

Preparation for Assurance **Peer Challenge Report**

Stockport Council

5 to 7 June 2024

Final Report



Background	3
Key Messages.....	6
Message One: Transformation and Leadership	6
Message Two: Co-production.....	8
Message Three: Staff and Practice	9
Message Four: Waiting lists	10
Message Five: Self-Assessment	10
Case File Audit.....	11
Lived Experience Feedback	12
Theme 1: Working with People	14
Quality Statement One: Assessing needs.	15
Quality Statement Two: Supporting people to live healthier lives.....	22
Quality Statement Three: Equity in Experiences and Outcomes.....	24
Theme 2: Providing Support.....	26
Quality Statement Four: Care Provision, Integration, and Continuity	28
Quality Statement Five: Partnerships and Community.....	34
Theme 3: Ensuring Safety	37
Quality Statement Six: Safe systems, Pathways, and Transitions	38
Quality Statement Seven: Safeguarding.....	41
Theme 4: Leadership	44
Quality Statement Eight: Governance, Management, and Sustainability	45
Quality Statement Nine: Learning, Improvement, and Innovation.	48
Lessons learned from other peer challenges.	53
Immediate Next Steps	54
Contact Details	55

Background

Stockport Council asked the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge at the Council, and with partners.

The work was commissioned by Sarah Dillon, Director of Adult Social Care, who was seeking an external view from a team of peers to assess the ability of the adult social care service to deliver good services to people, as well as their preparedness for a Care Quality Commission (CQC) assessment. The peer team were also asked to consider Stockport's journey with co-production, the understanding by staff of the department's strategic direction, governance and progress with Deprivation of Liberty Safeguards (DoLS) waiting lists, and progress around partnership working, integrated pathways and commissioning.

Stockport Council is part of the Greater Manchester Combined Authority (GMCA), alongside nine other authorities, and works closely with neighbouring council's through the devolved arrangements that are in place.

Adult social care in Stockport Council has been on a rapid improvement journey following significant instability at leadership level for some time. Sarah Dillon became the permanent DASS in February 2023 and her Assistant Directors have been in post for approximately six months.

The purpose of a peer challenge is to help an authority and its partners assess current achievements, areas for development, and capacity to change. Peer challenges are improvement focused and are not an inspection.

The peer team used their experience and knowledge of local government and adult social care (ASC) to reflect on the information presented to them by people they met, and material that they read.

Prior to being onsite, the LGA Peer Challenge team undertook a case file audit, lived experience interviews, a review of data, and held 1-1 calls between members of the

peer team and their counterparts at Stockport Council. The team were then onsite for three days holding interviews, focus groups, and discussions to fully understand the adult social care department to develop feedback and recommendations through triangulating the evidence presented.

All information collected was non-attributable to promote an open and honest dialogue. This report is based upon what the peer team read, heard and saw, and the process should be seen a snapshot of the adult social care department's work rather than being entirely comprehensive.

The members of the **peer challenge team** were:

- **Richard Parry** (Lead Peer), Strategic Director of Adults & Health Services, Kirklees Council
- **Cllr Dine Romero** (Member Peer), Chair of the Children and Adults Scrutiny Panel, Bath and North East Somerset Council
- **Matt Birch**, Head of Commissioning, West Sussex County Council
- **Francesca Smith**, Head of Safeguarding Adults, St Helens Council
- **Natasha Burberry**, Regional Sector Led Improvement Programme Manager, ADASS East of England
- **Angela Parry**, Independent Health and Social Care Consultant
- **Claire White**, Peer Challenge Manager

The team were on-site at Stockport for three days from the 5- 7 June 2024. In arriving at their findings, the peer team:

- Held 29 interviews and discussions with 140 people including a range of council staff at all levels, as well as members, partners and providers.
- Read an extensive range of documents provided by Stockport Council, including a self-assessment.

- Completed 11 case file audits and spoke to 5 other people with lived experience.

The peer challenge team would like to thank Councillors, staff, people with lived experience, carers, partners, and providers for their open and constructive responses during the challenge process.

Initial feedback was presented to the Council on the last day of the peer challenge and gave an overview of the key messages. This report builds on the presentation and gives a more detailed account of the findings of the peer team.

Specifically, the peer team’s work focused on the Care Quality Commission (CQC) framework four assurance themes for the up-coming adult social care assurance process. They are:

Care Quality Commission Assurance themes	
<p>Theme 1: Working with people. This theme covers:</p> <ul style="list-style-type: none"> • Assessing needs • Planning and reviewing care • Arrangements for direct payments and charging • Supporting people to live healthier lives • Prevention • Wellbeing • Information and advice • Understanding and removing inequalities in care and support • People’s experiences and outcomes from care 	<p>Theme 2: Providing support. This theme covers:</p> <ul style="list-style-type: none"> • Market shaping • Commissioning • Workforce capacity and capability • Integration • Partnership working
<p>Theme 3: How the local authority ensures safety within the system. This theme covers:</p> <ul style="list-style-type: none"> • Section 42 safeguarding enquiries • Reviews • Safe systems • Continuity of care 	<p>Theme 4: Leadership. This theme covers:</p> <ul style="list-style-type: none"> • Strategic planning • Learning • Improvement • Innovation • Governance • Management • Sustainability

Key Messages

There are observations and suggestions within the main section of the report linked to each of the CQC themes and quality statements. The following are the peer team's key messages to the Council:


Message One: Transformation and Leadership

Elected members and senior officers have set a clear and compelling vision for the future in the One Borough Stockport Plan, supported by the five-year health and social care plan, One Health and Care Plan. Health, social care and wellbeing are key priorities for the Council and local people.

The peer team saw strong foundations in place through the corporate and partner commitment to adult social care, the relatively strong financial position of adult social care, and approaches such as One Stockport, the emerging Stockport Local Offer, and an engaged voluntary sector.

The adult social care senior leadership team is relatively new, with the Director of Adult Social Services (DASS) in place since February 2023, and a new Assistant Director layer introduced in autumn 2023, bolstering senior leadership capacity. This team are energised and ambitious, and have significant personal credibility with staff, partners and people with lived experience. Whilst people spoke highly of these leaders and the vision that has been set, some people spoken to also gave examples of where their experience was not always in line with the vision. The Council may want to consider how the organisation can best amplify the vision and ensure that it is “led from every seat” throughout the organisation, so that it is fully understood and becomes a consistent reality for all staff and Stockport residents.

Managers and professional leaders have a key role to play in creating the conditions that enable practitioners to work in a strength based way with the right systems and support to know where they are achieving the right outcomes for people and where risk lies within a framework of professional autonomy and accountability. For



practitioners, this means taking advantage of the strong vision that has been set, the conditions created by managers and professional leaders (see above) and the richness of community assets in Stockport to enable residents to live a good life in the place of their choosing.

Many people told the peer team about a period of instability at a DASS level, and some historic arrangements with the NHS. These are history and it is important that people look to the future, building on the strong vision that has been set and the good system working that exists across the Stockport Health and Care system.

Relationships with the Voluntary, Community, Faith and Social Enterprise Organisations (VCFSE) are strong and create a vibrant platform to jointly deliver community opportunities that enable people in Stockport to lead fulfilling lives. The peer team were struck by the commitment of all the VCFSE organisations that they spoke with, and people were particularly complimentary of the support that they had received through Signpost for Carers.

In building on existing foundations, it is important that Stockport continues to reduce its use of residential care beds and revisits some of the current investments and service offers to ensure that they are more orientated to keeping people living well in their own homes and neighbourhoods.

There is a system commitment to this approach through investment in services such as the St Thomas' Centre, but the system could take further opportunities to make earlier changes to the intermediate care offer, including transferring existing resource currently invested in Discharge to Assess (D2A) beds to home based services, that would support system flow whilst maximising people's independence.

There have been a significant number of changes made and whilst they have generally been positively received, the volume and pace mean that the peer challenge team

sometimes heard inconsistent descriptions of workflows, roles and responsibilities. These are set out in more detail later in the report.

Message Two: Co-production

People's lived experience is valued by the Council and their commitment to co-production was clear. The peer team saw positive strides to embed and invest in co-production and evidence of developing delivery against this ambition. A very positive step is the appointment of remunerated co-chairs within partnership boards, to help with co-production and co-design.

Genuine co-production can be slow and messy, the Council might benefit from taking a more nuanced approach and being clearer about where on the co-production ladder they wish to be with specific initiatives so that expectations can be agreed in advance. This could include, for instance, the use of 'I' and 'We' statements throughout everything the Council does, to demonstrate how it is committed to putting people at the heart of the social care offer.

The Council faces a tension between the need to make some immediate improvements and moving at a pace that brings enough people along and makes the Council's commitment to co-production feel real. Some change activity may need to be iterative, and compromise accepted.

