

**Manchester City Council  
Report for Resolution**

**Report to:** Health Scrutiny Committee – 12 March 2015  
**Subject:** Manchester City Council - Local Account 2013/14  
**Report of:** Strategic Director, (Adults) Families Health and Wellbeing

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**Summary**

The Annual Performance Assessment for adult social care was abolished in 2011 and a requirement was placed by national Government on local authorities to produce a Local Account. Although the requirement is not mandatory, Councils are recommended to publish these, by the Government.

Local Accounts are designed to tell people how well a Council has done in delivering adult social care against priorities. It also informs people of the challenges and the work planned over the coming year.

Attached to this report is our Local Account for 2013/14 which is later than would usually be expected due to a number of resource constraints.

A drafting group will shortly be convened to produce the Local Account for 2014/15 and it is planned that this will be drafted by September 2015 at the latest.

**Recommendations**

The Committee is asked to note the report

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**Wards Affected: All**

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**Contact Officers:**

Name: Caroline Byrt  
Position: Interim Head of Adult Social Work and Care Act Implementation  
Telephone: 0161 234 3162  
E-mail: c.byrt@manchester.gov.uk

**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.

None

# Manchester's Local Account 2013/14

Directorate for Children and Families

Performance, Research and Intelligence  
February 2015

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# Local Account 2013/14

## Welcome to the Manchester City Council 2013-14 Local Account

### Introduction - What is the Local Account

The Local Account is our Adult Social Care Annual Report where we report our performance for 2013/2014. It is part of our commitment to being open and transparent, where we can share not only our successes but tell you about where there is room for improvement.

Like other Local Authorities, Manchester operates within a very challenging economic environment which is having an impact on the services we are able to provide. Therefore we are changing how services are being delivered and this will continue throughout the coming years. Our focus remains on delivering services through enhanced collaborative working with partners such as our NHS partners. At the heart of service design is empowering our residents to remain independent, have choice and control and make their own decisions around how their care is managed.

#### ***What is Adult Social Care?***

Adult social care supports vulnerable people aged 18 or over to continue to live as independently as possible within their communities. The Council works with carers, partners and other agencies to provide quality services to meet the extra needs of the local population. These needs arise from learning and physical disabilities, mental ill health and

vulnerability resulting from growing older. The majority of support and services are funded by the council and provided by voluntary, community or independent organisations.

We provide a range of support for adults in Manchester, from social care to preventing homelessness and supporting people into employment. Against a background of continuing financial challenges, we continue to provide a wide range of services to improve the independence of an increasing and diverse population.

In order to do this we have continued to strengthen links with our partners and local communities. We have enabled people to develop and build their own networks of support, focusing on reducing their need through a preventative, enabling approach where they are supported to be as independent as possible. This is achieved through services such as Reablement and Assistive Technology. Our prevention strategy has been a key focus as we know that targeted, early help reduces the need for support and care long-term. Reablement helps people regain their independence following illness, injury or disability and the service promotes the regaining of skills and development of coping strategies to improve long-term outcomes.

## **Manchester's Vision and Priorities for Adult Social Care**

### ***Our Vision***

Every child, adult and family matters: all residents in Manchester will be healthy, safe, enjoying and achieving in education, training and work, making a positive contribution to their neighbourhoods and the city, and achieving economic well-being.

### ***Our Mission Statement***

We want to make a positive contribution to improving outcomes for our residents which we will do through:

- innovative and excellent commissioning and delivery
- ensuring our approach is integrated with partners, children, young people, adults and families in their neighbourhoods

We will have achieved our vision:

- when every young person of school leaving age and every adult of working age is ready for, in and
- or succeeding in, further or higher education, training, employment,
- or meaningful day-time activity
- and all residents are enabled to live independent lifestyles and make a positive contribution to their communities and the City

### **Strategic Objectives and Priorities**

We have with our partner organisations a range of priorities and objectives that we aim to meet in our work with residents. The Directorate for Children and Families contributes to the Council's priorities in improving local services through:

- Providing personalisation and choice
- Improving people's quality of life and support independence and independent living
- Developing the role of community and neighbourhood services in creating and maintaining places where people want to live, work, learn and bring up their families, and to make sure that people can access a wide range of services in their local community, supporting the reduction in reliance on services
- Supporting Adult Social Care for people with more complex needs, through early intervention and prevention to improve outcomes and reduce demand for specialist services
- Shifting the intervention emphasis towards preventing, rather than reacting, to need
- Integrating with health and continuing to develop the strong partnerships with third party organisations, to deliver effective integrated service provision
- Positively increase people's experiences, engagements and lifestyles
- Safeguarding vulnerable children, adults and families
- Improving the transitions from children's to adult services

- Delivering Value For Money to the council and our partners through effective commissioning and performance
- Ensuring the Council is fully prepared for changes as part of the Care Act (2014)

## Manchester's People

### Population

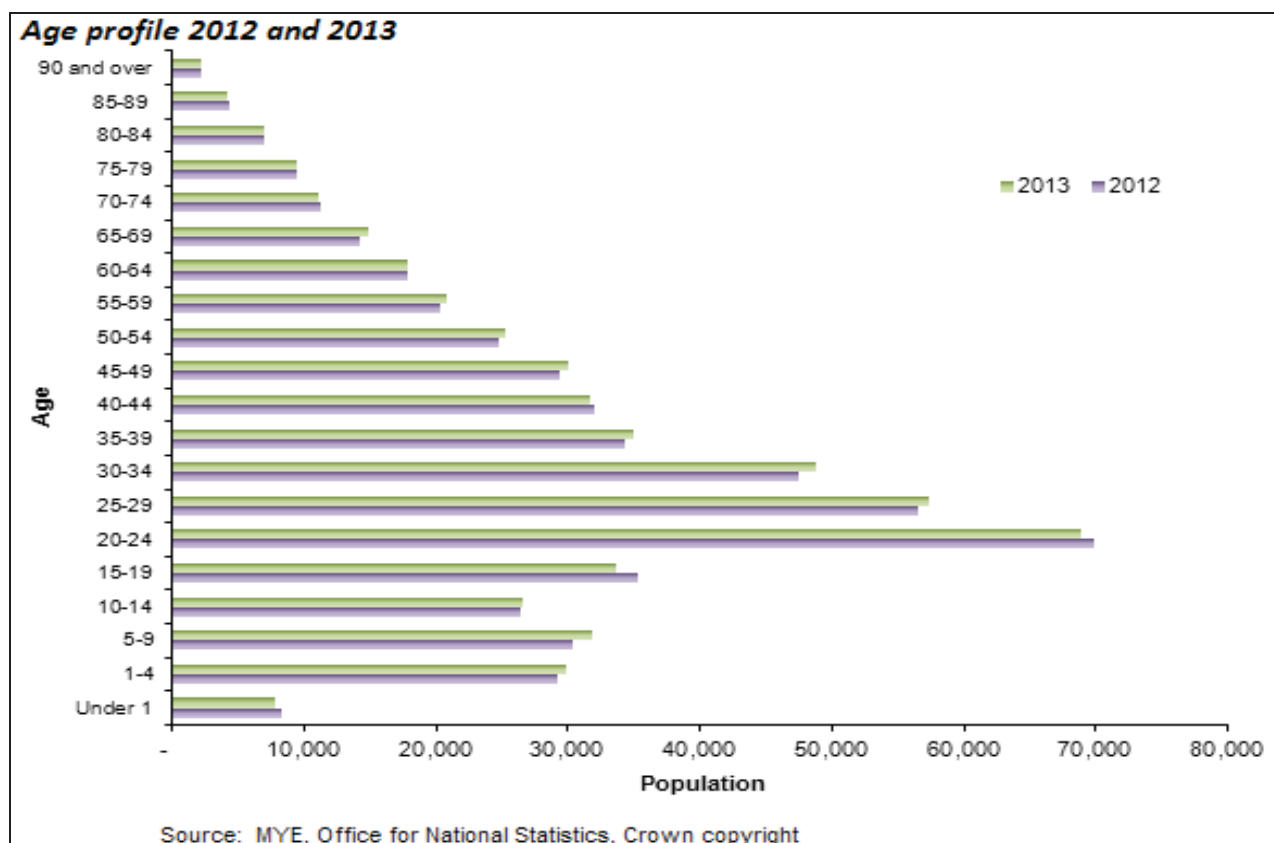
The age profile of the city is changing. Between 2012 and 2013, the biggest population reductions are within the Under 1 age band (-4.6%) and the 15 to 19 age band (-4.8%)

Between 2012 and 2013, the biggest population increases have been within the 5 to 9 age band (+4.7%) and 65 to 69 age band (+5.4%), the latter a result of post-war Baby Boomers.

