key controls and regularly reviews risks and risk appetite | <p>The board demonstrates ultimate responsibility for risk management within the entity and ensures that appropriate risk management arrangements that are in place</p> <p>The board regularly reviews risks and how they are being managed</p> <p>The board is aware of its appetite for risk and determines the risk profile for the entity</p> | <p>There is evidence of risk management in relation to delivery of services, however there is less evidence of risk management in terms of financial performance, nor how these risks are managed and flagged, including use of contractual mechanisms to negotiate the annual contract sum.</p> <p>September 2022 update SCF confirms that review of risk management is a key component of the ARC meetings. A recent development in the process was to highlight business critical risks for urgent action and discussion at the council's Strategic Commissioning Group. Matters of significance are included in the board agenda. A particular example is given in relation to the risk of delay in progressing the early help proposal and the serious threat to the success of the business plan. The document to support this is an agenda item to ARC titled "Corporate Risk Register – Update and Refresh for the Audit and Risk Committee". The risks are highlighted as:</p> | Red – whilst it is clear that a considerable amount of work has been done, risk management procedures and processes do not appear to be effectively managing and reporting risk both internally and to SBC as commissioner of the services and sole owner of SCF. | <p>Risk management procedures to be supplied</p> <p>Sample of minutes to be supplied to demonstrate consideration of risk, in particular financial risk</p> <p>September 2022 update Risk management strategy to be formally reviewed and agreed at the board and a copy of strategy and the minutes of discussion to be supplied to the Council.</p> | <p>SCF Chief Executive</p> <p>SCF Chief Executive</p> <p>SCF Chairman / SCF Chief Executive</p> |

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| | <p>The board's approach to risk is proportionate and appropriate to its model</p> | <ol style="list-style-type: none"> 1. SCF - going concern status 2. Independence and effectiveness of the board 3. Strong, stable and skilled leadership 4. Inability to recruit and maintain a stable, skilled and experienced workforce 5. Failing to continuously improve and transform services and 'getting to good' <p>Mitigations are set out in relation to the first one, namely submission of a refreshed business plan and improvement delivery plan. There are limited mitigations presented in relation to the independence and effectiveness of the board. In relation to strong, stable and skilled leadership reference is made to permanent recruitment to leadership and management roles in SCF and SBC, but no further detail given. A workforce strategy is referenced but with limited detail. A governance review and review of back office provision and steps to improve quality of service with cost savings through efficiency gains, but again with limited further information.</p> <p>The corporate risk register and risk management policy has been supplied. The former is a detailed document and demonstrates an effective model and process is in place. However, there are some concerns about mitigations. For example:</p> | | <p>The lead member for children's services to be removed as risk owner and her role in attending board meetings to be clarified and a protocol to be drawn up if the lead member continues to attend board meetings.</p> <p>SCF to consider commissioning support from SBC or an external provider on reviewing its risk management procedures and delivering training on risk management.</p> | <p>SCF Chairman</p> <p>SCF Chief Executive</p> |
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| | | <ul style="list-style-type: none">(a) SCF being a “going concern”, reference is made to the DLUHC commissioners owning SBC’s responsibilities in supporting SCF to deliver services to children, young children and their families, which is an inaccurate statement as the DLUHC commissioners are not responsible for managing the SCF contract or agreeing the Contract Sum. No reference is made to the DfE or the DfE commissioner’s role.(b) Independence and effectiveness of the SCF board - the only mitigations referred to relate to the governance review, which is being led by the Council, the same comment about the DLUHC commissioners role, which is inaccurate and the need to secure support and funding for the business plan.(c) Under strong, stable and skilled leadership, reference it made to SBC being run by temporary executives and commissioners, when this should presumably focus on SCF’s leadership team. Reference is correctly made to the interim nature and turnover of SCF CEOs and to the fact that the SDC was signed without board involvement. The mitigations do not appear to address the | | |
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| | | <p>concerns and the risk owners include reference to the lead member for children’s services and SBC – SCF risks must have risk owners who are SCF staff or directors, even if the solution involves liaison with SBC.</p> <p>The sample of minutes include extracts from 3 meetings of ARG: 18 November 2021 – effective challenge on the need to include risks related to the CIPFA/governance reports for SBC. 16 February 2022 – some challenge on alternative options for high cost placements and suggestions on utilising care leavers as mentors. 26 April 2022 – effective challenge on why the “going concern” risk had not appeared in risk reporting at earlier stage. The explanation does not address the issue. There is some challenge on the historic financial issues, although limited discussion on mitigations. On the discussion about independence and effectiveness of the Board, there is reference to the Director of Finance spending 80% of his time serving the Council. This is presumably a reference to the amount of time spent responding to council queries or addressing concerns in the quality or information provided by the Council, as the individual is not an officer of the Council.</p> | | |
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| | | <p>Under strong and stable leadership, there is reference to the need to commence the recruitment process for a new CEO and a recognition that this was shared with the Council due to the joint role and an action for this to be raised with SBC CE.</p> <p>Under failing to continuously improve and transform services, it was recognised that the lead member for children's services should not have been listed as risk owner.</p> | | | |
| Board members' skills and development | | | | | |
| E14 There should be documented evidence that the board regularly undertakes a skills audit to ensure that it has an appropriate balance of skills and experience | <p>The board regularly undertakes skills audits</p> <p>The entity has a board which includes a range of skills and backgrounds including commercial, financial, business development, technical, legal and HR experience</p> | <p>A skills audit was undertaken in April 2021. The independent NEDs bring a range of skills, including the chairman who has a background in children's services.</p> <p>4 August 2022 Detailed skills audit undertaken in 2022 and supplied to SBC</p> <p>September 2022 update In response to the skills audit, the Council has nominated an individual as director to meet some of the skills gaps and he has been interviewed by board members.</p> | Green | <p>Details of last skills audit to be supplied</p> <p>September 2022 update A review of the Articles of Association to be carried out to consider whether the board composition, particularly in terms of the number of independent and council nominated directors is appropriate.</p> | <p>SCF Chairman</p> <p>SCF Chairman/ SBC Principal Lawyer</p> |

