Summary of Issues

1. Excellent engagement and understanding of issue with Heads of Service and Line Managers.
2. Significant progress made in all limited assurance work.
3. Change is slow – no doubt hindered by Covid.
4. Recognition that better data/performance information is need but that is not a quick thing to put right and needs resource in business intelligence.
5. Supplier and contract management issues.
6. Performance management (Lets Talk With Our Managers Survey). Proportion of managing do not formally manage performance.
7. Adult Social Care and the Business Intelligence Team are currently in the process of developing performance monitoring arrangements via Tableau. This has not been examined as part of this audit, as a separate audit covering Social Care Performance Management Arrangements is already scheduled for later this year.

1. OFFICE 365 PROJECT

Our review confirmed at the time of our audit, some progress with an overarching and robust documented plan. However key timescales/milestones had not been fully agreed or an established project team in place for the implementation of Office 365 and the development of the sensitivity and retention labels (business rules) by the Information Asset Owners (IAOs) across the Council. Since the audit a plan and project team has been set up and continues to evolve. Internal Audit are members of the project team. The approach was for the ICT team to take responsibility for the technical aspects for installing Office 365 and an expectation that individual services are responsible for fully implementing the functionality of the Office 365 software to ensure the full benefits are achieved. There have been some attempts by ICT to provide training to services on the application of Office 365, but this has been limited. There is a risk that services will not fully implement the full benefits of the security features within Office 365 due to IAOs' lack of understanding and the current restraints on staffing resources.

At the time the original final report was due to be issued, COVID-19 impacted on every aspect of the Council and its services. This resulted in ICT services speeding up the process to set up all users and corresponding teams onto Office 365 in order to further support staff working from home. For ICT services, this was a mammoth and complex task in exceptional circumstances, and it was reported that only a few service areas have migrated supporting data.

Developments during the period between the report being issued and this follow up

Limited Assurance Audits - Follow Up Position Statement

Management agreed that an implementation plan would be drafted and presented to the Digital Board. As at July 2021, the SharePoint Project team has now been established with responsibility for the data protection aspect of Office 365 which will be based on the implementation of SharePoint. An implementation plan has been drafted and shared with the Digital Board and the Project team will now establish and provide progress reports directly to the Digital Board.

The project team continues to engage with stakeholders and as part of this process, will conduct data audits, examine business needs and carry out the data migration process. Attendance at project team meetings has been mixed. This matter has been raised with the head of service leading the project, and their service director, and will be closely monitored. This will be reiterated for each business area. Application of sensitivity and retention labels will be applied on a case by case basis lead by the Information Governance team. An automated Ad-hoc group creation and authorisation process is under construction. Members of the Organisational Development team is included within the project team and are assisting with the creation of training schedules, communications and resource aspect of the data migration plan.

We consider progress has been made with the establishment of the Project Team and an implementation plan. **However, we will continue to obtain evidence and follow progress to ensure that data protection aspects of Office 365 are properly addressed and timescales for the full roll out of the data migration process, application of sensitivity and retention labels and training arrangements is adhered to.**

Follow up on specific actions in the report

No	Findings	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
1	There is no dedicated project team in place who will identify and establish how office 365 will deliver the data protection controls required to minimise the risk of data breaches, with minimal	We would recommend that the Head of ICT set up a Project Board, which include appropriate representatives from all the directorates. The Project Board should establish a project team with the appropriate membership,	An implementation plan will be drafted and presented to the Digital Board. This will establish and clarify if this Board will oversee the implementation of the project.	Head of IT - Next digital board meeting	The data protection aspect of O365 is based on the implementation of SharePoint.

The SharePoint Project team is established and an implementation plans have been shared with the digital board. The Project |

Limited Assurance Audits - Follow Up Position Statement

No	Findings	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	impact to business as usual within services. A council wide project plan which sets out timescales for implementing and rolling out the Office 365 software has not been developed.	skills & knowledge required to deliver the project. A project plan is put together for the roll out of this project, and this should be kept under review, with progress reported back to the Project Board. We would also recommend progress should also be reported to the IG Risk Board.	The plan will include recommendation of a sub-group, consisting of appropriate officers across all directorates (for example, from Place, Stockport Family, ASC, CSS, IG HR/OD and Internal Audit.		team now provide progress reports direct to the Digital Board. Engagement with stakeholders has taken place and will continue as part of the cross functional project team lead by Mark Doyle
2	The is currently no mechanism in place for services to: • Understand the data held and how it will be accessed. • Understand the process for creating and applying sensitivity and retention labels to documents and folders, along with any implications. • Undertake data cleansing of data held on shared	Recommendation 1 We would recommend nominated officers from the project team to work with the IAOs, to aid them in reviewing their data to: • identify what data is being held and if it is required in the new structure. • If the data is held elsewhere and whether shared folders should be used instead, where appropriate. This may include working with other areas of the council where data is	The board / sub-group will identify the appropriate officer, to implement the project and address the audit recommendations.	Digital Board if above is accepted. Timescale to be agreed	Recommendation 1 MD (IT Project Manager) is the project lead and has developed and will implement the project plan. The planned 8-week engagement for each service area covers off the data audits, business needs and data migration process. The plan will be iterated for each business area. Recommendation 2 As per recommendation 1 data structure will be addressed during engagement. Application of sensitivity and retention labels will be applied on a case by case basis lead by IG.

Limited Assurance Audits - Follow Up Position Statement

No	Findings	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	network drives ahead of the data migration to Office 365 / Sharepoint. • Migrate the data to office 365 / Sharepoint and ensure it continues to meet business needs.	shared e.g. Accountancy. • Understand how the data needs to be accessed, distributed and retained in order to determine the appropriate sensitivity and retention labels to be affixed. • Establish how the sensitivity and retention 'labels' can be created to meet GDPR requirements, with minimal impact on current resources. Recommendation 2 Nominated officers from the project team should support the IAOs in: • Creating a new structure for sharepoint, to reflect the storage of the data. • Create and attach the sensitivity and retention labels to the current data, and verify the labels meets the needs of the service.			An automated Ad-hoc group creation and authorisation process is under construction Recommendation 3 Organisational Development staff are part of the project team and are helping to create the training schedule, comms and resource aspect of the migration plan.

