

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 3 September 2015
Subject: Adult Social Care Peer Review and Improvement Plan
Report of: Strategic Director, Adult Social Care

Summary

This report provides Members of the Committee with an overview of the Adult Social Care Peer Review and Development Plan.

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report and comment on the Improvement Plan.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Background and Introduction

This report summarises the outcome of a recent Peer Review and describes the setting up of an Adult Social Care (ASC) Improvement / Development programme. The Improvement plan in response to the Peer Review is attached as appendix 1.

2. Context and Strategic Direction

2.1 GM Devolution

As part of the devolution agreement with NHS England Greater Manchester has undertaken to develop a comprehensive strategic plan for Health and Social Care. The aim of this plan is to ensure that the GM health and social care system is clinically and financially sustainable over the five year period from April 2016. Manchester City Council and the CCGs are currently formulating a locality plan which will set out the City's sustainability plans as part of the wider GM plan. It will include the shift from acute provision to the community. This will include the integration of health and social care community provision. The aim of this plan is to:

- Improve health and wellbeing outcomes by 2020
- Ensure high quality, safe and clinically effective services
- A balanced budget during the five years to 2020 and a strong footing for long term financial sustainability.
- Promote a Social Movement to self-care

2.2 Living Longer Living Better

The Living Longer, Living Better Programme (LLLB) was established to develop integrated community based care across the city of Manchester and to take a more coordinated and proactive approach to care delivery in order to keep people well and reduce unplanned admissions to hospital and residential/nursing care homes. This programme has made significant changes to community based care over the last year; for example with the introduction of multi-disciplinary neighbourhood teams across the city. Subsequently the LLLB programme has progressed to a new phase of implementation, in order to increase the scale and pace of delivery of place based care. A vision for 2020 has been developed and agreed with the Health and Wellbeing Board, along with an agreement to shift 20% of care out of hospitals and residential/nursing care; closer to a person's home.

In order to achieve this, health and care leaders have established a shared vision for community based care as stated below:

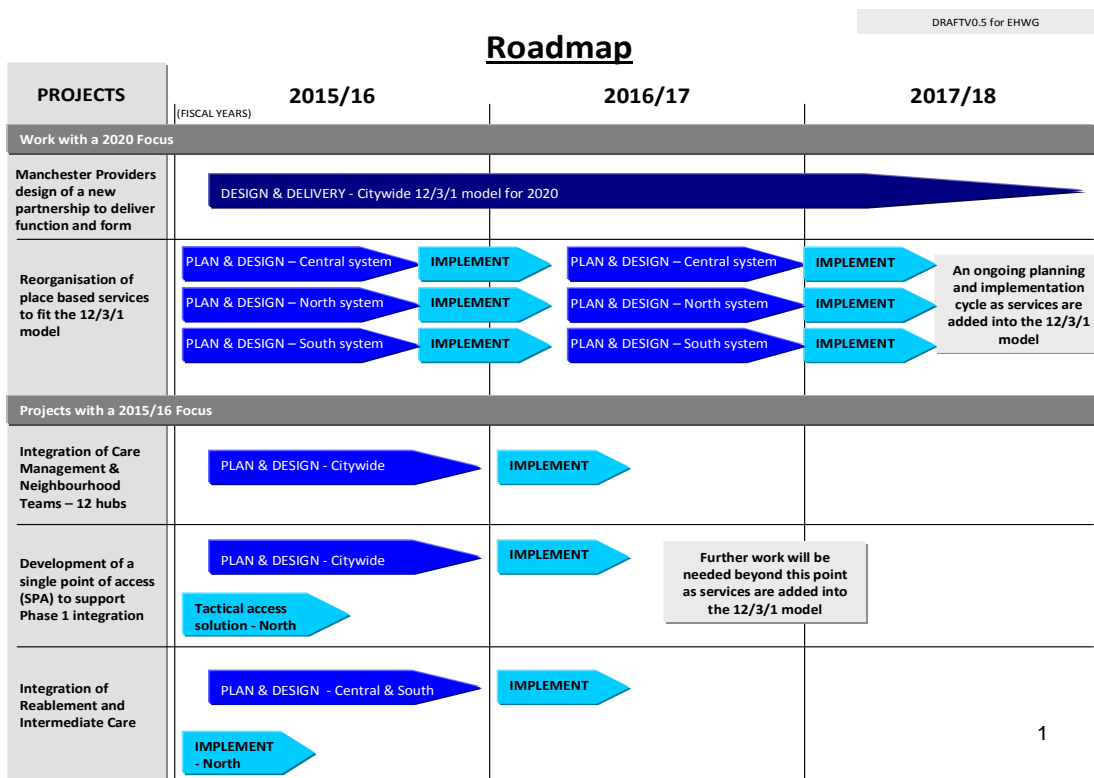
“By 2020 the Living longer, living better programme will have radically transformed Manchester’s community based care system. This transformation will support people to live longer, healthier lives by ensuring a wide range of high quality health and social care services are

easily accessible within communities, and are centred on the individual and their specific health needs.”