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| <p>E15 There should be evidence of ongoing professional training provided to ensure that all board members are up-to-date in their understanding and supported in their roles</p> | <p>Regular training and updates cover legal roles and responsibilities, company directors' roles and companies generally</p> <p>Directors' training includes responsibilities under the Companies Act 2006, Insolvency Act 1986, Bribery Act 2010, Modern Slavery Act 2015, Data Protection Act 2018 and Health and Safety at Work etc. Act 1974</p> | <p>Evidence is not available of training, although it is clear that directors understand their duties under the Companies Act based on requests for specialist advice.</p> <p>SCF relies on the Council in relation to health and safety practices in the offices and buys certain services from the council in relation to IT and HR.</p> <p>September 2022 update Induction was provided to Directors at the first SCF meeting in July 2021. The board of directors received training from external lawyers on 18 July 2022 on the contractual mechanisms. SCF has commented: Whilst recognising the benefits of formal training, the directors have kept up to date with relevant knowledge through personal efforts and information available free of charge as there is no budget available for formal training. Training records in the last year to be requested from Board Directors and to be provided. (This will be a useful exercise to identify any gaps to be made up).</p> | <p>Amber – lack of evidence of training provided, although independent NEDs do appear to be experienced company directors.</p> | <p>Training records to be supplied</p> <p>September 2022 update Whilst a narrative has been given, no evidence of training on company director duties has been given. The lack of a budget is not an acceptable reason as if there are experienced company directors on the board, they could presumably deliver the training to the rest of the board. Training records should be collated and sent to the Council and a board development programme to include training and briefings on company director duties should be put in place.</p> | <p>SCF Chief Executive</p> <p>SCF Chairman</p> |
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| The role of executive directors and non-executive directors | | | | | |
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| E16 There is evidence that the role of executive directors is clearly defined and documented | <p>Executive directors' roles are clearly defined and documented</p> <p>Directors' roles are focused on running the entity's business activities and implementing the board's plans and policies</p> | <p>Executive directors have role profiles.</p> <p>The SCF Chief Executive's responsibilities are set out in the secondment agreement.</p> <p>September 2022 update SCF has confirmed that role profiles exist for executive directors, but has not supplied copies.</p> <p>The SCF Chief Executive's responsibilities are set out in the secondment agreement which was produced by the Council.</p> | Amber due to lack of evidence supplied. | <p>Role profiles for all executive directors to be supplied</p> <p>September 2022 update Role profiles to be supplied for all executive directors and if there is a plan to increase the number of executive directors following the Mutual Ventures report, the role profile should be provided in draft to the Council in advance of recruitment.</p> | <p>SCF Chief Executive</p> <p>SCF Chief Executive</p> |
| E17 Non-executive directors are in place to bring an independent judgement to bear on issues | <p>Non-executive directors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> challenge, and contribute to the development of the company's strategy | <p>NEDs were involved in reviewing and approving for submission the business plan, they have also been involved in reviewing financial performance and flagging concerns.</p> <p>September 2022 update</p> | Amber due to the NEDs and the board in general having access to the right | <p>Further evidence to be supplied by SCF</p> <p>September 2022 update Despite good evidence being</p> | <p>SCF Chairman</p> <p>SCF Chairman</p> |

