

# Improvement and Recovery Plan

## First Report on Outcomes and Success Criteria

### Purpose

This report presents the council's position on progress made to date on the delivery of the agreed improvement outcomes and success criteria.

It provides a RAG rating and narrative assessment against each of the success criteria provided by the service leads responsible for the improvements being undertaken. It demonstrates the current position after two years of intervention and, as such, had these success criteria been applied to the council at the beginning of the intervention, most if not all would have been RAG-rated as red.

As this is the first report using this approach, the RAG ratings section only shows this period. Future reports will show any variance since the baseline (this report) and the last period.

### Summary

<b>1. Improvement in assurance and audit</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Independent expertise and auditing are used to test strength in governance and systems to provide assurance of increasing rigour and capability in the internal operating environment.			
b. Internal audit functions are challenging, robust, valued and contribute to the efficient delivery of public services.			
c. The Annual Governance Statement, prepared in accordance with the CIPFA/ SOLACE Good Governance Framework, is the culmination of a meaningful review designed to stress-test both the governance framework and the health of the control environment.			
<b>2. Improvement in collaboration between officers and between Members and officers</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Improved communications between officers and Members with constructive challenge welcomed.			
b. Members provide quality leadership by setting a clearly articulated, achievable and prioritised vision for officers to follow that puts place and local people at its heart. Senior officers have the capacity and capability to provide the authority with effective strategic direction.			
c. The authority's corporate plan and Performance Management and Assurance Framework is evidence based, current, realistic and enables the whole organisation's performance to be measured and held to account. The authority's financial strategy and delivery arrangements are aligned with priorities in the corporate plan, and respond appropriately to local need, including the plans of partners and stakeholders.			
d. A culture of cooperation, respect and trust between members and officers, and between departments exists, along with a commitment to transparent decision-making.			
e. Demonstrable steps to engage openly and honestly with staff.			
<b>3. Improvement in Member and officer confidence</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Mutual trust and confidence between Members and officers.			
b. Belief that there has been a meaningful and sustained change in the approach to openness and transparency.			
c. Member forums and meetings are conducted in a respectful way			

d. Effective procedures are in place and followed to ensure members and all officers comply with the Nolan Principles, relevant codes of conduct and policies, including procurement. This includes adequate protections and support for whistle-blowers and adherence to Contract Procedure Rules.			
e. Respect for a councillor's need to know and enquire.			
f. Civil working relationships (and communication) between Group Leaders despite political disagreements.			
<b>4. Improvement in responsiveness to the public</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Protocols and metrics for public responsiveness are agreed and implemented as part of the new Contact Centre.			
b. Complaints are monitored corporately and at Audit Committee for trends or teams and corrective actions plans are developed and implemented, including the requirements of the Code of Conduct from the Local Government and Social Care Ombudsman.			
c. There is early and meaningful engagement and effective collaboration with communities to identify and understand local needs and assets, and in decisions that affect the planning and delivery of services. In some cases, this involves the co-design and/or co-production of services.			
d. Users are satisfied with the level and quality of services provided.			
<b>5. Improvement in public and partner confidence in the Council</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Residents, partners and stakeholders have access to more information, and customer service because of implementing the new operating model, and the specialisation of functions.			
b. Business planning options place a requirement to engage with relevant partners and stakeholders and to capture any insights and report on any risks.			
c. Members and senior officers maintain constructive relationships and engage effectively with external stakeholders and the wider local community.			
<b>6. Improvement in risk management</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Risk Management has a clear escalation route, and this is actively managed and tested in every team.			
b. Risk Champions trained across the organisation.			
c. Robust systems are in place throughout the organisation and owned by members for identifying, reporting, mitigating and regularly reviewing risk.			
d. Risk awareness and management informs every decision.			
e. Proper member oversight (as shareholders) of companies and partnership bodies, in accordance with the Local Authority Company Review Guidance, and their existence is regularly and independently reviewed.			
<b>7. Improvement in the quality of decision making</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Options are internally scrutinised to assess impact on resourcing.			
b. Reports to decision-makers forward-planned sufficiently in advance, are of a high quality and clarity, containing clear options analysis, risk analysis, assessment of financial and legal implications of the decision.			
c. The authority's scrutiny function is challenging, robust and contributes to the efficient delivery of services.			
d. Decision-making is taken at the right level, with staff empowered to do their jobs consistent with the scheme of delegation.			
e. Service plans are clearly linked to a local authority's priorities, strategic plans and longer-term planning – a golden thread that runs through to individual objectives and accountability.			

f. The Audit Committee has the knowledge, skills and independent expertise to provide robust challenge and ensures effective controls are in place and issues addressed.			
g. Full Council, alongside the Audit Committee, reviews governance arrangements and takes an effective overview of the systems of control, audit and governance.			
h. A culture of compliance with legislation, strategies, policies and procedures throughout the organisation.			
<b>8. Improvement in the transparency of performance information</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Performance management and quality assurance information effectively measures outcomes and is frequently interrogated.			
b. Effective project management of projects to enhance governance and effective use of resources.			
c. There are clear and effective mechanisms for scrutinising performance across all service areas. Performance is regularly reported to the public to ensure that citizens are informed of the quality of services being delivered.			
d. A commitment to promoting transparency and sharing performance information with the public.			
<b>9. Improvement in value for money</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Business plans are in place for savings opportunities and for the new operating model implementation.			
b. Strong financial management and reporting, in accordance with the CIPFA Financial Management Code, runs throughout the whole organisation.			
c. The financial strategy and budgets are clearly aligned with strategic priorities and there is a robust process for reviewing and setting the budget.			
d. A robust system of financial controls and reporting exists, which provide clear accountability and ensure compliance with statutory requirements and accounting standards.			
e. Compliance with the Prudential Framework, a clearly presented Investment Strategy, Capital Strategy and Minimum Revenue Provision (MRP) policy exists.			
f. There is collective accountability for the budget and medium-term financial plan, rather than a siloed approach to management.			
g. There are regular financial reports to Cabinet and training is available for all members and officers on finance.			
h. There is a culture of collective effort and responsibility to address the financial issues the Council faces.			
i. Outputs and outcomes are consistently delivered to best value.			
<b>10. Improvement in responsiveness to poor performance</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Through governance arrangements and improved reporting performance issues are escalated and a clear action plan agreed.			
b. 360-degree appraisals are used where appropriate.			
c. Performance improvement and capability deficit processes for officers are developed, well understood, and monitored.			
d. Performance management policies and processes are redefined and managers and officers aware of compliance requirements and target dates for action planning improvement.			
e. Effective and timely responses to issues with accountability of the need to make changes and without a culture of blame.			
<b>11. Improvement in policy and practice through the use of external expertise</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Support, networking and alignment with professional bodies as a means of shaping policy and practice is encouraged and benefits to			

individuals and the teams reviewed as part of the Personal Development Review process.			
b. The existence of a proactive and welcoming attitude to external challenge and scrutiny.			
c. Use of independents in Committees, as advisors or mentors to improve capability if required.			
d. The authority arranges a corporate or finance peer challenge at least every five years, acts promptly on any recommendations given, and publishes the report of that review and progress updates.			
e. The authority will work collaboratively with the external auditor and Local Government and Social Care Ombudsman to proactively identify areas for improvement and responds promptly and effectively to recommendations.			
<b>12. Improvement in corporate capability</b>	<b>Baseline</b>	<b>RAG – last period</b>	<b>RAG – this period</b>
a. Recruitment and selection strategies test the capabilities needed, through use of alternatives to just interview, probation targets and standards are set, and managers actively manage.			
b. Professional development and appraisal at all staff levels is built into day-to-day work, with poor performance identified, monitored and effectively addressed, and good performance recognised.			
c. The local authority takes an innovative approach when considering how services will be designed and delivered in the future.			
d. A demonstrable commitment to leadership and member development, including specialist training for key roles.			

**Note on definitions:**

- Red indicates that progress is not assured to be on track at this stage, and additional steps are required beyond those currently in train.
- Amber indicates that progress is being made, but with some risks or uncertainties which are still to be resolved before we have confidence the Council is fully on track.
- Green does not yet indicate high performance, but signifies that good progress is being made and the Council is on track to meet the expectations required by the intervention.

1. Improvement in assurance and audit	Baseline	RAG – last period	RAG – this period
a. Independent expertise and auditing are used to test strength in governance and systems to provide assurance of increasing rigour and capability in the internal operating environment.			
b. Internal audit functions are challenging, robust, valued and contribute to the efficient delivery of public services.			
c. The Annual Governance Statement, prepared in accordance with the CIPFA/ SOLACE Good Governance Framework, is the culmination of a meaningful review designed to stress-test both the governance framework and the health of the control environment.			

**Lead Director Summary**

The Council has recently appointed a new Head of Internal Audit who is making good progress on strengthening the Internal Audit function. There are still challenges with recruitment and a variety of routes are being pursued to ensure sufficient resources are available. The 2023/24 Audit Plan is on track to be completed in full and there are robust arrangements in place to ensure audit recommendations and management actions are followed up. The Audit Committee is engaging well and are receiving monthly updates on the progress of internal audits to ensure they are kept up to date between formal Committee meetings.

A pragmatic approach has been adopted to producing back dated AGSs statements but a comprehensive, and pan organisation, approach is adopted for the 2023/24 AGS.

