

**MANCHESTER CITY COUNCIL  
REPORT FOR RESOLUTION**

**COMMITTEE:** Social Strategy Scrutiny Committee  
Executive

**DATE:** 13<sup>th</sup> December 2007  
20<sup>th</sup> December 2007

**SUBJECT:** Annual Review of Performance for Adult Social Care  
2005/06

**REPORT OF:** Director of Adult Social Care  
Neighbourhood Services

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**Purpose of the report**

The purpose of this report is to present to the Committee, as required by the Commission for Social Care Inspection, the inspectorate's Annual Review of Performance for Adult Social Care in Manchester for the year 2005/06, as detailed in the attached Record of Performance Assessment.

**Recommendations**

It is recommended that: Members note this report

**Financial consequences for the Revenue Budget**

There are no financial consequences for the Revenue Budget.

**Financial consequences for the Capital Budget**

There are no financial consequences for the Capital Budget.

**Wards affected**

All

**Implications for**

**Anti-Poverty**  
Yes

**Equal Opportunities**  
Yes

**Environment**  
No

**Employment**  
Yes

**Contact Officer**

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**Background documents**

None

## **1.0 Background**

**1.1** Each year the Commission for Social Care Inspection (CSCI) evaluates the council's performance in relation to Adult Social Care. CSCI's assessment and subsequent Star Rating for 2005/06 have now been published. The Council is required to make this assessment public and it will be made available on the City Council's website. It is also required to present the assessment to the Executive of the Council by 31<sup>st</sup> January 2007. This report fulfils that requirement.

## **2.0 Judgement**

**2.1** The overall judgment is that Adult Social Care services are serving **most** people well and that there is **promising** capacity for improvement. This gives an overall star rating for Adult Services of **two stars**. This judgment is in line with those for the previous three years. This indicates that not only have standards been maintained, but there has been improvement as thresholds have got higher.

**2.2** It is also worth noting that in the Corporate Assessment, conducted in May 2006, Adult Social Care was commended for its contribution to the Valuing Older People initiative, which was cited as good practice.

## **3.0 The Assessment**

**3.1** As required by CSCI, the full record of assessment is attached to this report as Appendix 1. It sets out CSCI's view of performance during the last year and comments on improvements for the year ahead; and the Record of Performance Assessment, which lays out the evidence accumulated from the range of admissible sources together with CSCI's evaluation of that evidence. A summary of the areas of improvement and those requiring further development is outlined below:

## **4.0 Summary of improvements 2005/06**

**4.1** CSCI acknowledged that Adult Social Care had made the following significant improvements over the year.

- The Council and its Adult Social Care directorate have further developed their clear strategic direction of the modernisation agenda over the past year in line with the Government's plans and local needs. There has been a noticeable increase in the degree of service user participation and in the development, in collaboration with partners from other sectors, of a much wider range of services to promote independence. There has been improved partnership working both with health agencies and with private and voluntary sector service providers.
- There has been particular progress in the modernisation of services for older people with an emphasis on the development of

preventative services. The Council is also a pilot site for the Government led initiative on individual budgets.

- Financial and performance management mechanisms have been strengthened and considerable work is being done to review and develop commissioning strategies.
- 2005/6 was a year of positive progress in the Council's delivery of social care services for adults. Progress was made towards more person-centred care and the development, with partners, of a much wider range of services and opportunities for both younger and older adults. The Council's performance as measured by Adult Social Care data and indicators showed overall improvements across the board. The majority of areas for improvement identified in last year's performance assessment report had been addressed.
- Excellent progress has been made in increasing the numbers of people receiving Direct Payments to enable them to purchase their own care packages. There have been particularly significant increases in take up by older people, people with physical disabilities and carers of disabled children.
- The Council has proactively resumed a leadership role in adult protection across the City. Having appointed a Co-ordinator, interagency working has improved and appropriate training and awareness raising programmes for staff working across all sectors have begun.
- The Council has significantly increased its commitment, reflected in increased funding and a shared senior management post, to working closely with Manchester Mental Health and Social Care Trust (MMHSCT) in the City to improve outcomes for people with mental ill health. The inspection report of social care mental health services in the City, published in February 2006, judged that overall some people were served well by mental health services and that the prospects for improvement were promising. One area of concern related to the availability of acute hospital places with delays in admission exacerbating difficulties for service users and their carers. The Trust has reported a substantial improvement in the availability of acute hospital beds over recent months, which has eliminated or significantly reduced waiting times for admissions, (in March 06, 37 people were waiting for admission, by May 06 this had been reduced to zero. As at November 30<sup>th</sup> 06 only one person was waiting for admission) easing the problems previously experienced by approved social workers in securing appropriate care for clients.
- One of the Council's strengths is its responsiveness to the mix of communities living in the city and its efforts to ensure fair access to services for everyone.

## **5.0 Summary of areas for improvement**

- 5.1** CSCI identified a number of areas for improvement that they will expect to see progress on over the coming year. These areas had already been identified by Adult Social Care and actions put in place to address

them. They have also been included either as part of the 'Programme for Change' or in the Business Plan for the Service. This has been recognised by CSCI.

- The Council recognises the areas where it needs to improve services further and generally has plans in place to effect these improvements.
- Further improvement is needed in the timeliness of assessments for older people following referral.
- Work to improve the delivery and integration of services for people with mental ill health in the city in the next year is recognised as a major priority by the council and its health partners. There has been further slippage on previous planned timescales for full implementation of the Mental Health National Service Framework in terms of provision of the full range of services, compliant with the Policy Implementation Guidance. The Council and its Trust partner recognise this and now plan that these will be in place within the next 12 months. The Council has been working on implementation of the action plan to address the recommendations arising from the service inspection of mental health social care services as part of a service improvement project and this requires completion.
- Mental health services for older people require particular focus with the emphasis being on implementation of the recent service re-design decisions to set up dedicated Community Mental Health Teams as a matter of priority.
- Further work is needed to continue the modernisation of services for people with physical disabilities and to enhance opportunities for learning disabled people to take up work.
- Improvements made in adult protection over the past year are to continue through further review of the policy and the roll-out of training to care staff across sectors.
- The proportion of people whose care is reviewed needs to increase and the Council needs to be able to demonstrate that its quality assurance mechanisms and consultation are having real impact on improving and developing services.
- The Council has identified a number of measures needed to improve the effectiveness of joint working between social and health care staff in integrated service settings and will be putting these into effect in the coming year.
- The Council is well placed to address its improvement agenda and has the corporate backing to do so.

## **6.0 The future**

**6.1** Following the publication of the White Paper Our Health, 'Our Care, Our Say', CSCI will change the way it assesses the Council's performance for 2006/07. CSCI will judge the Council against the seven outcomes contained in the White Paper, these are:

- Improving Health and Emotional well-being
- Improved quality of life

Making a positive contribution  
Increased choice and control  
Freedom from discrimination  
Economic well-being  
Maintaining personal dignity and respect  
Plus, two additional outcomes of Leadership and Commissioning and use of resources.

**6.2** CSCI have consulted on how this is to be done will publish the revised performance assessment framework early in the new year.

**6.3** The department currently evaluating the potential impact of these changes, but until they are formally published, and more detail available, no firm conclusions can be drawn. It is already clear however, that there will be challenges under the new regime as performance assessment will broaden to embrace how the council commissions quality services across all sectors.

## **7.0 Conclusion**

**7.1** Overall performance is high for Adult Social Care in Manchester. There has been improvement across nearly all performance indicators, and in key threshold indicators performance is above the thresholds to achieve a higher star rating. Consolidation of performance in the distinct Adult Social Care Services is acknowledged as is the progress along a significant change and modernisation agenda. The main area where more significant progress is required to achieve a higher rating is in relation to Mental Health. Despite key improvements in year, and successful public consultation approving radical service reconfiguration, it is not until these changes are implemented that the service will achieve the standards set out in the National Service Framework for Mental Health. This is a key priority in the Adult Social Care business plan, working with the PCT and Care Trust, and planned changes are on track. Other areas for improvement are built into the business plan and where appropriate Adult Social Care Programme for Change.

