



## **Health Scrutiny Committee**

Date: Tuesday, 5 February 2019

Time: 10.00 am

Venue: Council Antechamber, Level 2, Town Hall Extension

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

### **Access to the Council Antechamber**

Public access to the Council Antechamber 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. That lobby can also be reached from the St. Peter's Square entrance and from Library Walk. **There is no public access from the Lloyd Street entrances of the Extension.**

### **Filming and broadcast of the meeting**

Meetings of the Health Scrutiny Committee are 'webcast'. These meetings are filmed and broadcast live on the Internet. If you attend this meeting you should be aware that you might be filmed and included in that transmission.

## **Membership of the Health Scrutiny Committee**

**Councillors** - Farrell (Chair), Battle, Clay, Curley, Holt, Lynch, Mary Monaghan, O'Neil, Paul, Reeves, Riasat, Smitheman, Wills and Wilson

## Supplementary Agenda

---

7. **Updated Financial Strategy and Directorate Business Plans 2019-20** 3 - 10  
Report to the Chief Executive and City Treasurer
- This report provides an update on the Council's financial position and sets out next steps in the budget process, including scrutiny of the draft budget proposals and Directorate Business Plan reports by this Committee.
8. **Manchester Health and Care Commissioning Pooled Budget 2019/20, including Adult Social Care** 11 - 56  
Report of the Director of Adult Social Care and Ian Williamson, Chief Accountable Officer, Manchester Health and Care Commissioning (MHCC)
- This report sets out the priorities for MHCC during the 2019/20 financial year and progress towards the vision set out in the Our Manchester Strategy. The report provides an update on MHCC's financial plan for 2019/20, reflecting the Manchester Health and Care Locality Plan and Adult Social Care Business Plan for the period 2017-2020. The report is a refresh of the Joint Financial Plan for MHCC for 2018-20 in the context of changing resources, challenges and opportunities – with a specific focus on the Adult Social Care and Population Health components of the plan.

## Further Information

---

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

Lee Walker  
Tel: 0161 234 3376  
Email: [l.walker@manchester.gov.uk](mailto:l.walker@manchester.gov.uk)

This supplementary agenda was issued on **Thursday, 31 January 2019** by the Governance and Scrutiny Support Unit, Manchester City Council, Level 3, Town Hall Extension, Manchester M60 2LA

**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 5 February 2019  
Children and Young People Scrutiny Committee – 5 February 2019  
Neighbourhoods and Environment Scrutiny Committee – 6 February 2019  
Economy Scrutiny Committee – 6 February 2019  
Communities and Equalities Scrutiny Committee – 7 February 2019  
Resources and Governance Scrutiny Committee – 7 February 2019

**Subject:** Updated Financial Strategy and Directorate Business Plans  
2019-20

**Report of:** The Chief Executive and City Treasurer

---

**Summary**

This report provides an update on the Council's financial position and sets out next steps in the budget process, including scrutiny of the draft budget proposals and Directorate Business Plan reports by this Committee.

**Recommendations**

The Committee is asked to consider and make recommendations to the Executive on the budget proposals which are within the remit of this Committee and to comment on the Directorate Business Plans which have been designed to ensure the Council invests in the services that are valued by its residents, achieving both high quality services and outcomes for residents as well as a balanced budget.

---

**Wards Affected:** All

---

**Contact Officers:**

Name: Joanne Roney  
Position: Chief Executive  
Tel: 0161 234 3006  
E-mail: j.roney@manchester.gov.uk

Name: Carol Culley  
Position: City Treasurer  
Tel: 0161 234 3406  
E-mail: c.culley@manchester.gov.uk

## Appendix:

### Directorate Business Plan 2019/20

#### **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.

Updated Financial Strategy 2019/20 report to Executive 16 January 2019  
<https://democracy.manchester.gov.uk/ieListDocuments.aspx?CId=147&MId=291&Ver=4>

Update on Revenue Financial Strategy and Business Plan Process 2019/20 to Resources and Governance Scrutiny Committee Thursday, 6 December  
<https://democracy.manchester.gov.uk/ieListDocuments.aspx?CId=137&MId=121&Ver=4>

Provisional local government finance settlement: England, 2019 to 2020  
[https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2019-to-2020?utm\\_source=89354b3a-3865-4051-9175-8247e58aeba8&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2019-to-2020?utm_source=89354b3a-3865-4051-9175-8247e58aeba8&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

Autumn Budget 2018, 29 October 2018  
 2018 Autumn Budget document is available on the Government's website  
<https://www.gov.uk/government/publications/budget-2018-documents>

Medium Term Financial Plan to Executive 7 February 2018  
<https://secure.manchester.gov.uk/meetings/meeting/2997/executive>

## 1 Overview

- 1.1 The original three-year budget strategy 2017-20 was underpinned by Our Manchester, seeking to promote self-determination; greater resilience in individuals, families and communities with a focus on early help and prevention; improve health outcomes, and enhance the opportunities for residents. Its priorities followed consultation with Manchester people on what they valued most, which was:
- care and support for vulnerable people including older people and those with learning disabilities and mental health needs;
  - taking action on family poverty and giving young people the best start in life;
  - tackling homelessness;
  - supporting people into jobs and training;
  - keeping roads and neighbourhoods in good shape; and
  - parks and leisure to keep people active and happy.
- 1.2 2019/20 completes the three-year budget commitment and despite funding pressures the strategy remains consistent with the original plans set in 2017.
- 1.3 The financial position has been updated to reflect the pressures being faced by services, particularly those provided for the City's most vulnerable. It also includes changes to funding and other income including the most recent information for Council Tax and Business Rates; the proposal for return of retained business rates and transport reserves totalling c£7m, from the GMCA (subject to the approval of the Combined Authority when it meets in February); and additional Government funding of over £12m announced following the Autumn Budget and the Provisional Finance Settlement. The latter has not been confirmed beyond 2019/20 which inhibits effective longer term planning.
- 1.4 In line with trends being experienced nationally Manchester is facing significant pressures on its budgets for social care. These have been seen in the 2018/19 Global Monitoring and the associated Recovery Plan. Whilst welcome, the additional government funding announcements are not sufficient to meet those pressures and the City Council is having to make savings elsewhere in the budget and use its reserves to support the required investment and to mitigate against the future uncertainty. Use of these reserves will be over a three-year period; a position that is not sustainable in the long-term. The budget includes the identification of further savings of £6m, in addition to the £9m already budgeted for in 2019/20.
- 1.5 This report will provide an update on:
- the position reported to January Executive
  - changes to business rates and council tax forecasts
  - use of reserves/provisions
  - the budget setting process and timeline
  - next steps

## **2 The Financial Position 2019/20**

### Update on the Position Reported to January Executive

- 2.1 The original budget for 2019/20 as reported to February 2018 Executive identified a funding gap of £8.967m. It noted that this would need to be met from a combination of changes to business rates and commercial income, commissioning decisions, efficiencies and a further review of budget requirements.
- 2.2 In December, it was reported that there was a significant risk to the budget position for 2019/20 due to the additional needs arising from services such as Social Care, both Adults and Children's, and Homelessness, together with the non-achievement of planned savings. This increased the original budget gap of £8.967m to £21.653m. Officer proposals and a review of resources reduced the gap to £1.215m which was reported through the December Scrutiny process and formed the basis of the Revenue Budget Report to January Executive. The January report also updated for the Provisional Local Government Finance Settlement received in December 2018. Aside from some minor changes to the new care models for Adult Social Care as set out in the business plan for the MHCC Pooled Budget the savings options remain unchanged.

## **3 Additional Funding Announcements**

- 3.1 The report to January Executive noted that a number of additional, mainly one-off, funding streams had been made available. These include:
  - The additional grant funding for Social Care agreed as part of the Autumn Budget and confirmed in the Finance Settlement - £2.67m to support winter pressures and £4.55m for children's and adults social care.
  - The proposed return of funds from Greater Manchester Combined Authority (GMCA) - GMCA will propose the return of c£6m of retained business rates and c£1m of transport resources to the City Council and this will formally be considered at the meeting of the Combined Authority on 15 February.
  - The return of £2.7m in 2018/19 from the unused central business rates levy surplus held by Government. This is not included within the budget assumptions for 2018/19.

### Changes to Council Tax and Business Rates

- 3.2 The key decisions to set the Council Tax and Business Rates Base and Collection Fund surpluses have been taken in January. This included the Council Tax surplus which has improved by £0.904m since the production of the January Executive report and will be applied to support the budget requirements from 2019/20. Full details of the council tax and business rates

position will be reported in the Medium Term Financial Plan which will go to Budget Executive.

- 3.3 Government are to release further funding following a correction to the calculation of grant for Small Business Rates Relief dating back to 2017/18. This will provide additional resources of £1.840m in 2018/19 and £0.920m from 2019/20.

#### Use of Reserves/Provisions

- 3.4 Finally, there is a provision of £2.1m held for the potential costs of Sleeping-In allowances which is no longer required and £5.095m from Adult Social Care related reserves which are available to support social care budgets.

### **4 Proposed Investment Priorities**

- 4.1 January Executive agreed that one-off money should be used to further support resident priorities and front line services in a sustainable way over the coming three-year period, and that the following areas are prioritised:

- Care and support for vulnerable people by ensuring there is a sustainable amount of funding for Adult Social Care that enables the move to a more permanent structure, despite the volume of one-off funding;
- Giving young people the best start in life through investment in Youth Services plus a need to invest greater amounts into Children's services;
- Taking action on family poverty and taking enhanced enforcement action in the private rented sector;
- Tackling homelessness; and
- Further action to tackle littering, fly tipping and poor business waste management.

- 4.2 Following detailed work with partners and stakeholders and consultation with Executive Members the following proposals have been identified and are included in the Medium Term Financial Plan, with the detail included in the relevant Directorate Business Plan reports.

- £4.6m additional investment into Children's Services to address budget pressures due to the increased number of placements for looked after children as well as seeking to release resource for early help and prevention and a further £150k for Youth Services. This is in addition to the £6m agreed in the January Executive Report and £2.8m agreed as part of the original budget set last year for 2019/20, bringing the total investment for 2019/20 to £13.6m.
- £7.6m rising to £8.0m for years 2 and 3 into adult social care to ensure service stability and that residents can access services on a timely basis. This includes the £2.8m included in the January Executive report and is in addition to the £3.8m agreed as part of the original budget for 2019/20, bringing the total investment for 2019/20 to £11.4m.
- £500k to support further action to tackle littering, fly-tipping and poor business waste management

- £255k to support food inspections
- £500k for enhanced enforcement activity in the private rented sector, as part of the homelessness budget. This is in addition to the £3.8m agreed for homelessness in the January Executive Report and £250k agreed as part of the original budget for 2019/20 set last year, bringing the total additional investment for 2019/20 to c£4.6m.
- £1.1m for welfare related support funded from additional council tax revenues in 2019/20. In future it proposed these costs will be met from additional Council Tax income relating to the proposed changes to empty property reliefs, if approved and subject to the outcomes of the consultation.

4.3 The changes outlined above would enable a balanced budget to be achieved for 2019/20, with a contribution to the General Fund reserve of £0.04m. The table below details the updated position.