Data compared from the 2001 census, and the 2013 MYE shows that the greatest bands of growth over the past twelve years to be ages 0 to 4 (+32%) and ages 25-29 (+34.7%), and reduction in ages 65 to 89 (-14.4% average), but and increase in the over 90s (5.1%).

It is important that we understand our changing population so that we can provide tailored and appropriate services. Manchester is ranked 11<sup>th</sup> lowest Local Authority in the UK for its percentage of adults 65+, and has a comparatively low expenditure on older people (65+), reflecting its lower proportion of population aged 65+, but we are seeing an increase in longevity in the most vulnerable, older people, who are likely to have greater need for support. Manchester is distinct from other authorities in having a larger demand for social care from those aged 18-64. Wards within the city also have vastly differing demographic make-ups, which gives each ward differing challenges.

Since 2005 the number of 65+ people receiving services has fallen from 67% to 58%, and the population projections indicate the proportion of 65+ people is falling slightly year on year.



## What Have We Done for You? - Some Key Facts and Figures

Some of the ways we measure our services are shown below.

Number of People by Age		
	2013-2014	2012-2013
18-64	5,200	5,067
65+	7107	6478
Total	12307	11545
From	+762	

**All People – By age split and Need Type – During 2013/14**

Number of People by Need Type		
	2013-2014	2012-2013
Learning Disability	1,313	1,360
Mental Health	3983	3350
Physical disability	6436	6085
Substance Misuse	575	750
Total	12307	11545
From previous year	+762	

Assessments (New People)				
	2013-2014		2012-2013	
	18-64	65+	18-64	65+
Physical disability	1342	3687	1411	3918
Mental health	1829	1241	1587	1217
Learning disability	118	8	151	7
Substance misuse	527	20	640	16
Total	3816	4956	3789	5158
From previous year	+27	-202		

**Assessments and People – Activity Levels during 2013/14<sup>1</sup> compared to 2012/13**

Community Based Services (all ages 18+)		
	2013-2014	2012-2013
Home Care	4900	5054
Day Care	1002	1049
Meals	3	8
Short Term Res	418	624
Direct Payments	660	754
Professional Support	2388	2634
E&A	4338	1987
Other Services	340	428
Total Services	14049	12538
From previous year	+1511	

**Community-Based Services - Activity Levels during 2013/14<sup>2</sup>**

Customer numbers appear lower than service numbers as some are in receipt of more than one service, or may switch between services through the year. Reablement is reported within Homecare.

<sup>1</sup> Referrals, Assessments and Packages of Care (RAP) Collection 2013/14

<sup>2</sup> Referrals, Assessments and Packages of Care (RAP) Collection 2013/14



**Self-Directed Support, and Support for Carers**

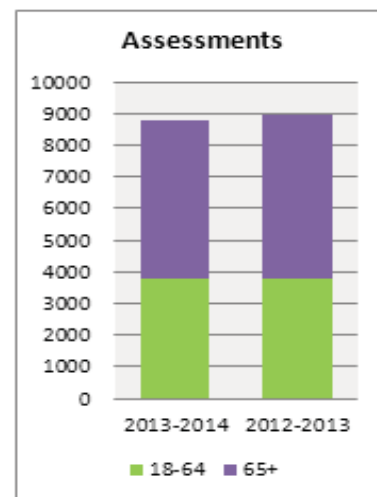
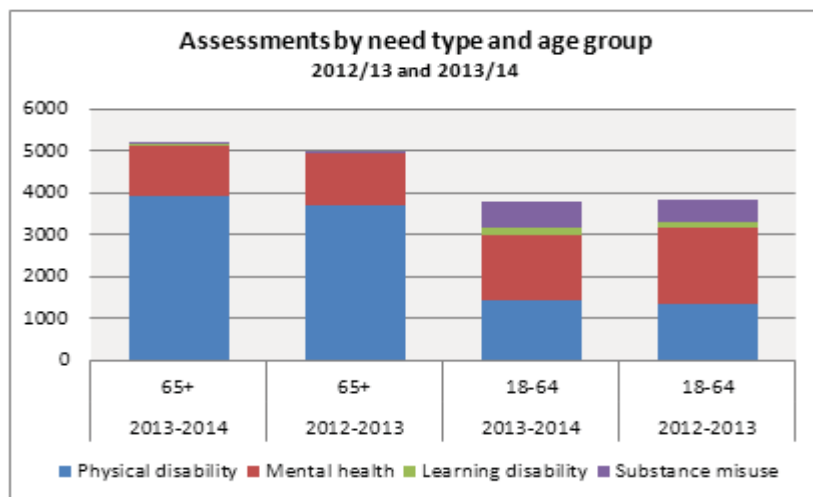
People receiving Self-Directed Support (Individual Budgets)		
Age Group	2013-2014	2012-2013
18-64, Physical Disability	553	620
18-64, Mental Health needs	1005	372
18-64, Learning Disability	860	894
18-64, Substance misuse	6	7
65+	2577	2666
<b>Total</b>	<b>5001</b>	<b>4559</b>
<i>From previous year</i>	<b>+442</b>	

Carers receiving Self-Directed Support (SDS) or Direct Payments (DP)		
	2013-2014	2012-2013
Young (16-17)	2	6
18-64	2082	3058
65-74	511	691
75-84	314	437
85+	70	87
<b>Total</b>	<b>2979</b>	<b>4279</b>
<i>From previous year</i>	<b>-1300</b>	

Carers Activity			
	2013-2014	2012-2013	<i>From previous year</i>
Carers Offered an Assessment	5625	5457	168
Carers Receiving a Service	5382	5192	190
Carers Receiving SDS or DP	2989	4279	-1290
Adults Cared For by Informal	5534	5307	227

## Assessments and Reassessments 2013/14

We introduced a new customer assessment, in 2012/13 which brought together separate processes to identify levels of support for our People and resulted in one over-arching assessment this includes Reablement, Equipment and Adaptations support, as well as assessing for traditional, on-going support. This has streamlined customer experience from the first point of contact and has also resulted in significant efficiencies in our working practices, reducing the cost of how we do our work.



