

## Manchester City Council Report for Resolution

**Report to:** Health Scrutiny Committee – 10 November 2016

**Subject:** Budget Process 2017-2020: Consideration of Options

**Report of:** Strategic Director (Adults), Joint Director of Health and Social Care Integration, Director of Public Health and City Treasurer

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### Summary

Scrutiny Committees have a critical role to play in overseeing the budget consultation process: scrutinising and reviewing the budget options put forward by officers and making recommendations to the Executive on the options they believe should be taken forward to deliver the savings required.

This report and the accompanying Directorate Budget reports at appendix 1 sets out briefly the financial considerations, current forecast position and savings options for the period to 2019/20. The financial position is based on the best information available at this present time.

Appendix 2 to this report sets out the detailed findings of the recent budget conversation held with the residents, businesses, partners and other stakeholders of Manchester which are informing the strategic plans for the city. This builds on the summary of responses reported to this Committee in October.

### Recommendations

The Committee is asked to consider and make recommendations to the Executive on the attached budget reports and the overall approach to Health and Social Care Integration as it relates to the achievement of c£27m savings over the next three financial years. The Committee is also requested to consider whether they wish to scrutinise any of these options in further detail at its December meeting.

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### Wards Affected:

All

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### Contact Officers:

Name: Hazel Summers  
Position: Strategic Director (Adults)  
Tel: 0161 234 3952  
E-mail: h.summers@manchester.gov.uk

Name: Lorraine Butcher  
Position: Joint Director Health and Social Care Integration  
Telephone: 0161 234 5595  
E-mail: l.butcher@manchester.gov.uk

Name: David Regan  
Position: Director of Public Health  
Tel: 0161 234 3981  
E-mail: d.regan@manchester.gov.uk

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

Appendices:

Appendix 1 Directorate Budget Reports  
Appendix 2 Budget conversation feedback

**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.

Final Local Government Finance Settlement from DCLG 8 February 2016 (all papers available on the DCLG website).

Executive, 27 July 2016, Approach to Budget Setting 2017/18 to 2019/20.

Resources and Governance Scrutiny Committee, 13 October 2016, Budget Process 2017-2020: Update and Next Steps.

Executive, 19 October 2016, Medium Term Financial Strategy 2016/17 – 2019/20.

Executive, 19 October 2016, Directorate Budget Reports 2016/17 – 2019/20 (reports for each Directorate).

## 1 Background and Context

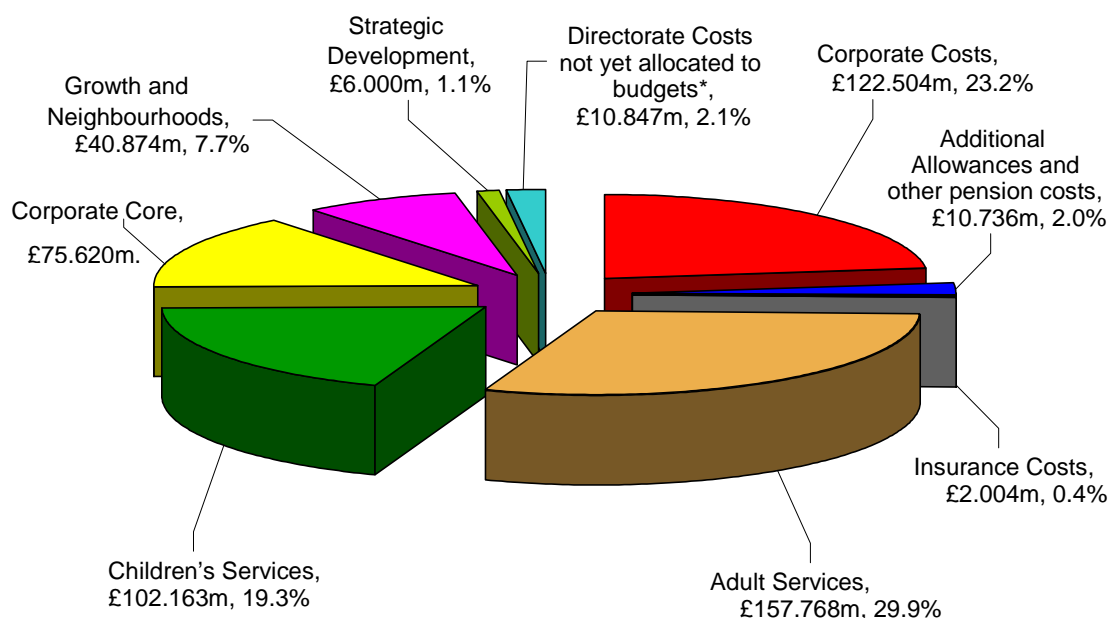
1.1 The priorities for the City and the approach to achieve these are set out in the “Our Manchester” Strategy focussing on making Manchester a City that is:

- Thriving – creating great jobs and healthy businesses
- Filled with talent – both home-grown talent and attracting the best in the world
- Fair – with equal chances for all to unlock their potential
- A great place to live – with lots of things to do
- Buzzing with connections – including world-class transport and broadband

1.2 Our Manchester is the long-term strategy for the city and is at the core of how that strategy is delivered. The Our Manchester approach puts people at the centre shaping the way in which things are done. The principles that underpin the strategy have been developed to fundamentally change the way that services are delivered across the city and a shift in the relationship between the Council and the people of Manchester. This will set the framework for the Council’s planning process for the future, including the allocation of resources, and how it will continue to work with residents, businesses, partners and other stakeholders.

1.3 In 2016/17 the City Council has net budget of £528.5m. This supports a number of service areas and responsibilities, as illustrated in the chart below:

**Chart 1: Net Budget Allocation 2016/17 (figures in £m)**



\* Directorate Costs not yet allocated to budgets represents approved funding set aside during the 2016/17 budget process for growth and activity related pressures eg non-pay inflation. Allocation to Directorates takes place during the year as and when required.

- 1.4 This report sets out briefly the financial considerations, current forecast position and savings options for the period to 2019/20 based on the best information available at this present time. Appendix 2 to this report also sets out the detailed information on the outcome of the recent budget conversation held with the residents of Manchester between 21 July and 16 September which are informing the strategic plans for the City.
- 1.5 Scrutiny Committees have a critical role to play to oversee the consultation process: to scrutinise and review the budget options put forward by officers and to make recommendations to the Executive on the options they believe should be taken forward to deliver the savings required.
- 1.6 Details of the overall financial position and the relevant directorate budget reports are being submitted to all six Scrutiny Committees for consideration at the November meetings. Section 5 outlines the proposals for scrutiny of the Adult Social Care and Locality Plan elements of these savings options.

## **2 The Financial Position 2016/17 to 2019/20**

- 2.1 The Government made an offer of a four-year settlement for the period 2016/17 to 2019/20 with the provisional figures being issued as part of the 2016/17 Finance Settlement. The City Council made the decision in July this year to accept the offer and, in accordance with the requirements of the Department for Communities and Local Government (DCLG), it published an Efficiency Plan on 14 October which covered the settlement period. The published plan is part of a suite of reports which includes a covering narrative, which can be accessed using the link <http://www.manchester.gov.uk/eps>, together with the budget reports presented to Executive on 19 October.
- 2.2 The financial assumptions include as the starting point the resources available as indicated in the provisional four-year settlement figures.
- 2.3 The budget for 2016/17 has previously been approved by Council and the report to Executive in October highlighted a potential budget gap ranging from £40m to £75m for the remaining three-year period 2017/18 to 2019/20. The need for such a range in the assessment of the funding gap was due to uncertainty around elements of available resources and the potential need to address further risks, pressures and priorities.
- 2.4 The Medium Term Financial Plan has been prepared on the basis of the best estimate at this point in time and based on a number of assumptions. It indicates a savings requirement of around £60m for the period 2017/18 to 2019/20. The final position will be subject to confirmation of Government funding and overall revenues available to Council. It is anticipated that the Autumn Statement, expected on 23 November, could provide further details prior to the announcement of the Finance Settlement later in the year.
- 2.5 This current forecast position also assumes the full year effect of savings agreed for 2016/17 are delivered and these are included within the figures below. The total additional full year effect of savings included for 2017/18 are

£3.326m with a further £1.864m in 2018/19. The overall financial position is summarised in the table below.

**Table 1: Resources Requirement against Resources Available  
2016/17 to 2019/20**

	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000
<b>Resources Available</b>				
Revenue Support Grant	113,768	90,151	73,740	57,041
Business Rates	168,655	170,357	177,143	184,766
Council Tax	136,617	140,681	147,716	157,450
Public Health Funding and Non-Ringfenced Grants	78,128	76,728	81,085	89,066
Dividends and Use of Reserves	31,348	31,337	29,337	29,337
<b>Total Resources Available</b>	<b>528,516</b>	<b>509,254</b>	<b>509,021</b>	<b>517,660</b>
<b>Resources Required</b>				
<i>Corporate Costs:</i>				
Levies/Charges, Contingency and Capital Financing	122,504	127,557	130,404	131,394
<i>Directorate Costs:</i>				
Directorate Budgets (Including 2016/17 pressures yet to be allocated)	393,272	386,119	384,740	384,740
Budgets to be allocated (including inflationary pressures)	0	18,477	35,964	49,106
Other Costs, includes additional allowances and other pension costs, and insurance	12,740	12,540	12,440	12,440
<b>Total Resources Required</b>	<b>528,516</b>	<b>544,693</b>	<b>563,548</b>	<b>577,680</b>
<b>Total Savings Required (Current Estimate)</b>	<b>0</b>	<b>35,439</b>	<b>54,527</b>	<b>60,020</b>
<b>In Year Savings required</b>	<b>0</b>	<b>35,439</b>	<b>19,088</b>	<b>5,493</b>

### 3 Meeting the Budget Gap

- 3.1 Officers have put forward a range of savings options to meet the budget gap, which include efficiencies as well as savings which can only be achieved through service reductions. These options have been informed by the feedback that the Council received from the budget conversation which took place from the end of July up to September.

#### Budget Savings Options

- 3.2 Overall the options submitted by each Directorate total c£58m and are in addition to the £5.2m full year effect savings put forward as part of the 2016/17 budget process which is already included in the base position. This is

broadly in line with the anticipated level of savings to be achieved over the three year period and are summarised by Directorate in the table below.

**Table 2: Savings Options**

	2017/18	2018/19	2019/20	Total	FTE
	£,000	£,000	£,000	£,000	Impact (Indicative)
<b>Current estimate of savings requirement</b>	<b>35,439</b>	<b>19,088</b>	<b>5,493</b>	<b>60,020</b>	
Children's Services	3,357	2,143	1,199	6,699	35
Adult Services	17,980	6,534	2,550	27,064	-
Corporate Core	7,585	3,757	2,846	14,188	90
Growth and Neighbourhoods	2,232	1,677	5,532	9,441	32
Strategic Development	400	-	-	400	4
<b>Total Savings identified in latest schedules</b>	<b>31,554</b>	<b>14,111</b>	<b>12,127</b>	<b>57,792</b>	<b>161</b>
<b>Shortfall against current estimate</b>	<b>3,885</b>	<b>4,977</b>	<b>(6,634)</b>	<b>2,228</b>	

- 3.3 It is assumed that that the Locality Plan work will identify how the full gap in the Manchester Health and Social Care economy is closed and agreement is reached on how investment is deployed to support the new care models across the medium term.
- 3.4 There will continue to be an ongoing review of how the resources available are utilised to support the financial position to best effect. This will include the use of reserves and dividends, consideration of the updated Council Tax and Business Rates position, the financing of capital investment and the availability and application of grants.

#### **4 Workforce Implications**

- 4.1 The Council's workforce will be the essential driving force behind Our Manchester. A refreshed People Strategy is currently being developed, informed by the B'Heard Survey, which will set out a clear ambition for how we ensure all staff are inspired, connected and empowered to work in different ways through the Our Manchester behaviours.
- 4.2 The next three years are likely to be more manageable in terms of workforce reductions than the period 2011-2015, when the organisation lost almost 4,000 FTE posts (nearly 40% of the workforce).
- 4.3 Currently the total reduction in posts over the next three years, if all options in are accepted, is estimated to be 161 FTE (this figure will include a number of

vacant posts) and relates to the current workforce totals; it does not reflect any other significant changes to service delivery models.

- 4.4 The City Council's workforce turnover is around four to five per cent annually (around 300 posts). Therefore, over the three year course of this budget it is anticipated that the workforce reductions can be achieved without the need for the use of an enhanced early retirement or voluntary redundancy scheme.
- 4.5 After five years of restricted external recruitment there is a recognition that the City Council will need to invest in skills for our existing staff and new talent introduced to enhance the Council's capabilities for the challenges ahead.

## **5. Scrutiny of Budget Options – Adult Social Care and Locality Plan**

- 5.1 Scrutiny Committees have a critical role to play in considering the options for services and functions within their remit and supporting information and making recommendations to the Executive to inform the development of its final draft proposals. Scrutiny Committees will need to have regard to the legal requirement for the Council to set a balanced budget and to achieve reductions of circa £40m-£75m over the three year period, with further clarity regarding savings to be achieved following publication of the autumn statement and financial settlement in late 2016.
- 5.2 This Committee has responsibility for overseeing the integration of Health and Social Care in Manchester and have received and commented on previous versions of the Locality Plan, which articulates the vision for the future of Health and Social Care in the city and how this will be achieved. Through the Locality Plan the Council with health partners (CCGs and hospital trusts) are embarked on a radical transformation of the commissioning and delivery of health and care in the City. Together a single health and care system is being designed to deliver clinical and financial sustainability - in short, improved health and care outcomes, within an affordable health and care system.
- 5.3 With the 3 Manchester CCGs, the Council is currently undertaking a review of commissioning priorities and the current deployment of combined commissioning resources, as part of the approach to closing the combined commissioning funding gap for 17/18. Work is focussing upon, savings to be secured as a consequence of potential investment into new models of care to be implemented from 2017 onwards; shared efficiencies as a consequence of combining into a single commissioning function; and reviews of combined areas of spending where opportunities for delivering services differently may be possible. This work will be on-going into December.
- 5.4 Budget options put forward for Adult Social Care arise directly from this work and account for the c£27m savings to be delivered by Adult's Services over the next three years. At this stage, the risks associated with delivery of this target are significant and the City Council and Health Partners are continuing to work to mitigate these risks and identify robust plans for delivery of these savings across the three year period. Due to the scale and pace of this work, detailed proposals for the achievement of this £27m are still under

development. As a result, the role of this Committee in overseeing and scrutinising budget options is different from that adopted by the other five Committees but nonetheless critical as the Council works towards setting a three year budget.

5.5 The Committee is therefore invited to:

- to scrutinise and consider the detailed information regarding the overall approach to delivering Health and Social Care Integration as set out in the Adult Social Care and Locality Plan reports at appendix 1.
- Review the detailed feedback received from residents and other stakeholders as part of the recent budget conversation as it relates to Health and Social Care.

5.6 Senior Officers will present reports to the Committee and will respond to requests for further detail and any questions that Members may have, which will support the Committee to formulate recommendations to the Executive.

5.7 Members may also wish to propose alternative or additional options or request additional information for the Committee's December meeting.

## 6. Timetable and Next Steps including Consultation

6.1 At its meeting on 19 October, the Executive received details of the current financial position, savings options for each directorate, the approach to capital spend and details of the outcome of the Budget Conversation process. This included the recommendation that the first phase of the Budget Consultation with residents, business and all other stakeholders should focus on options put forward by officers from 3 November until 15 December. It should be noted that two of the budget options put forward by officers require statutory consultation – Reconfiguration of the Early Years new Delivery Model including Sure Start Centres and the Council Tax Support Scheme. These consultations started on 3 November and will end on 10 January and 15 December respectively.

6.2 The phases of consultation are summarised in the table below:

<b>Phase 1</b>	21 July – 16 September	Budget Conversation
<b>Phase 2</b>	3 November – 10 February	Budget Consultation: Early November to Early January: have your say on budget options Early January to Early February: have your say on budget proposals  Statutory consultation on Early Years New Delivery Model Reconfiguration and Statutory Consultation on Council Tax Support Scheme
<b>Phase</b>	3 March	You said, we're doing...explaining the outcomes and



<b>3</b>	onwards	impact of the consultation process, reflecting back on what we hear
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6.3 The Executive will consider comments and feedback received as part of the Budget Consultation and recommendations made by the Scrutiny Committees and a further analysis of the Council's financial position will be undertaken after the release of the Government's Autumn Statement and publication of the Local Government Finance Settlement (normally received in mid to late December). This alongside further work, including that to determine the Council's business rates and council tax base, will provide clarity on the resources available and savings the Council needs to achieve over the three year budget period.

6.4 The Executive will then agree its final draft budget proposals at its meeting on 11 January. Feedback on these proposals will be captured through the budget consultation process and they will also be scrutinised by each of the six Scrutiny Committees at their meetings on 31 January - 2 February. The recommendations from the Scrutiny meetings will be submitted to Executive when it agrees final budget proposals on 8 February. The Resources and Governance Overview and Scrutiny Committee will then consider the results of the budget consultation on 20 February before Council sets the budget on 3 March.

6.5 The table below summarises the budget time line and key milestones.

<b>Date</b>	<b>Milestone</b>
3 November	General budget consultation commences
8-10 November	Scrutiny Committees scrutinise budget options and make recommendations to the Executive
23 November	Autumn Statement
6-8 December	Scrutiny Committees consider any further detailed information on options requested at their November meetings
Mid-late December	Anticipated publication of local government finance settlement
11 January	Executive agrees final draft budget proposals taking into account feedback and comments received from the Budget Consultation to date and recommendations made by Scrutiny Committees in November.
31 January – 2 February	Scrutiny Committees scrutinise the Executive's draft Budget proposals and make recommendations to the Executive's budget meeting
8 February	Executive agrees final budget proposals
10 February	General Budget Consultation Closes
20 February	Resources and Governance Budget Scrutiny Meeting to consider final outcomes of the budget consultation
3 March	Council sets the budget for 2017/18 – 2019/20

**Manchester City Council  
Report for Resolution**

**Report to:** Executive – 19 October 2016

**Subject:** Directorate Budget and Savings Options 2017–20: Adult Social Care

**Report of:** Strategic Director Adult Social Services  
Joint Director Health and Social Care Integration

**Summary**

This report provides the high level budget context and priorities for Adult Social Care and Public Health across 2017-20 and the feedback from the budget conversation, which has been used for the development of savings options 2017-20 and investment requirements to fund population driven and other budget pressures. This report should be read in conjunction with the Locality Plan report elsewhere on the agenda.

