

Cheshire West & Chester Council

# Enabling Great Lives

## Our Self-Assessment

2024-2025



Cheshire West  
and Chester

## **Foreword**

On behalf of the Council and our adult social care directorate we would like to extend a warm welcome to the Care Quality Commission. We welcome the support and insight that we know will come from the assurance process and look forward to showcasing our areas of good practice and learning together about how we can continue to improve and transform our services to meet the challenges we face.

As we rise to meet the demands of an increasingly complex population through the lens of a challenging financial position, our adult social care directorate has worked hard to change the relationship with our communities and the people who live in our Borough. Our strategy, 'Enabling Great Lives', places people and their communities at the heart of what we do and seeks to build on existing relationships with our community partners to ensure we come together to better support local people.

We are proud of our perseverance and commitment to improving the way we provide care and support in the most effective and efficient way. We do this through our 'One Council' approach outlined in the Borough Plan. We continue to try and balance the high demand for services with significant budget constraints through transformation and innovation.

Our dedicated and committed workforce strive to meet the increasing demand and complexity of the people we support whilst promoting positive risk taking and protecting their human rights. We have worked hard to tackle the national recruitment challenge within social care by investing in the development of our future workforce and our 'grow your own' philosophy.

We are proud of the work we do but will always strive to do more and deliver better services for local people to enable great lives. We look forward to hearing from you about how we are performing against the four themes in the single assessment framework, to better meet the needs of local people in partnership with other services, communities, and the people we serve.

We have worked with over 230 people including our partners, communities and staff and have gathered feedback from the people we support to create this self-assessment which we feel accurately reflects the story of us in 2024-2025.

Thank you for your time and participation in what we are sure will be an insightful process.



**Delyth Curtis**  
**Chief Executive**



**Charlotte Walton**  
**Executive Director of  
Adult Social Care (DASS)**



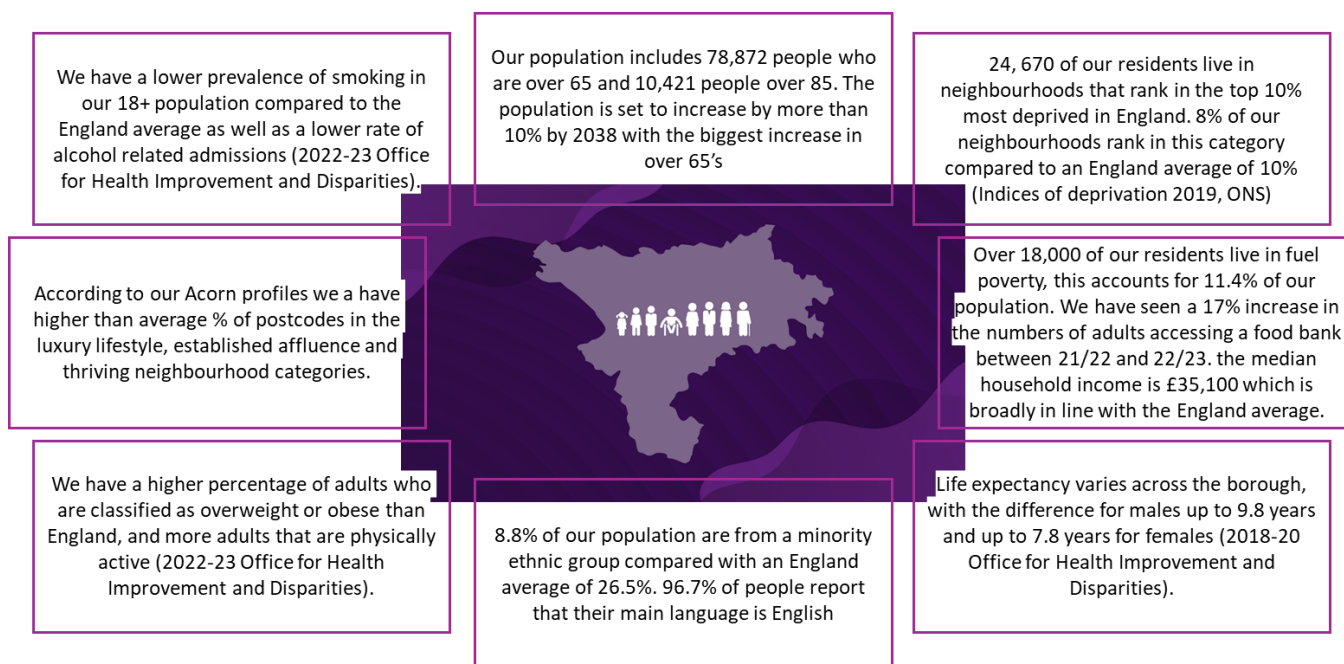
**Cllr Louise Gittins**  
**Leader of the Council**



**Cllr Sheila Little**  
**Cabinet Member for Adult  
Social Care and Public  
Health**

## Our Borough

Cheshire West and Chester is a diverse borough covering approximately 350 square miles and is the fourth largest unitary authority in the Northwest. It is a place of large contrasts between rural and urban, relative affluence but with areas of deprivation, and a higher-than-average percentage of residents over 65. Our historic City of Chester is a site of national importance and home to our large University of Chester. We are also home to key industrial towns of Ellesmere Port, Winsford and Northwich alongside other smaller market towns and rural hamlets. 365,061 people live in the borough working, studying, and connecting with our neighbours in Cheshire East, across the Cheshire and Merseyside region and into North Wales. The population is expected to increase over the next twenty years, particularly in the older age groups. Further information about our borough can be found using our public facing, [state of the borough dashboard](#).



Data sourced from: 2022-23 Office for Health Improvement and Disparities; Acorn 2023; Indices of Deprivation 2019, ONS; The Trussell Trust; Equivalised Pay check 2023; Sub-regional Fuel Poverty in England, Dept. for Business, Energy and Industrial Strategy; Census 2021; Mid 2022 population estimates, ONS.

## Our vision and priorities

Play your part towards a stronger future: a plan for our borough (2024-2028), sets out our plan for creating a stronger future. Co-created with our communities and residents through six months of meaningful conversation, our plan clearly articulates the part we all play in achieving our vision.

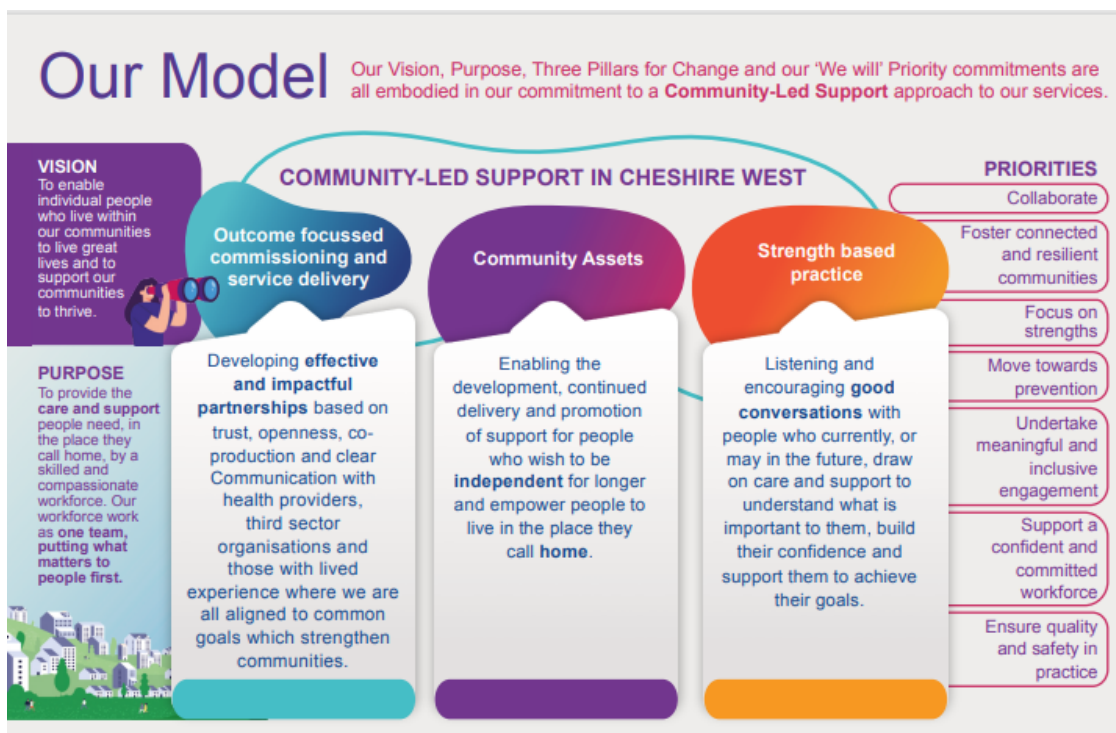


Here in Cheshire West and Chester, we know that to enable great lives, we need to support people to live life the way they choose in sustainable and thriving communities. Delivering this aspiration is a core commitment that adult social care has made to the people we work with and our partners. Over recent years we have been on a journey to implement our Community Led Support (CLS) model. You will see that this is the lens through which we view everything we do, and we believe, that by doing this, we can be sure we are constantly striving to deliver an excellent service to local people, putting them at the centre of what we do. Through our self-assessment, we will describe the journey we have been on across all four themes of the single assessment framework including examples of good practice and performance. However, you will also see an honest account reflected where we know we still have more work to do. We hope that throughout this self-assessment you can see our enabling great lives vision weaving through everything.

Adult social care has a key part to play in achieving our vision for the Borough. Our adult social care strategy is a consolidation of existing practice and activity, as well as a documentation of our ambition for community led support. All of this is being driven by a comprehensive transformation and change programme. It provides an over-arching framework which applies, and clearly links to, our existing strategies and policies and will drive and enable future strategies. We call it...



Our strategy, which was co-produced with staff, partners, people we support and our communities through extensive consultation, sets out our model including our vision, purpose, and priorities as well as the three pillars of our practice and commissioning activity. This is underpinned by our delivery plan setting out how we will achieve our commitment to the people we work with.



## Our Services

We provide services to over 4,700 people and each month receive around 1,530 contacts resulting in around 700 assessments. We contract with over 300 partners in the provider market for regulated and unregulated activity and have a budget across all our services of around £159.798m (2024/25) with an existing savings programme of £41m by 2029.

Our operational services deliver a variety of support options to people underpinned by the Care Act, Mental Capacity Act and Mental Health Act. The graphic below defines our high-level journey, but a more detailed map and service outline is available (IR5).



Underpinning the work of our operational teams we have a dedicated workforce team to support our approach to staff development, which you will hear more about throughout this assessment. We also have a strategy and transformation team to co-ordinate all our performance and transformation activity, enabling us to deliver our change and improvement priorities. Finally, our Strategic Commissioning and Market Management Service commission all of our services across adult social care and public health and also shape, monitor, and improve the quality of our market, which is detailed more within the providing support theme.

## **Working with people**

***Assessing Needs: We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.***

In adult social care, we are committed to enabling great lives through our strengths-based practice model which focuses on the assets and strengths of people and their communities. We call our approach Community Led Support (CLS), and it forms part of everything we do. Our Directorate is guided by the three rules and seven principles that make up CLS and these are considered across all our activity.

We believe that relationships are a defining feature of adult social care practice. We aim to build relationships that are empowering and grounded in mutual trust and respect. We know that the quality of our relationships with those we support determines whether they feel respected and valued and that positive and empowering relationships can foster significant change and bolster self-belief.

We actively seek out and listen to people's stories and aim to act on what we hear. Our goal is to understand an individual's strengths and aspirations, focusing on their well-being rather than simply providing services.

Through authentic strengths-based conversations and commissioning activity, we strive to ensure that outcomes are meaningful and driven by the people who use our services. We recognise that the people we work with are best positioned to tell us what matters to them and what contributes to their sense of well-being, even though they might need assistance to articulate this.

The foundation of our model is openness and clarity. We fully recognise the importance of transparency in our decision making and use a variety of frameworks to enable this to happen. Having invested in the Tri-X policy platform (IR6), we ensure that our policies are consistent with national policy and remain up to date and in line with legislative changes. We are working to ensure that these policies are not only available internally, but also published on our website so that people who use our services have full, open access to our decision-making policies without having to ask for them.

The Council encourages customers to submit comments, compliments and complaints about our services via either the Adult Social Care complaints policy (relating to social care provision) or our Corporate complaints policy (for all other services unrelated to care provision e.g. financial assessments). There is also a separate complaints policy for Children's Social Care. All policies are scheduled for review/update between January-March 2025 and the corporate complaints policy will reflect the best practice set out in the Ombudsman's recent Complaint Handling Code.

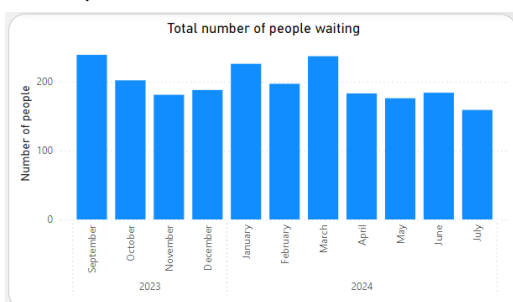
All 3 complaint processes produce an annual report which is taken to the relevant Council Scrutiny Committee each January, and any recommendations from Scrutiny are actioned. All Ombudsman complaints are carefully considered, and we tend to accept their draft decision and recommendations with little or no challenge. We are always keen to learn from complaints and ensure that Ombudsman decisions and recommendations are shared at an individual level with teams through supervisions, as well as identifying and delivering targeted training sessions where this has been identified. We also undertake whole staff briefings and more recently have started to bring themes into our customer experience review group to capture wider learning opportunities.

Our data shows that we have received 28 complaints in the past 12 months, of which 8 were upheld or partially upheld. Adult social care teams are encouraged to record all compliments received so that we can have a full picture of feedback from complaints and compliments, this is something we are planning to promote further. We also act on learning outcomes from Local Government Ombudsman findings. In previous years, this has included one LGO finding related to s117 of the Mental Health Act. As well as an apology and financial recognition, we identified significant learning from this case. As a result, we changed how we plan and record our Care Act and s117 care plans, we appointed a s117 social worker to review and update care plans, we added new forms in Liquid Logic and commissioned ongoing legal training on s117 for assessment and care planning staff. The Council is improving its customer contact reporting through the development of a comprehensive dashboard to ensure that we make the best use of insight and intelligence gathered from all customer contact to inform future service delivery.