## **8.0 Recommendations**

**8.1** It is recommended that Members note this report

## **9.0 Implications for key Council policies**

**9.1** The implications of this report for the Council's environmental policies are none

**9.2** The implications of this report for the Council's policies of combating poverty and disadvantages are that social care for adults, which plays a key role in supporting vulnerable Manchester residents, reducing dependence, increasing people's ability to exercise choice and control

and sustaining communities, is externally assessed as being a service which serves most Manchester residents well.

- 9.3** The implications of this report for the Council's policies of combating inequality and discrimination faced by women, gay men, lesbians, disabled people and black and ethnic minority people are that social care for adults, which plays a key role in supporting vulnerable Manchester residents, reducing dependence, increasing people's ability to exercise choice and control and sustaining communities, is externally assessed as being a service which serves most Manchester residents well.
- 9.4** The implications of this report concerning employment are that social care for adults, which plays a key role in supporting vulnerable Manchester residents, reducing dependence, increasing people's ability to exercising choice and control and sustaining communities, is externally assessed as being a service which serves most Manchester residents well

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Date: 30<sup>th</sup> November 2006

**Attached to this report:**  
Appendix I: Record of Performance Assessment



*Making Social Care  
Better for People*

## **RECORD OF PERFORMANCE ASSESSMENT FOR ADULT SOCIAL CARE 2005-06**

Name of Adult Services Authority

Manchester

Contents

Part 1

Part 2

Business Relationship Manager:	Mary Ternouth
Performance Information Manager:	Karen Richards
Date Last Updated (dd/mm/yyyy):	14/09/06
Final Version:	YES



## **Part 1:**

### **Summary of Improvements**

The council and its adult social care directorate have further developed their clear strategic direction of the modernisation agenda over the past year in line with the Government's plans and local needs. There has been a noticeable increase in the degree of service user participation and in the development, in collaboration with partners from other sectors, of a much wider range of services to promote independence. There has been improved partnership working both with health agencies and with private and voluntary sector service providers.

There has been particular progress in the modernisation of services for older people with an emphasis on the development of preventative services. The council is also a pilot site for the Government led initiative on individual budgets.

Financial and performance management mechanisms have been strengthened and considerable work is being done to review and develop commissioning strategies.

2005/6 was a year of positive progress in the Council's delivery of social care services for adults. Progress was made towards more person-centred care and the development, with partners, of a much wider range of services and opportunities for both younger and older adults. The council's performance as measured by adult social care data and indicators showed overall improvements across the board. The majority of areas for improvement identified in last year's performance assessment report had been addressed.

Excellent progress has been made in increasing the numbers of people receiving Direct Payments to enable them to purchase their own care packages. There have been particularly significant increases in take up by older people, people with physical disabilities and carers of disabled children.

The council has proactively resumed a leadership role in adult protection across the City. Having appointed a Co-ordinator, interagency working has improved and appropriate training and awareness raising programmes for staff working across all sectors have begun.

The council has significantly increased its commitment, reflected in increased funding and a shared senior management post, to working closely

with Manchester Mental Health and Social Care Trust (MMHSCT) in the City to improve outcomes for people with mental ill health. The inspection report of social care mental health services in the City, published in February 2006, judged that overall some people were served well by mental health services and that the prospects for improvement were promising. One area of concern related to the availability of acute hospital places with delays in admission exacerbating difficulties for service users and their carers. The Trust has reported a substantial improvement in the availability of acute hospital beds over recent months, which has eliminated or significantly reduced waiting times for admissions, easing the problems previously experienced by approved social workers in securing appropriate care for clients.

One of the council's strengths is its responsiveness to the mix of communities living in the city and its efforts to ensure fair access to services for everyone.

### **Summary of Areas for Improvement**

The council recognises the areas where it needs to improve services further and generally has plans in place to effect these improvements.

Further improvement is needed in the timeliness of assessments for older people following referral.

Work to improve the delivery and integration of services for people with mental ill health in the city in the next year is recognised as a major priority by the council and its health partners. There has been further slippage on previous planned timescales for full implementation of the Mental Health National Service Framework in terms of provision of the full range of services, compliant with the Policy Implementation Guidance. The Council and its Trust partner recognise this and now plan that these will be in place within the next 12 months. The council has been working on implementation of the action plan to address the recommendations arising from the service inspection of mental health social care services as part of a service improvement project and this requires completion.

Mental health services for older people require particular focus with the emphasis being on implementation of the recent service re-design decisions to set up dedicated Community Mental Health Teams as a matter of priority.

Further work is needed to continue the modernisation of services for people with physical disabilities and to enhance opportunities for learning disabled people to take up work.

Improvements made in adult protection over the past year are to continue through further review of the policy and the roll-out of training to care staff across sectors.

The proportion of people whose care is reviewed needs to increase and the council needs to be able to demonstrate that its quality assurance mechanisms and consultation are having real impact on improving and developing services.

The council has identified a number of measures needed to improve the effectiveness of joint working between social and health care staff in integrated service settings and will be putting these into effect in the coming year.

The council is well placed to address its improvement agenda and has the corporate backing to do so.

## **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

### **Improvements achieved/achievements consolidated since the previous annual review**

#### *Older People*

The provision of services for older people within 4 weeks of assessment has risen, above plan, to 76% from 65% last year.

The Council has made significant progress in strengthening its preventive services, particularly for older people, in line with Government thinking. Manchester successfully bid for Partnership for Older People Projects (POPP) funding and is one of the pilot sites for trialling Individual Budgets across a number of adult service user groups over the next two years. The POPP workstream in which most progress has been made involves the commissioning in full or in part of preventative services to enable older people to retain their independence for longer.

In March 2006, the Council was continuing to meet the national target for providing intensive home care support to at least 30% of older people being supported to live at home or in residential care. This was in the context of increasing home care provision in the city generally and participating with Central Manchester PCT in a successful targeted project that provided re-enablement services to people leaving hospital. The performance on older people helped to live at home has improved and is now band 5.

The levels of home care provided by all sectors in the city rose over the year, increasing the numbers of people enabled to go on living at home. The number of people supported in care homes fell. An increasing focus on re-enablement is predicted to reduce care needs overall in the longer term.

Adult social care staff are working with three Local Implementation Teams across the city to implement person-centered care. As a step towards this, Greater Manchester local authorities and health partners have agreed to use a standard folder for person held records (the 'yellow folder') stored in people's homes.

#### *Prevention of Hospital Admission / Timely Discharge*

Additional intermediate care services have been jointly identified and funded with health partners. This has included new jointly commissioned units within care homes in the city. A pilot re-enablement/rehabilitation scheme in Central Manchester, run in conjunction with the Central Manchester PCT and replacing acute sector provision, has proved very successful and it is now hoped that this can

be rolled out citywide. The council reports that data returns on intermediate care have been affected by a re-calculation of the contribution made by Adult Social Care alone but the actual provision has significantly increased in real terms.

Although performance during the first quarter of the year fell below the national average, the rate of delayed transfers of care for which the Council was responsible improved over the year as a whole and none were reported in the final quarter.

#### *Extra Care Housing*

A significant number of new extra care housing places (87 as against the plan of 40) were provided during the year.

#### *Learning Disability*

#### *Supporting People*

#### *Physical and Sensory Disability*

#### *Mental Health*

#### *Drugs and Alcohol*

The number of drug misusers accessing treatment services last year fell slightly from the previous year but the Council reports that it has a strong record of partnership working in this area and that there has been a 5% decrease in the number of Class A drug users.

#### *HIV / AIDS*

## *Carers*

A review by an independent consultant found that Manchester provided good quality and flexible services for carers, in line with national priorities. The council will be acting on the recommendations of the consultant's report in the coming year, making appropriate use of the Carers Grant. Actions will include: improving carers' access to services by including on-line self-referral and assessment and increasing use of Direct Payments.

In 2005/6 there was a very significant increase in the percentage of carers of people receiving community based services recorded as receiving services themselves, which brings the council into a band 4 or 'good' rating. The number of recorded short breaks providing respite for carers also increased. A very significant percentage of the Carers Grant (39.7%) was spent on ensuring access to breaks for black and ethnic minority carers, well above the average for similar councils.