The ambition around co-production, Equality Diversity and Inclusion (EDI) training and champions, neighbourhood working and initiatives such as the Fair and Inclusive Stockport Summit are all foundations to build from. The peer team had limited insight into how embedded these things are on a day-to-day basis, which is not to say that they are not happening, but in the context of CQC Assurance, the Council may wish to consider how it can make the impact of this activity more explicit.

The Council has been able to recognise the value of social care providers through investment in fees that enable the payment of Real Living Wage to care staff. The

Council could consider how it builds on this commitment to use the expertise that providers have and move to a co-production approach to the care market. This would support the move to strengths-based outcome focussed commissioning and delivery.

Message Three: Staff and Practice

Staff spoke highly about working for Stockport and the things they were proud of. They praised their line managers, supervision, appraisal and development opportunities and the senior leadership team.

People were supportive of several of the policy and process changes but not all were confident and consistent in their understanding of how some of them worked, for example the new safeguarding operating model. The Council might want to consider ways to further embed these changes in practice and ensure that people can consistently describe them. The pace of change was also mentioned by many people, *'the hard bit is making all this business as usual'*.

There has been high use of agency staff in the social work teams, and although action has been taken to address this, staff feel that there are pressures. The Council might wish to benchmark caseloads and activity levels with other councils in the Greater Manchester area, understand what future demand will look like and design workforce capacity against this.

The Council may also wish to consider if expanding professional leadership capacity through a Principal Occupational Therapist (OT) role would accelerate the journey on maximising people's independence and driving the Technology Enabled Care (TEC) ambition as it has done in many other councils.

There was a good example of using system data to generate insight into emergency department attendance. There is an opportunity for further improved data and activity oversight at a team level in adult social care, to ensure that data and insight drives decision making and gives the Council confidence it is on the right change trajectory.

There is an ambition for greater use of Technology Enabled Care (TEC) and organisations such as the Tec Services Association (TSA) have been engaged to support this, however the peer team heard limited evidence of how this is having an impact on people's lives. This is not to say that it isn't happening, but the Council may wish to consider how you make the story of activity and impact more explicit. The Council has committed Occupational Therapists and financial capacity which could help make this ambition a reality.

Message Four: Waiting lists

An immediate focus should be on addressing and reducing risks around waiting lists for Assessment, Review, Occupational Therapy (OT) and DoLS. The promising start made with Stockport Local appointments could be harnessed so that the breadth and consistency of the offer supports earlier assessment and response to this demand. Whilst not a long-term solution, the Council is in a position to expedite change through short term capacity, but this will require investment and an agile approach to procurement.

Message Five: Self-Assessment

Stockport Council know themselves well and have an ambitious plan for their ongoing improvement journey. The Self-Assessment is a good start and sets out good intentions that could be further strengthened by a greater focus on describing the difference that has been made to the residents of Stockport as a result of this activity. The Council knows that it requires a refresh to make it more contemporary and had planned to do this following the Peer Challenge. Including case studies within the refreshed document, alongside the perspective of people with lived experience and data insights, would provide greater evidence of the impact of activities.

Case File Audit

As part of the Peer Challenge, a case file audit was carried out on **11 cases**.

Strengths

- Some good examples of strengths-based practice and of working with people to identify their outcomes.
- A good example of working with multiple safeguarding concerns raised due to self-neglect.
- Some good examples of risk assessments, both within assessments and in separate risk assessments.
- Some good evidence of partnership working with wider services.
- Good evidence of providing information to people. Practice checks to ensure that this information is received and followed up could have significant benefits for people.
- Positive example of a front door case, with necessary actions completed in a timely way.

Considerations

- Some cases were more needs focused than individual outcomes focused.
- Some assessments remain quite traditional with generic outcomes, for example "to continue to develop skills for this domain".
- Not always clear if conversations are taking place directly with the person, for example sometimes deferring to relatives' perspectives. It is difficult to be sure if the person has been fully involved in the decision-making process.
- Consideration of the need to use Advocacy services was not always evident.
- Consideration of mental capacity within assessment and support planning varied.
- Section 117 cases are clearly recorded on the system; however, the peer team were unable to confirm that two cases audited had Care Act reviews combined with s117 reviews, and if the ICB had any involvement.

Lived Experience Feedback


The peer team spoke to five people (or their family/advocate) to understand their lived experience. The team were limited in the number of people available when called. In the context of preparing for Care Quality Commission Assurance, the Council could consider arranged appointments at specified times to overcome this issue. An offer of support to residents who have agreed to be interviewed may also offer reassurance, given the feedback below from one resident.

Strengths

- Good feedback about the involvement of specific social workers with comments like – “very happy”, “brilliant”, “she has been amazing”.
- One resident said that he had had an opportunity to indicate the type of person that would suit him as his support worker and had been very lucky to get someone from Optimal Support who he has a good relationship with and has worked with him for two to three years.
- Another resident knew where to go for information that would keep him well and he said he would go to the town hall, his social worker or to his support worker. He said he was treated with dignity and respect, and that staff were reliable and professional.

Considerations

- One resident said that he would have liked Stockport to consider and ask if he had any support needs to undertake the phone conversation with the peer team.
- A high turnover of staff in adult social care was referenced as inhibiting the understanding of the complexity of one resident’s circumstances, and trusting relationships being formed.
- Another spoke about his experience in ‘unsuitable’ interim housing arrangements necessitating a move into further temporary accommodation and is now awaiting permanent accommodation.

- 
- One family experienced issues with care calls from a community provider (timings, tasks undertaken, rushed visits) which they raised with Stockport Council but did not receive feedback of the outcome of any follow up.
 - The peer team were told by a family member that social workers at Stockport are well meaning, friendly and helpful, but that the “system is poor”, and there is little access to placement or supported living resources. Having sourced their own placement, they expressed their view that the framework of providers may inhibit choice for families who don’t understand the system.

Theme 1: Working with People

This relates to assessing needs, planning and reviewing care, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information and advice, understanding and removing inequalities in care and support, and people's experiences and outcomes from care.

Strengths

- Beginning to drive transformational change, for example through Stockport Local appts/technology enabled care/early advice and information and committed to increasing initiatives that support early intervention and prevention.
- Maximising place-based partnerships with a focus on prevention, health promotion and wellbeing.
- Legal literacy and wellbeing principles are becoming embedded. Increased capacity and activity aimed at quality assurance.
- Long and positive relationships with voluntary sector organisations, and longer contracts for sustainability.
- Strong support from the Council's commissioned carers support organisation.
- Continuing to seek and use feedback from people to inform services.
- Positive work has increased direct payment uptake, including co-produced training and delivery.
- Investment in Integrated intermediate care services, including St Thomas' Care Centre.
- Council led annual Fair and Inclusive Stockport Summit to tackle inequalities.
- Lived experience is starting to be valued, for example partnership boards under Making it Real Board, and payments for people with lived experience in coproduction roles.
- Strong relationships with Public Health, and use of the Joint Strategic Needs Assessment (JSNA) to shape services such as housing, leisure, exercise, and digital inclusion.

Considerations

- Continue to monitor, manage and mitigate risk in waiting lists, particularly for DoLS.
- Continue to embed consistent and strengths-based practice.
- Continue to develop transparent care pathways and comprehensive practice guidance.
- Ensure workforce capacity and support to qualified staff.
- Increase alignment of preventative services with diversity of health needs, including addressing locally defined inequalities. Continue to identify and engage with more diverse and less visible communities and enhance the use of data to understand impact and outcomes for local people.
- Continue to work on Stockport Local to improve information, advice and guidance
- Maximise use of TEC to support independence and wellbeing.
- Maximise reablement and intermediate care opportunities and consider transferring resources currently invested in D2A beds to increase capacity and capability to support people in their own homes.
- Continue to strengthen implementation of co-production activities.
- Utilise practice review programme to ensure equity of approach in practice and assurance of anti-discriminatory practice.
- Ensure that Equality Impact Assessments (EIA's) positively impact new commissioning contracts and change programmes of work.
- Provide clearer evidence of how the profile of the social care workforce represents the local community.

Quality Statement One: Assessing needs.

Pathways

The pathway into adult social care in Stockport is via a single contact team, and there were examples that a significant amount of work is managed or diverted at the point of contact. This service has close links with Stockport Family, Housing, Police and community health partners and is resourced by social workers, occupational therapists and unregistered staff. The peer team heard that there are no significant delays when residents contact the Council and that advice and information, signposting, and early

assessment and intervention work is undertaken and sometimes completed by the contact team.

Where ongoing work is required, it is passed to one of eight neighbourhood teams or to one of several specialist teams, where there are waiting times for assessments. The peer team heard some variations in practice and culture, and how the use of local appointments varies in the eight neighbourhood teams. Current plans to reduce to four neighbourhood teams aim to improve consistency and maximise resources.