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| <p>of subject matter expertise, strategy, performance, resources including key appointments, and standards of conduct</p> | <p> <input type="checkbox"/> scrutinise performance of management in meeting agreed goals and monitor reporting of performance <input type="checkbox"/> satisfy themselves on the accuracy of financial information and that financial controls and risk management are robust and defensible <input type="checkbox"/> determine executive directors' remuneration and prime role in appointing/removing senior management </p> | <p>SCF has confirmed that board challenge of the business plan took place at meetings on 5 October, 9 December 2021, 11 January, 15 March, 29 March, 5 April, 25 May, 8 July and 18 July 2022, as well as at committee meetings in February and July 2022.</p> <p>An extract of the minutes for 9 December 2021 has been provided as evidence. This demonstrates appropriate challenge on the clarity of the strategic programme of plans and the importance of partnerships and workforce issues. There was limited evidence of challenge on the deliverability of the financial savings and the risks associated with these. This appears contrary to the significant concerns that were raised by council officers, elected members and both the DfE and DLUHC commissioners, which led to the plan being approved on an interim basis only.</p> <p>It is unclear how the challenge on partnerships and strategic programme of plans were captured in the updated plan, as these continued to be concerns of the Council and commissioned with the updated business plan.</p> <p>An extract of the minutes for 11 January 2022 has been provided as evidence. Good discussion about link with public health on universal services and 0-19 health visitor/school nursing provision. Limited</p> | <p>information at the right time.</p> | <p>supplied to demonstrate the value that NEDs are adding, this is reliant on the right information being provided at the right time and that requires a culture and governance arrangements that are receptive to constructive challenge and the need for assurance. This needs to be kept under review over the next 12 months and considered as part of the review of board effectiveness.</p> | |
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| | | <p>assurance or response given in relation to request for update on early help provision. Good discussion on continuing health care. Reference to “very underdeveloped workforce” but no action in response. Discussion on retaining Innovate Teams and risk of non-delivery of savings, with assurance being given that biggest target is health funding and an opportunity to offset pressures elsewhere. Feedback of Council’s officers concerns focused on strategic priorities for next 3 years and that the Council was concerned the plan will not achieve what it says. Feedback refers to need for outcomes focused approach and clarity in terms of money. There was limited discussion on deliverability and risks particularly in terms of financial savings.</p> <p>An extract of minutes from 15 March 2022 has been provided. Reference for need for plan to go to scrutiny in September (this was inaccurate as the expectation was for updated plan to go to scrutiny in Quarter 1 of 2022/23. Appropriate reference to the Council commissioning the service and need to plan and cost services around the commissioned model. Intention to have a workshop to discuss business plan in more detail.</p> <p>An extract of minutes from 25 May 2022 has been provided. Appropriate challenge in relation to assumptions that were made that</p> | | |
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| | | have proved to be inaccurate and directors highlighted need for the business plan to be realistic and not to meet a budget target irrespective of risk. | | | |
| E18 There is documented evidence that the board values the role of non executive directors, and their views are influential in the board's decisions | The board values its non-executive directors, so that they are able to demonstrate: <ul style="list-style-type: none"> <input type="checkbox"/> sound judgement and an enquiring mind <input type="checkbox"/> knowledge of the business, its operating environment, and issues it faces <input type="checkbox"/> integrity, probity, and high ethical standards <input type="checkbox"/> objectivity as the basis for questioning and challenging accepted thinking of executives <input type="checkbox"/> strong interpersonal skills | Evidence is not available to allow assessment. September 2022 update SCF has confirmed that there are annual appraisal systems in place and the DfE is appraising the chair, including receiving feedback from relevant stakeholders. The NEDs are chairing the current board committees, which is good practice. A comprehensive skills audit has been undertaken to ensure there is clarity on any skills gaps and presumably to inform a training and development programme. A sample of minutes has shown effective challenge by the NEDs, however this has included queries as to why risks have not been flagged at board level at an earlier date. This could be an indication that the culture that exists does not always appreciate the important role that NEDs play and the need for the board to receive assurance and to constructively challenge the information it receives. | Amber – further work to embed the role of the NEDs into the governance processes. | Sample of minutes of meetings to be provided for assurance purposes September 2022 update The review of the effectiveness of the board should consider the culture of SCF in terms of valuing the role of NEDs and of the right information being provided at the right time. | SCF Chairman SCF Chairman |
| The role of the board chair | | | | | |
| E19 There is evidence that the chair | The chair is primarily responsible for: | The role of the chairman is complicated by the fact he is appointed by the DfE and reports directly to the DfE and appointed | Red due to no documentary | Evidence to be supplied | SCF Chairman / |