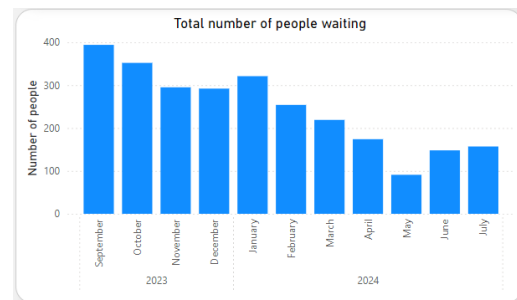
Over the past 12 months, using learning from our Local Government Association (LGA) peer challenge, we have worked hard to better understand the people waiting for a Care Act assessment and put in consistent measures to support them. Through this self-assessment you will see the journey we are on with data and how we are using this to improve our decisions. Having a consistent understanding of the people waiting means we can proactively monitor how long people are waiting for Care Act assessments in our teams and highlight any challenged areas which may require targeted support. Our waiting well guidance (IR5) ensures we take a consistent approach to managing the risks within our waiting lists and that we keep in regular contact with people whilst they are waiting for an assessment.

## DATA POINT

*Our data shows a generally improving picture in those waiting for a care act assessment over the past 6 months (IR5). We have seen an overall reduction in the number of people waiting for a care act assessment (33% reduction from September 2023 to July 2024) and an overall reduction in the number of people waiting for an occupational therapy assessment (60% reduction from September 2023 to July 2024).*



Care Act assessments waiting



Occupational Therapy assessments waiting

The reduction in people waiting is down to a number of factors including investment in staffing and rigorous oversight of data and performance information. Some more examples of our work to improve this position further are:

- The transformation of our Occupational Therapy team as part of our demand management programme. Occupational therapy services have been aligned more closely to the Community Access Team and Reablement service to deliver an 'Occupational Therapy First' approach. Since it went live this year, we have seen a reduction in people waiting with nobody waiting over 6 months.
- Whilst this has led to success in reducing waiting times for Occupational Therapy, we acknowledge that the waiting time for DFG funded adaptations following assessment remains unacceptable. We have short-term improvement plans in place whilst we work to develop and consider options for a new Home Improvement Agency (HIA) model. This work is being undertaken jointly between ASC Commissioning, Housing and Commercial Management.
- Our new Promoting Independence Model (IR8), which aligns Reablement with Occupational Therapy and enables us to focus on prevention and early intervention. Reablement and Occupational Therapy is now available at an earlier point in a person's journey and assists our Social Work practitioners in the care management process whilst optimising people's independence.
- Regular meetings with the management team as part of our directorate approach to understanding and managing our performance, we use these to understand the reasons for waiting times and highlight risk areas for escalation where necessary. All performance data and intelligence around our waiting times is now monitored as part of our new quarterly performance & governance report and through our corporate score card which is overseen by our executive management board.
- Temporary expansion of our DoLS resources and reviewing/re-designing our processes to streamline them. This has resulted in an improvement in our Deprivation of Liberty Safeguards waiting list which has significantly improved over the past 12 months, moving from around 2,000 people waiting in 2022-2023 to



848 people waiting in August 2024. All applications are triaged, and focus is given to those assigned a high priority.

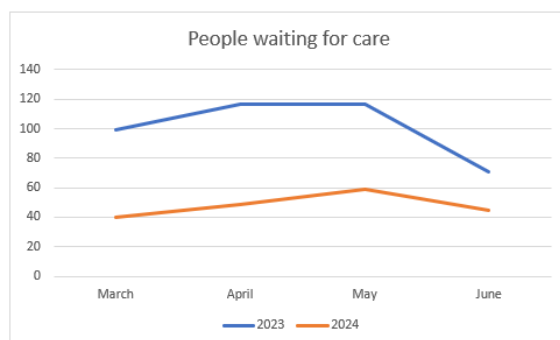
- Ensuring we are consistently managing the risks around waiting times and offering interim support where needed by implementing our "waiting well" guidance (IR5) which provides our managers with a standard framework across all service areas. We recognise the importance of our management team exercising professional judgment and discretion when necessary, however, we have responded to feedback from our managers about being supported to manage the risks that waiting lists present. The guidance clearly outlines the three primary waiting periods and expected timescales during the assessment and support planning process and offers guidelines on prioritising waiting lists according to risk. Following our CLS approach, the guidance details the importance of maintaining contact with individuals, whilst managing their expectations and offers additional support options, such as our Let's Talk drop ins, that people can access, whilst awaiting a Care Act assessment.

Another area of significant improvement in the past 12 months has been in people waiting for care and support. In 2022, the average wait for a package of support at home was 21 days. Agreeing that this was unacceptable, we have undertaken an extensive re-design of our brokerage service (now known as Care Connections). Care Connections is our integrated brokerage service, jointly funded by the Council and ICB. As a Place, we have invested in the service to bring in additional staffing resource, new software and new business processes. The service now brokers care and support for people in the community and leaving hospital and will shortly be brokering for people using specialist mental health and learning disability services. Following our cost of care analysis, we have also strategically invested our MSIF allocation to increase market rates with a focus on improving workforce terms and conditions, which has improved recruitment, market stability and supply. As a result of this service redesign and the investment, the average waiting time for a comparable package of support at home in August 2024 is now just 10 days. These improvements have been seen across all areas of our Care Connections performance data which you will see in our data return (IR21). For our residents this means that people wait less time to receive the care and support they need thereby improving outcomes, reducing the risk of people deteriorating and less crisis support being required.

The chart below illustrates how the difference in this new way of working has affected the number of people waiting for care in 2023 compared to 2024.

#### DATA POINT

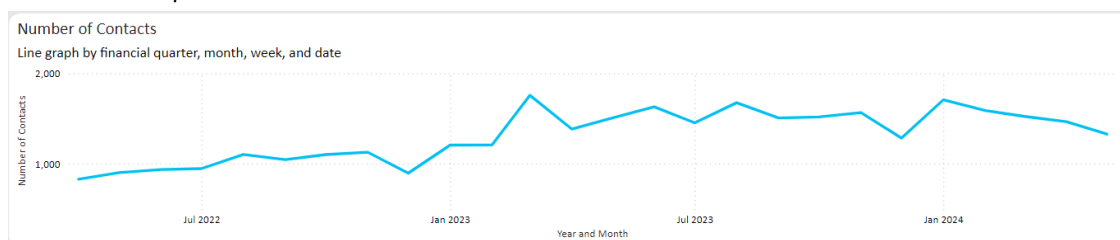
*Our data shows how our care waiting lists have improved since the implementation of our Care Connections Service.*



Another good example of our CLS approach is our Community Access Team. The team have good conversations with people at the earliest opportunity and then work to signpost them to the most effective option. This could be a social care assessment, occupational therapy intervention or one-off piece of equipment. Equally, they signpost a high number of people to external CVS services and other partners preventing or delaying the need for adult social care support where this may not be the most appropriate option. We know that, currently, we do not record everybody who contacts our community access team and receives simple information and advice; however, we are working on how we can best capture this activity and we will include this group of people experience our services through our customer experience survey.

## DATA POINT

Our Access Team received around 18,000 contacts in 23/24 (an increase of 40% from the previous year). Of these, around 21.5% were supported at the front door with no further adult social care service required.



contact outcome category	22/23	23/24
onward support required	10,242	14,472
supported at front door	2,797	3,862
<b>total</b>	<b>13,039</b>	<b>18,334</b>

We have a dedicated review team working with people accessing support through our community teams and a complex care and review team who review people working with our specialist mental health and learning disability teams. At present our ASCOF data shows that we perform lower than average in the North West with respect to both planned and unplanned reviews. We are currently reviewing how we collect this data to ensure we are accurately capturing all the review work that happens in a reportable way.

Over the last 12-15 months we have seen an improvement in the completion times for financial assessments. The number of people waiting for a financial assessment is now the lowest it has been in 15 months. The peak and fluctuating figures we have seen are mainly attributable to us focusing on reducing care act assessment backlogs which led to an increase in the number of financial assessment referrals (IR5). We have achieved this through a number of initiatives including the streamlining of internal processes, the promotion of the online financial assessment, attendance at Let's Talk sites and an update of our website information. We have also been rolling out a communications campaign to support our residents to think about planning for the future which will enable them to be better prepared for a time when they may need care and support.



We have also been working on making the position of our Appointeeship and Deputyship service more positive. Historically, there have been delays in this area for a variety of reasons. Our management team have been working in partnership with the service to change this position. To date, we have removed the waiting list function that was previously in place thereby removing the 'one in, one out approach'. Improvements have also been made to the referral form to ensure the correct information is obtained first time which has reduced inefficiencies between the team and adult social care. A joint monthly panel process is now also in place to ensure priorities and outcomes are mutually agreed between senior management to achieve a collaborative process. This has all contributed to a reduction in the numbers of people waiting however has had an impact on the demand being faced by the team which is also being actively monitored.

We know that we have a steadily improving picture for our direct payments. Based on our ASCOF Data we have increased our numbers from 19.1% in 21/22 to 21.5% (provisional) in 23/24. However, our staff have told us that our current direct payment processes are complicated and cumbersome so, in line with our CLS approach, we have

undertaken a piece of exploratory/re-design work to ensure that we are developing our direct payments offer in a way that corresponds with what the people who use our services tell us. Through this work we have;

- Undertaken a piece of co-production with people who use, and provide services, we are now able to move forward in line with our direct payment improvement plan (IR7).
- Started to deliver the key recommendations within the plan which include re-writing our direct payment policy and agreements; making the information and advice offer for people who want/ need to know more about direct payments better; streamlining our internal processes to make it simpler to access direct payments, working with the people with lived experience who engaged in our co-production work to create and deliver training courses for staff and re-designing our support offer for people who want to employ a personal assistant.
- We have heard from staff and people who use our services that we need a more varied market offer to spend their direct payments on. In recognition of this, we have introduced micro-enterprises as one viable alternative for care and support using a direct payment. We have partnered with Community Catalysts to build our local business offer which will provide people with more choice and control over how they receive their care and support. Over the past 20 months we have created around 50 new micro-enterprises in the borough. We are already seeing some great examples of how micro-enterprises have been used to support the people who use our services.

#### **PRACTICE POINT**

J accessed a short-term placement due to a deterioration in their cognition and care and support needs which was impacting upon their main carer. Due to an escalation in behaviour, J was unable to return to the placement after an acute admission, a long-term placement with dementia care plus 24 hour 1:1 was recommended by hospital nursing staff. Upon completing a Care Act assessment, it was evident that J's cognition had improved, and J had capacity to decide about their care and accommodation and they wished to return home. Appropriate referrals were made to source support from a micro enterprise.

The micro enterprise (working alongside some nighttime support) was able to assist J in achieving their wish to return home. This alleviated a lot of distress that J was experiencing due to being away from their main carer (having been married for 50 years). With this support, J's care and support needs are adequately met, promoting their health, safety and positive mental health and wellbeing. J is now settled at home with the support of their PA and carers.

Not only did this support aid J to achieve their wishes and goals and avoid a long-term care home admission, but it also saved around £190,000 per year.

Our Promoting Independence and Community Occupational Therapy teams have access to a range of aids and adaptations that can be provided to enable people to live as independently as possible. We have a range of providers in this area delivering services including our Home Improvement Agency (Home Key Plus), our Integrated Community Equipment service (Millbrook Health) and our Technology Enabled Care (TEC) service (Livity Life). We overcame initial issues with the delivery of the TEC contract during mobilisation and have been able to work closely with them to improve performance; this work has resulted in the contract now meeting its key performance indicators. The Home Improvement Agency inherited numerous issues from the previous provider which they too are working to resolve. This has resulted in delays in major adaptations being in place, however, as previously noted, we have short term improvement plans in place to address this whilst we develop an alternative HIA model. We are making increasing use of new technology solutions as a way of providing support to people. We now need to build on this with a clear strategy.

***Supporting people to live healthier lives: We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.***

Our enabling great lives vision and underpinning model explores how we work with people in a variety of ways to prevent reduce or delay the need for care and support, all through the lens of CLS. This starts with our approach to information, advice, and guidance. We offer a range of ways to access information and advice including;

- Our Live Well pages which provide details on how people can access the care and support they need to live the life they choose.
- Ask Sara which is an online self-help guide providing expert advice and information on products and equipment for older and disabled people. Having been in place since March 2024, Ask Sara is receiving around 100 visitors per month.
- For people who are unable to access information and advice online we have our published Care Directory, available in a variety of formats to ensure it is accessible to all.
- Understanding that not everybody will access our services online or by telephone, using our Council's approach to "no wrong front door", we have also created a series of Let's Talk sites. Our Let's Talk sites are central to our CLS approach as detailed in our Strategy (IR30) and our Practice Framework (IR10).
- Finally, we also commission our Path Finder service from the community and voluntary sector (CVS) to assist individuals in accessing CVS services.

We intend to further improve our online web offer to make things clear and accessible. We are undertaking a significant re-design of our website to ensure that our content is easy to navigate and enables people to get the information and advice they require quickly and easily. We have also formed an improvement group to re-design our Live Well site. Both work plans will include consideration of the latest technologies, including where artificial intelligence may support people appropriately; it is our intention that all of this work will be co-produced with local people.

Let's Talk is an aspect of our CLS approach we are particularly proud of. It demonstrates how partnership working, and our practice model has developed across our Place. We recognise that there are many determinants which can impact upon a person's health and wellbeing. At Let's Talk we provide a space where people can come and speak to a range of professionals who will do their best to support them to live the life they choose. We have worked with partners in the community and faith sector, and colleagues in our libraries and community centres to provide a base for Let's Talk, often enhancing a service offer which already exists for people such as a food bank or wider Council 'front door' (known as resident assistance points).