### Some facts about Assessments and Reassessments

- The number of new people who received a first assessment of their needs in 2013/14 decreased slightly compared with the previous year from 8947 in 2012/13 to 8772 in 2013/14 decreased
- The number of existing people who received a reassessment of their needs during 2013/14 decreased by 16.16% compared to the previous year
- We provided assessments to 4459 people in 2013/14 and 5624 in 2012/13



## How much do we spend and what do we spend it on?

### Spending headlines<sup>3</sup>

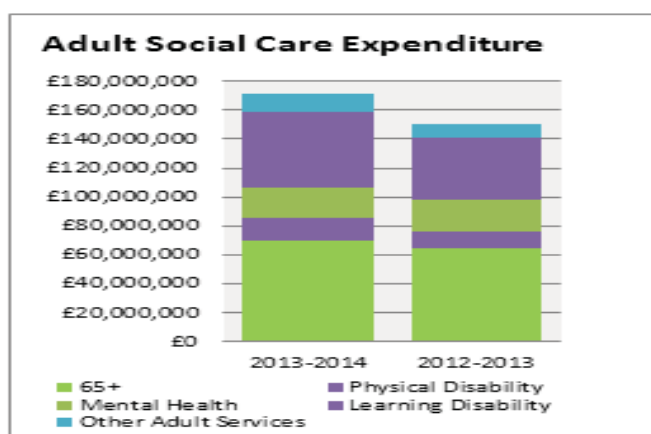
- Figures below show how we spent public money across the major customer need groups in 2013/14. 58% of people supported at some point during 2013/14 were aged 65+ and they accounted for 41% of Adult Social Care total spend. This is a 2% increase in the 65+ age group but a reduction of 3% of spend on them compared to 2012/2013 figures
- A large proportion of this support was delivered as preventative services, such as providing short periods of intensive Reablement support or one-off pieces of equipment, rather than on-going, more costly traditional support
- The charts on the following page highlight that 72% of the services provided during 2013/14 to the 65+ age group were either Homecare (which included Reablement) (59%) or Equipment and Adaptations (13%)

These figures show how supporting people back to independence by maximizing the use of shorter-term preventative services is enabling larger numbers of older people to receive support when they need it most.

Adult Social Care Gross Expenditure			
	2013-2014	2012-2013	From previous year
65+	£70,001,000	£65,079,000	£4,922,000
18-64, Physical Disability	£15,786,000	£10,949,000	£4,837,000
18-64, Mental Health needs	£21,190,000	£21,577,000	£-387,000
18-64, Learning Disability	£51,441,000	£43,743,000	£7,698,000
Other Adult Services inc Asylum Seekers	£12,455,000	£9,478,000	£2,977,000
<b>Total</b>	<b>£170,873,000</b>	<b>£150,826,000</b>	<b>£20,047,000</b>

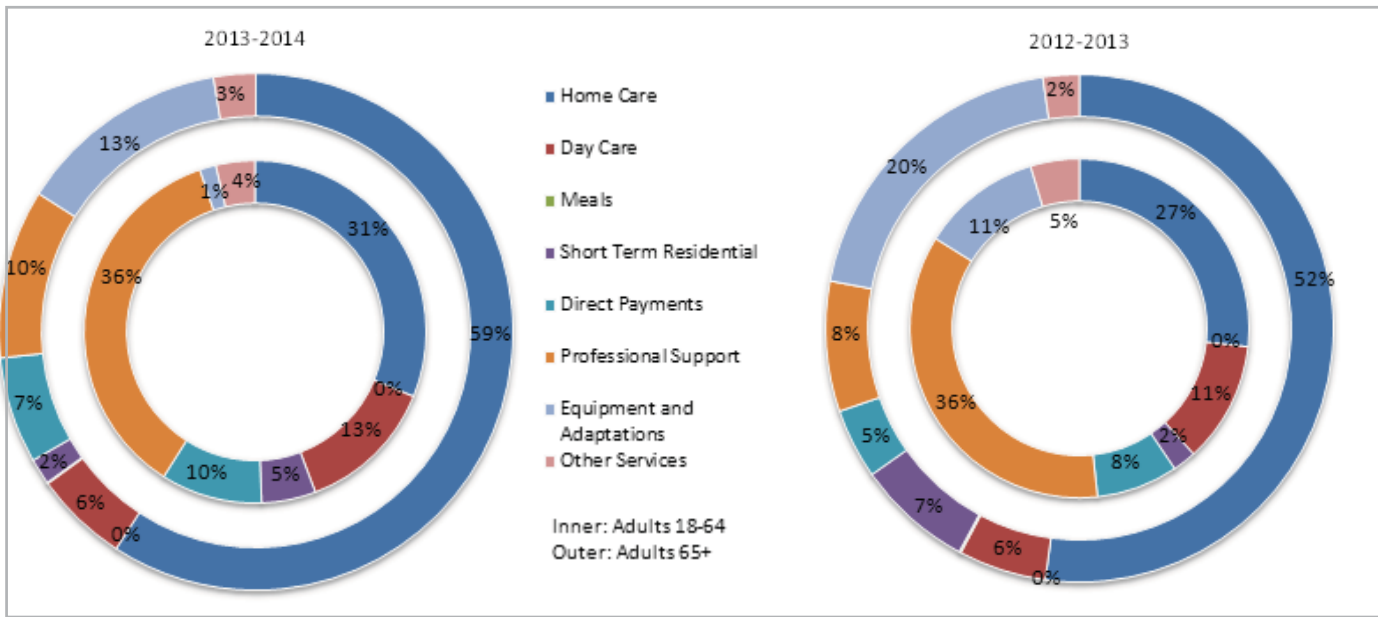
### Service Usage

% of People by Age group and Spend			
Year	2013-2014	2012-2013	% Change
	% population	% population	
People aged 18 to 64	42%	44%	-2%
People aged 65 and over	58%	56%	2%
	% Spend	% Spend	
People aged 18 to 64	59%	56%	3%
People aged 65 and over	41%	44%	-3%

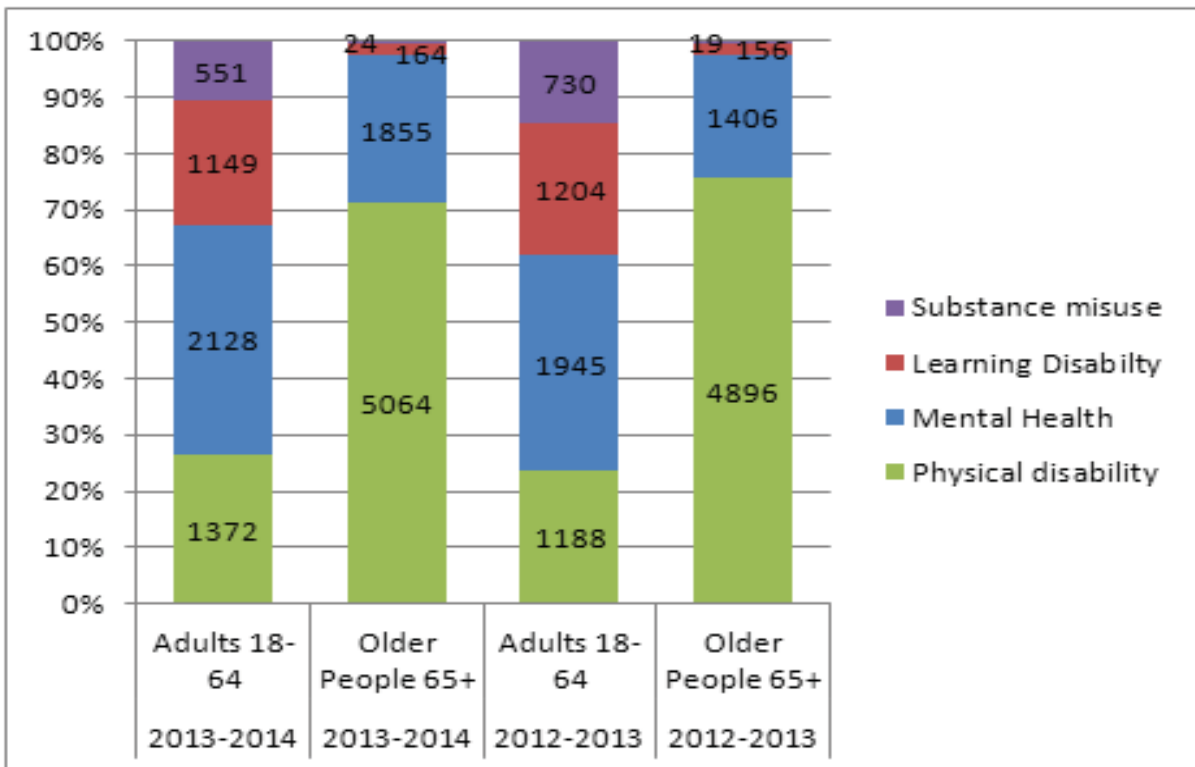


<sup>3</sup> Personal Social Services Expenditure Annual Return (PSS-EX1) 2013/14

