

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 10 October 2017

Subject: Local Account 2016/17

Report of: Executive Director for Strategic Commissioning and Director of Adult Social Services (DASS)

Summary

This report provides Members of the Committee with an overview of the 2016/17 Local Account.

The Local Account forms a key part of the approach to sector led improvement in adult social care, as it is a key mechanism for demonstrating accountability for performance and outcomes. It is designed to tell citizens how well the Council has done in delivering adult social care against priorities. It also informs citizens of the challenges and the work planned over the coming year.

It is a retrospective and reflective document which strengthens accountability and allows for self-assessment of our own performance. Although the requirement is not mandatory, Councils are recommended to publish these by the Government.

Attached to this report is our Local Account for 2016/17.

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

Contact Officers:

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Background documents (available for public inspection):

None

Adult Social Care in Manchester

Local Account 2016/17



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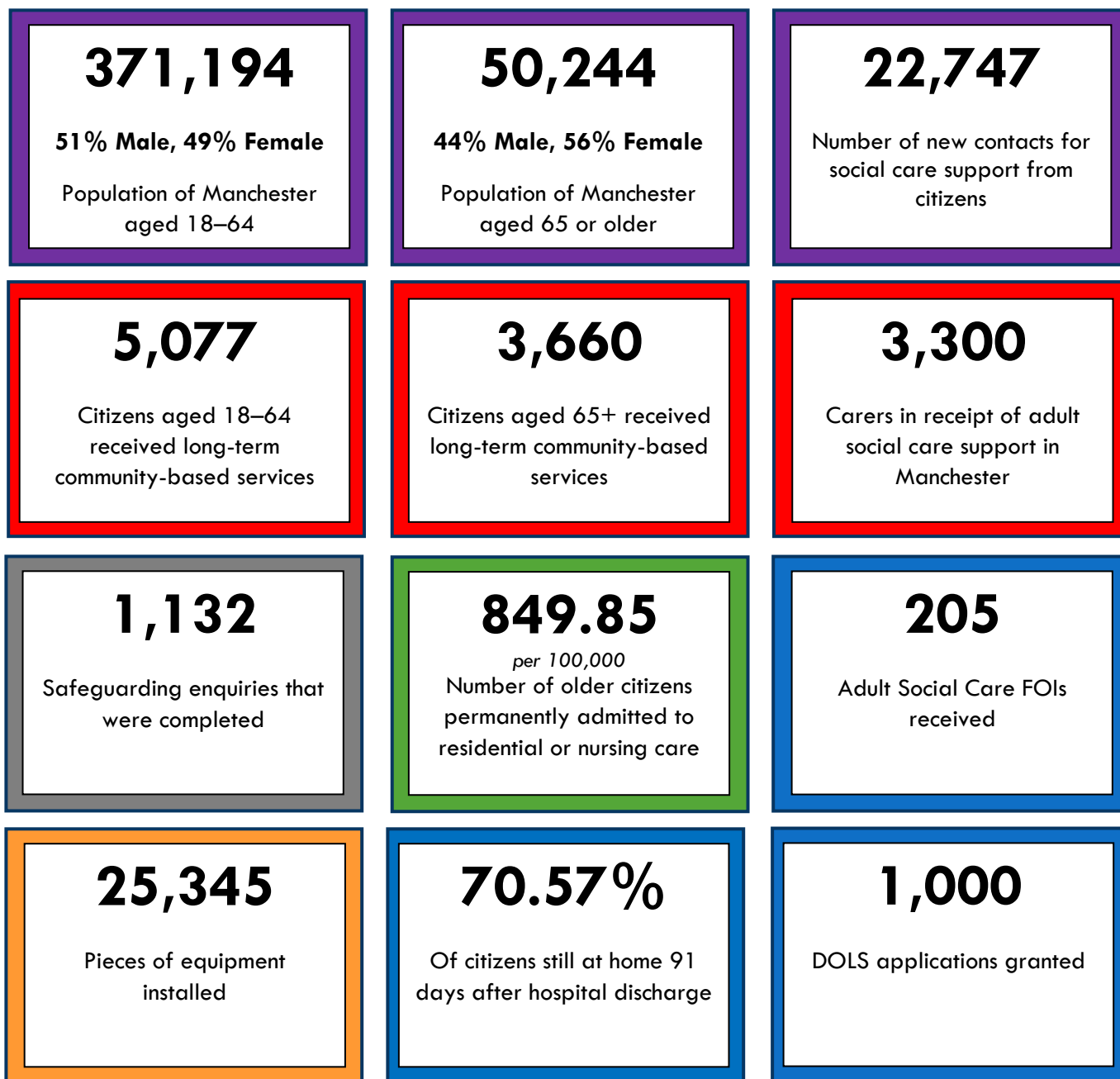
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! Explanation boxes will help you understand some of the terms used in this document.

Adult Social Care in Manchester

ANNUAL LOCAL ACCOUNT

Demographics and activity in 2016/17



Population data from: Office for National Statistics, Population Estimates for UK, Mid-Year Estimate 2016

! 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 Craig, Executive Member for Adults, Health and Wellbeing

Welcome to Manchester Adult Social Care's Local Account. As the new portfolio holder for adults, health and wellbeing in the City Council, it's great to see a comprehensive publication such as this that contains lots of information which highlights the great work that adult social care does to keep people safe, well and enabling their independence. The Local Account looks 'back' at 2016-17 and highlights statistics, case studies as well as achievements that we've carried out and I'm proud to lead this area for Manchester.

We're two years on now since the Care Act 2014 came into force and it's particularly pleasing to see how this has started to transform how we conduct assessments which focus on people's wellbeing and how we have strengthened adult safeguarding with our key partners. It's that combined dedication and effort across all organisations and agencies that achieves results and I'd like to take this opportunity to thank every partner for the work they do with us.

It's incredibly difficult to pick out key areas in this publication as the Directorate provides an array of services such as Domestic Abuse, Homelessness as well key strategies such as the Locality Plan and externally commissioned services. We look 'forward' to 2017-18 plans where our plans to integrate with health are underway which will transform how health and social care is delivered from April 2018 to improve the lives of Manchester people. I'm excited to be part of that journey and witness real improvements in care coordination which is more effective for both citizens/patients and our workforce who will benefit equally by seamless working practices. I look forward to updating you next year on the progress we've made.

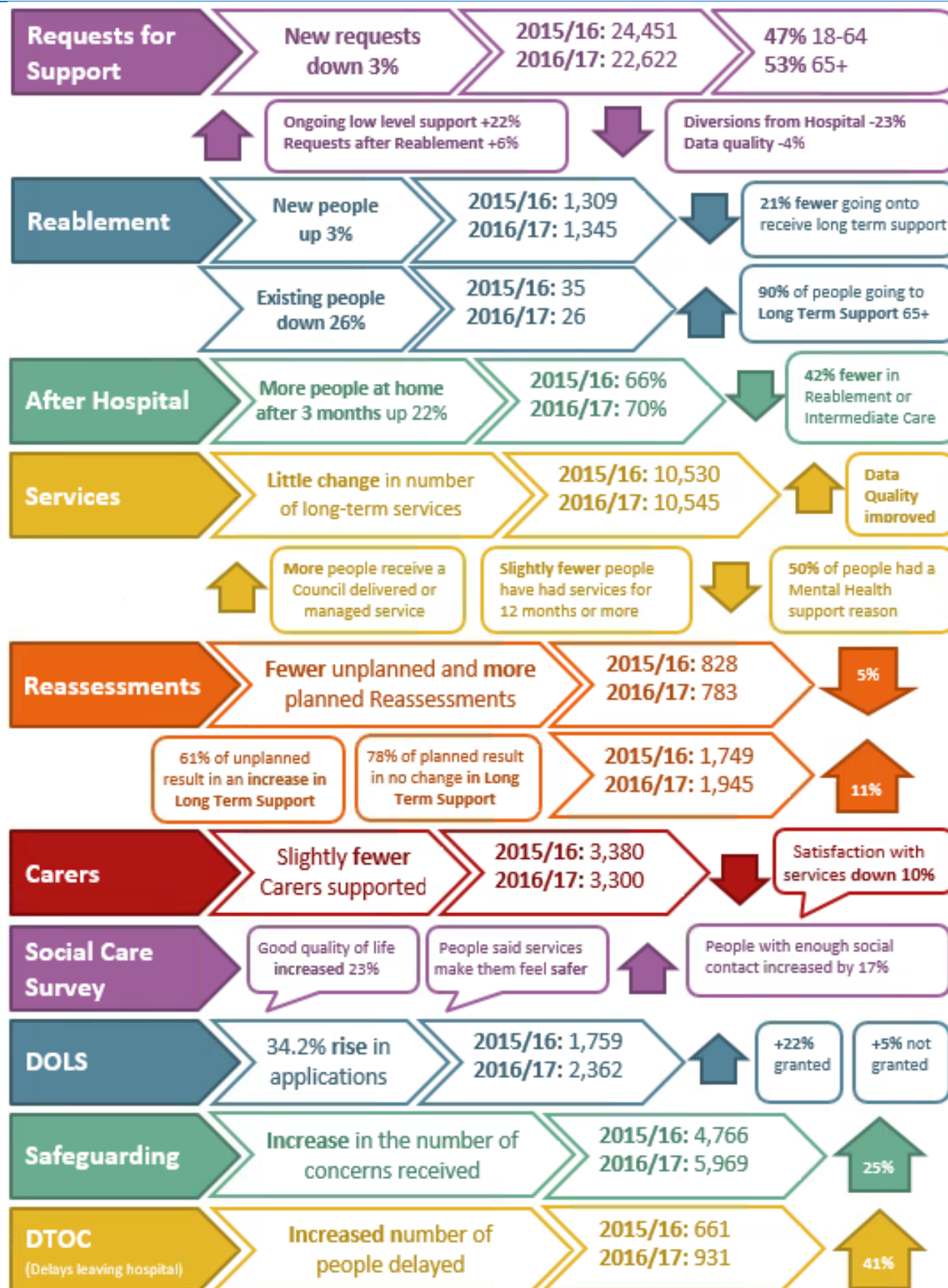
Dr. Carolyn Kus, Executive Director of Commissioning and Director of Adult Social Services

Whilst we are looking 'back' to last year's performance and achievements, from 1 April 2017 we have already moved forward with our integration with health plans by establishing a new commissioning organisation: Manchester Health and Care Commissioning (MHCC for short). By joining with our health partners we should be able to see tangible benefits for patients, citizens of Manchester, and our staff by doing things differently, doing things better and improving outcomes for people who need health and care provision. That's enough of this year - we'll update you more in next year's local account!

For me, this local account has provided me with a significant opportunity to quickly get up to speed on all the great work my team undertakes. We are definitely outcome focused and hope that shines through all that we do but it's been recognised that there is much duplication - of both effort and our organisational processes - that need to be improved.

I'm thrilled to join Manchester and shape the future work that is happening at both a local and a Greater Manchester level - Manchester is the place to be!

Key Messages - Summary



Spend and Budget



The total amount of money Manchester City Council spent on adult social care in 2016/17 is shown below.

Some breakdowns of expenditure		
Breakdown by citizen group		
Working-age adults £57.9 million	Older citizens £44 million	
Breakdown by service provided*		
Residential care £27.1 million	Nursing care £10.3 million	Home care £14.7 million
Direct payments £9.2 million	Supported accommodation £38 million	Other £4.2 million

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

If we look forward to 2017/18, the budgeted expenditure for the same areas is:

Budgeted expenditure		
Breakdown by citizen group		
Working-age adults £55.4 million	Older citizens £33.4 million	
Breakdown by service provided*		
Residential care £22.7 million	Nursing care £9.4 million	Home care £13.7 million
Direct payments £8.2 million	Supported accommodation £35.5 million	Other £3.6 million

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

2017/18 Care budgets are subject to a reduction of £2.669m in residential, nursing and home care packages in order to fund additional extra care provisions. In line with other local authorities across the country the financial position within Adult Care remains very challenging.

Savings of £5m have been planned for 2017/18. The Council anticipates that savings totalling £12m will be achieved during 2017-20 as part of the delivery of new Care models in Local Care Organisation.

The demand for services

Some of the statutory (!) reporting the government asks councils for 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 2016/17 decreased by 7% compared to 2015/16. More people have been redirected at the point of contact, to either self-serve online, or to more appropriate services elsewhere.

