

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 5 January 2017
Subject: New Adult Social Care Citizen and Carer publications
Report of: Strategic Director, Adults Health and Wellbeing

Summary

This report provides Members of the Committee with oversight of three documents produced by adult social care:

- Your Guide to Adult Social Care – for eligible citizens
- Carer's leaflets – to provide carers with necessary information and advice in their caring role
- The Local Account for Adult Social Care 2015/16

Recommendation

Members of the Committee are requested to note these publications

Wards affected: All

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Background documents (available for public inspection):

None

1. Introduction

- 1.1 As a result of the Care Act, there is an expectation on adult social care authorities to be 'more visible' to their resident population – both people not receiving adult social and those who do. This is due to the Care Act mandating on local authorities the statutory duty to provide appropriate 'information and advice'.

2. New Adult Social Care Citizen and Carer Publications

- 2.1 Accordingly, two key documents have been produced for citizens and carers:
- 2.1.1 **Your Guide to Adult Social Care** – this is intended for citizens as they first receive adult social care services, either in hospital, from going through a period of Reablement or through a community Primary Assessment service. The aim of the booklet is to share easy to read information on the adult social care process, from paying for your care or the key messages around adult safeguarding. It is envisaged that Members and other key public sector partners will find this a useful and informative guide.
- 2.1.2 **Carer's Services** – Under the Care Act, carer's now have a full legal right to an assessment and an entitlement to services, be that short breaks for the person they care for, or activities that all them to take a break from caring.
- 2.2 Members are requested to review these new publications which will now be made available to people undergoing an assessment or the general public viewing our online information.

3. Adult Social Care Local Account 2015/16

- 3.1 As part of the Sector-Led improvement under the Association of Directors of Adult Social Services (ADASS), it is good practice (but not mandatory) to publish a local account. A local account is simply a look back at the previous year – in this case 2015/16 – and to set out what activities have been achieved. It is also a compendium of financial and performance data and also includes case studies which bring the report to life to depict the breadth of Manchester's adult social care service.
- 3.2 This year's local account provides an excellent overview of what heightened activity has taken place in the Directorate since the Care Act came into force, which Members will find useful. It also covers non-traditional adult social care areas such as Homelessness, Housing options for Older People (HOOP) as well as showcasing some of the public health commissioned services.



Your guide to social care for adults in Manchester

Adults, Health and Wellbeing

Getting social care help and support

If you or someone you know needs help and support, you can talk to someone in person to make an enquiry, raise a concern or ask for help and advice.

When you get in touch we'll ask you some questions. We ask questions so that we can find out quickly how we can help you. For instance, that could be getting you a simple piece of equipment to help you at home, or telling you about other services that could support you to self-care or remain independent at home. If it looks like the Council can help, we'll arrange for someone to contact you to assess your needs further.

If we can't help you ourselves, we'll refer you to other organisations that may be able to help.

If you want, you can have someone contact us on your behalf, such as a relative, friend, neighbour, or another organisation.

You can contact us via the details on the back page.



How we can help

Often, the first time people get in touch is when something has changed or happened in their lives. This could be a fall or an accident that means you can't manage things yourself for a short period. You may be recovering from an operation and need additional support when you leave hospital, or perhaps a change in your life means you are struggling to manage on your own for the first time.

If so, the best way to help you regain your independence and manage on your own may be reablement. This is a short-term period of assessment and intensive support that can last for up to six weeks. Reablement is available for Manchester residents aged 18 and over. We'll advise whether this is the right option for you.

Throughout your reablement we'll work with you to help you regain your independence. We'll encourage you to set goals to achieve and see how you're meeting these each week. Hopefully, at the end of your reablement you'll be able to manage on your own and be ready to get on with your life.

If we think there are additional support services in your local community that could be of benefit, we'll talk to you and help you access them.

Some people may need long-term support. We call this ongoing help a 'care and support package'. This might be help to live at home or to go to work, or it could be a residential or nursing care home. We'll tell you what support is available and whether we are able to make a contribution to its cost.

Who will contact you to assess your needs and help you develop a support plan?

In Manchester, at the start of your assessment process you may be contacted by a Primary Assessment Worker, a Social Worker, or an Assessment Worker.

These professions share and draw on a set of core values and principles relating to:

- The human, legal and civil rights of the individual
- The equality, worth and diversity of all people, respecting their individuality, privacy and dignity
- Protection from discrimination and prejudice
- Personal autonomy, independence, choice and control.

Social Workers, Assessment Workers, and Primary Assessment Workers under the guidance of a Social Worker can complete initial assessments to determine whether you have any eligible care needs. If you have identified social care needs, they will work with you to develop a care and support plan.

The aim of the assessment will be to identify any social care needs you may have and to work with you to consider how these needs may be best met. The focus of the assessment will be on areas you have been managing well, and on supporting you to identify any areas you currently find problematic and impacting on your wellbeing.

Once the assessment is completed they will work with you to create a support plan that is based around your needs. All professions work to a clear model of empowerment and will work with you to support your return to full independence as quickly as possible.



Who we can help

We use the Government guidance under the Care Act 2014. This came into force on 1 April 2015 and sets out how we should assess people using new national eligibility criteria.

To be eligible for social care, you must qualify in three parts, as follows:

Part 1

You qualify because your needs arise from (or are related to) a physical or mental impairment or illness.

Part 2

You qualify because you are unable to achieve two or more of the following ten specified outcomes:

1. Eating and drinking
2. Maintaining personal hygiene
3. Managing toileting needs
4. Being appropriately clothed
5. Being able to make use of your home safely
6. Maintaining a habitable home environment
7. Developing and maintaining family or other personal relationships
8. Accessing and engaging in work, training, education or volunteering
9. Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
10. Carrying out caring responsibilities for a child

Part 3

You qualify because this is causing or is at risk of causing a significant impact on your wellbeing (ie. an important consequential effect on your daily life, independence and wellbeing).

If you are not entitled to receive support under the Care Act eligibility, we may still be able to help you. This may include telling you about other local services in the community that can meet some of the needs you have told us about.

You might also want to consider how family, friends and neighbours could help to meet your needs, or you could choose to buy services from local care providers if you wish.



Paying for support

Our support package tells us the type and level of support you need and how much this should cost. We call this your Support Budget, or your Personal Budget. To help you get the right support we award points to each area of your needs. Each point is worth money in your Support Budget.

Unlike health services, all social care services are not free. We may be able to contribute to some or all of the costs of your support package if you have eligible care and support needs. To find out, we need to ask you some questions about your finances – your money – to see if you can afford to pay towards the cost of your support.

This is called a financial assessment and looks at your income and any savings you may have.

If you choose not to have a financial assessment, you will have to pay the full cost of the services you receive.

All financial assessments are made under the Government's Care and Support (Charging and Assessment of Resources) Regulations 2014.

Although the financial assessments are similar, different rules apply depending on whether you receive care while living at home (non-residential care) or in a residential care home setting. The main differences are outlined below:

Non-residential

- We don't take the value of your property into consideration unless it's a second home or you don't live in it.
- You may be entitled to financial support even if you have savings/assets over the capital threshold of £23,250.

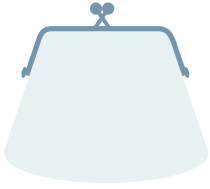
- Your assessed charge will take into account the Minimum Income Guarantee levels set by the Department of Health, which aim to ensure that you are left with enough weekly income to meet your living costs.
- Your assessment will take any eligible disability-related expenditures (DREs) into consideration.

Residential

- If you have savings/assets over the capital threshold of £23,250, the Council is not allowed to contribute towards your care costs.
- If you are in permanent residential care, the value of your home may be taken into consideration. If assessable, the value of your property counts as capital 12 weeks from your admission date, and at that point you will be responsible for meeting the full cost of the residential home. If your home is taken into account, the Council may be able to offer you a Deferred Payment Agreement, which will provide you with a loan to fund your care until your home is sold or until you no longer require funding. The deferred amount must be paid back to the Council.
- If you are in permanent residential care and receive a superannuation, you may choose to give 50% of it to your partner.

You can find out more about non-residential financial assessments in the Fairer Charging Customer Handbook.

We can provide information on residential financial assessments and deferred payments if required. Please ask for a copy of this information.



Managing your Support Budget

Once you know your Support Budget and the agreed outcomes it will deliver, there are a number of ways you can manage your support.

You can choose to:

- have the Council organise your support for you within the levels of your budget and make all the payments. Any contribution you make towards the cost of your support package is paid to the Council. We call this a Virtual Budget
- have more choice and control over your care and organise your own support, manage your budget, and make all payments yourself. We call this a Personal Budget
- have someone else to organise your support for you, manage your budget, and make all the payments on your behalf. We call this an Individual Service Fund.

We'll talk to you about your options to help you make your decision.



Getting the right support

The most important part of your support is carefully planning how you will meet the needs identified in your care assessment. You do this in your support plan. This tells us your goals – what is important for you to be able to do yourself or with some help. Sometimes these are called your outcomes. Another key feature of the new Care Act is that any care and support must promote your wellbeing, so we will talk to you about this aspect.

Once you know what your goals are you can start to think about the best way to meet them. This might include help and support from family, friends and neighbours, social services from the Council, or support from voluntary and community organisations.

You can also get help from an advocate or brokerage service. Brokerage services work with you to get the most from your Support Budget.

Information about services and organisations that can help you meet your needs can be found on our:

- Council website: **manchester.gov.uk**
- online directory Help and Support Manchester (HSM): **manchester.gov.uk/helpandsupportmanchester**
- new portal, Connect to Support, where citizens and carers can do a quick self-assessment on eligibility and also find out more about the adult social care process: **connecttosupport.org/manchester**



Reviewing your support

People's needs can change over time. To make sure you continue to get the correct level of help and support, we will review your support package at least once a year to take into account any changes in your circumstances and needs. This might mean you need less support, your support package doesn't change, or you may need more support.

If your needs change, you can contact us and arrange a reassessment. Your reassessment will consider your needs and the support we are able to offer, which may have changed.



Going into and leaving hospital

There may be a time when you have to go into hospital for planned treatment or an emergency. If you know in advance, you should let your care providers know the name of the hospital, when you will be going in, and how long you are likely to stay. You may need to make arrangements to take care of things at home, such as the care of a pet, or managing your post.

If you are someone's carer or your own carer is going into hospital, it is important to make alternative arrangements.

If your hospital stay is an emergency, you should let one of the nurses on the ward know as soon as possible if any of the above situations affect you. Carers can carry a Carers Emergency Card, which tells staff that they care for someone and who to contact. You can find out more in the Carers Information Booklet.

If necessary, when you're ready to leave hospital, a discharge team (made up of Social Workers and NHS staff) will discuss the support you have in place to meet any ongoing needs you may have.

Supporting carers

Unpaid carers play a vital role providing support for relatives, friends and neighbours. Often, people don't realise they are a carer. Someone is a carer if they support a relative, friend or neighbour due to age, physical or mental illness, impairment, or substance misuse – including alcohol and drugs.

Under the Care Act 2014, carers are now entitled to an assessment of their needs as a carer.

Lots of information on agencies that support carers can be found on our carers directory which can be accessed via our website: **manchester.gov.uk/carers**

You can also find out more in our Carers booklet.

To request a copy, or to arrange a carer's assessment, call **0161 234 5001**.



Safeguarding adults

If you are worried about something that is happening to you, or about someone you know, we will work with you to make sure that you, or they, are safe.

We will treat you with respect and listen to everything you tell us.

There are different ways in which people can be harmed or abused. For example:

- **Physical abuse:** where you are hit, kicked, pushed or suffer any kind of physical harm. It's not okay for anyone to hurt you
- **Sexual abuse:** where someone touches your body when you've said that it is not okay, or where someone makes you take part in or watch sexual acts that you don't want to, or which make you feel uncomfortable. It's not okay for anyone to touch your body unless you say it's okay, and it's not okay to make you look at or do something if you don't want to
- **Financial abuse:** where someone takes your money, property or other things that belong to you, or makes you sign for things such as loans that you don't want or don't understand. It's not okay for anyone to take your money or your property, or to get you to agree to anything about money that you don't understand
- **Emotional abuse:** where someone shouts at you, says nasty things about you, threatens you, or makes you feel scared. It's not okay for anyone to bully you

- **Neglect:** where someone who should look after you doesn't do what they should and leaves you without the care and support you need. The person who should look after you might be a friend or family member, or a paid carer. Its not okay for anyone who should look after you to leave you cold, hungry, wet, soiled, without your tablets, or dirty.

This is what you can expect from us if you tell us about harm or abuse to you or someone you know:

- You will be asked about what you want to happen, and we will do our best to make sure that it does.
- You will be provided with any help and support you need to report abuse, and you will be involved in everything that happens.
- You will be provided with information about what abuse is, how to recognise the signs, and what you can do to seek help.
- You can be sure that the professionals will work for what you want, and will only get involved as much as needed.
- You can be sure that professionals will treat your personal and sensitive information in confidence, and that they will only share what is necessary to get the best results for you.
- We will make sure that you understand the role of all the people involved in supporting you.

If you think you are being abused or neglected, or you know of someone who may be, call Manchester City Council on **0161 234 5001**, or Greater Manchester Police on **101** (non-emergency number).

In an emergency ring **999**.



Information about you

To help us understand and meet your needs, we ask you to give us information about yourself. Usually, this information will be written down and held on a secure computer.

The information we keep includes your name, address and date of birth, as well as the names and contact details of close relatives and carers. During your assessment, we also gather information about your health support needs. We keep a record of meetings and any letters or correspondence about the support you receive.

Where we work with other people to plan and provide your support, we will need to share information with them. We'll ask you to agree that we can do this.

We are committed to keeping your records safe and confidential, and have strict guidelines to ensure that we respect your rights. You can request to see your social care record at any time. You can find out more here:

www.manchester.gov.uk/info/200031/data_protection_and_freedom_of_information/268/data_protection or call **0161 234 5001**.

Help and Support Manchester (HSM)

HSM is the online resource for adults, carers of adults, their friends and relatives who want to find support services and a wide range of opportunities to help you get the most out of your life.

This new directory has detailed information about more than 4,000 services and community-based activities in and around Manchester. These include advice about benefits, yoga classes for people with disabilities, as well as social opportunities and other services to help improve residents' quality of life.

To find out about the range of services and support, go online at: manchester.gov.uk/helpandsupportmanchester

How you can get involved

Manchester City Council greatly values the input of customers to help in the design and delivery of services, and has a number of ways you can get involved, including customer surveys, feedback requests, customer groups and co-production.

To find out more about how you can get involved call **0161 234 5001** or email getinvolvedadultsocialcare@manchester.gov.uk



What to do if you're not happy

If for any reason you are unhappy or dissatisfied with the support and advice you receive, the best way to resolve the issue is to discuss the situation with your care contact.

After an assessment, if you feel the outcome is incorrect and have been unable to resolve this with your care contact, you can appeal. The appeal will look at your needs and any new or additional evidence you provide. The appeal may result in an increase in your budget, no increase, or it may result in a reduction.

If you are unable to resolve a problem or an issue about a service you receive informally, you can find out more about how the Customer Care Team can help you in the Comments, Compliments and Complaints leaflet.

To request a copy, call **0161 234 5001**.

If you need this information in another language or another format – such as large print, Braille or audio – you can contact us via the details on the back page.

Contact us



Website: manchester.gov.uk



Telephone: **0161 234 5001**



Email: mcsreply@manchester.gov.uk



SMS text: **07860 003160**



Sign-video: manchester.gov.uk/signvideo

Online service directory: You can also find details of other services and support at Help and Support Manchester: manchester.gov.uk/helpandsupportmanchester

Can I have another Carer's Personal Budget in the future?

Carers of adults with care and support needs are eligible for a Carer's Personal Budget every 12 months, or sooner if their needs change. The assessment will look at whether they have eligible support needs using the national eligibility criteria.

To arrange a Carer's Needs Assessment, you will need to contact the Contact Service on 0161 234 5001.

Do I need to send you my receipts?

No, but you must keep your receipts in case we ask to see copies of them. Your care manager will ask at your next assessment how you spent the award.

Can I buy food and drink with my Carer's Personal Budget?

As long as the purchase has been recorded in your support plan, you can spend your Carer's Personal Budget on these items.

Can I receive the Carer's Personal Budget even if I am paid for some of the care I provide (eg. via the personal budget of the person I care for)?

Yes. All carers can ask for a carer's assessment and, if they have eligible support needs, they can receive a carer's personal budget.

If you are paid £210 or less per week for the care you provide, you are eligible for the Carer's Personal Budget. If you are paid more than £210, you are unlikely to be eligible for the Carer's Personal Budget, and you must inform your care manager. Failure to do so may result in Manchester City Council reclaiming this funding from you.

If I am not the only carer supporting the person I care for, or if I am not the only carer living at my address, can I still get a Carer's Personal Budget?

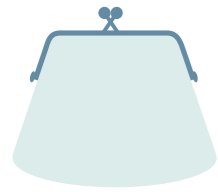
All carers may apply for a Carer's Personal Budget, even if they care for the same person. Consideration will be given to all carers to see if they have eligible support needs as a carer, and whether they should receive a personal budget.

Can I give some or all of my Carer's Personal Budget to someone else?

No. The Carer's Personal Budget is for the assessed carer to whom the acceptance form is addressed.

Your Carer's Personal Budget

Adults, Health and Wellbeing



What is a Carer's Personal Budget?

A Carer's Personal Budget is an amount of money given to you, the carer, to support you in your caring role. It was identified by your care manager in your recent Carer's Needs Assessment that you have eligible support needs. This is decided using national eligibility criteria for carers as required by the Care Act.

You can receive your Carer's Personal Budget as a direct payment so you can spend it on the outcomes in your support plan

How to claim your Carer's Personal Budget

In order to claim your Carer's Personal Budget, you need to complete the enclosed acceptance form.