**Recommendations**

The Executive is recommended to note the savings options and investment priorities detailed in the report.

**Wards Affected:** All

<b>Manchester Strategy outcomes</b>	<b>Summary of the contribution to the strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the Corporate Core in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs
A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.

<b>Manchester Strategy outcomes</b>	<b>Summary of the contribution to the strategy</b>
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/A

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

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### **Financial Consequences - Revenue**

The options set out in this report will be used to inform the development of the Executive's budget consultation and draft Medium Term Financial Strategy.

### **Financial Consequences - Capital**

The capital investment plan for extra-care schemes and the Learning Disability Supported Housing Accommodation Investment Project is included within the capital programme.

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### **Contact Officers:**

Name: Hazel Summers  
Position: Strategic Director Adult Services  
Telephone: 0161 234 3952  
E-mail: hazel.summers@manchester.gov.uk

Name: Lorraine Butcher  
Position: Joint Director Health and Social Care Integration  
Telephone: 0161 234 5595  
E-mail: l.butcher@manchester.gov.uk

Name:	Simon Finch	Name:	Kath Smythe
Position:	Head of Finance	Position:	Strategic Business Partner
Telephone:	0161 234 5016	Telephone:	0161 234 1810
E-mail:	s.finch@manchester.gov.uk	E-mail:	k.smythe@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.

GM Strategic Plan – Taking Charge of Our Health and Social Care  
Manchester Locality Plan

## **1.0 Introduction**

- 1.1 This report provides a high level overview of the priorities to be delivered in Adult Social Care and Public Health within the Children and Families Directorate in 2017-20. This report should be read in conjunction with the Locality Plan report elsewhere on the agenda.
- 1.2 The report sets out the savings options for the Directorate in the context of its objectives and broader changes to deliver them. Taken together, this report and the report on the Locality Plan show how the Directorate will work together and with Health partners to make progress towards the vision for Manchester set out in the Our Manchester Strategy and through the Health and Wellbeing Strategy.

## **2.0 About the Directorate**

- 2.1 The Directorate for Children and Families is responsible for social care services for children and families, public health, and for education, skills and youth services, with statutory responsibilities for safeguarding children and adults.
- 2.2 In line with the priorities of the Our Manchester Strategy, the Directorate is focused on helping people who have to rely more than most on targeted and specialist services to make the changes in their lives which will see them become more independent. There is a need to ensure that every child has the best possible start in life and that everyone in the city has the same opportunities, life chances and potential to lead safe, healthy happy and fulfilled lives. Connecting people to the economic growth of Manchester by helping them overcome the barriers to training and jobs is key to this.
- 2.3 In doing this, public services need to be radically transformed so they are focused around people and communities rather than organisation silos. The Directorate is working across traditional organisational boundaries to bring innovation and new ways of working to the fore.
- 2.4 Alongside this, Manchester's Locality Plan sets the vision to radically transform Health and Social Care services. The plan, which is jointly owned by a range of partners, sets out a shared ambition of integrated place-based working and commissioning in health and social care.
- 2.5 Within the wider Directorate, the key vision for Adult Social Care has been set out in the Greater Manchester (GM) vision for transforming Adult Social Care. This forms an integral part of realising the vision set out in 'Taking Charge' to achieve a radical upgrade in population health through investment in community based services, standardising acute health care and streamlining support services. The Health and Wellbeing Strategy sets the agenda across Health and Social care and is key driver for transformation across the system.

### 3.0 Context for Adults Social Care

- 3.1 Health and Social Care services, particularly those related to people with disabilities and mental health issues, have been identified by Manchester citizens through the recent Budget Conversation as of high importance to them (more details set out below and elsewhere on the agenda). This is alongside a focus on homelessness.
- 3.2 The focus for Adult Social Care and Public Health is on the integration of commissioning and services through the three pillars, set out elsewhere on this agenda, which will deliver better outcomes for Manchester citizens and a sustainable system.
- 3.3 Our ambition in line with the GM transformation programme and Our Manchester is to employ a **co-production** approach, engaging stakeholders across health and care:
- Move to an asset based model that draws on the whole range of personal, family and community resources to **maximise independence and resilience**;
  - Invest in prevention to reduce the **need for acute interventions** and long term treatment;
  - **Redefine the deal with the citizens** so that contacts with services become self service and enable people to organise their own care and support, and ensure that assessments are common, trusted and portable across Greater Manchester;
  - Design and commission a **new model of care at home** in partnership with service users, providers and investors;
  - Focus residential and nursing care on those who can really benefit from it and creating centres of excellence in care that **maximise independence and reduce the call for hospital admission**;
  - **Support Carers** by creating a Greater Manchester offer to provide consistent advice and support to local and condition based career organisations and integrating all funding and support to Carers;
  - Work with employers, educational institutions and professional organisations to strengthen the recruitment, retention, skills and **stability of the social care workforce**; and
  - **Transform services** for people with learning disabilities to provide access to inclusive local services for people with complex needs.
- 3.4 The focus for Adult Social Care in Manchester is to have an integrated approach to assessment through neighbourhood care teams with health partners. There will be virtually no waiting times for an assessment as there will be a Trusted Assessor model of delivery – meaning that any relevant competent health or social care professional will be able to undertake a social care assessment and be well trained to do so. The need for face to face assessments will be reduced by offering more technological solutions to help yourself, where online questionnaires will help citizens navigate to solutions

and people can directly access community assets that do what they are looking for once the citizens portal goes live in April 2017.

3.5 Through integrated health and social care, the Council and partners will achieve a 20% shift of resources from hospital to community services so that more people can be supported in their own homes, rather than hospital. There will be more locally-based rapid response and high impact services that can intervene earlier to help people who are poorly from deteriorating further and therefore requiring acute or residential care.

3.6 There will be more community assets and communities will be more Age-Friendly and Dementia-Friendly. The City will have at least three more large Extra Care Housing schemes to cater for older people who seek retirement housing with the option for on-site care. There will be a reduction in people dying in hospital and more people dying in their preferred place of choice, preferably at home.

### 3.7 Public Health

A vision has been set out for the people of Manchester where;

- Every child is offered the support he or she needs through a framework of “progressive universalism”. Children are enabled to meet developmental goals, supported by a loving family and secure attachments, so that they enter school ready and able to learn, make friends and flourish. Services promote positive health behaviours such as breastfeeding, immunisation and a healthy diet;
- Adults are able to support themselves and live healthy lifestyles in gainful employment and in stable households. People are living in strong, supportive social networks in areas of high social capital. Where people have specific needs for support, these should be understood and services should be established to provide the relevant support based on clear needs assessments; and
- People have a healthier older age, live in age friendly environments, and are able to continue to contribute to society in the ways they wish. The role of public health in addressing the underlying causes of ill health is increasingly important as the scale of public services reduce. Lifestyle factors such as poor diet, physical activity, smoking and excess alcohol need to be tackled in the context of socioeconomic determinants of health, such as, employment, income and housing. There is also a need to develop the social networks and connectedness (social capital), that have benefits for health and wellbeing and economic growth.

3.8 Early intervention and prevention services, guided by public health priorities will improve the life chances of adults living in the City and address health inequalities. People will be safeguarded from harm and abuse and wellbeing will be at the heart of everything the authority does for citizens.

- 3.9. The voluntary and community sector will continue to play a large role in creating neighbourhoods where people want to live and supporting communities that may be more dispersed but face particular challenges or exclusion.

#### 4.0 Directorate Budget

- 4.1. The current Directorate budget for 2016/17 is summarised in the table below.

Service Area	2016/17 Gross Budget £,000	2016/17 Net Budget £,000	2016/17 Budgeted Post (FTE)
Adults	172,458	125,396	1,246
Back Office	4,889	4,567	152
Public Health	28,663	27,805	42
<b>Total</b>	<b>206,010</b>	<b>157,768</b>	<b>1,440</b>

- 4.2. The budget 2017-20 by business area is provided at **Appendix A**. The approved adjustments to the current base budget reflect:

- (i) The full year effect of the savings proposals implemented in the 2016 process, detailed below, covering extra care, home care and a review of line management and assessment functions (2017/18 £1.065m, 2018/19 £1.814m).

This reduces the 2016/17 net budget from £157.768m to £156.703m in 2017/18 and £154.889m in 2018/19.

#### 4.3 Savings Proposals: 2016 Full Year Effect (£2.879m)

These proposals outline the full year effect of savings implemented in 2016/17 and already built into the budget for the Directorate. In relation to Extra care and homecare, investment proposals are included within the bid to the Greater Manchester Transformation Fund detailed in the Locality Plan finance report elsewhere on the agenda.

	2017/18 £'000	2018/19 £'000	2019/20 £'000
Extra care	473	1,347	1,820
Line management and assessment functions	125		125
Homecare	467	467	934
<b>Total</b>	<b>1,065</b>	<b>1,814</b>	<b>2,879</b>

- (i) Extra care (£1.820m) - the Council has a capital investment plan for extra-care and the intentions are set out in the Locality Plan with an additional 295 beds in Manchester in detailed planning and a further 500 proposed by 2019. The savings reflect the cost benefit analysis work undertaken;



- (ii) Review of line management and assessment functions (£0.125m), note this replaces the review of City Wide services; and
- (iii) Home care (£0.934m) – employing enhanced care workers, taking on a range of additional tasks currently undertaken by other professionals, the new service will be an integral part of wider system and multi-disciplinary team delivery, using a strengths and asset based approach, to increase independence and reduce demand on it's own service. Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. Modelling work indicates that a 5% saving should be achievable.

4.4. Since 2015/16, the City Council and Manchester Clinical Commissioning Groups (CCGs) have operated a pooled fund, under a Section 75 agreement, to hold the resources (£38.586m revenue) included within the Better Care Fund (BCF). The BCF was established by Government in 2015/16 to provide identified funds to local areas to support the integration of health and social care. All local authorities and their partner Clinical Commissioning Groups (CCG's) are required to pool their BCF funding allocations and to prepare a delivery plan to implement specific national conditions in relation to integration, including a requirement to set a 3.5% target for reducing non-elective admissions. From 2016/17, the pooled fund was expanded to include budgets covering One Team (Neighbourhood teams, Intermediate care and Reablement), increasing the recurrent revenue resources to £80.047m, as summarised in the table below.

<b>Pooled Fund</b>	<b>CCGs £'000</b>	<b>Council £'000</b>	<b>Total £'000</b>
Adult NHS Community Health and Adult Social Care (including NHS Social Care and Care Act funding)	58,874	6,004	64,878
Community Assessment and Support	9,797	2,124	11,921
Non-elective risk reserve	3,248		3,248
<b>Sub-total</b>	<b>71,919</b>	<b>8,128</b>	<b>80,047</b>
Social care transfer	-12,430	12,430	0
Care act transfer	-1,533	1,533	0
<b>Total pooled fund</b>	<b>57,956</b>	<b>22,091</b>	<b>80,047</b>

4.5. The intention to expand the pooled fund significantly from 2017/18, detailed in the Locality Plan, is considered a key enabler to fully integrating health and social care, securing financial sustainability and provides the mechanism for funding to flow around the whole health and social care system, to invest in community based services and allow savings to be released through reducing the City Council's contributions into the pool year-on-year. The detailed mapping of service budgets into the proposed pooled fund from 2017/18 is detailed in the Locality Plan financial report.

- 4.6. The build up of the City Council's component of the Locality Plan financial gap includes assumed funding for additional costs to support a growing population and implementation of the national living wage. It also factors in estimated additional resource from the new Better Care Fund and the council tax 2% precept. Finally it includes a share of the assumed budget gap and reduction in overall resources available to the Council. In total, the financial gap is £22m in 2017/18 rising to £38m by 2019/20. This includes the position for Adult Social Care and Children's Services.
- 4.7. The expected reduction in the City Council's contribution into the pooled fund is currently set to be in line with this financial gap. However, £56.8m of City Council's services relating primarily to children's social care, safeguarding and homelessness, included within the locality financial model budget gap build up, have been deemed out of scope from the Locality Plan reform pillars in the first year (subject to review in future years). The proposed reduction to the City Council's contribution to the pooled fund should therefore be adjusted to discount the element of the gap relating to out of scope services which is £4.2m in 2017/18 rising to £11.3m 2019/20. The indicative remaining reduction in the City Council's contribution is £18.0m rising to £27.1m respectively as per the table below:

<b>Locality Plan Financial Gap</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
In-scope	17,980	6,534	2,550	27,064
Out of Scope	4,279	3,515	3,575	11,370
	<b>22,259</b>	<b>10,050</b>	<b>6,125</b>	<b>38,434</b>

## 5.0 Budget Priorities

### 5.1 Budget Conversation – What residents want from our services

As part of the Our Manchester strengths based approach, local residents and businesses were asked about the services and places they valued and used in the City and asked about how they and their communities could contribute. Residents were asked to rank which services are most important to them. There were 2,015 responses, and services delivered by Adults Services scored highly.

	<b>Rank</b>
Education	1
<b>People with disabilities and mental health problems</b>	<b>2</b>
Emptying bins, waste disposal and street cleaning	3
Children in care and family support	4
Keeping neighbourhoods safe and successful	5
Fixing roads, street lights and parking	6
Regenerating the city, creating jobs and improving skills	7
<b>Making Manchester healthier and more active</b>	<b>8</b>
Parks and open spaces	9
Culture, arts, events and libraries	10

Making sure benefits are paid fairly, and collecting council tax and business rates	11
Leisure centres and sports	12

A number of respondents also mentioned other services they felt were important. Health and social care was the second most mentioned service with 115 mentions, support for the voluntary and community sector had 73 mentions, and homelessness had 56 mentions.

- 5.2 Many respondents indicated that they wanted to see additional investment to prevent homelessness and work with those who are homeless.
- 5.3 Other comments made by respondents to the survey, relevant to the directorate include:
- “If children have a good education, place to play & practice sport then society will be healthier.”
  - “Services for the elderly are very important to me and not many people know how to access them. With an ageing population very little is done for them and more is needed to keep them healthy.”
  - “I actually feel the above are all equally important. Yes, mental health care is more essential than leisure centres, but then again sports facilities are vital to mental health patients. I suggest reducing all 12 approximately equally and sensitively, if possible.”
  - “Vulnerable people should get priority
  - “Mental Health for students and young adults is very important as these are people who are at risk due to the rapidly changing nature of their lives.”
  - “If all the carers stopped caring the council would be in deep water. Start looking after carers, they are the most important people in the city.”
- 5.4. With regard to the budget conversation about what services are important to them, Manchester citizens outlined the importance of both mental health and disability services. The Council, alongside colleagues in the CCGs have worked hard to ensure that mental health is a priority for Greater Manchester Devolution and have helped to shape the new GM Mental Health Strategy. Furthermore, a new provider of mental health services has been appointed for the city, Greater Manchester West, who will be focusing on access to physiological therapies and early intervention.

Work has been carried out with disabled people, families and disabled people’s user led groups as well as other stakeholders to bring together a new All Age Disability Strategy. Work will continue to ensure that the city is a leading light in driving forward improvements for people with a disability.

Increasing the physical activity levels of Manchester residents is a public health priority. Significant health and clinical benefits are gained by an inactive person, currently doing no physical activity, starting to do even a little. Opportunities will be promoted for residents to make the best use of our local parks and outdoor spaces as well as community resources and leisure facilities. There are programmes designed to appeal to all ages and many of these are free or very low cost. There are also specific services for people with chronic health conditions to help with their rehabilitation. Finally there will be more of a focus on active travel to encourage more walking and cycling as people go about their daily business.

#### 5.5. Directorate Priorities

Together with the other Directorates of the Council, Children and Families Directorate will deliver the shared vision and objectives set out in Our Manchester.

As set out in section 3, the key areas of focus for Adults Services based on principles of co-production, are as follows:

- Improve and transform mental health services to ensure they are more accessible and focus on early intervention
- Move to an asset based model that draws on the whole range of personal, family and community resources to maximise independence and resilience. This is linked to the All Age Disability Strategy and Age Friendly Manchester
- Work with people who have experience of homelessness, the Voluntary and Community Sector, Registered Providers, Faith Groups as well as statutory bodies to deliver the pledges within the Homelessness Charter.
- Invest in prevention to reduce the need for acute interventions and long term treatment;
- Redefine the deal with the citizens so that contacts with services become self service and enable people to organise their own care and support, and ensure that assessments are common, trusted and portable across Greater Manchester;
- Design and commission a new model of care at home in partnership with older people, people with disabilities, stakeholders and providers;
- Focus residential and nursing care on those who can really benefit from it and creating centres of excellence in care that maximise independence and reduce the call for hospital admission;
- Support Carers by creating a Greater Manchester offer to provide consistent advice and support to local and condition based career organisations and integrating all funding and support to Carers;
- Work with employers, educational institutions and professional organisations to strengthen the recruitment, retention, skills and stability of the social care workforce;

- Transform services for people with learning disabilities to provide access to inclusive local services for people with complex needs;
- Ensuring citizens who access the council's services are linked to growth and work opportunities in the city; and
- Continue with the reform of public health that creates health enhancing work, places and communities and enables citizens to tackle the causes of ill-health and poor wellbeing early and successfully.

## 6.0 Delivery of Objectives and Savings

### Directorate Budget Position and Pressures

- 6.1 The Directorate's financial context for the budget setting period 2017–20 includes continued demographic pressures, more people are living longer, with more complex needs and an increased number of young people with learning disabilities transitioning from children services into adult social care. The provider market is fragile with significant concerns around financial viability and the labour market and there is a significant cost impact arising from the implementation of the National Living Wage, with the prospect of further pressure as the City Council begins to prepare to negotiate with providers to adopt the Manchester Living Wage.
- 6.2 The City Council's draft financial plan provides for £11m of demographic and other pressures funding for children and families over the period 2017–20. For 2017/18, there are continuing demand pressures on social care budgets of £5m including learning disabilities, mental health and homelessness. A further £1m remaining from 2016/17 budgets to be allocated will also be used to fund the full year effect of costs pressures on budgets for homelessness and mental health bringing the total to £6m. This is split with £5.585m for Adult Social Care and £0.415m for Children's Services in 2017/18, rising for population changes thereafter. The budget pressures schedule, including demographics is attached at **Appendix C** and summarised in the table below. Further detail on the individual key budget pressures is also outlined in detail below.