The Internal Audit function is aware that, whilst good progress is being made, it remains on a journey. The skills gap analysis and customer satisfaction survey will be used to further enhance the service and a self-assessment against the Public Sector Internal Audit Standards will be completed, the aim being by the end of the current financial year, the outcomes of which will be reported in the Head of Internal Audits annual opinion.

**a. Independent expertise and auditing are used to test strength in governance and systems to provide assurance of increasing rigour and capability in the internal operating environment.**

**Assessment of Progress**

A large proportion of the 2023/24 Audit Plan was delivered, with several audit reviews providing positive on the Council’s governance and internal control arrangements. Where recommendations were raised within audit reviews, management have taken swift action to address the risks identified.

The 2023/24 Annual Report + Head of Internal Audit Opinion includes an assessment of the Council’s governance and internal control arrangements. This was reported to Audit Committee on 3 October 2024.

The risk-based 2024/25 Internal Audit Plan was approved by Audit Committee on 11 July 2024. This includes 27 audit reviews, which provide assurance over a wide range of the Council's governance, internal control and risk management arrangements. There were no reported / suspected attempts to impair the Internal Audit's independence during 2023/24.

The HoIA now reports directly to the S151, rather than an Assistant Director and has regular relationship management meetings with the Chief Executive, Chair of Audit Committee as required by the Public Sector Internal Audit Standards and Internal Audit Charter and the Finance Commissioner.

The HoIA attends various boards / groups to provide consultancy support in terms of enhancing the Council's governance arrangements. Examples include the Performance Management Assurance Framework project group and the Governance Recovery Board as needed.

The HoIA is CMIIA qualified, with extensive local government / management experience. However, the Internal Auditors are not qualified and do not have significant experience. Although some basic internal audit training has been provided through on-the-job and specific team training. One Auditor has recently obtained the Certified Information Systems Auditor qualification and is considering commencing the Certified Internal Auditor qualification. A skills gap analysis will be completed on the Internal Audit team by 31 October 2024. Training needs identified will be arranged where needed.

The Internal Audit Team is currently under resourced. Ongoing recruitment activity is underway to recruit both temporary and permanent personnel to boost the team's skills, experience and qualifications. Subject to market conditions it is anticipated that all Internal Audit recruitment will be completed by 31 December 2024, with successful candidates being in post by April 2025.

The Role of Internal Audit and Role of Audit Committee training has been provided to the newly appointed Audit Committee Members and substitutes. Specialist Internal Audit resources will be procured where skills gaps have been identified. One example where external specialist resource will be required is for IT audits and Thames Freeport audit reviews.

#### **b. Internal audit functions are challenging, robust, valued and contribute to the efficient delivery of public services.**

##### **Assessment of Progress**

The scope of all 2024/25 Internal Audit reviews to include as standard an objective to identify potential opportunities for service and operational improvements / efficiencies.

In the future examples of the Internal Audit service providing added value to services / stakeholders through assurance and consultancy reviews will be documented and explicitly reported in future Progress Reports and Annual Opinion reports to SLT / Audit Committee.

The post-audit review customer satisfaction questionnaire will be reviewed and updated to ensure sufficient questions / feedback is received in relation to the value of the Internal Audit service provided and how the work has contributed to the efficient delivery of the relevant service / operation. The outcomes of the customer satisfaction questionnaires from the individual audit reviews will be summarised into future Internal Audit Progress reports and the Annual Head of Internal Audit Opinion report.

Progressing this success criteria will be a priority for 2024/25, with the first demonstrable outcome being reported in the next Internal Audit Progress report, which is due to be reported to Audit Committee in January 2025.

**c. The Annual Governance Statement, prepared in accordance with the CIPFA/ SOLACE Good Governance Framework, is the culmination of a meaningful review designed to stress-test both the governance framework and the health of the control environment.**

### **Assessment of Progress**

Intensive work has been undertaken to regularise the position on the council's Annual Governance Statement, recognising that this is an area of the control environment which had not been operating as planned. In line with the backstop dates, AGSs for 2020/21, 2021/22 and 2022/23 have been published alongside draft accounts.

The Local Code of Governance has now been formally adopted into the Constitution, following Cabinet on 11 September 2024 and Council on 30 October 2024. The 2023/24 Annual Governance Statement (AGS) has not yet been drafted, but it will be prepared in-line with the CIPFA / SOLACE Good Governance Framework.

The 2023/24 AGS will be prepared using a collaborative approach between several key officers, including the Head of Financial Assurance, Internal Audit, Risk and Insurance and the Assistant Director – Legal and Governance. Preparing and finalising the 2023/24 AGS is a priority for Q4 2024/25 (October to December). The intention is that the 2023/24 AGS will be reported through the relevant governance forums, alongside the 2023/24 annual accounts in February 2025.

2. Improvement in collaboration between officers and between Members and officers	Baseline	RAG – last period	RAG – this period
a. Improved communications between officers and Members with constructive challenge welcomed.			
b. Members provide quality leadership by setting a clearly articulated, achievable and prioritised vision for officers to follow that puts place and local people at its heart. Senior officers have the capacity and capability to provide the authority with effective strategic direction.			
c. The authority’s corporate plan and Performance Management and Assurance Framework is evidence based, current, realistic and enables the whole organisation’s performance to be measured and held to account. The authority’s financial strategy and delivery arrangements are aligned with priorities in the corporate plan, and respond appropriately to local need, including the plans of partners and stakeholders.			
d. A culture of cooperation, respect and trust between members and officers, and between departments exists, along with a commitment to transparent decision-making.			
e. Demonstrable steps to engage openly and honestly with staff.			

**Lead Director Summary**

There has been a marked improvement in communication between members and officer, through practical steps such as the codesign and production of the Corporate Plan and Performance Management and Assurance Framework, through to the shift in culture in how members and officers work with each other via regular meetings with clear agendas and open discussion. There is clearly more to do to ensure that good working extends beyond existing working and behaviours are adopted by all and more consistently applied but the direction of travel is reassuring.

There has been a strong improvement in working relations between members and officers based on constructive challenge and forward planning and greater transparency. This can particularly be seen in Cabinet, working with groups, and the Audit and Standards Committee, which look to constructively challenge and take leadership of issues. Progress has been made in Overview and Scrutiny but there are ongoing concerns that the committees are not working with the executive as a critical friend and still view scrutiny as a place to challenge officers not to hold the Cabinet to account.

**a. Improved communications between officers and Members with constructive challenge welcomed.**

**Assessment of Progress**

There is evidence of improved communications between officers and Members, although progress is variable in places and there are specific exceptions.

**Cabinet**



There is consistent and effective communication between officers and Cabinet addressing policy development and service performance and planning.

- Cabinet briefing includes SLT and Cabinet considering future cabinet agendas, forward planning and more recently policy development and horizon scanning (e.g. home to school transport and devolution) as well as review of following Cabinet meeting papers. Officers also provide briefing to the political Cabinet meetings, where political policy and strategy is discussed in a confidential forum.
- Individual portfolio holders meet with relevant senior officers on a regular basis.
- The Leader additionally meets with the Chief Executive, AD Comms and Monitoring Officer.

### **Groups / “back benchers”**

Engagement is largely positive but with some tension that a group leader perceives this as officers seeking to restrict or control councillors.

- The group leaders now meet together and with officers in advance of Council meetings to address issues that would otherwise arise in the meeting.
- Group leaders meet with the Chief Executive
- The MO has established a group whips’ meeting to address and resolve low level and administrative cross-party issues.
- A pilot of ward visits with lead members and ward members has started.

Political assistants provide an increasingly valuable role in providing a conduit between groups and officers and a third assistant is being recruited to support the NPAIC group, which should improve this further. Training and development on the specialist role will be provided. It is recommended that groups look to use these officers more extensively as they can provide a critical role in ensuring group matters are progressed and liaison between groups and officers and between groups is constructive. This could be an area for development to support the improvement journey within groups.

Regular communications go to all councillors.

### **Overview and Scrutiny**

Significant progress has been made in the development of overview and scrutiny, including in communications.

- Annual work programmes have been established through collaboration between chairs, councillors, officers and portfolio holders and are kept under review.
- Scrutiny officers meet regularly with scrutiny chairs with regard to progress and future meeting planning.
- Regular pre-meeting briefings are held with scrutiny chairs.

There are concerns that scrutiny committees are not engaging directly with the executive as a critical friend with regard to its future work planning and executive decision making with a focus on holding officers not the cabinet to account. No formal scrutiny recommendations or reports have gone to Cabinet from Scrutiny. This is of course early days in the new model.

On the whole at committee members are engaged and evidence of constructive challenge to officer reports, which is evidenced in minutes. Experience of Cabinet, Audit and Standards committee meetings have shown understanding of the reports and relevant and probing questions to lead members and officers attending. As an example, the Standards Committee were keen to address culture change amongst members as part of their remit, going beyond the strict role focussing on the code of conduct and complaints.

Conduct relating to member/ officer relations is generally of a high standard across the council with respectful and constructive interaction, e.g. in formal meetings such as scrutiny and audit committee, but also informally. At a recent scrutiny committee, members praised presenting officers for their “honesty” and lack of defensiveness when describing the challenges that still face the council in their areas (digital and members enquiries/ complaints) and the impact of finite resources. A members’ working group has been established to work with officers on improving members enquiry handling.