This vision is expressed through four strategic aims:

- **Improving health outcomes** – Contribute to an improvement in key quality of life and life expectancy outcomes in Manchester by driving improvements in the community based care system, ensuring a range of new, innovative place-based services are centred on the individual.
- **Improving service standards** – Ensure that the new community based care system delivers high quality, easily accessible services regardless of where in Manchester an individual lives.
- **Financial sustainability** – Deliver a financially sustainable community based care system for Manchester that enables a safe reduction in the overall spend on health and social care services and a rebalancing of resources from in-hospital to community based care.
- **Supporting self reliance** – Increase the volume, range and effectiveness of prevention and early intervention services available, including a wider choice of resident self care options, to enable people to maintain their independence within a strong community support network.

It has been agreed that Adults Social Care Services (ASC) will integrate with community health services during 2015/16 within the overall programme for integration. This is one part of the overall integration programme; however, it is currently the most focused work and can be broken down into 3 areas which are demonstrated in the road map below.



The integration of ASC services with community health services has been expedited by the agreement to have an early implementer site in the north. The timescales for the early implementer for the integration of the MCC Reablement Service with the Hospital Intermediate Care service to form a Clinical Advice and Support Service (CASS) is September 2015. This will provide the city with the opportunity to learn from experience how and what to implement to achieve maximum effect. Integrated Health and Social Care Neighbourhood Assessment Teams will be implemented across the city in April 2016 . They will be working to a single integrated assessment process using a Trusted Assessor model with single line management provided from health in each locality. This means that the reform of Adult Social Care will sit firmly within this vision. All the integrated services in the future will be provided as part of a place based care approach with as many services as possible being provided at or near to a person's home. During 2016, the integration programme for Community Mental Health Services and Primary Care will also be implemented.

The Adults Social Care Improvement Programme will include a Leadership for change programme as set out in section 5 and will include staff and partners in both developing the vision, standards and in the determination of what good looks like in a new integrated health and social care delivery model. It will focus on the systemic outcomes developed by Commissioners through the One Team specification. This approach will future proof the new arrangements to ensure that the Council can meet its statutory accountabilities for Adult Social Care,

3 Peer Review

- 3.1** The Peer Review was commissioned to provide an independent assessment of how well the council is delivering adult social care The Peer Review occurred between Wednesday 25th to 27th March 2015, prior to the site visit there was a requirement to undertaken a self- assessment which was used as part of a process of establishing the current baseline of ASC delivery.

This model of Adults Peer Challenge intends to help local government to help itself to respond to the changing agenda in adult social care. The peer challenge process is a constructive and supportive process with the central aims of helping a council and its partners to assess its current achievements; and identifying those areas where it could improve. It is delivered from the position of a critical friend to promote sector-led improvement.

- 3.2** The focus of the Peer Review was on 3 main areas:

End-to-End delivery
Adult Safeguarding
Social Work practice

3.3 Outcome of Peer Review

The Peer Review outcomes are as follows:

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

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

Strengths:

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

Areas for development:

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

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

Overall conclusion: “Safeguarding happens in Manchester and is owned by the whole system, however it is inconsistent and requires more attention to the system supporting it including policy, procedure, resources and quality assurance”.

Strengths:

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

Areas for development:

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

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

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

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

Strengths:

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

Areas for development:

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

Also the citizen pathway is unclear and there are multiple hand offs.

4 The establishment of an ASC Improvement/ Development Programme

4.1 In response to the Peer Review and the intelligence the Adults Management Team had gathered an Adults Social Care Improvement / Development Programme has been established; the Board is chaired by Hazel Summers. This will be a positive enabler to the strategic plans regarding health and social care integration and will be undertaken through the active involvement of health partners, ASC staff, trade unions and other key stakeholders both at a strategic level and in the operational delivery of building and embedding improvement.

