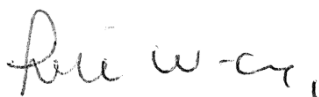


Date of issue: Friday, 11 February 2022

MEETING	CABINET	
	Councillor Swindlehurst	Leader of the Council and Cabinet Member for Forward Strategy & Corporate Resources
	Councillor Mann	Deputy Leader and Cabinet Member for Transport, Planning & Place
	Councillor Akram	Leisure, Culture & Communities
	Councillor Anderson	Financial Oversight, Council Assets & Performance
	Councillor Bains	Regulation & Public Protection
	Councillor Carter	Housing & Environment
	Councillor Hulme	Children's Services, Lifelong Learning & Skills
	Councillor Pantelic	Social Care & Public Health
DATE AND TIME:	MONDAY, 21ST FEBRUARY, 2022 AT 6.30 PM	
VENUE:	COUNCIL CHAMBER - OBSERVATORY HOUSE, 25 WINDSOR ROAD, SL1 2EL	
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE	07749 709 868

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.



JOSIE WRAGG
Chief Executive

AGENDA

PART 1

<u>AGENDA ITEM</u>	<u>REPORT TITLE</u>	<u>PAGE</u>	<u>WARD</u>
	Apologies for absence.		
1.	Declarations of Interest <i>All Members who believe they have a Disclosable Pecuniary or other Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 9 and Appendix B of the Councillors' Code of Conduct, leave the meeting while the matter is discussed.</i>	-	-
2.	Minutes of the Meeting held on 17th January 2022	1 - 10	-
3.	Annual business plan for Slough Children First Limited (SCF)	11 - 84	All
4.	SEND Written Statement of Action	85 - 168	All
5.	Appointment of External Auditors	169 - 176	All
6.	References from Overview & Scrutiny	To Follow	All
7.	Notification of Key Decisions	177 - 190	All

*Key Decisions are highlighted in **bold**.*

Press and Public

Attendance and accessibility: You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before any items in the Part II agenda are considered. For those hard of hearing an Induction Loop System is available in the Council Chamber.

Webcasting and recording: The public part of the meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The footage will remain on our website for 12 months. A copy of the recording will also be retained in accordance with the Council's data retention policy. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

In addition, the law allows members of the public to take photographs, film, audio-record or tweet the proceedings at public meetings. Anyone proposing to do so is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.



AGENDA
ITEM

REPORT TITLE

PAGE

WARD

Emergency procedures: The fire alarm is a continuous siren. If the alarm sounds Immediately vacate the premises by the nearest available exit at either the front or rear of the Chamber and proceed to the assembly point: The pavement of the service road outside of Westminster House, 31 Windsor Road.

Covid-19: To accommodate social distancing there is significantly restricted capacity of the Council Chamber and places for the public are very limited. We would encourage those wishing to observe the meeting to view the live stream. Any members of the public who do wish to attend in person should be encouraged to contact the Democratic Services Officer.

This page is intentionally left blank

Cabinet – Meeting held on Monday, 17th January, 2022.

Present:- Councillors Swindlehurst (Chair), Mann (Vice-Chair), Anderson, Bains, Carter, Hulme and Pantelic

Also present under Rule 30:- Councillors Gahir and Smith

Apologies for Absence:- Councillor Akram

PART 1**59. Declarations of Interest**

Item 4 (Minute 62 refers) – Council Taxbases 2022/23 – Councillor Mann declared a personal interest in that she was the Chair of Britwell Parish Council. She stayed in the meeting and voted on the item.

60. Minutes of the Meeting held on 20th December 2021

Resolved – That the minutes of the meeting of the Cabinet held on 20th December 2021 be approved as a corrected record.

61. Recovery Plan - Update

The Lead Member for Financial Oversight, Council Assets & Performance and the Director of Finance introduced the third in a series of reports that updated the Cabinet on the work being undertaken to improve all aspects of the Council's financial and governance processes through the Finance Action Plan. The report would also be presented to Council on 27th January 2022.

The Cabinet noted the detailed progress set out including on the statement of accounts and year-end close; budget setting; companies governance and responding the recommendations of the Grant Thornton, DLUHC and CIPFA reviews. The format of the report would be revised when work on the broader Council recovery plan began and this wider work was a point highlighted in the Commissioners comments that an Improvement and Recovery Plan was required in response to the Ministerial Directions.

Lead Members reviewed progress in a number of specific areas including financial governance arrangements; the newly identified £2.6m provision for refunds to tenants arising from the Thames Water v Southwark case; and the progress in reviewing the companies, particularly James Elliman Homes. The Director of Finance responded that a comprehensive and systematic review was taking place of each company and some of the issues identified were complex and would take time to resolve. Significant progress was being made and an update on each company was expected to be presented to the Audit & Corporate Governance Committee at its meeting on 1st March 2022. It was noted that there were some contracts within corporate related to financial systems that had been identified and were currently being worked on

Cabinet - 17.01.22

which it was likely would not be brought forward as early as would have been wished to renew procurement. In relation to financial governance it was noted that a new internal Finance Board had been established, which involved Opposition councillors and Commissioners.

In response to a question, the Director of Finance stated that further historic financial issues may still be identified as work continued on the accounts from 2018/19 and subsequent years, although he confirmed that the finance team currently had sufficient resources and expertise to carry out the programme of work in the Finance Action Plan. The Cabinet noted the progress that had been made on establishing a permanent and sustainable staffing structure for the finance department and highlighted that this was a key priority.

Councillor Smith addressed the Cabinet and asked questions about the misclassification of a number of investment properties; the Dedicated Schools Grant; and the approach to recovering bad debts. The Director of Finance responded to the queries raised and provided assurance that the Council was stepping up its activity to recover debt but also needed to make appropriate provision for bad debt in its accounts.

At the conclusion of the discussion the Cabinet noted the report and agreed to recommend it to Council.

Recommended – That the current position on the Finance Recovery Plan be noted and that the report be recommended to Council on 27th January 2022.

62. Council Taxbases 2022/23

The Lead Member for Financial Oversight, Council Assets & Performance and the Director of Finance introduced a report on the number of properties in Slough and their categories of occupation for the purpose of determining the Council Tax base for the borough for the 2022/23 financial year.

Lead Members asked about the potential impact of the economic impacts of Covid-19 on the collection rate. It was responded that the collection rate had been set at 98.2%, which was the same figure as for 2021/22 but lower than the 98.4% in 2020/21, due to the difficulties collecting Council Tax during and following the pandemic. Recovery work for 2019/20 and 2020/21 Council Tax debt continued. The Cabinet also noted the position regarding Parish Councils and Council Tax Support as set out in paragraphs 2.15 to 2.17 of the report.

Councillor Smith addressed the Cabinet and asked about the use of Covid grants to support families with children with Council Tax. This query would be picked up outside of the meeting.

At the conclusion of the discussion, the Cabinet agreed the recommendations.

Resolved –

That it be approved that:

- i. The provision for uncollectable amounts of Council Tax for 2022-2023 be agreed at 1.8% producing an expected collection rate of 98.2%;
- ii. the Council Tax base calculation for 2022/23 of 42,286.2 Band D equivalent dwellings (being 43,061.3 x 98.2%);
- iii. that no notional funding be passported to Parish Councils in respect to Council Tax Support as was the case in 2021/22.

That it be noted that:

- iv. the Council Tax base be broken down as follows between local parishes and the rest of Slough:

Area	Band D Equivalent Dwellings
Parish of Britwell	836.4
Parish of Colnbrook with Poyle	1,811.3
Parish of Wexham	1,393.9
Slough (unparished)	38,244.6
Total Tax-Base	42,286.2

- v. the ongoing work to estimate the 2021/22 year end Council Tax position be noted.

63. HRA Rents & Service Charges 2022/23

The Cabinet considered a report that set out the proposed changes in housing rents and service charges for 2022/23 following the annual rent review for Housing Revenue Account (HRA) properties.

It was noted that the report would also be reviewed by the Customer & Community Scrutiny Panel on 25th January 2022.

The process of the rent review was governed by the Regulator of Social Housing's Regulatory Framework and Standards and the Council was committed to setting rents using the Rent Standard guidance. The proposal to increase rents by 4.1%, which was CPO plus 1%, was permitted within the Rent Standard. It was also proposed that service charges rise by 4.1%.

Lead Members asked about the Commissioners comments set out in the report that highlighted the importance of delivery the service improvements of the new IT system which would achieve significant efficiencies and provide greater detail on the service charge calculation to tenants and leaseholders. Officers confirmed that implementing the new NEC Housing IT System

Cabinet - 17.01.22

(formerly Northgate) was a key priority and was due to go live in the second quarter of the year.

Councillor Smith addressed Cabinet and queried the information provided to tenants on Universal Credit about the rent and charge increases. Officers provided assurance that each notification letter gave a clear breakdown and the Council worked closely with the Department for Work & Pensions on data sharing to ensure the respective systems were aligned.

At the conclusion of the discussion the recommendations were approved.

Resolved –

- (a) That Council house dwelling rents for 2022/23 increase by 4.1% (CPI + 1%) with effect from Monday 4th April 2022. This was in line with current government guidelines and legislation.
- (b) That Garage rents, heating, utility and ancillary charges increase by 4.1% (CPI + 1%) with effect from Monday 4th April 2022. This was based upon the September CPI figure.
- (c) That Service charges increase by 4.1% (CPI +1%) with effect from Monday 4th April 2022. This was based upon the September CPI figure.

64. A4 Experimental Bus Lane

The Lead Member for Transport, Planning & Place introduced a report that proposed that A4 experimental bus lane be made permanent.

The bus lane had been introduced through Experimental Traffic Regulation Orders (ETROs) in 2020 between Dover Road and Uxbridge Road. The Lead Member summarised the reasons why the recommendation was to make the bus lane permanent during peak time as part of the Council's agreed policies to promote modal shift and reduce reliance on private cars, promote sustainable and active travel, improve public health and air quality.

The Cabinet noted the background and the report and appendix pack set out the consultation feedback and monitoring data collected within the period of the experimental orders which for this scheme came into operation on 4th December 2020 for a period not extending beyond the end of February 2022. The journey time for buses had decreased by 2 minutes and for cars it had increased by just under 3 minutes along the longest link of the scheme. There had been no major increase in accidents.

Lead Members had a detailed discussion about a range of issues including public consultation and air quality. The scheme had been changed from full time to peak time following a significant number of objections and a petition signed by over 5,000 residents. Since the introduction of the peak time scheme a significantly reduced number of objections had been received and

Cabinet - 17.01.22

these were set out in detail in the report and appendix. The air quality data was set out fully in Appendix 1 to the report. Air quality had improved in 2020 and 2021 although this could not be attributed to the bus lane. The data did suggest that the bus lane had not led to a worsening of air quality and the data would continue to be monitored.

The Cabinet noted the recommendations of the Place Scrutiny Panel which had reviewed the scheme at its meeting on 1st December 2021. Officers had responded to each of the points raised which included standardising bus lane operations in Slough, making the bus lane available to electric vehicles and having a segregated cycle lane. The Cabinet had previously supported in principle a segregated A4 cycle lane if external funding could be secured.

Councillor Smith commented on a number of aspects of the proposal, particularly in relation to air quality and he requested that the Cabinet defer a decision as in his view the data was not sufficiently robust to make the scheme permanent. Councillor Gahir expressed support for the bus lane in principle but asked the Cabinet to take steps in future to prevent 'rat-running' and to support schools to promote more sustainable travel and reduce the congestion caused by the 'school run'. The Lead Member for Social Care & Public Health stated that the latter point was an issue the Wellbeing Board could look into further.

The Cabinet carefully considered all of the information provided and agreed to make the peak time A4 bus lane permanent.

Resolved –

- (a) That following consideration of all matters set out in the report and appendices, the recommendation for the Bus Lane experimental traffic regulation orders (ETROs) to be made permanent be approved.
- (b) That authority be given to the Executive Director of Place and Community, in consultation with the Lead Member for Transport, Planning and Place, to proceed through the legal process to enable the ETRO's to be made permanent.
- (c) That approval be given for additional works including signing and lining be undertaken to improve road safety and approve the update of signs to also permit vehicles with authorised green numbers plates to use the bus lane during operational hours.

65. Corporate Energy Procurement Strategy and Contracts (April 2022 - March 2025)

The Group Manager Asset Management introduced a report on the procurement of the Council's corporate energy supply contracts.

It was noted that energy costs were risen sharply and a strategy was proposed in the report to seek to mitigate the financial impacts by adopting a

flexible and dynamic approach to procurement. If no action was taken an additional revenue pressure of more than £3m would develop and the actions proposed would partially mitigate this risk. The energy procurement strategy would also be aligned to the Asset Disposal Plan to maximise cost avoidance and further reduce the financial pressures over the next three years.

Lead Members welcomed the approach being proposed. The use of green energy was discussed and it was agreed this was a consideration as part of the Council's wider policy agenda. The Cabinet also encouraged Officers to be imaginative about the ways to reduce energy consumption in the future, for example though solar powered street lights in future.

The Cabinet approved the recommendations. There were a number of operational issues to resolve in the way the strategy would be implemented and it was therefore agreed that a report be taken to the Council's internal finance board in March 2022 for a discussion on the overall arrangements for energy procurement.

Resolved –

- (a) That the report and the financial impacts of procuring energy contracts for the Council be noted.
- (b) That the corporate energy procurement strategy over the next three years be approved.
- (c) That delegate authority be given to the Executive Director of Place and Community to;
 - i. access the DPS (Dynamic Purchasing System) established by Gwynedd Council for the procurement of electricity and gas and award call-off contracts under the said DPS; and
 - ii. to enter into a consultancy agreement with Beond to facilitate the management of energy contracts under the DPS as required by the access agreement to that DPS.
- (d) That the centralisation of the management of the corporate energy contract, meter commissioning and meter decommissioning across Council assets to the Asset Contract Management Team to improve contract management and reduce costs be approved.
- (e) That a report be taken to the Council's internal finance board in March 2022 for a discussion on the overall arrangements for energy procurement.

66. Procurement of substance misuse recovery and treatment services including shared care

The Lead Member for Social Care & Public Health introduced a report that sought approval for a one-year contract extension to the current contract for the Substance Misuse Treatment and Recovery Service, which were currently been delivered by Turning Point and Farnham Road GP Practice.

Officers recognised that procurement activity should have commenced earlier and that Cabinet approval for an extension should have been sought earlier. The extension requested would provide sufficient time to design and deliver a new substance misuse and treatment service model aligned to the new national drugs strategy: *From harm to hope: a 10-year drug plan to cut crime and save lives*.

In response to questions raised by the Cabinet it was noted that whilst the services proposed were not mandated they were clearly set out as requirements in the public health grant funding. The Cabinet agreed the proposed one year extension should be granted with a further report to Cabinet on the longer term approach which took account of the new national strategy.

Resolved –

- (a) That the extension of the existing contract to Turning Point for Provision of Substance Misuse Recovery Services to the maximum value of £864,000, and to Farnham Road GP Practice for Shared Care Provision and Clinical services for adults with substance misuse (Farnham Road) to the maximum value of £256,000 be approved, giving a combined maximum value of £1,120,000 to cover the period 1st April 2022 to 31st March 2023.
- (b) That delegated authority be given to the Executive Director for People – Adults, in consultation with the Lead Member for Social Care and Public Health, to enter contract documentation for the extension.
- (c) That it be noted that following further details regarding the national drugs strategy, a report would be brought back to Cabinet in Spring 2022 for a decision to commence procurement (this is dependent upon the timely publication of further details from the drug strategy, the Cabinet date is subject to revision).

67. Procurement of services for integrated care and support of extra care housing

The Cabinet considered a report that sought approval for a two-year contract extension for the provision of integrated care and support in extra care, backdated to March 2021.

Cabinet - 17.01.22

The contract was currently being delivered by Creative Support Ltd under implied terms and at the same rates as previous contract.

Lead Members noted the acknowledgement from Officers that procurement should have commenced in Spring 2020 and that there had been procedural defects as with the previous report. The principal reason for the delay in formalising the extension was the pressures of the Covid-19 pandemic.

The Cabinet asked about the possibility of a shorter extension, however, Members were advised that it would take time to design and deliver new commissioning arrangements and the duration of the proposed extension was required for this procurement to take place. A full timetable was set out in section 2 of the report.

The recommendations were agreed and a report would be provided to Cabinet on the proposed new model later in the year, following a report to the People Scrutiny Panel.

Resolved –

- (a) That the extension of the current contract to Creative Support for Integrated Care and Support in Extra Care to the value of £848,200 per annum for a period of two years be approved. This was equal to £1,696,400 (one million, six hundred and ninety-six thousand, four hundred) over two financial to cover the period 1st April 2021 to 31st March 2023.
- (b) Agreed to commence a new commissioning process to design a revised model of Integrated Care and Support in Extra Care services.
- (c) Agreed to delegate authority to the Executive Director for People (Adults) in consultation with the Lead Member for Social Care and Public Health, to enter contract documentation for the extension and to commence the process for commissioning new services.
- (d) That it be noted that a report would be brought back to Cabinet for a decision on the proposed new model and procurement process, after a report has been presented to People Scrutiny Panel.

68. References from Overview & Scrutiny

The comments of the Place Scrutiny Panel had been considered as part of the decisions on the A4 Experimental Bus Lane.

There were no further references from Overview & Scrutiny.

69. Notification of Key Decisions

The Cabinet considered and endorsed the Notification of Key Decisions published on 17th December 2021 which set out the key decisions expected to be taken by Cabinet over the next three months.

Resolved – The published Notification of Decisions was endorsed.

Chair

(Note: The Meeting opened at 6.33 pm and closed at 9.28 pm)

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO:	Cabinet
DATE:	21 February 2022
SUBJECT:	Approval of annual business plan for Slough Children First Limited (SCF)
CHIEF OFFICER:	Steven Mair- Executive Director of Corporate Services Andrew Fraser – Executive Director of People (Children) / Chief Executive of SCF
CONTACT OFFICER:	Peter Robinson – Nominated Council Finance Representative Jane Senior – Associate Director People Strategy and Commissioning
WARD(S):	All
PORTFOLIO:	Councillor Swindlehurst – Leader of the Council Councillor Hulme – Lead Member Children’s Services (Councillor Hulme is also a director of SCF)
KEY DECISION:	YES
EXEMPT:	NO
DECISION SUBJECT TO CALL IN:	YES
APPENDICES:	Appendix A SCF Interim Business Plan 2022-2025 Appendix B SCF Improvement Plan 2021/2022 (appended to the interim business plan) Appendix C Equalities Impact Assessment

1 Summary and Recommendations

- 1.1 This report seeks approval for (Slough Children First’s (SCF) annual business plan. SCF is wholly owned by the Council and approval of the annual business plan is a reserved matter under SCF’s Articles of Association. The business plan seeks to set out SCF’s priorities and budgetary requirements, together with the assumptions underlying its financial strategy.

Recommendations:

Cabinet is recommended to:

Approve SCF’s business plan for 2022 to 2025 on an interim basis.

Agree that approval is subject to the following:

- Quarterly monitoring reports being presented by SCF to the Council for formal comment and noting by Cabinet setting out achievements against the business plan;
- The SCF business plan is to be timetabled for consideration by the People Scrutiny Panel in the first quarter of 2022/23;
- An updated business plan for 2022 to 2025 is to be presented to the Council in Quarter 2 of 2022/23;
- SCF is to submit its business plan for 2023 to 2026 by 30 September 2022 in accordance with the requirements set out in the Articles of Association and to allow sufficient time for this to be considered by the People Scrutiny Panel and incorporated in the budget setting process.

Reason:

To ensure SCF has an approved 3 year business plan for 2022 to 2025, setting out its strategic priorities and financial strategy. This plan was to be submitted to the Council for approval by 30 September 2021 but has been delayed due to a number of factors, including change of personnel at SCF.

The Council has concerns about the deliverability of the plan, however it is also cognisant of the fact the new chief executive of SCF only commenced in role in January 2022. For this reason, it is recommended that the plan is approved on an interim basis and further reports are brought back to provide updates and assurance on progress. It is also recommended the plan is refreshed following consideration by the People Scrutiny Panel in Quarter 1 2022/23, taking account of the wider requirements in the Council's Improvement and Recovery Plan.

Commissioner Review

"The DfE commissioner was consulted and has commented that SCF needs to be seen as part of a wider system, particularly in relation to early help. The joint DCS / CEX of SCF role enables these considerations to be discussed at a senior leadership level within the Council. The commissioner has also raised concerns about the deliverability of the savings in the business plan and this supports the recommendation to have greater reporting back to the Council to assess progress.

The DLUHC Commissioners share these concerns about deliverability and therefore support the recommendation to approve the Business Plan on an interim basis pending further work on the Plan and the finalisation of the Council's Improvement and Recovery Plan."

2 Report

- 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.

- 2.2. SCF delivers statutory children's social care functions under a direction of the Secretary of State and in accordance with a service delivery contract 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.
- 2.3. The interim business plan is attached as appendix A, sets out the strategic aims for SCF to ensure it achieves its vision of *every child in Slough should be 'Safe, Secure and Successful'*, and each aim has a set of priorities to support in their delivery.
- 1) Quality improvement across a child's journey**
 - Promote the voice of the child and hold the child in mind in all our work
 - Safeguard and promote needs
 - Quality partnership working improves outcomes for all children
 - Improved and evidenced outcomes
 - 2) Stability of workforce**
 - Attract, support, develop and retain quality staff and effective leaders
 - A positive culture which provides professionally fulfilling employment
 - Effective communication mechanisms
 - 3) Being sustainable**
 - Strong and transparent governance
 - Evidenced use of resources efficiently to meet children's needs
 - Value for Money
 - 4) Development of child focused partnerships.**
 - Work with key partners to develop the children and young people plan
 - Development of community offerings through the voluntary sector to support children and families
 - 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
 - Build strong relations with local providers to help develop sufficiency of placements for our young people.
 - Work in strategic partnership with the council on accommodation options for our young people.
 - 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
- 2.4. Whilst performance and outcomes for children, young people and their families who are residents of Slough will be of significant interest to Cabinet, this report focuses upon the company business plan.
- 2.5. The 2022/23 budget proposed by the Company Board assumes savings of £4.7m on the £40m budget. The savings have been assumed in the overall Council budget for 2022/23. In addition, spend on legal fees projected at £2.1m in 2021/22 are budgeted at £1.5m in 2022/23.

- 2.6. Delivery of the savings is predicated on £1.9m of one-off support from the DfE for transformation that has been included in the budget but not as yet agreed by the DfE.
- 2.7. The Council is concerned that the Company will not be able to deliver the savings in full and will either request support from the Council or will overspend.
- 2.8. It is therefore recommended that in addition to monthly finance monitoring and performance meetings and inclusion in Council budget monitoring reports that Quarterly monitoring reports are presented by SCF to the Council for formal comment and noting by Cabinet. This should set out the achievements against the business plan and active mitigations on a monthly basis if variances arise in delivering planned budget savings.
- 2.9. The savings proposed are set out the company business plan were reviewed by People Scrutiny on 31 January 2022.
- 2.10. SCF is committed to making improvements in the delivery of services and outcomes experienced by children and families and this has been shown by recent scrutiny by Ofsted. In July 2021, the Independent Fostering Agency was judged by Ofsted to be 'good.'
- 2.11. This was followed in October 2021 by the company's respite children's home for children with disabilities also being judged to be 'good' with 'outstanding' features for leadership and management.
- 2.12. The company received a focused Ofsted visit of the Front Door in January 2022. Whilst the report has not yet been published, early indications are comments contained within the report are encouraging and confirm SCF continues to make progress to consolidate improvements made over the last couple of years.
- 2.13. The company is aware of the need to retain momentum with the improvement journey and the business plan contains a commitment to 'getting to good' over 'the next few years'. As the business plan is further developed, clear timescales will be set out which details important milestones for transformational activity both within the company and working in partnership with the Council and other strategic partners e.g. health.
- 2.14. To aid with this process a suite of Key Performance Indicators are regularly scrutinised through a variety of governance and contract management arrangements to maintain an awareness of areas for further attention and targeted work required. It is recognised these arrangements can be simplified. This will be addressed over the next few months through collaborative work between the Council and SCF to simplify arrangements but maintain required scrutiny.
- 2.15. It is fair to note that the drive to make improvements is set against a series of challenges. These include demand pressures, the impact of the pandemic, a rise in food and fuel poverty, drug and alcohol abuse and the effect on the mental health of adults, alongside increased domestic abuse which contribute to an increase in families having more complex needs.
- 2.16. To help manage demands in the most cost-effective manner, a key area of focus for 2022/2023 is the development of early help services for families in Slough at the

right time to prevent crises and the need for statutory social care support. This will require the development of a full continuum of support which includes an effective targeted early help offer in the community providing advice, support and guidance as well as timely interventions with families when needs first emerge. The Council's locality strategy, work with partners and the role of children's centres is key to this.

2.17. A more detailed paper on proposals to create a community based approach in Slough to develop targeted preventative services will be developed and taken to future member meetings within Quarter 1 of 2022/23.

2.18. The Council and SCF agreement to join the previously separate Director of Children's Services (DCS) and SCF Chief Executive roles has borne fruit in creating a greater mutual understanding of pressures and priorities. This is important given the need for alignment between the Council and SCF vision and aims, and getting it right for all Slough's children, young people and families is fundamental to the borough's future.

Options Considered

2.19. The following options were considered:

Option	Pros	Cons	Recommended
Option 1: Approval of business plan	<ul style="list-style-type: none"> Ensures compliance with Articles of Association Ensures SCF has a longer-term business strategy to manage its services 	<ul style="list-style-type: none"> This does not address the Council's concerns about the adequacy of the plan and the deliverability of proposals within it. 	Not recommended
Option 2: Approval of business plan on an interim basis, with further requirements	<ul style="list-style-type: none"> Ensures compliance with Articles of Association Allows time for the plan to be properly scrutinised and feedback given Avoids the previous business plan being rolled over Ensures regular updates are formally considered by Cabinet to address concerns about deliverability and direction of travel. Allows for an updated plan to be prepared once the Council's Improvement and Recovery Plan is finalised. Sets out clear expectations for future governance arrangements. 	<ul style="list-style-type: none"> SCF will have to invest more officer and board time in preparing update reports and a refreshed plan 	Recommended
Option 3: Do not approve the business plan	<ul style="list-style-type: none"> The Council could require an updated version to be prepared in a new timetable, taking account of the Council's Improvement and Recovery Plan. 	<ul style="list-style-type: none"> The previous interim business plan will apply, which does not address how SCF will seek to deliver financial 	Not Recommended

		<p>savings in the current context.</p> <ul style="list-style-type: none"> • It is unlikely that a new plan could be prepared in time for the Council's budget setting meetings 	
--	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Background

- 2.20. On 15 March 2021, Cabinet approved a change to SCF's articles of association to make it a wholly owned company, including changing its name to reflect its new status. As part of that decision, Cabinet agreed to targeted early help and NEET (not in employment, education or training) functions being transferred to SCF and authorised a new service delivery contract for a five-year period. Cabinet also agreed to write off £2.4 million of historic debt and authorised a new loan of £5 million to aid cash-flow to be repaid at the end of the service delivery contract.
- 2.21. The Articles of Association set out the governance requirements for SCF, including the reserved matters that must be agreed by the Council as the sole owner of the company. Under Article 29, annual approval of the business plan is a matter that requires prior written approval of the Council before SCF or its board of directors can pass any resolution to approve it.
- 2.22. Article 7 sets out the requirements for an annual business plan. This requires that for each year, no later than 30 September in the preceding year, the board of directors should prepare and submit a draft business plan for approval by the Council covering the next 3 years. The content of each business plan shall include relevant information under each of the following headings:
- (a) introduction;
 - (b) strategic framework;
 - (c) working with partners;
 - (d) priorities and objectives;
 - (e) financial strategy and plans;
 - (f) profit and loss account;
 - (g) cash flow statement;
 - (h) revenue budget and working capital requirements; and
 - (i) capital expenditure requirements.
- 2.23. The business plan can be varied each year, but that will also require prior written approval of the Council.
- 2.24. The draft business plan was submitted to Council officers for consideration on 10 December 2021. Officers had significant concerns about the content and structure of the plan and fed back these concerns on 16 December 2021.
- 2.25. A refreshed draft business plan was submitted on 24 January 2022 and was considered by the Department for Education (DfE) officials, DfE commissioner, Council commissioners, Council officers and the Leader and Lead Member for Children's Services and SCF officers at a joint meeting on 25 January 2022.

Concerns were raised about the assumption underpinning the savings proposals and the deliverability of some of the savings. Particularly as it was projecting a significant in-year overspend in 2021/22.

- 2.26. Since February 2014 the Slough Children’s Services have been subject to intervention from the Department for Education. Although there have been improvements the Business Plan does not set out clearly with actions and a timeline of how the Company in collaboration with partners will improve its services to enable the intervention to be removed and the improvement plan appended to the plan is for 2021/22 not for the period of the plan.
- 2.27. Slough Children’s Trust, the predecessor to the Company had been unable to spend within its budget from its creation in October 2015 despite significant financial support from the Council and DfE. At 31.03.21 it had an accumulated deficit of £5.4m, Cabinet also agreed to write off £2.4 million of this and the DfE provided a one-off grant of £3m to clear this.
- 2.28. In 2021/22 the Company has reported a deficit from the start of the year, this has continued to rise and based on spend to the end of December 2021 is forecasting a £1.3m loss. The main reasons given are the impact of Covid increasing placements, increased spend on agency staff and legal costs.

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 The company is budgeting for a break-even position in 2022/23 and assuming surpluses in future years. This assumes income of £40.0m, £31.4m is from the company’s contract for services with the council with the remainder coming from the DfE and Health.

3.1.2 Included in the budget is £2.2m of recharges from the council for support services, including accommodation and IT. These costs are fixed in 2022/23 and any savings the company delivers will be from the remaining areas in its budget.

3.1.3 The original council budget for the company in 2021/22 was £30.3m. In year there have been a number of changes that are all reflected in the 2022/23 budget of £31.4m. These include transfer of the adoption services budget to the council on 1 April 2021, transfer of Early Help and NEET services to the company on 1 August 2021, a review of charges from the council for support services, growth in placement numbers and savings planned. These adjustments are set out below:

	£000
Original Budget 2021/22	30,342
Virements for services transferred	3,290
Demand Growth	2,052
Contract Inflation	217
Pay Inflation	<u>260</u>
Sub-Total	<u>36,161</u>
Efficiency Savings	<u>(4,726)</u>
Proposed Budget 2022/23	<u>31,435</u>

3.1.4 The Company has no reserves and relies on the £5m loan from the Council for cash-flow. Any overspend would put the Company in overall deficit and if not recovered in future years would mean that they wouldn't be able to repay all of the loan to the Council at the end of the contract which would be a cost to the Council.

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.

3.2.3 Under Part 3.5 of the Council's Constitution, approval of annual business plans is a matter reserved to Cabinet.

3.3 Risk management implications

3.3.1 There are risks that the company will not achieve its agreed budget as highlighted in the report. The Council is mitigating this risk through regular financial and performance monitoring meeting and reports to Cabinet on a quarterly basis against the plan. The plan will also be presented to People Scrutiny.

3.4 Environmental implications

3.4.1 None

3.5 Equality implications

3.5.1 The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and other conduct that is prohibited by or under this Act;

- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.5.2 The broad purpose of this duty is to integrate considerations of equality into day-to-day business and to keep them under review in decision making, the design of policies and the delivery of services. As a body delivering public functions, SCF is expected to comply with this duty.

3.5.3 High quality and cost effective children's services are critical to supporting both the Council and SCF to meet their equality duties, particularly in relation to advancing equality of opportunity by way of reducing inequalities that exist between certain groups of vulnerable children and their families and the wider population. As part of the update reports, it is expected that information will be presented on how SCF is meeting its equality duties and how this is supporting the Council to meet its own duties.

3.6 Procurement implications

3.6.4 There are no procurement implications from this proposal. SCF operates within the "Teckal Exemption" meaning that the Council does not have to undertake a procurement process to commission services from it. This exemption is on the basis that the Council has adequate control over SCF and that at least 80% of SCF's services are provided to the Council.

3.7 Workforce implications

3.7.1 Any workforce implications relating to the business plan will progress through the usual consultation mechanisms.

3.8 Property implications

3.8.1 SCF will need to consider its future building requirements as part of the Council's wider asset disposal programme. At present SCF operates from 3 separate buildings, including leasing office space in Observatory House, operating a contact centre in Cippenham and operating a respite centre in Priors Close.

4. Background Papers

Report to Cabinet 15 March 2021– The Future Delivery Model for Slough Children's Services

This page is intentionally left blank



Slough Children First Interim Business Plan 2022/25

Policy Owner:	Andrew Fraser, Interim Chief Executive/DCS
Version:	2.4.1
Date:	January 2022
Review Date:	September 2022

Business Plan

The underlying plan to deliver the key priorities of Slough Children First from April 2022 to March 2025.

Contents

Contents	2
1. Introduction	3
2. Foreword by Tony Hunter, Chair of Slough Children First Board	3
3. Our Vision and Values	4
4. Strategic aims for the Company to deliver its vision.....	5
5. The company's transformation programme	10
6. The Strategic Framework for Slough Children First.....	15
7. Strategic context of Slough Children First	17
8. Company Performance Framework (Contractual KPIs)	21
9. Slough Children First Improvement Plan – Plan on a Page.....	23
10. Financial plans	24

1. Introduction

The business plan for Slough Children First from April 2022 – March 2025 sets out the company's strategic priorities for the next three years. It shows how the priorities will be delivered and how the impact of the plan will be measured through the outcomes achieved for children and their families.

2. Foreword by Tony Hunter, Chair of Slough Children First Board

It is my pleasure to introduce the Slough Children First's three-year Business Plan 2022/23 to 2024/25. As new Chair from May 2021, and with a board combining continuity with fresh faces, it's been an exciting few months, and a privilege to build upon the legacy of my predecessor Robert Tapsfield and his board. They, alongside determined staff in all roles and at all levels, drove services forward for the most vulnerable children, young people, and families in Slough. It's now good to know that, following our foster care inspection, we are not assessed as inadequate in any area, for the first time in many years. To be in this improved position amid the personal and organisational pressures of Covid is especially commendable. So, I have joined an organisation with a proud legacy of improvement and am absolutely committed to build further on everyone's achievements to date.

In a major development since our last plan, we have become a wholly owned company of the council, symbolised by the change of name and more importantly the quality of the relationship with the council. Targeted early help and "not in education, employment or training" (NEET) services have also been transferred to our company as a statement of confidence. These are moves I very much welcome as indicative of our shared vision and commitment alongside the council and other partners to the achievement of every child's safety, health, and welfare.

All this said, neither we nor the council harbour any illusions about the challenges we face. The council and the company are seeking to address unprecedented financial challenges. Slough Children First must of course contribute to solutions along with all council directorates and functions. But children's experiences and outcomes are what everyone in Slough Children First is here for, and what I've seen shining through in all my dealings with our staff so far. This plan retains its focus on the four areas previously identified, i.e., quality improvement through a child's journey, the stability of our workforce, being sustainable, development of child-focused partnerships.

So, the road ahead is tough. But by showing the values-driven and child-focused determination and resilience we've demonstrated to date, I'm sure we'll build on our momentum and play our full part in making Slough a great place in which children and young people can thrive and achieve their full potential.

3. Our Vision and Values

The Company vision is that every child in Slough should be '**Safe, Secure and Successful**'.

To help achieve this, our mission is we should all be **constantly working together to improve the lives of children and young people by protecting, supporting, and enabling them to thrive**.

The key principles supporting this work are:

- Children and young people and their voice are at the heart of all that we do.
- Working with the strengths of children and families to help them resolve challenges and improve their outcomes.
- To build and maintain effective practitioner relationships with children and families that help to bring about and sustain positive change within families.
- To build and sustain effective partnership working to ensure the whole system around a child / family is supporting positive change.

Our work is guided by values which can be seen below and everyone who works for Slough Children First are expected to work towards these.

Child-focussed

Honest and respectful

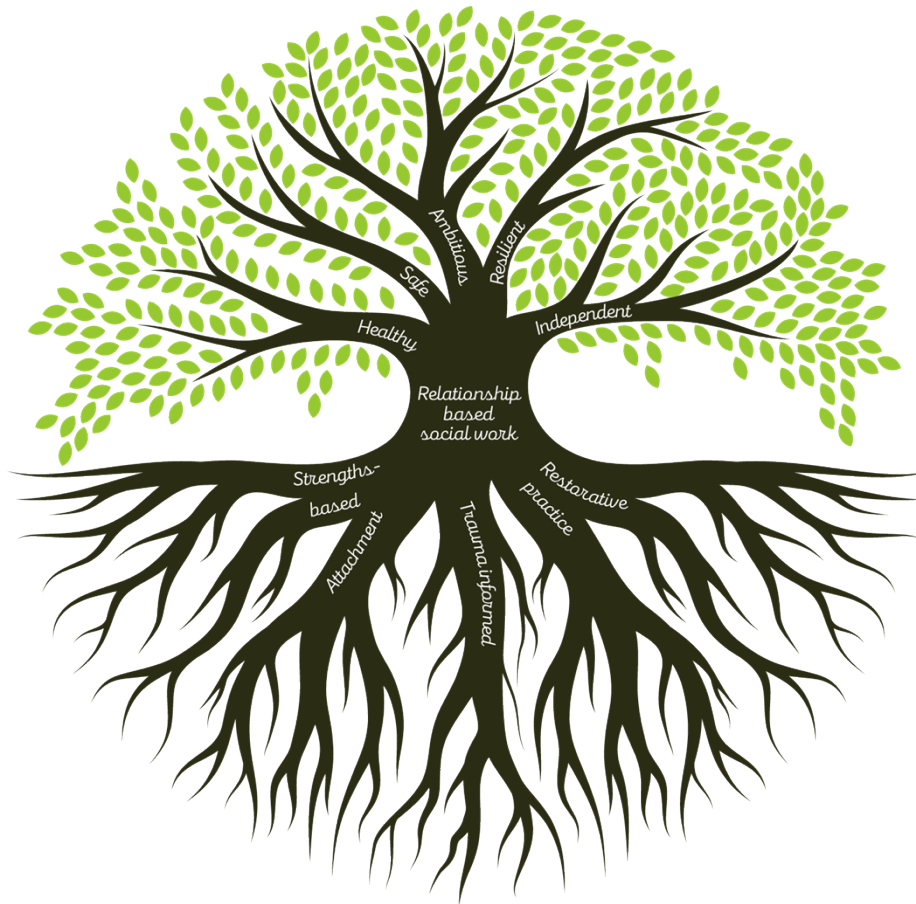
Improving constantly

Looking ahead

Delivering together

These values are reflected in our new *Practice Model – the Slough Approach* which we are launching in early 2022. This 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.

We have based our framework on a Relationship Based approach and this is underpinned by four key strands.



Attachment Theory - Early experiences shape our narratives and sense of ourselves and others' as well as ability to cope with stress and regulate emotions.