Commissioners identified in their March letter that they had concerns about the conduct of a small number of members. Unfortunately, there is still evidence of a very small number of members who do not communicate with officers in a constructive or respectful way, particularly when they are opposed to an officer decision or position and a refusal to accept explanations when provided. Challenge to this conduct is not received well. Language and reactions can imply political bias with the focus on individual blaming of officers. There is continued concern that this exhibits itself in communications and approach with more junior officers.

Work is ongoing with these instances of poor behaviour but so far has been unsuccessful, which is a concern for the future governance of the Council and effective use of officer and member time. This is also having a disproportionate impact on the use of resources with senior and other resources diverted away the shared focus on the strategic challenges facing the council and Thurrock’s residents.

This needs to be set in context that the conduct, commitment and engagement of the overwhelming majority of councillors is of a high standard with effective direction and challenge in Cabinet, Audit, Standards and, subject to other comments, in Scrutiny Committees.

**b. Members provide quality leadership by setting a clearly articulated, achievable and prioritised vision for officers to follow that puts place and local people at its heart. Senior officers have the capacity and capability to provide the authority with effective strategic direction.**

#### **Assessment of Progress**

In July 2024, Full Council unanimously agreed our new Corporate Plan ‘A Fresh Start for Thurrock’. The Plan articulates the change we need, builds on our Improvement and Recovery Plan, and provides the basis of our work to come. It is an articulation of where officers and Members will focus their work – to be an enabling council, to focus on people and to focus on place. Our new Performance Management and Assurance Framework will align how we measure our performance and success against this Plan. Cabinet have established a series of policy development briefings to consider issues on the wider policy landscape that impact Thurrock outside of the usual decision-making process.

**c. The authority's corporate plan and Performance Management and Assurance Framework is evidence based, current, realistic and enables the whole organisation's performance to be measured and held to account. The authority's financial strategy and delivery arrangements are aligned with priorities in the corporate plan, and respond appropriately to local need, including the plans of partners and stakeholders.**

**Assessment of Progress**

We are currently developing a Performance Management and Assurance Framework to measure and monitor corporate performance and increase the transparency of this information. In working with senior officers and Members, we have identified milestones and metrics that are current, realistic, and provide the stretch that is required to make progress at pace.

There is further work to do to ensure that our financial strategy and delivery plans are linked to our plans and local need. A new approach to service planning is being developed and will be implemented for 2025/26 that will drive and imbed these links.

**d. A culture of cooperation, respect and trust between members and officers, and between departments exists, along with a commitment to transparent decision-making.**

**Assessment of Progress**

Many of the comments set out above will apply equally here in respect of member and officer relations with an overarching theme of collaboration and constructive working and challenge between members and officers. There are examples, such as the review of member enquiries, which show a mutually constructive approach. However, a very small number of members still consider that senior officers do not have respect for them and equally do not show respect for officers, especially where they disagree with the members or make decisions they dislike. This is addressed above.

There is increased joint and shared working between directorates and between corporate services, the ACE services and service directorates. The workstreams under the change programme necessitate this, for example the work with PWC on customer contact, led to the development of over 100 individual customer journeys for voice automation between services, Digital and PWC. There is still work to do but the development of the operating model will again lead to greater joint working. Leadership development has focussed on collaborative working. For example, since May 2024 an Assistant Directors group has been established (facilitated by SLT members) to develop leadership and cross departmental working across the organisation.

Transparency is now central to executive decision making and embedded into template documentation, guidance and training for officers but also the practice of Cabinet. Cabinet meetings will move to a committee room to make the layout less hierarchical and more inclusive for other members and the public. Work on the Constitution review will increase the emphasis on open governance giving it prominence with the format and content of the documents. The constitution review work plan was presented to the Governance Recovery Board in September 2024. New information governance software has been procured that will automate and improve the Council's ability to manage information requests.

The Local Code of Corporate Governance was approved by Cabinet at September's meeting and will be presented to Full Council in October. This allows for transparency for members and the public as to how the Council's corporate governance will operate and will also provide metrics and framework against which the Council will review its own governance in the Annual Governance Statement going forward. The AGS will be presented to Audit Committee early in 2025 for member oversight and challenge.

#### **e. Demonstrable steps to engage openly and honestly with staff.**

##### **Assessment of Progress**

In September the council launched its Fresh Start for Thurrock internal communications campaign, to tell staff a new, more positive, story about Thurrock. We created a new area of the intranet where staff can access information about the four main elements of the campaign - how we work and what we do; technology and change; one council; and celebrating our staff. The content will be updated regularly and brought to life through events and webinars. In the launch week, an event was held for managers, hosted by CE Dave Smith, to showcase the different elements and encourage managers to get involved.

In addition to the campaign, we have been focusing on improving the content and tone of our internal communications, using our e-newsletters and monthly all-staff briefings to showcase and celebrate the work of staff, as well as reiterating our key messages about positive change and working as one council.

3. Improvement in Member and officer confidence	Baseline	RAG – last period	RAG – this period
a. Mutual trust and confidence between Members and officers.			
b. Belief that there has been a meaningful and sustained change in the approach to openness and transparency.			
c. Member forums and meetings are conducted in a respectful way.			
d. Effective procedures are in place and followed to ensure members and all officers comply with the Nolan Principles, relevant codes of conduct and policies, including procurement. This includes adequate protections and support for whistle-blowers and adherence to Contract Procedure Rules.			
e. Respect for a councillor’s need to know and enquire.			
f. Civil working relationships (and communication) between Group Leaders despite political disagreements.			

**Lead Director Summary**

There is significant progress towards functioning relationships and confidence between the vast majority of councillors and officers. As stated above, key committees and cabinet are working well with full engagement from members and officers and the quality of reports and information has improved. The Standards Committee has been provided with a proactive work programme to ensure it understands and is committed to improving the ethical health and culture of the council. The constitution review will place greater emphasis on transparency and rights of access by giving statutory and common law rights greater prominence. There remain isolated cases where this improvement is not felt by members and officers, however, and this remains an issue to watch regarding the council’s ability to sustain its improvement without commissioner involvement.

**a. Mutual trust and confidence between Members and officers.**

**Assessment of Progress**

Please see comments above, which address member officer relations. There is growing evidence of trust and confidence between the administration and the vast majority of councillors and officers as evidenced in the approach and conduct of committees and scrutiny committees. Effective working relations exist with the administration and larger opposition group. As stated, a very small minority of members continue to take a different view and do not demonstrate they have trust and confidence in officers and expressly this regularly in correspondence and meetings. Comments made above in relation to this issue are relevant to this measure also.

**b. Belief that there has been a meaningful and sustained change in the approach to openness and transparency.**

**Assessment of Progress**

Recent surveys indicate there is considerable progress is still needed on this indicator, but this is unsurprising.

Measuring belief is subjective and inherently long term but the following evidence can be proposed that shows, anecdotally, the direction of travel is more positive. Members in committee meetings, including audit and the standards committee, have expressed gratitude for greater openness in reports and information presented to them. For example, following presentation from officers on both the digital update and member enquiries process, the Chair of Corporate Overview and Scrutiny Committee commented at the meeting on 17 September 2024 that it was refreshing that officers had acknowledged where there were challenges or where processes were not working as they should, as it increased transparency. Officers had also been clear in these acknowledgements what steps were being proposed to address those challenges.

**c. Member forums and meetings are conducted in a respectful way.**

**Assessment of Progress**

Reflecting the comments above, the vast majority of councillors conduct is of a high standard and respectful to officers and each other. Consequently, the majority of meetings pass without any issues. Questioning and debate is often of a high standard, with questioning challenging but respectful. No complaints about councillor conduct in meetings have been raised.

As a comparative but anecdotal view, the monitoring officer's view is that the conduct of members in meetings in Thurrock is of as high a standard in most other councils and with less disruption in the reporting period. A small number of issues remain in evidence in the reporting period but sit within in a context of civil conduct by the majority and constructive input:

- A challenging training session facilitated by CFGS where there was some poor member behaviour reported.
- Poor use of language at Full Council but which, more positively, was picked up and challenged by other councillors in the meeting.
- Some concerns about conduct in overview and scrutiny meetings but on balance this appeared to be more robust challenge than disrespectful.

These issues again all relate to the very small number of councillors.

An issue to watch relates more to ensure the content and debate in member level meetings effectively fulfils their statutory roles in the decision making and oversight of the authority, as well as ensuring a focus on resident engagement and involvement. The Constitutional review will seek to address these issues but, of course, practical implementation is critical. Member training, guidance and the 2025 induction programme will seek to reinforce this.

**d. Effective procedures are in place and followed to ensure members and all officers comply with the Nolan Principles, relevant codes of conduct and policies, including procurement. This includes adequate protections and support for whistle-blowers and adherence to Contract Procedure Rules.**

**Assessment of Progress**

An effective ethical framework is in place and under review including:

- A code of conduct that is based on the LGA model and related guidance, which expressly address the Nolan Principles.
- A complaints procedure accessible online and which has been used to good effect in the past year and reporting period. This is currently under review and was reported to the Standards Committee on 5 November to ensure member oversight. Comments made by members including the independent members will be incorporated into the review of the procedure, e.g. whether it would be helpful to have an independent member as chair of standards hearing committees. It is also worth noting that committee members expressed frustration with the fact that the statutory regime for councillor conduct does not have any powers of sanction.
- Protocols to guide member and officer conduct and behaviour as part of a suite of documents that underpin the Code and Nolan Principles. These are under review by the MO reporting to the Standards Committee

To ensure oversight by members including independent members, the following is now reported to the Standards Committee

- An ethical framework update reporting on indicators that demonstrate the ethical health of the authority, e.g. declarations of interest and gifts and hospitality and any policy developments.
- current and resolved complaints (at high level) so the effectiveness of the MO's handling of complaints can be scrutinised.
- Rolling review of ethical framework documents, such as protocols.

