

**Manchester City Council  
Report for Information**

**Report to:** Audit Committee - 15 October 2019

**Subject:** Adult Social Care Improvement Programme

**Report of:** Executive Director Adult Social Services

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**Summary**

This report provides an assurance update on progress made in responding to issues arising from Internal Audit reports and planned actions to address areas of risk.

Many of the planned actions agreed in response to audit work are being delivered through the Adults Social Care Improvement Programme. This Programme incorporates findings and areas for improvement identified through audit work as well as a range of other sources including management review, partner engagement and staff feedback. It is driving systemic change across adults social care services.

The report therefore provides, for context, an overview of the Improvement Programme which has been established in order to improve the core delivery of adult social care services in Manchester through improvements in process, systems, practice and culture.

**Recommendations**

Audit Committee is asked to:

1. consider the assurance provided by the update in respect of internal audit recommendations; and
  2. to note for context the actions being taken through the Adults Social Care Improvement Programme.
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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.

## **1. Introduction**

- 1.1 Adult Social Care services are a core part of the integrated health and care services provided by Manchester City Council through the Manchester Local Care Organisation (MLCO) partnership and play a key role in the delivery of the Our Manchester Strategy and the Locality Plan, 'Our Healthier Manchester'.
- 1.2 The 'Manchester Health and Care Commissioning - Adult Social Care Business Plan and Pooled Budget contribution 2019/20' report to Health Scrutiny and Executive in February 2019 described Adult Social Care's priorities for 2019/20 This included the improvement work which commenced this year to improve citizen outcomes and to maximise the safety and effectiveness of the service in the context of health and social care reform and integration.
- 1.3 An update to Health Scrutiny on 18 June 2019 provided a more detailed description of the programme, and updated on progress to date.
- 1.4 This report provides an overview of the ongoing programme of improvement work for Audit Committee, and in particular to highlight that work to respond to risks confirmed through a number of internal audits undertaken in recent years now forms part of the wider programme.

## **2. Context**

- 2.1 A key priority of the Our Manchester Strategy is to radically improve health and care outcomes, through public services coming together in new ways to transform and integrate services. This involves putting people at the heart of these joined-up services, a greater focus on preventing illness, helping older people to stay independent for longer, and recognising the importance of work as a health outcome and health as a work outcome. The Locality Plan, 'Our Healthier Manchester', represents the first five years of transformational change needed to deliver this vision.
- 2.2 Manchester has some of the poorest health outcomes in the country, and there are very significant health inequalities within the city. The Locality Plan was produced with the express intention of addressing these inequalities and to provide the framework through which the Manchester system aims to overcome the significant financial and capacity challenges facing health and social care in doing so.
- 2.3 Across the country there are well documented challenges to adult social care services due to ever reducing local authority budgets. In public consultations including the Our Manchester Strategy and the 2017-20 budget conversation, Manchester people consistently feedback on the importance of protecting the most vulnerable.

- 2.4 The plan sets out the complex, ambitious set of reforms that are needed to integrate services for citizens. This included developing a new public sector partnership, the Manchester Local Care Organisation for integrating out-of-hospital care, a single hospital service for integrating in-hospital care, and a single commissioning function for health and social care.
- 2.5 In March 2018 each partner organisation of the MLCO: Manchester City Council (MCC); Manchester University NHS Foundation Trust (MFT); Manchester Primary Care Partnership (MPCP); Greater Manchester Mental Health NHS Foundation Trust (GMMH); and, Manchester Clinical Commissioning Group (CCG part of MHCC) signed the Partnering Agreement which established the MLCO from 1st April 2018.
- 2.6 Whilst integration at neighbourhood level is progressing at pace, there is still significant work to do in order to fully assimilate existing governance arrangements that support ASC into MLCO governance as part of the delivery of the Partnering Agreement described above.

### **3. Background to the Improvement Programme**

- 3.1 Alongside the work to develop the MLCO, a diagnostic piece of work was undertaken on Adult Social Care in late 2018 by the now Executive Director of Adult Social Services which identified long standing challenges associated with increased demand across all services, increase in safeguarding enquiries, increase in Deprivation of Liberty Safeguards referrals and associated challenges keeping waiting lists low for assessments, reassessments and reviews.
- 3.2 A number of internal audits had also identified wider, related risks and areas for improvement in the design and delivery of services. The key points from these audits were as described below.
- 3.3 Internal Audit also independently assess and validate the status of actions agreed in response to recommendations and report onward to Adults Leadership Team, Strategic Management Team and Audit Committee. The current status of actions agreed in all of the reports is also captured below:

#### **3.4 Transition to Adult Services**

- A report from February 2018 provided limited assurance that effective arrangements were in place to support young people transitioning from Children's to Adults' Services.
- Service management had identified that there were issues with some of the processes in relation to transition 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.