Restorative Practice - working 'with' others and alongside them, instead of making decisions 'for' them or doing things 'to' them.

Strengths Based – shifting conversations to be about strengths rather than deficits, enabling positive narratives about potential for change, while being clear about 'what we are worried about'.

Trauma Informed - identifies and addresses adverse childhood experiences (ACE's) and trauma, adapting the way we work to consider the impact of trauma, particularly through creating safe supportive relationships as a foundation for challenge.

4. Strategic aims for the Company to deliver its vision

The Company has four strategic aims each with its own set of priorities to support delivery to achieve these. The programmes of work to deliver these strategic aims are contained within the improvement plan in appendix A. The company has developed a transformation programme which addresses areas of key concerns for the company, and this is explored further under section 5.

Monitoring of progress and impact of plans will be overseen by the sub-Committees of the Company Board led by an independent non-executive director (NED). Through these strategic aims the company will focus on 'getting to good' and ensuring all services provide value for money in the most cost-efficient way, so by delivering on our aims we can contribute to the financial pressures in the council.

The overall plans in appendix A are supported by several business cases which provide a greater level of detail of specific delivery activities. In total, the business cases are looking to deliver £4.7m of savings in 2022/23 to deliver a balanced budget position. Details of which can be found in section 10 Financial plans.

Our strategic aims

1) Quality improvement throughout a child's journey.

Aim

Consistently good practice throughout a child's journey ensures better outcomes for children and families

Priorities

- Promote the voice of the child and hold the child in mind in all our work
- Safeguard and promote needs
- Quality partnership working improves outcomes for all children
- Improved and evidenced outcomes

A previous focus on compliance has provided a strong foundation upon which to develop and maintain good social work practice in Slough. Our intention over the next few years is to achieve a 'good' Ofsted rating and drive better outcomes for children and families.

This we will achieve through continuing to improve the quality of practice in all services throughout the child's journey and enabled by the following:

- Implement a new social work Practice Model in 2022 to give social workers a solid and consistent base to enable consistently good social work practice
- Use our improvement plan activity to hone into areas for further improvement
- Continue to develop existing and new operational partnerships across a range of universal, targeted, and statutory services which effectively meet the needs of families and learn from those who are good or better.

Our improvement plan activity details specific actions to be undertaken and the outcomes required to achieve good practice. Future improvement plans will be informed by external reviews of practice to be undertaken where we feel this will add value. We will use the regular and forensic lens on practice Ofsted provides through the annual conversation process and inspections, whilst using our own performance management information and quality assurance activity to identify the areas of improvement required and the actions to achieve this.

Our regular scrutiny of key performance indicators will provide an update on compliance and the quarterly audit programme provides a lens on the quality of practice. The

company currently has a target of 85% of all children's files to be requires improvement or above, and to achieve a good Ofsted rating we know at least 70% of all children's files need to be good or above.

Based on a current baseline of 24% of children's files which are currently good or above (September 2021), we are aiming for 30% good in six months, 45% in 12 months, 55% in 18 months and 70% of all children's files to be good in two years.

This will be achieved through a focus on quality practice as all stages of a child's journey and ensuring all frontline staff have caseloads at or below target levels which allows them to be the good social worker they want to be. The extra capacity of three Practice Improvement Mentors provided through the DfE transformation programme enabled a focus on the basics of good social work practice whilst Heads of Service were able to lead their services through periods of high demand and increasing complexity, and the impact of this additional capacity has shown itself in improvements in both contractual and company KPIs.

The company knows this additional capacity is crucial to achieving our target of 70% of all children's files to be good in two years to be able to achieve a good Ofsted rating within the next three years.

This all collectively together will provide effective and successful practice which will manage the need for long term, statutory services as shown by weekly and monthly performance reporting.

Stability of workforce

Aim

A stable and effective workforce which enables better outcomes for children and families

Priorities

- Attract, support, develop and retain quality staff and effective leaders
- A positive culture which provides professionally fulfilling employment
- Effective communication mechanisms

The company knows its staff are its greatest asset and having a stable, permanent workforce led by strong leaders is fundamental to delivering our aim of consistently good, cost effective and sustainable services which improves outcomes for children and families.

The stability of practice workstream as detailed in section 4.4.1 will be the lynchpin of our workforce development strategy, and future activity will be concentrated on activities which are proven to have the greatest impact.

Current workforce projects will be continued with the aim of decreasing the number of agency staff to 20% or less, reduce the need to purchase additional capacity as provided by the Innovate teams, and ensure a sustainable, permanent workforce

2) **Being sustainable**

Aim

A secure and sustainable organisation which provides high quality and cost-effective outcomes

Priorities

- Strong and transparent governance
- Evidenced use of resources efficiently to meet children's needs
- Value for Money
- Maximising partnerships to deliver better aligned services which achieve better outcomes for children

The company is focused on improving services for children and their families, whilst having its cost base in the best possible sustainable and cost-effective position it can be. To achieve this, the company has developed a series of ambitious business cases to implement over the next few years across a range of services. These are underpinned by a set of principles to ensure our strategic aims are not lost.

- Safeguarding of children is core principle behind any decision.
- Good quality services will deliver better outcomes and a more cost-effective model.
- Working in collaboration with key strategic partners with the principle of prevention at all levels in the system
- Savings to be aligned with the overall Council vision, Slough Children First's vision and those of its partners
- Transformational improvements to achieve better experiences and outcomes for children and young people
- Protection of frontline services to enable and support quality and consistency of social work practice and enable children and families to thrive in Slough
- Ensure processes and procedures working with partners have purpose and add value to the work to meet the needs of families, whilst minimising bottle necks which cause drift and delay.

3) **Development of child focused partnerships**

Aim

Key strategic partners working together to ensure the best outcomes for our most vulnerable children.

Priorities

- Work with key partners to develop the children and young people plan
- Development of community offerings through the voluntary sector to support children and families
- 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
- Build strong relations with local providers to help develop sufficiency of placements for our young people.

- Work in strategic partnership with the council on accommodation options for our young people.
- 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

Since it has been established the company has played an important role in strategic and operational partnerships in Slough to maximise outcomes for children, young people, and their families in Slough. Operationally partnerships are effective, and individuals have remained resolute despite very challenging circumstances during the pandemic to do their best for children and families in Slough.

Strong, strategic partnerships are key to achieving our strategic aims over the next three years. The diagram below shows a range of partners with whom the company works with to keep children safe. These partners include a large and diverse range of community, voluntary and faith organisations who provide vital support to Slough residents.



By May 2022 the council will have developed a new corporate plan. The Slough Children and Young People's Partnership (CYPP) is a key delivery vehicle to promote outcomes for children. In 2021, this multi-agency board reviewed its previous priorities and agreed five new priorities, all of which align with the mission of the Company.

These are as follows

- Good physical health and an active lifestyle
- Positive mental health and wellbeing
- Supporting our children with SEND
- Continue to achieve well at KS4 and KS5 and prepare for adulthood:
- Safeguarding/ Protection from harm

The Company recognises successful outcomes for the most vulnerable children in Slough will be delivered by key strategic partners all working together. Forging closer working relations with the child at the centre of the decision making will drive better

outcomes for the child and provide them the best life chances. This is also likely to result in more cost-effective operating model for all agencies working together as the needs are addressed in a timely manner by the right agency as and when needed.

Over the next three years we will plan and implement a range of strategic and operational approaches with partners both within Slough and beyond, to include good and outstanding local authorities whom we can learn from and work with. This will be to both improve current services and develop new, sustainable services in a way which provides alternative options to statutory children’s services to meet the needs of Slough residents. The way in which this partnership will develop and what they will achieve will be included in the improvement plan as it is further developed.

5. The company’s transformation programme

The company’s transformation programme is a three-year programme which commenced in 2021 to drive further improvements in practice to enable better outcomes for families, develop the workforce and deliver a more sustainable model for the future. The bulk of the work is expected to be implemented by March 2023, with new practices embedded into the company’s business as usual processes

5.1. Stability of Workforce - To develop Slough as a place where staff want to come, work, and stay

One key challenge for 2022 is to reduce reliance on Innovate teams which is a very expensive delivery model for the company, where staff have capped caseloads and are paid more than our agency and permanent staff. Increasing the levels of permanent staff will help significantly in achieving this goal.

The aim of the company is to increase the levels of permanent staff and reduce turnover. The ‘Stability of Workforce’ workstream developed a new ‘attract, support, develop and retain’ approach to stabilise and support the workforce.



Increasing our permanent workforce

The company is targeting an increase in permanent staff to both improve the stability of the workforce, achieve required efficiencies, and ensure sustainable budgets.

There are a variety of projects underway to achieve this.

- Overseas recruitment

- ‘Grow our own’, including social work apprenticeships, step up programmes and supporting newly qualified social workers through their first year of practice in the ASYE programme
- Conversion of agency staff to permanent staff

The company’s workforce strategy for 2022 – 2024 aims to build on 2021 successes through the following projects:

- Further overseas recruitment
- Further development of our ‘grow your own’ at more senior levels through a social work academy and the continuation of a ‘post ASYE’ group to provide an on-going support model
- Introduction of an enhanced pay offer for frontline posts where this will support recruitment to ensure the company is well positioned in the southeast region market to attract and retain great people
- Work with agency staff to further promote conversion from agency to permanent
- Use all opportunities for a workforce mix to meet families needs and achieve a permanent workforce
- Develop the company’s culture, supported by the renewed stability in the company’s leadership team and achieved by listening to and working with all staff in the company.

We are working on the marketing of Slough as a great place to work and develop its unique selling points. Slough comprises diverse communities with high pockets of deprivation which makes social work a challenge at times. However, this can be seen as a positive to those aspiring to develop their careers and we need to work with a variety of partners including agencies and trade publications to ensure we are promoting all the positives around Slough.

These plans are expected to increase the number of permanent frontline staff which has historically proven the most difficult to recruit to. Currently our permanent frontline workforce is 53% and our aim is to have 75% permanent frontline staff by March 2023, 80% by March 2024 and 85% by March 2025. In the current climate, this would make us comparable to close statistical neighbors’.

Reducing turnover of staff

Permanent staff turnover was 33% at December 2021, with a target of 20% by 2025. Turnover rates have worsened nationally over the past 18 months. The company has started to see turnover across the company where historically turnover was largely from front line staff. The company aims to reduce the level of staff turnover through greater support, clear career pathways and improved workforce experience.

This strategy will take time to deliver but it will create the building blocks for a strong, sustainable workforce of the future. Fundamental to the success of all strategies in this business plan is the ability to retain experienced permanent staff.

5.2. Quality of practice

As highlighted above, stability in the workforce is a key factor in driving and sustaining improvements in quality of practice and ensuring outcomes for children and families. The transformation programme has introduced practice improvement mentors to

support front line staff in the development and maintenance of consistently good social work practice. This has been well received by staff and has been viewed positively by Ofsted.

The Virtual School in Slough has been delivering exceptional results for children looked after for several years. 2021 saw their remit widen to all children with a social worker with positive outcomes already being reported on children being enabled to access education where this had been difficult.

The company has restructured Not in Employment, Education or Training (NEET) services, amalgamating with the Virtual school. The impact of the amalgamation can already be seen in a short time with a reduction in the reported numbers of NEET from 9.4% to 4.84%, placing our performance in the top quartile. 53.5% of Care Leavers aged 19-21 years were in employment, education, or training (EET), above Statistical Neighbour averages of 51.7% and England 52%

5.3. Contextual Safeguarding Team

A further initiative aimed at addressing demands in a cost-effective manner has been the introduction of the Contextual Safeguarding Team in July 2021. The team is having a positive impact on children and young people at risk of extra familial harm via children who are held directly open to the team and over 100 case consultations with social workers in frontline services. This team was well received by Ofsted in the January 2022 focused visit who stated *'the exploitation team provide a holistic view of children; multi-agency mapping works well and supports the effective management of risk.'*

The team provide an alternative pathway to child protection plans for children and young people through intensive support focused on the whole family to mitigate risks of exploitation. The team has successfully stepped down 13 children so far to Early Help and the continuation of the Contextual Safeguarding team is a key area for delivering a sustainable future.

5.4. Sustainability

Slough Borough Council face significant financial challenges and Slough Children First have a role to play in delivering best value and creating a sustainable model for the future. The ability to manage demands and supply in an effective manner will deliver a more sustainable model.

5.4.1. Development of targeted Early Help services to develop a targeted continuum of support

To help manage demands in the most cost-effective manner, a key area of focus for 2022 is the development of targeted early help and edge of care services. Having such services in place will provide timely interventions with families when needs first emerge, to avoid escalation of needs into more costly statutory services. Also, to support the gap between early help and children in need to ensure that there is an effective step down.

A key dependency is to ensure there is an effective continuum of universal through to targeted effective early help offer in the community. The role of children's centres and their outputs is key to this.

5.4.2. Using commissioning to meet demand in the most cost-effective way

For our children in care, the key driver is the provision of care close to their home, education, family, and friends. Our strategy is one of rehabilitating children back home, working with the child and family to address safeguarding concerns. Where a return home is not possible, finding support from known family and friends and achieving early permanency is key.

We know children's prospects will improve in a stable environment, so if the above avenues prove unsuccessful, then seeking permanency arrangements through special guardianship orders, long-term fostering or adoption is the next path. Slough is small in size, so much of our commissioning is through consortiums to enhance economies of scales and achieve greater value for money, so a key focus for a sustainable future is driving a cost-effective supply

There will always be instances where a residential placement is the most suitable option to address the needs of a young person. The residential market has changed over the years, with a reduction in the numbers of beds available in a unit due to the complexity of matching needs and managing risks of young people safely. Provision is largely privately run which means it is more of a supplier's market due to the level of demand.

As part of the transformation programme, a commissioning workstream has been developed to delivery sufficiency of placements for the future.

Targeting residential placements through three initiatives:

- Introduction of a local pilot scheme focused on 16+ young people vulnerable to exploitation supported by an in-reach service from teams across the council and company
- Working in partnership with a specialist provider to develop a local residential provision, utilising Slough Council assets and working with neighbouring authorities to ensure maximum utilization of capacity
- Negotiation with all other off framework providers on rates paid.

The company fares well in terms of unit rates for residential placements when measured against statistical neighbours. £4,090 per week in Slough versus £4,617 for statistical neighbours in the latest benchmark data for 2019/20. Unit rates fluctuate in benchmark data as it compares full year costs against the number of children looked after at the end of the year, but current average rates are £4,823 per week. The projects above are expected to reduce rates to £4,555 by March 2025. This is after expected annual inflationary rises assumed at 1.5% per annum.

Close partnerships are being developed with the housing teams in the council to plan for transition of care leavers. The company is also working closely with asset teams in the council to identify possible opportunities to develop assets to serve our young people's needs in more cost-effective ways.

5.4.3. Targeting of the semi-independent market

The commissioning team are leading a procurement activity for 42 beds - 20 for supported accommodation for 16–18-year-olds and 20 for accommodation with floating support for 18+ and 2 emergency beds.

5.4.4 Increase in-house foster carer recruitment and implement new tier system

The company's in-house fostering team launched a revised recruitment strategy in 2021 and a new tier system for payments based on complexity of need of the child rather than the skill base of the foster carer. Both elements are starting to show good progress, with an increase in placements being made toward the end of 2021 and greater levels of needs being provided for. This is resulting in savings costs against more expensive independent fostering agencies.

The fostering team have set out their plans to continue to grow their in-house carers year on year. The aim is to have 62% of children placed for fostering to be in-house compared with 44% currently.

Benchmark data shows unit costs of fostering in Slough are higher than statistical neighbours at £865 per week compared to £695. The planned increase in use of in-house carers is expected to bring the blended unit rate down from £865 to £669 per week by March 2025.

5.4.5. Maximising funding into Slough Children First

The company will look to take full advantage of all income opportunities as highlighted in the income maximisation business case, a key element being the development of collaborative working with health to address the needs of children. With a focus on the child and through a tripartite co-operation between health, education and social care, efficiencies will be achieved, and exploration of joint commissioning will form part of this plan.

The wellbeing of children plays a large part of public health objectives, and the company has been successful in securing base funding from public health for the future.

Another area to be explored further is to tap into a wealth of resource with local businesses keen to fulfil their social responsibilities.

5.4.6. Further areas to reduce costs

- A summary of savings is provided in section 10 financial plans which are all supported by business cases.
- We are reviewing our respite and short break offer for children with a disability to make best use of the assets available in conjunction with other provisions in the market.
- Commissioning has a planned programme of contract tenders to be issued through 2022 to drive greater value for money across a number of non-placement costs.
- Other reviews are being undertaken to seek a more sustainable future, looking at how technology can booster efficiencies in service, reviewing of back-office

functions across council and company for opportunity to merge to create greater resilience and be more cost effective.

- Development of data and access to data will provide greater insight in a timely manner to allow for more informed and responsive decision making. This is expected to deliver efficiencies, but having automated systems will eliminate data production times and manual reporting

To successfully achieve the impact and efficiencies required in the business cases, the company will require sufficient project management and specialist resources to be meet the demanding programme of works. A bid for specialist resource has been made to the DfE and the company await a decision on the matter. The company has also written to the council requesting project and back-office support recognised as essential for the success of the plan. The Company will be an outward looking organisation developing a series of strategic partnerships to ensure quality, value for money outcomes for children and families whilst ensuring financial resilience.

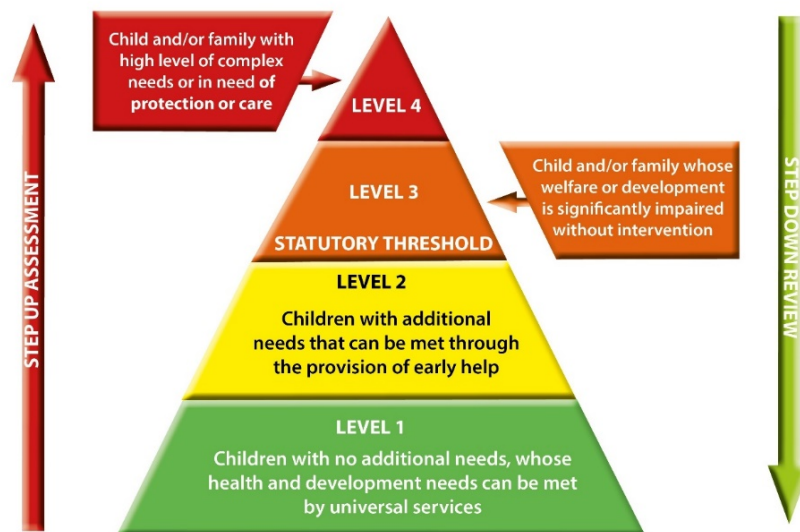
6. The Strategic Framework for Slough Children First

6.1 Business Overview and Operating Model

Slough Children First (originally Slough Children's Services Trust when it was established in October 2015) is a Wholly owned Local Authority Company of Slough Borough Council. The Company retains operational independence in the delivery of its services, and the Council as the sole owner has oversight and influence through the Company's governance arrangements. Slough Children First is referred to as 'the Company' throughout this document.

The company provides support, guidance, and social care across the continuum of additional needs for children, young people, and families across Slough. In doing so it identifies and manages risk following legislation and statutory regulations to keep children and young people safe.

The work of the company represents tiers two, three and four of a pyramid of need as described in the diagram below. The company provides specialist services for children and families with multiple and complex needs including children with disabilities. The level of support and intervention is proportionate to the risks identified, including early help, child protection services, and where required children looked after and those who are adopted.



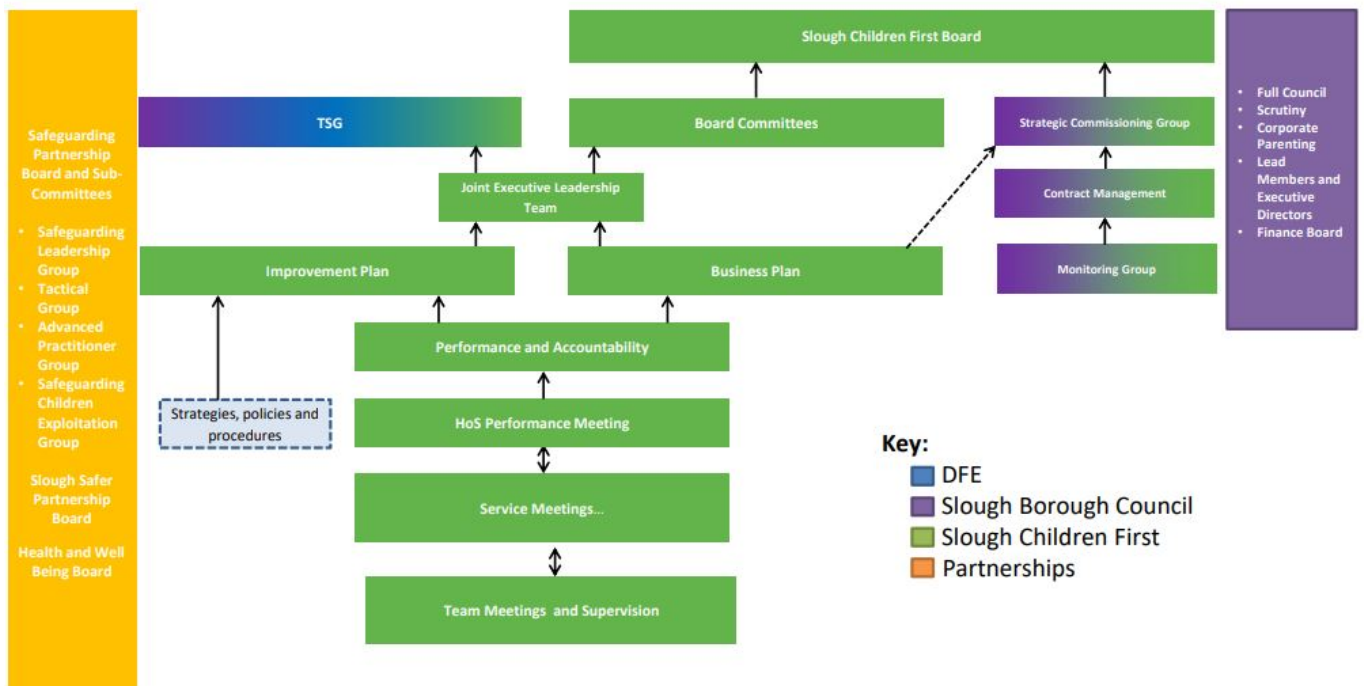
6.2 Governance Arrangements

Governance arrangements for the company are set out in the Articles of Association.

In April 2021 Slough Children First constituted a new Board with revised terms of reference to reflect the wholly owned status of the company. The new company Board consists of an experienced independent Chair, the company Chief Executive/Director of Children’s Services, two Executive Directors, and six Non-Executive Directors, three of whom have been recruited independently and three who are senior leaders from the Council.

The Company Board is responsible for setting and driving the vision and strategy for the Company and holds the Company’s Executive Leadership Team to account for its delivery. Each of the three independent non-executive directors (NEDs) has a specific portfolio covering Audit and Finance, HR and Organisational Development and Social Work practice. They work closely with the relevant member of the Company’s strategic leadership team to oversee the management of the company’s business.

See below a diagram detailing the variety of governance arrangements for Slough Children First



7. Strategic context of Slough Children First

7.1 The local context in Slough*

Slough's local population is estimated to be 149,577, with 43,693 under the age of 18 years old. Slough has a higher younger population than England with 26.6% of its inhabitants aged 0-15 years compared to the England average of 19.2%.

Slough remains one of the most ethnically diverse local authorities outside of London; 15.5% of Slough households do not have anyone who speaks English as their main language, 13% have been resident in the UK for less than 10 years and 88% of people in Slough follow a religion.

Pre-Covid-19, Slough had traditionally high employment because of it being home to the UK headquarters of some of the world's most successful companies and being nearby to Heathrow Airport. However, the pandemic has heavily impacted on many different employment sectors meaning its employment claimant rate is higher now than it was pre-Covid.

**Information is taken from Local Insight profile for Slough area November 2021. This uses a combination of data from the 2011 census through to 2021 DWP data*

7.2. The national context for Children’s Services and how Slough Children First compares

The ADCS (Association of Directors of Children’s Services) Safeguarding Pressures 7 research 2019/20 (published February 2021) highlights the following national picture looking back over the last 12 years:

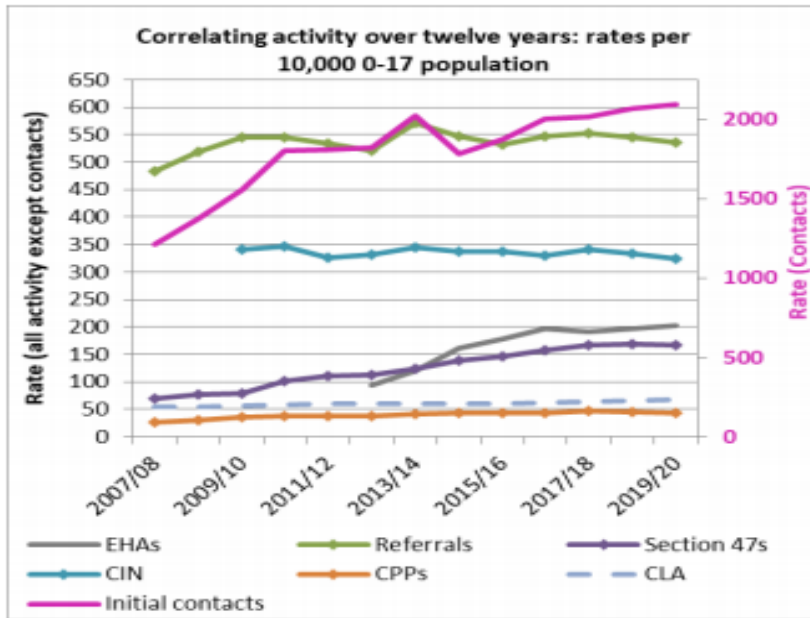
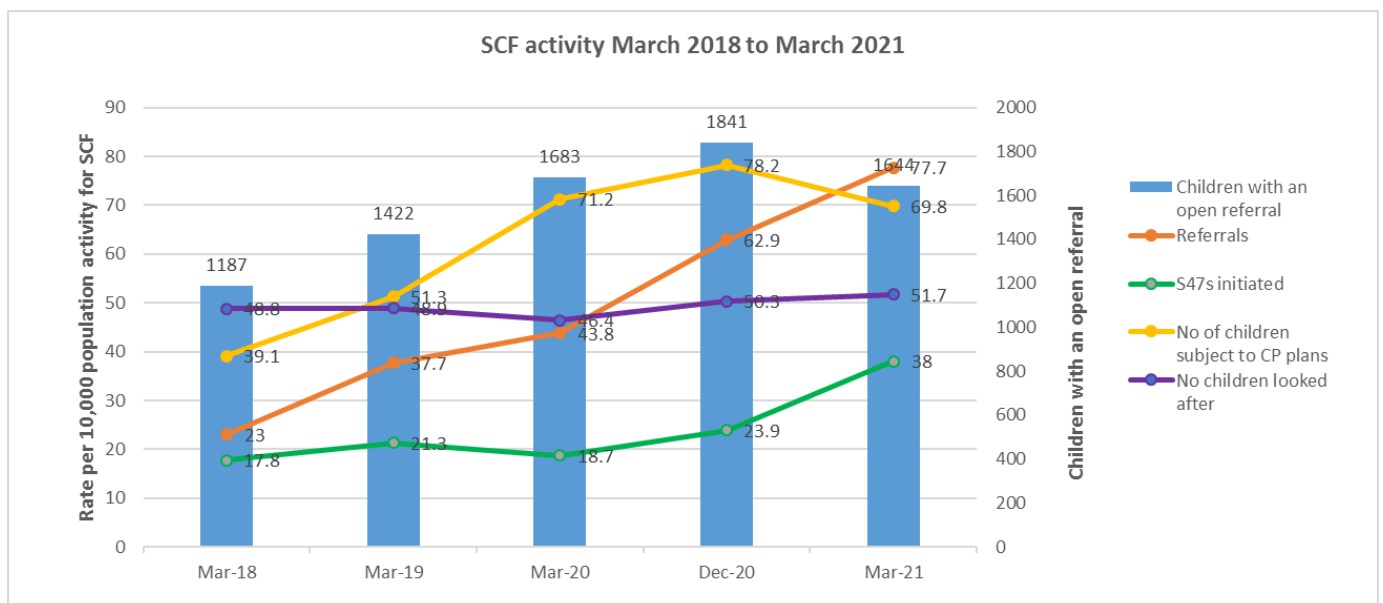


Figure 7 - Correlating activity over twelve years

‘Children’s social care activity over the past 12 years clearly shows the increase in early help assessments, initial contacts and section 47 enquiries. This is alongside significant increases in initial contacts and Section 47 enquiries. *ADCS Safeguarding executive summary Phase 7*

The graph below shows similar and sustained increases in Slough Children First Children’s statutory social care activity over the past 3 years from March 2018. Covid had and continues to have a significant impact on households in Slough. The rise in food 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.



Although the number of children and young people open to Slough Children First usually returns to around 1,600 each year in March, there are periods of sustained demand during the year when the number of children reaches over 1,800.

The ADCS Safeguarding Pressures 7 report (February 2021) highlights growth in demand for Early Help and social care services nationally and this is compared with Slough Children First in the section below.

Nationally Early help activity continues to increase. There were an estimated 202 early help assessments per 10,000 0-17 population completed in 2019/20. Slough is currently higher at 231.4 per 10,000 0-17 population ytd (*December 2021 CPR*).

Nationally there are significant variations between LAs on referrals with 53% reporting a decrease in referrals and 47% reporting an increase over the last two years. As seen in the graph above Slough has experienced an increase in referrals.

Nationally there has been a greater volume of in-year children in need episodes indicating the extent of children's needs and the volume of work undertaken with children and their families (*DfE, 2020*). Slough saw its number of open CIN children start to increase from July 2020 (under 500) and this number hasn't been below 500 children since.

Nationally the year-on-year increase in the number of children becoming subjects of child protection plans has plateaued which is the opposite of Slough which has almost doubled since March 2018. The national child protection rate is 55.2 per 10,000 0-17 population. (*DfE, 2020*), lower than Slough at 69.8 (*December 2021 CPR*).

Nationally the number of children looked after at 31st March 2020 had increased despite a reduction in the number of children who are starting to be looked after. Nationally this indicates the increase in the number of children looked after is not due to more children becoming looked after, but fewer children leaving care.

At the end of November 2021, the company recorded its highest number of children looked after (262 children). For Slough one reason for the recent rises in children looked after numbers are the increased numbers (33) of Unaccompanied Asylum-Seeking Children (UASC) from the dispersal hotel in Slough claiming to be under 18 years old, therefore inappropriately placed and requiring children's social work support.

In Slough the children looked after per 10,000 population has risen in line with the increased numbers of children looked after and is currently 51.7 per 10,000 population. Slough's rate is comparable with the statistical neighbour averages for 2020/21 (56.1) but is below England averages (67).

Nationally there were 42,960 care leavers aged 17 to 21 in England on 31st March 2020 (*DfE 2020*), an increase of 9% in the last two years. Slough's care leaver population has increased 25% from 159 in March 2018 to 206 in March 2021. Slough's Care Leaver population will continue to rise in future years in the line with increased numbers of children in care.

All national statistics are taken from the Executive Summary of the ADCS Safeguarding Pressures Phase 7 report published in February 2021. The report can be accessed via this link. [ADCS SAFEGUARDING PRESSURES PHASE 7 FEBRUARY 2021](#)

7.3 Progress and achievements of Slough Children First in the last year

7.3.1. No inadequate services in Slough

In July 2021, Slough Children First and Slough Borough Council were in a position to state they had no inadequate services for the first time in 10 years when the Independent Fostering Agency (IFA) was judged by Ofsted to be 'good'.

Breakaway, the Company's respite children's home for children with disabilities received an inspection in October 2021 and was judged to be 'good' with 'outstanding' for leadership and management. In late 2019 Breakaway moved into neighbouring premises to enable a refurbishment to commence. It expects to move back to its original home in April 2022 and will continue its work towards achieving an outstanding inspection rating.

The company received a focused Ofsted visit of its Front Door services in January 2022. The report is yet unpublished, but Ofsted noted '*systems in the MASH are safe*' because of seeing maintained decision making in real time. (*Contacts: decision and authorisation within 1 workday – 98.7% Dec 2021*. SN / England average comparators not available.

7.3.2. The company's improvement plan

In April 2021 a new improvement plan was developed which is aligned to the company's business plan and built upon a successful focus on practice compliance and quality in the 2020/2021 improvement plan. The current company improvement plan is generating improvements in practice which can be seen in the Company Performance Framework KPIs below which monitors contractual KPIs between the company and the Council. In many indicators we are exceeding three outstanding local authorities (shown in blue). The latest version of the improvement plan is shared as an appendix to this business plan.

The company is starting the process of reviewing and updating its improvement plan for the coming financial year to cover all aspect of the company's business and this will be completed in readiness for the start of the new financial year. This update will include projects identified in this business plan as part of the transformation programme to achieve efficiencies and address any areas of improvement Ofsted identify from the January 2022 focused visit.

The improvement plan is scrutinised in a number of governance forums and is monitored monthly by the Transition Steering Group. The improvement plan is dynamic, regularly reviewed and updated accordingly

This business plan is underpinned by service plans from each service area within the company and an improvement plan, all of which are linked to the priorities of the business plan. This provides a clear link or 'golden thread' from the strategic vision of the Company through to operational delivery.

8. Company Performance Framework (Contractual KPIs)

8.1 A suite of contractual KPIs are scrutinised by the council as part of its regular contract monitoring arrangements of company performance. These have been chosen to represent the delivery of the company's core business and gives the council a good sense of areas of strong performance and areas which require further scrutiny. Any KPIs which are red for 3 months are escalated for further scrutiny. These KPIs alongside a suite of other monthly performance information which is also shared with the Council.

Slough Children First benchmarks itself with its own performance from the previous year, its Statistical Neighbours (SN), the South East region and England averages. To support its aspiration to 'get to good', Slough Children First is benchmarking itself against outstanding local authorities and the comparisons with Bexley, Kingston and Redbridge are included within the contractual KPIs as they were three local authorities who were willing to share their data.

Key to the colour coding in the table below:

Red	Not on target, and outside of tolerances with no demonstrable improvement on the previous month
Amber	Not on target, but within target tolerances set in the 3 rd column
Yellow	Not on target and outside of target tolerances set but is an improvement on previous month
Green	Outcomes are meeting or exceeding local targets
Blue	Outcomes are meeting or exceeding both local targets and the outstanding comparator local authorities

Page 41

Performance/ Efficiency Indicators	Target	Tolerance year 1	Dec-20	Jan-21	Feb-21	Mar- 21	Apr-21	May- 21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	SN 20/21	SE 20/21	ENG 20/21	Bexley 20/21	Kingston 20/21	Redbridge 20/21
% of Repeat Referrals	22.0%	27+ R 23-26 A 10-22 G	12.90%	20.60%	16%	13.2%	19.9%	25.0%	24.0%	17.5%	19.4%	25.4%	27.2%	23.2%	23.5%	20.6%	27.7%	22.7%	22.1%	19.4%	21.0%
Assessments completed on time (CPR)	85.0%	0-78 R 79-82 A 83+ G	78.10%	88.70%	85.70%	88.90%	95.30%	90.40%	87.60%	73.5%	71.4%	67.6%	87.0%	89.3%	91.3%	88.9%	88.7%	87.6%	94.2%	n/a	95.9%
ICPC timeliness (statutory measure by child)	80.0%	0-69 R 70-74 A 75+ G	70.00%	68.10%	76.60%	78.8%	27.6%	59.3%	71.4%	90.5%	77.8%	94.1%	66.7%	89.7%	75.0%	84.3%	82.0%	83.0%	81.7%	96.2%	97.9%

Performance/ Efficiency/ Indicators	Target	Tolerance year 1	Dec-20	Jan-21	Feb-21	Mar- 21	Apr-21	May- 21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	SN 20/21	SE 20/21	ENG 20/21	Bexley 20/21	Kingston 20/21	Redbridge 20/21
% of Children subject to CPP with all reviews within timescale	92.0%	0-85 R 86-89 A 90+ G	64.70%	75.60%	80.30%	83.5%	83.5%	82.5%	88.2%	90.5%	91.1%	92.2%	92.1%	91.6%	92.3%	94.0%	92.7%	93.2%	97.3%	100.0%	100.0%
CP Visits undertaken on time	90.0%	0-80 R 81-87 A 88+ G	95.80%	97.60%	97.60%	89.2%	83.5%	93.8%	87.4%	82.0%	80.9%	81.1%	88.4%	89.3%	87.7%	n/a	n/a	n/a	n/a	n/a	n/a
% CLA visits undertaken on time	90.0%	0-84 R 85-89 A 90+ G	90.90%	93%	93%	94.2%	95.9%	91.9%	90.0%	93.6%	86.3%	84.9%	89.6%	87.6%	81.9%	n/a	n/a	n/a	n/a	n/a	n/a
Timeliness of CLA reviews	92.0%	0-85 R 86-89 A 90+ G	95.70%	87.50%	97.50%	97.5%	97.5%	83.0%	97.6%	96.4%	93.6%	91.6%	89.6%	88.4%	85.8%	n/a	n/a	n/a	n/a	n/a	n/a
Participation in CLA reviews	92.0%	0-85 R 86-89 A 90+ G	87.90%	95.60%	94.40%	80.8%	89.3%	93.3%	88.0%	91.5%	93.3%	85.3%	91.2%	100.0%	100.0%	n/a	n/a	n/a	n/a	n/a	n/a
Placement Stability - short term	12.0%	16+ R 13-15 A 0-12 G	6.50%	7.10%	5.20%	6.7%	7.7%	7.8%	6.9%	8.3%	8.3%	6.0%	6.1%	5.3%	6.0%	8.3%	11.0%	9.0%	10.0%	10.0%	7.0%
Placement Stability - long term	65.0%	0-60 R 61-64 A 65+ G	87.50%	88.50%	85.20%	88.9%	83.2%	83.6%	83.6%	81.5%	74.2%	76.1%	74.2%	74.2%	72.1%	69.7%	68.0%	70.0%	57.0%	55.0%	69.0%
Care Leavers EET	52.0%	0-43 R 44-49 A 50+ G	45%	44.40%	45.70%	50.0%	50.2%	55.1%	58.1%	60.0%	58.4%	58.2%	56.2%	52.9%	53.5%	51.7%	51.0%	52.0%	57.0%	54.0%	54.0%
CLA placed over 20 miles away	20%	32+ R 26-31 A 0-25 G	30.30%	30.10%	28.90%	30.0%	30.0%	31.1%	33.8%	35.0%	32.2%	33.5%	35.9%	34.7%	34.1%	21.7%	28.0%	21.0%	20.0%	26.0%	18.0%
Care Leavers with a pathway plan (18+)	85%	0-75 R 76-82 A 82+ G	89.2%	83.4%	84.3%	93.9%	96.5%	95.7%	93.2%	84.4%	89.7%	89.7%	89.4%	87.1%	88.5%	n/a	n/a	n/a	n/a	n/a	n/a

9. Slough Children First Improvement Plan – Plan on a Page

Business Plan Priorities	Quality improvement through a child's journey	Stability of Workforce Sustainability	Quality improvement through a child's journey	Quality improvement through a child's journey Sustainability	Quality improvement through a child's journey Stability of workforce	
2021/22 Improvement Plan Priorities	1. Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger Lead: Briege Gilhooly	2. Stability of Workforce Sponsor: Carol Douch with Raj Bhamber Lead: Kate McCorriston	3. Participation and engagement Sponsor: Carol Douch with Lesley Hagger Lead: Sandra Davies	4. Permanency and Sufficiency in Placement		5. Culture and Change Sponsor: Andrew Fraser with Tony Hunter (Chair) Lead: Carol Douch and Kate McCorriston
	<ul style="list-style-type: none"> Quality of practice Model of practice Quality of assessments SMART, clear and directive plans Quality of direct work and visits Child Exploitation Transitions Clinical Support Systems & forms 	<ul style="list-style-type: none"> Staff retention Workforce development and creating the conditions for social work to flourish Career development for young people 	<ul style="list-style-type: none"> Hearing and acting on the views of children, young people and families Participation Child's voice across their 	<ul style="list-style-type: none"> Effective permanence Permanency planning 	<ul style="list-style-type: none"> Sufficiency Inclusive offer 	<ul style="list-style-type: none"> Diversity and Inclusion Effective communication, listening and acting on the views of staff A listening organisation which celebrates its workforce Culture
Governance and Accountability Sponsor: Matt Marsden Lead: ELT						

10. Financial plans

Financial strategy and plans

Key financial aims;

- To radically improve cost reduction/efficiency
- To work in partnership with the Council to address the financial constraints in Slough Borough Council.
- To set a balanced budget and work within the financial envelope year on year to provide greater stability for the council's financial planning model.
- To support the delivery of the strategic aims of the Company in line with the Council's vision, ensuring children are safe secure and successful.
- Drive a model of efficient and effective practice across the company to achieve the best outcomes for children.
- Work in partnership with the Council to ensure support services are fit for purpose and delivering against the strategic aims of the company in delivering effective services.
- Ensure opportunities from one-off transformation funding is put to good use of delivering change and improvement delivering on longer term benefits for service users, the Company, and the Council.

