**Draft**

# Annual Governance Statement

**2023/2024**

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

**Annual Governance Statement 2023/2024**

## 1. Scope of Responsibility

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

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

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

The Council, in accordance with the Local Government Pension Scheme (LGPS) Regulations, administers the Greater Manchester Pension Fund (GMPF). The Council delegates the function in relation to maintaining the GMPF to the following:

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

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

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

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

## 2. The Purpose of the Governance Framework

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

The system of internal control is a significant part of the framework and is designed to manage risk to a reasonable level. It cannot eliminate all risk of failure to achieve policies, aims and objectives and can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Council’s policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The Governance Framework has been in place at the Council for the year ending 31 March 2024, and up to the date when the annual accounts are approved.

## 3. The Governance Framework

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

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

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

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

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

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

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

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

The Medium-Term Financial Strategy, the Budget Report, and a detailed monitoring regime for both revenue and capital expenditure, together with the Section 151 Officer and Monitoring Officer, ensures that expenditure is lawful. Officers of the Council are experienced and trained to fulfil their roles, ensuring that a competent workforce is in place. Officers have regular My Performance meetings to ensure that performance is satisfactory and the attendance at training seminars/courses ensures that officers are up to date with developments in their areas of expertise.

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

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

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

The Council has had a Local Government Association Corporate Peer Challenge in January 2024. It has published the report in full alongside its Action Plan. As part of additional funding into Local Government, the Department for Levelling Up, Housing and Communities requested Local Government publish Productivity Plans. The Council will publish its plan by July 2024.

Tameside also has four Strategic Neighbourhood Forums in place which allow members of the public to participate in the decision-making process and the Big Conversation which provides residents and service users the opportunity to express their views and opinions about the services they use and how they can be delivered. The Partnership Engagement Network also provides an opportunity for residents to meet face-to-face to provide their views on key proposals the Local Authority is making.

A new Corporate Plan was agreed in February 2024. Within that we make a commitment to publish progress updates on ‘priority projects’ – those that are seen as key to delivering on the ambitions set out in the plan. We will also publish and monitor a basket of performance indicators (measures of data that we track over time) to check that we are moving in the right direction, at the right speed and can compare our performance with others.

The Council has a Scrutiny process in place, with three Scrutiny Panels, covering Health and Adult Social Care, Children’s Services, and Place and External Relations alongside its Audit Panel. The membership of the Panels is formed of councillors and supported by officers, with the Audit Panel conforming to CIPFA best practice with two independent members. The Panels carry out various reviews as required on priority topics and assurance reviews with key partners throughout the year.

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

The Council needs to set out a clear vision that members, employees, service users and the public can identify with and this is detailed in the Corporate Plan. A new Corporate Plan has been approved for 2024/25.

The Corporate Plan (Our People – Our Place – Our Plan) in 2023/24 was for everyone every day and was based on five themes:

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

The plan also had eight key Priorities:

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

The Corporate Plan was based on a relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production, and joint delivery of services. Do with, not to.

The Council set a balanced net budget for 2023/24 of £221.397m, which included budget reduction proposals of £19.590m including a number of corporate financing initiatives to balance. The final outturn position on 2023/24 budgets presents a broadly balanced position, with an overspend of £0.340m on Council Budgets (which will be funded from general reserves). Inflation is currently running at 2.3%, having reduced gradually from a high of 11.1% in October 2022. This has also had a knock-on impact on pay costs, in an already tight labour market. The Bank of England rate increased as part of fiscal policy to control inflation and has been held by the Monetary Policy Committee at 5.25%. The macro-economic environment has also contributed to rising demand and this, along with the cost increases seen due to inflation over the past 12 month period means strong and resilient financial management remains a priority for the Council.

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

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

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

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

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

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

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

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

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

Financial wellbeing is supported via the payment of Housing Benefit to help with housing costs and Council Tax Support which assists low-income residents (subject to eligibility) with Council Tax payments. Exchequer Services and Welfare Rights Service support and advise residents on welfare benefits available and assist those in debt.

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

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

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

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

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

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

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

Engagement work coordinated through the PEN has continued and the approach is founded on a multi-agency conversation about ‘place shaping’ for the future prosperity of our area and its communities.

The key headlines are:

* Facilitated thematic Tameside engagement projects
* A Community Champions scheme continues to support local residents ad provide opportunities to get involved in shaping the borough.
* Supported 47 engagement projects at the regional and Greater Manchester level.
* Continued to operate the Tameside Inequalities Reference Group, a cross-partnership group that meets quarterly to look at how we can address societal inequalities in Tameside. Through a series of deep-dives into a variety of key issues, the group makes recommendations to the Health & Wellbeing Board.
* Delivered four Partnership Engagement Network (PEN) conferences in 23/24

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

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

Managers are required to undertake STRIVE leadership and management training in order to carry out their role. STRIVE is Institute of Leadership and Management accredited.