- The report recognised the scale of work required to make the suggested changes and improvements, and management commitment was to implement these by the end of October 2018.
- The audit made 5 recommendations, of which 2 are now fully implemented. The remaining 3 recommendations relate to the development of a clear transitions strategy and vision, putting an operational plan in place for delivery of the transition offer, and the introduction of key performance indicators. These actions have yet to be fully implemented and are between 11 and 17 months overdue.
- Details on the approach being taken to develop the approach to transition are set out in the improvement plan and referred to at paragraph 6.35 below.

### **3.5 Homecare Contracts**

- 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 helped focus improvement actions.
- The report confirmed that the level of scrutiny and payment to providers on and off framework was not always equitable, that not all suppliers were being monitored as required, and monitoring focused on organisations' records and not quality of care.
- Volumes of payments going through the manual system meant that levels of validation checks were less than audit would expect and full reporting of variances between commissioned and invoiced hours did not take place.
- Improvement actions were agreed and included the retender of the homecare contract initially scheduled for completion by the end of October 2018.
- In total 6 recommendations were made all of one of which have been implemented. The remaining recommendation in relation to the consistent checking of variances, has been assessed by Internal Audit as 'partially implemented'. Since Internal Audit's last review further actions have been taken and evidence will be provided to confirm this is the case and with Internal Audit agreement this action will be confirmed in November as fully complete.
- Further detail on the approach being taken to homecare is reflected in paragraphs 6.3 and 6.17 below.

### **3.6 Disability Supported Accommodation Services Quality Assurance (QA)**

- This report was issued in February 2018, and provided limited assurance that the Quality Assurance Framework was operating effectively and in accordance with expectations to support delivery in line with legislation.
- The concerns noted in the report were that the overall completion rate of audits for the year was around 40%; 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; and that the wider improvement arrangements

described in the Framework were not in place, including moderation, which impacted on effectiveness.

- Given the need for a full review and revision of the framework, the report made two recommendations. The first was for management to consider which key areas of the Care Act registered managers and support coordinators should provide assurance over for all citizens in their properties; and for senior management to consider integrating oversight of the Supported Living QA process into the role of the Adults QA team and revise the content of the Framework.
- Actions agreed in response to the report were planned for completion by August 2018 and updates on progress have been reported to the Audit Committee over the last 12 months. A formal follow up audit report was issued in September 2019, which noted that despite some positive actions having been taken, the recommendations remained incomplete. Service managers understand that further action is required and a series of specific actions have been agreed for completion and are referred to in paragraphs 6.5 and 6.47 below.

### **3.7 Management Oversight and Supervisions**

- Limited assurance was provided in April 2019 over the arrangements in place for management oversight and supervision. This was mainly due to the insufficient frequency of supervisions held with social work staff which was not in line with Council requirements, and a lack of clarity over when and where discussions should be recorded. There were risks identified about the lack of supervision training for managers, the need for a monitoring and quality assurance framework over supervisions, and recognition that there was a need to improve record keeping to ensure that decisions were clearly recorded.
- These were issues that were understood across the service and at the time of the audit, actions were already underway to address them, and have been built into the Improvement Plan.
- The report made 7 recommendations in total, of which 3 are now overdue. These are to review the Supervisions Policy, ensure clarity over how the Council's 'About You' arrangements fit in with professional supervisions, and to establish a means of monitoring actual frequency of supervisions. Evidence will be provided to Internal Audit to validate this position and the actions being taken as set out in paragraph 6.29. Subject to audit review will be confirmed as implemented in their November Audit Recommendations Monitoring report.

### **3.8 Deprivation of Liberty Safeguarding**

- A limited assurance opinion was provided from an audit of DoLS Urgent and Standard Authorisations. DoLS assessments were often significantly outside the timescales required, and although referrals were screened and prioritized for allocation, there were significant delays in assessments for low priority cases and in some cases an absence of DoLS reviews.
- The report context noted a significant increase in numbers and the inability to meet statutory deadlines was not unique to Manchester. The audit was

completed during a period of changes, including management changes and the development of the Liquid Logic system, which directly impacted the service. A new DoLS Manager was recruited just prior to completing the audit and audit acknowledged that plans and proposals appeared logical and were likely to achieve improvements on some of the issues found.