The Improvement / Development Programme is focused on developing the systems, standards, processes and workforce required for Health and Social Care integration through the Living Longer Living Better (LLLb) programme. Therefore, the key theme of the programme is to successfully reform adult social care within this overarching context. A new Citywide Practitioner Design Team has been established, which is comprised of service Practitioners from the 3 Hospital trusts, The Manchester Mental Health Trust and MCC. This new team will be led by the Strategic Lead for Health Integration and are accountable to the Manchester Provider Group on behalf of the LLLb

Programme. They will be responsible for the design of the different integration programmes, which will start with the integration of ASC with community health as outlined in section 2.2.

4.2 The programme is designed to build sustainable improvement in relation to our delivery of ASC. It will use as a blueprint the work being led by the local government association (LGA) in respect to the national improvement initiative to reform the delivery of adult social care. ¹The Towards Excellence in Adult Care (TEASC) is designed to support councils to improve their performance in adult social care and improve outcomes for citizens. The vision of TEASC is “that excellent Adult Social Care services will be delivered supported by a regional and national programme of sector led improvement, peer challenge and leadership support”.

4.3 What does good look like?

4.3.1 One Team – Place based Care

One Team – Place Based Care is the high level design for all services delivered in the community. This design should be in place by 2020 and fulfil the LLLB strategy. The design seeks to shift the focus of care from:-

- Organisation to place
- Disease to person
- Service to system
- Reactive to proactive care
- An unaffordable system to progressive upstream investment

Critically the improvement and design of our services will focus on the systemic outcomes defined through the One Team specification. The specification was presented to the Health and Wellbeing Board for approval in June and a single joint provider response will follow in July. That will set out the proposed neighbourhood model for social work and assessment.

4.3.2 These teams will be able to form strong working relationships, connect with their communities and provide the best care to their population. Teams will work to a common set of outcome measures. Because the design includes all community based care and working with partnerships of providers it is possible to shift to outcome measures rather than more traditional output or process measures.

4.3.3 The outcomes are structured around five domains.

- Population outcomes which are structured around the life course; from early years, adults of working age, older people and care at the end of life. It also includes standards of quality and safety specific to integrated working

¹ TEASC – LGA – website local.gov.uk

- Wider determinants of health such as the economy, employment, housing and education are important because of their contribution to population health and wellbeing. Teams can achieve improvements to population outcomes by contributing to these determinants
- It is important that there is a focus on the person and their families. This domain's measures have been developed through public engagement and described what people would want to say about their local services. It also has measures describing what residents can do to contribute towards their own health

There is strong evidence that shows effective team work, support and motivation supports high quality, safety and outcomes. Integrated care models elsewhere have been shown to succeed through effective team working and investment in skills as part of implementation. Carers have stated that they wish to be an integral part of the workforce and have co-produced the construction of the outcome framework. If teams keep people well, living in their community, this will reduce the need for reactive acute care and long term care packages. This resource shift is what will enable sustained increases in resource in the community. It will also contribute toward a sustainable health and care system overall

4.4 TEASC and Adult Social Care Outcome Framework

As part of the TEASC programme a number of toolkits have been developed including an optional tool entitled "What good looks like" which will be undertaken in the set up stage of the programme as the completion of this will consolidate the current baseline of ASC delivery This will support the reform of Adult Social Care and development of the standards, working practices under the move to integrated services

Another indicator of what good looks like is the ASC outcomes framework (ASCOF) which has the following priorities that each council will be measured against for 2015/16. These indicators fit firmly within Manchester's approach to reform. The ASCOF will be incorporated into the Improvement / development programme outcomes

- 4.5 A set up meeting was held 28th April, with middle managers to establish the programme priorities and deliverables and the governance arrangements.

The Improvement / Development programme has the following workstreams:

(1) Engagement and Communication - will develop a strategy to ensure effective engagement / communication with the workforce, trade unions, Health partners, other key stakeholders including citizens

(2a) Working Age Adults– will take forward the work of the Ernst and Young project and ensuring the E&Y recommendations are successfully delivered taking into account the new fast track arrangements for GM.

(2b) Transitions

Intrinsically linked to the delivery of this workstream will be an interdependency and close working with the Transitions Board that has a brief to improve the transition process for young people with disabilities moving from Children and Young People services to Adults services. The work of this Transition Board includes developing a strategy to ensure the earlier identification of those young people who will require support from ASC. Timely identification will enable an early conversation at the start of the transition phase with the citizen and their parents / carers focused on a support plan approach which includes community asset development, self directed support and personal budgets, to enable people through advocacy, as necessary to make choices about how and when they are supported to live their lives.