The assessor who completed the needs assessment with you will help you to complete the acceptance form.

You may spend your Personal Budget as you agreed with the person who helped you complete your assessment. This will be to meet the identified needs and outcomes that were recorded in your support plan.

If you have any queries regarding how to claim your Personal Budget, you should contact the person who completed the needs assessment with you.

How do I accept my Carer's Personal Budget?

To accept your Carer's Personal Budget you will need an active bank account. If you do not have a bank account, you may wish for your Carer's Personal Budget to be paid into the bank account of a friend or relative so they can give you the money. Unfortunately, we cannot pay into Post Office accounts. If you are unsure about how you can claim your Carer's Personal Budget, you should contact the person who completed your assessment with you.

Payment usually takes up to four weeks from the date the Council's Payments Team receives your acceptance form. If you have not received your budget allocation within this time, contact the Payments Team on 0161 234 3819 or email carers@manchester.gov.uk

It is important that anything you intend to spend your money on is only purchased after you have received your Carer's Personal Budget. Manchester City Council will not be held responsible if you purchase something before your budget enters your bank account.

You should retain the receipts for your purchases. We may ask to see copies of them for audit purposes. You will be asked at your next assessment how you spent the award.



Frequently asked questions

How much have I been awarded?

The amount you have been awarded is included in the letter sent to you after your Carer's Needs Assessment.

I wish to go on holiday. Can I take the person I care for with me?

Of course you can. Your Carer's Personal Budget can be used to contribute to the cost of a holiday for just you or for both of you.

Can I spend any of my Carer's Personal Budget on the person I care for?

A Carer's Personal Budget is for you, the carer, to support you in your caring role. It should not be spent on the person you care for. Manchester City Council sets aside an amount of money for carers each year, and therefore it is important that this goes directly towards supporting carers.

Can I pay somebody to look after the person I care for to allow me to have a few hours of time for myself?

You may wish to pay for a sitting service to temporarily look after the person you care for so you can have a break from your caring role. If you wish to use your Carer's Personal Budget towards this, there are a few things you must take into account:

- To provide the service, you must use an organisation registered with the Care Quality Commission (CQC). Your care manager can advise you on CQC-registered organisations in Manchester; alternatively, you may wish to visit www.cqc.org.uk
- You cannot pay a friend or family member.
- Your Carer's Personal Budget should not be used to simply 'top up' the care package of the person you care for, as this money is for carers.
- You may choose to use a service already known to you and the person you care for.

How long do I have to spend my Carer's Personal Budget?

You must spend your award within 12 months. After 12 months you may request another Carer's Needs Assessment, or sooner if your needs have changed.

Where else can I spend my money?

Many carers' support services run group breaks, pampering sessions and other events throughout the year at discounted prices for carers. More information about these groups can be found in the online Carer's Toolkit at www.manchester.gov.uk/carers

Will receiving a Carer's Personal Budget affect my entitlement to Carer's Allowance or any other benefits I receive?

No. Receiving the Carer's Personal Budget will not affect your Carer's Allowance or any other benefits you may receive.



Information for Carers

Adults, Health and Wellbeing



Carer's information – getting the help and support you need

Foreword

There are over six million carers in the UK, which saves the economy £87 billion every year. In Manchester alone more than 40,000 carers provide unpaid support for a relative, friend or neighbour, and the Care Act now means that support for carers is consistent across the country.

This booklet has been written to provide essential information for carers and those who work with carers in Manchester. There is also an online Carer's Toolkit, which helps carers to find out about their rights, vital services, benefits, and much more.

If you are a carer, you can book a Carer's Assessment by phoning Manchester Contact Service on **0161 234 5001**.

Are you a carer?

Sometimes one of the hardest things to do as a carer is to realise you are a carer. Once you do, you can take your first steps towards getting the information and support you need.

You are one of Manchester's 40,000 carers if you support a relative, friend or neighbour who has care and support needs that may be due to:

- a physical or mental illness
- a physical or learning disability
- substance misuse, including alcohol and drugs
- sensory impairment
- frailty due to old age.

You may be eligible for support as a carer if you also:

- provide necessary care that you are not paid for
- care for a Manchester resident.

Many carers have thoughts and worries that stand in the way of them getting the support they are entitled to. All carers deserve support, so don't let your worries stand in your way:

I don't live with the person I support – I don't even visit them every day.

Being a carer does not mean you have to be living with the person you care for or provide care 24 hours a day. Caring can take on a variety of forms, including preparing meals, doing shopping, taking someone to appointments, managing finances, bathing and toileting, giving medication, giving emotional support, and doing laundry.

It is my duty as a mother/husband/brother/daughter-in-law/friend etc to provide care. I would feel guilty about getting help to provide that care.

Carer's services are there to support you to continue to care, not to replace the care you decide to provide. There are many types of services without which many carers feel unable to carry on caring. In the words of a carer: "If you don't look after yourself, how can you possibly look after someone else?"

There won't be anything for me. I don't like going to groups!

There are many services and support groups for carers in the city that can help you get the information and support you need. Look online at Help and Support Manchester to find services that are waiting for your call, including breaks away, short breaks, financial advice and advocacy, and education and training.

Carer's Assessments – your first step to support

A Carer's Assessment is the best way to find out about things that could help you in your caring role.

Whether you simply need information or want to meet up with other carers, your Carer's Assessment will let you know how life as a carer can be made easier.

The Carer's Assessment is for you and your assessor to discuss your needs. You can express exactly how caring impacts on your life and work out what things could help you to care, some of which are only available through a Carer's Assessment.

Your Carer's Assessment will look at everything from health and wellbeing, to work and training, as well as your leisure time and family commitments. It will also be a great opportunity to think about what would happen if you found yourself, for whatever reason, unable to care.

A Carer's Assessment acknowledges you as an individual, so you can request yours even if the person you care for has refused all services, or even if they haven't been assessed. An assessment can be booked at your own convenience and you can have it on your own, without the person you care for being present.

To book your Carer's Assessment, phone Manchester's Contact Service on **0161 234 5001**. The Contact Service will take your details and pass them on to the relevant team, which will then call you back.

Carer's Personal Budget

Through a Carer's Assessment you may be entitled to a Carer's Personal Budget. This can be taken as a non-means tested direct payment to support you in your caring role. You can apply for this every year or if your needs change during the year.

During your assessment, your needs and desired outcomes will be recorded and your eligibility for support will be determined. If according to the national criteria you are eligible, you will have a support plan and be told the amount of your personal budget. If you wish, your personal budget can be taken as a direct payment, which must be spent on the outcomes in your support plan.

To book your Carer's Assessment, call the Manchester Contact Service on **0161 234 5001**.

For further information about the Carer's Personal Budget, call the Council's Payments Team on **0161 234 3819** or email **carers@manchester.gov.uk**

The postal address for the Payments Team is:
**Payments Team, Directorate for Children and Families,
Level 5, Town Hall Extension, PO Box 532, M60 2LA.**

Carers of working age

Eighty per cent of carers in the UK are of working age. Having a job while you care is a challenge in itself, and many carers have to give up work altogether.

Managing work and care

Many carers of working age manage a job as well as their caring role, which can create difficulties at work and often limit opportunities for promotion.

It is important for carers to access the support they need outside the workplace, but carers also have statutory rights within the workplace. These rights are in place to help you manage work and your caring role:

– **Flexible working**

Flexible working allows carers to alter their work pattern to meet their needs as a carer. This may mean, for example, changing your starting and finishing times, working compressed hours, or job-sharing. A good business reason must be given for a carer's flexible working request to be declined.

– **Time off for dependants**

Carers have the right to time off work to deal with an emergency involving a dependant. Whether the time off is paid or unpaid is at the discretion of your employer.

Your employer may also have further policies in place to support carers. It is important to ask about these policies so that you have a clear understanding of your rights as a carer and as an employee.

For more information about carers' rights in the workplace, call Carers Direct on **0300 123 1053** or visit **www.nhs.uk/carersdirect**

Returning to work

One in five carers gives up work to care. This can have a negative impact on finances, take away an opportunity for social contact, and can knock your confidence.

If you have been out of the workplace for some time, it can be very difficult to think about returning to work and hard to know where to start. However, as a carer you will have learnt new skills that may benefit many potential employers. Some employers actively recruit carers who gave up work but now wish to return to the workplace.

For more information about returning to work, contact Jobcentre Plus on **0345 608 8545**.

Carer's Allowance and other benefits

If you have given up work or reduced your hours, you may be entitled to benefits, or entitled to increase the benefits you were already claiming. The main benefit for carers is Carer's Allowance.

To claim Carer's Allowance you must meet all the following conditions:

- You look after someone who gets a qualifying benefit
- You look after that person for at least 35 hours a week
- You are aged 16 or over
- You are not in full-time education
- You earn £110 a week or less (after deductions)
- You satisfy UK presence and residence conditions.

Other factors will also need to be considered. For more information contact the Carer's Allowance Unit on **0345 608 4321** or go to **www.gov.uk/carers-allowance**

Carers may also be entitled to Carer Premium, Income Support, Housing Benefit, Council Tax Benefit, Working Tax Credit, Child Tax Credit, or National Insurance Credits.

These are by no means the only benefits you may be entitled to as a carer in Manchester. To find out more about what you can claim, log on to **www.gov.uk/carers-allowance**

Don't miss out on the benefits you are entitled to.

Carer's Emergency Card

Over 95 per cent of carers worry about what would happen if something unexpected meant they were unable to care. Because of this, Manchester can provide an emergency card to give carers peace of mind.

Problem: When the person you care for has capacity issues or communication difficulties, you may worry about leaving them in case something happens to you while you are out.

Solution: Manchester's Carer's Emergency Card acts as an alert so that you can be identified as a carer. In the event of an emergency, the card alerts people to the fact that you are a carer and that someone relies on you for care. By phoning Manchester Contact Service, information about your needs and those of the person you care for can be accessed. Contact details of friends and family who could step into your caring shoes can be stored by the Council too.

Access: All carers can obtain their own emergency card. For more information please contact the Manchester Contact Service on **0161 234 5001**.

Young carers

A young carer is someone aged 18 or under who helps to look after a relative with an illness, a disability, a mental health condition, or a drug or alcohol problem.

Most young carers look after one of their parents or care for a brother or sister. This might involve extra jobs in and around the home, such as cooking, cleaning, or helping someone to get dressed and move around.

Some children give a lot of physical help to a brother, sister or parent who is disabled or ill. They may also be giving emotional support to their siblings and their parents.

Without support, young carers' educational achievement and development can be significantly affected, as they have little time to do homework, coursework, attend open days or socialise with friends.

For further information, please view the services featured in Support for Young Carers on Help and Support Manchester.

You could also talk to your teacher or another member of staff at your school or college.

The Carer's Toolkit with information for young carers is at:
www.manchester.gov.uk/carers

If you are a young carer or you are supporting a young carer and would like to request an assessment, you should ring the Manchester Contact Service on **0161 234 5001**.

To find out what is available for young carers nationally, phone Carers Direct on **0300 123 1053** or go to **www.nhs.uk/carersdirect**



Useful contacts



Age UK

For the wellbeing of older people and their carers

Tel: 0800 169 6565

Web: www.ageuk.org.uk



Buzz

Manchester Health and Wellbeing Service

Web: www.buzzmanchester.co.uk



Carer's Allowance Unit

For information about Carer's Allowance

Tel: 0845 608 4321

Web: www.direct.gov.uk/carers



Carer's Toolkit

Manchester City Council website with information for carers

Web: www.manchester.gov.uk/carers

Carers Direct

National information and advice service for all carers

Tel: 0300 123 1053

Email: carersdirect@nhschoices.nhs.uk

Web: www.nhs.uk/carersdirect

Carers UK

The national voice of carers

Tel: CarersLine 0808 808 7777

(Wednesdays and Thursdays, 10am–12 noon and 2–4pm)

Web: www.carersuk.org

Connect to Support

E-marketplace and directory of services

Web: [https://www.connecttosupport.org/s4s/](https://www.connecttosupport.org/s4s/WhereILive/Council?pagelid=225)

[WhereILive/Council?pagelid=225](https://www.connecttosupport.org/s4s/WhereILive/Council?pagelid=225)

Help and Support Manchester

Manchester City Council's online directory of services

Web: www.manchester.gov.uk/helpandsupportmanchester

Manchester Carers Network

Gaddum Centre

6 Great Jackson Street

Manchester M15 4AX

Tel: 0161 834 6069

Email: paulw@gaddum.co.uk

(Paul Woolley)

Twitter: @Carers_HUB

Manchester Contact Centre

Manchester City Council contacts for all assessments, including Carer's Needs Assessment and equipment and adaptations.

Tel: 0161 234 5001

Fax: 0161 025 8266

Mini-com: 0161 272 8770

Web: www.manchester.gov.uk

Adult Social Care in Manchester

Local Account 2015/16



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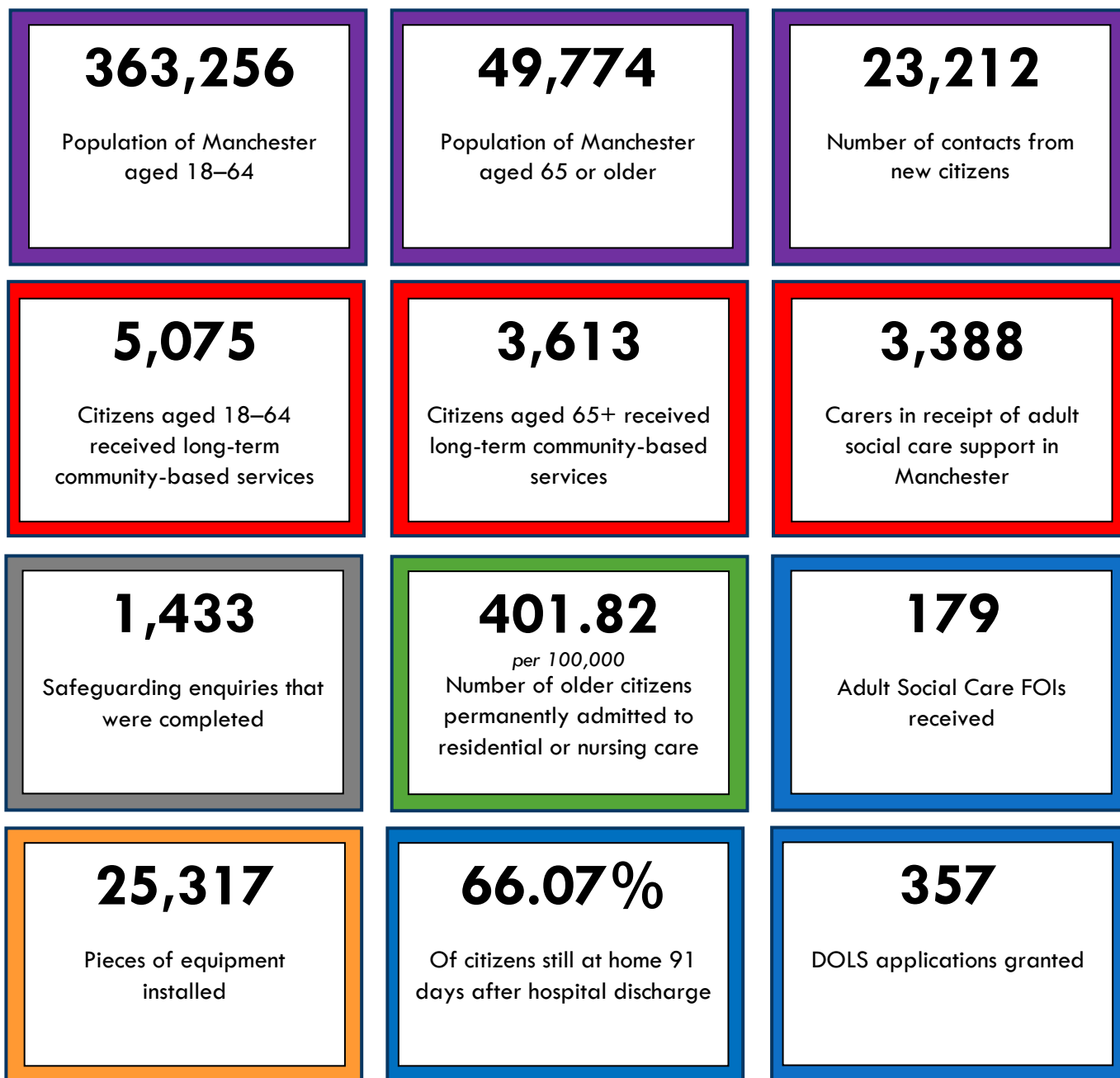
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! Explanation boxes will help you understand some of the terms used in this document.

Adult Social Care in Manchester

ANNUAL LOCAL ACCOUNT

Demographics and activity in 2015/16



Population data from: Office for National Statistics, Population Estimates for UK, Mid- Year Estimate 2015

! Demographics (and Demography) refer to the data of a population, and the different groups within that population, such as age, gender, ethnicity, education, religion, culture or economic situation.

ANNUAL LOCAL ACCOUNT

Welcome

Councillor Paul Andrews, Executive Member for Adults Health and Wellbeing

I'm delighted to publish this year's Local Account which showcases the important work that takes place across the Directorate. Our primary aim is to support a range of citizens who need support and assistance in their daily lives and this year's account shows the breadth of what the City Council does, often in partnership with other key statutory services, particularly our health partners. The health and wellbeing of Manchester residents is of utmost importance to us and, looking back to last year, we can clearly evidence how we have made a difference. For many citizens, the care and support provided by adult social care comes at a time when people are in crisis and need urgent help. The new duties under the Care Act 2014, which came into force on 1 April 2015, encourages us to help people avoid crisis situations and provide lower level early interventions that keep people independent in their own community - this is important to us - and we strongly rely on our key partners in the Voluntary and Community Sector to help us to do this. We are therefore extremely grateful for the work that you do to help vulnerable people stay safe and be supported in their neighbourhoods.