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| <p>provides clear board leadership, supporting the directors and chief executive and taking account of the shareholders views</p> | <ul style="list-style-type: none"> <input type="checkbox"/> the workings of the board <input type="checkbox"/> its balance of membership subject to board and shareholders' approval <input type="checkbox"/> ensuring that all relevant issues are on the agenda <input type="checkbox"/> ensuring that all directors, executive and non-executive alike, are enabled and encouraged to play their full part in its activities <p>The chair is able to stand sufficiently back from the day-to-day running of the business to ensure their board is in full control of the company's affairs</p> <p>The chair is responsible for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> formulating the board's strategy | <p>commissioner. It would be usual for the chairman of the board to have regular meetings with the Council as sole member.</p> <p>The chairman has attended member level meetings and meetings with Council officers and demonstrates an independence of mind and he was involved in formulating the business plan. It is less clear how he has influenced the direction of the company in terms of its strategic vision and aims, nor how he has ensured the board has the skills and ability to do its role.</p> <p>September 2022 update SCF has confirmed that SBC will need to make this request of the DfE in collaboration with the Chair.</p> <p>A request has been made to the DfE for evidence of the appraisal system in place and the extent to which the Council was consulted in advance of this.</p> | <p>assurance information being supplied.</p> | <p>September 2022 update The Council to formally request information and evidence to demonstrate the appraisal process in place to assess the effectiveness of the Chair.</p> | <p>DfE Commissioner to supply details of meetings held to demonstrate that the chairman is fulfilling the role to the satisfaction of the DfE.</p> <p>SBC Principal Lawyer</p> |
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| | <input type="checkbox"/> promoting the efficient and effective use of staff and other resources <input type="checkbox"/> delivering high standards in terms of integrity and propriety | | | | |
| Financial management | | | | | |
| E20 There should be a fully documented and approved business plan that is consistent with and no more than 12 months older than the previous business plan. The changes within the updated business plan should accord with the trajectories that are apparent from monthly financial and non-financial | The business plan and business planning process are critical parts of the governance culture and environment | <p>Previous business plans have lacked detail in terms of financial performance and projections. In addition business plans have been presented with savings targets that have not been achieved and were arguably undeliverable at the point of submission. This raises serious questions in terms of the culture and governance within SCF.</p> <p>September 2022 update SCF has confirmed that there is a submitted business plan approved by the SCF Board and the Board accepts there is more to do to finalise this to the standard required and seek consequential approval. It also confirms that there are systems in place to update the business plan and that this will be in place to manage and monitor assumptions underlying the plan and the performance and financial consequences.</p> <p>It is of concern that the board approved the 2022/23 business plan, when other</p> | Red – lack of assurance given and this should be subject to further review in relation to submission of annual business plan for 2023/24. | <p>Evidence to be supplied and evaluation of performance of the board in terms of monitoring and management of financial performance.</p> <p>September 2022 update Whilst there is evidence of challenge on the business plan by NEDs, the business plan process has been convoluted and the historic issues with overspend have been replicated in</p> | <p>SCF Chairman</p> <p>SCF Chairman/ SBC s.151 officer</p> |