Key financial priorities

To deliver the best possible outcomes for children at the same time as ensuring value for money and cost-effective services, the following key priorities are a focus:

- Maximise funding opportunities into Slough.
- Stability in workforce
- Effective early help services
- Working in collaboration with partners to address children's needs
- Strong practice and processes
- Effective commissioning of services & placements
- Effective back-office functions to support front line services

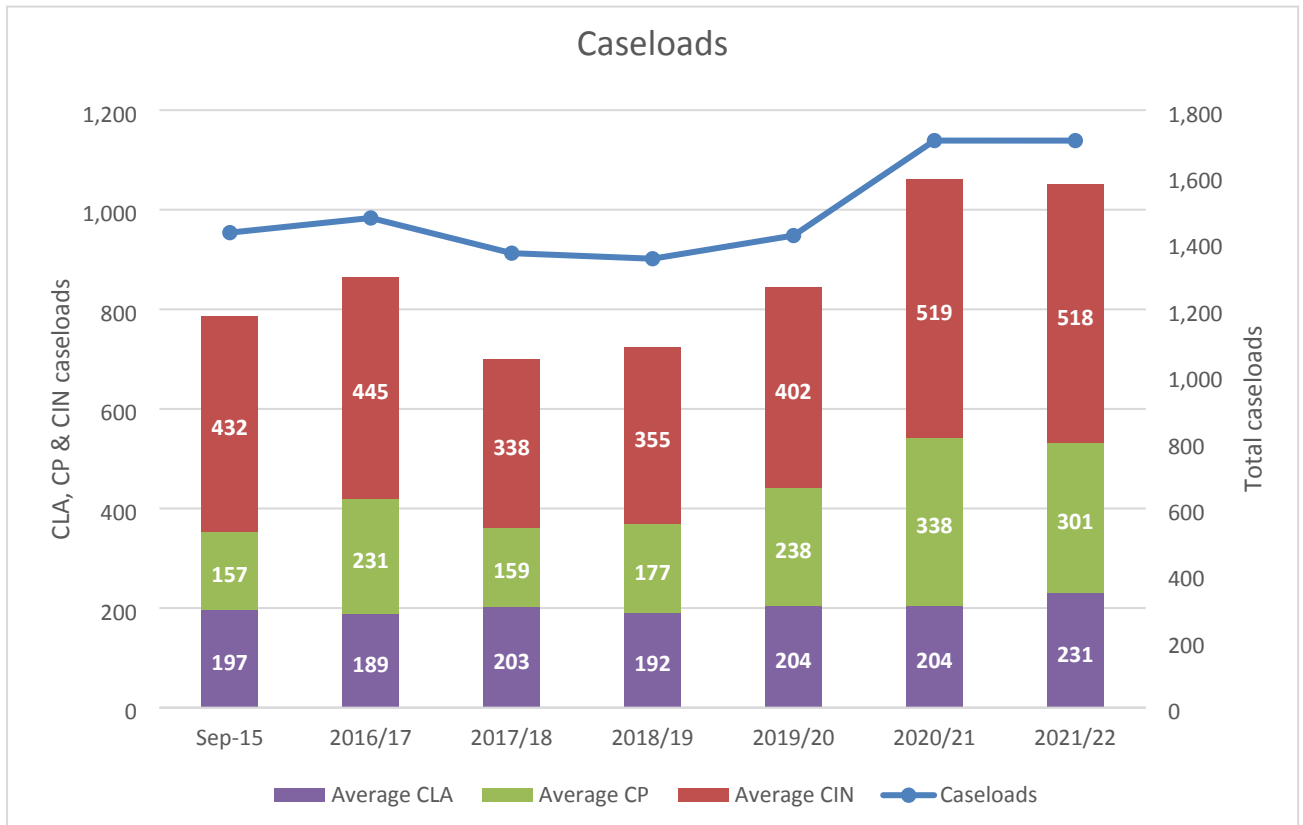
Financial context

The Company's plan looks to deliver a balanced budget in 2022/23 which considers a net reduction in core contract funding of £2.7m. To achieve this the company must deliver an estimated £4.7m of savings, recognising projected growth in demands. The Company has consistently overspent against its budgets in the past, with demands exceeding the budget estimates. This questions the ability to be able to achieve the set targets for 2022/23.

Although demand pressures will continue the company will continue to be fully open and transparent in how it is achieving required savings and providing proper value for money. While children's spend here as elsewhere will always have volatility and unpredictability built in, it is essential the council has confidence in financial grip and control along with a demonstrable understanding of trends and trajectory, So that the

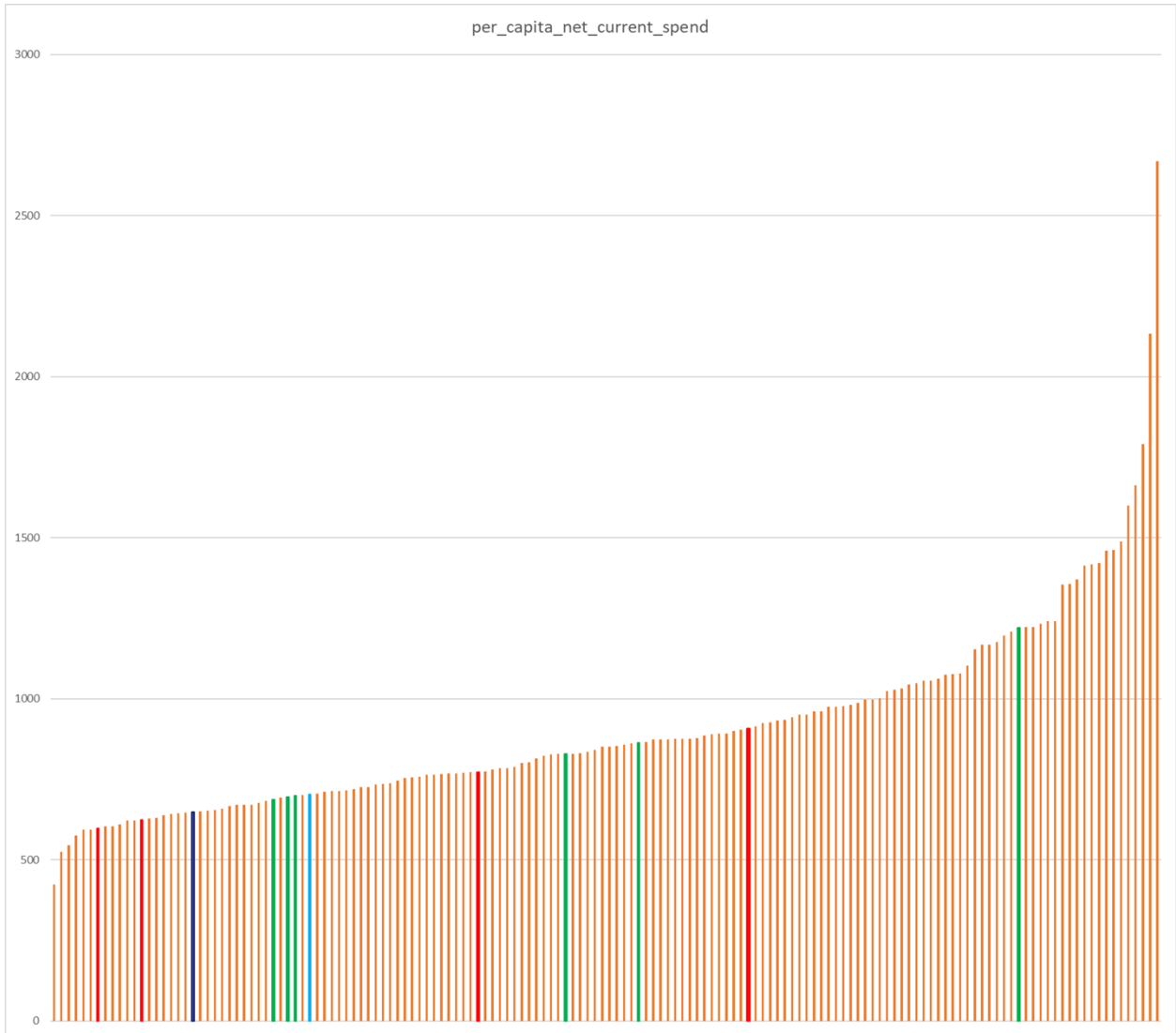
risk of surprises is minimised in every possible way. This is particularly important given the company’s recognition of the extent of the councils financial challenges over the coming years

The table below shows the levels of activity and the impact Covid has had in 2021/22 & 2022/23. It is estimated that Covid has resulted in £2.9m of additional cost against budget in 2022/23.



Slough Children First spend per capita is in the top quartile for the lowest spend per capita (S251 benchmarking data 2019/20). The graph below highlights Slough in light blue in comparison to authorities in the England where Slough are ranked 35th lowest spend per capita out of the 151 authorities.

The dark blue line represents Slough following the implementation of the savings targets for 2022/23. This shows Slough’s rank improving to 17th in England. The chart shows Slough in comparison to statistical neighbours (close neighbours in red, not as close in green).



How these aims will be delivered

Consideration is given to the most effective models of operation whilst recognising the limited scale in Slough. The company is working closely with the council in reviewing the split of services between the two organisations to find the most optimal and cost-effective solutions to deliver the best outcomes for children. This requires careful consideration and assessment to ensure any changes are the right thing for children now and in the future.

A review of scope of services is expected to be completed by August 2022 with the intention making recommendations for the next iteration of the business plan.

Spend on the workforce

Slough spend on social work per child in need is favourable to statistical neighbours, with Slough reporting £115 per week compared to statistical neighbours' £132 per week (15% lower). This is likely to be a result of higher caseloads per worker, a key factor which needs to be addressed to support a reduction in turnover rates. Work on Early help is aimed to reduce caseloads back down to establishment levels.

It is recognised unit rate spend is high, the plans to implement the workforce strategy as highlighted in the transformation programme and underpinned by the staffing savings business case, looks to reduce turnover rates for key front-line staff, reducing the reliance on agency and Innovate teams, which will deliver the savings highlighted in (section 10 financial plans) savings summary.

Effective Early Help

When comparing Slough with close statistical neighbour Redbridge, 12% of Redbridge's spend on children is for family support compared to 6% in Slough (S251 benchmark 2019/20). Redbridge spend per capita on children's services (excluding education) is £597 compared to Slough at £704. This suggests investment in early help and family support delivers an overall more cost-effective model.

Slough's transformation plan captures our ambition to develop early help functions in Slough to reduce the demand on statutory services to within establishment levels, making more manageable caseloads for key front-line staff. This requires investment to develop the service which has been included in a bid for transformation funding with the DfE for 2022/23. It will take time to embed the continuum of early help and impact on caseloads, the impact of which will not be seen immediately. Expectation is to see a reduction in statutory caseloads from a more targeted early help service by October 2022, allowing for the reduction in Innovate teams.

Strong practice and processes to support this

The medium-term plan captures the opportunity to reduce business support in the company with the development of the infrastructure and systems. Having systems which are user friendly, able to update with ease and provide real time alerts and reports which strengthen practice and lead to a more cost-effective model.

This area needs development and a detailed diagnostic of the main child recording system, looking at best practice elsewhere in the country to learn from their experience. This is not expected to deliver benefits in 2022/23, however the analysis will need to be undertaken in 2022/23 to deliver efficiencies in 2023/24.

Effective commissioning of placements

Recruitment of in-house foster carers remains a key strand of company activity, and financial plans are based on a net growth of eight fostering households per annum to deliver significant reductions in rates paid to the independent sector.

Within the company's transformation programme is a plan to recruit specialist foster carers for older children with complex needs. This will reduce significant costs spent on specialist residential provision but will require money to be spent on specialist training of foster carers to meet greater complexities of need.

The role of commissioning in achieving a balanced budget is vital and a large proportion of the company's current and future transformation plans. Significant work is planned in the semi-independent sector for children aged 16 + which is a current area of high spot purchase for Slough. A tender is due for imminent launch which will

see a significant shift in the cost base for many of our 16+ cohort of placements. Market research has been undertaken to test the validity of the business case and confidence is high around the success the plan will have.

Commissioning is also looking at an opportunity to develop local residential provision for more complex therapeutic needs. Interested parties have already come forward and keen to work in partnership with Slough Children First. Discussions have commenced with the Council to identify housing opportunities to support these plans.

Benchmark data suggests Slough fare well with rates for residential against statistical neighbours, at £4,090 per week compared to £4,617 for statistical Neighbours.

Cost effective back-office functions

The Company is driving greater accountability ensuring managers are aware of and addressing their budget management responsibilities through training and regular support from the finance team.

The company is also exploring how software can assist in delivering a more cost-effective model. This is captured in the staffing structures business case, looking to target corporate functions. The business case also explores opportunities to merge back-office functions with the council to develop more sustainable and economic services.

The table below highlights the savings with key deadlines and associated risks to be delivered which are intended to get the company back within budget.

The savings are part of the plan to bring budgets back in line, although further assumptions have been made in order that the budget will balance, these include;

UASC income will be received to cover the costs of UASCs in placement. Where this is not the case, it is assumed the UASC is not deemed a child and therefore not the responsibility of SCF, so no associated placement costs.

Legal proceedings have been high for some time, this is in part from an increase in complexity of need presenting through Covid. Covid has also had a part to play from delays in court proceedings, with cases being held open longer, being explored with the court user group.

The company expect the activity to fall over the coming 6 months, with legal costs falling from the current year forecast of £2.1m to £1.5m in 2022/23 in line with average prior year spends on legal support.

Area of spend	Outcome	Milestone	Value 2022/23 £000's	Risk
Income	Collaborative working to address outcomes for children		1,274	Partners accepting changes and increased costs to them
Income	Grant income funding of services	Apr-22	372	
Income	Funding of key health functions for young people		309	Partners recognising the benefits
Income Total			1,955	
Pay & agency	Transformation of early help services	Apr-22	340	Consultation with staff, opportunities exist elsewhere
Pay & agency	Reduction in corporate support	Jun-22	81	
Pay & agency	Restructures of roles	Apr-22	227	
Pay & agency	Efficiencies from technology	Oct-22	96	Requires investment
Pay & agency	Recruitment and retention	Apr-22	935	Requires early help strategies to reduce caseloads, and overseas recruitment to land effectively
Total pay and agency			1,679	
Placements	16+ pathway tender	Aug-22	313	Interest in the market against the tender
Placements	IFA recruitment	Mar-23	221	Recruit net 8 additional households in the year
Placements	Local 16+ provision for exploitation	Apr-22	238	Resource to stabilise placements
Placements	Invest to save in planned placements	Jun-22	15	
Placements	Local residential offer	Dec-22	10	Ability to identify housing assets to develop for residential
Placements	Targeted rates for variable support needs	Jun-22	55	
Placements	Negotiated contract rates	Oct-22	50	Resource capacity to delivery plan
Placements total			902	
Support to children and young adults	Investment in respite care	Jul-22	140	Resource capacity to delivery plan
Total support to children and young adults			140	
Overheads	Remote working savings		49	

Total Overheads

49

Total savings

4,725

The savings of £4.7m in 2022/23 is a challenge with a number of recognised risks attached. The biggest risk areas pertain to income contributions to packages of care, an area the company has experienced issues in the past. A clearer focus on collaborative working across partner agencies to deliver child focused outcomes is intended to address historic barriers. Work is underway to develop new ways of working with key partner agencies.

The recruitment and retention strategy is also a significant risk. History shows marginal successes in recruitment resulting in reduction of agency numbers, however in recent years this has worsened in light of increasing demands nationwide and an ever shrinking pool of experienced social workers. Consideration is being given as to whether additional family support workers and business support could lift some of the burden from social workers to help address the issue.

The company has seen some success with overseas recruits, with 7 joining the company in August and a further 8 due to arrive in February. Key to the success will be the ability to retain these new recruits. The company has also been successful in attracting newly qualified social workers, so the pipeline for the future looks promising.

The need to retain staff is fundamental in building the stability required in order to release the Innovate teams and provide continuity and improved outcomes for children, young people and families. The Innovate teams makes up a sizeable proportion of the saving in the plan against current year spend. The other key aspect to having the ability to release the Innovate teams is seeing manageable caseloads for remaining staff. This includes a reliance on targeted early help strategies being successful and diverting demand for referral and assessment teams and having the ability to step down casework from child in need plans.

8b Profit and loss account

The table below shows the forecast projections for the medium term. This includes a deficit in 2021/22 which the company will be seeking additional funding from the council as per the contract to meet the additional demands seen in the service against those budgeted assumptions, largely a consequence of Covid impacts and growth in unaccompanied asylum-seeking children. The forecast shows a balanced position for 2022/23 having incorporate £4.7m of savings into the plan. The plan includes a bid to the DfE for transformation funding, which is not guaranteed, along with a request for project support from the council, both essential for the delivery of plans.

2023/24 shows a surplus to help contribute to the council's savings plans. This is after a reduction in DfE contribution to the running costs of the company.

A small further surplus is expected in 2024/25, with further reductions in DfE funding.

Profit & loss account	Forecast outturn 2021/22 £000's	Plan 2022/23 £000's	Plan 2023/24 £000's	Plan 2024/25 £000's
Income				
SBC Income	(31,334)	(31,434)	(31,868)	(32,292)
SBC other income	(100)	(100)	(100)	(100)
DfE Income	(2,025)	(2,025)	(1,850)	(1,675)
DfE transformation funding	(1,481)	(1,845)	0	0
Grant Income	(2,134)	(3,310)	(3,310)	(3,310)
Other Income	(1,445)	(1,274)	(1,274)	(1,274)
Total Income	(38,520)	(39,988)	(38,402)	(38,651)
Expenditure				
Pay & Agency	17,088	16,564	16,240	16,557
Placements	14,631	14,363	13,908	13,770
Support to children and young adults	3,252	2,461	2,022	1,806
Legal fees	2,098	1,506	1,250	1,250
Overheads	1,287	3,180	3,203	3,183
DfE Transformation costs	1,481	1,845	0	0
Other savings and one-off costs	0	70	(180)	(180)
Total expenditure	39,837	39,988	36,442	36,387
(Surplus) / Deficit	1,318	0	(1,960)	(2,264)

The medium-term plans include the targeted reduction in core contract funding from the Council of £2,674k for 2022/23. There is an expectation further reduction in the core contract value will be required in 2023/24 to help address shortfall in the Council's budgets. This has yet to be reflected in the above plans.

Budgets for 2022/23 include the full year effect of early help services transferred to the company, along with the inclusion of full support services recharges following the agreement of the new support service agreement.

Pay and agency

Pay & agency	£000's	
Forecast spend 2021/22		17,088
Growth		
Full year effect from early help TUPE	594	
Commissioning establishment	150	
CLA establishment	52	
Pay inflation	250	1,046
Base budget		18,134
Savings		
Targeted early help savings	(157)	
Staffing restructures & efficiencies	(265)	
Reduction in Innovate teams	(1,480)	
Reduction in reliance on agency	(1,379)	
Offset by recruitment to permanent posts	1,710	(1,570)
Budget 2022/23		16,564

The table above identifies the growth requirements in 2022/23 to support the ongoing commissioning activity to drive a cost-effective model of delivery, along with additional social work capacity to meet the escalating numbers of children looked after.

Savings are expected from several transformation initiatives through reshaping of services to be more targeted and focused around those most vulnerable families. Other areas include the development of technology and systems to make roles more effective.

As highlighted above, the introduction of an enhanced pay package is expected to attract more permanent staff, resulting in reducing reliance on Innovate teams and agency staff.

Placement budgets

Placements	£000's	
Forecast spend 2021/22		14,778
Planned placement end impact		(1,121)
Growth		
Current rate impact	670	
Growth of CLA	482	
Increase in permanence	(7)	
Contractual inflation	175	1,320

Base Budget		14,977
--------------------	--	---------------

Savings

AMZ full year impact	(236)	
In-House IFA recruitment & tiers	(221)	
Reduction in emergency placements	(27)	
UASC rates	(53)	
16-25 initiatives	(76)	(614)
		<u>(614)</u>

Budget 2022/23		14,362
-----------------------	--	---------------

Placement spend is high currently with a recent influx of new children looked after, in part due to an increase of mother and baby assessments, though plans predict a number of these placements ending in the coming months. The plans also factor in future growth in numbers of children looked after at the same time. Rate increases because of complexity of need have also been accounted for along with contractual pay inflation expectations.

To partially offset the growth requirements are a number of transformation initiatives highlighted earlier within the commissioning workstream and within our in-house fostering service. This looks to deliver savings of £614k in 2022/23 and this rises to £1,350k in 2023/24 with further development and full year effects.

Other child support costs

Other child support costs

Forecast spend 2021/22		3,126
-------------------------------	--	--------------

Other BAU movement for care leavers	(89)	
-------------------------------------	------	--

Savings

16-25 initiatives	(237)	
Reduction in external adoption fees	(77)	
Development of respite services	(32)	
Pupil premium one off funding	(93)	
Reduction in S17 spend	(137)	(576)
		<u>(576)</u>

Budget 2022/23		2,461
-----------------------	--	--------------

The largest element of other child support costs covers support for care leavers encompassing both accommodation and support. The 16+ pathway plan also includes accommodation options for our care leavers, and we are looking to develop a floating model working within housing benefit levels for these young people. This will deliver savings of £237k in 2022/23, increasing to £620k in 2023/24.

Other transformation areas being targeted are Short Breaks and packages of care for children with a disability and we are looking to promote greater use of direct payments to carers to reduce rates paid for care.

Overheads

Overheads	
Forecast spend 2021/22	1,287
Growth	
New support service recharges	1,688
Removal of one-off release	88
Full year effect from early help TUPE	6
One off opportunity from DFE funding	131
	1,913
Base budget	3,200
Savings	
Savings in printing and telephony	(17)
Budget 2022/23	3,183

Other overheads reflect one off benefits gained in 2021/22, adding growth to spend for 2022/23, including the additional costs from the implementation of the new support services agreement recharges from the council. Small savings are expected in telephony from closing old numbers no longer in use, along with benefits to be gained from reduced mileage claims following an increased local placement provision through the delivery of commissioning activities.

8c Cash flow statement

Slough Children First Ltd Cash flow 2021/22

	£000's
Surplus / (deficit) for the year	(1,318)
Movements in working capital	
Decrease in debtors	9,521
Decrease in creditors	(11,359)
	(2,754)
Cash generated / (absorbed by) from operations	(2,754)
Cash generated from borrowing	5,000
	1,844
Net increase in cash and cash equivalents	1,844
Cash and cash equivalents at the beginning of the year	5,057
	6,901
Cash and cash equivalents at the end of the year	6,901

The cash flow statement shows sufficient funds at the end of the year to meet the liabilities of the company as they fall due. The cash balances are positive as a result of the £5m loan facility provided by the council. The £5m supports the working capital on a day to day basis to ensure the company has sufficient funds to pay its bills. The £5m loan facility will be paid back to the council at the end of the contract or when services return to the council.

Given the projected in-year losses, and a medium-term financial plan that does not manage to fully recoup those losses, a risk remains over the ability to repay the loan in full at the end of the contract term.

8d Balance Sheet

Balance Sheet	as of 31		
	Mar 2021,	as of 31 Mar 2022,	as of 31 Mar 2025,
	£000's	£000's	£000's
Current Assets			
Debtors	11,933	2,412	2,412
Cash at bank and in hand	5,057	6,901	11,120
Total current assets	16,990	9,313	13,532
Creditors: Amounts falling due within one year	(16,990)	(5,631)	(5,631)
Total current liabilities	(16,990)	(5,631)	(5,631)
Net current assets	0	3,682	7,901
Long Term Creditors - Receipts in Advance	0	(5,000)	(5,000)
Total long-term liabilities	0	(5,000)	(5,000)
Net Assets / (Liabilities)	0	(1,318)	2,901
Reserves			
Income and Expenditure Account	0	(1,318)	2,901
Reserves	0	(1,318)	2,901

There is little expected movement in the debtors and creditors across the years, the balance sheet reflects the surpluses expected to be delivered in 2023/24 & 2024/25 on reserves and cash balances.

As highlighted above, further contract reductions in future years have not been reflected, which is expected to eliminate the surpluses and reduce the impact on reserves and cash balances.

8e Revenue budget and working capital requirements

Working capital requirements are expected to be met through the £5m draw down facility which has been utilised from the council. As can be seen from the cash flow statement above, it is anticipated that sufficient cash and working capital is available for the company to continue to operate.

8f Capital expenditure requirements

None identified currently, consideration required for development of reporting platforms.

[1) The council understands that there might be circumstances such as an invest-to-save arrangement where capital expenditure might be relevant to the company's business planning process. For example: developing additional capacity in foster carer homes and development of council assets to meet local placement sufficiency needs.



Slough Children First Improvement Plan

2021/22

Owner:	Carol Douch, Director of Operations
Version:	0.11
Date:	December 2021
Review Date:	Each month with full review in March 2022

Summary:

This improvement plan identifies key improvement priorities in 2021/22 for slough children first. It also provides an action plan for how these priorities will be met, the areas of focus and most importantly what this means for our children, young people and families.



Introduction

Slough Children First is an independent, not-for-profit wholly owned company of the Council, which provides social care and support services to children, young people and families.

The Company aims to provide:

- the best possible service, ensuring that children and families are at the centre of everything we do
- the best possible outcomes for vulnerable children and families
- the best possible support to staff, enabling families to change and flourish
- the right support for children and families, at the right time
- working to keep families together where it's safe to do'

Vision and Values

Our vision at Slough Children First has always been that every child in Slough should be Safe, Secure and Successful.

To help achieve this, our mission is that we should all be constantly working together to improve the lives of children and young people by protecting, supporting and enabling them to thrive.

Our vision and mission are underpinned by 5 key values



Background and Context

Following the last ILACS inspection, the Company developed an initial rapid improvement action plan in response to the findings of the inspection and its own self-evaluation. This plan was successfully delivered and a need for a longer term plan covering the rest of 2019/21 was identified.

Consequently, the rapid improvement plan evolved into the 2019/21 improvement plan, which was successfully closed down at the end of March 2021 following significant progress against areas identified and in particular around compliance.

As the improvement journey for Slough Children First continues the next step for improvement are to sustain compliance and focus on improving quality.

Slough Context

- Slough's local population is estimated to be 149,539 (June 2019 mid-year estimates), with 43,112 under the age of 18.
- The borough has a significant younger population with an average age of 34 compared to the England average of 40 years.
- The 2011 Census showed Slough to be one of the most ethnically diverse local authorities outside of London; around 16% of Slough households do not have anyone who speaks English as their main language and 88% of people in Slough follow a religion.
- Despite its past strong economic performance, Slough is one of the top 10 places hardest hit economically by Covid.
- Since end of March 2020, 5,260 more people in Slough are claiming benefits due to unemployment which includes 840 more young people (aged 16-24) and 1,300 more older people (aged 50+).
- At the end of December 2020, there were 11,700 claims from the Coronavirus Job Retention Scheme ('on furlough') and 6,600 claims totalling £16.6m for Self Employment Income Support Scheme (SEISS).

Children's Services Context

Since the last improvement plan, Slough has seen an increase in demand. A number of these have been more complex cases requiring more practitioner support and time. The increase and change in demand has impacted the child's journey as a whole including sufficiency of placements and financial pressures as a result. Even with the introduction of the additional capacity provided through the Innovate Teams, which resulted in more manageable caseloads, these have slowly started to increase again.

Increase in children open to the service:

31 March 2019	1,422 children and young people
29 March 2020	1,683 children and young people
28 March 2021	1,644 children and young people

Increase in the number of children looked after:

31 March 2019	210 children and young people
29 March 2020	194 children and young people
28 March 2021	230 children and young people

Increase in the number of children subject to child protection plans

31 March 2019	208 children and young people
29 March 2020	293 children and young people
28 March 2021	306 children and young people

Increase in children subject to a child in need plan over the last 15 months:

31 March 2019 402 children and young people
 29 March 2020 331 children and young people
 28 March 2021 507 children and young people

It has become clear Covid-19 is having a significant impact on households, with a rise in food poverty, drug and alcohol abuse, domestic abuse, and on the mental health of adults which is impacting on their parenting capacity and with an increase in children being neglected and abused.

Rates have increased for residential care, a reflection of more complex needs from vulnerable and exploited young people, with a rise in exploitation, gang and drug activity. This is not unique to Slough, but is a clear issue arising and creating complexity with finding suitable placements to match needs. Several commissioning projects have been implemented to strengthen work with providers to support effective placements and ensure value for money and increase 16 - semi independent provision.

2021/22 Improvement Plan

This improvement plan is focused on key actions to ensure compliance is sustained and ensuring consistency of practice is reflected positively in audit judgements, social care practice is child focused and the outcomes for children and their families make a lasting improvement to their lives.

This improvement plan has been co-designed with senior managers and identifies 5 key categories of focus to ensure actions deliver sustained outcomes, which are monitored through governance and accountability. Each of the 5 key priority areas also has a dedicated sponsor and lead responsible for the improvement activity:

1. **Quality of practice across the child journey**
2. **Stability of workforce**
3. **Participation and engagement**
4. **Permanency and Sufficiency of Placement**
5. **Culture and Change**

All actions will be BRAG rated to demonstrate progress of outcomes and impact:

	Outcome:	Impact:
Red	Timescales or tasks have slipped or changed and there is no immediate plan to bring them back on track	Not on target, outside of tolerances with no demonstrable improvement.
Amber	Timescales or tasks are not fully on track but plans are in place to ensure progress by an identifiable date	Not on target, but within tolerances
Yellow	Timescales or tasks are back on track, but may not yet be fully embedded into practice	Not on target and outside of tolerance but improvement on previous return
Green	Timescales or tasks are progressing as expected and will deliver required outcomes	Outcomes is meeting or exceeding targets
Blue	Tasks have been completed fully	N/A
Grey	Action is not scheduled to start in this period	Impact not yet expected to be realised

This improvement plan delivers on the key Business Plan objectives and vision for the Company in the coming year; aiming to provide stability, value for money and service delivery improvement to the children, families and the workforce of Slough Children First.

Underpinning this improvement plan is a series of service level plans which outline the actions services will take to further improve their own area. Service level plans in place are as follows:

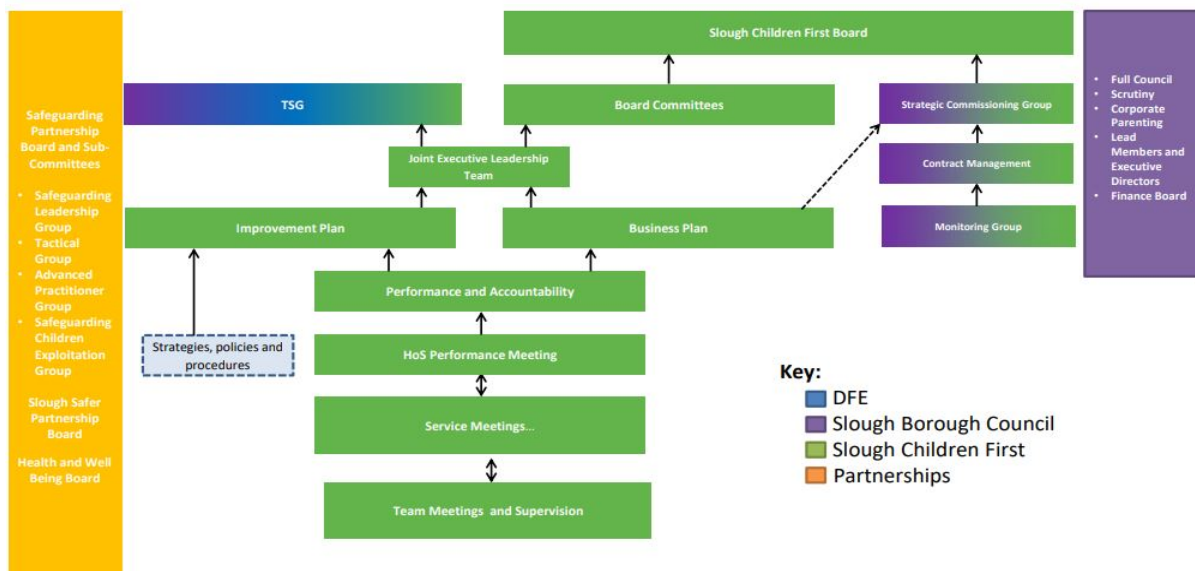
- **Referral and Assessment** Fanny Jacob
- **Exploitation and Youth Justice Team** Jennifer Cail
- **Safeguarding and Family Support** Michelle Henry
- **Children Looked After and Support Services** Reshma Bessesar
- **Children with Disabilities** Reshma Bessesar
- **Care Leavers** Reshma Bessesar
- **Virtual School** Anne Bunce
- **Independent Fostering Service** Saima Arif
- **Adoption** Raheela Khan
- **Safeguarding and Quality Assurance** Sandra Davis
- **HR and OD** Kate McCorrison
- **Company Business Plan** Matt Marsden

<p>Business Plan Priorities</p>	<p>Quality improvement through a child's journey</p>	<p>Stability of Workforce Sustainability</p>	<p>Quality improvement through a child's journey</p>	<p>Quality improvement through a child's journey Sustainability</p>	<p>Quality improvement through a child's journey Stability of workforce</p>					
<p>2021/22 Improvement Plan Priorities</p>	<p>1. Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger Lead: Briege Gilhooly</p>	<p>2. Stability of Workforce Sponsor: Carol Douch with Raj Bhamber Lead: Kate McCorriston</p>	<p>3. Participation and engagement Sponsor: Carol Douch with Lesley Hagger Lead: Sandra Davies</p>	<p>4. Permanency and Sufficiency in Placement</p> <table border="1"> <tr> <td>Sponsor: Carol Douch with Nina Robinson</td> <td>Sponsor: Matt Marsden with Nina Robinson</td> </tr> <tr> <td>Lead: Henrietta Delalu</td> <td>Lead: Rachael Horner</td> </tr> </table>		Sponsor: Carol Douch with Nina Robinson	Sponsor: Matt Marsden with Nina Robinson	Lead: Henrietta Delalu	Lead: Rachael Horner	<p>5. Culture and Change Sponsor: Andrew Fraser with Tony Hunter (Chair) Lead: Carol Douch and Kate McCorriston</p>
	Sponsor: Carol Douch with Nina Robinson	Sponsor: Matt Marsden with Nina Robinson								
Lead: Henrietta Delalu	Lead: Rachael Horner									
<ul style="list-style-type: none"> • Quality of practice • Model of practice • Quality of assessments • SMART, clear and directive plans • Quality of direct work and visits • Child Exploitation • Transitions • Clinical Support • Systems & forms 	<ul style="list-style-type: none"> • Staff retention • Workforce development and creating the conditions for social work to flourish • Career development for young people 	<ul style="list-style-type: none"> • Hearing and acting on the views of children, young people and families • Participation • Child's voice across their 	<table border="1"> <tr> <td> <ul style="list-style-type: none"> • Effective permanence • Permanency planning </td> <td> <ul style="list-style-type: none"> • Sufficiency • Inclusive offer </td> </tr> </table>		<ul style="list-style-type: none"> • Effective permanence • Permanency planning 	<ul style="list-style-type: none"> • Sufficiency • Inclusive offer 	<ul style="list-style-type: none"> • Diversity and Inclusion • Effective communication, listening and acting on the views of staff • A listening organisation which celebrates its workforce • Culture 			
<ul style="list-style-type: none"> • Effective permanence • Permanency planning 	<ul style="list-style-type: none"> • Sufficiency • Inclusive offer 									
<p>Governance and Accountability Sponsor: Matt Marsden Lead: ELT</p>										
<p>2019/20 Improvement Plan priority</p>	<p>Getting the basics right: CIN and CP focus</p>	<p>Stability of Workforce</p>	<p>Voice of the child and their family</p>	<p>Embedding PLO - driving Early Permanency</p>	<p>Stability of Workforce</p>					

Governance

This improvement plan is overseen by the Transition Steering Group (TSG) chaired by Trevor Doughty, DFE Commissioner. The plan will be tracked and measured by a dashboard of key indicators (TSG dashboard) to demonstrate progress in a visual way, taken from the weekly Compliance Report (CR), the monthly Company Performance Report (CPR), and information gathered from monthly moderated audit activity and audit activity on specific cohorts of children.

The improvement plan is incorporated into the performance management cycle of reporting through Performance Meetings with Heads of Service to ensure ownership across the Company.