Training and guidance are provided to all members regarding the Member Code of Conduct and the standards expected of those in public office.

- Member training in May 2024
- Guidance through protocols and advice from the MO and DMO, e.g. most recently with regard to the issue of the withholding of councillors' addresses and place of employment from the register of interests as a sensitive interest.
- Work has started regarding ensuring that there is robust training in place for members following the all-out elections in May 2025, and consideration of a member training record/ CV that can be used by members to demonstrate their learning/ skills.
- The differing skill sets and experience of councillors will be taken into account when designing training, i.e. between new and returning councillors.

Through Democratic Services, the MO ensures that councillors are regularly requested to review and update their register of interests and comply with their obligation to declare gifts and hospitality. On an individual level, councillors are advised on these duties and in a recent

complaint under the Code, the opportunity was taken to provide clear advice to the councillors involved as to the duty to declare gifts and hospitality.

There are a limited number of Member Code of Conduct complaints and a number of longstanding complaints have been resolved. There is weekly monitoring of the progress of complaints overseen by the monitoring officer to ensure they are dealt with within a reasonable period to avoid past concerns that complaints took too long to resolve.

The Monitoring Officer and Deputy Monitoring Officer adopt a balanced approach to the consideration of complaints balancing amongst other factors the need for a transparent complaints process with investigation of the most serious complaints, the need to avoid politicalised use of the process and “tit for tat” complaints between members and assessing which complaints can be effectively resolved through informal resolution (noting the absence of formal sanctions). For example, in July a long-standing complaint was informally resolved by meeting with the subject member, assisting in an apology being drafted to the complainant member, and also arranging individual training for the subject member to try and improve conduct going forward.

To reflect comments above, there is a considerable concern that the same small number of councillors have great difficulty in accepting the outcome of conduct complaints and this is expressed in hyperbolic and highly personal terms, as described above. In no cases have the appeals mechanism for Code of Conduct complaints been utilised, however.

Relevant policies for whistleblowing, anti-money laundering and counter fraud are kept under review and updated annually. These policies were reviewed and agreed at Audit Committee on 3 October.

There are effective automated processes for the approval of contracts and procurements to Contract Procedure Rules are adhered to by officers. This ensures a level of consistency and compliance in the evidence provided to decision making officers and approvals are decision are made at the appropriate level of delegated authority with corporate partner advice. For example, papers for the Spending and Approval Panel include requirement for advice to be provided on necessity of the contract, procurement process and legal approval to be obtained. In advance of the implementation of the Procurement Act 2023 which will need to change how procurement is undertaken, the procurement team have run training for key service areas.

The Contract Procedure Rules have been updated in accordance with the new legislation and were taken to Cabinet and Council in October 2024.

#### **e. Respect for a councillor’s need to know and enquire.**

##### **Assessment of Progress**

The current constitution sets out in a number of parts the rights of access to information afforded to Councillors:



- The right of access to information pursuant to section 100A – K Local Government Act 1972
- The additional rights to information of Overview and Scrutiny Committee members
- Paragraph 4.1, Chapter 2 that councillors will have such rights of access to such documents necessary for the proper discharge of their duties.
- Paragraph 9.1, Part 5 Chapter 7 of the Constitution which provides that information and documents should be made available on request by officers to members unless there is a clear justifiable reason for declining/ the councillor cannot establish a legal interest to the document.

As stated above, the Monitoring Officer and Deputy Monitoring Officer will ensure the constitution review gives greater prominence to members rights to information including:

- Part 3 will be expressly focused on Scrutiny and Open Governance drawing together all relevant rules and will ensure that member's right for access to documents, and the need to know and enquire is addressed and respected in the revised document.
- A specific part will set out members rights of access, including need to know and statutory rights bringing together all of their rights in a single document in the Constitution.
- The citizen's rights section will be reviewed and included in the new Part 3

It is important that the Council's approach should not be reduced to statutory rights and there is evidence above regarding increased focus on openness and transparency and also the current review of the enquiry process. It is noted that member experience of the current process was both positive and negative (as expressed at Corporate Overview and Scrutiny) but also the issue of finite resources will need to be considered. The quality of responses to queries is a noticeable theme, e.g. not providing reasons for decisions.

Members training and induction will include how to access information.

Conversely, as the Council is now increasingly at the "sharp end" of litigation to recover monies from various parties, including Liam Kavanagh, through formal legal proceedings, it is important to review how information is circulated. It is critical that legally privileged information about the council's claim and litigation strategy remains confidential to avoid risk of prejudicing the recovery of significant sums.

#### **f. Civil working relationships (and communication) between Group Leaders despite political disagreements.**

##### **Assessment of Progress**

On the whole relationships between Group Leaders appear to be civil, for example at Full Council on 26 September, the Leader expressed congratulations to the Leader of the opposition on his recent marriage. There was cross group consensus and positivity on certain motions at this meeting where there is tangible community impact (relating to the Purfleet Pantry, a scheme to prevent violence against women and girls, and the Big Lunch events).

Further work is required however. There is intermittent tension which impacts on the ability to resolve “business as usual” issues including arrangements for meetings constructively. The formation of a group whips meeting may assist with this, if there is group engagement.

4. Improvement in responsiveness to the public	Baseline	RAG – last period	RAG – this period
a. Protocols and metrics for public responsiveness are agreed and implemented as part of the new Contact Centre.			
b. Complaints are monitored corporately and at Audit Committee for trends or teams and corrective actions plans are developed and implemented, including the requirements of the Code of Conduct from the Local Government and Social Care Ombudsman.			
c. There is early and meaningful engagement and effective collaboration with communities to identify and understand local needs and assets, and in decisions that affect the planning and delivery of services. In some cases, this involves the co-design and/or co-production of services.			
d. Users are satisfied with the level and quality of services provided.			
<p><b>Lead Director Summary</b></p> <p>Significant progress has been made in this workstream with the defining, designing and implementing of a new customer contact model for dealing with interaction with residents and the wider public. Customer contact services are due to be consolidated to create resilience alongside progress towards the automation of over 130 end to end customer journeys so that queries can be addressed and resolved 24/7 and not within “opening hours”. This programme sits within the wider corporate digital programme which has been designed in the past six months. The lead member and officers reported to Corporate Overview and Scrutiny on customer service and complaints (including LGSHO) and a task group has been established to look at member enquiries.</p>			

<p><b>a. Protocols and metrics for public responsiveness are agreed and implemented as part of the new Contact Centre.</b></p>
<p><b>Assessment of Progress</b></p> <p>Protocols and metrics continue to be in place for the contact centre including demand data, quality, responsiveness, and customer satisfaction. Further metrics will become available following Voice AI and CRM technology implementation enabling us to measure the effectiveness of this technology</p>
<p><b>b. Complaints are monitored corporately and at Audit Committee for trends or teams and corrective actions plans are developed and implemented, including the requirements of the Code of Conduct from the Local Government and Social Care Ombudsman.</b></p>
<p><b>Assessment of Progress</b></p> <p>Complaints continue to be monitored corporately and at audit committee including action plans, trends and learning from complaints and in line with the code of conduct and Local Government and Social Care Ombudsman. The complaints report for 23/24 was presented at Audit Committee on 3rd October 24 and the 24/25 mid-year report will be presented at audit committee in January 2025.</p>

**c. There is early and meaningful engagement and effective collaboration with communities to identify and understand local needs and assets, and in decisions that affect the planning and delivery of services. In some cases, this involves the co-design and/or co-production of services.**

**Assessment of Progress**

There are two aspects to our progress in this area:

- 1) Supporting services to improve our business-as-usual engagement with residents. We have challenged teams to follow best practice in terms of consultation, ensuring questions and information are accessible and in plain English, using design, communications and outreach that engage and interest them. We have seen positive results across a range of projects including the Grays Riverside Towns Fund consultation, but there is still much more we can do to ensure we are reaching all of our diverse communities with our engagement.
- 2) A renewed commitment to collaborating and engaging with residents in their local areas. We are on track to deliver a pilot in one ward to test out what works best when working with the community to establish priorities and co-design solutions. The pilot will run for the next few months, reporting back to Cabinet in the new year. The learning will inform the rollout of our new approach to local prioritisation and ultimately some localised service delivery, across the borough, in line with the new operating model.

**d. Users are satisfied with the level and quality of services provided.**

**Assessment of Progress**

The customer services department has various customer satisfaction mechanisms in place, i.e. the contact centre has an automatic customer satisfaction survey. The customer satisfaction across all customer services teams is extremely high with exceptionally low complaint volumes, and the highest number of compliments across the organisation.

- Customer satisfaction score contact centre 23/24 99.35% - this is based on the automatic survey scoring from residents, only 720 expressed dissatisfaction, in any way from 111944 survey calls.
- Customer satisfaction score contact centre 24/25 year-to-date (up to end of September - 98.55%) only 727 expressed any dissatisfaction from 50226 survey calls.
- Only 6 upheld complaints for whole customers services dept for 23/24 this includes contact centre, meet, and greet, registrars and careline and this is from 325970 contacts.
- 6 upheld complaints year to date for 24/25 from 175,749 contacts this includes contact centre, meet, and greet, registrars and careline.
- Contact centre compliments - 23/24 =1662 from overall council compliments of 2089
- Contact centre compliments year-to-date 847 from overall council compliment of 1208.

