

Manchester City Council Report for Resolution

Report to: Health Scrutiny Committee – 12 February 2015

Subject: Budget and Business Planning: 2015/16 – 2016/17: Scrutiny of the Draft Children and Families Business Plan

Report of: Deputy Chief Executive (People)
Strategic Director Families, Health and Wellbeing
Interim Strategic Director of Children's Services
Director of Education and Skills
City Treasurer

Purpose of Report

This report sets the Draft Children and Families Business Plan, attached as an appendix, in the context of the Council's business planning process. It introduces the key objectives and changes described in more detail in the plan.

Recommendations

The Committee is invited to review and comment on the Children and Families Business Plan appended to this report.

Wards Affected: All

Contact Officers:

Name: Geoff Little (People)
Position: Deputy Chief Executive
Telephone: 0161 234 3280
E-mail: g.little@manchester.gov.uk

Name: Mike Houghton-Evans
Position: Strategic Director Families, Health and Wellbeing
Telephone: 0161 234 3952
E-mail: m.houghton-evans@manchester.gov.uk

Name: Gladys Rhodes White
Position: Interim Strategic Director Children's Services
Telephone: 0161 234 3804
E-mail: g.rhodeswhite@manchester.gov.uk

Name: John Edwards
Position: Director of Education and Skills
Telephone: 0161 234 4314
E-mail: j.edwards@manchester.gov.uk

Name: Carol Culley
Position: Deputy City Treasurer
Telephone: 0161 234 3406
E-mail: carol.culley@manchester.gov.uk

Name: Kath Smythe
Position: Strategic Business Partner – Children and Families Directorate
Telephone: 0161 234 1810
E-mail: k.smythe@manchester.gov.uk

Background documents (available for public inspection):
None

1.0 Introduction

- 1.1 The Council has adopted a business planning process to ensure resources are allocated to best achieve the organisation's objectives.
- 1.2 On 12 November 2014 the Council published reports to scrutiny committees setting out a series of budget options being considered for 2015/16 – 2016/17. As the Financial Settlement for 2016/17 had not been published at that time, options were designed in response to the estimated funding gap of £59m in 2015/16 rising to £91m in 2016/17. The Provisional Local Government Financial Settlement was released on 18 December 2014. The revised financial position of the Council following the receipt of the Provisional Financial Settlement and the application of the interim airport dividend has enabled the Council to relook at the savings options and has created capacity for £5.5m for investment in priority areas. The business plans set out the strategy for achieving the volume of savings required by the settlement, whilst continuing to deliver high quality services for the people of Manchester, and to make progress towards the objectives for the council and the city.
- 1.3 The authority's business planning structure mirrors its organisational structure. There are three business plans covering the Corporate Core, Growth and Neighbourhoods' and the Children and Families Directorates.
- 1.4 The Council's business planning approach consists of two elements: the plan itself and a preparation exercise. The latter is a process of self-evaluation and reflection, based on analysing performance towards existing objectives and savings targets to identify the key challenges for the directorate to address in its business plan. Preparation for Business Planning was carried out in Summer 2014 and the records of the key challenges identified in the preparation are included as appendix five of the business plan.

2.0 Business Plan Structure

- 2.1 The business plan sets out the directorate's role in working with its partners to deliver or commission services which support the Council's objectives and the overall priorities for the city. The business plan appendices set out how the objectives will be resourced and assured. Performance towards objectives is monitored through the Council's Performance Management Framework as part of its governance processes. Quarterly reports are submitted to the Children and Families Senior Management Team updating them on budget pressures, performance, risks and the state of the workforce to support intervention at a strategic level to ensure objectives are met.
- 2.2 Support and challenge from elected members through scrutiny is a crucial part of the business planning process and provides assurance that directorates are planning to deliver services that meet members' and their constituents' needs.
- 2.3 Business plans are structured as follows:

Business Plan Narrative:

- Vision and Business Overview
- Objectives
- Key Changes to be Delivered

Management Appendices:

- Appendix One: Finance
- Appendix Two: Performance
- Appendix Three: Workforce
- Appendix Four: Risk and Resilience
- Appendix Five: Identification of Key Challenges

3.0 Children and Families Business Plan

- 3.1 The purpose of the Children and Families Directorate has a key role in driving the City's priorities of growth and reform. The ability of the Directorate to increase independence and self-reliance, thereby reducing dependency and subsequent demand on high cost targeted and specialist services will only be achieved by building on the successes of new delivery models, such as troubled families, early years and social care integration, to integrate services around individuals and families and across place.

The leadership for the Directorate is provided through the Deputy Chief Executive (People), supported by the Director for Children's Services, the Director of Adults Social Services and the Director of Education and Skills.

The Directorate is responsible for a range of services and functions including adults and children's safeguarding, children's social care, adults social care, education, youth and early years provision, ensuring there are sufficient numbers of good quality early years and school places, commissioning, public health, health and social care integration.

Some of these responsibilities are discharged by delivering services, others through working with others to influence how they work with service users to contribute towards the City's priorities.

- 3.2 The Children and Families Directorate has a gross budget of £720,036 million and a net budget of £272,932 million and employs 2,691 FTEs (2015/16)

Objectives

- 3.3 The Children and Families business plan objectives are closely linked and contribute to the Council's vision of Manchester as a world class city and the inseparable dual aims of sustaining economic growth and translating that growth into better lives for Manchester residents. The plans detail how directorates will support the Council to find ever more creative ways of driving key priorities for the city including growth and reform and giving Manchester people best value for money in the resources that are available.

3.4 The objectives for the Children and Families Directorate relating to this Scrutiny Committee are as follows:

- We will ensure that where there are issues within families or people are experiencing problems, someone notices and takes action to intervene early.
- We will ensure people access the right support to tackle issues and problems to make changes in their lives so that these are prevented from becoming more serious issues.
- We will work with families to make changes and remain together as a family unit where possible.
- Adults will be supported to gain and enhance their skills and employability to attain or sustain employment.
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- People will be supported to live longer, healthier lives and have access to the support they need in their local community.
- The need to access residential care will be prevented or delayed.
- Families will be able to access more services in their local community which are integrated and co-ordinated across agencies and provided from local service hubs such as schools, children's centres and GP surgeries
- Adults will live independently for longer and access the right support that prevents them from being admitted to hospital.
- We will implement the changes necessary to meet our requirements under the Care Act, which include:
 - extending financial support to those who need it most through a cap on their care costs and a choice of deferring payments for their care;
 - aligning our eligibility for care and support with the single national threshold;
 - supporting people with information, advice and advocacy to understand their rights and responsibilities, access care when they need it, and plan for their future needs, including those family and friends who care for them;
 - ensuring continuity of care when people move between areas, including new protections to ensure that no one goes without care if their provider fails, regardless of who pays for their care.
- We will effectively safeguard vulnerable adults.
- We will be proactive in finding new ways of working to address issues which have caused budget pressures in the past - our particular focus will be on learning disability budgets.

3.5 A full list of the objectives for the whole Directorate can be found in the Directorate Business Plan.

4.0 Next Steps

4.1 Business plans cease to be draft and come into full effect on 1 April 2015. Plans will be amended to reflect comments from scrutiny committees and any differences between the provisional budget submitted to Executive in January and the budget adopted by Council in March. A timetable setting out the budget and business planning process is included at appendix one.

Appendix 1 – Budget and Business Planning Timeline

The table below outlines the proposed dates for the scrutiny of 2015/16 - 2016/17 business plans by Overview and Scrutiny committees:

Date	Activity
10 - 12 February 2015	Scrutiny Committees consider directorate budget reports and draft business plans and make recommendations to the special budget Finance Scrutiny Committee.
13 February 2015	Executive to consider budget reports and recommend a proposed budget to the Council.
23 February 2015	Special budget meeting of Finance Scrutiny Committee to consider Executive budget proposals and any proposed budget amendment(s).
6 March 2015	Council meets to set budget.
1 April 2015	Business Plans operational

People. Pride. Place.

Children and Families Directorate Business Plan

Business Planning 2015/16 – 2016/17

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Vision Statement

Priorities

Our vision is for all Manchester people to be healthy and safe and to succeed in education, training and work. We want all residents to make a positive contribution to their neighbourhoods and the city and to connect to the city's wealth. We want children and adults, wherever possible, to live with their families in their communities and where this is not possible, we will offer high quality alternative care.

We will know that we have realised our vision when all children are ready for, in and succeeding in education; every young person of school leaving age and every adult of working age is ready for, in and succeeding in, further or higher education, training, employment, or meaningful day-time activity; and all residents are enabled to live independent lifestyles and make a positive contribution to their communities and the City.

Our priorities as a Directorate will continue to be to ensure that more residents develop the education and skills they need to get on in work and life, more residents live healthier, longer and fulfilling lives, more residents are employed and able to progress within their jobs and we will help people who have to rely on targeted and specialist services to make the changes which will enable them to become more independent. Underpinning these aspirations is our commitment to continue to robustly safeguard vulnerable children and adults.

Successful outcomes for Manchester people depend upon successful neighbourhoods where people choose to live and can access a range of good services. This is reflected in our close working relationship with the Growth and Neighbourhoods Directorate.

To be useful, we have to recognise what is real in people's lives. It does not make sense to assess and support people in ways that fail to take account of the influence of their families, community and the environment in which they live. This is why we must provide the leadership for whole family working across the City which starts with understanding the people and the support they can draw around them from family and friends. Where necessary we must co-ordinate the right support, at the right time, in the right sequence to help people and their families to address the issues that are getting in the way of them being more independent. We must work together with partners to understand who needs targeted services and ensure that appropriate intervention happens as early as possible so that people can make changes to their lives and return to independence and are not left unsupported so that issues escalate and families end up in crisis.

We have to balance between reforming services and getting the basics right. We will not achieve our aspirations by focusing on one at the expense of the other. Getting the basics right ensures that we are effectively delivering on our commitments to residents in the here and now and builds confidence in our ability to reform. Reform enables us to develop new ways of working that change the way that residents are

supported to be more independent. Over time, this will reduce reliance on costly targeted and specialist services which will release capacity for universal services.

Councillor Sheila Newman – Executive Member for Children's Services
Councillor Paul Andrews – Executive Member for Adult Health and Wellbeing
Councillor Rosa Battle – Executive Member for Youth Offer
Councillor Sue Murphy – Executive Member for Employment and Skills, Inclusion including Family Poverty, Public Services Reform (Worklessness)

Gladys Rhodes White - Interim Strategic Director of Children's Services
Mike Houghton-Evans – Strategic Director, Families, Health and Wellbeing

Purpose of the Plan

This plan provides a high level overview of the purpose of the Children and Families Directorate and the priorities to be delivered in 2015/16. The plan is part of a suite of documents and complements the Budget Report which focuses on the savings to be delivered and the changes to deliver a balanced budget. The appendices within this report set out the main performance indicators for the plan as well as the key risks and how they will be mitigated. The Business Plan and Budget Report are underpinned by a set of service plans, implementation plans and improvement plans which set out the key activity to deliver the priorities and are the tools which will be utilised to monitor progress. It is intended that the plan will aid staff and Members to understand the Directorate and the priorities to be delivered.

The Council is facing a significant budget gap of around £90m over the next two years. The Council has clarity on its resources for 15/16 only and is therefore setting a one year budget for 15/16 which shows what will be done to deliver a balanced budget in 15/16 together with the impact in 2016/17. The activity set out within this plan sets out the strategic direction and priority actions for 15/16 and will form the platform for what will be needed in 16/17.

Priorities for the City

The priorities for the City and the Council are set out in the Greater Manchester Strategy, the Community Strategy and in the Council's Strategic Response to the Budget and Medium Term Financial Strategy. These set the framework for 2015/16 and the years ahead. The Council has a funding gap.

Growth	More jobs in Manchester
	Growth in key sectors
	New homes
	Skilled labour market
	Improved connectivity and infrastructure
Reform	Fewer people out of work
	Improved educational attainment
	Health improvements
	Fewer Looked After Children
	Better early years' experience
Place	Clean and safe neighbourhoods
	Quality green space
	Vibrant local areas
	Major attractors – sport, culture, and shopping

If Manchester's economy is to remain resilient and the strongest opportunities for future growth are to be maintained, the Council needs strong leadership capacity. This leadership must support the City by securing more of the powers and influence which are needed to align national resources to the City's priorities as well as ensuring the Council delivers a high standard of targeted and universal services.

The Children and Families Directorate has a leadership role in connecting people to the opportunities of growth and reducing dependency through driving the reform of public Services. The Growth and Neighbourhoods Directorate has a vital role in driving new opportunities for commercial, residential and other related development across the City encouraging new investment and development, and in doing so increase employment opportunities for local residents. The Directorate is also responsible for many of the place based services that determine whether Manchester is a city where people want to live. The Corporate Core has an important role to play. There is the leadership role through the Council's management team and specific responsibilities in driving the programme to support people to move from complex dependency to employment. The core is also the engine that has driven much of the progress in the Growth and Reform work through the strategic financial support, evaluation and analysis and focus on behaviour change.