22,752
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 requests relate to citizens who are being referred for support as a means of preventing an admission to hospital, such as falls or reablement.

2016/17 Route of Access	ALL	
	18-64	65+
Planned Entry (Transition)	31	
Discharge from Hospital	439	2,372
Diversion from Hospital Services	13	163
Community / Other Route	10,258	9,449
Prison	15	12
Total	10,756	11,996

What is the result of the contact?

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

25% 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.

30% received no services (reasons for this include ineligibility, citizen refusal, or citizen dying).

2016/17 Outcome	ALL	
	18-64	65+
Short term support (reablement)	189	1,119
Long Term Support	961	1,168
Ongoing Low Level Support	2,568	4,069
Short Term Support (Other)	2	11
Universal Services / Signposting	3,694	2,071
No Services Provided (Any Reason)	3,342	3,558
Total	10,756	11,996

Long Term Support

There have been 10,545 people accessing long term services in the past year. The largest type of support is for Mental Health support (46%).

10,545
Citizens
accessing Long
Term support

635
Citizens needed
an unplanned
review

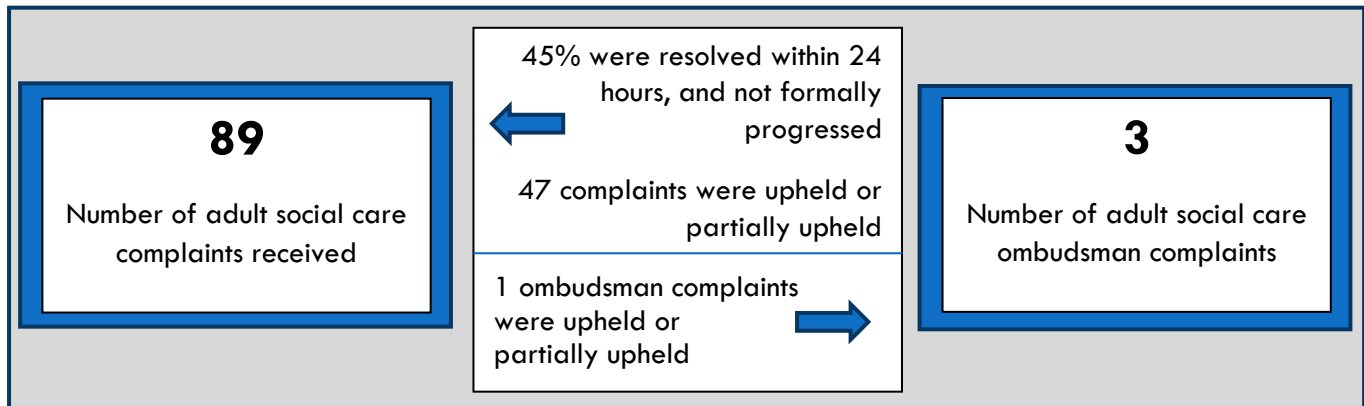
1,973
Citizens received
a planned
review

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

Learning Disability – **11.3%**
Physical Disability – **38.4%**
Mental Health – **45.9%**
Memory and Cognition – **2.7%**
Sensory (Sight/Hearing) – **1.0%**
Social Support – **0.7%**
(Including Substance Misuse)

! Statutory means something which is decided by or controlled by law. When we talk of statutory, we mean information we must send to the government at set times of the year.

Complaints and compliments



As a result of complaints in 2016/17 we have taken the learning from the complaints and:

- Reviewing the process for supporting citizens who are subject to Joint Working Agreements with the NHS and introducing a letter for citizens which clearly explains what the Joint Working Agreement is and any costs that this might involve for the citizen or their family.
- Increasing contract monitoring of home care agencies where failings have occurred
- Delivering a briefing to Community Alarm Staff regarding property access procedures and exploring whether there are any additional measures we can implement to improve the procedures.

Some examples of compliments

“Just to say thank you for meeting me today and to just say it was the first time I met someone new without feeling anxiety. Extremely rare! Thank you for making me feel safe.”

“A big thank you to the Reablement Team. They helped me so much after my knee replacement, I am convinced that my speedy recovery is due to their help and encouragement. They visited in all sorts of weather always with a smile and a kind word professional yet friendly. Congratulations on an excellent team. A team to be proud of.”

“I just wanted to say thank you for all the advice and support you have given us since becoming mums social worker in March as she moved into a care home. The last few months have been an emotional and difficult time in our lives, and we completely appreciate the compassion you have shown and your professionalism when dealing with all other professions that have been involved. You have always kept us in the loop with everything you have been doing, explained everything to us and always acted in mum’s best interest. You have also had recognition from the care homes involved and from hospital staff, who have spoken highly of your ability to deal with everything in such an efficient, calm manner.”

COMPLIMENTS

109

Number of adult social care compliments received

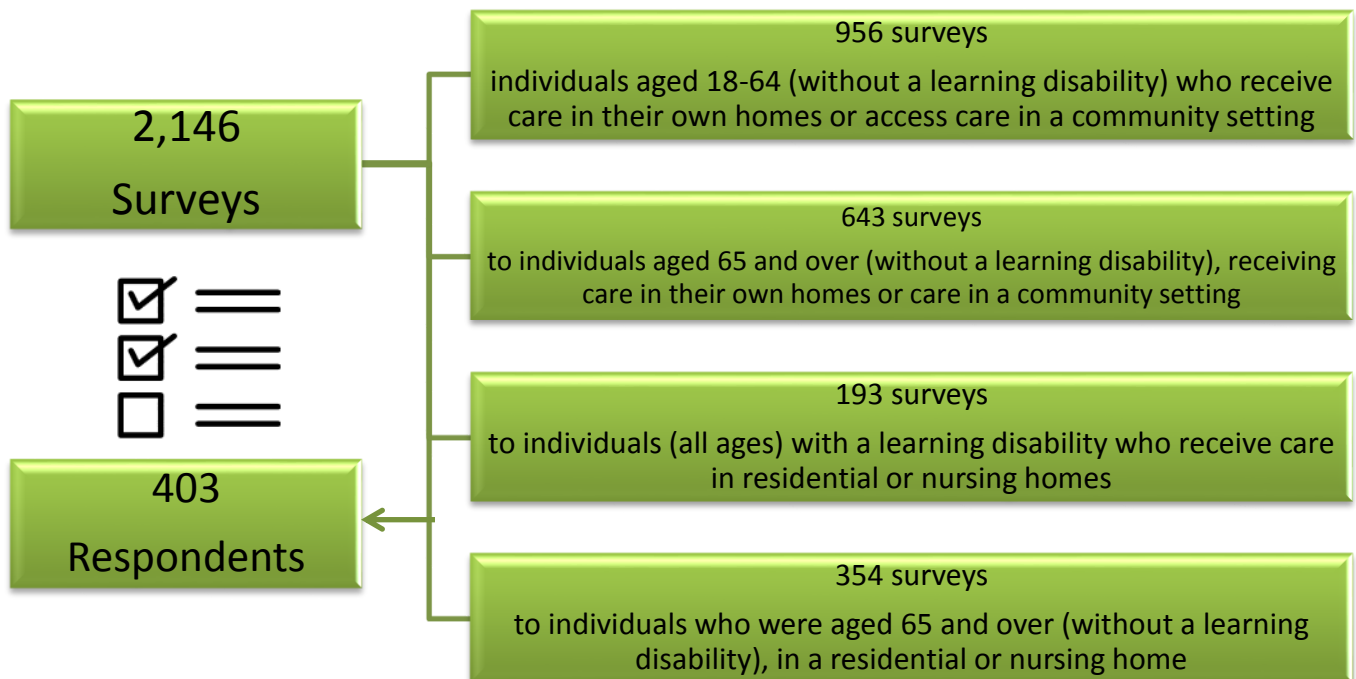
22%

Percentage of adult social care compliments received exceeded number of adult social care complaints

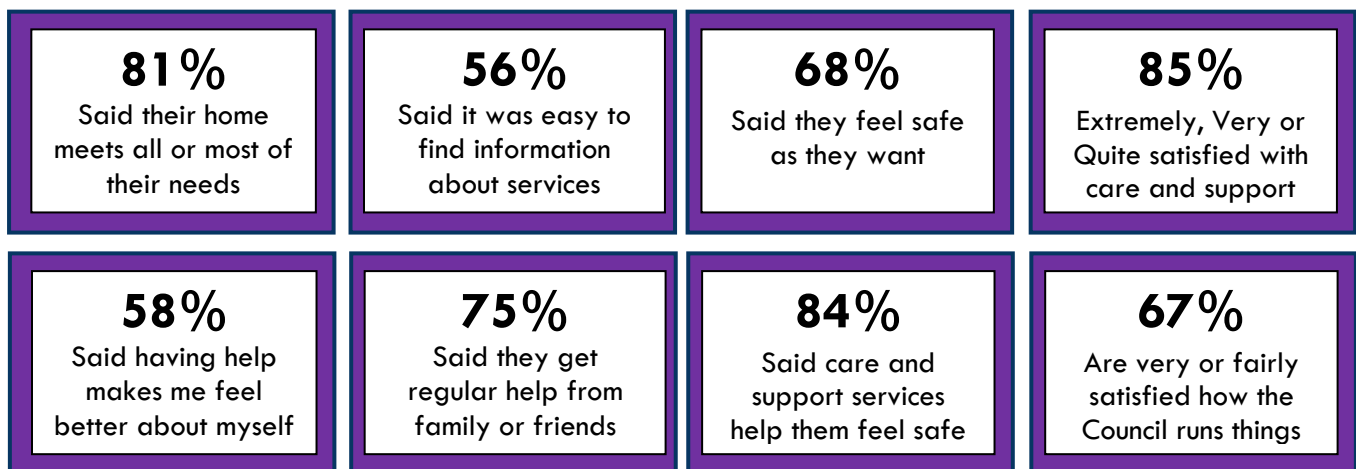
Adult Social Care Survey

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 2017 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, Greater Manchester Mental Health NHS Foundation Trust (GMMH, formerly 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

Accessibility

In order to make sure as many people as possible could participate in the survey, an additional range of methods were included to support responses from those selected to participate in the survey who live with a visual impairment (with an entry on the Blind and Partially sighted registers). These included completing the survey online, offering of braille and large print, and we actively promoted these methods, for the first time asking participants to make their preferred selection from the choices on offer to them.

At the moment online methods of response are only available to citizens who need access to additional formats to participate, due to NHS Digital guidance (!), but we hope this method will be included as standard in the future.

Year on Year: The thoughts and feelings of respondents in 2016/17 are on the whole more positive towards their experience of care and support services, and their satisfaction with services. Their physical capabilities, however, seem to have decreased, and levels of pain and discomfort are also increased compared to the respondents in 2015/16.

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	2016-2017	Better or worse than 2015-16	2015-2016	Better or worse than 2014-15	2014-15
		Manchester City Council		Manchester City Council		Manchester City Council
1A	Social care-related quality of life score	18.4	↓ -0.1	18.5	↑ 0.3	18.2
1B	The proportion of people who use services who have control over their daily life	71.3%	↓ -0.5%	71.8%	↑ 2.7%	69.1%
1(1)	Proportion of people who reported that they had as much social contact as they would like	41.6%	↓ -2.6%	44.2%	↑ 5.3%	38.9%
3A	Overall satisfaction of people who use services with their care and support	62.3%	↑ 4.6%	57.7%	↓ -1.1%	58.8%
3D1	The proportion of citizens who find it easy (Very or Fairly) to find information about services.	72.2%	↑ 3.0%	69.2%	↓ -5.1%	74.3%
4A	The proportion of people who use services who feel safe	70.5%	↑ 8.7%	61.8%	↓ -1.3%	63.1%
4B	The proportion of people who use services who say that those services have made them feel safe and secure	88.2%	↑ 6.6%	81.6%	↑ 6.9%	74.7%

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

! “In order to maintain comparability of results between councils it is important that every council gives respondents the same set of options for completion as is stated in the guidance. Whilst some councils may have systems in place, others may not and are therefore not able to provide respondents with that opportunity. Using the internet would mean results are not comparable with others”. **However**, “Local authorities should identify service users in their sample who will need access to alternative formats not provided by NHS Digital and take steps to ensure these are available on request.”

Greater Manchester Health and Social Care Partnership

We all want Greater Manchester to be a better place to live with healthier, wealthier and happier people. We know that the things which will help people be healthier are jobs, good housing, connections to families, friends and local communities and the right public services.

