

**Manchester City Council  
Report for Information**

**Report to:** Audit Committee - 3 September 2018

**Subject:** Risk Review Item: Adults Assurance Update

**Report of:** Director of Adult Services

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**Summary**

During 2017/18 the Internal Audit programme included audits across adults services' activities and four of these audits resulted in limited assurance opinions. A report was presented to Audit Committee in March 2018 by the Executive Director Strategic Commissioning and Director of Adult Social Services, summarising the issues from these audits and planned actions to address issues raised.

The Committee agreed that further assurance was required in respect of actions underway and proposed to address the concerns raised. This report provides the latest update on progress.

**Recommendations**

Members are requested to consider and comment on the assurance provided in response to the limited assurance opinions.

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**Wards Affected:** All

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

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

Documents used in the development of the report include:

- Audit Committee: March 2018: Internal Audit Annual Audit Opinion 2017/18.
- Audit Committee: March 2018: Adults Assurance Update

## **1. Introduction**

- 1.1. During 2017/18 the Council's Internal Audit Service issued reports in four areas relating to adult services with limited assurance opinions:
  - Transition: Children to Adults
  - Disability supported accommodation services, Quality Assurance
  - Homecare Contracts
  - Client Financial Services
- 1.2. An assurance update on actions being taken to address risks in these areas was presented to Audit Committee by Executive Director Strategic Commissioning and Director of Adult Social Services on 22 March 2018. The Committee agreed that it required a further update to be provided by Adult Services at a future Committee meeting to confirm actions taken to address the concerns raised.
- 1.3. The key issues raised from the four audit reports and an update on actions being taken in response to these are set out in sections 2-5 below. Section 6 confirms the overall approach to governance of risk and issues in the directorate to provide Committee with assurance over arrangements in place to track and implement agreed actions.

## **2. Transitions**

- 2.1. A report on the process of transition was finalised on 15 February 2018. This provided limited assurance that effective arrangements were in place to support young people transitioning from Children's to Adults' Services.
- 2.2. Service management had identified that there were issues with some of the processes in relation to transitions and had commissioned a project manager to help identify where improvements could be made, the outcomes of which fed into a work stream development report. However, due to the volume of work the team were dealing with, the implementation of actions identified had not been followed through. This was reflected in the audit findings which were as follows:
  - Action was needed to confirm the vision and strategy for delivery of transition responsibilities and to develop and then to share a transition offer and plan for delivery.
  - Governance arrangements should be revised to support delivery of the vision and strategy once agreed.
  - Action should also be taken to confirm key roles and responsibilities as well as establishing policy and procedure for the delivery of the transitions offer once it has been developed.
- 2.3. Whilst this report did raise issues that need to be addressed it was reassuring that Internal Audit were able to confirm that there was evidence of regular and timely engagement with and management of cases which were complex or

entered a crisis state, showing the responsiveness and positive work being completed by the Transitions Planning Team.

- 2.4. A key focus of the audit report and management response was to confirm the future vision and strategy for transitions as this was agreed as being essential to ensure a more effective approach for the future. To ensure sustainable approach that all Council and wider City partners are supportive of, much of the work to date has focused on engagement of colleagues across the health and care system, within the Council and across the City. A Transition Workshop was held in February 2018, which included colleagues from Adults Social Care, Children's Social Care, Health, Education, Transitions Team, Adult Learning Disabilities Health colleagues, Children's and Adults Safeguarding teams and Internal Audit. Two members of the Parent Carer Forum along with Mental Health colleagues were invited but unfortunately were unable to attend on the day. The purpose was to look at people's understanding of transition; who the cohort of young people were; and to get everyone in the same room to start the conversation.
- 2.5. Children and Adults Services have since agreed to look at co-funding a strategic post to oversee the pathway for those young people and their carers who were 'in transition'; and develop a draft proposal of what the system of transition could look like.
- 2.6. Initial modelling of proposals has taken place and was presented to the Director of Adult Services and the Deputy Director for Children's Social Care in July 2018.
- 2.7. Further discussions and presentations have taken place across the health and social care system focussing on services for people with learning disabilities and transition, both in the Quality and Safety Committee in the Manchester Local Care Organisation and Manchester Foundation Trust Quality and Safety Committee. An outcome of these is an agreement to hold a system-wide half day workshop in November 2018 to agree the Our Strategic Vision and how we plan to take this forward. A launch event will be planned for early 2019 at which Transition will be a key priority.
- 2.8. Consultation with the Parent carer forum has been provisionally arranged for September 2018. Consultation on transition has been suggested as a topic for the next Manchester People First Board also in September 2018.