**Breakdown of service type by usage – 2013-2014 and 2012/2013**



**Breakdown of Need Type- 2013-2014 and 2012/2013<sup>4</sup>**



<sup>4</sup> Referrals, Assessments and Packages of Care (RAP) Collection 2013/14

## **Adults with a Learning Disability (aged 18-64)**

- The City Council and Manchester's three NHS Clinical Commissioning Groups (CCGs) have a partnership agreement to work together to provide a comprehensive integrated service to all adults with learning disabilities, their families and carers, to assist people with learning disabilities, sharing funds and staff
- Examples of services available to people with learning disabilities include homecare, day-care and supported accommodation
- There are three Community Learning Disability Teams, one each for North, Central and South Manchester. Contact details for each team are available from the Manchester Learning Disability Partnership website: <http://www.mldp.org.uk/>
- In Manchester there are in the region of 1,313 people using the Learning Disability (LD) Service, of which 1,149 are under 65. In 2013/2014 the number of LD reassessments increased by 16% to 939
- 91% of learning disabled adults are supported to live independently in the community. Findings from the Annual Social Care Survey revealed that for Learning Disabled-specific people, 87.5% in receipt of a package of care who responded were 'Very Happy' or 'Quite Happy' with the care or support services they received. This is a fall from 93.5% in 2012/13

## **Adults with a Physical or Sensory Disability (aged 18-64)**

In Manchester there are 6,436 people using the Physically Disabled Service, of which 1,372 are under 65. 83% of these adults are supported to live independently in the community.

- We provide a range of assessment and support services for people living with physical disabilities. a key part of our role is to signpost/refer residents to other organisations which may be able to offer support. We actively involve physically disabled people work on things like interview panels, quality assurance and providing mentorship schemes to other physically disabled people

The Physical Disability Partnership Board is made up of residents in receipt of a social care support packages who have a physical disability, we aim to identify and progress solutions to issues faced by physically disabled people in Manchester, and to help redesign services through consultation and engagement.

- The Sensory Needs service provides a range of support services for people with sensory impairments. These include Equipment and Adaptations, as well as a Linkworker service and rehabilitation to relearn skills following accidents and illness or to learn new skills to enable people to cope with a change in their level of ability. We offer sensory equipment for people with a hearing or visual impairment provides a vital role in independence through talking watches, vibrating alarms and other forms of technological solutions. Adaptations, such as handrails or a stair lift

## **Adults with Mental Health needs (aged 18-64)**

Our Mental Health Services in Manchester are managed by the Mental Health and Social Care Trust (MMHSCT). The Trust brings together staff and resources from the City Council and the NHS. <http://www.mhsc.nhs.uk/>.

Community Support services are there to provide advice and support to people living in the community who have mental health problems. The service is very much about enabling people to get things done for themselves, rather than doing things for them. It's about providing guidance and advice on a one-to-one basis, building people's confidence and supporting them where necessary.

The trust also offers specialist services for Dementia sufferers across the age ranges.

Mental Health In Manchester (MHiM) is an NHS website with Manchester City council and Manchester Mental Health and Social Care Trust, for people who want advice and support with looking after their emotional and mental wellbeing. <http://www.mhim.org.uk/>

In Manchester there are 3,983 people using Mental Health Services, of which 2,128 are under 65.

## **Older Adults (aged 65+)**

- Manchester City Council provides a range of assessment and support services for older people in the city. Many of whom have a physical disability. We also signpost/refer residents to other organisations which may be able to offer additional support
- Age-Friendly Manchester is an initiative which was launched in 2003 by Manchester City Council, the NHS, and community and voluntary organisations. Its aim is to improve life for older people in Manchester involving a number of different services, organisations, agencies and most importantly, older Manchester residents. Through Age-Friendly Manchester we developed 'The Manchester Ageing Strategy, Manchester: A Great Place to Grow Older 2010-2020', which presents a vision of the City as a place where older people are more empowered, healthy and happy
- Currently underway is the Manchester Ageing Study which is a two-year research project that will examine how people experience growing older in their local neighbourhood. Themes of social exclusion and inclusion have a central focus, and tackling loneliness and isolation is a priority
- There is also an Age-friendly Manchester Small Grants Fund, which supports local groups with grants of up to £300, focusing on projects that reduce social isolation and loneliness. The Grants Panel awarded 12 grants to groups across the City in December 2013. They award throughout the year and welcome applications

For further information visit:

[http://www.manchester.gov.uk/info/200091/older\\_people/3428/age-friendly\\_manchester](http://www.manchester.gov.uk/info/200091/older_people/3428/age-friendly_manchester)

In Manchester there are 7107 people aged 65+ in receipt of a service.

Extra Care Housing provides help to those wishing to remain in their own neighbourhoods close to family and friends where there are limited options for accessing attractive alternative homes that meet their needs, aiming to widen housing choices for households, especially older ones, to provide real options for maintaining independence and quality of life. Manchester currently has around 300 units, with a mix of property types and need specialties.

The percentage of people receiving short-term services supported to move from temporary accommodation to permanent accommodation in a planned way remained stable at 75.22%. Housing Related Support helps 98.05% of its people receiving long-term and floating support services to live independently in the community.

## Informal Carers

Manchester City Council supports people in caring roles and enables them to continue providing informal support, supporting the carer to remain in employment, if possible. Providing natural support, in the form of care provided by family members, friends or others, is a key priority for the city. The Manchester Carers Forum holds meetings for peer support, information, consultation. [www.manchestercarersforum.org.uk](http://www.manchestercarersforum.org.uk)

Through its website, Manchester City Council promotes the Carers Direct NHS website: <https://www.gov.uk/carers-uk> as valuable sources of information.

The council also provides information about support services and resources offered by various providers, that can help improve the carers life or the life of the person they care for.

[http://mymanchesterservices.manchester.gov.uk/\(S\(a3vn545505upvm451lkh1r55\)\)/default.aspx](http://mymanchesterservices.manchester.gov.uk/(S(a3vn545505upvm451lkh1r55))/default.aspx)

The Substance Misuse Carers' Peer Support Service offers friendly, informal but confidential support to carers of people with substance misuse issues. The service is distinctive in being provided for carers by carers and others with close personal experience of substance misuse. Carers can refer themselves into the service or they can be referred by any organisation that they are in touch with. The service is confidential and all Peer Supporters are trained, DBS (Disclosure and Barring Service) checked and fully supervised

The most recent Carer Satisfaction Survey was carried out in 2012/2013, across all those informal carers whom we support. The sample is drawn from carers aged over 18 years caring for somebody over 18 years. This was a survey which was carried out by all Local Authorities with responsibilities for delivering social services and the results for Manchester compared favourably.