The opportunity is also huge and this is why we did a devolution deal with the government, which, in April 2016, saw us take charge of the £6 billion spent on health and social care services. The deal also gave us a £450million pot of 'extra money' (over five years). This is called the Transformation Fund because it's for us to use to change the way we do things in the longer term.

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.

Our strategic plan, Taking Charge, was published in December 2015. It set out how we will improve our health and tackle our financial problems at the same time, looking at four big areas.

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



Taking Charge - What have we done so far?

- Working Well Programme – helping people return to work following health issues
- Pride in Practice – helping improve LGBT experiences at GPs, pharmacies, dentists and opticians
- Getting more active – launched with Sport England, to help reduce stress, improve socialisation etc
- Adult Social care Excellence programme in planning
- Dementia – innovative and creative projects underway, and pharmacies becoming dementia friendly
- Integrated Care – closer working arrangements with NHS, councils, police, GPs, pharmacies, dentists and opticians
- Mental Health – a new strategy has been agreed, including suicide prevention
- Improved training and education for workers, to create higher skills to support and compliment care given, such as Nursing Associates.
- A new approach to A&E in South Manchester, to get the right care more quickly.
- Development of a Major Surgery patient recovery fitness test, to help reduce issues following surgery
- Dedicated centre for gullet and stomach cancer at Salford Royal hospital
- Developing plans to use health and social care buildings and land more efficiently across the region
- Taking Charge Together campaign saw more than 10,000 people respond, of which 55% said they wanted to get more active

There's still much more to do as well!

Read the full 6-month report which informs the above by visiting:

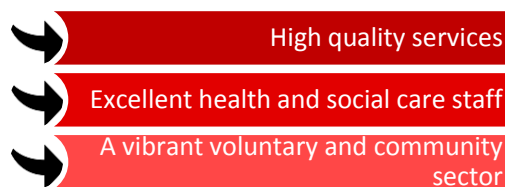
<http://www.gmhsc.org.uk/assets/Six-month-progress-report-PUBLIC-FINAL.pdf>

You can read other reports, and find the latest information here: <http://www.gmhsc.org.uk/>

A Healthier Manchester – Manchester Locality Plan

What do we already have?

Manchester currently has 91 GP practices, three major hospitals, a mental health trust, citywide social care services, a range of health improvement services, and many voluntary and community organisations, and we have much to be proud of.



However....

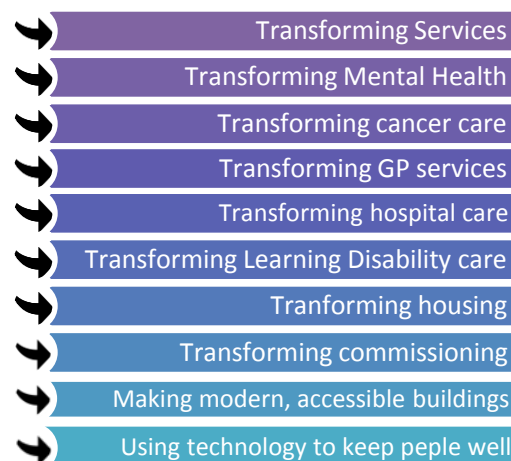
- Our services are not well enough connected and do not always share information in a way which helps us treat people effectively
- We have a complex system that makes it difficult for people to know where to go for the most appropriate treatment
- Too many people end up in hospital when they could be treated at home, or close to home
- The current system is unaffordable in the future

Improving services and the way we work together

Over the next five years we aim to make sure that many more people are cared for outside of hospital, closer to where they live, and receive services seven days a week.

This will mean we increase the funding of GP services, community health and social care teams, and the voluntary sector. The money will be found by saving money on hospital-based services.

Across Manchester there are over 40,000 people who work in health and social care services in the city. On top of that we have an estimated 60,000 carers who work day and night looking after their loved ones. We recognise the need to support all those who work to support, treat and care for our residents, whether they are employed by our organisations or not.



How can you help be part of this, and make it a success?

We will work our hardest over the coming years to develop better services and we will make sure we invest in the right things, becoming more efficient and reducing waste or duplication in our systems.

However, this won't do the job alone. We are asking you to help us in a number of ways. ➡

Read the most up to date information about the locality plan here:
<https://www.mhcc.nhs.uk/publications/manchester-locality-plan/>



Moving towards the LCO, and the establishment of MHCC

The **Local Care Organisation (LCO)** has the aim of bringing together a range of health, social care and public health services to be delivered in the community. This will support the city's ambition to transform services to meet the needs of the local population and see a measurable improvement in outcomes.

The benefits of delivering care through the LCO are expected to be:

- Improved population health outcomes
- Better use of resources through reductions in health and social care activity and improved efficiency
- Improved experience of care
- Local people being independent and able to self-care
- Better integrated care that works with wider social issues that impact upon wellbeing
- Better health and wellbeing for local people
- Reduced variation in outcomes and experience – within the city and compared to other parts of the country
- LCO and wider health and social care system sustainability

http://www.manchester.gov.uk/meetings/meeting/2644/health_and_wellbeing_board

The LCO is a phased programme, which will see different services within it. (It should be noted that not all services that the council provides can be included within the LCO).

The Locality plan is the 10-year 'vision', and within that the LCO should be fully operational, delivering better services to citizens, and have a balanced budget.

A prospectus is available to read the detail and complexity of the vision, principles, and relationship within the Locality Plan.

Read more, and see the prospectus by visiting one of the following:

Healthier together has produced a really easy to read and understand citizens guide to what's changing. Find it here:

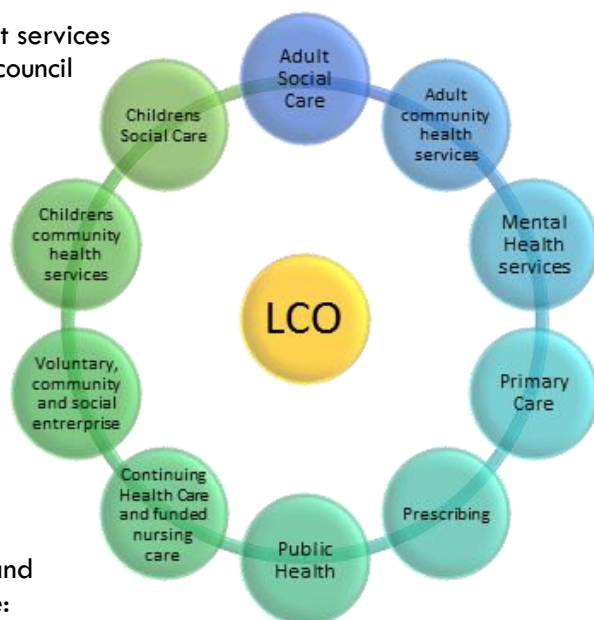
<https://healthiertogethergm.nhs.uk/what-healthier-together/>

MHCC

Manchester Health and Care Commissioning (MHCC) is a partnership arrangement between the City Council and the Clinical Commissioning Group, which will begin working together more closely in April 2017.

The aim is to bring together people who work to commission health and care services for the city and join their work together, removing duplication and fragmentation. The arrangement means that services that have been commissioned can be monitored more effectively and better decisions can be made about what money should be spent on, and how it can suitably meet citizens needs.

Read more at the dedicated website: <https://www.mhcc.nhs.uk/>



Intermediate Care – Community Assessment in North Manchester

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.

CASS brings together approximately 150 health and social care staff from Pennine Acute Trust, and Manchester City Council, integrated to form one single service to undertake a seamless assessment that leads to appropriate and joined up treatment, support and care.

Since it was introduced, the CASS has continued to develop and has introduced joint working with ambulance services, developed joint support plans for people, and strengthened links into other services such as local primary care.

Health and social care integration is a key part of the Greater Manchester Devolution programme and is set to continue. To meet the challenges of integrating health and social care, the team has employed innovative working practices, established a strong leadership team, fosters a strong care culture, and introduced a joint ways of working that delivers partnership working and shared responsibility. The service has also proven to be a clinically credible, effective and safe alternative to A&E transfer or admission to a care home, all based on a financially sustainable delivery model.

In September 2016, the service was shortlisted in the prestigious national health sector HSJ Awards - in the 'Improved Partnerships between Health and Local Government' category. They were also a finalist in the 2015 NHS HSJ Awards 'The Acute, Community and/or Primary Care Services Redesign' award.



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

84%

Average %
avoiding A&E
admission per
month

66%

Average %
avoiding NEL*
admission per
month

85%

Show an
improvement in
independence

84%

Remain at home
at 30 days and
91 days after
discharge from
CASS

100%

Percentage who
would recommend
CASS to family/
friends

95%

Average %
screened using
frailty tool

97%

Average %
screened for
dementia

8%

Readmitted to
hospital per month

*NEL = None Elective (unplanned) Admissions to hospital

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



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 meets all new advocacy requirements alongside existing requirements arising from the Mental Capacity Act (IMCA), and the Mental Health Act (IMHA).

All 17 advocates have Advocacy Qualifications, with several being dual qualified to provide an effective, quality service for our citizens.

331 new advocacy requests referrals were Care Act related
261 new advocacy referrals for IMCA
500 new advocacy referrals for IMCA DoLS (see page 35 for DoLS definition)
745 new advocacy referrals for IMHA
199 new advocacy referrals for Independent NHS complaints advocacy.

2,036

Referrals to
advocacy hub

15,396

Support hours

17

Qualified
Advocates

The amount of referrals, and time spent on new and existing cases has almost doubled, compared to 2015/16

CASE STUDY

Independent health complaints Advocacy

The Independent Health Complaints Advocacy service received a self-referral from E via the telephone. E has an historic complaint about her GP and North Manchester General Hospital but never knew that she could access an Independent Advocate to support her.

E informed the Independent Health Complaints Advocate that she struggles with reading and writing and has found the whole process without support overwhelming. Initially we provided advocacy support through the first stage of the complaints process which was at a local resolution level, E wasn't happy with the progress of this complaint so we supported her further through the second stage of the process which involved the Ombudsman.

The Independent Health Complaints Advocate became E's first and main point of contact through the complaint. When the NHS and Ombudsman got in contact regarding her complaint, we worked through the information and supported her to fully understand what she could do and the next steps.

The Independent Health Complaints Advocate had to gain a full understanding of her complaint details prior to her accessing the service in order to be able to support her fully. A home visit was conducted where we drafted an Ombudsman submission, which is now in the process of being investigated, even though it had exceeded the 12 month timescale.

E evaluated the service very positively and said she would not have been able to complete or understand the process without the support of the advocate.

Adult Social Care responsibility in prisons; Domestic Violence Strategy

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.

Work around older and disabled people in HMP Manchester is a new feature of the Care Act. The numbers of prisoners we have assessed is very low, however, we have been able to identify eligible people who benefit from either daily care and support or small equipment to meet their particularly disabilities. Commissioners continue to work well in partnership with the Governor and his staff at the prison.

27

New requests for support: prison setting

Support Outcomes:

6 - Short Term; **12** - Ongoing Low Level
2 - Long Term; **7** - No services provided

15 citizens aged 18-64
12 citizens aged 65+

! 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.

Domestic Violence Strategy (DV&A)

The DV&A Strategy was launched on 17 June 2016. It was a co-production, with the central aim of engaging with stakeholders to ensure that the refreshed DV&A Strategy accurately reflects the current situation in Manchester, including the strategic vision, challenges and ambitions for the future of DV&A services. It also sought to continue the co-production that has already taken place in order to create a strategy that reflects not just Manchester City Council's vision for DV&A services but that of the wider public and voluntary and community services (VCS) sectors.

The Delivering Differently programme gave an opportunity to completely review the provision on domestic violence and abuse, which included:

- Learning from domestic homicide (murder) reviews
- Changing the way campaigns are both targeted and communicated

An 8 typologies campaign has been developed in close partnership with citizens and providers, including imagery, wording, type of materials and potential channels for communication.