**Table 1 – Revised budget position**

	2018/19 £000	2019/20 £000
<b>Resources Available</b>		
Business Rates related funding	324,753	314,653
Council Tax	154,070	166,507
Other non-ringfenced Grants/Contributions	38,735	54,426
Dividends and Use of Airport Reserve	53,342	62,390
Use of other Reserves to support the budget	8,743	12,439
<b>Total Resources Available</b>	<b>579,643</b>	<b>610,415</b>
<b>Resources Required</b>		
<i>Corporate Costs:</i>		
Levies/Charges	68,655	70,115
Contingency	3,103	1,600
Capital Financing	44,507	44,507
Transfer to Reserves	7,286	6,902
<i>Sub Total Corporate Costs</i>	<i>123,551</i>	<i>123,124</i>
<i>Directorate Costs:</i>		
Additional Allowances and other pension costs	10,030	10,030
Insurance Costs	2,004	2,004
Directorate Budgets	439,919	465,272
Inflationary Pressures and budgets to be allocated	4,139	9,945
<i>Total Directorate Costs</i>	<i>456,092</i>	<i>487,251</i>
<b>Total Resources Required</b>	<b>579,643</b>	<b>610,375</b>
<b>Transfer (to)/from General Fund Reserve</b>	<b>0</b>	<b>(40)</b>



## **5 Risks and Mitigation**

- 5.1 All savings proposals have been risk rated and each Directorate will maintain their own monitoring arrangements alongside the corporate assurance process. The detailed savings tracker is sent to Senior Management Team on a monthly basis and reported to Executive Members.
- 5.2 The Council needs to be satisfied that it can continue to meet its statutory duties and meet the needs of vulnerable young people and adults. Proposals have been drawn up on the basis that Strategic Directors are satisfied that this requirement will be met.

## **6 Scrutiny of the Draft Budget Proposals and Directorate Business Plans**

- 6.1 The Directorate Business Plans are attached for the Committee's consideration. These reports contain details of the Directorate's draft investment and budget delivery plan proposals and how the Directorate will support the delivery of the Council's priorities as set out in the Our Manchester Strategy.
- 6.2 The Committee is invited to consider the proposals which are within its remit within Directorate business plans and to make recommendations to the Executive before it agrees the final budget proposals on 13 February.

## **7 Next Steps**

- 7.1 The Executive will agree its final budget recommendations on 13 February taking into account the feedback from the six scrutiny committees on the proposals.
- 7.2 These recommendations will be considered by the Resources and Governance Scrutiny Committee at its special budget meeting on 25 February. Chairs of the other five Scrutiny Committees will be invited to attend this meeting to articulate the views of their Committee regarding the proposals. The Council will then make its final decisions and will set the budget on 8 March.

## **8 Recommendations**

- 8.1 The recommendations appear at the front of this report.

This page is intentionally left blank

**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 5 February 2019  
Executive - 13 February 2019

**Subject:** Manchester Health and Care Commissioning - Adult Social Care  
Business Plan and Pooled Budget contribution 2019/20

**Report of:** Director of Adult Social Care  
Ian Williamson – Chief Accountable Officer, Manchester Health and  
Care Commissioning

---

## Summary

Manchester Health and Care Commissioning (MHCC) is responsible for commissioning health, adult social care and public health services for the city of Manchester. Building upon its establishment in April 2017, MHCC has operated a single planning, delivery and assurance process since April 2018. This has overseen all of MHCC's commissioning responsibilities and includes single budget arrangements.

This report sets out the priorities for MHCC during the 2019/20 financial year and progress towards the vision set out in the Our Manchester Strategy. The report provides an update on MHCC's financial plan for 2019/20, reflecting the Manchester Health and Care Locality Plan and Adult Social Care Business Plan for the period 2017-2020. The report is a refresh of the Joint Financial Plan for MHCC for 2018-20 in the context of changing resources, challenges and opportunities – with a specific focus on the Adult Social Care and Population Health components of the plan.

The draft business plan which was considered by the committee in December 2018 has been further developed into this report based on the comments received from the committee and the outcome of the local government finance settlement. Sections on the impact of proposed changes on residents, communities, customers and the workforce have been added in addition to a summary of the technological support to deliver change. A full suite of delivery plans can also be found as an appendix including the Finance, Performance, Workforce and Equality Plans and the Risk Register.

Taken together with other Directorate business plans this plan shows how health and social care partners will work with the Council to deliver our Corporate Plan and progress towards the vision set out in the Our Manchester Strategy.

## Recommendations

The Committee is invited to review and comment on the Manchester Health and Care Commissioning Business Plan.

---

**Wards Affected:** All

<b>Manchester Strategy Outcomes</b>	<b>Summary of the Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the City in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs
A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/a

**Full details are in the body of the report, along with implications for:**

- Equal Opportunities
- Risk Management
- Legal Considerations

## **Financial Consequences for the Capital and Revenue Budgets**

The proposals set out in this report forms part of the preparation of the Council's draft revenue and capital budget for 2019/20 and revenue contribution to the Manchester Health and Care Commissioning Pooled Budget for Adult Social Care for approval by the Executive in February 2019.

---

### **Contact Officers:**

Name: Bernadette Enright  
Position: Director of Adult Services  
Tel: 0161 234 4994  
bernadette.enright@manchester.gov.uk

Name: Rachel Rosewell  
Position: Head of Finance  
Tel: 0161 234 1070  
E-mail: r.rosewell@manchester.gov.uk

### **Background documents (available for public inspection):**

Manchester Health and Care Commissioning Pooled Budget 2019/20, including Adult Social Care - Health Scrutiny, 4th December 2018

Adult Social Care Budget and Business Plan 2018-20 and Manchester Health and Care Commissioning Joint Financial Plan 2018 - 2020 - Executive – 7 February 2018

## **1. Manchester Health and Care Commissioning Operational Plan**

- 1.1 The Locality Plan, 'Our Healthier Manchester', represents the first five years of ambitious, transformational change needed to deliver this vision. The Manchester Health and Care Commissioning (MHCC) Operational Plan for 2019/20 incorporates the plan for adult social care and public health which is set out from paragraph 2 below and includes:
- A description of the service's contribution to delivery of our Corporate Plan priorities
  - The service's vision and objectives
  - A self-assessment of the key challenges for 2019/20
  - The revenue strategy
  - The capital strategy/programme
  - Impact on Residents Communities and Customers
  - Impact on the Workforce
  - Technological Support
  - An appendix containing the service's delivery plans (Finance Plan, Performance Plan, Workforce Plan, Equality Plan, and the Strategic Risk Assessment and Register)

## **2. Delivering Our Plan**

- 2.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes in the city. Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city.
- 2.2 The Locality Plan, 'Our Healthier Manchester', represents the first five years of ambitious, transformational change needed to deliver this vision.
- 2.3 The Locality Plan is fully aligned with the Our Manchester approach. This will mean supporting more residents to become independent and resilient, and better connected to the assets and networks in places and communities. Services will be reformed so that they are built around citizens and communities, rather than organisational silos.
- 2.4 The strategic aims of Our Healthier Manchester are to:
- Improve health and well-being in Manchester
  - Strengthen the social determinants of health and improve healthy lifestyles
  - Ensure services are safe, equitable, and of a high standard, with less variation
  - Enable people and communities to be active partners in health and well-being
  - Achieve a sustainable system
- 2.5 The Locality Plan will be the main driver of the priorities within the MCC Corporate Plan regarding healthy, cared-for people, which are:

- Support Mancunians to be healthy, well and safe
- Improve health and reduce demand, by integrating neighbourhood teams that are connected to other services and assets locally, and delivering new models of care

2.6 Strengthening the social determinants of health is central to the Locality Plan, and will be influential in delivering other MCC Corporate Plan priorities, such as:

- Reduce the number of people becoming homeless, and enable better housing and better outcomes for those who are homeless
- Reduce the number of children needing a statutory service
- Support more Manchester children to have the best possible start in life and be ready for school and adulthood
- Support good quality job creation for residents and effective pathways into these jobs
- Balance our budget, including delivering savings, reducing demand through reform, and generating income

2.7 The Manchester Locality Plan describes a clear ambition for a healthier city, underpinned by integration, including the establishment of a 'Single Commissioning Function' in the form of the MHCC Partnership. The Partnership was established on 1 April 2017, enabled by a pooled budget of over £1.1 billion between the City Council and CCG.

2.8 The Partnership is currently planning for its third year of operation as an integrated health and care commissioner; seeking to strengthen MHCC's joint arrangements through improved business and financial planning, to ensure that the pooled budget is directed towards joint priorities that will improve the health and wellbeing of Manchester's residents and wider healthcare population.

2.9 The commissioning and procurement of the Manchester Local Care Organisation (MLCO) for community health remains ongoing to ensure the MLCO contract will be awarded once all of the requirements of the commissioners, providers, and regulators have been met. In the meantime, the development of the MLCO continues to take place with Adult Social Care services continues under a Partnering Agreement.

### **3. Vision and Objectives**

#### **Manchester Health and Care Commissioning**

3.1 The MHCC strategic aims are the same as the Manchester Locality Plan, these are to:

- Improve health and well-being in Manchester
- Strengthen the social determinants of health and improve healthy lifestyles
- Ensure services are safe, equitable, and of a high standard, with less variation

- Enable people and communities to be active partners in health and well-being
- Achieve a sustainable system

3.2 The MHCC Operational Plan for 2019/20 sets out five key priorities for the health and social care system. Delivering these five priorities will drive the strategic aims of the Locality Plan set out above. These are:

1. Key enabling programmes, including – embedding the Our Manchester approach, demonstrating impact through effective evaluation, organisational development, full use of Manchester Care Record
2. Tackle health inequalities, including – delivering the Population Health Plan, inclusion health, and the wider determinants of health and well-being
3. Transform community based care, including – delivering health and care in neighbourhoods, embedding new models of care, primary care, residential, nursing and homecare, cancer, mental health, learning disabilities, and children's health transformation
4. Transform hospital based care – Single Hospital Service, link with GM hospital improvements, and performance improvements
5. Deliver a transformed health and care system – delivering financial balance, provider change

### **Manchester Local Care Organisation (MLCO)**

3.3 MLCO is a Partnership organisation that was established on the 1<sup>st</sup> April 2018. It is a partnership of statutory and voluntary organisations working together to change how health and care is provided in people's homes and communities.

3.4 The vision for the MLCO is to bring together NHS community health, mental health services, primary and social care services in the City, to lead local care and improve lives in Manchester. The MLCO has started the journey to integrate health and care in communities, and embed new models of care at a neighbourhood and locality level.

3.5 In 2019/20, MLCO will build on its approach in the first year and is in the process of developing the MLCO business plan for 2019/20. This will outline the objectives and priorities for 19/20 and the key actions within MLCO and in work with partners to deliver those objectives. The plans will describe how the LCO will work to:

- Promote healthy living
- Build on and work within vibrant communities
- Keep people well in the community
- Support people in/out of hospital

3.6 MLCO is building the plan in partnership with services and staff and will align it to the objectives described within the Locality plan and MHCC operating plan. It will describe how the partnership will work to deliver the requirements of the NHS Long term plan and Local Government green paper once published.