5. Improvement in public and partner confidence in the Council	Baseline	RAG – last period	RAG – this period
a. Residents, partners and stakeholders have access to more information, and customer service because of implementing the new operating model, and the specialisation of functions.			
b. Business planning options place a requirement to engage with relevant partners and stakeholders and to capture any insights and report on any risks.			
c. Members and senior officers maintain constructive relationships and engage effectively with external stakeholders and the wider local community.			
<p><b>Lead Director Summary</b>  This is a significant indicator and requires consistent, clear and quality engagement with partners over time. To do this we must build that solid foundation across customer services, how services consider engagement with partners and how at a senior level we engage with partners and the community we serve. These quarter has seen solid progress in building that foundation and there is a clear plan to progress each element moving forward.</p>			

<p><b>a. Residents, partners and stakeholders have access to more information, and customer service because of implementing the new operating model, and the specialisation of functions.</b></p>
<p><b>Assessment of Progress</b>  Work is currently in progress to consolidate customer contact activities across the organisation, with a view to moving these into the Customer Services Department by the end of 2024. Following the movement of these activities it will enable work to begin to ensure the levels of service are consistent with the current customer services department and identify opportunities to streamline processes and enable further automation. This will support improving the overall customer service for residents, partners, and stakeholder across all services</p>
<p><b>b. Business planning options place a requirement to engage with relevant partners and stakeholders and to capture any insights and report on any risks.</b></p>
<p><b>Assessment of Progress</b>  We are developing a new approach to service and business planning for 2025/26. Where stakeholder and partner relationships are well-developed, their insights will be incorporated. However, we know that the quality of these relationships across the council and different sectors is inconsistent. The centralisation of engagement and partnership functions, and the redesign that will follow, will seek to reduce these inconsistencies and build strong relationships to inform our service planning.</p>

**c. Members and senior officers maintain constructive relationships and engage effectively with external stakeholders and the wider local community.**

**Assessment of Progress**

A programme of ward visits has been arranged for Cabinet Members, ward councillors, and members of SLT to run through the autumn and winter months. These will provide opportunities for community stakeholders to raise issues or concerns with senior council representatives and build positive relationships with key community figures across the borough. Public question time events are also being arranged to allow the wider community to ask questions and raise issues with Cabinet and SLT, and for the council to share important information with residents, demonstrating transparency on areas like the budget and cost of living support.

6. Improvement in risk management	Baseline	RAG – last period	RAG – this period
a. Risk Management has a clear escalation route, and this is actively managed and tested in every team.			
b. Risk Champions trained across the organisation.			
c. Robust systems are in place throughout the organisation and owned by members for identifying, reporting, mitigating and regularly reviewing risk.			
d. Risk awareness and management informs every decision.			
e. Proper member oversight (as shareholders) of companies and partnership bodies, in accordance with the Local Authority Company Review Guidance, and their existence is regularly and independently reviewed.			

**Lead Director Summary**

As with Internal Audit, the Risk Management function is improving but remains on a journey to ensure that risk management is fully embedded across the organisation and underpins all decision making.

The Risk Management Strategy 2024/27 has been approved but the detail of roles and responsibilities is a work in progress.

The JCAD system is being implemented to streamline the approach to refreshing and strengthening directorate and corporate risk registers. Once refreshed and agreed the corporate risk register will be reported to the Audit Committee quarterly. Fully refreshed risk registers, both directorate and corporate, are a specific target to be completed in 2024/25. The third specific target for 2024/25 is a comprehensive risk table in all Cabinet and committee reports. The Risk Manager is supporting report authors with the risk implications section, but the risk table will bring more of a spotlight to risks associated with the content/recommendations of the report, mitigating actions and residual risks.

Risk management training has started for Members but it is at its easiest stages and the training needs to be very clear on the role of Members in terms of ownership. Once agreed, there needs to be a programme to roll out across the organisation and ensure it is refreshed appropriately.

**a. Risk Management has a clear escalation route, and this is actively managed and tested in every team.**

**Assessment of Progress**

The escalation and de-escalation route for Risk Management has been detailed at a high level in the recently adopted Risk Management Strategy 2024-2027. Roles and responsibilities for Risk Management have been clearly defined in the Risk Management Strategy 2024-2027.

The escalation route will be further laid out / defined in the Risk Management toolkit. This will be prepared and rolled out during Q4 2024/25. Embedding the escalation of risk management into the Council's business-as-usual activity will be a priority from April 2025.

The introduction of the Risk Champion network / group will be pivotal in embedding the escalation of risk management from services / operations to Directorate Management Team's, Senior Leadership Team and Members.

The Corporate Risk Register is currently being drafted and is due to be reported to SLT on 4 December and Cabinet on 9 February 2024.

#### **b. Risk Champions trained across the organisation.**

##### **Assessment of Progress**

The role of the Risk Champion has been defined / approved as part of the recently adopted Risk Management Strategy (2024-2027).

Risk Management training has been arranged for Risk Champions. This is due to be delivered by the end of the calendar year, subject to the availability of the training provider (ALARM). Risk Champions have not yet been identified. This is a priority action for the Strategic Chief Adviser to progress.

#### **c. Robust systems are in place throughout the organisation and owned by members for identifying, reporting, mitigating and regularly reviewing risk.**

##### **Assessment of Progress**

The Risk Management Strategy 2024-2027 has now been formally adopted by the Council, following Cabinet decision on 11 September 2024.

The Risk Management system (JCAD) is currently being procured to enable the recording, assessment, review and reporting of risks. It is envisaged that risk recording and reporting will be done within JCAD from November 2024, once JCAD has been configured to the Council's structure / needs and relevant officers have been provided with training.

Risk Management training, which will include the identification, assessment, review and reporting of risks is being arranged for relevant Members and Risk Champions in November / December 2024.

The process for risk identification, assessment, reviewing and reporting will be fully embedded into the Council's business-as-usual risk management activities from April 2025, once the Risk Management Toolkit has been drafted and agreed, the Risk Champion network has been set up and relevant training has been provided to key officers.

#### **d. Risk awareness and management informs every decision.**



### **Assessment of Progress**

The Council has recently implemented ModGov for reporting. A risk implication section has been added to Cabinet report templates within ModGov and a specific step has been introduced to the reporting process to ensure all risk implications are reviewed and verified by the Risk Management Team in advance of the papers being published for Informal Cabinet.

Risk implications have been included on Cabinet reports from September 2024.

There have been some administrative issues with the October 2024 Cabinet reports, which has meant reports were not routinely directed to the Risk Management Team so the drafted risk implications could be reviewed and verified. However, this issue has been resolved through manual intervention and a series of actions are now being taken by Democratic Services to ensure all future Cabinet reports - from November 2024 do automatically get directed to the Risk Management team, prior to Informal Cabinet so the risk implications can be verified.

The intention is to roll out the risk implication step into all decision-making reports from April 2025.

### **e. Proper member oversight (as shareholders) of companies and partnership bodies, in accordance with the Local Authority Company Review Guidance, and their existence is regularly and independently reviewed.**

#### **Assessment of Progress**

There is evidence to suggest that steps are being taken to improve member oversight of outside bodies:

- The Leader's portfolio centres on the relationship with outside bodies.
- A review of Outside Bodies has been undertaken by Democratic Services and presented to the Leader, to ascertain if continued membership is in the Council's interest.
- Outside body membership is a standing item at Full Council and so regularly reviewed.
- On key items such as the Freeport, a paper is being taken to October Cabinet to provide insight to members on the arrangements and to request appropriate delegations for decision making, to ensure effective management of the Council's role as Freeport Accountable Body.

In more broad terms, all Cabinet reports now include risk management as an implication with support from the Risk team.

7. Improvement in the quality of decision making	Baseline	RAG – last period	RAG – this period
a. Options are internally scrutinised to assess impact on resourcing.			
b. Reports to decision-makers forward-planned sufficiently in advance, are of a high quality and clarity, containing clear options analysis, risk analysis, assessment of financial and legal implications of the decision.			
c. The authority’s scrutiny function is challenging, robust and contributes to the efficient delivery of services.			
d. Decision-making is taken at the right level, with staff empowered to do their jobs consistent with the scheme of delegation.			
e. Service plans are clearly linked to a local authority’s priorities, strategic plans and longer-term planning – a golden thread that runs through to individual objectives and accountability.			
f. The Audit Committee has the knowledge, skills and independent expertise to provide robust challenge and ensures effective controls are in place and issues addressed.			
g. Full Council, alongside the Audit Committee, reviews governance arrangements and takes an effective overview of the systems of control, audit and governance.			
h. A culture of compliance with legislation, strategies, policies and procedures throughout the organisation.			
<p><b>Lead Director Summary</b></p> <p>There has been significant progress particularly in establishing the governance and decision-making framework through improved processes (e.g. ModGov) and operating models (e.g. scrutiny). Improvements in practice have been inconsistent as officers and members are upskilled to new ways of working and higher standards, especially in respect of governance and report writing. Overview and Scrutiny has made progress and the new model of work based on forward planning is right. However, there remain concerns about the understanding of the purpose of overview and scrutiny in improving executive decision making, which has in turn impacted on its work and agendas in practice. The Audit Committee by contrast is of high quality with constructive challenge and the new Head of Internal Audit has made a major difference in the quality of reporting and advice to the committee with a willingness to work collaboratively with the Assistant Director, Legal &amp; Governance, providing greater corporate strength to support the committee, especially on the Local Code of Governance and AGS.</p>			

**a. Options are internally scrutinised to assess impact on resourcing.**

**Assessment of Progress**

Significant work has been undertaken to improve quality into decision making.