	2017/18 £'000	2018/19 £'000	2019/20 £'000
Homelessness	1,500	1,750	2,000
Mental health	1,950	2,700	3,450
Learning disabilities	2,135	3,720	5,305
<b>Total</b>	<b>5,585</b>	<b>8,170</b>	<b>10,755</b>

Note the total funding allocated to demographics, the National Living Wage and the central provision for pay and price inflation broadly aligns with the additional resources expected from the Improved Better Care Fund and social care precept.

In 2016/17, it was assumed that the demographic pressures for residential, nursing and home care would be mitigated by new care models and this needs to be tested again for the period 2017–20, and no funding has been allocated at this stage.

### 6.3 Homelessness

The current homeless system within Manchester across both in-house and commissioning services is experiencing increasing pressure of new presentations and existing numbers of complex cases already accommodated that we struggle to move-on. The system is responding to numbers of homeless people with complex needs that it was not designed to cope with; this has made the system reactive and is leading to driving up the budget pressures for the service specifically around usage of B&B accommodation to avert immediate hardship and to protect the most vulnerable. This has resulted in the service placing people in bed and breakfast accommodation. The increase in clients, both families and singles, together with the financial impact, over the period 2014/15–2016/17, is shown in the table below. The forecast budget deficit for 2016/17 is approximately £1.5m. A linear growth in numbers across 2017–20 would in theory increase the deficit by a further £3.5m and the service is struggling to identify accommodation for current client numbers. The following actions are being taken by the service:

- Ensure move-on plans in place for all B & B occupants;
- Ensure move-on plans in place for all residents in Woodward Court and Shared Houses;
- Implement 'homeless at home' option for all applicants;
- Work with Strategic Housing re bringing bedsits back into use; and
- Work with social workers re complex cases.

<b>Average Monthly Client Number</b>	<b>Budget (£'000)</b>	<b>Cost (£'000)</b>	<b>Income (£'000)</b>	<b>Total (£'000)</b>	<b>Deficit (£'000)</b>
2014/15: 30 families and 21 singles	388	1,023	-310	713	325
2015/16: 26 families and 62 singles	548	1,660	-530	1,130	582
2016/17: forecast 4 families and 99 singles	423	2,725	-790	1,935	1,512

It is proposed to allocate £1.5m from additional resources to address the underlying budget deficit with a requirement to manage to this cash limit in 2017/18 and a further £0.250m per annum 2018-20 on a capped basis for further demographic increases.

### 6.4. Mental Health

The number of clients has increased from 572 in 2014/15 to 657 in 2016/17 as shown in the table below. The cost of care packages arising from the increase in clients and increase in provider fee rates has exceeded demographic growth (£0.073m, 2015/16 and £0.600m, 2016/17) allocated to the budget and

the forecast overspend is £1.7m at period 4, 2016/17. The increase in clients is being driven from factors including earlier discharge from independent hospitals, Care Act 2014 and decommissioning of Community Living. If client numbers continue to increase in line with growth 2014-17, the total number of clients will increase to 780 by 2019/20 adding up to a further £2m of cost.

<b>Under 65s</b>	<b>2014/ 15</b>	<b>2015/ 16</b>	<b>2016/ 17</b>	<b>2017/ 18</b>	<b>2018/ 19</b>	<b>2019/ 20</b>	<b>Weekly rate £</b>
Nursing Home	58	59	66	70	74	78	631.05
Residential Home	122	135	133	139	145	151	551.25
Supported Accommodation	129	136	138	143	148	153	306.60
Home Care	108	116	124	132	140	148	105.63
Other	22	32	37	41	45	49	
<b>Total</b>	<b>439</b>	<b>478</b>	<b>498</b>	<b>525</b>	<b>552</b>	<b>579</b>	
<b>Over 65s</b>							
Nursing Home	50	56	57	61	65	69	589.00
Residential Home	83	100	102	112	122	132	471.00
<b>Total</b>	<b>133</b>	<b>156</b>	<b>159</b>	<b>173</b>	<b>187</b>	<b>201</b>	
	<b>572</b>	<b>634</b>	<b>657</b>	<b>698</b>	<b>739</b>	<b>780</b>	

It is proposed to allocate £1.950m from additional resources to address the underlying budget deficit with a requirement to manage to this cash limit in 2017/18 and then £0.750m per annum 2018-20 for further demographic increases.

#### 6.5. Learning Disability Service

The base budget includes a number of potential pressures in respect of the delivery of existing savings 2015-17 totalling £1.850m. In addition, there is an £0.600m adverse variance in the 2016/17 period 4 forecast relating to the business units.

In relation to the cost arising from the Winterbourne cohort, with spending currently forecast at £1.1m, health continuing healthcare contributions at £0.3m, a net cost of £0.8m, further work is being undertaken with the CCGs to clarify the City Council's liabilities for each individual case and the level of contribution from the NHS. There is a principle that resettlement of people in the community should not create a financial burden for local authorities and there are further planned discharges from hospital in line with NHS targets.

A full plan has been developed to address these pressures through permanent mitigation. Significant management attention is focused on delivering the plan.

There will be a requirement for a demographic funding allocation for learning disabilities transitions (2016/17 £0.750m). The number of people with a learning disability (LD) nationally is steadily increasing. Child mortality is falling

and people are living longer in adulthood. Back in 2007 Manchester City Council commissioned the Institute of Health Research at Lancaster University to estimate the impact these Learning Disability population changes would have on future demand for adult social care in the city. The study estimated an annual growth rate in the population receiving support of between 2.6% (lower estimate) and 5.4% (upper estimate), with a middle estimate of 4.5%. The volume of cases coming through from children services is currently high and there are a number of high cost placements shortly coming to adult social care within this transition process. Whilst there have been demography monies, the size and the complexity has not been taken account of. The predicted demand based on figures in previous years using the starter and leavers information and the actual position for 2016/17 is shown in the table below:

<b>Banding</b>	<b>Average cost week</b>	<b>Cohort No</b>	<b>2017/18 Forecast £'000</b>
High Cost	£3,570	5	930
Medium Cost	£1,010	20	1,053
Low cost	£200	15	156
		<b>40</b>	<b>2,139</b>

Bandings

High – review of sample cases

Med - based on the average cost for supported accommodation using a random sample

Low - based on personal budgets sampled

It is proposed to allocate £2.135m in 2017/18 from additional resources and a further £1.585m in 2018/19 and 2019/20.

#### 6.6. National Living Wage (NLW)

The cost pressure is provided for in the budget at £6.2m 2016/17 rising to £18.8m 2019/20. The only significant remaining settlement for 2016/17 is residential and nursing care.

#### 6.7 Public Health

	<b>2016/17 £'000</b>	<b>2017/18 £'000</b>	<b>2018/19 £'000</b>	<b>2019/20 £'000</b>
Level of Grant	54,596	53,250	51,865	50,517

The public health grant will be reduced by 2.5% in 2017/18, and 2.6% in 2018/19 and 2019/20 as highlighted in the table above. In 2017/18, the reduction of £1.346 million will be met by efficiencies across major areas of public health expenditure including sexual health, wellbeing services and primary care contracts. The further redesign of public health services and the opportunities afforded by the implementation of the Locality Plan and development of the Greater Manchester Public Health System will help to mitigate the impact of grant reductions from 2018/19.



## 7.0 Savings Proposals and Options 2017-19

7.1. It is clear the City Council can no longer deliver an Adult Social Care savings program of any significance in isolation of health partners, without compromising statutory obligations and putting at risk the direction set through the devolution of health and social care responsibilities. Benchmarking information on Adult Social Care also indicates Manchester's already low unit cost:

- (i) Compared to its nearest neighbours, Manchester's total unit costs for Adult Social Care were 30.1% below average, and ranked 15th highest in the group (out of 16 authorities).
- (ii) Relative to all authorities in England, Manchester's total unit costs for Adult Social Care were 32.6% below the average, and ranked 144th highest in the group (out of 150 authorities).

*[source: LG Futures finance intelligence report 2015/16]*

Within the above context however the City Council has relatively high unit cost spend compared to similarly deprived and other Core City authorities in respect of clients with learning disabilities and high spend on mental health, predominantly due to the high number of service users. Both of these services were identified in the budget conversation feedback as priority areas and as such, focus to improve value for money will be progressed through improving joint commissioning arrangements with health partners, a program of which is outlined in the Locality Plan Finance Report elsewhere on the agenda.

### 7.2. Savings Options: New Options (£27.064m)

In the above context, there are no specific additional direct Adult Social Care savings options. The substantive options for savings are partnership based and detailed in the Locality Plan financial report. The partners to the Locality Plan are committed to joint financial planning.

An agreement between the three Manchester Clinical Commissioning Groups and the City Council for a pooled fund was established in 2015/16 reflecting minimum mandated Better Care Fund resources of £42m. The Clinical Commissioning Groups and City Council agreed to expand the scope of resources from 2016/17 to also include budgets covering 'One Team', i.e. adult community health (neighbourhood teams) and community assessment and support services (integrated intermediate care and reablement). This increased the value of the integrated health and care pooled fund to £80m.

The local aspiration is to pool all of Manchester's health and care budgets, subject to compliance with relevant legal and necessary assurance requirements (£1.137bn). Expansion of the pooled fund is the primary financial arrangement required to be in place; with a strengthened benefits share agreement that will allow savings through reduced partner contributions into the pooled fund as the Local Care Organisation cost base reduces and

commissioning reviews are completed, together with a risk share agreement, covering the treatment of any overspends.

The saving option for the City Council is enacted by the City Council reducing its contribution into the pooled fund commencing in 2017/18 by £17.980m increasing to £27.064m by 2019/20. The pooled fund will be financially sustainable through expenditure reducing through two key programmes:-

- (i) the creation of a Local Care Organisation that will deflect activity from the acute sector and residential/nursing provision to lower cost alternatives and deliver an integrated approach to care which will drive significant VFM improvement from existing arrangements, pump primed from the Transformation Fund; and
- (ii) a single commissioning approach which will include development of shared priorities, integrated commissioning in areas such as learning disability, implementation of GM models covering residential nursing and home care and targeted decommissioning/ redesign of contracts with out dated payment arrangements, poor VFM or lower impact.

Further detail on how the options on how Partnership savings might be delivered are outlined in the Locality Plan financial report.

## **8.0. Workforce Impact**

8.1. Implementation of the locality plan will result in significant changes for staff currently working within the City Council and the NHS organisations within the City. Some of these changes include:

- Health and social care managers working together to lead and develop integrated teams to deliver a quality service to citizens
- Health and Social Care workforce integrated across 12 Locality hubs, a single commissioning function and a single hospital arrangement. This will require significant changes to how people work.
- Staff working to new matrix management arrangements with clear professional supervision links.
- Identification of new behaviours for staff to embed as part of new ways of working
- Increased information sharing and communication through multidisciplinary team working to build better local knowledge within teams and deliver an improved service to residents
- Staff working in a much more cohesive way with a focus on an asset based approach to supporting citizens
- Development of skills/capacity for the future to ensure delivery of new delivery models

8.2. It is envisaged that staff will work within different organisational forms which require new roles and ways of working. How this happens will change over time as arrangements develop.

8.3. The impact on FTE reductions is still to be confirmed.

**9.0. Key Policies and Considerations**

**(a) Equal Opportunities**

9.1 There are no specific equal opportunities implications contained in this report.

**(b) Risk Management**

9.2 The City Council's Medium Term Financial Strategy includes an assessment of budget risk when setting the level of general balances.

**(c) Legal Considerations**

9.3 There are no specific legal implications contained in this report.

**Appendix A – Budget Summary 2016-20**

<b>Service Area</b>	<b>2016/17 Net Budget</b>	<b>Savings (FYE of 2016/17)</b>	<b>Other Adjustments</b>	<b>2017/18 Net Budget</b>	<b>Savings (FYE of 2016/17)</b>	<b>Other Adjustments</b>	<b>2018/19 Net Budget</b>	<b>Savings (FYE of 2016/17)</b>	<b>Other Adjustments</b>	<b>2019/20 Net Budget</b>
	<b>£,000</b>	<b>£,000</b>	<b>£,000</b>	<b>£,000</b>		<b>£,000</b>	<b>£,000</b>		<b>£,000</b>	<b>£,000</b>
<b>Care</b>	<b>32,908</b>	(940)	0	<b>31,968</b>	(1,814)	0	<b>30,154</b>	0	0	<b>30,154</b>
<b>Assessment Care &amp; Support</b>	<b>5,611</b>	(125)	0	<b>5,486</b>	0	0	<b>5,486</b>	0	0	<b>5,486</b>
<b>Learning Disability Services</b>	<b>35,316</b>	0	0	<b>35,316</b>	0	0	<b>35,316</b>	0	0	<b>35,316</b>
<b>Mental Health Services</b>	<b>17,474</b>	0	0	<b>17,474</b>	0	0	<b>17,474</b>	0	0	<b>17,474</b>
<b>Business Units</b>	<b>13,842</b>	0	0	<b>13,842</b>	0	0	<b>13,842</b>	0	0	<b>13,842</b>
<b>Homelessness</b>	<b>4,344</b>	0	0	<b>4,344</b>	0	0	<b>4,344</b>	0	0	<b>4,344</b>
<b>Commissioning</b>	<b>13,990</b>	0	0	<b>13,990</b>	0	0	<b>13,990</b>	0	0	<b>13,990</b>
<b>Public Health</b>	<b>27,810</b>	0	0	<b>27,810</b>	0	0	<b>27,810</b>	0	0	<b>27,810</b>
<b>Safeguarding</b>	<b>1,904</b>	0	0	<b>1,904</b>	0	0	<b>1,904</b>	0	0	<b>1,904</b>
<b>Back office</b>	<b>4,567</b>	0	0	<b>4,567</b>	0	0	<b>4,567</b>	0	0	<b>4,567</b>
<b>Total</b>	<b>157,768</b>	<b>(1,065)</b>	<b>0</b>	<b>156,703</b>	<b>(1,814)</b>	<b>0</b>	<b>154,889</b>	<b>0</b>	<b>0</b>	<b>154,889</b>

**Appendix B – Budget Savings and Options 2017-20**

Service Area	Description of Saving	Type of Saving	RAG Deliverability	RAG Impact	Impact	Amount of Saving Option				FTE Impact (Indicative)
						2017/18	2018/19	2019/20	Total	
						£,000	£,000	£,000	£,000	
<b>Efficiency and Improvements</b>										
Locality Plan	Implementation of expansion to pooled fund with health: benefits share from implementation of new care models in Local Care Organisation and outcome of commissioning reviews	Efficiency	Amber	Amber		17,980	6,534	2,550	27,064	
<b>Total Efficiency and Improvements</b>						<b>17,980</b>	<b>6,534</b>	<b>2,550</b>	<b>27,064</b>	<b>0</b>
<b>Service Reductions</b>										
<b>Total Service Reductions</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Investment Required to deliver savings</b>										
<b>Total Investment required to deliver savings</b>						<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Adults</b>						<b>17,980</b>	<b>6,534</b>	<b>2,550</b>	<b>27,064</b>	<b>0</b>

**Appendix C – Budget Tables: Budget Pressures**

Service Area	Description of Pressure	Ongoing impact	New Pressures from 2017/18		
		in to 2017/18	2017/18	2018/19	2019/20
		£000	£000	£000	£000
Homelessness	Both an increase in numbers accessing service and an increase in the number of complex cases making it difficult to 'move on' individuals. Budget pressure presenting in year 2016/17 with further increase expected	1,500	0	250	500
Mental Health	Financial impact of the significant increase in client numbers particularly in nursing and residential care	1,700	250	1,000	1,750
Learning Disability	A significant number of Children transitioning to Adulthood and qualifying for adult social care		2,135	3,720	5,305
		<b>3,200</b>	<b>2,385</b>	<b>4,970</b>	<b>7,555</b>

**Manchester City Council  
Report for Resolution**

**Report to:** Executive – 19 October 2016  
Central Clinical Commissioning Group Board – 2 November 2016  
North Clinical Commissioning Group Board – 9 November 2016  
South Clinical Commissioning Group Board – 23 November 2016

**Subject:** Locality Plan – Financial Report – Closing the Funding Gap 2017/21

**Report of:** Joint Director Health and Social Care Integration  
City Treasurer  
Chief Finance Officer, Manchester Clinical Commissioning Groups

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**Summary**

This report proposes the approach to be taken across the health and care organisations in Manchester to improve health and care outcomes for residents, by radically transforming the health and care system and in the process closing the 'do nothing' funding gap of £134m that will materialise by 2021. It details the financial steps required to close that gap and to achieve clinical and financial sustainability of the health and care system.

As a joint report, it will be presented to the City Council's Executive and each of the Clinical Commissioning Group's Boards.

**Recommendation to Executive**

The Executive is recommended to note the progress detailed in the report and next steps detailed in section 14. of the report.

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**Wards Affected:** All

<b>Manchester Strategy outcomes</b>	<b>Summary of the contribution to the strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Supporting the Corporate Core in driving forward the growth agenda with a particular focus on integrated commissioning and delivery which will focus on utilising available resources effectively and developing a diversity of providers including entrepreneurs and social enterprises. This will provide opportunities for local jobs

A highly skilled city: world class and home grown talent sustaining the city's economic success	Integrated commissioning will focus on utilising available resources to connect local people to education and employment opportunities, promoting independence and reducing worklessness. Working with schools to engage and support our communities.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	The focus is on changing behaviours to promote independence, early intervention and prevention, the development of evidence-based interventions to inform new delivery models integration with partners where appropriate.
A liveable and low carbon city: a destination of choice to live, visit, work	Development of integrated health and social care models and local commissioning arrangements that connect services and evidence-based interventions to local people and enable families and their workers to influence commissioning decisions aligned to locally identified needs. Schools as community hubs playing an essential role in reaching out to communities and leading early intervention and prevention approaches at a local level
A connected city: world class infrastructure and connectivity to drive growth	N/A

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

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

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### **Financial Consequences - Revenue**

The options set out in this report will be used to inform the development of the Executive's budget consultation and draft Medium Term Financial Strategy.