I'd also like to pay tribute to our adult social care workforce, which includes public health too, for their continued efforts to support Manchester residents. We also have new stronger duties around meeting the needs of Carers under the Care Act so I would also like to pay tribute to the vital role that Carers play in our great city - the work you do is fantastic, but we recognise that, from time to time, the impact of caring can take its toll. We are therefore very committed to supporting Carers so they can, in turn, continue to play an important part of supporting family members or friends as necessary.

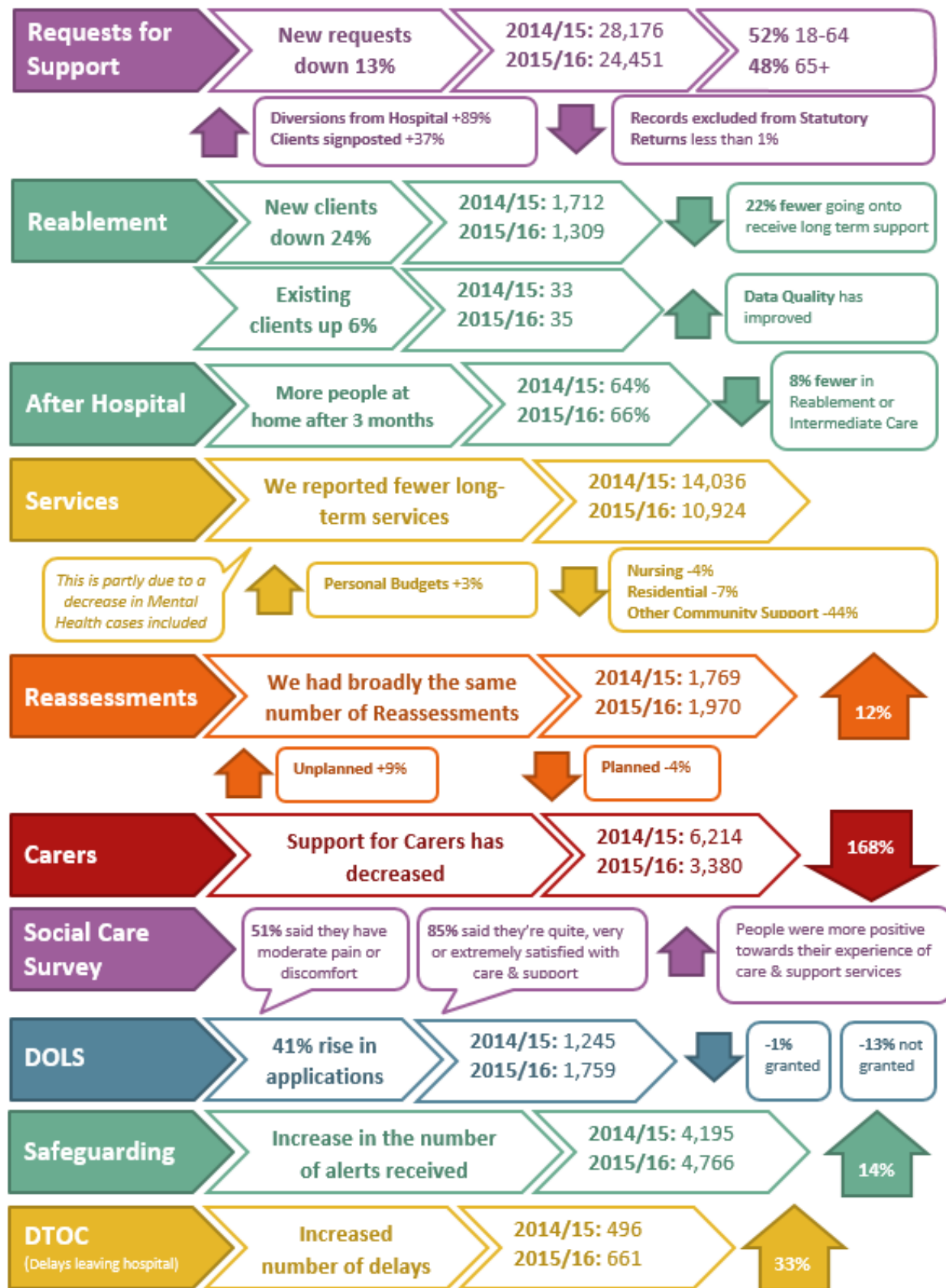
Hazel Summers, Strategic Director of Adult Social Services

This year's Local Account continues to demonstrate how we make a difference to Manchester residents and we've included more case studies this year to hopefully make it a more informative read. It's packed full of data and activity which highlight the important work that takes place to help older and disabled citizens stay independent. We are strengthening the provision of Information and Advice so people can find out about services and other agencies which may be able to help through our new online directory called Help and Support Manchester (HSM). You can access this from our website (manchester.gov.uk). In 2016/17 we are expanding more 'digital' solutions around adult social care so everyone can easily navigate to the information needed. Our fantastic Libraries across the city provide free computer access.

Looking further ahead, the Devolution of Greater Manchester for health and social care will see adult social care begin our journey towards integration. That means that many of our services, notably social work and social care assessments, will start to work together. This will greatly benefit patients and people who use adult social care services, so that people only need to tell their story once (a common complaint) and we provide health and care services quicker and help people stay well and living independently at home. We are also working with our Registered Housing providers and colleagues in Strategic Housing to develop more Extra Care Housing (supported accommodation for older people with on-site care) as that will help more people live in their preferred neighbourhood and less reliance on care homes. This growth in provision will transform local communities and provide further benefits as an Age-Friendly city.

I hope you find this an enjoyable read.

Key Messages - Summary



Spend and Budget

The total amount of money Manchester City Council spent on adult social care in 2015/16 is shown below.

Some breakdowns of expenditure		
Breakdown by citizen group		
Working-age adults £55.6 million	Older citizens £34.8 million	
Breakdown by service provided*		
Residential care £25.1 million	Nursing care £9.5 million	Home care £12 million
Direct payments £7 million	Supported accommodation £39.5 million	Other £5.1 million

*This includes 'on-costs', such as building rent, power etc

If we look forward to 2016/17, the budgetted expenditure for the same areas is:

Budgeted expenditure		
Breakdown by citizen group		
Working-age adults £50.9 million	Older citizens £33.5 million	
Breakdown by service provided*		
Residential care £22.6 million	Nursing care £8.5 million	Home care £11.5 million
Direct payments £6.4 million	Supported accommodation £36 million	Other £5.3 million

*This includes 'on-costs', such as building rent, power etc

In 2015/16 the Adult Social Care budget reduced by £15 million, with £13 million directly attributable to care budgets. In line with other Local Authorities across the country the financial position with Adult Social Care remains very challenging.

Further savings of £1.9 million have been identified for 2016/17, and the Council will be looking at further reductions in budgets as it starts the process for 2017/18 and beyond.

The demand for services

Some of the reporting required by the government from councils each year is known as SALT – Short And Long Term. This looks at the demand, outcomes and effectiveness of services provided to citizens.

The total number of Requests for Support in 2015/16 decreased by 13% compared to 2014/15. More people have been redirected at the point of contact, to either self-serve online, or to more appropriate services elsewhere.

24,451
Requests for support
from citizens

How does contact occur?

Key to understanding what citizens need when they contact adult social care, is to be aware of how they came to be in contact with us in the first place.

- The largest route is from the community, this could be citizens contacting us directly, GP referrals, or from a variety of services and support groups.
- Transition cases are citizens under 18, who have been identified as needing adult social care support once they reach 18 years old.
- Discharge from hospital - These are requests for citizens referred for support following a planned or emergency hospital admission.
- Diversion from hospital - These are requests relating to citizens who are being referred for support as a means of preventing an admission to hospital, such as falls or reablement.

2015/16 Route of Access	ALL	
	18-64	65+
Planned Entry (Transition)	34	0
Discharge from Hospital	502	2,027
Diversion from Hospital Services	30	203
Community / Other Route	12,048	9,606
Prison	0	1
Total	12,614	11,837

What is the result of the contact?

Known as the 'outcome', citizens receive support based on what is most appropriate to support them.

37% of citizens received universal services or signposting – A universal service is any service or support for which there is no test of eligibility and no requirement for review.

Signposting indicates that the citizen cannot be supported by Manchester City Council and there is no universal service which will help them. Details of other organisations (eg voluntary sector) are offered, that might be able to provide assistance.

2015/16 Outcome	ALL	
	18-64	65+
Short Term Support (Reablement)	188	1,019
Long Term Support	830	1,109
Ongoing Low Level Support	2,074	3,394
Short Term Support (other)	9	24
Universal Services or Signposting	6,062	3,000
No Service Provides (any reason)	3,451	3,291

Long Term Support

There have been 10,530 people accessing long term services in the past year. The largest type of support is for Mental Health support (48%).

10,530
Citizens
accessing Long
Term support

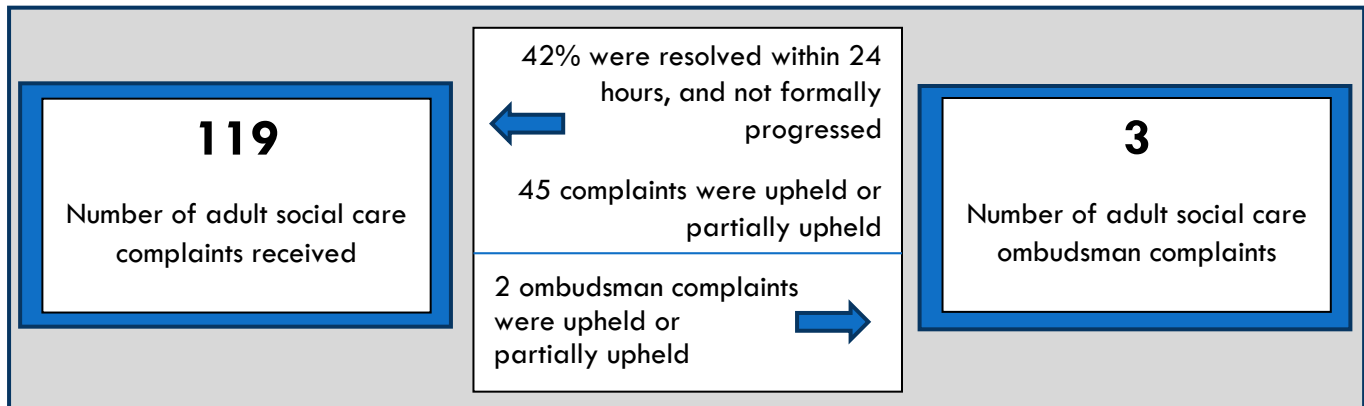
671
Citizens needed
an unplanned
review

1,608
Citizens received
a planned
review

Of citizens with long-term conditions, reason for contact:

- Learning Disability – **10.8%**
- Physical Disability – **36.9%**
- Mental Health – **47.5%**
- Memory and Cognition – **3.0%**
- Sensory (Sight/Hearing) – **1.1%**
- Social Support – **0.7%**
(Including Substance Misuse)

Complaints and compliments



As a result of complaints in 2015/16 we have taken the learning from the complaints and:

- Changed the procedure for signing satisfaction note when adaptations are carried out. This is now completed by an Adaptations Officer rather than the contractors who undertake the work, so the citizen feels no pressure to sign if they are dissatisfied.
- New recording policy was implemented in June 2015. The policy emphasizes the need for workers to record the details and substance of all contacts within a 48 hour period. The policy was distributed to all staff, and managers have individually briefed staff on its implementation
- Increased contract monitoring of home care agencies where failings have occurred
- The Council designed a briefing for all social workers across the city around completing assessments. This training was in the form of an e-learning module, followed by face to face briefings

COMPLIMENTS

Some examples of compliments

"I would like to thank you both so much on behalf of me and my mother, for organising the wet room in her house. We are both so pleased with the fabulous installation - you have given mum her dignity and independence back which at 84 yrs is a fantastic achievement."

"I had a fall in December and fractured my shoulder and could not move my arm finding everything very painful. From day one I was visited morning and evening by your wonderful staff who encouraged me, dressed and showered me and helped me to my recovery. I do not know what I would have done without them. I am 80yrs old and alone. They could not do enough for me..... I don't know what I would have done without the reablement team. I am now recovering well and able to manage."

"This is just a note to say thank you to everyone concerned in the help provided to my mother, following her discharge from hospital after a fall. The team from the Community Alarm Service were unfailingly helpful and charming and installed the alarm in just a few hours. Really impressive! The same applies to the Intermediate Care Team and the physios from the hospital. It's a really excellent service. I hope you will pass on my thanks and those of my mother to the relevant people."

93

Number of adult social care compliments received

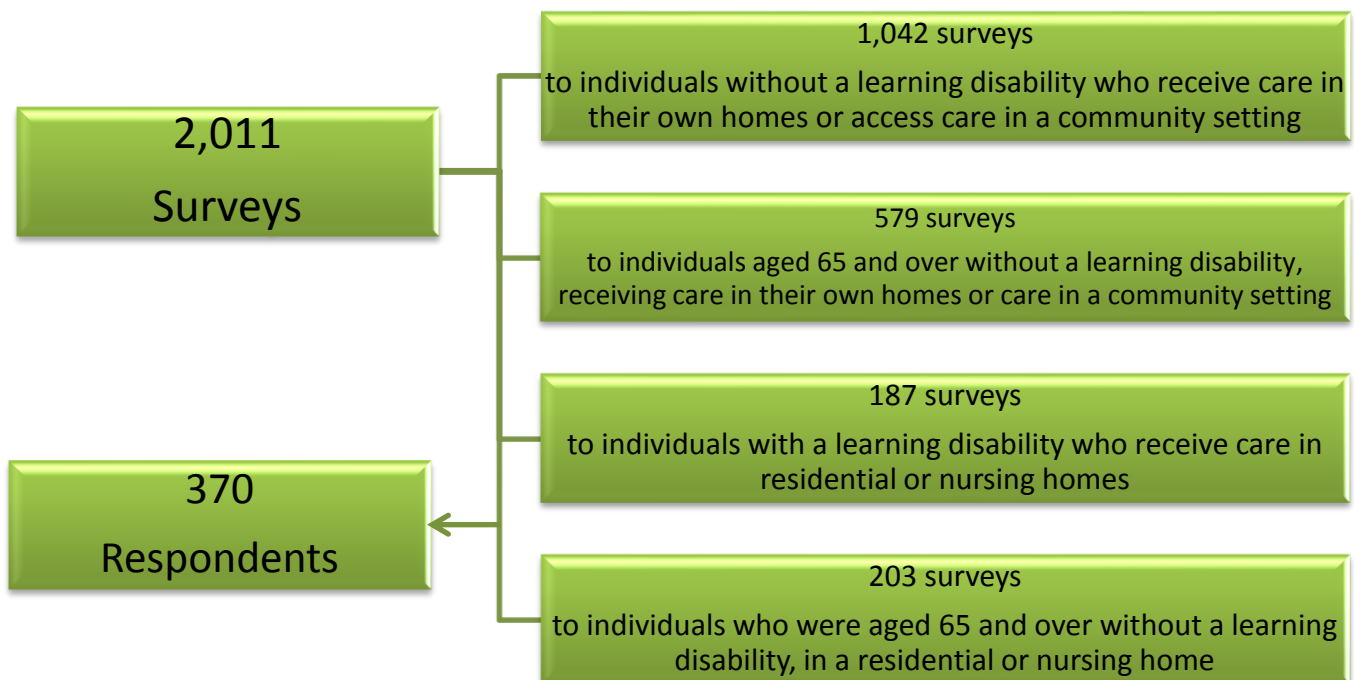
100%

Of citizens assessed or reassessed were satisfied with the assessment service

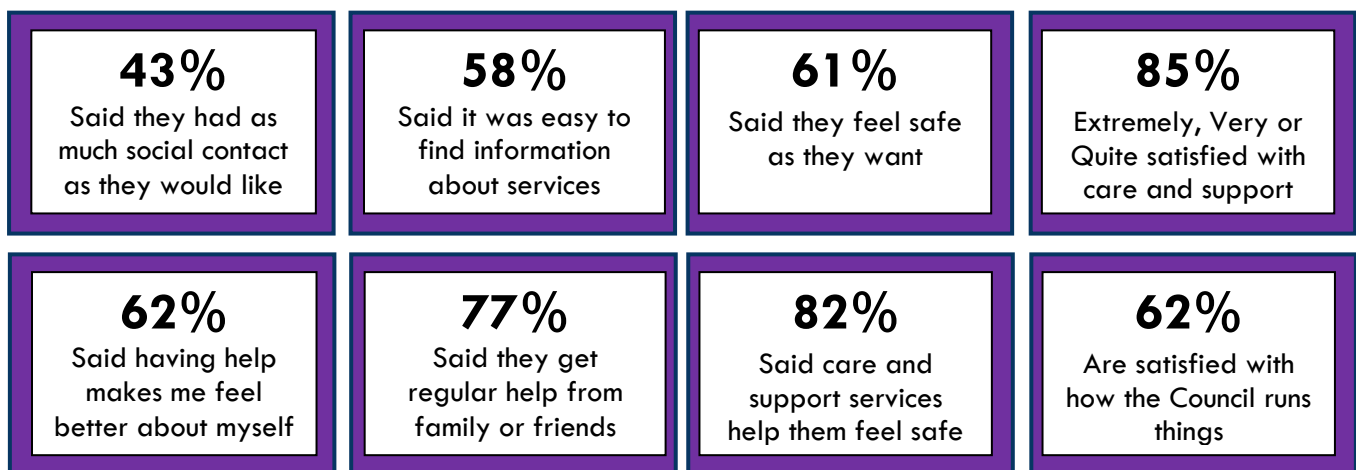
Adult Social Care Survey

The Adult Social Care Survey is carried out every year by all local authorities with a responsibility for adult social services, and this is your opportunity to tell us how you feel.