Limited Assurance Audits - Follow Up Position Statement

No	Findings	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
		We also recommend that the project team, in consultation with IAOs, establish the minimum requirements and data protection controls required for the setting up of ad-hoc groups to be adopted across the Council, which is then approved by the Project Board. Recommendation 3 We also recommend that the training needs of staff and managers are identified and addressed, to aid with the smooth migration and ensuring that operational changes required e.g. attaching labels etc, is addressed through this process.			

2. PERFORMANCE MANAGEMENT

Our review confirmed that at directorate/service level, this is a mixed picture with some services having well developed and embedded performance management systems and other services having less mature arrangements. We observed that data within case management systems may not be up to date which in turn affects the accuracy of the performance measures and limited quality assurance checks are carried out

Developments during the period between the report being issued and this follow up

Since the issue of the Internal Audit report, the Business Intelligence (BI) team continue to roll out dashboards to management and operational teams, including Place and CSS. These dashboards will facilitate the development of the performance reporting framework and the BI team continue to develop performance reporting frameworks in other areas. Adult social care is an area where significant work is still required but the BI team is starting to roll out dashboards to a number of service areas with service input into the design and data quality elements. The focus on Covid response in the last 12 months has resulted in limited development time in some areas.

A number of operational dashboards is now in place that report live, or near live information to colleagues. Most reports reflect the position as at midnight the previous night, however as the reporting process move up the tiers to management and executive reporting, the frequency changes to weekly, monthly and quarterly to fit with cadence of meetings and decision making.

More and more of the reporting that is developed is based on data held in the enterprise data warehouse. This reduces the amount of manual effort required to develop and publish the reports, with automated overnight refreshes of the data in the Tableau dashboards. Data is structured in a way to support drill down functionality in dashboards, but there is still a lot of work to do here across all directorates, as there are still a number of areas in the Council where the data is not available to support regular and timely reporting / analysis.

Data quality continues to be an issue in general. It is planned to address this through a wider approach to Data Governance aligned to the Data Strategy that is in the process of being refreshed. Data ownership/stewardship needs to be explored more widely, with regular assessments of data quality. The BI team would like to complete a more in depth, service by service, review of how data is being used, including assessments of gaps, data quality etc, and are currently identifying how best to tackle this.

Our follow-up confirmed that whilst good progress has been made to develop operational dashboards, there remains significant and further work to fully develop robust operational performance management arrangements across all services within the Council as well as further work to significantly improve the data quality arrangements.

Follow up on specific actions in the report

Limited Assurance Audits - Follow Up Position Statement

No.	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
1.	As part of the offer that the Policy & Performance and Data services provide, they should: • Approach and work with those services that do not have an established performance management framework at operational level. • Provide advice on how performance measures can be developed where services are involved in activities that are not easily measurable. • Develop a better integration between systems to support automation of performance dashboards. • Develop reporting processes to senior management teams on operational performance which is aligned to dashboards. (High)	During 2020/21 we will be developing the performance management role and relationship with Directorate Management Teams, working with them to embed the use of corporate dashboards, develop a greater depth of understanding in relation to key performance issues and strengthen the golden thread between the corporate performance reports and Directorate/ Service level performance.	Head of Strategy & Design / Head of Data 2020/21 reporting year (Annual Report: June 2021)	**PARTIALLY MPLEMENTED AND ONGOING** The Business Intelligence team continue to roll out dashboards to management and operational teams including Place and CSS. This has not been consolidated into a performance reporting framework, but the introduction of dashboards would assist in facilitating this. The focus on Covid response in the past 12 months has resulted in limited development time in some areas. Data quality continues to be an issue in general. A plan to address this is currently being undertaken as part of a wider approach to Data Governance aligned to our Data Strategy. It is accepted that there is a need to explore data ownership/stewardship more widely, with regular assessments of data quality. The Business Intelligence also intends to complete a more in depth, service by service, review of how data is being used, including assessments of gaps, data quality etc, and are currently identifying how best to tackle this.
2	We reiterate that this is a very important process to introduce and that the Policy, Performance and Reform (PPR) management should ensure they are monitoring developments in this area and that as much of the process to populate the dashboards is fully automated. (Medium)	Greater automation of reporting through web-based dashboards is something that we are working towards and will continue to progress over the next 12 months.	Head of Data / BI Analytics Manager Ongoing, priorities for automation linked to roadmap deliverables.	**PARTIALLY IMPLEMENTED AND ONGOING** More and more of the reporting that is developed is based on data held in the enterprise data warehouse. This reduces the amount of manual effort required to develop and publish the reports, with automated overnight refreshes of the data in the Tableau dashboards.

Limited Assurance Audits - Follow Up Position Statement

No.	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
				Data is structured in a way to support drill down functionality in dashboards, but there is still a lot of work to do here across all directorates.
3	We reiterate that service dashboards should be developed that reflect real time performance to facilitate effective decision making on an operational basis and allow for better planning of resources in the future. (Medium)	Continue to introduce real time or near real time metrics, dashboards etc. Also introduce predictive measurement where appropriate/possible.	Head of Data / BI Analytics Manager Ongoing, priorities identified through roadmap.	**PARTIALLY IMPLEMENTED AND ONGOING** A number of operational dashboards is in place that report live, or near live information to colleagues. Most reports reflect the position as at midnight the previous night, however the reporting process move up the tiers to management and executive reporting, the frequency changes to weekly, monthly and quarterly to fit with cadence of meetings and decision making. There are still a number of areas in the Council where the data is not available to support regular and timely reporting/analysis. This is something the Business Intelligence team would like to address directly with services as part of the in-depth review.
4	To ensure completeness and accuracy of reported PIs, system / data owners should be taking responsibility for their data and to ensure the system is complete and correct before the data is extracted for performance reporting. There need to be regular data quality sampling by system / data owners to ensure systems are maintained up to date and therefore ensure accuracy of top-level results. PPR management should work with system / data owners to reiterate this requirement.	Highlight importance of accurate data, introducing "accuracy" reports or metrics to help monitor data quality. Work with senior leaders to help ensure importance of good quality data is understood.	Head of Data / BI Analytics Manager 2020/21 reporting cycle.	**PARTIALLY IMPLEMENTED AND ONGOING** This is something the Business Intelligence team continue to develop. The Covid response resulted in less time to focus on data quality by services, although close monitoring of KPIs continued. This is returning to normal, however. Moving to Liquidlogic removed a lot of the common error types and data quality issues found in the previous system and, following go-live, the team were able to develop a suite of dashboards to help monitor data quality more closely. Delays in entering data into Liquidlogic, omitting data and human error are the main reason for data quality issues.