## Adult Social Care Priorities

- 3.7 Adult Social Care is a core part of the integrated set of services in MLCO. It is primarily located within priority number three of the MHCC plan, but has links across all five priorities. The priorities for adult social care in 2019/20 are set out in the following paragraphs.
- 3.8 Continuing to improve the delivery of business as usual – our statutory duties under the Care Act (individual well-being, prevention, integration, information advice and advocacy, care markets, safeguarding, assessment, charging, care planning and personal budgets)
- 3.9 Adult social care improvement work to put the right foundations in place through work to embed streamlined process, effective practice, and an enabled workforce with the right resources in place to manage demand. This work is focused on strengthening our:
- Assessment function including social work and primary assessment team
  - Provider services including our supported accommodation, reablement and supporting independence services
  - Safeguarding and Quality Assurance functions
- 3.10 System-wide work on integration and transformation, through:
- New models of care (i.e complex reablement, assistive technology, extra care housing, Our Manchester homecare, development of new approaches to residential and nursing care)
  - Effectively meeting need - implementing strengths based approaches, expanding shared lives, mental health improvement, transition and crisis need pathways
  - Transformation workstreams (i.e assistive technology, integrated front door, learning disabilities)
  - Integrating adult social care into the MLCO to develop a social model of care (e.g. social work practice and processes within the Integrated Neighbourhood Teams)
- 3.11 Adult social care improvement is a key priority for 2019/20, ensuring the basics are in place for adult social care and to successfully deliver health and social care reform and integration. A programme plan for this work is in place, based on the outcomes of a diagnostic work summarised in section 4. Key areas of focus in the plan include:
- Ensuring that **processes** are streamlined and consistently managed across the service. This work will align responsibility and decision making to effectively meet people's care needs and maximising the opportunities afforded by the new case management system, LiquidLogic. Collectively this work is critical in ensuring delivery of an improved service delivery and value for money.
  - Strengthening the basics of social work **practice** including

- accountability and management support and appropriate supervision
    - Ensuring that appropriate professional standards are in place across the workforce and strengthened **workforce** planning and career pathways
    - Understanding the immediate need for **resources** to stabilise the service, as well as work to design a fit for purpose structure for the future as part of the integrated structure within MLCO. In the short term permanent recruitment to roles is an increasingly key requirement where appropriate to build high quality teams.
- 3.12 The plan requires additional investment for permanent posts to strengthen the structure by increasing capacity in social work, safeguarding, the Citywide Care Homes Team, the Learning Disability service and other specialist services. Greater internal capacity for Best Interest Assessors supporting Deprivation of Liberty Safeguards and making permanent some of the social care capacity to support the prevention of delayed transfers of care from hospital is also included in the plan. These priority areas have been identified in part as a bridging position as further work is progressed on an integrated health and social care service in the partnership with MLCO.
- 3.13 In total it is estimated that this would be the recruitment of an additional permanent circa 100 full time equivalent posts which includes areas of the service where capacity has been met by temporary posts and short term contracts as recurrent funding has not been in place. Further detail on the planned resourcing of this investment is described at section 5.

### **Manchester Population Health Priorities**

- 3.14 The Directorate of Population Health and Wellbeing is an integral part of MHCC and incorporates the statutory functions and mandated responsibilities for Public Health at the City Council. The Director of Public Health retains a reporting and accountability link back to the City Council. The mandated responsibilities include delivery of the Healthy Child Programme and National Child Measurement Programme, Health Protection, NHS Health Checks, Open Access Sexual Health Services.
- 3.15 The MHCC Operational Plan for 2019/20 reflects the five priorities contained in the Manchester Population Health Plan agreed by the Health and Wellbeing Board in March 2018. The implementation of programmes relating to these priorities is led by the Population Health and Wellbeing Team. The priorities are:
- |            |   |
|------------|---|
| Priority 1 | Improving outcomes in the first 1,000 days of a child's life  |
| Priority 2 | Strengthening the positive impact of work on health   |
| Priority 3 | Supporting people, households and communities to be socially connected and make changes that matter to them |
| Priority 4 | Creating an age-friendly city that promotes good health and wellbeing for people in mid & later life        |
| Priority 5 | Taking action on preventable early death  |

### 3.16 Key Successes during 2018/19:

- MLCO went live on 1 April 2018 which created a recognised organisational identity amongst 2700 partnership staff and undertook a city wide leadership event across health and social care
- Supported the flow of patients with long lengths of stay in hospital back into the community with the correct support
- Progress with the Manchester Single Hospital Service (SHS) Programme following the creation of Manchester University NHS Foundation Trust (MFT) in 2017, to establish the new trust and realise benefits for patients
- During 2018 there has been a focus on the arrangements in place for MFT to complete the proposed merger with North Manchester General Hospital
- The Population Health Plan (launched in March 2018) began its implementation
- The latest figures (December 2018) for Healthy Life Expectancy (proportion of life years spent in good health) show a welcome increase both Males and Females in Manchester, from 54.3 and 54.6 years respectively in 2014-2016 to 56.5 and 56.2 years in 2015-2017. This is a statistically significant increase of 2.2 years for Males and an increase of 1.6 years for Females, compared to an increase of 0.1 for Males and a decrease of 0.1 for Females in England. Although Healthy Life Expectancy in England is still higher the gap with England has been narrowed which will support our efforts to reduce health inequalities
- Alcohol related hospital admissions continued to fall from 861/100,000 population in 2014/15 down to 741.2 in 2016/17
- The teenage pregnancy rate continues to fall (32.3/1000 females aged 15-17 in 2014) down to 25.5 (quarter 3, 2017)
- The Be Well Social Prescribing Service became fully operational across the city with the south and central service commencing in November 2018. The service is designed to improve the health and wellbeing of local residents with long term health conditions or whose social circumstances mean that they are at increased risk of poor health.
- MLCO mobilised new care models including High Impact Primary Care, Manchester Community Response, Extra Care, Reablement – expansion of the existing service and a new Discharge to Assess service and Complex Reablement services, Prevention – Community Links for Health service has commenced in Central and South, with the majority of Health Development Coordinators now in place
- A new approach to delivering Homecare – Our Manchester Homecare – is now out to tender, to go live in 2019/20. This is built around the strengths of each person cared for, the outcomes that matter to them, continuity of care, a place-based approach, and with higher pay and increased skills for staff
- Winter resilience planning using funding allocated to the City Council, aligned with other health funding and developed jointly with partners across the health and social care system.

#### 4. Self Assessment of Key Challenges in 2019/20

##### 4.1 Health and Social Care

4.1.1 The MHCC priorities for 2019/20 have been informed by an assessment of key information and data, and by engaging partners, the workforces and the Patient and Public Advisory Group. Information sources included:

- Development of evidence to provide consistent processes for how information is collated and utilised by MHCC to generate intelligence and Joint Strategic Needs Assessment
- Engagement with Senior Leadership Team
- Review of progress against the 2018/19 MHCC Operational Plan and assessment of progress made by key workstreams
- Commissioning Intentions
- Review of the requirements for delivering the Locality Plan
- Review of Greater Manchester plans and programmes

4.1.2 MHCC Board receives a monthly report summarising the quality and performance highlights for the whole health and social care system. The report covers key national, regional and local key performance indicators. The November 2018 report is available to read here: [https://www.mhcc.nhs.uk/wp-content/uploads/2018/11/3.1-PQI-One-Report\\_Nov-2018\\_RPdraftv0.3\\_19.11.2018-1.pdf](https://www.mhcc.nhs.uk/wp-content/uploads/2018/11/3.1-PQI-One-Report_Nov-2018_RPdraftv0.3_19.11.2018-1.pdf)

4.1.3 Some of the key measures of quarterly performance across the system and on new models of care are as follows:

- Delayed Transfers of Care increased 1.4% in the first two quarters of the year in comparison with same period in the previous year.
- In the first quarter of 2018/19 there was 8.5% increase in the number of A&E attendances for individuals within the target cohort compared with the same period in the previous year.
- In the first quarter of 2018/19 there was 22.4% increase in the number of non-elective admissions for individuals within the target cohort compared with the same period in the previous year.

##### 4.2 Adult Social Care performance

4.2.1 Targeted work by the Acting Director of Adult Social Services (DASS) to address performance challenges through the improvement work is described at section 3, which will tackle challenges arising from the diagnostic work including:

- waiting lists for assessments, reassessments and reviews
- increase in safeguarding enquiries
- increase in Deprivation of Liberty Safeguards referrals

4.2.2 Admissions to Nursing Care remained broadly the same in the first 8 months of the year (April to November) in comparison with the same period in the previous year. By contrast, admissions to Residential Care increased by 6.8% or 12 admissions for the same timeframe.

- 4.2.3 Home Care hours saw an overall increase of 9.4% (18,254 hours) between April and November 2018 compared to the same period last year. There was notable increase in the number of Home Care hours in June 2018; 12% increase from June 2017 and a 4% increase between May and June 2018. However, this has now tapered off and there has been a steady decrease month on month between July and November.
- 4.2.4 In the first eight months of financial year, 52% (578 out of 1122 people) left the Reablement Service with no further care commitments, this is under the 54% target, but 3% better than the previous year. 1154 citizens have been accepted into Reablement between April and November 2018, the target for the financial year is 2963 citizens which has impacted on planned reductions in homecare hours and subsequent savings.
- 4.2.5 Eight out of eleven (73%) services provided directly by MCC currently have Good CQC rating and 3 are rated as 'Requires Improvement'. Social care-related quality of life score, based on results of the statutory annual Adult Social Care Survey, decreased from 18.4 in 2017 to 18.3 in 2018.

#### 4.3 Finance and value for money

- 4.3.1 The MHCC Pooled Budget for 2018/19 is £1.1 billion, the financial position at the end of December 2018 is an overspend of £3.2m relating to an overspend on ASC. The overspend on the ASC element of the pooled budget is largely from the delayed implementation of the new care models and other savings schemes. From the net planned savings for 2018/19 of £8.519m, savings of £2.673m are expected to be achieved in 2018/19. Demography funding has been applied to support the budget position based on estimated growth in demand since the start of the year. There is also a budget pressure of c£1m on Agency staff for in-house services which is now part of MLCO. A recovery plan for this pressure is in development by MLCO.
- 4.3.2 The savings schemes approved for the 2018-20 budget remain as planned but the delivery of benefits and cost of models have changed to reflect phasing and mobilisation during 2018/19. A re-assessment of potential savings from new care models and other schemes has taken place during November 2018. Gross savings of £7.909m are projected in 2019/20. Further information on the detail of each savings scheme and the savings schedule is provided in Appendix 3.
- 4.3.3 Financial risk will continue in 2019/20 as the transformation programme is implemented and the delivery of savings from the cost of care are realised. The reported budget position is supported by significant non-recurrent resource from the Adult Social Care grant to support capacity and transformation activity which adds to the risk if the new care models are not able to have expected impact on reducing demand. For 2020/21 the evidence of impact from the new care models on reducing demand and costs will inform the revised medium term financial plan.