The Board is also looking at options for a redesigned transition team to make transition more seamless for young citizens with a disability and their parents/ carers. It is anticipated that over the next three years, around 200 young people with a learning disability will be transitioned into adult services.

(3) Adult Safeguarding –will build consistent approach to how we deliver adult safeguarding

(4) Organisational Structure – will include a review of the staffing structure of ASC to identify required capacity, skill mix and effective positioning of qualified workers (SW and OT) to ensure Care Act compliance. In undertaking this review we will involve our health partners taking into account the LLLB integration

(5) Quality and social work / social care standard setting –will build consistent practice and embed outcomes based model of practice

(6) Systems and processes –will streamline the delivery of ASC, including reducing the number of handoffs

(7) Workforce development – will include a leadership development programme to support our programme of improvement and development. This includes financial management for all team and locality managers.

4.6 Approach

4.6.1 Central to the delivery of the programme is an ethos of co-production with the workforce, trade unions and health partners. Essentially it will be owned by those working in ASC, through a model of staff engagement and involvement. This will be achieved through bringing together cross sections of staff working at all different levels within the organisation to harness skills and knowledge in time limited task and finish groups that will work on specific aspects of the programme.

4.6.2 The transformation of Adult Social Care does not operate within a silo. Officers are working with other public services e.g. Greater Manchester Police to reform out of hours provision and the Delivering Differently programme for domestic abuse. Adult Social Care is also firmly embedded as part of the

wider reform programme e.g. Complex Dependency. Furthermore, officers within Adult Social Care have also led on the design of the Mental Health and Work Pilot linked to the scaled up Working Well Programme. This will underpin and test out new approaches which will inform and support Public Service Reform.

- 4.6.3** The approach will be to include a continuous challenge from peers to ensure that the improvements that are made are centred on the Living Longer Living Better Programme and the new health and social care arrangements and delivery vehicle as well as wider reform programmes. There will also be a focus on a different conversation with Manchester citizens, building on the work of the Age Friendly Manchester programme to develop community assets. In addition, as stated earlier a new Practitioner Design Group was established 8th July across the core providers who will work together on the design of the neighbourhood model by Christmas 2015 and its implementation by April 2016. This will include social work, assessment, District Nursing and a range of therapy services. This will be supported by a commissioning project team.
- 4.6.4** Throughout June the programme was launched through a schedule of Roadshows which has informed and involved staff in the development of this improvement/ development programme. At the roadshows staff have explored what good social care looks like and started to develop an ASC vision linked to wider Health and Social Care integration. A wider conversation across the health and social care community will also be undertaken. The TEASC self-assessment will also be undertaken.
- 4.6.5** During the initial stage of the programme an early gains / quick wins action plan will be designed to identify early actions that will bring about immediate improvement both to the workforce and the people accessing our services.
- 4.6.6** Central to the achievement of a modernised flexible ASC service will be an organisational cultural shift towards “a doing things differently” ethos embedded within the organisation. This cultural change will be part of the ASC improvement / development programme
- 4.6.7** The improvement and development programme will have the following benefits, which are all indicators of good adult social care

Benefit	Desired state/ What good will look like
Improvements in adult safeguarding	Manchester citizens continue to be protected from abuse and neglect. There is a reduction in adult safeguarding through early intervention
Raising standards in adult social care standards	Manchester adopts an exemplar approach to social care standards that is fully compliant with the Care Act and promotes a positive image of care for the City and improves the citizen’s experience. These standards will be an essential requirement within the new delivery arrangements for health and social care integration.

Benefit	Desired state/ What good will look like
Streamlining processes and exploiting use of technology	Adult social care is modern and responsive through high quality technological solutions which improves the delivery of services to Manchester's eligible citizens
Enhanced delivery of adult social care delivery	A modern, flexible and responsive social care service across the city is a key enabler for the integration of services across health and care Innovative models of support are available ,which are community based and have been developed through a model of community asset building
'Future proof' adult social care social care assessors	A dynamic workforce plan that recognises an approach to 'grow your own' workforce e.g. social work training

4.6.8 Early Implementation and Progress Report

Phase 1 – initial set up and embedding a co-production approach with staff

The programme initially set out to develop a grass roots approach by involving staff in the development work in the first instance. There were some key principles identified at the beginning of the programme:

