



Audit Committee

Date: Tuesday, 12 April 2022

Time: 10.00 am

Venue: Council Chamber, Level 2, Town Hall Extension

This is a **second supplementary agenda** containing additional information about the business of the meeting that was not available when the agenda was published

Access to the Council Chamber

Public access to the Council Chamber is on Level 2 of the Town Hall Extension, using the lift or stairs in the lobby of the Mount Street entrance to the Extension. **There is no public access from the Lloyd Street entrances of the Extension.**

Filming and broadcast of the meeting

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Membership of the Audit Committee

Councillors - Ahmed Ali (Chair), Clay, Good, Hitchen, Lanchbury, Robinson and Russell

Independent Co-opted Members – Dr S Downs and Dr D Barker

Supplementary Agenda

9. **Risk Review Item: Adults Assurance Update** 3 - 10
The report of the Director of Adult Social Services is enclosed.

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

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This supplementary agenda was issued on **Friday, 4 April 2022** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 2, Town Hall Extension (Library Walk Elevation), Manchester M60 2LA

**Manchester City Council
Report for Information**

Report to: Audit Committee - 12 April 2022
Subject: Adults Assurance Update
Report of: Executive Director of Adult Services

Summary

Audit Committee have monitored progress in the implementation of recommendations made by the Internal Audit Service and this has included previous reports on actions being taken to address risks in Adults Services.

Committee noted concern at the February 2022 meeting that two long-standing recommendations remained outstanding. These were classified as partially implemented and related to Adults Mental Health Safeguarding and Transitions.

This report provides an update on the actions taken to address risk in these areas.

Recommendations

Audit Committee is requested to note the assurance updates.

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 four years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

- Previous reports from the Executive Director of Adults Services to Audit Committee
- Internal Audit Assurance progress reports to Audit Committee February 2022

1. Introduction

- 1.1 Over recent years Adults Services and Internal Audit have worked closely in the planning of audit work in areas of risk with the intention of using the outcomes of audits to support programmes of service improvement. Actions from several audits have been addressed but, in some areas, this has taken longer than anticipated for a range of reasons as noted in previous reports to Audit Committee.
- 1.2 At February 2022 there were two recommendations that were acknowledged as having been partially implemented: one relating to the development of performance measures for transitions and one relating to the establishment of effective arrangements for ensuring the reconciliation of records between the Council and Greater Manchester Mental Health Trust (GMHH). This report provides an update and confirmation that these outstanding actions have been addressed.

2 Transitions

2.1 Background and Current Status of Audit Recommendation

- 2.1.1 In February 2022 Internal Audit reported to Audit Committee that the audit of Transitions resulted in three recommendations of which two had been actioned. The final recommendation related to the agreement of Success Criteria for transitions from Childrens to Adults social care and the report noted that these were being developed as part of the Better Outcomes Better Lives Programme.
- 2.1.2 The original audit report recommended that “to support day to day performance management the Interim Deputy Director of Adults Social Services should introduce a suite of Key Performance Indicators. This should be defined once the strategy and vision in place”. At the February meeting Internal Audit reported that “qualitative measures of success have been developed based on the transitions strategy and cross system engagement and as a result the risks in this area have been reduced but not yet addressed in full”. It was noted that “Management have agreed to start reporting on these key performance measures from March 2022. Once completed and reviewed by Internal Audit as operating in practice we can agree the implementation of this recommendation”.
- 2.1.3 The main performance measure for the service is completing the first assessment in the transitions process in a timely fashion before young people turn 18 or in their 18th year; and passing over cases to adult services at the right time. This measure has been in place and used as a basis for reporting and performance management since the end of January 2022 and evidence has been provided to Internal Audit to confirm and evidence that this is the case and that this recommendation has now been addressed

2.2 Actions Taken to Develop the Transitions Service

- 2.2.1 Actions taken to address the audit recommendations are part of a broader set of improvements made across the service and where progress has been achieved in further embedding a 'whole 'system' approach to support children and young people transitioning from Children's to Adults Services.
- 2.2.2 The Ofsted SEND Inspection took place in November 2021 which involved the Transitions Service, as it inspects services covering the age range 0 -25 years. Ofsted findings shared in January 2022 provided external assurance that leaders in the system had a clear vision for improving outcomes for children and young people with SEND, leaders were not complacent, knew what was working well and what are the priorities for action. Many of the young people requiring a transition from children's social care and education services to adult social care are identified as having special educational need and disability.
- 2.2.3 Our objective in Manchester has been to ensure there is a consistent approach to planning for children and young people transitioning from Children's to Adults Services; for good quality transitions to happen, different agencies need to work effectively together.
- 2.2.4 Effective working requires a culture of reciprocal trust, openness and commitment for which we are seeing increasing evidence, with an improving joined up system approach.
- 2.2.5 Practice Forums have been set up since July 2021 inviting Children's Social Workers to discuss their referral with the Transitions Planning Team, ahead of the referral meeting. This is to provide a supportive conversation and to ensure that preparation for adulthood focus is being adopted from as soon as possible.
- 2.2.6 Since November 2021 the Transitions Referral Meeting has built its composition to include multiagency core attendees as follows:
- Transitions Planning Team
 - Greater Manchester Mental Health Manchester - Social Care Lead
 - Manchester Foundation Trust – Learning Disability Health Lead
 - Complex Safeguarding Hub – adult multiagency safeguarding hub
 - Children's Commissioning
- 2.2.7 The purpose of the referral meeting is to ensure all young people have future involvement from the most appropriate service, in accordance with their presenting needs where there is consideration and shared decision making of the most appropriate transitional care and assessment pathway for a young person. A 'no wrong door' principle underpins the referral meeting.
- 2.2.8 Since January 2022 monthly performance reporting has been available to measure the timeliness of the first assessment being completed by the Transitions Planning Team. Early indications are showing improvements on performance in this area with an upward trajectory, the result of this is that an increasing number of young people are receiving the right care, at the right time.