Regionally Manchester compares strongly in relation to:

- overall satisfaction
- being included or consulted in discussion about the person they care for;
- ease of finding information on relevant services
- the proportion of carers who are able to personalise their own support
- the number of adults cared for by informal carers in contact with Manchester City Council is 5,534. This is based on 5,534 assessments or reassessments in 2013/2014, up 3.1% from 5267 in 2012/2013 (and up from 4064 in 2011/12)
- Of these, we provide support in the form of carers'-specific services to 5,382 in 2013/2014, up 3.7% from 5192 in 2012/2013 (and up from 3959 in 2011/2012)



## **More about how we support our most Vulnerable Members of the Community**

- ***Equipment and Adaptations, Reablement and Assistive Technology***

In 2013/14, the Manchester Equipment and Adaptations Partnership (MEAP) provided 4,338 items for people needing equipment and adaptations in their homes to help them to live independently. 30,099 items (97.42%) were installed within seven days, ensuring that people benefited from timely provision. Over the course of the year performance levels recorded by MEAP have always met or exceeded 80%. In some areas (meeting needs, contractor attitudes and happiness with delivery and installation) performance has consistently been recorded as 100%.

Re-ablement is an assessed free service, available for up to six weeks for everyone over 18 in Manchester who needs help getting back on their feet after a period of illness, the onset of a disability, or returning home after a period in hospital or residential care. It helps people who have physical disabilities or long-term conditions and older people who need support to remain in their own home to regain the skills and confidence to live independently. Social Care equipment and adaptations support disabled or older people to maintain independence, support improvements in their quality of life, increase the opportunities for independent living, and make it easier for them to live and work in the community.

- ***Safeguarding Vulnerable Adults***

Safeguarding vulnerable adults who may be at risk is a critical function for Manchester City Council. Danger may lie in physical, emotional or financial abuse, neglect, or the withholding of proper care; safeguarding issues in the home, community, residential or nursing care or in hospitals. Our North, South and Central city leads provide expert advice to professionals and members of the public around all aspects of safeguarding vulnerable adults. Their role includes supporting social care professionals investigating allegations of abuse, protecting vulnerable adults from harm and exploitation, and coordinating a multiagency approach to safeguarding investigation and preventative strategies.

- ***Troubled (Complex) Families Programme***

Delivered by Manchester City Council, the programme helps to prioritise support for families who need it most, in order to improve their lives permanently. Support is being prioritised for families with the largest numbers of problems e.g. drug and/or alcohol dependency, unemployment, mental health problems, domestic violence, truancy, and anti-social behaviour.

The latest wave of evaluation covering the Troubled Families Programme (February 2014), showed that 1,854 families have received support from Troubled Families Interventions. Of these, just over a half (1,022) have finished working with the interventions, so there are currently 832 families that are still open to interventions. This represents the model working at near expected levels. 37% of Manchester's Troubled Families programme is working with families experiencing domestic abuse and violence, as Manchester chose to prioritise domestic abuse as a key local criterion.

- ***Dementia***

Independent, voluntary and third sector providers provide Dementia support services to Manchester's population through various schemes. Some examples of these are:

- Age Concern provides a counseling service for older people
- People First dementia support service provides housing related support for adults aged 55+
- Memory Cafes - There are several memory cafes throughout the city providing both specialist and peer support for carers and people with dementia
- Monet Lodge Independent Hospital is an Independent Hospital for people with dementia and associated challenging behavior
- Care Concepts in South Manchester and Each Step in North Manchester provide specialised home care to people with dementia in their own homes, day care provision and respite beds at the residential care home with the same provider
- Shore Green Extra Care Housing (Irwell Valley and Creative support) provides specialist housing provision which is specifically for people with dementia

- ***Homelessness***

Reducing Homelessness is a key priority for the Council. Our Homelessness Strategy has guided how we've prioritised and delivered homelessness services over this period and homelessness prevention services across Manchester have had significant success over the past five years, and Manchester is currently not seeing the increases in homelessness apparent in some other areas of the country.

Manchester's Homeless service provides a range of support to people who are at risk of, or have become homeless

We have specialist accommodation schemes which include emergency need for men and for women fleeing domestic violence, young people and families with complex needs Deprivation of Liberty Safeguarding responsibility transferred from health to the Local Authority from April 2013. This extended the roles for assessments of deprivation of liberty within community settings and included assessing the nature and extent of deprivations of liberty on a case by case basis, authorising deprivation of liberty where appropriate and completing legal process to ensure these decisions are within the appropriate legislation. These responsibilities sit within the adults safeguarding team and report through the Director of Public Health to the Strategic Director for Families, Health and Wellbeing. We also have a Manchester Safeguarding Standard, where Children, young people and adults at risk are at the centre of practice. You can read more about this by visiting:

[http://www.manchester.gov.uk/info/100010/social\\_care\\_and\\_support/5190/manchester\\_safeguarding\\_standard/2](http://www.manchester.gov.uk/info/100010/social_care_and_support/5190/manchester_safeguarding_standard/2)

- ***Improving Health and Wellbeing - Active and Supportive Communities***

Manchester City Council works with people and community partners across the city to improve the health and wellbeing of our residents. There are many services and resources covering all need types and areas within Manchester are available via an extremely comprehensive and useful resources pack published by the Manchester Mental Health and Social Care Trust

Visit the link below to see what support you can access in your community

<http://www.mhsc.nhs.uk/media/77116/health%20and%20wellbeing%20information.pdf>

- ***Housing and related support***

Housing Related Support funding provides short-term and long-term housing-related support for around 14,750 people across 21 customer groups at any one time. Those supported include people with mental ill health, older people, survivors of domestic abuse, single homeless people, homeless families and people with learning disabilities

- ***Domestic Abuse***

Domestic abuse is seen as a major under-recognised source of preventable injury for both men and women and threatens the health and safety of victims and their children. It has been estimated that around 16% of men and 25% of women will experience domestic abuse at some point during their lifetime.

While some progress has been made in Manchester with 452 fewer crimes reported over the past three years (a fall of 13.4%), there remains a significant number of reported domestic abuse crimes. Levels of domestic abuse and violence are higher in Manchester than in other cities like Birmingham and Liverpool, and Manchester is also an outlier for Children In Need and Child Protection Plan cases. We have made some good progress: in 2013/2014, 37% of Manchester's Troubled Families programme works with families experiencing domestic abuse and violence.

The Domestic Violence Disclosure Scheme (Clare's Law) was piloted in Greater Manchester

There are also several specialist accommodation schemes which include emergency need for men, women fleeing domestic violence, young people, and families with complex needs.

You can get help and advice by visiting the Council website at [http://www.manchester.gov.uk/info/200117/homeless\\_people](http://www.manchester.gov.uk/info/200117/homeless_people)

## What we've done to Improve during 2013/14

### *Streamlining what we do - The Customer Journey*

- During 2012/13 Manchester introduced a new "Customer Journey". This streamlined three different assessment processes into one. A key priority in Manchester is to maximise our residents' independence; directing people, wherever possible, away from long-term and intensive support towards either natural support in the community or short-term or low-level services which support and encourage people back to independence

This new, quicker, streamlined customer journey provides more options for people to help themselves. Self-service mechanisms have been introduced, such as a new electronic marketplace for care services (Connect to Support). Our new single assessment process has been identified as an example of good practice to other local authorities

Improving our customer journey has enabled:

- The percentage of referrals which are now dealt with when they are first received, rather than having to be passed on for further action, has increased from 28% last year to 44.2%. This is the result of better Mental Health reporting
- The percentage of referrals where the source was Primary or Community Health has increased from 18.9% in 2012/13 to 35.5% in 2013/14
- The increased number of these new "holistic" assessments of need (which more than doubled between 2011/12 and 2012/13) has been maintained at around the same level, with 8772 completed in 2013/14<sup>5</sup>
- The number of people that have needed intensive support in nursing care has decreased from last year by almost 8%<sup>6</sup>
- The proportion of older people living at home 91 days after discharge from hospital into Reablement or Intermediate Care improved from 63.6% in 2012/13 to 66.2% in 2013/14. Reablement figures separately showed greater improvement - 69.2% in 2012/13 to 73.5% in 2013/14<sup>5</sup>
- Work is still needed to improve the rate at which we reassess people's on-going needs. During 2012/13 this figure dropped by 3.4% to 5624 (5821), and in 2013/14 this has dropped another 13.6% to 48594. We know this isn't good enough and have prioritised this as an area for improvement during the next year
- The percentage of people requiring no further care following reablement intervention is 55%. Reablement is a short-term, free of charge package of care, tailored to the needs of the individual and designed to return them to independence in their own home

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<sup>5</sup> Referrals, Assessments and Packages of Care (RAP) Collection 2013/14

<sup>6</sup> Adult Social Care Combined Activity Return (ASC-CAR) Collection 2013/14

## ***Listening to You***

### **Healthwatch Manchester**

In April 2013 HealthWatch Manchester was created. Healthwatch is an independent body commissioned by Manchester City Council, and our delivery partner is Manchester Citizens Advice Bureau. <http://www.healthwatchmanchester.co.uk/>.

- HealthWatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account
- Some of the key priorities for Healthwatch are to conduct work around GP practices' opening times and registration issues; and post-diagnoses services for people with dementia
- They are also keyed into major statutory initiatives such 'Living Longer, Living Better' and 'Healthier Together' to ensure engagement with local people meets the required standard

Healthwatch has reported the following successes in its first annual report<sup>7</sup>

- 430 helpline enquiries successfully dealt with
- 93 volunteers recruited, trained and deployed
- 4 pieces of bespoke research conducted

#### **Making Real Differences to Real *People: Information Signposting***<sup>6</sup>

*An 80 year old man with Asperger Syndrome rang regarding his need to access the Patient Transport Service. Having been recently assessed and declared not eligible for this service, despite his great fear of and panic in using public transport, he reported walking a great distance to get to his latest appointment and suffering damage to his feet. Through liaison with the operator, Healthwatch Manchester enabled his reassessment and he was later declared eligible for this service.*

## Surveys

As part of the 2013/2014 Annual National Adult Social Care User Survey we sent questionnaires to a sample of more than 1700 people who had accessed a service. We asked them a series of questions about their experience of the care and support they received. 364 people responded and a summary of the main results is shown below:

Customer Satisfaction - Social Care Survey 2013-2014 and 2012-2013						
Question (all answers are percentages)	2013-2014	2012-2013	Yr on Yr +/-	England Average	+/-	
Customers satisfied (extremely, very, quite) with the care and support services they received	88.1	86.5	1.6	89.9	-1.8	Increase is better
Do care and support services help you to have a better quality of Life (Yes)	91.2	91.4	-0.2	88.9	2.3	Increase is better
Do care and support services help you in having control over your daily life (Yes)	86.4	88.1	-1.7	85.5	0.9	Increase is better
Do care and support services help you in feeling safe? (Yes)	83.2	79.4	3.8	77.9	5.3	Increase is better
Do care and support services help you in having social contact with people (Yes)	69.5	69.6	-0.1	58.8	10.7	Increase is better
Do care and support services help you in the way you spend your time (Yes)	66.6	67.5	-0.9	58.4	8.2	Increase is better
Customers who found it difficult (very, fairly) to find information and advice about support, services or benefits	18.2	18.1	0.1	19.5	-1.3	Decrease is better

*\*England Average from 2012/2013, as 2013/2014 not available at time of publish*

Comparing 2013-14 results to those from 2012-13 reveals that the responses are broadly the same as last year, with improvements in satisfaction and feeling safe. People in Manchester are more positive about the support they are receiving now and the impact it is having on their quality of life compared to the England average in all areas but satisfaction, though the satisfaction figure for Manchester has increased for the past 2 years running.

During 2013/14, our freepost customer satisfaction questionnaire showed: 761 responses related to assessments, reassessments or reablement were received in 2013/14.

Where data was completed:

- 99% of People were satisfied (9%) or very satisfied (90%) with the assessment, reassessment or reablement service
- 99% of People were satisfied (23%) or very satisfied (76%) with the care and support services they receive
- 92% of People felt care and support services gave them a better quality of life

## Complaints

Complaints about the Children and Families Directorate for 2013/2014 have reduced by almost 29%, and within just Adult Social Care this figure is 165, again a reduction of almost 30%.

Complaints		
	2013-2014	2012-2013
Council Children and Families directorate	238	335
<i>From previous year</i>	-97	-29.0%
Adult Social Care	165	235
<i>From previous year</i>	-70	-29.8%
Adult Social Care Complaints handled within target time	72%	75%
<i>From previous year</i>	0	-4.0%
Items of Praise	139	175

One of the main reasons for this reduction is that the Redefined Social Care Offer is now fully embedded. Additionally 2012/2013 saw changes in Home Care providers which also caused some a rise in complaints. Work has been undertaken to resolve more of these issues in the community, rather than letting them get to the point where a formal complaint needs to be made.

The process for dealing with complaints has been refined and formalised. Responses to complaints follow a pro-forma which has improved the quality, and means each response to a complaint contains:

- details of how to appeal if the complainant remains dissatisfied
- whether the complaint is upheld; and
- details of whom to contact if there are still queries

This process should keep the complainant fully informed, standardises the information which is relayed, and should reduce repeat contact as multiple pieces of information have been provided in one.

There has been a slight fall in the time it takes to handle complaints with 72% of 2013/2014 Adult Social Care complaints responded to within the target.

We still need to do more work around when complaints are upheld (or partially upheld) to prevent a similar occurrence in the future. Learning from our mistakes and Identifying actions for service improvement will be an important outcome from each complaint investigation. We need to ensure that we put mistakes right not just once but right across our organisation so that we can continually improve the quality and standard of care our people experience.

In 2013/2014 there have been 19 Ombudsman cases responded to, and there have been 21 Ombudsman decisions (including some from before the current reporting year), of which 6 (29%) were upheld.

More positively, Adult Social Care also received 139 items of praise.

## Consultations

We work hard to make the right changes. Key to this is our knowing what our residents think about what we plan to do and we then use your ideas to improve how we deliver our services. In order to do this we carry out consultations. Results from our consultations are published within reports on the council's website, inline with Manchester's Customer Engagement Strategy.

In 2013-2014 Manchester undertook several major consultations with residents around the following areas:

- **Mental Health Consultation – February 2014**

Residents were asked for their views to help Manchester City Council shape the future of mental health and wellbeing services in the city. Currently provided through a partnership between Manchester City Council and the NHS, looking at how these services are delivered within the city and how the system can be improved

- **Pharmacy Needs Consultation – December 2013**

The local Pharmaceutical Needs Assessment (PNA) was a way of making sure that pharmacies across the city are providing the right services, in the right locations to support Manchester residents

- **Supporting People – May 2013**

Manchester City Council looked at ways to streamline the Supporting People programme while ensuring vulnerable adults continue to receive the support they require

- **Community Alarm – May 2013**

Proposals to start charging for the Community Alarm Service, because Manchester City Council can no longer offer this service for free

- **Drugs and Alcohol Services – May 2013**

Proposals to assess the priority level of Manchester City Council commissioned services, to achieving savings that have least impact on treatment for drug and alcohol users in Manchester



## Working with Our Partners

### ***Integrating Our Services with Health - Living Longer Living Better (LLL) programme***

Our current health system was designed in 1948 when life expectancy was shorter and the biggest killers were infectious diseases like tuberculosis, polio and measles. Today the biggest killers in Manchester are Heart Disease, Cancer and Strokes.