If the ambitions for the city are fulfilled it is important that capacity is maintained in the above areas and the budget principles, which have previously been used to guide decision making, are adhered to.

- Leadership for Reform – economic growth, reduce worklessness and dependency, promote private sector investment.

- Targeted Services – provide effective safeguarding and protect the most vulnerable, support effective integration of health and social care and integrated commissioning at neighbourhood level. Work to reduce dependency, manage demand effectively and support residents to be economically active.
- Universal Services – ensure provision of high standard of services for residents from education to libraries; ensure services provide support to those most in need.
- Neighbourhoods – budgets should be neighbourhood focused, with a focus on supporting neighbourhoods with a good housing offer, that are clean and are places where people want to live and work, develop a community service focus.
- Core – Centres of Excellence to drive reform, provide effective support services, protect customer facing services, and maintain the Council's leadership role within AGMA and the Combined Authority.

The above will be carried out in collaboration with partners and in consultation with our residents.

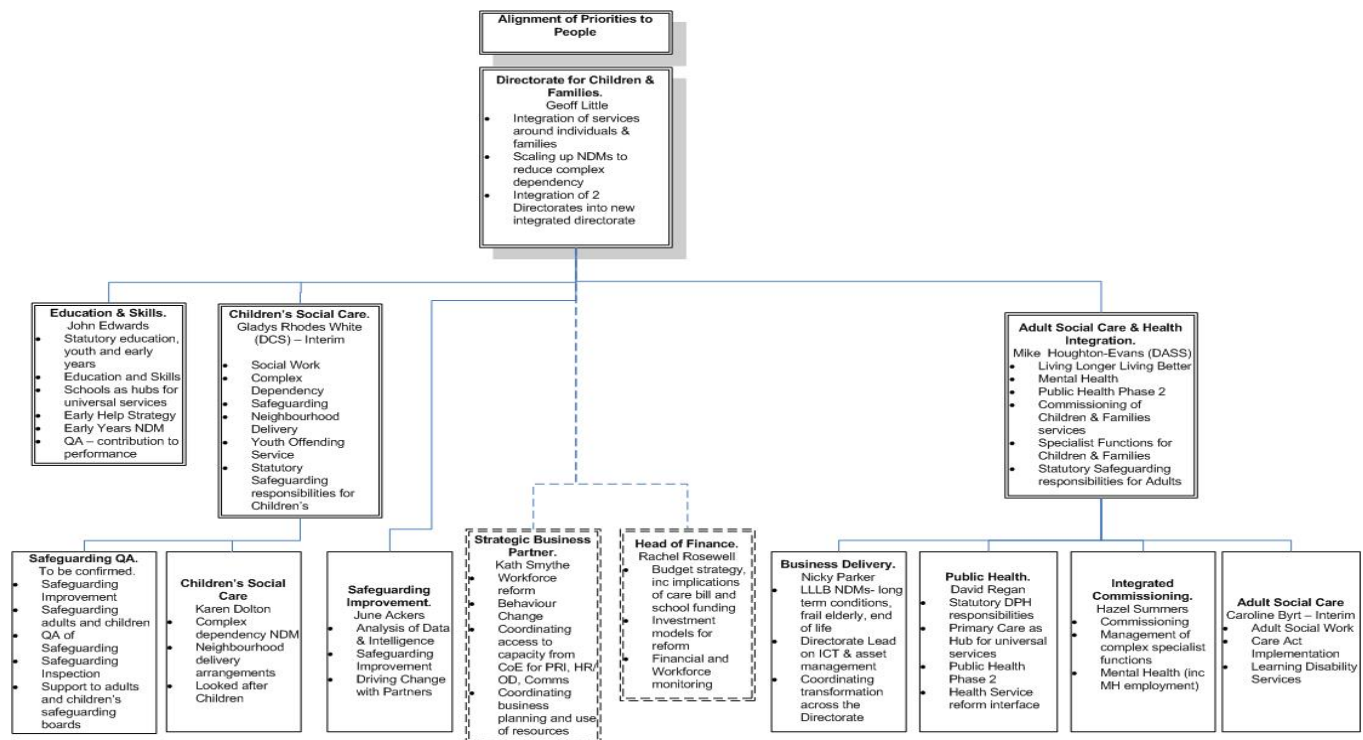
The particular focus of the Directorate is the integration of services to children and families with other public services in neighbourhoods. This is how we will drive the reform of public services in order to enable people to make changes to their lives and be more independent. This is also how we will manage our budget effectively.

Business Overview

The Children and Families Directorate has a key role in driving the City's priorities of growth and reform. The ability of the Directorate to increase independence and self-reliance, thereby reducing dependency and subsequent demand on high cost targeted and specialist services will only be achieved by building on the successes of new delivery models, such as troubled families, early years and social care integration, to integrate services around individuals and families and across place.

The leadership for the Directorate is provided through the Deputy Chief Executive (People), supported by the Director for Children's Services, the Director of Adults Social Services and the Director of Education and Skills.

The Directorate is responsible for a range of services and functions including adults and children's safeguarding, children's social care, adults social care, education, youth and early years provision, ensuring there are sufficient numbers of good quality early years and school places, commissioning, public health, health and social care integration. The diagram below illustrates the range of functions and services:



Some of these responsibilities are discharged by delivering services, others through working with others to influence how they work with service users to contribute towards the City's priorities.

Children and Families Services:

Safeguarding Improvement & Quality Assurance	Quality assures safeguarding practice across the City and works with practitioners to improve standards
Children's Social Care	Drives the delivery of the reform of services for children and their families across the continuum of need. Delivers services for troubled families, children at risk and looked after children, and young offenders. Works with partners to influence, enable and support the delivery of early help provision. Responsible for delivering improvements to services for children in need or at risk.
Education, youth and early years	Responsible for ensuring there that there is sufficient high quality provision of universal services for children and young people to enable them to reach their full potential. Drives the delivery of the Early Years new delivery model. Also responsible for adult education and skills.
Adults' Social Care	The delivery of high quality assessment and care planning for vulnerable adults and their carers, driving the integration of health and social care services. The delivery of high quality support services for vulnerable adults. The delivery of new requirements and duties resulting from the Care Act.
Public Health	The reform of health improvement services in the City, the provision of public health services.
Integrated Commissioning	The commissioning of the right services, in the right places to meet identified levels of need for children and families. The

	reform of commissioned services to ensure value for money and improved outcomes. The integration of commissioning with NHS commissioning arrangements.
The Corporate Core	The Directorate draws in leadership, advice, research and support, via the Strategic Business Partner and the Head of Finance, to ensure the right enabling strategies are in place.

The table below sets out the Business Areas within the Children and Families Directorate, the budget and how many people are employed.

Service Activity	2015/16		
	Gross Budget £000	Net Budget £000	FTE*
Looked After Children and Complex Dependency	59,739	56,981	465
Early Years and Children's Health	8,312	6,694	79
Living Longer Living Better (LLLB)	94,143	73,751	677
Learning Disability Services	33,473	31,529	22
Homelessness, Refugee and Asylum	12,618	4,026	210
Care Services not included in LLLB	15,704	13,578	474
Voluntary and community sector services	19,283	19,059	73
Other services commissioned	42,907	39,453	51
Education and Skills	427,204	22,065	572
Core and Back Office	6,653	5,796	68
Total	720,036	272,932	2,691

Directorate Objectives:

- We will ensure children get the best possible start in life so that they are "school ready" and able to achieve at school.
- We will ensure that where there are issues within families or people are experiencing problems, someone notices and takes action to intervene early.
- We will ensure people access the right support to tackle issues and problems to make changes in their lives so that these are prevented from becoming more serious issues.
- We will provide interventions to resettle and rehabilitate young people who commit offences and to keep our communities safe
- We will act quickly and effectively to safeguard children.
- We will work with families to make changes and remain together as a family unit where possible.
- Where it is in their best interest we will enable children to move to alternative permanent families without delay.
- Children in the city will be able to access local high quality educational provision
- Children and young people will be supported to gain the skills and experiences they need to become successful adults.
- Adults will be supported to gain and enhance their skills and employability to attain or sustain employment.
- We will change how we commission the provision of Individual Advice and Guidance (IAG) for young people and support for young carers, targeting interventions on those identified as most at risk of, or already demonstrating, complex dependency.
- Adults will be supported to gain and enhance their skills and employability to attain or sustain employment.
- People will be supported to live longer, healthier lives and have access to the support they need in their local community.
- The need to access residential care will be prevented or delayed.
- Families will be able to access more services in their local community which are integrated and co-ordinated across agencies and provided from local service hubs such as schools, children's centres and GP surgeries
- Adults will live independently for longer and access the right support that prevents them from being admitted to hospital.
- We will implement the changes necessary to meet our requirements under the Care Act, which include:
 - extending financial support to those who need it most through a cap on their care costs and a choice of deferring payments for their care;
 - aligning our eligibility for care and support with the single national threshold;
 - supporting people with information, advice and advocacy to understand their rights and responsibilities, access care when they need it, and plan for their future needs, including those family and friends who care for them;
 - ensuring continuity of care when people move between areas, including new protections to ensure that no one goes without care if their provider fails, regardless of who pays for their care.

In order to deliver on these commitments, we have identified a number of priorities. We do lots of other things as a Directorate that are also important that we will need to keep

doing well but it is important that we understand the areas that we must focus on to achieve our overall objectives. We have grouped our priorities under four themes as follows:

1. Delivering Public Service Reform Programmes

- We will deliver Troubled Families (2) and the Early Help Offer for children and families: our contribution to Complex Dependency.
- We will work with health colleagues to integrate health and social care services through the Living Longer, Living Better programme. This is also how we will deliver our Care Act responsibilities and reform mental health services in the City.
- We will make it easy for children and families to understand how to access services whatever their circumstances.
- We will make sure services work together to meet families' needs.
- We will continue to roll out the Early Years new delivery model.
- We will streamline partnership working and better safeguard the most vulnerable in our city with the Multi Agency Safeguarding (MASH) and Public Service Hubs.

2. Embedding the Principles of Reform in everything we do

- We will integrate services for children and families from early help through to specialist services within neighbourhoods and wherever it makes sense to do so we will take a whole family approach
- We will integrate health and social care services within neighbourhoods
- We will integrate commissioning arrangements with health, and where it makes sense to do so, with other partners
- We will refocus our public health provision to address the wider determinants of health and to support our reform priorities

3. Effectively managing our budget by reforming services for high cost service users/services

- We will reform services, deliver efficiencies in how we manage our services and, in some cases, we will reduce services in order to deliver a balanced budget
- We will place a particular focus on how we support:
 - people with learning disabilities
 - looked after children

4. Getting the basics right

- We will ensure that leaders and managers are clear about the expectations we have of them, can access the support they need to fulfil these expectations and take personal responsibility for fulfilling these expectations
- We will ensure that front line practitioners are equipped, skilled and take responsibility for delivering high quality services to our residents
- We will implement the Ofsted improvement plan and take our children's services to good and then outstanding
- We will commission a peer review of Adults Social Care arrangements to inform improvement activity
- We will continue to strengthen quality assurance arrangements across Children's and Adults Safeguarding

By focusing on these priorities we will also improve the way we safeguard vulnerable children, young people and adults in the City.

When we talk about public sector reform, we mean that we will develop new delivery models which are based on evidence of what works. In order to deliver the scale of reform we need in the City, we will need to secure new investment models. In other words, we need to change the way that public services in the city spend their money so that, increasingly, we work with our partners to agree what works and we jointly invest our resources to secure new services. Sometimes this will mean we change how we work together, sometimes we will stop doing things and sometimes we will jointly develop or commission new services. This will enable us to reform public services at scale.

There are some common principles that underpin the new delivery models we are developing so our models, whether to integrate services for children and families, or to integrate health and social care services for older people and vulnerable adults, will have common elements:

- **Asset-based assessments** - we will change the focus of how we work with people and will focus on what they can do, or what they can be supported to do for themselves. Only then will we consider what additional support is needed. Lots of other public services have already done this and found that this change in focus results in a different relationship with service users promoting independence.
- **Integrated delivery** - we will integrate services in two main ways. Firstly, we will drive the implementation of the lead or *key worker* model. This means that service users will have a key contact, responsible for understanding what they need and drawing in the right support, in the right sequence, at the right time to have the biggest impact on enabling them to make positive changes. Secondly, we will *co-locate staff within neighbourhoods* so increasingly, staff will work in multi-agency, multi-disciplinary teams that will help build professional networks and a greater ability to navigate through public services and get the right support for service users at a local level. Wherever it makes sense to do so we will take a whole family approach
- **Evidence-based interventions** - our new delivery models will be based on national and international evidence of what works. Where evidence doesn't exist, we will test new approaches, evaluate them and create our own evidence.
- **Micro-commissioning** - we are committed to enabling staff who work with service users to influence commissioning decisions. We will ensure that there are mechanisms in place for lead workers to communicate gaps in provision, what works well, what doesn't so that there is a clear thread from front line worker and service users through to commissioning decisions.