Stockport Local

The Strategy for Adult Social Care is aligned with the integrated five-year strategic One Health and Care Plan, and both align with the overarching One Stockport Borough Plan. The One Health and Care Plan for Stockport feeds in to the NHS Greater Manchester Integrated Care Partnership Strategy. Throughout these strategies, the value of collaboration with statutory and non-statutory partners is recognised, in terms of keeping Stockport residents healthy, happy and independent.

As part of its transformational journey, the Council are developing Stockport Local appointments within hubs such as libraries. These local appointments support adult social care with demand management, and support residents to access advice and information, assessment and support, earlier and within community settings near to their homes.

Although the peer team did not see any performance metrics, or interview anyone who had attended a Stockport Local appointment, they heard stories of successful interventions resulting in positive outcomes for people. The team also heard that use of local appointments varies by neighbourhood, and that some process issues may need resolving to further embed them.

Occupational therapy appointments for equipment and adaptation assessment in the main library have been successful and evidenced positive outcomes, for example an impressive reduction in wait times for stairlifts from twelve months to three. The team also heard about some failed appointments when appointment letters to residents may

not have arrived in time. Recognising that the model is in the early days of implementation and the huge progress has been made, further work that refines processes may help achieve strategic ambitions around early intervention and prevention, improve outcomes for residents, and reduce waiting times for assessments.

A significant culture change for both staff and residents is required to embed Stockport Local appointments, and the peer team felt that there is an opportunity for the Council to review and enhance internal and external communications around the Stockport Local offer, as well as develop and embed performance metrics on levels of activity and importantly, outcomes for people.

Carers

There are thought to be c27,000 carers in Stockport, 7,000 of whom are known to social care, with approximately 300 engaged with social care at any one time.

Carers known to adult social care (through an assessment of the person they care for) are offered a carers assessment by the Council. Carers not known to adult social care, and where the person they care for is not being supported by adult social care, are directed to Signpost for Carers, the commissioned carers service. The peer team saw headline data indicating average waiting times of 75 days for carers assessments, it was not clear if these were similar for the two pathways, and the council may want to clarify this in their self-assessment for CQC. All efforts to expedite outstanding carers assessments should be sought, acknowledging that delays with carer assessments can have a significant impact upon carers and the person they care for. The Council should assure themselves that no matter the access route, carers experience equitable service offers and outcome opportunities. The team heard that Signpost mitigate risks to carers waiting by keeping in contact with them and escalating cases to adult social care where necessary but were less clear about how risks were managed for carers waiting for assessment from social care teams.

Carers needs are met through information and advice, and services provided to the

person they care for, such as commissioned support, carers break, respite, and sitting services. Carers in Stockport are encouraged to apply annually for a one-off payment of two hundred pounds. The Council may want to assure itself that this approach supports person centred strengths-based practice and does not fetter discretion.

The peer team heard very positive feedback from many carers in relation to Signpost for Carers, with one commenting *“I don’t know what I would do without Signpost for Carers”*, and others sharing how beneficial referrals from their GP’s and MIND were to Signpost for Carers.

It was encouraging to hear how carers have been involved in co-production activities with the Council, such as developing the new Think Carer Strategy, the Think Carers Portal, co-designing a new carers assessment and support plan, and participating in a recent survey that will inform a review of the local offer.

Hospital discharge

The peer team heard that hospital discharges are becoming more joined up, with improving working relationships and collaboration between health, social care and third sector staff and a shared commitment to Home First. The Transfer of Care Hub (TOCH) at Stepping Hill Hospital was reported to work well.

The Council’s self-assessment identified a high length of stay for people in acute beds and above average admissions, and the need to build upon and maximise reablement and intermediate care opportunities. We heard about the system commitment to this approach through investment in services such as the St Thomas’ Centre. The peer team suggest that that the system could take further opportunities to make earlier changes to the intermediate care offer and could consider transferring resources from “Discharge to Assess” (D2A) beds to additional community capacity that would support system flow whilst maximising people’s independence.

Mental health

Stockport's Mental health Service model enables adult social care to have oversight of risk and assurance of Care Act duties. Social workers are co-located with colleagues from the Pennine Care NHS Trust, supporting positive collaborative relationships. The peer team heard that caseloads in mental health are relatively low but complex, and that Approved Mental Health Professional (AMHP) recruitment remains challenging, and that a high staff turnover and use of agency staff impacts delivery.

Feedback from staff working in mental health was that the balance between paperwork and face to face contact with people felt challenging and that this balance, alongside issues accessing the Paris health database, impacts their ability to work well with people. The Council may wish to review both items, possibly through development of more efficient recording forms and processes and seeking wider access for staff to the Paris IT system. Work is ongoing between the Assistant Director for Operations and her counterpart in mental health services to continue to improve collaboration.

Waiting lists

Headline waiting list data was shared with the peer team, however insufficient detail was shared to enable the team to understand how risks were being managed for all waiting lists.

The latest performance data indicates significant waiting times for reviews (average 244 days) and DoLS applications (average 364 days). There are also waits for care and support assessments (average 34 days), and carer assessments (average 75 days). The team did not see data about OT waiting lists but anecdotally heard of wait times up to six months. Maximum wait times presented in waiting list performance data may be data errors that require cleansing.

The Council should assure themselves that waiting lists and their approach to risk mitigation are clear and consider the narrative around how this is described in the self-assessment.

The council are aware of the risk around DoLS and have taken actions towards

mitigating these risks, including financial investment to outsource some assessments. However, procurement delays mean that this risk remained at the time of the on-site work.

Providers referred to the impact of delays to reviews upon them, as well as to residents who may continue with a level of support that is either insufficient, or overly comprehensive, possibly delaying improvements to people's independence.

The peer team felt that in addition to clarifying risk mitigation approaches to waiting lists, there is an opportunity for the Council to harness greater use of real time performance data generally, to inform and drive practice.

The peer team did not have time to explore the adult social care response to self-funders in Stockport but given the wealth disparity referenced in the Council's self-assessment, the peer team recommend a review of the offer to ensure Care Act compliance for self-funders.

Practice quality assurance

An enhanced and robust approach to practice quality includes new governance arrangements: for example, a monthly senior management team focused on quality, a quality assurance delivery group chaired by the Principal Social Worker (PSW), and practice reviews (audits). Whilst some of these arrangements need further embedding, some specific practice issues identified such as staff not always sending out assessments have been addressed by introducing management oversight at sign off for a case.

The quality assurance delivery group addresses the need for and implementation of any system, practice and process changes thought to be needed in adult social care. Attendees bring ideas and suggestions for change initiatives, and the peer team felt that this collegiate approach was good evidence of adult social care's commitment to co-production with staff.

The peer team were told that complaints have reduced. An example of how feedback from residents is used to drive change, is the offer of Stockport Local appointments to

address financial/charging/direct payment queries. The team cannot comment on how common the following experience has been for all residents, but they did receive feedback from one family that their complaint about a provider was not responded to.

The case file audits highlighted some good examples of strengths-based practice, and use of advocacy and assessment for mental capacity. Invariably however there were also some cases where practice was not in line with the aspirations set, and the new practice review (audit) process should help Stockport to hone areas for improvement and where further training may be beneficial. There are opportunities to continue to develop transparent care pathways which are easily understood by staff, residents and carers, and to further develop comprehensive practice guidance.

The role of the PSW in quality of practice assurance is very evident, and whilst the role is positioned at an appropriately senior level to influence change, the peer team noted that it has several competing responsibilities, including Head of Safeguarding and DoLS. Alongside considering expanding professional leadership capacity with the addition of a Principal OT, which has accelerated the transformation journey elsewhere, the Council may wish to review the responsibilities and support to the PSW role to further strengthen practice improvement and transformation capacity.

Direct payments and Personalisation

The old direct payment policy was considered overly restrictive, and the peer team were told that staff lacked confidence and skills in direct payment delivery. A shortage of personal assistants resulted in some residents reverting to commissioned services. However, a new team manager has driven forward commendable direct payment activity, and against a national average of 26 per cent, Stockport's direct payment average is 31 per cent.

People with lived experience have co-produced direct payment training material and support the ongoing delivery of training to staff. The Council is aware of delays in relation to direct payments, and the managed account provider People Plus has been engaged to support the council with the current backlog.

The peer team heard positive examples of direct payments giving residents greater choice and control and encourage the Council to develop comprehensive suites of lived experience case studies to share within the service and externally, to maintain this encouraging momentum. These will also assist the Council with illustrating their work to CQC. The Council may also want to revisit the use of language when referencing a person with care and support, such as a service user (agreement), as this is not always a term that people feel comfortable with.

Quality Statement Two: Supporting people to live healthier lives.

Commitment to wellbeing is a golden thread in the One Stockport Borough plan and integrated five-year strategic plan One Health and Care Plan. One Stockport's mission includes "A healthy and happy Stockport where people have the best lives they can – happy healthy and independently".