2021/2022 Slough Children First Improvement Plan

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briege Gilhooly																																		
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress																												
1.1	Quality of practice	<p>(a) Review the practice standards to update where necessary providing exemplars of practice to bring the practice standards to life saved in an accessible place (knowledge hub) and embed these into everyday practice</p> <p>(b) Link best practice and research into every day practice by making better use of the RiP membership and embedding this activity through Practice Improvement Mentors and managers.</p> <p>(c) Communicate with staff through a variety of mechanisms the induction intranet page, practice guidance, exemplars and other guidance available and how they can access them</p> <p>(d) A copy of the Practice standards to be shared electronically at staff inductions to be followed up by a hard copy when first physically in the office</p> <p>(e) Share what good looks like with Advanced Safeguarding Practitioner group to increase partners understanding of what good looks like through the safeguarding partnership</p> <p>(f) Development of 'collateral' (posters, screen savers, messaging and displays) to promote good practice and improvement initiatives</p> <p>(g) Implement and undertake actions to reinforce what good looks like through the quality of practice workstream which also closes the loop on all quality assurance activity undertaken</p>	<p>Head of SQA & Practice, Devt Lead</p> <p>Practice Improvement Mentors (PIMs)</p> <p>Practice Improvement Mentors</p> <p>Service Co-ordinators</p> <p>Practice Improvement Mentors/ Head of SQA</p> <p>Comms Mgr/PIMS</p> <p>Practice Devt Lead/PIMs</p>	<p>Ongoing activity</p> <p>From July 2021</p> <p>Each quarter starting in July 2021</p> <p>From June 2021</p> <p>Sept 2021</p> <p>From July 2021</p> <p>From June 2021</p>	<p>Ensure consistently good practice across all services which drives better outcomes for children and families through a better understanding and use of the practice standards</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <table border="1"> <thead> <tr> <th colspan="4">Baseline: 2020/2021 core audit activity</th> </tr> <tr> <th>Outstanding</th> <th>Good</th> <th>Requires Improvement</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>52 (51.5%)</td> <td>33 (32.6%)</td> <td>16 (15.9%)</td> </tr> <tr> <th colspan="4">2019/2020 comparison</th> </tr> <tr> <td>0</td> <td>(66.6%)</td> <td>(25.75%)</td> <td>(7.5%)</td> </tr> </tbody> </table>	Baseline: 2020/2021 core audit activity				Outstanding	Good	Requires Improvement	Inadequate	0	52 (51.5%)	33 (32.6%)	16 (15.9%)	2019/2020 comparison				0	(66.6%)	(25.75%)	(7.5%)	<p>April to September 2021 - Overall 90% graded as RI or above. 79 core audits of children's records sampled:</p> <table border="1"> <thead> <tr> <th>Outstanding</th> <th>Good</th> <th>Requires Improvement</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>19 (24%)</td> <td>52 (66%)</td> <td>8 (10%)</td> </tr> </tbody> </table> <p>The core coaching and workshop programme is well under way with a further 12 workshops delivered since mid- October (3 cycles of 4 core subjects).</p> <p>Other workshops include those co-delivered with the Virtual School and targeted service-specific workshops on S47s and Plans. 217 attendees to date</p> <p>Continued promotion of RiP as a practice learning tool within workshops, coaching and weekly reflective group for the overseas social workers</p> <p>Currently collating and analysing feedback on all aspects of PIM delivery from Oct – Dec and will use this and audit outcomes to inform the Jan- March 2022 programme</p> <p>Fortnightly 'Focus on Practice' newsletter spotlights different areas of practice and different teams to promote joined-up approaches to practice and to use internal expertise and highlight learning opportunities with partners on more specialist subjects</p> <p>PIMs working collaboratively with managers to develop and deliver in-team training e.g. working with an Assessment ATM to deliver a workshop on genograms which is now going out as a broader offer.</p> <p>Audit and 'closing the loop' activity continues in collaboration with QA. 8 audits (legal pathways) were completed in October and 8 (exploitation) were completed in November 2021.</p>	Outstanding	Good	Requires Improvement	Inadequate	0	19 (24%)	52 (66%)	8 (10%)
Baseline: 2020/2021 core audit activity																																		
Outstanding	Good	Requires Improvement	Inadequate																															
0	52 (51.5%)	33 (32.6%)	16 (15.9%)																															
2019/2020 comparison																																		
0	(66.6%)	(25.75%)	(7.5%)																															
Outstanding	Good	Requires Improvement	Inadequate																															
0	19 (24%)	52 (66%)	8 (10%)																															

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Brieger Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.2	Model of Practice	<p>Share and embed the Slough Children First practice model through the following actions:</p> <p>(a) Re-share the Slough Children First practice model document and ensure staff and managers know what Slough's practice model is</p> <p>(b) Review and refresh SCF's practice model</p> <p>(c) Include the practice model in the induction programme so all new starters know how we practice in Slough</p> <p>(d) Practice Improvement Mentors to embed the Practice Model and what good looks like individually and collectively, following up on actions to understand where practice needs to be re-visited.</p> <p>(e) Re-visit the SCF website and ensure it sufficiently reflects the practice model, this information is accessible and is being accessed</p> <p>(f) Development of 'collateral' (posters, messaging, screen savers and displays) to promote Slough Children First Practice Model</p> <p>(g) Check impact of activity through pulse surveys and the annual staff health check</p>	<p>Practice Devt Lead</p> <p>HoS SQA / PIM</p> <p>OD Mgr/Practice Devt Lead</p> <p>Practice Improvement Managers</p> <p>Practice Devt Lead & Communications Officer</p> <p>Practice Devt Lead & Comms Officer</p> <p>Communications Officer/Practice Devt Lead</p>	<p>Sept 2021</p> <p>November 2021</p> <p>From August 2021 Jan 2022</p> <p>From August 2021-Jan 2022</p> <p>December 2021 March 2022</p> <p>Sept 2021</p> <p>November 2021 March 2022</p>	<p>All staff are clear about Slough's Practice model which enables consistently good social work skills and drives better outcomes for children and families</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p>	<p>Development of refresh practice model based on four pillars of practice focused on relationship and strengths based practice by HoS SQA and a Practice Improvement Mentor</p> <p>To be underpinned with a core set of workshops for all staff and manager and to use existing communication mechanisms e.g. the Practice Newsletter</p>
1.3	Quality of supervisions	<p>(a) Practice Mentors to shadow personal supervisions and provide coaching to managers to address areas for further improvement to strength the quality and impact of reflective supervision to enable the progression of plans</p> <p>(b) Identify the best secure location for the storage of personal supervisions</p> <p>(c) Launch revised children's supervision forms with all managers</p> <p>(d) Managers utilize training and coaching and mentoring support in 1 2 1 supervision to proactively support staff learning, career progression and emotional resilience.</p> <p>(e) All staff receive a copy of their 1 2 1 supervision within two working days of the session being held.</p> <p>(f) Dip sample and quality assurance of children's journeys including use of new supervision forms to ensure compliance and quality is sustained.</p>	<p>Practice Improvement Mentors</p> <p>Practice Devt Lead /Head of HR</p> <p>Practice Devt Lead</p> <p>All Managers/Practice Improvement Mentors</p> <p>All Managers</p> <p>Practice Improvement Mentors</p>	<p>By Sept 2021</p> <p>June 2021 July 2021</p> <p>July 2021</p> <p>September 2021</p> <p>September 2021</p> <p>From Sept 2021</p>	<p>Quality of supervision for workers ensures the timely and effective progression of planning for children, reducing drift and delay</p> <p>75% or above of staff supervision is rated as good (PIM data)</p> <p>75% children's supervision files are rated good or better (1/4ly audit)</p>	<p>Dip sample of supervisions and each PIM to observe a supervision has been completed</p> <p>A secure location has been set up on the X drive and this is being used and will be reviewed to check whether this system is being used consistently in practice.</p> <p>Facilitated peer supervision groups have now been set up in December 2021 for first line managers, with one group for ATMs and two groups for TMs mixed across all service areas. These will use the Social Work Organisational Resilience Diagnostic (SWORD) tool to provide a framework for these sessions to grow confidence, knowledge and skills, break down silos and promote consistency in the quality of management oversight and support.</p> <p>Action and learning points from these groups will be shared with Heads of Service to support in-service learning and development.</p>

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briega Gilhooly																																																						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress																																																
1.4	Quality of assessments	<p>(a) Develop a baseline of timeliness of core assessments</p> <p>(b) Review all available quality assurance reports and activity to have a clear understanding of what specific aspects of core assessments need to be improved e.g. – e.g. absence fathers, wider family and environmental factors, risk analysis and lived experience of the child</p> <p>(c) Capitalise on the good quality assessment exemplars at the front door to continue through to the end of the child's journey by using Practice Improvement Mentors to address areas for improvement individually and collectively across services</p> <p>(d) Undertake dip sample of core assessments to check impact of actions undertaken</p>	<p>Lead Performance Analyst</p> <p>Practice Improvement Mentors</p> <p>Practice Dev Lead</p> <p>Practice Improvement Mentors</p>	<p>July 2021</p> <p>Early August 2021</p> <p>From August 2021</p> <p>Ongoing from Sept 2021</p>	<p>All core assessments are based on a robust assessment of need and risk, include evidence of direct work with families, identify appropriate intervention which meet the needs of the family and all assessments conclude with a written plan of support of the children</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <table border="1"> <thead> <tr> <th colspan="3">Baseline: 29th March 2021</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>99.7.0%</td> <td>315 out of 316 in time 1 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>100%</td> <td>55 out of 55 in time</td> </tr> <tr> <td>CLA & Support Services</td> <td>79.4%</td> <td>54 out of 68 in time 14 overdue</td> </tr> </tbody> </table>	Baseline: 29 th March 2021			Referral & Assessment	99.7.0%	315 out of 316 in time 1 overdue	Safeguarding & Family Support	100%	55 out of 55 in time	CLA & Support Services	79.4%	54 out of 68 in time 14 overdue	<p>Thrice weekly CPR provides a detailed breakdown of timeliness of core assessments</p> <table border="1"> <thead> <tr> <th colspan="3">16th August 2021 –85.2%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>90.0%</td> <td>352 out of 391 in time 39 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>66.2%</td> <td>43 out of 65 in time 22 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>66.7%</td> <td>24 out of 36 in time 12 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">15th September 2021 –84.9%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>91.9%</td> <td>249 out of 271 in time 22 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>67.3%</td> <td>37 out of 55 in time 18 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>58.3%</td> <td>21 out of 36 in time 15 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">29th November 2021 –92.8%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>98.7%</td> <td>295 out of 299 in time 4 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>64%</td> <td>16 out of 25 in time 9 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>50%</td> <td>12 out of 24 in time 12 overdue</td> </tr> </tbody> </table> <p>In October, the Practice Improvement Mentors undertook a review of CIN work open in S&FS with a focus on assessment, planning, intervention and reviewing and the impact on outcomes for children, with key learning in respect of factors in drift and delay where this is identified.</p> <p>Assessment is a core module in the coaching and the workshop offer from the Practice Improvement Mentors in their rolling programme.</p>	16 th August 2021 –85.2%			Referral & Assessment	90.0%	352 out of 391 in time 39 overdue	Safeguarding & Family Support	66.2%	43 out of 65 in time 22 overdue	CLA & Support Services	66.7%	24 out of 36 in time 12 overdue	15 th September 2021 –84.9%			Referral & Assessment	91.9%	249 out of 271 in time 22 overdue	Safeguarding & Family Support	67.3%	37 out of 55 in time 18 overdue	CLA & Support Services	58.3%	21 out of 36 in time 15 overdue	29 th November 2021 –92.8%			Referral & Assessment	98.7%	295 out of 299 in time 4 overdue	Safeguarding & Family Support	64%	16 out of 25 in time 9 overdue	CLA & Support Services	50%	12 out of 24 in time 12 overdue
Baseline: 29 th March 2021																																																						
Referral & Assessment	99.7.0%	315 out of 316 in time 1 overdue																																																				
Safeguarding & Family Support	100%	55 out of 55 in time																																																				
CLA & Support Services	79.4%	54 out of 68 in time 14 overdue																																																				
16 th August 2021 –85.2%																																																						
Referral & Assessment	90.0%	352 out of 391 in time 39 overdue																																																				
Safeguarding & Family Support	66.2%	43 out of 65 in time 22 overdue																																																				
CLA & Support Services	66.7%	24 out of 36 in time 12 overdue																																																				
15 th September 2021 –84.9%																																																						
Referral & Assessment	91.9%	249 out of 271 in time 22 overdue																																																				
Safeguarding & Family Support	67.3%	37 out of 55 in time 18 overdue																																																				
CLA & Support Services	58.3%	21 out of 36 in time 15 overdue																																																				
29 th November 2021 –92.8%																																																						
Referral & Assessment	98.7%	295 out of 299 in time 4 overdue																																																				
Safeguarding & Family Support	64%	16 out of 25 in time 9 overdue																																																				
CLA & Support Services	50%	12 out of 24 in time 12 overdue																																																				

1 Quality of practice across the child's journey
 Sponsor: Carol Douch with Lesley Hagger (NED)
 Lead: Briega Gilhooly

Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.5	Quality of pre-birth assessments	<p>(a) Develop a baseline of timeliness of pre-birth assessments</p> <p>(b) Using the Pan Berks pre-birth assessment template, develop a pre-birth assessment process attached to the template where timeframes and decision points are clearly documented.</p> <p>(c) Develop an exemplar of a good quality Pan Berks pre-birth assessment including narrative of why this is a good example.</p> <p>(d) Practice Improvement Mentors to embed expectations of pre-birth assessments through a variety of appropriate mechanisms individually and collectively</p> <p>(e) Undertake dip sample of pre-birth assessments to check impact of actions undertaken</p>	<p>Lead Performance Analyst</p> <p>HoS's Referral & Assessment & Sfs</p> <p>HoS's Referral & Assessment & Sfs</p> <p>Practice Improvement Mentors</p> <p>Practice Improvement Mentors</p>	<p>August 2021</p> <p>August 2021</p> <p>September 2021</p> <p>By October 2021</p> <p>Ongoing from Nov 2021</p>	<p>More timely pre-birth assessments and prevent children being subject to PLO and care proceedings</p>	<p>The Permanence Lead is linked to pre-birth assessment work to ensure early permanence thinking is embedded in all assessment and planning</p> <p>3 Pre-birth assessment workshops were delivered during PLW in September 2021 with 59 staff attending, alongside completion by the team of 10 pre-birth focused audits. Work continues via the 'closing the loop' activity for individual cases/teams.</p> <p>This area of practice continues to feature within the over-arching assessment coaching and workshop offer. This has been enhanced by the recent addition of a number of service-specific workshops developed and delivered by the team in response to service need – bespoke workshops are being delivered through November and December to Front Door, SFS and CLA in relation to S47s and Plans.</p> <p>Practice Guidance will be informed by the learning from PLW.</p>

1 Quality of practice across the child's journey
 Sponsor: Carol Douch with Lesley Hagger (NED)
 Lead: Briega Gilhooly

Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress																																																
1.6	Quality of visits	<p>(a) Review all available quality assurance reports and activity to have a clear understanding of what specific quality aspects of visits need to be further improved</p> <p>(b) Practice Improvement Mentors to use the visiting practice standards and knowledge from QA activity to address areas for development individually and collectively across services in relation to visits, undertaking shadowing as required and providing appropriate follow up with staff.</p> <p>(c) Dip sample future visits to check impact of work undertaken and address actions where required.</p> <p>(d) Review visits post-Covid and ensure any proposed changes focuses on the quality of visits to be undertaken</p>	<p>Practice Improvement Mentors</p> <p>Practice Improvement Mentors</p> <p>Practice Improvement Mentors</p> <p>Director of Ops</p>	<p>Early September 2021</p> <p>September 2021</p> <p>Ongoing from Oct 2021</p> <p>To follow Govt road maps</p>	<p>All visits are planned, purposeful and timely to ensure children and young people have regular contact and engagement when they need it, to progress their plan and ensure their voices are heard</p> <p>90% of all visits are completed in timescale (Compliance report)</p> <table border="1"> <thead> <tr> <th colspan="3">Baseline 29th March 2021</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>75.6%</td> <td>298 out of 294 in time 96 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>94.3%</td> <td>689 out of 731 in time 42 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>87.2%</td> <td>335 out of 384 in time 49 overdue</td> </tr> </tbody> </table> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p>	Baseline 29 th March 2021			Referral & Assessment	75.6%	298 out of 294 in time 96 overdue	Safeguarding & Family Support	94.3%	689 out of 731 in time 42 overdue	CLA & Support Services	87.2%	335 out of 384 in time 49 overdue	<table border="1"> <thead> <tr> <th colspan="3">16th August 2021 – 72%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>49.6%</td> <td>255 out of 514 in time 259 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>84.0%</td> <td>556 out of 662 in time 106 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>82.8%</td> <td>318 out of 384 in time 66 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">15th September 2021 – 75.2%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>57.6%</td> <td>250 out of 434 in time 184 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>83.5%</td> <td>547 out of 655 in time 108 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>81%</td> <td>311 out of 384 in time 73 overdue</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="3">29th November 2021 – 85.5%</th> </tr> </thead> <tbody> <tr> <td>Referral & Assessment</td> <td>79.4%</td> <td>335 out of 447 in time 92 overdue</td> </tr> <tr> <td>Safeguarding & Family Support</td> <td>88.5%</td> <td>616 out of 669 in time 80 overdue</td> </tr> <tr> <td>CLA & Support Services</td> <td>87.3%</td> <td>324 out of 371 in time 47 overdue</td> </tr> </tbody> </table> <p>This is one of the core coaching modules on offer to all staff working with children. Focused work has been carried out through individual coaching and a weekly reflective group with the new cohort of overseas SW recruit to embed practice standards, including observation and feedback on visits to children and their families.</p>	16 th August 2021 – 72%			Referral & Assessment	49.6%	255 out of 514 in time 259 overdue	Safeguarding & Family Support	84.0%	556 out of 662 in time 106 overdue	CLA & Support Services	82.8%	318 out of 384 in time 66 overdue	15 th September 2021 – 75.2%			Referral & Assessment	57.6%	250 out of 434 in time 184 overdue	Safeguarding & Family Support	83.5%	547 out of 655 in time 108 overdue	CLA & Support Services	81%	311 out of 384 in time 73 overdue	29 th November 2021 – 85.5%			Referral & Assessment	79.4%	335 out of 447 in time 92 overdue	Safeguarding & Family Support	88.5%	616 out of 669 in time 80 overdue	CLA & Support Services	87.3%	324 out of 371 in time 47 overdue
Baseline 29 th March 2021																																																						
Referral & Assessment	75.6%	298 out of 294 in time 96 overdue																																																				
Safeguarding & Family Support	94.3%	689 out of 731 in time 42 overdue																																																				
CLA & Support Services	87.2%	335 out of 384 in time 49 overdue																																																				
16 th August 2021 – 72%																																																						
Referral & Assessment	49.6%	255 out of 514 in time 259 overdue																																																				
Safeguarding & Family Support	84.0%	556 out of 662 in time 106 overdue																																																				
CLA & Support Services	82.8%	318 out of 384 in time 66 overdue																																																				
15 th September 2021 – 75.2%																																																						
Referral & Assessment	57.6%	250 out of 434 in time 184 overdue																																																				
Safeguarding & Family Support	83.5%	547 out of 655 in time 108 overdue																																																				
CLA & Support Services	81%	311 out of 384 in time 73 overdue																																																				
29 th November 2021 – 85.5%																																																						
Referral & Assessment	79.4%	335 out of 447 in time 92 overdue																																																				
Safeguarding & Family Support	88.5%	616 out of 669 in time 80 overdue																																																				
CLA & Support Services	87.3%	324 out of 371 in time 47 overdue																																																				

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.7	Quality of direct work	<p>a) Dip sample previous direct work to set a baseline of activity and review the impact of previous work undertaken and identify further actions where required.</p> <p>b) Re-visit with staff the examples of good direct work and why they are good as part of the 'what good looks like' suite of materials, especially those which focus on understanding the feelings of children at different ages and embed this practice across the whole child's journey</p> <p>(a) Practice Improvement Mentors to model and embed the expectations of quality direct work and interventions being used to elicit and understand the views of children through a variety of appropriate mechanisms individual and collectively including shadowing direct work and interventions and then providing appropriate follow up with staff.</p> <p>(b) The use of direct work tools is embedded into the induction process for all new frontline staff and in the ASYE programme to build the expectation and culture of their use</p>	<p>PIMs</p> <p>Practice Devt Lead with PIMs, HoS and TMs</p> <p>Practice Improvement Mentors</p> <p>OD Mgr/ Practice Lead (KK)/Practice Devt Lead</p>	<p>End of August 2021</p> <p>By Sept 2021</p> <p>September 2021</p> <p>End of Sept 2021</p>	<p>Case file recording shows a wide range of direct work tools used by social workers to hear and understand the views of children and ensures the voice of the child is heard within their own planning</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p>	Direct Work is one of the core workshop modules alongside visits and 'voice of the child' as core modules in the coaching offer.
1.8	Quality of interventions	<p>(a) Develop a multi-agency contextual safeguarding team to undertake prevention/assessment/ planning and interventions for children who are being exploited sexually and criminally and through PREVENT, modern day slavery and trafficking</p> <p>(b) Baseline the number of children entering into care as a result of exploitation</p> <p>(c) Improve the quality of RHI and intelligence gathering to identify hotspots through the following:</p> <ul style="list-style-type: none"> Reinstate daily missing meetings with TVP Review the current offer for RHI to ensure there is an independent interview following all missing episodes Ensure Management Oversight after each missing episode Undertake mapping of information gleaned <p>(d) Evaluate the impact on this team of reducing the number of child coming into care</p>	HoS Referral and Assessment & Team Manager Exploitation and Youth Justice	<p>July 2021</p> <p>July 2021 December 2021</p> <p>December 2021</p> <p>October 2021 and March 2022</p>	<p>Delivery of a sustainable operating model for strengthened and specialised contextual safeguarding services which effectively meets the needs of children and young people who are at risk of, and currently being exploited.</p> <p>Reduction in the number of children entering into care due to exploitation.</p>	<p>37 children and young people are being supported by the contextual safeguarding team as of the end of November 2021 with 13 children and young people able to be stepped down after receiving support to meet their needs and manage risks</p> <p>The latest Focus on Practice newsletter highlighted the work of the Engage Team to all staff.</p> <p>1 child did become looked after which was best for the child but 1 other has been prevented from becoming looked after.</p> <p>Positive impact on partnership work with police and other agencies to increase their understanding of contextual safeguarding and how to respond effectively.</p> <p>Good work with the police on using intelligence from weekly tracking meetings to work on county lines disruption activity</p> <p>The baseline of children entering care as a result of exploitation had been widened to look at all children who have become looked after</p> <p>Mid-year review of the team has been completed in November and is being used to plan activity for the rest of the financial year</p>

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.9	Quality of clinical and mental health support	<p>a) Ensure there is clarity around the use of clinical and mental health support across the company.</p> <p>b) Evaluate the impact of the work of the clinical offer ensuring outcomes are clear</p> <p>c) Develop a model of sustainability for post March 2022</p>	<p>HoS S&FS</p> <p>HoS S&FS</p> <p>HoS S&FS / Director of Finance</p>	<p>July 2021</p> <p>Sept 2021 and March 2022</p> <p>January 2022</p>	<p>Clarity of impact of clinicians work on edge of care, stabilising placements, understanding children's mental health and support to navigate through complex health system.</p> <p>Building family resilience (at least 100 children or more)</p> <p>Number of children returning home (at least 3)</p> <p>Preventing placement and family breakdowns (at least 7 children or more) (Clinicians report)</p>	<p>A short survey was sent to social workers to support the review of the clinical offer in SCF. There was a low response (27 responses) but they were received across all services which did give a broader picture. These responses have been analysed and are being used to inform next steps</p>
1.10	SMART Planning	<p>(a) Practice Improvement Mentors to focus on the 'S' of SMART to make actions more specific both individually and collectively across services, developing examples of specific and not specific actions</p> <p>(b) All staff to be focused on being more specific in their SMART planning</p> <p>(c) CP chairs to focus on actions being specific in conferences</p> <p>(d) Dip sample plans to check impact of work undertaken and address actions where required.</p>	<p>Practice Improvement Mentors</p> <p>All staff</p> <p>CP chairs</p> <p>Practice Improvement Mentors</p>	<p>During Oct 2021</p> <p>From July 2021 September 2021</p> <p>From July 2021</p> <p>From Nov 2021</p>	<p>All plans are SMART, focused, responsive to the needs of children, are based on robust assessment of need and risk with and are clear how the plan is going to make a difference to the lived experience of the child</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <p>Baseline 29/03/2021 Compliance Report Reduction in the % of all CIN Plans open 1 to 2 years and 2 years plus from 18.3% to at least 15%</p> <p>Reduction in CP plans open for length of time 1- 2 years from 15.7% to 13%</p> <p>0 children open 2 yrs + on a CP plan</p>	<p>Smart Plans are one of the core coaching modules which has been rolled out to all staff between October and December 2021. It is also an integral part of the core workshop offer – 'child's journey'</p> <p>In addition, the PIMs have put together a targeted workshop on Plans (keeping them focused/making them SMART) tailored to the need of different services areas, for example, at Pathway Plans and transition planning for children and young people in CLA and Support Services service</p> <p>29/11/2021 Compliance Report Reduction in CP plans open for length of time 1- 2 years from 15.7% to 13% 19.4% (12.7% August and 17.4% September 2021)</p> <p>3 children open 2 yrs + on a CP plan (2 in September 2021)</p> <p>Safeguarding" CIN plans open between 1 to 2 years and 2 years plus are 5% of the total "Safeguarding" CIN plans 7.6% October 2021 CPR report (6.7% August 2021)</p>

1 Quality of practice across the child's journey						
Sponsor: Carol Douch with Lesley Hagger (NED)						
Lead: Brieger Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.11	Model of practice for Family Meeting	<ul style="list-style-type: none"> a) Identify which current staff have completed direct work and safety planning meeting in Slough b) Develop a consistent process for the recording and reporting on Family Network Meetings on ICS and develop a baseline from which to evaluate the impact of our work a) Upskill Social Workers to hold Family Network Meetings across all aspects of social care including Early Help including this as a mandatory training module for new starters. b) Promote the direct work and safety planning meeting training to all social workers 	<ul style="list-style-type: none"> HoS SQA/HoS S&FS Practice Devt Lead Head of HR/OD & Practice Devt Lead Head of HR/OD & Practice Devt Lead 	<ul style="list-style-type: none"> July 2021 July 2021 October 2021 October 2021 February 2022 October 2021 and ongoing 	<p>Family Network Meetings 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</p> <p>An increase in the number of family network meetings held and accurately recorded from a current low baseline</p> <p>The new model will provide increased flexibility and capacity to deliver across all services areas, ensuring all children and families where this would assist have the option of an 'independently' facilitated FNM.</p>	<p>38 front line staff who have completed direct work and safety planning training (either the pre Covid 2 day course or 4 online modules) remain in current employment with SCF</p> <p>A draft protocol has been revised and supported by new practice templates and SLT agreement in October 2021 to proceed with a new implementation model.</p> <p>Staff are being identified to take part in focused training and materials are being developed to support this.</p> <p>Further work required to agree the 'pooled' approach to resourcing Family Network Meetings and the need to confirm dedicated business support critical to the implementation of this more centralised approach. This delay will impact on the new approach getting into practice and creating structured opportunities for families to participate in planning.</p>
1.12	Effective transitions	<ul style="list-style-type: none"> a) Identify the transition point for children to progress to Care Leavers or adult social care in readiness for adulthood, understand current effectiveness and baseline activity b) Review the protocol between ASC and SCF in relation to transfers. c) Ensure the practice standards in relation to the roles and responsibilities of the Social worker and the Care Leavers is clearly understood by frontline staff and managers d) Ensure there is a coherent programme to support young people into the skills required for independent living e) Ensure all 16, 3 month+ young people in care have an effective pathway plan 	<ul style="list-style-type: none"> HoS & Practice Devt Lead HoS & Practice Devt Lead Director of Ops HoS CLA and Support services HoS CLA and Support services 	<ul style="list-style-type: none"> September 2021 November 2021 January 2022 January 2022 January 2022 	<p>Effective transition of children and young people into adult services and / or care leaving services who are supported with their independence and readiness for adulthood</p> <p>Baseline from 31st March 2021 (April CPR)</p> <p>Increase in the number of yp supported into suitable accommodation</p> <p>18 – 21 = 90%</p> <p>19 – 21 = 90%</p> <p>The number of EET yp</p> <p>18 – 21 = 38%</p> <p>19 – 21 = 48%</p>	<p>% of Care Leavers in suitable accommodation</p> <p>Aged 18 – 21: 90% (92% last month) (Oct 2021 CPR)</p> <p>Aged 19-21: 90.4% (92% last month) (Oct 2021 CPR dashboard)</p> <p>% of care leavers in education, employment or training</p> <p>Aged 18-21: 44% (46% August) (Oct CPR)</p> <p>Aged 19-21: 56.2% (58% August) (Oct CPR)</p> <p>67% of Care Leavers aged 16+ have a pathway plan within timescale (Oct CPR)</p> <p>Now that the core offer is up and running, and the coaching modules include planning for Care Leavers this will progress this work. A dip sample specifically on work with Care Leavers is planned for December 2021.</p>

1 Quality of practice across the child's journey Sponsor: Carol Douch with Lesley Hagger (NED) Lead: Briega Gilhooly						
Ref	Improvement priority	Actions	Action Owners	Target date	Impact to be achieved/KPIs	Progress
1.13	Systems and forms	<p>a) Recruit to the Systems Improvement Mentor role to provide support in improving IT literacy</p> <p>b) Managers to collectively identify the top ten case file recording issues and identify whether they are systems issues, user issues or both and the actions required to address the issues</p> <p>c) Practice Improvement Mentors to address issues as they work individually and collectively with staff, checking on the impact of their work and following up as required.</p> <p>d) Upskill service co-ordinators and team admin to be IT champions/365 champions who can support staff in their services to use IT equipment and ensure all managers have the technical capability to use the various virtual systems</p> <p>e) Refresh and share guidance to address common recording issues including recording the right information and the right time without excessive duplication and proof reading to eliminate mistakes</p> <p>f) Dip sample to check impact of work undertaken and address actions where required.</p>	<p>Practice Devt Lead</p> <p>Practice Devt Lead with Systems Improvement Mentor</p> <p>Practice Improvement Mentors</p> <p>Systems Improvement Mentor</p> <p>Systems Improvement Mentor</p> <p>Practice Devt Lead with Systems Improvement Mentor</p>	<p>June 2021</p> <p>July 2021</p> <p>From July 2021</p> <p>August 2021</p> <p>From July 2021</p> <p>Sept 2021</p>	<p>Consistent and clear recording on ICS with information entered in a timely manner and in the right place following practice guidance</p> <p>85% of case files audit are rated as RI or above (quarterly audit report)</p> <p>In the company health check staff say ICS system is assisting them in their work</p>	<p>This is embedded into the individual coaching and workshop offer, as well as the 'closing the loop' activity undertaken by the team addressing issues identified via audit activity.</p> <p>The team has already developed and delivered a workshop on genograms in collaboration with an ATM and this will be rolled out further. Audits have highlighted a need to focus on case summaries and chronologies and this learning will feed into the programme for January-March 2022.</p> <p>Some work required to simplify the ICS permanency planning form to support best practice under the new framework for delivery by Team Managers with oversight via senior management tracking activity. Work is already under way on modifications and will be in draft in December for consideration by the ICS User Group in the new year</p>
1.14	Systems and forms	<p>a) Agree the prioritisation of change requests by ICS User Group</p> <p>b) Develop a work plan for changes to forms in conjunction with frontline operational staff and the Childrens IT lead</p>	<p>AD QIPP</p> <p>AD QIPP/Practice Devt Lead</p>	<p>July 2021</p> <p>July 2021</p>	<p>Reduction in the time taken by frontline staff to input onto ICS through reduction of duplication of effort of staff</p>	<p>Work plan has been developed and prioritisation is taking place.</p>

2 Stability of workforce
 Sponsor: Carol Douch with Raj Bhamber (NED)
 Lead: Kate McCorrison

Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress																				
2.1	Staff Retention	<p>a) Implementation of the workforce development workstream with its associated projects and the recruitment of the OD Manager and Recruitment Manager roles</p> <p>b) Run retention data at team and service level and explore with HoS and managers what their data says and their individual approaches to help retain staff</p> <p>c) Further develop and promote benchmarked benefits package, both regionally, locally and to include industry led schemes to support high performing agency staff to go permanent and retain staff</p> <p>d) Ensure there is sufficient social work resource for allocation of children, so caseloads are reduced and in line with the agreed targets</p> <p>e) Establish and confirm clear career and progression pathways for all roles in the Company</p> <p>f) Set up an academy with an HEI for ASYE's, leaders /managers and otherwise qualified staff</p> <p>g) Review the pathway from pre advert to commencement of employment to ensure we have an effective and compliant advertising, recruitment and on-boarding process in Slough and refresh the recruitment strategy as a result of this review</p> <p>h) Embed learning from exit interviews to support recruitment and development of permanent staff.</p> <p>i) Ensure there is clear consideration of every aspect of equality, diversity and inclusion in all staff recruitment and retention activity</p> <p>j) Set up support networks including buddy system for new starters who it is identified would benefit from additional support e.g. new starters from abroad</p>	<p>Head of HR & OD</p> <p>OD Manager</p> <p>OD Manager</p> <p>Director of Ops/Head of HR</p> <p>OD Manager</p> <p>OD Manager/ Practice Devt Lead /Practice Lead (KK)</p> <p>Recruitment Mgr</p> <p>OD Mgr</p> <p>Head of HR and OD/Recruitment Manager</p> <p>Recruitment Manager</p>	<p>June 2021 July 2021</p> <p>August 2021</p> <p>Nov 2021</p> <p>March 2022</p> <p>Jan 2022</p> <p>March 2022</p> <p>Sept-2021 October 2021</p> <p>Jan 2022</p> <p>Ongoing</p> <p>From August 2021</p>	<p>Reduce the turnover of staff and increase the number of permanent staff working for Slough Children First</p> <p>Staff turnover (all perm staff) 20% (Monthly TSG dashboard)</p> <p>20 % of frontline agency staff (HR dashboard)</p> <p>Average Caseload targets:</p> <ul style="list-style-type: none"> Referral and Assessment: 25 Safeguarding and Family Support: 22 CLA: 18 	<p>Retention data has been run and cross checked. Turnover is now measured in both total for all permanent staff and voluntary turnover</p> <p>November 2021 Workforce Strategy Group</p> <p>35% for all staff 27% voluntary</p> <p>Of the qualified workforce:</p> <p>51.32% of frontline staff are permanent, 22.89% agency 25.79% vacancy factor.</p> <p>This is a result of the overseas social workers and ASYE's</p> <p>Offers to 6 further overseas social workers who are due to start in January 2022 but their arrival is likely to be delayed by the pause in flights from South Africa</p> <p>Heads of Service with the OD lead are working on a visual representation of the various career pathways by role in their service areas. A template has been provided as an example and January group sessions are being organised to review and agree the first thing/s to focus on in order to bring the pathways to life.</p> <p>Exit interview data has been reviewed and is now informing the priority need of 'support & develop' staff in order to retain them. A Leadership Development Needs questionnaire is being prepared and will provide the data needed to plan development sessions from January 2022.</p> <p>A Project Officer is analysing the last 3 months of recruitment activity to get a good understanding of what processes are working well, which agencies are providing the best candidates and to identify actions to progress in January 2022</p> <table border="1"> <thead> <tr> <th>Average caseloads from Compliance Reports</th> <th>12 July 21</th> <th>09 Aug 21</th> <th>09 Sept 21</th> <th>29 Nov 21</th> </tr> </thead> <tbody> <tr> <td>Referral and Assessment</td> <td>28.2</td> <td>27.5</td> <td>22.2</td> <td>23.5</td> </tr> <tr> <td>S&FS (all teams)</td> <td>25.7</td> <td>24.6</td> <td>23.9</td> <td>23.3</td> </tr> <tr> <td>CLA</td> <td>17.1</td> <td>17.3</td> <td>17.1</td> <td>19</td> </tr> </tbody> </table>	Average caseloads from Compliance Reports	12 July 21	09 Aug 21	09 Sept 21	29 Nov 21	Referral and Assessment	28.2	27.5	22.2	23.5	S&FS (all teams)	25.7	24.6	23.9	23.3	CLA	17.1	17.3	17.1	19
Average caseloads from Compliance Reports	12 July 21	09 Aug 21	09 Sept 21	29 Nov 21																						
Referral and Assessment	28.2	27.5	22.2	23.5																						
S&FS (all teams)	25.7	24.6	23.9	23.3																						
CLA	17.1	17.3	17.1	19																						

2 Stability of workforce														
Sponsor: Carol Douch with Raj Bhamber (NED) Lead: Kate McCorrison														
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress								
2.2	Workforce development	a) Review the induction programme to incorporate what is working well out of the ASYE induction programme. b) All new starters to be aware of key documents to support them in their work a) Develop a structure around expectations of the induction process and timetable to support new starters across the company b) Communicate these expectations to all managers across the services and ensure all available information is in use. c) Develop or update literature / communications which can be shared with all new starters so they are aware of what they can expect from their induction	Practice Development Lead & Head of HR and OD	Dec 2021/Jan 2022 From July 2021 Aug 2021 Sept 2021 Sept 2021	The induction process is embedded in the company and is supportive of new starters All staff understand the practice expectations and contribute towards the key performance indicators for the company	OD lead held a 'new starter' focus group in November. The findings from this session reflected a good level of support and induction. Sessions included ASYE, Admin, Social Workers and Admin staff. Findings have been fed back to service leads. Further work with team leaders in January 2022 to review induction at a local level to be conducted.								
2.3	Workforce development	a) Review the training and development on offer for staff in conjunction with workers needs and training uptake/ attendance data to support with workforce development and retention b) Develop a programme of which mandatory training needs to be completed within set periods of time to reinforce the induction programme for new starters c) Promote the mandatory and available training offer to all staff d) Monitor the impact of the Staff College management programme through supervisions and using different feedback mechanisms e) Send regular pulse survey's out to all staff to check understanding and knowledge base of learning and development	Practice Devt Lead & Head of HR and OD OD Mgr	Dec 2021 Sept 2021 March 2022 onwards March 2022 onwards Dec 2021	Staff/Leaders are well trained, have the opportunity to attend training and see the value of the training available. Staff turnover (all perm staff) 20% (Monthly TSG dashboard)	Leadership Development Needs to be circulated in December 2021 to start the process of 'self-identified' needs. Development sessions will be offered in January 2022 based on these findings and is expected to include both skill based and personal style/self-awareness sessions together with a coaching focus for performance management. This will provide a focus to the variety of retention level data by team. Training Needs Analysis questionnaire going out in December to inform the review of training <table border="1"> <thead> <tr> <th></th> <th>July 21</th> <th>Aug 21</th> <th>Oct 21</th> </tr> </thead> <tbody> <tr> <td>All Perm Turnover</td> <td>39%</td> <td>37%</td> <td>35%</td> </tr> </tbody> </table> 27% voluntary turnover (24% September 2021)		July 21	Aug 21	Oct 21	All Perm Turnover	39%	37%	35%
	July 21	Aug 21	Oct 21											
All Perm Turnover	39%	37%	35%											
2.4	Career development for young people	a) Create apprenticeship opportunities for Care Leavers in the company b) Promote work and work experience opportunities for Care Leavers within Slough	Virtual School HT/Practice Devt Lead OD Manager/Virtual School	June 2021 March 2022	There are effective career opening opportunities for Care Leavers in Slough	1 apprenticeship is working in the Virtual School as the PEP Champion. Workforce Planning Training is being planned from March 2022 onwards.								