- The report made 2 major risk recommendations, one of which, in relation to completing service efficiency and additional recruitment activity, has been confirmed as fully implemented. The other recommendation has not yet passed its target implementation date and actions to address this are underway. Internal Audit are due to meet with management during October to review evidence of implementation as described in paragraph 6.38 and will complete a follow up audit report to confirm progress following this meeting.

### **3.9 Mental Health Casework Compliance**

- The Mental Health Casework Compliance audit was finalised in April 2019 and reported limited assurance over the Greater Manchester Mental Health Foundation Trust's delivery of delegated statutory social care functions, specifically safeguarding and annual reviews, in line with relevant policies and procedures.
- The opinion was impacted by the need to strengthen controls over timeliness, record keeping, management oversight, and reporting. It was recognised that an effective response to this audit and the findings reported required positive cooperation and collaboration between the Council and GMMH colleagues and as such joint responses were provided to agreed actions.
- The report made a total of 8 major or significant risk recommendations. Regular partnership meetings between Council and Trust officers have been held at which progress is monitored. The Trust have self-assessed five of the recommendations as fully complete and one as partially complete. A date for carrying out a follow-up audit, which will include a review of the Trust's new case management system and revised policies and procedure as referenced in paragraph 6.36; and sample testing to confirm compliance, has been arranged by Internal Audit for 18 October 2019.

3.10 Whilst Internal Audit continue to monitor individual agreed actions, the approach to implement is part of the wider improvement programme as set out below.

## **4. Improvement Programme**

4.1 In order to address the challenges described above, and to ensure that the service was safe, effective and efficient, the Adult Social Care Improvement Programme was established.

- 4.2 The programme is focused on ensuring the basics are in place for adult social care to deliver high quality services for our residents and to successfully deliver health and social care reform and integration. There is a need to ensure the right foundations are in place by embedding streamlined process, effective practice, and an enabled workforce with the right resources in place to manage demand.
- 4.3 The programme plan for this work has been developed based on the outcomes of diagnostic work and the internal audits completed. The programme includes workstreams on:
- 4.4 Assessment function** including social work and primary assessment teams. This work is focused on putting the right processes in place to ensure efficient and effective delivery of Care Act assessments and reviews, alongside improvements to practice. Work to improve transition and our oversight of mental health services is included as part of this workstream.
- 4.5 Safeguarding and Quality Assurance functions.** This work is focused on areas where specific pressure is felt (e.g. Deprivation of Liberty Safeguards) as well as reviewing our approach to quality assurance.
- 4.6 Provider services** including our supported accommodation, reablement and supporting independence services. This work is focused on maximising our resources and strengthening the service, including use of technology
- 4.7 Workforce skill and capacity.** This work is focused on strengthening our workforce across adult social care including improving the social work career pathway and supporting staff to develop
- 4.8 Adult social care commissioning.** This work is in development and is focused on improving our approach to commissioning and contracting in adult social care as it pertains to our statutory duties
- 4.9 Front door.** This work is in development and includes focusing on the front door offer and Command Centre, improving use of information to support prevention and maximising independence of citizens
- 4.10 As part of additional overall investment of £11.4million to meet increased need for adult social care, it was agreed by Executive in February that additional resources of £4.225m in 2019/20 rising to £4.8m for 2020/21 and 2021/22 be invested into the service to support the delivery of the improvement programme through increased capacity in front-line roles. This 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.
- 4.11 The additional resources were identified to meet a need for additional capacity across social work, safeguarding, the Citywide Care Homes Team, the Learning Disability service and other specialist services including delivery of Deprivation of Liberty Safeguards through internal Best Interest Assessor capacity. In addition it was agreed to make permanent some of the social care

capacity to support the prevention of delayed transfers of care from hospital. These priority areas were identified in part as a bridging position as further work is progressed on an integrated health and social care service in partnership with MLCO.