- Victims
- Perpetrators
- BAMER (Black, Asian, Minority Ethnic and Refugee) communities
- Friends and families
- LGBT communities
- Local response (staff members in all areas)
- Schools
- Young People

The strategy is wide-ranging and informative, and is of help to both people who are experiencing domestic violence, and those who think it may be occurring to people they know, but don't know how to reach out to them. Read more:

http://www.manchester.gov.uk/download/meetings/id/21197/7domestic_violence_and_abuse_strategy

Support to maintain citizen independence in the community

A warm, safe, appropriate home is a fundamental requirement for health and wellbeing and as people's circumstances change, and sometimes that home no longer fits the bill. Where people's homes don't meet their need, they can find themselves faced with a difficult decision on whether to stay or move. Whether a person rents or owns their home or not, there are services to help. Adult Social Care works closely with both the council's Strategic Housing team (SH) and social housing providers, to develop well designed accommodation and housing services which give people greater choice about how they can continue to live as independently as possible, in their local community with friends and relatives.

HOOP (Housing Options for Older People)

HOOP is an advice service open to everyone over 50 living in North Manchester. Advice 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, be this a smaller privately owned or rented place, or to retirement housing.

Over 250 people have received bespoke housing options advice in North Manchester and, having secured additional funding, the service will be rolled out across the rest of the city in 2017-2018.

You can access HOOP here: <http://hoopmanchester.eac.org.uk/>

In addition, there is an area on the Manchester Move website dedicated to explaining older people's housing options. Find out more at: <http://www.manchestermove.co.uk/housing-options/older-persons.aspx>

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.

25,345 – Pieces of equipment installed

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.

70.6% Hospital discharges where person was still at home 91 days later

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. 250 staff are based in Harpurhey, Gorton South, Wythenshawe Etrop Court and the hospitals.

COMPLIMENTS

"All support workers made me feel at ease and were so helpful."

"Reablement was amazing everyone was so nice and helpful. Thank you"

The only thing "M" would change is to be able to have Reablement for longer. She would like to pass on her kind regards.

"Was very good service and I really appreciated it thank you."

"D" said that she had sent in a letter to Reablement to say how good the service was.

1,720 – People accessed the Reablement service

54% - Of people needed no further care after leaving Reablement

90% – Of people surveyed would recommend the service

88% – Of people who use the service are aged 65 +

25% – Of people needed reduced care after leaving Reablement

32 – Average days that people are in Reablement

Citizens who need additional support – Older citizens

Retirement housing in Manchester includes sheltered housing and extra care schemes. The main route into retirement housing is via Manchester Move, although some sheltered housing providers have their own waiting lists. The purpose of retirement housing is for people over 50 (or 55, in some schemes) to live in self-contained accommodation, ideally in their local community, with support available to help maintain independent living.

138 Sheltered housing schemes
7 Extra Care housing schemes (for age 55+)
146,044 hours of commissioned on-site support

In January 2017, the 138 Sheltered housing schemes and 7 extra care schemes housed 4,290 people. The majority of retirement housing in Manchester is available to rent, though there are also leasehold and shared ownership options available. Recently, extra care apartments were made available for sale in Village 135. Have a look at the scheme here: <http://www.wchg.org.uk/new-builds/village-135-flythrough/>

Sheltered housing gives residents in their flats access to a 24 hour helpline and daytime staff who can offer support to access services or facilities which help to maintain independence. Schemes often have facilities such as a communal lounge, IT suites, overnight guest accommodation, on site laundry or assisted bathing for those who wish to use them, and there may be additional visiting services such as hairdressers and chiropodists (separate charges may apply). The majority of sheltered housing is one bedroom apartments, though there are some 2 bedroom apartments and bungalows.

Extra Care housing is a form of sheltered housing which also has personal care available from a care team based at the scheme for those who need it. The care can increase or decrease flexibly to meet changing needs. It is a realistic alternative to traditional residential and nursing accommodation, and offers a self-contained 'home of your own' in a scheme where facilities such as hairdressing and beauty salons, bistros, gardening clubs and social activities give plenty of opportunity to socialise for those who wish to. We have 432 units, and all schemes can support people with dementia, to varying degrees, and there is one specialist scheme aimed at supporting people with dementia to remain living in the community for as long as possible.

Extra Care Housing: Village 135

The Village is 135 homes of Extra Care Specialised Housing for Older People, and is a £20m investment, (including £5.2m funding from the Dept of Health). Set in Wythenshawe, Village 135 consists of 66 apartments for affordable rent, 39 apartments of shared ownership and 30 apartments of private ownership. It is the first extra care scheme in the city to offer apartments for outright sale into private ownership.

Residents came from very different housing circumstances – some people with very high care needs sold their property to move into Village 135. Other people moved from rented accommodation in south Manchester. The vast majority with care needs were supported by their social worker or Primary Assessment Officer to talk through their options for future care in a setting that promotes people's independence.

Adult Social Care commissioned the care team based at the scheme. The high quality facilities and extra care provision on site enables older people to maintain their independence for longer. At full capacity the care team will deliver 555 hours of care per week which will flex as people's needs change.

The Community Hub with a café/Bistro provides a focal point for scheme residents and the local community, and the development is set in landscaped sensory gardens. The scheme has been designed to achieve full mobility and access under Lifetime Homes for all residents, ensuring the living spaces are flexible in design and are a generous size to meet the needs of the residents.



Citizens who need additional support – Older citizens

Neighbourhood apartments (NA) - A number of flats in sheltered housing and extra care schemes have been turned into Neighbourhood Apartments (also known as Intermediate Care or step up/step down beds). 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. There are 12 NAs, with 5 more planned. These furnished apartments are also available for people to ascertain suitability, and 60% of current people who have a trial period staying in one of apartments go on to stay permanently in the scheme, helping tackle low demand issues, and freeing up their old property, whilst also delaying or removing the need to move into residential care. Citizens can access the NA through their keyworker e.g. District Nurse or a Social Worker, but it is not available for members of the general public to apply.

Older LGBT citizens and Social Care and Housing inclusivity

In February 2017, Manchester was proud to announce plans to develop an LGBT-positive extra care scheme. The need for the scheme was identified through the State of the City report about the LGBT community in Manchester, where many LGBT elders experienced homophobia from the care sector, and in some cases, those who were part of the movement to achieve equality for the LGBT community, had gone back into the closet.

Access to affordable, accessible housing where they can be open about their identity is a key issue for older LGBT people. Several studies have shown that many LGBT people say living in LGBT specific accommodation as a desirable option for later life. There are a number of ways ASC and SH are working to address this, with the proposed extra care scheme being just one.

You can read the announcement about the scheme here:

<http://www.manchestereveningnews.co.uk/news/greater-manchester-news/community-lgbt-pensioners-could-set-12616122> and the State of the City report here: <http://lgbt.foundation/policy-research/olderpeople/>

Older People's Housing Alliance (OPHA)

Social housing providers in Manchester have joined together to form the OPHA, whose purpose is to develop a clearer pathway into older peoples housing and to improve the quality and choice of housing and support.

The Alliance membership also includes officers from Adult Social Care and Health commissioning teams (who came together in 2017 to form Manchester Health and Care Commissioning – MHCC) and the Age Friendly Manchester team. The OPHA's first action was to commission Manchester's Strategic Housing Team to carry out a survey of retirement housing in the city, with a view to using this to inform future investment in the sector. The Alliance also collaborated with Manchester Move to improve the information on the Older People's housing options pages on the website. As the work plan for the Alliance evolves, the role of housing in improving health and wellbeing will become more recognised and established.

The Housing for an Age Friendly Manchester Strategy (HFAM) continues to progress, with a review and refresh due next year to take into account changes in policy and practice since the original document was published in 2014. Achievements in 2016-17 include:

- Successful tender for care provision at Village 135
- Southway Housing's Old Moat Age Friendly pilot increased the amount of smaller accommodation to support existing tenants wishing to downsize.
- Old Moat established a social prescribing service, which links older people to non-medical support such as volunteer opportunities including Timebanking, coffee mornings, exercise classes and digital training. This delivers social as well as physical benefits and encourages support networks to form naturally within Old Moat itself.
- The Age Friendly Manchester Team produced 'Researching Age-Friendly Communities: Stories from older people as co-investigators' in collaboration with MICRA, UoM, AgeUK and AFM.

Read the report here: <http://hummedia.manchester.ac.uk/schools/soss/brochures/Age-Friendly-Booklet.pdf>

A full film on the project here: <https://www.youtube.com/watch?v=WXELgwhQ34o>

Citizens who need additional support – Delayed Transfers of Care

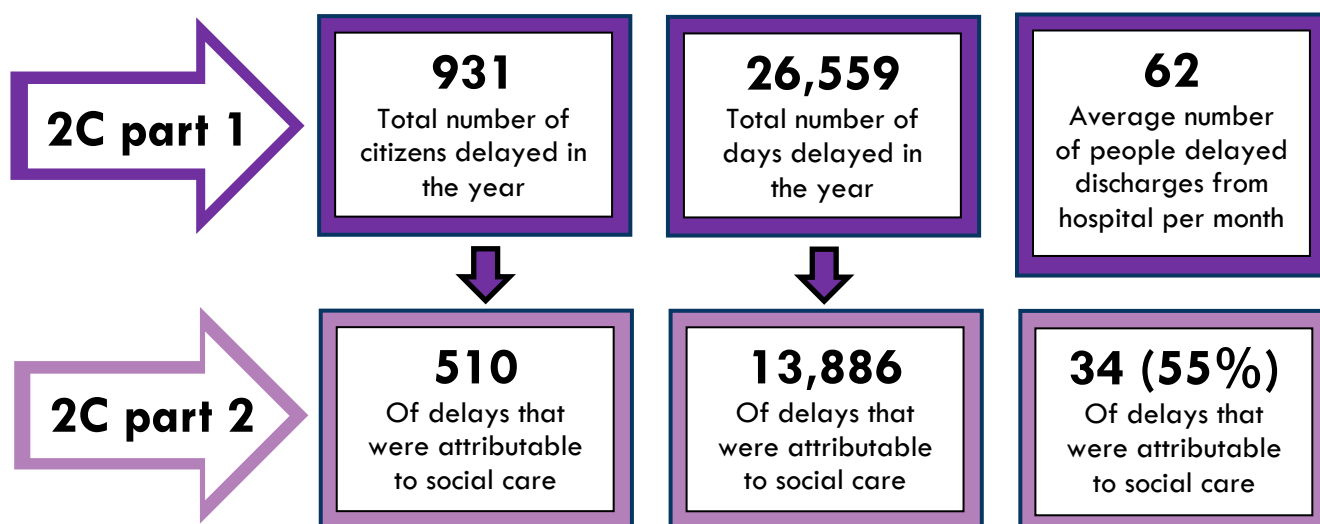
A **delayed transfer of care** (DTC) is the term used to describe when a hospital inpatient is medically fit to leave hospital but their timely discharge is prevented. In other words, even though a person may be well enough to leave hospital they cannot, as their release from hospital (back into their 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.

DTCs are a major challenge for the health and social care partnership. The 2016/17 figures show that we haven't made significant enough changes to the system to help give us better results, and that the problems which existed last year are still very present this year.

In order to allow us to compare ourselves with the rest of England (other parts of the UK have their own measurements for social care), we measure DTCs in two ways - the number of PEOPLE delayed, and the number of DAYS delayed. These are two standardised measures in the ASCOF (see page 9).

ASCOF (2C part 1) - Delayed transfers of care from hospital. The average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots on the last Thursday of each month. Per 100,000 population (YTD March)

ASCOF (2C part 2) – As part one, but only those that are attributable to social care or jointly to social care and the NHS.



Unfortunately we've gotten worse in tackling the number of people and bed days delayed, when we look at the number from the 2015/16.

Number of People – 661 (2C part 1) and 372 (2C part 2)

Number of bed days - 17,955 (2C part 1) and 9,120 (2C part 2)

We need to create a situation which can be put in place and be successful in reducing DTCs, and intensive work done in March 2017 is the foundation for future years. What did we do in March 2017?

- Put in place a dedicated senior manager to oversee DTCs across the city
- Social workers and Primary Assessors redistributed to help with hospital discharge
- Reablement officers moved into a mini-task force to maximise assessing people and get them home
- Block purchasing nursing beds, and homecare so availability is ready
- Sped up the payments process, which was holding up discharges
- Recruiting additional reablement officers, who will be in post from April 2017
- Contract officer in the hospitals to pick up commissioning actions directly

Community Alarm Service and Assistive Technology; Home Care

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.

Assistive technology (AT) 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).

Most of the equipment is monitored by CAS who will assess activation's from the AT and send the appropriate response. CAS had over 110,000 activation's last year, just under 7,000 of the activation's were emergency calls, a percentage of these call were from AT equipment.