## **Areas for improvement**

### *Older People*

Waiting times for assessments for older people remain too long on average, and are well above the average for similar councils. The Council recognises that this is a priority and has ambitious plans to improve recording practice and to significantly improve waiting times in the coming year.

The council is continuing to work on modernising use of its Community Resource Centres, by working with local service user committees who now have a stronger say in how these are used. This is an area of developing work that will be continuing in the coming year. The re-focusing of in-house home care services needs to continue over the coming year to achieve a better quality of service for users and improved value for money spent.

The existing Older People's Commissioning Strategy does not specifically cover older people with mental ill health and the need to implement the development of joint services for this group was an area for improvement for 2005/6 in line with Standard 7 of the Older People's National Service Framework. This growing population within the city was, however, incorporated in the 'Change in Mind' consultation on future mental health services in the last year and the recommendation to set up integrated community health teams for older people has now been formally agreed. The council is committed to ensuring there is one social care practitioner in each community mental health team by 2007 and that, in the interim, further needs analysis and planning will be taking place to further this important agenda.

### *Prevention of Hospital Admission / Timely Discharge*

### *Extra Care Housing*

### *Learning Disability*

### *Supporting People*

### *Physical and Sensory Disability*

The major strategic focus is to continue with the modernisation of services in line with the model of social disability to enable more people to live independently, making greater use of assistive technology. This move is already in train and needs to be continued in the coming year. The involvement of service users in planning services through the recently formed Partnership Board and other mechanisms will be of key importance.

### *Mental Health*

During the next 12 months joint working on service re-design with Mental Health Trust partners is needed to achieve compliance with the National Service Framework for Mental Health. There is acknowledgement that, in relation to the particularly high level of need in the city, this area of service in the city has been under-funded in the past and the council is now playing a full part, through the delivery of the Manchester Mental Health Improvement Project in progressing improvements for people who need to use these services.

### *Drugs and Alcohol*

The Drug and Alcohol Strategy Group has identified the lack of structured day care for people who misuse substances as restricting the choice and type of support available to this group. This is an area included in the business plan for the coming year.

### *HIV / AIDS*

The council has identified the need to formalise and extend current joint working arrangements, in the coming year, enhancing links with other agencies to improve services and choice.

### *Carers*

**STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

## **Improvements achieved/achievements consolidated since the previous annual review**

Following a Best Value Review in 2003, a Social Care Framework for Commissioning was agreed with stakeholders and implemented. There is currently work ongoing to review and update a number of the Commissioning strategies for individual service user groups produced in previous years. Commissioning arrangements for people with learning disabilities and mental health are through the relevant Joint Commissioning Executives.

Looking to the future, the council is working on joint commissioning with health partners at overarching, infrastructure and technical infrastructure/contractual levels. Initial recommendations are due to be in place by September 2006 and a future consultation with stakeholders is planned.

The recent Corporate Assessment indicated that, within a context of good performance overall, the council needed to strengthen the links between financial planning and service planning to achieve better value for money and manage its assets more effectively. There were, however, no specific recommendations for adult social care and the accounts for the previous year were not qualified.

In terms of ensuring Value for Money, the council reports that it is linking the further development of commissioning processes to an outcomes based approach, for example, with its Prospectus for Change initiative. There is recognition that unit costs have to be viewed in a more sophisticated way and linked to how well they deliver good outcomes for service users. The Council's major initiative to address Value for Money is the well-established Manchester Improvement Programme which requires all corporate services, in turn, to examine whether what they deliver is fit for purpose and to benchmark this against other authorities. In adult social care, a number of services have recently been the subject of service improvement programmes including home care and mental health and the resultant action plans are being implemented.

During 2005/6, the council made the planned efficiency savings of 1.5% of total Personal Social Services (PSS) expenditure, a considerable proportion of these arising through modernisation of home care and rationalisation of some learning disability services. There was a move towards increased use of 'block contracts' in residential care placements allied to a higher than average fee increase. In domiciliary care, the degree of 'block' purchasing decreased reportedly as a result of the release of new capacity outside existing contractual arrangements.

The budget outturn for 2005/6 was an overspend of £321,000 – less than 0.5% of budget. In the context of its Budget and Service Strategy, robust financial monitoring systems are in place in the directorate with detailed monthly monitoring. A report on variations is subject to further scrutiny at corporate/Member level. Actions were taken to address budget pressures in the last year relating to physical disability, learning disability and mental health services.

### *Older People*

There is an Older People's commissioning strategy in place but the Council reports that this is developing significantly and will be reviewed to identify how better or different services can be commissioned with partners on a locality basis. An above inflation increase in fees was agreed for care homes to sustain adequate capacity in the market. However, the council is also looking to develop alternative ways of meeting high level needs through its Strategic Service Delivery Partnership that should start to reach the delivery stage in the coming year.

The council reports that it has made £300,000 savings on the re-commissioning of transport services within Community Resource Centres during 2005/6.

### *Learning Disability*

The current commissioning strategy dates from 2002 and is currently being revised in conjunction with Lancaster University. The work is due for completion in draft in September 2006.

The council reports that its in-house unit costs have reduced (these are involved in the efficiency savings) and are now largely competitive with other providers. The efficiency exercise is continuing in the current year with further projected savings.

### *Supporting People*

### *Physical and Sensory Disability*

### *Mental Health*

The service inspection of social care mental health services reported that there was work in progress to achieve better cost-efficiency and value for money in these services. This included reviewing the use of existing funding to a range of providers, as well as the overall costs in the system. The MMHSCT had a recovery plan to address a difficult financial situation and the council, whose contribution to mental health services is above the average compared to similar authorities, has increased its level of overall investment. A tighter grip on commitment of expenditure had been achieved through the operation of a Placement Panel to oversee new and continuing funding of community care packages.

A draft overarching 10 year joint commissioning strategy for mental health services has recently been drawn up by the Joint Commissioning Executive.

*Drugs and Alcohol*

*HIV / AIDS*

*Carers*

## **Areas for improvement**

*Older People*

The unit cost of in-house home care, whilst falling marginally and lower than plan, is reported by the Council to be at the higher end for comparable councils. Having achieved improvements in contact time during the past year, the Council will be taking further measures in line with its service improvement planning to modernise and re-focus this service on re-enablement.

Data from the Local Authority Market Analyser indicates that relatively few care home places are commissioned in the city for older people with dementia compared with national figures. Whilst the emphasis is, rightly, on promoting independent living wherever possible, the council has recognised this and has developed a new specification to contract care for this group which should be finalised in September 2006, together with a fee structure.

*Learning Disability*

*Supporting People*

### *Physical and Sensory Disability*

### *Mental Health*

### *Drugs and Alcohol*

Whilst one of the existing PCTs holds the lead commissioning role for alcohol misuse services, there is no evidence that a commissioning strategy is currently in place. The council has stated that work is currently in train to determine whether the council or the Trust is financially responsible for care management and funded placements of people with diagnosed alcohol related dementia.

### *HIV / AIDS*

### *Carers*

### **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

#### **Improvements achieved/achievements consolidated since the previous annual review**

An important area for attention highlighted last year, the need for review and active promotion of adult protection procedures to protect vulnerable people from harm, has seen real progress. The appointment of an enthusiastic Adult Protection Co-ordinator has enhanced the profile and understanding of this issue and progress has been made, notably in improved interagency working with Greater Manchester Police and other partners. The Council reports that an audit of existing practice in responding to adult protection allegations was carried out and measures to achieve improved consistency implemented. The resultant rise in notifications is deemed by the inter-agency steering group to represent improved awareness rather than an actual increase in incidence of harm.

#### *Older People*

The proportion of older people helped to live at home increased significantly last year and places the council in the highest performance band, above the average for comparator authorities. The level of intensive home care provided had also risen and was well above that for similar authorities. Estimated figures for non-care managed support and numbers of people purchasing intensive home care through Direct Payments, added to other evidence available, indicate that these are significant and growing groups of service users.

There has been a further reduction in the number of older people admitted to residential or nursing care over the past year (on the previous calculation basis) reflecting the council's continuing policy of seeking a range of alternatives to care homes wherever possible.