### **3. Disability Supported Accommodation Services, Quality Assurance**

- 3.1. This report was issued as final on 14 February 2018. It provided limited assurance that the Quality Assurance Framework was operating effectively and in accordance with expectations to support delivery in line with legislation. The main issues preventing a higher assurance opinion from Internal Audit at this stage were:

- The overall completion rate for the year was around 40% of audits issued to staff.

- The audit tool coverage was too broad and did not provide management with the best available evidence to confirm compliance with the Care Act.
  - Follow up processes were insufficient to confirm improvement actions had been implemented or how they informed lessons learned.
  - The wider improvement arrangements described in the Framework were not in place, including moderation, which has impacted its effectiveness.
- 3.2. Since the report, the ad-hoc approach to audit allocation has been removed and a more structured approach has been implemented whereby audits are assigned Network by Network. For example North Team undertakes all South audits, South Team undertakes all Central audits. This has led to a more cohesive and consistent approach.
- 3.3. Following a workshop in April 2018 with partners the Registered Managers have streamlined and restructured the Quality Assurance Documentation. The Quality Assurance Audit Tool has been reviewed and streamlined from 3 to 2 documents, removing duplicate questions and those where the data was either irrelevant or not useful. The building document has been removed as a lot of this information was collected in either the staff or citizen documents or recorded under health and safety.
- 3.4. Key questions in relation to Safeguarding, Care Quality Commission (CQC), Duty of Candour and other questions more relevant to the service such as Mental Capacity Act and Deprivation of Liberty Safeguards have been incorporated into the revised documents. From this additional data it is expected that the Service will be able to identify training requirements and have a better understanding of the quality of service delivery.
- 3.5. Following the April workshop the new documentation has been piloted by Registered Managers and Support Coordinators to determine whether the purpose and goals of quality and assurance are being met; if further changes are required to improve; and to ensure that compliance with policy and procedures is being achieved. This approach has also been used to ensure that any changes in legislation have been incorporated.
- 3.6. The next step is to review the final documentation to ensure it is fit for purpose. This is to be finalised in a planning meeting organised for 10 September 2018.
- 3.7. The revised approach has resulted in a reduction in length of time to complete audits and more relevant meaningful data collection with new questions providing a fuller, clear picture of the quality of service delivery.
- 3.8. A tracker has been created and introduced to track individual casefiles identifying whether key documents such as Care Plans, Deprivation in Domestic Settings and risk safety plans are in place, who authored them, when they were produced and the review date. This work will provide the information relating to gaps in key documents in case files, review dates, so that compliance can be monitored and any shortfalls or issues addressed.

- 3.9. As a product of the tracker a Focus Calendar has been built and implemented. This is a calendar system that each month enables the Service and individual Networks to focus on a particular topic or key document, such as Person Centred Planning or Risk Assessments. This approach allows Support Coordinators and staff to work together and sense check documents. It also has the benefit that if a Support Coordinator is absent the Registered Manager can ensure that staff in those properties are working on those particular documents. Focus topics are discussed in team meetings which provide peer support.