In February 2016 around two thousand Manchester residents aged 18 and over who receive community-based or residential care (funded completely or partially, by Manchester City Council) were invited to participate. This included citizens assessed by Manchester City Council, Manchester Mental Health and Social Care Trust, and Manchester Learning Disability Partnership. The survey asked a number of questions regarding citizens' experiences and opinions of the care they receive and how this affects their lives. Two different versions of the questionnaire were produced, with one designed to allow citizens with a learning disability to participate.



Some of our results – percentage of citizens who:



Social Care Survey results, and composition

Year on Year: The thoughts and feelings of respondents in 2015/16 are on the whole more positive towards their experiences of care and support services, and their satisfaction with services. Whilst their physical capabilities seem to be increased, levels of pain and discomfort are also increased compared to the respondents in 2014/15.

Overall there are FIVE areas where MCC can make potential interventions to increase respondents positivity:

- Value For Money;
- Very happy with the way staff help me (Easy Read participants only);
- Care and support services help you have better quality of life;
- Care and support services help you have better control over your life; and
- My home is designed to meet my needs.

Year	Number of Questions	Question Type			Response for Answer 1*	
		Standard	Easy Read only	Council helps me 'B' questions	Increased	Decreased
2014/15	34	24	2	8	10	24
2015/16	29	24	2	3	21	8
Movement	-5	No Change	No Change	-5	11	-16

**the response we aspire for all citizens to select*

Adult Social Care Outcomes Framework (ASCOF) - survey results

The Adult Social Care Outcomes Framework is used both locally and nationally to set priorities for care and support, measure progress, and strengthen transparency and accountability.

The measures in the table below, derive their scores from the Adult Social Care Survey responses. Positive changes are indicated with a green arrow, negative changes with a red arrow.

ASCOF Measure	Description	Source*	2015-2016	Better or worse than 2014-15	2014-15
			Manchester City Council		Manchester City Council
1A	Social care-related quality of life score	This measure is an average quality of life score based on responses to the Adult Social Care Survey. It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOT; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.	18.5	↑ 0.3	18.2
1B	The proportion of people who use services who have control over their daily life	Adult Social Care Survey - question 3a	72%	↑ 2.9%	69.10%
11(1)	Proportion of people who reported that they had as much social contact as they would like	Adult Social Care Survey - question 8a	45%	↑ 6.1%	38.90%
3A	Overall satisfaction of people who use services with their care and support	Adult Social Care Survey - question 1	58%	↓ -0.8%	58.80%
3D1	The proportion of citizens who find it easy (Very or Fairly) to find information about services.	Adult Social Care Survey - question 12	70%	↓ -4.3%	74.30%
4A	The proportion of people who use services who feel safe	Adult Social Care Survey - question 7a	63%	↓ -0.1%	63.10%
4B	The proportion of people who use services who say that those services have made them feel safe and secure	Adult Social Care Survey - question 7b	82%	↑ 7.3%	74.70%

**If there were relevant accompanying questions on the Easy Read Survey, these are included*

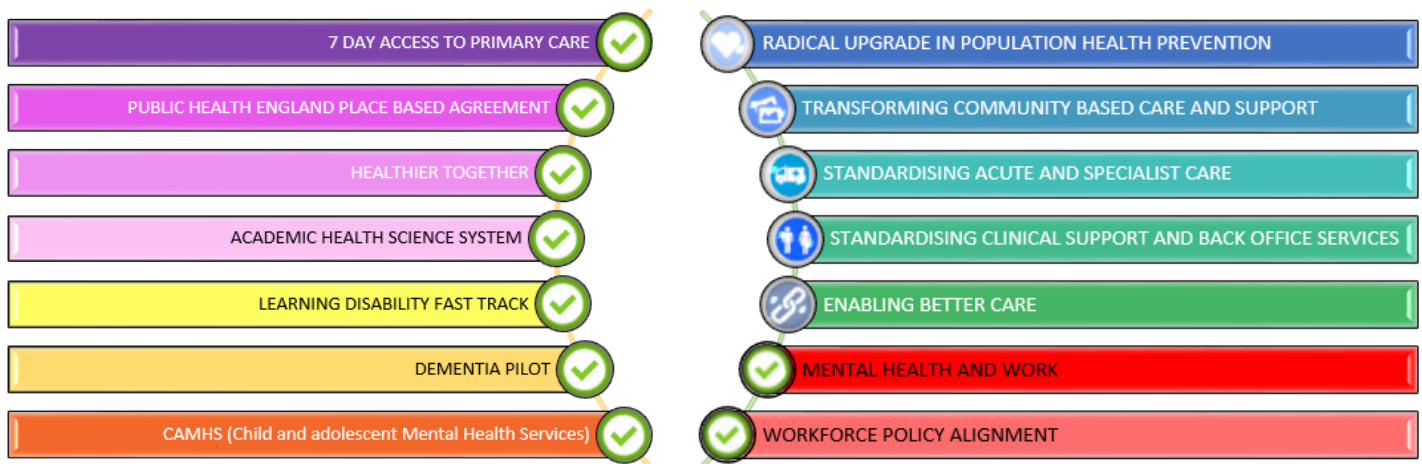
Devolution Manchester – preparation throughout 2015-16

Devolution is the transfer of certain powers and responsibilities from the Government to a particular geographical region. Putting power into the hands of local decision-makers means they can better meet the needs of the people who live and work in their region. We now have control over a £6 billion budget across GM.

AGMA members
Bolton Bury Oldham
Manchester Rochdale
Salford Stockport
Tameside Trafford Wigan

Greater Manchester (GM), also known as the Association of Greater Manchester Authorities (AGMA), is the first English region to benefit from this transfer of power away from the Government to local decision-makers.

There are 5 transformation programmes at the heart of health and social care devolution, with 9 early implementation policies (green ticks) which are complete.



What have we done?

- Implementation plans have been developed, including 10 Local Authority (LA) locality plans, (including Manchester, which is discussed in more detail on the next page), and an overall strategic plan
- A draft GM Commissioning Strategy has been produced.
- By the end of December (2015), hubs were operational in each CCG area, providing seven-day access for patients who need medical help across Greater Manchester, with further hubs opening soon.
- The Accountability Agreement with NHS England has been agreed
- Work with NHS Improvement and CQC to identify how they can work closer with the GM system.
- The Taking Charge Together campaign in February and March was the first step in a new ‘conversation’ with the public about their role in taking charge of their own health and wellbeing.
- The Primary Care Strategy developed
- Develop a system which focusses on improving performance, with peer challenge and support across the GM system being amongst the main design principles
- Refreshed website to prepare for public engagement – over 10,000 hits during 2015 Christmas period
- A GM wide Mental Health Strategy has been developed
- Launch of #takingcharge communication and engagement campaign to engage with people. Take part by visiting <https://takingcharge.together.org.uk/>
- New governance structures for a devolved GM health and social care system agreed and put in place

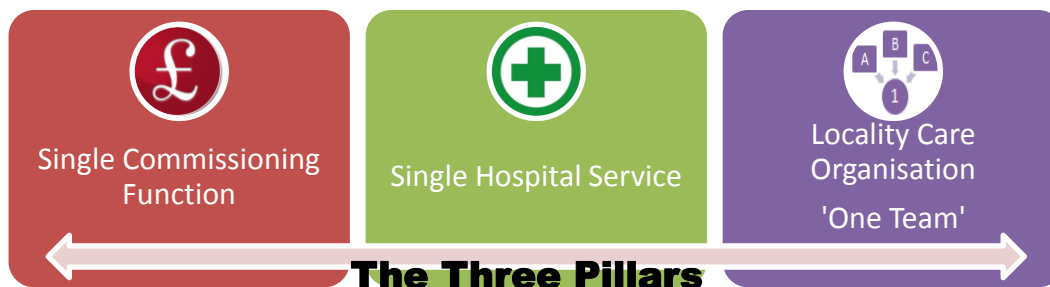
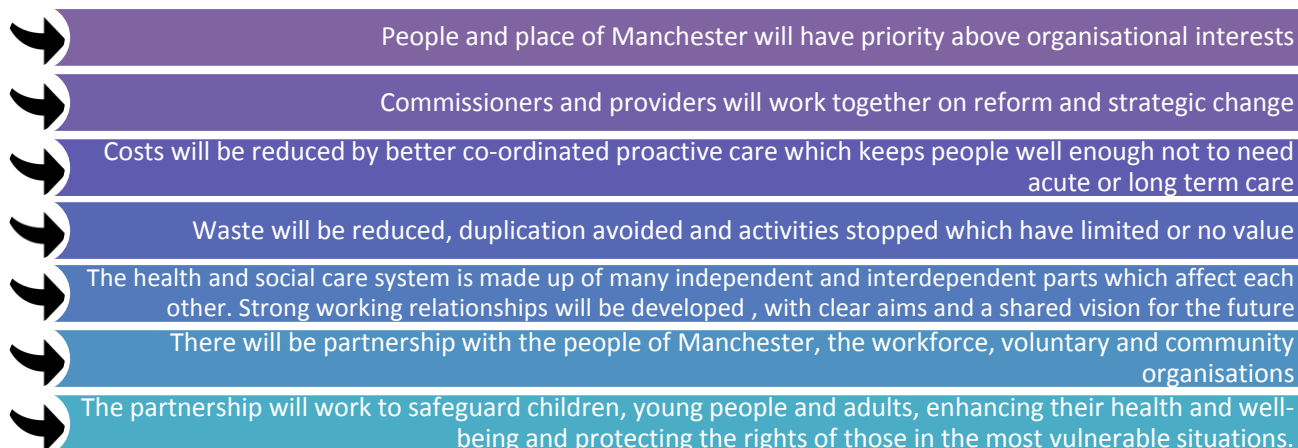
You can read progress reports, and find the latest information here:

<http://www.gmhsc.org.uk/devolution-what-it-means/>

A Healthier Manchester – Manchester Locality Plan

The development of a Single Commissioning Function is one of the three ‘pillars’ of the Manchester Locality Plan and is central to the delivery of the transformation ambitions for health and care services in the city. The move towards more formalised joint commissioning arrangements between health and social care organisations in the city needs to be supported by a shared understanding of the demographic, economic and health challenges faced by people who live and use services in Manchester, and of the assets that are available to help people to meet these challenges.

Very much a work in progress, the outcomes of the work will be seen throughout 2016-17, but the plan will take shape on the basis of Seven Principles, with the Three Pillars:



The Single Commissioning Function ensures that across Health and Social care there is a joined up way of purchasing (and administering) services. This makes for better financial opportunities, increased value for money, efficiency and productivity, and allows for resources to be reinvested throughout health and care.

The Single Hospital Service Review commenced in January 2016, and is the future in Manchester. (The first stage of this review, which identifies the benefits of adopting a Single Hospital Service, will be presented to the Health and Wellbeing Board on 27th April 2016). The proposal to establish a Single Hospital Service for the city of Manchester provides opportunities to improve health outcomes for the city population.

A Local Care Organisation “One Team” will deliver integrated and accessible out of hospital services through community based health, primary care, and social care services with communities. Through this combining of services, residents will get integrated services with improved outcomes, at a reduced cost.

Read the most up to date information in the Health and Wellbeing Board documentation, available here: http://www.manchester.gov.uk/meetings/committee/77/health_and_wellbeing_board

- ! **Primary care** is the day-to-day healthcare given by a healthcare provider, usually your GP, who acts as the first contact and principal point of continuing care for patients within a healthcare system.
- ! **Assets** (‘asset-based approach’) are community assets like libraries, community centres, leisure facilities

Intermediate Care – Reablement Pilot in North Manchester (CASS)

In September 2015, Intermediate Care from Pennine Acute Hospitals Trust and Reablement from Manchester City Council's North area formed an integrated team known as CASS – the Community Assessment and Support Service. This transformational change supports the Manchester Locality Plan ('The Living Longer Living Better (LLLBB) strategic programme) for Manchester, and is a pilot that has been undertaken to determine whether the service would be beneficial for roll-out across the city.

! Transformational change is change that happens across a whole organisation, and designed to be put in place and delivered over a period of time

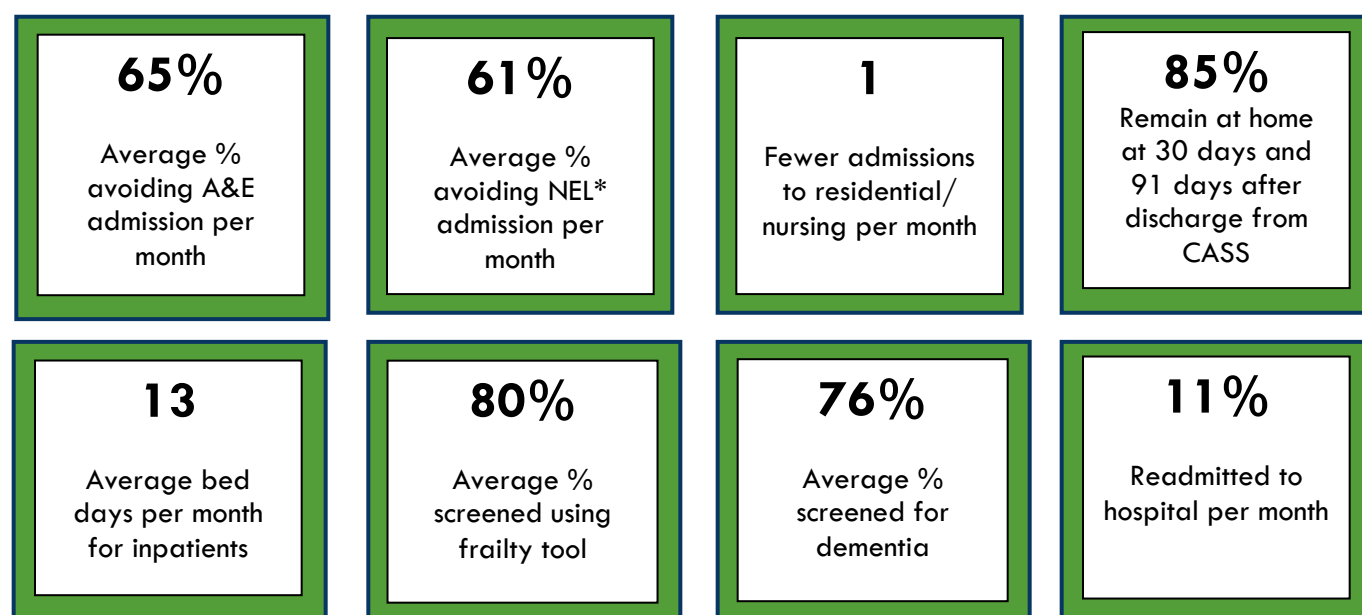
CASS brings together health and social care practitioners at Charlestown Health Centre to undertake a seamless assessment that leads to appropriate and joined up treatment, support and care. Nurses and therapists in the team produce detailed health assessments, while social workers and primary assessment team practitioners produce detailed social care assessments, with the appropriate course of action for each case discussed between all involved workers. Reablement provide short term support for up to six weeks on discharge from hospital to enable citizens to return home safely and remain at home independently. To access the service, referrals are made directly to CASS by health and social care practitioners.

The service is aimed at:

- North Manchester residents or those registered with a GP in North Manchester
- Citizens experiencing ill health or a long term condition that requires short term support
- Citizens who require an assessment as they have longer term care needs
- Citizens requiring rehabilitation in Intermediate care
- Citizens experiencing carer breakdown

Read more by visiting: http://www.manchester.gov.uk/meetings/committee/92/health_scrutiny_committee

! Intermediate care is a concept in health care which may offer attractive alternatives to hospital care for patients, particularly older people, and promotes independence.



*NEL = None Elective (unplanned) Admissions to hospital

The Care Act 2014 – first year of implementation - what did we do?

The Care Act came into force on 1st April 2015. There are multiple things we implemented during the year:

National Eligibility Criteria - The new national criteria are similar to the Fair Access to Care Services (FACS), and the new criteria have continued to be applied since 1st April 2015.

Revised citizen and carer assessments - New assessment forms have been designed to ensure that the new assessment processes are Care Act compliant. These forms have been used since the 1st April, and all adult social care assessors have also received training and guidance on how to use the new assessment document through our dedicated training team.

New rights for carers who need support, in the same way as the people for whom they care

- The Care Act contains new duties which require the Council to provide an assessment to all carers who request this, without the “appearance of need”.
- The Council has designed a new carer’s assessment based on the well-being principle.
- The Council’s carer’s offer is being reformed to build a wider menu of support options
- Carers Consultation
- Co-production of a redesigned service by the Council, carers’ services, and partner organisations. This redesign will result in a carers network and a carers coordinator role.

The outcome of the consultation is that the support offer is changing based on the application of the Resource Allocation System (RAS – [definition on PG 21]) to focus more upon an individual’s need through a strength based assessment approach. A carer’s toolkit is being developed to help staff assist citizens to access support. The Council has also piloted a new carer’s assessment based upon the well-being principle in the Care Act.

A legal right to a personal budget and direct payment - We started to develop a strategy to improve the take up of cash individual budgets, which included a consultation in Dec 2015 – Jan 2016. The input from this consultation has fed into the strategy – more on budgets in the Personalisation section on page 35.

Deferred payment agreements will be available across England - Manchester has had a discretionary scheme for a number of years, which was amended in March 2015 to reflect statutory requirements in the Care Act. Even though we were in a strong position already, a public consultation was undertaken between Dec 2015 and Feb 2016, and fed into the existing scheme.

Design, commission and deliver prevention services

This includes prevention for those who currently have no care and support needs, those at risk of developing needs where a service may help slow down or reduce further deterioration, and interventions to minimise the outcome of disability of people living with complex conditions.