#### 4.4 Workforce

- 4.4.1 Enabling the workforce to be resilient, effective, creative, ambitious and innovative through embedding Our Manchester and developing a culture of trust, honesty and empowerment is critical and we are committed to plan for the future workforce. There is a commitment to ensure staff are equipped with the skills and knowledge needed to be able to work in an Our Manchester way. We are supporting our managers through Our Manchester Leadership and Raising the Bar training. There is also a full programme of development for managers and those working within integrated neighbourhood teams.
- 4.4.2 There will be a renewed focus on getting the basics right with the development of a new workforce strategy to underpin improvement activity and address what matters most for the recruitment and retention of quality staff, for example, access to development and progression, career pathways, grow your own schemes, apprenticeships and other development opportunities, and strong management support and professional supervision.
- 4.4.3 It is essential that we continue to embed the Our Manchester approach and behaviours throughout the workforce and in the services approach to delivery. A key enabler in delivering the priorities set out in this plan is enabling staff to understand, buy in to and have tools and techniques to start to work in an Our Manchester strengths based way. A system-wide programme for all staff across all parts of the Manchester system is under development, building on the existing Our Manchester experience and expanding its remit so that it is more reflective of partnership working and that there is a stronger focus on winning hearts and minds and enabling staff to develop practical tools and techniques to apply the approach in their workplace. The programme comprises a range of inter-connected parts including building rapport, Our Manchester context, introduction to strengths, hearts and minds and the Our Manchester behaviours, practical tools and techniques for working in a strengths based way, connecting people and place and moving to activation. The programme has been co-designed with broad input from staff across the system and is subject to testing in December and January before being rolled out from February with an initial priority focus on the MLCO workforce.
- 4.4.4 This Our Manchester approach to the workforce equally applies to our valued, external delivery partners who deliver the day to day care to Manchester residents. Manchester has committed to introduce Unison's Ethical Care Charter and to work with providers to promote and embed strengths-based approaches. The new Our Manchester Homecare service, to be launched in 2019/20, is a key example of this, where Manchester Health and Care Commissioning have co-designed the requirements of the service, emphasising the importance of training and development opportunities for staff, as well as good working conditions, to help ensure that staff are motivated and they have the skills and resources they need to deliver high quality care to Manchester residents. Similarly other new services that will be commencing in 2019/20, such as new housing related support services for people who are homeless, also have explicit requirements around the delivery strengths-based approaches and ensuring providers have the right skills and

experience to deliver these. Over this next year MHCC and MLCO will continue to work with providers to help embed these new ways of working and develop the health and care workforce.

- 4.4.5 It will be important to wrap a programme of business readiness around the roll out of the strengths based development programme, working with different services across the health and social care system to ensure they are being proactive in identifying the conditions for change that need to be in place to enable staff to be practically supported to work in a strength based way. This could include changing systems, processes and governance, building new relationships within neighbourhoods to support a community first approach and changing the relationship between practitioners and commissioners to ensure that as strengths based assessments result in needs being met in different ways, the right services are available for practitioners to draw upon.
- 4.4.6 Significant investment in digital solutions to support residents to be more independent will mean big changes for how the workforce operates and will need to be enabled through a programme of culture change and organisational development. Building the confidence and understanding of staff in the potential impact that digital solutions can have will be key to this along with working through the impact of workforce practices, approaches and deployment.
- 4.4.7 The service will continue to embed the Activator programme which enables staff to get involved in shaping and developing change across Adult Social Care. Building on the success of the two Activator conferences held in 2018 and the four thematic self-managing teams, a further Activator conference will be held in the spring which will extend across the MLCO ensuring health colleagues have the same opportunity to get involved and influence programmes of change.
- 4.4.8 There will be continued implementation of phase 1 of the MLCO operational facing structures which includes completion of the recruitment for the Integrated Neighbourhood Team roles, with supporting induction and development programmes. This phase will include the review of the remaining adult social care structures supported by the improvement plan to respond to the overall resourcing capacity and required reform. Work will also commence to review corporate structures and access to core services. Phase 2 will link into MHCC Phase 2 structural change with a number of services likely to move from MHCC to MLCO.
- 4.4.9 To support the improvement plan, the service is developing a rolling recruitment and advert for social workers and are working with HR to look at creative ways to attract social workers to Manchester. The service is developing a Communication and Engagement strategy to support greater engagement with the deployed and remaining workforce. Actions arising from the latest BHeard survey will be captured as part of the Adult Social Care Improvement plan

- 4.4.10 To underpin the further development of partnerships and integrated working, a number of key HROD processes will be reviewed. This will include, approaches to recruitment and resourcing, governance/assurance, workforce information data management and OD across the partnerships. This work will include support to integrated managers through a series of information briefings/workshops.
- 4.4.11 Through the Workforce Assurance Dashboard and associated action plan, we will continue to monitor and address issues relating to high sickness absence, high agency usage, high of overtime, and support the future workforce planning process. Work will be required to align the metrics to reflect partnership working. Measures that are already in place to address some of these issues are the flexible deployment of staff to cover pressure areas, continued close scrutiny of the staffing rota systems and absence clinics across all service areas.
- 4.4.12 In relation to workforce metrics, the average of 14 days per FTE employee has been lost due to sickness over the last 12 months, 14% decrease in comparison with the previous year and about 2 days higher than MCC average.
- 4.4.13 Adult Social Care saw a 5% improvement in its staff engagement score this year, as measured through the BHeard Survey, and is now firmly in the 'One to Watch' category. Responses in the category related to management showed the biggest increase, with improvements in the 'Personal Growth' factor also. - Strengthening engagement levels across the service senior management cohort and improving wellbeing across Services are two areas of focus identified by the Survey.

#### 4.5 Governance and assurance

- 4.5.1 Manchester's health and social care governance arrangements are led through MHCC's Executive Committee, reporting to the Board. City Council representation includes at least one Executive Member and another position nominated by an Executive Member, currently the City Council Chief Executive, with the City Treasurer in attendance.
- 4.5.2 The City Council has entered into a partnership to formally establish MLCO and to ensure the delivery of integrated health and social care services. The partnership comprises four provider organisations Manchester City Council, Manchester Foundation Trust, Manchester Primary Care Partnership and Greater Manchester Mental Health. Each of the four partners have two places on the LCO Board and one vote. For Manchester the LCO Board is represented by an Executive Member and another position nominated by the Executive Member, currently the Deputy Chief Executive.
- 4.5.3 Manchester City Council and NHS Manchester CCG have agreed a pooled single commissioning budget for health, adult social care and public health from April 2018 with a Section 75 Partnership Agreement and Financial Framework. There is the Manchester Agreement, which sets the overall



financial context for health and social care, including detailed financial and activity assumptions.

## 5. Revenue Strategy

### 5.1 Introduction

5.1.1 This section of the Business Plan sets out the financial context and the proposed budget for 2019/20. The key elements are:

- 2019/20 is the continuation of the three year budget for Adult Social Care and the overall priorities and direction remains unchanged
- There is continued uncertainty around the longer term funding for adult social care (and indeed local authorities) and the fact the Adult Social Green paper is yet to be published.
- The agreement of a longer term joint funding strategy with the CCG which includes an ongoing £4m contribution to the MHCC Pooled Budget (subject to formal agreement by the March 2019 CCG Board)
- Use of the additional one off funding received as part of the Autumn Statement and Local Government Finance Settlement to support a joint ASC improvement programme and system wide resilience – underpinned by a three year funding strategy. This totals £4.225m in 2019/20 of which £1.456m is met from the Resilience Grant and £784k, with the ability to increase to the full **£1.567m** in 2019/20 if recruitment can be accelerated and £1.202m from partnership resources.
- Underwrites the continuation of the **£2.667m** Resilience Grant funding for the three year period. This includes the £1.456m to support the Improvement Plan above and the further £1.2m to support placement costs and other measures agreed in conjunction with partners.
- Updates the budget for the fully year effect of the delays in achieving planned savings and the associated Recovery Plan actions in 2018/19. This has had the impact of reducing the level of gross savings achievable from the delivery of the new care models by **£3.343m**.
- Taken together the above represents additional investment of **£7.6m** over and above the **£3.8m** investment agreed as part of the 2018/19 budget setting process. **A combined total of £11.4m**. It is also in addition to the additional costs of meeting inflation and the costs for implementing the national living wage of £7.9m.
- The underlying assumptions around the costs of demand, implementing the national minimum wage and inflation remain valid and are unchanged.

- Includes Recovery Plan measures as set out in the December Business Plan of £3.543m.

- 5.1.2 The 2018 Autumn Budget at the end of October confirmed the Government's commitment to growth for the NHS of £20.5 billion a year in real terms by 2023/24. In response the NHS has developed a Long Term Plan, in which 2019/20 will be the foundation year which will see significant changes to the architecture of the NHS. Funding has been front loaded into the first year to ensure that NHS Provider organisations return to balance on the proviso that no national reserves are being held centrally to cover unauthorised deficits. The change in architecture includes payment reform, a new financial framework for Providers and CCGs for which guidance is still being issued. Draft organisational level funding has been issued along with detailed deliverables across the whole of the NHS.
- 5.1.3 As part of the 2018 Autumn budget and December 2018 finance settlement the government announced £240m of additional funding for 2018/19 and 2019/20 for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. The allocation to the City Council, which is based on the Adults Relative Needs Formula, totals £2.67m in each year. The use of the 2018/19 allocation was agreed between partners and at the Council's Executive in December 2018. At that committee it was also agreed to recruit to the associated posts on a permanent basis which in effect commits £1.5m of the 2019/20 allocation. The funding will be smoothed over 2-3 years to support the creation of a sustainable establishment to manage both the homecare mobilisation and the waiting lists to support the health and social care system to manage winter pressures. The proposals for deployment have been aligned with other funding and developed jointly with partners across the health and social care system.
- 5.1.4 The government announced a further £410m which can be applied to both Adult and Children's Social Care, of this Manchester will receive £4.555m in 2019/20. This will be partly used over a number of years to support the programme of improvement work which is underway in adult social care described in section 3 above. The Council is using the additional one off funding it has received across three years to avoid increasing the budget and then having to make significant cuts in 2020/21 when the new Finance Settlement is announced.
- 5.1.5 The Government's Green Paper regarding care and support for older people was expected in 2018 linked to the 10 year NHS plan. It is hoped that the paper will set out plans to improve care and support for older people and tackle the challenge of an ageing population. The Ministry of Housing, Communities and Local Government (MHCLG) has also consulted on proposed changes to the Adult Social Care Relative Needs Formula. The present formula has been in place since 2005/06, with some elements using the 2001 Census information. It is likely that it will be 2020/21 before any changes are now concluded.

## 5.2 Adult Social Care budget 2018/19

- 5.2.1 The Council's element of the Manchester Health and Care Commissioning (MHCC) Pooled Budget relates to Adult Social Care services, excluding Homelessness, Voluntary and Community Sector grants and the Adults Safeguarding service. Table 1 sets out the base budget for Adult Social Care in 2018/19 of £185.913m of which £4.213m is out of scope of the pooled budget and £181.700m is in the scope of the pooled budget.