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

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

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

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

The Council’s approach includes:

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

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

Childrens Services received an Inspection of Local Authority Childrens Services from Ofsted (ILACS) in December 2023, the report was published in February 2024, where the service was rated as inadequate. Ahead of the inspection there were significant issues with the management of Childrens Services and a new leadership team was appointed with a new DCS in August 2023, AD for Social Care appointed in September 2023, Ofsted recognised since that time, swift and decisive action is being taken in some parts of the service, to improve management oversight and raise the quality of social work practice. It is too soon to see the impact of these changes for children and to know whether they will lead to sustained improvements.

Improvement plans and delivery plans are in place. Key actions are fed into the Childrens Improvement Board which is held every six weeks to track in detail the agreed improvement actions produced to follow through on the concerns raised by Ofsted and as well as being monitored by the Children & Families Scrutiny Committee. In April 2024, a Children’s Commissioner was also appointed, and the outcome of the report will not be available until August 2024. Following the inspection an AD for Education was appointed at the end of January 2024.

The service has been reviewed by the DFE, while the service remains on a journey of improvement, a significant positive direction of travel in improvement has again been noted.

The Childrens Service is having a whole service review and projects are underway to address key concerns raised. Embedding of changes and processes is taken place, the outcome of those changes will not be seen until later in the year to be able to measure success.

The SEND & AP Local Area Partnership is responsible for the implementation of improvements to address the areas of weakness identified by Ofsted and the CQC in 2021- set out in our Written statement of Action and the subsequent refreshed Self-Evaluation Framework (SEF).

Improvement and delivery plans are in place and are constantly being updated and oversight of these are within SEND Local Area Partnership Board which is held bi-monthly and Executive meetings which take place monthly.

The DCS has introduced an independent chair to oversee the SEND & Alternative Partnership Local Area Partnership and bring both high support and high challenge across the partnership, facilitating solution-focused practice to resolve issues and barriers that impact on the timely delivery of actions.

***Defining and documenting the roles and responsibilities of members and management with clear protocols for effective communication in respect of the Council and partnership arrangements.***

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

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

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

The Constitution is reviewed and updated regularly, and changes are disseminated across the Council via the Chief Executive’s Weekly Brief, The Wire and team briefings.

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

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

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

The CIPFA Financial Management Code (FM Code) provides guidance for good and sustainable financial management in local authorities, giving assurance that authorities are managing resources effectively.

The FM Code requires authorities to demonstrate that the processes they have in place satisfy the principles of good financial management, which is an essential part of ensuring that public sector finances are sustainable. The FM Code identifies risks to financial sustainability and introduces a framework of assurance. This framework is built on existing successful practices and sets explicit standards of financial management.

An assessment of compliance with the standards with the FM code was undertaken in June 2023 and March 2024. This concluded that the Council is compliant with minimum standards as set out in the FM Code but identified some areas for further improvement. The FM Code assessment forms part of the Annual Governance Statement papers (refer to Appendix B) and the improvement plan.

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

In 2023/24 The Assistant Director Legal was the Council’s Monitoring Officer role. In 2024/25 the Head of Legal Services holds the Council’s Monitoring Officer role. A Monitoring Officer Protocol is in place and detailed on the website.

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

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

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

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

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

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

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

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

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

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

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

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

The Council has an Anti-Fraud, Bribery and Corruption Statement of Intent as part of the Constitution and all investigations are undertaken by Internal Audit. A new Counter Fraud Policy and Strategy was written and approved by the Audit Panel in February 2024. This will be embedded during 2024/25 and 2025/26. All investigations are conducted in line with the Fraud Response Plan and operational guidance notes. The Audit Panel received update reports on counter fraud activity as part of the Internal Audit during 2023/24, the process of reporting is being reviewed in 2024/25 including the introduction of an annual Counter Fraud report. The Council continues to participate in the National Fraud Initiative, which is conducted every two years by the Cabinet office and the datasets to be uploaded and the matches received are coordinated by Internal Audit.

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

***Ensuring an effective scrutiny function is in place.***

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

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

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

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

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

The Council’s assurance arrangements conform with the governance requirements of the CIPFA Statement. A new Head of Assurance replaced the former Head of Risk Management and Audit Services in October 2023. Prior to the appointment of the Head of Assurance, the role of Head of Audit was undertaken by an Interim Head of Audit. Internal Audit report directly to the Director of Resources as the Section 151 Officer and report quarterly to the Audit Panel and the Greater Manchester Pension Fund Local Board. The Internal Audit Service was also judged to conform to the Public Sector Internal Audit Standards (PSIAS) for 2023/24 via a self-assessment. An external assessment of internal audit under PSIAS is due to take place in July 2024.