#### *Telecare*

In March 2006 the Community Alarm Service in conjunction with Manchester Equipment and Adaptations Partnership began a pilot of telecare equipment, designed to offer 24 hour monitoring and response for vulnerable adults. It is expected that installations will be completed in the summer and the aim is to test out the risk assessment, referral and response protocols. If the pilot proves successful, the intention is to expand the service significantly to enhance the benefits of the city's existing community alarm scheme.

#### *Learning Disability*

The proportion of people with learning disabilities helped to live at home remained the same as in the two previous years and places the service in the highest performance banding. Estimated figures of people with learning disabilities

receiving non-care managed support are higher than for comparator authorities.

The amount of Learning Disability Development Funding spent on modernising day services trebled during 2005/6 in line with plans. Day support services have been extended into evenings and weekends and the range of activities, including specialised provision, has been increased.

### *Supporting People*

#### *Physical and Sensory Disability*

The Physical Disability Partnership Board was set up in November 2005. Each part of the Physical Disability Service is linked to a discussion or focus group through which it can give feedback to the Partnership Board.

The council has continued to move forward with its modernisation programme for services for people with physical and sensory disability. It reports that in 2005/6, it assisted a significant number of service users to move out of residential or nursing care into independent living situations. The council reports that it has arrangements in place with the Housing Directorate for first option on adapted properties as they become available in the city. It is also in the process of re-configuring its own directly provided services to focus on assessment and rehabilitation.

A strategic visual impairment group has made recommendations that have led to improved access to services.

#### *Equipment and Adaptations*

The community equipment service continues to provide good (band 5) performance on timely delivery of equipment and there has been further improvement in the timescales for completion of minor adaptations to people's homes.

#### *Mental Health*

There was a significant reported increase in the number of adults with mental health problems helped to live at home with the council achieving a band 5 rating.

The service inspection of mental health in September 2005 found that there was a wide range of services in the city to which people with mental health problems had access and that service users were generally positive about the help they received.

One area for improvement highlighted by the inspection was delays in offering hospital treatment to some people with acute mental illness because of occupancy pressures. There were difficulties achieving throughput in the service because appropriate community based or other levels of hospital care were not available. The Mental Health and Social Care Trust has reported a substantial improvement in the availability of acute hospital beds over recent months which has eliminated or significantly reduced waiting times for admissions. This should contribute to reduced risk levels for service users themselves, their family carers and other professionals acting in a support role and enable services to be delivered in a more planned way.

### *Drugs and Alcohol*

It is reported that during 2005/6, the National Treatment Agency waiting time target limit for all tier 3 and 4 services was consistently met.

### *HIV / AIDS*

### *Direct Payments*

The council has made excellent progress this year in increasing the numbers of people across service user groups making use of Direct Payments – this performance has increased significantly from 58 per 100,000 population last year to 93 in 2005/6, well above plan and including significant numbers of people from black and minority ethnic groups.

### *Helped to live at home / Non care managed services*

The Council has reported increased numbers of younger adults with mental ill health and physical disabilities helped to live at home in 2005/6, resulting in improved performance bandings.

Admissions of adults aged 18-64 to residential/nursing homes fell (on the previous measurement basis) in line with the council's policy of finding alternative ways of providing services for this group wherever possible.

Manchester Advice Service has continued to provide many vulnerable people in the city with help to improve their financial situations during the past year through debt and benefits advice in line with the city's developing Financial Inclusion Strategy. The council reports that Manchester Advice Linkworkers helped to resolve nearly 21,000 enquiries from members of black and minority ethnic communities over the last year.

### *Carers*

In 2005/6, a total of 2185 carers was assessed with 1272 going on to receive services as a result. Performance on services to carers has risen significantly, partly as a result of improved recording by the council and its partner agencies, and is now above the average for comparator authorities. The council has promoted services for carers during Carers Week in June 2005 and by holding a Carers Rights Day in December 2005.

The appropriate registrations of domiciliary care agencies run by the Council and short break services run by the Learning Disability Partnership were completed in-year. (This was an area for improvement identified in 2005.)

## **Areas for improvement**

Whilst there has been significant progress in adult protection during 2005/6, the council acknowledges that there are further improvements to be made. These include the ongoing rollout to care staff across sectors of training on identification and assessment of risk (the current level and plan is well below the average for similar councils) and the continuing refinement of policy and associated procedures.

### *Older People*

### *Telecare*

### *Learning Disability*

The proportion of learning disabled people in paid work is significantly below that of comparator authorities. The council believes it performs well in relation to people with severe disability but acknowledges the need to improve employment outcomes across the board. The City Council has contracted with Job Centre Plus to fund the Stepping Stones project. (This is a contract to identify employment opportunities for people on long term incapacity benefit). The council itself has employment schemes within 3 departments to take on placements and one temporary placement has since become a permanent appointment.

### *Supporting People*

### *Physical and Sensory Disability*

Timescales for beginning work on major adaptations following assessment have increased from an average of 16 weeks to 19.9 weeks and the plan for 2006/7 is for a longer period again. The Council has indicated that this has resulted from faster than predicted growth in the numbers of adaptations needed (11% growth instead of 5% last year). As more people are helped to live at home, demand is naturally rising – the council is considering other ways to close the gap such as

more effective use of re-housing.

The pressures of growing numbers of service users who are being enabled to live independently are reflected more widely in capacity issues. For example, there are capacity issues affecting appropriate home care provision that could have a limiting effect on the range of accommodation options open to people. These are being addressed through the council's workforce strategy.

### *Equipment and Adaptations*

### *Mental Health*

Whilst there have been improvements in the timeliness of access to hospital places, the council and its Trust partner acknowledge that a major programme of improvements in the design and delivery of services is still to be achieved. The 'Change in Mind' consultation, which took place in the city between December 2005 and March 2006 was well conducted and generally positively received. Decisions on future radical service re-design were taken in July 2006. These will include the tendering out of the provision of early intervention and assertive outreach team services and staff consultation on changes followed by implementation in the next 12 months. Despite the value of the comprehensive consultation process, this represents slippage on targets set in previous years for the range of services to be delivered and improved integration of social and health care provision. The council recognises that work to improve the delivery of services for people with mental ill health, with its health partners, is a priority in the current year.

### *Drugs and Alcohol*

### *HIV / AIDS*

### *Direct Payments*

### *Helped to live at home / Non care managed services*

*Carers*

#### **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

#### **Improvements achieved/achievements consolidated since the previous annual review**

Service user participation is well established in the city but there is evidence that the level has increased this year and that there has been greater impact on service planning.

The adult social care directorate reports that it carries out audits on supervision and financial assessment files in order to assure the quality of its services.

##### *Older People*

During 2005/6 a survey of home care service users was carried out, and over 432 older people replied. The feedback was positive with 64% expressing satisfaction with services, above the average for similar councils, and 65% indicating that they had choice and control over the service they received. The findings from one area of the city on the length of time people were waiting for a service then informed the strategy for building capacity in that area.

##### *Learning Disability*

There have been no people with learning disabilities originating from Manchester remaining unnecessarily in NHS patient accommodation for some years. The Learning Disability Partnership has employed dedicated person-centered planning co-ordinators for a number of years and the person-centered planning strategy is overseen by a subgroup of the Partnership Board.

##### *Supporting People*

##### *Physical and Sensory Disability*

A transition worker has been appointed to plan with each young person leaving school/college in the city. This arrangement will form part of an integrated pathway of support for the transition to adult social care services from the children's services directorate.

### *Mental Health*

The service inspection found that service users and carers who were in contact with services were generally positive about the treatment they received, the attitude of staff and their experience of a range of professionals. The inspectors found examples of some sustained and skilful work by staff. In response to some of the concerns in the report about the lack of integration and recognition of the social care contribution in mental health services, the link at senior management level has been strengthened by the appointment of MMHSCT's Director of Social Care as part of the Adult Social Care Directorate's management team.

### *Drugs and Alcohol*

### *HIV / AIDS*

### *Carers*

## **Areas for improvement**

The percentage of clients receiving a review of their care rose last year to 62% but this remains at a relatively low level for the performance banding as a whole. The council reports that this was linked to re-reviews during the course of the year in residential and nursing homes arising from complaints and investigations and acknowledges that not all people using these services received a review in the last 12 months. Its intention is to move towards a more structured approach with these services, involving a Quality Assurance Framework that will require continuous improvement.