### **Financial Consequences - Capital**

There are no capital consequences arising specifically from this report.

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### **Contact Officers:**

Name: Lorraine Butcher  
 Position: Joint Director Health and Social Care Integration  
 Telephone: 0161 234 5595  
 E-mail: l.butcher@manchester.gov.uk



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

Name: Joanne Newton  
Position: Chief Finance Officer, Manchester Clinical Commissioning Groups  
Telephone: 0161 765 4201  
E-mail: joanne.newton6@nhs.net

Name: Simon Finch  
Position: Head of Finance  
Telephone: 0161 234 5016  
E-mail: s.finch@manchester.gov.uk

Name: Joanne Downs  
Position: Head of Finance North Manchester Clinical Commissioning Groups  
Telephone: 0161 219 9428  
E-mail: joanne.downs@manchester.nhs.uk

Name: Kath Smythe  
Position: Strategic Business Partner  
Telephone: 0161 234 1810  
E-mail: k.smythe@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.

GM Strategic Plan – Taking Charge of Our Health and Social Care  
Manchester Locality Plan

## 1. Introduction

1.1 This report proposes the approach to be taken across the health and care organisations in Manchester to improve health outcomes and to close the 'do nothing' funding gap of £134m that will materialise by 2021. It details the financial steps required to close that gap and the radical transformation of the health and care system required to achieve this.

1.2 The proposed approach is ambitious and it is acknowledged that the partnership approach across the commissioning organisations needs to develop further.

1.3 A detailed report on the establishment of a Single Health and Social Care Commissioning Function is provided elsewhere on the agenda.

### 1.4. Population Health Outcomes

(i) The overall objective is to deliver the radical transformation set out in the Locality Plan to reduce health inequalities and improve outcomes within a financial sustainable funding system;

(ii) The current health and social care system is unsustainable both financially and in that it is not delivering the changes in outcomes required; and

(iii) The Greater Manchester Transformation Fund is the lever to deliver the new models of care to deliver improved outcomes and reduce the need to spend. The investment agreement will be clear on what needs to be delivered.

### 1.5. Funding Outcomes

(i) Total funding available to the health and care economy in Manchester in 2016/17 is currently £1.137bn and taking account of changes in the funding levels of the organisations (3 CCGs, City Council) will increase to £1.204bn by 2020/21, however the cost base of existing 'as is' contracts will increase proportionately more to £1.338bn;

(ii) As a consequence the funding gap is £134m;

(iii) A pooled fund is considered to be a key enabler to effective partnership working across the health and care sectors. This is because a joint pool is more likely to encourage system-wide financial decisions, with a joint focus upon closing the funding gap. The local aspiration is to pool all of Manchester's health and care budgets, subject to compliance with relevant legal and necessary assurance requirements.

(iv) Funding will flow around the system through the use of a pooled fund, as risks and benefits are managed collectively, irrespective of where they occur within services, and also through the requirements of the

Transformation Fund Investment Agreement and through the interdependency between the Single Hospital Service (SHS) and Local Care Organisation (LCO).

- (v) In order to achieve financial and clinical sustainability by 2021 the following will happen:
- (a) Local Care Organisation (LCO) – the LCO will integrate key out of hospital services, with the driver of improving efficiency across a range of fragmented providers, whilst delivering more bespoke packages of support to patients and their families, reducing demand on acute hospitals and residential and nursing home sectors. Where the LCO is successful in delivering efficiencies, 50% of those savings will be reinvested into the recurrent cost of new and more cost efficient care models to continue to build a sustainable community based infrastructure of care. The LCO (through initially the Manchester Provider Board) will apply for investment monies through the Greater Manchester Transformation Fund to establish and implement the new models of care which will deliver planned reductions to hospital services and other services;
  - (b) Single Commissioning Function – Commissioners will act as one, enabled by a single pooled commissioning budget, to agree commissioning priorities for the city, and will contribute towards the closure of the funding gap through more efficient commissioning, and reducing costs associated with low impact activity and poor value for money; and
  - (c) Single Hospital Service (SHS) – the SHS will improve the quality of care by standardising to best practice and improve efficiency by implementing single service models. This will deliver financial balance for the acute provider within tariff.

The three changes are interdependent and are being managed as a single whole system change programme.

## **2. Devolution**

- 2.1 Achieving the objectives set out above will be supported by devolution. Greater Manchester (GM) is the first region in the country to take control of the combined health and social care budget under devolution, a sum of more than £6bn. Through 2015, significant work was undertaken to develop the GM Health and Social Care Strategic Plan – Taking Control – to demonstrate how GM would be clinically and financially sustainable within the next 5 years and to negotiate the enabling Transformation Fund of £650m.
- 2.2 The overarching vision is to deliver the greatest and fastest possible improvement to the health and wellbeing of 2.8m citizens in Greater Manchester. The GM Strategic Plan together with the 10 GM Locality Plans

set out key transformation themes to address the health and care needs of the population.

### **3. Locality Plan**

- 3.1. Manchester's Locality Plan is a shared plan between providers and commissioners, which describes a shared vision for a city wide health and care system which aims to improve health outcomes for residents, while also securing clinical and financial sustainability. It was approved by the Health and Wellbeing Board in November 2016.
- 3.2. Health and Social Care services, particularly those related to people with disabilities and mental health issues, have been identified by Manchester citizens through the recent Budget Conversation as of high importance to them (more details set out below and elsewhere on the agenda).
- 3.3. For Manchester, clinical and financial sustainability means:
  - Improving health and care outcomes for the resident and GP registered population;
  - Improving productivity from the resources collectively available to the health and care commissioning and provider organisations;
  - Redirecting resources from the acute sector to invest in strengthened models of integrated care to be delivered across neighbourhoods, which can demonstrate a positive impact on reducing demand for acute services and improving self care and prevention;
  - Implementing new models of care for residential, nursing and home care developed on a GM wide basis; and
  - Closing the funding gap of £134m which, if unaddressed, will exist by 2021.
- 3.4. Manchester's health and social care system is highly complex and multi-layered. There are 91 GP practices, three large acute hospitals trusts covering a range of acute and community sites, one care trust (mental health and some community services), one local authority, many hundreds of voluntary organisations and independent contractors including pharmacists and optometrists. The commissioning of health and social care is mainly the responsibility of Manchester City Council and the three Manchester Clinical Commissioning Groups (North, Central and South) with specialist services commissioned by NHS England.
- 3.5. This complex system provides excellent care in some areas, and outcomes and people's experience of care are also highly rated for some services. Unfortunately, excellence is not uniformly spread and there are many variations in quality, access, and effectiveness. Overall, the health of the people of Manchester remains some of the worst in England.
- 3.6. At the same time, the health and social care system in Manchester is becoming increasingly unaffordable and with continuing public sector austerity

and forecasts of rising demand, without dramatic change, the NHS and social care services in Manchester will become unsustainable.

3.7. The solution in the Locality Plan to these very concrete challenges is to replace complexity with simplicity and implement.

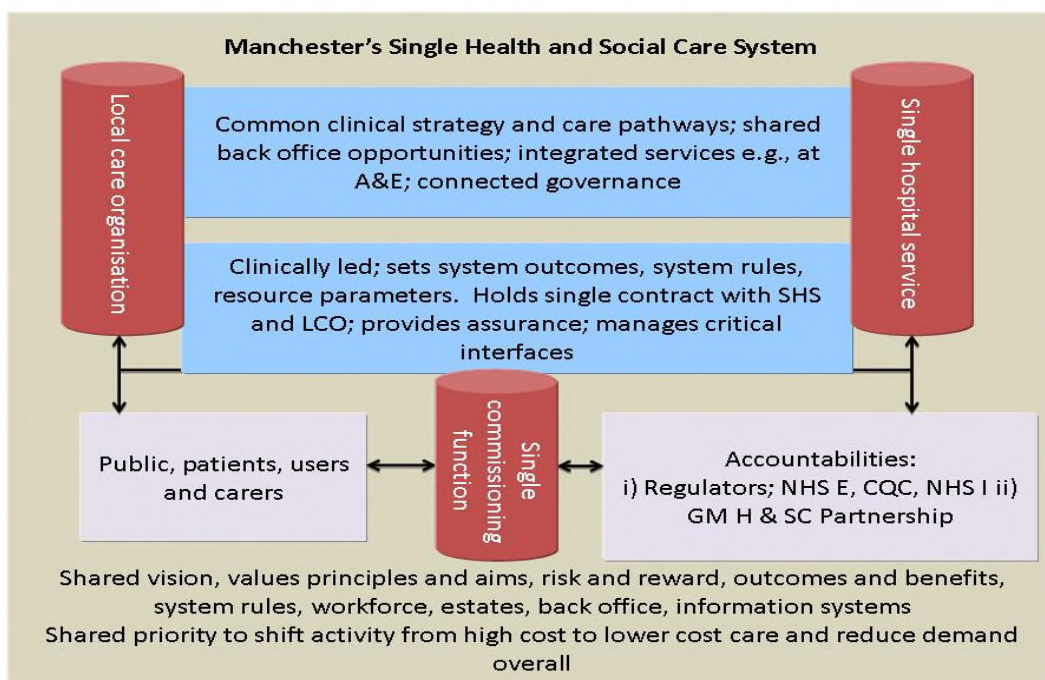
- A single commissioning function
- A single local care organisation (all care outside of the hospital); and
- A single hospital system.

3.8. In addition to this single vision, the city’s integrated health and social care system will have:

- A single set of values principles and aims;
- A single set of outcomes and benefits on which its success will be measured;
- A single set of system ‘rules’, including the management of risk and reward;
- A common goal and priority to shift activity from high cost to more efficient interventions and reduce demand overall; and
- A common commitment to prioritise improvement in health and wellbeing for the very large group of staff who will be the workforce of the single system

3.9. In addition, the integrated system will have as far as possible a common approach to workforce, estates, information management and technology (IM&T), and all ‘back office’ functions.

The components each have a distinct contribution to make to the single system as shown in the diagram below.



#### **4. Budget Conversation – What residents want from our services**

4.1. Some engagement with the public has been undertaken to date regarding the Locality Plan. Emerging themes can be summarised as follows:

- Access to primary care;
- Access to information and advice following diagnosis;
- Positive feedback from those being supported through the Active Case Management service, which supports patients with long-term conditions in the community in their own homes;
- Support to stay independent for longer and to support wider well being;
- The need for better communication and partnership between health and social care; and
- Support for carer's particularly for people with mental health needs.

4.2. The feedback from this engagement is informing the development of our plans with our partners.

4.3. Feedback from the ongoing Budget Conversation reflects the above but also indicates that respondents still focus on areas such as their physical environment above health and wellbeing, despite stating that this is important to them.

4.4. 14.1% of respondents identified health and social care services as important to them. In comments, respondents highly valued access to local health services, including easy access to small community health services. Social care services were also seen to be of vital importance including home care support, support for carers and older peoples' centres:

*'More resources need to be put in to help elderly remain in their own homes. Not just carers popping in for 5 minutes a few times a day. These people have contributed all their lives and deserve better'*

4.5. Our ambition in line with the GM transformation programme and Our Manchester is to employ a co-production approach, engaging stakeholders across health and care to:

- Design and commission a new model of care at home in partnership with service users, providers and investors; and
- Focus residential and nursing care on those who can really benefit from it and creating centres of excellence in care that maximise independence and reduce the call for hospital admission;

4.6. Further engagement regarding the Locality Plan and its implementation will be scheduled as the detail develops.

#### **5. The Single Commissioning Function**

5.1. In agreeing the Locality Plan, health and care commissioning organisations (the 3 Clinical Commissioning Groups and City Council), agreed that a single

commissioning function for the city would provide consistent, co-ordinated commissioning of health and care services within an integrated health and care single system which will mean:

- The most efficient investment, avoiding duplication and overlap;
- The most efficient use of skilled staff including clinical commissioners;
- The most streamlined transactional relationship with providers; and
- The strongest lever for transformation.

5.2. The single commissioning function for Manchester for health and social care services will achieve these objectives through the creation and implementation of a single commissioning strategy, a single investment plan and a single transaction system, i.e. contracts, performance, quality and payment. A separate report detailing the Single Commissioning Function and its development is included elsewhere on the Agenda.

## **6. Local Care Organisation**

6.1. The Local Care Organisation (LCO) will be the vehicle for delivering integrated out of hospital care across the city through community based health, primary and social care services within neighbourhoods. It will hold a single contract from single commissioning. The LCO will focus on the population most at risk of needing care and will have a strong emphasis upon prevention and self care. Its aim is to provide care of a high standard closer to home whenever possible, and for those needing social care supporting individuals to remain independent within their homes and local community for longer. It will include new models of home care. It will co-ordinate partners providing care, simplifying care pathways and accessibility. The overall design of the LCO is set out in the diagram at **Appendix A**.

6.2. Section 8 below outlines further steps being taken to secure investment to enable the LCO to deliver new models of care, impacting positively upon residents health and care needs, but also reducing demand upon the acute hospital and residential and nursing sectors.

## **7. The Single Hospital Service**

7.1. The Locality Plan details the need to review acute hospital provision in the city in order to allow the benefits of standardisation to be achieved at scale while also delivering better care at lower cost. The hospital services included within the Single Hospital Service (SHS) Programme are:

- University Hospital of South Manchester NHS FT (UHSM)
- Central Manchester University Hospitals NHS FT (CMFT)
- North Manchester General Hospital (managed by Pennine Acute Hospitals NHS Trust) (NMGH)

7.2. In January 2016, the Health and Well Being Board (HWB) commissioned an independent review of hospital services in Manchester. This review was undertaken by Sir Jonathan Michael, and reported back to the HWB on 27th

April and 8th June 2016. The scale of the overall SHS programme is significant, and there is agreement that this will need to be handled in phases, with UHSM and CMFT to form to a new Foundation Trust in the first instance and NMGH services following in a second phase. The overall programme of work, including the progressive development and implementation of a comprehensive set of single service models and a strategic aim to transfer 20% of care activity into out of hospital settings, is likely to take approximately four years.

## 8. Financial Plan

- 8.1. At a locality level, in total Manchester spends £1.137bn (2016/17) on health and social care services, excluding specialist services. This includes £907m on adults' health and care, £119m on children's health and care and £111m on the other services. This will increase to £1.204bn by 2020/21. A full analysis of this budget is provided at **Appendix B** and summarised in the table below by partner (City Council MCC, Clinical Commissioning Groups CCGs), categorised by the 3 reform pillars. Of note, £57m of City Council services relating primarily to children's social care, safeguarding and homelessness has been deemed out of scope from the Locality Plan reform pillars, leaving £1.080bn in scope.

<b>Combined Baseline Budgets:</b>	<b>2016/17 £'000</b>	<b>2017/18 £'000</b>	<b>2018/19 £'000</b>	<b>2019/20 £'000</b>	<b>2020/21 £'000</b>
<b><u>Local Care Organisation</u></b>					
- CCGs	386,385	399,913	403,972	407,381	416,688
- MCC	50,177	50,177	45,450	42,328	39,152
<b>Subtotal</b>	<b>436,562</b>	<b>450,090</b>	<b>449,422</b>	<b>449,709</b>	<b>455,840</b>
<b><u>Single Commissioning Function</u></b>					
- CCGs	292,021	297,352	301,272	304,844	313,294
- MCC	156,221	159,055	156,429	167,626	179,664
<b>Subtotal</b>	<b>448,241</b>	<b>456,407</b>	<b>457,701</b>	<b>472,471</b>	<b>492,959</b>
<b><u>Single Hospital Service</u></b>					
- CCGs	195,565	199,136	201,558	203,915	209,552
<b>Subtotal</b>	<b>195,565</b>	<b>199,136</b>	<b>201,558</b>	<b>203,915</b>	<b>209,552</b>
<b>Total In Scope</b>	<b>1,080,368</b>	<b>1,105,633</b>	<b>1,108,681</b>	<b>1,126,094</b>	<b>1,158,350</b>
<b><u>Out of Scope</u></b>					
- MCC	56,814	56,814	52,535	49,019	45,444
<b>Total Budgets</b>	<b>1,137,183</b>	<b>1,162,447</b>	<b>1,161,216</b>	<b>1,175,114</b>	<b>1,203,794</b>

- 8.2. Financial modelling has been undertaken to calculate a five year health and care financial plan for Manchester for the years 2016/17 to 2020/21 which is detailed in the Locality Plan. Taking account of pressures and demographic changes over the period, together with the estimated changes in resources for health and social care, the whole economy 'do nothing' gap rises from £47m 2017/18 to £134m 2020/21. The financial gap across 2016/17 to 2020/21, by partner, is shown in the table below. The £66m pressure shown for acute providers reflects a share for Manchester. The acute providers' total gap over



the same period is estimated to be £293m, i.e. £228m greater than the value assumed in the Manchester Locality Plan. The City Council element is further analysed between in and out of scope for the Locality Plan. A full build up by partner is provided at **Appendix C**.

	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Manchester City Council						
- In Scope		17,980	6,534	2,550	4,635	31,699
- Out of Scope		4,279	3,515	3,575	3,368	14,738
CCG's	-11,104	13,381	11,146	12,863	-5,101	21,186
Acute Providers	11,618	11,613	14,134	16,634	11,912	65,910
	<b>514</b>	<b>47,253</b>	<b>35,330</b>	<b>35,623</b>	<b>14,814</b>	<b>133,534</b>

8.3. The strategies and priorities described in the Locality Plan represent Manchester's health and care partners' agreed approach to managing this predicted 'do nothing' deficit. The Locality Plan contains 3 key pillars which together will drive the radical transformation of health and care services to the residents of Manchester. These are mutually dependent and are:

- A single commissioning system ('One Commissioning Voice') ensuring the efficient commissioning of health and care services on a city wide basis with a single line of accountability for the delivery of services;
- 'One Team' delivering integrated and accessible out of hospital services through community based health, primary and social care services within neighbourhoods; and
- A 'Single Manchester Hospital Service' delivering cost efficiencies and strengthened clinical services, with consistent and complementary arrangements for the delivery of acute services achieving a fully aligned hospital model for the City.