No.	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	(High)			More work is required on data ownership. The Business Intelligence team could explore the possibility of identifying data stewards to assist with this – named owners for key datasets who are responsible for making decisions on the data in question, including input into plans for improving data quality. The Business Intelligence team are considering how best to address wider data governance as part of the data strategy that is currently being refreshed.
5	We would recommend that final PPR reports should contain the final reported performance measure against benchmarking information (if available) to give members an overall enhanced view of the performance. (Low)	Comparative data will be included in subsequent versions of the web-based dashboards reported to CLT and Members.	Head of Strategy & Design / Manager – Strategy & Performance CLT dashboard – GM and national averages to be included in the next dashboard report where possible (September 2020) Portfolio dashboard – to be included during 20/21 reporting year	**PARTIALLY IMPLEMENTED AND ONGOING** Benchmarking data is included, where available, for all measures. The dashboards have been updated to reflect this. If an equivalent figure, using the same definition, is not available then it is not possible to include such benchmarks. The Business Intelligence team continue to source benchmarking data that is available to enrich our analysis and reporting.
6	We would recommend that as part of the ongoing work to develop the dashboards, that clear structures and automation is built within the dashboards to facilitate exception reporting.	It is intended that Strategy and Performance Managers retain a role in reviewing and quality assuring corporate performance indicator commentaries before it is	Holly Rae/ Craig Hughes 20/21 reporting year	**PARTIALLY IMPLEMENTED AND ONGOING** The Business Intelligence team are focussing on reporting by exception, where possible, to help reduce the burden on colleagues i.e. limiting commentary to the measures where performance is significantly different to what we would expect.

No.	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	(Low)	uploaded to Tableau rather than Service Leads directly adding these to the dashboard. However, ownership and accountability for performance/ these management behaviours are something that we would be keen to use the dashboards as a tool to embed.		Exception reporting is included in the SEND performance framework and is also part of the wider quarterly performance reporting process. The Business Intelligence team continue to roll this out, however in order to streamline this process in an efficient manner they need to be confident in the quality of our data first. This takes time to address.
7	We reiterate that the complex safeguarding dashboards need to be developed to include linkages between the different domains of service provision and their data. (Medium)	Complex safeguarding reporting and analysis to be further developed.	Head of Data / BI Analytics Manager 2020/21 reporting cycle.	**PARTIALLY IMPLEMENTED AND ONGOING** There are now a number of complex safeguarding dashboards available. They continue to evolve based on feedback from the service.
8	We recommend that the PPR and BI team work with services to develop an understanding of key effectiveness indicators and to assist services in moving in that direction. (Low)	Corporate performance measures are reviewed annually with services, with annual numerical targets set where there is a specific level of ambition. This level of ambition is determined by the service and must be achievable. Predictive measurements used to help inform possible targets, with	Head of Strategy & Design / Head of Data 2020/21 reporting cycle.	**PARTIALLY IMPLEMENTED AND ONGOING** The Business Intelligence team continue to review the quarterly performance metrics with services and have set up some groups to review data/measurement on an ongoing basis e.g. SEND Data Review Group. This includes reviewing opportunities to consolidate KPIs where possible. Targets are reviewed on at least an annual basis. Covid had an impact on target setting this year with targets changing for some measures or being removed entirely. There are a limited number of predictive measures and need to do more to develop this further. School

No.	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
		"predicted lines" or values added to monitor actual performance against, allowing us to intervene earlier.		readiness is an example where progress is being made, albeit slowly. However, Stockport Council is one of the first areas in the country to have a blended EY dataset that also includes health visitor data which will be useful for the development of predictive measurement.

3. CHILDREN COMMUNITY EQUIPMENT

A number of recommendations were made in the audit report, in particular around

- Establishing a joint policy, joint service specification, and joint central budget for community special equipment for children across health, social care & education, covering postural equipment, non-postural equipment, minor seating & slings, wheelchairs & accessories & restraint equipment

- Clarifying responsibilities with regards to inspection checks of all equipment (including slings) at all settings, establishing contractual arrangements with regards to LOLER checks and ensuring a database of such checks is in place

- Moving & handling training offer & risk assessments should be in place

- SLAs between health & social care should be kept up to date

- Clarify duty of care over lifting equipment at academies and early years settings

Developments during the period between the report being issued and this follow up

The SEND Joint Commissioning Group after receiving the initial report from the NHS Officer from Children Therapy and the Internal Audit report asked for more information to be obtained. In response, a project group has been established with one senior responsible officer each from the Council and CCG to look into the review of provision of equipment and adaptations for children and young people (age 0 to 25) with disabilities and SEND.

The project group is made up of 4 members from the NHS, 3 members from the Council and 1 from STAR. Their work will be overseen by Heads of Service/Peers (8 council, 2 NHS, 1 STAR) to provide strategic insight and ensure requests for information are fulfilled and delivered in a timely manner

As part of this process, the project team is seeking to understand the current process for each service, what the main frustrations, barriers and risks, understand the local marketplace, identifying areas of spend and clarifying process and offer on the local offer

There are 3 phases to this project

Phase 1 – May to Oct 21 – the project team are to undertake actions and submit to the Strategic Commissioning and Contract Performance Manager by 31st October 2021. The position statement with regards to the actions as at July 2021 are set out below

Limited Assurance Audits - Follow Up Position Statement

Activities:	Position Statement as at July 2021
1. Review of equipment needs: analysis of needs identified in through analysis of order systems in services, purchase of equipment over last 12 months	This has been completed from a LA (adults and children's funding streams). Need to check on health spend.
2. Dip sample of case files, staff testimonies, complaints and queries-common issues, including talking to a sample of children, young people and families about their experience of the service.	Not yet started
3. Review DFG spend in relation to adaptations that have taken place over past 12 months, including Ross Care purchases	This has been completed.
4. Produce system flow chart: assessment, prescription, ordering, checks, training, review etc identify any duplication, gaps, efficiencies. Check common understanding of process.	A small working group has been established and met twice, in order to consider this action. A flow chart is under development. The processes are complex and there are many overlaps and a lot of detail to decipher. The work will identify a long term, sustainable solution.
5. Understand statutory duties in relation to provision, supply and upkeep of equipment.	The legal position in relation to health and safety and use of equipment has been confirmed. A letter will be issued to schools in September, from the SMBC SEND strategic lead, highlighting responsibilities in relation to health and safety of equipment and staff.
6. Analysis of the budgets and current spend, consider opportunities for a pooled budget-sec 75 or other arrangement	Analysis of current spend is partly completed. Options in relation to future commissioning arrangements for this service have been raised informally, including the option of a pooled budget.
7. Understand existing market and identify opportunities for negotiation with suppliers-discounts	Not yet started
8. Understand position of other STAR authorities and GM LAs.	Following a discussion at the GM SEND commissioners board, there is no appetite across GM authorities to collaborate in relation to this service.