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

The Audit Panel has delivered the functions of an Audit Committee in compliance with the revised CIPFA Position Statement on Audit Committees (2022). Meetings are regularly attended by our External Auditor. Training is assessed for members of the panel based on their existing skills and knowledge to determine a training plan which will be delivered by officers of the Council, External Audit and service specific experts where required. A Forward Plan is presented at each meeting of the Panel detailing the items for agendas and any training to be delivered. The Audit Panel sought to further improve its own effectiveness by benchmarking itself against the CIPFA Position Statement, and the outcome was reported in November 2023 with improvements identified. Progress will be included in the Chair of the Audit Panel’s annual report in June 2024.

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

Information, support, and responses are provided to External Audit in a timely manner. Audit findings and recommendations during 2023/24 were considered by the Director of Resources and the Assistant Director of Finance, the Director of Greater Manchester Pension Fund, and the Assistant Director (Pensions Local Investments and Property) and presented to the Audit Panel and the Pension Fund Management Advisory Panel.

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

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

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

## 4. Review of Effectiveness

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

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

* The Council has adopted a Planning and Performance Framework and carries out a programme of monitoring which runs throughout its annual cycle. This includes monthly monitoring of all revenue and quarterly of all capital budgets, which are reported to the Senior Leadership Team, Board and Executive Cabinet, and quarterly monitoring of Business Plans by directorates in terms of performance indicators and update reports. A refreshed strategic delivery and performance framework was in final draft in quarter four 2023/24 to be implemented in quarter one 2024/25.
* The Capital Programme is regularly monitored and reported monthly to Executive Cabinet, quarterly to the Strategic Planning and Capital Monitoring Panel and Audit Panel.
* The Council had a Local Government Association Corporate Peer Challenge in January 2024. It has published the report in full alongside its Action Plan.
* The Executive Cabinet carries out its functions in accordance with responsibilities outlined in Cabinet Portfolios, which are detailed in the Council’s Constitution. Several Non-Executive Members are appointed to specific roles to assist Executive Members in the delivery of their particular areas of responsibility. All roles are assigned at the annual meeting of the Council.
* There is a well-established Overview and Scrutiny function. Scrutiny Panels review the work of the Council throughout the year; make a series of recommendations to Overview Panel and Executive Cabinet, which then require a formal response and action, as appropriate. There is a public website where the public can access completed review reports and Annual Plans and Annual Reports. Scrutiny emails are regularly circulated to scrutiny members, elected members and senior management drawing their attention to guidance, live consultations, and outputs from GM scrutiny.
* To support delivery of the Medium-Term Financial Strategy and be in a positive position to respond to the financial challenges facing the Council, a detailed monitoring and reporting system has been put in place. The corporate plan delivery is managed through an Assistant Directors group. The continuation of this work is necessary to ensure that we are in a strong position to manage and use our resources effectively to maintain good outcomes and achieve the level of savings required. Service areas have been challenged to look for new and innovative ways of delivering their services as well as working more closely with our partners. Given the magnitude of the financial challenge the Council faces, consultation via the Big Conversation has continued so that residents’ views on any changes can be taken into consideration. Finance work closely with the Executive Members/Senior Leadership Team, during the budget preparation period to ensure that a robust set of savings plans are in place, with clear delivery plans. Additional support has been brought in externally to support ideation and delivery of the budget, introducing greater grip and control.
* The Directors have each reviewed the operation of key controls throughout the Council, from the perspective of their own directorates, using a detailed assurance self-assessment checklist. They have provided a signed assurance statement and identified any areas for improvement, which will form the basis of the action plan to this Governance Statement.
* The Code of Corporate Governance was reviewed, and the evidence documented to demonstrate compliance with the principles of good governance. The Review was reported to senior management and the Audit Panel in August 2023.
* The Monitoring Officer, carries out a continuous review of all legal and ethical matters, receiving copies of all agendas, minutes, reports and associated papers, and comments on all reports that go to members and when necessary, taking appropriate action, should it be required.