**Table 1: 2018/19 Base budget**

Service Area	2018/19 Gross Budget	2018/19 Net Budget	2018/19 Budgeted Posts (FTE)
	£'000	£'000	
Assessment & Support	8,559	6,140	223.86
Care	66,536	41,122	335.59
Commissioning	9,515	8,979	32.20
Business Units	5,444	5,129	468.80
Learning Disability	59,297	51,989	46.65
Mental Health	25,219	23,192	7.00
Public Health	39,428	37,275	44.36
Back Office	14,834	6,692	
Infl & National Living Wage	1,181	1,181	-
<b>MHCC Pooled Budget</b>	<b>230,012</b>	<b>181,700</b>	<b>1,158.46</b>
Asylum	2,911	57	8.00
Commissioning	2,040	1,819	-
Safeguarding	2,544	2,337	40.50
<b>ASC Services Out of Scope</b>	<b>7,495</b>	<b>4,213</b>	<b>48.50</b>
<b>Total</b>	<b>237,507</b>	<b>185,913</b>	<b>1,206.96</b>

- 5.2.2 The Council's budget for Adult Social Care is currently projecting to overspend by £3.2m. Whilst the underpinning assumptions around increasing demand and inflationary pressures have been within the funding allocated, the delay in the implementation of the new care models has meant that the planned reductions in residential and nursing and home care costs have not been achieved. The 2019/20 budget has re-phased the savings delivery and investment to take this into account and has also added additional investment to ensure that the core social work capacity and skills are in place to deliver. The non-achievement of savings remains the biggest budget risk in 2019/20.

- 5.2.3 The Council's contribution to the MHCC 2018/19 pooled budget for ASC approved by the Executive in February 2018 was £186.475m. During 2018/19 this budget has been adjusted as per the below to give a revised Pooled Budget position of £185.700m which reflects the ASC budget of £181.700m plus £4m non-recurrent contribution from MHCC agreed last year:

- It has been reduced by £1.265m for inflation which applied to Homelessness which is not within the Pool

- Reduced for £268k corporate savings and other adjustments reported throughout the year
- Reduced for the £1.525m inflation and £383k national living wage funding not required. This has been added to the Adult Social Care Reserve
- Increased for the £2.667m Winter Pressures Funding confirmed in December 2018

### 5.3 2019/20 Adult Social Care Budget

5.3.1 Further to progress made with new care models and saving schemes during 2018/19, the development of the ASC Business Plan priorities for 2019/20 and an assessment of cost pressures, a proposed update to the financial plan for the ASC budget in 2019/20 is set out in the paragraphs to follow.

5.3.2 The overall strategy around the effective integration and reform of health and social care to deliver improved outcomes and financial sustainability remains unchanged. However Adult Social Care is also a service that is dependent on a number of short term funding streams and in order to ensure a high quality social care service and deliver the volume of change required it is important that an adequate and permanent structure is in place. The substantive proposed change to the ASC budget for 2019/20 is to fund the ASC improvement plan described in section 3. This will put in place the right foundations on a sustainable basis to support the transformation and integration with health through embedding streamlined processes, effective practice and an enabled workforce with the right resources in place to effectively manage demand. The estimated total budget requirement for ASC capacity is £4.225m in 2019/20 rising to £4.8m from 2020/21:

- **£1.067m** in 2019/20 rising to **£1.4m** from 2020/21 (c60 fte) for additional capacity in Social Work, Safeguarding, the Citywide Care Homes Team, the Learning Disability service and other specialist services. Greater internal capacity for Best Interest Assessors supporting Deprivation of Liberty Safeguards
- **£0.5m** in 2019/20 rising to **£0.75m** in 2020/21 for proposals in development i.e. social work career pathway and additional team manager capacity for the in-house Learning Disability Accommodation Service
- From the £2.667m ASC grant funding for winter pressures and the temporary capacity agreed by Executive in December 2018, 18 fte posts are proposed to be included in the structure on a permanent basis to enable successful recruitment and retention of staff. This includes 8 posts for the Homelessness Service which will be charged to ASC. This would be a cost of **£1.456m** per annum over a three year period to be met from the grant. It is important that a substantial part of the 2019/20 resilience grant is retained for 2019 winter arrangements and this would leave a balance of £1.210m for 2019/20 and its use will be agreed with partners and reported back through the Health and Wellbeing Board
- Funding of **£0.713m** is required to make permanent 18 fte social workers posts historically funded by the CCG and recruited to temporarily

specifically for social work capacity in hospitals. The permanent funding of this from 2019/20 is being considered by MHCC Executive

- Funding of **£490k** is required for 9 social worker managers for the Integrated Neighbourhood Teams managers to be funded from MCC reserve in 2019/20 for the LCO with funding from 2020/21 to be reflected within the new INT structures in relation to overall ASC capacity the Council would utilise £1m of the Adult Social Care reserve to support the Locality Care Organisation.

5.3.3 As the additional funding allocated in the Autumn Statement for social care is inadequate to cover all of the pressures and there is a need to provide a stable funding base beyond 2019/20, the grant funding has been combined with a number of, largely adult social care related, one off resources to create a reserve to be used over a three year period. During this period it is anticipated that the capacity requirements will change further to reflect transformation of services, further integration with health, improved practice and an overall stabilised and more efficient service, supported by the need for a fully costed MLCO structure during 2019/20. Table below sets out the costs and funding.

**Table 2: Adult Social Care Capacity**

<b>ASC Capacity – costs and funding</b>	<b>2019/20 £'000</b>	<b>2020/21 £'000</b>	<b>2021/22 £'000</b>
New ASC workforce capacity	1,067	1,400	1,400
Other i.e social work career pathway	500	750	750
ASC Seasonal Resilience	1,456	1,456	1,456
Health legacy seasonal resilience	713	713	713
New INT Team Mgr cost (9 fte)	490	490	490
<b>Total</b>	<b>4,225</b>	<b>4,809</b>	<b>4,809</b>
<b>Funded by :</b>			
ASC reserve/social care grant	1,567	2,150	2,150
ASC Seasonal Resilience grant	1,456	1,456	1,456
Health funding (tbc)	713	713	713
LCO INT funding from MCC	490	490	490
<b>Total</b>	<b>4,225</b>	<b>4,809</b>	<b>4,809</b>

5.3.4 To fund the proposals above, in addition to the ASC winter pressures grant of **£2.667m**, the 2019/20 budget will be increased by a further £1.567m for the improvement plan. To reflect the likely timescales for recruitment the sum of £1.567m for 2019/20 will be phased with **£784k** added to the ASC budget and the remaining **£783k** held by the Council in the Adult Social Care Reserve to be drawn down as required in year.

5.3.5 Other main changes to the budget are the review of the new care models and other savings schemes. Whilst the delivery of the new care models and the other savings proposals will continue as planned, the delivery of the associated benefits and implementation costs have changed in line with the revised mobilisation timescales. This has reduced the estimated gross savings by **£3.343m**.

5.3.6 Taken together the £784k ASC Improvement Plan funding and £3.343m reduction in gross savings results in a proposed net increase to the ASC budget of **£4.127m** for 2019/20.

5.3.7 To identify measures to support the budget position in 2019/20 recovery proposals totalling **£3.543m** are proposed:

- A reduction of £1.825m in the cost of the new care models as per the latest assessment
- Application of £1.568m of unspent ASC grant to be carried forward to 2019/20
- Additional savings of £150k from Adult Social Care from the Learning Disability budget from an expansion of the existing Shared Lives programme

5.3.8 The detail of the planned savings and revised phasing is set out in paragraph 4.3 above with Appendix 3 providing more detailed information on the changes in the value of savings and costs and individual schemes.

5.3.9 Table 3 shows the proposed Adult Social Care budget for 2019/20 is £198.263m, this is £194.050m for the MHCC pooled budget and £4.213m for ASC services out of scope of the partnership arrangements.

**Table 3: 2019/20 proposed changes and revised budget**

Service Area	2018/19 Net Budget	Approved savings	Investment and other changes	2019/20 Net Budget	2019/20 Identified pressures	2019/20 Recovery proposals	Proposed 2019/20 Net Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Assessment/Support Care	6,140	(37)	(192)	<b>5,911</b>	869	0	6,780
				<b>35,155</b>			
Commissioning	41,122	(3,963)	(2,004)	<b>5</b>	3,258	(2,522)	35,891
Business Units	8,979	0	0	<b>8,979</b>	0	(871)	8,108
Learning Disability	5,129	0	0	<b>5,129</b>	0	0	5,129
				<b>51,029</b>			
	51,989	(375)	(585)	<b>9</b>	0	(150)	50,879
				<b>23,284</b>			
Mental Health	23,192	(125)	217	<b>4</b>	0	0	23,284
				<b>37,285</b>			
Public Health	37,275	10	0	<b>5</b>	0	0	37,285
Back Office	6,692	4,472	4,069	<b>15,233</b>	0	0	15,233
				<b>3</b>			
Infl / Nat Liv Wage	1,181	0	7,944	<b>9,125</b>	0	0	9,125
Demography	-	0	2,335	<b>2,335</b>	0	0	2,335
<b>Pooled Budget</b>	<b>181,700</b>	<b>(18)</b>	<b>11,784</b>	<b>193,466</b>	<b>4,127</b>	<b>(3,543)</b>	<b>194,050</b>
	57	0	0	57	0	0	57

Asylum Commissioning	1,819	0	0	1,819	0	0	1,819
Safeguarding	2,337	0	0	2,337	0	0	2,337
<b>Other ASC</b>	<b>4,213</b>	<b>0</b>	<b>0</b>	<b>4,213</b>	<b>0</b>	<b>0</b>	<b>4,213</b>
<b>Total</b>	<b>(1)185,913</b>	<b>(18)</b>	<b>(2)11,784</b>	<b>197,679</b>	<b>4,127</b>	<b>-3,543</b>	<b>198,263</b>

(1) 2018/19 net budget includes £2.667m ASC Winter Pressures grant for seasonal resilience

(2) MTFP Investment and other changes of £11.784m includes £3.840m<sup>(3)</sup> for investment and £7.944m for the Inflation and National Living Wage

(3) £3.840m 2019/20 investment was agreed as part of 2018/19 budget. This is made up of £15.1m agreed additional investment plus demographic growth of £2.3m. This has then been reduced by £5.7m investment included in 2018/19, £4m MHCC risk share contribution and reduction in ASC grant between in 2019/20 of £3.9m

5.3.10 In total there is new investment in 2019/20 of £11.4m for ASC which represents £3.840m investment agreed in February 2018, Adult Social Care grant for seasonal resilience of £2.667m, identified pressures of £4.127m (para 5.3.6) and funding for ASC Improvement Plan held in Corporate budget of £783k (para 5.3.4)

## 6. Capital Strategy/Programme

6.1 The capital programme for Adult Social Care totals £23.8m over the period 2018/19 -2021/22, this includes the creation of a health hub in Gorton. A summary of the current capital budget is shown in table 4 below, and details of the individual projects can be found in the Capital Strategy and Budget report for Executive in February:

**Table 4: 2018/19 – 2021/22 Capital Budget**

	2018/19 £m's	2019/20 £m's	2020/21 £m's	2021/22 £m's	Total £m's
Gorton Health Hub	1.4	10.2	8.6	2.6	<b>22.8</b>
Other	0.7	0.3			<b>1.0</b>
<b>Total</b>	<b>2.1</b>	<b>10.5</b>	<b>8.6</b>	<b>2.6</b>	<b>23.8</b>

6.2 Work is progressing on the design and tenancy framework for the Health Hub, which will bring together key organisations responsible for tackling worklessness and low skills.

## 7. Impact on Residents, Communities and Customers

7.1 Manchester has a diverse and rapidly changing population and it is important that the Council is able to manage its business priorities with due regard for the wide-

ranging and complex priorities and needs of the City's residents. The business planning process helps the Council to consider and communicate how it will fulfil the requirements of the Public Sector Equality Duty in the development of its business priorities. The Council will continue to use its Equality Impact Assessment framework as an integral tool to ensure that all relevant services have due regard of the effect that their business proposals will have on protected groups within the City.