Patient outcomes vary depending on which hospital in Manchester you attend, and every year thousands of people attend A&E or are admitted to hospital when this is not the best place for them to be. We want to ensure people have access to the best care possible, close to home, and often it's better for people if this isn't hospital based. This will need to be a joined up approach between healthcare across the city.

Integrated Care has been defined as follows by National Voices: "My care is planned with people who work together to understand me and my carers, put me in control, co ordinate and deliver services to achieve my best outcomes."

'Integrated care' refers to organisations, teams and professionals working together to provide high quality co-ordinated care to individuals and families which is usually in their own homes or in the community. Integrated care arrangements are designed to put people in control of their own care. Manchester's plans for integrated care are known as the 'Living longer, living better' programme.

Manchester's programme for Living Longer Living Better will focus on 20% of the population (around 100,000 people) who have the greatest risk of attending and being admitted to hospital due to ill health, across five priority areas. The plan is informed by Manchester's latest Joint Strategic Needs Assessment (JSNA) and includes input from all sectors, including hospitals, Mental Health Trust and Healthwatch Manchester.

The Children and Families Directorate is working in partnership with the three Clinical Commissioning Groups (CCGs) on their pilot schemes to evaluate how successful activity to support people in the community has been during the last year, as well as identifying which groups of people will benefit most.

Other projects that will tie into integrated health, and will deliver future results include:

- Healthier Together - a programme planning the reconfiguration of hospital services across greater Manchester <https://healthiertogethergm.nhs.uk/>
- Primary Care Strategy – plans for improved access and more services available e.g., GP opening times
- Mental Health Improvement Programme – a redesign of the system to co-ordinate services
- MacMillan Cancer Improvement Partnership – to improve cancer management by GPs
- The development of North Manchester General Hospital
- Reducing Social Isolation Grants Programme
- Redesigning of the Healthy Lifestyle services

Other strategies which will help shape our services include the Fit for Work UK Coalition, which brings together healthcare professionals, policy makers, employers, and patients to

improve the productivity of Britain’s workforce, by empowering and supporting people, including those with long-term conditions, to remain in or return to work and be economically active.

## Looking Forward – Improving, Reforming and Upcoming Challenges

### *Improving*

We are looking to improve in a number of areas where we know performance has fallen, or where it is not good enough. We also review where we have performed well so that we can see we’re going in the right direction. We regularly monitor our performance and compare this with other Local Authorities in the North West to assess how well we are doing. Each year we undertake thorough analysis of how we have performed in key performance measures which are reported nationally and use this to inform where we need to prioritise improvements in the coming year. During 2013/14 key performance issues relating to each of our client groups were as follows:

- **Learning Disability Services**

Our performance with re-assessing the needs of Learning Disabled people has improved this year, up by 16%. Our people are entitled to have their needs are reviewed every year so that they know they are getting the most appropriate support for their current level of need.

Learning Disabled People		
	2013-2014	2012-2013
In Employment	90	88
From previous year	+2	
Reassessments	939	794
From previous year	+145	

Manchester’s performance with supporting learning disabled adults to live independently in the community is very good – historically we perform significantly above the national average in this area. However, we haven’t performed so well with supporting learning disabled adults into paid and voluntary work. This is an area in which all Councils in England need to generally improve, and Manchester continues to work in partnership with the NHS and services/agencies to increase the range of employment initiatives. Voluntary work, education and training help people to gain experience and develop skills that support them to engage in employment initiatives. A programme of supported internships for people with a learning disability will enable skills to be enhanced and experience to be gained to provide better prospects for employment. Manchester City Council also promotes alternative ways of working with people with learning disabilities and their families, with the aim to improve independence and enable skill development.

<b>Physically Disabled People</b>		
	<b>2013-2014</b>	<b>2012-2013</b>
<b>Reablement</b>	2373	2781
<i>From previous year</i>	-408	
<b>No further care needed following reablement</b>	54.49%	52.21%
<i>From previous year</i>	2.3%	
<b>Adaptations installed within 7 days</b>	97.42%	96.60%
<i>From previous year</i>	0.8%	

- **Physical Disability Services**

During 2013/14, while less people used the service, a greater percent completing Reablement required no further care during 2013/14.

- **Mental Health Services**

2013/2014 has seen an improvement in reporting by Mental Health Trust, which has allowed for a better understanding of the range of people which require their services, and what services they are being provided with. In addition to that the council has established a process where the data is routinely validated and quality checked, to help guarantee the Trust is meeting its obligations to the council.

Frontline staff and people using mental health services have recently undertaken learning in mental health self-care to assist competency in assessing, encourage customer engagement, and review documentation to better support the service and its Users. The latest data shows that in 2013, 990 frontline staff and 227 residents undertook learning in mental health self-care. Reported outcomes of this learning are increases in confidence in having conversations about a person's mental health problems (staff) and in personal mental wellbeing (people using the service and residents). In 2013, 96.3% of frontline staff reported an increase in their confidence in having conversations about a person's mental health problems. Over the same period, 77% of people using the service reported increases in mental wellbeing.

- **Older People's Services**

The 91<sup>st</sup> Day survey uses a random selection of people aged 65+, who have been discharged from hospital into Reablement or Intermediate Care – a rehabilitation service similar to Reablement provided by Health – to see how successful that care has been at preventing repeat hospital admissions. Of those people still at home on 91<sup>st</sup> day, 73.5% had Reablement

We are getting better, but more work needs to be done to ensure that the levels of independence gained during the first period after their discharge is maintained longer-term. Whilst our performance in this area is below that of the national and regional averages, not every council calculates this measure in the same way

The Council is developing services that better meet people's needs in the community, and fewer adults and older people choose to go into residential or nursing care in Manchester compared to similar local authorities. In the 65+ plus age bracket, there have been nominal reductions in the costs for both residential and nursing, and the number of permanent admissions for older people is at the lowest level since 2011

- **Carers' Services**

We have continued to identify and support the number of adults cared for by informal carers in contact with Manchester City Council, assessments or reassessments were increased by 3.1% from 2012/2013, and up 27% from 2011/12

For these carers we provide support in the form of carers'-specific services which increased by 3.7% from 2012/2013.

Carers		
	2013-2014	2012-2013
Assessments & Reassessment	5534	5267
<i>From previous year</i>	+267	
Carers-specific Services	5382	5192
<i>From previous year</i>	+190	

## A Reforming and Changing Council

### • **Responsibility for Public Health**

Responsibility for Public Health, which promotes and protects the health and wellbeing of people in the city, moved to the City Council from the NHS in April 2013.

We have five specific responsibilities described by law, against which we must report our progress:

- Helping protect people from the dangers of communicable diseases and environmental threats
- Organising and paying for sexual health services
- Providing specialist public health advice to primary care services: for example GPs and community health professionals
- Organising and paying for height and weight checks for primary school children
- Organising and paying for regular health checks for Manchester people

### • **Joint Strategic Needs Assessment (JSNA)**

This is in two sections the first contains a broad profile of the health needs of the population living in the three areas of the city covered by North, Central and South Manchester Clinical Commissioning Groups (CCGs), and some of the factors that contribute to these health needs.

The second section looks at a number of specific topic areas in more depth, which allows us to look at the health needs of the local population in both breadth and depth.