* The Director of Resources as the Section 151 Officer, carries out a continuous review of all financial matters, receiving copies of all agendas, minutes, reports, and associated papers, and commented on all reports that go to members and when necessary, taking appropriate action, should it be required.
* The Standards Committee is responsible for standards and probity and receives regular reports from the Assistant Director of Legal Services, the Monitoring Officer.
* The role held by the Director of Resources conformed to the requirements of the five principles of the CIPFA Statement on the Role of the Chief Financial Officer (CFO) in Local Government during 2023/24.
* Children’s Services are continuing a journey of change and improvement to implement the improvements identified by the Ofsted Inspection in December 2023 and Local Area SEND Inspection of October 2021. The Council has taken several direct and positive steps to ensure that effective monitoring takes place regarding improvement activity and service development. Reviews are underway across all services. The transformation team have further developed the improvement and delivery plans and Quality assurance is reviewing polices within practice and identifying where there are gaps to implement and embed changes. Management is reviewing resource gaps and employing further staff to fill requirements due to the scale of work required. The scope of change within Children’s Services is large and cannot be measured immediately, it will take time and resource to embed and measure outputs against performance indicators. We are currently not in a place to sign off on approval of this document and sign to state we will provide evidence and factual data we have implemented and can provide results on.
* The Audit Panel carries out an overview of the activities of the Council’s Assurance service. Members are provided with a summary of reports issued and their associated audit opinion. They approve the Annual Internal Audit Plan and receive regular progress reports throughout the year. During 2023/24, the Interim Head of Internal Audit presented an Annual Report and opinion, and the External Auditor submitted update reports during the year. The accounts for 2022/23 remain to receive formal sign off by the External Auditor, however the work has begun in March 2024 with an expectation of completion by September 2024. The Strategic Risk Register was presented to the Audit Panel during the year. The Council’s approach to internal audit and risk management was enhanced in 2023/24, using the ‘Three Lines Approach’ as best practice and as part of the embedding of the ‘assurance model’ as referenced earlier.
* An annual audit of Housing Benefit subsidy is undertaken by external auditors specifically appointed for this task, with audit findings being reported to the Department of Work and Pensions (DWP) and Audit Panel.
* An annual audit of Teachers Pension contributions is undertaken by external auditors specifically appointed for this task, with audit findings being reported to Teachers Pensions.
* Internal Audit provides a continuous review in accordance with the Council’s obligations under the Local Government Act 1972, and the Accounts and Audit Regulations 2015. It operates under the Public Sector Internal Audit Standards. An External Peer Review was last conducted in March 2018 which confirmed that the service was fully compliant with all the standards, the self-assessment undertaken annually since then have reaffirmed compliance. The next external peer assessment is due to take place in July 2024.
* The Data Protection Officer and the Head of Assurance continued to monitor adherence to data protection legislation throughout the year and taken appropriate action to deal with any incidents arising. Executive Support continued to monitor the processing of Freedom of Information and Subject Access Requests and weekly progress reports are now provided to all managers and the Executive Cabinet to ensure compliance with the relevant timescales. An assessment of compliance with the Accountability Principle has identified significant gaps in the Council’s ability to evidence full compliance with the UK General Data Protection Regulations (GDPR) and the Data Protection Act (DPA) 2018. An action plan is in place to address the gaps. Furthermore, an Information Commissioner’s Office (ICO) audit is due to take place in July 2024, which will provide the Council with assurance over the current arrangements.
* The CIPFA Financial Management (FM) Code provides guidance for good and sustainable financial management in local authorities, giving assurance that authorities are managing resources effectively. A self assessment of compliance with the standards with the FM code was undertaken in June 2023 and updated in March 2024. This concluded that the Council is compliant with minimum standards as set out in the FM Code and have implemented process improvements. This revised assessment will be presented to Audit Panel in June 2024.
* The Council’s External Auditors review the activities of the Council and issue an annual opinion on the Annual Accounts and a Value for Money conclusion. However, the Council still has 2 years of accounts open with 2022/23 and 2023/24 remaining to be audited. Conclusions and significant issues arising are detailed in their update reports**.**