The adoption of these principles will mean significant changes for our workforce and we will ensure that staff from across the Council and other public services have the opportunities to develop new skills and new ways of doing things to work successfully in these new models.

The Council is facing a significant funding gap for 2015/16 and 16/17. Savings options for the Children and Families Directorate totalling £38.692m for 2015/16 and rising to a further £9.383m for 2016/17, a total of £48.075m over the two years, are being considered. The proposals have been developed to ensure the council can meet its statutory duties and make the maximum contribution to the priorities for the City. In

some cases, this is by increasing the pace of implementing the Council's reform priorities to reduce demand for expensive reactive services. In other cases, this is by choosing options for service reductions which will have the least damaging impact on the Council's priorities.

There are two significant future changes in responsibilities that will impact on the Directorate. These include changes in responsibilities with the implementation of the 2014 Care Act and the transfer of responsibility for services to 0-5 year olds from the NHS in 2015/16.

The Care Act 2014 gives the Government power to set a new national eligibility threshold for Council funded social care for adults. The Act also places new duties on councils to provide information and advice, preventive services and, for the first time, support for carers with eligible needs. The Act will also, from April 2016, overhaul the social care funding system to extend means-tested support to more care home residents and enable people to gain full state funding for their 'reasonable' care costs once they have been assessed as passing a self-funding cap. This policy is expected to see an additional 500,000 people nationally with eligible needs approach their councils for an assessment so they can qualify for the cap.

From October 2015, the funding for commissioning of Health Visiting and Family Nurse Partnership will transfer to the Council from NHS England. Funding of £5.4m will transfer in 2015/16 for the period October 2015 to March 2016 and £10.8m for 2016/17 based on existing contracts and agreed numbers of health visitors. Whilst the agreed transfer for 2015/16 is based on the existing contracts, some commitment has been made by the Department of Health for a needs led funding formula in future years. This is still part of the Early Years' New Delivery Model.

Shared Challenges

Manchester has come out of the economic recession better placed than most other cities in the UK. We understand the key requirements for growth. The Devolution Agreement places GM in a better position than anywhere in the country to deliver on those requirements. The key for the city of Manchester is to enable local people to contribute to and benefit from that growth. The Children and Families Directorate has a particular contribution to make by: delivering the new delivery model for early years to set all of our children on the path towards education, skills and work and to reduce the flow of future demand for reactive services; build on the troubled families way of working to more effectively identify families who require support, are assertive in our work with families to enable them to make changes to their lives, co-ordinating the right interventions at the right time through a key worker; ensuring we have the highest quality education and skills provision to enable more residents to move up the skills and employment escalator, and: addressing the biggest fiscal challenge of spend on adults health and social care through integration.

The Devolution Agreement gives the Directorate a huge opportunity to make progress across the whole of the skills spectrum - from high end skills needed for the city's knowledge economy through to the need to get people with low or no skills out of the low pay / no pay cycle.

The city's economic success and the pipeline of new housing will ensure that the population continues to grow. It is essential that the Directorate moves away from

the assumption that the increase in population will have the same proportion of dependency on targeted and specialist services. To do that, we will need to understand what is driving the increasing population and in particular, the impact of inward international migration. We will need to work with Growth and Neighbourhoods to ensure that new arrivals are welcomed to the city and helped to settle and access skills and work. Our role in this will support community cohesion at a neighbourhood level. Equally, we have an important role to play in continuing to work with Growth and Neighbourhoods Directorate to ensure that the city has the right offer for young families so they choose to stay in Manchester, rather than leave. This is particularly important with the size of student population.

The Directorate also plays an important role in ensuring that Manchester's larger population is more healthy and therefore less dependent upon targeted and specialist services. The Directorate's new responsibility of public health must be used to ensure that people stay well for longer. This will enable residents to be more independent and will help to manage demand for adult social care and the acute health services.

We will work with Growth and Neighbourhoods on the joint approach to neighbourhood delivery with a particular focus on early help and health and social care integration. More specifically, the key areas where we will work together are: delivering the early help offer for children and families to reduce the rate of referrals into the safeguarding system; building on the work in South Manchester to create neighbourhoods which encourage older people to stay living in their own homes for longer, supported by their family and community; developing the role of early help hubs to co-ordinate the delivery of locally based integrated services; implementing the hub and spoke model for delivering integrated adult social care and community health services, and; ensuring leadership co-ordination to enable lead workers to play their role at a neighbourhood level.

We will work with the Corporate Core to reform the delivery of services to enable people to move from complex dependency to employment. As we develop new ways of working we will be reliant on the Core to provide evaluation, analysis and intelligence to inform decision making including future investment decisions, financial modelling that enables us to understand the impact of the changes we deliver and support to change the behaviours of both our residents and our workforce and equip people with the right skills and tools to work within new models.

Key Changes to be Delivered

Overview

The challenge for the Directorate is to deliver changes that will realise our aspirations to improve outcomes for residents whilst delivering a challenging programme of savings options. Wherever possible, savings will be delivered through reforming the way we work with service users so that we increase levels of independence and self-reliance thereby reducing demand on high cost, reactive public services. Alongside this approach, efficiencies will be delivered by making changes to the way we support people and delivering more cost effective services. The level of savings that the Council is required to deliver means that in some cases difficult decisions to reduce services have had to be made. This robust focus on delivering savings will be balanced with driving improvements to the quality of service provision to improve outcomes for residents which will be underpinned by a focus on getting the basics right through effective and robust leadership and management activity.

Reforming Services and Delivering Efficiencies:

The savings schedule attached within appendix 1 details the quantum of savings attached to each of the areas set out below.

Looked After Children and Complex Dependency

Manchester has more children in care and spends more on looked after children than Core City comparators or similarly deprived areas. Research indicates that for many looked after children, their outcomes are not as good as we would like them to be. We are committed to reducing the number of looked after children and those who require statutory interventions. We will do this by reforming the safeguarding system and improving services which protect the most vulnerable children. Whilst there will always be some looked after children there are too many now so we must reduce these numbers safely. This is a top priority for the Council following an Ofsted inspection which has led to the Council's services for children in need of help and protection, children looked after and care leavers to be judged inadequate. Action has already been taken and will continue to be taken to rectify the shortcomings identified by Ofsted. An additional £500k has already been invested in 2014/15 to make improvements in safeguarding services.

Another key priority for Manchester is to help more families find and sustain meaningful employment. Working with partners including Jobcentre Plus, housing, probation, GMP, the Youth Offending Service, health and mental health services, education and advice providers, it is proposed to scale up the troubled families way of working to more families to tackle a wide range of issues and increasingly focus on those at risk of getting into difficulty. This means ensuring that there is a lead worker to better coordinate different agency services around the bespoke needs of each family and ensuring work is seen as the ultimate goal. Through the devolution agreement, we will increasingly work with providers of adult, further and higher education to ensure that local people are able to access the right support to develop the skills that will be required by employers investing in the City.

We will deliver this reform and improvement through a robust focus on some key priorities:

- Developing a new integrated front door and multi-agency safeguarding and public service hubs to ensure that needs are identified early, intelligence is shared, assessments are integrated and appropriate interventions are delivered by the most appropriate agency.
- The development of a revised early help offer that incorporates troubled families and children in need capacity and better enables families who require a targeted intervention to get one earlier. This will include the development of early help hubs in neighbourhoods.
- Transforming fostering and adoption services so that more children are adopted more quickly and more foster carers are recruited locally.
- Commissioning evidenced-based interventions that will support families to make changes in their lives and become more independent
- Improving the performance, management and accountability of children's social care service

These developments will reduce the flow of future safeguarding cases, reduce the number of unnecessary referrals, build the capacity of partners to manage risk and provide a better diagnosis of need to enable more timely, effective and tailored support for families. In addition, they will improve the increase the capacity, quality and effectiveness of social work for children and better support for fostering and adoption will reduce the volume of existing children in the care system.

Early Years and Children's Health

The Early Years New Delivery Model (EYNDM) will be rolled out to deliver benefits across the City. Options relating to the proportion of families receiving targeted parenting interventions when identified by the Early Years New Delivery Model are currently being considered. One proposal is to reduce to 85% of those who would originally have benefited. The level of this reduction recognises the importance of the Early Years New Delivery Model to the City's priorities for early intervention and to the Greater Manchester Devolution Agreement.

The Directorate will continue to quality assure and drive improvements across early years settings and alternative education settings by monitoring and intervening where necessary.

Children's health services for school nursing, child accident and other prevention services will also be reviewed to refocus provision on key priorities. This will be done in partnership with local NHS commissioners and providers to ensure statutory and mandated responsibilities are delivered. There will be further opportunities, with the transfer of funding and commissioning responsibilities for other public health services for 0-5s, to strengthen the integrated approach to child health for 0-19 year olds.

Public Health

The budget for the Directorate includes expenditure of £48.303m on public health which is funded via a ring-fenced grant. A full review of public health expenditure has been undertaken and the funding will be targeted to those areas which will address the wider determinants of health and the reform priorities for the city. This will mean

reducing spend in some of the areas that had previously been funded by the public health grant to enable the resource to be moved to other priorities. The Council's statutory public health requirements will still be met.

The public health changes represent an ambitious reform programme, reviewing where and how public health resources are used and targeting investments to improve the health and wellbeing of Manchester residents. This will ensure public health investments drive public service reform, focusing on the priorities of supporting people into work, early years and health and social care integration. They will also deliver more for less through efficiencies resulting from the redesign and re-commissioning of services. Collaboration with local NHS partners (commissioning and provision) will be strengthened and there will be integration of services and functions going forward. This will involve a phased approach to savings and reinvestments, shifting spend from historical provision to agreed priorities, whilst maintaining the safe and effective delivery of statutory and mandated services.

The major areas of spend are a wide range of health and wellbeing services, drug and alcohol services, sexual health services and children's public health services. By doing things differently more will be invested in reform priorities, particularly complex dependency to employment, early years and living longer living better, and will demonstrate full and appropriate spend of the public health grant.

This relies strongly on the re-commissioning of services and requires sufficient capacity to be in place to support any tendering processes in order to release savings within proposed timescales. In summary the Council will:

- Focus health and mental wellbeing services on moving long-term unemployed individuals presenting with mental health and other issues into recovery and work;
- Ensure that health and wellbeing services support capacity building within communities to provide a safety net for people who no longer meet the threshold for targeted services;
- Take an integrated approach (linked to the complex dependency approach) to drug and alcohol services, (which are commissioned separately at present), redesigning services with a strong emphasis on securing recovery and supporting employment;
 - commission an integrated contraception and sexual health services and introduce cross-charging arrangements with Greater Manchester authorities for contraception services; and

Living Longer, Living Better

The Living Longer, Living Better (LLLLB) programme will reform health and social care services in Manchester to co-ordinate and deliver services in a way that delivers better outcomes and delivers efficiency savings. There are five key areas of change:

- The integration of Adult Social Care with hospital based Community Health Services to create a citywide and place based approach to health and social care
- The redesign of community mental health services within the Living Longer Living Better programme
- The integration of the Council Reablement Services with hospital Intermediate Care Services to create a new place based Rehabilitation Service
- The integration of commissioning across the Council and the City's three Clinical Commissioning Groups (CCGs)

- A reduction in the number of admissions to residential and nursing care by providing more support at home including the use of assistive technology

New place based delivery models with NHS providers will be developed and targeted at those people who would otherwise require expensive residential care or homecare packages or an unplanned emergency hospital admission. Health and social care staff will work as one integrated team based around 12 localities across the North, Central and South hospital footprints, aligned to Primary Care. Council staff, such as those who work in reablement, social workers, the Equipment and Adaptations team, social care assessment teams and some business support teams will be integrated with the Community Service teams in the hospitals and work as one team providing an integrated approach to prevention, assessment and case management.

Reablement, assessment and equipment and adaptation services will be reconfigured with the Intermediate Care Services in the hospitals to create a new Rehabilitation Service. This will be targeted at those people who would otherwise require an unplanned hospital admission or expensive residential care or home care package. This is a shift away from the current universal service offer.

The full integration of social care commissioning and delivery with the NHS will deliver efficiencies and improved outcomes for Manchester people. There are two component parts of this proposal: the integration of social care with community health services in the three Acute Trusts at University Hospital of South Manchester, Pennine Acute Trust and Central Manchester Foundation Trust and the integration of commissioning arrangements across Public Health and Social Care and then with the CCGs.