The Stockport Support Hub brings together voluntary and community organisations into one partnership to deliver outcome focused preventative support. More partners are involved than with previous commissioning arrangements, and longer contracts have been implemented to provide assurance to partners of the Council's financial commitment and sustainability, a move that has been welcomed by the affected organisations.

Public health colleagues spoke about closer alignment with adult social care in the last few years with a focus on neighbourhood prevention programmes. The DASS and Director of Children's Services meet regularly with the Director of Public Health to consider opportunities and avoid duplication in work undertaken. Public Health colleagues have been involved in work that has both generated insight (for instance attendance at emergency departments) and enabled the setting of strategy (for instance the Joint Strategic Needs Assessment (JSNA) work that has then led to specific strategy work for autistic people.

The peer team heard about eight Team Around the Place 'TAP Captains' drawn from the Council and partners, described as a 'multiagency virtual team' who drive community connections. The roles arose from social prescribing, and promote services and local connections, develop partnership initiatives and horizon scan. There was varied feedback from staff about their experiences of working with TAP Captains, however the peer team heard that job profiles and terms of reference are being reviewed, providing the council with an opportunity to further embed and ensure a consistent offer.

Libraries in Stockport are clearly recognised as an important part of community connections. The team heard about the success of libraries being used by OT's and social workers for Stockport Local appointments, helping with earlier intervention and prevention. However, some staff referenced that hybrid mail may have impacted/delayed delivery of letters to residents, leading to some failed appointments. It was unclear based on conversations if hybrid mail was the default or if the mail room could be used to expedite this issue. Again, consistency of understanding by staff may assist when telling the Stockport story. A quick win may be to review process expectations, and redefine the offer, including how electronic booking systems are used, to work towards equity of experience. We understand the Council is developing a feedback form to gather resident experience of Stockport Local appointments, and the team agree that these insights will usefully support future developments.

The use of technology in early intervention and prevention is a stated ambition of the Council's TEC Strategy. Plans for the newly implemented TEC virtual house to be available to residents in libraries will support this.

An online 'Stockport Local' community directory is in development, which will help residents to access information that may help them to stay resilient and healthy in their neighbourhoods. The Council will want to assure itself that robust processes maintain up to date and relevant information.

Quality Statement Three: Equity in Experiences and Outcomes.

In 2021 the population of Stockport was 295,243 and an increase of 3.3 % is predicted by 2030. There are more older people and fewer younger adults, and by 2030 it is predicted that one third of residents will be over 65. Stockport is an affluent borough with a lower-than-average deprivation level; however, it has concentrated areas of deprivation and significant health inequalities. There are 1,700 people with a learning disability and 3,000 people have a serious mental illness. In the 2021 census 31,200 people reported providing unpaid care. The diversity of Stockport is increasing, and ethnicity profiles differ across the borough.

Adult social care is aware that more work is needed to understand how the diversity of Stockport is reflected in the workforce and those who use adult social care services. The Council recognises the need to identify and engage with more diverse communities and those that are less visible, recognising that an improvement in diversity data is needed, as well as ways to better understand the impact and outcomes of support for all people.

The Council leads an annual Fair and Inclusive Stockport summit, the most recent in July 2023, which brought together over 100 community equity networks partners in communities across Stockport to share lived experience stories and together tackle inequalities in the borough.

Health inequalities are a top priority for Stockport and the Council work closely with public health, using the JSNA to shape services such as housing, leisure, exercise and digital inclusion.

Stockport have invested in Equality Diversity and Inclusion training for assessment teams, and the peer team suggest there is an opportunity to test the impact of this training by carrying out focused audits as part of the practice review programme, to provide assurance that anti-discriminatory and equity approaches are embedded.

Lived experience is starting to be valued in Stockport and several partnerships boards exist under the 'Making it Real Board', with commitments to payments for people with

lived experience in co-production roles. The peer team heard the ambition to put the voice of people with lived experience at the centre of everything the Council does, and from people with lived experience that “the voice of people with lived experience is starting to be heard.... the local authority has been behind the curve”. The team recommends that the Council continues to review the efficacy and outcomes of these boards and all engagement activity, to ensure that ambitions are realised and that co - production continues to put people at the heart of care and support.

There are equality staff groups and equality champions within the service, and the team heard positive stories about accessibility of service managers, open door policies, and considerable work ongoing to understand cultural backgrounds.

The team heard limited articulation of how Equality Impact Assessments (EIA's) have impacted new commissioning contracts and change programmes of work, however commissioning teams show a real commitment to understanding the communities that they work with and to providing the right services and opportunities to all. There is a need to evidence actual progress here and to capitalise on the enthusiasm of colleagues and providers.

It was not always clear in the case files audited if the need for advocacy had been considered and that the person was fully involved in all decisions about them. Going forward adult social care will want to assure itself that both advocacy, and interpreter services are routinely considered by staff when working with people.

The benefits of international recruitment are being explored. A diverse workforce may support the Council in ensuring that the diversity of residents is reflected amongst staff.

Theme 2: Providing Support

This relates to market shaping, commissioning, workforce capacity and capability, integration, and partnership working.

Strengths

- Working with Stockport homes and other housing organisations to deliver more housing choices. Commitment to delivering housing related support.
- Commitment to changing the way home based support is commissioned.
- Good governance of market quality with an intent to evolve contract management to include outcomes.
- Provider Assessment and Market Management Solution (PAMMs) to be implemented, enabling consistent measurement of quality, spend and activity in commissioned services.
- Increasing reablement capacity to support hospital discharge and avoidance of admission, however further opportunities exist.
- Innovative approaches being developed to support and build back independence following a hospital admission, for example live in support.
- Shared leadership arrangements across health and social care system. BCF five-year plan supports integrated working and ambitions.
- TOC hub at Stepping Hill Hospital working well and developing St Thomas' as an integrated care centre to support people to rehabilitate directly from hospital.
- Multi agency adult at risk system and team which supports a single pathway for partner agencies to highlight adults at risk.
- Strong VCFSE sector.
- Multi agency Homelessness Prevention Board and commitment from Stockport Homes to employ a dedicated social worker to work with people at risk of

homelessness.

- Strong partnerships through Stockport safeguarding partnership.

Considerations

- Workforce capacity/risks in relation to international recruitment, and challenges with the recruitment of DP personal assistants.
- Ensure a comprehensive respite offer for carers that supports the good experience that people receive at Signpost for Carers and enables the Council to improve its relative ranking for carer satisfaction.
- Further develop the approaches to commissioning services, building on the new framework for ISFs and taking a more data and insight led approach including more real time data and feedback from people.
- Diversify the accommodation-based offer to reduce utilisation of residential care, develop the capability and capacity of Extra Care Housing and a more comprehensive offer for people with more complex needs.
- Ensure that the Council is pushing sufficiently hard to achieve Home First and that the reablement offer supports this, with sufficient capacity to support people already at home who would benefit from an intervention to increase their independence.
- Monitor the impact of the new day opportunities on strategic objectives and expand thinking around better lives for older people living in residential care.
- Transformation and pace of change means that some people are reporting a disconnect between the Council and some external partners – VCFSE providers and carers are unclear about organisational structure, key contacts and where and when key meetings are “Two halves of the Council, the bit that wants to work in partnership, co-produce etc and the reality of day-to-day delivery.
- Monitor and evaluate the impact of partnership working specifically in relation

to the experience and outcomes for people, including through an equalities lens.

Quality Statement Four: Care Provision, Integration, and Continuity

The commissioning team sit within the adult social care directorate, and a new Assistant Director for Commissioning has been in post for approximately 6 months. There appear to be strong and positive links across the directorate at senior leadership level.

The new leadership team recognises the need for a strong commissioning focus and for all staff to take an outcome focused, place based and person-centred approach. This is evidenced by the commitment to developing commissioners through a professional qualification “Commissioning for Wellbeing” which is focused on outcomes and co-production rather than simply service delivery.

Commissioning strategies/market position statement

Several strategic documents were reviewed including the ASC Commissioning Strategy, One Health and Care Plan, One Borough plan, Better Care Fund Plan, Specialist and Supported Housing Workplan, Learning Disability Strategy, Autism Strategy, Think Carer Strategy, TEC Strategy and several action plans. Some documents appeared to be in draft and unfinished and it is recommended that they are reviewed and completed, taking the opportunity to define key messages, with a simpler and consistent thread of ambitions and objectives, and to begin to build a co-production approach to policy and strategy development.

Some stakeholders referenced not being aware of the Council’s strategic plans and ambitions, as well the Council and NHS not being consistent in their approach. The current Market Position Statement runs until 2024. Stockport could consider taking the opportunity for a revised version to be more explicit in terms of its position and its requirements for future services to give much clearer indications to its provider market and be clear about the extent to which this will be co-produced with providers. The

council may also consider specific requirements and approaches to different support needs.