## 5. Level of Assurance

The governance arrangements in place comply with the principles outlined in the Council’s Code of Corporate Governance and can be regarded as fit for purpose. Areas for development have been identified in the Improvement Plan attached at **Appendix A**, and addressing these will further enhance the Governance Framework.

The opinion on the overall adequacy of the Council’s framework of governance, risk management and internal control for the period 2023/24 is Limited due to the limitation in scope in terms of strategic risk coverage, the outcome of the OFSTED inspection rating Children’s Services inadequate and the outcome of the Children’s internal audit reviews providing no assurance. That said, based on the actual audit work completed in 2023/24 in the other strategic risk areas, the opinion would be reasonable assurance.

There is a limitation to scope in terms of risk coverage by Internal Audit due to a change in approach in line with risk-based auditing, where there was a reset in August 2023. Work will continue in 2024/25, with full coverage of strategic risks and any emerging risks and issues that arise during the year.

Certain weaknesses and exceptions were highlighted by audit work. These matters have been discussed with management, with recommendations made and agreed. These recommendations have been implemented or are in the process of being implemented.

**6. Conclusion and Signatures**

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

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

|  |  |
| --- | --- |
| Signed: | Signed: |
|  |  |
| Executive Leader of Tameside MBC | Chief Executive of Tameside MBC |
| Dated: | Dated: |

**Annual Governance Statement 2023/2024 – Improvement Plan**

| **REF** | **AREA OF REVIEW** | **IMPROVEMENT IDENTIFIED** | **IMPROVEMENT OWNER** | **TARGET DATE** |
| --- | --- | --- | --- | --- |
| 1 | Technology Improvements | To ensure the foundational technology platform is fully implemented, to provide the Tameside Council staff with the tools and assurances around security/information governance to work more effectively in an agile working environment. To also provide council services with the tools to drive service improvement digitally to improve the customer experience for the residents of Tameside Council. Finally, to also design and implement a data platform to provide more meaningful dashboards to assist with operational delivery and strategic planning.  This will be through the implementation of the following:   * M365 implementation * Microsoft Power Platform implementation * Data Lake & Power BI Reporting implementation * Customer Relationship Management (CRM) Solution | Assistant Director ICT & Digital | August 2025 |
| 2 | ICT Disaster Recovery/ Cyber Security | Services to review and agree their system recovery priorities in conjunction with the IT Service.  Once determined systems will need to be put in place to ensure Tier 1 systems have full recovery checks and tests undertaken annually and Tier 2 systems every other year.  An audit of the Cyber Security function is planned for Q2-Q3 (24/25) and this will provide any areas of improvement | Assistant Director ICT & Digital | December 2024 |
| 3 | Information Governance | Carried forward from 2023/24 – Review of Information Governance policies.  To ensure compliance with the ICO’s Accountability Framework and relevant legislation, a detailed action plan is to be fully documented, subject to regular monitoring, and reporting on process to the Audit Panel. | Head of Assurance | March 2025 |
| 4 | Financial Management Code | The FM Code Review has identified areas of improvement around business partnering, organisational grip and delivery and managing costs across the Council. To improve this, the Council is embedding full business partnering, upgrading its accounting software to unlock the latest functionalities, training budget managers and holders and increasing accountability meetings for budget delivery. | Assistant Director of Finance | March 2025 |
| 5 | Children’s Social Care (carried forward) | Findings from OFSTED are captured in the formalised three-year Children’s Improvement Plan. The Improvement Plan is published on the Council’s website and progress against the plan is reported to the Children’s Improvement Board. | Assistant Director of Children’s Social Care | March 2027 |
| 6 | SEND | Findings from OFSTED, and all improvements are captured within the SEND and Alternative Provision Improvement and Delivery plans. Progress against these plans is reported to the Education Improvement Board. | Assistant Director of Education | March 2027 |
| 7 | Vision Tameside (carry forward) and Levelling Up funded Programmes | To complete the Ashton Town Hall project along with the remaining elements of the Vision Tameside project.  There are further Levelling Up Programmes that must also be completed by March 2025 in Stalybridge and as such, and in line with the FM Code improvements, there is a need to improve capital monitoring and actions to bring spend in line with profile to ensure external funding is not lost. | Director of Place | March 2025 |
| 8 | Corporate Plan Delivery | A new corporate plan was approved at March Council for the period 2024 – 2027. Delivery of this plan requires a new strategic delivery and performance framework to determine where delivery is on or off-track. | Assistant Director of Workforce and Development | July 2024 |
| 9 | Financial Regulations and Contract Procedure Rules | The Council’s Financial Regulations were last wholesale reviewed in 2021 and have reached the three year period for full review. The regulations need to conform to best practice and reflect the Council’s governance arrangements following disaggregation from the Strategic Commission with the NHS.  The Contract Procedure Rules will require amendment in response to changes from the Procurement Act 2023. | Assistant Director of Finance / Assistant Director of STAR Procurement | March 2025 |
| 10 | Risk Approach and Maturity | Further work is required to fully embed the Risk Management Policy & Strategy approved in December 2023, including taking the learning from the independent Risk Management review findings and ensuring these are fully implemented, with regular reporting on progress to the Audit Panel. | Head of Assurance | March 2026 |
| 11 | Counter Fraud Approach | An operational plan to support the implementation of the two year strategic Counter Fraud Plan contained in the new Counter Fraud Policy & Strategy approved in February 2024 is required to ensure that the Counter Fraud function and Counter Fraud approach is improved and modernized. | Head of Assurance | March 2026 |
| 12 | IFRS16 Implementation | IFRS16 – Accounting for leases is mandatory in the public sector for accounts prepared for 2024/25. A plan for adopting IFRS16 is in place and will be implemented for April 2025. | Assistant Director of Finance | March 2025 |
| 13 | Prudential Code and MRP Changes | A consultation on the Prudential Code and setting aside MRP has concluded with changes to be reflected in the Council’s Treasury Management Strategy and Capital Strategy from 2025. Certain changes will be implemented from September 2024 to which the Council has minimal exposure. | Assistant Director of Finance | September 2024 |
| 14 | Corporate Governance and Assurance Framework | Review and update as required the Council’s Codes of Corporate Governance and Assurance in line with learning from other Council’s governance failures and the new LGA Improvement and Assurance Framework | Director of Resources and Borough Solicitor | March 2025 |