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| performance reports | | stakeholders had concerns about its deliverability which has resulted in it only being approved on an interim basis and significant overspends being reported. | | the first year of trading, with the in-year change mechanisms not being utilised until July 2022. More evidence is required to demonstrate that the business plan is effective and focused on the right priorities. This will be informed by the Mutual Ventures report. | |
| E21 The financial transactions and values attributable to the company within the council's medium term financial plan should agree with the projections in the business plan | The business plan provides the basis for monitoring financial performance and feeds into the medium-term financial planning of the council in situations where it expects to receive dividends, loan repayments, capital financial support in | <p>SCF is constrained by the Council's lack of a comprehensive MTFS and historic poor financial governance.</p> <p>There is evidence of SCF passively accepting savings targets without properly engaging with the process and assessing the deliverability of such targets. This has resulted in a culture of overspends, as opposed to use of the contractual mechanisms to have sensible, robust conversations about the need to re-negotiate the contract sum either in-year or annually.</p> | Red due to lack of evidence that effective systems are in place. | <p>To be addressed in future business plans</p> <p>September 2022 update The board should be able to effectively scrutinise and challenge financial information and agreed and monitor budgets. A training and development</p> | <p>SCF Chairman and SCF Chief Executive</p> <p>SCF Chairman / SCF Director of Finance</p> |

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| | terms of working capital or longer-term finance | <p>This does not result from a lack of a documented process – this is clearly set out in the SDC, but is not followed. This demonstrates a serious failure of financial governance.</p> <p>4 August 2022 Updated business plan forecasts cashflow insolvency by end of 22/23, including utilising the £5mil loan. Future years forecast losses and any invest to save plan is not expecting to deliver a return for over 5 years.</p> <p>September 2022 update SCF appreciates the seriousness and complexity of this alignment and welcomes the ongoing support and challenge that SBC is providing on this crucial issue. There is a desire to bring in NEDs with financial expertise to assist with this.</p> | | <p>plan should be supplied to the Council to demonstrate that appropriate support is being given to the board to undertake its functions. Whilst SCF can review whether further financial expertise is required on the Board, the reliance on one individual to address this issue fails to recognise the role of NEDs and the board as a collective.</p> | |
| E22 Board reports should include clear presentation of the monthly income and expenditure position of the company as well as a cash flow | Board reports feature clear articulation of the current financial position of the company in terms of its trading position (income and expenditure), liquidity (cash flow) | <p>Evidence not available to assess</p> <p>September 2022 update SCF has supplied documentary evidence as follows: Presentation relating to the risks of insolvency and factors contributing towards this. Report to 24 May 2022 board meeting on budget pressures. The report is detailed, however it does flag issues with the overly</p> | Red due to insufficient assurance and evidence of overspend occurring without contractual mechanisms being used to | <p>September 2022 update There is insufficient information supplied to demonstrate the board is receiving appropriate financial information on a regular basis and managing the risks</p> | SCF Director of Finance |