During the last 12 month MSIL (Manchester Services for Independent Living) has installed 363 pieces of Assistive Technology in to Citizens homes, including:

- Bed Sensors ; Door Sensors ; Falls Detectors ; Smoke Alarms.

Equipment can be installed same day to support hospital discharges or within 48 hours in normal circumstances. All equipment is maintained and if necessary replaced in a timely manner by MSIL.

MSIL/CAS keep up to date with the latest technology, the team have vast experience and an in-depth understanding of how telecare and assistive technology can be best utilised for the citizen and their families.

110,000

Calls were generated from Community Alarm activations

363

Pieces of AT installed

7,000

Emergency calls responded to

CASE STUDY

A 79 year old citizen from South Manchester who had an existing community alarm service, seemed to deteriorate over a period of time, and activations from her alarm increased. Response Officers recognised there was a pattern to the calls, which happened around the time when she was given her medication, and during putting her to bed in the evenings.

We looked at the calls history, which confirmed the increase in calls, and arranged a meeting with her Social Worker to see what the cause was, and what could be done. The Social Worker looked at the information from our systems and listened to what was happening when we attended.

As a result of collaborative working her case was reviewed, and the condition of the citizen was found to have gotten worse, meaning she needed additional care. Her care package was increased and a Parkinson nurse was appointed to support with her medication.

Home Care

We currently spend £14.7m a year on home care. Home care services help people stay in their homes for longer, supporting them with the tasks of daily life. These services are provided by a number of care companies in the private sector, and when they work well, our citizens really value them:

“I have two carers both fantastic, very helpful, always cheer me up, assist with everything I need”

We recognise, however, that home care services, workers and providers are under a lot of pressure and people receiving services sometimes want more.

Carers; Out of hours emergency duty service

Carers

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'. Under the Care Act, carers 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 allow them to take a break from caring.

We produced a booklet which gave carers more information about their Personal Budget, balancing work and care, allowances and benefits, young carers, and information in general. It 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. Read it here: http://www.manchester.gov.uk/download/meetings/id/22338/7_new_adult_social_care_citizen_and_carer_publications

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

Out of Hours Emergency Duty Team

The **out of hours emergency duty service** provides the city's statutory out of hours social work response, and currently form part of the Adults Directorate. The service operates out of the North of the city, offering a citywide service out of office hours, weekends and bank holidays 365 days a year.

The service provides statutory social work assessments to adults, young people and children in need of Mental Health Act assessment, and those who are vulnerable through age, disability or homelessness. We also respond to carer breakdown, urgent respite care requests and concerns for welfare and emergency provision of accommodation or financial subsistence/assistance.

In addition, the service responds to urgent alerts, working with police, N.H.S A&E departments, Manchester Airport, Contact Centre Manchester and the Multi Agency Safeguarding Hub (MASH) etc to support the needs of citizens experiencing mental health crises. All of our workers are qualified social workers who are Approved Mental Health Professionals (AMHP's).

The demand in Manchester is increasing and often complex. In 2016-17 we dealt with 1,214 Mental Health Act assessments (an increase of +22.3% from 15-16). In 2016-17 we had 2,080 safeguarding referrals (an increase of +44.4% from 15-16)

1214 Mental Health act assessments completed
--

We are exploring options with our colleagues in Mental Health to develop a 24 hr Approved Mental Health Professional hub as part of the integration with health agenda in Manchester.

Equality

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 2016-2022 Equality objectives by visiting:

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

Disabled citizens – Our Manchester Disability Plan

Our Manchester Disability Plan co-production

In March 2015 a paper entitled “Strategic approach for disabled people in Manchester” set out the Council’s intention to develop a new approach to disability, to encompass all disabled adults and children living in Manchester and not just those in receipt of social care support.

The Our Manchester Disability Plan was launched in December 2016 and its development strongly aligns with the Our Manchester approach. It has been:

- A genuine collaboration with disabled people, their supporters, Disabled People's Organisations and a variety of partner organisations
- Co-produced with critical partners in its delivery
- Developed with a strengths-based mind-set, underpinned by the social model of disability.
- Written so that it reaches out to all parts of society, partners and citizens to encourage them to play their part in Manchester becoming a Disabled People Friendly city
- Something that can continue to make Manchester a great place to live, work, study and visit
- Written with comments, suggestions and feedback included, provided from a variety of groups, organisations and coalitions.

“Employer attitudes - disabled people being invisible in the workplace.”

PARTICIPANT COMMENTS

“Properties which are not accessible and are ring fenced to disabled people and so often they come up and not taken up by disabled people- not everyone involved in the system is aware of the process”.

“Assessments are clipboard exercises and don’t listen to people - sometimes done over the phone”

“Services don’t always distinguish between different types of disability and different needs”

“Support workers taking people to places that are easily accessible and just suit them e.g. Trafford centre, rather than places that disabled young people want to go and based on their interests”

“Hard to identify disabled seats on transport and so hard to challenge people if sitting in them”

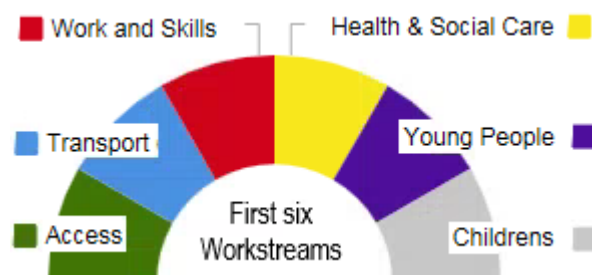
“Difficult for deaf people to access befriending service, cause social isolation”

To keep the plan functional and aligned to strategy the following governances are in place:

The Partnership Board – who oversee the work of the strategy and drive the Plan forward. Including a variety of representations from across the city, the board agreed to have a majority membership of at least 51% disabled people, to make sure that the balance of power sits with Disabled People and their representatives.

Our Manchester Disability Plan Engagement group - The most important group, it works in partnership with the Board, is essential in the work programme of the plan, and makes sure that the voice and views of disabled people are at the heart of everything that happens.

Our Manchester Disability Plan Workstreams - how partners and disabled citizens will turn the actions into plans and then work with partners to put the plans in operation.



Disabled citizens – Strategic Housing; Shared lives scheme

Learning Disability (LD) Services

A consultation for the proposed redesign of learning disability and autism spectrum disorder (ASD) services in the North West, ran from December 2016 to February 2017. Full details of the consultation can be found:

[http://www.manchester.gov.uk/download/meetings/id/22460/item_6 -
_consultation_of_learning_disability_and_asd_services_in_the_north_west_presentation_slides](http://www.manchester.gov.uk/download/meetings/id/22460/item_6_-_consultation_of_learning_disability_and_asd_services_in_the_north_west_presentation_slides)

The outcomes of this will be reported on in next years Local Account.

Throughout 2016-2017, Adult Social Care has been working with Strategic Housing (SH) to increase the amount and choice of housing and support available to people with one or more disability.

In partnership with SH and 3 social housing providers, Adult care began to develop 4 schemes of supported housing for people with a learning disability. The design of the accommodation has taken much time, to ensure the buildings and apartments are flexible enough to meet a wide range of need, including for those people who also have mobility issues. There's more information about this in 'Looking Forward' section.

- Manchester City Council - £3million investment and contributed the sites for the schemes
- £6.2 million funding from the Homes and Communities Agency (£3.8million) and from the 3 social housing provider partners developing the schemes (£2.4million)
- Will provide 70 high quality, self-contained apartments
- Some of which will replace existing shared accommodation
- Some will provide extra capacity to meet increasing demand
- Accommodation designed to be flexible to meet many needs, including mobility issues
- 24 hour care on site and state of the art assistive technology, tailored to meet individual need.
- People living in the schemes will be supported to live as independently as possible, including accessing the local area and community facilities.

As construction progresses, Adult Care will commission the care teams and it is anticipated the schemes will be ready for their first residents in summer 2019.

Shared Lives Service

Manchester Shared Lives has operated services for the past 30 years and is one of the largest schemes in the country operated by a Local Authority. Manchester Shared Lives scheme widens the choice of services available to vulnerable people living in the community, giving them the opportunity of experiencing life within another setting; or receiving informal support in their own home or the community. We are committed to providing good quality, cost effective local services. The people who use our services have a range of social care needs and may be older people, people with physical / learning disabilities, people with mental health conditions and young people in transition.

Some of the services offered include:

- Long Term Shared Lives Arrangements
- Supported Lodgings / Supported Living
- Family Short Breaks
- Sessional support Service



CASE STUDY

'D' lives with her main carer Mum at her family home. 'D' has complex health and social care needs and receives family short breaks with a Shared Lives Provider on a regular basis. Unfortunately 'D's Mum has recently been diagnosed with a brain tumour and has required critical brain surgery. The shared lives provider has been able to provide both increased and emergency short breaks and support to 'D' and this has been of great comfort to Mum.

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. Units offer a mixture of 24hr personal care and more general support, which allows carers to have a break from their caring responsibilities.

The Short Breaks offer also includes emergency respite in times of crisis and to support hospital discharges. The unit at Hall Lane also provides respite for a number of CHC (Continuing Health Care) customers.

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.

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.

This service provides essential daytime support to families and enables vulnerable citizens to stay at home with their families.

Daytime Support

North – Heathfield
Central – Ross Place
South – Hall Lane

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

CASE STUDY

The dedicated team at Heathfield continually strive to provide structured activities for citizens, both internally and externally, putting the importance on a persons health and wellbeing.

They have developed excellent relationships, and work closely with other colleagues i.e. Health Professionals, Community Groups and External Partners all work together to promote improved outcomes for our Manchester Citizens. This includes regular visits to North City Gym/Swim, Broadway Swimming Pool, Boggart Hole Clough, Crumpsall and Cheetham Allotment, and Beswick Library.

Heathfield Quality Action Group have successfully secured further funding to enable sessional workers to provide meaningful activities for our citizens, including Active Lifestyles, Tai Chi, and Keep Fit. Business in the Community (BITC) have taken on specific challenges which have enhanced the fabric of the building and grounds, improving the environment for our citizens.

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.

978

Major adaptations installed

356 owner occupier

531 To RSLs or LHAs

91 Private Rented/ Other

Disabled citizens - Sensory

The Manchester City Council Sensory Team are fully Care Act compliant, as citizens accessibility is an essential ingredient to a successful assessment. Your care assessor can choose which format of letter is most appropriate for you – such as Easy Read, and this information is retained for future contact.

We 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).

Our service comprises of Social Work, Rehabilitation assessment, training and specialist link work. It is important that our service offer reflects the “Our Manchester” strategy and approach and that our citizen group are at the heart of everything we do. Alongside our standard service offer our focus this year has been on service development, co-production and partnership working within the context of Manchester’s All Age Disability Strategy 2017.

768

Sensory referrals
made from contact
centre

684

Completed sensory
assessments

SERVICE ACTIVITY

O2 tech workshops.

Since January 2017 a partnership between O2, The Manchester Deaf Centre and the Sensory team have been running a Technical workshop designed to support citizens with a sensory impairment to set up, setup and optimise their smart phones, laptops and tablets. This initiative has supported communication and promoted independence for citizens.

Partnership Working

We have been joint working with Manchester Royal Eye Hospital to develop a joint approach to supporting people referred through the Low Vision Assessment Clinic (LVAC).

The Aims of this joint working:

- To improve the support and training available to Citizens with Low Vision after being supplied with low vision aids.
- To increase and promote the confidence of citizens in using low vision aids, by providing refresher training and environmental checks to enable people to use prescribed equipment safely and independently.
- To increase efficiency and opportunities for recycling of equipment no longer required by citizens. This will reduce costs and increase efficiency.
- Carry out low level maintenance tasks on equipment thus creating more capacity within the Low Vision Clinic to deliver its key functions.

Manchester Low Vision Steering Group

The Low Vision Steering Group was relaunched in July 2016. The Steering group meets on a once monthly basis and discuss any issues relevant, both positive and negative, to people with low vision. The group acts in an advisory capacity to the Sensory team and we work in partnership to promote good practice. We also work together to identify and address concerns for people with a visual impairment.

The group have drafted a report with recommended improvements to accessibility, health and safety and improved citizen experience when using the facilities at Victoria Metrolink station.

Disabled facilities grant; Greater Manchester Social Work Academy

Disabled Facilities Grant (DFG)

The Disabled Facilities Grant (DFG) is a means tested payment available to enable people to remain in their home for as long as possible, and can fund the cost and installation of major adaptations to a building such as a hoist, a specially adapted kitchen, through floor lifts or wider doorways for wheelchairs.