- 7.2 The Council is proud of its accreditation as an excellent authority against the Equality Framework for Local Government and is committed to maintaining this standard. Ensuring that Directorates' equality considerations and priorities are clearly articulated through the business planning process is a crucial part of achieving this commitment. The directorate's priorities support the EFLG and its activities will continue to reduce inequalities through effective partnership working in particular those with health, schools, independent providers, other local authorities and the voluntary and community sector.
- 7.3 Adult Social Care services continue to play a pivotal role around equalities through its work with key cohorts:
- Adults of working age
  - Older People
  - People with No Recourse to Public Funds
  - Homeless people with care and support needs
  - Learning and physically disabled people
  - People with complex needs, including substance misuse, alcohol dependency and mental health needs
  - Individuals with chaotic lifestyles and those who present with increased risk to fulfil the prevention duties in the Care Act
- 7.4 There are key developments looking ahead that will have an impact on equalities including the integration of health and social care and the health and wellbeing of adults living in communities. There is a significant opportunity to address the following areas:
- Health inequalities and life chances
  - Transition to adulthood
  - The benefits of health and social care integration
  - The reduction in social isolation of older people through the age-friendly work
- 7.5 All partners involved in delivering the Locality Plan are well aware of the need to undertake EIAs on service changes resulting from transformation. Partners have developed capabilities to do this on an individual and collective basis, driven by the scale and speed of change experienced in both the health and local government sectors over the last five years.

## **8. Impact on the Workforce**

- 8.1 The role out of the strengths based way of working will impact on all staff across the workforce as they will be required to have a different cultural



approach and behaviours to delivering services. This is supported through a programme of activity that comprises a range of inter-connected parts including building rapport, Our Manchester context, introduction to strengths, hearts and minds and the Our Manchester behaviours, practical tools and techniques for working in a strengths based way, connecting people and place and moving to activation.

- 8.2 It is imperative that there will be fundamental shifts to roles and capacity through the implementation of phases one and two of the MLCO, and phase 2 of MHCC. Whilst this will result in different ways of working and the requirement to develop new skill sets, until this work commences in detail, the full workforce impact will not be known.
- 8.3 In addition the Adult Social Care improvement plan includes work to review the adult social care structure to ensure the establishment is appropriately scaled and located, within MLCO and in particular the INTs. This work will include a consideration of demand, benchmarking with other local authorities, appropriate case holding levels, statutory requirements, role mix and career pathways.
- 8.4 The impact of integrated management structures will also require us to think differently on how day to day management and professional report are delivered. This is part of the Phase 1 considerations.

## **9. Technological Support**

- 9.1 The importance of technology, systems and data should not be underestimated if the City Council is to achieve the aspirations of growth, reform and health and social care integration from both a Council and GM perspective. Additional ICT investment has been agreed as part of the three year budget strategy and a five year capital plan with 2019/20 being the third year of this investment programme.
- 9.2 During 2018/19 ICT investment has been made in the areas listed below. The initiatives are a mixture of systems to underpin departmental transformational agendas, the implementation of fit for purpose systems or to establish compliance in line with the ICT strategy (some initiatives include external investment):
  - Liquidlogic implementation: new social care system, better aligning to best practice in Children and Adults social care, supporting Manchester's integration strategy (e.g. system integrated with Health systems). System scheduled to be live in May 2019)
  - Manchester Care Record: technology capability delivered, aggregating data from a number of H&SC systems in a single platform, providing the potential for H&SC teams (inc. ASC) to make more informed decisions.
  - MLCO INT Hubs: enabling the coming together of MDT teams through a common technology solution (tactical solution deployed, subject to further improvements). 50% of the hubs are now live, with the remaining hubs forecast to be live by June 2019.

- DTOC IT Project: Developing MFT Acute systems to expose data to ASC staff, supporting the safe transfer of patients into the community..
- MHCC integration: some technology related change has taken place supporting the integration of CCG and MCC commissioning services, with further work planned.

9.3 From a technology and systems perspective, the focus for Adult Social Care (inc. MLCO & MHCC) in 2019/20 is as follows:

- Implementation of Liquidlogic.
- Manchester Care Record: while the technology capability was delivered in 2018/19, the focus of 2019/20 will be to deploy to the user-base (including ASC and the wider-MLCO and partner organisations such as NWS).
- Manchester Care Record - Citizen/Patient Portal: further explore use of citizens accessing this data.
- MLCO INT Hubs: deploy IT solution to remaining hubs.
- MLCO (including ASC) new models of care, such as: Homecare, Assistive Technology, Control Centre/Front Door, Manchester Community Response, Konnektis ("electronic yellow file") - ICT to work with operational and transformational colleagues to support business case development and deliver projects where approved (with consideration to the wider ICT portfolio taking into account organisation priorities).
- Govroam (WiFi): deployment of Govroam WiFi to MCC infrastructure/services - enabling MCC staff to work from other Govroam locations, and those organisations to work from MCC sites.
- Utilise technological collaboration solutions, such as video conferencing, to work in smart and efficient ways, supporting both operational requirements and cost avoidance.

9.4 Any initiatives requiring ICT support will need to be considered against the broader ICT portfolio, recognising the finite funding and resources available. The ICT Strategic Business Partner will support and advise the service in this regard.

9.5 ICT will work the team in order to identify solutions that comply with the information and ICT design principles and to develop robust business cases to support their development.

**Appendix 1 - Delivery Plans**  
**1. Revenue Financial Plan**

Subjective Heading	2018-2019 Budget £'000	2019-2020 Indicative Budget £'000
<b>Expenditure:</b>		
Employees	47,298	47,298
Running Expenses	184,875	193,225
Capital Financing Costs	171	171
Contribution to reserves		
<b>Total Subjective Expenditure</b>	<b>232,344</b>	<b>244,694</b>
Less:		
Other Internal sales	0	0
<b>Gross Expenditure</b>	<b>232,344</b>	<b>244,694</b>
<b>Income:</b>		
Government Grants	(5,158)	(5,158)
Contributions from Reserves	0	0
Other Grants Reimbursements and Contributions	(22,304)	(22,304)
Customer and Client Receipts	(18,959)	(18,959)
Other Income	(11)	(11)
<b>Total Net Budget</b>	<b>185,913</b>	<b>198,263</b>

## 2. Performance Plan

The measures and targets for 2019/20 will be updated and agreed during the first quarter of 2019/20 by the management team and will reflect the priority issues to be addressed by the adult social care improvement plan.

Our Plan Priority	Objective	Indicator	2017/18 result	2018/19 target	2019/20 target
HEALTHY, CARED-FOR PEOPLE	<i>Support Mancunians to be healthy, well and safe</i>	Maintain or reduce permanent admissions of older people (aged 65 and over to residential and nursing homes per 100,000 population)	829.9	Maintain or reduce	
		Reduction in LOS for NEL admissions for targeted cohorts	5.56	Reduction	
		Reduction in A&E attendances for individuals within the target cohorts	117,517	Reduction	
		Average Daily DTOC per 100,000 of the 18+ population	15.2	11.1	
		Increase in % of older people (aged 65 & over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	73.8%	Increase	
		% people leaving Reablement with no ongoing care commitments	49.3%	54%	
		Weekly Homecare hours	24,777	Decrease	

		Experience for information and advice (very or fairly easy to find) in ASC Annual Survey	69.2%	Increase	
		Proportion of carers who report that they have been included or consulted in the discussions about the person they care for (always, usually or sometimes felt involved)	61.4% (2016/17 bi-annual Survey)	Increase	
		Percentage of ASC Direct Provision with outstanding or good CQC rating	72.3%	81.8%	
	<i>Improve health and reduce demand by integrating neighbourhood teams that are connected to other services and assets locally, delivering new models of care</i>	Number of people receiving Reablement	1722	2760	
		Reduction of the Waiting list (LD,	New metric	Decrease	

### **3. Equality Overview and Action Plan**

**How does Adult Social Care activity and priorities for the year ahead support the promotion of equality and diversity in the City in alignment to the 3 equality objectives?**

The service's priorities support the EFLG and its activities will continue to reduce inequalities through effective partnership working in particular those with health, independent providers, other local authorities and the voluntary and community sector. Adults Services deliver their core business in line with the Council's strategic equality objectives in particular Improving Life Chances;

#### **1. Knowing Manchester Better**

- Continue to embed assessment approaches that focus on strength based and asset based approaches to customer and carer assessments whilst monitoring the protected characteristics that people identify with
- Develop the skills of the workforce to be able to understand and respond to the aspirations and motivations of customers with protected characteristics
- For commissioning, continue to use the JSNA process to understand communities of Manchester as it relates to the health and care needs of the population
- Through our integration with health work, seek to better understand local neighbourhoods and communities drawing on equalities information from other sources e.g. health profiles

#### **2. Improving Life Chances**

- Work in partnership with MHCC and MLCO to implement the Locality Plan ; ensure that the commissioning approach is informed by the equality data available from sources such as the JSNA
- Continue to reduce inequalities in Manchester residents' outcomes through developing new models of care with Health and tackling the wider determinants of health through effective partnership working arrangements, in particular those with health, schools, independent providers, other local authorities and the voluntary and community sector
- Neighbourhood teams being put in place as MLCO becomes operational will ensure integrated services, better understanding and responding to the needs of people in those areas (including a consideration of protection characteristics), resulting in improved outcomes.

#### **3. Celebrating our Diversity**

- In line with the Our Manchester Strategy, lead the promotion of a different relationship between public services, residents, communities and businesses, making sure that all are more involved in services

- Scale up activities on the All-Age Disability Strategy, Mental Health and Older People's Strategy working with key local organisations and individuals to reform services, remove barriers and end discrimination

**4. Where will the service's proposed changes and activities over this business planning period have an impact on equalities in general or specific protected characteristics in particular?**

There will be a number of activities taking place over this business plan period that have an impact on equalities:

- The integration with health delivered through the MLCO and MHCC will benefit the whole population through improved joint working, a seamless experience and reduction in duplication.
- Co-production with local groups, patients, staff and service users is planned and further engagement with groups across the City as MHCC and MLCO are rolled out. This includes the new shift, incorporating Public Health priorities, towards self help/self care as communities – including those with protected characteristics – are supported to avoid unnecessary unplanned admissions to hospital and residential and nursing homes and to speed up safe transfer of people from these settings home.
- Development of new models of care for specific client groups (e.g those with mental health issues, complex needs, the elderly).
- EIAs have already been completed for those new models of care that will implemented over the coming months, with the documents forming a key element of the business cases. All partners involved in deliver the Locality Plan are well aware of the need to undertake EIAs on service changes resulting from transformation. The service is committed to delivering EIAs for other new care models which will be developed over this business plan period.