Bringing partners together in people's communities has led to people receiving support which they may never have known about or chosen to access. We have built relationships between CVS partners, health and social care as well as providing a space that people can come to where they know they will be listened to and supported. Through Let's Talk, adult social care aims to enhance its early intervention and prevention approach, with particular focus on preventing crisis and working with individuals to meet their desired outcomes. We do this through a range of resources including within their person, the people around them, their communities and in some cases, paid for and public services.

## PRACTICE POINT

In one of our Let's Talks the team met G. They lived alone, having lost their son and wife two years earlier. Although they had a Care Act Assessment in 2021, they were deemed not Care Act eligible, and they had no further involvement with social care. G attended Let's Talk to seek advice from Citizens Advice regarding benefits and received a food bank voucher. Concerns were raised by the adviser and during conversation with G, the team noticed symptoms of memory loss and confusion. A check of the case management system revealed discrepancies in G's statements however there was no known diagnosis to explain their symptoms. After G went to the toilet and did not return, the worker went to G's flat with the Citizens Advice adviser, concerned for their wellbeing. G apologised, explaining they had forgotten about the conversation and their shopping. In the flat, G had a lot of piled-up medication and struggled with its management due to confusion. G also mentioned frequent falls, raising concerns about a potential head injury. Despite their history of refusing hospital admission, G agreed to a home visit by their GP.

Following G's interaction with Let's Talk:

- G's medication was reviewed, old medication discarded, and new medication blister pack for easier management.
- G is now supported by the Community Mental Health Team.
- G is also supported by the wellbeing coordinator at their GP's office.
- G returned to Let's Talk to speak to Citizens Advice and appeared well.

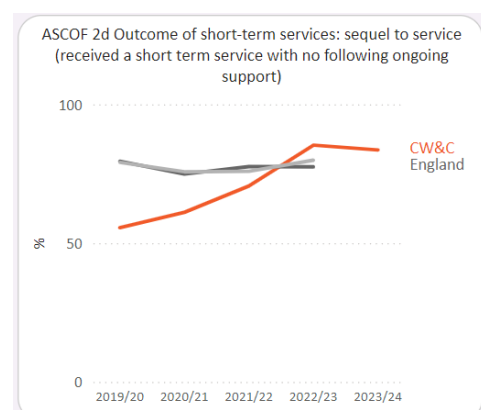
G's story demonstrates the importance of having social care and partners embedded in Let's Talk, providing support to those who might not come through traditional channels. If G had not attended the Let's Talk, we would not have discovered the challenges they faced in their daily life until they reached crisis.'

Applying the CLS principles has allowed staff at Let's Talk to use a wide range of care and support options. They work closely with partners who also attend Let's Talk and draw on partners across the system to enable individuals to access support early, so that crisis is avoided. We have also provided funding to the CVS through our community health and wellbeing grants which focus on home support, carer breaks and physical health and wellbeing in line with our CLS model. As we upscale Let's Talk and this way of working across Cheshire West, we anticipate this will lead to improved outcomes, a reduction in people needing full Care Act Assessments and lead to a reduction/ delay in the provision of higher acuity care and support options.

Our in-house services provide important, key opportunities to prevent, reduce and delay the need for care and support. Our reablement team has made demonstrable progress over the past two years across several measures which we use to evidence good outcomes for individuals.

## DATA POINT

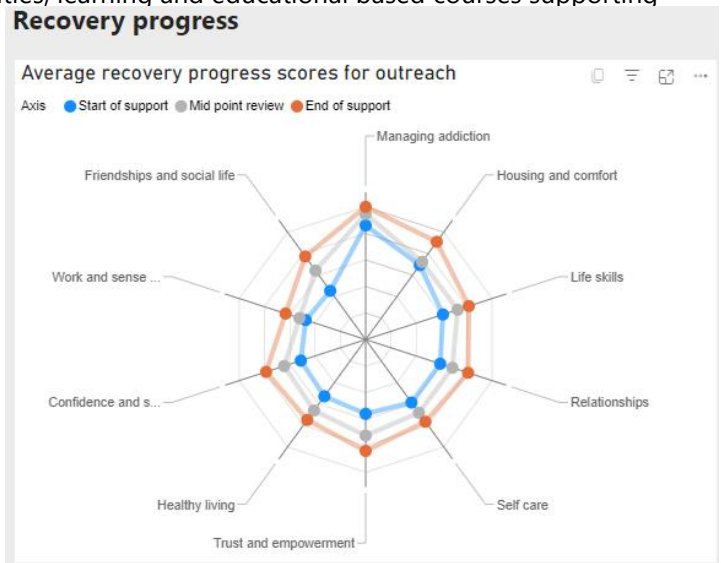
*Data shows that the proportion of people who receive a short-term service with no following ongoing support has remained higher than the England average.*



Our mental health services in adult social care provide four core support offers, all with a view to ensure people have the tools and guidance needed to navigate life's choices and their own journey's.

## PRACTICE POINT

Our mental health community outreach workers provide time limited, focused support around daily living skills, planning and time keeping promoting an independent approach to daily life over a period of 12 weeks. Our mental health resource centre provides a safe space to drop in, eat and meet new people in a warm and welcoming environment. It also offers structured sessions and groups that focus on a varied range of activities including Art, Music, Crafts and Leisure. Our mental health community reablement team supports individuals to explore their local area and the functions on offer. Our team of specialist mental health support workers help people seek local activity groups, volunteer opportunities, learning and educational based courses supporting people to gain new skills and structure. We also have two Chester based properties, where we support individuals who may have undergone or experienced a crisis which has impacted their ability to maintain a tenancy. Here, we provide a safe and supportive environment with a view to supporting people back into independent living via an intensive, bespoke package of care, sometime over several years. The service is demonstrating a variety of positive outcomes for people across all its areas with an example here from our outreach service. When we spoke to the people using our resource centre services, they told us that "If the services weren't available to them, they wouldn't know what they would do".



We have some good examples of working closely with partners to deliver joined up care at an operational level.

- We have several co-located teams and multi-disciplinary teams across community, learning disability and mental health services.
- Our teams work hard to maintain good professional relationships with health partners through multi-disciplinary ways of working.
- Each community team has a dedicated multi-disciplinary worker who leads on complex case management and attending joint MDT meetings with NHS colleagues.
- Feedback from staff suggest that they value working together at this level and that there is more we can do to build on this further.
- Feedback from recent engagement sessions with staff highlights that while there are many strong relationships with partners, there are opportunities to further enhance these connections. Joint working with Health colleagues could benefit from a more collaborative approach, as some staff have noted challenges related to trust and cultural differences. As a Place, we know this is an area for improvement and are committed to working in partnership to improve; this is a key priority of our Place People Workstream.

***Equity in experiences and outcomes: We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.***

Working with people to understand how they want to live their lives is central to enabling great lives. At Cheshire West & Chester, we highly value feedback from individuals with lived experience to inform and enhance our services. We are committed to continuously improving based on this feedback and have recently established a customer experience review group to collate and analyse this information and put forward actions to address any issues identified or lessons we could learn. This intelligence will be fed up to our performance & governance board to ensure a clear pathway for overseeing the implementation of actions agreed.

One way that feedback will be gathered from September is through our new customer experience survey which has been designed in partnership with local people. This survey will enable people to provide feedback on the services they receive from adult social care and offer an opportunity for them to collaborate and coproduce with us in the future, to improve service provision should they wish to. The annual adult social care survey and the biennial survey of carers shows that our performance is generally in line with or above England and the North West.

We work hard to actively seek out and listen to people who use our services and unpaid carers. We have four partnership boards (co-production boards), all of which are chaired or co-chaired by a person with lived/learnt experience. They meet regularly to guide us in addressing and developing better solutions in areas where people may be under-represented and provide essential and invaluable insight to inform our decision making and initiatives. We aim to create safe spaces for people, making them feel their voice is heard and empowering them to share their vision for the future of adult social care. An example of this has been the work of our Carers partnership board to design additional questions for the carers survey ensuring the questions addressed what matters to carers. A carer from the partnership board, shared their experiences of hospital discharge and agreed to meet the hospital team to share their experiences. This highlighted the need to open our carers champion training offer to increase awareness of the needs of carers within the hospital discharge teams. This also led to us investing discharge funding into Cheshire and Warrington Carers Trust to deliver dedicated hospital discharge support for carers.

We know that females who use services are over-represented compared to the local population and a higher proportion of people who use our services are recorded as white British (95%) compared with a local population of 91.2%. Somewhat expectedly, age groups between 18 and 69 are underrepresented compared to the local Census data whereas ages 70+ are over-represented. We understand therefore, that we may be under-serving men and those from non-white British backgrounds. We use this knowledge, alongside feedback from people who use services and unpaid carers, to influence the decisions we make about the types of support offers we provide.

We have several examples of how we work with people from under-served communities such as;

- Supporting the Ukrainian refugees,
- Support for asylum seekers outlined in our information return; our Refugee and Asylum Seeker Team have recently produced a directory detailing services that are available within the borough (IR10).
- The work with our armed services covenant, through which we fund NAAFI Break outreach drop-in services for ex-servicemen and women.

## **PRACTICE POINT**

One of our Let's Talks are based in a local community church. This complements the existing offer which provides a space for the community of Ellesmere Port where people can meet others in a safe and social environment as well as access services such as the foodbank. Our staff fed back that they were experiencing an increased demand from asylum seekers and refugees whilst there and recognised that some additional support would be beneficial. We were able to quickly engage with the Council refugee and asylum seeker team which led to a visit from the team to the Church where practical advice was provided, as well as establishing a presence with a CVS organisation (CHAWREC) who now provide information and support to asylum seekers and refugees there on a regular basis. They were able to provide information about a wide range of services available which could be accessed to enhance the experience of asylum seekers and refugees, this led to a directory of services being created specifically for asylum seekers and refugees, as noted above (IR10).

This is an example of where a partnership approach to supporting an underrepresented group in our community has led to improved experiences. It demonstrates our commitment to enabling great lives through a one Council approach, focusing on the pillar of community assets.

Our practice framework clearly sets out how we work with people, promoting people's individuality and diversity. It explains that we "work with difference, recognising social and personal identity and the effect on an individual's privilege and power in society." In 2024, we also joined the social care workforce race and equality standards improvement programme whose objective is to support organisations to achieve an anti-racist workplace through peer-to-peer support and the delivery of a tailored action plan.

The council is a part of a number of initiatives and services that support our under-represented communities. This includes;

- the Cheshire and Warrington Travellers Service
- Cheshire, Halton and Warrington Race and Equality Centre
- Silver Rainbows (a sub-group of Body Positive)
- Chester Pride

To help provide for gypsy and traveller communities, the Council's gypsy and traveller team has undertaken a range of activities including opening a temporary stopping place (TSP). The TSP is now operational, and we are raising awareness of this via an extensive communications campaign with local businesses. The TSP provides a permitted length of stay which is agreed at the start of occupation (initially 2 weeks with the option of extension depending on family circumstances). Through this approach, families are also linked into support services including Irish Community Care who provide a weekly drop-in service.



We also work with a range of partners to deliver a service for people sleeping rough.

### **PRACTICE POINT**

The multi-agency rough sleeper partnership (MARS) is a group made up of partners from statutory and CVS agencies involved in working with those sleeping rough in and around the Cheshire West and Chester borough. MARS has actively contributed to reducing the numbers of rough sleepers in the Borough, improved access to mental health and other support services and increased sustained short-term accommodation for the people they work with. ASC is a key partner in MARS and are actively involved in;

- Discussing referrals of disengaged and entrenched rough sleepers
- Agreeing action plans for everyone on a case-by-case basis looking at the best pathway to accommodation and support
- Identifying systematic issues and common barriers to gaining accommodation and support which can be fed back to the Homelessness Reduction Board.

The Council Homeless Strategy is presently under review with ASC playing a key role in shaping this. The MARS partnership was a finalist at the 2024 Local Government Chronicle Awards where the judges feedback was, this is "a good example of how multi-agency working can make a positive impact and address complex local need."

Following on from the work of two Poverty Truth Commissions, the Council has formalised this into a Poverty Truth Advisory Board which works to inform all poverty related work across the Council. This ensures that the poverty agenda is central to our decision-making processes. The Council also works across a number of its services and Council owned organisations as well as with our CVS partners to deliver a series of warm hubs across Cheshire West and Chester in response to the fuel crisis. Adult social care played a central part in the management and deployment of the warm packs as part of the Hubs initiative, deploying 50 packs in 23-24.

We provide two funding streams dedicated to diversity related projects. Celebrating Diversity provides financial support for diversity focussed events and Inclusion Projects which provides a host of practical schemes across Cheshire West and Chester.

The Council is also a partner in the Corporate Disability Access Forum chaired by a Councillor. This partnership brings local, regional, and national partners together to promote inclusive design and encourage greater accessibility in the public realm.

Changes in criminal justice partner agency resources and policy can impact on adult social care. Cheshire Police committed to the 'Right Care, Right Person' (RCRP) approach to policing mental health. Adult social care engaged constructively to ensure that the impact on our approved mental health practitioner and other services could be measured and managed effectively. There have been challenges in this, but committing to operational and strategic work with the Police on RCRP means that we retain good communication and escalation routes. Our commitment to multi-agency public protection arrangements MAPPA also means that we have an open dialogue with Cheshire Probation and early signs are that we will have effective communication about the implications of Probation Reset and early release schemes for the Council.

Our Council policy (IR12) outlines our approach to equality and diversity including how we undertake equality analysis prior to project and commissioning activity, these are reviewed by a moderation panel before being published for transparency. The Council has commissioned Premium Linguistic Services to provide our language translation and interpreting requirements. They offer 24/7 telephone interpreting, as well as face to face and video, along with

translation of written materials. The Council also provides alternative formats, including British Sign Language, Easy Read, Braille and Audio and employs a Senior Access Officer to help ensure our services are accessible to all.

Our learning disability teams have a dedicated 'photo symbols' group which provides support to anybody who wishes to publish or present a document to ensure they are in a format and style that is accessible to all.

We have several inclusion networks for council employees established to promote equality, diversity, and inclusion. These include the:

- Embrace Network focusing on race, ethnicity and cultural heritage
- LGBTQ+ Network
- Women's Network
- Disability Network
- Neurodivergence Network.

All of the above have Director level sponsors. These networks provide colleagues with a safe space to meet, share ideas and raise awareness of challenges. The networks are a critical friend to the organisation, promoting positive change and education, raising awareness of issues, and increasing visibility and representation of people with protected characteristics.