The Disabled Facilities grant for disabled adaptations had a budget of £5.7 million in 2016/17.

Find out more about the DFG by visiting:

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



Disabled Facilities Grant

Mr S was finding it increasingly hard to get about - he lived in an upstairs cottage flat provided by Wythenshawe Community Housing Group.

He was referred for an assessment, and it was identified that he needed a curved stair lift and level access shower. An application was made for a DFG to fund the adaptation to his cottage flat, which was approved.

Once the work was completed Mr S was able to remain in his home. He was able to get up and down the stairs to his front door much more easily, so he could get out of his house when he wanted and didn't become isolated. He was also able to continue managing his own personal care, as he was able to have a shower whenever he wanted.

In this way, Mr S felt he had more choice and control and his independence was increased.

Greater Manchester Social Work Academy (GMSWA) - 'Reforming a profession to reform a system'

The GMSWA is a teaching partnership aiming to offer an integrated, co-ordinated, consistent, and high quality response to social work training and practice, and continuous professional development across Manchester.

What sort of things are on offer?

- Manchester University help their students to gain practical experience during 170 days of high-quality placements through their membership of the Greater Manchester Social Work Academy
- GM First - a Graduate programme to fund 30 current social work staff who are unqualified but working within the GM local authority partnership

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

Not only do we want to train, but we want to **retain** staff. There should be a respect for this profession and to improve we need to provide continuous professional development, and create an environment which is good for social work and social workers.

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.

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.



CASE STUDY

K is an Iranian national who entered the UK illegally ('clandestine').
K claimed asylum, which was refused by the Home Office
K then applied for Voluntary Returns Service (VRS) assistance, but withdrew it 4 months later.

NRTPF received a referral from Rainbow Haven Charity Organisation advising that K's accommodation arrangements are to end, and K will become homeless and destitute.
The referrer has advised that the citizen has a number of physical health problems and as a result finds it extremely difficult to manage on a day to day basis

Given the information about K's health problems, NRTPF Team requested assessment of K's needs under the Care Act 2014. The conclusion of the assessment was that K's care and support needs have been assessed as eligible and significant.

NRTPF Team carried out an assessment under the European Convention on Human Rights ECHR. As a result of her assessment by the team it was concluded that K is eligible for support from the local authority on the grounds that K is destitute and is in need of care and attention. Refusal by the Local Authority to support K, would be in breach of K's rights under the European Convention on Human Rights 1950. As a result the local authority discharges its statutory duty by providing subsistence and accommodation in the interim until K's immigration status is resolved.

NRTPF Team sourced and fund ground floor accommodation and subsistence. Team made a referral to Greater Manchester Immigration Aid unit (GMIAU) for legal advice regarding K's immigration status.

With a planned and commissioned holistic intervention K's general health and well-being; and K's safety will be maintained. With stability in K's life and medical intervention it is hoped K's mental and physical health will improve.

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

Citizen Y has complex needs and as such receives an assessed cash budget. The citizen's sister manages the budget and is the employer for six Personal Assistants (PA's).

Originally this package was a virtual budget where there were several issues with the care delivered by various agencies. The family stated this distressed the citizen as there was a lack of continuity in her care. There were times when the citizen had not been out in the community for several weeks at a time, she missed exercise classes which affected the citizen's mood, making her withdrawn.

The broker completed several different costings for the package which went to appeal and once the budget was agreed the broker supported the family with set-up of the budget, arranging accountancy, providing time sheets and annual leave records to the employer. The budget has now been up and running since February 2017 and the citizen presents as less withdrawn, is regularly going out into the community with PA support is accessing regular swimming exercise. Citizen has six regular PA's and has recently been away for a few days with this support in place.

The employer is managing the package well and reports she is delighted with the positive impact the care being delivered through the cash personal budget is having on her sister.

Substance misuse

Drugs, alcohol and substance misuse

Substance misuse puts a huge strain on our communities, resources and services. There are close links between substance misuse and mental health problems, domestic abuse, hospital admissions/ A&E attendances, violent crime, numbers of people claiming incapacity benefit, and development of dementia.

Many individuals will have a variety of complex support needs, of which substance abuse is only one part. Many do not address their misuse, and continue to use A&E and hospital services, without seeking support to address their issues.

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

£280

Million per year
est. cost of
alcohol misuse

Alcohol-related hospital admissions (broad measure) are 11,060, which is slightly less than the previous year. Manchester is ranked 144 out of 149* English Local Authorities for admission rate. (2015-16 most recent figures available).

11,060

Alcohol-related
Manchester
admissions

The North West has the highest alcohol-related death rate in England.

66.8 people per 100,000 population in 2015, (England average of 46.1). Manchester is ranked in the bottom 10% - 145 out of 150* - for English Local Authorities for alcohol-related death rate. Sadly, the North West has both the highest alcohol related admission rates and death (mortality) rates, in England.

*There are 152 Local Authorities, data available for 150. Source: 2015 figures, Public Health England

1,327

Alcohol-related
deaths Gtr
Manchester

The Substance Misuse Team is the City Councils social care service working with adults and young people misusing either alcohol or drugs or both. It is one service split into one team covering the North of the city, and the other team covering the South.

The teams take referrals from lots of sources, including Manchester Contact Centre, prisons, hospitals, the police and ambulance service, Manchester Integrated Drug and Alcohol Service (MIDAS).

The team work with people who want support to address and reduce the harm alcohol or drugs are causing them, their families or communities. The team usually work with citizens who are physically dependent on alcohol or drugs, but also work with people drinking at high risk levels, where there is an identified social care need, including "change resistant" drinkers.

Primarily the team provide social work and social care support to help individuals to deal with their dependence, to prepare and enter planned detox and residential rehab. They hold social care budgets for residential rehab, and form part of the management around access to residential detoxification. The team have developed excellent relationships and links to alcohol and drug in-patient detoxification and residential rehabilitation providers, and were closely involved in developing the new framework arrangements.

The team's role also includes identifying and addressing elements of a person's life such as self neglect, abuse or other areas of social functioning, which impact on their well-being. Also working with individuals who are harmed directly related to their alcohol and/or drug use. Such as individuals who require social care support to prevent homelessness, to reduce incidents of anti-social behaviour, victimisation or exploitation. The team also work with and address hurdles that prevent access to mainstream alcohol and/or drug treatment services.

Significantly the team provide support to families and carers of individuals who are affected by alcohol and/or drugs, regardless of whether the person is accessing services. We provide Carer's Assessments and access to peer support, 1-1 support, group support, counselling.

2016-17	Alcohol	Drugs	Events (both)	Citizens (Both)
Assessments	227	146	373	354
Reassessments	10	13	23	22

We completed 373 alcohol & drug assessments for 354 citizens, and 23 alcohol & drug reassessments for 22 citizens.

You can find out more: [http://www.manchester.gov.uk/info/10023/alcohol drugs and substance abuse](http://www.manchester.gov.uk/info/10023/alcohol%20drugs%20and%20substance%20abuse)

Substance misuse

There are many organisations dedicated to helping people turn their lives around, and support the families and friends of substance misusers. Last time we looked at **Manchester Integrated Drug and Alcohol Service (MIDAS)** and **Change, Grow, Live**. This time we mention:

BIG Manchester Service – Run by Barnardos, Big Manchester offers an innovative child- focussed service to families in North Manchester to address the impact that domestic abuse, parental mental ill health and/ or substance misuse has on children aged 5-11 in a household. Supporting parents, carers and families in the community and in diverse cultural circumstances.

To read more, visit: <http://www.barnardos.org.uk/big-manchester/service-view.htm?id=201984662>

Community Support Service, Manchester mental health. Operated by People First Housing Association, the established and well-respected Community Support Service operates across three local authorities (Manchester, Tameside and Rochdale), working with vulnerable people who have a range of needs, including;

- Elderly people who are showing early signs of dementia
- Members of Manchester's black and minority ethnic community who have issues around mental health
- Irish men in Manchester with issues around alcohol misuse and homelessness
- Older people at risk of becoming socially isolated
- Homeless families and young people at risk



To see if more of what they do, visit:

<http://www.peoplefirsthousing.co.uk/support.html>

CASE STUDY

A was known to the team for several years as a rough sleeper in the city frequenting hostel and B&B accommodation. A was a multiple drug and alcohol user from childhood and suffered both emotional and sexual abuse / trauma from being young.

A had little to no trust of authority as a result of their experience, was aggressive and unpredictable in behaviour with authority, where A would escalate anger and distress very quickly. A was categorised as a violent patient and had to be seen at a specialist clinic with security guards in attendance.

A's name well known on the A&E frequent attenders list. In 2015 A was detained under the Mental Health Act on a number of occasions. A's general health was acutely worrying and A was in danger of losing a limb. A's life style consisted of begging, shoplifting and sex working to support substance misuse.

Working as part of multidisciplinary team alongside colleagues from health and outreach services A's social worker was persistent in building a relationship on and off the street, joining A into hospital on the many sections negotiating with mental health services to help detox A off drugs, rather than increase A's prescription. A became used to the Social Worker turning up time and time again and not taking no for an answer. After yet another significant trauma A reached a crossroads in life. With support from colleagues in homeless services we agreed to source and fund the most appropriate rehab we felt would meet A's complex and established needs and behaviours.

Almost 18 months on A has completed a rehabilitation programme, and is now living in shared accommodation with two other ex-service users. A is still using all the aftercare available, and A's physical and mental health have improved significantly. A has been reunited with brother and his family, and is bonding with them for the first time in 30 years.

A is not without challenges, and often needs reassurance around why recovery has taken longer than most of A's peers. However A also recognises how much has been achieved over the last year in particular, and is an inspiration to many around. A is studying health and welfare at college and hopes to be in a position to use those experiences to help others who have been affected by similar traumatic life experiences.

Mental Health, and Suicide prevention

Mental health

On 1st January 2017, the Manchester Mental Health and Social Care Trust (MMHSCT) ceased to be, and mental health and social care services across the city of Manchester became part of Greater Manchester Mental Health NHS Foundation Trust (GMMH).

GMMH already provide services for neighbouring Local Authorities in Bolton, Salford and Trafford, as well as a range of specialist services serving citizens in other authorities. You can visit their website to see what services and support they offer: <https://www.gmmh.nhs.uk/>

Mental health touches into many other elements of life, including illness, carers, medication and hospitalisation, and substance abuse. Being open about mental health and ready to listen can make a positive difference to someone's life. The Time to Talk campaign is all about this – giving us all the chance to talk and listen about mental health. There are many empowering stories of peoples experiences, how they are perceived, and what support they want and need.

More information here: <https://www.time-to-change.org.uk/>

At the end of the year, we report on the Statutory measure “The total number of mental health clients in paid employment”. This has increased to 6.0%. We have already done good work with both MMHSCT and GMMH to help these figures continue to increase, and support citizens to increase these figures. We have a good working relationship with them, and will continue to strengthen our ties for the future.



Greater Manchester
Mental Health
NHS Foundation Trust

74.8%

Of citizens in contact with mental health services living independently

6.0%

Of citizens in contact with mental health services in paid employment

Suicide

Suicide is the biggest killer of men under 49, and it remains the leading cause of death in our city region for people aged 15-29.

Two thirds who die by suicide are not in contact with mental health services, so suicide prevention is a shared public health and mental health priority.

For every person who dies, another nine individuals will have attempted suicide, so each suicide can be considered a reflection of underlying levels of poor mental health in our population.

In 2015, the North West had the third highest suicide rate, 10.8 people per 100,000 population, in England. Source: Office for National Statistics (latest available figures)



A Suicide Prevention Strategy has been developed, based on an ambitious five year plan for reducing (and eliminating) suicides in Greater Manchester. The plan is based on the Living Works Suicide-Safer Communities' model, which has seen worldwide recognition as a multi-agency framework for suicide prevention. To do this will require our co-ordinated efforts so that suicide prevention becomes 'everyone's business'.

Read more about mental health and suicide prevention strategies: <http://www.gmhsc.org.uk/improving-our-mental-health/>

http://www.gmhsc.org.uk/strategic_partnership_board_meetings/gm-health-and-social-care-strategic-partnership-board-february-2017-papers/

Dementia

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 varies across 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.

It's difficult for us to know exactly the numbers of people the council support with dementia, because we are often providing other services at the same time, and the reporting we provide to the government looks at the most recent service we've provided to a citizen, which may be entirely different to any underlying conditions, such as dementia.