In Manchester, a high proportion of people are eligible for Council funding for residential and nursing care. The Directorate therefore spends more than similar councils on volumes and total spend on residential and nursing care. Moving care closer to people's homes will reduce Directorate spend on residential and nursing care by reducing the flow into residential care, providing alternative places for people to live - including accelerating the pace and scale of new extra-care developments - and keeping people at home longer through intensive homecare support and use of assistive technology. Support for carers will also be increased. This will enable residents to retain their independence for longer, with appropriate support.

In addition, investment in mental health provision will be refocused towards supporting LLLB and through supporting early intervention initiatives focused on improving well-being. This includes an emphasis on enabling access to employment. Investment in out-dated models will be scaled down and replaced with new delivery models, which focus on ability rather than disability and maximise the use of community assets to support and enable people to stay longer in their own homes.

These changes will be underpinned by a focus on early intervention and prevention. We will work with partners to reform the adults social care system so that we can identify early, those people that require a targeted service and ensure there is an appropriate intervention, from the most appropriate organisation, to support adults to remain independent for as long as they are able.

We will also integrate services across life courses. We will work more closely together to identify the children with disabilities who are likely to require support as adults and

will move towards a single planning approach which shifts and changes to reflect different needs as the person moves through different stages of life. Similarly, we will work to influence mental health services for children and adults to take a whole family approach that connects interventions for family members and recognises the cumulative impact on the whole family.

These changes will improve outcomes as well as enabling the delivery of savings and are supported by investment from the Better Care Fund in additional homecare and assistive technology. Work with partners will increase the scale and pace of capital developments around sheltered housing and extracare housing.

Learning Disability Services

The Learning Disability Service will undergo a service-wide transformation. A key driver of reform will be to ensure that assessment and support planning increasingly focuses on securing innovative, cost effective solutions for people. Through maintaining a clear focus on an individual's abilities, it will be possible to appropriately meet needs whilst increasing access to community assets and stepping people down into less intensive provision. Some older people who are currently residing in specialist learning disability placements will be able to move to packages of regular, less costly and more appropriate services.

The current short breaks service and estate for adults will be targeted to meet the needs of learning disabled adults. This will change the approach to crisis care so that the initial response to "stabilise and make safe" is followed with a strong focus on enablement and step down to less intensive support. This will result in an increased number of beds available city wide for adults with a learning disability delivered through a rationalised estate and a more efficient operating model.

Work is underway on reforming the process of transition from children to adult services as this is essential to supporting this service transformation and to achieve better financial planning for future years. Commissioners are negotiating with providers on cost and quality of care, and with the emphasis on providers developing new models of care that give individuals choice and achieve better outcomes from the current more traditional, higher cost settings.

This reform is dependent upon a fundamental shift in management culture, practices and ways of working. A twin track approach is planned which will both strengthen existing care management teams and bring in external partners for a time-limited period to work alongside Council teams providing fresh expertise and experience. This will build on the existing brokerage pilot, which enables the Council to engage with a wide range of people (often existing carers of people with a learning disability) to be employed as peer brokers. These are people who have deep knowledge of local support networks in the community.

In order to deliver the required savings, the Directorate will take a targeted approach, prioritising groups of service users where there is most potential for reform. These include: (a) young people transitioning to adulthood; (b) older people who would be better served in a non-learning disability specialist setting; and (c) younger adults in residential care.

More widely the council the council will co-deliver the all-age disability strategy for the city, building on the recent consultations and engagement events held across the city. A key issue highlighted by disabled people is an inability to access local communities and public services because of both physical and social barriers. The Directorate will work closely with Growth and Neighbourhoods to improve accessibility, particularly for universal services. It will also work with city partners, particularly health partners, to develop a coordinated approach for supporting disabled people and promoting their independence.

The Short breaks service will be provided for older people with mental health needs through the specialist market. A new delivery model is to be developed with partners which will change the approach to crisis care so that the initial response to "stabilise and make safe" is followed with a strong focus on enablement and step down to less intensive support.

Supported accommodation services for people with the most critical and substantial needs are to be changed. The Council currently operates a mixed model of in-house and commissioned services. The external market is underdeveloped and expensive so the Council intends to develop and extend its internal services to be delivered within local neighbourhoods to give people greater individual independence and more choice. This will support people to access the right accommodation with the right level of support at the right time in their lives. A partnership with Arcon Housing will improve the estate and enable the Council to deliver on site support within a reduced financial envelope. In order to do this we will: decommission properties that are no longer fit for purpose; provide support from improved properties that are more cost effective; enable individuals to have greater levels of independence, dignity and privacy through innovative use of the latest assistive technology; deploy staff resources more efficiently, and; expand the choice of residential options (where appropriate) developing the Shared Lives programme for those individuals with a learning disability who would prefer to live more independently in a supportive family setting.

Other Adult Social Care

The Adult Social Care key changes will impact across a range of services and will deliver efficiencies by changing the way services are delivered so enable people to be more independent.

Homelessness, Refugee and Asylum Seeker Services

The range of services commissioned to tackle homelessness will be streamlined into five distinct services:-

- No Second Night Out-style service which is an early morning outreach and engagement service.
- Entrenched rough sleeper service to deliver persistent, assertive support to entrenched rough sleepers.
- Employment, education and training to help homeless individuals become independent.
- Young persons' homeless prevention service to work with young people aged 18-25 who find themselves at risk of homelessness and rough sleeping through daily advice walk in sessions and appointments, and
- Severe and cold weather provision.

Opportunities to fund some services to Northwards tenants at risk of homelessness through the Housing Revenue Account will be investigated.

Specialist support to refugees and asylum seekers will be replaced by a more general service offer.

Adult Care Services (not already linked to LLLB)

Advice and Community and Voluntary Sector Services and Housing Related Support

Advice Services

Social housing tenants are currently able to access advice services from their Registered Providers as well as the Council's commissioned services. Advice services will be refocused to people in the private rented sector and homeowners focusing primarily on areas of debt, housing and welfare benefits as part of a package of support to enable people to become more independent and move towards employment.

It is important to consider that there is currently substantial duplication between the services the Council is paying for e.g. the Citizen's Advice Bureau and the services provided by the Registered Providers. The services provided by the Citizen's Advice Bureau and other providers are buildings- based and as a consequence there is not good geographic coverage across the City. The Council has, as a result of the last budget decision, made some progress in shifting spend towards more targeted and integrated services at a higher level of complexity to support the Troubled Families way of working. However, although concrete evaluation evidence from this service is not yet available, the integration of advice into the complex dependency work remains important when working with individuals and families who have a range of needs.

Voluntary and Community Sector

The Council commissions a wide range of services from the community and voluntary sector. The option is to focus the Directorate's investment on those services which support the priorities of the Council and the new legislative requirements of the Care Act.

Over the next year we will be working with the voluntary and community sector to co-design (or co-produce) a range of services. For example we will work with the sector to design a new Carers' Hub. We recognise that small VCS caring organisations working at a very local level can often offer the best support and are best placed to identify hidden carers. We will work with the sector to make sure the new Carers' Hub meets the needs of more of Manchester's carers and VCS groups are supported in this important work.

We will also work with the sector on focussing our spending with VCS equalities groups and on reviewing infrastructure provision. We will continue to work with the Manchester Clinical Commissioning Groups and with the Office of the Police and

Crime Commissioner to identify areas where we can work together on our VCS commissioning.

Together with the CCGs, and a number of VCS partners, we will continue to discuss whether a Voluntary Sector Strategy will help us in strengthening relationships and identifying those areas where we can marry the strengths of the voluntary sector to our priorities. Early ideas include early intervention and prevention, behaviour change, the potential for volunteering and neighbourhood engagement.

We will support VCS organisations to effectively collaborate where there is mutual interest across sectors and enable them to access alternative funding streams to strengthen their offer and bring in additional Investment into the City for the benefit of our residents.

Education and Skills

The key focus within Education and Skills will continue to be ensuring sufficient provision of high quality early years, education and youth provision across the City. The role of the Directorate is primarily one of influencer and commissioner, working with partners to engage them in the delivery of the City's priorities.

It is essential that universal service delivery for children and young people delivered through these functions connects effectively and efficiently with more targeted and specialist services. The development of early help hubs will be the means through which this connectivity happens at a neighbourhood level.

Other key changes in the delivery of Education and Skills services cover a wide range of functions. Some relate to the development of transformed models of delivery, with associated efficiencies, whilst others constitute service reductions whilst sustaining the Council's core and statutory duties.

Significant changes to the commissioning of youth and play provision, including current Individual Advice and Guidance (IAG) for targeted young people and support for young carers will be implemented incrementally over a phased period of time. These changes will lead to a fully integrated senior and junior youth offer, with provision of IAG and for young carers delivered through commissioned targeted interventions for those young people identified as most at risk of, or already demonstrating, complex dependency.

Education and Training are key to reducing re-offending particularly for children and young people who are already within the criminal justice system. There will be increased joint working with the local Pupil Referral Unit and schools to improve attendance and attainment as well as a targeted programme of basic literacy skills as part of interventions for those on court orders or licences.

Although the role of youth hubs will continue to be an important, and possibly expanding, part of the youth offer in the City, including in the leadership and coordination of the offer within a local area, this is to be balanced with the need to continue to commission locally based youth provision within targeted neighbourhoods. As part of this proposal, work will be undertaken to explore the possibility of

establishing a youth trust with appropriate partners, to enable the Council's funding to act as leverage for additional funding from grants and other sources

Some changes will impact on the support that the Council currently provides to enable some pupils to travel to school, or receive support with the costs of school uniform. For example, the Council will transform the way it fulfils its duties for home to school transport for children with Special Educational Needs by looking at identifying, where appropriate, support for travel (including travel training to enable pupils to travel independently or the provision of small amounts of funding that would enable an individual pupil to travel independently or with the support of their family) to be put in place for those eligible rather than the direct provision of transport.

Efficiencies will be delivered through the development of an automated process to enable more effective processing of penalty notices and prosecutions for non school attendance, new contracting and delivery models for the provision of Short Breaks for parent and carers of children with disabilities, and changing the way commissioned Educational Psychology time is utilised.

There will be some reduction in commissioned activity and community reach within MAES whilst sustaining the core purpose of the service to provide high quality learning opportunities in support of adults across the City who are moving towards, or seeking to progress, in work. The role of the service as a contributor to the wider strategic priority of reducing complex dependency would be sustained.

Business Support and Back office

A new delivery models for business support and back office functions will be implemented to deliver a more efficient set of services, realising the benefits of investment in technology to support managers and front-line staff to work more flexibly and digitally.

Getting the Basics Right to Deliver Improvements

Whilst delivering the reform of public services and the savings options are key critical priorities, this must be balanced with a focus on getting the basics of leadership, management and front line service delivery right. Capacity has been increased through the senior management review to ensure the Directorate has the right leadership and management capacity to maintain a robust focus on operational service delivery.

Leadership and Management Expectations

A set of leadership and management expectations has been developed with members of the wider leadership team:

- Take responsibility for providing leadership for the priorities and functions allocated to you
- Relentlessly focus on the Directorate priorities – understand them, enable others to understand them and galvanise the energy and drive to ensure they get delivered
- Be proactive in thinking through who you need to work with – within the Directorate, from the Core, partners – and engage them at the right time to do the right things together

- Clarify what decisions you are able to make yourself, which require approval from your manager, which need to go through a directorate or corporate approvals process, which require political approval and which are key decisions
- Where there is an agreed way of doing things, just do it. Don't waste time trying to circumvent processes. If the process doesn't work, find the right person to work with to put it right
- Model the behaviours you want to see in others
- Take the time to give and receive constructive feedback, to really listen and challenge when things aren't right
- Invest time in effectively motivating people, succession planning, developing a flexible workforce and pulling the right skills towards you through development and movement
- Be creative, innovative and inspirational in your thinking
- If you don't know how to do something, take responsibility for finding out, and support others to learn from you

Work will be progressed to embed these expectations within the way the Directorate operates over the coming year.

Delivering the Ofsted Improvement Plan

We will maintain a robust focus on delivering the improvement plan and the performance tracker which have been developed in response to Ofsted. We are committed to delivering action to address the issues that are impacting on social work practice and equipping staff with the skills, knowledge and tools to deliver high quality social work practice. The improvement priorities include:

- Changing the culture of leadership and management for children's social care as the pre-requisite for delivering sustainable improvements
- Improving the quality of practice and capacity of social workers and other frontline professionals
- Improving the outcomes for looked after children and safely reducing the number of looked after children in the city
- Embed early help in multi-agency practice and improve control to reduce the flow of cases into the children's social care system
- Embed effective system-wide performance management and quality assurance processes

The improvement plan sets out the detail of how these priorities will be delivered.