Our inclusive employment strategy is a joined-up approach to providing accessible and supportive employment opportunities to individuals who were underrepresented within the Council's workforce and communities. The strategy facilitates accessible recruitment, diverse placement opportunities and bespoke development, support, and qualification opportunities. As part of our Council's Be You campaign, we also run our Be You survey to understand and learn more about how diverse our workforce is.

## **Providing Support**

***Care provision, integration, and continuity: We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.***

We know that to enable great lives and build thriving communities we need to develop services which have people and communities at their heart. We have embedded CLS in our commissioning approach, and this is set out in our Market Position Statement (MPS) (IR15) and our commissioning 'Way of Working' (IR16).

We take a needs led strategic approach to our commissioning. Our Enabling Great Lives strategy sets our strategic direction, and our Market Position Statement describes the kind of market and services we are looking to commission to achieve our vision. Specific strategies and plans provide the detail of how we are approaching various elements whilst our 'Enabling Great Lives – Our Way of Working in Strategic Commissioning and Market Management' guides our Commissioners to achieve the best results within a CLS framework.

We have used Market Sustainability and Improvement Funding (MSIF) to invest heavily in our commissioning function to support our way of working. We have doubled our commissioning capacity, creating new roles which provide the resource we need to undertake more in depth needs assessment and to embed co-production in all of our commissioning activity. We have created a new Co-Production Development Manager post who will lead the development of our approach right across adult social care.

Understanding the needs of people and what they want is fundamental to our way of working and to providing the right support, as is understanding our care market and supporting our providers. We have worked hard to transform the way that we commission, thinking further ahead and building in more time to understand need, undertake co-production and consider alternative models of care and commissioning approaches. For example:

- Our commissioners work together with public health and our partners to undertake Joint Strategic Needs Assessments (JSNA) for key areas of need such as learning disability, mental health and falls and we are

currently in the process of undertaking our latest JSNA for Ageing Well. Our JSNAs are submitted as part of IR14 and are all published and available on our website.

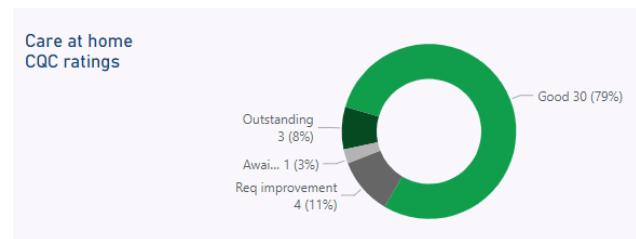
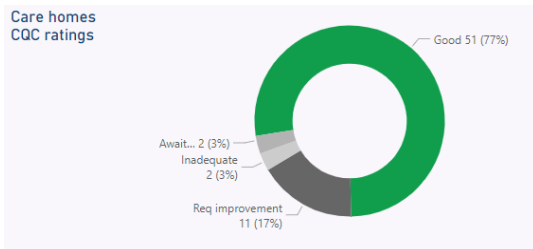
- We are developing our approach to co-production in line with the Local Voices Framework (IR12) and have some good examples of how we are working with people who draw on services to understand their needs and aspirations, and design services which work for them. We have worked with Cheshire Disabled People's Panel to co-produce and design a new vision for day services; co-produced the improvement plan for direct payments and we are co-producing a prospectus for specialist housing for people with a learning disability, neurodivergence / autistic people and people who require mental health support.
- Commissioners utilise tools such as the NWADASS Market Quality and Insight System (MQIS) to support their understanding of the market as well as bespoke market testing and engagement and local capacity and demand data. We also have a variety of data that is available on our Inside Cheshire West and Chester website such as Acorn Profiles (2021), Indices of Multiple Deprivation (2019) and Poverty Research Pack (2022).
- We are implementing Market Shaping Collaboratives to help shape future markets and care models by bringing providers together with commissioners, people who draw on care and other stakeholders to understand need and what people want in a more holistic way.
- We have redesigned our early intervention and prevention model following co-production and consultation with people who draw on care and our CVS providers. We moved to a grants model to encourage growth in grassroots CVS provision. Our community health and wellbeing grants are now jointly funded with health and fund a range of community-based prevention and early intervention services (IR8).
- Our Care Connections service has been instrumental in building strong relationships with providers across Cheshire West and Chester, enabling us to understand demand, capacity and gaps in provision whilst securing value for money and maintaining Council financial sustainability.

All of this intelligence is supporting a deeper understanding of people's needs and the market's ability to respond and provide the right care at the right time enabling commissioners to develop new approaches. For example,

- In response to a lack of supply in care at home, particularly in our rural areas, we have diversified the market by commissioning Community Catalysts to support the development of microenterprises. This has significantly enhanced our ability to provide care in hard to serve areas whilst also offering greater choice and a more personalised service to people. We have worked to improve the efficiency of our model of care at home. As a result of capacity and demand analysis, we are introducing a neighbourhood model in collaboration with providers, aiming to maximise capacity by minimising travel within care runs and ensuring efficient and timely service delivery. The neighbourhood model will be a key feature of our new specification for care at home.
- We have responded to capacity gaps in specialist dementia residential and nursing care home provision by developing plans to grow this part of the care home market through a capital incentives scheme. The scheme will offer match capital funding to care home providers who wish to create more dementia specific capacity in their homes and/or change their registration.
- We plan to create more capacity in Extra Care to offer more opportunities for people and reduce demand on residential care. We have already worked with our providers to secure greater control of the lettings process for existing provision, and we are assessing the feasibility of creating new capacity, including how we utilise Extra Care settings for short term 'step up' and 'step down' care.

## DATA POINT

*Our care market overall is good quality. In August 2024, our CQC data showed that 80% of our care homes provision and 90 % of our care at home provision was either good, outstanding or awaiting inspection.*



Understanding our market and building close working relationships with providers is fundamental to our approach. We value our providers and their workforce and recognise the significant role they play in enabling great lives. For example:

- Following cost of care analysis, we used MSIF monies to invest in our fees for care homes, domiciliary care and extra care which has created greater stability in the market; all of our fees include real living wage.
- We used MSIF monies to invest in a new Market Management service so that we could proactively do more to support our market to be sustainable and strive for outstanding quality. We now have a team of quality assurance and improvement officers who work directly with providers to support them.
- We have created a new Quality Assurance and Improvement Framework (IR18) which places the experience of people who use services, and building positive relationships with providers, at its heart. The framework is being rolled out and provides a robust, proportionate and consistent way of monitoring quality and driving up standards in our care market.
- We fund training to support Registered Managers' professional development and we have invested in an employee assistance programme which providers can join for free.

Our Market Oversight Group (MOG) remains central to our quality assurance and improvement approach. MOG is a multi-agency officer group who review the available intelligence about market quality and make decisions on appropriate action to take. To support MOG, we have developed the provider risk matrix to enable prioritisation and evidence-based decision making. We use different sources of intelligence to assess quality which includes, but is not limited to, CQC ratings, complaints/feedback, audit information and safeguarding information. The MOG reports quarterly to the performance and governance board. Below is an example of how we have worked in partnership with a provider as well as other partners to respond to an emergency quality issue to achieve better outcomes for residents.

## **PRACTICE POINT**

In June 2023, Quality Assurance and Improvement officers were alerted to concerns about a provider of supported living in terms of their overall leadership and governance, recruitment and retention, and a lack of reporting safeguarding concerns. The Quality Team worked with the provider to develop an initial improvement plan however several months later it was clear the provider was unable to secure sufficient staffing and management oversight across the service. The lack of management oversight and sufficiency of staff was leaving tenants at risk of harm. In October 2023 the provider agreed to a voluntary suspension of any new placements to ensure improvements could be made and allow the organisation to stabilise.

Concerns raised in the home led to an organisational safeguarding enquiry and notification to CQC. It was the Council's view that if improvements were not made urgently, people would need to be moved to alternative provision.

Through the Market Oversight Group (MOG), a partnership response was established, and mechanisms put in place to support the provider to improve, including weekly supportive meetings to discuss their action plan and progress, support from operational social work teams and additional training in relation to safeguarding. In this time the Quality Team undertook a series of arranged and unannounced visits and provided monthly updates to MOG. The Quality Team also visited all 17 of the provider's other properties to ensure safety.

As a result of our intervention and support, the provider was able to stabilise the service which meant the people living there are no longer at risk of needing urgent relocation. We have still jointly agreed with the provider that this particular scheme needs to close however this can now be carried out in a planned person-centred way to ensure positive outcomes for the people living there.

The positive outcome was a result of the partnership created between the provider and the Council which has led to an ongoing positive and transparent relationship. The success of this work exemplifies the Council's relational approach to creating a high-quality and sustainable market.

Our Market Sustainability Plan (MSP) supports us in identifying key risks to market sustainability for the 65+ care home market and the 18+ domiciliary care market and we have used this to create a plan to address such risks and issues which have helped to shape our workplan (IR15).

Our Market Position Statement (MPS) 2023-2033 is published on our website (IR15) and details how we intend to shape the market over the ten-year period. Our commissioning intentions are rooted in our CLS approach with a strong focus on the experience of the person, their whole life journey and always taking a strengths-based approach in how and what we commission. Our MPS sets out how we will develop a market which enables people to live a great life at home and in specialist accommodation.

We recognise the increasing complexity of people needing support and so are responding to this in multiple ways. We know from our data on the people we place out of area (IR17), that we need more specialist housing to achieve our ambition for people with complex needs across Cheshire West and Chester. Building on the success of our Complex Care and Review team (which was a runner up for the national LGC awards this year) we have established a strategic and tactical, specialist housing workstream. Strategically, this group are developing a sufficiency strategy and market prospectus for specialist housing in Cheshire West and Chester as well as working tactically to deliver supported living schemes in borough to support people to return to Cheshire West and Chester.

## Our Specialist Housing Market Shaping Collaborative

We have recently initiated a series of meetings with registered social landlords, care providers, staffing agencies and developers in an open forum setting. Through this collaborative, we will work in partnership, to shape the future specialist housing market for people with Learning Disabilities, Autistic people and people with Mental Health needs. We recognise the importance of collaboration with all provider partners in shaping the future of social care and housing provision for our residents. At the first meeting, we identified that the recent example of our co-production approach within day opportunities ensured we were able to identify the desires and needs of people with lived experience and their carers. This sparked enthusiasm for further developing this collaborative co-production approach, as a result, further meetings have been arranged to continue this way of working through the housing collaborative. We believe that by working together, we can create more inclusive, supportive, and person-centred solutions to meet the diverse needs of our community.

Our objectives are to;

- Shape the future market for specialist housing
- Drive innovation and excellence in social care and housing provision for individuals with learning disabilities, autistic people, and people with mental health needs.
- Influence policy and practice to create more supportive and inclusive communities.
- Enhance the sustainability and effectiveness of social care and housing services through partnership

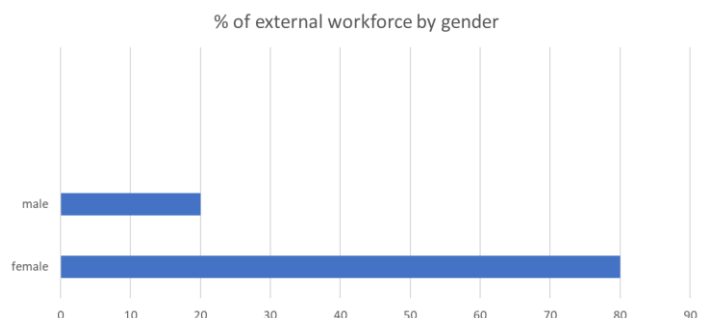
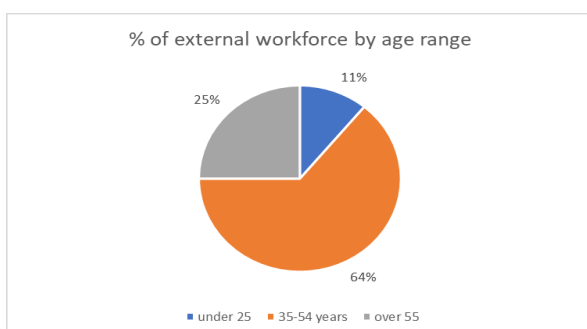
Our providers tell us that we are focused on being person-centred and are good in assisting and supporting them. Feedback indicates that providers feel very well supported by our quality assurance and market management team and have developed strong relationships. Communication is generally good, though providers have requested more updates regarding business matters, future planning, and initiatives which we have factored into our engagement plan over the next 12 months.

We are working with providers and partners to develop an integrated workforce strategy across health and care. Our Place people workstream is leading this work and has developed a work programme focussing on four priorities: attraction; recruitment and retention; talent development; health and wellbeing; and leadership. As part of this we are co-producing a strategy and plan for our commissioned care services. This builds on the work we have done to support our care market and our market sustainability plans. We plan to align our work with the Skills for Care National Workforce Strategy and consult later in 2024.

Our baselining work as part of developing our external workforce strategy shows us that there are currently 158 Care Quality Commission regulated care employers across Cheshire West & Chester. There are around 12,000 adult social care jobs locally, of which, over 90% are filled. Of the filled posts, over 75% are in the independent sector (this data is for the whole adult social care sector).

