

**Manchester City Council  
Report for Information**

**Report to:** Audit Committee – 24th September 2015

**Subject:** Adult Social Care

**Report of:** Hazel Summers, Strategic Director Adult Social Services

---

**Summary**

The purpose of this report is to respond to Audit Committee's request for an update on the activity to develop arrangements in Adult Social Care.

**Recommendations:**

Members are requested to consider and comment on this report.

**Wards Affected: All**

**Contact Officers:**

Name: Caroline Byrt  
Position: Interim Head of Adult Social Care  
Telephone: 07572 448112  
E-mail: c.byrt@manchester.gov.uk

Name: Karen Crier  
Position: Strategic Lead  
Telephone: 07507 427524  
E-mail: k.crier@manchester.gov.uk

## 1.0 Introduction

This report provides an update on the progress made in developing the arrangements in Adults Social Care with a specific focus on Learning Disability and the progress made on the staff deployment in Supported Living Accommodation.

## 2.0 Peer Review

2.1 The focus of the Peer Review was on 3 main areas:

End-to-End delivery  
Adult Safeguarding  
Social Work practice

## 2.2 Outcome of Peer Review

The Peer Review outcomes were as follows:

2.2.1 **Peer Review theme 1** - Examine the extent and effectiveness of the arrangements in place to deliver an end-to-end service to adult social care clients.

**Overall conclusion:** “Manchester is on the right track and knows what it needs to do. They need to stick with delivery and demonstrate the golden thread. The Strategy is clear. The workforce are getting on with the day job, but implementation of change management is not structured and may not be as meaningful as it could be for front line staff and customers”

### Strengths:

The workforce including managers is clear about the Council’s strategic ambition for the city. There are strong relationships with Health providers. Although there is significant challenge for staff due to capacity, the workforce “work hard to make things happen”.

### Areas for development:

The need to develop a more outcomes based approach was identified and the assessment process was felt to need streamlining, the peer reviewers felt that the process was “clunky”. Also it was felt that change management was not supported by implementation plans therefore plans difficult to follow through and in consequence to effectively evaluate outcomes of the change management strategy. The peer review also identified that support plans need to be more innovative and that an approach of systematically analysing and applying data to service improvement needs to be embedded within the service.

2.2.2 **Peer Review theme 2** - Provide an informed opinion on Manchester City Council’s adult safeguarding structure and activity

**Overall conclusion:** “Safeguarding happens in Manchester and is owned by the whole system, however it is inconsistent and requires more attention to the system supporting it including policy, procedure, resources and quality assurance” (page 9 of the peer review report).

**Strengths:**

There is evidence that all Partners and staff respond quickly to safeguarding alerts and Adult Safeguarding appears to be “owned and embedded across the city” A review of the Adult Safeguarding Board has taken place. Training for Mental Capacity Assessments (MCA) / Deprivation of Liberty Safeguards (DoLS) has been undertaken and there is a clear focus of these aspects of work.

**Areas for development:**

The peer reviewers found little evidence of the citizen voice in the delivery of Adult Safeguarding. They noted that there was no improvement cycle linked to an analysis of data and citizen outcomes.

The peer review also identifies that there was under resourcing of the Adult Safeguarding process and that the Adults Safeguarding Board had previously not been functioning appropriately so that there is “no connection between strategy and operations”.

**2.2.3 Peer Review theme 3 - Complete a sample case file audit to consider front line practice**

**Overall conclusion:** Manchester has recently made an assessment of professional practice and knows where it has to get the basics right. We would endorse this approach and focus from our findings to ensure good practice will underpin your ambitions for the city (page 9 of the peer review report).

**Strengths:**

Senior leadership has been strengthened which has addressed a leadership deficit. MiCare seems “logical” and “fit for purpose” the peer reviewers felt that our workforce plans have begun to identify the importance of skills mix. Supervision and appraisal for new social workers appears strong through the AYSE programme.

**Areas for development:**

The peer review considered there is a need to develop a consistent case recording system as they felt that how we record is inconsistent and therefore that there should be enhanced management oversight in respect of the case recording process, particularly in relation to the recording of Best Interest Assessments (BIA) and MCAs. Also the citizen pathway is unclear and there are multiple hand offs.

### 3.0 Progress

3.1 In order to continue to drive forward improvements and to address the work identified from the peer review of Adult Social Care in March the Transforming Adult Social Care (TASC) Programme has been established. This work is overseen by the Board which is chaired by Hazel Summers. She also requested that Internal Audit undertook a baseline assessment of safeguarding in Adult Social Care. Based on the findings of the review and the Internal Audit the TASC programme has been designed to be a positive enabler to the strategic plans regarding health and social care integration and is being undertaken through the active involvement of health partners, ASC staff, trade unions and other key stakeholders both at a strategic level and in the operational delivery of building and embedding improvement.