Dementia care in neighbouring Bolton has been given an outstanding rating by NHS England, following partnership working with GP practices, with the support of Bolton's Memory Assessment Service provided by Greater Manchester Mental Health NHS Foundation Trust to enable more people with the condition to receive a formal diagnosis and access care and support. Hopefully Manchester can bring some of the same experiences and improvements to mental health services within the city.

'**Dementia United**' aims to change this, by making GM the best place in the world for dementia care, and we have a chance to revolutionise the experiences of people affected by dementia. Agreed by the Greater Manchester Health and Social Care Partnership in January 2017, the implementation plan outlines a support and development offer for Greater Manchester.

The plan is to keep things local, but use the relationships we have with other local authorities and partners, to help create a system that works on many levels. Tap into peoples knowledge and data across a variety of areas to bring together improvements and co-designed tools that really understand the experience of people with dementia, and work with organisations looking to research, test and innovate in the field of dementia. Find out more about the plan, and their 5 pledges by visiting: <http://dementiaunited.net/what-is-it/>


Some interactive dementia events are available across Manchester (and wider), and include:

Dementia Friendly Swimming – running at various locations across Manchester, costing just one pound for those under 60, or free for over 60s and carers, these are quiet open swim sessions with support for people affected by dementia. Find out where by visiting: <http://www.swimming.org/dementiafriendly/>

Fabulous Forgetful Friends – at various locations across Manchester, this is a peer support and influencing group for people living with dementia, and who want to speak to each other and make a difference. Find out more by visiting: <http://www.togetherdementiasupport.org/>

Together in song gospel singing – Based in Moss Side, this is a singing group aimed particularly at people from the African and Caribbean communities who are living with dementia and who are socially isolated. Learn more by visiting: <http://www.togetherdementiasupport.org/>

Newall Green Community Lunch – based in Wythenshawe, there is community lunch every Thursday, open to all residents aged 50+ (Dementia-friendly and a Macmillan Connexion). For more information visit: www.wythenshawegoodneighbours.com



30,000
(Est.) Citizens living
with dementia in
Greater
Manchester

Dementia Strategy

In November 2016 Adult Social Care Commissioners presented an update on the development of the Manchester Dementia Strategy to the Health Scrutiny Committee.

The report on the Dementia Strategy also included an update on the recent consultation to produce a refresh of the Strategy and associated developments. The report was introduced by Manchester City Council Officers who gave an outline of how they had worked with citizens, voluntary organisations and other partners to refresh the strategy.

Accompanying officers was Maria who is a Manchester Citizen who is living with Dementia, the meeting welcomed Maria who has early onset dementia.

CASE STUDY

Maria is a 62 year old woman, who was diagnosed with Alzheimer's when she was 57. She'd been suffering with memory problems, and the doctors had told her it was simply depression. Maria knew it wasn't, but she didn't know what it actually was. The doctor prescribed her with medication for depression, which she had to renew every month.

After two years of asking, the doctor finally referred her for a brain scan, and as a result the doctor finally told Maria that something was wrong. Maria was upset that the doctors hadn't believed her all this time, and thought she was just wasting their time.

The doctor told her she had Alzheimer's. Maria instantly thought that was it - going to die early and that her life was over. From an 'old person's' illness, not something a 57 year old would get. It took two years for Maria to come to terms with to start with it. She is also type 2 diabetic, and her forgetfulness means she sometimes forgets to take her diabetes medication. She told this to the doctor when she went to change her diabetes medication, and the doctor was unaware of the Alzheimer's diagnosis.

What an Alzheimer's sufferer like Maria needs is for medical professionals to know her full record, so prescriptions are compatible. That medical professionals use simple information, not jargon. That they take time to explain things, and check proper understanding, and most of all that they are patient. To support this Maria shared her suggestions, and advised that anyone living with dementia should have the following rights:

- The right to live hopefully and be encouraged to do so
- The right to be treated well regardless of age or ability
- The right to attend groups in their own locality
- The right to appropriate support
- The right to be able to access the same service regardless of where they live
- The right to participate in research
- The right to be treated with respect
- The right to be offered therapies and treatments
- The right to support to participate in society, for example going shopping or using public transport

The Chair thanked Maria for her contribution and added how important it was to hear people's experiences. She recommended that the Committee support the nine recommendations made by Maria and ensure that they were carried forward in the Committee's future work.

The Chair thanked Maria and the other people who have contributed to this work.

Keeping Citizens Safe – Homelessness and rough sleeping

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. Street homelessness is a very complex problem, and the citizens involved are often very vulnerable.

Work is ongoing to find a solution to address these issues. We're out on the streets Monday to Friday connecting rough sleepers to the housing, food and health care they can get. We will support them to get off the streets for good.

Rough sleeper figures are recorded once a quarter, in March 2017 (the last quarter of the year), on the day chosen to record the number of people, there were 78 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

Street giving doesn't help people long-term - even if the person receiving the money has a real need, the benefit is short-term. We are supporting the Big Change campaign. Working with charities, voluntary and public sector organisations to provide long-term solutions to homelessness.

The Street Support Network website (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. To support the Manchester Homelessness Charter, visit: www.streetsupport.net

78
Number of rough-sleepers identified on one night (2017)

1,145
Households in temporary accommodation (March 2017)

CASE STUDY

Manchester Homelessness Charter and Homelessness Partnership

Launched in May 2016, the Charter was launched to tackle the growing challenge of homelessness in the city. Pledges have been secured from a range of individuals, charities, businesses and public sector organisations offering support and help.

Pledges have ranged from practical support, volunteering time and skills to homeless organisations, commitment to provide employment opportunities, involvement in homeless action groups and ensuring that staff understand the Charter's principles - as well as offers of training and support for people with experience of homelessness.

A recent pledge from St Ann's Church is to provide a safe space for people sleeping rough who are moved out of shop doorways in the early hours. In addition 'Morning Hours' will offer the use of toilet facilities, as well as a basic breakfast of tea or coffee and toast every Friday, at 7am and 9am, in the church.

Another outcome from the Charter has been the establishment of nine action groups to tackle the key challenges that people experiencing homelessness regularly face, such as access to mental health support, emergency accommodation and employment. All of these groups include people who have experienced homelessness, as well as those who have the relevant skills and professional expertise.

A partnership developed between Young People's Support Foundation and Coffee4Craig and a new weekly drop-in service opened in September 2016 at the City Centre Project on Oldham Street.



Keeping Citizens Safe - Safeguarding and DoLS

! 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 S42 this year has proportionally* been:

- physical 20%
- sexual 7%
- psychological and emotional 17%
- financial and material 19%
- neglect and omissions 32%
- discriminatory 1%
- institutional 4%

*Rounded values. Individuals can have more than one abuse type

Positively, we have seen a 27% 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 25% increase in the number of concerns (alerts).

1189
S42 enquiries

0
Serious Case Reviews

5969
Concerns for the safeness of an individual

60%
Safeguarding enquiries are for female citizens

40%
Safeguarding enquiries are for Mental Health citizens

47%
Of abuse is committed in citizens' own homes

54%
Safeguarding enquiries are for citizens 18-64

Both Childrens and Adults Safeguarding Boards have ambitious plans for continuous improvement and to challenge and scrutinise the effectiveness of safeguarding activity across Manchester. The two Boards are independent of each other but recognise the need for a joined-up 'think family' approach for us to reach the highest standard of safeguarding for Manchester. The Boards are made up of many of the same partners; are currently served by the same Independent Chair; and are supported by an integrated business unit. Read about the Business Plan <https://www.manchestersafeguardingboards.co.uk/wp-content/uploads/2017/08/2017-08-22-MSB-BPonaPage-published.pdf>

! 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)

DoLS team, in line with national trends, has experienced a phenomenal rise in applications. In 2016/17 we had unprecedented levels of DoLS applications with nearly 2,400, in comparison to just 236 in 2013/14. This is a real world increase of 900% over 4 years.

Due to this very high volume of DOLS Applications submitted to Manchester Supervisory Body, the timescales for dealing with DOLS applications now often exceeds statutory requirements, however the Supervisory Body continues to implement DOLS as per due process.

Despite this increase, and the huge pressure the DOLS teams now face within councils, our teams continue to do their best to ensure the welfare of the citizens, and we have developed the Capacity Assessment further, such as including the reason for the assessment, and recommendations.

1,000
DoLS aranted

34.3%
Rise in DoLS applications

59%
Applications reported as urgent

27%
Reported as occurring in hospitals

Social housing, Armed Forces and Veterans; FOI

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 into ASC. People we support include those with mental ill health, older people, veterans, survivors of domestic abuse, single homeless people and families, learning disabled people, offenders, vulnerable young people, care leavers, young single parents and people with substance-abuse issues.

The Adult Social Care, Strategic Housing and Employment and Skills teams continue to lead on the completion of the Armed Forces and Veterans Covenant, with Strategic Housing coordinating the contributions from social housing providers in the Manchester Housing Providers Partnership (MHPP). Housing providers have been encouraged to 'ask the right question' to ensure serving and former members of the Armed, and their families, are identified and offered appropriate support where required. It has been identified that asking former members if they are a 'veteran' often means younger former members respond they are not, as they often do not recognise the term in relation to themselves.

The Canada Street development for veterans, which began in 2014 and featured on DIY SOS, continued in 2016-7 with Haig Housing completing the refurbishment of the remaining empty properties. DIY SOS returned in October 2016 to record the final property being handed over to Walking with the Wounded (WWtW), the charity supporting the veterans into work.

WWtW also manage the temporary accommodation property on Canada Street, supporting the residents with independent living and tenancy skills, saving for a new home and maximising their income. Additional work, in partnership with Manchester College, included greening the street with planters and mosaics and created a neighbourhood which encouraged existing residents and the veterans to form a close, supportive community.

During 2016-17, specialist housing for veterans was increased after Moss Care (a social housing provider), Nacro (a housing support provider) and WWtW came together to open Stody House, in Longsight, as a 6 unit supported housing scheme for adult single veterans.

CASE STUDY



Freedom of information

Between April 2016 and March 2017, Manchester City Council received 205 freedom of information (FOI) requests that were related to adult social care, either wholly or in part.

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, involving multiple staff and information sources, which means that we are not always able to achieve our timescales for response, but we give the best response we possibly can. Still, 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

205
FOIs received,
related to
adult social
care

Sector-led improvement

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

Some of the things we've done this year have been to:

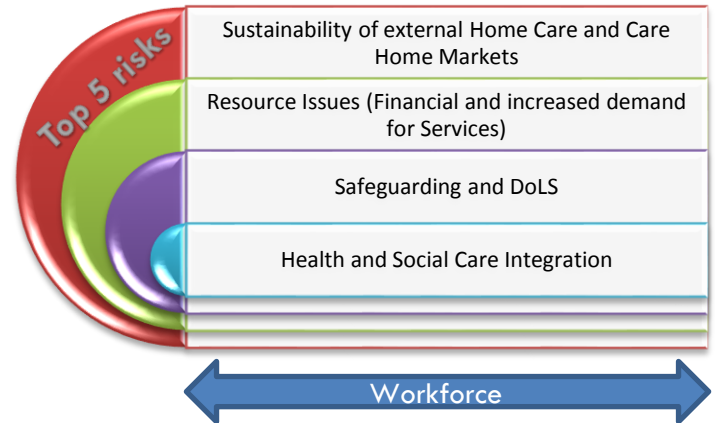
Work with our 22 regional Local Authority colleagues to develop an annual Balanced Scorecard (!). This better data sharing includes social care figures, finance figures, risks and data quality amongst others. There is also a quarterly version, which is just for council use only, but helps inform on progress through the year.

Complete a risk awareness self-assessment, which was shared with the other NW LAs to combine into a regional overview of the types of risks which affect our ability to deliver good quality services. A top 5 was then produced.

Complete a budget survey

The survey compiles Adult Social Care Directors' views of how councils are managing and accommodating the growing numbers of people, often with increasingly complex needs, requiring care and support with the significant and sustained reductions in the funding available.

Developed some strategic regional priorities for 2017. For these five Strategic Objectives to be achieved they must not be considered in isolation but collectively addressed. →



Shaping and managing the social care provider (residential, nursing and homecare) market.