#### **4. Homecare Contracts**

- 4.1. The limited assurance report on homecare contract governance was finalised on 7 March 2018. This was an area where a need for improvement had been acknowledged by service management and the audit assessment has helped focus improvement actions based on the following key issues:
- Level of scrutiny and payment to providers on and off framework was not always equitable.
  - Not all suppliers were being monitored as required and monitoring focuses on organisations' records and not quality of care.
  - Volumes of payments going through the manual system mean that levels of validation checks are less than audit would expect.
  - Full reporting of variances between commissioned and invoiced hours did not take place.
- 4.2. Commissioners are aware that there are variations (both up and down) between the care commissioned and the value of invoices submitted. A report on these variations is compiled and sent out to locality teams, however, capacity issues mean that scrutiny of these variation reports is light touch only, focusing on the most significant variances both over and under hours set out in the care and support plan.
- 4.3. The new model of homecare will start to move the Council away from the 'time and task' model but, initially at least, hours of care will still be the unit of currency used to pay providers and they will continue to submit claims for payment on the basis of hours of care delivered. Providers will have more freedom to use the hours assigned to a person in a more responsive and flexible way which should reduce the variations and will also free up more social worker time.
- 4.4. The Strategic Director is very clear that more capacity will be in place to manage the detail of contracts in future, with at least six link managers liaising with homecare providers and a strengthened team of brokerage and placements officers able to take a much more hands-on approach to ensuring that payments and care are reconciled at an individual and contract level.
- 4.5. The new service is due to be tendered in September, with contracts awarded by the end of the calendar year and the new service up and running in April

2019. Mobilisation work will commence imminently and we expect new teams to be up and running well before the start of the new contract.

## **5. Client Financial Services (CFS) - Cash Handling**

- 5.1. This report was issued as final on 22 December 2017. Limited assurance was provided over the effectiveness of system in place where Appointee Support Officers are dealing with customers' cash and the Council act as an Appointee/Deputy. In particular:
- No job descriptions were in place for the ASO role increasing the risk of customers misunderstanding services and potentially overstepping role boundaries.
  - Wider roles and responsibilities were not described, leaving gaps in the control framework and a lack of oversight of compliance.
  - CFS had created a basic list of 'Do's and Don'ts' for the ASOs to follow in respect of the cash delivery responsibilities, rather than robust policy and procedures.
  - Officer remit had evolved informally over time to include an element of a 'watching brief' over the welfare of customers and to raise any concerns with Social Workers if felt appropriate.
  - No arrangements for CFS to seek assurance over compliance with the cash delivery. The safety of the ASO officers was not checked through the day, as required in the Council's Health and Safety policy.
- 5.2. As previously advised, two dedicated Appointeeship Support Officers have been introduced who have taken over the duties of collecting and delivering cash to adult social care citizens. This replaces the previous system where two social workers were required to do this from each locality, across the City. By freeing up social work capacity, this has allowed more intensive and focused work to take place to develop this into a robust, safe and accountable service for citizens.
- 5.3. After initial setup, Internal Audit were invited to assess progress from a policy and procedures viewpoint. Being a relatively new development, all work has had to be developed from scratch to fit the particular nuances of this work. Much work has been developed to satisfy audit requirements, which has strengthened this service under the Leadership of the Business Support Locality Manager North.
- 5.4. In terms of Audit recommendations, in relation to health and safety, staff now have to complete a 'whereabouts sheet' detailing their movements at all times and also telephone the office when they have completed their schedule of daily visits. In addition, a health and safety briefing has been arranged for 11 September 2018. This will conclude the actions for implementing this recommendation
- 5.5. A number of actions have been taken to address risks in relation to 3rd party payments. There is currently a schedule of cash payments to individual citizens and also a list of the nominated 3rd party individual who is authorised

to accept payments to pass onto individual citizens. Audit required this area to be strengthened. Accordingly, a new Cash Receipt form has been designed which all cash 'receivers' sign and also includes a statement to ensure that the 'receiver' understands they are keeping this money safe for the nominated citizen and therefore undertake to keep this money safe. This will resolve this outstanding Audit recommendation and is now in place.

- 5.6. All evidence has been shared with the Lead Auditor for Adults Services in Internal Audit to demonstrate compliance with the recommendations.

## **6. Directorate Governance and Assurance Arrangements**

- 6.1. The reporting of progress in implementation of audit recommendations is overseen by the Adults Quality Assurance and Performance Board and onward reporting to Adults DMT and Senior Management Team.
- 6.2. A Health and Social Care Commissioning Group also has oversight over performance and quality of commissioned activity as well as finance and service developments. This has a wide membership across Council relevant services and health partners and includes the Lead Member.
- 6.3. Whilst these reports have identified issues of concern, a number of immediate actions have been taken to reduce risks and actions are planned where issues require greater investment of time and resources. Governance arrangements will continue to provide assurance over progress as deadlines for implementation fall due.

## **7. Recommendation**

Members are requested to consider and comment on the assurance update and actions taken in response to the limited assurance opinions.