## **5. Governance and monitoring**

- 5.1 The programme is governed by the Adult Social Care Improvement Board, chaired by the Executive Director of Adult Social Services which meets fortnightly and comprises senior officers from the service and MLCO with support from the corporate core. The Board reports to the MLCO Executive through the Executive Director of Adult Social Services, and provides assurance to Manchester City Council's Strategic Management Team and the MHCC Executive on a quarterly basis. Further integration of governance is underway including MLCO's Quality and Safety Committee. The City Council's monthly integrated reporting captures key Adult Social Care metrics and spend to budget.
- 5.2 A new Performance Board has also been established on an interim basis, reporting to the MLCO Finance, Contracting and Performance Committee and Quality and Safety Committee. This group is working on ensuring the correct performance metrics are in place for monitoring delivery of the programme, alongside business as usual and the delivery of the new models of care. This Performance Board will provide recommendations to the Improvement Board for consideration and will provide a means of offering an overview on adult social care performance to MHCC.
- 5.3 Workstream groups for each of the key workstreams meet fortnightly led by the relevant Assistant Director/Strategic Lead, reporting to the Board and taking ownership for a detailed programme plan which sets out immediate and future priorities. Specific task and finish groups have been formed for pieces of work in the improvement programme where appropriate.
- 5.4 This governance is all made possible by the strengthened senior leadership in the directorate including the Executive Director, Assistant Directors, Strategic Leads and incoming Deputy DASS.
- 5.5 The Adult Social Care Risk Register is updated on a quarterly basis following significant work to review adult social care risk management arrangements. The register links to the Improvement Programme and is reported to the MLCO Risk Committee and through MCC's risk management processes.

## **6. Progress to date on the programme**

- 6.1 A number of key priorities have progressed successfully which are described below. Reference to internal audits undertaken and progress to date on recommendations made are underlined.

### **6.2 Recruitment and workforce**

- 6.3 Following the decision made by the Executive to invest £4.225million into the service to support delivery of the improvement programme, a large scale recruitment campaign has been underway in order to secure additional posts into the service to start to tackle key challenges identified, alongside existing (mainstream) roles. These posts are being embedded across teams, with the additional resources helping to address some of the issues identified in the homecare audit surrounding reviews.
- 6.4 The campaign has included positive messaging and marketing of joining Manchester, targeting qualified and newly qualified candidates(the latter via Manchester Metropolitan University). The campaign has been successful, at the time of writing, 75.5 FTE additional social worker posts have been recruited to and 46 have started in post with a further 10 due to start in October. Remaining posts are being recruited to alongside mainstream vacancies.
- 6.5 Alongside the social work recruitment the Disability Supported Accommodation Service are undertaking a mass recruitment exercise and have completed Phases 1 and 2. So far, the service has recruited to 31 positions with all now in post. Phase 3 is now underway with a further 63.5 FTE posts being recruited to. Also ongoing are 8 placements with Care Leavers where work is underway to offer apprenticeships.The increase in permanent staff in the service and more appropriate spans of management control will contribute to further embedding the QA approach in DSAS.
- 6.6 The Reablement service has had ongoing recruitment for the past 12 months to recruit to the 93 FTE additional permanent roles created in January 2018 utilising Greater Manchester Transformation Fund/Investment monies, as well as mainstream funded vacancies to account for turnover. This recruitment has been very successful, with 79 FTE currently in post, and the remaining posts out to recruitment.
- 6.7 The Activator programme continues across the directorate made up of c.60 staff volunteers “owning it” and getting involved in improvement and transformation activity.
- 6.8 The Strengths Based Development Programme is being rolled out across the directorate. As an immersive, creative programme it enables staff to understand Our Manchester strengths based approach, create an emotional connection to it and learn practical tools and techniques to put it into practice. The programme is being rolled out across the Manchester system but has initially focused on adults assessment teams.
- 6.9 The Social Work apprenticeship programme launched and first cohort recruited for September start. Meanwhile an Adult Social Care Induction programme has been developed with staff for staff
- 6.10 A Team Manager development programme is planned to build capacity and confidence in delivering the basics. A bespoke Assisted Supported Year in Employment (ASYE) programme is also in developed for newly recruited,

newly qualified social workers alongside the development of a new career pathway for social work as first step in developing comprehensive career pathway for all staff.