Whilst the Electronic Social Care Record system is technically compliant with requirements and electronic records are available for all adult social care clients, the council reports that not all the information is in one place. This has arisen because the solution offered by the existing contractor did not prove fit for purpose and the final implementation date will therefore not be met as originally planned. The council is therefore tendering for an alternative supplier with a view to streamlining the number of processes service users will have to go through to get a service. There are still difficulties in accessing health and social care systems via a single computer – staff work round this by having computers running each of the two systems.

### *Older People*

There have been improvements in the timeliness of assessments of older people since last year but these remain lower than comparable councils and are recognised by the council as a major area for improvement in the coming year. Assessments beginning within 48 hours of first contact with social services were at a particularly low level and the council has set itself the ambitious target to raise these to 85% in 2006/7.

### *Learning Disability*

### *Supporting People*

## *Physical and Sensory Disability*

### *Mental Health*

The service inspection found that there had been slow progress in some aspects of the integration of mental health services. For example, few of the community mental health teams were co-located and information systems remained separate. Allocation and professional supervision of staff was inconsistent leading to variable quality of work and poor practice in recording in some cases. These areas of improved integration and quality assurance are identified for improvement and are addressed in the council's action plan.

### *Drugs and Alcohol*

### *HIV / AIDS*

### *Carers*

## **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

### **Improvements achieved/achievements consolidated since the previous annual review**

The council has maintained its previous thresholds for Fair Access to Care – all clients meeting critical and substantial criteria receive a care package. There are no plans to change these criteria in 2006/7, but they must be seen in the context of the wider development of preventative services, provided by the council and its partners in the city, which are available to adults who do not meet the thresholds for assessed services. Historically, there have been many good neighbourhood schemes and community organisations in the city but there has been a need to improve the flow of information to make these more accessible.

The Council plans to establish a short-term team for vulnerable adults in the next few months. It will work with those people who may not currently get referred and who are not eligible for services under Fair Access to Care Services criteria. It will be based in the Contact Team, and will follow through individuals within a 6-week period, making them aware of relevant neighbourhood schemes.

The council includes a clause on race relations in contracts in every service area. Specific services have been commissioned to provide ethnically and culturally appropriate meals, home care support and care home placements. There has been a steady increase in the Somali population living in the city and a Somali Service Provider Group, made up of major service provider representatives, meets quarterly to ensure there is adequate focus on the needs of this community. A Somali Community Consultation Forum meets with service providers on an ongoing basis.

### *Older People*

One of the workstreams of the Partnership for Older People Project, the Gateway initiative, is working to make existing local schemes and services more accessible to older people through improving information available across the city.

The percentage of older people provided with services within 4 weeks of assessment has increased by 11% to 76% over the last year although performance remains below that of similar councils.

### *Learning Disability*

There have been improvements over the past year in recording the ethnicity of adults assessed for services or reviewed. This is an area where the council performs better than comparators. There was, however, a small rise in the percentage of adults receiving services where ethnicity was not recorded, which will need to be monitored in the coming year to assist in ensuring that services are appropriate for all sectors of the community.

### *Supporting People*

### *Physical and Sensory Disability*

### *Mental Health*

The service inspection identified that people from black and minority ethnic communities were over-represented in the numbers of people detained under the Mental Health Act, this being consistent with national findings. Advocacy services were under review at the time of the inspection. Some of these have now been decommissioned and a contract to provide free, independent citywide inpatient advocacy services has been let by tender to a new provider. The aim is that this organisation will also take forward the development of advocacy in other settings in the coming year, drawing in resources where appropriate from non-statutory funders.

### *Drugs and Alcohol*

### *HIV / AIDS*

### *Carers*



## **Areas for improvement**

The council has a Fairer Charging Policy (Non-Residential Care) issued in May 2005, written essentially for a professional audience. User-friendly details of its charging policy for adult social care services are not easily accessible through the council's website - readers are referred to the Income Unit for further details. This is an area for development.

### *Older People*

### *Learning Disability*

### *Supporting People*

### *Physical and Sensory Disability*

### *Mental Health*

The inspection of mental health services found that, in practice, access to service was limited by availability and resource constraints. Some aspects of these problems have been addressed through implementation of the action plan following the inspection, but there remain aspects to be addressed through service re-design in the coming year. The inspectors also found that the balance of services between the day and out-of-hours service was skewed with over reliance on the less well resourced out-of-hours services.

The recent consultation 'Change in Mind' referred to the identified need to improve advocacy for black and ethnic minority service users. The intention is to employ Community Development Workers to undertake a needs assessment of the different communities in the city and a number of initiatives across the Trust and Council are underway which should improve the accessibility of mental health

services across the city in the coming year.

*Drugs and Alcohol*

*HIV / AIDS*

*Carers*



**STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services

## **Improvements achieved/achievements consolidated since the previous annual review**

The Adult Social Care Directorate benefits from strong corporate and political support in its plans to modernise and develop services. The recent Corporate Assessment (published 14 August 2006) indicated that the council was performing well, demonstrating strong ambition and had capacity 'consistently above minimum requirements'. In relation to older people, the Corporate Assessment indicated that the Council and its partners had developed a good strategic approach and that older people's issues had been given a higher profile throughout the Council as a result of the work of the Strategic Health and Social Care Forum for Older People and the Valuing Older People Partnership Board.

During 2005/6, further changes were made to the organisational structure of the Council and Adult Social Care became a discrete part of the wider Neighbourhood Services Directorate, along with Housing, Environmental Services, Operational Services and Hospitality and Trading Services. This provides the potential for increased synergy of services between a spectrum of services dealing with adults in the City. The closer link with Housing is already proving helpful and the council reports that the key themes emerging in the new wider Directorate will centre on developing outcomes based frameworks and supporting adults in the City to get a better quality of life. Under the leadership of the Director of Adult Social Care, the senior management team has remained stable through 2005/6 with the addition of an Assistant Director for Mental Health (who also holds the post of Director of Social Care at the Mental Health Trust). Most recently, in June 2006, an Assistant Director, Social Inclusion has been appointed to drive the Prevention and Intervention Strategy across the Directorate.

The Council has put measures in place to strengthen and formalise liaison with the Children's Services Directorate. For example, detailed transition plans for individual children with disabilities have been formulated to enable planning for the future and secure funding provision. Most recently, a decision has been taken to establish a Transition Strategy Co-ordinating Board to ensure that appropriate linkages are made so that outcomes for young people are not adversely affected by new service groupings. Further work is in hand to complete the separation of support service resources, such as performance and contracting staff, between adults and children's services.

The Council has an established structure for identifying efficiency savings and improving services, the Manchester Improvement Programme. As part of this, in March 2006, the Directorate set up a Performance Board to oversee the delivery of its two year 'Programme for Change', which involves over 20 improvement projects. This receives monthly progress reports from lead officers and identifies risks and slippage for action and should prove a helpful mechanism in future effective management of the Adult Social Care improvement agenda.

Manchester acts as the lead council on asylum and refugee issues on behalf of the Association of Greater Manchester Authorities and was awarded Beacon Status for its Refugee Support Team last year. The Manchester Contact Service achieved Chartermark accreditation for all three elements of its service.

## *Commissioning*

### *Partnership Working, etc.*

Despite the challenges posed by the current re-configuration process to merge the three PCTs in the City into one Trust from October 2006 and the current financial pressures on health budgets, the Adult Social Care Directorate and its health partners have made tangible progress in effective partnership working across the City last year e.g. in the development of intermediate care services. The creation of the new unified Primary Care Trust, co-terminous with the council, should in the longer run facilitate improved and simplified partnership working.

The Council has proactively increased engagement with its Mental Health Trust partner over the past year and is increasing investment to assist with the service re-design to be implemented in the coming year.

### *Human Resources*

The data shows an improving position on recorded staff vacancies, reported to be as a result of data cleansing. Absence as a result of sickness has also commendably decreased, in excess of plan and below comparable authorities. Turnover has increased slightly but the council views this as within the range of normal volatility and the rate remains below that of similar authorities.