Delivering Care Act Requirements

The Care Act came into force in April 2014, and as well as bringing together all existing adult social care law into a single piece of legislation, it will set a new national eligibility threshold and place duties on councils to provide information and advice, preventive services and, for the first time, support for carers with eligible needs. The Act will also, from April 2016, overhaul the social care funding system to extend means-tested support to more care home residents and enable people to gain full state funding for their 'reasonable' care costs once they have been assessed as passing a self-funding cap. This policy is expected to see an additional 500,000 people nationally with eligible needs approach their council for an assessment so they can qualify for the cap.

The immediate implications of the Care Act start in April 2015. The main areas are the introduction of a duty to assess and support carers who request an assessment, to

assess and arrange services for people regardless of financial circumstances, a duty to meet eligible needs of prisoners and a national deferred payments scheme. From April 2016 the Care Act introduces a cap to the amount the Council can charge an individual for care costs over their lifetime, a duty to provide a care account for all people receiving care showing progress towards the cap on care costs and raising of the capital and income thresholds from which people need to contribute towards their care costs. The Government has promised these changes will be fully funded through the Better Care Fund and specific government grants. Work will continue to ensure that the Council is in a position to deliver on the new requirements of the Care Act and that effective systems are in place to monitor and understand its impact.

In addition, we will commission a peer review of adult social care services and will utilise the outcomes to inform a programme of improvement and development.

Enablers

Working Together

We share a number of objectives with the other Directorates within the Council. We will continue to work with the Core to understand the changing demographics of the City and the impact this is likely to have on the services we are responsible for. The Directorate makes a key contribution to the City's priority of growth, first and foremost through the work we do to enable residents to be more independent, to continue to access employment or to move closer towards employment. The commissioning activity lead from within the Directorate has a significant impact on the shape and strength of the social care market and we increasingly work with providers to develop new interventions and ways of working. Our relationship with education providers will be critical in taking forward the Devolution agreement priority of equipping residents with the right skills to be able to access the employment opportunities that arise from growth and investment in the City. Our work with the Corporate Core is essential to enable us to connect to the wider reform agenda for the City and the Greater Manchester reform programme as well as to draw on the right support from Centres of Excellence to ensure we have the right enablers – people, systems, data, technical advice and support - in place to deliver our priorities. We will work closely with colleagues to ensure we have the right data, intelligence and research to inform and evaluate new delivery models to inform future investment decisions.

We recognise that there are many opportunities to develop and deliver a joint approach to delivering services within our neighbourhoods. These opportunities extend beyond the Children and Families and Growth and Neighbourhoods Directorates to our key partners and include our approach to developing one public service offer in conjunction with public health partners, and our relationship and commissioning with the VCS. We will continue to work closely with the Directorate for Growth and Neighbourhoods across shared partners, to strengthen the joint public services offer, including how we jointly determine local priorities, share intelligence that informs commissioning across an area, co-ordinate efforts to tackle complex dependency to employment, better align work with the community and voluntary sector, community assets and volunteers and develop the role of universal services in reducing dependency on specialist services.

Our work with partners to review and reform the safeguarding system for children and adults is essential to ensure that changes are made across the whole system, that

we develop a collective understanding of what good looks like and our respective roles and responsibilities within that, and that we develop the capacity and capability of partners to intervene early and manage risk appropriately in a way that prevents issues from escalating.

Over the next 12 months we will design and implement new integrated health and social care models with NHS colleagues which will result in staff from across social care and health organisations working much more closely together at a neighbourhood level, colocated and jointly managed in integrated teams.

Consultation and Engagement

We will analyse and understand the responses to the public consultation on the savings options as well as feedback from staff gathered through engagement sessions. We will utilise this feedback to inform our thinking about how we implement the changes we need to make and will consider the ideas that we have received about new changes as part of our forward planning. We are committed to maintaining an ongoing dialogue with service users, partners, providers and staff so that we can work together to galvanise the skills, commitment and drive in the City to develop a joint understanding of what good looks like, make changes happen and find new solutions together. We will work with stakeholders to design approaches to ensure that this happens.

Investment

In support of delivering the priorities and savings set out, investment of £3.5m over and above the £14m investment in reducing LAC and delivering complex dependency has been secured. This investment will be directed towards delivering Living Longer, Living Better: managing demand away from the front door by implementing a self service approach for residents; the next phase roll out of early intervention using assistive technology; new assessment and brokerage for Learning Disability Services to help deliver a fundamental shift in culture, practices and ways of working and to secure innovative, more cost effective solutions for people with Learning Disabilities and their carers; funding a service for people with mental ill health in Residential Care and Supported Accommodation to move into more independent accommodation and to be placed on a path to work or supported employment; early help for people with complex needs such as dementia or young people with combinations of conditions; carers and befriending services.

In addition, we will invest in PRI to ensure there is a robust programme to improve data management and reporting and will utilise investment to support the delivery of service improvements in adult social care following the outcome of the peer review which will be commissioned.

Workforce Impact on Children and Families Directorate

In 2014/15 the Children and Families Directorate had a budgeted workforce of 2,996 FTE. The projected workforce impact of activity to deliver the savings options for 15/16 is a reduction of circa 305 FTE. There are an additional c500 FTE in scope for the new delivery model for integrated health and social care. These are indicative figures based on current planning.

Children and Families Workforce Reductions	2015/16 Indicative FTE Reduction	2016/17 Indicative FTE Reduction	Total
Looked After Children & Complex Dependency	9	0	9
Early Years and Children's Health	3	0	3
Living Longer Living Better (LLLLB)	59	14	73
Learning Disability Services	3	0	3
Homelessness, Refugee and Asylum	2	0	2
Care Services not included in LLLB	53	0	53
Voluntary and community sector services	0	0	0
Other services commissioned	0	0	0
Education and Skills	67	0	67
Core and Back Office	79	0	79
Total	275	14	289

As set out above, the delivery of the Directorate's budget options would require both a reduction in workforce and a shift in the types of roles and skills across service areas. This change would be managed through the m people principles, with a focus on developing the Council's existing workforce to meet future skills needs wherever possible. In support of this, it will be important that individuals continue to move flexibly across the organisation and the wider public sector.

The detailed impact on specific roles will continue to be identified as options are developed over the coming weeks and months. This process will be supported by continuous engagement with the Trade Unions and staff. Robust workforce planning arrangements are in place to ensure that, as functions and roles change, the skills and focus of the workforce are effectively developed in alignment with this in both the short and long term.

There are a number of themes which underpin the changes for the workforce which will be required to implement the changes needed within the Directorate. These themes include:

- Leadership and management development - including a focus on getting the basics right
- Working from an asset based approach - including within assessment and case planning
- Skills to manage and work within multi-disciplinary, multi-agency environment and also to work within different organisations at different times
- Lead worker skills
- Ongoing training and development to support our evidence-based interventions
- Commercial skills in order to develop new approaches for how public services are designed and delivered within restricted budgets
- Whole systems thinking and working to tackle the causes of issues and not just the symptoms

- Negotiation and commissioning skills
- Delivery and follow through to make things happen - from a strategic level through to front line practitioners working with individuals
- Analytical skills to interpret data, understand the issues, understand options, monitor impact
- Innovation and reform skills
- Self sufficiency - staff learning how to maximise use of new IT equipment to reduce dependence on support services

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CHILDREN AND FAMILIES SAVINGS SCHEDULE	Savings Proposals		
	2015/16	2016/17	Total
	£,000	£,000	£,000
LOOKED AFTER CHILDREN (LAC) AND COMPLEX DEPENDENCY			
<u>Looked After Children (savings from first year impact of investment)</u>			
Fostering and Adoption - increase the number and speed that children are adopted and shift placements from external to internal fostercare	1,180	0	1,180
Increase scale of Families First to reduce LAC for children on edge of care and in care	1,182	0	1,182
Invest in the best possible evidence-based interventions for children in care and edge of care to reduce of the overall number of children needing to be looked after	181	0	181
Use of reserve to fund existing pressure (part of LAC investment)	2,363		2,363
Sub Total Savings	4,906	0	4,906
Adjustment to offset existing LAC pressure	(3,215)	0	(3,215)
Subtotal LAC (after the adjustment of £3.2m)	1,691	0	1,691
<u>Other LAC/Complex Dependency</u>			
Multi-Treatment Fostercare intervention to reduce number of children in residential care	300	300	600
Section 17 payments to families	175	0	175
Child and Adolescent Mental Health	300	0	300
Supervised Contact for LAC	258	0	258
Troubled Families	3,797	0	3,797
Early Help hubs through co-location of early help, troubled families, early years new delivery model linked to social works teams into Sure Start children's centres with associated reductions in management and centre-based posts.	685	0	685
Early Help - Role of chair of SRF Children's Partnerships - Cease payments to schools for chairing the role	100	0	100
Subtotal other LAC and Complex Dependency	5,615	300	5,915
TOTAL LAC AND COMPLEX DEPENDENCY	7,306	300	7,606

	2015/16	2016/17	Total
	£,000	£,000	£,000
EARLY YEARS AND CHILD HEALTH			
Scale back targeted parenting interventions within early years new delivery model to 85% of those requiring intervention.	500	0	500
Reduce Quality Assurance team across Early Years settings and alternative provision.	100	0	100
Children's Services for School Nursing, Child Accident and other prevention services and Homeless Families provision - review to deliver efficiencies	1,105	1,011	2,116
TOTAL EARLY YEARS & CHILDREN'S HEALTH	1,705	1,011	2,716
LIVING LONGER LIVING BETTER			
Care Closer to Home - Saving from reduction in residential and nursing admissions. This proposal will use £1.6m of the Better Care Fund to provide investment into homecare and assistive technology to enable people to remain in their own homes	1,909	791	2,700
Community Health and Social Care Integration - This proposal will include use of £2.3m the Better Care Fund to support the social care service through the integration with health addressing new responsibilities under the Care Act 2014	2,600	0	2,600
Reablement - deliver efficiencies from internally delivered service	505	0	505
Reablement - Integrate with Intermediate Care and Services in the hospitals to create a new integrated Rehabilitation Service. Target reablement at residents who would otherwise have high costs residential and home care packages.	0	415	415
Integration of Primary Assessment Teams and Reablement Teams which will makes some efficiency savings in management and further staff.	250	0	250
Integrated Commissioning of Health and Social Care	1,100	0	1,100
Mental Health - Commissioning intentions for mental health services that shift investment into early intervention, particularly linked to work, decommission of recovery and connect service and Recommission assessment and delivery	1,964	0	1,964
TOTAL LIVING LONGER LIVING BETTER	8,328	1,206	9,534

	2015/16	2016/17	Total
	£,000	£,000	£,000
LEARNING DISABILITY SERVICES			
Integration of Learning Disabilities staff into Locality Team to make efficiency savings	60	0	60
Brokerage and support planning including reductions in Supporting People funding	900	0	900
Contract savings from negotiations with providers	1,250	0	1,250
Charge other local authorities for service users in residential provision that have ordinary residency outside the city	300	0	300
Expand the shared lives programme	124	584	708
End the contract for Emergency Assessment & Treatment Unit	291	0	291
Expand Specialist Assisted Daily Living to make savings on high cost residential provision	275	275	550
Introduce Transition Housing to reduce the number of young people needing to be placement in expensive residential care homes that are not appropriate	0	53	53
Reduce cost of high need provision for older people with learning disabilities by 25% for 17 placements	0	177	177
LEARNING DISABILITY SERVICES	3,200	1,089	4,289
OTHER ADULT SOCIAL CARE			
<u>Homelessness, Refugee and Asylum</u>			
Reduction in the Homelessness Grants to voluntary and community sector organisations for rough sleepers and integration with the Inspiring Change programme which is a lottery funding project working specifically with rough sleepers.	200	0	200
Housing Revenue Account to fund homelessness services for Council Tenants	303	0	303
Refugees and Asylum - Decommission Multi-agency for refugee integration (MARIM) and replace with reduced delivery model.	50	0	50
Sub-total Homelessness, Refugee and Asylum	553	0	553

	2015/16	2016/17	Total
	£,000	£,000	£,000
Adult Care Services not included in LLLB			
Homecare and Cash Individual Budgets	2,000	0	2,000
MCC Provided Respite Care - Change the current Short Breaks service and estate and target to learning disabled residents. Provide the services through a new delivery model in line with All Age Disability <i>strategy and</i> externalise current provision for older people with mental health needs through external provision.	475	0	475
MCC provided Supported Accommodation - Development of a new delivery model for Supported Accommodation	817	254	1,071
Sub-total Adult Care Services not inc in LLLB	3,292	254	3,546
<u>Voluntary and Community Sector and Housing Related Support</u>			
Advice Services - Following consultation the current providers have agreed in principle that they can deliver a workable service which includes both targeted and universal and achieve £165k saving in 2015/16 rising to £375k in 2016/17	165	210	375
Advice Services - Use of reserve to support implementation of revised service	450	(450)	0
Voluntary Community Sector Grants reductions with remaining budget focused on community strategy priorities.	544	0	544
Housing Related Support - Redesign services and commissioning alternative delivery models. This may include the closure of hostels and supported accommodation	1,814	0	1,814
Subtotal Vol & Community Sector Services	2,973	(240)	2,733