**Assessment Against the Financial Management Code Standards**

| **FM CODE STANDARDS** | | **Key Questions in FM Code** | **Met?** | **Current Arrangements** | **Areas for Improvement (If any)** |
| --- | --- | --- | --- | --- | --- |
| **The responsibilities of the chief finance officer and leadership team** | | | | | |
| A | The leadership team is able to demonstrate that the services provided by the authority provide value for money | * Does the authority have a clear and consistent understanding of what value for money means to it and to its leadership team? * Does the authority have suitable mechanisms in place to promote value for money at a corporate level and at the level of individual services? * Is the authority able to demonstrate the action that it has taken to promote value for money and what it has achieved? | YES | The Corporate Plan sets strategic priorities for the Council. Governance arrangements include: Financial Regulations; Contract Procedures; procurement processes supported by STAR. There are further Audit and risk management arrangements include reporting to senior officers and Members. Capital Expenditure proposals are subject to business cases and Member approval. There is regular financial management reporting to Elected Members. |  |
| B | The authority complies with the CIPFA *Statement on the Role of the Chief Finance Officer in Local Government (2016)* | * Is the authority’s CFO a key member of the leadership team, involved in, and able to bring influence to bear on, all material business decisions? * Does the CFO lead and champion the promotion and delivery of good financial management across the authority? * Is the CFO suitably qualified and experienced? * Is the finance team suitably resourced and fit for purpose? | YES | The Director of Resources is a key member of the Single Leadership Team, actively involved in and able to influence all material decisions.  The Director of Resources is suitably qualified and experienced.  The finance team is experienced and refocussing on core delivery post-Covid. |  |
| **Governance and financial management style** | | | | | |
| C | The leadership team demonstrates in its actions and behaviours responsibility for governance and internal control | * Does the leadership team espouse the Nolan principles? * Does the authority have in place a clear framework for governance and internal control? * Has the leadership put in place effective arrangements for assurance, internal audit, and internal accountability? * Does the leadership team espouse high standards of governance and internal control? * Does the leadership team nurture a culture of effective governance and robust internal control across the authority? | YES | The leadership team espouses the Nolan principles.  The authority has a governance structure and an internal audit team. This includes core governance systems and frameworks including the Constitution, decision making, Codes of Conduct, Annual Governance Statement, and Internal Audit Function. The Monitoring Officer is a key member of the Single Leadership Team. | Financial Regulations should be updated annually. |
| D | The authority applies the CIPFA/SOLACE *Delivering Good Governance in Local Government: Framework* (2016) | * Has the authority sought to apply the principles, behaviour and actions set out in the framework to its own governance arrangements? * Does the authority have in place a suitable local code of governance? * Does the authority have a robust assurance process to support its AGS? | YES | The Council’s Code of Corporate Governance sets out the Council's governance arrangements in conjunction with the CIPFA/SOLACE Delivering Good Governance in Local Government Framework 2016. Compliance with Framework is confirmed within the AGS. Assurance processes are well established to support the AGS, and improvement actions identified in the AGS are followed up during the year. The Internal Audit Function is compliant with Public Sector Internal Audit Standards and reports regularly to the Audit Panel. |  |
| E | The financial management style of the authority supports financial sustainability | * Does the authority have in place an effective framework of financial accountability? * Is the authority committed to continuous improvement in terms of the economy, efficiency, effectiveness, and equity of its services? * Does the authority’s finance team have appropriate input into the development of strategic and operational plans? * Do managers across the authority possess sufficient financial literacy to deliver services cost effectively and to be held accountable for doing so? * Has the authority sought an external view on its financial style, for example through a process of peer review? * Do individuals with governance and financial management responsibilities have suitable delegated powers and appropriate skills and training to fulfil these responsibilities? | YES | The authority has clear accountability through budget holders and regular financial monitoring.  Financial Services operate a finance business partnering model, attending departmental meetings, and working with budget managers to identify the financial implications of decisions.  Managers work within budget holder accountability and the finance business partnering model.  Managers have suitable delegated powers and appropriate skills. | Preparations have been made to deliver a training programme for budget holders. This will be rolled out in May/June 24. |
| **Medium to long-term financial management** | | | | | |
| F | The authority has carried out a credible and transparent financial resilience assessment | * Has the authority undertaken a financial resilience assessment? * Has the assessment tested the resilience of the authority’s financial plans to a broad range of alternative scenarios? * Has the authority taken appropriate action to address any risks identified as part of the assessment? | YES | The authority has reviewed CIPFA’s financial management index. |  |