There has been progress in the implementation of the Workforce Development Strategy and Plan, for example, in increased engagement with independent sector social care staff training. Outreach workers have engaged with independent sector service providers and facilitated support on recruitment issues by facilitating open days and conferences. Such initiatives have assisted in supporting home care providers across sectors to address capacity issues and improve the levels of service available to people in the City.

Although the council is striving for further refinement and improvement to ensure that its workforce is representative of the general population, figures provided show that it is more than meeting the corporate target for the proportion of black and ethnic minority employees at both middle and senior management levels in the adult social care directorate. The ethnicity of all staff is now known.

The Adult Social Care Directorate was awarded Investors in People accreditation in July 2005.

### *Training*

The council reports that the number of qualified social work staff employed has increased significantly.

### *Equality and Diversity (including Race Equality)*

As part of the POPP initiatives, a range of bids to provide preventative services, many from small black and minority ethnic groups across the city, have been received. Some of these groups lacked the necessary infrastructure to contract successfully, so another of the POPP workstreams is focused on providing business support to enable these groups to develop to their full potential and diversify the sources of assistance open to service users.

### *Vulnerable Adults*

Further to the earlier assessment of progress on this issue (Standard 3), the Council has evidenced clearer senior management leadership in the past year that lends weight to its expressed aim of moving forward the safeguarding of adults agenda in the coming year.

Following a serious untoward incident, a programme of measures has been implemented to help staff working in mental health services across the City to ensure that safeguarding of children issues are always fully considered.

## **Areas for improvement**

### *Commissioning*

The growth in partnership working is instanced in the current work on reviewing existing commissioning policies, with a view to integrating more social care commissioning strategies with health. The council is now working, with the PCTs, to develop a joint commissioning strategy that will include strategic, district and practice based commissioning.

The Council has identified a need for review of current commissioning of services for HIV and AIDS, given changes in this population, and intends to play its part in assisting with this.

### *Partnership Working, etc.*

Work needs to continue to meet the recommendations of the mental health service inspection in respect of lack of integration between social care and health staff, to be facilitated by measures such as co-location. The implementation of the radical re-design of mental health services following the 'Change in Mind' consultation poses additional challenges during the coming year and will require continuing close working and support for the Mental Health Trust from the council to ensure that strategic intention and operational reality are appropriately matched.

The Council has identified the need to increase integration and provide training for health managers, working in the HIV/AIDS service, to enable the effective management of social care staff and provide a more 'seamless' service. Similarly, it has identified the need to provide more management support to the Manchester Drug Service Management Team to enable the effective management of seconded social care staff.

### *Human Resources*

There has been success in measures taken to increase the capacity of home care services to meet demand across the city but there remain recruitment difficulties in some areas such as physical disability, mental health (where there has been increased demand resulting from assessment activity) and older people. The overall strategy to enable more people to continue to live at home and in true 'community' settings necessitates increased domiciliary care capacity, often of a more specialised nature than in the past, to support it. The council, through its workforce strategies and working with other service providers across sectors is working hard on this but it will continue to be a challenge during the coming year. The council has also reported some recruitment difficulties in day care services for people with physical disabilities or mental ill health, occupational therapists in the Equipment and Adaptations Service and Approved Social Workers.

### *Training*

Investment in training of directly employed staff as a percentage of gross expenditure has risen slightly but is below that of similar authorities with no plan to increase. The council is to review this figure to ensure that it is providing adequate learning opportunities for directly employed staff for the benefit of service users.

Practice Learning opportunities provided in adult social care settings, although increasing, are significantly lower than those in similar councils.

### *Equality and Diversity (including Race Equality)*

#### *Vulnerable Adults*

Continuing investment is needed in the awareness raising and training of staff across the social care sectors to help to ensure that safeguarding issues are dealt with appropriately across the city.







Making Social Care  
Better for People

## **Part 2:**

### **STANDARD 1: National Priorities And Strategic Objectives**

The council is working corporately and with partners to deliver national priorities and objectives for adult social care, relevant National Service Frameworks and local strategic objectives to serve the needs of diverse local communities

#### **Summary of admissible evidence (including sources)**

##### **Older People**

DIS 2111 PAF D56 – 76% of social services for older people was provided within 4 weeks following assessment. This was an increase from the previous year, 65% but below comparator authorities, 85%. 06-07 plan 80%. (Band 3).

DIS 2101, 2162 and minutes of business meetings – information on POPPs, Individual Budgets and Central Manchester Rehabilitation partnership.

DIS 2124 – PAF B11 and DIS 2101– Intensive Home Care as a percentage of intensive home care and residential care. 2005-06 outturn 33, IPF 27.0. Figures have remained stable over number of years. 06-07 plan 34. (Band 5).

DIS 2118 PAF C32 - The number of older people helped to live at home increased to 2005-06 to 108.23 per 1,000 population from 91 in 04-05. This is higher than comparator authorities, IPF average 90.9. The council plans to remain at 106 in 06-07.

DIS 2129 PAF C27 – Admissions of supported residents aged 18-64 to residential/nursing care (old definition) was 1.6 which was lower than previous year, 2.4. (Band 4). IPF, 2.4.

##### **DIS 2145 – information on person centered care.**

DIS 2144 - A significant number of new extra care housing places (87 as against the plan of 40) were provided during the year.

DIS 2139 –The number of people funded by the council receiving intermediate care in a residential setting (rapid response/supported discharge) to prevent hospital admission was reported at 70 in 05-06 from 54 in 04-05, IPF 112.8. 06-07 plan 137.

DIS 2140 – The number of people funded by the council receiving intermediate care in a residential setting (rapid response/supported discharge) to facilitate timely hospital discharge and/or effective rehabilitation in 05-06 was 93 which was a significant drop in 04-05, 207. IPF 197.2. 06-07 plan 108. **The council confirmed at the Annual Review Meeting (ARM) the reasons behind the figures.**

DIS 2141 – The number of people funded by the council receiving non-residential intermediate care to prevent hospital admission in 2005-06 was 345 from 205 in 04-05. IPF 451.3. 06-07 plan 387.

DIS 2142 – The number of people funded by the council receiving non-residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation in 2005-06 was 480 from 541 in 04-05. IPF 614.9. 06-07 plan 566. **The council confirmed at the ARM the reasons behind the figures.**

DIS 2143 – The number of places funded by the council in non-residential intermediate care schemes in 2005-06 was 148 from 100 in 04-05. IPF 215.9. 06-07 plan 171.

UEM - The rate of delayed transfers of care for which the council was responsible per 100,000 pop over 65 was reported at 9.6 in the first quarter (27/6/05). It fell in the second quarter (25/9/05) to 3.8 and then further in third quarter (1/1/06) to 1.9. Council reported 0 delays in the fourth quarter (26/3/06).

Community Resource Centres – information from previous ROPA and discussion at Annual Review meeting, also DIS 3210.

Older People with mental ill health – see DIS 2151, also “Manchester City Council – Commissioning of Social Care Services for Older People 2004/5 to 2006/7” and Recommendations to the Joint Committee of PCTs following public consultation on ‘Change in Mind’ July 2006. Information supplied at Annual Review meeting.

### **Drugs and Alcohol Misuse**

DIS 2603 - The number of problem drug misusers accessing treatment services in 05-06 was 3,227 which was slightly lower than that reported in 04-05, 3,410. IPF comparative average 2,277.

DIS 2604 PAF A60 - Participation in drug treatment programmes was –5.4 which was significantly lower than previous year, 26.6. Initially this was showing as Band 1, but the bandings were later removed by CSCI as subject to further discussion with DH/NTA. (DIS 2602) reported that the use of joint pooled budget funds had enabled faster access to support treatment but highlighted a lack of structured day care for people who misuse substances. Information on partnership working and decrease in number of Class A drug users was supplied at Annual Review meeting.

### **Carers**

DIS 2711 PAF C62 - Services for Carers improved significantly in 2005-06, 10.9 from 1.5 in 2004-05, IPF 9.2. 06-07 plan to achieve 15.0 (Band 4). See also DIS 2701 for commentary on independent review.

DIS 2712 - The recorded number of breaks provided for carers increased in 2005-06 to 35,726 from 27,923 in 04-05. This was significantly higher than IPF average 22,435. Plan to increase to 42,498 in 06-07.