Within the Northwest, we will be undertaking some analysis of the NW market, to see what it looks like and how fragile it is. That is to see how providers of care are coping with demand for their services. Some of the major reasons for Delayed Transfers of Care are down to the availability of services to be provided within the community, or the right kind of accommodation being available to suit the requirements of an individual. Analysis will include looking at neighbour local authorities, costs, activity and much more.

In tandem, we will undertake a predictive analysis over 5-10 year timescales, to see how changing pressures will impact. These are likely to include: Population pressures, demography and acuity; commissioning strategies, (including strategies for supported and Extra Care housing), shifting care into primary and community settings; Social care funding; and Economic growth.

The analysis is being completed by a contracted third party, who will provide thought-provoking outcomes, and identify areas where change needs to be made to keep the market system operational.

! A Balanced Scorecard is an Excel dashboard that reports on key performance measures, and is at the heart of the North West SLI programme.

Looking forward



Looking forward 2017-2018

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 (August 2017).

The Manchester Agreement

In October 2016 Manchester submitted an application to the GM Transformation Fund for substantial investment in new service models. Evaluation of that submission covering the Single Hospital Service and the Local Care Organisation has now completed and steps are now being taken to finalise the Investment Agreement required between Manchester and GM, and within Manchester between the partners commissioning and delivering the new arrangements.

Alongside the GM Investment Agreement described above, providers and commissioners are also collaborating on the development of a Manchester specific Agreement (an intra-Manchester agreement).

The Manchester Agreement will cover six areas:

- Vision and strategy – A refresh of the Locality Plan to better align the five year transformation strategy with current and future transformation activity.
- Ways of working – How the Our Manchester approach will apply to health and social care reform, and system leadership requirements to drive change and embed Our Manchester values and behaviours.
- Performance management - The metrics for inputs, outputs, outcomes and impacts that the transformed health and care system will need to deliver. It will give Manchester partners more detailed oversight of delivery and will enable effective decision making.
- Evaluation – The evaluation approach to be implemented to provide the evidence that the transformation programme is having the intended effect.
- Benefits realisation – Linking performance and evaluation with the achievement of intended benefits, and the cashable (!) and non-cashable benefits that result.
- Risk and gain share - Designing the mechanisms by which partners collectively share in the benefits of overachieving, and shoulder the burden of underachieving. This will require new forms of payment incentives, contracts, and budgeting arrangements to incentivise change.

Read about the agreement here: http://www.manchester.gov.uk/download/meetings/id/23202/item_8d_-_manchester_investment_agreement

! Cashable refers to something which can be quickly converted into money or something equivalent, like selling a house for example. Non-cashable is something which brings benefits but without actual money, such as reducing the time taken to do something by being more efficient.

Greater Manchester Health and Social Care Partnership – Taking Charge

What we are looking to achieve in 2017-18

- We will continue to work with local Greater Manchester areas to develop plans and then provide the money to improve health and social care.
- Work to support carers and social care to design a new deal
- Develop the Greater Manchester Health Check programme to make sure health problems are spotted early to prevent long term ill health
- Work more closely with the voluntary, community and social enterprise sector
- Engage with the pharmaceutical industry who provide medicines and tablets and are developing a deal setting out our goals for the future
- Use new technology to better inform patients and doctors, including providing better and quicker access to medical records
- Help hospitals work together better, improving safety, quality and savings to deliver big improvements to care in hospitals

Looking forward



Looking forward 2017-2018

Single Hospital Service

Good progress has been made towards the creation of a Single Hospital Service for Manchester. Work is continuing with the Regulators with a view to achieving the anticipated authorisation date for the new NHS Foundation Trust of 1st October 2017. Read more from the reports by visiting:
http://www.manchester.gov.uk/download/meetings/id/23201/item_8c_-_manchester_single_hospital_service_-_update_on_current_position

Delayed transfers of Care

DToC represents a major operational challenge for the health and social care system. This is a national problem and the recent quarterly report by Association of Directors of Adult Social Services (ADASS) indicates that Manchester's levels of Delayed Transfers of Care are the highest in the region. The report also indicates that Manchester has the highest non-elective hospital admissions and non-elective bed days across the Greater Manchester region.

Whilst the number of DToC is relatively low compared to the number of hospital beds the high level of bed occupancy means that the impact of DToC is significant in the system.

There are a variety of work streams which are proposed to try and tackle the issue at a city wide level, which include commissioning, and improving the way information is recorded and shared. Read the proposal:
http://www.manchester.gov.uk/download/meetings/id/23417/6_delayed_transfers_of_care

Manchester Macmillan Local Authority Partnership (MLAP)

At the end of 2015, following the success of previous engagement work and positive relationships together in the city, Macmillan approached Manchester City Council. The Manchester Macmillan Local Authority Partnership was proposed. The intention of the local authority partnerships are to support people living with cancer (PLWC) and their carers to live with and manage cancer and other long-term conditions better.

The Manchester MLAP will develop opportunities to maximise access to community assets and support for PLWC based on person centred holistic needs. The programme can be broken down into five distinct work streams, with Co-Production/Citizen Involvement first, so people are meaningfully involved from the start. Visit: http://www.manchester.gov.uk/download/meetings/id/23461/9_health_and_wellbeing_update

Disabled Facilities Grant

The allocation for the 2017-8 DFG has increased and the remit for the grant continues to widen to ensure as many Manchester residents as possible can benefit, including homeless people in temporary accommodation and those residents who need to move to more appropriate accommodation.

Strategic Housing have joined the Board of the Our Manchester Disability Plan (ODMP, formerly called the All Age Disability Strategy). This ensure that the importance of housing's contribution to health and wellbeing is recognised. It also means that that work, issues and good practice arising from the OMDP is fed back to housing providers so they can continue to improve their housing stock and services for all people living with a disability.

Home Care

Along with colleagues in Greater Manchester, we know that home care services are an important part of the overall health and care system. Good home care can help people stay healthy and independent at home for longer, avoiding them having to go into hospital or residential care. In 2017/18 and beyond we will work with health colleagues, home care providers, front line staff and service users to create new models of home care for the future

Looking forward



Looking forward 2017-2018

Extra Care housing

We still 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. Subject to any design and planning permission, 894 housing units over 12 schemes are planned by 2020. Five neighbourhood apartments are due to go live within Village 135 in 2017/18.

Increasing the amount of Extra Care Housing remains 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. 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), one of which will be an LGBT affirmative scheme. These sites could provide up to an additional 400 units of accommodation and the planning and development work continues to progress.

Further work will be done with the LGBT Foundation to raise awareness in the housing, care and support sectors of the needs of LGBT elders to enable elders to feel safe enough to be open about their sexuality in their own home and in residential settings.

Armed Forces and Veterans housing

We will be working with the social housing providers in the MHPP to raise awareness about the housing related support that may be needed by Armed Forces serving members, veterans and their families. We will be encouraging all MHPP members to sign the Armed Forces and Veterans Covenant and support them to implement and maintain their pledges. We will also hold themed Covenant Forum meetings in 2017-8, one of which will be housing focussed, and we will continue to encourage partnerships between housing providers and Armed Forces charities to develop more specialist accommodation for veterans.

We will report back to the OPHA with the findings from the Retirement Housing Stock Survey for 2016-7, revise the questionnaire where necessary and carry out this survey annually. This will give us a year on year view of who accesses retirement housing and why, what needs are and are not being met, and where we need to focus investment in order to increase the quality and choice of housing options for older people.

Supported Accommodation

In July 2016, the Council Executive approved a plan to build 4 supported accommodation schemes for people with a **learning disability**. The schemes will provide 70 high quality, self-contained apartments, some of which will replace existing shared accommodation, and some will provide extra capacity to meet increasing demand. There will be 24 hour care on site and state of the art assistive technology which will be tailored to meet individual need. People living in the schemes will be supported to live as independently as possible, including accessing the local area and community facilities. The 4 schemes are being provided by 3 social housing providers, with Adult care commissioning the care team and it is anticipated the schemes will be ready for their first residents in early 2019.

Homelessness

The Council's homelessness service launched a new approach in January 2017, focussing on offering a range of housing options to people who are at risk of becoming homeless. This pilot, and new information and advice packs, have been developed with the input of people who have experience of homelessness.

This new approach will prevent homelessness by targeting those most at risk, and giving them the ability to make choices that will help them resolve their own housing needs. This will ensure that the council is given the chance to meet the challenges of the Homelessness Reduction Act, which is likely to be brought in next year, and places a wider statutory duty on a local authority to prevent homelessness.

Looking forward



Looking forward 2017-2018

Sensory Team Pilot

The number of Deaf citizens living in the UK and Manchester has increased over the last couple of years. Statistics now show that 1 in 7 citizens experience some degree of hearing difficulties. Earlier detection, diagnosis and a more effective referral pathway to the Sensory team are some of the key factors in the increase. This is positive, as it enables us as a service to provide earlier intervention, support and training to support citizens in being able to participate and remain independent.

The increase in demand has not been matched with increased capacity within the service to meet identified need. The sensory have faced a number of challenges as a result of technological development as citizens expect or demanding instant access to information and support. We propose to address some of these issues by piloting a new sensory communication system, to test whether using video messaging services will improve the access and efficiency of the service by providing live information and support to deaf citizens using commonly available communication systems.

We will use the following video messaging services for the pilot: Google hangout, Skype and Facetime. (We have approval from Information Governance and ICT Strategic Business Partner that our proposal is consistent and compliant with council policy).

For citizens, the expected benefits will be:

- Increased efficiency and use of available resources
- Better response time, personalised service and instant advice available to citizens. Citizens don't need to travel and can receive a response from within the comfort of their own home
- Triage referral and better signposting
- No investment in equipment required as citizens use their own devices

Community Alarm Fallers Pilot in South Manchester

On 14th August 2017, Community Alarm Service will be embarking on a pilot with South Manchester Urgent Care and North West Ambulance Service (NWAS), whereby we will be attending emergency calls made to the ambulance service. The types of call we will be attending are low criteria fallers, people who have fallen but are not obviously injured, often when NWAS are busy these types of calls can be prioritised as low and response times can be up to 4 hours, we are aiming to get to 90% of these calls within 60 mins.

Manchester Family Poverty Strategy 2017-2022

The Manchester Strategy 2016-2025 sets the strategic framework for the refresh of the Family Poverty Strategy. The refreshed strategy will support delivery of the strategy and specifically the ambition to create 'a progressive and equitable city'.

Whilst the focus is predominantly around children and young people, the strategy aims to support residents into good quality work which pays at least the real Living Wage.

Have a look at the strategy here: http://www.manchester.gov.uk/download/meetings/id/22859/item_7_-_manchester_family_poverty_strategy

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	LA	Local Authority
A&E	Accident and Emergency (hospitals)	LCO	Local Care Organisation
ASC	Adult Social Care	LHA	Local Housing Authority
ASCOF	Adult Social Care Outcomes Framework	LGA	Local Government Association
ASW	Adult Social Worker	LGBTF	Lesbian, Gay, Bisexual and Transgender Foundation
AGMA	Association of Greater Manchester Authorities	LLL	Living Longer Living Better
BCF	Better Care Fund	MCA	Mental Capacity Act
CASS	Community Assessment and Support Service	MCC	Manchester City Council
CCG	Clinical Commissioning Group	MEAP	Manchester Equipment and Adaptations Partnership
CMFT	Central Manchester University Hospitals (NHS Foundation Trust)	MH	Mental Health
CPD	Continuous Professional Development	MHA	Mental Health Act
CQC	Care Quality Commission	MHCC	Manchester Health and Care Commissioning
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
GMMH	Greater Manchester Mental Health NHS Foundation Trust	PAHT	Pennine Acute (NHS) Hospitals Trust
GMSWA	Greater Manchester Social Work Academy	PD	Physical Disability
GP	General Practitioner (doctor)	RAS	Resource Allocation System
HFAAFM	Housing For An Age Friendly Manchester	RSL	Registered Social Landlord
HMP	Her Majesty's Prison	SALT	Short And Long Term (support)
HOOP	Housing Options for Older People	SAC/SAR	Safeguarding
HWBB	Health and Wellbeing Board	STIT	Short Term Intervention Service
IB	Individual Budget	UHSM	University Hospital of South Manchester (NHS Foundation Trust)
LD	Learning Disability	VCSE	Voluntary, Community and Social Enterprise (sector)
JSNA	Joint Strategic Needs Assessment	YP	Young People

Contact

The Local Account is published every year.

To access the previous local accounts since 2012/13, 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, 2016/17':

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