8.4. Delivery against the three pillars of reform will together provide the platform for securing clinical and financial sustainability in our health and care economy over the next 5 years. Together the pillars address all 5 themes contained in the GM Strategy with significant proposals which address the need to reduce variation, improve quality, optimise productivity across the primary, community, social and acute health and care sectors. A Joint Commissioning Executive of senior officers from the Clinical Commissioning Groups and City Council has been working to allocate indicative saving targets to the three pillars, shown in the table below.

	2016/17 £'000	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	Total £'000
Single Hospital Service	3,578	5,963	7,191	8,278	4,526	29,536
Local Care Organisation	4,586	12,576	12,019	13,050	8,339	50,570
Single Commissioning Function	-7,649	24,435	12,604	10,720	-1,420	38,689
Out of Scope (MCC)	0	4,279	3,515	3,575	3,368	14,738
	<b>514</b>	<b>47,253</b>	<b>35,330</b>	<b>35,623</b>	<b>14,814</b>	<b>133,534</b>

Key assumptions include:

1. The single hospital plan will deliver financial balance for the acute provider within tariff;
2. 2% efficiencies have been applied to all providers in line with GM assumptions and recently confirmed national NHS planning guidance; and
3. Where business cases already exist for other services, savings indicated within these cases have been included.

8.5. The core strategy to realise savings from the three pillars described earlier is:

- (i) Local Care Organisation (LCO) - will deflect activity from the acute sector and residential/nursing provision to lower cost alternatives and deliver an integrated approach to care which will drive significant value for money (VFM) improvement from existing arrangements and be pump primed from the Transformation Fund;
- (ii) Single commissioning approach - will include development of shared priorities, integrated commissioning and targeted decommissioning/ redesign of contracts with out dated payment arrangements, poor VFM or lower impact; and
- (iii) Single Hospital Service (SHS) - will deliver financial balance for the acute provider within tariff.

8.6. The savings from these programs will impact on existing commissioning budgets in a way which may not be aligned with the organisational savings targets as outlined above in the gap analysis – both in terms of current and proposed organisational architectures.

8.7. The use of a pooled fund and the Transformation Fund Investment Agreement will be the primary financial arrangements required to be in place, supported by a risks and benefits share agreement, to allow savings to flow across the system fairly.

8.8. Commissioners will need to make adjustments to their contributions into the pooled fund – both to reflect available resources, as well as agreements for benefits and risk shares, e.g. as the SHS recurrent cost base reduces and the LCO cost base is redesigned through successful implementation of out of hospital alternative care provision.

8.9. Since 2015/16, the City Council and Manchester Clinical Commissioning Groups have operated a pooled fund, under a Section 75 agreement, to hold minimum mandated Better Care Fund (BCF) resources (2015/16: £38.586m revenue). The BCF was established by Government in 2015/16 to provide identified funds to local areas to support the integration of health and social care. All local authorities and their partner Clinical Commissioning Groups are required to pool their minimum BCF funding allocations and to prepare a delivery plan to implement specific national conditions in relation to integration, including a requirement to set a 3.5% target for reducing non-elective

admissions (underwritten with a requirement to withhold critical investment funding into a risk reserve to meet the cost of not achieving the target, ‘a reserve for failure’). From 2016/17, the pooled fund was expanded to include budgets covering the deemed scope of ‘One Team’ (Neighbourhood teams, Intermediate care and Re-ablement), increasing the recurrent revenue resources to £80.047m, as summarised in the table below. In addition, £6m of Disabled Facilities Grant capital funding is available. Risk and benefit sharing principles of the current pool remain risk averse however.

<b>Pooled Fund</b>	<b>CCGs £'000</b>	<b>Council £'000</b>	<b>Total £'000</b>
Adult NHS Community Health and Adult Social Care (including NHS Social Care and Care Act funding)	58,874	6,004	64,878
Community Assessment and Support	9,797	2,124	11,921
Non-elective risk reserve	3,248		3,248
<b>Sub-total</b>	<b>71,919</b>	<b>8,128</b>	<b>80,047</b>
Social care transfer	-12,430	12,430	0
Care act transfer	-1,533	1,533	0
<b>Total pooled fund</b>	<b>57,956</b>	<b>22,091</b>	<b>80,047</b>

- 8.10. The intention to expand the pooled fund is considered a key enabler to fully integrating health and social care, securing financial sustainability and provides the mechanism for funding to flow around the whole health and social care system. From a commissioner perspective, for the CCGs and City Council to reduce their pool contributions the outgoing expenditure from the pooled fund has to reduce and Section 9 below details the work undertaken on how this is expected to be delivered.

## **9. Delivering Savings and Improving Outcomes**

### **GM Transformation Fund**

- 9.1. To secure the activity and productivity shifts required to close the financial gap, investment support is required from the GM Transformation Fund (GTMF) for ‘double running’ and the management of change.
- 9.2. Manchester has taken a two stage approach to investment planning, as follows:
- (i) An initial investment of **£2.946m** to support the development of the Single Hospital Service Programme, specifically in the award of initial funding for the core programme team and external specialist advice required to progress the case to the Competition and Mergers Authority (CMA). Conditions are attached to the award, and steps are now being taken to finalise the Investment Agreement for this award.

- (ii) A full investment proposition to support the wider implementation plan. Work is progressing to submit an investment proposition. The proposal covers the implementation of the three pillars.

Initial cost estimates indicate that across the Single Commissioning Function and Local Care Organisation - both envisaged to be responsible for out of hospital care in the future - require significant levels of investment to support implementation of the new care models which will reduce demand on acute and residential services.

9.3. The proposition being developed:

- (i) Specifically for the investment in the LCO, includes a single whole-system Cost Benefit Analysis (CBA) which articulates the potential return on investment as a consequence of investment in required interventions;

The CBA is structured based on six key cohorts for new models of care, who collectively place significant demand on health and social care, or who will in the future without proactive, preventative approaches now:

- Frail older people
- Long-term conditions and end-of-life
- Children and young people
- Mental health, learning disabilities and Dementia
- Complex lifestyles
- Prevention and rising risk

The CBA makes a series of assumptions, including:

- The size of each of the above cohort groups based on joint analysis of health and care records
- Current levels of activity
- Average unit costs of activity
- Potential improvements in a range of outcomes (see below) that represent activity avoided, based on agreed Health and Wellbeing Board targets, and moderated by consulting with a wide range of clinical and non-clinical experts
- Adjustments for 'Optimism Bias' to make the results more conservative
- Conversion of reduced demand into 'cashable' units of savings

The outcomes included in the CBA are:

- Reducing the number of A&E presentations and admissions
- Reducing the length of stay in a hospital bed
- Minimising delayed transfers of care
- Increase the number of people dying in their preferred setting
- Assumed GP home visits per year, per individual within the population cohort

- Reducing spend on medicines and prescribing
  - Reducing the number of people admitted into residential and nursing homes, where other more appropriate settings could be used
  - Reducing the length of time people stay in residential and nursing homes
  - Reducing the cost of care packages
  - Promoting independence and self management
  - Reducing demand for elective hospital services
  - Reducing the number of inappropriate referrals
  - Reducing duplication and the number of avoidable contacts with individuals
  - Promoting wellbeing and improving health outcomes
  - Non-elective admissions
- (ii) Takes account of the models of care, summarised through a series of 'key interventions' for each of these cohorts which were developed through a set of 12 workshops held during Summer 2016, which were attended by numerous clinical and non-clinical experts from across the Manchester health and social care system. The interventions include new ways of:
- Improving main points of contact and front doors to services
  - Better identifying current and future needs and risks
  - Care management that promotes individual resilience
  - Extending and expanding roles within Primary Care
  - Better use of community resources for prevention
  - Improved neighbourhood services (including social care, community health, and support for carers)
  - Improved locality and community services (intermediate care, reablement, active discharges back into the community)
  - Improved interaction with acute hospital and residential and nursing services
  - Increased use of specialists in out of hospital settings
  - Shared records and care plans
  - Digital services
- (iii) And, provides for 'double running' costs which could include:
- The costs of running a new service with new staff alongside an existing service
  - An element of programme management costs to deliver transformation and reform
  - An understanding of how long the double-running funding is needed for, before the new services either become incorporated into business as usual, or the new service generates sufficient benefits for some of these to be reinvested
- 9.4. An Investment Agreement, signed by all key parties, will be a condition of Manchester drawing down funding from the GM Transformation Fund. This is

a short document that, on funding award, will form the agreement between GM and a locality. The agreement will set out:

- Who the parties to the agreement are;
- What the specific scheme is;
- What it is expected to deliver (financials and non-financials) and by when;
- Key milestones for delivery;
- Expected reductions in demand;
- Improvements in outputs, outcomes, prevalence and impacts (specific metrics);
- Expected decommissioning of existing resources and how resources will transfer between different organisations;
- Ways the impact will be tracked and evaluated over time;
- Expected changes in productivity; and
- Conditions of the agreement will be formed of expected outcomes from the financial modelling and the agreement will state that if a locality fails to meet the conditions GM reserves the right to review its funding.

### **Financial and Operational Planning**

- 9.5. The Council and Manchester CCG's are working on an integrated approach to developing proposals, with specific immediate focus on 2017/18. Work is being progressed within the operational planning programme led by the CCGs in response to national NHS 2017-19 planning guidance that was published 22<sup>nd</sup> September 2016.
- 9.6. A series of officer joint finance workshops are being used to steer, focus and prioritise the work. The operational plan will include savings options which are efficiency improvements, updated contract arrangements and remodelling or redesign of the service offer. Critically, attention is focused on the integrated system and not organisation boundaries.

## **10. Governance**

- 10.1. It is proposed that the Manchester Transformation Fund Accountability Board (MTFAB) is established which will provide a robust accountability and assurance framework locally for the effective deployment and return on investment of Transformation Fund monies received. This Board will report to the Health and Well Being Board, be Commissioner led and will comprise senior officers leading the three change programmes.
- 10.2. Subject to approval by the Health and Well Being Board in November, the MTFAB will fulfil the following functions:
- Take direct responsibility for accounting for the public funding endeavouring to draw down progressively from the Transformation Fund (TF) and other national programmes – in accordance with a series of milestones linked to benefits generation and capture to support the delivery strategy;

- Supported by a new system wide Finance Executive (see below), the Board will receive business cases from programme leads for review, as the first stage ahead of submission to GM for seeking draw down of funding;
- subject to approval the Board will oversee finalisation of the investment agreement with GM;
- To monitor the effectiveness of the deployment of the investment resources upon the changing health and care system, and impact upon the transforming profile of demand and provision of services, including specifically tracking and monitoring the shift in funding flow from acute to community; and
- The Board will report to the HWB and align with the work of the Executive Health and Well Being Group providing regular updates on the TF locally.

10.3. A Finance Executive representing the health and care economy across the city will be established. It will provide financial advice to the Manchester TF and Accountability Board on:

- Progress towards closing the funding gap;
- Financial assessment of business cases for release of investment monies;
- Financial reporting on the Transformation Fund; and
- The financial health of the single health and care system and the impact of the transforming profile of demand and provision of services upon funding flows.

## **11.0 Workforce Impact**

11.1 The impact upon the workforce as a consequence of the Locality Plan is currently being assessed. A workforce development strategy is being developed led by HR/OD leads across all of the statutory health and care organisations. Immediate implications for the City Council in the short term will be the deployment adult social care staff working in integrated teams alongside health colleagues. For staff undertaking commissioning functions they are already increasingly working alongside health commissioners beginning to jointly plan the commissioning and procurement of services together. Importantly, there is no intention to change the employment status or terms of conditions of current staff engaged in these roles.

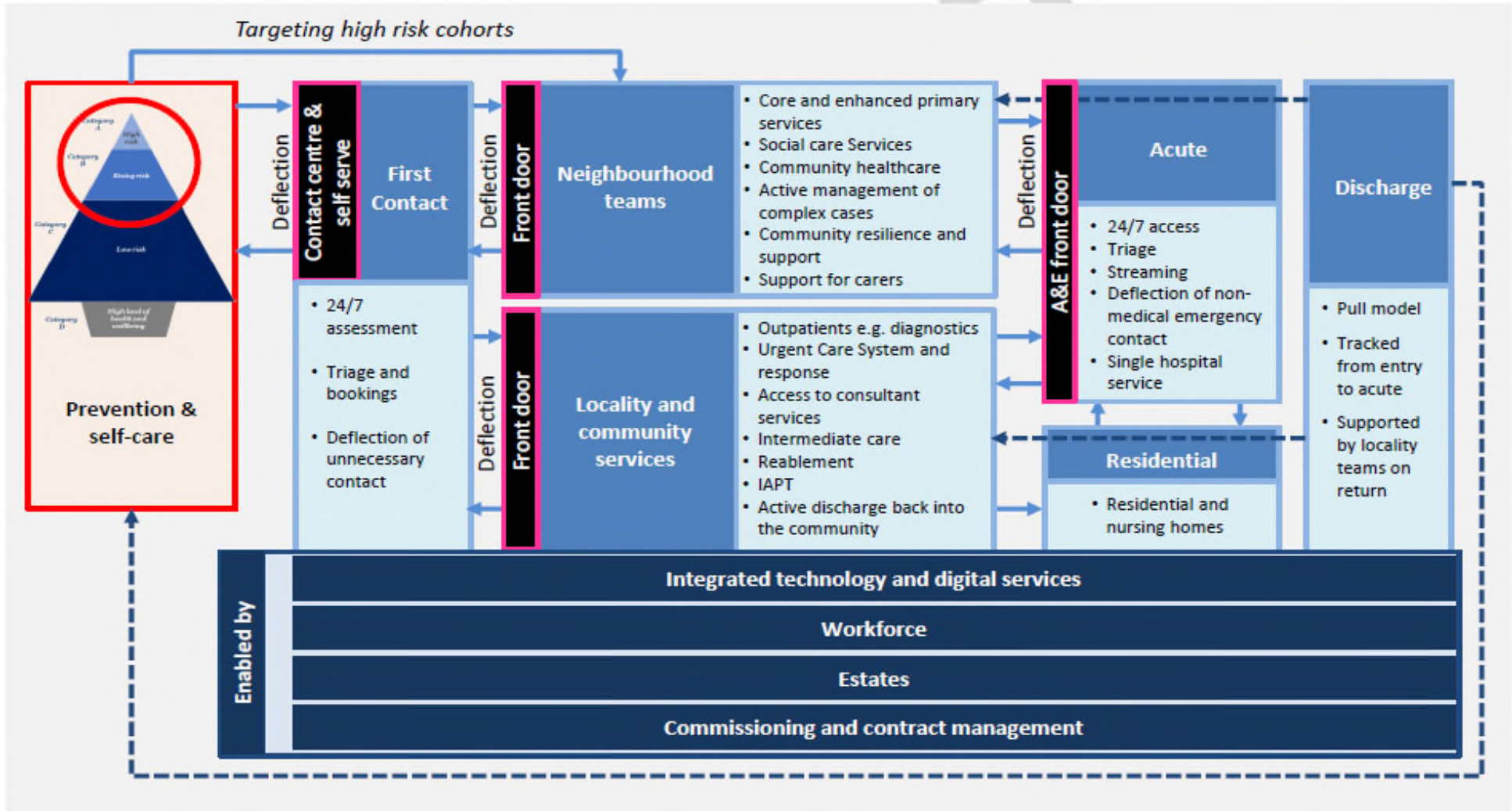
## **12. Conclusion and Next Steps**

12.1. This report sets out the arrangements underway to deliver the key priorities set out in the Locality Plan. The primary objectives are to improve health outcomes and ensure that health and social care budgets within Manchester are put onto a sustainable footing. The next steps will include the submission to the GM Transformation Fund in early October of an investment proposition to support the radical transformation of the health and care system in the city, and the development of the single commissioning function, with a view to implementing new integrated working arrangements from April 2017. There is

an accompanying report on the agenda on the establishment of the single commissioning function. This will be underpinned by the expansion of the pooled fund and financial governance arrangements and a detailed implementation plan is being prepared.