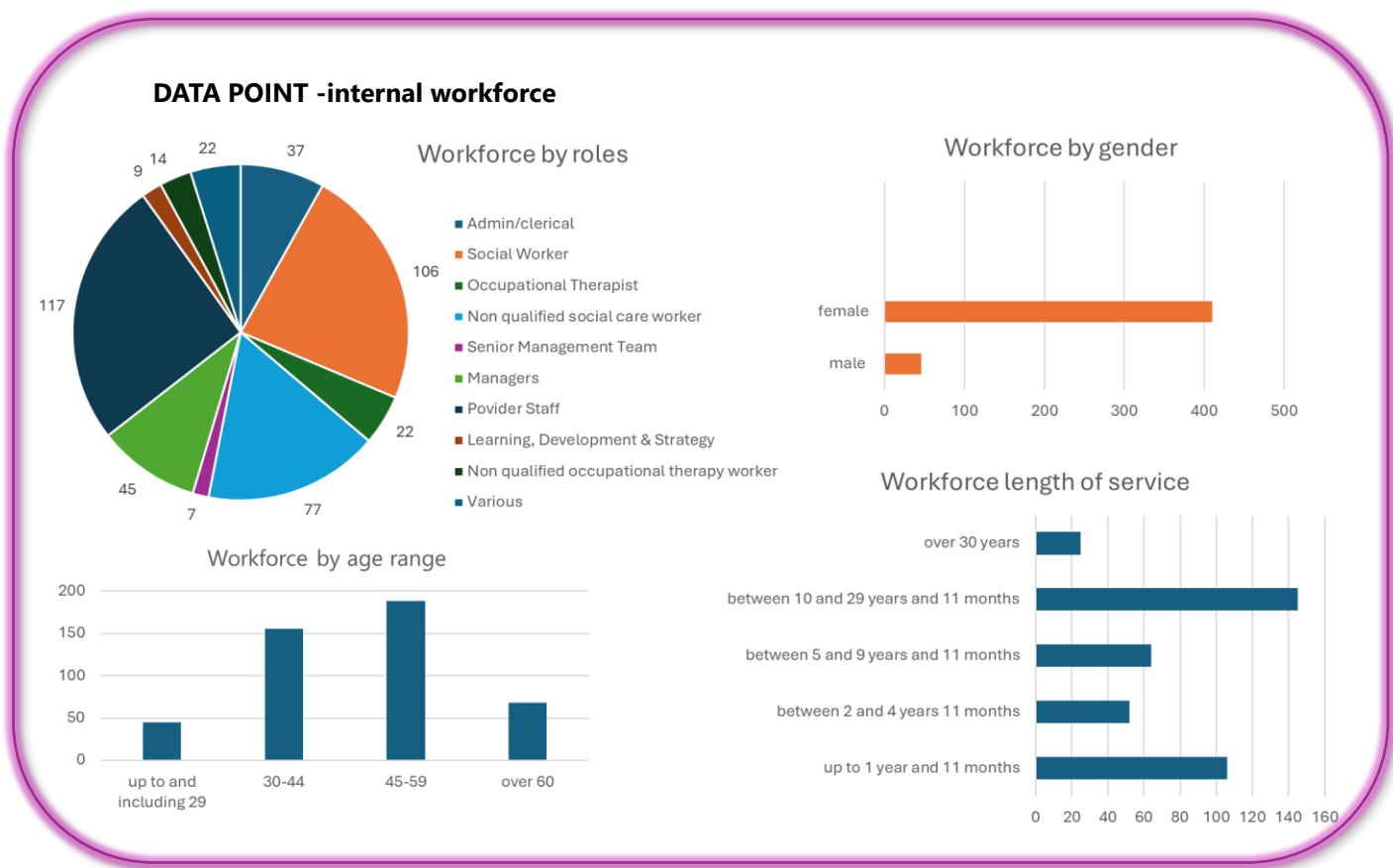
### DATA POINT- external workforce

Source [My local area \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)



An analysis of our internal workforce shows that most are female and in the 45-59 age band. We can also see that more of our staff have been with us for between 10 and 30 years than other ranges and the highest proportion of our staff work in our provider services followed by qualified social worker roles.

Our internal workforce strategy for the assessment workforce (IR19), sets out a clear plan for attraction, recruitment, retention and development. This builds on the workforce planning programme we engaged in with the LGA through which we explored workforce related issues and developed a clear action plan which was incorporated into the strategy. Around 44% of our total workforce are over 50 and so we understand the need to work proactively to mitigate the upcoming retirement pressures. Having mapped our workforce, we also understand the need to prioritise career pathways across key areas including AMHP, Occupational Therapy, Vision Rehabilitation Specialists and Senior Management.



Staff tell us that work-life balance and flexibility are key issues for them in deciding where and how they want to work and so we foster a positive approach to agile working to encourage the best applicants and improve retention levels. They also tell us that we need to set out progression, development, and succession opportunities more clearly and that we need to improve our recruitment and onboarding processes. Our workforce action plan (IR36) (overseen by our Principal Social Worker and Principal Occupational Therapist) focuses on all of these areas.

One immediate improvement made last year was the introduction of a dedicated recruitment coordinator. In response to staff feedback about system issues and concerns with recruitment and onboarding, this role was introduced as additional capacity for the management team to support end to end recruitment. In addition, a recruitment working group was established to understand the key barriers to timely recruitment and approaches we may be able to take to rectify these corporately.

We are incredibly proud of the commitment across our whole workforce to 'growing our own' as we respond to the national recruitment challenges in a proactive way. We have expanded and invested in supportive resources to enable us to go further in key programmes such as Think Ahead, Social Work and Occupational Therapy Apprenticeships and expanding placement opportunities for university students. This includes dedicated workforce leads across Social Work and Occupational Therapy and a number of practice lead posts. All of this has enabled us to support:

- 18 ASYE through their first year in practice in 2023/24
- 24 Think Ahead students
- 22 Social Work apprenticeship students (with four more starting)
- Four Occupational Therapy apprenticeship students
- A vision rehabilitation specialist apprentice who qualified last year.
- 10 apprentices in our Reablement service over the past two years, plus a further three in partnership with the Princes Trust.
- 1 worker through the DHSC leadership programme, global majority aspirant leaders

We have invested in, a student placement programme and career progression for Occupational Therapy and Visual Impairment teams. These are all significant achievements which rely on a committed approach to practice education and support, to ensure our students are all supported through their studies. We know we now need to do more to ensure our progression pathways flow all the way through to more senior social work roles and are working on how we ensure our structures are fit for the future. The below example provides an honest account of progression within our service.



## **PRACTICE POINT**

### **Supporting people into social work qualification and early career ambitions**

#### **Learner Journey 1: social work apprenticeship**

“At 39 I’d never been to university and with my commitments and responsibilities it was not looking to be something that was going to be an achievable option for me. When the apprenticeship programme was advertised in 2019, going to university and training to be a social worker became a realistic option. The apprenticeship programme also provided recognition and reflected that the council were invested in developing its employees and supporting professional growth. Being successful in gaining a place on the course meant I would be the first person in my family to go to university.

Being on the first cohort of apprentices had its challenges, however our views, ideas and suggestions have been sought, and listened to, and this is something which I think shows real commitment from the council, to not just offer the opportunity to train and qualify as a social worker but continue to improve that opportunity for future cohorts.

I have been qualified over a year now and I have completed my ASYE and have begun my progression. I think it’s difficult to capture in words my journey since qualification. Talking about the pressure and responsibility and the volume of work that court cases create makes it sound like not the greatest of experiences! But that’s not all there is to being a social worker. The outcomes and positive changes made to service users’ lives, supporting them to develop their skills, to have new experiences and make choices, all be it some unwise ones, adds balance and reminders that all the hard work is for a reason, and a very worthwhile one.

Completing the apprenticeship programme means that I now have opportunities to progress and develop. It has increased my confidence in my own abilities and thinking about being a practice educator or an AMPH (or both!) is realistically something I could achieve.”

#### **Learner Journey 2: Graduate Entry**

“Transitioning to a new career is always challenging. Transitioning to a new career from working in performing arts, completing a degree in a year whilst working full-time, all the while juggling two children and being permanently tired in your mid-30s, is *extremely* challenging.

During our first weeks we were given thorough inductions and expectations were clearly laid out: we would have a protected workload, access to training, regular supervision, and were told to ask about whatever, whenever, we needed. Our Senior Manager met with us to explain the current needs in Adult Social Care Mental Health, with everyone leaving the meeting with the impression that this is a place we would be valued and supported. We shadowed multiple teams of various disciplines, including health, Learning Disability and Community Access, along with visiting as many community resources as would have us. Throughout our year of training this support was consistent and always welcome, with colleagues and managers always making themselves available to discuss issues both professional and personal.

This support has continued into my post-qualifying years as an ASYE, and in fact only increased in my new Mental Health Social Work team. Our manager walks the fine line of supportive management and professional challenge, the team itself holds a wealth of knowledge which everyone is happy to share, and the connection with the wider environment of CW&C, whether Adult Social Care or beyond, is always palpable. With this support and training I feel empowered to pursue other ambitions within my new Social Work career, with a clear pathway to AMHP training and a hope to remain in Cheshire West to pursue any other positions which may combine management with hands-on Social Work. For the moment, however, I’ll concentrate on surviving ASYE and my dissertation!

The current picture of Mental Health Social Work is, to be frank, pretty challenging, with increasing workloads, complexity and risk, and without any extra time being miraculously available to us to meet those challenges Without the level of support and training I’ve found at CW&C, I’d have been straight back to my former profession in a flash.”

***Partnerships and communities: We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.***

A key component of our enabling great lives vision is impactful partnerships. In feedback from our last LGA Corporate Peer Review, it was noted that “Partnership relations across health and social care are seen as a strength across the borough and is something that can be built upon and adapted as required, moving forward with health and social care integration”.

Our Quality Assurance and Improvement Framework emphasises relationships and working together with providers to support continuous quality improvement and enable great lives. We work in partnership with our providers in a variety of ways. Our approach includes provider engagement forums held face to face on a regular basis for all service areas. Each forum is chaired by a provider representative to ensure that the agenda reflects the current shared challenges and plans for improvement by providers. Where appropriate we are establishing Market Shaping Collaboratives to support long term market development. In September we will hold the first of our Market Shaping Conferences, bringing providers together with commissioners to hear about our vision and priorities for development and improvement across the whole market.

Our new Market Sustainability and Improvement Team has a dedicated Market Excellence Lead officer whose role it is to bring providers together with the Council, ICB and wider partners to work together on specific issues which are affecting quality. For example, providers are represented on the Place People Workstream and have worked with us to develop our draft workforce strategy and a model for blended roles, and we are scoping out work to improve discharge from hospital to care homes. The Market Sustainability and Improvement Team have a number of Quality Assurance and Improvement Officers who act as the main point of contact for the provider in relation to any queries they have, or support they need concerning care standards and the completion of quality-of-care assessments in line with our Quality Assurance Framework.

We support providers with a dedicated training offer with resources available including commissioned training programmes, such as My Home Life, and practical support to work directly with providers on sector improvement projects and identifying and celebrating good and outstanding practice.

Our Cheshire West Place architecture builds on existing positive working relationships with our health and CVS partners. We have well established Place partnership governance with a commitment to equal partnership. The Cheshire West Health and Care Partnership Committee oversees our integrated working and comprises of partner representatives from the Council (including our Portfolio Holder), CVS, Healthwatch, Cheshire and Merseyside Integrated Care Board, Cheshire and Wirral Partnership NHS Trust, Countess of Chester Hospital and Mid Cheshire Hospitals NHS Foundation Trust. The Cheshire West Health and Care Partnership Committee works to the Health and Wellbeing Board and is jointly responsible for the delivery of our Place Plan which is also our Health and Wellbeing Plan.

Cheshire West Place has an embedded joint governance structure with a clear vision, shared priorities, and values. Our joint vision is ‘To reduce inequalities, increase years of healthy life and promote mental and physical health and wellbeing for everyone in Cheshire West.’

Our shared priorities are:

- Prevention and early detection
- Reducing inequalities
- Promoting wellbeing and self-care
- Integrating our health and care services
- Anticipating the future needs of our population
- Making it easier to navigate health, social care and community-based services
- Keeping our people safe

The values we have committed to are:

- Shared accountability
- Promoting engagement and involvement
- Mental health is valued equally with physical health
- We are inclusive and value diversity
- Honest and open to feedback
- Evidence based

There is a structured programme of transformational and operational activity which delivers the Place priorities to achieve the outcomes established within the Place Plan. As a partnership we undertake assessments of our achievements against our Place Plan outcomes and annually review our priority areas of focus for integration and transformation.

There is an agreed transformation plan in place and our joint work to maximise the benefits of the Better Care Fund has been occurring in parallel is a key enabler.

Some tangible examples of delivery to date within the place transformation portfolio are our Integrated Care Connections Service, Community Partnerships and the development of our Community Response Hub model. These programmes have been managed by integrated governance and delivered by integrated teams.



We have also led on the delivery of a joint communications campaign to raise awareness and understanding of Cheshire West Place and its key benefits across the entire workforce.

We engage strategically with our partners through a number of Place-based partnership boards such as the Cheshire West Health and Care Partnership Committee and Health and Wellbeing Board. We also have a sub-governance structure which supports in overseeing integration activity on the ground from both a transformation perspective: Integrated Transformation Steering Group and an operational perspective: Integrated Operations Steering Group and Urgent Care Oversight Board. We are in the process of developing plans for Integrated Joint Commissioning Boards which will oversee the development of integrated commissioning strategies for health and care.

### PRACTICE POINT

The Council and its Place partners are currently working to implement our Community Response Hub Model (IR24). Through this model, people who are discharged from hospital requiring additional care at home will receive wraparound, multi-disciplinary support from specialist teams including social care, nursing, therapy and the CVS, using a therapy-first approach. Once successfully implemented, the model will;

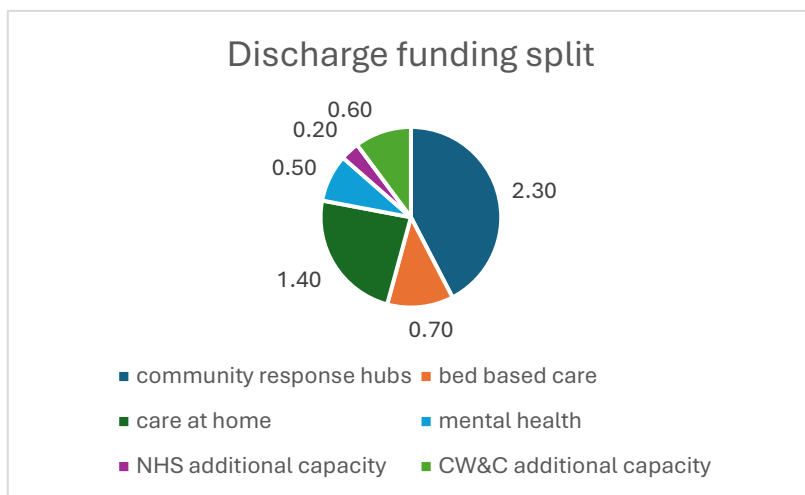
- Reduce length of stay in hospital beds and intermediate care beds.
- Reduce the size and number of care packages prescribed.
- Improve multi-disciplinary working between health, social care and the CVS.
- Improve people's journeys through health and social care.