3.2 Workstream plans have been developed with a combination of quick wins which are to be delivered by 31 October 2015 and other deliverables which will be by the end of stage 1 of the programme that ends on 31 March 2016. The quick wins were identified through review, staff engagement events and other sources including Council internal audit reports. The workstreams are:

- Adult Safeguarding
- Adults of Working Age
- Organisational Structure
- Workforce Development
- Systems and Processes
- Quality and Social Work/Care Standards
- Communication and Engagement

#### 3.3 Adult Safeguarding

- The Case File audit has been completed.
- Deprivation of Liberty (Dols) in Domestic Settings (DiDS) plan is in place
- Safeguarding Practice awareness raising underway
- Risk management strategy completed for sign off by legal
- Performance standards and audit tool/strategy completed for sign off by Legal
- Revised Safeguarding Board functioning well with a newly established Executive.
- The Care Act 2014- embedded the principles and practice changes of the Making Safeguarding Personal (MSP) approach into the statutory guidance accompanying the Act. The key changes are around putting people in control and delivering a response that is directed towards achieving the outcomes that people have identified.

#### 3.4 Working Age Adults

- We have been working with Ernst and Young (EY) to reform and develop our learning disability services. The project work has focused around (a)

support planning and brokerage, (b) Resource allocation system redesign and (c) Change Management to obtain workforce buy in and build a service vision.

The project ran from the beginning of February and until the end of May 2015. The primary aim of the project was to describe an “Asset Based Approach” and to provide evidence of its potential effectiveness as a model for reform of our LD services and to identify key opportunities for applying this approach in the short, medium and long term.

- The recommendations following this work are:
  - The Asset Based Approach Implementation needs to be aligned to key strategies but most importantly, a robust operational plan is required to make it happen.
  - The Asset Based Approach requires cost decisions to be taken at the individual level and new assets based allocation system needs to implemented across ASC
  - Operational focus at a leadership level needs to be backed up with management information that is regularly reviewed by all operational staff to give visibility of the breadth of community services.
  - Carry out an end-to-end process review using the design principles of the EY pilot.
- A plan is being developed to implement the new RAA ( resource allocation approach) developed by EY as well as identifying the actions required to improve take-up of more Personal Budgets as specified in the Care Act duties
- A task and finish group has also been set up to:
  - Co-ordinate the programme of reviews of former Independent Living Fund (ILF) recipients
  - Set up the ILF QA Panel
  - Consolidate practice guidance for assessors undertaking the reassessment.

### 3.5 Organisational Structure

- Two initial workshops were arranged with staff to explore how well the current structure meets our statutory responsibilities with Workshop 2 focusing on the “To-Be” structure. The outputs will inform the design of the new Integrated Neighbourhood Teams.
- Clarity and definition of key adult social care worker roles will be delivered by the end of September – this will include the role of PAT workers and Social/Senior Social Worker.
- The business case for the establishment of the Peripatetic Team has been submitted and funding approved. This new team will be built up over a number of months using an incremental approach using, where possible,

existing agency social workers who already are familiar with Manchester, our ICT systems and current policies and practice.

- A new performance dashboard is being established to baseline current activity and backlogs so that the effectiveness of the Peripatetic Team can be evidenced.
- We are reviewing our current arrangements for 7 day working, which takes place in the South Manchester Hospital Social Work Team. 7 day working is funded by Health Seasonal Resilience money.
- The trusted assessor model is being trailed as part of North Manchester Early Implementer, CASS team which is an integrated model of reablement and integrated care. The learning from this trusted assessor model will be applied to the development of integrated neighbourhood teams.

### 3.6 Workforce Development

- Draft career pathways completed and ready for sign off at the next Board meeting in September
- Safeguarding Chairing Skills being developed in conjunction with Interim Head of Adult Safeguarding
- A Training Needs Analysis has been completed
- A Social Work Professional Framework has been developed and ready for sign off at the next Board meeting in September

### 3.7 Systems and Processes

- Citizen journey mapping has commenced including identification of unnecessary hand offs and processes which need to be stream lined because they are time inefficient.
- Work has started on reviewing and streamlining resource panels process
- Work has commenced on reviewing sign off and decision making levels, to devolve decision making to local managers where appropriate
- The care act compliant citizen and carer assessment tools have been tested , amended and reissued on MiCare

### 3.8 Quality and Social Work/Care Standards

- New Task and Finish group established to set out what a 'good' assessment looks like, which is also Care Act compliant and also develops a proactive approach to the development and utilisation of community assets
- Recent work on MiCare to embed Care Act changes and ensure compliance with the new statutory requirements. This involved staff user testing and feedback
- Formal approval of the new Audit Tool
- New Induction Standard delivered