- To share the findings of the Peer Review with staff and managers
- To invite their feedback to the findings and identify what further opportunities and improvements staff can themselves identify
- To involve Locality and Citywide Managers at the outset as they were seen as critical links to securing buy-in and improving staff support and engagement
- To ensure that visible senior leadership was in place from the outset
- To listen to staff on their views on what the initial priorities should be to sit alongside the recommendations from the Peer Review
- To invite staff suggestions on what they felt were the early 'quick wins'

4.6.9 In June, a number of staff engagement events were held at various locations across the city – 5 in total, with 171 staff in attendance. The events were led by Geoff Little, Deputy Chief Executive People, Hazel Summers, Strategic Director and Caroline Byrt, Interim Head of Social Work. The events focused on:

- A strategic update from the above senior leaders on a range of strategic messages such as the integration with health activity, why the Peer Review was an important milestone for adult social care and the approach being taken and setting out the context for change

- Locality Managers were set some pre-work to engage with their staff over two key questions – “what the name of the improvement programme should be?” and “what’s working well/what are the quick wins”. This enabled the feedback to be directly shared with staff at the events by the Managers
- Generate wider discussions with staff on their views and how they could shape the improvement programme
- Capture feedback from the events through an extensive evaluation questionnaire.

4.6.10 The key findings were:

- Staff came up with 18 different names for the Improvement Programme – with Transforming Adult Social Care being the highest rated suggestion. This has been subsequently adopted with the Board meetings renamed to reflect this
- 90% of staff reported that they were clearer on the direction of travel following the strategic briefing
- The average score out of 10 for the quality of the events overall was 7 out of 10, although some events scored much higher (9 out of 10)
- The highest ‘excellent’ rating was predominantly for the Locality & Citywide Manager feedback – demonstrating that engaging with Locality/Citywide Managers was seen as a critical success factor

Following the successful completion of all the staff events, the detailed findings have been presented to the Improvement Board. The Improvement Programme will be delivered through 7 workstreams. As would be expected with such a major programme of change, there is a detailed project plan which sets out over 93 individual actions to be delivered. In the main, these are mostly identified as either quick wins or priority actions. Assigned under each workstream, the following summary sets out the main activities that are being addressed and a progress report/RAG rating in terms of how well we are delivering changes.

4.6.11 (1) Adult Safeguarding

- a) Main actions identified for quick wins/priority
- Provision of greater clarity on safeguarding policy and practice
 - Create, seek approval and publish two new safeguarding policies – Multi-agency Safeguarding Policy and Procedures and MCC Safeguarding Policy and Procedure
 - Improve practice through the review of 20 safeguarding cases by Internal Audit
 - Set out new approach for responsibilities around the Deprivation of Liberty in Domestic Settings
 - Better define the role of Social Workers in Adult Safeguarding and introduce performance clinics around safeguarding to manage overall performance, workload of individual staff and quality of safeguarding investigation

- b) Current progress report on Adult Safeguarding
- Initial workshop with new Adult Safeguarding Workstream planned for 26 August with a diagonal slice of the workforce
 - Case file audit completed
 - DoLS in Domestic Settings (DiDS) plan in place and proposal to address the backlog of assessments signed off by Adults Management Team (AMT)
 - Risk management plan reviewed
 - Safeguarding Practice awareness raising started Risk management strategy completed for sign off by AMT/legal
 - Performance standards and audit tool/strategy completed for sign off by AMT/Legal
 - Revised Safeguarding Board functioning well

4.6.12 (2) Adults of Working Age

- a) Main actions identified for quick wins/priority
- High priority work around the new responsibilities towards ILF now this has transferred to the Council
 - Examining and re-defining the pathways for adult social care
 - Increasing the use of personal budgets and more flexible use of Individual Service Funds
 - Embedding an 'asset-based/strength based' approach to statutory assessments including the new Resource Allocation Approach (RAA) as proposed by the recent work carried out by Ernst and Young

- b) Current progress report on Working Age Adults
- The workstream has now been set up and will kick-start with a workshop to be held in early September. This will focus on the development of a plan to implement the new RAA (resource allocation approach) ;developed by Ernst and Young as part of their work with the Council earlier this year in respect to shaping and embedding reform of our learning disability services; as well as identifying the actions required to improve take-up of more Personal Budgets as specified in the Care Act duties

4.6.13 (3) Organisational Structure

- a) Main actions identified for quick wins/priority
- Define the roles of Primary Assessment Team workers as well as Social Worker in order to support easier transition into integrated neighbourhood teams
 - Establish a Peripatetic Social Work Team