Outcomes/person centred/strengths-based approaches

In the context of preparing for CQC Assurance, the team felt that there were opportunities to strengthen the evidence that services are achieving outcomes and being delivered in line with person centred and strengths-based ambitions. Stakeholders reported that they believed there was an intent from Stockport Council to support people to live well and that there are examples of good outcomes and working well, but the experience is not absolutely consistent. Staff spoken to all held these ambitions and motivation to improve.

The team did not get a clear and consistent sense of current practice in measuring or monitoring outcomes within services. The Council may want to give further consideration as to how they develop processes and structures to be able to consistently monitor outcomes achieved for local residents.

Equalities

There are opportunities to better understand who accesses services and who doesn't, along with variations in outcomes to inform commissioning and service delivery activity. The Council should consider how they evidence their approach to tackling inequality and maximising outcomes for all. Some staff reported knowledge of access to services by residents with protected characteristics, but this was not consistently articulated.

Co- production

Stockport Council have made great strides in aiming to embed co-production in all its activities. The Making it Real Board and paid lived experience posts demonstrate positive steps, however it was not clear to the peer team how far embedded the ambition is.

Providers and stakeholders spoke about not always being included in discussions and would like to work further with the Council on future plans and services. The Council

might consider how it ensures more people are involved in shaping services, and how it could evidence the impact of co-production and how it is positively affecting changes in service design or delivery.

Being clearer up front where the Council wants to be on the co-production ladder for particular activities might enable people to better understand what level of co-production they can expect and so manage expectations of the Council. Full co-production can be messy and so compromise may be necessary.

Partnerships

The peer team heard that relationships with stakeholders had improved considerably over the last five years and were generally positive. However, it was noted that there had been lots of change within the Council, and a high turnover of staff, which had contributed to a lack of understanding from stakeholders of who does what, who is leading on which programmes, and who to contact. There was also feedback that stakeholders weren't always aware of key meetings/their purpose and felt restricted in their ability to meaningfully engage. Stockport might want to consider communication channels to partners and stakeholders that aid awareness through periods of accelerated change, as this will reduce frustration and help to build relationships that deliver more outcomes focused, localised services in the future.

Stakeholders reported that safeguarding was well structured in learning disability services but were less clear that this was the same for mental health services. Some confusion was reported about long term strategic plans for the mental health services and that providers have some difficulty navigating between the NHS and Stockport teams.

In relation to achieving outcomes, there is a difference in providers experiences. Some commissioners spoke of innovative ideas to develop the home support offer through partnership work with trusted local providers. This idea is in its infancy, but with the place-based activity across Stockport there is a real opportunity for positive steps towards more person-centred services and communities.

Use of data

The story about how data is used to inform delivery could be strengthened, particularly around knowing population needs and actual access to services in Stockport. The peer team heard how the JSNA was utilised for SEND, Autism, Mental Health and Wellbeing, but that there is a recognised need for more information in relation to the needs of older people. We heard that neighbourhood profiles were used to support a clearer understanding at a local level, but it was not entirely evident to the peer team how data is used to inform good decision making and to achieve better outcomes for people.

Hospital discharge

There appeared to be good working relationships and partnerships in place to support hospital discharge. The Transfer of Care Hub at Stepping Hill Hospital was reported as a real Multi-Disciplinary Team (MDT) approach and working well. However, the peer team heard about several pathways out of hospital, with decision making and processes not always clear. Stockport and NHS partners may want to consider simplifying pathways and services to ensure the maximum number of people are supported home from hospital.

New services have recently been introduced such as the provision of domiciliary care for people who are not accepted or suitable for the REaCH (in-house) service, or other routes home from hospital. This service aims to support independence and to prevent a return to hospital or long-term care.

It was acknowledged by the peer team that teams appear to be continually trying to improve hospital discharge outcomes and do things differently, but the challenge for staff in working across the health and social care system.

Staff reported the opportunities exist to do better by improving access to systems, the impact of the new Enhanced Home First service to support people with more complex needs (including those with delirium), involvement of social workers earlier, reducing repeated assessments and a greater focus on the opportunity for ongoing rehabilitation

or reablement.

Reablement and Intermediate Care

The in-house reablement service has recently undergone some expansion, however, it does not compare favourably to its regional neighbours or comparator local authorities in terms of access to reablement following hospital discharge. The peer team heard how relationships with this service had improved and responsiveness was increasing, however were concerned that the reablement offer is not being maximised and is limited by the size of the service. The Council should consider how it could increase use of reablement for community-based customers to support its prevention ambitions. There are a comparatively large number of D2A beds, and these are spread over multiple care homes. Consideration could be given to reducing this number and transferring the investment into home-based services instead which would strengthen opportunities for Home First. Further consideration may also be given to some joint work with providers to develop an outcomes framework and to pilot a local joint scheme focused away from the time and task model of support in both community and residential settings.

There is a system wide commitment to intermediate care through investment in services such as St Thomas', an integrated care centre supporting rehabilitation directly from hospital, which will be ready in 2025. The peer team suggest that the system could take further opportunities to make earlier changes to the intermediate care offer that would support system flow whilst maximising people's independence.

The peer team heard about a commendable two-week palliative care rapid discharge pathway has made a huge difference, referred to as 'gold standard' and the only service of its kind in Greater Manchester.

Housing

The Council's self-assessment identifies that whilst there is a range of specialist and supported housing, including learning disability supported tenancies, extra care housing, mental health supported tenancies and shared lives, the supply and diversity

of housing stock is insufficient to meet current and predicted future demand. Operational staff confirmed the challenges of accessing suitable housing options for people with mental health, autism or learning disability needs. It was noted that there was a long wait for housing options, and whilst a fast-track service for customers with a learning disability exists, this was not available to those with autism. However, there is a good partnership between adult social care and the local housing provider and other agencies such as the police, and a good awareness of key improvement priorities.

The team heard from commissioners that there has been a greater emphasis on quality in care homes and that standards are improving. Stockport Council has the lowest percentage of care homes rated good or outstanding in Greater Manchester. A new quality, risk and contract management tool has been introduced to monitor and track the quality of services and to direct suitable interventions.

Alongside this, policies and governance around escalation of quality issues are well documented in the Quality Assurance Framework, although the team noted that the reviewed document appeared to be a draft version and should be finalised.

The peer team felt that the policies and processes to support providers to achieve and maintain high quality services are appropriate, but there was limited evidence of how the impact of this has been evidenced. Additionally, providers reported mixed experiences with quality assurance and contract management activities and cited different approaches taken by different officers, also however noting recent improvements. The Council may want to consider how activities and services are standardised further, and how opportunities for greater proactive approaches to supporting the whole provider market can be achieved.

Residential beds

Stockport rate quite highly in terms of admissions to residential care for their peer group on ASCOF measures, but better in terms of their region:

597 res/nursing care admissions of OP per 100,000 population (England average 561)

17.3 res/nursing care admissions of WA people per 100,000 population (England average 14.6).

In building on existing foundations, the peer team felt that it is important that the Council continues to reduce its use of residential care beds and revisit some of the current investments and service offers to ensure that they are more orientated to keeping people living well in their own homes and neighbourhoods. The Council are aware of this and have a desire to reduce residential care admissions and the need to actively decommission residential provision. This decommissioning process can be done in partnership with providers including supporting business diversification.

Technology Enabled Care

TEC featured heavily through the council's strategic intention and as a core intention of its future model in terms of a more universal and preventative service. The development of the virtual TEC house is a positive step and an indication of efforts to ensure that TEC is considered as a genuine alternative to formal care. There were a number of advocates for TEC, but the Council may wish to consider how current levels of investment in TEC and practice leadership capacity match ambitions.

Quality Statement Five: Partnerships and Community

Sarah Dillon the DASS is very well respected and is seen to be making a positive difference in Stockport. The peer team heard from many partners that she is 'inspiring and motivating', and many relationships have improved since her arrival.


Stability of the leadership team was referenced as extremely positive by partners, however there was also acknowledgement that it takes time to develop and embed relationships, for cultural change to spread through the organisation, and that there is a slight risk that the pace of change could undermine the ambition. The Council faces a tension between the need to make some immediate improvements and moving at a pace. Some change activity may need to be iterative, and compromise accepted.

Relationships with the VCFSE appear strong and create a vibrant platform to jointly deliver community opportunities that enable people in Stockport to lead fulfilling lives. The Peer Team was struck by the commitment of all the VCFSE organisations that they spoke with, and people were particularly complimentary of the support that they had received through Signpost for Carers, although not all carers spoken to were aware of Signpost. The Stockport hub is a single point of access for a range of preventative services and connects the Council with the VCFSE. Recent moves to increase security of funding for providers has been welcomed.