DIS 2713 - The total number of new breaks provided with additional money increased to 6,852 in 05-06 from 1,125 the previous year. This is higher than the IPF average 4,192. Planning to reduce to 2,206 in 06-07 plan.

DIS 2714 - The percentage of grant spent on ensuring access to breaks for BME carers was 39.7%, IPF average 15.5%.

### **Physical and Sensory Disability**

DIS 2301 – information on planned modernisation of services.

### **Mental Health**

DIS 2401- planned progress on NSF implementation, information confirmed at Annual Review meeting.

### **HIV/AIDS**

DIS 2501 – information on enhancing joint working arrangements.

### **Evaluation**

The council has clear strategies to modernise services, which reflect both national and local priorities. Benefiting from strong Member/corporate support, the adult social care directorate is in the forefront of a number of Government initiatives, such as POPPs and Individual Budgets. It is widening the range of services, provided directly and in collaboration with partners from other

sectors, which are available to adults in the city to maintain and promote independence. There are robust mechanisms to effect service improvement based on Best Value principles. Service user participation in the planning of services has been strengthened. There are a few areas where the relevant National Service Frameworks have not yet been fully realised and there are further improvements to be made in assessment timescales for older people and in the continuing modernisation of in-house home care services.

## **STANDARD 2: Cost and efficiency**

Adult Social Care commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available

### **Summary of admissible evidence (including sources)**

Information on commissioning strategies – minutes of business meeting on 20 July 2006 and DIS 3233. Copies of commissioning strategies supplied by Council following meeting.

Corporate Assessment published 14 August 2006 – Audit Commission. Information on Value for Money/budget also provided in business meeting minutes of 20 July 2006 and information supplied at Annual Review meeting.

DIS 3229-3231 – The percentage increase in fees for care homes was 9.2% which was higher than IPF average 4.7%. The increase in home and day care was 3% which was in line with IPF comparators. Plans to increase in 2006-07 to 8.8% for care homes, 4% for home care and 2% for day care.

In 2005-06 based on the Spring 2006 DIS, Manchester forecast a net expenditure of £160,943,000, 5.41% higher than the previous year's expenditure of £152,649,000. The budget for 2006-07 is £153,292,000, 4.8% lower than the forecast outturn for 2005-06.

DIS 3203-3207 - There is evidence of efficiency savings and description of priorities in 2005-06 plan as follows:

Making better use of human resources - £350k cashable. Savings made from reviewing the use of agency cover, developing a staff bank for non-care staff, ending all Manchester Advice temporary contracts, changing the way the Fairer Charging team operates, refocusing training onto CSCI priority areas.

Making better use of assets - £100k non-cashable – achieved through improving archiving facilities, replacing use of static guards.

Modernising service delivery - £900k, cashable, £350k non-cashable. Savings achieved through complete modernisation of home care, Community Resource Centres and luncheon clubs, externalisation of meals on wheels, reduced sickness and increased client contact time, merging two Learning Disability networks and replacing 12 of the most expensive tenancies with more cost effective provision.

Improved working practices - £50k cashable from pursuing active debt recovery.

Other priorities for efficiency gains - £200k cashable and £375 non-cashable. Efficiency target to be achieved in Older People's and adult services, non-cash releasing savings to be achieved from initiatives – improving the take up of Direct Payments, elimination of waiting times for adaptations, reviewing Learning Disability placements and supported accommodation, reviewing how care management operates.

DIS 2125 PAF B12 – The cost of intensive social care for adults and older people rose in 2005-06 to 470 from 450, in line with IPF 477.8. 06-07 outturn 491. (Band 4).

DIS 2126 PAF B17 – Unit costs of home care for adults and older people was reported in 2005-06 at 12.9 from 13.0 in 04-05, slightly below IPF 14.2. 06-07 plan 13.4. (Band 4). At Annual Review meeting, council reported that unit costs for internal home care were at the higher end of scale amongst other metropolitan authorities.

DIS 3325 - As of 31 March 2006 of all contracts for adults in residential care, 22.2% were block, IPF 13.3%, 77.8% were spot, IPF 76.6%, and 0.2% were in-house, IPF 10%.

DIS 3326 - As of 31 March 2006 of all contracts for adults receiving domiciliary care, 34.9% were block, IPF 39.5%, 37.5% were spot, IPF 31.7% and 27.6% were in-house, IPF 29%.

Local Authority Market Analyser, CSCI Figure 1.6, relatively low number of care home places for older people with dementia.

Mental Health – CSCI inspection of MCC Mental Health Services September 2005 –sections 1.11, 1.12

Drugs and Alcohol – DIS 2602 - funding arrangements for people with diagnosed alcohol related dementia.

## **Evaluation**

The council has a robust improvement programme for reviewing the efficiency and cost effectiveness of services. There have been improvements in the financial and performance management systems in the Adult Social Care Directorate over the past year. The process of seeking efficiency savings through the review and re-design of services has continued and the overall financial position is sound. Commissioning arrangements are in place for most services. Further work on the development/review of some commissioning strategies is in train and progress is being made

towards the achievement of overarching agreements with health partners on joint commissioning.

### **STANDARD 3: Effectiveness of service delivery and outcomes**

Services promote independence, protect from harm, and support people to make the most of their capacity and potential and achieve the best possible outcomes

#### **Summary of admissible evidence (including sources)**

##### **Older People**

DIS 2118 PAF C32 - The number of older people helped to live at home increased in 2005-06 to 108.23 per 1,000 population from 91 in 04-05. This is higher than comparator authorities, IPF average 90.9. The council plans to remain at 106 in 06-07.

DIS 2119 - The estimated number of older people helped to live at home with non-care managed support/1,000 aged 65+ was 11.7 in 05-06, plan to increase to 12.3 in 06-07. IPF avg 67.7 (Note that the IPF average is skewed by wide variances in figures).

DIS 2121 PAF C28 Intensive Home Care – The 2005-06 outturn was 23.2, which had improved from 04-05, 20.5. IPF 15.7. 06-07 plan 24.1. (Band 5).

DIS 2122 - The estimated number of intensive home care users who purchase care through Direct Payments was reported at 1.34 in 05-06, IPF average 1.9. Council plan to increase further in 06-07 to 2.09.

DIS 2127 PAF C26 – Admissions of supported residents aged 65 or over to residential/nursing care (old definition) was 111 which was lower than previous year, 125. IPF average 101. (Band 4)

DIS 2128 PAF C72 – Older people aged 65 or over admitted on a permanent basis in the year to residential/nursing care (new definition) was 100. IPF 98.

DIS 2129 PAF C27 – Admissions of supported residents aged 18-64 to residential/nursing care (old definition) was 1.6 which was lower than previous year, 2.4. (Band 4). IPF, 2.4.

DIS 2130 PAF C73 – Admissions of supported residents aged 18-64 to residential nursing care (new definition) was 1.4, IPF 2.3. Banding increase to Band 5 as a result of change definition.

##### **Telecare**

DIS 2161- describes pilot of telecare equipment.

##### **Learning Disabilities**

DIS 2211 PAF C30 – The number of learning disabled people helped to live at home per 10,000 pop aged 18-64 was reported at

3.7 in 05-06. This is continued good performance at Band 5, higher than comparator authorities, IPF average 3.2.

DIS 2212 - The estimated number of learning disabled people aged 18-64 helped to live at home with non care managed support per 1,000 18-64 was 2.06, IPF average 1.2. The council plans to increase to 2.12 in 06-07.

DIS 2214 - The number of learning disabled people aged 18-64 in paid work per 1,000 18-64 was 0.09. IPF 0.4. Plan for 06-07 is 0.11.

DIS 2215 - The number of learning disabled people aged 18-64 in voluntary work per 1,000 18-64 was 0.32. IPF 0.4. Plan for 06-07 is 0.37.

DIS 2225/7 – The amount of the LDD Fund spent on modernising day services rose to £257,000 in 2005/6 from £84,000 in 2004/5.

Further information on employment opportunities within the council supplied at Annual Review meeting.

### **Physical and Sensory Disability**

DIS 2313/4 – establishment of Physical Disability Partnership Board. Additional information supplied on link with Housing Department at Annual Review meeting.

