

## Appendix 1 - Delivery Plans

### 1. Revenue Financial Plan

| <b>Subjective Heading</b>                     | <b>2018-2019 Budget<br/>£'000</b> | <b>2019-2020 Indicative<br/>Budget<br/>£'000</b> |
|---|-----------------------------------|--|
| <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 |
|----------------------------------|--|---|----------------|--------------------|----------------|
| <i>HEALTHY, CARED-FOR PEOPLE</i> | <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%<br>(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 be implemented over the coming months, with the documents forming a key element of the business cases. All partners involved in delivering 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<br><br>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,<br><br>Work also underway to streamline the assessment/review process<br><br>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<br><br>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<br><br>Authorisation rota in place for senior managers<br><br>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<br>Cross training and support from GMMH  | 16 | Transitions included in Improvement Plan.<br>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.<br>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<br><br>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<br><br>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<br><br>Implementation of LiquidLogic will assist with improved data collection and reporting<br><br>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<br><br>ASC career pathway in place but needs refinement  |    |   |
| 1<br>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<br>Work with GM underway specifically on civil contingencies  | 8  | Work on appropriate senior structure included as part of Improvement Plan                           |
| 1<br>2 | Transformation                                  | Significant delays in implementation of new care models and integrated neighbourhood teams<br><br>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<br><br>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<br>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 | Partnership governance in place for shared decision-making includes key MCC representatives<br><br>MLCO Partnership Board and Partnering Agreement<br><br>MHCC Board<br><br>Internal governance within MLCO and MHCC, reporting up to an Executive for each<br><br>Key decisions need to come to MCC (SMT, Exec Members) for assurance | 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 | Financial planning for 2020-2025<br><br>Continued implementation of the Locality Plan                                |

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