3 Participation and engagement						
Sponsor: Carol Douch with Lesley Hagger (NED)						
Lead: Sandra Davies						
Ref	Improvement priority	Actions	Action Owner		Impact to be achieved/KPIs	Progress
3.1	Hearing views and acting on children, young people and families	<p>a) Implement the “Your Experience” cards</p> <p>b) Contact is made with parents on cases open 3-6 months to identify the barriers to their understanding of why their children are on a plan, what needs to change to address risks and get their feedback on social work support</p> <p>c) Follow up on parents who did not know why they were on a plan to see if their understanding has changed</p> <p>d) Develop a short questionnaire to send to families when we close our involvement with a family to understand their experiences and where improvements can be made.</p> <p>e) The IFA to develop their user feedback systems to gather the views from children and foster carers and increase participation rates</p> <p>f) Research different platforms and tools which support all children receiving a service from the company to express their views and feelings.</p> <p>g) Implement identified platforms which will support an increase in hearing children’s views and feelings</p> <p>h) Create an IFA Face book page</p>	<p>Participation Officer/Participation Apprentice</p> <p>Service Co-ordinators</p> <p>Service Co-ordinators</p> <p>Participation Officer</p> <p>IFA Service Manager</p> <p>Practice Improvement Mentor</p> <p>Practice Improvement Mentor/Participation Officer and Champion</p> <p>Recruitment Manager /Communications Officer</p>	<p>August 2021 September 2021</p> <p>From July 2021 From October 2021</p> <p>From July 2021 From October 2021</p> <p>August 2021 October 2021</p> <p>September 2021</p> <p>September 2021</p> <p>From November 2021</p> <p>September 2021 November 2021</p>	<p>There are effective systems in place to support receiving effective user feedback across the company</p>	<p>Your Experience cards are now printed and the service is ready to be launched w/c 6th December. The Participation Officer has written a process for how the cards should be distributed to families and how the feedback will be collated and reported on.</p> <p>Participation Officer following up the questionnaire for families when we close involvement with senior managers.</p> <p>Mind of My Own has been investigated as a possible platform to get the wider views of children and young people. Due to cost this is on hold at the moment. (Joint MOMO annual subscription of the One App and Express App and mandatory training is £12,836)</p> <p>The IFA has returned to face to face engagement opportunities where it has been safe to do so. 2 children enjoyed a trip to an ice cream parlour is planned for children. The barn dance for foster carers in October was cancelled over Covid safety risks</p>
3.2	Participation	<p>a) As part of the work to develop training, ensure there is training for all professionals including foster carers to ensure user voice is captured and recorded effectively.</p> <p>b) Practice Improvement Mentors to use their work on improving visits and direct work to also address the effective recording of feedback</p>	<p>Practice Devt Lead</p> <p>Practice Improvement Mentors</p>	<p>September 2021 November 2021</p> <p>From September 2021</p>	<p>Feedback received from children and families is effectively and clearly recorded on case file systems</p>	<p>The core coaching and workshop offer has a clear focus on the voice of the child, direct work and visits. This is a rolling programme until end December 2021.</p> <p>Elements of the core programme have been promoted with the fostering service and the Practice Development Lead in discussion with the Fostering and SG teams about specific workshops for foster carers and SG carers to be delivered in early 2022. This will include workshops on neglect, education with the Virtual School, a focus on the child’s journey and the voice of the child.</p>

3 Participation and engagement

Sponsor: Carol Douch with Lesley Hagger (NED)

Lead: Sandra Davies

Ref	Improvement priority	Actions	Action Owner		Impact to be achieved/KPIs	Progress
3.3	Participation	<p>a) Develop a closed face book group for Care Leavers</p> <p>b) The Reach Out! Children in Care Council to be further developed</p> <p>c) Children and young people are supported to understand advocacy is available to support them to express their views when needed and this service is utilised</p> <p>d) Increase the level of elected member engagement with children and young people to hear their voices</p>	<p>Systems Improvement/ Participation apprentice</p> <p>Participation Officer</p> <p>Head of Service</p> <p>Acting / Chief Executive</p>	<p>September 2021</p> <p>November 2021</p> <p>March 2022</p> <p>From July 2021</p>	<p>Children and young people are supported to have their voices heard</p>	<p>Further research is being conducted with young people to explore what social media platforms they use. The Communications Officer has developed a poll for care leavers to share their views preferences which will be open for 7 weeks from w/c 29th November to Friday 14th January. During this period of time a high percentage of young people will be visited by their PA who will ask them to complete the poll and share their views. This will ensure we have a far greater response to the poll and therefore insight into what social media platform/s SCF should develop for care leavers.</p> <p>A session meet and eat session has been arranged for Tuesday 7th December for young people to come to the Chat Room at Observatory House to have pizza and find out more about getting involved in Reach Out! Young people are being encouraged to attend vis bespoke invites, as well as information sent to social workers and supervising social workers to ensure professionals are talking to their young people about the opportunity and encouraging them to take part.</p> <p>Young people held their Reach Out! Panel (Young Advisors) on 1st December and met with Cllr.Hulme and Alan Adams to discuss their Hot Topics directly with senior decision makers. Over the past two years, there has been a common Hot Topic theme of Housing which the Reach Out! Panel discussed further at their meeting in December.</p> <p>The minutes from the Reach Out! Panel will be submitted and discussed at the next Corporate Parent Panel being held on 16th December and the Cabinet Member for Housing will be attending.</p>

4 Sufficiency of Placement and Permanency Sponsor: Carol Douch and Matt Marsden with Nina Robinson Lead: Henrietta Delalu and Rachael Horner						
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress
4.1	Effective Permanency	<p>a) Recruit to the Permanency lead role</p> <p>b) Review and further develop the permanency process including forms and reports and ensure it incorporates early permanence and covers the entire child's journey and all permanence options e.g. foster to adopt</p> <p>c) In light of this review, further refine the practice standards for permanency to ensure they cover all applicable areas</p> <p>d) Identify a number of SSW looking for professional development to conduct PPM meetings for 10 children and upskill, coach and mentor them as required (alternative career pathway to management)</p> <p>e) Embed the permanency process and practice standards across all services with the Permanency Lead addressing areas for development individually and collectively across services, modelling PPMs as required and then providing appropriate follow up with staff.</p> <p>f) Ensure there is a strong focus on foster to adopt</p> <p>g) Embed the permanency process with partners to increase partner engagement in the process and support multi-professional decisions</p> <p>h) Undertake quality assurance activity to establish the effectiveness of the permanency process in Slough</p>	<p>Practice Devt Lead</p> <p>Permanency Lead</p> <p>Permanency Lead</p> <p>Permanency Lead/HoS</p> <p>Permanency Lead</p> <p>Permanency Lead/Adoption Team Manager</p> <p>Practice Devt Lead/Permanency Lead</p> <p>Head of Service SQA</p>	<p>June 2021</p> <p>July 2021</p> <p>July 2021</p> <p>August 2021</p> <p>December 2021</p> <p>October 2021</p> <p>October 2021</p> <p>November 2021</p>	<p>Better and sustainable use of the permanency process in Slough which results in swifter permanence for children</p>	<p>The new PPM process is up and running, with in-meeting coaching being provided to Team Managers in SFS and CLA/CwD by the Permanence Lead.</p> <p>The Permanence Lead is also supporting the new tracking arrangements in CLA, mirroring the tracking activity that takes place in SFS. Service- and team-based sessions are also under way to update the wider workforce with regard to the new arrangements.</p> <p>Permanency was the focus of the 'Focus on Practice' newsletter issued on 16/11/21 to the whole workforce. The Permanence Lead has also presented on this to colleagues in the Early Help Partnership (16/11/21), CLA Health and Virtual School (16/11/21) and Cafcass (17/11/21) and internally to our Child Protection Chairs (26/11/21). Practice Guidance for partners is being drafted and will be ready in December.</p> <p>Two workshops on Fostering for Adoption are being rolled out, co-created and co-delivered with our Adoption Team in December 2021. The Permanence Lead is working with the Adoption Team and the 'Me Learning' Lead to schedule these as quarterly workshops over the coming calendar year and the Adoption Team will lead on delivery from here.</p> <p>Two workshops in relation to 'How to write a good Child Permanence Report' are also being rolled out in collaboration with the Adoption Team in November and December 2021. As above, these will also be built into the 'Me Learning' offer, to be facilitated by the Adoption Team on a quarterly basis.</p> <p>The Practice Standards have been updated in relation to permanency planning to reflect the new process and this section will be finalised in December.</p>

4 Sufficiency of Placement and Permanency														
Sponsor: Carol Douch and Matt Marsden with Nina Robinson														
Lead: Henrietta Delalu and Rachael Horner														
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress								
4.2	Permanency	(a) Increase Social workers understanding of the difference between family arrangements and Reg 24 agreement and use them appropriately	Permanency Lead	October 2021	Social workers have a stronger understanding of the difference between family arrangements and Reg 24 arrangements and use them appropriately	<p>A number of meetings have now taken place with the Transformation Lead, Permanence Lead and Case Progression Manager to review the offer of training from JLT and ensure any additional learning needs can be addressed in collaboration with partners.</p> <p>There are plans to use the Focus on Practice Newsletter to highlight and promote access to this training.</p> <p>Practice Development Lead has agreed with JLT to develop and deliver the module on kinship care/Reg 24 in January and February 2022 to ensure legal expertise informs practice learning.</p> <p>There is also working with the Connected Persons Team to help develop and sustain this area for practice improvement and build this module into the ongoing training programme accessed through Me Learning, again on a quarterly basis. JLT will be the lead on this.</p>								
4.3	Sufficiency of placements and housing for 16+ young people and Care Leavers	<p>a) Procurement of pathways for 16-25 accommodation and support</p> <p>b) Improve joint working and communication to support better transition into Council tenancies for young people</p> <p>c) Strengthen the framework for unregulated placements</p> <p>d) Promote Staying Put as a means of effective sufficiency for young people</p> <p>e) Refresh procurement lots to improve access to frameworks and reduce costs</p> <p>f) Review and refine the outcomes framework to be suitable for use in the brokerage service</p>	<p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead</p> <p>Commissioning Lead/Head of SQA / Practice Devt Lead</p>	March 2022	<p>Develop and improve capacity in general, improve quality and reduce costs with achievable efficiencies against spend.</p> <p>Baseline April 2021 TSG 29.9% CLA at month end placed over 20 miles away</p>	<table border="1"> <thead> <tr> <th></th> <th>July 21</th> <th>Aug 21</th> <th>Oct 21</th> </tr> </thead> <tbody> <tr> <td>CLA at month end placed over 20 miles away</td> <td>34%</td> <td>32.9%</td> <td>34.9%</td> </tr> </tbody> </table> <p>Additional capacity has been added to the Brokerage Team in the form of a Programme Manager on secondment. The 16+ service procurement is now expected to start in December with a revised timescale for delivery of July 1st 2022 at the earliest but this is subject to additional governance and the requirement to develop business cases</p> <p>The AMZ+ project is successfully delivering significant learning about how to improve our delivery of services to support challenging young people. 1 out of the 3 young people in AMZ is leaving which will impact on the project delivering its required savings. Consideration will be taken as to which other young person will move but the learning so far will be applied to ensure this is a successful move.</p> <p>Negotiations with an experienced residential provider have been successful and plans to develop local residential sufficiency are being worked into a business case and work is ongoing with housing to secure a site. This work has the potential to provide 4 beds.</p>		July 21	Aug 21	Oct 21	CLA at month end placed over 20 miles away	34%	32.9%	34.9%
	July 21	Aug 21	Oct 21											
CLA at month end placed over 20 miles away	34%	32.9%	34.9%											

4 Sufficiency of Placement and Permanency Sponsor: Carol Douch and Matt Marsden with Nina Robinson Lead: Henrietta Delalu and Rachael Horner						
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress
4.4	Inclusive offer	<p>a) Review current short break offer to consider opportunities for development of inclusion and better use of the universal offer.</p> <p>b) Conduct a collaborative review of Breakaway to consider options for alternative support as part of the local offer building on the universal offer and promoting inclusion</p>	<p>Commissioning Lead</p> <p>Commissioning Lead</p>	<p>March 2022</p> <p>March 2022</p>	<p>An effective offer for children, young people and their families</p>	<p>Short break analysis is ongoing and significant work is being put into developing the options papers on Direct Payments, Short Breaks and Local residential capacity including partnership working with both colleagues and providers.</p> <p>Work to build the relationship with the local children's residential home is ongoing. To date one placement has been accepted and three other referrals are under consideration. This would offer accredited residential capacity within Slough allowing for improved local connection and reduced costs for education and therapy where needed.</p>

5. Culture and Change Sponsor: Alan Adams with Tony Hunter (Chair) Lead: Carol Douch and Kate McCorriston						
Ref	Improvement priority	Actions	Action Owner	Target date	Impact to be achieved/KPIs	Progress
5.1	Diversity and Inclusion	<p>a) Implement the 28 diversity and inclusion actions contained within the workforce action plan</p> <p>b) Increase the diversity monitoring, consideration and cultural context of our children and families</p>	Head of HR and OD	March 2022	<p>Slough Children First is an inclusive and diverse organisation</p> <p>KPIs are listed within the workforce plan</p>	<p>There has been an increase in the number of staff willing to record diversity and inclusion statistics in Agresso. This is increasing our ability to understand the needs of our staff and identify areas for promotion</p> <p>Promotion of specific days e.g. National Disability Day, Black History Month and the continuous promotion of religious holiday alongside joint working with SBC to promote a variety of diversity events</p>

5. Culture and Change														
Sponsor: Alan Adams with Tony Hunter (Chair)														
Lead: Carol Douch and Kate McCorrison														
5.2	Effective communication, listening and action on the views of staff	<ul style="list-style-type: none"> a) Recognise and enhance coherent employee forums and ensure there are appropriate feedback mechanisms which closing the loop on any issues raised and actions undertaken as a result b) Revamp the variety of employee feedback mechanisms and publish 'you said we did' outcomes of action undertaken as a result of feedback c) Reinvigorate regular employee roadshows and forums to increase access to the senior leadership team d) Reinvigorate employee recognition mechanisms e) Enable staff to provide invest to save or efficiency ideas to senior managers 	<p>OD</p> <p>OD</p> <p>HR</p> <p>HR</p>	<p>Dec 2021/Jan 2022</p> <p>Next phase from March 2022</p>	<p>Slough Children First is a listening organisation which openly recognises good practice and learns from the feedback of staff, children, young people, their families and carers.</p> <p>Staff turnover (all perm staff) 20% (Monthly TSG dashboard)</p> <p>3.8% for staff sickness (all – both short and long term)</p> <p>Number of returners to Slough after leaving within last 2 years</p> <p>Temp to perm staff data Exit interview data Company health check survey</p>	<p>Focus groups have been held with team leaders, heads of service and new starters to date.</p> <p>Further groups are being scheduled from January 2022 for groups 1.5yrs/3yrs/5yrs plus to understand the employee experience and respond to blockers and issues to retention, particularly agency/permanent ratio.</p> <p>You said/we did style communications being prepared with HR team for January 2022.</p> <table border="1"> <thead> <tr> <th></th> <th>July 21</th> <th>Aug 21</th> <th>Oct 21</th> </tr> </thead> <tbody> <tr> <td>All Perm Turnover</td> <td>39%</td> <td>37%</td> <td>35%</td> </tr> </tbody> </table> <p>27% voluntary turnover (24% September 2021)</p> <p>Overall staff absenteeism 4.2% (October 2021 CPR) and 2.2% YTD 2.3% (August 2021) and 1.7% YTD</p>		July 21	Aug 21	Oct 21	All Perm Turnover	39%	37%	35%
	July 21	Aug 21	Oct 21											
All Perm Turnover	39%	37%	35%											
5.3	A listening organisation which celebrates its workforce	<ul style="list-style-type: none"> a) Each service to have consistent standing items in manager and service meetings about cultural issues, compliments and positive reinforcements of good practice. b) Sharing key documents to enable managers to hear what is going well and celebrating successes to increase communication c) Strengthen learning from complaints and compliments to inform service planning, practice and ongoing workforce development activity. d) Develop learning from service user feedback to inform service planning, practice and ongoing workforce development activity. 	<p>Head of HR</p> <p>Chief Exec</p> <p>Practice Devt Lead/PIMs</p> <p>Practice Devt Lead/PIMs</p>	<p>October 2021</p> <p>Ongoing</p> <p>October 2021</p> <p>December 2021</p>	<p>As a collective we celebrate and learn and use this to improve the experiences of individuals and collectively across services</p>	<p>Ho SQA shares a monthly report with other Heads of Service to understand complaints and compliments. Where complaints go past stage 1, learning from this is also shared with Heads of service to help with services</p> <p>Weekly transformation stand up based on everyone involved in the transformation programme and weekly focused KIT between the Director of Operations and all Heads of Service across the whole Company including Brokerage Lead is disseminating key messages and information to increase communication</p>								
5.4	Culture	<ul style="list-style-type: none"> a) Undertake a cultural review of the organisation to understand what culture we currently have and be clear on what we need to change as a result b) Ensure a culture which focuses on a continuum of need to support the needs of children, young people and families – OD lead is picking up the 'needs of the staff' in order to allow them to do their best work for children. 	<p>Head of HR and OD</p> <p>Chief Executive</p>	<p>October 2021</p> <p>March 2022</p>	<p>Slough Children First is a fair and inclusive organisation which listens to staff and works in strategic co-operation to achieve results.</p>	<p>OD lead is picking up cultural patterns and styles as part of ongoing development needs analysis so will be able to inform this work.</p>								

Equality Impact Assessment

Directorate: Slough Children First	
Name of Officer/s completing assessment: Kate McCorriston (Head of HR and OD) and Michelle Gwyther (Transformation Programme Manager)	
Date of Assessment: 4th February 2022	
Name of service/function or policy being assessed: Slough Children First	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>To ensure Slough Children First has an approved 3 year business plan for 2022 to 2025 in accordance with the requirements set out in the Articles of Association, which sets out its strategic priorities and financial strategy.</p>
2.	<p>Who implements or delivers the policy, service or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>This is implemented by the whole company of Slough Children First which comprises nine different services: Early Help, Referral and Assessment, Safeguarding and Family Support, Children Looked After and Support Services, Regulated Services, Virtual School, Safeguarding and Quality Assurance, Finance and Resources, and HR and Organisational Development</p>
3.	<p>Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>Age: No impact Disability: No impact Gender Reassignment: No impact Marriage and Civil Partnership: No impact Pregnancy and maternity: No impact Race: No impact Religion and Belief: No impact Sex: No impact Sexual orientation: No Impact Other: No impact</p>

4.	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>Providing guidance for all Slough Children First staff on the delivery of the company's strategic aims and priorities</p>
5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <p>There are no expected negative impacts.</p>
6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>Workforce data has been collected for 282 out of the 285 permanent staff who are employed by the Company. The remaining staff are interim, agency workers and their personal information is retained by their agency.</p> <p>Personal information has been drawn from Agresso (the same HR system used by SBC) and this information has been used to check for any groups positively or negatively affected by the proposed business plan.</p>
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g. have the staff forums/unions/ community groups been involved?</p> <p>No formal engagement has been undertaken for this particular equalities impact assessment. The Staff Engagement Group which meets six weekly is informally consulted on matters which may have any form of an effect on staff within the Company, but they have not yet seen this business plan.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>The business plan will be a public document and will be of interest to local residents, staff and potentially future staff. It needs to be honest about the successes and challenges the company faces, as well as its future direction to ensure it continues to be an honest and transparent organisation</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p>

	<p>Delivery plans will be developed for programmes of work over the next three years. These programmes will have their own equality impact assessment developed if it is felt there is a significant change to any roles, how staff are expected to work and if anyone is to be made redundant.</p>
<p>10.</p>	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p> <p>The Business Plan will be regularly scrutinised through a variety of internal governance mechanisms including the company's own Board as well as external governance and contract management arrangements which include the Council and the DfE. This also includes Overview and Scrutiny Committee as well as Cabinet Scrutiny.</p>

What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	Yes
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

Action Plan and Timetable for Implementation – Not Applicable

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Page 84

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date
N/A						

Name: Michelle Gwyther
Signed: Michelle Gwyther (Person completing the EIA)

Name:
Signed: (Policy Lead if not same as above)
Date:

SLOUGH BOROUGH COUNCIL

REPORT TO:	Cabinet
DATE:	21 February 2022
SUBJECT:	SEND Written Statement of Action
CHIEF OFFICER:	Andrew Fraser - Executive Director of People (Children)
CONTACT OFFICER:	Johnny Kyriacou – Associate Director, Education & Inclusion
WARD(S):	All
PORTFOLIO:	Councillor Hulme – Lead Member Children’s Services
KEY DECISION:	NO
EXEMPT:	NO
DECISION SUBJECT TO CALL IN:	YES
APPENDICES:	Appendix A SEND Local Area Inspection Report Appendix B SEND Joint Written Statement of Action Appendix C Initial Equalities Impact Assessment

1 Summary and Recommendations

1.1 This report requests that Cabinet note the Written Statement of Action (WSOA), which was filed with Ofsted and the CQC on 18th February 2022 in response to the Special Educational Needs and Disabilities (SEND) local area inspection and approve the next steps to ensure effective scrutiny and decision-making in relation to addressing the concerns raised in the SEND inspection report (Appendix A).

Recommendations:

Cabinet is recommended to:

Note the Joint Written Statement of Action attached at Appendix A

Approve the following next steps:

- That a detailed action plan is prepared and incorporated into the Council’s wider Recovery and Improvement Plan

- That the SEND action plan is presented to the People Scrutiny Panel in Quarter 1 of 2022/23.

Reason:

To ensure that the Council properly and promptly addresses the issues raised in the SEND inspection report and that the action plan is considered as part of a holistic improvement plan and subject to effective scrutiny and decision-making at a member level.

Comments of the Commissioners:

“This report is coming late to Cabinet, for reasons mentioned at paragraph 2.2. It sets out the Ofsted Inspection Report of the SEND service (attached as an appendix) along with the action plan to address the very serious weaknesses highlighted.

It is unfortunate that the inspection report itself was not brought to the attention of Cabinet sooner given the severity of the weaknesses identified and the vulnerability of the children supported by the SEND service. The actions now set out, which must be submitted to Ofsted by 18 February, will be included in the Recovery and Improvement Plan for SBC and progress appropriately monitored.”

2 Report

2.1 Slough was subject to a local area inspection between 27 September and 1 October. This is a joint inspection by Ofsted and the Care Quality Commission for the area of Slough and considered the effectiveness of the area in implementing the SEND reforms as set out in the Children and Families Act 2014. The results of the inspection were sent to the Council and Frimley CCG (CCG) on 9 November 2021 and were published on Ofsted’s website on the same date.

2.2 Officers would like to formally apologise to elected members for the delay in bringing an update on this matter and for not seeking approval for the WSOA prior to submission to Ofsted. This has been caused by a combination of change in Director of Children’s Services and unplanned officer absence. This has meant a delay in agreeing the formal WSOA, which had to be agreed with the CCG and the Council and submitted to Ofsted and the CQC on 18 February 2022. The LA and CCG had to prioritise ensuring the deadline for submission of the WSOA was met.

The Written Statement of Action is the first part in a series of steps that will be required to address the significant areas of weakness identified in the inspection report. This will also need to link with the Council’s wider Recovery and Improvement Plan and will require changes at a strategic, partnership, commissioning, and operational level.

Ofsted and the CQC are likely to re-inspect the local area within the next 18 months. Progress will be measured against the WSOA.

2.3 Options Considered

2.4 The following options were considered:

Option	Pros	Cons	Recommended
<i>Option 1: Call an extraordinary meeting of Cabinet to allow for approval of the Written Statement of Action</i>	<ul style="list-style-type: none"> • Ensures effective oversight and approval by Cabinet 	<ul style="list-style-type: none"> • The Written Statement of Action was not agreed with the CCG in time to allow an extraordinary cabinet meeting to be convened and to comply with statutory publication deadlines. 	Not recommended
<i>Option 2: Report to Cabinet seeking formal noting of the Written Statement of Action, with agreement on the next steps.</i>	<ul style="list-style-type: none"> • Enabled the Council to meet the deadline for submission of the Written Statement of Action to • Ensures Cabinet have oversight of the next steps and that the action plan for improving SEND services is aligned with the wider improvement work. • Sets out a clear timeframe for effective scrutiny of the action plan to take place. • The Written Statement of Action provides an opportunity for both Cabinet and the Scrutiny Panel to have effective oversight of the next steps. 	<ul style="list-style-type: none"> • The Written Statement of Action has not been formally approved by Cabinet. 	Recommended

2.5 Background

2.7 Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required following a local area inspection of SEND services within Slough as a result of identified significant weaknesses in the area's practice. This WSOA is to be jointly owned and submitted by the Council and the CCG.

2.8 The concerns raised in the inspection are wide ranging and demonstrate a failure at strategic, partnership and operational levels and include the following areas:

- That leaders have not effectively implemented the reforms in the Children and Families Act 2014 and the Council, Slough Children First and the CCG have failed to work together to develop and effective strategy for doing so.

- Too little focus on the reality faced by children and young people with SEND and their families, with the majority of parents not feeling understood, welcomed, or helped.
- Information about support is not readily available or understood, although when parents receive support, it has been praised and welcomed.
- Leaders' self-evaluation did not draw well enough on reliable performance information or the lived experience of children and young people with SEND and their families.
- Collaborative work, known as co-production, has been weak, with no strategic arrangement in place for consulting and co-producing services with children and young people who have SEND.
- Joint commissioning is not well developed, with habitual spot purchasing in response to crisis, individual needs, or petitions, which has compromised the effective use of funding, including high needs funding.
- The social care needs of children and young people with SEND are rarely considered unless known to children's social care, meaning limited opportunities to participate in activities on an equal footing with peers.
- 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 and 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.
- Despite a desire to improve at all levels, the improvement work is in its infancy, and it is too early to be confident that the cycle of cuts of services, regular changes in leadership, interim appointments and vacancies, and the pattern of disjointed communication and initiatives not being seen through has been broken.

2.9 The report also highlights areas of good practice, including:

- Early years work and support.
- The SENCo networks particularly in primary schools.
- The 'whole-school' SEND initiative, which is making impact particularly in primary schools
- Support for looked after children and care leavers is carefully considered and needs identified, with good evidence of co-production.
- Child protection plans and EHC plans are harmonised.
- Educational psychology work in training school staff has been well received.
- The voice of the parents, carers, children, and young people can be evidenced in EHC plans.
- The Youth Offence Service team demonstrated deep understanding of needs and barriers faced by children and young people.

2.10 Due to the significant concerns about the effectiveness of the area raised by the inspection, the area was required to produce and submit a WSOA to Ofsted explaining how it will tackle the following areas of weakness:

- Weak arrangements for ensuring effective joint leadership and accountability, self-evaluation, and improvement planning at a strategic level across education, health, and care services (including considering the high turnover of staff and an area-wide commitment to inclusion).
- The overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful, and accurate information in this regard.
- The lack of effective use of meaningful performance information to inform the area's strategy and planning, as well as to evaluate its effectiveness.
- The limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services.
- The timeliness with which EHC plans are produced and updated, particularly nearing transition points and the absence of systematic processes for the quality assurance of EHC plans.
- The absence of social care considerations in EHC plans, for children and young people not known to children's social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short break or respite services for parents and carers.
- The inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over.

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 As part of developing a detailed action plan the resource implications will be identified, considered, evidenced and a fully resourced plan created which will be built on a robust and deliverable programme of improvement to ensure that the Council is meeting its SEND duties in accordance with its best value duties. Until that stage any resource implications will remain within existing budgets.

3.1.2 The Council has in previous years very significantly overspent on the high needs block of the Dedicated Schools Grant (DSG) and has taken little action to address this. This grant is provided for schools-based education services and the majority of it is passported directly to schools. However, a proportion is maintained to fund SEND education in schools and to fund SEND provision as set out in Education, Health and Care Plans. Work to begin to address this growing problem began in the summer of 2021 and as part of this the Council submitted a deficit management plan to start to bring down the deficit over a number of years. It is critical that the DSG is managed tightly each year to avoid the deficit increasing year on year and to resolve the in-year position. Further details on the DSG will be published in the budget reports to be presented to Cabinet on 28 February 2022. The detail of the work being undertaken on the DSG will be brought to Cabinet at the same meeting as a separate report.

3.2 Legal implications

3.2.1 The Children Act 2004 (Joint Area Reviews) Regulations 2015 state that the Chief Inspector of Schools must make a written report where a review has been completed. The Chief Inspection of Schools must determine whether it is appropriate for a written statement of proposed action to be made in light of the report and if so, determine the person or body who must make that statement.

3.2.2 Where a determination has been made that a written statement of proposed action should be made, the principal authority must make this statement within 70 working days of receiving the report. The written statement must (a) state who it is proposed should take action; and (b) include a statement of the period within which action is to be taken.

3.2.3 The written statement must be sent to the Chief Inspector of Schools, any other person who conducted the review and the Secretary of State. The statement must also be published on its website and supplied to the public on demand on payment of a reasonable charge.

3.2.4 The local area inspection relates to the delivery of services under the Children and Families Act 2014. Part 3 of this Act contain provisions which were a major reform of the previous statutory framework for identifying children and young people with SEN, assessing their needs, and making provision for them. The Act requires local authorities to keep local provision under review, to co-operate with statutory partners to plan and commission provision and to publish clear information on services that are available locally. Provision for those children and young people with SEN who require support beyond that which is normally available should have their needs set out in an education, health, and care plan, which will bring together the three strands of support in place for these children.

3.2.5 The SEND Code of Practice: 0 to 25 years provided statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities. This is a substantial code setting out guidance on the principles of the new legislation, the requirements around information, advice and support, the need for joint working to deliver outcomes, the requirements for a Local Offer (being a list of services available to children and young people with SEND and their families). The Code also provides guidance to early years providers, schools, and further education providers, as well as providing guidance on preparing for adulthood. Detailed guidance is given on the processes for assessing, identifying, and meeting needs in education, health and care plans and the needs of children and young people in specific circumstances, including looked after children, care leavers, children educated at home and children in youth custody.

3.3 Risk management implications

3.3.1 There are several risks arising in relation to this report. Firstly, the significant concerns have led to a conclusion that the Council and CCG, alongside partners, are not effectively meeting their duties under the Children and Families Act 2014. Secondly, the proposed WSOA identifies a number of areas where additional resources are likely to be required in a climate where the Council has significant financial challenges.

3.3.2 A detailed risk assessment is to be completed as part of the detailed action plan and this will be kept up to date and will be incorporated into the Council's directorate and corporate risk registers.

3.4 Environmental implications

3.4.1 There are no direct environmental implications arising from this report.

3.5 Equality implications

3.5.1 The Council has a duty contained in section 149 of the Equality Act to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

3.5.2 The broad purpose of this duty is to integrate considerations of equality into day-to-day business and to keep them under review in decision making, the design of policies and the delivery of services.

3.5.3 An equality impact assessment is appended at Appendix C. The impact of the WSOA will have a disproportionate impact on children and young people with disabilities, working age adults who are caring for children and young people with disabilities. The purpose behind the Children and Families Act 2014 provisions is to promote inclusion and to ensure equality of opportunity for children and young people with SEND. The EIA will be kept under review and updated during the lifetime of the action plan to improve SEND services. It is also critical to ensure that data is captured and monitored to identify the impact of changes and service provision in general.

3.6 Procurement implications

3.6.4 There are no procurement implications from this proposal. However, commissioning is a key area of weakness and therefore the Council will need to work with the CCG and other stakeholders to ensure it has a strategic approach to commissioning services in the future.

3.7 Workforce implications

3.7.1 This will be reviewed as part of the delivery of the WSOA.

3.8 Property implications

3.8.1 There are no immediate property implications from this report. However, the Council should consider its school assets and any opportunities for securing funding to increase the provision for SEND education within mainstream schools.

4. Background Papers

Draft Written Statement of Action (WSOA)
Ofsted CQC SEND inspection report

This page is intentionally left blank

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.gov.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk

9 November 2021

Alan Adams
Interim Director of Children's Services
Slough Borough Council
Observatory House
25 Windsor Road
Slough, Berkshire
SL1 2EL

Tracey Faraday, Executive Managing Director, Frimley CCG

Michelle Gwyther, Local Area Nominated Officer

Dear Mr Adams and Ms Faraday

Joint area SEND inspection in Slough

Between 27 September and 1 October, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Slough to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including one of Her Majesty's Inspectors, an Ofsted inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI)

has determined that a Written Statement of Action (WSOA) is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

This letter outlines our findings from the inspection, including some strengths and areas for further improvement.

Main findings

- Over time, leaders in Slough have not effectively implemented the reforms. The council, Slough Children First and the CCG have not worked together to develop an effective strategy for doing so. Arrangements for joint oversight and accountability for work across education, health and care services have not been tight enough. There has been too little focus on the reality faced by children and young people with SEND, and their families in Slough.
- The majority of parents and carers do not feel understood, welcomed or helped. Many parents report 'fighting' over years to have their child's needs identified and supported, without success. Communication with area SEND services is difficult. Parents, carers and professionals rely on people they know. The valiant efforts of individual staff mean that while some families have positive stories to tell, many struggle to find or access the help they need.
- Information on the local offer webpages is not consistently easy to find, useful or up to date. Avenues for support such as the SEND information, advice and support service (SENDIASS) and the parent carer forum, Special Voices, are not universally known about or accessible to parents, including those of a child or young person with an education, health and care (EHC) plan. However, parents who have accessed and used these services praise the support and advice they have received.
- Leaders have not maintained a consistently clear, shared understanding of the effectiveness of the area. Current leaders are realistic in the weaknesses they identify. However, leaders' self-evaluation does not draw well enough on reliable performance information or the lived experiences of children and young people with SEND and their families.
- Collaborative work between professionals and children and their families to plan services, known as co-production, is weak. Parental representation is largely limited to a representative of Special Voices attending key decision-making groups. There is no strategic arrangement in place for consulting and co-producing services with children and young people who have SEND.

- Joint commissioning is not developed well enough. Habitual 'spot purchasing' in response to crises and/or individual needs or petitions has compromised the effective use of funding, including high needs funding.
- The social care needs of children and young people with SEND are rarely considered or provided for unless they are known to children's social care. There are too few opportunities to participate in local clubs and activities and to experience social aspects of childhood on an equal footing with peers.
- The CCG recognises that waiting times for assessment of occupational therapy (OT) and neurodevelopmental needs are unacceptably long. For some services, funding has been allocated to reduce waiting times to a maximum of 12 months, but these are not set against clear, deliverable benchmarks.
- There is no dysphagia (people who experience difficulties swallowing, eating and/or drinking) service commissioned for children aged over five. These children are not provided with preventative or developmental eating and drinking support. This means they do not have their needs met in a planned and coordinated way and can only access treatment through emergency departments when experiencing a severe difficulty in swallowing.
- The area does not comply with the requirements set out in many EHC plans. For example, a significant number of pupils of school age are not receiving the speech and language therapy identified. Access to speech and language therapy for school-aged children is inequitable across the area.
- Staff turnover across the area has been high, including in senior leadership positions. There is no coherent workforce development strategy. Linked with a high staff turnover, the completion of EHC plans within the statutory timeframes has fallen. Figures indicate a low of 14% in August 2021, with a year average of 42%.
- Not all schools are welcoming of children and young people with SEND. Until very recently, the area's school effectiveness strategy has not prioritised SEND. As a result, area leaders' understanding of which providers have real strengths and which need further support is not comprehensive. There is untapped capacity in schools. Leaders are keen to share expertise. However, arrangements for partnership working between schools have been informal and ad hoc.
- The area's approach to meeting needs and improving outcomes in early years settings is effective. As a result, young children with SEND typically get off to a good start. Early years providers value the support and guidance provided by the early years team.
- The local transformation programme for mental health has resulted in increases in early help support and crisis intervention. A well-received workforce training programme is helping to increase providers' capacity and confidence in supporting mental health needs. A group of young people aged 14 to 24 years work as Young Health Champions, helping to reduce barriers to mental health support.

- There is a clear desire to improve at all levels and across services. Leaders have recently begun to implement their improvement plan, known as the 'rapid action plan' to address weaknesses identified in their self-evaluation. This improvement work is in its infancy and the details are not widely known. It is too early to be confident that the cycle of cuts to services, regular changes in leadership, interim appointments and vacancies, and the pattern of disjointed communication and initiatives not being seen through has been broken.

The effectiveness of the area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Early years leaders and practitioners speak favourably about the positive relationships and arrangements for joint working they have established. Settings value the area special educational needs coordinator (SENCo) arrangement. Clear and well-known referral processes support the early identification of need. Training for early years practitioners, particularly from educational psychologists, has developed capacity to identify concerns, and practitioners know how to seek help. Useful weekly newsletters help keep settings well informed of SENCo developments.
- The SENCo networks are viewed similarly positively among schools, particularly primary schools. The focus on information-sharing and building expertise through regular meetings has enabled providers to feel more confident in supporting pupils, particularly those who do not meet the threshold for an EHC plan. Where pupils' needs are greater, SENCos report feeling more confident to make assessments, to identify children and young people with SEND and to make onward referrals.
- The area's 'whole-school' SEND initiative is an important step towards developing inclusive practice in schools, strengthening skills, knowledge and understanding to improve the universal offer for children and young people. Early indications are that this is making the most difference in primary schools, with a growing influence in the secondary sector.
- In response to feedback from pregnant women, the health visiting service now offers evening and weekend antenatal appointments. This has increased the uptake of health visitor antenatal appointments and the opportunity to assess pregnant women's needs. If the pregnant woman requires more support, further contact can be offered in the form of a home visit. This ensures that the service is responsive to the individual's needs and that all pregnant women are able to benefit from an assessment of their needs and planned ongoing support. Consequently, any early signs of SEND can be identified and met.
- Young people in the youth justice system benefit from the identification of their health needs through a dedicated speech and language therapist, a Child and Adolescent Mental Health Services (CAMHS) practitioner and a nurse

assessing their physical health. Support is offered to young people individually and also to the services they access. This holistic approach ensures that young people benefit from an improvement in their physical and emotional well-being and their communication skills, and receive support tailored to their needs.

- Children and young people who are looked after and care leavers are typically carefully considered and have their needs identified. Planning for their needs is detailed and shared appropriately. 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. Co-production is an established and effective way of working with this group.
- 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.
- Work to identify and provide support for children and young people who may experience mental ill health is expanding across the area. Educational psychologists' work in training school staff has been particularly well received.