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| statement and balance sheet | and solvency (balance sheet) | <p>optimistic assumptions that were being made to inform the earlier business plan and the lack of risk management in place to address these. The report presents the pressures as something that could not be foreseen, but the issues around caseloads, workforce, court costs, inflationary pressures and demand should have been considered and assumptions tested appropriately. Clearly the bid for transformation funding had been assumed and the reduction in DfE funding may not have been anticipated, but this does call into question the assumptions that are being built in for funding that has not been agreed. Board meeting reports supplied from 15 March 2022 meeting. Only the reports have been provided, so it is not possible to ascertain what discussion took place. However it is of note that the report are relatively short and do not have a financial implications section. This includes a report on the agreed pay inflationary increase, the business plan and the finance update (although the latter is clearly wholly focused on finance). On the finance update reference is made to three fact finding cases requiring QC support, however no detail is provided on the actual cost. Use of a QC on particularly complex cases is not an uncommon occurrence and it would be expected that there would be a contingency arrangement within the legal</p> | address these. | <p>appropriately. An action plan to address this should be provided.</p> <p>SCF Board should consider whether reports should have a financial implications section as standard.</p> | SCF Chairman |
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| | | budget to cover a certain number of complex cases each year. | | | |
| E23 There should be evidence of an annual audit letter from the council's external auditors, confirming the degree of confidence they hold in respect of consolidation or treatment of financial instruments entered by the company | <p>The council's external auditor has provided an annual audit letter annually</p> <p>The annual audit letter confirms the degree of confidence they hold in respect of consolidation or treatment of financial instruments entered by the company</p> | <p>The Council's external auditors issued statutory recommendations in 2021 and had concerns about company governance and financial systems in place to ensure separation of functions and accounting. This was not specifically in relation to SCF.</p> <p>SCF has separate external auditors and its accounts are independently auditors from the Council's accounts.</p> | Amber due to the Council's external auditors needing to be satisfied that concerns on company governance have been properly addressed. | <p>September 2022 update</p> <p>Assurance processes in place regarding treatment of financial instruments and consolidation.</p> | SBC s.151 Officer |
| E24 Documented financial policies and procedures should be available | The company has an independent financial status from the council, including separate bank accounts and designated signatories. | <p>SCF has a separate bank account and independent status from the Council.</p> <p>Financial policies to be supplied to allow assessment.</p> <p>Borrowing and overdraft limits are set out in the Articles.</p> | Red due to policies not having recently been reviewed and no financial scheme of delegation. | <p>Financial policies to be supplied.</p> <p>September 2022 update</p> <p>Financial policies to be reviewed, updated and approved by board.</p> | <p>SCF Director of Finance</p> <p>SCF Director of Finance</p> |

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| | <p>The financial transactions of the company are recorded on the company's own, separate ledger system and the council is able to demonstrate how the results of the company are consolidated into its own group accounts.</p> <p>The company has a set of documented financial policies and procedures which describe areas such as borrowing and overdraft limits and levels which are reserved for council approval</p> | <p>September 2022 update The financial regulations have been supplied. As these refer to the SCST and former directors, it is apparent they have not been reviewed since the change in articles of association and new board structure.</p> | | <p>It is not appropriate to wait for the set up of a new finance committee, unless this is happening imminently.</p> | |
| E25 There should be evidence of an effective annual internal audit programme | <p>The company operates a system of internal controls that are consistent with financial</p> | <p>Evidence not available to assess</p> <p>September 2022 update SCF has confirmed it is subject to internal audit by the Council's internal auditors, RSM. This has included recent audits in relation to</p> | Green | <p>September 2022 SBC to consider the effectiveness of the internal audit programme for SCF and the quality of</p> | <p>SBC s.151 officer</p> |

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| | <p>policies and procedures</p> <p>The company's internal controls are subject to periodic testing by internal auditors</p> | <p>governance and value for money. These reports have been referenced in the Council's most recent Audit and Corporate Governance Committee.</p> | | <p>internal audits undertaken in 2022/23.</p> | |
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MEMBERS' ATTENDANCE RECORD 2022/23
PEOPLE SCRUTINY PANEL

| COUNCILLOR | 15/06/22 <u>Extraordinary</u> | 26/09/22 | 24/10/22 | 28/11/22 | Dec 2022 - tbc | 30/01/23 | Feb 2023 - tbc |
|------------------------|--|-----------------|-----------------|-----------------|---------------------------|-----------------|---------------------------|
| Qaseem (Chair) | P | P | | | | | |
| P Bedi (Vice-Chair) | P | Ap | | | | | |
| Bal | Ab | P | | | | | |
| Basra | P | P | | | | | |
| Begum | P | P | | | | | |
| Brooker | P | P | | | | | |
| R Davis | Ap | Ab | | | | | |
| Matloob | P | P | | | | | |
| Sandhu | P | P | | | | | |

P = Present for whole meeting P* = Present for part of meeting Ap = Apologies given Ab = Absent, no apologies given

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