2.2.9 Since data reports have been available, performance is discussed as a standing agenda item in the Transitions Planning Team meeting, staff are clearer on our 'mission' which is supporting the drive of the completion of assessments in a timely way.

2.2.10 We have also seen an increase in the number of young people accessing Continuing Health Care funding, recognizing where young people have a primary health need and ensuring their right to access appropriate services as an adult.

2.3 Next Steps

2.3.1 Future priorities for the Transition Service include:

- the early identification of young people who require a preparation for adulthood transitions approach;
- information advice support and guidance specifically relating to Preparation for Adulthood;
- right care, right time; and
- using the expertise and influence of the Transitions Board to evaluate our impact, through tracking the journey of young people and their families and using this to influence change.

2.3.2 Resource has been aligned to support building on the now existing foundations to focus on improved wider stakeholder engagement, earlier and systematic identification of young people requiring transitional support, developing the 'Local Offer' in regard to 18 – 25-year old's, contributing to responsive commissioning, and support to fulfil Education, Health and Care Plan assessment and review adult social care responsibilities with a Preparation for Adulthood lens. Recruitment is expected to begin within the next 4 weeks.

3 Mental Health Casework

3.1 Background and Current Status of Audit Recommendation

3.1.1 In February 2022 Audit Committee was updated that seven recommendations from the audit of mental health casework had been completed but one remained outstanding. This related to the development of processes for reconciling safeguarding referrals and the outcomes of these between the Council and the Trust. Whilst a reconciliation was in place this was a manual process with re-keying of information between systems and as such it was acknowledged that this was time intensive and presented an albeit much reduced risk of error.

3.1.2 Establishing a robust and efficient process has been challenging and compounded by issues arising from the Council's move to Liquid Logic and the Trust's move to Paris. Services have been severely impacted during the national pandemic and many health services such as GMMH initiated business continuity plans to enable them to manage increased demand. This has inevitably led to delays with this work. along with a change in priorities

and working arrangements because of Covid19. This has impacted on both organisations' ability to prioritise further development work.

3.2 Progress to Date

- 3.2.1 GMMH and the Council have invested time and resources to prioritise better understanding of the complexities of recording on different systems and how to align them better. This is indeed a national issue that health trusts have when delivering social care statutory functions as they are required to use PARIS as a case management system to incorporate the care programme approach (CPA) and the Council uses Liquid Logic to collate information regarding performance. Due to the partnership approach from the IT services in GMMH and the Council there is a clear plan as to how we can provide more assurance in this area.
- 3.2.2 Currently GMMH provide monthly returns to the Council using a business objects report on safeguarding activity. Such activity includes safeguarding referrals and outcomes generated within GMMH itself where a referral is not recorded on Liquid Logic, as well as externally where a referral is logged on Liquid Logic. GMMH also provide through PARIS a weekly safeguarding report to their team managers that enables them to track safeguarding activity in their teams. On this basis we are confident that there are no gaps in data and that risks of omissions or errors which was the focus of the audit report are addressed. Nonetheless we recognise that there remains scope to make this process more efficient which is why additional actions are being taken.
- 3.2.3 The process of recording the outcome of the safeguarding referral recorded on Liquid Logic will further tidy up this system, but will also provide a means to validate the accuracy of the data that is provided by the Trust.
- 3.2.4 The process of reconciling the safeguarding referrals and outcomes will be a manual one, requiring the inputting of data into both the Trust and Council systems. Access has been given to certain administration staff in the Trust, though progress with this has been slow due to technological problems which have now been addressed.
- 3.2.5 In order to address the delays GMMH will monitor this process to ensure they have enough staff available to provide this double inputting. It has been decided by the Trust that they need to maintain a tracking process for these staff, and they now have a spreadsheet where they record progress through the process and inform the Governance and Performance Manager for Mental Health when they are ready for Liquid Logic training. When there are sufficient staff ready, the training can be arranged and there will be monitoring of their attendance and completion.
- 3.2.6 Additionally a system redesign request has been made to allow for a shortcut process to record safeguarding activity. This remains in progress and will need to be tested (User Acceptance Testing) before it goes live for the administration staff. An estimated delivery time for completion of this action

and testing is 22 April as this work has been prioritised by the Liquid Logic Board.

3.3 Other Actions Taken to Assure Activity

- 3.3.1 In addition to the GMMH monthly returns including the safeguarding activity data, there has been a further safeguarding audit carried out in October 2021 to understand the quality of safeguarding practice in the Community Mental Health Teams. The outcomes have been shared to provide assurance to the Council and have also been shared with the teams in the interests of practice improvement. A repeat exercise is planned for later in the year.
- 3.3.2 GMMH have also invested in improving data collection from PARIS in order that performance information regarding Care Act Assessment and Carer's Assessments can be pulled out routinely from PARIS. GMMH provide a monthly performance report which is analysed and discussed at the monthly partnership meeting between GMMH and the Council. This includes information about safeguarding activity and has enabled us to of safeguarding activity levels to be tracked throughout the pandemic.

3.4 Next Steps

- 3.4.1 In conclusion the remaining action from the safeguarding audit has been incredibly challenging to put into place given the national problem we have integrating systems across health and social care, we have effectively been required to put in place a workaround requiring the expertise from several Council and GMMH departments. The national pandemic has also slowed this down.
- 3.4.2 We have put into place other assurance mechanisms described above whilst we have been working through to a better position. We are however very close to a resolution and it is anticipated that we will have the process in place by May 2022.

4 Recommendation

- 4.1 Audit Committee is requested to note the assurance updates.

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