Explore some of the topics in further detail on the Manchester City Council website:

[http://www.manchester.gov.uk/info/500230/joint\\_strategic\\_needs\\_assessment](http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment)

### • **Manchester Health and Wellbeing Board (HWBB)**

Manchester City Council established a Health and Wellbeing Board (HWBB) in April 2013. Health and Wellbeing Boards are a key part of the Health and Social Care Bill. It will be the main forum for key leaders from the Manchester health, care and community sectors to work together to improve the health and wellbeing of our local population and reduce health inequalities.

The HWBB will focus its efforts on eight strategic priorities:

- Getting the youngest people in our communities off to the best start
- Educating, informing and involving the community in improving their own health and wellbeing
- Moving more health into the community
- Providing the best treatment we can to people in the right place and at the right time
- Turning round the lives of troubled families
- Improving peoples' mental health and wellbeing
- Bringing people into employment and leading productive lives
- Enabling older people to keep well and live independently in their community

The work to deliver the strategic priorities of the HWBB is encapsulated within our Joint Health and Wellbeing Strategy (JHWS). The JHWS is co-produced by all partners on the HWBB and clearly sets out the priorities for joint action. These priorities are informed by the assessment of need contained in the Joint Strategic Needs Assessment (JSNA).

• **Greater Manchester Public Service Reform**

Greater Manchester has been part of a pilot to look at delivering better outcomes and realise financial savings using Community Budgets. This new approach is a response to the financial challenges Public Services are experiencing through budget cuts and is around delivering Local Reform. The programme has been looking at establishing proposals to:

- Improve Policy Decisions
- Improve outcomes for the residents
- Reduce duplication and waste
- Support Government to make savings

In Greater Manchester the focus is on reducing current levels of dependency, intervening early to reduce future dependency and providing well coordinated services. This will be achieved through the use of New Delivery Models, New Investment Models, and Evaluation and Evidence. Manchester developed the Technical Advisory Group with Treasury and other Government departments to review cost-benefit analysis and evaluation evidence.

Again, this is another programme where long term investment, commitment and support are needed to deliver significant future reductions, which cannot be realised through short-term measures. Future Local Accounts will report on the successes of schemes including Working Well and programmes to support people in to work.

[http://www.manchester.gov.uk/manchesterpartnership/info/5/public\\_service\\_reform](http://www.manchester.gov.uk/manchesterpartnership/info/5/public_service_reform)

• **Personalised Care - Think Local, Act Personal**

Think Local, Act Personal (TLAP) is a national, sector wide partnership focused on driving forward personalised, community focused social care. People who have very high levels of social care needs are being given a financial allowance, called an Individual Budget (IB) to pay for their support themselves. Giving people an Individual Budget to buy their own care gives them maximum control over who provides their care and how and when they receive it.

People receiving Self-Directed Support (Individual Budgets)		
	2013-2014	2012-2013
People	5001	4559
<i>From previous year</i>	+442	9.7%

Making It Real is work Manchester is doing towards implementing TLAP. These are "markers of progress" and are very important because they can be used by carers and cared for people alike to have a say in what they want, but it's also to have a way of recording whether it's working well, or whether they've got the support they need to make it work well. The Making it Real priorities should be locally led, and locally developed.

This is a new phase in using citizen-led information to judge success in implementing personalisation. "I" statements from people who use care and support telling us what they would expect, see and experience if personalisation is real and working well in an organisation; "I" statements include people who use services, including self-funders and carers.

The six “I” statements are:

- Information and Advice: having the information I need, when I need it
- Active and supportive communities: keeping friends, family and place
- Flexible integrated care and support: my support, my own way
- Workforce: my support staff
- Risk enablement: feeling in control and safe
- Personal budgets and self-funding: my money

As the partnership programme progresses we will be able to measure the indicators to inform and influence our strategic direction.

For more information visit: <http://www.thinklocalactpersonal.org.uk>

## Upcoming Challenges

- ***Budget reductions and the Financial challenge***

The financial challenges facing the Council and demographic changes within the population continues to present an enormous challenge for the future. The focus remains on prevention - using short term support measures to maximise independence and prevent avoidable admissions and reduce resident dependency. A focus on integrated care, better commissioning and more effective collaborative working with our partnerships should allow for more effective service provision, which in turn will allow money to be utilised in other areas.

- ***The Care Act (2014)***

The Care Act will have significant impact on the future arrangements for the provision and funding for Adult Social Care, and will be the biggest change to the law around adult social care since the National Assistance Act in 1948.

The bill sets out a vision for a modern system that promotes people's well-being by enabling them to prevent and postpone the need for care and support and to pursue education, employment and other opportunities to realise their potential. It is customer focused, rather than service focused, and one of the key elements is a cap on the cost of individual liability for care costs.

Key areas for change are:

- Local councils' new duty to promote people's wellbeing now applies to carers
- People receiving care and support from a commissioned service provider and arranged by their council, (in a residential setting or at home), will now be covered by the Human Rights Act. (But this does not apply to people paying for their own care)
- Councils must now enable people to access independent financial advice to help assist them with complexities of care funding. This advice must be accessible to all, (so it cannot just be provided online), and must be "proportionate" to an individual's needs
- There will be a new appeal system where people may appeal against council decisions on eligibility and funding for care and support. The details of this will be set out in regulations, will be independent, and ministers will have authority to make its decisions binding

In order to deliver these responsibilities so people get better care that works for them, we will work with communities to make sure they get the support that helps to keep people well and independent.

To do this Manchester City Council will need to:

- Understand what services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people
- identify people in the local area who might have care and support needs that are not being met
- identify carers in the area who might have support needs that are not being met, and treating them equally to the person they care for
- Support prevention rather than intervention



- Simplify the system, make it more flexible and integrated

## In Summary – How we are doing:

- Manchester has made continued good progress with supporting you, our citizens, to remain independent for longer and seek solutions to help yourselves, for example by maximising support available from informal carers such as friends, neighbours and family
- We need to get better at reassessing your needs on on-going basis. We're getting better, but we have not done well enough in this area during 2013/14, particularly across the Learning Disability Service, where failure to do so has impacted on the cost of services we are paying for and jeopardised our ability to meet the challenging budget cuts set by Central Government
- We also need to increase the number of our residents with learning disabilities in paid employment. Whilst we know there are very genuine difficulties with the local job market there is still more we can do
- We have significantly increased the support we provide to you earlier in your "journey", for example with preventative services such as Equipment and Reablement, which has helped more of you to maintain your independence. This has resulted in fewer of you needing support from us longer-term, which is essential given the reduction in funding available to do this
- The continuing increase in assessments which we carried out in 2013/14 indicates strongly that demand for adult care services in Manchester is continuing to grow.
- Better reporting of Mental Health data has been made possible through strong and effective collaborative working with our Trust partners, and reassures us that we are assisting and supporting effective services
- Manchester's population in residential and nursing care continues to fall, demonstrating that we are enabling those of you who are most vulnerable to maintain your independence in your own communities for much longer
- The increase of those of you who do end up being admitted to residential settings, when support in the community no longer meets your needs, does, however, indicate that the number of very complex, very frail people in Manchester is growing
- Financial Challenges will continue for the foreseeable future
- During 2013/14 we have worked hard to engage with you and demonstrate that we have heard what you are telling us. We have consulted with you to make sure that we are developing services that best meet your needs and are learning where you expect us to do better from the Complaints you've made to us. We, together with our partners, are working hard to make sure this happens

## Contact Us about Adult Social Care

We would like to find out what you think about how we can help local people to enjoy better health and wellbeing in the future.

If you would like to comment on the information you have read, or would like to get more involved please contact us.

Visit the council's website at <http://www.manchester.gov.uk/socialservices>

In Writing  
Directorate for Children and Families  
Manchester City Council  
PO Box 536  
Town Hall  
Albert Square  
Manchester  
M60 2AF

[Standard Info about alternative large print, braille etc]