- Explore options for 7 day working
- Review the role and function of the Citywide Care Homes Team with a view to establishing a review/ reassessment team
- Develop a new dashboard of key adult social care metrics (not statutory performance) to particularly track progress on staff vacancies, staff resignations, backlogs statistics by type and to measure effectiveness of both the transformation work taking place but also the effectiveness of the new Peripatetic Team

b) Current progress report on Organisational Structure

- Two initial workshops were arranged with staff which set out to explore how well the current structure meets our statutory responsibilities with Workshop 2 focusing on the “To-Be” structure. The outputs will inform the design of the new Integrated Neighbourhood Teams
- Clarity and definition of key adult social care worker roles will be delivered by the end of September – this will include the role of PAT workers and Social/Senior Social Worker
- The business case for the establishment of the Peripatetic Team has been submitted and funding approved. This new team will be built up over a number of months using an incremental approach using, where possible, existing agency social workers who already are familiar with Manchester, our ICT systems and current policies and practice. A new performance dashboard is being established to baseline current activity and backlogs so that the effectiveness of the Peripatetic Team can be evidenced
- More clarity has been gathered on the issues for 7 day social work requirements. It is now clearer that this remains only an issue for south Manchester and how adult social care works with University Hospital South Manchester (UHSM)

4.6.14 (4) Workforce Development

a) Main actions identified for quick wins/priority

- Development of a career progression pathway
- Plan and offer Safeguarding Charing Skills for Social Workers
- Examine the scope to modify the current Appraisal process for qualified Social Workers and OTs to take account of Continuous Professional Development
- Design new ways to ‘grow our own’ social workers
- Complete a Training Needs Analysis
- Development of a Social Work Professional Framework
- Determine the potential for behaviour change awareness for care assessors

- Oversee and ensure compliance with the mandatory Care Act e-learning
- Work with HROD to offer social care Masterclasses in conjunction with Manchester Metropolitan University

- b) Current progress report on Workforce Development
- Draft career pathways completed and ready for sign off at the next Board meeting in September
 - Safeguarding Chairing Skills being developed in conjunction with new Interim Head of Adult Safeguarding
 - New draft career pathway developed
 - A Training Needs Analysis has been completed
 - A Social Work Professional Framework has been developed and ready for sign off at the next Board meeting in September

4.6.14 (5) Systems and Processes

- a) Main actions identified for quick wins/priority
- review the citizen journey and reduce hand offs to make the process more streamlined for citizens
 - Review sign off arrangements and levels of decision making
 - Streamline our resource panels
 - Embed mobile working within our ASC delivery

- b) Current progress report on Systems and Processes
- Citizen journey mapping has commenced
 - Work has started on streamlining panel process
 - Work has commenced on reviewing sign off and decision making levels

4.6.15 (6) Quality and Social Work/Care Standards

- a) Main actions identified for quick wins/priority
- Development of supervision and case note recording guidance
 - Development of audit process to measure effectiveness of supervision and case note recording
 - Examine and make recommendations for new Social Worker Induction process
 - Development of audit tools for team self assessment

- b) Current progress report on Quality and Social Work/Social Care Standards

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

4.6.16 (7) **Communication and Engagement**

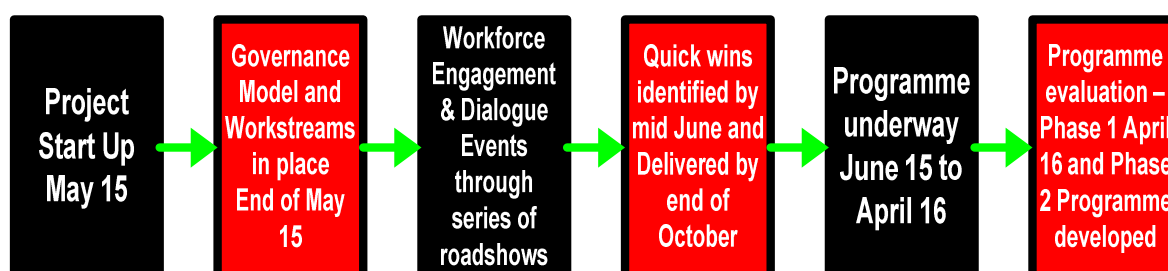
a) Main actions identified for quick wins/priority

- Ensure staff receive regular high quality communication about the transformation programme
- Arrange regular staff engagement events so they can hear from senior leaders, contribute to the Programme and raise questions as well as network with their peers
- Make the best use of technology by ensuring that all the project management documents are available and accessible to all staff
- Set up online questions and answers (and respond quickly)
- Invite staff to the workstream meetings (a diagonal slice) to contribute to the work around communication and engagement
- Set up regular e-newsletter

b) Current progress report on Communication and Engagement

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

4.6.17 Key Milestones



5. Finance

5.1 As stated in paragraph 3.2, the focus of the Peer Review was on 3 main areas:

End to End delivery
Adult Safeguarding
Social Work practice.