**Appendix A – Local Care Organisation**



**Appendix B – Budget Tables: Budget Mapping**

<b>£907.4m Adults Health and Care</b>	<table border="1"> <tr><td><b>Single Hospital Service</b></td><td><b>£195.6m</b></td></tr> <tr><td>CMFT (Acute Care)</td><td>£107.5m</td></tr> <tr><td>NMGH (Acute Care)</td><td>£31.4m</td></tr> <tr><td>UHSM (Acute Care)</td><td>£52.7m</td></tr> </table>	<b>Single Hospital Service</b>	<b>£195.6m</b>	CMFT (Acute Care)	£107.5m	NMGH (Acute Care)	£31.4m	UHSM (Acute Care)	£52.7m	<table border="1"> <tr><td><b>Local Care Organisation</b></td><td><b>£436.3m</b></td></tr> <tr><td>CMFT Scheduled Care</td><td>£17.1m</td></tr> <tr><td>NMGH Scheduled Care</td><td>£6.6m</td></tr> <tr><td>UHSM Scheduled Care</td><td>£10.6m</td></tr> <tr><td>CMFT Unscheduled Care</td><td>£33m</td></tr> <tr><td>NMGH Unscheduled Care</td><td>£16.6m</td></tr> <tr><td>UHSM Unscheduled Care</td><td>£18m</td></tr> <tr><td>Other NHS Providers (DGH)</td><td>£9.4m</td></tr> <tr><td>Other NHS providers (Community)</td><td>£3.9m</td></tr> <tr><td>Community Prescribing</td><td>£92.7m</td></tr> <tr><td>Primary Care Medical Services</td><td>£68.9m</td></tr> <tr><td>National Enhanced Services</td><td>£3m</td></tr> <tr><td>Quality &amp; 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\* Acute Hospital Care & Ambulance excludes specialist activity and is the Manchester share only

### Appendix C– Locality Plan Financial Gap Build Up

<b>All budgets</b>	<b>17/18 - 20/21 Funding Gap £'000</b>
<u>MCC</u>	
- Demographic Growth	17,188
- Inflation	23,231
- National Living Wage	17,281
- Resource Reduction	28,221
- Improved BCF / Social Care Precept	-39,483
<b>Subtotal</b>	<b>46,438</b>
<u>CCGs</u>	
- Opening Surplus	-11,104
- Demographic Growth	30,002
- Non Demographic Growth	42,438
- Net Inflation	28,300
- Funding Growth	-83,766
- Delivery of 1% Surplus	15,315
<b>Subtotal</b>	<b>21,186</b>
<u>Acute Provider's</u>	
- Opening Gap	11,618
- Demographic Growth	16,101
- Non Demographic Growth	23,163
- Weighted Inflation	60,080
- Net Tariff Deflation	-7,941
- Demographic Growth	-15,218
- Non Demographic Growth	-21,892
<b>Subtotal</b>	<b>65,910</b>
<b>Total</b>	<b>133,534</b>

## Analysis of responses received as part of the Budget Consultation

### 1. Responses to the Budget Conversation Questionnaire

#### Question 1: what services are most important to you?

- 1.1 Respondents were asked to rank the services they felt were most important to them. At the close of the conversation, education was ranked as the most important service and leisure centres/sport as the least. Education ranked at the top throughout the eight weeks of the conversation, with 'people with disabilities and mental health problems' and 'emptying bins, waste disposal and street cleaning' alternating between second and third place.
- 1.2 Female respondents were more likely to prioritise support for people with disabilities and mental health problems and children in care and family support.
- 1.3 Younger people (16-25) were more likely to prioritise education, people with disabilities and children in care. Older respondents were more likely to prioritise fixing roads, emptying bins and making Manchester healthier.
- 1.4 The final overall rankings were:

	Rank
Education	1
People with disabilities and mental health problems	2
Emptying bins, waste disposal and street cleaning	3
Children in care and family support	4
Keeping neighbourhoods safe and successful	5
Fixing roads, street lights and parking	6
Regenerating the city, creating jobs and improving skills	7
Making Manchester healthier and more active	8
Parks and open spaces	9
Culture, arts, events and libraries	10
Making sure benefits are paid fairly, and collecting council tax and business rates	11
Leisure centres and sports	12

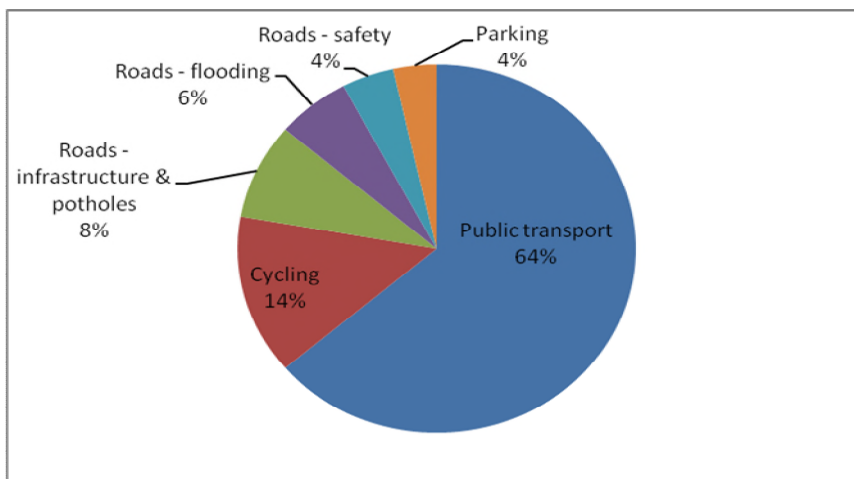
### 2. Question 2: what other services are important to you?

- 2.1 Respondents were asked to provide details of other services they felt were important. This was an open question and analysis of their responses shows that the most mentioned were:

	Mentions	%
Transport infrastructure	284	23.4%
Health and social care	172	14.1%
Emergency services and policing	115	9.5%

Street cleaning, maintenance and waste collection	94	7.7%
Support for the voluntary and community sector	73	6.0%
Parks, green spaces and environmental sustainability	71	5.8%
Facilities for children and young people	62	5.1%
Homelessness	56	4.6%
Planning	40	3.3%
Libraries, museums, music venues and galleries	38	3.1%
Housing	29	2.4%
Improving MCC communication	22	1.8%
Education	17	1.4%
Enforcement	13	1.1%
Sport & leisure	12	1.0%
Legal services & advice	10	0.8%
Employment services	9	0.7%
Other	99	8.1%
<b>Total</b>	<b>1,216</b>	<b>100%</b>

2.2 Transport infrastructure was identified by just under a quarter of respondents. Just under two thirds mentioned public transport and a further 14 % mentioned cycling infrastructure. Roads and parking were mentioned by 22 % of respondents.



2.3 Public transport was seen as extremely important:

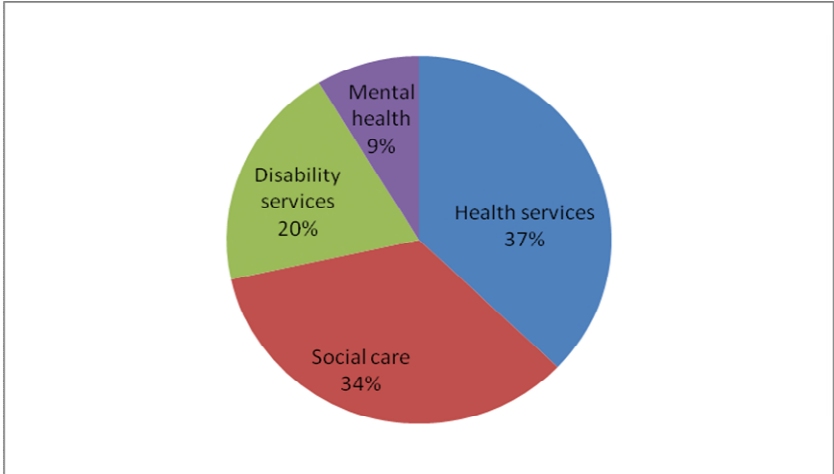
- 'It's good to offer free travel to ensure that the elderly can still get out and about as I feel without it, many people would sit at home alone' (age and gender unknown, M21)
- 'Affordable public transport so poorer people have a chance at making a living, rather than staying home and collecting benefits' (age and gender unknown, M14)
- There were a number of positive comments regarding the public transport infrastructure and many respondents recognised the investment going into this area:

- 'the improvement of bikes lanes is very good. It makes cycling safe and therefore more attractive to people. Cycling is green and clean and we should do more of it. Oxford Road has a great cheap service'. (Female, 26-39, M20)

2.4 Respondents did however identify a number of areas for improvement:

- 'People need to get to and from work as quickly as possible to have real quality of life. I know of people who have chosen to work in Bolton or Stockport as it's just too difficult to get into the city' (age and gender unknown, M41)
- 'Increasing bus efficiency and cleanliness would attract more people who would stop using their cars and therefore make Manchester healthier and greener' (Female, 26-39, M11)
- 'I deeply dislike the fact that south Manchester is poorly served by the tram and rail networks which spread out away from Moss Side and everything south of it like they were trying to avoid it. Availability of public transport correlates negatively with poverty; a direct southbound line out of the city that doesn't take nearly an hour to walk to from Moss Side would be a huge benefit, instead of another tram station a five-minute walk from two more in the city centre' . (Female, 26-39, M11)

2.5 Health and social care was identified by 14% of respondents. Thirty seven percent mentioned 'general' health services (the NHS, GP services and hospitals), 34% mentioned social care, 20 percent mentioned disability services and 9% mentioned mental health provision.



2.6 Respondents highly valued to local health services, including easy access to small community health services. Social care services were also seen to be of vital importance including home care support; support for carers and older peoples' centres:

- 'More resources need to be put in to help elderly remain in their own homes. Not just carers popping in for 5 minutes a few times a day. These people have contributed all their lives and deserve better'. (age and gender unknown, M9)

- 'Older people's services provide centres such as the Minehead centre which was sadly burnt down, but prior to that provided invaluable day services for older residents and was a real asset to the community. - - The Planning Service ensures the right development gets built in the right place and facilitates regeneration, employment opportunities, and better schools'. (Female, 26-39, M20)
- 'Healthcare isn't likely to bankrupt me if it's free at the point of access. But mental health is being ignored and there are fewer and fewer options for treatment with longer waiting lists and ineffective emergency support'. (age and gender unknown, M9)

2.7 Disability services and mental health were highlighted as vital areas that had already been suffering from cuts.

- 'As a parent with a child with a disability we were upset that transport support to and from school has been reduced. They are the most vulnerable members of our community/society and I feel there is a moral obligation to make sure they get the right level of support'. (Male, 40-65, M8)
- 'Attendance at day care is essential for my well-being. It is the place I attend via the council funded transport five days a week. I feel safe and cared for. I know the staff and people who are there. They matter because it means that I can stay in my own home instead of residential care. To remain at home supported by my care package and family is my choice and is important for my continued well-being. Otherwise I would be very isolated and left unstimulated. I will self harm as I do not understand why I cannot go. I cannot cope with change'. (Female, 40-64, M19)
- 'Mental health services and their failings are at the root of failures in the system...cutting money from these areas seems like an easy way to save money for other things the council deems for important but many of these people have no voice and no one to stand up for them and protect their rights'. (Female, 26-39, M16)

2.8 Emergency services and policing was mentioned by 9.5 percent of respondents. Over 80 percent of these respondents mentioned policing specifically and the remaining 17 percent mentioned emergency services in general. Respondents commented on significant cut-backs to policing:

- 'I feel that there has been such harsh cutbacks to the policing service that it now impedes their ability to manage crime efficiently. - Every day I witness crime (drug dealing, drug abuse, vandalism, drunk/drug driving) but there is never any taken against these crimes because the lack of resources'. (Male, 40-64, M9)
- 'I have witnessed the general erosion of society on my estate due to the lack of sufficient policing. Certain crimes are now ignored that would have been actioned in the past (e.g. drug taking/dealing). There is now a generation that very rarely see a police officer on their estate and therefore feel it is "the norm"

to do certain illegal acts because nobody ever tells them any different. Everybody I know have given up ringing the police (101) to report crime and antisocial behaviour due to the lack of any response from their calls. It's a downwards spiral, no police funding = no police resources = no police response = more crime/antisocial behaviour = lack of community confidence (in the police).' (Male, 40-64, M9)

- 'Regarding the police there is nothing to like, as we don't have any to like... We don't have any police service to like, public safety is dire in my area, Gorton, with daily muggings, and more, the police seem to put every crime in the same group as ASB. even criminal damage etc... they don't even know the law and they are the ones who should be enforcing it....' (Male, 40-64, M18)

2.9 Other service areas included Street cleaning, maintenance and waste collection was mentioned by 7.7 percent of respondents. Just under a third (64 percent) mentioned street cleaning and maintenance and the remaining 36 percent mentioned waste collection & recycling:

- 'Fly tipping is a big problem in Whalley Range where I live. Taxi drivers are the biggest source of street litter. Local people care about rubbish, in Whalley Range £500 would allow us to print 'keep are area tidy' type stickers for every lamp post, volunteers are hungry to make change. Help us!' (Male, 26-39, M16)

2.10 Support for the voluntary and community sector was mentioned by 6 percent of respondents and the voluntary sector was recognised as playing an important role in providing extra services and support which the council can no longer afford as a core service.

- 'They are well run and cost effective - they're already picking up the burden of public sector cuts so please don't cut them any more!' (Female, 26-39, M21)
- 'With a small amount of funding for voluntary/community groups, the benefit achieved from these organisations is wide reaching, supporting and motivating many areas of the community'. (Female, 40-64, M23)

2.11 Parks and green spaces were mentioned by 3.5 percent of respondents. A further 1.6 percent cited the importance of allotments.

- 'They give people a chance to be outside, reconnect with nature and understand where food comes from. In cities there is too much of a disconnect between nature and the food chain and the individual. If people do not understand these, they will never care about them. Waste can be reduced by having people grow their own and care about the environment around them because they don't want to waste something they have put time into - it becomes less disposable, so this can have a knock on effect on waste production. IT has also been shown to be beneficial for both mental and physical health. Allotments can have an impact on the majority of the services listed!' (Female, 26-39, M20)



2.12 Facilities for children and young people were mentioned by 5.1 percent of respondents. Children's Centres and Sure start centres were seen as particularly important:

- 'It helps families especially those in need to get out and about i.e. mothers with depression or single parents. they helped me when I was suffering with depression with my baby girl. They helped me come back to normality but my local one needs a refurb' (Female, 16-25, M20)

2.13 Services to support the homeless were mentioned by 4.6 percent of respondents:

- 'Homelessness is such an issue in Manchester it's difficult to know where to begin but something needs to be done; the Homelessness Charter was a start but there's been very little news of its development since it began'. (Female, 16-25, M3)
- 'Follow in the footsteps of Nottingham constabulary by removing people who beg and take drugs from the city centre and drop them at support centres. Add charity collection boxes that call for people to give to homeless charities instead of give to people direct'. (Female, 26-39, M1)

2.14 A range of issues relating to planning were highlighted however a common thread related to protection of the existing urban heritage

### 3. Which places in Manchester do you and your family use most? Which places do you most value and enjoy?

3.1 People were asked which services respondents and their families used most and which they most enjoyed. These could be private, voluntary or Council-run clubs, facilities amenities, pastimes or activities. The responses were:

	Q5. Which places in Manchester do you and your family use most?		Q6. Which places do you most value or enjoy?	
Parks and green spaces	622	45%	747	57%
Sport and leisure facilities	204	15%	83	6%
Libraries	129	9%	95	7%
Museums & galleries, music & theatre	79	6%	80	6%
City Centre	57	4%	85	7%
Community centres & groups	46	3%	29	2%
Educational facilities	30	2%	11	1%
Local Centres	26	2%	21	2%
Shopping facilities	25	2%	15	1%
Religious institutions	24	2%	0	0%
Childrens centres & family	20	1%	5	0%

	Q5. Which places in Manchester do you and your family use most?		Q6. Which places do you most value or enjoy?	
support				
Roads and transport	35	3%	6	0%
Home	18	1%	48	4%
Cafe/bar/restaurant	17	1%	15	1%
Facilities for children and young people	12	1%	21	2%
Health facilities	7	1%	2	0%
Supported housing	4	0%	0	0%
Employment facilities	1	0%	0	0%
none	40	3%	22	2%
Other	0	0%	20	2%
<b>Total (known)</b>	<b>1396</b>	<b>100%</b>	<b>1305</b>	<b>100%</b>

3.2 Parks and green spaces were overwhelmingly rated the highest both for use and value with respondents really valuing green space:

- 'Any bit of green space around Manchester city centre. There isn't enough...' (Female, 26-39, M15)
- 'I love the trees in my neighbourhood. Trees are my single biggest joy. Plant more, protect what we have, develop new neighbourhoods with them. Stop chopping them down!!' (Male, 26-39, M16)
- 'Open and green spaces, wildlife havens. I think more needs to be done to help bring more wildlife into the centre and protect that already there. Simple things like having more plants including wildflowers for bees/butterflies around town, more trees, more green space, apiaries on top of roofs, bird boxes, bat boxes etc.' (Unknown, Unknown, M4)

3.3 Sports and leisure facilities were rated second highest for use and joint third highest for value. Facilities valued included: the Fallowfield cycle route; Chorlton Water Park; Aquatics Centre; Moss Side Leisure Centre; Withington baths and bowling club; Arcadia Leisure Centre; Hough End Leisure Centre; and a large number of other facilities.

3.4 Libraries were rated third highest for use and joint second highest for value. Both the Central and local libraries were mentioned alongside the John Rylands Library:

- Libraries are important so 'I can meet other people and so don't feel so lonely but no one pushes as service or wants to give me advice but it is there if I need it. It is a shame that new books and e-books have been reduced as they save me so much money but I can still read what is current and be part of discussions of current culture or I could borrow new cook books which help me cook and eat on a budget' (Female, 75+, M8)

3.5 Museums, galleries, music and the theatre were also ranked highly, fourth for use and joint third for value. Facilities mentioned included the Manchester Museum, the Science and Industry Museum, National Football Museum, Whitworth Art Gallery, Manchester Art Gallery and the People's History Museum.

#### 4. What do you value most in your neighbourhood?

4.1 Respondents' were asked to rank what the value the most in their neighbourhood from 1 – most important to 6 – least important. Overall peace and safety were most highly valued, followed by good neighbours.

4.2 Differences in views between males and females were small, however males were marginally more likely than females to value the character of the area and the cleanliness and tidiness whilst females were more likely to value good neighbours, community spirit and tolerance and amenities.

4.3 Older people were more likely to value good neighbours and slightly more likely to value community spirit and tolerance. Younger people were more likely to value the character of the area.

	All
Peace and safety	2.6
Good neighbours	2.9
Cleanliness and tidiness	3.4
Amenities e.g. shops, parks, health services, entertainment, transport	3.5
Community spirit and tolerance	3.8
Character e.g. suburban/bustling	4.8

4.4 Respondents were asked if there anything else they valued in their neighbourhood. Many of the themes which emerged were previously included in the ranking exercise.

	Total	Count
Parks & green spaces	162	22%
Transport infrastructure	120	16%
A sense of community	104	14%
Access to local facilities	84	11%
Low crime, safety, peace and quiet	62	8%
Tidy, clean environment	54	7%
Cultural diversity	43	6%
Housing	13	2%
Heritage conservation	11	1%
Employment	1	0%
All of the above	15	2%
None of the above	79	11%
<b>Total (known)</b>	<b>748</b>	<b>100%</b>

4.5 Just over a fifth of respondents cited parks and green spaces, this included trees alongside streets as well as green spaces. Transport infrastructure was cited by 16 percent, including public transport links, safe roads, suitable parking and connectivity in general:

- 'Metrolink and the free transport within Greater Manchester on buses and trains... It's fast, convenient and green, and for me, free... they mean I don't drive as much and they save a lot of money for me' (Male, 65-74, M21)

4.6 A sense of community was cited by 14 percent and cultural diversity was cited by a further 6 percent:

- 'I love that Levenshulme has a sense of its own community identity, a desire for community cohesion and action, which takes lots of creative forms' (Female, 26-39, M19)
- 'A great mixture of cultures and ethnicities - I see this as a major plus point' (Female, 26-39, M21)
- 'Diversity of age, type of person, e.g. working, retired, elderly, young. Stable communities of long-term residents. Not too many short term residents in HMOs such as students'. (Male, 40-64, M14)

4.7 Eleven percent valued easy access to local facilities including shops, markets, schools, churches, libraries, bars and restaurants, health and leisure facilities and local events:

- 'A diverse high street with local independents in it' (Female, 40-64, M21)
- 'Independent events, e.g. ska bands etc playing at bank holiday events in Hulme'. (Male, 40-64, M15)
- 'Love the "Chorlton bubble" shops, bars, restaurants Chorlton water park'. (Female, 26-39, M21)

## 5. If people in your street or neighbourhood could come together and improve or achieve one thing, what would that be?