Our first hub in Winsford has already seen successful outcomes including a reduction of 56.7% in lost acute bed days (from 1067 to 464) as well as those going on to need long term care reducing by 5.2% with approximately 80% able to stay in their place of residence for ongoing care.

Our commitment to pooling the Better Care Fund (BCF) is another example of how we are progressing towards the delivery of jointly commissioned integrated services and realising our shared transformation ambition. We have maintained an aligned budget to this point and have worked over the last 12 months to ensure this is made up of the right schemes with the right drive behind them to enable more joined-up service planning and delivery. Extensive work has been undertaken across the partnership at a strategic and operational level to ascertain the scope for integration and ensure that the remit and intentions of the BCF align and enable this. This is particularly relevant to the work being undertaken across our Community Services, e.g. the Community Response Hubs. The governance around the BCF has been reviewed and made more robust with a focus on joint decision-making and delivering common outcomes together. This takes the form of a BCF Strategic Group with decision-making remit and a sub-group focussed on monitoring delivery of outcomes and financial performance. Pooling the BCF budget will support the delivery of the strategic intent of Cheshire West Place, and the framework set out at Place for integration and transformation, clearly aligns with the BCF planning requirements (IR23).

**DATA POINT**

*Our joint planning around the use of our Integrated Discharge funding is a positive example of working together to achieve better outcomes. As the data shows, most of our funding is utilised to deliver the Community Response Hub model including significant, permanent investment in CVS.*



The Council and other statutory partners have a Community and Voluntary Sector (CVS) 'Compact' which sets out our shared values and principles for working together. We work closely with CVS organisations to build our relationships and to shape an environment in which they can flourish. We have a Community Sector Market Shaping Collaborative which supports this and other aspects of market development such as our direct payment market. Our CVS partners say they have good conversations with us however we can do more to build on this and ensure timelier communication when required. They support the vision, ambition and CLS approach described in our strategy 'Enabling Great Lives' which they feel aligns with their organisational goals. They want us to work to develop practical and transparent implementation plans which we have completed through the production of our delivery plan (IR30). They do however regularly feedback to us regarding funding and sustainability for the sector which we are actively working on with them.

We also have Place based Community Partnership Steering Groups which feature diverse memberships including GPs, CVS, adult social care, community health care, Healthwatch, food banks, and community workers. These groups work together as partners to improve key issues affecting their local communities.

In addition to local partnerships, representatives from adult social care are also members (and leads) of multiple ADASS and Cheshire & Merseyside groups. Our Principal Social Worker is co-chair of the national PSW network and our Assistant Director for Strategic Commissioning co-chairs the North West ADASS Strategic Commissioner network

## PRACTICE POINT

We have recently had the opportunity to engage with a piece of work commissioned by NHSE through the LGA. This focussed on a Building the Right Support (BtRS) peer challenge review of learning disability and autism services and practice across 3 Places: Cheshire West, Cheshire East and Wirral in line with Cheshire and Wirral Partnership Trust footprint. Through this work, colleagues across the three Council areas have identified key priorities which we will now join together to work on collectively, having recognised the benefits of learning and sharing good practice in order to achieve our aim of providing better outcomes for local people. Our joint objectives are:

- Supporting people with learning disabilities into employment
- Direct payments
- Autism partnership boards and ambassador model
- Social care engagement with Care Education Treatment Review's (CETR)
- Complex housing

We are proud of our co-produced, All-Age Carers Strategy (IR33). This was cited as an area of good practice during our LGA peer challenge in March 2023 and was developed using comprehensive research through the Carers JSNA which analysed local and national data and trends. We also ensured the whole document was developed through extensive engagement from local carers, service providers and key partners as well as intelligence from the bi-yearly carers survey and the personal experiences of carers fed back through a number of carer groups across Cheshire West and Chester. The action plan from this strategy is managed through the Carers Strategy Group which is chaired by a carer and led by carers, this in turn reports into our Carers Partnership Board (co-production board), which is jointly chaired by our DASS and the chair of the strategy group.

Although, we have been working to improve our position around carers assessments, we know that there is still more to do. At present, our data shows that we directly support fewer carers during the year than the North West average. We are currently exploring this element of our data to ensure there are no data quality issues. We can however show that our commissioned support provider (Cheshire & Warrington Carers Trust) registered 9700 carers over 23-24, with over 500 new carers registering each quarter. We also have a higher number of carers receiving self-directed support and direct payments than the England and North West averages.

Over the past 12 months, we invested in our carers support provider (Cheshire & Warrington Carers Trust) to complete carer assessments on our behalf as part of our work to increase the numbers of carers who receive an assessment. We have also included support for carers as part of our Let's Talk offer. All of this is starting to show positive results with our first quarter performance (24/25) being above the Council target set (215 compared to 160 target). We remain focussed on continuing to improve this position over the next 12 months.

Currently, we commission a Cheshire West and Chester Carers Support Service which is delivered by a partnership of five services providers; Cheshire and Warrington Carers Trust (CWCT) are the lead provider. CWCT also oversee our Carer Breaks service and carers emergency card service which, in conjunction with the main carers service, aims to provide a range of support options for carers.

We commission a Young Carers Service which is delivered by Crossroads Together Young Carers who support young carers who are identified through the Child in Need (CIN), Child Protection (CP), Team Around the Family (TAF) process.



The service offers 1-1 support, group activities, school support and the Young Carers Forum. These services are currently being re-designed as part of the new Community Led Care and Carers commission (IR8) This service can provide great examples of positive outcomes for young carers. Currently, we are exploring ways to increase young carer involvement in our Carers Partnership Board. Work is also underway to improve the way we record young carers on our case management system. We anticipate this work will be completed by 25/26.

### **Ensuring Safety**

***Safe systems, pathways, and transitions: We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored, and assured. We ensure continuity of care, including when people move between different services.***

Working with people to access safe, high-quality services means we can enable them to live independently with the maximum choice and control available to them. We recognise that some of the most challenging times, for the people we support, happen when they are transitioning through, or between, services. We work closely with a variety of partners to embed safe and supportive pathways ensuring that the risks to people are minimised whilst at the same time protecting and promoting their human rights.

Safety is a priority for everyone across the service. As such, we have strong links into partnership forums (such as local safeguarding adults board (LSAB), right care right person working groups, market oversight group etc) in which partners come together to learn and share. We have delivered a number of training courses over the past 12 months covering safeguarding practice, Prevent, learning from SARs and Trauma Informed practice. A total of 274 people attended these sessions from across adult social care as well as partner services.

The LSAB are committed to a culture of continuous learning and improvement and reports in the LSAB report 22-23 'We have seen an increase in Safeguarding referrals and quality concerns and suggest this may be partly due to staff attending the various training courses'.

Through our work with acute hospital trust partners, we are continually developing shared approaches to hospital discharge to ensure safe discharges home. We monitor the development and delivery of our joined-up discharge models through our Place operational governance structures.

We continue to work together as partners on our challenged no criteria to reside (NCTR) position whilst ensuring we maintain our commitment to 'home first'. We are working with CVS partners to maximise the great work they do in supporting people to return home and remain there (including supporting unpaid carers). As already outlined, intermediate care is prioritised for investment from the discharge fund however we all understand that our local discharge model needs further development, and we are working with our partners in the NHS and CVS to improve this. We also have external support for our local discharge system from John Bolton at present who is taking an objective view to advise how we can improve our current NCTR position as a system.

#### **PRACTICE POINT**

Our shared standard operating procedure with Mid Cheshire Hospital Foundation Trust, describes the role and processes of the Transfer of Care Hub (ToCH), including its core members and their roles and responsibilities. The aim of the hub is to promote and support a safe and timely discharges from hospital. Compliance with these processes ensures that people are discharged at the right time, to the right place and in the right way.

The procedure makes clear our individual and shared responsibilities and the ways in which we can work together within an agreed framework to make the best collective decisions.

This way of working is underpinned by a shared tracking platform, known as Gateway, which again, through shared and agreed protocols is a joined-up way to 'track' our residents who are being discharged to ensure all the appropriate tasks are completed by the relevant professionals to enable a safe discharge.

The impact of this approach means that Cheshire West and Chester residents who are discharged from Mid Cheshire Hospital are less likely to 'fall through the cracks' and more likely to receive a positive, joined up experience.

Through a joint programme of activity, we have agreed our 14-25 Transition Policy (IR24) with our colleagues in Children's Social Care, this sets out our vision and ambition for young people as they move from children with disability services to adult services. The aim is to enable the adult transitions team to become involved with young people at an earlier age and offer clarity about the services available to the person in adulthood as part of joint care planning. This new way of working is currently in its infancy and an agreed practice guide is being developed with staff to promote shared understanding of roles and responsibilities. Operational working groups across children and adult services are developing joined up processes, pathways and system improvements to establish efficient in ways of working. This is in response to staff providing feedback about a lack of clarity in the transitions process. All our employees who are involved in transitions receive safeguarding training relating to both children and adults to ensure that they are fully conversant with all best practice.

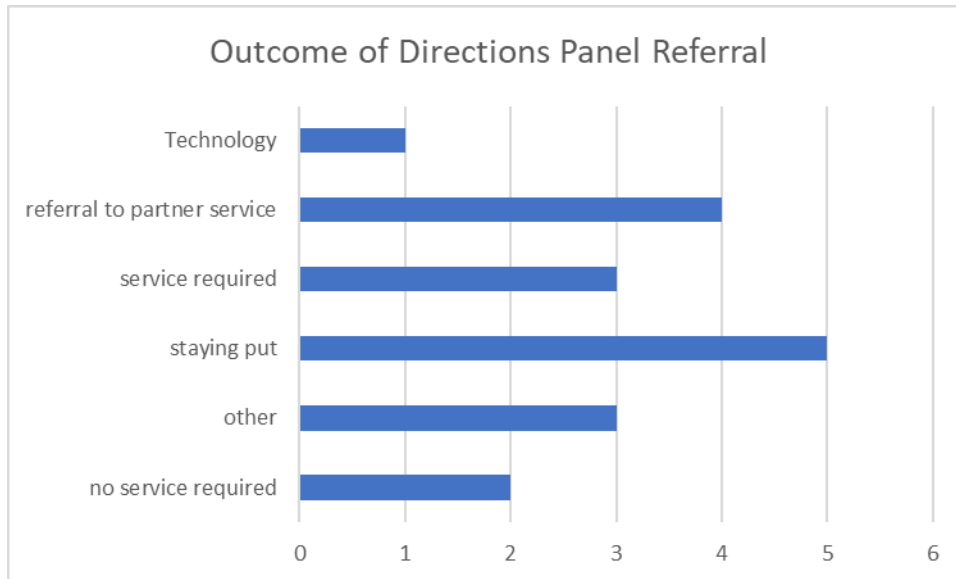
There are many young people however, who do not fall within this pathway and so a different approach was required to ensure they were appropriately supported into adulthood. Having reached out to other Councils, we took learning from Barnsley Council and implemented a multi-agency directions panel. The panel discusses, plans and monitors the potential future need of young people between the ages of 14 and 18 years who have a range of complex issues for which they may need further support into adulthood. Referrals come predominantly from Children's Social Care however can come from any of our partners in the panel including CAMHS, Therapies, Education or SEND. Since Barnsley's implementation was in its infancy when we first discussed this approach, we have since returned to understand the impact and outcomes they have achieved to further inform our work. These findings are now being incorporated into further improvements we are making to our own model. Our approach was highlighted as an example of good practice by the LGA 'Building the Right Support' peer review team in June 2024.

#### **PRACTICE POINT**

Cheshire West and Chester established a directions panel in 2022 as part of a review of its work to support young people supported by children's social care who didn't have an obvious pathway after their 18th birthday. The panel idea was inspired by Research in Practice's 'Bridging the Gap' policy review and by contact with the originating authority in Barnsley. Georgia was referred by children's social care to the directions panel in January 2024. She was a looked after child approaching her 18th birthday. Georgia was in college and had real skills and interests in art and design but had experienced multiple traumas and was struggling with self-harm and communication. Adult social care completed a Care Act assessment and a social worker worked with Georgia to establish her wishes and feelings, and to get her a secure tenancy with some flexible onsite care so that she could develop her independence. Georgia's main priority was to be near her college. The social worker worked hard to deliver on this and focussed on helping Georgia with small but essential tasks like getting control of her finances, seeing a GP and moving house. Georgia has now moved and has recently hosted family visits to her new home. While she has experienced a few setbacks, she has been able to significantly reduce the support she needs and is communicating clearly and frequently via her chosen medium. While Georgia doesn't have a formal mental health or ASD diagnosis at present, Cheshire West and Chester has applied the wellbeing principle in the Care Act to address her needs, without waiting for a medical outcome. Our hope is this will help to increase her resilience and independence while giving her the support she needs now to avoid a greater need in the future, and to help the transition from more intensive CSC care.

**DATA POINT**

*The below describes the outcomes for 18 people whose files were audited as part of reviewing the effectiveness of the Directions Panel model.*



Sometimes, we are required to facilitate a move out of area for a person we are working with. We currently have 338 people who are living in services we have commissioned outside of Cheshire West and Chester. Some people are living on our borders in a neighbouring borough, and some live some distance away. A number of people choose to move due to family or other community connections however for the majority of people it is because we do not have sufficient capacity within the local care market to meet the person's needs. We have a specific policy (IR17) which sets out our approach to managing the additional safeguards and checks that we believe are required to ensure a person remains safe when their support is commissioned outside of Cheshire West and Chester. Everybody with a learning disability who is known to our services, has a plan to return to Cheshire West and Chester should they wish to, and we are working with partners through our tactical housing group to make this happen over the next few years.