Activities:	Position Statement as at July 2021
	Analysis of provision in other STAR authorities is underway.
9. Understanding existing governance arrangements, escalation routes, dispute procedures	This is in progress and is part of the process mapping work (in part 4 above)
10. Reviewing communication materials-internal and external staff, families, schools	Not yet started
11. Engagement with staff in CEAS and HES, children's SW teams and schools.	Engagement with CEAS and HES staff in in train and both are involved in the tri-weekly working group sessions. Engagement with other partners will commence in September.

Internal Audit will undertake a detailed follow up in November 2021 to review further progress

Follow up on specific actions in the report

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
1.	Roles and Responsibilities for assessing and prescribing equipment A number of areas where further clarity is required on whose role and responsibility is for the following prescription of equipment and wheelchairs	Joint service specification / offer for community equipment should be devised and agreed with all services involved. This should address the responsibility for assessment and prescribing in the following	The SEND Commissioning Board has agreed that a wider review of the service should be undertaken. A project team has been established for the "Review of provision of	Key members of the Project team will undertake key actions as assigned and report back to the Strategic Commissioning and Contract	This is being addressed by the Project Group that was established in April / May 2021. This Group will undertake further work to investigate the various concerns and report back to the Joint Commissioning Board in December 2021 with intention

Limited Assurance Audits - Follow Up Position Statement

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	• In recent years, CTS staff have been picking up more assessments and prescriptions of minor equipment, minor seating and slings for children attending education settings. • Prescription of wheelchair accessories. • Prescription of powered wheelchairs for children which does not meet a health need but requires it for safety and wellbeing and access to the community. • Prescription of wheelchair and restraint equipment for children with significant behavioral issues.	circumstances (not exhaustive) • Postural equipment • Non-postural equipment • Minor seating and slings for children attending education settings • Wheelchairs • Wheelchair accessories • Powered wheelchairs • Restraint equipment for children with significant behavioural issues This should be accompanied by a joint community equipment policy across health, social care and education (High)	equipment and adaptations for children and young people (age 0-25) with disabilities and SEND". This review will seek to clarify roles and responsibilities of different support teams across Stockport (e.g. OT, physio, sensory support service etc) to ensure common understanding and appropriate levels of input and engagement.	Performance Manager by end of October 2021	to fully implement actions from Jan 2022 to March 2022.
2.	<u>Roles and Responsibilities for undertaking LOLER checks</u> Equipment purchased through the Ross Care contract and supplied to the family home will be subject to LOLER checks as well as servicing & maintenance. Yet equipment	We recommend that STAR should be contacted to advise on contractual arrangements that could be in force with regards to LOLER checks of all community special	As above The Project team will as part of the review • look into reducing risks currently identified around LOLER checks, risk	As above – rec 1	As above – rec 1

Limited Assurance Audits - Follow Up Position Statement

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	purchased by CTS via Home Equipment Store and supplied to family home is not subject to LOLER independent inspections although it may be serviced and maintained The specialist slings that are purchased by health / education are not under a contract for 6 monthly LOLER inspection checks.	equipment across all settings. Legal advice should be sought to clarify the Council's and SFT's responsibilities around inspection checks of equipment at all settings. (High)	assessments and reviews of equipment • respond to issues raised in internal audit report and ensuring compliance with statutory functions		
3.	Roles and Responsibilities for monitoring compliance against LOLER There is a gap in oversight in monitoring school's compliance with LOLER inspections. Only schools and academies who buy back from the Council's Health & Safety inspections will be checked for compliance. Academies are independent from the Council and funded by central government. There is no obligation for them to buy into services from the Council.	The Council as part of their duty of care under the various Health & Safety legislation may wish to satisfy themselves that any special & lifting equipment given to the academies (not subject to their own H & S inspections) are sufficiently covered under the Trust's health & safety arrangements. We also recommend that all educational settings should have a database of LOLER checks so evidence can be provided upon request.	As per rec 2	As per rec 1	As above – rec 1

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
		(Medium)			
4	Compliance with LOLER inspections at early years settings We are advised that a nursery that takes in children with complex needs should have proper lifting equipment in place. However, we are also advised most early settings cannot afford to pay for lifting equipment. Early years settings such as nurseries are independent from the Council but should be subject to inspection visits by OFSTED. A review of the guidance set out in an Early Years Inspection Handbook indicates that OFSTED will check the statutory policies relating to health & safety and consider staff training for safeguarding practice and procedures. It is not clear whether this includes checking LOLER inspections or manual handling of children are complied with.	We would recommend that information should be sought from early years settings as to who has lifting equipment. This should be carried out by the Early Years team. Where such settings have lifting equipment, the Early Years team must obtain assurance that the setting is aware of the health & safety legislation and that LOLER inspections are regularly carried out. It is recommended that such settings should have a database to record evidence of these LOLER checks. (Medium)	As per rec 2	As per rec 1	As above – rec 1
5	Slings	There should be a multi-agency discussion and	As per rec 2	As per rec 1	As above – rec 1