### **6.11 Strength-based Care Act Assessment and Support Planning**

- 6.12 An initial priority of the programme was to put in place a new approach to Care Act Assessment and Support Planning. The diagnostic work clearly identified that the legacy process, aligned to the Resource Allocation System, was not fit for purpose due to the length of the form, the assessment being needs (not strengths) based, the prescriptive method of assessment, numerous panels driven by in appropriate RAS and delays in completing assessments as a result.
- 6.13 A new strengths based approach to assessment and support planning was designed to respond to these challenges building on best practice research from other local authorities, practitioner feedback and engagement and work with legal to ensure the new approach was Care Act compliant.
- 6.14 The new approach has been designed into the new case management system (LiquidLogic) and
- Focuses on strengths
  - Includes fewer, more meaningful questions in the forms, designed to focus on the individual - based on what matters, not what's the matter
  - Requires fewer sign-offs/authorising steps
  - Replaces the current outdated resource allocation system with a costed support plan function which establishes indicative budget at support planning stage, based on real costs of care
- 6.15 The new model encourages practitioners to think first about what residents can do for themselves and with the support of their families and carers, what activities they could access within their communities and how Technology Enabled Care (TEC) can play a role in improving their outcomes. Only then, once these things have been considered, does the practitioner look to paid for services.
- 6.16 In designing the new process it has been recognised that the direction of travel is towards a confident and accountable service where decision-making is delegated wherever possible. However, given the need to manage any potential risk as the new approach is implemented proportionate management controls have been retained. To support practitioners in delivering this new model, a package of support has been put in place.
- 6.17 Work to evaluate the approach is also underway now that LiquidLogic has gone live, with the intention of reviewing over the next 6 months to ensure the benefits identified are delivered. The new model includes our approach to assessments and reviews for citizens in need of and/or in receipt of homecare services, and will therefore help to ensure more timely review and appropriateness of care packages.

## **6.18 Technology enabled care (TEC)**

- 6.19 Over the last few months, the review team working with the medicines optimisation team have prioritised reviewing those citizens with medicines dispensers (Pivotel devices) managed by an outgoing provider. This significant piece of work reviewing c.150 citizens has now been completed
- 6.20 A project plan now in place for phase 2 - operationalising TEC into the business as usual. This has so far included design, test and amend of TEC awareness training with TSA (TEC Services Association) and delivery of training and briefings, recruitment of 17 TEC champions and working with them to develop a range of supporting materials
- 6.21 TEC is embedded into the new strengths based assessment process and has its own forms in the system to enable practitioners to assess for TEC.

## **6.22 Front door**

- 6.23 This project is the first phase of developing an integrated LCO control room. This first phase will establish an ASC multidisciplinary service for the Front Door which will increase earlier intervention and prevention and manage demand better resulting in delivering quicker, more appropriate and timely responses. Ultimately, the intention is to reduce the level of inappropriate work going to the Integrated Neighbourhood Teams and Manchester Community Response. A project group has been established reporting into the improvement board to drive this work forward

## **6.24 Waiting lists**

- 6.25 Reducing waiting lists remains a key priority. Most significant progress has been made on the waiting list for ongoing work which has seen a 43% reduction between May-July (more recent data is not currently available as the new case management LiquidLogic is embedded). The waiting list for reviews has reduced by 9% in the same time period.

## **6.26 Communications, engagement and policies**

- 6.27 A key part of the improvement programme continues to focus on staff communications and engagement. A quarterly ASC forum is now in place which has met three times with good attendance and positive feedback at all sessions.
- 6.28 A management team information cascade has also now been established which is sent out weekly to all ASC staff. This has received a 85.2% click through rate which is very positive. On a monthly basis a more detailed bulletin providing an overview of progress against the improvement programme is shared with all staff which has a 45.7% click through rate which again is significant given the size of the directorate. Feedback has been very positive: e.g. 'Just wanted to say thank you for the update as it I think it reinforces to staff that things are changing for the better'.

- 6.29 Work is also underway on tightening up a number of key policies and procedures. Most significantly this includes an updated supervision policy which combines the need for professional supervision in some parts of the service (including caseload management) with the wider About You process. A process for recording supervision has been included which will ensure good information for performance and assurance purposes. Also a wider strength based supervision training programme linked to Manchester University will be offered to all first line Managers, supporting the further development of a consistent, evidence based supervision offer. Once fully embedded, this will directly address issues raised in the Internal Audit completed in 2018.
- 6.30 A new procedure for serious incidents is also close to being finalised which has been co-produced with staff and will strengthen support to staff, management assurance and escalation