#### **4. Workforce Plan**

A summary of the key drivers for workforce change and strategic workforce objectives within Adults for 2019/20 are as follows:

- The integration of Health and Social Care through the Implementation of the Locality Plan for the organisation which includes:
  - The further development of the Strategic Commissioning Function through Phase 2 of the reform that will enable whole systems influence and leadership for a healthier Manchester
  - The further development and implementation of the Manchester Local Care Organisation integrated Neighbourhood Teams and Core structures to deliver new models of integrated Community Services across the City to support independence and choice.
- The provision of high quality, efficient services, through New models of care (e.g. reablement expansion, assistive technology, extra care housing, Our Manchester homecare, development of new approaches to residential and nursing care).
- Adult social care improvement work to put the right foundations in place through work to embed streamlined process, effective practice, and an enabled workforce with the right resources in place to manage demand.
- Skills development for all staff to reflect systems transformation including the development of. career pathways that model reformed roles.
- Continuing to improve the delivery of business as usual – our statutory duties under the Care Act (individual well-being, prevention, integration, information advice and advocacy, care markets, safeguarding, assessment, charging, care planning and personal budgets.
- The need to develop leaders and managers to have the right skills and attributes to operate the basics of good management practice so the foundations on which to build strong motivated teams for the future are laid.

All of the drivers for workforce change will support the Directorate to radically transform public services so that they are focused around people and communities - delivered through integrated community health and social care support and services.

The last 12 months has supported the foundations for integrated delivery through the establishment of Manchester Health and Care Commissioning, the creation of a single hospital trust, and the commencement of the Manchester Local Care Organisation partnership - however there is still a long way to go to fully establish service reform and to realise the benefits of new models of working.



In terms of workforce implications, our staff are our most important asset, how they think and feel about their work, how we engage with them and how we value them is extremely important to harness the commitment and support to take us further forward into integrated ways of working. Developing and supporting staff to embed the 'Our Manchester' principles and behaviours will be fundamental to achieving our objectives. We will continue to nurture an environment where they want to be part of developing and improving the future of the citizens of Manchester. Our responses and action plans to address key themes that arise from the Be Heard Survey, will also ensure that our staff feel listened to and their opinions are valued.

We will further review how we communicate and engage with our staff directly through a new communication strategy that will incorporate dedicated communication events and the development of new technologies that helps us keep in touch and connected with our workforce on the frontline. Our engagement and action strategy will be monitored through our senior management team and provide a robust framework from which we will incorporate feedback from surveys, develop actions and monitor our performance to achieve the key changes.

Through our workforce and organisational development plans we will support the growth of our leaders and managers and continue to build capacity and create a positive culture to improve performance management. This will be supported both through the Manchester City Council Leadership and Management programme and the specific development programmes and activity developed within MHCC and MLCO to support partnership and integrated working. There will be a strong focus on management induction and understanding the basics of practical management including relevant policies and procedures (with a particular focus for those managing within integrated teams). This will also be supported via the frameworks already in place i.e. absence management clinics and management information to inform this, to enable managers to operate effectively.

We will continue to be an active partner in the Locality Transformation Workforce Group and Locality OD Group that has been developed with our Health partners to ensure that our joint plans reflect and incorporate new ways of working and the generic and specialist skills and behaviours required to deliver the integrated models of the future. We will draw on specialist knowledge and expertise to test new evidence-based models of change and will build capacity within our collective workforce to implement such models for the future.

Key aspects of the workforce change programme will include:

- Values and Behaviours to underpin new ways of working and organisational arrangements
- Strengths Based Working Programme

- Leadership Development, Management of Change (inc MCC development programmes and specific activity for MHCC and MLCO deployed staff e.g NESTA 100 day Challenge to support innovation within integrated work settings)
- Robust engagement and involvement of staff in shaping new ways of working
- Resilience
- Organisational form and function (inc career pathways)
- Knowledge, Behaviours and Skills to deliver new models and ways of working
- Enhanced approaches to communication and consultation

The shift to strengths/asset based ways of working has already begun and asset based training has been rolled out to the majority of the workforce in Adult Services. The next phase of this work sees the development of a system-wide programme for all staff across all parts of the Manchester system, building on the existing Our Manchester experience and expanding its remit so that it is more reflective of partnership working and that there is a stronger focus on winning hearts and minds and enabling staff to develop practical tools and techniques to apply the approach in their workplace.

The mandatory and statutory training programmes will be refreshed and updated to reflect the wider scope of skills that will be required for the future. Wherever possible these will be undertaken in conjunction with our partners in Health so that there is a cohesive learning process to support the change in culture (and to support consistency of approach and efficiency in delivery).

The further development of Manchester Health & Care Commissioning (Phase 2 structural change) and Manchester Local Care Organisation (Phase 1 /2 structural change) will have a huge impact upon the way our staff work in the future. New organisational forms, new ways of working to work in a strengths-based way, to work together in a truly integrated way and to deliver new models is being supported by the significant investment in behavioural and organisational development programmes. MLCO is focusing on supporting the development of Integrated Neighbourhood Teams and collaborative system wide working across the 12 neighbourhoods in Manchester.

Equality impact assessments will be carried out as the various Phases of change are undertaken to fully understand the impact of changes on different staff cohorts and action taken to address any specific issues arising.

## 5. Strategic Risk Assessment and Register

<b>ID</b>	<b>Theme</b>	<b>Risk Description</b>	<b>Risk Owner</b>	<b>Existing Key Controls and Sources of Assurance</b>	<b>Risk Score (current) impact x likelihood</b>	<b>Areas for Key Actions and Deadlines</b>
1	Systems and processes, statutory and compliance	Need for effective triage at the front door to ensure inappropriate demand into the service and use of resources is managed.	Director of Adult Services	Advice and Information Strategy, Help and Support Manchester, some signposting to VCSE from Contact Centre	12	Improvement Plan includes embedding some ASC resource into front door to more effectively triage
2	Systems and processes, statutory and compliance, safeguarding	Need to assess and review citizens in a timely, proportionate and consistent manner to avoid increased risk of safeguarding, unmet need and inappropriate care packages.	Assistant Directors - ASC	Duty system in place daily across locality teams to manage risk to individuals and prioritise cases and interventions  Carers' personal budgets under the Care Act has been set up as a partial devolved approach, alongside carers online self-assessment	20	Immediate work to reduce waiting lists is underway as part of Improvement Plan,  Work also underway to streamline the assessment/ review process  Work also underway to ensure use of management information is embedded in the service and supports decision making
3	Safe-guarding	Need to provide the necessary oversight to support citizens with	Assistant Director - ASC	Complex Case Forum established	20	Internal support to review QA framework

		complex needs in making safe decisions to avoid increased safeguarding risks		High Risk Protocol in place and utilised  MSAB High Risk Protocol in place which is multi agency		Vulnerable Adults Protocol in development
4	Safe-guarding	Need to screen and assess for Deprivation of Liberty Safeguards (DoLS) in a timely manner to avoid citizens unlawfully being deprived of liberty	Assistant Director - ASC	Best Interest Assessor rota in place  Authorisation rota in place for senior managers  Small team in place	20	Greater internal capacity for DoLS included in Improvement Plan
5	Systems and processes , statutory and compliance	Need to effectively manage the transition of citizens from children's to adult services to ensure appropriate safeguarding and to meet need	Assistant Director - ASC	Transition team and partnership working in place Cross training and support from GMMH	16	Transitions included in Improvement Plan. Transition Board to be established to provide effective governance
6	Statutory and compliance	Integrated arrangements with Greater Manchester Mental Health Trust must effectively deliver statutory duties for citizens with mental health needs	Assistant Director - ASC	S75 agreement is in place which is regularly monitored and performance information is shared with the council and discussed. Developing and positive working relationships are in place.	6	Strengthening clarity on accountability and referral pathways
7	Systems and processes	Implementation of the new case management system must deliver a safe, effective service during and after this period to	Paul Covell, Tracy Cullen	Work to plan for the cutover period specifically has commenced across ASC, ICT and risk.	20	Bespoke plan to mitigate the impact of the cutover period

		ensure business continuity and avoid any safeguarding risks		Micare will have read only access during the cutover  Existing business continuity plans provide a foundation to work from		
8	Systems and processes	The benefits of Liquid Logic are not maximised due to lack of strategic decision making relating to the design of business process managed within the case management system	Tracy Cullen, Paul Covell	Work to take key decisions relating to Liquid Logic overseen by LiquidLogic Programme Board	16	Further opportunities for streamlining process through Phase 2 of the programme
9	Safe-guarding	Quality and stability issues in the care and support market lead to safeguarding risks and risk of dependence of supply	MHCC, Assistant Directors ASC	MHCC have established a Performance, Quality and Improvement Team  Residential and Nursing Improvement Group established to develop ToR, escalation policy and procedures to manage provider concerns and failure (quality, safeguarding)	12	Citywide Care Homes Team capacity included as part of Improvement Plan  Implementation of LiquidLogic will assist with improved data collection and reporting  Further work to be identified on a more joined up approach
10	Workforce	Need for a effective career pathway leads to attract and retain a good quality workforce to deliver statutory services	HROD, Assistant Directors ASC	Social Work Apprenticeship & Health and Social Care Management Degree available	12	Refinement of career pathway captured in Improvement Plan

				Starting salary for newly-qualified SWs is attractive so no difficulties recruiting entry level SWs  ASC career pathway in place but needs refinement		
1 1	Workforce	Lack of leadership capacity leads to inability to discharge key statutory duties including for civil contingencies and humanitarian response	Director Adult Services	3 new Assistant Director posts created Work with GM underway specifically on civil contingencies	8	Work on appropriate senior structure included as part of Improvement Plan
1 2	Transformation	Significant delays in implementation of new care models and integrated neighbourhood teams  Integrated working through MLCO does not have the expected impact to reduce demand	Director of Adult Services	Plan agreed in the autumn to accelerate the implementation of the new care models  Methodology agreed with MLCO to evaluate the impact new care models	20	MHCC tracking of progress and reporting through the Financial Sustainability Plan to MHCC Executive
1 3	Systems and processes, statutory and compliance	Mobilisation of new home care contract not implemented as per mobilisation plan and/or home care providers terminate services earlier than planned schedule,	Assistant Director ASC	Mobilisation project group in place and adult social care operational mobilisation team to be recruited	16	Development and implementation of mobilisation plan

		creating safeguarding and other statutory risks to citizens in receipt of homecare services				
14	Statutory and compliance	Failure to comply with relevant legislation leads to a data breach and potential risk to citizens	Director of Adult Services, Assistant Directors ASC	Business as usual systems and processes in place to minimise potential for a data breach	12	Bespoke plan to be developed and implemented through improvement aiming to mitigate the impact of the cutover period
15	Partnership	Partnership governance arrangements necessary to deliver key components of Health and Social Care integration deteriorate over time; this affects ability to deliver major workstreams and deliver the anticipated benefits.	Director of Adult Services, City Treasurer, Head of Reform and Innovation	<p>Partnership governance in place for shared decision-making includes key MCC representatives</p> <p>MLCO Partnership Board and Partnering Agreement</p> <p>MHCC Board</p> <p>Internal governance within MLCO and MHCC, reporting up to an Executive for each</p> <p>Key decisions need to come to MCC (SMT, Exec Members) for assurance</p>	16	Review of governance arrangements needed covering MLCO, MHCC and MCC, in order to reduce risk highlighted
17	Finance	Long term funding uncertainty for Adult Social Care	City Treasurer, Head of Finance	Phasing of existing non-recurrent funding over a 2-3 year period to enable permanent commitments and	25	<p>Financial planning for 2020-2025</p> <p>Continued implementation of the Locality Plan</p>

				<p>longer lead in time should funding end from 2020/21</p> <p>Ongoing integration and transformation of health and social care in spite of lack of progress with reforms at a national level</p>		
--	--	--	--	--	--	--



## Appendix 2 - Capital Strategy / Programme table

<b>Project Name</b>	<b>2018/19 £000's</b>	<b>2019/20 £000's</b>	<b>2020/21 £000's</b>	<b>2021/22 £000's</b>	<b>Total £000's</b>
<b>Adult Social Care Programme</b>					
Capitalisation of Community Equipment	368	386	405	425	1,584
Phase 1 Implementation - Locality Plan Programme Office	874	0	0	0	874
Integrated Working - Gorton Health Hub	1,400	10,150	8,627	2,619	22,796
<b>Total Adult Social Care Programme</b>	<b>2,642</b>	<b>10,536</b>	<b>9,032</b>	<b>3,044</b>	<b>25,254</b>

This page is intentionally left blank

## Appendix 3

### 2019/20 Adult Social Care Business Plan Health and social care transformation savings schemes update

#### Introduction

This is to provide a summary of the progress with savings from new care models and other schemes for Adult Social Care which were approved as part of the 2018-20 budget in February 2018. The schemes remain as planned but the delivery of benefits and cost of models have changed to reflect phasing and mobilisation. The net approved savings were £8.519m for 2018/19 rising by £18k to £8.537m for 2019/20. This was made up of gross savings of £14.620m and costs of £6.083m, a net of £8.537m.