Areas for development

- Statutory assessment processes are not completed efficiently enough, and the area takes too long to produce EHC plans. This compromises effective and timely placement within and beyond early years and impacts negatively on transition across all phases.
- Requested changes to EHC plans following annual reviews are not completed in a timely manner. Many children and young people are in possession of extremely outdated plans. High levels of staff turnover and the associated relative inexperience of new staff have exacerbated the situation.
- Transition planning for children and young people with SEND moving into adult care and health services is weak. While examples of good work to promote timely and comprehensive transition do exist, these are isolated. Typically, planning lacks detail and is insufficiently timely. Aware of this, area leaders have taken action to commission additional resource to help identify and fill gaps.
- The social care needs of children and young people with SEND are not routinely or reliably identified, assessed or met unless they are known to children's social care. While some statutory elements are stronger, such as the linking of child protection and child in need plans to EHC plans, statutory disability assessments are not consistently completed. Care needs such as travel training or support to engage in leisure activities are absent.
- While able to cite some examples of effective information-sharing, early years leaders receive patchy information about children attending their settings and

are largely dependent on information from parents about a child's known SEND needs. Early years settings do not have a link health visitor, thereby missing an opportunity to identify needs. Each setting uses its own induction paperwork, which reflects the apparent lack of a consistent and systematic approach to information-gathering and sharing across the area.

- Thresholds for referral and the scope of panels are not well understood by professionals. The information available about services, systems and thresholds is disjointed. There is no clear system of oversight for coordinating and coherently sharing what is available within the area's 'graduated response'.
- Poor communication, a limited supply of and access to information, and a lack of case worker availability results in many parents and carers feeling angry and frustrated. Too frequently, action hinges on personal contacts and networks, feeding into the area-wide inequity acknowledged by leaders. Around half of the parents and carers who responded to our survey or spoke to inspectors said they did not have access to advice and support about SEND in the area.

The effectiveness of the area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- Where parents and carers know of and have accessed SENDIASS, they are complimentary about the help they have received. Similarly, where parents and carers have contacted Special Voices, they value the guidance and support they are offered highly. One parent commented: 'If you can get Special Voices on your side, then action will happen. If you try to work alone, you will get nowhere.' Other parents agreed that this was the case.
- EHC plans follow a uniform format. Those that are current frequently provide helpful guidance to those working with the child or young person. Most contain detailed and practical advice from the professionals who contribute. The plans note the voice of parents, carers and children and young people, with their contributions sometimes creatively captured.
- Pockets of strong and effective practice exist throughout the area. For example, the Youth Offending Service team demonstrates deep understanding of children and young people's needs and the barriers they face. Assessments are comprehensive and lead to health and educational needs being met appropriately.
- The health transformation programme has led to increased support for early help, notably for mental health. An online platform, virtual support and the pilot work of the Young Health Champions, who engage with peers to tackle the barriers to discussing mental health concerns, have all made a positive difference. The work of educational psychologists who train school staff to

meet pupils' mental health needs has been universally praised. The Education Psychology Early Years Group has enabled providers to access support and advice about approaches and strategies to promote the well-being of young children. Other examples of positive work to support children and young people's mental health needs were evidenced during the inspection.

- The duty telephone health visiting service operates on weekdays, when parents and carers are able to access prompt health advice. During the pandemic, the duty team was increased to meet the increased demand in phone calls to the duty line. If additional support is required, a duty health visitor invites the parent or carer and their young child to a clinic held the same afternoon. This ensures parents, carers and children receive support in a timely manner and that young children's SEND needs are met promptly.
- Practitioners are able to access interpreters in a planned manner and at short notice. Each interpreter has a reference code so that the same interpreter can be used to ensure continuity. The 0–19/25 public health nursing website also has a translating facility. This ensures that families and carers with English as an additional language are able to easily access health services and information. Consequently, children and young people with English as an additional language and SEND are able to access and receive the help required.
- Parents and carers of children and young people with sensory needs, such as visual and hearing impairment, were overwhelmingly positive about the support given to their children, for example in teaching braille.
- Systems for governance and decision-making processes have been established to support joint commissioning. Leaders are strengthening systems for collecting and analysing information so that future decisions can be made on the basis of reliable information.

Areas for development

- The involvement of children and young people with SEND and their families in co-production is very limited. Although they are often consulted about individual services, their voice is not heard or influential at a strategic level in the planning, design, delivery or evaluation of the local area's offer. Consequently, the full range of services available in the area is not well known to parents and carers.
- There is insufficient performance information about the difference the area is making to the lives of children and young people with SEND. What information there is, is not analysed systematically to support effective self-evaluation and improvement or to ensure equitable funding decisions. Leaders have not been well-placed to systematically spot and address gaps in current provision or plan effectively to meet future demands. For example, OT services are currently overwhelmed with referrals and requests for contributions to EHC plans, with no effective strategy to address this against measurable

benchmarks. Furthermore, area leaders do not possess an accurate understanding of the views of parents and carers. There is no effective system to address long-standing disputes and complaints.

- Too many children are waiting too long for OT assessment. 172 children have been waiting for over a year. Occupational therapists are unable to contribute to EHC plans within statutory timeframes. There is increasing demand for contributions to EHC plans and for assessments by the OT service. Children awaiting assessment are triaged and prioritised according to urgency of need. This means that EHC plans are delayed and that many children do not access the service in a timely way.
- The speech and language therapy (SALT) service has been commissioned to work with 18 schools to assess children with EHC plans. Many of these children have not previously been known to the service. In one special school alone, over 150 children are awaiting assessment. Many children recently assessed are not receiving the SALT they require. The approach taken means that many children's needs are not known and, where needs are identified, children and young people do not routinely receive the support that they require.
- Children and young people are waiting too long for an assessment for autism spectrum disorder (ASD) or attention deficit disorder. Although parents and young people are informed of support services and can access support from clinicians while waiting, the plan to address the wait times has no key deliverable measures. This means that children and young people can be waiting for over two years and young adults over three years.
- There is no dysphagia service commissioned for children over five years of age in the area. One special school provides a worker during term time to support children with dysphagia who attend there. While there are some examples of individualised packages of care, generally parents and carers with children over five years are expected to take them directly to hospital if their child experiences a problem with swallowing. This means that children can only access treatment in response to a severe difficulty and do not have their needs met well enough.
- Funding and joint commissioning are not used well to meet the needs of children and young people with SEND across the area. Management of high needs block funding has not been tight enough to ensure that funding is used as efficiently and effectively as possible. Leaders recognise that, although there are SEND funding pressures evident in all areas, historical weaknesses have compounded the issue in Slough.
- Arrangements for securing sufficient school places to cater for the differing needs of children and young people with SEND have been too loose and have contributed to inequity across the area. There are too few specialist places in local schools to meet the needs of the growing numbers of pupils identified with ASD.

- While many schools provide effectively for pupils who have SEND, there is too much variation in the quality of support provided. In some cases, high staff turnover or difficulty in recruiting suitably qualified or experienced support staff exacerbates the problem. A general lack of parental confidence in education was conveyed to inspectors through letters, meetings with groups of parents and through the survey. In addition, until recently, the school effectiveness strategy has not had a clear enough focus on meeting the needs of children and young people with SEND.
- Families with children under the age of five years moving into the area are not routinely seen and assessed by the health visiting service. The area has a highly transient population and high levels of need. This means that a key opportunity to assess children's needs and offer support is missed.
- The local offer is not sufficiently helpful, informative or up to date. A significant proportion of parents and carers were unaware of its existence. Those parents and carers familiar with the local offer website reported that it was of limited help. For example, at a basic level, parents reported phoning the number advertised and never having their call answered.
- Preparation for adulthood is weak. Less than 10% of parents who responded to the survey felt that their child had been supported by local services to prepare for life as an adult. Parents, carers, children and young people reported on a lack of provision for short breaks. As a result, children and young people with SEND are missing out on many ordinary childhood experiences, as well as opportunities to develop independence skills and to prepare well for adulthood.
- EHC plans are produced and amended far too slowly. There is no consistent auditing of EHC plans across the area. Therefore, the quality and consistency of EHC plans are not routinely assured. The absence of social care provision where this is required due to the child or young person's identified needs, as well as the variable inclusion and quality of health information, means that children and young people with SEND in the Slough area do not have their needs reliably assessed or met.

The effectiveness of the area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Children with SEND in the Slough area frequently get off to a good start and are supported well to achieve good educational and health outcomes in the early years.
- The proportion of young people who have SEND without an EHC plan reaching level 2 at age 19, including English and mathematics, and the proportion reaching level 3 are positive.

- There are examples of good practice in schools where leaders and staff do all they can to support children and young people and their families to ensure that good progress and outcomes are achieved. Positive examples were seen in mainstream schools, including schools with additional resource provision, as well as in specialist provision.
- Permanent exclusions and suspensions for pupils with SEND but without an EHC plan have fallen in recent years and are rare. Fixed-term exclusions for children and young people with an EHC plan are also low and falling. Most recently published data shows that absence rates for pupils with SEND but without an EHC plan are lower than for similar pupils nationally.
- Many staff are deeply committed to the area's children and young people with SEND, and groups of children and young people experience positive outcomes as a result of high-quality identification and support. Examples include children and young people and their families supported by specialist staff for hearing and visual impairment, looked after children and young people involved with the Youth Offending Service. In such cases, children, young people and their families play a notably active part in setting targets and reviewing progress.
- The adult learning disability team has produced a Learning Disability Outcome measure available in an easy-to-read format. The goals are jointly agreed with the person, and they clearly set out how they will be achieved, with time scales. They are then measured with a rating scale. It is accessible on the shared electronic record system. Inspectors saw how people had identified what they wanted help with and how this should be provided. They also saw how goals had been achieved.

Areas for development

- Only 40% of parents and carers who expressed their views feel that their child's outcomes are improving. Parents expressed wide-ranging concerns relating to a lack of continuity in education and mental health support, as well as the absence of essential therapies. Parents say that these weaknesses have affected their children's overall progress in a negative way.
- Children and young people's outcomes are not improving. Weaknesses in joint working, poor and inequitable systems to identify, assess and meet children and young people's needs, coupled with slow access to therapies are contributory factors. The situation is aggravated by variable implementation of the 'graduated response' and schools' differing attitudes towards inclusion. Standards at the end of key stage 2 for pupils with SEND, both with and without an EHC plan, are below leaders expectations.
- There is limited access to short breaks. Children and young people with SEND are unable to participate in the area on an equal footing with their peers. Social care elements of EHC plans are not considered. Consequently, children and young people's opportunities to develop wider interests, to socialise

beyond school and to develop independence are hindered and opportunities to strengthen outcomes are lost. Few families take up the possibility of personal budgets to support their child's needs. Some parents are unaware of what a personal budget is, while others feel it will be too complicated to navigate.

- Less than 10% of parents who responded to the survey said that their child had been supported by local services to prepare for life as an adult. Pathways into adulthood are limited. While there was some positive feedback regarding 'Project Search', an established internship programme, there was negative evidence indicating that other young people circulate through college courses that occupy time but do not recognise the young person's interests or ambitions for the future. The proportion of adults with a disability in paid employment is low in the Slough area.
- Leaders are aware that too many pupils with an EHC plan are absent from school too often. While this is known to leaders, there is a lack of analysis as to why this is the case, and there is no clear plan of action to address the situation.
- Slough data indicates that the proportion of young people with SEND without an EHC plan and not participating in education at age 17 has declined and is low at age 19 when compared with statistical neighbours.
- Over time, area leaders have not secured a suitable range of performance information and analysis to support accurate self-evaluation in order to prioritise and drive improvement. Wide inconsistencies in service delivery across the area result in inequitable opportunities for children and families. While leaders describe a complex local context, this has not translated into an analysis of the barriers faced by different communities or different geographical areas of Slough.

The inspection raises significant concerns about the effectiveness of the area

The area is required to produce and submit a WSOA to Ofsted that explains how it will tackle the following areas of significant weakness:

- the weak arrangements for ensuring effective joint leadership and accountability, self-evaluation and improvement planning at a strategic level across education, health and care services (including considering the high turnover of staff and an area-wide commitment to inclusion)
- the overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful and accurate information in this regard
- the lack of effective use of meaningful performance information to inform the area's strategy and planning, as well as to evaluate its effectiveness
- the limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services

- the timeliness with which EHC plans are produced and updated, particularly nearing transition points and the absence of systematic processes for the quality assurance of EHC plans
- the absence of social care considerations in EHC plans, for children and young people not known to children’s social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short break or respite services for parents and carers
- the inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over.

Yours sincerely

Hilary Macdonald
Her Majesty’s Inspector

Ofsted	Care Quality Commission
Stephen Long Regional Director	Victoria Watkins Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Hilary Macdonald HMI Lead Inspector	Tessa Valpy CQC Inspector
Clive Dunn Her Majesty’s Inspector	
Sian Thornton Ofsted Inspector	

Cc: Department for Education
Clinical commissioning group
Director of Public Health for the area
Department of Health
NHS England

Slough Written Statement of Action

Written statement of Action for SEND Local Area

Introduction /letter from key leaders of Health, Care, Education, Parent voice

In Slough, we are deeply committed to supporting all of our children and young people through the wider lens of inclusion to have the best possible start in life and to grow up to be happy, healthy, and successful for our children and young people with special educational needs and disabilities. This requires us to recognise their learning needs early, have a strong partnership with parents, carers, and professionals, and have the provision required to meet the diverse range of needs for our children and young people.

Our shared ambition as leaders across Slough in partnership with parents' carers and children and young people is to secure real change through our concerted and collective efforts by all of our partners across the local area, underpinned by common purpose and shared values and principles which are embedded in our desire to reduce health inequality and enable children and young people to flourish. This written statement of action has been a truly collaborative effort and signals our intention to collectively ensure that improving the outcomes for children and young people with special educational needs and disabilities within our communities remain our absolute priority.

Background

Between 27 September and 1 October, Ofsted and the Care Quality Commission (CQC) inspected services provided by practitioners and professionals who support children and young people (0-25 years) with SEND. During this inspection they assessed how well the local area has worked together to implement the 2014 SEND reforms. The local area comprises of Slough Borough Council (education, public health, children's social care, and adult social care), education providers, Frimley Clinical Commissioning Group NHS (CCG) and associated health partners. Although there were strengths identified, they also identified seven areas of weakness and as such Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required to address these.

The seven areas for improvement were identified as;

- 1. There are weak arrangements for ensuring effective joint leadership and accountability, self-evaluation, and improvement planning at a strategic level across education, health, and care services (including considering the high turnover of staff and an area-wide commitment to inclusion)**
- 2. The overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful, and accurate information in this regard**
- 3. There is a lack of effective use of meaningful performance information to inform the area's strategy and planning, as well as to evaluate its effectiveness**

Slough Written Statement of Action

4. There are limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services
5. The timeliness with which EHC plans are produced and updated, particularly nearing transition points and the absence of systematic processes for the quality assurance of EHC plans
6. The absence of social care considerations in EHC plans, for children and young people not known to children's social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short break or respite services for parents and carers
7. There is inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over

As leaders of our local area, we fully accept the outcome of the Ofsted/CQC inspection of the local area's effectiveness in implementing the special educational needs and disabilities reforms. Prior to the Ofsted/CQC inspection we had already commenced strategic and operational service improvements as part of our own self-assessment process. We had identified areas that needed improvement, and these have been confirmed by the recent inspection. We view the outcome of the inspection as a constructive part of our journey and, as leaders we will strive to ensure we make every improvement in accordance with our commitment and dedication; that every child and young person across Slough who has special educational needs and disabilities receives all the support and services they need in a timely and meaningful way, so they have every opportunity to flourish.

About Slough

Slough is an urban town in the east of Berkshire, approximately 20 miles west of central London. It is home to 42,365 children and young people, 13,188 of which are aged 0-4. Out of a total population of approximately 145,734, this equates to 29% being below the age of 19, making the population of Slough significantly younger than the average for south east local authorities. The borough also includes a higher proportion of young adults aged 25-44, suggesting a large number of young families are resident. *(Source: ONS 2015 Mid-Year Population Estimates - June 2016)*

Slough unitary authority area was ranked 79th out of the 326 English local authorities for deprivation in the 2015 Indices of Deprivation, significantly more deprived than other east Berkshire areas: Reading (143rd), Bracknell Forest (287th) and Windsor and Maidenhead (306th). *(Source: Department for Communities and Local Government - Sep 2015)*

Education providers

Early Years

There are 69 settings in Slough. This includes 10 children's centres and five nursery schools

Slough Written Statement of Action

Three nurseries have specialist provision for SEND

Schools

There are 47 state funded schools in Slough.

- 29 primary schools, 14 secondary schools, 1 all-through school, 2 special schools and 1 alternative provision academy.
- 9 secondary schools and 17 primary schools are academies.
- 4 secondary phase schools are selective Grammar Schools. All the secondary phase schools have a sixth form.
- 1 infant school, 7 primary and 5 secondary schools have specialist provision for SEND.
- 8 primary schools were judged as outstanding at their most recent Ofsted, the rest were judged as good.
- 8 secondary schools were judged as outstanding at their most recent Ofsted, 4 as good, 1 as requiring improvement and 1 as inadequate.

The all-through school is awaiting its first inspection.

1 special school was judged good at its most recent Ofsted, the other was judged inadequate and has since closed and reopened as part of a multi-academy trust.

There are five independent schools.

Colleges

There is 1 main further education college in Slough – Windsor Forest College Group. At its most recent inspection in 2019 it was judged as good.

Project Search

Project SEARCH is a one-year transition program which provides training and education leading to employment for individuals with special educational needs and / or disabilities. The programme is provided at Hilton London Heathrow Airport Terminal 5. Windsor Forest College Group provide the training for this programme.

Slough Written Statement of Action

Vision

As stated in our SEND and Inclusion strategy our vision statement for SEND and Inclusion across the town, created with our partners is:

“Through inclusive practice all children and young people are happy, healthy, safe, take an active part in their community and have fulfilled lives.”

Principles and Approach

Our principles and approach to SEND and Inclusion, created with our partners will be founded upon:

1. Participation, Engagement, and co-production in partnership with Children, Young people, parents, and carers will ensure that needs are met, and outcomes are improved.
2. Inclusion will remove the barriers that create undue effort and separation and enable everyone to participate equally, confidently, and independently in everyday activities.
3. Clear governance and accountability will eliminate the variation and fragmentation in commissioning practice.
4. Robust self-evaluation, which is open and transparent, will inform future work and enable the partnership to continuously improve.
5. The Implementing cycle of Assess, Plan, Do and Review will lead to consistency and longevity.
6. A graduated service model will ensure appropriate services are in place to meet the population need, will reduce bureaucracy, and offer support quickly regardless of diagnosis.
7. All Partners services will be person centred, needs led and seamless.
8. Holistic assessments and planning will lead to better experiences, outcomes, and use of resources.

Slough Written Statement of Action

Priority One

Statement: There are weak arrangements for ensuring effective joint leadership and accountability, self-evaluation, and improvement planning at a strategic level across education, health, and care services (including considering the high turnover of staff and an area-wide commitment to inclusion).

Outcome: There will be strong and clear strategic leadership across education, health, and social care. There will be effective joint commissioning structures in place which promote inclusion, and these will be governed and driven by local data ensuring that the right services are in place for the community. Organisations will work together and be accountable in the shared vision of improving services to better meet the needs of our children and young people. In achieving this, Slough will become an area when Professionals wish to work and wish to stay creating a strong, consistent experienced workforce.

Focus Area 1.1

Over time, leaders in Slough have not effectively implemented the reforms. The council, Slough Children First and the CCG have not worked together to develop an effective strategy for doing so. Arrangements for joint oversight and accountability for work across education, health and care services have not been tight enough. There has been too little focus on the reality faced by children and young people with SEND, and their families in Slough. (1)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
1.1.1 Co-Produce a new SEND and Inclusion Strategy that clearly lays out roles and responsibilities for all stakeholders	LA SCF CCG	New and Updated Send Strategy Document	New SEND strategy produced and distributed. Regular feedback from parents and young people is analysed, evaluated, and acted upon.		

Slough Written Statement of Action

1.1.2 Review and develop SEND and Inclusion Strategic Board to ensure joint oversight and accountability for the area on a systemic basis	LA SCF CCG	Updated ToR Notes of minutes of each board	Regular meetings Notes of meetings demonstrate progress in areas of WSOA All partners understand roles and responsibilities		
1.1.3 Elected members to ensure strategic oversight and accountability.	Lead Member, Children Education Scrutiny Committee	Cabinet and Scrutiny reports	Elected members have clear strategic oversight and are able to set direction of strategy		
Focus Area 1.2					
Staff turnover across the area has been high, including in senior leadership positions. There is no coherent workforce development strategy. Linked with a high staff turnover, the completion of EHC plans within the statutory timeframes has fallen. Figures indicate a low of 14% in August 2021, with a year average of 42%. (1)					
1.2.1 Review, develop and implement a coherent workforce strategy	LA	Policy produced	Clear strategy understood by all partners CPD and approach shows retention of staff		
1.2.2 Review and develop SEND team structure to ensure it is fit for purpose and has capacity	SEND Service	Redesign of SBC SEND service	Capacity of staff increased More efficiency and better completion of EHC plans within statutory timelines		

Slough Written Statement of Action

			More consistency in SEND approach through stable workforce		
1.3.1 Update Slough School Effectiveness Strategy to include explicit reference to SEND children	AD Education & Inclusion	Referenced in updated Slough School Effectiveness strategy	All schools clear on roles and responsibilities with regards SEND area approach		
1.3.2 Hold seminars and workshops on SEND for schools. Progress the work started on Whole School Send workshops delivered by the DfE	LA Inclusion Team	Evidenced in workshops held with distribution of resources before and after	Effective practice seen and evidenced in schools		
1.3.3 Review and facilitate school to school support on effective practice in SEND and inclusion support delivery	LA Inclusion Team	Resources distributed Action plans form schools	Effective practice seen and evidenced in schools Reduction in the number of fixed term and permanent exclusions		
1.3.4 Work with schools to ensure they fully understand the SEND code of practice and statutory responsibilities.	LA Inclusion Team	Evidence of resources and workshops being provided.	Better understanding of the legal framework and processes of the SEND code of practice for schools Children's needs are met by schools and SEND team without the additional support required from external resources		

Slough Written Statement of Action

1.3.5 Work with schools to understand how they prioritise and raise the profile of SEND and inclusion in their schools	LA Inclusion Team	SEND questionnaire and audit for each school.	Data collection informs strategic approach which is then published and clear		
Focus Area 1.4					
While able to cite some examples of effective information-sharing, early years leaders receive patchy information about children attending their settings and are largely dependent on information from parents about a child’s known SEND needs. Early years settings do not have a link health visitor, thereby missing an opportunity to identify needs. Each setting uses its own induction paperwork, which reflects the apparent lack of a consistent and systematic approach to information-gathering and sharing across the area. (1)					
1.4.1 Review induction paperwork with partners across all areas to ensure consistency of approach.	LA CCG	Agreed updated paperwork for use in all areas	Consistent approach achieved		
Sharing of 9-12 month and 2-year review data from health to LA for children where early identification suggests support is required to meet developmental milestones		Data sharing is in place	<p>Early intervention through delivery of services to support child development reduces the number of children requiring SEND support in settings/ school</p> <p>Settings are aware of the needs of children from the outset, enabling the required support to be put in place in a timely way that supports children’s progress</p>		
Focus Area 1.5					
Arrangements for securing sufficient school places to cater for the differing needs of children and young people with SEND have been too loose and have					

Slough Written Statement of Action

contributed to inequity across the area. There are too few specialist places in local schools to meet the needs of the growing numbers of pupils identified with ASD (1)					
1.5.1 Conduct review of all places and identify gaps in provision in the area, to ensure a strategic approach to placing children in the most appropriate setting according to need.	LA Inclusion Team	Strategic document produced that lays out all settings, provision, and specialism. Also, that identifies gaps and how we will address them.	Document informs strategic approach both short and long term.		
Place planning strategy to be updated and include SEND	AD Education & Inclusion	Place planning strategy approved and publicly available,	Strategic approach to SEND place planning and ensuring young people have access to the provision they are best suited		
Focus Area 1.6					
While many schools provide effectively for pupils who have SEND, there is too much variation in the quality of support provided. In some cases, high staff turnover or difficulty in recruiting suitably qualified or experienced support staff exacerbates the problem. A general lack of parental confidence in education was conveyed to inspectors through letters, meetings with groups of parents and through the survey. In addition, until recently, the school effectiveness strategy has not had a clear enough focus on meeting the needs of children and young people with SEND. (1)					
1.6.1 Work in partnership with schools through the Slough School Effectiveness Strategy to promote the inclusion agenda	LA Inclusion Team and School Effectiveness Team	Slough School Effectiveness Strategy Resources provided Evidence of seminars and workshops including rollout of emotion coaching and attachment needs of children	More positive parental engagement More effective practice in schools Staff value CPD and become better skilled.		

Slough Written Statement of Action

		Use of SEND networks			
Focus Area 1.7					
Children and young people's outcomes are not improving. Weaknesses in joint working, poor and inequitable systems to identify, assess and meet children and young people's needs, coupled with slow access to therapies are contributory factors. The situation is aggravated by variable implementation of the 'graduated response' and schools' differing attitudes towards inclusion. Standards at the end of key stage 2 for pupils with SEND, both with and without an EHC plan, are below leaders' expectations. (1)					
1.7.1 Work with schools through the Slough School Effectiveness Strategy and Send and Inclusion Strategy to ensure graduated response is understood and implemented.	LA Inclusion Team and School Effectiveness Team	Improvement in standards at KS2.	More effective partnership work to identify needs with particular focus on access to therapies.		
Focus Area 1.8					
Less than 10% of parents who responded to the survey said that their child had been supported by local services to prepare for life as an adult. Pathways into adulthood are limited. While there was some positive feedback regarding 'Project Search', an established internship programme, there was negative evidence indicating that other young people circulate through college courses that occupy time but do not recognise the young person's interests or ambitions for the future. The proportion of adults with a disability in paid employment is low in the Slough area. (1)					
1.8.1 Review and strengthen access for CYP with SEND to work experiences, supported internships and employment opportunities, from Y10 onwards		Direct links between our schools and colleges and Slough Business Partners are established/strengthened. Reduction in NEET figures.	Increase in adults with disabilities in paid employment.		

Slough Written Statement of Action

<p>1.8.2 Work with post-16 providers to ensure breadth, quality, and sustainability of provision, allowing cyp to achieve appropriate outcomes and ambitions for the future</p>		<p>YP's outcomes for post-16 and PfA are consistently met. Reduction in the repetition of entry level courses which do not align with outcomes or yp's interests.</p>	<p>Young people and their families report increased levels of satisfaction with the local offer. Young people and their families are confident that the post 16 offer meets the needs of SEN students and that their views are heard.</p>		
<p>1.8.3 Establish a multi-agency Transition Pathways Group, to enable more effective joint commissioning and strategic implementation of the PfA Good Practice Toolkit across all services</p>		<p>There will be a demonstrable link between EHCP data and commissioning of services in adult care and education. Jointly agreed shared data sets with adult services are in place, so that destinations of all SEND learners are tracked up until age 25 years to inform effective planning & support.</p>	<p>All yp with SEND are following high quality study programmes, which include work placements where appropriate. There is an increase in the number of supported internships and apprenticeships that lead to employment for yp with SEND.</p>		
<p>1.8.4 Promote the importance of joint Annual Reviews from 14 (Y9), ensuring the appropriate range of professionals provide input</p>		<p>Increased attendance, face to face or virtually, from all invited representatives at transition planning reviews.</p>	<p>Educational provision from 16 through into adult life demonstrates a clear link between the 16-19 and 19+ offer, to ensure appropriate routes are open to enable access</p>		

Slough Written Statement of Action

to assist young people with their transitions within education and into adult life			to employment, leisure, and independent living.		
------------------------------------------------------------------------------------	--	--	-------------------------------------------------	--	--

Priority 2

Statement: The overlooked voice of the children and young people with SEND and their families and consequent lack of understanding of their lived experiences and the lack of readily available, helpful, and accurate information in this regard.

Outcome: The voice of children and young people with SEND living in Slough will be clearly identifiable across all services. Children, young people, and their families will feel included in decision making processes. Children, young people, and their families will easily be able to access support and guidance and there will be a clear service offer in place via the Local Offer website.

Focus Area 2.1

The majority of parents and carers do not feel understood, welcomed, or helped. Many parents report ‘fighting’ over years to have their child’s needs identified and supported, without success. Communication with area SEND services is difficult. Parents, carers, and professionals rely on people they know. The valiant efforts of individual staff mean that while some families have positive stories to tell, many struggle to find or access the help they need. (2)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
2.1.1 Review systems	SEND Service	Document produced that	Transparency and		

Slough Written Statement of Action

and processes for stakeholder communication with SEND services		lays out processes. Refreshed Send and Inclusion Strategy, co-produced with all stakeholders.	accountability in the process. Positive interaction with SENDIASS		
2.1.2 Ensure data is used to capture support and communication between SEND services and parents.	SEND Service	Evidence of data capture (e.g., surveys) and analysis discussed and acted upon	Parents report back they receive good communication with the SEND service		
2.1.3 Ensure that a way to capture case studies. Is used in order to celebrate the positives as well as act on areas for development	SEND Service	Case study proforma used and discussed at strategic boards	Develop deeper understanding of lived experiences and take action accordingly where required		
Focus Area 2.2					
Thresholds for referral and the scope of panels are not well understood by professionals. The information available about services, systems and thresholds is disjointed. There is no clear system of oversight for coordinating and coherently sharing what is available within the area's 'graduated response'. (2)					
2.2.1 Review the governance and develop documentation that clearly lays out to professionals the scope of all panels in the system. This	LA CCG	Document produced and distributed with panels, descriptions, roles, and responsibilities.	Clearer and transparent understanding of the panels by professionals. Panels have the appropriate people to make a positive impact.		

Slough Written Statement of Action

includes review of panels themselves.					
2.2.2 Review and ensure a system for the coordination and sharing of information around the 'graduated response' is in place, and that it is understood by all.	LA CCG	Evidence of information and events regarding the graduated response, in particular with parent partnerships such as special voices and individual parents. Reflected on Slough's Local Offer	Stakeholders understand the graduated response and are clear as to its purpose. Parents have clear understanding of their roles and responsibilities with regards graduated response. More effective use of the graduated response in practice		
Focus Area 2.3					
Poor communication, a limited supply of and access to information, and a lack of case worker availability results in many parents and carers feeling angry and frustrated. Too frequently, action hinges on personal contacts and networks, feeding into the area-wide inequity acknowledged by leaders. Around half of the parents and carers who responded to our survey or spoke to inspectors said they did not have access to advice and support about SEND in the area. (2)					
2.3.1 Review and develop systems to ensure parents have appropriate access to their case worker and there are clear expectations around communication and timeliness of response.	SEND Service	Documentation produced that lays out protocol and expectations Develop escalation protocol	Transparency and accountability in the process		
2.3.2 Ensure surveys with views of parents, children and other	LA SCF CCG	Survey feedback	Understanding of stakeholders' issues		

Slough Written Statement of Action

stakeholders is captured, analysed, and acted upon			Majority of parents feel listened to and understood		
Focus Area 2.4					
The local offer is not sufficiently helpful, informative, or up to date. A significant proportion of parents and carers were unaware of its existence. Those parents and carers familiar with the local offer website reported that it was of limited help. For example, at a basic level, parents reported phoning the number advertised and never having their call answered. (2)					
2.4.1 Review and redesign the local offer with partners so as to ensure it is well publicised and accessible to parents, young people, and professionals so that they understand what is on offer to meet children’s needs	LA SCF CCG	Changes and redesign of local offer website and documentation. in line with feedback from stakeholders and accessibility standards Use of guidance standards set and approved by strategic board	Stakeholders report back positive experience of use of local offer Stakeholders can access resources and information to help them		
2.4.2 Review all content and information on the local offer to ensure it is updated systemically	LA SCF CCG	Evidence of regular checks and report back on local offer website Timetabled updates using standard templates to be utilised Escalation to Strategic Board where services do not comply with expectations – actions and timescales set	Stakeholders report all content is up to date and a positive user experience		

Slough Written Statement of Action

--	--	--	--	--	--

Priority Three

Statement; 3. There is a lack of effective use of meaningful performance information to inform the area’s strategy and planning, as well as to evaluate its effectiveness.

Outcome: Organisations will collect and collate meaningful local data to ensure that clear reporting and management information can be generated tracked and evaluated against measurable benchmarks. This will ensure that a consistent transparent representation of strengths is maintained and will also be used to self-identify any areas requiring improvement which can be used to feed into the area’s strategy and planning.

Focus Area 3.1

Leaders have not maintained a consistently clear, shared understanding of the effectiveness of the area. Current leaders are realistic in the weaknesses they identify. However, leaders’ self-evaluation does not draw well enough on reliable performance information or the lived experiences of children and young people with SEND and their families. (3)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
3.1.1 Review and update the SEF to ensure it is current and accurate. Also, that it is continuously updated	LA SCF CCG	SEF document Evidence of review and update	Stakeholders have a strong understanding of the local area strengths and areas for development		

Slough Written Statement of Action

3.1.2 Ensure SEF includes wider data and overall performance indicators	LA Insight Team	Inclusion of data in SEF	Data is used as key drivers for all strategies with targets and KPIs created		
3.1.3 Ensure SEF includes specific data and reference to child and parental experience	LA Insight Team	Inclusion of data in SEF	Better understanding of experience and feedback from parents and young people		
Focus Area 3.2					
There is insufficient performance information about the difference the area is making to the lives of children and young people with SEND. What information there is, is not analysed systematically to support effective self-evaluation and improvement or to ensure equitable funding decisions. Leaders have not been well-placed to systematically spot and address gaps in current provision or plan effectively to meet future demands. For example, OT services are currently overwhelmed with referrals and requests for contributions to EHC plans, with no effective strategy to address this against measurable benchmarks. Furthermore, area leaders do not possess an accurate understanding of the views of parents and carers. There is no effective system to address long-standing disputes and complaints. (3)					
3.2.1 Ensure performance data is captured specifically to analyse funding decisions in order to ensure transparency.	SEND Service	Data on funding decisions captured an available e.g., SEND panel in consistent comparable data sets Commissioned contracts	Stakeholders understand the consistency and transparency in decision making for funding.		
3.2.2 Develop a process for capturing and bench marking data to address areas such as waiting times	CCG	Evidence of data e.g., surveys	Stakeholders have clearer understood of need, driven by data and creation of KPIs		

Slough Written Statement of Action

for therapies and assessments					
3.2.3 Develop and review complaints system in order to capture and act upon complaints and resolutions made by parents	LA SCF CCG	Protocol written and shared	More transparency and understanding of complaints process Majority of complaints resolved to completion in a timely manner		
3.2.4 Review of current use of short breaks and potential growth through market engagement	Commissioning Lead SCF	Exploration of potential to develop offer with schools who support children with EHCP. Mapping of potential community-based providers to promote inclusion	Options for DPS arrangement allowing for increased personalisation of arrangements and satisfaction. Improved levels of inclusion support Increased choice	Progress on track through to business case	Amber
Focus Area 3.3					
Leaders are aware that too many pupils with an EHC plan are absent from school too often. While this is known to leaders, there is a lack of analysis as to why this is the case, and there is no clear plan of action to address the situation. (3)					
3.3.1 Review and develop systems for tracking children with EHC plans who are absent from schools and those on a school roll who are persistently absent	SBCSEND Service Attendance Service	Protocol written and shared Evidence of actions taken	Understand better why some children are missing school Increase in attendance to school	July 2022	Amber
3.3.2 Ensure data for children absent from	SBCSEND Service Attendance Service	Protocol written and shared	As above		

Slough Written Statement of Action

school and those on roll who are persistently absent is gathered, analysed, shared, and acted upon		Evidence of actions taken Better communication with schools so that all stakeholders understand the issues			
3.3.3 Investigate the increase in Children electively home educated, to understand the SEND needs	SBC	Outcome of the review and action plan	Ensure all children who are EHE are receiving the support for their assessed needs	March 2022	Amber
Focus Area 3.4					
Slough data indicates that the proportion of young people with SEND without an EHC plan and not participating in education at age 17 has declined and is low at age 19 when compared with statistical neighbours. (3)					
Develop an action plan to increase participation for young people with SEND an no EHC plans	LA SCF	Action plan with milestones in place	Increased participation for young people at least in line with statistical neighbours		
Use data to track, monitor and assess participation in order to measure success	LA SCF CCG	Data sheets Evidence of actions taken	As above		
Focus Area 3.5					
Over time, area leaders have not secured a suitable range of performance information and analysis to support accurate self-evaluation in order to prioritise and drive improvement. Wide inconsistencies in service delivery across the area result in inequitable opportunities for children and families. While leaders describe a complex local context, this has not translated into an analysis of the barriers faced by different communities or different geographical areas of Slough. (3)					
3.5.1 Develop and implement a	LA Insight Team	Protocol written and shared	Strategy informed by data.		

Slough Written Statement of Action

comprehensive and systemic data and performance dashboard that will drive improvement, set priorities, and inform strategy		Examples of data dashboard gathered as evidence Setting of priorities based on data	Stakeholders have laser sharp understanding of the local area KPIs and actions plans created		
3.5.2 Ensure effective management information system is in place to extract specific data on all children, such as primary need, in order to inform current and future strategy.	LA School Information Team	Evidence of data use and extraction Protocol for use of MIS written and shared	Improved understanding of the cohort of children on EHCP in order to drive strategy		

Priority Four

Statement: There are limited opportunities for parents, carers and children and young people with SEND to be involved in planning and reviewing area services.

Outcome: Empowering and supporting children and young people with SEND and their parent/carers to influence local SEND policy and service design so provision can be delivered in a way that better meets their needs.