### 3.9 Communication and Engagement

- Further final analysis has been completed on the Freetext results from the staff engagement and to ensure this feedback is noted by all the workstream leads
- A presentation on the staff engagement events has been delivered to the Operational Group, attended by Locality and Citywide Managers
- The staff intranet page has been launched
- Questions and Answers facility is now live with several questions received so far
- We have successfully encouraged several staff/managers to get involved in the Communication workstream and a meeting is now set up for the beginning of September
- Another staff engagement event is being planned for early October with health

### 4.0 Staffing Deployment in Support Living Accommodation

4.1 In response to the Internal Audit Review '*Staffing Deployment in Supported Living*' March 2015 for the Supported Accommodation Disability Service actions have been undertaken by the service to address all issues raised by this review. The review focussed on 5 key areas that needed to be addressed as follows:

- Development of a record of generic training requirements of all staff to support people in supported accommodation. This requirement must extend to the use of agency staff to ensure covering staff are in possession of all user specific support skill requirements.
- Where training was found to have not been undertaken in a structured, consistent or timely manner to be addressed as a matter of priority to ensure gaps in support skill requirements are met and reduce risk within the service.
- The use of SAP to record training was found to be unreflective and inefficient at times failing to capture training achieved for individual staff. Revised processes and a standard naming convention for all training to be developed to accurately reflect the training undertaken and recorded for all staff.
- To address the large backlog of training required and manage the release of staff to undertake mandatory training and periodic renewal of such whilst maintaining business continuity.
- The method of formal assurance of training standards being met by each member of staff and recording of this to be developed and undertaken by the service management.

## 4.2 Progress

- The service has agreed the Mandatory Training required to be undertaken by all staff in order to ensure all are in possession of the right skills to support people accommodated within the service. This generic training has been verified in conjunction with the Care Quality Commission. This skills set requirement has been shared with the Council Resourcing/Agency Client team. Group. This is to ensure that this training prerequisite is shared with all agencies to guarantee all covering staff meet the necessary standard of mandatory training to support people within the service. Registered Managers have met with HROD confirming training requirements and agreed the staff numbers who need to complete this training.
- Gaps in training occurred within the service as a direct result of the high level of vacancies the service had carried over a prolonged period of time – one year plus. With vacancies running at above 30% of the total frontline workforce the impact was such that staff could not easily be released from frontline posts to attend training. The audit review acknowledged that an extensive training plan was in place at the time of audit, however, the capacity of the service to release staff for training was the main issue in this regard presenting a major compliance risk. This was reported by the service to the Strategic Director and an undertaking to explore drawing resources from additional funding was identified to enable the service to achieve all mandatory training over the next two years.
- Registered Managers in conjunction with HROD and Resourcing are developing a training implementation plan that will identify the training sessions required, the numbers of staff who need to attend and the planned release of staff from frontline services to ensure business continuity.
- The Service Team Manager has agreed a standardised naming convention for training with Registered Managers which is now being employed. In addition, the SAP processes and necessary amendments to this have been agreed with HR/OD to ensure SAP accurately records and reflects training when achieved.
- The service now has a named Registered Manager who has a training lead responsibility for the service. The service has now developed a detailed training and development plan which captures the training achievement of each staff member. Ownership of this plan by each Registered Manager will ensure that dates for refresher training will not be missed and thus place the service at risk of having any lapses in continuity of staff training compliance. The service has, in addition, developed a training implementation monitoring tool which will enable the service to co-ordinate with Resourcing what the agency cover needs will be for the service in advance in order to ensure planned resourcing to release staff for training whilst effectively managing business continuity.

- CMFT are commissioned to deliver a large proportion of the Mandatory Training for the service. Work is underway to ensure a system is developed to capture CMFT updates to SAP once training is accomplished for each individual staff member.
- The service has identified with colleagues from Health and Safety that the majority of the mandatory training can be met by the commissioned services of CMFT. A sustainable rolling programme of training has been devised with the focus on mandatory training. Wherever possible the service remains committed to support the delivery of additional development around high priority and desirable training for staff as resources allow.
- To ensure that staff can be released to attend training £400K has been secured to cover the costs of this back fill to release staff for training over the next two years. By 2016/17 all mandatory training and refresher sessions will have been addressed for all existing staff as well as all newly appointed apprentices.
- Working with Resourcing the service is co-ordinating a planned approach to plot the agency resource required to support delivery of all training and accurate tracking of spend against investment funds.
- The service has developed a training and development plan which now plots individual required training needs as well as recording achievement of training. This is updated by all managers who have networked access to this document via a shared drive. Job Consultation meetings between managers and individual staff members take place on a 6 weekly basis whereby the focus for the manager alternates between observational practice and 1 to 1 discussions. This provides an opportunity for managers to quality assure the training undertaken or review training need as appropriate with the individual. The staff member is also encouraged to raise any training need or queries as part of this engagement

## **5.0 Recommendation**

Members are asked to note the content of the report and the progress made to date.