A re-assessment of potential savings from new care models and other schemes has taken place during November 2018. This estimated that gross savings of £3.518m are expected to be achieved in 2018/19 and £7.759m is projected for 2019/20, a total of £11.277m. This is a reduction in gross savings of £3.343m from the plan previously approved.

Following the re-assessment the costs of the new care models is expected to reduce to £1.825m in 2019/20, this in part funds the shortfall in gross savings (£3.343m), leaving a gap of £1.568m. It is proposed this gap is met by deployment of unspent ASC grant for 2018/19 which has arisen as a result of the new care models slipping.

In addition budget proposals for the City Council at January Executive included a further savings requirement for directorates which included an additional £200k from Adult Social Care. This would mean increased planned savings to £8.737m for the 2018-20 period. It is proposed that the additional savings are identified from the Learning Disability budget from an expansion of the existing Shared Lives programme (£150k) and further new care model investment (£50k).

In total this leads to revised gross savings of £7.909m and revised net savings (after implementation costs for new care models) of £6.064m. The projected ongoing costs and savings from new models of care and other schemes will need to be re-assessed as part of the financial planning for 2020/21 onwards.

## Savings schemes and care models

Whilst the savings new care models and schemes will deliver the changes to enable the savings, the actual gross savings of £7.909m for 2019/20 will come from the following budget areas:

- Homecare - £4.7m savings from a reduction of 5,930 (22%) hours
- Residential and Nursing - £1.084m savings from a reduction of 49 (5%) care packages
- Learning Disability savings of £0.650m
- Mental Health savings of £0.775m
- Commissioning savings of £0.5m
- Reductions inappropriate cash individual budget spend following the introduction of pre-payment cards - £200k

Details of the care models and schemes are below and summary of the savings set out in the savings schedule to follow:

**Assistive Technology Scheme** – To provide support to elderly people and those with long term health conditions, MLCO is leading the implementation of a medicines support pathway including an automated medication dispenser and Comprehensive ‘Front Door’ Assistive Technology offer. MLCO has estimated that working with 100 existing people in receipt of Homecare and reducing or avoiding new Homecare packages for 645 people could deliver gross savings of £1.162m from Homecare in 2019/20. There is an estimated cost of £469k which will be met from the Better Care Fund integration reserve. Both elements of Assistive Technology are in the very early stages of development and the potential impact will be reassessed following full mobilisation to inform the financial plan for 2020/21 onwards.

**Extracare** – Schemes during 2018/19 involved the introduction of Village 135 scheme and the provision of 20 new Neighbourhood Apartments within Extra Care or Retirement Housing to allow older people to benefit from a short stay at a time when their needs are changing and their full potential or recovery level is unclear. The current forecast is that £1.523m of savings will be delivered in 2018/19 from reductions in Residential and Nursing packages. Due to delays in further schemes starting as a result of previous uncertainties over government funding, most of the savings for 2019/20 are expected to be delayed to 2020/21. Funding of £954k will be required for existing schemes during 2019/20, £734k of which will be met from gross savings in other schemes and £220k from the Greater Manchester Transformation Fund.

**High Impact Primary Care** - This work programme provides primary care-led, proactive, intensive person-centred support for the 2% of people living with the most complex medical and social needs and those who are the most frequent users of acute care services. For 2019/20 gross savings of £153k have been estimated from a reduction in Homecare.

**Reablement** – MLCO is leading the expansion of the existing core Reablement service which provides up to 6 weeks of reablement support to people to stabilise their situation and enable them to return home safely. Following recruitment and training of up to 60 new Reablement workers, MLCO is planning to increase capacity by 1,063 people (35%) to a total of 2,963. Complex reablement is a new complex pathway service model to support people to remain in the community for as long as is feasible. MLCO is planning to work with 50 people per year on this new pathway. For 2019/20 gross savings of £3.218m, in addition to £0.5m savings estimated for 2018/19. Costs of £2.693m are estimated to be met £1.111m from gross savings in year and £1.582m from non-recurrent Adult Social Care grant.

**Prevention** programme has three elements - Community Links for Health, Health Development Coordinators and Community Capacity Fund. The current assessment of the business case and revised cost benefit analysis has concluded that no benefits will fall to residential and nursing budgets in the short term and savings for 2019/20 have been removed.

**Contract Review** - There is a savings target for ASC of £500k in 2018/19 this involves a review of contracts related to commissioned services. The aim was to achieve £500k of savings by identifying a number of contract related efficiencies. The current forecast is that none of these savings will be delivered in 2018/19 and are delayed until 2019/20.

**High Cost Placements** - Savings of £950k for 2018/19 and further savings of £500k for 2019/20, following savings of £1.2m achieved in 2017/18. A full analysis has been undertaken of the 1,099 people with Learning Disabilities, which includes reviewing the type of provision that they are receiving. These savings are on track to be delivered.

**Public Health** - £545k of savings achieved has been identified against activity contracts as planned. However, there is a budget shortfall in 2018/19 of £125k relating to the cost of the Health Visiting contract that transferred into the MHCC Pooled budget last year from Children's Services. It is proposed that a budget allocation is made from the inflation allocation within the pooled budget for 2019/20.

**Recommissioning of low value packages** - There is a savings target for ASC of £250k in 2018/19 and further £250k in 2019/20. This work programme intended to review the individual adult social care support packages of individual who have a support package value less than £100. A sample review of 60 individuals which identified that there was very limited scope for any potential

cost savings as most people were actually receiving statutory support. As a result the work programme is no longer being pursued as a separate saving and where it is identified that savings may be deliverable from low value packages of care the process of reviewing these packages of care will now take place as part of the new Strengths Based Assessment work programme (below).

**Strengths based support planning** - The 2018-20 budget included a savings target of £775k in 2018/19 from a review of the Resource Allocation System particularly with use around Learning Disability packages of care. The intention was to move towards a strengths based approach as a model for reform and identifying opportunities for applying the approach in the short, medium and long term. The proposed approach is based on a 'creative, whole life care and support journey' with individually designed outcomes based on 'personalisation', a Resource Allocation Approach (RAA) that links to need and complexity and development of a community asset approach. This project is being developed with a focus in two areas:

- A strengths based review of Mental Health adult social care individuals is being developed by Greater Manchester Mental Health. This is expected to provide reductions in the overall cost of packages of care
- A workforce development exercise which involves training all social care staff in the strengths based assessment approach which encourages a more holistic way to reviewing individuals. This part of the work programme may also involve reviewing the current RAS process to reflect the strengths based approach.

**Homecare** - Savings of £750k are estimated for 2019/20 based on financial models that supported the approved proposal. Bids are currently being reviewed by MCC Corporate Procurement and MHCC is determining the mobilisation plan to ensure that reviews are up to date and to ensure a smooth hand over of services between existing providers and new providers from April 201

Appendix 3 Adult Social Care Savings 2018-20 Page 1 of 2		RAG Rating	Approved Budget 2018-20 Cumulative Savings £'000	Achieved Savings 2018-19 £'000	Proposed Savings 2019-20 £'000	Total Revised Savings 2018-20 £'000	Change £'000
<b>New Care Models Gross Savings</b>							
Extra Care		Green	-2,254	-1,523	0	-1,523	731
Assistive Technology		Red	-2,399	0	-1,162	-1,162	1,237
Reablement Core / Complex		Red	-3,374	-500	-3,218	-3,718	-344
High Impact Primary Care		Red	-504	0	-153	-153	351
Prevention		Red	-1,369	0	0	0	1,369
<b>Gross NCM savings</b>			-9,900	-2,023	-4,534	-6,557	3,343 *
<b>New Care Models Investment</b>							
Extra Care			1,605		734	734	-871
Assistive Technology			1,079			0	-1,079
Reablement			2,531		1,111	1,111	-1,420
Carers			23		0	0	-23
Total Investment			5,238	0	1,845	1,845	-3,393 #
<b>Sub-total New Care Models - Net Savings</b>			-4,662	-2,023	-2,689	-4,712	-50

Appendix 3 Adult Social Care Savings 2018-20 Page 2 of 2		RAG Rating	Approved Budget 2018-20 Cumulative Savings £'000	Achieved Savings 2018-19 £'000	Proposed Savings 2019-20 £'000	Total Revised Savings 2018-20 £'000	Change £'000
<b>Other ASC Savings</b>							
Public Health		Green	-545	-545	0	-545	0
High Cost Placements (Learning Disability)		Amber	-1,450	-950	-500	-1,450	0
Strengths Based Support Planning - Mental Health		Red	-775		-775	-775	0
Homecare: Implement outcomes based commissioning		Amber	-750		-750	-750	0
Re-commissioning of low value packages		Red	-500		0	0	500
Contract Review		Red	-500		-500	-500	0
Prepaid Cards for Cash Individual Budgets		Amber	-200		-200	-200	0
Strengths Based Support Planning - All ASC Packages		Red			-500	-500	-500
Shared Lives (net of £150k investment)		Red			-150	-150	-150
<b>Sub-total</b>			<b>-4,720</b>	<b>-1,495</b>	<b>-3,375</b>	<b>-4,870</b>	<b>-150 #</b>
<b>Reversal of non-recurrent savings in 2017/18</b>							
Minor Schemes			595	595	0	595	0
Adult Social Care Grant - non-recurrent			250	250	0	250	0
<b>Sub-total</b>			<b>845</b>	<b>845</b>	<b>0</b>	<b>845</b>	<b>0</b>
<b>Total Gross Savings</b>			<b>-14,620</b>	<b>-3,518</b>	<b>-7,909</b>	<b>-11,427</b>	<b>3,193</b>
<b>Total Costs</b>			<b>6,083</b>	<b>845</b>	<b>1,845</b>	<b>2,690</b>	<b>-3,393</b>
<b>Total Net Savings</b>			<b>-8,537</b>	<b>-2,673</b>	<b>-6,064</b>	<b>-8,737</b>	<b>-200</b>

\*Reduction in gross savings - pressure of £3.343m

# Recovery proposals totalling £3.543m which includes further savings of £200k