Focus Area 4.1

Information on the local offer webpages is not consistently easy to find, useful or up to date. Avenues for support such as the SEND information, advice, and support service (SENDIASS) and the parent carer forum, Special Voices, are not universally known about or accessible to parents, including those of a child or young person with an education, health, and care (EHC) plan. However, parents who have accessed and used these services praise the support and advice they have received. (4)

Action to Implement	Lead	Evidence	Impact Measures	Completion Date	Progress
---------------------	------	----------	-----------------	-----------------	----------

Slough Written Statement of Action

					Red – Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
Ensure that every Parent/carer knows about the local offer website.	LA	* Comms and engagement plan showing engagement campaigns with parent/carers, schools SBC staff, Early Years, and vol sector orgs, faith groups, range of promotional materials produced.	*Pre and post parent survey, *Increased visits to local offer website, *Increased calls to family information service		
Ensure that every Parent/carer of a child with SEND knows about local support services like SENDIASS, Special Voices, GEMS.	LA	*Comms and engagement plan showing engagement campaigns with parent/carers, schools SBC staff, Early Years, and vol sector orgs, faith groups, range of promotional materials produced. *Special Voices, GEMS and SENDIASS are featured more prominently on local offer homepage including full range of contact details available.	*Increase in referrals to SENDIASS, GEMS, Special Voices		

Slough Written Statement of Action

		<p>*Review of points during a family’s journey to signpost to support services e.g., general queries to Family information team or SEND team, when EHCP is first requested, if plan is declined or offered, upon completion, annual reviews, before making onward health referrals.</p> <p>*Seek consent from families at first contact to share information/newsletter on local services.</p>			
All information on local offer website is up to date and useful.	LA	<p>Evidence of website development and improvement- e.g., see examples from LINK such as date for when page was last updated, prompt in back end for page reviews, easier way to give feedback on an individual page basis like ‘was this page useful? question and comment box prompt.</p>	<p>*Increase in visit to website, *Increase in positive feedback received, *Increased number of positive votes,</p>		
Local offer website is improved with the feedback and help of children and young people with SEND and parent/carers	LA	<p>* Use of existing feedback on local offer e.g., from Kids SEND Event, * Engagement timetable with a plan for regular (annual?) focus groups with</p>	<p>*Increase in visit to website, *Increase in positive feedback received,</p>		

Slough Written Statement of Action

		<p>CYP and parent/carers and mystery shop/find it first activities.</p> <p>* Feedback is systematically collected using a range of formal and informal mechanisms and used to improve local offer website,</p> <p>*Evidence of developments as a result of feedback and closing feedback loop with 'you said, we did', engagement events</p>			
Focus Area 4.2					
Collaborative work between professionals and children and their families to plan services, known as co-production, is weak. Parental representation is largely limited to a representative of Special Voices attending key decision-making groups. There is no strategic arrangement in place for consulting and co-producing services with children and young people who have SEND. (4)					
A wide range of opportunities are on offer for children and young people including children with SEND and for parent/carers to participate both individually and strategically	LA	<p>Evidence that: *Engagement happens in a range of different services and settings, not just those specifically focused on SEND</p> <p>*Opportunities to take part in different types of decisions e.g., planning, service delivery, evaluation, communications,</p> <p>*A varied approach and range of different delivery models and methods are used including seeking input outside of formal meetings.</p>	<p>*Increased representation on existing universal forums like Slough Youth Parliament, Reach Out Group, Young Health Champions reflective of the local population,</p> <p>*Participation groups have improved links to SEND specific forums and Parent/carers forums</p>	Dec 2022	

Slough Written Statement of Action

		*Parent/carer voice & youth voice is a standing item at SEND board meetings			
Ensure young people with SEND, parents/carers have accessible information about engagement opportunities and understand how they can get involved and that it is their right to participate and be included	LA	*Joint Participation strategy in place, * Comms and engagement plan showing engagement campaigns with parent/carers, SBC staff, Early Years, Schools and vol sector orgs, faith groups, range of promotional materials produced.	*Increased representation at universal participation groups	Dec 2022	
Children and young people with SEND, parent/carers are effectively supported to participate meaningfully	LA	Evidence that: *Young people have equal access to engagement activities, whatever their impairment, * Activities are appropriate to the age, abilities and access requirements of the young people and planned with young people, *Input outside of formal meetings e.g., coffee mornings, schools, surveys, social media, * Feedback is systematically collected using a range of formal and informal mechanisms and used to	*Increased representation at universal participation groups, *Participants, report they receive the required support to access engagement opportunities and understand how their contributions will be used, *Participants report that they are satisfied that their views have been listened to and acted upon, *Participants report that they have gained something (skills, confidence, new experiences) from their involvement,	March 2023	

Slough Written Statement of Action

		<p>improve activities and services,</p> <ul style="list-style-type: none"> *Participants have regular opportunities to meet with strategic decision-makers, *Engagement takes place at operational, strategic, and individual levels *Engagement is built into activities in a proactive and planned way, *Participants receive training and support to understand their rights to take part in decision-making, *Staff are equipped with the knowledge, tools, and skills to promote and support participation, *'You said, we did' <p>Evaluation reports</p>	<ul style="list-style-type: none"> *Participants are rewarded and recognised for their contributions, *% of staff receiving disability equality training, * Increased staff across MDT's attending participation training 		
Focus Area 4.3					
<p>The involvement of children and young people with SEND and their families in co-production is very limited. Although they are often consulted about individual services, their voice is not heard or influential at a strategic level in the planning, design, delivery, or evaluation of the local area's offer. Consequently, the full range of services available in the area is not well known to parents and carers. (4)</p>					
<p>A Slough wide commitment to participation including the participation of children and young people with SEND, parent/carers individually,</p>	<p>LA CCG BHFT SFC</p>	<ul style="list-style-type: none"> *Short term- *Commitment to SEND Participation via a joint charter, *Youth voice is included in SBC's refreshed youth offer, *Refresh of SBC MOU with special voices, *Menu of 	<ul style="list-style-type: none"> *Increased opportunities to take part in different types of decisions e.g., planning, service delivery, evaluation, communications, *Increased representation at universal forums and or 	<p>Short term goals by Dec 2022, Long term by April 2023</p>	

Slough Written Statement of Action

<p>operationally, and strategically</p>		<p>opportunities exists with associated support, *Longer term- a Consolidation of existing strategies e.g., SCST participation strategy into a joint Slough wide strategy identifying the group and structures that underpin participation in Slough and including a commitment for children with SEND to influence 'mainstream' or 'universal' services not just those specifically focused on disability, *Practitioners and young people have a shared understanding of the opportunities available, levels of participation and the purpose of young people's participation, *Objectives have been designed with children and young people, parents/carers *There are mechanisms to ensure that universal participation groups link strategically and sustainably with local SEND organisations/teams, CYP via</p>	<p>creation of SEND participation group</p>		
-----------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	--	--

Slough Written Statement of Action

		surveys, schools or SEND participation groups.			
The current programme to redesign commissioned short breaks by SCF and change arrangements for use of DP has co-production as a central focus.		<p>Project plan has built in timescale to allow for effective consultation and engagement throughout selection.</p> <p>Commissioners have linked with SBC Task and Finish group.</p> <p>In addition, commissioners have liaised with the CCG to ensure that they are linked into the Task and Finish group around the personalisation agenda that is being pursued through that avenue.</p> <p>SCF to streamline the work required to fit the gaps between the two Task and Finish groups ensuring both a holistic and streamlined offer to families as well as no duplication of work.</p>	<p>Improved satisfaction in the way DP can be used</p> <p>Increased transparency in access</p> <p>Offer is influenced by stakeholder opinion and choices.</p>	<p>Monitoring and initial data collection is in place.</p> <p>Further work to benchmark and model is required to progress commissioning from April 22 – April 2023</p>	Amber
Focus Area 4.4					
Only 40% of parents and carers who expressed their views feel that their child's outcomes are improving. Parents expressed wide-ranging concerns relating to a lack of continuity in education and mental health support, as well as the absence of essential therapies. Parents say that these weaknesses have affected their children's overall progress in a negative way. (4)					
Commitment to seek	SBC LA	*Neurodiversity network	*Increased parents/carers	March 2023	

Slough Written Statement of Action

<p>out the views of parent/carers and improve services with their help</p>	<p>BHFT</p>	<p>*Service feedback is systematically collected using a range of formal and informal mechanisms and used to improve activities and services, *Information from individual decision-making processes (such as assessments or reviews) feed into strategic processes, * Evidence of developments because of Parent/carer feedback and closing feedback loop with 'you said, we did', engagement events.</p>	<p>report that they are satisfied that their views have been listened to and acted upon *Reduction in complaints (both services and with EHCP's)</p>		
----------------------------------------------------------------------------	-------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

Priority Five

Statement: The timeliness with which EHC plans are produced and updated, particularly nearing transition points and the absence of systematic processes for the quality assurance of EHC plans.

Outcome: All EHC plans will be produced and updated to a consistently high standard and completed within the statutory assessment and review timescales. There will be robust systematic processes in place internally, for quality assurance.

Slough Written Statement of Action

Focus Area 5.1					
statutory assessment processes are not completed efficiently enough, and the area takes too long to produce EHC plans. This compromises effective and timely placement within and beyond early years and impacts negatively on transition across all phases. (5)					
Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red - Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
5.1.1 Complete review of current operating model and capacity within statutory SEND team, with focus on caseload management and compliance with statutory EHCNA timescales and responsibilities	SEND Service	Deficits in resource and capacity identified. Operating model for processing EHCNAs updated.	Sufficient SEND officers in post to ensure caseloads are set at a level that consistently produces EHCPs within statutory timescales. Sufficient SEND manager capacity in place to ensure compliance and monitor delivery of new operating model.		

Slough Written Statement of Action

5.1.2 Recruit additional capacity within SEND team to fully implement new operating model	SEND Service	Staff recruited and additional capacity embedded.			
5.1.3 Address current vacancies in Educational Psychology service to increase capacity for statutory EHCNA work	Inclusion Team	Recruitment to current vacancies has been successful.	Psychological advice for EHCNA completed within statutory 6-week timescales, reducing pressure on SEND team around 20-week process		
5.1.4 Develop a local recruitment and retention strategy for SEND and Educational Psychology to attract and retain high quality staff within Slough	Inclusion Team	Factors including staff experience of working in Slough and local market are fully understood and measures identified to address them.	Level of ongoing vacancies is minimised, and staff report benefits of improved stability and morale		
5.1.5 Implement and embed new operating model for processing and completing EHNAs, incorporating IT solutions that enable an electronic EHCP 'portal' platform as part of model	SEND Service	A clearly defined 20-week process is in place, which embeds efficiencies appropriately while maintaining quality and person-centred practice. Appropriate IT platform for electronic EHCPs is identified and implementation plan ensures quality and compliance are not negatively impacted.	EHCNAs completed within 20-week timescales. CYP, families and professionals able to contribute to and check progress of EHCNA process online Stakeholders report improvements in levels of responsiveness and co-production.		

Slough Written Statement of Action

<p>5.1.6 Develop use of data platforms to ensure EHCNA data is used to fullest capacity to identify trends (volume, need, timeliness) and manage performance</p>	<p>SEND Service</p>	<p>SEND data 'dashboard' includes: % Whether to assess decisions within 6-weeks % EP advice completed within timescale % Health advice completed within timescale % Social Care advice completed within timescale % Whether to issue decisions made within 16-weeks % EHCPs finalised within 20-weeks</p>	<p>Data provides a detailed overview of each step of the 20-week process, and all agencies who contribute to EHCNAs work together to improve performance with regard to timely completion of EHCPs.</p>		
<p>Focus Area 5.2</p>					
<p>Requested changes to EHC plans following annual reviews are not completed in a timely manner. Many children and young people are in possession of extremely outdated plans. High levels of staff turnover and the associated relative inexperience of new staff have exacerbated the situation. (5)</p>					
<p>5.2.1 Complete review of current operating model and capacity within statutory SEND team, with focus on caseload management and compliance with Annual Review and Phase Transfer timescales and responsibilities</p>	<p>SEND Service</p>	<p>Deficits in resource and capacity identified. Operating model for processing Annual Reviews and Phase Transfers is updated.</p>	<p>Sufficient SEND officers in post to ensure caseloads are set at a level that consistently processes Annual Reviews within statutory timescales. Sufficient SEND manager capacity in place to ensure compliance and monitor delivery of new operating model.</p>		

Slough Written Statement of Action

5.2.2 Recruit additional capacity within SEND team to fully implement new operating model		Staff recruited and additional capacity embedded.			
5.2.3 Implement and embed new operating model for processing and completing Annual Reviews, incorporating IT solutions that enable an electronic EHCP 'portal' platform as part of model		A clearly defined Annual Review process is in place, which embeds efficiencies appropriately while maintaining quality and person-centred practice. Appropriate IT platform for electronic EHCPs is identified and implementation plan ensures quality and compliance are not negatively impacted.	Annual Reviews completed within statutory timescales. CYP, families and professionals able to contribute to and check progress of Annual Review online Stakeholders report improvements in levels of responsiveness and co-production.		
5.2.42 Develop use of data platforms to ensure Annual Review data is used to fullest capacity to identify trends (volume, need, timeliness) and manage performance	SEND Service	SEND data 'dashboard' includes: % Annual Reviews completed within statutory timescale (i.e., convened by education provider within 12 months and LA decision /amendments made within 4 weeks)	Data provides a detailed overview of Annual Review process and is used to improve performance with regard to timely completion and identification of next steps (i.e., amendments, LA decisions required, consultations).		
Focus Area 5.3					

Slough Written Statement of Action

<p>EHC plans are produced and amended far too slowly. There is no consistent auditing of EHC plans across the area. Therefore, the quality and consistency of EHC plans are not routinely assured. The absence of social care provision where this is required due to the child or young person's identified needs, as well as the variable inclusion and quality of health information, means that children and young people with SEND in the Slough area do not have their needs reliably assessed or met. (5)</p>					
<p>5.3.1 Establish a multi-agency Quality Assurance Framework for EHCPs to ensure effective and sustainable mechanisms to evaluate quality as well as compliance.</p>	<p>SEND Service</p>	<p>Voice of the child is clear, and parents can recognise their child/yp can recognise themselves within the plan. Health and social care needs and provision are identified and defined, underpinned by an evidence base. Quantification and specificity of provision in plans. Language is specific and accessible. Plans describe appropriate provision over and above Quality First Teaching and resources normally available to mainstream settings.</p>	<p>Multi-agency QA framework and all activities linked to it are embedded. Stakeholders report improvements in levels of satisfaction, quality, consistency, and co-production.</p>		
<p>5.3.2 Review and strengthen supervision of casework for SEND Officers and establish KPIs against which to</p>	<p>SEND Service</p>	<p>Gaps in skills and practice have been identified and a programme of high quality CPD is in place</p>	<p>Systems are embedded to monitor individual/team performance and the quality of EHCP delivery. Practitioners feel supported and quality of practice improves.</p>		

Slough Written Statement of Action

identify and address performance issues.			Complaints have reduced.		
------------------------------------------	--	--	--------------------------	--	--

Priority Six

Statement: The absence of social care considerations in EHC plans, for children and young people not known to children’s social care, and in services in the area, including the lack of age-appropriate social opportunities for children and young people and limited offer of short break or respite services for parents and carers.

Outcome: The social care needs of children and young people with SEND will be correctly identified, assessed, and met enabling children and young people with SEND to participate on an equal footing with their peers. Children and young people with SEND will not miss out on any ordinary childhood experiences. There will be effective timely transition planning for children and young people with SEND moving into adult care as well as opportunities to develop independence skills in preparation for adulthood.

Focus Area 6.1

The social care needs of children and young people with SEND are not routinely or reliably identified, assessed, or met unless they are known to children’s social care. While some statutory elements are stronger, such as the linking of child protection and child in need plans to EHC plans, statutory disability assessments are not consistently completed. Care needs such as travel training or support to engage in leisure activities are absent. (6)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red - Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started
	SCF Head of targeted Early Help	Minutes from SEND Meetings	Sign posting and provision of need for all children	February 2022	Amber

Slough Written Statement of Action

<p>Joint working processes ensure that social care needs (non-statutory) are considered with representation from set up and sustained between SCF, including Early Help at, Youth Justice and SEND Panel Team</p>	<p>SBC</p>	<p>Utilisation of the Local Offer</p> <p>Feedback from Parents and Carers</p> <p>National pilot for Virtual Schools for all children with a social worker may provide some capacity, if extended nationally after March 22</p>	<p>Children</p>		
<p>Find mechanisms to actively listen to families and school staff if they feel social care complexity has been overlooked, and act on them. are set up and sustained between SEND Team and Early Help to ensure that there is a graduated approach for support</p>	<p>SCF Head of Targeted Early Help and SBC Head of SEND</p>	<p>Processes in Place</p>	<p>Children's needs are identified earlier and provision in place</p>	<p>February 2022</p>	<p>Amber</p>
<p>Focus Area 6.2</p>					
<p>Preparation for adulthood is weak. Less than 10% of parents who responded to the survey felt that their child had been supported by local services to prepare for life as an adult. Parents, carers, children, and young people reported on a lack of provision for short breaks. As a result, children and young people with SEND are missing out on many ordinary childhood experiences, as well as opportunities to develop independence skills and to prepare well for adulthood. (6)</p>					
<p>See 1.8 and see below 6.4</p>					

Slough Written Statement of Action

Focus Area 6.3					
The social care needs of children and young people with SEND are rarely considered or provided for unless they are known to children’s social care. There are too few opportunities to participate in local clubs and activities and to experience social aspects of childhood on an equal footing with peers. (6)					
Focus Area 6.4					
There is limited access to short breaks. Children and young people with SEND are unable to participate in the area on an equal footing with their peers. Social care elements of EHC plans are not considered. Consequently, children and young people’s opportunities to develop wider interests, to socialise beyond school and to develop independence are hindered and opportunities to strengthen outcomes are lost. Few families take up the possibility of personal budgets to support their child’s needs. Some parents are unaware of what a personal budget is, while others feel it will be too complicated to navigate. (6)					
Review the provision of quality, cost effective short breaks that promote children’s outcomes	Commissioning Lead SCF	<p>Focused programme of compliance re DP resolved</p> <p>Robust processes for package work within DFE to include review of care with increased number of accredited providers</p> <p>Business case for sufficiency, access, transparency, and impact to inform procurement of short break services on track from 2023</p> <p>Effective review of all paperwork /procedures to promote access and equity across cohorts</p> <p>Engagement of Commissioning Lead</p>	<p>Options for delivery will be shared formally within a business case by March 22</p> <p>DP audit identifies issues of concerns and promotes improved compliance Q3 2021-22</p> <p>Regular contract monitoring of commissioned services improves data and analysis</p> <p>Programme of consultation to include young people and their families by June 22 to inform new commissioned arrangements by April 23</p>	<p>December 2022 All key roles recruited to.</p> <p>Backlog of compliance re DP resolved</p> <p>Robust processes for package of care with increased number of accredited providers</p> <p>Business case for procurement of short break services on track</p> <p>Effective working with partners across SEN, virtual school, and disabilities to promote shared understanding of opportunities/risks</p>	Amber

Slough Written Statement of Action

		<p>within SEND Board meetings from January 2021</p> <p>Collaborative working with partners across SEN, virtual school, and disabilities to promote shared understanding of opportunities/risks SEN services to review joint working arrangements to avoid unnecessary accommodation</p>			
<p>Review of current arrangements for direct payments to include options for pre-payment cards and more flexible parameters for use. Potential collaboration with adult services and CCG is being discussed.</p>	<p>Commissioning Lead SCF</p>	<p>An audit of DP has indicated that families require additional support to manage services safely and the need for support has been built into growth bids and the need for translation into specification for new service offer July 22</p>	<p>Parents and carers have flexibility in support and opportunities</p> <p>Compliant use of DP</p> <p>Reduced challenge/complaints impacting officer time</p> <p>Increased take up reducing more expensive options</p>	<p>July 2022 Options appraisal and business case on track</p>	<p>Amber</p>

Slough Written Statement of Action

<p>Accreditation of new providers will ensure differentiated offer and improved costs generating confidence in this model of support</p>	<p>Commissioning Lead SCF</p>	<p>Since April 2021 there has been a growth in the number of packages and families supported from 37 to 77</p> <p>Growth in provider numbers **</p> <p>Initial analysis shows that the monthly average spend has risen from £ 1,370 in 2020 to £25,827 in 2021. This is across ten providers. The total number of hours per term time week provided has risen during the same time period from 45 to 273.</p> <p>Short breaks are provided to provide ongoing support and also to support emergency situations and avoid accommodation</p> <p>Average monthly spend on DP and hours provided has risen. from £1,112 in 2020 to £5,421</p>	<p>Improved choice for parents and children</p> <p>Improved flexibility and access to include short/ time sensitive services</p> <p>Reduced unit cost</p>	<p>On track –ongoing market engagement and response to request</p> <p>Work to improve oversight and support to families has</p>	<p>Green</p>
------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	--------------

Slough Written Statement of Action

		in 2021. The total number of hours per week of DP requested during term time in 2020 was 17 and this has now risen to 84 in 2021.		improved compliance and stakeholder satisfaction. Improved confidence in DP as effective delivery mechanism	
Development of sufficiency : Residential respite	Commissioning Lead SCF	Work alongside consultants has identified potential for improved procurement opportunities and increased volume. Two local providers have been accredited to provide residential short break respite and there is ongoing market engagement to build more exclusive arrangements Review of in-house provision to model impact of extended use and beds	Placement at local school maintained for children Contact with family/community maintained and promoted	On track to point of procurement	Amber
Review the provision of quality, cost	Commissioning Lead SCF	Focused programme of work within DFE to	Options for delivery will be shared formally within a	All key roles recruited to.	Amber

Slough Written Statement of Action

<p>effective short breaks that promote children's outcomes</p>		<p>include review of sufficiency, access, transparency, and impact to inform procurement from 2023</p> <p>Review of all paperwork /procedures to promote access and equity across cohorts</p> <p>Engagement of Commissioning Lead within SEND Board meetings from January 2021</p> <p>Collaborative working with Virtual school and SEN services to review joint working arrangements to avoid unnecessary accommodation. All key roles recruited to.</p> <p>Backlog of compliance re DP resolved</p> <p>Robust processes for package of care with increased number of accredited providers</p>	<p>business case by March 22</p> <p>DP audit identifies issues of concerns and promotes improved compliance Q3 2021-22</p> <p>Regular contract monitoring of commissioned services improves data and analysis</p> <p>Programme of consultation to include young people and their families by June 22 to inform new commissioned arrangements by April 23</p>	<p>Backlog April 2023 of compliance re DP resolved</p> <p>Robust processes for package of care with increased number of accredited providers</p> <p>Business case for procurement of short break services on track</p> <p>Effective working with partners across SEN, virtual school, and disabilities to promote shared understanding of opportunities/risks</p>	
----------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Slough Written Statement of Action

		<p>Business case for procurement of short break services on track</p> <p>Effective working with partners across SEN, virtual school, and disabilities to promote shared understanding of opportunities/risks</p>			
Focus Area 6.5					
<p>Transition planning for children and young people with SEND moving into adult care and health services is weak. While examples of good work to promote timely and comprehensive transition do exist, these are isolated. Typically, planning lacks detail and is insufficiently timely. Aware of this, area leaders have acted to commission additional resource to help identify and fill gaps. (6)</p>					
<p>Development of sufficient accommodation and support arrangements for young people 16-25 in Slough</p> <p>This will provide opportunities for young people who are accommodated and Care leavers not meeting the threshold of ASC to receive support post 16 allowing transition into independence.</p>	<p>Commissioning Lead SCF</p>	<p>New tender due for implementation 1.8.22 allows for differentiated support by stage not age.</p> <p>Young people can access levels of support in their accommodation or community as needed according to assessed need.</p> <p>Referral management in line with St Basils</p>	<p>Young people requiring additional support to build independence skills can transition between arrangements as necessary avoiding `cliff edge` at 18</p> <p>Plans for a `curriculum based ` training package from age 16 are being developed across the whole offer to enable skill enhancement, resilience building and tenancy sustainability reducing eviction/arears.</p> <p>Levels of NEET reduce</p>	<p>Tender has been issued</p> <p>Implementation working group is being developed to ensure robust processes for joint working April 2023</p>	<p>GREEN</p>

Slough Written Statement of Action

		pathway allows for in reach from community-based services and ASC/AMH	Confidence levels within young people transitioning into independence rises		
--	--	-----------------------------------------------------------------------	-----------------------------------------------------------------------------	--	--

DRAFT

Slough Written Statement of Action

Priority Seven

Statement: There is inequitable access to SALT and OT services, excessive waiting lists and waiting times and the absence of a dysphagia service for those aged five and over.

Outcome: That all our Children and Young People in Slough will have equitable and timely access to health services resulting in significantly improved short and long-term health outcomes. How these services are delivered will be driven by the voices of our Children, Young People and their Parent/Carers who will feel supported and included in the shaping and improvement of all future local health services.

Focus Area 7.1

Joint commissioning is not developed well enough. Habitual 'spot purchasing' in response to crises and/or individual needs or petitions has compromised the effective use of funding, including high needs funding. (7)

Action to Implement	Lead Agency	Evidence	Impact Measures	Completion Date	Progress Red - Delayed Amber – In progress Green – On Track Blue – Completed Pink – To be started

Focus Area 7.2

The CCG recognises that waiting times for assessment of occupational therapy (OT) and neurodevelopmental needs are unacceptably long. For some services, funding has been allocated to reduce waiting times to a maximum of 12 months, but these are not set against clear, deliverable benchmarks. (7)

NEURODEVELOPMENTAL Working towards a maximum wait of 12 months by the end of March 2023. New investment enabling service	BHFT			March 2023	
---------------------------------------------------------------------------------------------------------------------------------------	------	--	--	------------	--

Slough Written Statement of Action

expansion – extending capacity through expanding BHFT AAT & ADHD teams and working in partnership with external providers					
BHFT, Frimley CCG and 3 x Local Authorities in East Berkshire to work in partnership to review and agree the joint commissioning of integrated therapies (physio, OT, and SLT)	BHFT Frimley CCG Local Authority				
Focus Area 7.3					
There is no dysphagia (people who experience difficulties swallowing, eating and/or drinking) service commissioned for children aged over five. These children are not provided with preventative or developmental eating and drinking support. This means they do not have their needs met in a planned and coordinated way and can only access treatment through emergency departments when experiencing a severe difficulty in swallowing. (7)					
Scoping of service required for CYP aged over five who are likely to require dysphagia (eating and drinking support). This will enable costing to be undertaken.	BHFT Frimley CCG Local Authority	Jointly agreed paper outlining need in Slough for school age speech and language therapy service for CYP with eating and drinking needs.			
All CYP in Slough with eating and drinking needs will be able to access timely specialist support.	BHFT Frimley CCG Local Authority	All CYP in Slough able to access service. CYP seen within 2 weeks for urgent assessment and 6 weeks for	Reduction in number of CYP presenting at a & e for swallowing assessments.		

Slough Written Statement of Action

		routine assessment of eating and drinking needs.			
Focus Area 7.4 – this links with 7.6					
The area does not comply with the requirements set out in many EHC plans. For example, a significant number of pupils of school age are not receiving the speech and language therapy identified. Access to speech and language therapy for school-aged children is inequitable across the area. (7)					
Focus Area 7.5					
Too many children are waiting too long for OT assessment. 172 children have been waiting for over a year. Occupational therapists are unable to contribute to EHC plans within statutory timeframes. There is increasing demand for contributions to EHC plans and for assessments by the OT service. Children awaiting assessment are triaged and prioritised according to urgency of need. This means that EHC plans are delayed and that many children do not access the service in a timely way. (7)					
OT Action Plan in place -Reduction of waiting times for assessment for routine referrals to maximum wait of 12 months. <ul style="list-style-type: none"> BHFT undertake a comprehensive demand capacity modelling exercise with the aim of informing future planning/commissioning. In the short to medium term, BHFT were requested to recommend approximate additional resource required to	BHFT	Monthly highlight report with key metrics and, progress to date	Number of CYP waiting for Asst. Avg. wait, longest wait, % tracking of CYP waiting longer than 53 weeks and % tracking of CYP waiting 52 wks. or less.	March 31, 2023	Amber

Slough Written Statement of Action

<p>address the current backlogs in service provision, reduce and support the sustainability of wait times at 12 months or less and meet the needs of the current caseload which has been completed and shared.</p>					
<p>Improved compliance with EHCA 6-week target – 95% of all EHCA requests are completed within the 6-week target</p> <ul style="list-style-type: none"> • Recently agreed EHCA/EHCP management process introduced as agreed with partners. • Introduction of new EHCA request process for CYP not known to the service agreed in partnership with the CCG and 3 LAs 	<p>BHFT</p>	<p>Monthly reporting of key metrics</p> <p>SEND Dashboard Report</p> <p>Termly review with CCG and 3 LA's</p> <p>Monthly reporting (Highlight Report)</p>	<p>Number of EHCA requests received per month for children known and not known.</p> <p>Number of EHCA reports due in month, Number of EHCA breaches in month for CYP known to the service and not known to the service. Total number of outstanding EHCA requests</p>	<p>March 31,2023</p>	<p>Amber</p>

Slough Written Statement of Action

<p>within our triage service</p> <p>Clear the current backlog of EHCA requests that have breached the 6-week target</p>					
<ul style="list-style-type: none"> Ensure that health representation is supported on the SEN panels for a period of one year to support the work required to strengthen the Graduated Response and to apply learning in the longer term within the Integrated Therapies project. 	BHFT	Feedback, Agree Key metrics to monitor.			Pink
<p>Reduction in time taken to triage initial referrals by reducing the backlog in triage so that there are no more than 25 referrals waiting at any one time.</p>	BHFT	Monthly reporting	Referral trends, number of referrals triaged per month, outcome of the triage	March 31, 2023	Amber

Slough Written Statement of Action

Focus Area 7.6					
The speech and language therapy (SALT) service has been commissioned to work with 18 schools to assess children with EHC plans. Many of these children have not previously been known to the service. In one special school alone, over 150 children are awaiting assessment. Many children recently assessed are not receiving the SALT they require. The approach taken means that many children's needs are not known and, where needs are identified, children and young people do not routinely receive the support that they require. (7)					
All CYP within the 17 mainstream schools covered by the current commissioned contract with BHFT will have been seen for a review/up to date assessment of their needs by March 2023. As of 19.1.22 184 CYP are already on the active SALT caseload in Slough attending one of the 17 schools and 180 CYP have an unidentified speech and language therapy need but have not yet been seen by CYPIT services.	BHFT	All 180 CYP who attend the 17 schools covered by the current contract who have identified speech and language therapy needs will have been seen for a review/assessment of their needs and up to date advice and recommendations provided for their EHCPs.	Reduction of number of CYP with identified speech and language therapy on EHCPs not yet seen by the CYPIT service. CYP in Slough attending 1 of 17 schools will have the speech and language therapy needs identified on their EHCPs met.	March 2023	
All CYP who attend Arbour Vale School and have identified speech and language therapy needs on their EHCP needs will have been	BHFT Local authority	All 157 CYP not yet seen by the current CYPIT service will have been seen for a review/reassessment of their needs and up	Reduction of number of CYP with identified speech and language therapy on EHCPs not yet seen by the CYPIT service.	March 2023	

Slough Written Statement of Action

seen and their needs reviewed/reassessed by March 2023. As of 19.1.22 157 CYP have identified speech and language therapy needs on their EHCPs but have not yet been seen by CYPIT services.		to date advice and recommendations provided for their EHCPs.	CYP in Slough attending 1 of 17 schools will have the speech and language therapy needs identified on their EHCPs met.		
Universal and targeted training to be delivered to all 18 schools in the currently commissioned contract to support school staff in implementing the graduated response.	BHFT	School staff in all 18 schools will be able to implement strategies within the classroom to support CYP requiring universal and targeted levels of support.	Fewer CYP will be referred for an EHCA as their needs will have been met at a universal and targeted level.	July 2022	
Focus Area 7.7					
Children and young people are waiting too long for an assessment for autism spectrum disorder (ASD) or attention deficit disorder. Although parents and young people are informed of support services and can access support from clinicians while waiting, the plan to address the wait times has no key deliverable measures. This means that children and young people can be waiting for over two years and young adults over three years. (7)					
Maximum wait of 12m EXPAND WORKFORCE to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration)	BHFT	Monthly update to CCG (Highlight report) with key metrics and summary of progress Includes WTE recruited to date (and % of target workforce)	<ul style="list-style-type: none"> • <i>Average wait in weeks</i> • <i>% Of CYP seen < 52 weeks and >52 weeks</i> <i>Longest wait</i>	March 2023	Amber
Maximum wait of 12m	BHFT	Monthly update to CCG (Highlight report)	In addition to the above metrics:		Green

Slough Written Statement of Action

<p>PARTNERSHIP WORKING to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration)</p>		<p>Contracts, monthly reporting</p>	<ul style="list-style-type: none"> • <i>Referrals transferred</i> • <i>Assessments in progress</i> • <i>Assessments completed</i> 		
<p>Maximum wait of 12m ALL AGE AUTISM AND ADHD PROCUREMENT to increase clinical capacity for new assessments (and, in the case of ADHD, medication initiation and titration)</p>	<p>BHFT</p>	<p>In progress – not yet out to tender</p>	<p>In progress</p>	<p>September 2022</p>	<p>Amber</p>
<p>Maximum wait of 12m TRANSFORMATION Under 5 autism: Implementation of agreed standardised model for autism assessments to increase clinical capacity for new assessments</p>	<p>BHFT</p>	<p>Monthly reporting (Highlight Report)</p>	<ul style="list-style-type: none"> • <i>Average wait in weeks</i> • <i>% Of CYP seen</i> • <i>< 52 weeks and >52 weeks</i> • <i>Longest wait</i> 	<p>March 31 2022</p>	<p>Amber</p>

Slough Written Statement of Action

<p>Maximum wait of 12m</p> <p>QUALITY IMPROVEMENT PROJECTS To ensure service operating at optimal efficiency</p> <p>Autism 5-18y</p> <ol style="list-style-type: none"> 1. Number of appts to reach diagnostic decision <p>ADHD</p> <ol style="list-style-type: none"> 2. DNA 3. Wait for diagnostic decision 4. Wait for medication initiation 	<p>BHFT</p>	<p>Project highlight reports/Countermeasure summaries</p>	<p>Autism 5-18y</p> <ol style="list-style-type: none"> 1. % Of assessments concluded at 2nd appt <p>ADHD</p> <ol style="list-style-type: none"> 2. Monthly DNA % 3. Wait for diagnostic decision (average wait in days from 1st appt to feedback) <p>Wait for medication initiation following completion of assessment (average wait in days)</p>	<p>Review date April 2022</p>	<p>Amber</p>
<p>COVID-19 Impact of Covid-19 on autism assessments</p> <p>New ways of working and updated risk assessment</p>	<p>BHFT</p>	<p>Assessments concluded using blended offer with digital solutions provided by BHFT and as part of partnership working</p>	<p><i>Number of assessments concluded</i></p> <p><i>% Of assessment concluded at 2nd appt</i></p>	<p>New ways of working: ongoing</p> <p>Risk assessment update: once Omicron variant has peaked and risk reducing</p>	<p>Amber</p>

Slough Written Statement of Action

Focus Area 7.8					
Funding and joint commissioning are not used well to meet the needs of children and young people with SEND across the area. Management of high needs block funding has not been tight enough to ensure that funding is used as efficiently and effectively as possible. Leaders recognise that, although there are SEND funding pressures evident in all areas, historical weaknesses have compounded the issue in Slough. (7)					
Ensure robust DSG management plan in place to oversee High Needs Block spending and ensure value for money approach.	LA	DSG Management Plan	More effective use of finance and distribution within the High Needs Block.		
Focus Area 7.9					
Families with children under the age of five years moving into the area are not routinely seen and assessed by the health visiting service. The area has a highly transient population and high levels of need. This means that a key opportunity to assess children's needs and offer support is missed. (7)					
1) That all children under the age of 5 who transfer into Slough who are eligible or request a contact with the Health Visiting service will receive one in a timely manner.	Frimley CCG Solutions 4 Health	Operational; Assurances will be sought regarding the current service offer around the transfer in contact to ensure that those children identified as requiring assessment and additional support are in receipt of it. (Copy of the transfer in policy/pathway)	That all children under the age of 5 who transfer into Slough will be offered the appropriate level of service delivery based upon their identified level of need (e.g., universal, universal plus, universal partnership plus/universal, targeted, specialist)	Achievable completion dates to be agreed with Solutions 4 Health. Agreed full submission of current policy, updated policy and audit by 01/04/2022	Amber Initial meeting booked with Solutions 4 Health for 25.01.2022 Update 25/01/2022 Update. <i>S4H currently reviewing transfer in pathway. Current pathway to be submitted by 01/02/2022 and reviewed/updated pathways to be submitted on completion.</i>
2) That all Parent/Carers of children					

Slough Written Statement of Action

<p>under the age of 5 who transfer into Slough will receive information about how to access health and care services within Slough.</p>		<p>Audit of transfer in contacts against the pathway to include % of identified targeted contacts offered, % of families that receive local information regarding health and care services.</p>	<p>requiring additional support receives the correct support in a timely manner.</p> <p>That the Parents/Carers of all children under the age of 5 who transfer into Slough have access to information about how to contact all key health and care services to empower them to seek support as required.</p>		<p><i>Audit of transfer in contacts to be carried out from January 2022-March 2022 with a submission date of 01/04/2022.</i></p>
-----------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------------------------------------------------------

DRAFT

This page is intentionally left blank

EQUALITY IMPACT ASSESSMENT TEMPLATE

PLEASE ENSURE YOU READ THE GUIDANCE NOTES BEFORE COMPLETING THIS TEMPLATE

Completing an EIA is the simplest way to demonstrate that the Council has considered the equality impacts of its decisions and it reduces the risk of legal challenge. EIAs should be carried out at the earliest stages of policy development or a service review, and then updated as the policy or review develops. EIAs must be undertaken when it is possible for the findings to inform the final decision.

SECTION 1:

Title	SEND Written Statement of Action
<p>What are you analysing?</p> <ul style="list-style-type: none"> • What is the policy/project/activity/strategy looking to achieve? • Who is it intended to benefit? Are any specific groups targeted by this decision? • What results are intended? 	<ul style="list-style-type: none"> - The LA is responsible for the delivery of Special Education - The SEND Written Statement of Action (WSOA) is a joint action plan by the CCG and the LA to address the poor Ofsted/CQC inspection that took place in September 2021. The report identified significant weaknesses and highlighted areas for development - The benefit and intended results of the WSOA is to improve services for children with Special Education Needs and Disabilities (SEND), who are the target group.
Details of the lead person completing the screening/EIA	<p>(i) Full Name: Johnny Kyriacou (ii) Position: AD – Education & Inclusion (iii) Unit: People (Children) (iii) Contact Details: Johnny.kyriacou@slough.gov.uk</p>
Date sent to Finance	
Version number and date of update	V1
<p><i>You will need to update your EIA as you move through the decision-making process. Record the version number here and the date you updated the EIA. Keep all versions so you have evidence that you have considered equality throughout the process. However <u>only</u> the most updated version will be saved in the Equalities SharePoint folder.</i></p>	

SECTION 2: Do you need to complete a full Equality Impact Assessment (EIA)?

Not all proposals will require a full EIA, the assessment of impacts should be proportionate to the nature of the project/policy in question and its likely impact. To decide on the level of detail of the assessment required consider the potential impact on persons with protected characteristics.