Limited Assurance Audits - Follow Up Position Statement

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	At present there is no system in place for slings ordered by CTS for health or educational needs to be checked under a contract. (See finding no. 2) The main issues with slings are their portability and ease to become interchangeable in a variety of settings. Difficulties are experienced when checking these whilst children are using slings, so it is suggested that there should be a spare sling.	review of the system for prescription, issue and checking of slings to ensure all slings are subject to LOLER inspection checks. LOLER inspection checks need to be independently carried out and not performed by the end user or HES. We also recommend that a database of LOLER checks should be maintained by all settings so evidence can be provided upon request. (High)	The Project team will as part of the review look into reducing risks currently identified around LOLER checks, risk assessments and reviews of equipment		
6	Moving & Handling training offer There is no moving & handling team within Children services and there appears to be a shortfall in appropriate and adequate moving & handling training offer for schools, early years settings and respite care providers. There is also no clear provision of M & H training for parents and carers	There should be a clear moving & handling offer that is backed up with sufficient staffing resources. This offer should also provide oversight of whether all schools are complying with ensuring their staff receives moving & handling training on a regular basis (High)	As per rec 2 The Project Team will as part of the review ensure a system wide response to meeting needs for moving / handling and equipment provision / adaptations	As per rec 1	As above – rec 1

Limited Assurance Audits - Follow Up Position Statement

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
7.	<u>Monitoring of compliance on moving & handling training</u> Health & Safety inspections of schools picks up whether moving & handling training have been undertaken but no note is made of who provided the training, whether it was a recognised moving & handling trainer and that it covered patient handling.	The Health & Safety inspection should obtain evidence of who provided the moving & handling training to ensure that it is a recognised moving & handling trainer and that it covered patient handling (Medium)	As per rec 6	As per rec 1	As above – rec 1
8.	<u>Risk assessments for specific child & equipment</u> Risk assessments for the specific child must be documented by the setting when the equipment is prescribed. There is a gap in expectations by settings in terms of what they want CTS to do and what support is available by CTS. CTS will work with settings where the child is high risk and prepare a risk assessment, but for other lower risks, advice & guidance is provided to the setting who is then expected to draft their own risk assessment.	There should be a risk assessment in situ for both simple and complex moving & handling situations, if it has been identified, not just high risk. It is recommended that a training offer should be compiled for "nominated champions" from specific type of settings to assist individual settings to compile and review risk assessments for those children assessed as lower risk by the CTS. (Medium)	As per rec 2	As per rec 1	As above – rec 1

Limited Assurance Audits - Follow Up Position Statement

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
9.	<u>Sharing of risk assessments</u> The CTS prepares risk assessment and handling plan and a separate manual handling care plan for specific children. We are advised by a couple of managers within the Council that they have not had sight of any risk assessment documentation. The risk assessment should be multi-agency so pulling in views from any other professionals working with the family. For instance, high risk cases where there have been assessment and provision of safety equipment for children with significant behavioral issues which are also considered as a restraint.	There needs to be a clear pathway between various settings. Each child with moving & handling needs should have their own individual risk assessments covering LITE (MHOR). There should be a process in place where risk assessments for high risk cases should be shared with the allocated social worker (High)	As per rec 2	As per rec 1	As above – rec 1
10.	<u>Service Level Agreements (SLAs)</u> We found two instances where SLAs were in place between Health and Social care for a number of years. These SLAs were never reviewed to ensure the cost of service being	If a service level agreement is in place between Health and Social Care, this must be reviewed annually to ensure that the cost of service provided is properly funded from contributions by the other party.	As rec 1 The Project team will as part of their review will ensure services provided are value for money and Stockport is maximising opportunities to source external grants	As per rec 1	As above – rec 1

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	provided by one party was increased in line with inflation / salary increases / demand pressures.	(Medium)			
11.	Funding cost of assessments There is a lack of clarity over where funding comes from to fund assessments and prescription of equipment, particularly where the needs of the child spans across health, education and social care. This is more apparent within education settings and for wheelchairs.	A joint central budget for funding staff who undertake assessments & prescription of community special equipment should be considered and established. (High)	As rec 1 The Project team will also seek to provide clarity in relation to the appropriate pathway to equipment depending on statutory responsibility, needs, type of equipment and funding stream	As per rec 1	As above – rec 1
12.	Funding cost of equipment There are demand pressures on equipment budgets for all services across health, social care and education. The numbers of special needs children have been increasing as well as the costs of equipment have been increasing in past few years.	Joint central budget for "community" special equipment should be in place for children whose needs span across health, social care and education for children. Consideration of pooling the equipment budget under section 75. (High)	As above – the project team will seek to provide clarity in relation to the appropriate pathway to equipment depending on statutory responsibility, needs, type of equipment and funding stream	As per rec 1	As above – rec 1

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	The equipment budget has remained static for a number of years. Some services don't have their own equipment budget so have to apply for specialist equipment via Individual Funding Requests through CCG				
13.	<u>Assessed children needs are met</u> There are gaps in service specifications which has created difficulties for a number of services to prescribe the most appropriate wheelchairs and related community equipment to children on a timely basis. We are advised by a special school for example, that their children who are not on the NHS caseload struggle to receive wheelchair evaluations / assessments because they need the chair predominantly for safety & wellbeing and access to the community rather than a physical mobility issue.	As per recommendation 1 and 12, a joint community equipment policy, service specification and budget should be established. This should cover across health, social care and education and to cover young people up to 25 years old in line with SEND legislation. (High)	As above – the project team will as part of their review seek to ensure provision of equipment and adaptations for Stockport children (0-25 age cohort) is safe, appropriate, efficient and meets education, health and social care needs.	As per rec 1	As above – rec 1

Limited Assurance Audits - Follow Up Position Statement

No.	Finding	Recommendation	Management Agreed Actions	Action dates / Owner	Position Statement
	We are also advised that the wheelchair specification has always prevented the wheelchair service from carrying out assessments for accessories to meet the child functional / behaviour needs. This results in a separate referral to CTS / OT for them to carry out additional assessments that could have been carried out within the Wheelchair Service if the specification allowed for this function. We understand that the wheelchair specification is currently being reviewed.				

4. HOMECARE PAYMENTS

We reported concerns around the overall assurance that services are being delivered by providers. This had significant risk as the Council is only aware of non-delivery of service, when a client raises a dispute in relation to the recharge in the actual hours delivered. As a result of the pandemic, clients were currently not being recharged.

We also identified that high volume of exceptions were not always being investigated by providers and disputes raised had not always been investigated by the QA Team in a timely manner.

The issues identified as part of the review have already been acknowledged by the Service and an action plan with short-term and long-term solutions was agreed in June 2021.