Developing an approach to activating business, residents and voluntary sector organisations. This targets behaviour change, including how residents can help each other, and encourage doing more to look after their own health and wellbeing. This approach is based on the strengths and assets in local communities.

The Well-being and Prevention Services commissioned by ASC are across the range of interventions, including befriending and good neighbour services, cafes and support networks, resource and community associations. ASC also commissions Care and Repair, which helps and supports citizens coming out of hospital and provides small repairs and jobs around the house that the householder would not be able to complete for themselves. This helps the citizen to remain in the home.

Well-being and Prevention is also provided by carers’ services - providing support to the carer slows down deterioration and carer breakdown. The wider carer’s offer, which includes a focus upon assistive technology, is also a key preventative service, allowing the cared for to remain in their own home for as long as possible.

The Care Act 2014 – first year of implementation – what did we do?

New responsibilities around transition (from child to adult services), and those moving local authorities
The Council's Transition board has put in place an action plan which has developed a systematic approach to transitions of young people. For those moving between Local Authorities, staff have been given guidance to apply national eligibility criteria to make support plans portable.

Suitability of living accommodation

There is new duty around suitability of living accommodation, and we developed a new easy to understand guide how to apply to rented housing . To read this in full, visit:

http://www.manchester.gov.uk/info/84/rehousing_applicants/4776/rehousing_policy

Measuring progress of implementation – Care Act 'stocktake'.

Progress was measured through three national 'stocktakes' before the Care Act officially came into force on 1st April 2015. This was monitored by the Local Government Association (LGA), the Department of Health and the Association of Directors of Adult Social Services. There have since been 2 supplementary Care Act Stocktakes in 2015/16, and a further one planned for 2016/17 – number 6 - to measure progress. LGA also provide guidance material to help councils to challenge themselves.

Working in partnership with the NHS partners

The Living Longer Living Better programme and its approach to Health and Social Care Integration meets the requirements of this aspect of the Care Act, and we continue to strengthen our partnerships.

Shaping and Managing the provider market

The potential for managing provider failure is central to the Council's approach to commissioning and procurement, and so this aspect of the Care Act is part of our standard operating procedures. There is an annual Market Position Statement which provides information to providers regarding commissioning intentions. Visit: http://www.manchester.gov.uk/info/200095/tenders_and_contracts/6156/market_position_statement

Training Staff – E-Learning

To help staff understand why the Care Act is important, and the implications it will have for all of us in terms of changing the way we serve Manchester residents, MCC launched an online training system for the Care Act. MCC have also offered this package to Manchester-based partner and provider organisations. It provides a broad spectrum awareness to front line staff, has different modules in order to meet the information needs of different levels of staff, gives maximum impact to a large audience of staff in a short timeframe within the workplace, and minimises downtime impact on service delivery. Almost 4,000 courses have been completed.

Adult Social Care responsibility to prisons

To assist with planning for the Care Act in April 2015, a Social Care in Prisons (SCiP) questionnaire was circulated to Governors and Directors across the 122 adult prison estate in England and Wales, to collect information on the current population with social care needs, and on how far those needs are currently met. The results are an illustrative estimate of the number of prisoners with social care needs in prisons. The questionnaire was sent to all male and female prisons and Young Offender Institutions (YOIs).

- 103 prisons responded, covering some 72,138 people (population as at 23rd May 2014).
- Of this population, 87.4 are aged under 50, 10.2% are aged 50-64, and 2.4% are aged 65 or older.
- 18.4% of establishments involve LAs in assessing and meeting social care needs in prison and on release
- 0.9% of the total prison population was reported to have one or more personal care needs (eating, washing, dressing, mobility etc)
- 3.8% to the total prison population had wider social care needs (medication, memory, socialisation etc)
- 45% of prisoners provide personal care (as a 'carer') to other prisoners

At the time this survey took place, HMP Manchester (formerly known as Strangeways), housed 1,149 prisoners. 20 of these had personal care needs

The Care Act 2014 – first year of implementation – what did we do?

Prisons and Prisoners

In Manchester, Officers have established a process for offender Referrals, Assessment and Advocacy pathways, which are in place for older and disabled offenders residing within HMP Manchester. Where eligible needs have been identified, most have been addressed with specialist equipment from Manchester Equipment & Adaptations Partnership (MEAP), as well as supported Social Care information and advice from established MCC sources. There are multi-agency arrangements in place for the regular monitoring of performance and delivery which the Council actively contributes to and participates in.

Care is provided by Manchester Prison Health Care. This arrangement has been commissioned via a section 75 agreement with North West NHS England, who have a responsibility for the provision of healthcare in HMP Manchester. The current provider is Manchester Mental Health & Social Care Trust. (It is expected that the provider will change to Greater Manchester West Trust, who will take over responsibility in April 2017).

All equipment is provided by MEAP via the assessment process as this is an MCC responsibility under the Care Act. Any major adaptation to the prison itself is the responsibility of HMP Manchester and National Offender Management Service.

CASE STUDY

HMP Manchester

Mr. T is a 48 year old man who was referred to the North West Primary Assessment Team (PAT) in November 2015. He is currently on the health wing as he has Parkinson's disease which affects his day to day living, and he has also had two hip replacements.

Mr T had not been taking his prescribed medication for his condition which was having an adverse affect and increasing the involuntary shakes in his hands. Mr T had stopped taking his medication was because he felt it had affected his judgment and had contributed to the decisions he had made leading to him making the mistake of breaking the law. The poor dexterity also affected his ability to use cutlery and hold washing items and other equipment he used for his personal hygiene.

Mr T also had poor mobility and needed support to move around the health wing, he needed help to dress and move from the bed to the chair and to use the toilet, his confidence has been affected by the amount of support he needs and this has been exacerbated by him not taking his medication.

During the social workers visits to Mr. T, adaptations were recommended to help increase mobility and allow him to move more without assistance, including a bed that can be raised and lowered, a high back chair, adapted cutlery, and support frame for dressing/ undressing and toilet assistance. A care package was put in place to help Mr. T shower more frequently.

Mr T gave permission to contact his consultant to discuss the medication situation, and to be refered to the speech and language team to explore the possibility of dysphasia, in combination with the equality and diversity officer to have a softer diet.

Mr. T trusted the PAT officer, and said that having the adaptations in place made things easier and increased his independence, and softer foods removed mealtime difficulties.

Mr T started taking his medication after discussion with his consultant and this had helped to reduce the involuntary movement of his hands. He said that the support he had been provided with had increased his self worth and wellbeing, giving him the confidence to come out of his room and visit the recreational areas including the library where he sits and reads.

! Multi-Agency means cooperation and collaboration across several organisations, to deliver services to people with multiple and complex needs. It provides continuous response and support, and this makes sure individuals are offered the range of support they need in a timely manner.

Support to maintain citizen independence in the community

Care Closer to Home is a strategy to move healthcare from hospitals to community-based settings. LAs are encouraged to find better ways to deliver more healthcare out of acute hospitals and closer to home, with the aim of providing better healthcare for patients, cutting the number of unplanned and avoidable bed days in

hospitals, and reducing costs. This enables people to stay at home rather than be admitted to a care home. In Manchester we apply this strategy, and others to support independence, in a variety of ways.

1,309 – Number of new citizens receiving reablement

53.4% – Percentage of new citizens not needing additional support following reablement

We held three workshops with Registered Social Landlords (RSL) - providers of housing for older people, over the past year. This led to the formation of an Older Persons Housing Alliance - to enable them to work strategically on their offer for older people with MCC (Social Care Commissioners and Housing). An early action is to review their provision across the City - the scope is so that we'll have a clear picture of types of accommodation and services provided. It includes the age, ethnicity and gender of residents across tenures.

Reablement helps patients with complex needs recover at home and live as independently as possible after illness or hospital admission, which reduces ongoing social care costs through regular visits for up to six weeks.

Assistive technology helps to keep citizens safe within their own home, and is monitored 24 hours a day, seven days a week by the Community Alarm Contact Centre. This can include fire/smoke/carbon Monoxide detectors, bogus caller alarm button, and a Lifeline base unit (which the detectors communicate with).

99.6% – Equipment and adaptations delivered/installed within seven working days of assessment

25,317 – Pieces of equipment installed

Equipment and adaptations, which through the provision of items helps to assist a citizen live in their own home for longer. This includes a wide variety of items like handrails, wider doors and stairlifts.

66.1% Hospital discharges where person was still at home 91 days later

The 91st Day is a measure of success of our rehabilitation service. It looks at the proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

Housing for an Age-Friendly Manchester is a strategy to help older people to be independent for longer, increasing their social participation and improving advice and guidance services for them.

More details: manchester.gov.uk/downloads/download/6143/housing_for_an_age_friendly_manchester

Advocacy

The NHS definition of how Advocacy Services help people – particularly those vulnerable in society – is to:

- access information and services
- be involved in decisions about their lives
- explore choices and options
- defend and promote their rights and responsibilities
- speak out about issues that matter to them

1,292
Referrals to advocacy hub

The fully Care Act compliant advocacy service is provided by the Gaddum Centre, bringing together all statutory advocacy provision within a single service - known as the Manchester Advocacy Hub. The Hub is meeting all new advocacy requirements alongside existing requirements arising from the Mental Capacity Act (IMCA), and the Mental Health Act (IMHA). 162 advocacy requests were Care Act related, 400 for IMCA, 610 for IMHA, and 120 for NHS complaints advocacy.

Citizens who need additional support – Older citizens

Extra Care housing is a form of retirement housing with the addition of personal care and 24-hour support available for those who need it. It is a realistic alternative to traditional residential and nursing accommodation, and offers a self-contained 'home of your own' in a block or estate where there is onsite care, facilities such as hairdressers and bistros, and where social activities bring everyone together. Extra care is the model of choice, and there is an easy, single application form process.

6 Extra Care housing schemes for people age 55+
297 apartments, studios or bungalows available
1,092 housing units across 12 schemes by 2020
110,856 hours of commissioned on-site support

A small number of units have been turned into Intermediate Care Units (or also known as step up/step down beds) and take referrals directly from health. Here, specialist community health staff such as nurses, Occupational Therapists and Physiotherapists support older people to regain their independence and better manage their long term illness or disability.

HOOP (Housing Options for Older People) Pilot – Wellbeing is important to good physical and mental health and feeling safe and well at home is a key part of this. For some people contemplating where they may live in later life it can be difficult to know where to go for help and advice. This is why the new HOOP service has been a lifeline to numerous people over the past 12 months.

The service is open to everyone over 50 living in North Manchester. Part funded by the North Manchester Clinical Commissioning Group (CCG), the role of Housing and Care Options Advisor (In association with the national First Stop service) has been created to support people who need extra advice and information about their housing choices. The HOOP Worker helps provide that practical support, as well as help and encouragement to help people move home. This may simply be a chat about options that may be available or it may be a larger package of help that includes supporting a move to a more suitable home.

Early signs are very encouraging and we want to roll this out across the rest of the city over the coming year if possible. Find out more at: hoopmanchester.eac.org.uk. Another Extra Care scheme - Shore Green - has been shortlisted for a UK Housing Award in the "An Outstanding Approach to meeting Specialist Housing Needs" Category. Results announced in April 2016.

Extra Care Housing: Whitebeck Court

Whitebeck Court is an extra care scheme in the North of the city and has been open for 5 years. It is for people aged 60 and over and has 91 apartments over 16 floors which are a mixture of one and two bed properties all with walk in showers. The scheme has a café on the ground floor open to the public, hairdressers, laundry, activity room, sky lounge, gardens and outside seating areas.

There is a programme of social activities that run in the scheme each week to help combat social isolation and keep people active. Entry to the scheme is controlled by fob-access and there are staff on-site at all times.

There is a warden-on-call system, and access to social support such as the falls prevention team. It's a safe and secure community where people can genuinely feel at home.



CASE STUDY

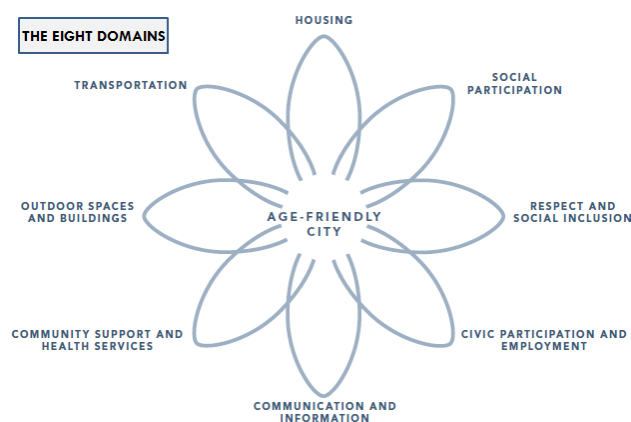
Citizens who need additional support – Older citizens

Living Longer Living Better (LLLB) - Age-Friendly Manchester

Manchester is the UK's first Age-Friendly city. LLLB is a key strategy, part of which sets out our vision for how the housing sector can contribute to the age-friendliness of our city. It links to how care and health services will be provided for our older population. It also describes how we can build to make the city an attractive place for people to grow older, living as independently as possible for as long as possible. It is centred on co-production and fulfilling the aims of the Older People's Charter.

The focus is firmly on:

- Housing design and provision
- Creating age-friendly neighbourhoods
- Increasing social participation
- Maximising and prolonging independence
- Improving advice and guidance provision for older people across housing, care and health.



Find out more: http://www.manchester.gov.uk/info/200091/older_people/7116/our_age-friendly_work
http://www.manchester.gov.uk/info/200091/older_people/7115/older_peoples_charter_and_challenge/3

Older LGBT citizens and Social Care and Housing inclusivity

The Council commissioned the Lesbian, Gay, Bisexual and Transgender Foundation (LGBTF) to undertake some research in May 2015. This was to ensure that the Housing For An Age Friendly Manchester (HFAAFM) strategy is inclusive. The LGBTF has been grant funded by the Equalities Funding Programme to deliver a 3 year programme, which supports the Council to achieve its equality objectives in relation to sexual orientation.

The challenges facing an ageing population include health inequalities and barriers to access experienced by older LGB people. These challenges must be positively addressed and robustly responded to by the city's health and care providers. Many LGB people have grown up in a world hostile to their identities and their health related quality of life needs to be understood within the social context of their lives. Half of all LGB people aged over 55 feel that their sexual orientation has or will have a negative impact on getting older.

Access to affordable, accessible housing where they can be open about their identity is a key issue for older LGB people. Several studies have shown that many LGB people identify living in LGB specific accommodation as a desirable option for later life.

Read more on the LGBTF website: <https://lgbt.foundation/policy-research/olderpeople/>

Residential and Nursing care

The Council is committed to developing services that better meet people's needs in the community, and figures show fewer adults and older people choose to go into residential or nursing care in Manchester compared to similar local authorities.

As mentioned previously, we are working hard to enable people to remain in their own homes through the extension of Extra Care housing schemes and more preventative support, rather than using admissions into residential or nursing care as default option.

The 2015/16 results show that we admitted around 83 fewer new adults aged 65+ into permanent residential or nursing care. The ASCOF result is 401.82 (per 100,000), which is better than the 2014/15 result.

*See page 9 for ASCOF definition

349
Citizens admitted permanently to residential or nursing care

86.5%
Of citizens admitted permanently to residential or nursing care are aged 65+

Citizens who need additional support – Delayed Transfers of Care

A delayed transfer of care (DTOC) is the term used to describe when a hospital inpatient is medically fit to leave hospital but their timely discharge is prevented. In other words, even though a person may be well enough to leave hospital they cannot, as their release from hospital (back into their home setting) is delayed. This delay could be due to a number of reasons, such as waiting for a care package, completion of an assessment or availability of residential or nursing places.

The average number of people with delayed discharges from hospital per month was 55, and of those 56% were attributable (wholly or partly) to adult social care. Not only have we missed our targets for these figures, but they are both worse than those in 2013/14 and 2014/15. There has also been a 33% rise in DTOC, compared to 2014/15.

DTOCs are a major challenge for the health and social care partnership. Current performance is a reflection of the increased number of patients and pressure in the local hospital systems as whole. Hospital discharge is critically linked to the availability of community services and resources for recovery, reablement and care, and currently the market is unable to provide enough capacity to support this.

We recognise the system is undesirable for patients and inefficient for the organisations using it, and requires a different approach. Among other things, partnerships need to be strengthened, alongside a clear set of aims and outcomes for consistent, uninterrupted service delivery, and stronger performance.

We also have three DTOC systems within the three Manchester CCGs, all with their own differences and ways of operating for NHS and MCC staff, effectively tripling the effort Manchester has to put into DTOC management.

We need efforts to commence to move towards one single model of hospital discharge for the City, beginning with a programme of events to identify and collate what currently works and what doesn't.

During 2016-17 some of this new delivery model should start to provide results, which would aim to see a hospital advocate and a health advocate working in combination to provide an integrated discharge service.

You can read more on the progress of this by visiting:

http://www.manchester.gov.uk/mhpp/downloads/file/110/item_8_hospital_discharge_outline_proposal

55

Average number of people delayed discharges from hospital per month



56%

Of citizens delays were attributable to social care

661

Total number of citizens delayed in the year

Community Alarm Service

Community Alarm

The Community Alarm Service (CAS) provides a range of services to support our most vulnerable Citizens by enabling them to remain independent in their own homes. The aim of the service is:

- To prevent unnecessary admission into hospital, long term residential care, or living with relatives.
- To provide a Police approved Key Safe, installed free to citizens who select Monitoring & Response service
- To provide reassurance to CAS customers and their relatives that if help is needed, the service will respond in a timely way.
- To provide staff with appropriate and relevant training to ensure continuous quality of service provision in an ever changing service.
- To offer to those Citizens who have fallen in their own homes, but who are uninjured, physical assistance to lift them from where they have fallen (Falls lifting service).
- To offer a relevant and timely response for citizens living with domestic violence or the threat of bogus callers or hate crime.
- To provide an added value community alarm monitoring service for some existing Registered Social Landlords (RSL) communal areas.
- To support same day hospital discharge plans by installing alarms, fall detectors and minor adaptations.
- To build cohesive working partnerships with stakeholders.