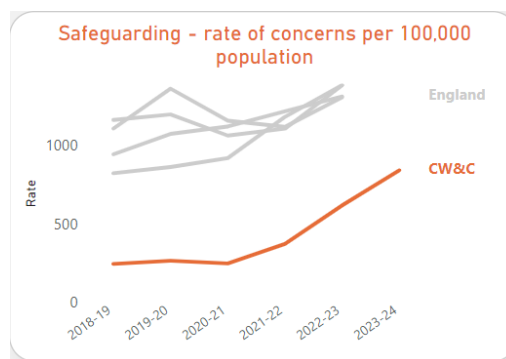
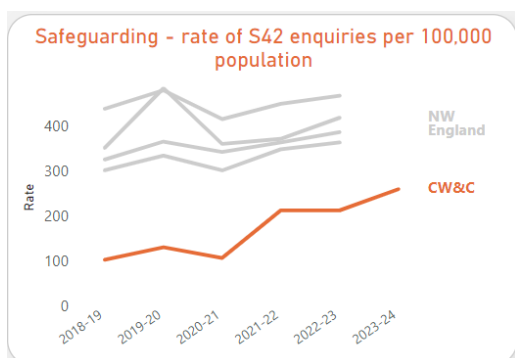
We have several panels and platforms in place to support decision making in relation to high-risk cases. We have well-established high-risk panels with bespoke multi-agency membership depending on the nature of risk and the needs of the person. The purpose of the panels are to come together as groups of practitioners to discuss complex risk and agree a shared plan to managing risks with the people we support and their families/carers.



**Safeguarding: We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.**

We continue to see an increase in safeguarding concerns reported to the Local Authority. These increased by 51% between 20/21 and 21/22 with a further increase of 40% in 22/23. Although an increase in the number of concerns may be seen as an issue, having understood the reasons for the increase, we welcome this change as a sign of our improving processes and increased awareness across our service and partners.

#### DATA POINT



Having previously acknowledged our lower-than-average performance across a number of safeguarding measures, we sought out an external view and commissioned an independent safeguarding review through Partners in Care and Health (IR29) to evaluate our approach to safeguarding and support continuous improvement.

The review highlighted several key recommendations which we are now working to address. These include improving the consistency of our approach, further alignment of quality concerns via our market management service and providing further training to managers and front-line staff. To date we have designed and are delivering a rolling programme of training to front line staff and managers to improve consistency of approach and are rolling out practice guidance for workers to use when transferring cases between teams. The delivery of the recommendations is monitored via our Assurance Board.

We have clear and well-established safeguarding procedures which are documented in our policies, procedures and practice guidance, these are further embedded with staff through training.

During 2022-2023, the Safeguarding Adult Review (SAR) panel received 5 referrals. Completed SAR reports are published on our website (IR27). As part of ensuring we are improving our practice using the learning from the SARs, we hold a training event and '7-minute briefings' to ensure that any recommendations are shared quickly. The action plans from SARs are scrutinised at LSAB to ensure actions are completed, we are currently undertaking an exercise to analyse the learning and impact of this at Board level.

## **PRACTICE POINT**

Ross is 67 years old, and he lives alone in a social housing terraced bungalow. Ross left home when he was 15 years old and talks about not getting on well with his stepdad at the time. Ross loves animals and has some pet birds who he cares for very well. He chooses to sleep in his lounge to allow his birds at times to fly safely around the bedroom. Ross enjoys watching films especially western films with Clint Eastwood. Ross is a heavy smoker. Ross has limited reading and writing skills.

Ross has a tenancy agreement with a social landlord who have worked closely with adult social care to re-house Ross due to welfare concerns for him and the conditions of the flat that he was living in. Ross has a long history of non-engagement with professionals although he has the ability to get help if he needs it. It is felt that Ross has mental capacity in all areas although he may make unwise decisions at times. Ross can neglect his personal care and home conditions at times which in the past was due to him not receiving the full benefits that he is entitled to i.e. only receiving £300 a month. Ross is now in full receipt of his state pension and pension credit. Ross has been a victim of hate crime numerous times which has added to his reluctance to engage with other people. This has impacted on Ross's mental health which at times Ross can openly talk about being poor. Ross has continually refused to accept formal support to address his mental health or accept day to day support around his feelings of loneliness and being socially isolated. Ross has continually declined any support but accepts support from his social worker. Ross has a little contact with one of his brothers who lives in the area.

Ross's social worker described very poor living conditions including black walls, mattress on the floor, no heating for six years and only a packet of ham and half a pint of milk in the fridge. Ross had no TV and only the clothes he was wearing. He was living on £300 per month, paying full council tax and didn't engage with the world, he threw letters away (he couldn't read or write). Ross' housing provider had cut off his gas six years ago, he hadn't washed for months potentially years and he had ingrained dirt in his skin. He didn't have any connections in the world, he avoided everyone. His housing provider had a Court Order in place to enter the building if they had to because he had not engaged with them for years.

Ross's social worker worked to gain his trust, working at his pace, offering support to buy clothes and essential household goods through the Council's HELP scheme as well as applying for additional benefits.

Ross now lives in his own socially rented bungalow, he's got £6k in savings, a TV, DVD Player, sufficient clothing, bedding, furniture, he showers and cooks...he's got 10 small birds, finches which provide him with something to care about and he looks after them well.

Ross won't engage in any kind of care and support package. Ross is more trusting of professionals now and the plan is to be working jointly with a housing support worker initially to allow time for Ross to trust and engage with them.

My experience of working with Ross is that he responds well to being given a choice, giving him time to think about things and being allowed to make decisions for himself rather than being told what to do. Giving him a choice and allowing him time to make decisions empowers him.

Ross has allowed me to support him to attend appointments with his GP for general health checks. He had been sofa surfing since he was fifteen...he advised the worker and a colleague that "[the worker] has changed his life for the better".

The LSAB provides the lead and scrutiny of all our Safeguarding work. The Board comprises of representatives from across the Council, NHS partners, Police and Fire services, Healthwatch and CVS partners; the board also has an independent chair in place. The LSAB has a number of sub-groups that provide input and oversight on specific areas, these are:

- the quality assurance group
- service user involvement group
- safeguarding adults review panel
- channel and prevent panels
- the training and development hub

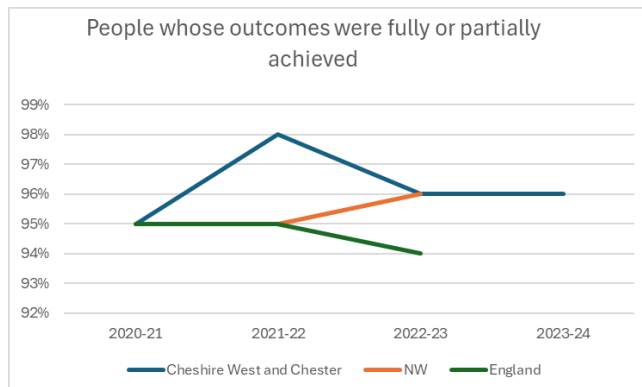
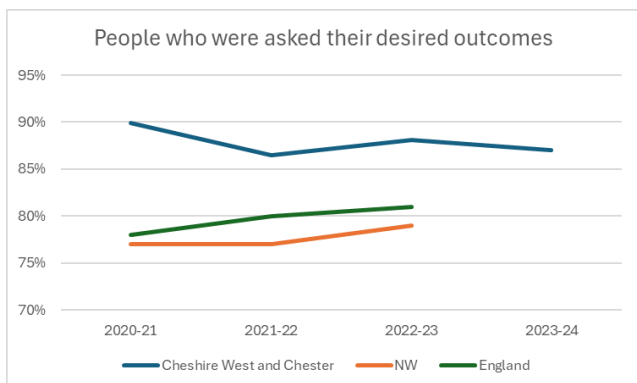
Contextual Safeguarding is part of our policies and procedures. There is a Modern Slavery pathway on our LSAB website and guidance on PREVENT and CONTEST can be found here. The Safeguarding Board Manager is the operational PREVENT Lead and the Safeguarding Senior Manager chairs the CHANNEL panel which both report regularly to the LSAB; both Channel and Prevent are joint adult/children’s partnerships.

The LSAB organises multi-agency case audits to review the quality of decision-making across a sample of cases. Over the past year multi-agency audits have been conducted in relation to domestic abuse and self-neglect and we are currently preparing for an audit around mental capacity in s42 enquiries. The learning has been used as an opportunity to discuss the subject matters across all agencies and influence future working practice. The feedback from the Domestic Abuse audits has been positive. The LSAB works closely with the Safeguarding Children’s Partnership and Community Safety Partnership and have established a new programme of bi-annual spotlight sessions on shared themes which will commence in September 2024 (IR29).

We are proud of our approach to ‘Making Safeguarding Personal’ and how it supports people to achieve their desired outcomes. We strive to empower individuals to express what is important to them by whatever means appropriate. Outcomes or interventions should be meaningful to the person at the centre of the enquiry and reflect their original wishes wherever practicable. We consistently ask a high proportion of people what their desired outcomes are, and this is above both the North West and England averages. Following the outcome of their section 42 enquiry, 96% of people have their expressed outcomes either partially or fully achieved. This is in line with the region and higher than England.

**DATA POINT**

*Making safeguarding personal data; 96% had their outcome fully or partially achieved, which is a slight decrease on the previous year. Our overall percentage of people who were asked their desired outcomes is also significantly higher than both the North West and the England average.*



## Leadership

***Governance, management, and sustainability: We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.***

We have clear and well-established lines of governance across the Council and within our adult social care directorate. Our management board provides our ultimate officer decision making forum, led by our Chief Executive. We then have our adult social care directorate management team meeting, chaired by our DASS, which is the “engine room”, ensuring we are making holistic decisions about core activity and continuous improvement. These are underpinned by service level senior management team meetings to ensure detailed operational activity is managed across our three areas (ASC operations, strategic commissioning and market management and Vivo). Our operations SMT takes responsibility for detailed decision-making concerning practice related Care Act duties whilst our Strategic Commissioning SMT has responsibility for the market elements. We have a range of thematic governance boards at various levels, all of these are outlined in a clear governance map (IR31).

We have an agreed set of principles concerning our governance which is consistent with the emerging model across the Council recognising that we need to think laterally about decision making to ensure best impact:

- **Accessible and Joined Up:** our governance structures are clearly mapped and there is clarity as to when, where and how decisions are made.
- **Accountable and Transparent:** responsible and accountable decisions are made using accurate data and are open to review and scrutiny.
- **Deliberate, focussed, and inclusive:** decisions are made by diverse, appropriately skilled, and experienced stakeholders, taking a risk-led approach, and adding value.
- **Efficient and Responsive:** our governance structure allows the Council to move forwards in an efficient and effective way.
- **Integrity:** the Council acts with integrity and strong ethical values, respecting the rule of law.
- **Strategic** – our governance facilitates the Borough Plan’s Missions and tackles challenges and competing interests across the Council.

We work well with our Cabinet and elected members and have a strong Portfolio Holder for adult social care. We maintain close working relationships with elected members in the following ways:

- Good communication channels through fortnightly Portfolio Holder and monthly shadow Portfolio Holder briefings as well as ad hoc briefings and provide regular briefings to Cabinet.
- The Portfolio Holder sits on the performance and governance board, the LSAB, Health and Care Partnership Committee and a number of our partnership (co-production) boards.
- Provide regular written member briefings on key topics and have delivered a number of all member workshops on key subjects such as the social care market, the ASC budget and CQC assurance.
- Establishing a programme for elected members to undertake lay member visits to care homes. This will increase engagement with people living in care homes, their families, and the care staff, as well as supporting the work of the market management team. It will help to raise the profile of care homes, identify areas of good practice or concerns, and to understand the impact care homes are having on improving people’s lives. The Market Management Team will coordinate this activity and provide members with detailed guidance on how to undertake lay member visits as well as providing training.
- Strong Overview and Scrutiny (OSC) model which ensures we are proportionate and transparent in our approach to oversight and decision making. We have regular reports on the People OSC work programme: biannual ASC performance report and market oversight report and annual LSAB report and compliments and complaints report. All significant policy and service changes are subject to scrutiny.
- Regular spotlight sessions and task groups with OSC members on key topics selected by OSC.
- We are also held to account through the audit committee.

To aid consistent up to date practice we invested in the Tri.X system which brings together core legislative requirements, national guidance and locally developed resources and policies into a single source of information. This means we can ensure information is accessible and well-structured and makes sense of complex legislation and statutory requirements in a practical way. We are now working to ensure that these key policies are available on our public facing website.

The practice assurance strategy sets out guidance for all front-line operational staff and their management team. The aim of the framework is to ensure practice is of high quality, effective, accountable, and evidence based. It includes our approach to monitoring practice quality. Our other key practice document, the practice framework (IR10), goes further in providing more detail to the workforce about the clear model within which we work. It outlines the supportive frameworks that are in place to aid decision-making and practice development.

The Council is financially well managed, despite the financial challenges that it is currently facing. It operates a four-year rolling budget planning process to ensure we are planning over the medium term. The Council's net budget in 2024-25 is £411.0m, with the ASC budget of £155.0m making up almost 38% of the net budget. The ASC precept was introduced in 2016-17 and the Council has raised the maximum precept since its introduction.

Budget-setting is conducted on a cyclical basis throughout the year, culminating in the Budget Report approved by full Council in February for the year ahead. Services are tasked with identifying both growth requirements and savings proposals throughout the year, supported by finance and transformation colleagues. Benchmarking data and best practice is considered when developing savings proposals. These are scrutinised through budget stocktake sessions held by the Chief Executive, Chief Finance Officer and Director of Finance with service directors. Extended Management Board sessions have also been held focused on the budget, to maximise opportunities for directors to collaborate on cross-cutting financial challenges and opportunities.

Over the last four years there has been significant investment within ASC. £60.6m has been invested, (of which £39.6m relates to demographic growth and £21.0m care contract inflation). This growth includes ringfenced funding such as the Market Sustainability and Improvement Fund, which has been fully invested. Over the same period the service budgeted to deliver £21.3m of savings.

Over the next four years the Council has identified £77.2m of savings to deliver, with ASC delivering £34.0m of these. Many of the ASC savings are transformational and are aimed at controlling demand coming into the service and changing the service delivery model. A number of these will be delivered as major transformation programmes and receive dedicated support from the corporate centre. There remains a funding gap of £13.8m over the next four years.