2.1	<p>Please provide an overview of who uses/will use your service or facility and identify who are likely to be impacted by the proposal</p> <ul style="list-style-type: none"> • <i>If you do not formally collect data about a particular group then use the results of local surveys or consultations, census data, national trends, or anecdotal evidence (indicate where this is the case). Please attempt to complete all boxes.</i> • <i>Consider whether there is a need to consult stakeholders and the public, including members of protected groups, in order to gather information on potential impacts of the proposal</i> 																																																	
	<p>How many people use the service currently? What is this as a % of Slough's population?</p>	<ul style="list-style-type: none"> - There are 1,695 people aged 0-25 on an Education, Health and Care Plan (EHCP). - Of the 1,695, there are 1,526 aged between 3-19. - There are 35,000 children in total in Slough Schools aged 3-19 - The % of children on an EHCP compared to school population is 4% 																																																
	<p>Gender</p>	<ul style="list-style-type: none"> - 447 Female - 1,248 Male 																																																
	<p>Race</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Ethnicity Description/ Code</th> <th style="text-align: right;">Total</th> </tr> </thead> <tbody> <tr><td>AOTA - Other Asian</td><td style="text-align: right;">24</td></tr> <tr><td>BSOM - Black Somali</td><td style="text-align: right;">22</td></tr> <tr><td>AOPK - Other Pakistani</td><td style="text-align: right;">313</td></tr> <tr><td>AMPK - Mirpuri Pakistani</td><td style="text-align: right;">62</td></tr> <tr><td>NOBT - Info not yet obtained</td><td style="text-align: right;">138</td></tr> <tr><td>BAOF - Other Black African</td><td style="text-align: right;">48</td></tr> <tr><td>AIND - Indian</td><td style="text-align: right;">181</td></tr> <tr><td>BOTB - Other Black</td><td style="text-align: right;">22</td></tr> <tr><td>MWOE - White & Any Oth Eth G'p</td><td style="text-align: right;">12</td></tr> <tr><td>WENG - White English</td><td style="text-align: right;">291</td></tr> <tr><td>WOTW - White Other</td><td style="text-align: right;">25</td></tr> <tr><td>OAFG - Afghan</td><td style="text-align: right;">14</td></tr> <tr><td>MAOE - Asian & Any Oth Eth G'p</td><td style="text-align: right;">18</td></tr> <tr><td>MOTM - Other mixed background</td><td style="text-align: right;">27</td></tr> <tr><td>ABAN - Bangladeshi</td><td style="text-align: right;">13</td></tr> <tr><td>OARA - Arab Other</td><td style="text-align: right;">6</td></tr> <tr><td>WOWB - Other white British</td><td style="text-align: right;">53</td></tr> <tr><td>MBOE - Black & Any Oth Eth G'p</td><td style="text-align: right;">7</td></tr> <tr><td>REFU - Refused</td><td style="text-align: right;">5</td></tr> <tr><td>OOEG - Other Ethnic Group</td><td style="text-align: right;">16</td></tr> <tr><td>MWBC - White & Black Caribbean</td><td style="text-align: right;">53</td></tr> <tr><td>MABL - Asian and Black</td><td style="text-align: right;">2</td></tr> <tr><td>MWAO - White and Any Oth Asian</td><td style="text-align: right;">13</td></tr> </tbody> </table>	Ethnicity Description/ Code	Total	AOTA - Other Asian	24	BSOM - Black Somali	22	AOPK - Other Pakistani	313	AMPK - Mirpuri Pakistani	62	NOBT - Info not yet obtained	138	BAOF - Other Black African	48	AIND - Indian	181	BOTB - Other Black	22	MWOE - White & Any Oth Eth G'p	12	WENG - White English	291	WOTW - White Other	25	OAFG - Afghan	14	MAOE - Asian & Any Oth Eth G'p	18	MOTM - Other mixed background	27	ABAN - Bangladeshi	13	OARA - Arab Other	6	WOWB - Other white British	53	MBOE - Black & Any Oth Eth G'p	7	REFU - Refused	5	OOEG - Other Ethnic Group	16	MWBC - White & Black Caribbean	53	MABL - Asian and Black	2	MWAO - White and Any Oth Asian	13
Ethnicity Description/ Code	Total																																																	
AOTA - Other Asian	24																																																	
BSOM - Black Somali	22																																																	
AOPK - Other Pakistani	313																																																	
AMPK - Mirpuri Pakistani	62																																																	
NOBT - Info not yet obtained	138																																																	
BAOF - Other Black African	48																																																	
AIND - Indian	181																																																	
BOTB - Other Black	22																																																	
MWOE - White & Any Oth Eth G'p	12																																																	
WENG - White English	291																																																	
WOTW - White Other	25																																																	
OAFG - Afghan	14																																																	
MAOE - Asian & Any Oth Eth G'p	18																																																	
MOTM - Other mixed background	27																																																	
ABAN - Bangladeshi	13																																																	
OARA - Arab Other	6																																																	
WOWB - Other white British	53																																																	
MBOE - Black & Any Oth Eth G'p	7																																																	
REFU - Refused	5																																																	
OOEG - Other Ethnic Group	16																																																	
MWBC - White & Black Caribbean	53																																																	
MABL - Asian and Black	2																																																	
MWAO - White and Any Oth Asian	13																																																	

		MWAI - White and Indian	9	
		BNGN - Black Nigerian	9	
		ASLT - Sri Lankan Tamil	5	
		OEGY - Egyptian	1	
		BGHA - Black Ghanaian	4	
		AKPA - Kashmiri Pakistani	20	
		WEUR - White European	64	
		WITA - Italian	4	
		MWBA - White and Black African	18	
		AAFR - African Asian	5	
		BCRB - Black Caribbean	33	
		WIRI - White Irish	7	
		MWAP - White and Pakistani	9	
		WIRT - Traveller - Irish Herit	6	
		WROO - Other Gypsy/Roma	5	
		BSLN - Black Sierra Leonean	1	
		WTUR - Turkish/Turkish Cypriot	2	
		OFIL - Filipino	4	
		WROR - Roma	2	
		OLAM - Latin/South/C American	1	
		BEUR - Black European	1	
		BCON - Black Congolese	1	
		WALB - Albanian	3	
		ANEP - Nepali	3	
		ASRO - Sri Lankan Other	1	
		MWCH - White and Chinese	1	
		WPOR - Portuguese	2	
		ASNL - Sri Lankan Sinhalese	2	
		CMAL - Malaysian Chinese	1	
		Not recorded	106	
		Total	1695	
	Disability	Disability		
		Primary Need		
		SPL	43	
		ASD	611	
		SLC	289	
		SLD	40	
		HI	55	
		M	66	
		MLD	115	
		PMLD	28	
		OTH	15	
		VI	24	
		BESD	81	
		MSI	5	
		GDD	24	
		SMEH	132	
		PD	58	
		ADHD	16	
		UA	1	
		Nothing Specified	92	
		Total	1640	

		Primary Need Description	
		Code	Description
		SPLD	Specific learning difficulty
		MLD	Moderate learning difficulty
		SLD	Severe learning difficulty
		PMLD	Profound and multiple learning difficulty
		SEMH	Social, emotional, and mental health
		SLCN	Speech, language, and communication needs
		HI	Hearing impairment
		VI	Vision impairment
		MSI	Multi-sensory impairment
		PD	Physical disability
		ASD	Autistic spectrum disorder
		OTH	Other difficulty
NSA	SEN support but no specialist assessment of type of need		
Sexual orientation	N/A		
Age	N/A		
Religion or belief	N/A		

2.2 Are there any groups with protected characteristic that are overrepresented in the monitoring information relative to their size of the population? If so, this could indicate that the proposal may have a disproportionate impact on this group even if it is a universal service.

This entire EIA is exclusively on children and young people with disabilities and therefore protected characteristics. Therefore, the strategy affects the outcomes of all of this group.

2.3 Are there any groups with protected characteristics that are underrepresented in the monitoring information relative to their size of the population? <i>If so, this could indicate that the service may not be accessible to all groups or there may be some form of direct or indirect discrimination occurring.</i>	N/A
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----

2.4	Does the project, policy or proposal have the potential to disproportionately impact on people with a protected characteristic? If so, is the impact positive or negative?
------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	None	Positive	Negative	Not sure
Men or women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of a particular race or ethnicity (including refugees, asylum seekers, migrants and gypsies and travellers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled ¹ people (consider different types of physical, learning, or mental disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of particular sexual orientation/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in particular age groups (consider in particular children, under 21s and over 65s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are intending to undergo, are undergoing, or have undergone a process or part of a process of gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact due to pregnancy/ maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of particular faiths and beliefs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People on low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹ Disability discrimination is different from other types of discrimination since it includes the duty to make reasonable adjustments.

If any of the answers to the questions above is, “negative” or “unclear” you will need to undertake a detailed impact assessment.

2.5	Based on your responses, should a full, detailed EIA be carried out on the project, policy, or proposal
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.6	Provide brief reasons on how you have come to this decision?
	The Written Statement of Action is based on an external inspection which has detailed the weaknesses which impact on children and young people with disabilities and the WSOA is a direct response to that. Therefore, this detail has already been carried out and the response is contained in the cabinet report and WSOA itself.

SECTION 3: ASSESSING THE IMPACT

In order to be able to identify ways to mitigate any potential impact it is essential that we know what those potential impacts might be. Using the evidence gathered in section 2, explain what the potential impact of your proposal might be on the groups you have identified. You may wish to further supplement the evidence you have gathered using the table below in order to properly consider the impact.

The mitigations are all included in the Written Statement of Action which is a direct response to ensuring children and young people with SEND will be supported.

SECTION 4: ACTION PLAN

4.1 Complete the action plan if you need to reduce or remove the negative impacts you have identified, take steps to foster good relations or fill data gaps.

Please include the action required by your team/unit, groups affected, the intended outcome of your action, resources needed, a lead person responsible for undertaking the action (inc. their department and contact details), the completion date for the action, and the relevant RAG rating: R(ed) – action not initiated, A(mber) – action initiated and in progress, G(reen) – action complete.

NB. Add any additional rows, if required.

Action Required	Equality Groups Targeted	Intended outcome	Resources Needed	Name of Lead, Unit & Contact Details	Completion Date (DD/MM/YY)	RAG
Complete the Written Statement of Action and subsequent detailed implementation plan						
<i>Enter additional rows if required</i>						

THIS SECTION TO BE COMPLETED BY THE RELEVANT SERVICE MANAGER

SIGNATURE:

FULL NAME: Johnny Kyriacou

UNIT: People – Children (Education & Inclusion)

EMAIL & TELEPHONE EXT:

DATE (DD/MM/YYYY): 31/1/22

WHAT NEXT?

It is the responsibility of the service to complete an EIA to the required standard and the quality and completeness of EIAs will be monitored by Strategic Finance Board.

All EIAs for proposed changes to levels of service arising from budget proposals must be completed by (insert date).

All completed EIAs should be sent to

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO:	Cabinet
DATE:	21 st February 2022
SUBJECT:	Appointment of External Auditors for 2023/24 to 2027/28
CHIEF OFFICER:	Steven Mair
CONTACT OFFICER:	Steven Mair
WARD(S):	All
PORTFOLIO:	Financial Oversight, Council Assets and Performance – Councillor Anderson
KEY DECISION:	No
EXEMPT:	No
DECISION SUBJECT TO CALL IN:	No – report for information only
APPENDICES:	None

1 Summary and Recommendations

- 1.1 This information report updates the Cabinet on the options available to the Council in appointing external auditors for the five-year period from 2023/24.
- 1.2 The report was considered by the Audit & Corporate Governance Committee on 9th December 2021 which agreed to make the recommendation set out below to Council in March 2022.

Recommendations:

Cabinet is requested to note the report, specifically that the Audit & Corporate Governance Committee will be making the following recommendation to Council in March 2022:

“Recommend to Council that the Council accepts the Public Sector Audit Appointments’ (PSAA) invitation to opt into the sector-led option for the appointment of external auditors for the five-year period from 2023/24.”

Reason: To inform the Cabinet of the position regarding future external audit arrangements prior to the Council making a decision in March 2022.

Comments of the Commissioners:

“The Commissioner support the recommendation to accept the PSAA invitation to opt in to the sector led option for the appointment of SBC external auditors for the five year period from 2023/24.”

2 Report

2.1 Introduction

2.1.1 The Council opted into the national arrangement for the procurement of external audit led by PSAA. The arrangement was for a period of five years starting from 2018/19 and is due to end in 2022/23.

2.1.2 The process for retendering for external audit in local authorities in England, for contracts due to start from 2023/24, is now underway and the Council will need to decide whether to procure its own external auditor or opt into the national procurement framework again.

2.1.3 Legislation requires a resolution of Full Council if a local authority wishes to opt into the national arrangement. The deadline for this decision is 11th of March 2022. If the Council doesn't make such a decision, the legislation assumes that the Council will procure its own external audit, with all the extra work and administration that comes with it.

2.2 Background

2.2.1 The Local Audit and Accountability Act 2014 (the Act) brought to a close the Audit Commission and established transitional arrangements for the appointment of external auditors and the setting of audit fees for all local government and NHS bodies in England. On 5 October 2015 the Secretary of State determined that the transitional arrangements for local government bodies would be extended by one year to also include the audit of the accounts for 2017/18.

2.2.2 The Act also set out the arrangements for the appointment of auditors for subsequent years, with the opportunity for authorities to make their own decisions about how and by whom their auditors are appointed. Regulations made under the Act allow authorities to 'opt in' for their auditor to be appointed by an 'appointing person'.

2.2.3 In July 2016, Public Sector Audit Appointments Limited (PSAA)¹ were specified by the Secretary of State as an appointing person under Regulation 3 of the Local Audit (Appointing Person) Regulations 2015. The appointing person is sometimes referred to as the sector led body and PSAA has wide support across local government. PSAA was originally established to operate the transitional arrangements following the closure of the Audit Commission under powers delegated by the Secretary of State.

2.2.4 Acting in accordance with this role, PSAA is responsible for appointing auditors and setting scales of fees for relevant principal authorities that have chosen to opt into its national scheme, overseeing issues of auditor independence and monitoring compliance by the auditor with the contracts they enter into with the audit firms.

2.3 Current audit arrangements

¹ PSAA is an independent, not-for-profit company limited by guarantee and established by the Local Government Association in August 2014.

2.3.1 In 2017, PSAA invited the Council, along with all other authorities, to opt into the national procurement scheme so that they could enter into contracts with appropriately qualified audit firms and appoint a suitable firm to be the Council's auditor.

2.3.2 The Council, along with 98% of local authorities invited, opted into the national arrangement and Grant Thornton were appointed as the Councils external auditors for the five-year period from 2018/19 to 2022/23.

2.4 Sector issues

2.4.1 Much has changed in the local audit market since audit contracts were last awarded in 2017. At that time the audit market was relatively stable, there had been few changes in audit requirements, and local audit fees had been reducing.

2.4.2 Since the contracts were awarded, a series of financial crises and failures in the private sector led to questions about the role of auditors and the focus and value of their work. In rapid succession we have then had the results of four independent reviews commissioned by Government:

- Sir John Kingman's review of the Financial Reporting Council (FRC), the audit regulator.
- the Competition and Markets Authority review of the audit market.
- Sir Donald Brydon's review of the quality and effectiveness of audit; and
- Sir Tony Redmond's review of local authority financial reporting and external audit.

2.4.3 The four reviews set out more than 170 recommendations which are now in various stages of consideration by Government with the clear implication that a series of significant reforms will follow. Indeed, in some cases where new legislation is not required, significant change is already underway. A particular case in point concerns the FRC, where the Kingman Review has inspired an urgent drive to deliver rapid, measurable improvements in audit quality. This has already created a major pressure for firms and an imperative to ensure full compliance with regulatory requirements and expectations in every audit they undertake.

2.4.4 By the time firms were conducting 2018/19 local audits, the measures which they were putting in place to respond to a more focused regulator, determined to achieve change, were clearly visible. In order to deliver the necessary improvements in audit quality, firms required their audit teams to undertake additional work to gain higher levels of assurance.

2.4.5 However, additional work requires more time, posing a threat to a firms' ability to complete all of their audits by the target date for publication of audited accounts (then 31 July) – a threat exacerbated by growing recruitment and retention challenges, the complexity of local government financial statements and increasing levels of technical challenges as local authorities explored

innovative ways of developing new or enhanced income streams to help fund services for taxpayers.

2.4.6 This risk to the delivery of timely audit opinions first emerged in April 2019 when one of PSAA's contracted firms flagged the possible delayed completion of approximately 20 audits. Less than four months later, all firms were reporting similar difficulties, resulting in only 57% of audits being completed by the target date of 31 July 2019.

2.4.7 2019/20 and 2020/21 audits have faced even greater challenges. With Covid-19 also impacting, unprecedented challenges faced by the sector. Only 45% of 2019/20 audits were completed by the target date of 30 November 2020 and 9% of 2020/21 audits completed by the target date of 30 September 2021.

2.4.8 Delayed opinions are not the only consequence of the FRC's drive to improve audit quality. The additional work has resulted in more fee variation claims being received than in previous years and therefore additional costs incurred by individual local authorities. However, regardless of the additional costs incurred by individual local authorities by way of fee variations, the PSAA led scheme has significantly reduced the cost of local audits on a national level.

2.4.9 None of these problems are unique to local government audit. Similar challenges have played out in other sectors, where increased fees and disappointing responses to tender invitations have been experienced during the past two years.

2.5 Options for future audit arrangements

2.5.1 With the current audit arrangements coming to an end, the Council has three options:

- i. **Individual procurement** – to undertake a complete procurement process itself and appoint its own auditor, or
- ii. **Joint procurement** – undertake a joint procurement with other bodies, or
- iii. **National scheme** – to opt into a national collective scheme that PSAA is developing.

Option 1 – Individual procurement

2.5.2 The option to undertake an individual procurement will require the time, effort and skill of having to undertake a procurement and appointment process. It will also involve specifying the service required, inviting tenders, evaluating tenders.

2.5.3 There would also be a need to establish an independent auditor panel. In order to make a stand-alone appointment the auditor panel would need to be set up by the Council itself. The members of the panel must be wholly, or a majority of independent members as defined by the Act. Independent members for this purpose are independent appointees, this excludes current and former elected members (or officers) and their close family and friends.

Advantages

- Provides the Council with the independence to select a supplier itself.

Disadvantages

- Will not benefit from the opportunities that may be available through joint or national procurement to significantly influence quality and price
- Elected members will not have a majority input to assessing bids and choosing which audit firm to award a contract for the Council's external audit
- The costs of recruitment and servicing of the Auditor Panel, running the procurement exercise and negotiating and managing the external audit contract would be borne by the Council
- There are only nine accredited local audit firms, so we would be drawing from the same limited supply of audit resources as PSAA's national procurement.

Option 2 – Joint procurement

2.5.4 The Council would be able to join with other authorities to establish a joint Auditor Panel. As stated above, this will need to be constituted of wholly or a majority of independent appointees (members). At this stage it is unclear whether many of our local neighbouring boroughs are likely or not to opt in to the PSAA collective arrangement and would thus be inclined to join a smaller local joint procurement.

Advantages

- The costs of recruitment and servicing of the Auditor Panel, running the procurement exercise and negotiating and managing the external audit contract shared between the participating authorities
- Greater opportunity for achieving economies of scale by being able to offer a larger combined contract value to the firms.
- Would give the authorities a more direct relationship with the audit firm

Disadvantages

- The Panel will be appointed by all partner authorities not just by the Council thus reducing local input.
- Appointing an auditor could be complicated where the preferred auditor has a conflict of interest in relation to one of the appointing councils but not the others.
- There are only nine accredited local audit firms, so we would be drawing from the same limited supply of audit resources as PSAA's national procurement.

Option 3 – National scheme

2.5.5 The Council could opt into the PSAA led national procurement

Advantages

- There will be no need for the Council to establish alternative appointment processes locally, including the need to set up and manage an auditor panel.
- It is expected that the large-scale contracts procured through PSAA will bring economies of scale and attract more competitive prices from the market than a smaller scale procurement, although it is widely expected that audit fees at their current level are not sustainable and therefore will increase.
- The overall procurement costs would be expected to be lower than an individual smaller scale local procurement.
- The overhead costs for managing the contracts will be minimised through a smaller number of large contracts across the sector.
- PSAA will monitor contract delivery and ensure compliance with contractual requirements, audit quality and independence requirements; and
- Any auditor conflicts at individual authorities would be managed by PSAA who would have a number of contracted firms to call upon;

Disadvantages

- Elected members will have little or no opportunity for direct involvement in the appointment process other than through the LGA and the stakeholder representative groups.
- In order for PSAA to be in the strongest possible negotiating position they will need Councils to indicate their intention to opt-in before final contract prices are known

3. Implications of the Recommendation

3.1 Financial implications

The proposed fees cannot be fully known until the procurement process has been completed, as the costs will depend on proposals from the audit firms. Given the widespread prevalence of fee variations, market uncertainty and the revision to an 80% quality weighting within the procurement, it is almost certain that the fee payable by the Council will rise.

If the changes that relate to audit fees, proposed in MHCLG's recent consultation on the Appointing Person Regulations, are ultimately approved and implemented, PSAA will be able to manage the scale of fees and fee variations more flexibly. This

will enable scale fees to be determined by taking into account the outcome of more recently completed audits, and fee variations to be managed depending on whether they are driven by national or local factors.

Opting-in to a national scheme provides an opportunity to leverage economies of scale to ensure fees are as low as possible, whilst ensuring the quality of audit is maintained by entering into a large-scale collective procurement arrangement.

If the national scheme is not used some additional resource may be needed to establish an auditor panel and conduct a local procurement. Until a procurement exercise is completed it is not possible to state what, if any, additional resource may be required for audit fees for 2023/24.

3.2 Legal implications

Section 7 of the Local Audit and Accountability Act 2014 requires a relevant Council to appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding year.

Section 8 governs the procedure for appointment including that the Council must consult and take account of the advice of its auditor panel on the selection and appointment of a local auditor. Section 8 provides that where a relevant Council is a local Council operating executive arrangements, the function of appointing a local auditor to audit its accounts is not the responsibility of an executive of the Council under those arrangements.

Section 12 makes provision for the failure to appoint a local auditor: the Council must immediately inform the Secretary of State, who may direct the Council to appoint the auditor named in the direction or appoint a local auditor on behalf of the Council.

Section 17 gives the Secretary of State the power to make regulations in relation to an 'appointing person' specified by the Secretary of State. This power has been exercised in the Local Audit (Appointing Person) Regulations 2015 (SI 192) and this gives the Secretary of State the ability to enable a Sector Led Body to become the appointing person. In July 2016 the Secretary of State specified PSAA as the appointing person.

Regulation 19 of the Local Audit (Appointing Person) Regulations 2015 requires that a decision to accept the formal invitation to opt in to PSAA for the appointment of the Council's external auditors must be made by a meeting of the Council (meeting as a whole).

3.3 Risk management implications

Recommendation from section 2 above	Risks/Threats / Opportunities	Current Controls	Using the Risk Management Matrix Score the risk	Future Controls
opt into sector-led option for appointment of external auditors	The key risks are that the Council may fail to appoint an auditor in accordance with the requirements and timing specified in local audit legislation; or the Council is not able to achieve value for money in the appointment process	The Council has previously opted in the scheme during the last appointing period to mitigate against these risks	8 (Financial and Regulatory risk – Marginal impact, significant probability)	It is recommended that the Council opt into the sector-led option for this appointing period to mitigate against these risks

3.4 Environmental implications

None.

3.5 Equality implications

There are no direct equality implications in this report.

4. Background Papers

None

SLOUGH BOROUGH COUNCIL

REPORT TO:	Cabinet
DATE:	21 st February 2022
SUBJECT:	Notification of Key Decisions
CHIEF OFFICER:	Executive Director, Corporate Services
CONTACT OFFICER:	Nick Pontone, Democratic Services Lead (01753 875120)
WARD(S):	ALL
PORTFOLIO:	Councillor Swindlehurst, Leader of the Council
KEY DECISION:	NO
EXEMPT:	NO
DECISION SUBJECT TO CALL IN:	YES
APPENDICES:	Appendix A – Published Notification of Decisions

1 Summary and Recommendations

- 1.1 To seek Cabinet endorsement of the published Notification of Decisions, which has replaced the Executive Forward Plan.

Recommendation:

The Cabinet is requested to resolve that the Notification of Decisions be endorsed.

Reason:

To ensure compliance with requirements regarding local authority executive decision making.

2 Introduction

- 2.1 The Notification of Decisions sets out when key decisions are expected to be taken and a short overview of the matters to be considered. The decisions taken will contribute to all of the following Slough Joint Wellbeing Strategy Priorities:

1. *Starting Well*
2. *Integration (relating to Health & Social Care)*
3. *Strong, healthy and attractive neighbourhoods*
4. *Workplace health*

2.2 **Background**

The Notification of Decisions replaces the Forward Plan. The Notice is updated each month on a rolling basis, and sets out:

- A short description of matters under consideration and when key decisions are expected to be taken over the following three months;
- Who is responsible for taking the decisions and how they can be contacted;
- What relevant reports and background papers are available; and
- Whether it is likely the report will include exempt information which would need to be considered in private in Part II of the agenda.

The Notice contains matters which the Leader considers will be the subject of a key decision to be taken by the Cabinet, a Committee of the Cabinet, officers, or under joint arrangements in the course of the discharge of an executive function during the period covered by the Plan.

Key Decisions are defined in Article 14 of the Constitution, as an Executive decision which is likely either:

- to result in the Council incurring expenditure which is, or the making of savings which are, significant, having regard to the Council's budget for the service or function to which the decision relates; or
- to be significant in terms of its effects on communities living or working in an area comprising two or more wards within the Borough.

The Council has decided that any expenditure or savings of £250,000 or more shall be significant for the purposes of a key decision.

There are provisions for exceptions to the requirement for a key decision to be included in the Notice and these provisions and necessary actions are detailed in paragraphs 15 and 16 of Section 4.2 of the Constitution.

To avoid duplication of paperwork the Member Panel on the Constitution agreed that the Authority's Notification of Decisions would include both key and non key decisions – and as such the document would form a comprehensive programme of work for the Cabinet. Key decisions are highlighted in bold.

3. Implications of the Recommendation

3.1 Financial implications

3.1.1 There are no financial implications in endorsing this notice..

3.2 Legal implications

3.2.1 There are no Human Rights Act implications. The Local Authorities (Executive Arrangements) (Meetings and Access to Information)(England) Regulations 2012 require the executive to publish a notice of the key decisions, and those to be taken

in private under Part II of the agenda, at least 28 clear days before the decision can be taken. This notice replaced the legal requirement for a 4-month rolling Forward Plan.

3.3 Risk management implications

Cabinet endorsement of the published statutory 28-day Notification of Key Decisions contributes to good governance and forward planning and reduced the risk of challenge of executive decisions.

3.4 Environmental implications

None.

3.5 Equality implications

None. All reports to Cabinet will separately set out the equality implications of the proposed decision.

4. Background Papers

None

This page is intentionally left blank

NOTIFICATION OF DECISIONS

1 FEBRUARY 2022 TO 30 APRIL 2022

Date of Publication: 21st January 2022

SLOUGH BOROUGH COUNCIL

NOTIFICATION OF DECISIONS

Slough Borough Council has a decision making process involving an Executive (Cabinet) and a Scrutiny Function.

As part of the process, the Council will publish a Notification of Decisions which sets out the decisions which the Cabinet intends to take over the following 3 months. The Notice includes both Key and non Key decisions. Key decisions are those which are financially significant or have a significant impact on 2 or more Wards in the Town. This Notice supersedes all previous editions.

Whilst the majority of the Cabinet's business at the meetings listed in this document will be open to the public and media organisations to attend, there will inevitably be some business to be considered that contains, for example, confidential, commercially sensitive or personal information.

This is formal notice under The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that part of the Cabinet meetings listed in this Notice will/may be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government (Access to Information) Act 1985 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

Page 18
This document provides a summary of the reason why a matter is likely to be considered in private / Part II. The full reasons are listed alongside the report on the Council's website.

If you have any queries, or wish to make any representations in relation to the meeting being held in private for the consideration of the Part II items, please email nicholas.pontone@slough.gov.uk (no later than 15 calendar days before the meeting date listed).

What will you find in the Notice?

For each decision, the plan will give:

- The subject of the report.
- Who will make the decision.
- The date on which or the period in which the decision will be made.
- Contact details of the officer preparing the report.
- A list of those documents considered in the preparation of the report (if not published elsewhere).
- The likelihood the report would contain confidential or exempt information.

What is a Key Decision?

An executive decision which is likely either:

- To result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- To be significant in terms of its effects on communities living or working in an area comprising two or more wards within the borough.

Who will make the Decision?

Decisions set out in this Notice will be taken by the Cabinet, unless otherwise specified. All decisions (unless otherwise stated) included in this Notice will be taken on the basis of a written report and will be published on the Council's website before the meeting.

The members of the Cabinet are as follows:

- | | |
|------------------------------------------------------------------|-------------------------|
| • Leader of the Council – Forward Strategy & Corporate Resources | Councillor Swindlehurst |
| • Deputy Leader – Transport, Planning & Place | Councillor Mann |
| • Leisure, Culture & Communities | Councillor Akram |
| • Financial Oversight, Council Assets & Performance | Councillor Anderson |
| • Regulation & Public Protection | Councillor Bains |
| • Housing & Environment | Councillor Carter |
| • Children's Services, Lifelong Learning & Skills | Councillor Hulme |
| • Social Care & Public Health | Councillor Pantelic |

Where can you find a copy of the Notification of Decisions?

The Plan will be updated and republished monthly. A copy can be obtained from Democratic Services at Observatory House, 25 Windsor Road on weekdays between 9.00 a.m. and 4.45 p.m., or Tel: (01753) 875120, email: nicholas.pontone@slough.gov.uk. Copies will be available in the Borough's libraries and a copy will be published on Slough Borough Council's Website.

How can you have your say on Cabinet reports?

Each Report has a contact officer. If you want to comment or make representations, notify the contact officer before the deadline given.

What about the Papers considered when the decision is made?

Reports relied on to make key decisions will be available before the meeting on the Council's website or are available from Democratic Services.

Can you attend the meeting at which the decision will be taken?

Where decisions are made by the Cabinet, the majority of these will be made in open meetings. Some decisions have to be taken in private, where they are exempt or confidential as detailed in the Local Government Act 1972. You will be able to attend the discussions on all other decisions.

When will the decision come into force?

Implementation of decisions will be delayed for 5 working days after Members are notified of the decisions to allow Members to refer the decisions to the Overview and Scrutiny Committee, unless the decision is urgent, in which case it may be implemented immediately.

What about key decisions taken by officers?

Many of the Council's decisions are taken by officers under delegated authority. Key decisions will be listed with those to be taken by the Cabinet. Key and Significant Decisions taken under delegated authority are reported monthly and published on the Council's website.

Page 184

Are there exceptions to the above arrangements?

There will be occasions when it will not be possible to include a decision/report in this Notice. If a key decision is not in this Notice but cannot be delayed until the next Notice is published, it can still be taken if:

- The Head of Democratic Services has informed the Chair of the Overview and Scrutiny Committee or relevant Scrutiny Panel in writing, of the proposed decision/action. (In the absence of the above, the Mayor and Deputy Mayor will be consulted);
- Copies of the Notice have been made available to the Public; and at least 5 working days have passed since public notice was given.
- If the decision is too urgent to comply with the above requirement, the agreement of the Chair of the Overview and Scrutiny Committee has been obtained that the decision cannot be reasonably deferred.
- If the decision needs to be taken in the private part of a meeting (Part II) and Notice of this has not been published, the Head of Democratic Services will seek permission from the Chair of Overview & Scrutiny, and publish a Notice setting out how representations can be made in relation to the intention to consider the matter in Part II of the agenda. Urgent Notices are published on the Council's [website](#).

Cabinet - February and March 2022 (not before 21st February 2022)

Item	Portfolio	Ward	Priority	Contact Officer	Other Committee	Background Documents	New Item	Likely to be Part II
<p><u>Revenue & Capital Budget Monitor - Quarter 3 2021/22</u></p> <p>To receive an update on the latest revenue and capital position and to consider any write off requests, virements and any other financial decisions requiring Cabinet approval.</p>	F&P	All	All	Steven Mair, Section 151 Officer	-	None		
<p><u>Revenue Budget 2022/23</u></p> <p>To recommend the revenue budget to full Council. Report or separate reports to include all aspects of the revenue budget and associated policies including Council tax resolutions and also likely to include Council Tax Support Scheme, Hardship Fund and Section 25 Report.</p>	F&P	All	All	Steven Mair, Section 151 Officer	O&S	None		
<p><u>Capital Strategy</u></p> <p>To recommend the Capital Strategy to full Council.</p>	F&P	All	All	Steven Mair, Section 151 Officer	O&S	None		
<p><u>Treasury Management Strategy</u></p> <p>To recommend the Treasury Management Strategy to full Council.</p>	F&P	All	All	Steven Mair, Section 151 Officer	O&S	None		

Portfolio Key – F&P = Financial Oversight, Council Assets and Performance, CS = Children's Services, Lifelong Learning & Skills, S&R = Forward Strategy & Corporate Resources, H&E = Housing & Environment, T&P = Transport, Planning & Place, L&C = Leisure, Culture & Communities, R&P = Regulation and Public Protection, S&P = Social Care and Public Health

Bold – Key Decision Non-Bold – Non-Key Decision *Italics* – Performance/Monitoring Report

<p><u>SBC Recovery Update</u></p> <p>To provide any further reports or updates to Cabinet on the work being undertaken as part of the Council's recovery plans and/or in compliance with the Directions of the Department for Levelling Up, Housing & Communities, possibly including the required functional capability assessment of Council services.</p>	S&R	All	All	Steven Mair, Section 151 Officer	Council	None	√	
<p><u>Appointment of External Auditors</u></p> <p>To receive a report on the appointment of the Council's external auditors for 2023/24 to 2027/28. A report on this matter was considered by the Audit & Corporate Governance Committee on 9th December 2021.</p>	F&P	All	All	Steven Mair, Section 151 Officer	Audit & CG Committee (9/12/21) Council	Appointment of External Auditors, 09/12/2021 Audit and Corporate Governance Committee	√	
<p><u>Slough Children First 3-Year Business Plan</u></p> <p>To consider a report on Slough Children's First strategic intentions for the next three years as outlined in its new three year business plan.</p>	CS	All	All	Andrew Fraser, Interim Executive Director of People (Children)	-	None		
<p><u>Telephony Procurement Contract</u></p> <p>To agree to commence tendering for the contact centre telephony contract.</p>	S&R	All	All	Alison Hibbert, Group Manager - Customer Tel: (01753) 875896	-	None	√	

Portfolio Key – F&P = Financial Oversight, Council Assets and Performance, CS = Children's Services, Lifelong Learning & Skills, S&R = Forward Strategy & Corporate Resources, H&E = Housing & Environment, T&P = Transport, Planning & Place, L&C = Leisure, Culture & Communities, R&P = Regulation and Public Protection, S&P = Social Care and Public Health

Bold – Key Decision Non-Bold – Non-Key Decision *Italics* – Performance/Monitoring Report

<u>Procurement of health visiting school nursing (0-19 Service)</u> To seek approval for the procurement of the health visiting school nursing contract.	S&P	All	All	Alan Sinclair, Executive Director of People (Adults) Tel: (01753) 875752	-	None		
<u>References from Overview & Scrutiny</u> To receive any references from the Overview & Scrutiny Committee and/or scrutiny panels.	S&R	All	All	Nicholas Pontone, Democratic Services Lead Tel: 01753 875120	-	None		
<u>Notification of Key Decisions</u> To endorse the published Notification of Decisions.	F&E	All	All	Nicholas Pontone, Democratic Services Lead Tel: 01753 875120	-	None		

Cabinet - 21st March 2022

Item	Portfolio	Ward	Priority	Contact Officer	Other Committee	Background Documents	New Item	Likely to be Part II
<u>Asset Disposals Update</u> To receive an update and take decisions in relation to the Council's programme of asset disposals.	F&E	All	All	Richard West, Executive Director of Place & Community	-	None		Yes, p3 LGA
<u>Library Service</u> To receive a report and take any necessary decisions on the library service following the public consultation which closed in January 2022.	CS	All	All	Richard West, Executive Director of Place & Community	Customer & Community Scrutiny	None	√	

<u>Provider Services Update</u> To provide an update regarding the progress of closing the remaining Adult Social Care Provider Services: Lavender Court, Respond, Priors Day Centre, Phoenix Day Centre, The Pines Day Centre.	S&P	All	All	Marc Gadsby, AD Adult Social Care Operations	-	None		
<u>References from Overview & Scrutiny</u> To receive any references from the Overview & Scrutiny Committee and/or scrutiny panels.	S&R	All	All	Nicholas Pontone, Democratic Services Lead Tel: 01753 875120	-	None		
<u>Notification of Key Decisions</u> To endorse the published Notification of Key Decisions.	F&E	All	All	Nicholas Pontone, Democratic Services Lead Tel: 01753 875120	-	None		

Page 188

Cabinet - 19th April 2022

Item	Port-folio	Ward	Priority	Contact Officer	Other Committee	Background Documents	New Item	Likely to be Part II
<u>Asset Disposals Update</u> To receive an update and take decisions in relation to the Council's programme of asset disposals.	F&P	All	All	Richard West, Executive Director of Place & Community	-	None	√	

Portfolio Key – F&P = Financial Oversight, Council Assets and Performance, CS = Children's Services, Lifelong Learning & Skills, S&R = Forward Strategy & Corporate Resources, H&E = Housing & Environment, T&P = Transport, Planning & Place, L&C = Leisure, Culture & Communities, R&P = Regulation and Public Protection, S&P = Social Care and Public Health

Bold – Key Decision Non-Bold – Non-Key Decision *Italics* – Performance/Monitoring Report

<u>Recovery Plan Update</u> To provide Cabinet with a further update on work being undertaken to improve all aspect of the Councils financial position and underlying financial and governance processes.	S&R	All	All	Steven Mair, Section 151 Officer	-	None	√	
<u>Bus Service Improvement Plan - Update</u> Further to the Cabinet resolutions of 18 th October 2021, to consider a further report and approve the Bus Service Improvement Plan.	T&P	All	All	Savio DeCruz, Associate Director, Place Operations Tel: 01753 875640	Place Scrutiny	Report, 18/10/2021 Cabinet	√	
<u>Contract in Excess of £180,000 in 2022/23</u> To receive the list of expected contracts in excess of £180,000 to be let in 2022/23 and approve the commencement of tendering.	F&P	All	All	Clare Priest, Group Manager - Commercial	-	None	√	
<u>References from Overview & Scrutiny</u> To receive any references from the Overview & Scrutiny Committee and/or scrutiny panels.	S&R	All	All	Nicholas Pontone, Democratic Services Lead Tel: 01753 875120	-	None	√	
<u>Notification of Key Decisions</u> To endorse the published Notification of Decisions.	S&R	All	All	Nicholas Pontone, Democratic Services Lead Tel: 01753 875120	-	None	√	

Portfolio Key – F&P = Financial Oversight, Council Assets and Performance, CS = Children's Services, Lifelong Learning & Skills, S&R = Forward Strategy & Corporate Resources, H&E = Housing & Environment, T&P = Transport, Planning & Place, L&C = Leisure, Culture & Communities, R&P = Regulation and Public Protection, S&P = Social Care and Public Health

Bold – Key Decision Non-Bold – Non-Key Decision *Italics* – Performance/Monitoring Report

This page is intentionally left blank