- The mod.gov automated report writing module is now operational for Cabinet providing version and quality control supported by a simplified template for reports. The process for commissioner input has been agreed.

- There is a clear workflow for cabinet reports and consideration of implications.
- The template requires reports to demonstrate how alternatives have been considered and rejected.
- Democratic services now drive all of the Council's forward plans to ensure consistency of approach and visibility for Dem Services on all decision making.
- Forward planning is improving. Democratic Services attend SLT when it considers the forward plan allowing insight into workstreams, and which allows the overarching picture of resourcing to be considered. The current plan is well populated and includes reports up to March 2025 and is actively considered, e.g. discussion between the MO and s151 officer in respect of the appropriate reporting for the setting of the council tax and budget.

SLT still needs to determine its final role in providing assurance and collective accountability for reports before they are considered by cabinet collectively and by commissioners. However, it is providing valuable input. For example, on 25 September 2024 a presentation/ paper was considered regarding proposals for the Stanford Le Hope Gateway station and possible options. There was a clear focus on financing and resourcing and further work is being undertaken to assess the options and viability for the Council.

**b. Reports to decision-makers forward-planned sufficiently in advance, are of a high quality and clarity, containing clear options analysis, risk analysis, assessment of financial and legal implications of the decision.**

**Assessment of Progress**

The comments above are relevant here with the following additions:

- Risk has been added as a requirement in the implications section, with the risk team reviewing and commenting on all Cabinet reports, together with financial, legal and equalities implications.
- Report authors are not able to change the formatting of the template reports to ensure there is consistency and reports look professional.
- Mod Gov has been supported by a training programme provided by external trainers on how to use the system and feedback on these training sessions has been good.
- A training programme led by the MO and DMO on the content and quality of reports has commenced with positive feedback to date.
- The Monitoring Officer and Deputy Monitoring Officer have been reviewing reports for quality assurance and making suggestions for improvements to reports where required. Further the Monitoring Officer is delivering a series of report writing training sessions available for booking by officers across organisation, including a session with a focus for those who prepare implications.

Whilst the direction of travel is good, especially on the rigor of the process and guidance, the quality of draft reports remains mixed and compliance with forward planning is variable. Most reports still require work by business partners to improve quality and ensuring all relevant factors are addressed. For example:

- Reports submitted to SLT regularly lack a link to the Corporate Plan priorities or strategic or national priorities, e.g. a report on waste and recycling made no mention of climate change and net zero.
- Some draft reports still read as if drafted as an internal memo between professionals rather than as a public report and so are difficult to follow, e.g. including jargon and a focus on listing data and evidence rather than using it to provide a coherent rationale for proposals and the link to corporate priorities.
- Instance remain of reports being proposed last minute e.g. the Local Development Scheme paper which was considered at October Cabinet. Initially, the service area had asked for this to be dealt with at an extraordinary cabinet, however, having considered the matters, risks and timing, the matter was urgently added to the forward plan for October and deadlines on the reporting truncated so that it could be dealt with in the usual way at Cabinet, which is a more effective and efficient way of dealing with the matter. There have been a couple of Freeport key decisions on which it has been necessary to use the very urgent mechanisms under the access to information rules and obtain the consent of the Chair of Overview and Scrutiny Committee to do so, however, there has been good justification in these cases for doing so (Freeport financial reprofiling meaning decisions have become key, need to take month by month decisions on funding as overarching governance and funding agreements have not been entered into).

This is an ongoing improvement plan and change will take time.

### **c. The authority's scrutiny function is challenging, robust and contributes to the efficient delivery of services.**

#### **Assessment of Progress**

The new model for provision of scrutiny was implemented from May 2024, so that there are now three scrutiny committees (where previously there were 6) covering: Corporate; People and Place. There are two dedicated scrutiny officers within the Democratic Services team, who are excelling in promoting the new model and "critical friend" approach.

2024/2025 is being treated as a pilot year for the new Overview and Scrutiny Model, however, the "critical friend" approach is best practice, and any future assessment will need to focus on whether this has been achieved.

Members are on the whole engaging well in the process, there has been a significant amount of work undertaken by the Committees with the support of the scrutiny officers over the summer to develop the work programmes and ensure they remained strategic and performing the function of effective scrutiny.

- On occasion at Committee members can get 'stuck in the weeds' rather than strategic scrutiny of matters.
- The scrutiny officers are driving the focus on the new model and ensuring that there are briefings being provided where there is detailed knowledge and learning on a subject required.
- Cabinet members are attending and engaging with their relevant scrutiny committees.

- Task and finish groups that have been set up by the People and Place Committees covering childhood obesity and parking outside schools respectively. A working group is in the process of being established by the Corporate OSC to look at the process and quality of Member Enquiries handling.

There was a suggestion at the training provided by CFGS (referenced above) that the work programmes were too broad and should be solely focussed on financial recovery and transformation. There was some concern from members following this that they were not looking at the 'right' things. The quarterly Cabinet budget reports have been added to work programmes accordingly, and the Chief Executive and Managing Director Commissioner has confirmed that he does not consider that the Committees should be solely focussed on finance, but with a balance of finance recovery, transformational change and operational matters.

Work is well under way to provide scrutiny on the budget proposals for 2025/26 with a clear plan to ensure each committee is able to scrutinise its areas.

There has been some concern raised by a few members regarding the workload and breadth of the Committees and also resourcing to support the committees. This will form part of the review at the end of the pilot year, but resources are finite.

Metrics for measurement of the performance of OSC have been developed to be able to track how the first year has gone and to be incorporated into future corporate performance management.

A concern is however that no scrutiny chair or committee has undertaken any report to Cabinet scrutinising decisions or submitting a policy review for consideration. A fundamental purpose of overview and scrutiny under the executive model of governance is to act as a "check and balance" to scrutinise the work and decisions of the executive – focussed on executive members. This is not happening directly, and committees may be finding their feet, but this will need to be addressed through training and the scrutiny team as it is a significant gap.

#### **d. Decision-making is taken at the right level, with staff empowered to do their jobs consistent with the scheme of delegation.**

##### **Assessment of Progress**

Currently there is a scheme of delegation in place, which is sound and is followed. There is a good process in place for reports going to Cabinet, and the right level of reports are going to this decision-making body.

There are various procurement approvals and HR systems in place for new spend/roles, and also the SAP process for spend above £25,000 - all systems appear to be set up well and working. These systems are solid on the process but what is not yet evident is the quality checking/ level of scrutiny during the process and also measure of output i.e. demonstration of value for money.

The constitution review will next include a full review of the scheme of delegation as part of the wider constitution review will consider whether decisions are being taken at the right level. This will also consider the quality and transparency of delegated decisions. Anecdotal consideration suggests that procedural requirements (e.g. compliance with a tender process) are the focus of reports and possibly meaning less emphasis on the need to demonstrate best value in delegated decisions. Consideration to training key officers will be given.

**e. Service plans are clearly linked to a local authority's priorities, strategic plans and longer-term planning – a golden thread that runs through to individual objectives and accountability.**

**Assessment of Progress**

We are developing a new approach to service planning for the financial year 2025/26. This approach will be based on the deliverables in our Corporate Plan and provide for a golden thread of accountability to individual objectives. We are not yet able to say that this approach is imbedded across all teams, but we will make further progress during 2025/26.

**f. The Audit Committee has the knowledge, skills and independent expertise to provide robust challenge and ensures effective controls are in place and issues addressed.**

**Assessment of Progress**

In this reporting period, there have been 2 meetings of Audit Committee on 11 July and 3 October 2024. The signs were positive regarding the knowledge, skills and quality of constructive challenge of members of the Committee. This first meeting was attended by 2 co-opted non-voting members, and there was evidence at the meeting that they brought a different perspective and challenge to the information before them. Of course, it will remain to be seen as there are further meetings how this develops.

The Committee has a clear work programme that is reviewed at each meeting.

**g. Full Council, alongside the Audit Committee, reviews governance arrangements and takes an effective overview of the systems of control, audit and governance.**

**Assessment of Progress**

Both Full Council and the Audit Committee have good oversight of governance arrangements and systems of control audit and governance.

Full Council will:

- Approve constitutional changes, on recommendation by committee and a members working group (currently)
- Approve the Local Code of Governance, on recommendation by Cabinet.
- Receive annual reports on the operation of scrutiny and standards committees.

The Audit Committee will

- Undertake a full programme of work in its annual plan based on advice from the s.151 officer and Head of internal Audit.
- Review and approve the annual accounts and statement of internal control.
- Review the annual governance statement.
- Approve policies and receive reports on counter fraud, information governance and whistleblowing.

For example, the Audit Committee on 3 October reviewed the Counter Fraud policies, including for Whistleblowing, Anti-Money Laundering and use of RIPA. The same Committee is also considering reports from finance/ audit regarding the use of the new backstop for audited accounts and how the Council will be managing this process.