The peer team heard that providers were not always aware of many of the changes in the council, and that a high turnover of staff has contributed to different experiences in process and engagement. Providers spoke of feeling 'confused' about what/when/where key meetings take place, and not knowing who to go to with queries. Whilst there was an acceptance that different drivers apply to different organisations, some providers did not feel that their input was always heard. The peer team felt that there are opportunities for the council to further clarify key contacts, time and purpose of key meetings, share strategic intentions, and involve providers more in co-production activity.

The peer team heard many examples of success on the Council's co-production journey, and co-chairs of partnership boards spoke of feeling listened to and welcomed the council's plans to increase visibility and participation of people with lived experience, though we also heard a view that the pace of some of this meant that it did not always feel fully co-produced. We heard positivity that drug and alcohol services are being driven by people with lived experience.

The Council will want to assure itself that partnership boards and co-production activity is effective and leads to better outcomes for people, and the use of accurate data and use of outcome measures should support this.



A Think Carer Strategy has recently been co-produced by Signpost for Carers and people with lived experience. People involved in the public consultation and user group for direct payments spoke of feeling heard and their input valued.

There were changes made to proposed or actual integration arrangements with health partners. Some of these changes are now quite historic but were referenced. Whilst it is helpful to reflect on history, there is a strong commitment to the current partnership, and a focus on the past risks detracting from the current partnership strength.

There were references to some of the risks that arise from the way that local partners wish to operate, and the direction that is sometimes given by wider regional or national organisations. Some of the national NHS guidance in relation to the Better Care Fund and Continuing Health Care could create local tensions for Stockport (as it does for other Council's) but there are strong local relationships that should help counter this.

It is clear that there are significant financial and operational pressures, particularly for secondary care that will require concerted action to reduce. Taking an “end-to-end” approach to this with ownership by the whole system (including for any unintended consequences of decisions) will both deliver better outcomes and ensure that the current positive relationships are maintained.

Theme 3: Ensuring Safety

This area relates to Section 42 safeguarding enquiries, reviews, safe systems, and continuity of care.

Strengths

- Commitment to an integrated approach to planning and use of resources. Developing a whole system live dashboard for oversight of demand and challenges within the health and social care system.
- TOC hub implemented, oversees pathways 1,2,3 and escalates risks/concerns.
- St Thomas' (in development) will drive forward Home First ethos and use TEC and digital innovation.
- Close working relationships with Stockport Family and Early Adulthood Team supporting safe transitions for young people.
- Multiagency Stockport Safeguarding Adults partnership works well, supported by a strong Independent Chair.
- Safeguarding Adults Board (SAB) is strong and stable, with police contribution.
- SAB publishes annual report and delivery plan and learning from SARS.
- Online safeguarding reporting arrangements and PIPoT portal in place.
- Safeguarding training according to job role available, plus multi agency training.
- Recent independent review of safeguarding processes and arrangements.
- Multiagency safeguarding audits undertaken.

Considerations

- ASC risk registers could better distinguish operational and strategic risks.
- Act to reduce waiting lists and improve allocation processes and volumes,

including accelerating improvement activity with DoLS waiting list.

- Some carers were concerned that contingency plans were insufficiently robust.
- Further development of reablement services to build the Home First approach.
- Consider how the Council can evidence the impact of TEC on safety and people's independence.
- Staff and providers could not consistently articulate understanding of the new operational safeguarding workflows and structures, nor the process for managing BIA activity. This may just be about re-communicating these or ensuring that flowcharts are consistently used and understood
- In the context of CQC assurance consider how consistently SARs findings are socialised in front line teams, how the Council can articulate the positive impact that safeguarding activity has had for residents and how people's experience, impact and outcomes are understood.

Quality Statement Six: Safe systems, Pathways, and Transitions

Governance in practice

The peer team heard and read from the self-assessment about a more robust operational governance structure now in place, referenced earlier. Audits provide some assurance of quality and areas for improvement, as do Safeguarding Adults Reviews (SARs), and it will be important for the council to assure itself that learning is robustly and consistently shared, there was some evidence from conversations that this varies.

Waiting lists

Waiting lists are discussed more fully under the "Assessing Needs" section. The peer team did not have the opportunity to adequately explore how risks in the council's waiting lists are mitigated. However, if not already in place, there are opportunities to

develop guidance/systems that assure a line of sight by managers for people who are at risk.

Governance and quality of regulated care

Stakeholders reported different experiences of quality assurance and contract management. Different approaches by different officers were reported, with some officers not visiting services whilst others are visiting and asking lots of pertinent questions and evidencing key areas. Stakeholders felt that previous contract management and quality assurance activities were not always impactful, but it was reported that this has improved recently, and the new approach is good.

In the context of co-production, it will be important to strike the right balance between seeking assurance from providers and recognising the expertise that they have in helping to shape and influence the care system through a co-production approach.

Transitions

The peer team heard about strong working relationships between Early Adulthood, Leaving Care, Commissioning, and Children with Disabilities teams supporting safe transitions for young people. Joint working has led to improved understanding of each other's roles and legal responsibilities, and staff spoke proudly of this. Links with one another were described as more 'intentional' and that they now felt that they were able 'to hand a baton of trust' to one another creating more assurance for young people and their families.

We heard about adult social care staff going into schools as part of early engagement, and schools alerting ASC when young people have EHCP plans. Plans are in place for embedding activity that makes preparing for adulthood staff more visible in communities, for example at parents' evenings and in integrated family hubs.

ASC accept referrals from 16 years, when they write to the young person to describe what they can expect. This preparing for adulthood 'pack' was developed in response to families telling Stockport that this was needed. The peer team are aware from work elsewhere that transition considerations are earlier than this and in preparation for

CQC assurance the Council may want to review pathways.

There are good links to the leaving care accommodation panel and strong relationships with commissioners. The peer team were told that commissioners don't have all the data that they need all of the time, but that where possible financial forecasting based upon projected need occurs and discussions with providers about future need take place. We heard an example of innovation from one provider who has offered to build flats supported by technology and youth workers in a central location, with potential for joint funding arrangements between CSC and ASC.

We heard about plans for a young person to co-chair the preparing for adulthood board, demonstrating a clear commitment to co production. We also heard about the advocacy provider offering welcome constructive challenge to new ideas from the Council. We heard about small bespoke provider offers for training days talking with young people about 'empowerment and 'innovation'.

Despite the very positive examples above, conversations between the peer team and young people with lived experience did highlight a potential gap in housing placement provision resulting in one family sourcing their own support. Another has moved to a second temporarily supported living accommodation after his first 'unsuitable and insanitary' temporary accommodation was condemned and is now waiting for suitable long-term accommodation.

Pathways

The peer team heard that the council is committed to an integrated approach to planning and use of resources, and that partners are developing a whole system live dashboard for oversight of demand and challenges within the health and social care system.

The Transfer of care hub oversees pathways 1,2,3 and escalates risks/concerns. The peer team heard that "*Transfer of care hubs have gone from strength to strength*".

St Thomas' (intermediate care centre in development) will drive forward Home First ethos using TEC and digital innovation.

Quality Statement Seven: Safeguarding

There is a cohesive Stockport Safeguarding Adults partnership that works well, and the Safeguarding Adults Board (SAB) is supported by a strong Independent Chair.

There are strong relationships, and learning is shared between the SAB and One Stockport Safety Partnership (OSSP). Collaboration is strengthened by the DASS and Chair of the SAB being members of the OSSP. This is co-chaired by a police superintendent from Greater Manchester, who in turn is a board member on the SAB. Information sharing between agencies has recently been identified as an area for improvement by the SAB.

There is currently no representation from people with lived experience on the SAB board, however there is a willingness to explore how the voice and input from people with lived experience can be best harnessed to contribute to ongoing development of safeguarding responses.

There is a Safeguarding Business Plan 2023 – 26, SAB website and ASC web pages providing information about safeguarding, and multiagency safeguarding policies and procedures in place. Professional online referrals for safeguarding are made using a portal within the adult social care database.

There is a robust training offer for safeguarding according to role and grade, including multiagency and legal literacy training. Audits of safeguarding are undertaken and the learning from audits and SARs are disseminated. Whilst many staff spoke to the peer team about the learning from SARs, some staff did not appear to know about them, and the Council may want to assure itself that the reach of communication/training as a result of SARs is sufficiently comprehensive.

The conversion rate of safeguarding concerns to s42 enquiries is 15 per cent, which is low when compared nationally. Positively, of these, 93 per cent of people were happy with the outcome of the safeguarding enquiry, suggesting that their desired outcomes were met in line with Making Safeguarding Personal (MSP). The low conversion rate is likely to be a result of over reporting of safeguarding concerns, which creates

significant pressure on the system. Conversations between the PSW and partners are understood to be ongoing, so that non safeguarding incidents are not processed as concerns. This is important to avoid people wrongly being labelled as being in a safeguarding process when they aren't, and to maximise capacity for those requiring support.