| G | The authority understands its prospects for financial sustainability in the longer term and has reported this clearly to members | * Does the authority have a sufficiently robust understanding of the risks to its financial sustainability? * Does the authority have a strategic plan and long-term financial strategy that adequately address these risks? * Has the authority sought to understand the impact on its future financial sustainability of the strategic, operational, and financial challenges that it might face (e.g. using a technique such as scenario planning)? * Has the authority reported effectively to the leadership team and to members its prospects for long-term financial sustainability, the associated risks, and the impact of these for short and medium-term decision making? | YES | The Council has a MTFP. The statement of the robustness of budget estimates identifies service risks. It has also identified that the current use of reserves is not sustainable in the medium term.  The Council has a savings programme to reduce the authority’s dependence on reserves.  The Council has reported on service risks, actions regarding the saving programme and the need to ensure long-term financial sustainability.  The Council has continued to update its MTFP as new information has become available. |  |
| H | The authority complies with the CIPFA *Prudential Code for Capital Finance in Local Authorities* | * Has the authority prepared a suitable capital strategy? * Has the authority set prudential indicators in line with the Prudential Code? * Does the authority have in place suitable mechanisms for monitoring its performance against the prudential indicators that it has set? | YES | The Council has a Capital Strategy for 2024/25.  The Council set Prudential indicators as part of the 2024/25 Capital Budget.  The Prudential Indicators are reported within monitoring, Treasury reports and the Outturn report. | Project outcomes to be assessed against original Business Cases. |
| I | The authority has a rolling multi-year medium-term financial plan consistent with sustainable service plans | * Does the authority have in place an agreed medium-term financial plan? * Is the medium-term financial plan consistent with and integrated into relevant service plans and its capital strategy? * Has the medium-term financial plan been prepared on the basis of a robust assessment of relevant drivers of cost and demand? * Has the medium-term financial plan been tested for resilience against realistic potential variations in key drivers of cost and demand? * Does the authority have in place a suitable asset management plan that seeks to ensure that its property, plant, and equipment including infrastructure assets contribute effectively to the delivery of services and to the achievement of the authority’s strategic aims? | YES | The Council has a medium-term financial plan (MTFP).  The MTFP is consistent with service plans. Capital financing projections are included within the MTFS.  The MTFP incorporates cost drivers and demand assumptions.  The authority has a Strategic Asset Management Plan. | Further risk analysis around the sensitivity of capital receipt assumptions within the Capital Programme is required.  The Strategic Asset Management Plan needs to be updated and the change in governance arrangements, with the replacement of Clinical Commissioning Groups, updated in the strategy. |
| **The annual budget** | | | | | |
| J | The authority complies with its statutory obligations in respect of the budget setting process | * Is the authority aware of its statutory obligations in respect of the budget-setting process? * Has the authority set a balanced budget for the current year? * Is the authority aware of the circumstances under which it should issue a Section 114 notice and how it would go about doing so? | YES | A legal and balanced budget and corresponding Council Tax levels is set for the 2024-25 financial year. The budget proposals included a risk assessment and robustness report by the Director of Finance. The Tax Base was set on January 24 2024 in a report to Cabinet.  A MTFP process provides the framework for the budget proposals. The MTFP is updated regularly.  The authority is aware of the circumstances under which it should issue a section 114 notice and how it would go about doing so. |  |
| K | The budget report includes a statement by the chief finance officer on the robustness of the estimates and a statement of the adequacy of the proposed financial reserves | * Does the authority’s most recent budget report include a statement by the CFO on the robustness of the estimates and a statement of the adequacy of the proposed financial reserves? * Does this report accurately identify and consider the most significant estimates used to prepare the budget, the potential for these estimates being incorrect and the impact should this be the case? * Does the authority have sufficient reserves to ensure its financial sustainability for the foreseeable future? * Does the report set out the current level of the authority’s reserves, whether these are sufficient to ensure the authority’s ongoing financial sustainability and the action that the authority is to take to address any shortfall? | YES | The annual budget report, considered by Executive Cabinet and approved by Full Council includes a Statement by the Director of Finance on the robustness of the budget estimates and the adequacy of reserves.  The statement on the robustness of the 2024/25 budget identified the risk areas**:** demand for Adult Social Care; demand and price increases for Children’s Social Care, achieving budget reductions, with fewer providers delivering complex support. Costs of Home to School Transport, homelessness, under-achievement of income, pay and inflation; the fair funding review; delivering the overall savings programme**.** The identified risks were also key issues in the 2023/24 budget monitoring and the related budget variances.  The statement on the robustness of the 2024/25 budgetalso identified that the level of reserves used was unsustainable in the medium term. The statement also proposed a minimum general fund balance of £27.537m from 1 April 2024, which was achieved.  The statement on the robustness of the 2024/25 budget referenced the actions of delivering and monitoring a programme of planned savings**.** |  |
| **Stakeholder engagement and business cases** | | | | | |
| L | The authority has engaged where appropriate with key stakeholders in developing its long-term financial strategy, medium-term financial plan, and annual budget | * How has the authority sought to engage with key stakeholders in developing its long-term financial strategy, its medium-term financial plan, and its annual budget? * How effective has this engagement been? * What action does the authority plan to take to improve its engagement with key stakeholders? | YES | The MTFP and budget proposals are developed alongside in consultation with Members, senior officers, and other stakeholders.  A public consultation on the 2024/25 budget proposals was undertaken. |  |