During 2015/16, there have been a number of developments and extensions to the range of preventative services that the CAS offers, despite the extreme financial challenges that all local authorities found themselves facing in 2015/16. These additional preventative services now include;

- A bespoke Tracker Service, aimed at people living with early dementia
- A Medication prompt service, to remind people to take their medication in a timely manner. This can be done via the Community Alarm unit, a phone call or a text message to a mobile phone.
- A text message service, which can remind people of appointments, meal times, could be the preferred contact method for sensory citizens, or even just a greeting message to say hello.

Other developments with the service in the past year include:

- Moving assistive technology from landlines to mobile phones where preferred. This will support hospital discharges and open up Community Alarm for all who want it, and will be piloted in 2016.
- Telehealth, (which provides monitoring for patients living with chronic illnesses), and telehealth equipment facilitates the early identification of changes in patient's clinical profiles allowing intervention, care plans to be changed at the earliest opportunity optimising patients' health outcomes
- A lone worker service, in which the control centre supports MCC staff who work on their own and are therefore at potential risk.
- Pilot of an enhanced out of hours service to support urgent same day hospital discharge cases or to avert a hospital admission
- Keeping in touch with our most vulnerable citizens, to ensure they have access to sufficient supplies to see them through the bad weather.

The Falls Lifting Service is part of the Community Alarm Service, and has attended, risk assessed and in most cases lifted over 1,809 customers who had fallen. It is likely these visits have averted 999 calls and admission to Hospital, which is one of our key targets. Department of Health figures suggest an admission and one week stay in a community hospital costs around £2,100.

110,373

Calls were generated from Community Alarm activations

3,363

Citizens live independently with community alarm assistance

99.2%

Citizens satisfied with their service from Community Alarm

Carers, and Consultations

The numbers of carers supported by Manchester City Council has dropped over the recent years. We took action to try and address the issues we faced with supporting carers.

The strategy for 2015/16 was to:

- Carry out a Carer's Assessment where requested, to meet our new statutory duties under the Care Act
- All carer assessments will be carried out if a need is identified or on request, not just automatically each year
- Begin formal consultation with Carers in the summer/ autumn of 2015
- Implement a new Carer's Assessment Form to assess the Impact on Caring, which will be uploaded into our systems
- To urgently develop the Carer's individual budgets via the RAS (see consultation below)
- We will be writing to carers to make them aware of the consultation process, explain the Care Act and consult on the Carer's Strategy and Menu of Services
- We will be working with current carers services and stakeholders to co-produce a single point of access into services
- Business Support staff will cease telephoning known carers

We ran a carers consultation, which covered three areas:

- The Carer Strategy - The consultation asked if the draft strategy the Council had completed was focused on the right areas and priorities.
- The Carer 'Support Offer' – Carers were asked to give details of what they felt would help them continue in their caring role.
- The Carer Assessment – The Council asked for views on the changes in the assessment and the assessment process.

3,388

Carers in receipt of
adult social care
support in Manchester

The offer is currently being reviewed, and an action plan is being co-produced. The support for carers will be toughened up – it will build on things such as carers strengths, resources in the local community, and assistive technology options in order to make life easier for both the carers and cared for.

A Carers Toolkit has been developed through Help and Support Manchester for individuals and professionals to easily access information about available services and support in their local area.

Visit: <http://manchester.fsd.org.uk/kb5/manchester/directory/home.page>

The Care Act (2014) defines how we should assess people, and we want to improve the way we assess citizens. In January-February 2016 we ran a consultation on changing the RAS for assessing people and personal budgets, for social care and support.

The key is to change the focus of assessments away from the things that you are unable to do, to be more flexible and personalised to you. To focus on the things you want to do and help you to achieve them. This included still looking at the things you need help with, but also how we can get you support to do the things you enjoy doing and be more involved in your local community and its resources.

From the consultation, 61% agree with the proposed approach. We have undertaken sampling, and this is still under review. Any changes needed to meet all citizen groups and be compliant with the Care Act.

! RAS or Resource Allocation System – is a tool which calculates the amount of funding available to meet your social care needs. It is based on the responses in your self or supported assessment

Disabled citizens – All-Age Disability Strategy

All-Age Disability Strategy (AADS) co-production

Manchester City Council wants to work together with all disabled residents (ie. not just those people receiving social care support), carers and public sector partners (eg. the NHS, police, other services in the city) to co-design a new Manchester All-Age Disability Strategy.

We want to work together as we believe that's the best way to achieve the transformation in disabled people's life chances that we all seek. Using workshops we targeted established disability citizen groups, in order to seek a range of experiences, views and issues, which would help us to understand 'what's working well', and 'what's not working well'.

Consultation

In February-March 2016 we launched a consultation on our all-age disability strategy. The strategy will be based on the 'social model of disability'. This is the idea that the way society is organised causes disability and creates barriers for people, not a person's physical or mental impairment, illness or difficulty. We want to become a disabled people friendly city.

The feedback has come from Disabled Children & Adults and their supporters, Disabled People's organisations (Greater Manchester Coalition of Disabled People, Breakthrough UK, Manchester Disabled People's Access Group, Manchester Deaf Centre). In addition, officers received detailed feedback from the Manchester City Council Disabled Staff Group. Comments and, more importantly, suggestions received from the range of groups and individuals have been incorporated into the final draft strategy.

The broad outcomes of the consultation are:

- 89% of respondents either agree or strongly agree that the Strategy should be based on the social model of disability
- 96% support for using the 12 pillars of independent living (see <http://www.disabilityrightsuk.org/independent-living-0>)
- 89% of respondents support to establish a new group for disabled people in the city
- 91% of respondents indicated their support for a new Board to oversee the work
- 71% think the proposed strategy is right, but has gaps

The recent All-Age Disability Strategy (AADS) consultation saw a range of views expressed as to how much the AADS should also relate to support for carers.

- The AADS should recognise carers will have different experiences, sometimes different approaches and different points of view to disabled people.
- Carers are, or should be, defined in different ways. Wherever it is felt necessary to refer to carers within the strategy at all, they say it would be most helpful to clarify their roles. For example they could be referred to as partners, other family members, friends or neighbours who provide informal care, or paid carers or supporters.
- The AADS should acknowledge some carers may also be disabled people.

You can read the published documents in full here:

http://www.manchester.gov.uk/meetings/meeting/2857/communities_and_equalities_scrutiny_committee/

Disabled citizens – Learning Disability

Learning Disability (LD) Services

Our learning disability services, (including community health teams), provide a service to approximately 1800 citizens through a historic model of an integrated health and social care partnership. From this number, some 1135 people (whose Primary Support Reason was for learning disability) receive long term support and care under the Care Act and preceding legislation.

62% of people new to the LD service, are under 40, the majority of which are aged 18-25. Work is underway with Health Partners to strengthen the existing partnership arrangements to develop a more seamless pathway for people who use the service.

Using the health conditions that have been captured throughout the year, a snapshot from 31 March 2016 shows 3.2% of citizens in receipt of a long-term service suffer from autism or Asperger syndrome.

The number of learning-disabled citizens in paid employment has fallen slightly to 1.1%. It has been a challenge in the current economic climate to support learning-disabled citizens into work, but we continue to work with partners and citizens to support and improve these figures.

Strategy – ‘Task and finish’

Throughout 2015-16 a Learning Disability Services task and finish group looked at strategies to develop and reform the LD Services, and refocus ASC towards a new community based way of providing support, integrate health and social services.

Key tasks for MCC have been to:

- Stimulate organisations and providers that wish to adopt an ‘asset based approach’
- Develop an investment plan to support the move from maintenance to asset based model of care/ support
- Model the financial impact on in-house services and block contracts of increasing the take up and use of Direct Payments, NHS Personal Health Budgets, and Individual Service Funds

Throughout the process, the group consulted or visited short breaks and respite facilities, resource centres, Marillan House, supported housing, and others community resources and groups.

Outcomes included: Promotion of the advocacy service, the introduction of a person centred, holistic approach in the assessment of needs for LD citizens and their carers, the development of new models of housing to support and enable people to live in, and be part of, their wider community; Health and Scrutiny committee are to monitor the impacts of developments in the LD services.

You can read more on how this progressed by visiting:

<http://www.manchester.gov.uk/meetings> - Learning Disability Services Task & Finish Group {Disestablished }

86.9%

Of citizens with LD
living in settled
accommodation

1135

citizens receive
long term support
primarily for LD

1.1%

Of citizens with LD
are in paid
employment

Disabled citizens – Autism

Autism specific support

We developed an autism-specific Joint Strategic Needs Assessment (JSNA), which was summarised in last year's Local Account.

You can read more about the JSNA, and the current services available for young people, by visiting the following links:

[http://www.manchester.gov.uk/downloads/download/6088/autism_spectrum_disorder - full document](http://www.manchester.gov.uk/downloads/download/6088/autism_spectrum_disorder_-_full_document)
http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/6639/autism/3

1:7

Ratio of females to
males with Autism
Spectrum Disorder in
Manchester

Autism Innovation Grant

£18,500 was awarded to grow support for young people transitioning into universal services.

5 providers were awarded funding: 42nd street, Factory Youth Zone, Manchester Mind, Wheels For All, 4CT

The intention of the grants was to:

- Enable the integration of young people with Autism into integrated mainstream youth services
- Improve the experience of young people with Autism using integrated mainstream youth services
- Identify areas of innovation & good practise in services for young people with Autism, within integrated services.

Grants were used for a variety of reasons, including by technology (tablets) which support learning and off-site activities, cushioned seating and bean bags, development of Autism specific policy (Mcr Mind), made fidget toys available, and developed 'social stories' about services that have gone well.

All of these things help to bring an increase in people using services, an increase in people using on-line resources, complimentary working with other third-parties, help people with autism feel more comfortable in public spaces, encourage communication in those who are less or non-verbal, and give people with autism more freedom. Moreover, young people gain confidence and develop new skills.

Simply Cycling - offering cycling to disabled people

CASE STUDY

We have been able to purchase new bikes and trikes that have enhance the fleet of equipment available. Many of the young people with Autistic Spectrum disorders (ASD) who attend our sessions want to use particular bikes and we have been able to duplicate a couple of the most popular trikes so that Young P eople (YP) don't have to wait too long or become upset if a certain bike is not available.

Our numbers have increased as we have now got a Saturday session up and running at Boggart Hole Clough (as well as at Wythenshawe Park and Longford Park). This is attended by around 50 young people each week and many of these have ASD. Without exception all take a full part in the session and cope remarkably well with the 'crowds' by keeping ear defenders on or cycling in smaller groups around the park. Their parents tell us how the activity has become part of their weekly routine and an essential part of their social involvement and development. The activity gives them a sensory experience that is stimulating and a physical activity that stretches them and gives a sense of freedom that they are often not afforded.

The YP have given us feedback that confirms the enjoyment gained, the new relationships made as well as the enhanced 'survival' skills. Some of these YP have gained National Standard accreditation and two have been involved in weekend volunteering, working alongside our mechanics developing skills in basic cycle maintenance. This has led to increased responsibility and greater confidence which has proved to be transferable to other areas of their lives.



Disabled citizens – support available

Short breaks service (Respite Care for Learning Disabled Adults)

Respite care is provided from three locations across the city, offering 19* beds per night, and support both emergency and planned placements. The service supports families and carers to stay at home in the communities of their choice, and reduces the need for long-term residential support. The service currently offers support to over 120 families.

Daytime Support

Daytime Support is offered from three key locations, providing a range of meaningful activities both on-site and from a range of asset-based locations across the city, to people who are assessed as requiring high levels of support. There are 270* people on the register. This service provides essential daytime support to families and enables vulnerable citizens to stay at home with their families.



Ross Place provided Home to Daytime Support in central Manchester, and initially was a temporary location to support the 70 disabled and older people a day who used the Minehead Resources Centre before it was destroyed by fire in December 2014. The relocation has proved to be a tremendous success and saw the dedicated staff who work there win the Manchester City Council Team of the Year Award. Ross Place is due to undergo major refurbishment in September 2016 and will remain the key hub for day services in central Manchester.

Hall Lane Daytime Support Unit will also see the start of a major refurbishment programme to improve the facilities and the services offered to vulnerable adults in south Manchester.

See more at Help and Support Manchester: manchester.fsd.org.uk/kb5/manchester/directory/home.page

Strategic Housing are also working with three Registered Providers (RP) and Commissioners on the re-provision of shared housing for people with learning disability. Thirty of the units are for younger people with a learning disability who are transitioning from being looked after as children. We're expecting to hear about the bid outcome in December. We've worked with Commissioners and RPs to develop proposals for 70 newbuild self contained units which will incorporate assistive technology to promote independence.

Disability Supported Accommodation Service

Providing accommodation based support, this service promotes the independence and wellbeing of 168* people across the city from 38 locations, including Marillac House.

Individual properties (where appropriate) are fitted with state-of-the-art assistive technology that is tailored to an individual's needs, to ensure dignity in a safe and independent living environment.

We also have a shared lives service which provides accommodation for 100* citizens with learning disabilities in family based placements.

The Care Act 2014 came into force on 1st April 2015. This introduced major changes to our practice for adults in the areas of assessment, support and safeguarding. To be compliant with the Care Act and CQC, new policies and procedures have been introduced by Manchester City Council and by the Manchester Safeguarding Adults Board. In 2016/17 there will be a new Quality Assurance framework put in place to support the effective delivery of the improvements.

Domiciliary Support (Support in your home)

The Short Term Intervention Team (STIT) service provides homecare for people with a learning disability to support people at home.

*As at June 2015

Disabled citizens - Sensory

Care Act compliance – from day one we have built accessibility in, so your care assessor can choose which format of letter is most appropriate for you – such as Easy Read, and this is retained for future contact.

We also used the Care Act grant to train some of our officers, who can arrange for a specialist assessment (by a person who has specific training, expertise and experience as defined by the Care Act, 2014).

For example, a Sensory Officer has built on her extensive experience and education by completing Level 5 BTEC Professional Diploma Rehabilitation Studies (Visual Impairment), which qualifies her to teach outdoor orientation and mobility skills using a long white mobility cane, and became a qualified Rehabilitation Officer for Visual Impairment (ROVI) as recognised by the Rehabilitation Workers Professional Network (RWPN).

We work closely in partnerships with Henshaws, the Living with Sight loss course, and an officer attends the Low vision working group, to name but a few.

To read the Sensory the JSNA, visit:

manchester.gov.uk/info/500230/joint_strategic_needs_assessment/6216/sight_loss

<http://www.manchesterdeafcentre.com/>

747
Sensory
referrals made
from contact
centre

681
Sensory
assessments
completed

CASE STUDY

Manchester City Council Sensory Team

The sensory team has been involved in supporting a lady who was being detained at a non-Manchester prison on a long sentence. The Citizen had become blind due to a brain tumour, whilst in hospital.

The citizen wished to return to Manchester (and this was her home prior to sentencing), so a request came from probation services for Manchester City Council to complete a citizen assessment.

Referral involved both sensory social work assessment and ROVI, we jointly attended Multi-Agency Public Protection Arrangement (MAPPA) meetings which involved various departments within probation, housing and, police coming together to discuss her case, as an application for release had been made.

The citizen had a number of housing issues, one being that citizen had left the authority 18 years ago (length of imprisonment) that they had no responsibility for her. After weeks of contacting different housing groups without success, the citizens allocated Social Worker contacted a supported housing complex, an application form was completed, as the citizen fitted the criteria to enter into support housing.

After many months of joint working between all parties involved, the citizen attended a parole hearing at her prison, the outcome being the citizen was going to be paroled and placed on license for which she had to reside at the agreed supported housing complex, and she currently has a support package, along with ROVI input.

Throughout the process, information was provided to the citizen in the format she requested, initially this was read to her, but subsequently she has attended the office to utilise the IT room to use the text reader.

This citizen is still receiving ongoing support from the sensory team to support and improve her learning and communication skills, support with building her confidence when accessing the community, and skills to take control of her life in the future.

Disabled citizens, and Equality Framework

Disabled Facilities Grant (DFG)

The Better Care Fund provided £3.8 billion funding in 015/16 to spend locally on Health and Care, to drive closer integration and improve outcomes for patients, citizens and carers. £220 million of this was for the DFG, and almost £3 million for Manchester City Council. The money is paid to MCC, but the statutory duty lies with the Local Housing Authority (LHA).

DFGs are means tested, and you (or the person you apply on behalf of) must be registered disabled. Grants are used to pay for adaptations to properties to make them more suitable places to live to meet the additional needs of the applicant, such as wider doorways for wheelchair accessibility.

DFG applications can take longer than a public adaptation because all grant applications are subject to means tests, and the service user has to satisfy other mandatory requirements such as proof of ownership of the property, mortgage consent or landlord consent.

Data is not yet fully available for 2015/16 as the statutory return is only completed at the end of October 2016, but the provisional figures are provided here.

Find out more about the DFG by visiting:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/9424/138592.pdf

637 Grants allocated, of which:
430 for citizens aged 60+

269 To owner occupier
359 To RSLs or LHAs
9 Private Rented/ Other

Adaptations

Adaptations within the home enable citizens to stay in their residence of choice, whilst accommodating any modifications that might be required to support a social care need. Citizens feel much more at home in their preferred setting, and the adaptations often prevent the need to move.

Adaptations can range from minor installations, such as a grab rail in the bathroom, to major installations such as lifts or door widening. What adaptations are needed by each citizen is determined in the medical need identified/ recorded in the assessment or reassessment.