5.1 Respondents were asked the question above. The main themes from the responses included:

		Total	Count
<b>a) Cleanliness and the local environment</b>	Improving cleanliness/environment	489	36%
	Greening	41	3%
	Environmental sustainability	21	2%
<b>b) Community support/spirit</b>	Building community support/spirit	220	16%
	Creating community space	30	2%
	Hosting community	7	1%

	events/activities		
	Local enterprises	4	0%
<b>c) Improve safety/policing/anti-social behaviour</b>		203	15%
<b>d) Roads/traffic/parking</b>		191	14%
<b>e) Improving local facilities/services</b>		68	5%
<b>f) Planning/regeneration</b>		49	4%
<b>g) Housing</b>		5	0%
<b>h) Improving internet</b>		4	0%
Other		19	1%
Nothing		10	1%
<b>Total</b>		<b>1,361</b>	<b>100%</b>
Unknown		47	

5.2 The main area cited for improvement was cleanliness and the local environment cited by over a third of respondents. Issues highlighted included leaves in the street; cleaning up litter and graffiti; stopping fly tipping; cleaning up and re-using waste land and enforcing rules on dog fouling.

5.3 3% would like to see more greening of the environment: planting trees; new parks; flowers and community projects to grow vegetables. 2% cited measures to improve environmental sustainability: increasing recycling; future proofing homes; and increasing biodiversity and wildlife protection.

- 'Keeping the area clean and free from wheelie bins and litter/ fly tipping.'
- 'The city looks dirty. In a similar way to how people come together in a park to do a clean up, or how people came together after the 'riots' people could come together quarterly for a clean up - which might encourage people to leave less waste like chewing gum/cigarette butts/litter'
- 'Zero tolerance on litter => because a smart neighbourhood (locally achieved) engenders other community engagement and ownership'
- 'They might create a community energy scheme, or planting schemes that take surface run off'

5.4 19% of respondents mentioned improving community support/spirit. This included supporting the elderly in the community and neighbours in need; increasing the number of community events or gathering spaces and promoting tolerance and togetherness

- 'To improve the lives of the elderly residents and offer assistance where needed'
- 'Getting people together for some areas is an achievement in itself. We've already done it on our street - set up a neighbourhood watch scheme to tackle spate of thefts/damage to cars'

- 'To make friends, be kind, talk about shared issues, start a project to plant vegetables/herbs that everyone can share'
- 5.5 15% of respondents mentioned improving safety/policing/anti-social behaviour. This included reducing anti-social behaviour; implementing neighbourhood watch; reducing noise nuisance and tackling crime.
- 'Just look out for one another. Share information e.g. to help crime prevention. Everyone would report on anti-social behaviour. Kids being naughty, dropping litter, loud motorbikes (stolen), drug dealing, crime etc. People are too scared to speak up'
- 5.6 14% of respondents mentioned improving roads/traffic/parking. This included safer roads; improvements to residential parking:
- 'Stopping off road bikes (quad bikes) tearing round the streets at stupid speeds - Someone could get killed (grove village) there are at least 4 regular users who don't wear helmets and pull wheelies at speed - I fear for the kids who are playing'
  - 'Respectful parking, understand that everyone should be allowed to park at least one car outside their own house after 4pm. Parking in safe places, sometime you can turn a corner and have to swerve as someone has parked too close
- 5.7 5% of respondents mentioned improving local facilities/services. Suggestions were varied and included new facilities as well as making existing ones more inclusive:
- 'Open up Chorlton Leisure centre again and make it a health and well being centre as well as a leisure centre so you would do physiotherapy, Pilates, meaningfulness, physio, lead aqua activities, physio lead Pilates and exercise classes for cancer sufferers, over 50's. Gentle keep fit if you have shoulder, back injuries. Inclusive and autistic or small groups for swimming sessions at a different time to everyone else. AND of course Badminton for ADHD groups'
  - 'Make our schools places where people of all backgrounds learn to live together. - Create work opportunities at a local level. Support enterprising individuals and groups'
- 5.8 5% of respondents mentioned improving planning/regeneration. This included regeneration of specific areas; supporting independent retailers and dealing with unoccupied buildings:
- 'To get Moston/Harpurhey thriving again. To rid the depression, deprivation & intimidation'
  - 'Succeeding in getting the council to fund a full refurbishment of Victoria Baths'

**6. How could the council and other public services support you to do that?**

6.1 Respondents' suggestions of how the Council and other public services could help support cleanliness and the local environment broadly fell into one of four categories: waste collection; supporting local communities to help themselves, street cleaning and enforcement. Examples from each category are outlined below:

<b>Area for improvement</b>	<b>Respondents' suggestions of how can this be supported by the Council and other public services</b>
<b>Waste collection</b>	'Reverse the decision to cut waste collection services, increase the frequency of bin collections to weekly'. (Unknown, unknown, M20)
	Replace the bins by types that don't leak everywhere and that are open at the top so people with terrible aim can avoid dropping stuff next to it. Provide more regular street cleaning. Some areas of town do not see a street cleaner in months, cans and bags everywhere, it is grim (Female, 26-39, M4)
<b>Working with local communities</b>	'Devolved funding to local communities, setting up working parties where councillors can work with communities and act on their needs rather than taking them back to the council in the home the powers that be value the issues as much as local residents do' (Female, 26-39, M19)
	'The council could promote be proud of your street campaign, get kids involved ask parent to tidy there space not allow dogs to foul' (Female, 40-64, M40)
	'Give us the equipment, even though I am disabled I would definitely do my bit no matter how small, I am sick of the street I live in looking so dirty' (Female, 40-64, M14)
	'Be very clear about what they can and cannot do. For example, if they can only clean streets once every three months, then communities could plan around that. If they cannot cut down trees and weed pavements etc. - let us know and we can try to get it done. We don't want to duplicate effort - or put council workers out of work. Be open and transparent. Set expectations. If you tell people what else you are spending the money on - they might see that they have to do it themselves or stop moaning about it. If you leave it as an expectation that the council will do it, then it is a thing you are failing to do.....and that will make people moan and fail to take responsibility' (Female, 40-64, M25)
	'The council could provide an incentive/reward and provide the equipment. When a chore is made fun it is not a chore at all' (Female, 26-39, M16)
<b>Street</b>	'More street cleaning. We live on the approach to Clayton

<b>cleaning</b>	Vale and constantly pick up discarded bottles and litter' (Female, 40-64, M43)
<b>Enforcement</b>	'Imposing obligations on landlords to manage waste. By providing regular street cleaning services. By getting the bin men to report fly tipping when they see it on their rounds' (Female, 40-64, M19)
	'By having community wardens to report rubbish, educate residents on rubbish & re-cycling and to challenge those who drop or dump rubbish'. (Female, 40-64, M19)

6.2 A further 3% mentioned greater greening of their neighbourhood and 2 percent suggested measures to improve environmental sustainability. Suggestions of how the Council and other public services could help support this included:

- 'Organisation, equipment, expertise & perhaps competitions. Keeping things free of charge or very cheap' (Female, 40-64, M20)
- 'Opening up patches of derelict or otherwise unused land and allow locals to transform it' (Female, 40-64, M8)
- 'By creating a community allotment scheme for each area, with volunteers running the projects and teaching and encouraging others to help in exchange for veg!' (unknown, 16-25, M22)
- 'The council could be more pro active by enforcing the Pollution Law. Reducing the Carbon Dioxide emission, making all Manchester Smoke Free Zones so that we can all have Longer Life Span' (Female, 65-74, M14)

6.3 A small number of respondents mentioned support for local enterprises, for example a community enterprise grocery shop or café:

- 'Community cafe would be good, lot of older generation and no meeting place for them where we live...providing premises free of charge, linking community to existing assets that could be build upon' (Female, 40-64, M8)

6.4 16% of respondents suggested measures to help improve community support structures or community spirit.

- 'Give money for a local voluntary sector group to employ a community development worker to support residents' (Female, 40-64, M13)
- 'Facilitate local groups to take action on key things that matter to local people' (Female, 40-64, M16)
- 'Be good neighbours Community wifi could help with this e.g. a bulk broadband offer similar to the fuel offer' (Female, 75+, M8)

6.5 Some respondents recognised that good support already existed:



- 'I have AMAZING support from Manchester City Council - my neighbours pass on any issues or concerns which - I then pass on to MCC via Community Guardian or - emailing our local officers or councillors which works - very well'. (Female, 40-64, M19)

6.6 An additional 3% of respondents recognised the need to create community space or provide community events:

- 'Somewhere for local people to go, a community centre to meet each other, get support, do classes and workshops, a place where kids could meet in the evening, be safe, have fun, do activities, use computers, play games' (unknown, 40-64, M15)
- 'Some sort of community social centre to fill the gap the pubs have left in Blackley' (Male, 40-64, M9)
- 'Create an edible herb garden in the greens in front of the local shops. It has worked in Boothstown and to a degree at Wythenshawe Bus station. I would like to see the frontage of our local shops look like they are cared for which in turn should result in people feeling a sense of pride in their area. There are plenty of people willing to volunteer their time in the area where I live. Through promotion via social landlords, ward meetings, social media (Wythenshawe has a strong community spirited presence on Facebook) I'm sure people would give their time if given instruction and resources to do it' (Female, 40-64, M11)

6.7 15% of respondents requested improvements to safety/policing or anti-social behaviour. Suggestions of how the Council and other public services could help support this broadly fell within three areas: supporting residents to report crime; prevention and reducing anti-social behaviour as detailed in the table below:

What could be improved?	Respondents' suggestions of how can this be supported by the Council and other public services
<b>Reporting crime</b>	'Have an online reporting system by which residents can add a 'pin' to a map when an incident of dumping or youths congregating without permission, motorbikes being ridden without number plates, abandoned cars etc happen - so police, councillors and council staff can see hotspots clearly and can target resources or efforts there. This should be separate to the actual reporting systems already in place. Residents should also be able to leave reports anonymously to avoid reprisals. - The aim is to provide a visual aid to seeing hot spots of anti social activity, which adversely affect residents' quality of life' (Male, 40-64, M14)
<b>Prevention</b>	'Introduce compulsory HMO licensing. Support residents in enforcing covenants forbidding the use of family homes as HMO. Prevent totally any expansion of HMO in Fallowfield and Withington' (Male, unknown, M14) 'More neighbourhood watches to promote safer streets

	less burglaries etc'
	'Give grants for Homewatch scheme setup and support in setting them up with notices available' (unknown, unknown, M19)
<b>Reducing anti-social behaviour</b>	'Provide more out-of-school activity options through schools and community centres. Schools becoming involved in community service initiatives, e.g. pupils having classes on conservation, and raising awareness of the impact of antisocial behaviour and crime on the victims; interaction with the elderly of the community, encouragement and opportunities to assist the elderly and disabled in some way, even if simple things like litter picking, weeding, reading out loud.' (unknown, unknown, M21)
	'Alley gating for those who still don't have it - - More visible (community) policing' (Male, 40-64, M21)

6.8 14% of respondents requested improvements to roads/traffic or parking. Suggestions covered three main areas: improvements to parking, supporting road safety and improvements to the condition of roads.

<b>What could be improved?</b>	<b>Respondents' suggestions of how can this be supported by the Council and other public services</b>
<b>Parking</b>	'By clearly marking bays at all parking places along road sides and especially within housing estates and ensure where parking is allowed on paved areas it is clearly marked where you are allowed to do so. Be less tolerant to parking abusers and issue more parking/obstruction tickets to offenders'. (Male, 60-74, M8)
<b>Speeding/road safety</b>	'They could spend 6 months targeting people speeding with mobile speeding guns.... give people plenty of warning it will be happening citywide and then do it intensively for 6 months. Then stop and pick it up for a short while randomly a few months later' (Female, 26-39, M21)
	'Monitoring car speeds, more prominent signage e.g. wood road has a 20mph speed limit but only one sign at the upper Chorlton road end. Road markings and more signs are needed especially on the blind bend'
<b>Road condition</b>	'Fix them, no not just fix them because that lasts about 2 weeks, re-Tarmac them, it would save my neighbours and I hundreds of pounds a year and the council, less repairing' (unknown, unknown, M16)
	'Fix potholes quicker before they become too big' (unknown, unknown, M20)

6.9 5% of respondents requested improvements to local facilities or services. Suggestions were wide ranging and included:

- 'Building a Little Library for sharing books on the street.. A small grant to help afford the building materials and the licensing to register it as a Little Library' (Female, 26-39, M19)
- 'Use empty buildings to offer a free culture space specially for young ones' (unknown, unknown, M22)
- 'More investment into supporting services for people and families' (Male, 26-39, M9)
- 'Build a playground fit for younger and older kids in Fletcher moss. This area has a very large young population with little in the way of leisure centres or swimming pools. The nearest playground is Didsbury park which is far away' (unknown, unknown, M20)
- 'A local soup kitchen type centre for those homeless who live too far from the city centre to travel or get to those which operate in the city centre'. (Male, 26-39, M14)

6.10 5% of respondents requested improvements to planning and or regeneration. Suggestions were wide ranging but broadly feel within the areas detailed in the box below

What could be improved?	Respondents' suggestions of how can this be supported by the Council and other public services
<b>Redevelopment of waste land/regeneration</b>	'Continued development of derelict spaces. Speed up the planning process and have clear strategic plans for development'. (Male, 26-39, M4)
	'Making houses fit for living in and renovating buildings that are falling down. Especially those in Blackley' (Female, 26-39, M29)
<b>High street improvements</b>	Improve shops and feel of high street to encourage new businesses (less charity shops/takeaways). Imposition of rent control/preferential rates for independent businesses? (Female, 26-39, M22)
	'Get tough on dodgy shops (money laundering) stop takeaways from appearing. More buildings need protecting from being ripped out and refurbished in a bad/cheap way' (Male, 26-39, M19)
	'Ease business rates and support independent business so as to allow a flourishing and diverse economy, not a one size fits all identikit street scene' (Male, 26-39, M15)
	'Make the take away businesses totally responsible for the mess they create. whether that's their customers dropping litter or the businesses themselves pouring fat down ally way drains and over spilling bins etc.. be strict and enforce - do not allow any more take away licences' (Male, 40-64, M19)
<b>Enforcement</b>	'Register and license all PRS landlords so their activities can be properly regulated and standards enforced'.

	(unknown, unknown, M14)
	'Enforce existing regulations e.g.: parking on double yellows and blocking ability to see at junctions and leaving litter such as food takeaways' (Female, 75+, M40)
<b>Planning decisions</b>	By bringing in businesses e.g. various shops, industry, health & social establishments etc., to bring back a bustling and exciting area to live and visit. (Female, 40-64, M9)
	'Stop allowing takeaways and restaurants in Northenden. Encourage decent independent shops to relocate to Northenden with financial incentives' (Female, 40-64, M22)
<b>Start-up support</b>	'Offer advice, start up funds, get people thinking about what they can do, that it is achievable and don't give all opportunities to chains and big businesses, this just drains money out of the local system' (Female, 26-39, M19)

6.11 Five comments (less than 1 percent) related to improvements to housing provision. Suggestions included 'Help to turn abandoned buildings and spaces into community areas or emergency housing' and 'support for more affordable housing'.

6.12 Four comments (less than 1 percent) related to **improvements to internet provision**. Suggestions included:

- 'Support any company in Manchester to have cabled all areas into the optic fibre Internet.... ' (Male, 40-64, M8)
- 'Using the possible joint purchasing power you could obtain community access to wifi reducing digital exclusion and supporting residents to keep in touch with each other and access service residents could have A virtual and real home watch less able residents could even shop online for example' (Female, 75+, M8)

## 2. Responses to the Budget Blog

The following outlines the complete responses to the budget blog:

In response to the Highways and Roads blog :

- "Existing highways/footways around Manchester currently suffering from lack of maintenance, some are in a very poor condition, with additional problem of blocked gullies across the city creating massive ponding during raining period. I believe the matter of maintenance of highway should be looked at very seriously to avoid hazard/incidents to both traffic and pedestrians."
- "Substantial savings could be made by reducing street lighting at times when there are few people about. I suggest reducing levels by half on main routes (A and B roads plus other major arteries) and in the City Centre between

midnight and 6am, and switching off all lighting in other areas between these hours. This has been done successfully in other cities including Leeds which I visit regularly, and in a number of smaller towns and villages, without any rise in crimes against the person.”

3. In response to the Work and Skills blog:

- “Let Manchester create wealth for future through attracting 'zero carbon' industries to build affordable 'zero carbon' housing and reduce dependence on imported fossil fuels.”

4. In response to the children and young people blog:

- “I worked in the Council's Social Care departments (under various titles) for 10 years, retiring last year. As far as Children's Services are concerned, I am perturbed by the rapid turnover of social workers and increasing reliance on agency staff even at line management level. This is not in the best interests of vulnerable children, their parents/ carers and the Council. This is the issue that I feel needs to be addressed as a priority and is one step towards improving the "Inadequate" rating of Manchester's children's social services. There should also be cost savings if less use is made of agency staff.”

5. In response to Climate Change blog:

- “This is one area where the Council is doing well - Keep up the good work and don't let it slip! However, many people in Manchester are unaware of this so perhaps there is some scope for publicity and awareness campaigns.”

6. In response to Libraries blog:

- “City libraries are important to me, my friends and family because they provide us very useful information through a variety of text and keep the community aware of the present, past and future events. In future the libraries could invite the schools and colleges pupils for workshops relating with new curriculum and encourage the students to actively take part and give feedback.”
- “Consideration should be given to concentrating library resources in a smaller number of libraries, with longer opening hours and better stocks of books and other lending materials, rather than endeavouring to keep all libraries open with restricted hours and limited book stocks. I think that this would better serve the majority of library users and bring back those who may have used libraries in the past but no longer do so.”