### **6.31 Integration**

- 6.32 Work continues on the establishment of the Integrated Neighbourhood Teams. A social work team manager is now in place for all 12 teams which is both strengthening managing oversight of ASC in neighbourhoods, as well as beginning to work with the INT leads to join up services locally alongside wider work on Bringing Services Together for People in Places. The most tangible outcomes have been related to joint visits improved communication between health and Social care (i.e District nurses, social workers, GPs, Care navigators etc), streamlined referral process (e.g quick referrals to the District Nurses) and the Multi agency meetings being established within the Integrated Neighbourhood teams.
- 6.33 In addition, the emerging outcomes from the wider evaluation of the new models of care is showing that where integration is part of the new model, service delivery (and outcome) is better; however where integration is absent or operating on a different timeline, then this limits the implementation and impact of individual new care models.
- 6.34 Learning Disability services are beginning a programme around integration as part of the wider work to improve outcomes for adults with learning disabilities. The approach will be 'bottom up' with three co-production workshops now having taken place for North, Central and South to start to build relationships across the health and social care teams and identify a programme of work which fully integrates the two services as part of the MLCO. Early practical work is already reaping benefits as waiting lists are reviewed together and joint duty systems have been established.
- 6.35 Improvement activity is also underway in transition - with joint process design sessions completed with children's services in September as well as the establishment of the Transition Board to provide system wide and strategic leadership where a number of key priorities have been agreed. The process design will by the end of 2019/20 focus on ensuring that there is clarity of process and pathway for young people between children's and adults services

and key performance indicators in place. Following finalising of the design, communications will be co produced with young people, parents/carers and practitioners across the system. A better understanding of demand is also a priority for the board to enable services to respond more effectively to changing needs.

6.36 Work is also underway with Greater Manchester Mental Health Trust to mental health social care services including professional support to the lead social worker, more joined up work on process, performance and commissioning and oversight through the Assistant Director for Complex needs. This includes the development of a monthly Partnership meeting between GMMH and ASC to improve communication and assurance in terms of the delivery of ASC statutory functions. Introduction of PARIS has improved the trust's ability to audit and track compliance with safeguarding processes and systems are in place to capture, report and act on this to improve performance. A review team was established and the backlog of out of date reviews is almost complete. Further discussion is underway with GMMH as to how performance and quality can be sustained in the longer term. Improvements to the panel approval processes were introduced and this has improved consistency, quality assurance and timeliness of decision making.

### **6.37 Safeguarding and DoLS**

6.38 Alongside wider work to reduce waiting lists across the neighbourhood and LD teams, there has been significant work to reduce waiting lists for screening and assessment for Deprivation of Liberty Safeguards. The Team Manager has implemented new systems and processes that have dramatically improved how the service operates. There has been ongoing focused work from the whole team, supported by the improvement work stream.

6.39 Recruitment of qualified BIAs has been challenging so work is underway to train existing and new starters as BIAs with an expectation of delivering best interest assessments alongside normal caseload. The pool of authorisers is also being strengthened with all senior managers in the directorate being added to the rota

6.40 Issues with LiquidLogic are affecting progress at present, but longer term work is commencing on understand the impact of the new Liberty Protection Safeguards legislation which will be introduced in October 2020 and will have a major impact on process and responsibilities. Work is also underway on reviewing MCC safeguarding policies and procedures alongside the implementation of the Multi-agency Safeguarding Arrangements (MASA)

6.41 A new interim approach to quality assurance (more widely) has been introduced which is proportionate and supportive of team managers and social workers. It introduces a conversational approach to quality assurance and a tracker has been developed to follow up improvements and recommendations, this is to help staff as they manage a number of competing demands. Longer term, initial work has commenced with MLCO on a wider approach to quality

across community health services and ASC - what this looks like will be worked through in the forthcoming months.