Once the budget is set savings proposals are monitored in year, with quarterly reports to Cabinet on the financial position. High risk savings proposals are supported via the Value for Money Officer Board which seeks to provide corporate support to high-risk savings.

Our DASS holds regular whole management team workshops on the budget position to ensure staff are empowered to share ideas and solutions and take ownership for their delivery.

The ASC directorate has an ambitious transformation and savings plan driven by our determination to continually improve, modernise and deliver sustainable services to enable great lives. We have strong corporate and political support to deliver this ambition and through the strength of our relationships and commitment to co-production have support from a wide range of external partners across Cheshire West and Chester. We take both a long term strategic and tactical approach to ensure we plan for the future whilst maximising more immediate opportunities. We have a strong track record of delivering our plans and a strong governance structure at individual programme, service and corporate levels. All of this is aligned to the delivery of the ambition set out in our adult social care strategy and borough plan.

As is the case with many other Local Authorities, the level of CW&C ASC debt over 6 months old has continued to rise each year and currently stands at £9.5m at the end June 2024. This forms a significant proportion (currently 70%+) of the Council's overall sundry debt position. The rising level of outstanding ASC debt can be seen to be due to many

factors including, the underlying increase in the number of ASC recipients and the increase in cost of their care, increasing complexity and the lengthy wait-time to get Appointeeship, Deputyship, Court of Protection, Lasting Power of Attorney (LPOA) and getting wills/probate in place. This is despite the fact that current collection rates on invoices raised (12+ months) is at 91%.

Therefore, in response to this rise in debt, in addition to the historical debt collection procedures in place, the Council has been trialling a few alternative approaches including:

- Issuing cases to external debt collection agents for low value, non-complex cases when internal collections have not been successful. They will telephone/email/text/send letters to customers early on in the process to prevent arrears building up. Instructions are sent to Legal to recover debts when other options have been exhausted.
- The appointment on an invest to save basis of a number of Financial Assessment Debt Recovery Officers. Following the completion of the care and financial assessment process and notification to the individual of their requirement to contribute towards the cost of their care, many people go on to miss their first few cycles of payment, resulting in a build-up of arrears. Early intervention by FADROs including home visits to help people understand their charges and make arrangements to pay their bills, prior to statutory recovery, is helping to reduce the number of people falling into arrears and we are seeing some good early success rates.
- Initiating a campaign to highlight to prospective care service users, the importance of early financial planning, understanding care costs and planning for eventualities such as organising LPOA etc

The debt position continues to be closely monitored and reported to senior officers.

We have a positive working relationship with our Trade Unions. We have a directorate consultation group where we discuss any changes to services or changes that may affect staff, along with giving Trade Unions the opportunity to discuss any concerns. The Trade Unions are always consulted on any policy or procedure changes that affect the workforce and always provide constructive challenge and support.

Our service consistently invites the audit team to review its services "more than any other service across the Council" (Internal Audit Team Manager). The internal audit team report that the ASC senior management have an open and transparent attitude towards audit which is a key strength. We are aware however of the challenges we face in consistently delivering the recommendations made through these processes in a timely way and are working on improving our approach to delivery through a planned programme of improvement activity as well as an updated reporting regime through our performance and governance board. The service has a directorate wide business risk register (IR32), health and safety risk register, and business continuity plans in line with corporate policy.

#### **PRACTICE POINT**

As a result of the adult social care LGA peer challenge, an action plan was created, and delivery monitored by our assurance board. We asked the internal audit team to review our progress against the action plan 12 months later to ensure we understood our progress and any areas for improvement. The resulting memo also provided Management Board with the appropriate assurance on our delivery against the peer challenge recommendations. The audit report was received positively by our assurance board who have actioned (or are in the process of actioning) the recommendations made.

Our leadership team is stable and experienced with the majority having worked in a variety of adult social care roles both within, and outside of the Council over many years. We currently have an SMT which is 60% female and 40% male and spans a variety of age groups. Staff fed back that they work well with managers across the directorate; they have good, trusted relationships and can have healthy conversations. "All levels of management are very approachable and open, and we all know we can go and talk to them. We foster a culture of support, where nothing is a stupid question, and we all work together to make each other feel valued". Although direct managers are often seen and available, the shift to hybrid working post Covid has meant we need to constantly work hard to ensure the management team remains visible to staff across all our bases.

We have already referred to our ASC strategy 'Enabling Great Lives'. Through the strategy consultation people supported our vision and ambition but were clear they wanted to know more about how we would make this real. We committed to sharing our plans. We have produced a delivery plan setting out our priority programmes of work and the improvements these will bring to enable people to hold us to account (IR30). We will now work with our CVS partners to ensure the language is meaningful and accessible and then publish our delivery plan alongside the strategy. We have committed to updating the plan and reporting on our progress each year. We are also due to present the ASC strategy and delivery plan to the Health and Wellbeing board in September 2024 and will report on progress annually through the People Overview and Scrutiny Committee and Cabinet.

***We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.***

As a Council, and a Directorate, we strongly believe that being outward looking is the best way to ensure we are enabling the people we support to achieve the best outcomes. We are active members of ADASS, the LGA and Partners in Care and Health and regularly reach out to access, and take part in, sector led improvement (SLI) activity. Our most recent example of this was the Building the Right Support Peer Challenge, commissioned by NHSE across 3 Place footprints (ourselves, Cheshire East, and Wirral). We took an active lead in the coordination and delivery of this work for Cheshire West Place to ensure we achieved maximum benefit. The peer managers commented that this was the first time they had undertaken a peer challenge of this size and so it was an opportunity to learn together and help shape future models of SLI. We also seek out constructive challenge and make active use of external review opportunities. There are a number of examples such as our 3-day LGA pre-assurance peer challenge, our recent external safeguarding review (IR29), and the bespoke work we commissioned from the LGA around our use of resources; all of this work directly contributes to our wider transformation and improvement programmes.

Recently we have been developing a whole new approach to using data and intelligence to inform our decision making and practice. Our performance management framework sets out our four-pronged approach to using intelligence to drive and improve service delivery through quantitative and qualitative intelligence.

Over the past 12 months, we have worked with our Insight and Intelligence team, as well as investing in an external supplier (Intelligent I), to develop a comprehensive set of dashboards which provides us with clear insights into key aspects of service delivery including waiting lists, safeguarding, demand data, and activity and cost information. All of this has been used to shape our newly agreed adult social care key performance indicators which we are now developing reporting against. To support this approach, we have recently instated monthly senior management meetings to oversee the dashboard information and regular sessions with team and practice managers to consider what our data is showing us, and how we can target our interventions or any changes to improve our performance. Although in its infancy, we are confident that this approach will support managers and embed data driven decision making as well as highlighting any data quality issues which need to be rectified.

We are also keen to ensure that the voice of the people we support is central to understanding our performance. We recognised that, although we receive and act on feedback provided to us, we could do more to ensure this is systematically captured and themes and learning monitored and shared. To do this, we have co-produced a customer experience survey which will be offered to everyone who receives any form of support from us, asking them to share their views and experiences of working with us.

## **PRACTICE POINT**

Our customer experience survey has been designed in partnership with staff and local people and enables us to take a consistent approach to gathering feedback from people who use our services. Having designed this survey using the CQC I Statements, we have used feedback from staff and our community inspirers, to shape this further and have created an easy read version for maximum accessibility. This survey (due for roll out in September 2024) will also provide us with an opportunity to ask the people who use our services to collaborate and co-produce further pieces of work with us should they wish to. The intelligence gathered from the survey will be fed into our customer experience review group for analysis and action planning.

Finally, our practice audit regime has been enhanced over the past twelve months using digital solutions to gather intelligence from individual audits completed and collate them into collective themes. Reports (including action plans) are then created by our workforce team to ensure we are actively improving our practice based on the findings from audits. We are also providing further training to staff around the benefits of self-audit to enhance reflective practice. In line with our plans and developing co-production model, people with lived experience and their carers will be asked to share their experience as part of the case audits to ensure they are involved throughout their social care journey and have an additional opportunity to provide feedback. Together with our other customer feedback processes we will use all of this intelligence to inform service improvements and embed into staff learning, training and engagement.

We have carried out 282 case audits since January 2023. These have been carried out by a mixture of managers, peers or the workers themselves. Thematic audits and audits of high-cost cases have also taken place, supported by our learning and development team. Recording in regard to more structured work such as DoLS and Safeguarding was found to be generally of a high standard, and more generally we noted improvements in the quality of case summaries and our practice around hoarding and self-neglect. We have also noted areas for improvement in the recording of mental capacity assessments and the quality of strengths-based assessments. Lessons from case audits about variable practice in some areas have informed our training offer (for example within MCA) as well as our 2024 practice framework.

These three elements of intelligence are all brought to our newly created customer experience review group. The group is chaired by our senior manager for strategy and transformation and attended by our Principal Social Worker, Principal Occupational Therapist, workforce team, performance officers and corporate customer experience officers. It is responsible for reviewing the customer experience intelligence outlined above. Through the group, we now have an opportunity to systematically and consistently monitor lessons learnt and deliver actions agreed in a timely manner, informing any staff training/ learning needs to enhance the person's experience. This approach ensures that all the individual responses to learning which take place across the service can be identified and captured collectively.

All this intelligence is then provided to our Assurance Board on a quarterly basis for further discussion before being received at Performance & Governance for ultimate oversight. This intelligence, alongside the reporting from our Finance Oversight Board, helps us to shape our continuous improvement priorities and major transformation programmes.

As a Council we are responding to learning from our last corporate peer review and our Future of Adult Social Care Commission which identified that we need a more consistent approach to co-production across our services. A Council-wide co-production working group has been established to develop a consistent model with a sub-group looking specifically at how we build co-production consistently into our operational ASC and commissioning practices.

Our ASC co-production position statement sets out our approach to co-production across our operational and commissioning activity in line with our Place based Local Voices Framework (IR12). This framework was created in partnership with Cheshire West Voluntary Action and the University of Chester as part of developing a consistent Place-based approach to co-production across all our partner organisations. It provides us with eight principles which underpin all of our co-production approaches.



In recognition of our commitment to improving our approach to co-production, the service has invested in a co-production development officer to lead and support this area. They will lead the development of our departmental approach and our plans to deliver more co-produced services and contribute, and participate, within the working group set up across health and social care which includes people with lived experience.

We are developing a practical tool kit to support officers to understand the importance of co-production and when and how, throughout their work, they should use co-production to influence, inform and steer their direction. This will ensure that we see consistency and best practice across all areas.

### **PRACTICE POINT**

Cheshire West and Chester Council want to redesign day services to ensure the support provided for people with learning disabilities, neurodivergence and autistic people, best meets their needs in the future, so they can live the life they choose. Cheshire Disabled People's Panel is a group of representative organisations of people with lived experience of disability and long-term conditions. By commissioning them to deliver an independent, co-produced review of day ser

“ Hearing from people with lived experience has been key throughout this review.

We've worked with people who have a learning disability, neurodivergent people and those who support them to look at how we can improve learning disability day services in the future.

Not only have they helped create the proposals we're consulting on, but they've also played a key role in developing our resources to make it as easy as possible for everyone to engage with this consultation.

Coproduction has been at the heart of this review since the very start. ”

Cllr Little

vices, we are striving to ensure that the redesigned service is based on what people want, when and where they want it, with choices that suit them. A report has been prepared which outlines the findings from the collation of feedback from people who use day services or might use day services in the future. We have co-produced our new day opportunities model as an equal partnership of people with lived experience, the Council and provider partners.

<https://youtu.be/pj831rXZ97A>

As previously outlined, we have four partnership (co-production) boards across learning disabilities, autism and neurodivergence, mental health, and carers. All these boards enable shared decision-making and shaping of our plans and priorities.

We are also active members of local, regional, and national networks through ADASS and LGA across operational and strategic activity and are currently contributing to a best practice review of the DoLS process, international recruitment, occupational therapy and strategic data and performance to name a few. We also have representation on the ADASS EDI network.

From a practice perspective, we engage in the social work teaching partnership and research in practice programmes and have an active Principal Social Worker who leads on and contributes to a number of work programmes across regional and national networks. This ensures we play an active role in shaping future social care practice. Our PSW has recently contributed to the future of adult social care report 'The Care Act 2014: Ten years on from Royal Assent' (May 24). Our Principal Occupational Therapist leads on and contributes to regional and national Occupational Therapy networks and working groups.

We are actively involved in the CLS network as part of our National Development Team for Inclusion (NDTi) membership. We have led on national sessions showcasing areas of our CLS approach and have been asked to speak at the 2024 national conference about our delivery approach given how far we have come on our journey to embedding this way of working.

We regularly reach out through networks to understand best practice in high performing council partners and share practice through formal and informal networks for maximum impact. We believe in sharing and learning together to create better solutions and hold this approach as a key part of our transformation methodology.

The service has invested in a dedicated strategy and transformation team, led at Senior Manager level, which complements the work of our Corporate Transformation Team in delivering a wide range of programmes and projects to meet the services improvement objectives as well as coordinating all the performance and 'corporate business' activity across our ASC. This enables us to coordinate and prioritise our delivery plans to ensure a coherent approach to key areas of change and high-profile delivery.

Our annual adult social care staff conference provides a further opportunity for shared learning and collaboration. In its second year, we have a staff planning committee to agree a theme and key content. This year's theme is Equality, Diversity and Inclusion and will include a variety of internal and external speakers for staff to learn and engage with. We feel that these events are an important part of developing our understanding of key areas of social care and ensuring we are a confident and knowledgeable workforce in a landscape which is ever growing and changing in its complexity.

The arena in which we operate has never been more challenging. The growing demand (in complexity and volume) and the impact of financial pressures on the Council and our partner services, plus the national workforce challenges all contribute to this. At Cheshire West and Chester, this does not demotivate or dishearten us. We know with every confidence, that by working with our communities and the people we support, we can change the conversation about adult social care, and, through continuous improvement and innovation, we can co-create the right solutions for people. Our staff are committed and empowered to practice in a way that embraces complexity and promotes and protects human rights. They have an open and positive approach to change and are not afraid to "try new things". Staff say we have a positive culture, with strong values and that Cheshire West and Chester is a great place to live and work. All of this gives us a strong foundation to rise to future challenges and achieve our vision of Enabling Great Lives.