5.2 Therefore in order to drive through the required outcomes in these areas investment has been made in the following areas:

Adult Social Care Improvement	2015/16	2016/17	2017/18
	£000	£000	£000
CQC inspection. Supported Accommodation Mandatory Training (costs cover agency staff whilst staff on training)	400	200	200
Decommission CWCHT and establish Review Team with 4 additional staff	160		
Streamline safeguarding QA unit	50	200	
New employer pension responsibilities	50	50	50
Total	660	450	250

5.3 The investment above will improve and embed new processes regarding support planning, reviews and safeguarding.

In addition to the above, the council is proposing to use some of the Care Act monies to support the development and roll out of the new integrated neighbourhood teams, bringing together community health, social care, primary care and community health. One of the initial priorities for the first phase of the roll out will be an increase in the number of assessors, to ensure people get earlier access to the right support, delivered in the community (where appropriate). Investment in these areas is detailed below:

Care Act Funding	2015/16	2016/17	2017/18
	£000	£000	£000
Investment in AMPHS out of hours service	100	100	100
Care Assessments	1150	750	750
Increase in assessors	200	200	200
Adults Safeguarding Board	100	100	100
Total	1,550	1,150	1,150

6. Conclusion

- 6.1 The investment strategy will contribute to the development of a modernised, flexible and innovative model of ASC within the context of plans for health and social care integration.
- 6.2 The ASC improvement / development programme will enable the council to ensure that the reform of ASC takes place in a sustainable way.

7. Recommendations

Health Scrutiny is asked to:

- 1) To note and consider the outcomes of the Peer Review
- 2) To note and endorse the setting up an Adult Social Care Improvement Programme as described in this report

Appendix 1

Manchester City Council Peer Review Recommendations – Implementation Action Plan 29/5/15

Leadership for Change

Central to the delivery of the programme is an ethos of co-production with the workforce, trade unions and health partners. Essentially it will be owned by those working in ASC, through a dynamic model of staff engagement and involvement. We will use an approach throughout the programme of a diagonal slice of the organisation to enable dynamic engagement... Our approach will be to use a strengths based approach drawing on the positive core of the organisation. This approach will be to include a continuous challenge from peers to ensure that the improvements that are made are centred on the Living Longer Living Better Programme with the new health and social care arrangements and delivery vehicle. There will also be a focus on a different conversation with Manchester citizens, building on the work of the Age Friendly Manchester programme and learning lessons from the Wigan Deal to create a social movement for change through the development of community assets

This action plan will be delivered as part of the Adult Social Care ASC Improvement / development programme change leadership strategy.

Recc no	Description	Action to be taken	Owner	Start and finish dates
1	Thoroughly review all the detailed evidence tables within appendices C and F and follow-up accordingly. There is a wealth of detailed feedback here.	Work has commenced at looking in detail at appendices C and F and will were appropriate by migrated into the improvement programme	Strategic Director (Adults) Families Health and Well-being Interim Head of Adult Social Work and Care Act implementation	Commenced Mid May Finish – Mid June
Adult Safeguarding:				
2	Board – Strengthen the connection between strategy and operations through the	(a) Agenda for next MSAB (b) Work out set of proposals for	Strategic Director (Adults) Families Health and Well-being	Commence – Early June End – End of July

Recc no	Description	Action to be taken	Owner	Start and finish dates
	Board and Associated groups.	consideration by MSAB	Interim Head of Safeguarding	
3	Finalise safeguarding policies and procedures and communicate these widely.	Develop Operation policy and guidance and strategic level MSAB procedures	Strategic Director (Adults) Families Health and Well-being Interim Head of Adult Social Work and Care Act implementation	Commence Mid June Complete Mid-August
4	Make a decision regarding inclusion of adult social care into the MASH.	MSAB to consider an options paper at next meeting of board	Strategic Director (Adults) Families Health and Well-being Interim Head of Safeguarding	Commence Mid June Complete Mid-August
5	Finalise pathways and publicise/launch	As described in column 2	Interim Head of Safeguarding Interim Head of Adult Social Work and Care Act implementation	Start July Complete End of August
6	Review functionality of the safeguarding unit as part of the overall review of the customer pathway (includes skills and capacity across the	As described in column 2	Interim Head of Safeguarding	Start June Complete – End of July