During 2015/16 we completed 1027 installations of Major adaptations for a variety of citizens and need types across the city.

1027

Major adaptations
installed

Type of adaptation	Volume
Bathing or bathroom	447
Lifts and Hoists	326
Toilet Adaptations	56
Property accessibility	55
Ground floor facilities or extension	46
Kitchen, door widening or miscellaneous	97

378 owner occupier
457 To RSLs or LHAs
192 Private Rented/ Other

No Recourse To Public Funds

No Recourse To Public Funds (NRTPF)

If you have a residence permit that allows you to live in the UK, it may include the condition that you have no recourse to public funds. If so, it means you will not be able to claim most benefits, tax credits or housing assistance that are paid by the state.

Manchester City Council has a specific NRTPF team that can assess the needs of people from abroad, who have NRTPF or unresolved immigration status and who may have a significant community care need.

The primary role of the NRTPF team is to assess an individual's needs in accordance with the current legislation and case law. Usually this will involve the completion of an assessment so that Manchester City Council can determine if it owes a duty to the individual to provide support under community care regulations.

CASE STUDY

X is a Malawian national who is a failed asylum seeker. She has additional needs of HIV, which cause her significant health and social care problems. X ended up in hospital, and was referred to NRTPF Team when fit for discharge because there was no address to discharge her to.

Her previous assessment under the Community Care Act concluded that her needs were significant and met the old FACS criteria. The Adult Social Care Team have been providing care packages to support her personal care, eating & drinking, and mobility on-going.

NRTPF assessments (Initial Assessment & Human Right Assessment) concluded that she is destitute, and it would be a breach of her human right if support is not provided to her. The NRTPF Team has been providing her suitable/ accessible accommodation and subsistence under s21 National Assistance Act 1948.

Greater Manchester Immigration Aid Unit (GMIAU) continues to provide support regarding her unresolved Immigration Status. The HIV Social Worker and Health Services continues to provide support around HIV issues, and last year, the Children Services became involved because of pregnancy (only disclosed at 32weeks gestation). The child subsequently went into adoption. Child Services involvement is also on-going.

You can also visit <http://www.nrpfnetwork.org.uk> to find out more information for yourself. This is a network of local authorities and partner organisations focusing on the statutory duties to migrants with care needs who have no recourse to public funds.



Equality Framework

In January 2016 we went to consultation on three areas to support our Equality Framework. We're deciding new equality objectives – the things we want to achieve for the next few years – to help us focus on the most important areas. We asked some organisations and groups around the city for their view, as well as citizens. Three areas of focus are:

- Knowing Manchester better
- Tackling Discrimination
- Celebrating our diversity

One of the key things coming from the discrimination area is that that the objectives of the Equality Framework should be for all Manchester people without singling groups out, but some of you said that we should be more specific about which groups are being targeted by our aims. We took out references to specific groups, as we want to improve outcomes for everybody and not limit our ambitions.

The Local Account has always aimed to provide a holistic view of Social Care, but identifies activities and successes specific to different groups to ensure a rounded picture of the work we do is recognised.

You can read more on the Councils 2016-2021 Equality objectives by visiting:

http://www.manchester.gov.uk/info/200041/equality_and_diversity/5885/our_approach_to_equality

Brokerage and Support Planning

Cash Personal Budget (PB) citizens currently receive support with the management of their budget from both internal and external providers. This support includes:

- support planning from In-house brokers and care managers
- recruitment, retention of personal assistants, and budget advice from the in-house Brokerage Team
- payroll service from an accountancy firm
- managed bank accounts from external providers.

The Brokerage Support team lead the implementation of the direct payments and individual budgets. The team of brokers are experienced and skilled in supporting individuals to:

- identify alternative and additional funding sources
- cost budgets and calculate employee salary costs
- recruit staff and deal with employment issues and arrange insurance
- give advice, and signpost and support citizens to use community resources
- navigate through Council procedures involved in the delivery of a cash PB
- support colleagues, advising on cash IB processes and actively promoting them within locality teams
- support citizens and colleagues with audit processes
- support citizens and colleagues with complex cash IB packages and safeguarding issues
- facilitate the DBS checking process for staff employed by cash IB citizens.

A broker is based in each locality and offers services to physically disabled citizens and older people as a matter of course. We have also tested a different approach to brokerage and support planning by using locally recruited peer brokers to support citizens with developing their own support plan. This approach is being evaluated with the provider, and will use the findings to inform our future approach.

CASE STUDY

H is a young man who has a physical disability. H says that he remembers often feeling that he was a burden on his family which is the sole reason he was accepting of support arranged from the local authority. As a young man he often felt that this support was inappropriate. Many of the carers who came to provide support to include personal intimate care were usually older women, were often carers new to him, nor could he choose what time the carers came, which was disruptive and meant he was unable to plan ahead. Carer duties were also limited due to the generic job description that carers work to across all client groups.

Since adopting a more personalised support method for meeting needs H, a young Asian man, has been able to attend university. H advertised at the university where he studied and targeted like minded people to support him. Now H is working as a Doctor in the Division of Imaging Science & Biomedical Engineering, in the Faculty Medical & Human Sciences, at The University of Manchester.

Having graduated, he has left the family home to live with his wife, both are eagerly anticipating the birth of their first child. H utilises a number of funding streams to support his everyday life, to include a cash personal budget and Access to Work, which allow him to employ carers who are in his opinion better suited to meeting his cultural needs

H was offered a high profile job in America some time ago but refused due to the fact that firstly he would miss his family but secondly when he researched the relocation he understood that personalised support was not well enough established to meet his needs.

A more personalised approach has enabled H to be in control of his support, meeting his needs offering him the opportunity to meet his aspirations which were never going to be realised if he were to have continued with local authority provision.

Substance misuse

Drugs, alcohol and substance misuse

Support for citizens with substance abuse is short term, and designed to maximise independence. During the year new 70 citizens contacted us for social care support for alcohol or drug misuse (adults seen by the alcohol and drug social work teams for residential rehab access and other social care support).

This may not seem a lot, but this figure is only for people contacting us where their primary support reason was for substance abuse. Many other individuals will have a variety of complex support needs, of which substance abuse is only one component. Many citizens do not address their misuse, and continue to use A&E and hospital services, without seeking support to address their issues.

We completed 446 alcohol and drug assessments for 426 citizens, and 52 alcohol and drug reassessments for 49 citizens.

The estimated cost of alcohol misuse per year in Manchester is £280 million.

The rate of admission for alcohol-related hospital admissions (broad measure) is 11,520. (Only 2014-15 figures available at time of writing)

The North West has the highest alcohol-related death rate in England, 1,307 deaths in 2014 (latest figures available), which is 548 more than the England average for this measure, and 348 more than the next highest region (South East).

(Source: Office for National Statistics.)

£280

Million per year
est. cost of
alcohol misuse

11,520

Alcohol-related
hospital
admissions

1,307

Alcohol-related
deaths in
Greater

Substance misuse puts a huge strain on our communities, and overburdens our resources and services.

There are close links between substance misuse and the following issues:

- mental health problems (80% of people with alcohol problems have anxiety and depression)
- violent crime (50% of victims of perceive their attacker to be under the influence of alcohol)
- vulnerability to certain types of crime (sexual assault, violence and mugging)
- physical and mental health and wellbeing of carers and other family members
- domestic abuse (about 50% of all reported incidents)
- hospital admissions and A&E attendances
- numbers of people claiming incapacity benefit
- development of dementia

	Alcohol	Drugs	Citizens (both)
2015-2016			
Assessments	304	142	426
Reassessments	23	29	49

You can find out more information and support by visiting:

http://www.manchester.gov.uk/info/10023/alcohol_drugs_and_substance_abuse

Manchester Integrated Drug and Alcohol Service (MIDAS) has locations in North, Central and South Manchester. They are a recovery focused service who are committed to supporting people to achieve their goals and become alcohol and drug free, accommodating the fact that this can take different routes and timescales for different people. Contact details via Change, Grow Live website.

Change, Grow, Live deliver drug services, alcohol services and also integrated drug and alcohol services in locations across England and Wales. They help vulnerable adults and young people to understand the risks their drug or alcohol use pose to their health and wellbeing, and support them to reduce or stop their use safely. Once stability or abstinence has been achieved, they provide aftercare to help maintain recovery and prevent the possibility of a relapse.

They also work with families, children and carers who are affected by the drug or alcohol use of a family member or friend. Visit their website to access more information and support, and read some of the real life positive experiences <http://www.changegrowlive.org/>

Mental Health, and Dementia

Mental health

The total number of mental health clients in paid employment has increased to 4.0%. We have already done good work with Manchester Mental Health and Social Care Trust ('the Trust') to help these figures continue to increase, and support citizens to increase these figures. We have a good working relationship with the Trust, and will continue to strengthen our ties for the future.

In February there was a public consultation on plans to stop some services. The results of this are yet to be published but are being reviewed by the Manchester Mental Health and Social Care Trust (MMHSCT), and producing a feedback report. <http://www.manchesterccgs.nhs.uk/mmhsc-public-consultation>

Suicide Prevention Strategy – we will be developing a robust local plan that is evidence based, achievable, and has the support of as many partners as possible. A JSNA has been carried out to underpin the plan.

JSNA - A refreshed Older People's JSNA, which will see workshops held with the public, and will explore the overlap between Mental Health, Health conditions, physical health and wellbeing.

Dementia, and Dementia United (DU)

Dementia is one of the greatest health challenges facing the country and Greater Manchester (GM). With an ageing population and rising numbers of people being diagnosed with dementia, it is a challenge that requires urgent attention.

At the moment, care and support for people living with dementia is variable across GM. How long it takes to get a dementia diagnosis, how much support you get after diagnosis, and how you will be looked after in hospital varies from one part of GM. Lengthy diagnosis processes, complex care and support to navigate, and hospital stays longer than needed, all result because NHS and social services aren't joined up.

'Dementia United' aims to change this. With local decision making, and working alongside some of Greater Manchester's greatest assets – from The University of Salford's Institute for Dementia and MediaCityUK in Salford to the academic community of Oxford Road – we have a chance to revolutionise the experiences of people affected by dementia.

In summer 2015, dementia was set as an early priority for the Greater Manchester Devolution Programme, with two key aims:

- To improve the lived experience of people with dementia and their carers
- To reduce pressure on the health and social care system

They will be working to identify people and organisations to join their stakeholder groups, and identifying the challenges needed to be addressed to achieve their goal. DU design seeks to encourage people to monitor their health, enrich their lives and connect with their communities in an attempt to prevent progression, loneliness, isolation and frustration.

The programme is formally launched in 2016, find out more by visiting: <http://dementiaunited.net/>

70.5%

Of citizens in contact with mental health services living independently

4.0%

Of citizens in contact with mental health services in paid employment

30,000

(est.) Citizens living with dementia in Greater Manchester

Keeping Citizens Safe – DoLS, and Homelessness

! Deprivation of liberties (DoLS) – If a citizen is lacking mental capacity, such as understanding information given to them, a care home or hospital can apply to use restrictions to keep the citizen safe.

Deprivation of Liberty Safeguards (DoLS)

In March 2014, a Supreme Court judgment meant that DoLS applications could now include those from people in receipt of social care support located in domestic settings, not just hospitals and residential and nursing care homes.

This had a huge impact on the number of DoLS applications received, and is the same for every local authority. So what have we done this year to combat this?

- Completed the move to data recording to a single electronic system
- Built bespoke reports to assist quicker and more accurate reporting
- Successfully worked with local trusts to reduce inappropriate applications
- Appointed a new permanent team manager
- Created a notification link with Manchester Coroners to ensure promptness
- Improved links with the local independent Mental Capacity Advocate service

Best Interest Assessors (BIAs) - BIAs by law must be social workers, nurses, occupational therapists or psychologists with two years' post-qualifying experience, who have completed an approved BIA course. When fulfilling their role under the DoLS they meet six capabilities, which are a set of good practice standards that councils who appoint BIAs will be expected to ensure that they meet. The BIA role is to decide whether care home residents or hospital patients who lack the capacity to consent to their care are (1) being deprived of their liberty and whether, if so, (2) this is in their best interests or not, necessary to prevent harm to them and proportionate to the risk or likelihood of that harm. Their recommendations are not binding and it is up to the relevant local authority or primary care trust to decide whether to adopt them, in their role as the supervisory body in DoLS cases.

Homelessness

Manchester has seen an increase in citizens presenting as homeless, and incidents of begging. Residents will not have failed to notice that there has been a greater prominence of people sleeping rough on the streets. It is a growing and complex issue, and work is ongoing to find a solution to address these issues.

Rough sleeper figures are recorded once a quarter, in March 2016 (the last quarter of the year), on the day chosen to record the number of people, there were 70 rough sleepers identified.

There are a number of things we can do to help advise people who are homeless, including accommodation, meals and food banks, medical assistance and employment.

We have a specific strategy to reduce homelessness/ rough sleepers. Read about it here:

http://www.manchester.gov.uk/info/200117/homeless_people/7160/homelessness_strategy_2013-18

The Street Support Network website www.streetsupport.net (incorporating Big Change Manchester) provides more information about various charities and services supporting people who are homeless in Manchester and how individuals and businesses can get involved.

41.29%

Rise in DoLS applications

357

DoLS applications granted

72%

Applications reported as urgent

35%

Reported as occurring in hospitals

47

Qualified BIAs (30 MCC, and 17 with partners)

70

Number of rough-sleepers identified on one night (March '16)

Safeguarding and Manchester Safeguarding Adults Board (MSAB)

! Safeguarding – this relates to preventing abuse and minimising risk without taking control away from individuals, and responding appropriately if abuse or neglect has occurred.

While more than one type of abuse can be reported in each referral, the nature of abuse reported for this year has proportionally* been:

- physical 23%
- sexual 8%
- psychological and emotional 18%
- financial and material 19%
- neglect and omissions 27%
- discriminatory 2%
- institutional 4%

*Rounded values

Positively, we have seen a 7.5% reduction in the number of Section 42 - (where a concern results in a full safeguarding investigation) , but on the flip side we have seen a 13.6% increase in the number of concerns (alerts)

1631
S42 enquiries

0
Serious Case
Reviews

4766
Concerns for the
safeness of an
individual

1433
Completed
safeguarding
Section 42s

38%
Of abuse is
committed in
citizens' own
homes

45%
Safeguarding
enquiries are for
Mental Health
citizens

60%
Safeguarding
enquiries are for
female citizens

54%
Safeguarding
enquiries are for
citizens aged 18-
64

Manchester has both a Manchester Safeguarding Children Board and Manchester Safeguarding Adults Board, who expect all providers and commissioners of services for adults at risk and children in Manchester to adhere to this safeguarding standard. Under the Care Act, the board now has statutory guidance about membership.

At this time, the 2015-16 annual report is yet to be published, but you can read the current MSAB strategy here: http://www.manchester.gov.uk/downloads/download/3959/safeguarding_adults_policies

The Manchester Safeguarding Adults Board and Care Act compliance

The requirements of the Act around Adult Safeguarding relate to placing Adult Safeguarding boards on a statutory footing and sets out "process " obligations to set up a safeguarding adults board and if there is one already in place to review the function and widen the membership of the board.

The review saw the MSAB:

Strengthen its governance structure and ability to oversee core activity within the health and social care networks. The Board has an Executive that oversees the work of sub groups. An independent MSAB chair took up post in July. The Chair attends regular meetings with the Manchester City Council Chief Executive and the Executive Member for Adults is a member of the Board. An Adult Safeguarding annual report is submitted to the Health and Well Being Board and this will also be provided to Health Scrutiny in February. Support structures for the Board have been reviewed and are currently subject to recruitment procedures.

Social housing, Armed Forces and Veterans

Social Housing and the relationship with Adult Social Care

Whilst housing doesn't sit directly within Adult Social Care (ASC), many of the potential impacts of housing or homelessness cross over into ASC. People we support include those with mental ill health, older people, veterans, survivors of domestic abuse, single homeless people, homeless families, learning disabled people, offenders, vulnerable young people (including 16- and 17-year-olds), care leavers, young single parents and people with substance-abuse issues.

The strategic oversight and development of work around Armed Forces and Veterans sits with the Strategic Director, Adult Social Care.

Last December, a new veterans and armed forces Covenant for Greater Manchester Councils was agreed. The proposed aims and objectives for armed forces and their families in the Community Covenant include:

- Working towards ensuring they are considered in all commissioning arrangements.
- Working towards ensuring that they are captured in all customer service delivery and policy decisions.
- Ensuring that in all funding applications we consider them, and the aims of this covenant.
- Working with our armed forces charities and partners to better share information and ensure best support.

CASE STUDY

Canada Street development

You may recall from seeing on the BBC's DIY SOS programme, the development of Canada Street and New Street in Newton Heath, where 62 homes in Manchester were turned from run-down properties into homes for veterans and a support centre. Many of the intended residents are suffering from post-traumatic stress disorder and are without careers now they have left the armed forces.

The role of adult social care into this scheme was to:

- provide a support function to the existing residents who may have had care and support needs
- get involved with the design of the refurbished properties to meet the care and support needs of the new occupants, and follow our Occupational Therapist's professional advice
- attend the steering group meetings to inform and advise



Personalisation

Personalisation aims to ensure that the care and support each person gets is matched to their needs and wishes. It also makes sure that everyone who needs information and advice about social care gets it, regardless of their wealth or eligibility for services.

The Care Act (2014) defines how we should assess people, and we want to improve the way we assess people. Key to this is to increase the numbers of people taking a personal budget – this is one of the ways we can meet your needs, as this gives you more choice and control to decide on what is important to you. This was part of the ASC consultation (more details on page 21)

Only 29% of respondents said they talked with their care assessor about using a cash budget. This is crucial information for our workforce development as we need to emphasise to staff the importance of advising the people we assess of the options available to them. We are looking at a variety of options to make the uptake of personal budgets easier for citizens.