Developments during the period between the report being issued and this follow up

- Since then, the service has made a change to the provider payments authorisation process which has been developed across the service and systems teams and will be rolled out by the end of July 2021. From the end of July, providers will need to confirm via the Provider Portal that all visits have been delivered as per plan or an adjusted submission before remuneration is approved. In the longer term, colleagues in the systems teams are planning to implement additional functionality (Visits Module) enabling providers' electronic care management (ECM) systems to link directly into the Provider Portal. ECMs are mandated by the Council within the Ethical Home Support Framework.

- This will give greater transparency for the Council in terms of the support delivery as recorded directly by providers whilst reducing the administration requirements for both the Council and Providers. The work required to develop, test and implement this process means that the introduction of this approach is planned for 2022.

- In the meantime, ongoing work is being taken to investigate planned hours that are not being met and disputes continue to be monitored and investigated with a view to reducing the numbers of disputes.

- Internal Audit plan to verify the new arrangements in a few months' time to confirm the new process is working effectively.

Limited Assurance Audits - Follow Up Position Statement

Follow up on specific actions in the report

No.	Finding	Risk	Priority	Recommendation	Position Statement as at July 2021	Future actions
1.	Based on the implementation of the new systems and discussions with numerous officers, testing was limited due to the absence of evidence to support services delivered by providers. It was noted that, non-delivery of services is only identified if a client raises a query with the Council and a dispute is raised. the absence of recharging clients during the pandemic leaves the Council to the possibility of abuse/errors. However, the issues identified have already been acknowledged by the service and short-term and long-term solutions are currently being developed.	Lack of transparency and uncertainty over service delivery.	High	Management should assess what information can be provided to ensure effective monitoring of service delivery. Once established this should be included within the terms and conditions accordingly.	A change to the provider payments authorisation process has been developed across the service and systems teams and will be rolled out by the end of July 2021.	From the end of July, providers will need to confirm via the Provider Portal that all visits have been delivered as per plan or an adjusted submission before remuneration is approved. In the longer term, colleagues in the systems teams are planning to implement additional functionality (Visits Module) enabling providers' electronic care management (ECM) systems to link directly into the Provider Portal. ECMs are mandated by the Council within the Ethical Home Support Framework. This will give greater transparency for the Council in terms of the support delivery as recorded directly by providers whilst reducing the administration requirements for both the Council and Providers. The work required to develop, test and implement this process means that the introduction of this approach is planned for 2022.
2.	ContrOCC will allow payments to be made without scrutiny if the planned number of hours per week/hourly rates is an	Lack of transparency and uncertainty	Medium	Management should assess what information can be provided to ensure effective monitoring of service delivery. Once	The short term and medium developments to the provider payments authorisation process	See above

No.	Finding	Risk	Priority	Recommendation	Position Statement as at July 2021	Future actions
	exact match or is less than the agreed commitment. This has recently been highlighted to the service and is currently being investigated to ensure providers are only paid when they have confirmed within the Provider Portal that they have delivered the service.	over service delivery.		established this should be included within the terms and conditions accordingly.	outlined above will also address this issue.	
3.	We selected five providers and generated the 'actuals' report from ContrOCC from April 2020 to March 2021 and confirmed that the overall total for the five providers show that the planned hours are not being met by providers. It should be noted that of the total 298,695.50 planned hours, 32,118.36 hours related to providers not claiming actual hours on potential out of date care packages.	Inadequate monitoring arrangements in place.	Medium	Planned hours that are not being met need to be investigated.	The agreed management action is in place and ongoing.	Ongoing.
4.	Given the volume of exceptions highlighted prior to payment, providers are required to support the Council by investigating exceptions once they have	Lack of ownership/ accountability resulting in continued poor and/or	Medium	To be incorporated within the terms and conditions to ensure providers are held to account.	The non-substantial changes required to the Council's Ethical Framework are going through the approval process and will be	n/a once approved.

No.	Finding	Risk	Priority	Recommendation	Position Statement as at July 2021	Future actions
	been reviewed by either the Residential Contracts and Payments Manage or the ASC, CSS Senior Officer. The integration between ContrOCC and the provider portal allows providers to review all exceptions. Although ownership is placed on providers to investigate, numerous exceptions remain outstanding and unresolved.	inconsistent practice.			included in the Framework for the next reopening in Autumn 2021.	
5.	In accordance with the Council's guidance disputes should be monitored and investigated by the Quality Assurance Team on a daily/weekly basis. Discussion with the Quality Assurance Officer confirmed that at the time of the review disputes were currently being reviewed and raised with the relevant providers to investigate and resolve, this was still ongoing, and disputes still related to 2020.	Variations are not investigated timely.	Medium	Disputes should be monitored and investigated to ensure that they do not lapse which could potentially result in explanations not being accurate.	The agreed management action is in place and ongoing with QAOs working to reduce the numbers of disputes.	Ongoing.

5. Education Welfare

Summary of report

Our review indicates a need to refocus the work of the various teams within the Council that work around identifying and managing children and young people at risk of or actually missing education. We raised four recommendations:

- A need to prioritise the resources working with the cohort to focus on the children and young people most at risk;
- Ensure processes for the management of cases are clarified;
- Streamlining and improving management information to better identify and manage cases; and;
- Clarifying the reporting and oversight of this work to senior officers.

Developments during the period between the report being issued and this follow up

The fieldwork underpinning this report was undertaken in 2019/20 in the run up to the Covid 19 outbreak and the first national lockdown. Obviously, all Children's and Education services during this period were subject to significant challenges and changes to working practices

This follow up report should be read in light of the developments listed below and the overall impact of the picture in the Borough regarding children missing from or at risk of missing education.