	2015/16	2016/17	Total
	£,000	£,000	£,000
<u>Other services commissioned for Children & Families</u>			
Drugs and Alcohol - Review & redesign Drug & Alcohol Services with a greater emphasis on service integration. This will involve a collaborative approach with providers in the independent and community sector, NHS Trusts and Primary Care	1,450	1,606	3,056
Sexual Health - Review & redesign Sexual Health Services bringing together Genito Urinary Medicine (GUM) and Contraception & Sexual Health Services to deliver an Integrated Sexual Health Service across the city whilst maintaining open access. This will involve independent and community sector, NHS Trusts and Primary Care providers	1,017	835	1,852
Community Nutrition Service - Remodel and commission a city wide service involving the NHS Trusts and other providers	164	492	656
Falls Prevention - Remodel and commission a city wide service involving the NHS Trusts and other providers	250	0	250
Physical Activity Services - Review & commission an integrated service incorporating NHS Trust and City Council Services	649	283	932
Wellbeing Services - Review & commission an integrated Wellbeing Service incorporating NHS Trust and City Council Services	794	1,932	2,726
Oral Health, Food and Health, and Ageing Well - Review existing programmes to deliver efficiencies	130	10	140
NHS Health Checks - Review and deliver NHS Health Checks through a more targeted approach	247	0	247
GM Public Health Programme - Review investments in GM programme, deliver efficiencies and in some cases decommission	96	200	296
Well North - Remove non-recurrent provision	317	(317)	0
Review other budgets to get best value for money	569	178	747
Subtotal other services commissioned for C&F	5,683	5,219	10,902
TOTAL OTHER ADULT SOCIAL CARE	12,501	5,233	17,734

	2015/16	2016/17	Total
	£,000	£,000	£,000
EDUCATION AND SKILLS			
Home to school transport for Special Needs	464	536	1,000
Cease discretionary school clothing grants.	267	0	267
Attendance	140	360	500
Manchester Adult Education Service (MAES)	343	0	343
Youth and Play Services	1,000	433	1,433
Dedicated Schools Grant	1,000	(1,000)	0
Statutory Moderation of school assessments - alternative delivery model	125	0	125
Management Support for schools - Reduction in budgeted capacity in line with current demand	100	0	100
Short Breaks - Identify alternative contracting and delivery models and some reductions in short breaks for families with disabled children	184	132	316
Free Travel Passes - reduce provision of free travel to school to statutory minimum for new applicants.	40	83	123
Closed School Buildings - Reduce budget for costs related to maintaining closed school building and sites	129	0	129
Education Psychology - seek efficiencies and minor reductions within current contract	40		40
Reduction in capacity - for leadership of skills and for Education Other Than At School provision	70	0	70
TOTAL EDUCATION & SKILLS	3,902	544	4,446
CORE/BACK OFFICE			
Centrally managed business support with co-location and integration and new business support model	1,750	0	1,750
TOTAL CORE/BACK OFFICE	1,750	0	1,750
Total C&F proposals	38,692	9,383	48,075

Service Activity	2014/15			2015/16			2016/17		
	Gross Budget £000	Net Budget £000	FTE	Gross Budget £000	Net Budget £000	FTE	Gross Budget £000	Net Budget £000	FTE
Looked After Children and Complex Dependency	69,869	62,777	504	59,739	56,981	465	61,002	58,244	465
Early Years and Children's Health	9,734	8,116	79	8,312	6,694	79	7,301	5,683	79
Living Longer Living Better (LLLb)	100,006	78,283	736	94,143	73,751	677	93,973	72,247	663
Learning Disability Services	36,300	34,356	25	33,473	31,529	22	34,340	32,396	22
Homelessness, Refugee and Asylum	13,171	4,579	212	12,618	4,026	210	12,618	4,026	210
Care Services not included in LLLb	16,996	14,870	527	15,704	13,578	474	15,450	13,324	474
Voluntary and community sector services	21,815	21,591	73	19,283	19,059	73	19,523	19,299	73
Other services commissioned	38,961	35,506	51	42,907	39,453	51	43,099	39,645	51
Education and Skills	409,005	25,337	642	427,204	22,065	572	413,540	20,799	572
Core and Back Office	7,802	6,946	147	6,653	5,796	68	6,653	5,796	68
Total	723,659	292,361	2,996	720,036	272,932	2,691	707,499	271,459	2,677

Note Gross budget figure should agree to subjective summary table in Appendix 1

Service Activity	2014/15	2015/16			2016/17		
	Net Budget 2014/15 £000	Growth and other Budget Changes £000	Savings £000	Net Budget 2015/16 0	Growth and other Budget Changes £000	Savings £000	Net Budget 2016/17 0
Looked After Children and Complex Dependency	62,777	1,193	(6,989)	56,981	1,616	(353)	58,244
Early Years and Children's Health	8,116	0	(1,422)	6,694	0	(1,011)	5,683
Living Longer Living Better (LLLb)	78,283	5,610	(10,142)	73,751	(298)	(1,206)	72,247
Learning Disability Services	34,356	1,373	(4,200)	31,529	903	(36)	32,396
Homelessness, Refugee and Asylum	4,579	0	(553)	4,026	0	0	4,026
Care Services not included in LLLb	14,870	0	(1,292)	13,578	0	(254)	13,324
Voluntary and community sector services	21,591	627	(3,159)	19,059	0	240	19,299
Other services commissioned	35,506	9,630	(5,683)	39,453	5,411	(5,219)	39,645
Education and Skills	25,337	230	(3,502)	22,065	278	(1,544)	20,799
Core and Back Office	6,946	600	(1,750)	5,796	0	0	5,796
Total	292,361	19,263	(38,692)	272,932	7,910	(9,383)	271,459

Appendix 1. Financial Plan

Objective Summary

Service Activity	2014-2015	2015-2016	2016-2017
	Approved Budget £'000	Indicative Budget £,000	Indicative Budget £,000
Looked After Children and Complex Dependency	62,777	56,981	58,244
Early Years and Children's Health	8,116	6,694	5,683
Living Longer Living Better (LLLb)	78,283	73,751	72,247
Learning Disability Services	34,356	31,529	32,396
Homelessness, Refugee and Asylum	4,579	4,026	4,026
Care Services not included in LLLb	14,870	13,578	13,324
Voluntary and community sector services	21,591	19,059	19,299
Other services commissioned	35,506	39,453	39,645
Education and Skills	25,337	22,065	20,799
Core and Back Office	6,946	5,796	5,796
Total	292,361	272,932	271,459

Subjective Summary

Subjective Heading	2014-2015 Approved Budget £'000	2015-2016 Indicative Budget £,000	2016-2017 Indicative Budget £,000
Expenditure:			
Employees	87,298	75,514	74,905
Running Expenses	620,415	644,482	632,554
Capital Financing Costs			
Contribution to reserves	15,946	40	40
Total Subjective Expenditure	723,659	720,036	707,499
Less:			
Other Internal sales			
Gross Expenditure	723,659	720,036	707,499
Income:			
Government Grants	(375,771)	(397,841)	(401,148)
Contributions from Reserves	(20,540)	(17,275)	(2,904)
Other Grants Reimbursements and Contributions	(5,555)	(5,079)	(5,079)
Customer and Client Receipts	(29,372)	(26,854)	(26,854)
Other Income	(60)	(55)	(55)
Total Net Budget	292,361	272,932	271,459

Appendix 2. Performance Plan

During 2014/15 the Directorate has maintained two distinct performance reporting regimes for Adults' and Children's services. The reporting mechanisms and frameworks will be reviewed as it becomes clearer how best the Directorate's performance reporting priorities should be delivered. This will be informed by the work currently in train by external consultants, SQW. These will include the new Adult Social Care statutory reporting requirements being effected for the first time for the 2014/15 reporting year and will ensure more consistency in reporting approach across the breadth of the Directorate's functions and services. Key measures reported to both Performance Improvement Boards during 2014/15 are included below. These consist of the priority measures for Children's and Adults' social care. Both sets of measures include some of those currently mandated by the Department for Education, the Department of Health and Communities and Local Government.

Children and Families Directorate - Performance Dashboard of Adult's Key Measures - 2014/15 - Quarter 2 reporting: April to September

Children and Families Directorate
National Measures - Adult Social Care Outcomes Framework

Page 3

The indicators on this page form part of the Adult Social Care Outcomes Framework (ASCOF) and are national measures derived from data reported to the Health and Social Care Information Centre		2011/12 Result	2012/13 Result	2013/14 Result	2013/14 Target	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1C part 1	Social care customers receiving self-directed support Responsible manager: Jill Thompson	61.59%	59.54%	52.98%	65.00%	34.48%											
	Number of people receiving self-directed support	7816	8838	7980		5834											
1E (1)	Adults with learning disabilities in paid employment Responsible manager: Gerry Flanagan	2.52%	1.70%	1.80%	3.24%				0.67%	0.50%	0.81%						
	Ne people in paid work at their last assessment/reassessment	33	22	25	45	0	0	0	1	1	2						
1F (2)	Adults in contact with secondary mental health services in paid employment Responsible manager: John Harrop	3.30%	3.80%	3.60%	5.00%	4.50%	4.80%	4.90%	4.77%	4.90%	4.94%						
	Ne people in paid work at their last assessment/reassessment	65				142	152	153	149	153	154						
1G (1)	Adults with learning disabilities who live in their own home or with their family Responsible manager: Gerry Flanagan	88.95%	89.40%	88.60%	91.73%	91.67%	84.09%	86.67%	88.59%	89.95%	90.28%						
	Ne people in settled accommodation at their last re/assessment	1103	1245	1155	1275	11	37	78	132	179	223						
1H (2)	Adults in contact with secondary mental health services who live independently with or without support Responsible manager: John Harrop	67.70%	60.50%	61.20%	75.00%	74.40%	75.50%	75.80%	77.18%	77.13%	77.24%						
	Ne people in settled accommodation at their last re/assessment	1285				2342	2398	2382	2412	2408	2410						
2B	Proportion of older people still at home 91 days after hospital discharge into reablement / rehabilitation Responsible manager: Julie Heslop	69.19%	63.58%	66.80%	70.00%	This measure covers discharges between 1st October 2014 and 31st December 2014, and is not reported until February 2015											
	Ne people at home 91 days after hospital discharge	281		245													
2C part 1	Delayed transfers of care per 100,000 population Responsible manager: Jill Thompson	8.49	8.35	8.00	7.75	8.00	9.37	9.17	8.75	9.70	10.33						
	Number of people in monthly snapshot	409	395	384		32	75	110	140	194	248						
2C part 2	Delayed transfers of care attributable to Social care per 100,000 population Responsible manager: Jill Thompson	5.21	4.33	4.00	4.25	3.50	5.12	5.08	4.75	4.85	5.33						
	Number of people in monthly snapshot	251	205	192		9	25	43	76	97	128						

(1) Result following SALT guidance. New report developed, it needs to be reviewed as results are low.

(2) Monthly data recorded by MH Trust doesn't match the ASCOF result at year end published by HSCIC.