| M | The authority uses an appropriate documented option appraisal methodology to demonstrate the value for money of its decisions | * Does the authority have a documented option appraisal methodology that is consistent with the guidance set out in IFAC/PAIB publication Project and Investment Appraisal for Sustainable Value Creation: Principles in Project and Investment Appraisal? * Does the authority offer guidance to officers as to when an option appraisal should be undertaken? * Does the authority’s approach to option appraisal include appropriate techniques for the qualitative and quantitative assessment of options? * Does the authority’s approach to option appraisal include suitable mechanisms to address risk and uncertainty? * Does the authority report the results of option appraisals in a clear, robust, and informative manner that gives clear recommendations and outlines the risk associated with any preferred option(s)? | YES | Capital Investment proposals are subject to business cases which use the national Treasury Green Book Appraisal Methodology for all capital investment proposals to ensure they demonstrate VfM. Officers receive guidance from the Finance Service when developing business cases and options appraisals for investment proposals.  Where significant policy decisions of a revenue nature have financial implications, these should also be supported by appropriate options appraisals.  Cabinet reports include revenue and capital implications to ensure decision makers are fully informed of the associated financial implications. | In order to improve reporting, further training should be delivered regarding the early identification of the financial implications of policy proposals. |
| **Monitoring financial performance** | | | | | |
| N | The leadership team takes action using reports, enabling it to identify and correct emerging risks to its budget strategy and financial sustainability | * Does the authority provide the leadership team with an appropriate suite of reports that allow it to identify and to correct emerging risks to its budget strategy and financial sustainability? * Do the reports cover both forward and backward-looking information in respect of financial and operational performance? * Are there mechanisms in place to report the performance of the authority’s significant delivery partnerships such a contract monitoring data? * Are the reports provided to the leadership team in a timely manner and in a suitable format? * Is the leadership team happy with the reports that it receives and with its ability to use these reports to take appropriate action? | YES | Monthly revenue financial monitoring is presented to Senior Officers, the Leadership Team, and Members. This includes monitoring of savings plans with additional focused reporting on savings having been introduced for 2023/24. Significant variances and emerging risks are identified, and mitigating actions are discussed and agreed in response. The reports cover the position to date and the forecast for the remainder of the financial year.  Capital Monitoring reports are prepared on a quarterly basis, with more detailed service-based capital update reports presented to Strategic Planning and Capital Monitoring Panel four times a year. |  |
| O | The leadership team monitors the elements of its balance sheet which pose a significant risk to its financial sustainability | * Has the authority identified the elements of its balance sheet that are most critical to its financial sustainability? * Has the authority put in place suitable mechanisms to monitor the risk associated with these critical elements of its balance sheet? * Is the authority taking action to mitigate any risks identified? * Does the authority report unplanned use of its reserves to the leadership team in a timely manner? * Is the monitoring of balance sheet risks integrated into the authority’s management accounts reporting processes? | YES | The MTFP includes some information around about earmarked reserves.  The Treasury Management Strategy identifies the cash and borrowing impact of the Capital Programme.  The 2023/24 Outturn Report will include additional information on the usable reserves held by the authority. | A projected balance and aged debt analysis should be included in the budget monitoring. |
| **External financial reporting** | | | | | |
| P | The chief finance officer has personal responsibility for ensuring that the statutory accounts provided to the local authority comply with the *Code of Practice on Local Authority Accounting in the United Kingdom* | * Is the authority’s CFO aware of their responsibilities in terms of the preparation of the annual financial statements? * Are these responsibilities included in the CFO’s role description, personal objectives, and other relevant performance management mechanisms? * Have the authority’s financial statements hitherto been prepared on time and in accordance with the requirements of the Code of Practice on Local Authority Accounting in the United Kingdom? | YES | The authority’s leadership team and the Director of Finance (s151 Officer) are aware of their responsibilities in terms of the preparation of the annual financial statements. | There is one external audit to be completed.  Finance Team Members to be given training to improve the quality of the financial statements and address areas of weakness as identified in the Audit completion statements. |
| Q | The presentation of the final outturn figures and variations from budget allow the leadership team to make strategic financial decisions | * Is the authority’s leadership team provided with a suitable suite of reports on the authority’s financial outturn and on significant variations from budget? * Is the information in these reports presented effectively? * Are these reports focused on information that is of interest and relevance to the leadership team? * Does the leadership team feel that the reports support it in making strategic financial decisions? | YES | Outturn reports are produced as routine. |  |