Recent learning in Stockport has been that self-neglect is often managed under case management rather than under s42 Care Act 2014. This impacts on safeguarding reporting data (under reporting) but more importantly may create missed opportunities to identify patterns and multiple referrals which may need escalating and more urgent action. Work is in flow to address this.

We also heard that a recently commissioned review of safeguarding has led to a refresh of the safeguarding policy, including a recommendation that other partners need to have a greater role in 'making enquiries' to support the flow of work/demand to the council.

A Multi Agency at Risk (MAAR) process ensures there is a single pathway for partner agencies, for people who may fall though the gap if they do not meet the safeguarding criteria. Professionals refer into Stockport Council and a MAAR panel is usually held monthly.

New Safeguarding Operating Model

A new safeguarding operating model has recently been introduced, however not all staff were able to clearly articulate the new model or their role within it. The change had been felt to varying degrees by staff spoken to, with some now feeling deskilled as result of the changes and others not feeling sufficiently trained to work in expected new ways. Providers reported that the changes to safeguarding processes were not communicated well and were not engaged in consultation activity which would have allowed them to better understand the changes and their role within it. They expressed concerns that they feel they are now expected to make safeguarding determinations, and that this may affect their CQC inspection outcomes.

Whilst there were positive comments from staff within the council about the new processes, the peer team received different accounts of workflow and which team dealt with what. A suggestion is that business process workflows are immediately socialised with all teams, provider concerns and any outstanding training needs are addressed, and that the efficacy of the new operating model is assured by undertaking an early review and analysis of data.

Deprivation of Liberty Safeguards (DoLS)

The Council are aware of the risks associated with a large waiting list of 1005 outstanding DoLS assessments, both to the human rights of residents and to the Council's reputation. This also creates high risk to people and to providers. Whilst there are plans to address the backlog by outsourcing some of the work, the peer team heard that the procurement process using another Council's existing framework has been slow and risks remain.

There are a limited number of Best Interest Assessors (BIA's) within the workforce, with a recent reduction in capacity from 36 to 21, following recent movement of some BIA's to managerial positions.

To support risk mitigation a refreshed expectation has been socialised around how many best interest assessments are expected per month according to role, with more assessments expected by the dedicated DoLS team. There was some inconsistency from staff spoken to in articulating this expectation, and the Council may want to reclarify. DoLS forms and workflow have recently been built into the LAS database, and the pool of DoLS authorisers has been extended to help with demand.

Despite significant activity to support management of the backlog, risks remain. New assessments and renewal requests create ongoing demand, and all efforts to expedite the outsourcing contract are recommended. The waiting lists for DoLS is also a consideration around equity in experience and outcomes for people.

The Council may also want to consider opportunities that are being explored elsewhere to help with high DoLS waiting lists nationally, using proportionate assessments, as

well as automated software applications (bots) to automate some of the manual tasks involved in the DoLS process (such as automated reminders to the managing authority to submit a renewal form, six weeks before expiration of a previous DoLS). Short term measures that increase BIA capacity could also be explored.

Theme 4: Leadership

This relates to strategic planning, learning, improvement, innovation, governance, management, and sustainability.

Strengths

- The Cabinet Member has a strong understanding of Adult Social Care and actively supports the improvement journey.
- There is Political oversight by the Adult Social Care and Health Scrutiny Committee with a strong understanding of their role and contribution.
- A strong senior leadership team are setting and modelling the direction of travel, consistently recognised and valued by partners and staff.
- Governance and assurance arrangements more consistently support escalation of risk, decision making and quality.
- Strong business partnership between ASC and finance colleagues as well as broader corporate support for ASC, including financial support with a relatively high proportion of council spend on adult social care compared with other councils.
- Good workforce development offer both internally and externally.
- Commitment to Real Living Wage to ensure workforce sustainability in providers.
- Commitment to CPD – 2 hours protected time per month.

- Comprehensive training offer, Research in Practice subscription and learning forums. Recent recruitment drives successfully recruited new social care staff.
- Commitment to developing commissioning skills and qualifications.
- New ASC training site, training matrix, booking system and compliance report.
- One Transformation Programme details all transformation activity across the council to build back better.
- External input from industry experts welcomed, for example from the Social Care Institute for Excellence and the TEC Services Association (TSA).

Considerations

- Further develop use of business intelligence capacity, data quality and performance reporting, alongside a continuation of case file audits and quality monitoring.
- Some external relationships are inconsistent and need embedding.
- There is some inconsistency in understanding and engagement with the change journey both internally and externally.
- Developing strong workforce with the capacity and skills needed for the future.
- More to do to embed co-production and to ensure all voices are heard.
- Further develop and embed use of Technology Enabled Care and a wider range of housing and accommodation choices.

Quality Statement Eight: Governance, Management, and Sustainability

Elected members and senior officers have set a clear and compelling vision for the future. A strong senior leadership team are setting and modelling the direction of travel, and this was consistently recognised and valued by partners and staff.

The peer team saw strong foundations in place through the corporate and partner commitment to adult social care, the relatively strong financial position of adult social care, approaches such as One Stockport and emerging Stockport Local Offer and an engaged voluntary sector. Some anxiety was expressed that the Chief Executive will shortly leave the Council and whether the same focus on adult social care will continue.

The Cabinet Member clearly has a strong understanding of adult social care and actively supports the improvement journey. There is political oversight by the Adult Social Care and Health Scrutiny Committee, with a strong understanding of their role and contribution. The Chair of Scrutiny, as the previous cabinet member knows ASC well, and a suggestion from the peer team on an area for meaningful scrutiny is co-production and whether the right people are engaged, exploring the barriers to working together.

The adult social care leadership team is relatively new, with the DASS having been in place since February 2023. The team are energised and ambitious, and the DASS has significant personal credibility with staff, partners and people with lived experience. The DASS recognises the challenges and difficulties in bringing everyone with her at the pace required especially given that some actions are required immediately to meet Care Act requirements, particularly around waiting lists.

The Council's senior finance team and DASS recognise that Stockport spends a significant part of the Council's budget on adult social care (potentially higher than in some other council's) and is clear that this is a conscious decision based upon the financial position of the Council (including reserves). There is a savings target for adult social care which is relatively modest at c£5m and there is a fair level of confidence this can be achieved. The vision that the Council has for a more strengths-based approach that maximises people's independence, increases the use of TEC and different housing opportunities, and reduces reliance on residential care, offers the opportunity to improve outcomes for people and deliver budget savings or be able to

better contain inevitable demographic and cost pressures within existing financial envelopes.

Whilst partners and people spoke highly of very senior leaders and the vision that has been set, some also gave examples of where their experience was not always in line with the vision. The Council may want to consider how the organisation can best amplify the vision and ensure that it is “led from every seat” throughout the organisation so that it is fully understood and becomes a consistent reality for all staff and residents.

Managers at all levels have a crucial role in “sense making” for staff and in ensuring both that existing operational processes are fit for purpose and followed but also for enabling and driving continuous improvement. The Council may wish to confirm that current management arrangements (capacity, capability and deployment) are sufficiently aligned with the Council’s vision and the improvements in performance and outcomes that the Council aspires to.

In addition to the role of managers, the professional leadership of the Principal Social Worker and (where in post) the Principal Occupational Therapist is critical to delivering the best outcomes for residents. Many councils have or are considering the right professional leadership arrangements in the context of recovering from COVID and preparing for CQC assurance. Stockport Council may also wish to consider if the current arrangements (capacity, capability and deployment) will sufficiently support the Council’s aspirations.

New governance and assurance arrangements in adult social care more consistently support escalation of risk, decision making and quality. All managers have a role in delivering these functions and need to be capable and confident to take on this role. Capacity at senior officer level has been increased with creation of Operational and Commissioning Assistant Directors. Risks identified in the adult social care risk register

are reflected in the corporate risk register. The peer team felt there may be an opportunity to synthesise the adult social care risk register to sufficiently distinguish operational and strategic risks.

The peer team heard about new and enhanced assurance activity and processes, including a monthly SMT that focuses on quality, a Quality Assurance Delivery Group, Practice Reviews (case file audits), and monthly practice forums for safeguarding and DoLS. Collectively these offer improved line of sight of both good practice and areas of concern for leaders.

Quality Statement Nine: Learning, Improvement, and Innovation.

The Councils' self-assessment indicates pride in its workforce, and this was substantiated in meetings with staff who showed caring and willingness to do the right thing for people to ensure good outcomes. Staff told the peer team:

"I am proud to be able to make a difference"

"Mangers are great, we are well supported and there is scope to be creative"

"Stockport is a great place to start my career" (NQSW)

"Stockport is improving, changing, supporting, evolving"

"Sarah Dillon is a superb appointment and has had a profound commitment to co production and the voice of lived experience"

Workforce

Stockport have faced difficulties with staff recruitment in the past and have had a high number of costly agency staff. A recent 100-day challenge involving staff and leaders from across the service led to a successful recruitment campaign to several vacancies. Included was an offer to new staff of sponsorship opportunities to become professionally qualified, and thus grow the workforce.