#### **h. A culture of compliance with legislation, strategies, policies and procedures throughout the organisation.**

##### **Assessment of Progress**

The Local Code of Governance sets out how the council will comply with its legal obligation as assessed in the annual governance statement reported to Audit Committee

It is evident in reporting that officers within service areas are aware of the legislation, strategies, policies and procedures with which they are required to comply and provide good advice and information to members on how to lawfully achieve objectives, and a culture of compliance exists. If anything as a result of the intervention, and nervousness by officers around this, on occasion it apparent that there is almost an over-correction on compliance.

Reference to quality of Cabinet reports is made here and that there is more work to do on ensuring that services such as legal and finance, who provide implications for reports, are focussed on governance and provide solutions based, well rounded advice as to how objectives can be delivered, rather than just commenting on the statutory compliance for example.

The Council's culture change programme also features work to counter the "silo" and "non-compliance" approach within the council.

8. Improvement in the transparency of performance information	Baseline	RAG – last period	RAG – this period
a. Performance management and quality assurance information effectively measures outcomes and is frequently interrogated.			
b. Effective project management of projects to enhance governance and effective use of resources.			
c. There are clear and effective mechanisms for scrutinising performance across all service areas. Performance is regularly reported to the public to ensure that citizens are informed of the quality of services being delivered.			
d. A commitment to promoting transparency and sharing performance information with the public.			
<p><b>Lead Director Summary</b>  This is a mixed picture of progress, but progress has been made across the board. The foundation of solid performance management and public scrutiny has laid with the development of the Performance Management and Assurance Framework, and in the sounder approach to governance and management of programmes in the council, however the test is how these approaches are embedded within the council and we must monitor and maintain a disciplined and ‘One Council’ approach.</p>			

<p><b>a. Performance management and quality assurance information effectively measures outcomes and is frequently interrogated.</b></p>
<p><b>Assessment of Progress</b>  We are currently developing a Performance Management and Assurance Framework to measure and monitor corporate performance and increase the transparency of this information. As the PMAF matures, we will have an increased focus on outcomes and in this phase, milestones have assisted us in demonstrating accountability for progress. We are in discussions with Cabinet and the Chairs of O&amp;S committees to ensure that the publication and opportunities to interrogate this data meets their expectations.</p>
<p><b>b. Effective project management of projects to enhance governance and effective use of resources.</b></p>
<p><b>Assessment of Progress</b>  Some progress has been made in the re-establishment of Change board and Modernisation Board. This has given some foundations of programme grip. There is mixed delivery of projects currently across the council and some flagship projects will need to be monitored both in terms of; delivery activity, financial expenditure of resources and return.</p> <p>Additional governance needs to be formed as per the Change Board paper to cohesively join up all change governance and give proper oversight including (Digital Design Authority, Culture and Workforce Board and Commissioning and Procurement Board and Operating Model Group).</p>



**c. There are clear and effective mechanisms for scrutinising performance across all service areas. Performance is regularly reported to the public to ensure that citizens are informed of the quality of services being delivered.**

**Assessment of Progress**

Within the new Performance Management and Accountability Framework, we intend to set up a Performance and Insight Board to scrutinise corporate performance internally. Alongside this, we will continue to work with Cabinet and Chairs of O&S committees to ensure maturity around scrutiny at public meetings that meets Members expectations and explicitly imparts performance information to the public.

**d. A commitment to promoting transparency and sharing performance information with the public.**

**Assessment of Progress**

We have agreed a regular reporting cycle of corporate performance data to Cabinet and O&S committees. As this matures, we will explore further opportunities to share this directly with residents.

9. Improvement in value for money	Baseline	RAG – last period	RAG – this period
a. Business plans are in place for savings opportunities and for the new operating model implementation.			
b. Strong financial management and reporting, in accordance with the CIPFA Financial Management Code, runs throughout the whole organisation.			
c. The financial strategy and budgets are clearly aligned with strategic priorities and there is a robust process for reviewing and setting the budget.			
d. A robust system of financial controls and reporting exists, which provide clear accountability and ensure compliance with statutory requirements and accounting standards.			
e. Compliance with the Prudential Framework, a clearly presented Investment Strategy, Capital Strategy and Minimum Revenue Provision (MRP) policy exists.			
f. There is collective accountability for the budget and medium-term financial plan, rather than a siloed approach to management.			
g. There are regular financial reports to Cabinet and training is available for all members and officers on finance.			
h. There is a culture of collective effort and responsibility to address the financial issues the Council faces.			
i. Outputs and outcomes are consistently delivered to best value.			

**Lead Director Summary**

Significant efforts across the organisation are being deployed to ensure financial management and practice is as robust as possible and meets the requirements of good financial practice. 2024/25 has seen a significant review of financial strategies, processes and reporting with a view to rebuilding good models of practice and ensuring the foundation for the 2025/26 budget is on a firm a foundation as possible. However moving forward this foundation needs to be maintained and built upon, especially around processes and budget control.

Financial reporting is much improved linking in with relevant activity data and an evidenced based approach to ensuring agreed savings are realised with the learning being built into procedures for 2025/26.

There has been positive engagement pan organisation to identifying worked through saving proposals to meet the 2025/26 saving targets much earlier in the financial year to allow the Council more time and space to work through the future large-scale transformation required to ensure financial sustainability.

Finance training has been provided to both Members and Budget Holders, but work is required to ensure training is embedded as BAU and remains relevant to where the organisation is on its financial journey.

Recruitment remains a significant challenge in the finance team which does impact on capacity. Despite extensive efforts, progress to date has been difficult and slow. A focused campaign with an external agency, with a good reputation in local government, has been engaged to support the recruitment to all vacant posts by the start of 2025/26.

**a. Business plans are in place for savings opportunities and for the new operating model implementation.**

**Assessment of Progress**

The future savings and modernisation opportunities are being worked through with rigour and will progress through governance. The Modernisation board will commence rotating chairing to focus on both finances but also changing the council's ways of working.

**b. Strong financial management and reporting, in accordance with the CIPFA Financial Management Code, runs throughout the whole organisation.**

**Assessment of Progress**

Implementation of financial management and reporting processes have been introduced from period 3 of 2024/25, including a more detailed and structured budget monitoring reporting framework, which incorporates data analysis for demand-led service areas. Transparency of costs, pressures and funding has been incorporated into this reporting framework. This will be further built on and embedded within the organisation during the rest of the financial year.

Areas of poor financial management in service areas, which is identified during monthly budget monitoring, will be dealt with via training, providing further assistance and through a review of requirements in that area.

**c. The financial strategy and budgets are clearly aligned with strategic priorities and there is a robust process for reviewing and setting the budget.**

**Assessment of Progress**

Work is well underway in terms of setting the budget, which includes development of a robust savings plan to achieve the MTFs savings target. The budget process is iterative, and the process has been reviewed and refined in light of the new senior management in Finance.

**d. A robust system of financial controls and reporting exists, which provide clear accountability and ensure compliance with statutory requirements and accounting standards.**

**Assessment of Progress**

Financial controls and systems are being worked on systematically by the AD Strategic & Corporate Finance and the AD Financial Management & Procurement in line with compliance requirements and standards.

Finance processes are being reviewed alongside the current restructure, which is looking at roles and responsibilities.

**e. Compliance with the Prudential Framework, a clearly presented Investment Strategy, Capital Strategy and Minimum Revenue Provision (MRP) policy exists.**

**Assessment of Progress**

The five-year Capital Programme was reviewed during the 2024/25 budget setting process. Capital strategy and Treasury Management Strategy are produced in compliance with CIPFA's Prudential Code requirements.

The Council has consistently applied MRP in line with MHCLG guidance to the General Fund CFR for all regular capital expenditure. From April 2024 the Council introduced a change in MRP policy to ensure all commercial investment assets and non HRA assets were subject to MRP 5th edition MRP Guidance (which was applied a year before required).

**f. There is collective accountability for the budget and medium-term financial plan, rather than a siloed approach to management.****Assessment of Progress**

Budget holders are expected to enter their forecasts into Oracle with assistance of Finance Business Partners. Accountability for financial management sits with responsible budget holders and management. Reports are produced for DMTs by finance detailing the financial position for each period, with the respective actions to mitigate overspending areas to be determined by each service area. A collective approach is taken by services and finance to ensure the financial stability of the organisation is maintained and any risks are identified.

The delivery of savings against targets are also the responsibility of the respective budget holders and Corporate Directors and monitoring is carried out to ensure review of realisation of savings by Finance.

A program of budget holder training drop in sessions is planned for the new calendar year to ensure compliance with financial requirements, particularly with new budget holders.

**g. There are regular financial reports to Cabinet and training is available for all members and officers on finance.****Assessment of Progress**

Quarter 1 report presented to Cabinet and Corporate O&S. Presentation on quarter 1 budget monitoring report going to People O&S on 15th October. Quarter 2 report to Cabinet will provide movements between quarter 1 and quarter 2.

Finance Training for Members was held on 2nd October. Budget monitoring is carried out monthly but reported to Cabinet on a quarterly basis.

**h. There is a culture of collective effort and responsibility to address the financial issues the Council faces.****Assessment of Progress**

There is an awareness and collective effort to address the financial issues facing the Council, with work required in some areas to ensure progress is made to further enhance financial protocols and working practices.