#### **6.42 Provider services**

- 6.43 Work to increase the impact of the reablement service continues with a current focus on maximising the reablement rota including consultation with staff on weekend working
- 6.44 The evaluation to date has shown that for the cohort of people who have had the reablement service during 2018/19 financial year and went on to have a home care package after leaving Reablement had, on average, 26% fewer homecare visits and 22% fewer homecare hours during the 6 months post reablement. The service has taken time to mobilise partly due to the time taken to recruit.
- 6.45 In addition, the evaluation to date is showing that comparing the people who were referred to Reablement from hospital, those who were accepted into the service had, on average a shorter length of stay in hospital than people who did not access the service due to lack of capacity. This shorter length of stay results in an average of 6 excess bed days being saved for each person going into Reablement
- 6.46 Electronic time recording (Tanda) in Disability Supported Accommodation Service is providing more intelligence on agency usage and more efficient management of staff whilst there is continued focus (alongside the social work service) on the 70 new builds (Disability Supported Accommodation Service).
- 6.47 The Disability Supported Accommodation Service delivered workshops with support from Audit Colleagues to review the whole QA process and documentation. Changes have now been made to the online audit tool and guidance. The new documentation and tools have been tested and the feedback utilised to make further revisions to the Audit Tool & Guidance. A large number of audits have been completed. Work to embed this systematically across the service is ongoing and will ensure there is a robust system of monitoring and reviewing the quality of audits undertaken and the resulting action plans actioned.
- 6.48 Focused work with wider partners is ensuring that roles within our provider services are being offered to Manchester residents who need them most, including 8 care leavers on placement. Work in particular with Manchester Adult Education Services is leading to positive outcomes both in filling vacancies and offering a career pathway. In general, there has been an increase in collaboration between provider services and the assessment function including on the new builds project, as well as with complex reablement

#### **6.49 Commissioning and contracting**

- 6.50 This workstream is in development alongside the implementation of phase 2 of MHCC/MLCO. The current priority is ensuring that staff transferring from MHCC to MLCO who delivery operational commissioning are supported in the transition and that business as usual continues
- 6.51 Alongside this, the workstream is being designed with a focus on developing a fit for purpose approach to contracting and commissioning and the associated improvements needed across market management, contract management and the development of wider commissioning strategies
- 6.52 Work to date has fed into the MLCO business case process including the benefits of ASC commissioning forming part of the wider responsibility of MLCO. Significant progress has also been made on the contracts register and planning for re-procurement in year

## **7. Upcoming priorities**

- 7.1 As described, the improvement programme continues to develop as activities are delivered. The focus for the next quarter is on:
- Bringing the new recruits into post, ensuring a clear induction into MLCO and MCC and appropriate team manager support
  - Further roll-out of the new strengths based approach to assessment and support planning and further progress on reducing waiting lists
  - Further operationalisation of technology enabled care including maximising use of existing technology through embedding into the core assessment process and further development of new and emerging technologies
  - Further work to align resources to the Integrated Neighbourhood Teams and maximising opportunities through working in an integrated service, including in the Learning Disability Service for which there is a new strategy and action plan being developed.
  - Handover and transition of new build sites for citizens with a learning disability
  - Further strengthening of our approach to managing performance with a focus on monitoring of key indicators linked to the improvement programme.
  - Increased workforce engagement and ownership across the service of the improvement programme through for a, supervision, and the activator programme.
  - Develop a Workforce Strategy for Adult Social Care and design and implement a development programme for middle managers which will be an essential element of moving to a culture of accountable and confident social care
  - Further development of the Front Door offer and Command Centre, improving use of information to support prevention and maximising independence of citizens
  - Development of more effective integrated hospital discharge services
- 7.2 All of the above priorities will be delivered alongside ongoing work to further integrate adult social care into the MLCO both corporately and at

neighbourhood level, strengthening clarity on the location and discharge of duties through the partnership arrangements in place.

## **8. Conclusion**

- 8.1 The issues raised through Internal Audit work as reported to Audit Committee in the last 24 months have highlighted areas of concern and resulted in limited assurance opinions across a range of Adults Services activities. Management actions were agreed in response to all of these reports but it was recognised that issues from audit, as well as management's own assessment of systems and services, had highlighted a number of interdependencies and underlying root causes.
- 8.2 To address these root causes and interdependencies; and to provide a solid basis for development of a successful and sustainable, system wide approach to health and social care required a robust, coordinated based approach and this is set out in the Improvement Programme. Actions agreed in response to audit reports will be progressed and the evidence to confirm implementation will be tested by Internal Audit and outcomes will continue to be reported to Audit Committee. These actions are taking longer than originally planned but the approach should ensure that change and improvement is embedded and sustained.
- 8.3 The issues raised through audit work have therefore been integrated into the Social Care Improvement Programme alongside other priorities and areas for identified improvement, within the overall context of wider integration and reform of health and social care in the City. This programme of work is driving sustained improvements to ensure we are able to deliver safe, effective, efficient services to the people of Manchester.

## **9. Recommendations**

- 9.1 Audit Committee is asked to:
- consider the assurance provided by the update in respect of internal audit recommendations; and
  - to note for context the actions being taken through the Adults Social Care Improvement Programme.