- March 2020- September 2020, the school setting was designated as a place of care for those children that needed it, rather than for education,
- Children with an Education, Health & Care Plan (EHCP) and those that had a social worker were risk assessed during this period and placed/supported as appropriate,
- In September 2020, the school setting again became a place of education and risk assessments were undertaken to identify those not attending a school place,
- The Education Welfare Service changed focus from attendance enforcement to support. Schools were asked to identify pupils who they believed may struggle with the return to school in September 2020. Education Welfare Officers made contact with these families over the summer holiday to provide reassurance and encouragement, and signpost/refer to services where appropriate,
- Once schools reopened, schools were able to refer pupils and families to the Education Welfare Service for 'COVID support', identifying pupils who had either not returned to school or were struggling with attendance post-lockdown. Education Welfare Officers offered early intervention and support without a view to proceeding to enforcement, which was effectively paused due to the pandemic,

Limited Assurance Audits - Follow Up Position Statement

- The requirement for schools to report children missing after 10 days of unauthorised absence was amended in the first lockdown/school closure period. Schools were advised to refer children 'missing from school' if they had been unable to make contact with a family through their regular welfare calls and had completed all reasonable enquiries rather than waiting for 10 days,
- In the second lockdown/school closure period, schools were additionally advised that they could refer a child as missing from school if they had not accessed any remote learning. Education Welfare Officers following up the referral via the MASSH would try to resolve any issues relating to access to remote education as well as checking on the welfare of the child,
- The pandemic has resulted in a significant increase in children being Electively Home Educated (261 EHE children on 01.04.21 compared to 192 on 01.04.20). There has been a focus on ensuring that new EHE families are contacted, prioritising children with SEND and CIN,
- Numbers of pupils absent from school due to being unable to return from abroad have been monitored and advice given to schools and families as appropriate,
- Despite the challenges that COVID has presented, school attendance has consistently been amongst the highest in GM in the academic year 2020/21.

Follow up on specific actions in the report

No.	Finding	Risk	Priority	Recommendation	Actions since audit visit	Future actions
1.	**Risk prioritisation and ownership** There is a large cohort of possible CME. At present, there is no clear stratification of this whole population by risk. It is not, therefore, clear to staff where the focus of resources should be to ensure a proportionate and timely intervention is made. Furthermore, it is unclear which group of officers has	Resources may not be utilised as effectively as possible. Children at greatest risk of harm may not be detected or effectively	High	An overall assessment of the potential risks to children and the Council in each CME cohort needs to be undertaken. Whole system workshops and process mapping exercise needs to be undertaken to assess current practice and gaps in information and interventions and to	**For all findings 1-4:** See above for context relating to the coronavirus pandemic. The Education Access Service and Education Welfare Service were brought together as one team within Stockport Family in March 2020. As a result, oversight for the areas relating to	**For all findings 1-4:** Plans to redesign and restructure the two teams to move more resource to CME and create a management structure which allows for more strategic oversight and planning were delayed due to the pandemic. The service redesign is currently under consultation with a view to being in place from September 2021.

No.	Finding	Risk	Priority	Recommendation	Actions since audit visit	Future actions
	oversight and monitoring responsibility for any given cohort and what the reporting arrangements for CME are (see also item, 4, below). For such a large population of pupils it is imperative there is close working with all schools in the borough to ensure timely and effective interventions.	engaged with.		ensure current interventions address the levels of identified risk. This needs to include close working with all schools in the Borough.	children missing education are now under the one service (attendance, exclusions, fair access, EHE, part-time timetables). An exercise was undertaken in summer 2020 to follow up and resolve the records of those children recorded as having 'no current school' on Synergy (education MIS). The majority of these were pupils attending a school in a neighbouring LA or in the independent sector. An 'attendance' dashboard has been developed in Tableau which now provides live data that comes into the authority through SIMs from school registers (updated overnight). This can be used to interrogate the data more effectively and target vulnerable groups and schools that need support.	Once the new structure is in place, a CME action plan will be developed to attend to the findings of the audit report. The role of Education Welfare Officers will be consolidated to include tasks that will assist in the identification of children missing education. There will be more focus on the use of data to support this. Regular reports will be developed from September, by the EWO Operational Lead and reported regularly to schools through a new attendance network that is being set up in the autumn. This network will also enable an ongoing dialogue with regard to policy, procedure and good practice. Data reports will also be regularly provided to an accountable Board (TBA with the Director of Education). An exclusions dashboard is in the process of being developed. This will give lived data on fixed term and permanent exclusions. This will help to provide more clear oversight of the use of this legislation and ensure that due
2.	**Clarity of process** Some processes are better defined than others. For example, the fair access process for excluded pupils and process for Education Penalty Notices are well defined but those for children identified as not on roll are not. This is despite the latter arguably being one of the highest risk categories. Appendix A is a top-level overview of information flows and responsibilities drafted in 2017 but from discussions with officers it is unclear on the extent to	Children at greatest risk of harm may not be detected or effectively engaged with.	**High**	Whole system workshops and process mapping exercise to be undertaken to assess current practice and gaps in information and interventions and ensure current interventions address the levels of risk. Action plan developed with clear responsibilities assigned to address the issues identified.		

No.	Finding	Risk	Priority	Recommendation	Actions since audit visit	Future actions
	which the pathways and assessments referred to therein are currently undertaken and assessed.					process is being used. It will also enable the team to have instant knowledge of when children are absent to school due to a fixed term exclusion. This could then be shared with partners more rapidly if a child is on a plan.
3.	**Systems and information sharing** There are multiple systems in use across the Council where information about CME may be recorded. Synergy and Liquid Logic are the main two but many teams who have interactions with this cohort, for example, many of the Education support services and SEN teams, do not have case management systems. Because of this, many teams cross refer cases by email. This is an inherently risky method as it relies on the sender ensuring the receiver has taken relevant actions Data is also not received on attendance from independent and some academy schools in the Borough.	Children at greatest risk of harm may not be detected or effectively engaged with. Potential for overlap and duplication of provision.	**Medium**	Whole system workshops and process mapping exercise needs to be undertaken to assess current practice and gaps in information and interventions and ensure current interventions address the levels of risk. The ideal solution is that as many services as possible record their work on Liquid Logic to ensure visibility to all staff. Work should recommence as soon as possible with Business Intelligence on further developing and regularly producing and reporting the CME Tableau dashboard.		

No.	Finding	Risk	Priority	Recommendation	Actions since audit visit	Future actions
	Additionally, best use is not made of data available. For example, register data for the majority of schools in Stockport is available on Synergy yet there is no reporting automatically of children with greater than 10-day absences. There was an exercise to collate and report cohort numbers from Tableau but this was prepared once in June 2019 and has not been produced since.					
4.	**Reporting and oversight** It is essential that those charged with governance and management of CME have adequate information to evidence the extent to which interventions are happening on a timely basis. Furthermore, that these interventions are effective. There does not appear to be a defined reporting process for any given cohort of CME children. It is	Children at greatest risk of harm may not be detected or effectively engaged with.	**High**	There was an exercise undertaken with assistance from Business Intelligence to collate and report from Tableau but that has not proceeded since the first iteration in June 2019 We recommend that this is revisited as a priority, in tandem with the action plan to address any weaknesses identified above.		