Full indicator definitions are available at the intranet web address <http://intranet.mcc.local/adults/teams/performance/Pages/Data%20Dictionary/Dictionary.aspx>

Children and Families Directorate – Performance Dashboard of Children's Key Measures 2014/15 - Quarter 2 reporting: April to September

Performance Management Framework															
See individual sheets for more detail about each performance measure														Date:	Dec-14
The me	PI Ref	Measure	Desired Performance	What does good look like?			2013/14	2014/15				How are we doing? (latest period)			
				Good	Of Concern	Action Required		Q1	Q2	Q3	Q4	Better than last	Better than SN?	Better than Eng?	Better than target?
Activity Data	1.0	Rate of contacts in the period (per 10,000 pop.)	low	Not available			3276	3200	3261	3226		↑	Not available		Not applicable
	1.1	Rate of referrals received in the period (per 10,000 pop.)	low	573	790	1385	1180	1076	1114	1163		↑	↓	↓	Not applicable
	1.2	Rate of children in need at point in time (per 10,000 pop.)	low	346	463	743	460	457	475	451		↑	↑	↓	Not applicable
	1.3	Rate of children subject of cp plans at point in time (per 10,000 pop.)	low	42.1	59.8	118.7	82.0	79.5	78.9	80.9		↑	↓	↓	Not applicable
	1.3a	Rate of Sec. 47 enquiries (per 10,000 pop.)	low	124.1	179.8	404.0	148.3	165.9	166.3	161.9		↓	↑	↓	Not applicable
	1.3b	Rate of Initial Child Protection Conferences (per 10,000 pop.)	low	56.8	80.5	149	103.6	88.5	95.1	95.7		↑	↓	↓	Not applicable
	1.4	Rate of children becoming looked after in the period	low	26.5	37.6	66.5	55.3	46.0	46.0	43.5		↑	↓	↓	Not applicable
	1.5	Rate of children looked after at point in time	low	60	85	152	122	125	124	120		↑	↓	↓	Not applicable
	1.6	Rate of children ceasing to be looked after at point in time	high	26.5	15.9	0.0	50.0	37.8	43.2	43.9		↓	↑	↑	Not applicable
	1.7	Rate of children in Private Fostering Arrangements (per 10,000 pop.)	low	1.4	5.1	29.8	2.6	2.2	2.2	2.1		↑	↓	↓	Not applicable
Outcomes	3.1	% of referrals which are repeat referrals	low	23.4	30.0	37.3	31.6	34.6	32.4	31.7		↓	↓	↓	Not applicable
	3.2d	% Children and Family Assessments completed in 15 days	high	Not available			14.8	13.1	13.1	13.5		↓	Not available		↓
	3.2e	% Children and Family Assessments completed in 35 days	high	Not available			35.4	33.7	31.3	33.5		↓	Not available		Not applicable
	3.2f	% Children and Family Assessments completed in 45 days	high	82.2	63.7	0.0	67.3	56.6	66.4	74.2		↑	↓	↓	Not applicable
	3.2g	Assessment Backlog (those incomplete assessments already beyond the due date)	low	Not available			637	523	29	40		↑	Not available		↓
	3.4	% children subject of a child protection plan for a second or subsequent time	low	15.8	21.3	41.4	15.6	16.7	16.5	16.1		↓	↑	↓	Not applicable
	3.4a	% children ceasing a Child Protection Plan, subject to that plan for 2+ years	low	4.5	7.2	14.7	5.7	2.6	3.2	4.7		↑	↓	↓	Not applicable
	3.5	Time from Section 47 Enquiry to ICPC: % within 15 working days	high	69.3	49.8	8.7	42.0	6.0	25.7	40.6		↓	↓	↓	Not applicable
	3.7	A1: Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days)	low	647	763	1100	698	719	671	656		↑	↑	↓	↓
	3.8	A2: Average time between receiving court authority to place a child and a match to adoptive family, adopted children (days)	low	210	261	399	225	243	232	256		↓	↓	↓	↓
	3.9	A3: Percentage of children meeting A1 Threshold	high	55.0	44.1	19.0	47.4	41.2	44.4	44.1		↓	↓	↓	Not applicable
	3.10	Family Justice Review - % of proceedings completed within 26 weeks	high	Not available			54.5	55.2	57.1	51.0		↓	Not available		Not applicable
Workforce	4.4	Average Social Work Caseload	low	Not available			31	27	29	26		↑	Not available		↓
	4.4a	Average Social Work Caseload - Newly Qualified Social Workers (NQS'W)	low	Not available			31	27	28	29		↑	Not available		↓

Role of this Document

The Directorate Workforce Plan articulates the Directorate's strategy and proposed actions to develop its workforce in order to support the Directorate's priorities and the corporate workforce objectives as set out in the People Strategy. The Workforce Plan should be read in conjunction with the Directorate's Business Plan.

The Workforce Plan articulates some of the detail around the Directorate's strategy and proposed actions to deliver on this in the context of the supporting evidence base and corporate and Directorate business and workforce priorities.

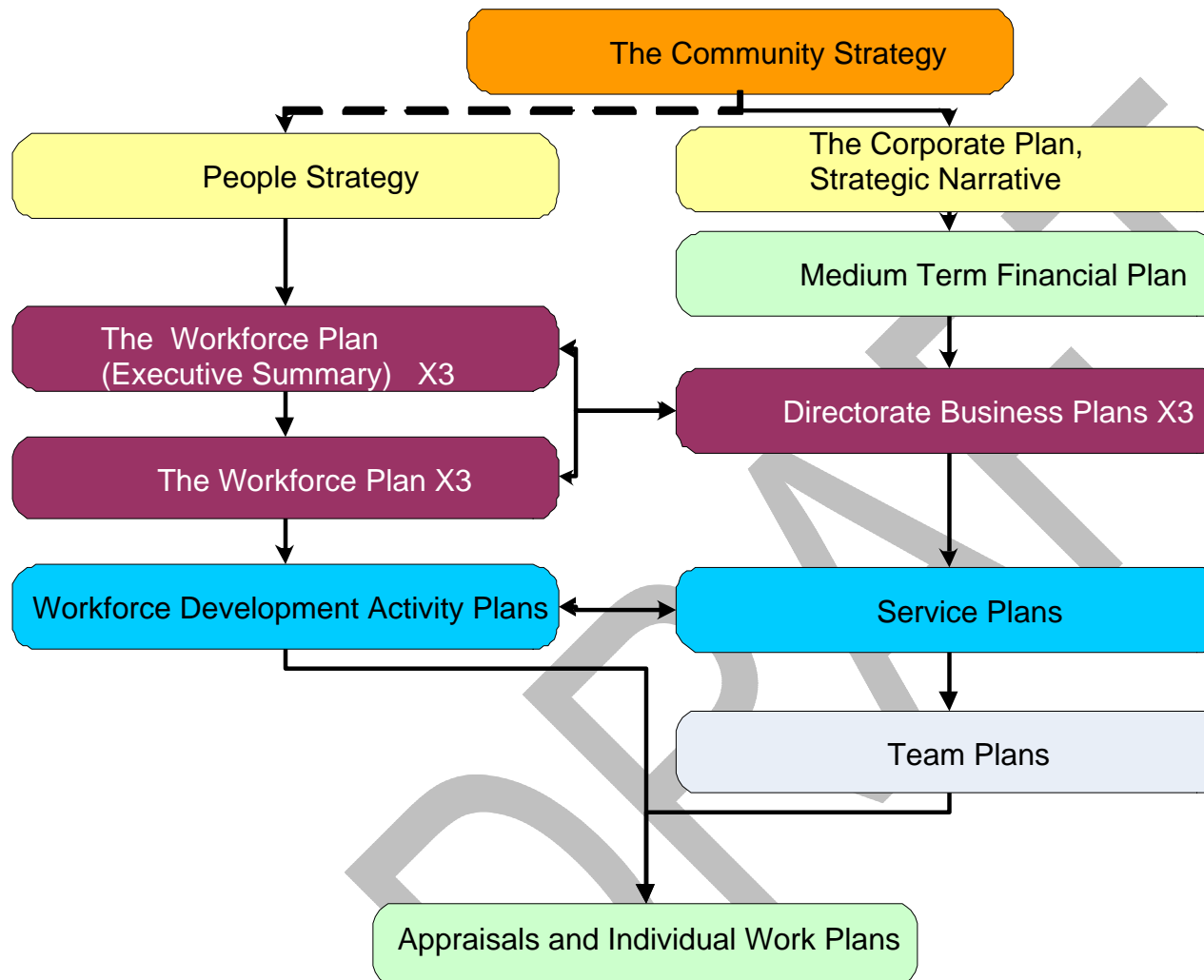
The plan is owned by the Deputy Chief Executive and Strategic Director's and overseen by the Directorate Workforce Development Group with support from the HROD service. The plan sets out how performance will be measured against individual priorities and how progress against plan will be tracked.

The Workforce Plan has been informed by:

1. The business priorities set out within the Directorate business plan
2. The organisation's strategic workforce priorities as set out within the People Strategy
3. The existing workforce plan for the Directorate
4. The key areas for development and improvement identified through the Preparing for Business Planning process
5. Any relevant feedback from external assessments of the Directorate's approach to its workforce
6. Relevant data on the workforce from workforce intelligence about the Directorate

The plan sets out the overall framework for workforce development within the Directorate and is supported by a number of Workforce Development Activity Plans which set out some of the activity (e.g. face-to-face training, e-learning, other forms of learning) which will be necessary to deliver the overarching workforce strategy. These activity plans will align required actions with available resources and link to the corporate skills and development offer.

The overarching workforce planning framework is shown in the diagram below.



1. Workforce Strategy

The Children and Families workforce strategy has been developed aligned to the issues faced in the context of the service changes to be delivered over the next two years.

The Directorate's aim is to continue to progress the integration of services to children and families with other public services and partner organisations to achieve the level of reform required to support people to become more independent. This will sit alongside the delivery of the Directorate's budget options which require both a reduction in workforce and a shift in the types of roles and skills across service areas.

A priority set of objectives has been developed to ensure that the Directorate has a workforce that are aligned and skilled to meet the challenges faced by the scale and pace of change and to implement new delivery models and new ways of working to achieve this. Our outcomes will enable people to address complex issues within their lives and ultimately access the benefits in the city created by the economic growth, including employment where appropriate, and support for people to be the very best they can be whilst ensuring we continue to protect the most vulnerable in our community.

There are 9 key priorities as follows:-

Strengthening multi agency safeguarding

- Strengthening multi agency arrangements for safeguarding children and vulnerable adults. This includes the response to the findings of the Ofsted inspection of services to children in need of help and protection, children looked after and care leavers. Focusing on the needs of the child will be the key to success.

Driving Public Service Reform

- Making integrated health and social care services core business through the Living Longer Living Better (LLLb) programme.
- Developing the troubled families way of working into a much larger programme of helping people to move from complex dependency to employment
- Rolling out the Early Years new delivery model.

Strengthening integration arrangements

- Building up neighbourhood and district arrangements for the integration of public services.
- Bringing the services of the former children's and adults departments together around the LLLB and complex dependency groups of service users.
- Implementing phase two of a review of Public Health.

Managing the budget and reforming services for high cost service users / services

- People with learning disabilities
- Looked after children.

The implementation of the Care Act 2014 is another key challenge which will impact significantly on changes within the workforce (e.g. skills that will need to be developed, workforce development/ transformation requirements):-

The Act gives the Government power to set a new national eligibility threshold for Council funded social care for adults. The Act also places new duties on councils to provide information and advice, preventive services and, for the first time, support for carers with eligible needs. It is expected that an additional 500,000 people nationally with eligible needs will approach their councils for an assessment. The Directorate will ensure that its workforce is equipped through the relevant training/development to deal with all aspects of change that will be necessary to meet the requirements of the act.

Leadership and Management capacity have already been identified as areas where there are gaps to help drive forward the necessary changes and harness the required motivation and behaviours within the workforce that are vital to achieving our objectives. This is currently being addressed both through interim capacity and external recruitment to ensure we have the skills experience and expertise in place at a senior level.

2. Workforce Priorities

Workforce Priorities

In order to meet the objectives of our workforce strategy there are a number of key areas we will need to focus on which include.

- **Developing Leadership Skills and Capacity** – The Directorate will continue to develop Leadership and Management capacity at all levels including a focus on understanding the basics of managing staff and services in line with Council

protocol. Also to develop skills to ensure delivery and follow through to make things happen - from a strategic level through to front line practitioners working with individuals and being aware of their specific needs.

- **Developing outcome focused approach to delivering services** driven by maximising the impact of improved outcomes for residents. Working from an asset based approach, expanding the role out of the complex family's model of working to ensure the appropriate support. Develop skills for whole systems thinking and working to tackle the causes of issues and not just the symptoms.
- **Reward and Recognition/Health and Wellbeing** – developing a workforce that feels fully engaged, communicated with, and motivated to work in new and more flexible ways, that understand and share the Directorates vision and values and reflect the needs of the community they serve through their actions.

Planning for the Future Workforce

- **New Ways of Working** – There will be a focus on integration and mainstreaming PSR principles including:
Commercial skills in order to develop new approaches for how public services are designed and delivered within restricted budgets to meet the needs of vulnerable citizens.
Training and development to support evidence-based interventions.
Asset based assessment and case planning.
Development of lead worker skills to be proactive and supportive in harnessing the level of support tailored to individual and family requirement.
Development of Innovation and reform skills.
Developing self sufficiency skills amongst staff, so they learn how to maximise use of new IT equipment to reduce dependence on support services
Analytical skills to interpret data, understand the issues, understand options, and monitor impact
Negotiation and commissioning skills
- **Working with people/organisations at place level and with a whole family focus.** Developing skills to manage and work within a multi-disciplinary and multi-agency environment and also to work across different organisations. Develop the ability to work within a neighbourhood focus and connect issues, themes and trends identified at a neighbourhood level into strategic and commissioning decisions whilst remaining sensitive to the needs of the community.