Self-directed support helps a citizen to self-direct their care or support personal budget in a number of different ways:

- a **managed account** is where Manchester City Council will manage your personal budget, inline with your care plan, and will commission the care workers on your behalf.
- an **individual budget** is money for support that could come from several places – including social services, the Independent Living Fund and Supporting People, and a third party manages your personal budget.
- a **direct payment** is money that is paid directly to you so you can arrange your own appropriate support in line with your care plan.

**Excludes Mental Health, who manage this differently*

New NHS Accessible Information Standard

From 31st July 2015, all health and social services should record and meet the communication preferences of people in receipt of services. As a result, we will be changing our record-keeping to capture these needs, and create different formats of both our standard and personalised information for citizens, e.g. Easy Read Format, Large Print, Braille, Audio etc

Freedom of information

Between April 2015 and March 2016, Manchester City Council received 179 freedom of information (FOI) or environmental information regulations (EIR) requests, that were related to adult social care.

FOI requests cover a range of reasons, from safeguarding to care home provision, and there is guidance in place to ensure that requests are responded to in a standardised and timely way – within 20 working days from receipt (excluding postal time). Often data is already available in the public domain.

FOIs are often complicated and can take a lot of time and effort to fully respond to a request, which means that we are not always able to achieve our timescales for response, but we are always looking to improve.

You can find out more about FOIs and EIRs by visiting the Information Commissioner's Office website: ico.org.uk/for-organisations/guidance-index/freedom-of-information-and-environmental-information-regulations

99.6%

Proportion of citizens who use services* who receive self-directed support

17.6%

Proportion of citizens who use services who receive a direct payment

179

FOIs or EIRs received, related to adult social care

Sector-led improvement

Sector-led improvement is an approach to improvement where local authorities help each other to continuously improve. It is based on the underlying principles that Local Authorities are responsible for their own performance, are accountable locally, and are collectively responsible for the performance of Adult Social Care within the North West.

Peer review and TASC

The peer review was commissioned to provide an independent assessment of how well the Council is delivering adult social care to identify recommendations to make service delivery more consistent.

The peer review process was carried out by the Association of Directors of Adult Social Services North West and involved the director from Salford Council and a team of people to support the review. The process involved Manchester completing a self-assessment activity which was used to establish where adult social care is currently at. This was followed by a site visit in March 2015.

This model of adults peer challenge intends to help local government to help itself to respond to the changing agenda in adult social care. The peer challenge process is both constructive and supportive, and aims to help a council and its partners assess its current achievements, and identify those areas where it could improve. It is delivered from the position of a 'critical friend' to promote sector-led improvement.

! A critical friend is someone who agrees to speak truthfully, but constructively, about weaknesses, problems, and emotionally charged issues.

This Peer Review focused on the Council's delivery of adult social care, and specifically focused on three aspects Adult Social Care (ASC) delivery of:

End to End delivery ★ **Adult Safeguarding** ★ **Social Work Practice**

The outcome of the peer review was that whilst the Council's ASC delivery was on the right track, there is a need to develop a more consistent approach towards the above three themes, and streamline ASC processes.

In response to the peer review and what was already known about the delivery of ASC, a transforming adult social care programme (TASC) was set up in May 2015, to deliver the necessary ASC reforms.

The TASC programme is set within the context of Health and social care integration and the formation of integrated place based services through the formation of integrated neighbourhood teams.

At the heart of ASC reform is a redesigned model of assessment and support planning. This different approach concentrates primarily on what is important to people, what they want to do, and the strengths and nature of their social networks, underpinning wider Council priorities of building self reliance and strengthening communities.

The key principles are:

- ⇒ Staff having "Different Conversations" to better understand individual assets, recognising strengths, gifts and talents using an ethnographic approach (studying people in a real or natural setting), rather than a deficit model (which broadly concentrates on any failures and penalises those who fail)
- ⇒ Connecting people with local community solutions which may include a community hub, a social group or peer support
- ⇒ Developing community capacity through co-production, different relationships, asset transfer
- ⇒ Developing new ways of working (NWOW) by liberating and enabling the workforce by giving support and permission to be innovative and creative, in return for a pledge to be positive, accountable and to embrace NWOW.

Creating and developing world class Social Workers

Greater Manchester Social Work Academy (GMSWA)

The GMSWA is a teaching partnership that aims to offer an integrated, co-ordinated, consistent, and high quality response to social work training and practice, and continuous professional development across Manchester. Some of the GMSWA data sets have been analysed to look for potential improvement areas.

Across Greater Manchester:

- There is a relationship between number of adult social workers, the number of older people and levels of deprivation in each local authority.
- The Adult Social Worker (ASW) workforce is largely aged 30 or over, with around 32% aged 50-59, 30% aged 40-49, and 26% aged 30-39.
- On average 70% of ASW have been in the organisation for 5 years or greater

1,265
(Estimated) Adult
Social Work
positions across
Gtr Manchester

There is a need to attract, develop and retain ASWs, and those wanting to be ASWs.

The findings from the GMSWA data and workshops – to think creatively about how we can work differently through the GM Centre of Excellence, include some of the following approaches:

- Develop the means of sharing insights and experiences from the older workforce to those who have recently joined.
- Consider different options for supporting learning to take place, for example through action learning sets. Clear development routes and recognised CPD.
- Reduce reliance on agency staff, and use insight from all GM Local Authorities (LAs) so see who has managed this successfully and how.
- Enable more non-agency staff to progress to level of Experienced Social Worker
- Better tools and technology to help ASWs do their job
- Bring in different perspectives and experiences e.g. from colleagues in the police and VCS groups
- Attract more diversity from people with no professional qualifications and this might involve engaging with local colleges
- Job swaps between LAs, internships and secondments
- Act on lessons learnt

The implementation and outcomes of the GM teaching partnership and the GMSWA will happen over the next three years, and we'll report on progress in the 2016-17 Local Account.

Can you get involved?

We are also looking to work with organisations who can offer placements or training which would be considered as Continuous Professional Development (CPD) for social workers.

Launched in February 2016, there is a pilot underway which will shape future Social Work training and integrate the voluntary, community and social enterprise (VCSE) sector at a critical time in terms of Health and Social Devolution. The aim is to recognise and advocate the role that voluntary and community sector organisations play in supporting the most vulnerable members of our society. This pilot will run in to future years, and we can report on successes more in next years local account.

If you think you can help and you are a provider of Children and Young People Services, please contact:

<http://42ndstreet.org.uk/>.

42nd street support young people (aged 11-25) experiencing difficulties with their mental health and wellbeing.

Looking forward

Some things are already underway in 2016-17, and this section may reference documents which are already published, and decisions which have already been made at the time of writing (September 2016).

Integration with health

There will continue to be significant change across the health and social care system, as new arrangements are implemented. The health and social care Locality Plan details the five year vision and plan to improve the health outcomes of residents of the City, while also moving towards financial and clinical sustainability of health and care services. The Locality Plan is the city's input to the devolution proposals for GM.

We are working towards a 'One Team' place-based care model that outlines the transformation needed to enable the delivery of a new community-based care system by 2020. The One Team model sees existing social care services, community primary and secondary health care services, and community mental health services collaborate and integrate on a neighbourhood place level, working towards shared-outcome goals.

The reforms focus on integrated services with 12 neighbourhood teams coordinating proactive care for those with complex needs, enabling their needs to be met earlier, within their local community and home, and ideally before their needs escalate to requiring specialist in hospital services. Each team covers a population of approximately 40,000–50,000, although it may not be practical to deliver some aspects of the model at such a local level – for example, where services require highly specialist infrastructure and/or staff.

Some of the things that will happen over the next year are:

- NHS partners to fund all medications management currently provided by the Council.
- To deliver an Integrated Sexual Health Service across the city whilst maintaining open access
- A new Drugs and Alcohol service - This will involve a collaborative approach with providers in the independent and community sector, NHS Trusts and Primary Care
- Developing low level services* within local areas to support a new approach with citizens to make better use of local community assets like libraries, community centres, leisure facilities (all linked to the new 12 neighbourhood teams).
- Investment into areas which ensure that the Council's statutory duties are met in respect of vulnerable adults (safeguarding)
- Reform of Homelessness and Domestic Violence services
- £1.6m of the Better Care Fund to provide investment into homecare and assistive technology to enable people to remain in their own homes
- Expansion of shared lives programme, and Specialist Assisted Daily Living
- New delivery model for Supported Accommodation
- Physical Activity Services and Wellbeing Services - Review & commission integrated services incorporating NHS Trust and City Council Services

**Low level services are those which tend to deal with quality of life, rather than addressing a basic need, such as social life, activities, independence, safety etc. They are often seen as more preventative.*

DoLS

To cope with the continued influx of DoLS applications, in the next year (16/17) we will be making additions to the service to increase our capacity. This includes:

- An additional 30 signatories will be trained to authorise DoLS applications
- Additional specialist support officers will be recruited
- More training for all providers due to the turnover of staff within organisations, on the Mental Capacity Act (MCA, 2005) and DoLS processes.
- Manchester City Council is in the process of adapting to the new legal requirements to consider applications to the Court of Protection for Citizen's deemed to be cared for in arrangements which amount to a Deprivation of their liberty in their own homes.

Looking forward

The Manchester Strategy – ‘Our Manchester’

If you were one of the tens of thousands reached by our consultation on how to make Manchester into the place you'd want to live, work, play and do business in 2025, thank you for being part of such a huge, inspiring response. The strategy is the result of your responses.

People's commitment to the city, and their desire to see its future success, shine through it! It's a huge credit to all who contributed, including:

- Manchester residents themselves, in their thousands
- The city's army of volunteers (our city has around 100,000) from tiny clubs to business-scale operations, and community activists
- A wide non-resident public – some of our city's biggest fans – who work in the city or visit to enjoy our varied culture and leisure, but do not live here
- Business and civic leaders from the city and the city region who added their valuable insights, revealing the extent of their own crucial part in delivering Manchester's success.

People of Manchester share the desire to see the city do well, to see Manchester use and value its green spaces, to have a clean city with one of the best public transport systems in the world, and to preserve its historic buildings and support those in need.

The strategy has five themes which will play out over the next 10 years:

- A thriving and sustainable city
- A highly skilled city
- A progressive and equitable city
- A livable and low carbon city
- A connected city

Of particular note to adult social care is the 'progressive and equitable city', whose ideologies include:

- Health will improve and residents will have the right care at the right place at the right time
- Continuing to be an Age-friendly city and also aim to be the UK's youth capital
- Devolution expanding our support for people with complex problems to get their lives back on track
- Shelter and support for homeless people

http://www.manchester.gov.uk/info/500313/the_manchester_strategy

Homelessness – New Charter

The creation of the Charter has been led by local charity Mustard Tree, and has involved extensive consultation with numerous people who have personally experienced homelessness, as well as dozens of other organisations working in the homelessness sector across the city. We'll report more on the impact of the charter in the 2016/17 Local Account.

In the meantime, read more here:

http://www.manchester.gov.uk/news/article/7445/homelessness_charter_marks_new_approach_to_tackling_homelessness_in_manchester

Sector Led Improvement

There is a Risk Self-Assessment Tool which helps the council to challenge its own performance, and report back to others, using a guidance framework of areas to look at. Monitoring risk is a fundamental element of our regional approach to Sector-Led Improvement and the North West Guide to Risk Awareness provides a list of practical suggestions that Local Authorities should consider. The assessment will take place in November 2016.

Looking forward

Extra Care housing

We want to significantly increase provision of Extra Care housing to keep people independent in their homes for as long as possible, and prevent admissions to residential and nursing homes.

Work has continued to progress the development of a new Extra Care Housing development in south Manchester. Village 135, built by Wythenshawe Community Housing Group, will provide 135 two bedroom units in the heart of Wythenshawe. Adult Social Care is a key partner due to the commissioning of the on-site care provider. In late 2015, the procurement exercise began to appoint a new care provider who will be responsible for delivering over 550 care hours to the residents.

Increasing the amount of Extra Care Housing is one of the department's strategic priorities as it enables older people with care and support needs to remain in their local community and live in a thriving environment. As part of the lead up to the new-build, Wythenshawe Community Housing developed a short video to show what the scheme will be like: <http://www.wchg.org.uk/new-builds/village-135-flythrough/>

Four proposed extra care sites went to Executive committee in November 2015, which were approved as sites for Extra Care Housing (subject to any existing constraints). These sites could provide up to an additional 400 units of accommodation. <http://www.manchester.gov.uk/meetings/meeting/2478/executive>

Single Hospital Service Review

The Single Hospital Service Review commenced in January 2016. The first stage of this review identified the benefits of adopting a Single Hospital Service. The second stage in June 2016 should conclude that the creation of a single, new, hospital organisation in the city of Manchester provides the best opportunity to deliver the benefits of a Single Hospital Service. The single organisation incorporating University Hospital of South Manchester NHS Foundation Trust (UHSM), Central Manchester University Hospitals NHS Foundation Trust (CMFT) and services provided at North Manchester General Hospital (NMGH).

The Health and Wellbeing Board (HWB) strongly supported the Review recommendations and, will has requested that the Trusts (UHSM, CMFT and Pennine Acute NHS Hospitals Trust - PAHT) provide an initial assessment on implementation requirements and associated timescales. This is a huge but essential undertaking, and you can read more from the reports by visiting:

http://www.manchester.gov.uk/meetings/committee/77/health_and_wellbeing_board

For meetings in June and July 2016 (specifically), and onwards as progress happens.

Domestic violence

The Domestic Violence and Abuse Strategy 2016-2020 has been developed through co-production with a range of key stakeholders. It sets out the ambition for delivering DV&A services over the next four years, with a focus on early intervention and prevention, recovery for victims, and holding perpetrators to account. The strategy also details service pledges for ensuring that people get the right support at the right time.

As part of the "Delivering Differently" programme, a new delivery model has been developed for people at risk of domestic violence and abuse (DV&A).

There are clear drivers for changing the way that domestic abuse services are provided in Manchester:

- Resident outcomes - Domestic abuse levels are high and current services are primarily reactive and short-term at the point of crisis
- Fiscal costs - Domestic abuse accounts for significant spend in public services
- Complex dependency - Domestic abuse links to wider issues including Unemployment
- Current delivery models - Lack of focus on prevention / early intervention and recovery

The new strategy is being formally launched in 2016, and we will see the impacts of this in next years Local Account.

Further Reading and Glossary

FURTHER READING:

State of the City

You may wish to read more about the broader aspects of activity within Manchester City Council, and the city's progress towards our vision for a world-class city, as set out in the refreshed Community Strategy. This is available in our annual State of the City report.

http://www.manchester.gov.uk/info/200088/statistics_and_census/6469/state_of_the_city_report

Care Act You can read more about the **Care Act** on the dedicated pages, at the Manchester City Council website: manchester.gov.uk/info/200048/health_and_wellbeing/6658/care_act_2014

To access meeting minutes of the various committees and boards held in Manchester, please visit:

<http://www.manchester.gov.uk/meetings>

GLOSSARY OF ALPHABETISMS AND ACRONYMS

AADS	All Age Disability Strategy	JSNA	Joint Strategic Needs Assessment
ASC	Adult Social Care	LA	Local Authority
ASCOF	Adult Social Care Outcomes Framework	LHA	Local Housing Authority
ASW	Adult Social Worker	LGA	Local Government Association
AGMA	Association of Greater Manchester Authorities	LGBTF	Lesbian, Gay, Bisexual and Transgender Foundation
BCF	Better Care Fund	LLLB	Living Longer Living Better
CASS	Community Assessment and Support Service	MCA	Mental Capacity Act
CCG	Clinical Commissioning Group	MCC	Manchester City Council
CMFT	Central Manchester University Hospitals (NHS Foundation Trust)	MEAP	Manchester Equipment and Adaptations Partnership
CPD	Continuous Professional Development	MH	Mental Health
CQC	Care Quality Commission (www.cqc.org.uk)	MHA	Mental Health Act
DoLS	Deprivation of Liberties Safeguards	MMHSCT	Manchester Mental Health and Social Care Trust
DTOC	Delayed Transfer Of Care (hospital discharge)	MSAB	Manchester Safeguarding Adults Board
DU	Dementia United	NHS	National Health Service
FOI	Freedom Of Information	NMGH	North Manchester General Hospital
GM	Greater Manchester	NWOW	New Ways of Working
GMSWA	Greater Manchester Social Work Academy	PAHT	Pennine Acute (NHS) Hospitals Trust
GP	General Practitioner (doctor)	PD	Physical Disability
HFAAFM	Housing For An Age Friendly Manchester	RAS	Resource Allocation System
HMP	Her Majesty's Prison	RSL	Registered Social Landlord
HOOP	Housing Options for Older People	SALT	Short And Long Term (support)
HWBB	Health and Wellbeing Board	SAC/SAR	Safeguarding
IB	Individual Budget	STIT	Short Term Intervention Service
LD	Learning Disability	UHSM	University Hospital of South Manchester (NHS Foundation Trust)
		VCSE	Voluntary, Community and Social Enterprise (sector)
		YP	Young People

Contact

The Local Account is published every year.

To access the previous local accounts, please visit:

http://www.manchester.gov.uk/info/200088/statistics_and_census/ and click on the link to Adult Social Care Annual Report.

If you would like a copy of this report, please contact one of the following, quoting 'Local Account of Adult Social Care, 2015/16':

By post:

Manchester City Council
Manchester Town Hall
Albert Square
Manchester
M60 2TA

In person:

The Citizen Service Centre
Manchester Town Hall Extension
Mount Street
Manchester
Monday to Friday, 8am–5pm

By phone:

0161 234 5000
Monday to Friday, 8am–5pm

Via our website:

manchester.gov.uk/contactus