Limited Assurance Audits - Follow Up Position Statement

No.	Finding	Risk	Priority	Recommendation	Actions since audit visit	Future actions
	therefore difficult to understand how management and those charged with governance can provide proper oversight to the various teams working in this area. Appendix A is a top-level overview of information flows and responsibilities drafted in 2017 but from discussions with officers it is unclear the extent to which top level data on performance is provided to the Member groups and other Boards charged with oversight.			More detailed activity summaries should be reported to the relevant officer and member groups charged with oversight of CME. This should include information on the effectiveness of interventions taken		

6. DOG WARDEN SERVICE

The Audit was requested to consider the effectiveness of controls in place around the management and contractual arrangements with an external Dog Warden Service provider to ensure risks to the Council are managed appropriately.

Our review highlighted

- A lack of supported evidence to confirm adequate contract monitoring had taken place by the Council.
- The statutory register of dogs seized was not properly maintained and there was a lack of supporting evidence to identify the level of euthanised dogs as per contract.

Our review of the proposed new contract framework confirmed significant changes and improvements have been made to ensure contracts can be effectively managed and monitored.

Developments during the period between the report being issued and this follow up

- Bury MBC have indicated they now wish to take back the lead on the procurement of a GM wide arrangement for the service.
- Wigan MBC (where the Animal Wardens Ltd kennels are) have consulted with Counsel who indicate a specific licence is not required for short term accommodation for stray dogs held pending owner retrieval. This is at odds with SMBC Legal and requires clarification
- Animal Wardens Ltd continue to provide the service to SMBC as a verbal extension to the previous contract.

Follow up on specific actions in the report

No.	Finding	Risk	Priority	Recommendation	Position Statement as at July 2021	Future actions
1.	The Council has an out of date contract still being delivered for the Dog Warden Service by AWL.	Formal action cannot be taken against the provider for failure to deliver the service in	High	A review of the current arrangements with the provider should be undertaken in the short term to ensure an adequate service is provided and documented.	Animal Wardens Ltd at present are still providing a service to SMBC.

March 2021, SMBC communicated to Animal Wardens Ltd that due to Legal | SMBC Legal team to conclude the outcome of the advice provided by Wigan MBC to determine if the current arrangements with Animal Wardens Ltd can still continue until the new GM framework has been agreed. (refer to recommendation four) |

No.	Finding	Risk	Priority	Recommendation	Position Statement as at July 2021	Future actions
		accordance with legislation and standards which lead to complaints about the process which may result in the Council incurring reputational damage and financial losses may occur.			advise the Council is unable to continue to use their services due to the lack of Boarding Licence to cover the dogs stay following seizure. This had come about following a whistle blowing investigation to SMBC Seized Dog Contract and how it manages the terms within the contract. Animal Wardens Ltd use kennelling facilities at Common Fold Kennels Common Lane Tyldesley M29 8ND which falls within Wigan MBC's responsibility in terms of licensing. In April 2021, Wigan MBC provided legal advice in relation to Animal Wardens Ltd, confirming that they do not require an animal activity licence for the boarding of dogs in connection with their business. Stockport MBC Legal team informed of the decision and are in the	

No.	Finding	Risk	Priority	Recommendation	Position Statement as at July 2021	Future actions
					process of reviewing the supporting documentation to establish if Animal Wardens Ltd can still provide a service to SMBC.	
2.	Under section 149(8) of the Act a register of dogs seized should have a number of particulars entered onto the register and should be available for public inspection. A review of the electronic register confirmed that not all the particulars had been recorded, these included: No details of time of seizure/finding of the dog; No information relating to a notice served pursuant to s149 – if any served; No date of disposal for the purposes of s149(6); No date of return to owner, and No name and address of the finder.	Failure to comply with legislation and standards which lead to complaints about the process which may result in the Council incurring reputational damage and financial losses may occur.	High	Processes are amended to ensure complete and accurate completion of the electronic register in accordance with legislation. Management should perform periodic checks to confirm that the electronic register is being maintained up to date.	See above.	See above.
3.	It should be noted that the amounts recorded on the invoices/credit notes during 2020 reconciled back to the summary sheets However, we could not confirm the invoices back to	Financial losses may occur and failure to comply with legislation	High	Staff authorising invoices for payment should take care to ensure that invoices can be calculated back to both the summary sheet and the electronic register.	See above.	See above.

No.	Finding	Risk	Priority	Recommendation	Position Statement as at July 2021	Future actions
	the electronic register as a number of discrepancies were highlighted. Furthermore, not all original documentation i.e. invoice/credit note could be located in SAP.	and standards.		The electronic register should be reviewed to ensure it is maintained and up to date in line with Section149(8) of the Environmental Protection (Stray Dogs) Regulations 1992.		
4.	The new framework was due to commence May 2020 to May 2022, with the option to extend for a further two years. However, the new contract is not operational due to the pandemic.	Non delivery of service. Financial losses may occur and failure to comply with legislation and standards.	High	The Council needs to take ownership and liaise with STAR Procurement to ensure that the re-tendering exercise is updated and completed immediately to prevent further delays in the process, this should involve: Determining if the framework is still fit for purpose, and Communicating with each of the bidders to ensure prices are still valid. Authorisation of the new framework and if required, any extension to the contract should be in accordance with the Council's PR6, Contractual Procedure Rules/ Scheme of Delegation.	Confirmed that brief communication between SMBC and STAR procurement/Greater Manchester to discuss the GM framework agreement and how it can move forward. As Animal Wardens Ltd was selected based on the out of date framework, once recommendation one has been fulfilled, this will enable recommendation four to be actioned. It should be noted that it has been agreed that Bury Council will take the lead instead of Stockport MBC on the new framework going forward.	Recommendation one requires implementing prior to moving forward with recommendation four. This is due to Animal Wardens Ltd being one of the bidders tendering for the contract and the Council will need to determine if they are to be included or excluded as part of the tendering exercise.