**i. Outputs and outcomes are consistently delivered to best value.**

**Assessment of Progress**

There is a drive to ensure that all outputs are delivered to ensure best value and value for money and delivery of outcomes for residents. Further work is required in some areas to ensure enhancement of working practices to delivery a more enhanced focus of best value.

10. Improvement in responsiveness to poor performance	Baseline	RAG – last period	RAG – this period
a. Through governance arrangements and improved reporting performance issues are escalated and a clear action plan agreed.			
b. 360-degree appraisals are used where appropriate.			
c. Performance improvement and capability deficit processes for officers are developed, well understood, and monitored.			
d. Performance management policies and processes are redefined and managers and officers aware of compliance requirements and target dates for action planning improvement.			
e. Effective and timely responses to issues with accountability of the need to make changes and without a culture of blame.			
<p><b>Lead Director Summary</b>  There is progress in this area to improve the council's performance management framework but much of the work is still in progress leading to the amber rating. The new permanent Assistant Director, HR&amp;OD will take the lead on the workstream and has proposed a new performance development model based on existing work with the Chief Executive and Managing Director Commissioner.</p>			

<p><b>a. Through governance arrangements and improved reporting performance issues are escalated and a clear action plan agreed.</b></p> <p><b>Assessment of Progress</b>  This is ongoing through the Performance Review Process with annual reporting to senior Leadership Team on distribution of ratings and concerns relating to effectiveness.  Following review of 23/24 SLT agreed to review the existing process and following engagement with DMTs proposals for workforce performance management framework will be submitted to SLT in October 24. This is aligned with the PMAF and Corporate plan</p>
<p><b>b. 360-degree appraisals are used where appropriate.</b></p> <p><b>Assessment of Progress</b>  Through the development work of the new workforce performance management framework will determine if 360-degree appraisals can add value.</p>
<p><b>c. Performance improvement and capability deficit processes for officers are developed, well understood, and monitored.</b></p>

**Assessment of Progress**

Current processes have been strengthened and communicated to ensure performance is managed throughout the organisation. Engagement activity has commenced on the new framework. A new leadership and management competency framework is in development following a diagnostic exercise with senior leaders.

**d. Performance management and disciplinary policies and processes are redefined and managers and officers aware of compliance requirements and target dates for action planning improvement.**

**Assessment of Progress**

A review is taking place of all HR policies that will incorporate the above. A timeline for these is currently being established.

**e. Effective and timely responses to issues with acceptance of the need to make changes and without a culture of blame.**

**Assessment of Progress**

The new Leadership and Management competency framework will set out expectations of behaviours to enable cultural shift. A cultural change diagnostic was carried out in 23/24 with leaders across the organisation and staff. The outputs were fed back to the organisation on the future culture followed a mapping exercise of where we are now to where we want to be. Subsequent activity is still ongoing as part of the overall council transformation programme.

Our new values as set out in the corporate plan was an output of this work.

The next stage is the behavioural and skills frameworks currently being developed aligned to our new workforce performance framework.

11. Improvement in policy and practice through the use of external expertise	Baseline	RAG – last period	RAG – this period
a. Support, networking and alignment with professional bodies as a means of shaping policy and practice is encouraged and benefits to individuals and the teams reviewed as part of the Personal Development Review process.			
b. The existence of a proactive and welcoming attitude to external challenge and scrutiny.			
c. Use of independents in Committees, as advisors or mentors to improve capability if required.			
d. The authority arranges a corporate or finance peer challenge at least every five years, acts promptly on any recommendations given, and publishes the report of that review and progress updates.			
e. The authority will work collaboratively with the external auditor and Local Government and Social Care Ombudsman to proactively identify areas for improvement and responds promptly and effectively to recommendations.			
<p><b>Lead Director Summary</b></p> <p>To counter its previous insular approach, the Council has used external expertise in key areas of policy and strategy development and training but in a way that has incorporated knowledge and skills into the council in a number of areas, e.g. scrutiny working with CfGS and external trainers. Independent members sit on key committees and provide useful insight to decision making in Audit and Scrutiny. The new senior officer cadre have largely come from external organisations and therefore bringing new ideas and perspectives and standards to the council's challenges.</p>			

a. Support, networking and alignment with professional bodies as a means of shaping policy and practice is encouraged and benefits to individuals and the teams reviewed as part of the Personal Development Review process.
<p><b>Assessment of Progress</b></p> <p>Progress and activity in this area includes:</p> <ul style="list-style-type: none"> <li>• CIPFA carried out an assessment on finance.</li> <li>• PAS review of planning</li> <li>• CIPD assessment of HR &amp; OD</li> <li>• LGA events</li> <li>• EELGA events</li> <li>• CfGS</li> <li>• Ofsted</li> <li>• CQC in the next 12 months</li> </ul>



**b. The existence of a proactive and welcoming attitude to external challenge and scrutiny.**

**Assessment of Progress**

The Council is working with several external partners, including but not limited to CfGS, CIPFA, the LGA (who have provided funding and input into training on Overview and Scrutiny) and Bethan Evans (specifically with a view to improving the member induction process following the all-out elections in May 2025).

There has been culturally some resistance to the involvement of PWC in reorganisation, which was addressed by the Chief Executive with SLT and resulting in a change of approach – but not substance - to the change programme which is now being implemented.

**c. Use of independents in Committees, as advisors or mentors to improve capability if required.**

**Assessment of Progress**

Independents are well utilised in Committees such as: Audit (where up to 6 x co-opted non-voting members can be appointed by the Committee) ; Planning ( 2 x co-opted non-voting members – one to represent the interests of business and trade in Thurrock and the other to represent the interests of heritage and conservation/ the countryside); and various independent co-opted members of the Overview and Scrutiny Committees, for example parent governors to comment on education matters.

**d. The authority arranges a corporate or finance peer challenge at least every five years, acts promptly on any recommendations given, and publishes the report of that review and progress updates.**

**Assessment of Progress**

Within the new Performance Management and Accountability Framework, we intend to agree an approach to bring in external perspectives to consider opportunities for continuous improvement as part of a roadmap towards an eventual LGA Corporate Peer Challenge, in line with the timeline of the intervention, by February 2025.

**e. The authority will work collaboratively with the external auditor and Local Government and Social Care Ombudsman to proactively identify areas for improvement and responds promptly and effectively to recommendations.**

**Assessment of Progress**

Ongoing activity in this area remains in place.

12. Improvement in corporate capability	Baseline	RAG – last period	RAG – this period
a. Recruitment and selection strategies test the capabilities needed, through use of alternatives to just interview, probation targets and standards are set, and managers actively manage.			
b. Professional development and appraisal at all staff levels is built into day-to-day work, with poor performance identified, monitored and effectively addressed, and good performance recognised.			
c. The local authority takes an innovative approach when considering how services will be designed and delivered in the future.			
d. A demonstrable commitment to leadership and member development, including specialist training for key roles.			
<p><b>Lead Director Summary</b>  There is progress in this area, but it is still ongoing. Much of this work links to the work on performance management. Compliance on appraisals is high but it is recognised there are inconsistencies in the quality of assessment, which is under review. Work on member development is being focussed on a successful and comprehensive councillor induction after May 2025 elections but work with the cabinet and scrutiny has taken place to implement new ways of working.</p>			

<p><b>a. Recruitment and selection strategies test the capabilities needed, through use of alternatives to just interview, probation targets and standards are set, and managers actively manage.</b></p> <p><b>Assessment of Progress</b>  Resourcing Manager attending LGA Recruitment Reset programme to bring new ideas and concepts to the council.  For senior appointments a campaign took place using executive search and select that included stakeholder panels, psychometric testing, technical interviews. Policies are under review</p>
<p><b>b. Professional development and appraisal at all staff levels is built into day-to-day work, with poor performance identified, monitored and effectively addressed, and good performance recognised.</b></p> <p><b>Assessment of Progress</b>  Performance Review process being reviewed aligned to our new workforce performance management framework, aligned to our new competency frameworks, values and recognition.  Under the new branding of Fresh start for Thurrock held our new staff awards event on 9 October.</p>
<p><b>c. The local authority takes an innovative approach when considering how services will be designed and delivered in the future.</b></p>

**Assessment of Progress**

The radical approach of right sizing the change team and moving towards flexible deployment of resources in line with the future MTFS. There is more work to be done on the council future target operating model which will drive a wider corporate set of innovative objectives and will be workshopped with leadership on the run up to Christmas then driven down through the organisation in annual service planning.

**d. A demonstrable commitment to leadership and member development, including specialist training for key roles.****Assessment of Progress**

Member training and development for this municipal year continues in a variety of ways. New Member induction session took place following the local elections in May and dedicated training sessions have taken place on area such as Code of Conduct; Finance, Budget and Effective Oversight; Role of Internal Audit; and Overview and Scrutiny – A Practical Guide. These sessions have been well attended by Members.

Feedback from these sessions has been captured and is actively being considered by Officer to make changes to content and approach to training going forward. This is reported regularly to Standards Committee for Members to have oversight of and give feedback on the approach.

However, some Members of regulatory committees have not attended the mandatory training to allow them to sit on the Committee – officers are making efforts to understand the reason behind this. Member profiles are also under development and internal audit have reviewed the training programme over the summer and recommendations being implemented.

Officers are consulting with councillors and political groups on the scope and approach to the councillors' induction in May 2025 to set the tone to new and returning councillors for the first four-year term of office.