7. In response to Have Your Say in Manchester's Future:

- “At no point in the survey can you object to pay rises for councillors & council bosses, this is a damning indictment of our current council.”
- “Why are you not listening to the thousands of Manchester residents who are protesting at your imposition of the smaller bins. You have no guarantee whatsoever that this will save money, that depends on how other Councils

increase their recycling rates. You are in fact gambling with a vast amount of our public money in the vain hope that you may save some. You could have put this vast amount of money into services that need it instead of whittling it away on this bin debacle.”

8 In response to A New Way of Doing Things:

- “Let's make us proud of our areas...keep the grass verges cut and trimmed, pavements in good order, vandalism repaired, not just in the city but across smaller towns and villages.”
- “Then why are you wasting such huge money to have scrapped needlessly the black bins just to replace them for even smaller so that finally it will cause a properly disaster into the clean of Manchester's streets as there gonna be overfilled bins anytime and plenty rubbish everywhere...just wait for this and you will find out the true.”

9. Other general comments:

- “I was born and raised in Newcastle, studied in Leeds and lived in London for a considerable length of time. I've now lived in Manchester/Salford for five years. There is no other major city in the UK with such a high concentration of people in its centre either asking for money and/or living on the streets. With so much money being ploughed into the centre the disparity is more stark. An analogy I'd use is a city that is painting over the damp rather than dealing with it. It will get progressively worse. As Manchester slowly becomes more materialistic as it veers towards becoming a 'soulless city for the convenience market' what does it plan to do to help those less fortunate? Us North East people are blunt, so apologies if you don't like hearing things straight, but it's time Manchester stopped acting 'new money' and forged an identity of being a friendly city.”
- “! It is not just your area damaged by Road works. The whole of Manchester is in chaos with Road Works and Pot Holes. If only we were told by the City Council what the Road Work is all about. Sure we will not mind. One road from Wilmslow Road to Princess Road has eleven (11) ramps. What a waste of money.”
- “I would like to know what happened to the airport windfall? MCC consulted us then totally went off the boil. Where is that money? Who has spent it and on what?”

### 3. Social media analysis

#### Facebook

1. A fifth of responses received in Facebook were in relation to local consultation with individuals' expressing concerns over not being listened to and their views not being acted upon. For example comments included:
  - "Window dressing, they've already made up their minds about what they're going to do. Opinions of voters are listened to by deaf ears".
  - "Have your say and then we'll just do it all OUR way anyhow"
  - "They ask for comments and then NO Reply"
2. Seventeen percent of comments were in relation to waste collection and/or street cleaning. Eleven percent were complaints about the change to smaller rubbish bins:
  - 'Tackle rubbish dumping, its' everywhere. Removing our black bins, and replacing with new grey ones :( what's that cost ? and I guess the new grey ones will be tiny. Which causes the rubbish dumping. Always been rubbish dumping, but not on the scale it is now. Your policy on refuse collection black bins causes the problem. Sick to death of reporting dumped rubbish. My home backs onto fields, today I can see 5 bags of rubbish, and a mattress. that's just over night. every window i look out all I see is rubbish. The front someone dumped an old suitcase and rocks from someone's garden. The footpath at the back of my house is full of weeds over a foot high, and its not been swept for over 5 years'.
  - 'Restore weekly bin collections and scrap the ridiculous idea to reduce the size of the grey bins!'
  - 'Above all I need my normal size bin back this a basic human right to have refuse collected why don't we make councillors pay packet the same size in ratio as the reduction of our bins !'
3. The remaining six percent of comments were regarding general comments over waste in Piccadilly Gardens, Cheetham, Newton Heath, Moston, Hill Lane in Blackley.
4. A further seventeen percent of comments were in relation to council pay rises for senior staff:
  - 'well, I can tell you what I don't want you to prioritise, and that's awarding your failing departments 60% pay rises'.

- 'the 60% thing is misleading. ONE member of the team received that, when they changed jobs to a senior position. The position was there before and filled at the same rate of pay'.

Fourteen percent of responses related to road maintenance and alterations. Nine percent were in relation to potholes and poor road condition. Specific roads/areas mentioned including Higher Blackley, New Forest Road, Baguley/Wythenshawe and Lion Brow. Other comments related to the introduction of bus lanes, flooding and alterations:

- 'MCC have thrown bus lanes all over the place, wasting funds, they don't encourage people to use buses, and buses do not add anything to the council's bottom line'.
- 'They should start by cleaning out all the grids of soil and grass. No wonder roads flood when we get rain. Brownley road is like a lake after heavy rain. The grids along Gladeside Road are completely blocked with soil and grass'.
- 'You didn't ask the public if all the alterations to the A580/A6 were a priority, you know what the answer would have been'.

Nine percent of responses related to parks and green space. A third of these were in relation to Piccadilly Gardens:

- 'Make Piccadilly gardens look beautiful again. Make it look like it used to, somewhere you could relax and read a book you just bought not like it is now it's bloody horrible and cold and scary and worn out whoever came up with the stupid idea to change it wants lynching and bring back the beautiful fountain. I am sure many thousands of Manchurians feel the same way'

Others mentioned parks as being in need of improvements:

- 'Litter, grass cutting, the state of the city centre, roads, weeds on pavement general run down look everywhere has the list is endless'

Four percent of responses related to homelessness:

- 'Manchester city centre is just a depressing place to go it's dirty and to be honest starting work at 6 am. Is starting to get dangerous. Homelessness is an issue. Litter and dirty floors'
- 'Manchester city council expelled the homeless and destroyed the tents of the homeless during the protest last year. I wont forget those images and actions of such a draconian organisation'.
- 'The first thing that needs sorting in Manchester in the Homelessness crisis. It's unbelievable how many people are sleeping rough in the city'.



9. Four percent of responses related to social care. Concerns related to care home fees and lack of provision due to underfunding, cuts to carers budgets, lack of bookable respite care and difficulties booking care assessments.
- 10 The remaining 16 percent of responses covered a wide variety of areas. Views are summarised in the table below:

Area of response	Responses		Summary of views
	Count	%	
<b>Parking</b>	5	2%	Loss of free parking on Sunday; lack of parking in city centre; high parking charges
<b>Council tax collection</b>	5	2%	Review Council Tax for pensioners; better collection of owed Council Tax; less spend on taking people to court for non-payment
<b>Planning</b>	4	2%	Loss of architecture (Shaws Furniture building); demolition of buildings
<b>Social services</b>	4	2%	'Child Stealing by the State'
<b>Public transport</b>	3	1%	Eco friendly transport
<b>Immigration</b>	3	1%	Prioritising budget for local people
<b>Health</b>	3	1%	Properly managed devolved NHS budget; closure of Brian Hore Unit; mental health
<b>Policing</b>	2	1%	Unsociable behaviour; lack of policing in City Centre
<b>Education</b>	2	1%	Drop academy system
<b>Childcare funding</b>	2	1%	15 hr nursery place needs to be available to all 2 year olds
<b>Skills</b>	1	0%	Training and employment for young people
<b>Geographical spend</b>	2	1%	Allocate greater % of spend outside City Centre
<b>Libraries</b>	1	0%	Huge cuts to small budgets
<b>Social housing</b>	1	0%	Houses for desperate families
<b>Youth services</b>	1	0%	Services working with teens
<b>Raising tax</b>	1	0%	Look at options for raising tax as well as areas to cut

## Twitter

The most mentioned topics and issues in Twitter were:

	Mentions
Waste collection & street cleaning	38
Service requests / queries	7
Gorton	6
Consultation with local people	6
Street cleaning	3
Payrises	3
Public toilets	1
Public transport	1

## Instagram

Of the comments received, 10 of the comments were about litter:

- “As someone who doesn't live in Manchester but visits Manchester regular. You need to get the litter cleaned up in around Piccadilly Gardens and turn the fountains back on. Your seriously letting the place fall to pieces”
- “Please please please clean up the city centre. it's shocking how much litter there is. The benches outside of the central library are full of cigarette stubs. There's takeaway boxes on the steps to the art gallery. Don't get me started on Piccadilly gardens... The list goes on and on”
- “if people had more pride for the city, we wouldn't have a constant litter battle”

Five comments were about parks (particularly in the City Centre):

- “We need a green space park in the city centre! It doesn't have to be massive but something you could run round & young family's could play on the grass... Etc etc trees and grass like a mini Hyde park or more along the lines of @Buxton park?!”
- “walked around Manchester this morning such a fab city lots going on but a green city park would be fab!!”
- “I'd say more green spaces and parks for people to enjoy the outdoors. Especially in city centre's where it can be a bit of a concrete jungle. I have found a few spots around town but they all seem to need a bit of a facelift.”

A further 5 comments were given as a response to a quote about adult social care including an offer of volunteering:

“is there any voluntary work out there where the public can spend time with any lonely pensioner that needs us for anything, company? Needs anything doing?... I'd give up my time in a heartbeat :)”

“This is a great cause for cash to be spent on. It is so very sad how we become that busy in our day to day lives that we forget those who have no one who can go for days/weeks/months without talking to anyone #pensioners”

Two comments were in response to a picture of Castlefield:

- “Has anyone seen the state of castle field at the moment. Litter in the water everywhere! It not only harms wild life but also harms tourist's view of the city. We are he third most visited city in the uk, not some substandard town on the outskirts of London. This is beyond outrageous. It's sad to see the council is more worried about securing international deals instead of dealing with domestic issues.”

## Demographic breakdown of respondents

### 1. Gender

	Manchester		Respondents	
	Count	%	Count	%
Female	201,249	51.2%	835	58.4%
Male	191,570	48.8%	595	41.6%
Prefer not to say	-		21	-
Unknown	-		564	-
<b>Total</b>	<b>392,819</b>	<b>100%</b>	<b>2,015</b>	<b>100%</b>

1.1 Ten respondents (0.5%) did not identify with their gender assigned at birth.

1.2 Eighty six percent of respondents (excluding those who preferred not to say) identified themselves as heterosexual and fourteen percent as gay, lesbian or bisexual.

### 2. Age

2.1 The age profile of respondents was more clustered to the middle age bands than the population with young people aged 16-25 and those ages over 75 under-represented. This group was specifically targeted by the paper questionnaire.

	Manchester		Respondents	
	Count	%	Count	%
16-25	75,935	24.5%	67	4.7%
26-39	86,469	27.9%	467	32.5%
40-64	95,621	30.8%	731	50.9%
65-74	26,969	8.7%	152	10.6%
75+	25,037	8.1%	19	1.3%
Prefer not to say	-	-	14	-
Unknown	-	-	565	-
<b>Total (16+)</b>	<b>310,031</b>	<b>100%</b>	<b>2,015</b>	<b>100%</b>

### 3. Ethnicity

3.1 By ethnicity those in the white British group were over-represented at 84.0% compared to 74.5% of the population. Those in Mixed: White and Asian, Asian or Asian British: Other Asian, Black or Black British: Other Black were also over-represented whilst those in other ethnic groups were under-represented .

	Manchester		Respondents	
	Count	%	Count	%
White: British	292,498	74.5%	1096	84.0%
White: Irish	14,826	3.8%	32	2.5%
White: Other White	10,689	2.7%	24	1.8%
Mixed: White and Black Caribbean	5,295	1.3%	12	0.9%
Mixed: White and Black African	2,412	0.6%	8	0.6%
Mixed: White and Asian	2,459	0.6%	12	0.9%
Mixed: Other Mixed	2,507	0.6%	1	0.1%
Asian or Asian British: Indian	5,817	1.5%	16	1.2%
Asian or Asian British: Pakistani	23,104	5.9%	36	2.8%
Asian or Asian British: Bangladeshi	3,654	0.9%	4	0.3%
Asian or Asian British: Other Asian	3,302	0.8%	19	1.5%
Black or Black British: Caribbean	9,044	2.3%	3	0.2%
Black or Black British: African	6,655	1.7%	9	0.7%
Black or Black British: Other Black	2,040	0.5%	25	1.9%
Chinese or other ethnic group: Chinese	5,126	1.3%	7	0.5%
Chinese or other ethnic group: Other ethnic group	3,391	0.9%	0	0.0%
Prefer not to say	-	-	144	-
Unknown	-	-	567	-
<b>Total</b>	<b>392,819</b>	<b>100%</b>	<b>2015</b>	<b>100%</b>

#### 4. Disability

- 4.1 Fifteen percent of respondents considered themselves to be a disabled person compared to 22 percent of the population (who consider themselves to have a limiting lifelong illness).

	Manchester		Respondents	
	Count	%	Count	%
Yes	84,507	21.5%	200	14.9%
No	308,312	78.5%	1242	86.1%
Unknown	-		573	-
<b>Total</b>	<b>392,819</b>	<b>100%</b>	<b>2015</b>	<b>100%</b>

#### 5. Caring responsibilities

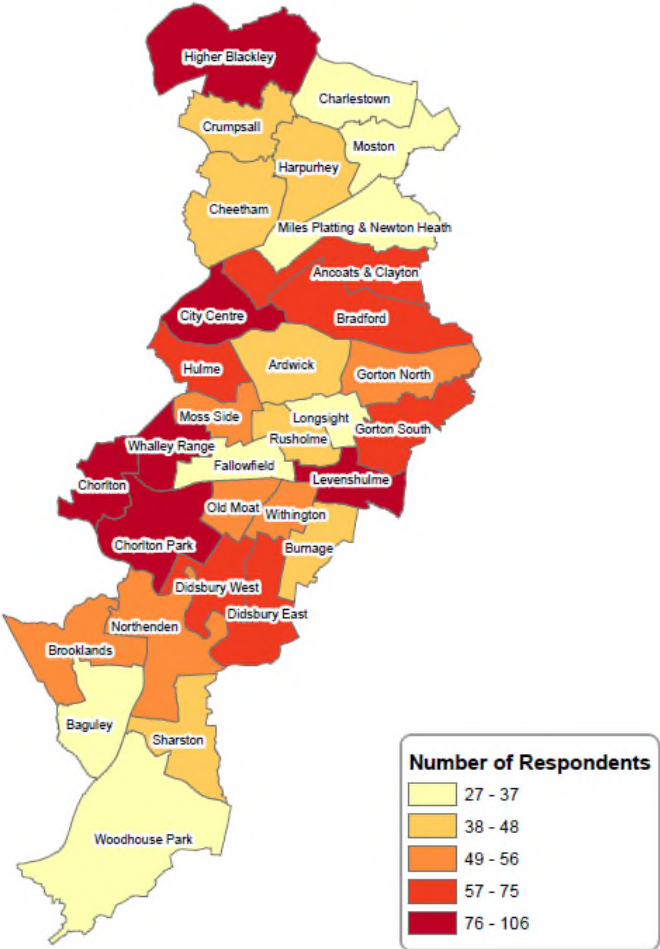
- 5.1 Just under a third (31.1 percent) of respondents had caring responsibilities. 8.9 percent provided care for a disabled child, adult, older person (increasing to 14.5 percent if secondary care is included). This is similar to the population and the 2001 Census recorded 8.9 percent of the population as providing unpaid care including looking after, giving help or support to family members, friends, neighbours or others, because of long-term physical or mental ill-health or disability or problems relating to old age.

	Respondents	
	Count	%
None	1176	68.9%
Primary carer of child/children under 18	283	16.6%
Primary carer of disabled child or children	22	1.3%
Primary carer of disabled adult (18-65)	51	3.0%
Primary carer of older people (65+)	78	4.6%
Secondary carer	96	5.6%
Prefer not to say	43	-
Unknown	266	-
<b>Total</b>	<b>2,015</b>	<b>100%</b>

#### 6. Geographic profile

- 6.1 Ninety three percent of respondents lived in Manchester and a further seven percent lived in other areas of Greater Manchester.
- 6.2 Based on ward patterns, most respondents came from central Manchester, with fewer responses in the North and Wythenshawe. The mapping data includes printed questionnaire responses with the door drop in Blackley inflating the figures in the far north of the city. Postcode areas M20, M21 and M19 are the most over-represented whilst areas M40, M13, M8, M14 are the most under-represented

### Budget Conversation



	Manchester		Respondents		Difference
	Count	%	Count	%	
M40	40857	7.8%	93	5.1%	-2.7%
M13	23961	4.5%	37	2.0%	-2.5%
M8	31098	5.9%	78	4.2%	-1.7%
M14	52820	10.0%	155	8.4%	-1.6%
M18	23267	4.4%	57	3.1%	-1.3%
M22	42371	8.0%	125	6.8%	-1.2%
M11	20443	3.9%	56	3.1%	-0.8%
M12	16176	3.1%	42	2.3%	-0.8%
M9	39518	7.5%	125	6.8%	-0.7%
M3	11709	2.2%	30	1.6%	-0.6%
M16	35721	6.8%	114	6.2%	-0.6%
M23	30949	5.9%	101	5.5%	-0.4%
M15	22310	4.2%	79	4.3%	0.1%
M2	0	0.0%	3	0.2%	0.2%
M1	12221	2.3%	51	2.8%	0.5%
M4	10740	2.0%	59	3.2%	1.2%
M19	34586	6.6%	170	9.3%	2.7%
M21	29583	5.6%	197	10.7%	5.1%
M20	48595	9.2%	264	14.4%	5.2%
<b>Total</b>	<b>52692</b>	<b>100.0</b>	<b>1836</b>	<b>100.0</b>	<b>0.0%</b>
	<b>5</b>	<b>%</b>	<b>1836</b>	<b>%</b>	<b>0.0%</b>
Other Greater Manchester			131		
Outside Greater Manchester			6		
Unknown			45		

### Comparison of printed versus digital responses

- The following outlines the age comparison of the offline vs on line responses.

	Online Respondents		Offline respondents		Total respondents	
	%	Count	Count	%	Count	%
16-25	67	4.7%	0	0%	67	4.5%
26-39	467	32.5%	5	9.8%	472	31.7%
40-64	731	50.9%	21	41.2%	752	50.6%
65-74	152	10.6%	15	29.4%	167	11.2%

- The following identifies the offline vs online responses to the question - what services are most important to you?

	Online	Offline
Education	1	2
People with disabilities and mental health problems	2	1

Emptying bins, waste disposal and street cleaning	3	4
Children in care and family support	4	5
Keeping neighbourhoods safe and successful	5	3
Fixing roads, street lights and parking	6	6
Regenerating the city, creating jobs and improving skills	7	7
Making Manchester healthier and more active	8	8
Parks and open spaces	9	9
Culture, arts, events and libraries	10	11
Making sure benefits are paid fairly, and collecting council tax and business rates	11	10
Leisure centres and sports	12	12