The Directorate's aim over the next two years is to develop a people focused workforce, who understand and are accountable for the impact of their decisions and actions on the lives of children, adults and families. The key attributes being:-

- Effective management of people, resources, services, risks, including taking responsibility for directorate and organisational wide thinking.
- Independent – a workforce that is self sufficient and able to work autonomously, identify solutions and make things happen; whilst working within relevant policies and procedures and within the context of clear accountabilities and decision making responsibilities.

Resilient – a workforce able to deal with the challenges of their roles with appropriate support in place for all staff within their peer and management teams and motivation to progress and deliver the right results.

- Aspirational – a workforce striving to be the best within their roles and working towards enabling Children, Adults and Families to reach their full potential in life through employment, health, wellbeing and education
- Critically reflective – a workforce which reflects as a matter of course and asks itself key questions – why am I doing this? Am I doing it in the most effective and efficient way? How is it impacting? How can I make change happen?

The aspiration for the workforce is not only that the workforce is demonstrating these behaviours but through their work with residents is supporting families to develop the same set of core behaviours.

Appendix 4. Risk and Resilience

In Reflective Review

Thematic Category	Risks to the Delivery of the Business Plan Objectives	Headline Impacts if Risk Emerges	Summary of planned mitigations to manage the risk
Delivering Change and Transformation	The scale and pace of change required is not delivered within the required timescales	Slippage in savings delivery	Robust monitoring and escalation arrangements in place
	The planned transformation fails to reduce demand on high cost targeted and specialist services	Demand for services stays the same or increases	Development of outcomes framework to monitor impact
Delivering Performance and Business As Usual	Activity within the improvement plan fails to deliver the anticipated improvements	Outcomes do not improve, staff turnover remains high, MCC does not move out of improvement status	Robust governance and monitoring arrangements in place
	Peer review of adults services highlights significant areas of improvement within adults social care	Loss of confidence in service, poor quality service for residents	Review of adult social care underway. Additional leadership and management capacity secured for interim period.
	Failure to deliver Care Act requirements within national timescales.	Reputational risk to MCC, eligible residents fail to get the service they are entitled to	Senior leadership capacity secured to focus on activity to deliver these requirements.
	Insufficient high quality school places delivered to meet rising demand	Children unable to access the right educational provision in the right place.	Plan in place and robust monitoring arrangements
Finance and Resources	Failure to deliver the required savings within the timescales set out	Balanced budget not achieved	Delivery plans developed with robust monitoring and accountability arrangements in place.

	Demand continues to increase creating capacity pressures on services	Rising demand counters savings reductions delivered	Outcomes framework and monitoring arrangements
Staff Capacity and Skills	Workforce savings are not delivered through VER/VS and internal movement	Creates budget pressures and failure to deliver balanced budget	Managers proactive in exploring opportunities for movement and release
	Staff do not adopt new ways of working and do not develop the skills needed to work in new models	Change will not be sustained or embedded.	Activity to embed leadership and management expectations. Workforce strategy will set out activity to address and monitoring arrangements will be put in place.
	Turnover continues to be high in children's social work	Change is not embedded or sustained. Practice does not improve.	Social work workforce strategy to be developed. Delivery and monitoring of implementation plan.
Partnerships and External Dependencies	Partners do not sufficiently engage in new ways of working creating ongoing service pressures within MCC	Demand on services does not reduce	Robust engagement of partners in the design and delivery of new models
	Failure to agree new models or partners do not progress changes required at the pace needed to deliver transformation	Delays to delivery of new models create budget pressures and fail to improve outcomes	Monitored through implementation and escalation mechanisms.
Other Risks (for example risks relating to equality, reputation, infrastructure, accommodation)	Systems changes needed to underpin new ways of working are not delivered in the timescales required.	New ways of working cannot be fully implemented creating budget pressures.	Proactive work within Directorate to scope requirements and engage with ICT colleagues to progress delivery. Directorate ICT Board monitors progress.
	Inability to identify appropriate estate solutions to enable co-location of multi-disciplinary teams	New delivery models are not embedded. Loss of confidence from partners results in them disengaging from delivery of new models.	Proactive work within Directorate to scope requirements and engage with G&N colleagues to progress delivery. Estates workstream for H&SC Integration in place with governance.

People. Pride. Place.

Children and Families Directorate Key Challenges from the Performance Framework 2015/16 – 2016/17

Appendix 5. Key Challenges

Performance

- Numbers of vulnerable children increasing - Looked After Children increased by 7% between June 2013 and June 2014 (1305 to 1398). Children In Need and Child Protection Plans also increasing
- Timeliness of Child and Family Assessment and Initial Child Protection Conferences need to improve
- Adoption below DfE threshold
- Adults' reassessments continue to fall - down 16.6% from 2012/13. Manchester now records the lowest level in the North West.
- Outcomes following discharge from hospital into intermediate care compare poorly against other AGMA LAs
- Delayed transfers of care from hospital are on the increase, jeopardising integrated care success

Evidence Source

LAC report, Quarterly PMF reports, Ofsted inspection, North West Benchmarking analyses

Value for Money

Children's social care, - a reduction in cost per head over recent years, with a peak in 10/11. Net spend is slightly higher than similarly deprived areas and higher than the national average. The higher expenditure per head is largely the result of the high number of Looked After Children.

Adults' social care - spend per head for Older People continues to fall and is lower than all other comparators

Spend per head on Physically Disabled people is 26% lower than any of the other comparator groups

Whilst Spend per head for LD and MH have fallen they remain significantly higher than all comparator groups

Education - Overall expenditure per head in 12/13 was slightly above the core city average but below the similarly deprived level. Spend

Evidence Source

VFM Analyses or other benchmarking

Budget Savings

- Major pressure is delivery of the Looked After Children budget currently projecting an overspend of £2.8m and being high risk for delivering £3,814k savings
- Care, Assessment and Support budgets have projected overspend of £1.164m due to the delay in the achievement of the social worker savings and are high risk for delivery of £879k savings
- Learning Disability is balanced by additional demography funds but at risk of additional costs due to national issues - Deprivation of Liberties' Safeguarding (DoLS) reassessments and the Winterbourne Review
- Major challenge will be delivering the additional £60m Directorate savings for

Evidence Source

July Budget Monitoring Report

Governance

- Integration and decision-making for reform, including LLLB and Complex Dependency
- Assurance of outcomes for Mental Health clients, particularly those with Safeguarding issues
- Embedding the Council's constitution and financial regulations within people's roles
- Ensuring necessary level of engagement with the Assurance Board to assure:
 - alignment of existing performance frameworks for Adults' and Children's social work, including reporting to both Safeguarding Boards;
 - maximising use of available performance and management information;
 - improving complaints', FOI and MP

Evidence Source

Internal Audit and Risk Management Reports, Annual Governance

Workforce

- High caseloads in Children's Social Work
- High turnover of Children's social work staff
- High proportion of Children's NQSW
- Integration with Health partners and the implementation of LLLB delivery models - work with health organisations to understand and deliver the organisational, structural and behavioural changes required to achieve reduced care dependency levels across the city.
- Support delivery of workforce efficiency savings through the use of strategic workforce planning, analysis/activity and effective succession/recession planning.
- In association with partners roll out the complex dependency model including the development of the Key worker role
- Develop leadership and management capacity, capability and behaviours to deliver the 9

Evidence Source

Case File auditing reports, Ofsted Inspection, Performance and Skill boards/reports, Workforce efficiency reports, Monthly workforce metric data

Other challenges

- Strengthening multi agency safeguarding
- Responding to the Ofsted Inspection
- Mainstreaming integrated health and social care
- Scaling-up the Troubled Families programme to move people from complex dependency to employment
- Rolling out the Early Years delivery model
- Evaluating LLLB specifically focusing on Integrated Care and the impact on MCC
- Managing the budget and reforming services for high cost cohorts/services
- Implementing Health and Social Care Act, Dilnot
- Embedding new service structures
- Strengthening integration arrangements
- Maintaining statutory services with changing finances
- Ensuring Governance arrangements are

Evidence Source

Ofsted inspection, Deputy Chief Exec (People)

SWOT Analysis

Strengths

- Strong political leadership
- New Deputy Chief Exec (People) role in place
- Clear priorities for the 2-year period
- Good understanding and leading on PSR and Complex Dependency
- Economic potential of the city
- Combined authority
- Relationship with some aspects of Central Government
- Attendance management improved
- Whole family approach underway
- Community budget pilots
- Improved Efficiency
- Medium term financial planning
- Market place – well developed high quality in some places
- Commitment of partners to work together and not in competition
- Relationship with schools through the Schools Alliance and SEP
- Demography – increase in number of children

Opportunities

- Health and Care Act
- National eligibility criteria
- Complex Dependency
- Behaviour change opportunities
- Integrated working with partners and better services for customers
- Integrated Commissioning and Commissioning Hub
- New integrated customer journey
- Development of single assessment processes
- Front door processes
- New Delivery Models
- Mental health Services
- Development of Universal service offers in Neighbourhoods
- Local Development Fund
- Promote Manchester
- Combined authority in general
- Combined authority for commissioning and delivery of services
- GM working – skills sharing
- PSR and our role – work with Central Government
- Schools Alliance / Strategic Education

Weaknesses

- Incoherence of LLLB evaluation priorities delaying outcomes' evidence-base for MCC
- Workforce development
- Reactive rather than planning ahead/strategic
- Turnover and sickness absence in parts of the service
- Loss of collective organisational memory
- PSR not yet embedded culturally
- Completion of reassessments and support planning
- Data – compliance with capture, recording, security and sharing standards.
- Reconciliation of financials to activity, HR and improving outcomes for people
- Complaints' – timeliness of response and learning lessons to effect long-term improvement
- Internal communications
- Mental health services
- LD Networks – staffing not stable
- ICT
- Economic growth and its connectivity to local people
- Traction on some large New Delivery models to reduce demand
- Outcomes for residents still not as good as they should be e.g. health

Threats

- Further budget challenges - 40% budget cuts
- Further workforce reductions - Loss of organisational memory and skills gaps
- Spending review reductions/Financial sustainability
- General election
- Continued increase in demand and pace of reducing demand
- Damage to partnership working
- ICT – data systems (early years help)/system failures
- Staff behaviour change to reduce demand
- Expectations against capacity
- Market place – New delivery models might not yet exist
- Sense of Pride can hinder our ability to admit when we have got something wrong
- Inability to stop doing things
- Tension with BAU whilst delivering the NDM

PESTEL

Political

- General Election - the health and social care battleground
- Further budget reductions
- GM/MCC planning
- GM Commissioning Framework
- Layered buy-in and commitment across the combined authority
- Local political ambition and aspiration for Manchester
- Ensuring the viability of the market
- New delivery and investment models
- Health and social care reform - integrated services, Healthier Together, Living Longer Living Better
- Housing reform
- Welfare reform
- Education reforms
- Changes to Troubled Families agenda

Social

- Rising demographic pressures
- Deprivation, long term conditions and increasing life expectancy with more complex needs, costing more
- high numbers of people not in employment and medically unfit for work
- media and communications training for staff
- increasing rates of Domestic Violence/abuse/homicide
- drugs and alcohol issues
- older people as volunteers
- Increased demand for school places
- Wider impact of housing reform on parents needing to stay close to their children's school
- public health outcome inequalities
- Increased short term demand whilst trying to reduce demand
- Transience across the city region
- Complex Dependencies Agenda

Environmental

- Carbon literacy training
- Business continuity plans for poor weather
- Infection control plans in place
- Rationalisation of MCC estate
- Integration with health estate
- Importance of good schools to attract families
- Physical space in the city for new/expanding schools etc
- Transport links not always easy to negotiate

Economic

- Welfare reform leading to increasing dependency
- Housing reform
- Capacity to deliver advice services
- Funding settlement seriously impacts what we can do
- NHS budget reductions
- Dilnot impact
- Integrated budgets eg. LDF/BCF with health
- In-year budget pressures and delivery of current savings proposals
- Market trends in LD and homecare
- increasing demand for services and rising demography
- support for carers to stay in employment
- Smaller public sector – lack of capacity for some of the new innovations – partners and voluntary sector also under budget pressures

Technological

- Expectation of technological solutions outstrips what can practically be achieved
- Data storage, sharing and security
- Social media advances
- Digitalisation – delivering the digital strategy: widespread Wi-Fi, digital skills and connected businesses mobile working
- need to use more technology to deliver services eg AT, web shop, Telecare
- staff skills not up to date and not all connected to MCC systems
- behaviour change required by staff and customers
- system upgrade required to MiCare - Mosaic
- benefits of using ibase
- need better system connectivity eg MiCARE, abacus and SAP

Legal

Consolidation and impact of all Adults' and Children's legislation – Dilnot, self-funders, carers, etc
National eligibility criteria
Embedding statutory requirements in practice EIAs
Integration of Health and Social Care – structurally and financially
Data sharing and security
Localism – right to challenge
Culture of litigation at organisational and