Recc no	Description	Action to be taken	Owner	Start and finish dates
	system)			
7	Making Safeguarding Personal – Implement, deliver and learn from other local authorities	As described in column 2	Interim Head of Safeguarding	Start June Complete Middle of August
8	Develop a “lessons learned” framework for the safeguarding partnership – roll out to the rest of Adult Social Care.	As described in column 2	Interim Head of Safeguarding Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete Middle of August
Social Work Practice:				
9	Social work/care practice – Review/overhaul the front line decision making practice to increase efficiency, value for money, understand hidden costs, improve people’s experiences and utilise the skills of your staff efficiently	Will migrate into improvement programme through: (a) will consider this as part of “as is” and “to be workshops to review the ASC organisational structure (b) will consider as part of the customer journey work	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete – End of July
10	Through using some kind of improvement methodology (utilising existing skills and	Will migrate into improvement programme through:	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete – End of July

Recc no	Description	Action to be taken	Owner	Start and finish dates
	council resources), review the experience of the customer pathway and improve, consistency, quality and efficiency. 'Design a workforce fit for the future capable of delivering the new pathways.	(a) will consider this as part of “as is” and “to be workshops to review the ASC organisational structure (b) will consider as part of the customer journey work		
11	Use the customer voice more innovatively to test the models and social work practice. E.g. do people understand the alternative options in their local community?	Develop as part of Improvement programme engagement strategy	Interim Head of Adult Social Work and Care Act implementation	Strategy development - Start Early June Complete – End of July
12	Develop a quality assurance framework for Adult Social Care taking into account case file audit, training and development, record keeping of standards for professional practice	Will migrate into improvement programme and be an integral part of the social work/ social care standard setting	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete –End July
13	Strengthen and describe the Manchester approach to personalisation which	Will migrate into improvement programme and be an integral part of	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete –End August

Recc no	Description	Action to be taken	Owner	Start and finish dates
	connects people to their communities, builds on their strengths. E.g. Making it Real, Making Safeguarding Personal etc.	the social work/ social care standard setting		
14	Build on the Manchester co-production ethos and desire through using the professional expertise within the system to help design the new ways of working. E.g. release and backfill – “used to grow your own”.	Will migrate into improvement programme and become an integral part of the workforce workstream	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete –End July
	End to End Social Care			
15	Continue to build on the offer at the front door the connections through to the Primary assessment team for early intervention, prevention or time limited interventions (Universal Services)	Will migrate into improvement programme through: (a) will consider this as part of “as is” and “to be” workshops to review the ASC organisational structure (b) will consider as part of	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete –End August

Recc no	Description	Action to be taken	Owner	Start and finish dates
		the customer journey work		
16	With the data and intelligence available, be clearer how this informs improvement, development and changing models to help staff understand why certain decisions are reached. Support Managers to contribute to this process.	Will migrate into improvement programme through: (a) will consider this as part of “as is” and “to be workshops to review the ASC organisational structure (b) will consider as part of the customer journey work	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete –End July
17	Use MiCare’s functionality to the maximum to capture good practice and personalised approaches	Explore and develop an action plan to enhance functionality as part of the MiCare development group	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete –End July
18	Consider how you would systematically review your planning and deliver to deliver and embed strategy (Plan, do and review	Paper to be drafted for AMT setting out a proposed way forward	Interim Head of Adult Social Work and Care Act implementation	Start Early June Complete –End June
19	One off audit/review around mental capacity assessments to decide if improvement plan is needed. Implement if necessary.	Will migrate into improvement programme and be an integral part of the social work/ social care standard setting	Interim Head of Adult Social Work and Care Act implementation	Start late June Complete e (audit) late July

Recc no	Description	Action to be taken	Owner	Start and finish dates
		Audit to set up as part of the ASC improvement/development programme quick wins plan		
20	Setup some customer focus groups to feed back the customer voice to the service	Develop as part of Improvement programme engagement strategy	Interim Head of Adult Social Work and Care Act implementation	Strategy development - Start Early June Complete – End of July