Job profiles have been updated, and new career pathways created to help with

recruitment and sustainability. New senior social care practitioner roles offer practice rather than management-based career progression and will help develop good practice within the service.

Workforce leaders recognise that several things continue to affect staff wellbeing, and mentioned for example the ongoing impact of covid, the pace of change, increasing demand/complexity of cases, recruitment, and the volume of newly qualified staff who require a greater level of support from tenured staff. The peer team heard about ‘Let’s Talk’ sessions, wellbeing sessions, reflective sessions addressing change models, WhatsApp groups, MS team chats and lunches to support staff.

Some staff told the peer team that the pace of change, new expectations and the amount of work at times felt overwhelming. It may be helpful to consider implementing a caseload weighting/management tool, and to benchmark caseloads and activity levels with other councils in the Greater Manchester area and understand what future demand will look like in order to model workforce size and activity expectations.

There is a strong commitment to supervision and appraisal; ninety per cent of managers have undertaken supervision training, and an externally commissioned coaching offer is available to them. ASYE’s spoke of having good support and supervision, and staff valued the two hours protected time given for CPD each month.

There are several learning forums across the service, however the peer team heard from some managers that a previously held meeting across the service between team managers and assistant team managers no longer takes place. The result of this was expressed to the peer team as resulting in less cohesion and a less good understanding of each other’s pressures, nor time to discuss matters in sufficient detail “*we are sometimes silo working because we have so much to do*”. The Council may wish to review existing forums with this in mind.

Training and development

A comprehensive suite of online and face to face training opportunities exist. There is a new ASC training site, training matrix, booking system and compliance report. A staff

member happily told us that “*Workforce development helps me to access my development needs*”. Some staff commented that the new online training system can be difficult to navigate, and the Council may want to think about developing written guidance/video instruction on using the system.

A Research in Practice subscription supports evidence informed practice, and by monitoring its uptake, the Council could assure itself that learning opportunities are being optimised. The peer team heard of the commitment to developing skills and qualifications in all staff, including commissioners.

There are OT and SW apprenticeship offers, and newly qualified social workers are supported in their first year (ASYE). There is not a corresponding OT preceptorship offer which the Council may want to consider. The same is true in relation to a social work academy, and the Council may want to consider how a similar academy offer may be available to OT’s, as well as expanding professional leadership capacity through a Principal OT role.

Strengths based practice

The peer team heard that strengths-based practice training was delivered by Peopletoo in 2021 and that practice leads have further developed the training offer, but that this is now paused as the council seeks to embed Gloriously Ordinary Lives.

Within the case file audit, we saw some good examples of strengths-based practice and of working with people to identify their outcomes, but also found that some assessments remain quite traditional with a need’s focus, with generic rather than individual outcomes, for example “to continue to develop skills for this domain”.

With this in mind, alongside comments from staff about change fatigue, it will be important to position Gloriously Ordinary Lives as an extension of strengths-based practice and find creative ways to enthuse and develop practice that is person centred and outcome focused. Case examples and feedback from people with lived experience should continue to inform progress against the ambition to be truly strengths based.

Co-production

Stockport told the peer team about their ambitious programme of change following a period of leadership instability and the need for improvements in many areas. The DASS recognises the need to fully involve staff, residents and partners on this improvement journey.

In the self-assessment Stockport's ambition around co-production is clear, whilst recognising that activities are in early development. The Making it Real board and other partnership boards evidence a clear commitment to co production. Payments to co-chairs with lived experience are now in place, and the new carers strategy is a good example of a strategy co-produced with the carer's partnership boards. The peer team heard very positive feedback from some co-chairs in relation to feeling heard and lived experience contributions being valued. However, we also heard from some carers that their experiences of social care were varied, and it will be important to keep under review the positive impact of any co-production activity on outcomes for residents.

An enormous amount of work has gone into staff engagement forums, including 'Let's Talk' sessions and newsletters. In the main staff are engaged and enthused by the new leadership drive and enthusiasm and planned changes, however given that a few staff mentioned change fatigue and not always being fully aware of changes, the Council may want to consider how you can use all levels of management to amplify the vision, help teams make sense of it in their context, and provide two-way feedback loops to continue to ensure engagement.

The Council has been able to recognise the value of social care providers through investment in fees that enable the payment of Real Living Wage to care staff. The Council could consider how it builds on this commitment to use the expertise that providers have and move to a co-production approach with the care market. This would support the move to strengths-based outcome focussed commissioning and delivery.

Performance data and Technology Enabled Care

The peer team heard a good example of where system data was used to generate insight into emergency department attendance. There is a need for further improved data and activity oversight at a team level in adult social care to ensure that data and insight drives decision making and gives you confidence that you are on the right change trajectory.

There is an ambition for TEC to improve outcomes for people and help with financial resource and demand management. Organisations such as TSA have been engaged to expedite progress in this area. The peer team heard about the use of traditional responsive technology, some use of predictive technology such as the canary system but heard less about the use of innovative real time data being used to drive early intervention and prevention at an individual level. The peer team heard limited evidence of how technology was having an impact on people's lives, although we did hear about successful use of the Brain in Hand app, and about the 'virtual tec house'. Given that you have committed OTs, and financial capacity that could help you make this ambition a reality, you may want to talk to other councils about how they have progressed the TEC agenda.

The peer team heard about plans to develop more online assessment tools and the Council could consider harnessing the use of automated processes and chat bots as part of this work to help with demand management.

Top Tips for Assurance Preparation - for consideration

- Appoint an adult social care lead.
- Political briefings.
- Secure corporate support and buy-in.
- Maximise the Council's adult social care business intelligence capacity to inform the self-assessment.
- Get health partners and integrated services leadership on board.
- Compare and learn from children's inspections.
- Gather insights from partners and providers.
- Be clear on approaches to co-production and responding to diverse needs.
- Encourage organisational self-awareness.

Lessons learned from other peer challenges.

- Councils need an authentic narrative for their adult social care service driven by data and personal experience.
- The narrative needs to be shared with those with a lived experience, carers, frontline staff, team leaders, middle managers, senior staff, corporate centre, politicians, partners in health, third sector and elsewhere.
- Ideally this story is told consistently and is supported by data and personal experience - don't hide poor services.
- This will probably take the form of:
 - What are staff proud to deliver, and what outcomes can they point to?
 - What needs to improve?

- What are the plans to improve services?
- In the preparation phases, consider putting it on all team agendas **asking staff what they do well**, what's not so good and to comment on the plans to improve. Collate the information from this process and add to the self-assessment. Ensure the self-assessment is a living document that is regularly updated.
- Immediately prior to CQC arriving, ask staff what they are going to tell the regulator. **How is their experience rooted in observable data** and adds to the overall departmental narrative? These stories drive the understanding of yourselves and others.
- The regulator is interested in outcomes and impact from activity. The self-assessment needs to reflect this as do other documents.
- **The conversation with the regulator is not therapy!** For those interviewed it should be a description of what they do and the impact they have had in people's lives. Case examples written in the authentic voice of those with a lived experience bring this alive.

Immediate Next Steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

Whilst it is not mandatory for the Council to publish their report, we encourage Council's to do so in the interests of transparency and supporting improvement in the wider sector. The LGA would like to publish this Preparation for Assurance Peer Challenge Report on the Association's website but will only do so once we have been advised that it has been put in the public domain by the Council through its own internal governance processes.

As part of the peer challenge process, there is an offer of further activity to support

this. The LGA is well placed to provide additional support, advice, and guidance on several the areas for development and improvement and we would be happy to discuss this.

Claire Hogan is the LGA Principal Adviser for the North West Region and main contact between your authority and the Local Government Association. Her contact details are:

Email: claire.hogan@local.gov.uk

Telephone: 07766 250347

Kathy Clark is the main contact for the LGA Care and Health Improvement Adviser for the North West Region. Her contact details are:

Email: Kathy.Clark@local.gov.uk

Telephone: 07770 688395

In the meantime, we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact Details

For more information about the Adult Social Care Preparation for Assurance Peer Challenge at Stockport please contact:

Claire White - Peer Challenge Manager

Local Government Association

Email: Claire.white515@gmail.com

For general information about Adult Social Care Preparation for Assurance Peer Challenges please contact:



Marcus Coulson

Senior Advisor – Adults Peer Challenge Programme

Local Government Association

Email: marcus.coulson@local.gov.uk

Tel: 07766 252 853

For more information on the programme of adults peer challenges and the work of the Local Government Association please see our website: [Adult social care peer challenges | Local Government Association](#)