DIS 2306 PAF C29 – The number of younger physically disabled people helped to live at home per 1,000 pop aged 18-64 was 4.59 in 05-06, an increase from 4.2 the previous year, IPF 5.2. 06-07 plan 5.1. Increase in banding from 3 to 4.

DIS 2307 - The estimated number of people who have physical and sensory disabilities aged 18-64 helped to live at home with non-care managed support per 1,000 18-64 was 0.9. IPF 4.1. 06-07 plan 0.9.

DIS 2309 - The average length of time waiting for minor adaptations from assessment to work beginning was 1.0 in 05-06, IPF 4.6. 06-07 plan 1.0. This is a slight improvement from previous year 1.2.

DIS 2310 - The average length of time waiting for major adaptations from assessment to work beginning was 19.9, previous year 16.0. IPF average 66.6 (figures skewed by mix of data).

DIS 2305 - 94% of items of equipment and adaptations were delivered within 7 working days in 05-06. This is good performance

at Band 5 and higher than comparator authorities, IPF average, 86.7%.

Pressures on specialised home care capacity reported - business meeting minutes 20 July 2006.

### **Mental Health**

DIS 2403 PAF C31 - The number of adults with mental health problems helped to live at home per 1,000 population aged 18-64 was 2.52. This had improved from previous year, 1.9 and increased band from 4 to 5. IPF average, 3.4.

DIS 2404 - The estimated number of adults with mental health problems aged 18-64 was 5.3 in 05-06, IPF average 4.1, 06-07 plan 5.9.

CSCI inspection of MCC Mental Health Services September 2005, sections 1.13/1.15 – information on effectiveness of service delivery.

### **Drugs and Alcohol**

Manchester Adult Social Care Annual Review 2005/6, section 3.11 – NTA waiting time targets for tier 3 and 4 services met.

### **General**

DIS 2131 PAF D37 – 96% of single adults and older people going into permanent residential and nursing care were allocated single rooms. IPF average 95%.

DIS 3328 PAF C51 – The number of adults and older people receiving Direct Payments at 31 March per 100,000 population aged 18 or over in 05-06 was 93. This was a significant increase from the previous year, 58, and an increase from Band 3 to 4. IPF average, 91.

DIS 3342 - The number of people in receipt of Direct Payments from black and minority ethnic groups was 84 which was a considerable increase from the previous year, 46. Well above comparator authorities, IPF average 15.

Manchester Adult Social Care Annual Review 2005/6, section 5.3 – non care managed support in the form of financial advice to people in the city. Also see section 3.10 for information on carers additional to DIS references above.

Registrations of council run DCAs – see Business meeting minutes 24 April 2006.

### **Vulnerable adults**

DIS 2610 - The number of referrals of older people had increased significantly between 1.10.05-31.3.06 to 75 from 20 in the period 1.4.05-30.9.05.

DIS 2617/8 – 10% of relevant adult social care staff (79) trained to identify and assess risks to vulnerable adults.

See also minutes of business meetings of 7 November 2005, 26 January 2006 and DIS 2608/9.

### **Evaluation**

There have been improvements in the numbers of people being helped to live at home during the last year and performance on service delivery has generally improved. The range of preventative services available in the city is broadening.

There has been particular success in increasing the number of people across service user groups who are making use of Direct Payments. Carers are generally well supported. The council has resumed a proactive leadership role in respect of adult protection in the city although these improvements need to be built on in the coming year to ensure effective safeguarding of service users. The main focus of work will be to assist MMHSCT to achieve the implementation of its service re-design programme to widen the range and level of support available to people with mental health problems in the city. The council is widening the mechanisms it uses to seek feedback from service users and carers to inform both the planning and delivery of services.

## **STANDARD 4: Quality of services for users and carers**

Services users, their families and other supporters, benefit from convenient and good quality services, which are responsive to individual needs and preferences

### **Summary of admissible evidence (including sources)**

#### **General**

Improvements in service user participation – minutes of business meeting of 20 July 2006, references through DIS under service user group headings.

Case file audits – information provided by council at Annual Review meeting.

DIS 3410 – information on ESCR, supplemented by information supplied at Annual Review meeting.

#### **Older People**

DIS 2110 - 48.7% of new assessments of older people were completed within 2 weeks in 05-06, this was an increase from 40% in 04-05. Had planned to reach 60% in 05-06. Lower than comparator authorities, IPF average, 56.2%. 06-07 plan 53%.

DIS 2133 - PAF D40 Clients receiving a review - 2005-06 outturn 62%, which was an improvement from previous year 55. IPF 64.2. (Increase from Band 2 to 3). Planning to remain stable in 06-07, 67. See also minutes of business meeting 20 July 2006, and DIS 2101.

DIS 2107 PAF D55 (part i) – The percentage of assessments of older people that began within 48 hours of first contact with social services in 2005-06 was 58%, lower than IPF 76.6%. 06-07 plan 85%.

DIS 2108 PAF D55 (part ii) – The percentage of assessments of older people completed within 4 weeks in 2005-06 was 69.7%, lower than IPF 74%. 06-07 plan 75%. This was a slight improvement from previous year, 67.2%.

DIS 2109 PAF D55 – Acceptable waiting times for assessments – 2005-06 outturn was 63.9%, lower than IPF average 75.3%. 06-07 plan 80%. (Band 3).

DIS 2134 PAF E47 – Ethnicity of older people receiving assessment – Improved performance in 05-06, 1.32 from 0.94 in 04-05. This was slightly above comparator authorities, IPF 1.1. (Increase from Band 2 to 3).

DIS 2132 PAF D39 – 98% of people received a statement of their needs and how they will be met. This is the same as reported in 04-05 and higher than comparator authorities, IPF average 95%. (Band 4).

### **Learning Disability**

DIS 2218 – there are no learning disabled adults originating from Manchester remaining unnecessarily in NHS patient accommodation. 2219 – employment of person centered planning co-ordinators.

### **Physical Disability**

DIS 2304 – transition workers appointed to work with young people leaving college, information also from report to Adult Social Care Performance Board 6 July 2006 “Overview of transition between children’s and adult service”.

### **Mental Health**

CSCI inspection of MCC Mental Health Services September 2005, sections 1.16/18 – information on quality of services for users and carers.

### **Evaluation**

Service user feedback on services during the year has been positive. The council is making increased use of quality assurance mechanisms but would benefit from gathering more evidence to show the demonstrable impact of resulting improvements on services. Transition planning mechanisms have been strengthened and person centered planning is in place in most services. Timely assessments and reviews have been targeted by the council as an area for improvement in the coming year.

## **STANDARD 5: Fair access**

Adult Social Care services act fairly and consistently in allocating services and applying charges

### **Summary of admissible evidence (including sources)**

Fair Access – DIS 2105 – all clients meeting critical and substantial criteria receive a care package. 06/07 no plans to raise threshold. Minutes of business meeting 20 July 2006 – NB this only applies to 'assessed' services. These minutes also cover the plan to establish a short term team for vulnerable adults who may not currently get referred.

DIS 3234/5 – clause on Race Relations written into all contracts, gives details of some specific schemes.

Copy of "Fairer Charging Policy (Non-Residential Care) June 2005" provided following request to council. Council website page entitled "Charging for Services" viewed.

DIS 2162 – gives details of POPP workstreams.

DIS 2111 PAF D56– 76% of social services for older people was provided within 4 weeks following assessment. This was an increase from the previous year, 65% but below comparator authorities, 85%. 06-07 plan 80%. (Band 3).

DIS 2135 PAF E48 – The ethnicity of older people receiving services following an assessment was 0.94 in 05-06, this was a slight increase from 04-05, 0.91. IPF average 1.0.

DIS 2136 - PAF E50 Assessments of adults and older people leading to provision of service was reported at 71 in 05-06. This was in line with IPF average 71.4. 06-07 plan 75. (New definition, unbanded).

DIS 2216 - The ratio of the percentage of learning disabled adults receiving services that are from minority ethnic groups related to the percentage of the population from BME groups was 1.02, IPF 0.9. 06-07 plan 1.00.

DIS 2137 - The percentage of adults assessed or reviewed in year whose ethnicity was 'not stated' in RAP return was 0.4, IPF 3.9 06-07 plan 0.4.

DIS 2138 - The percentage of adults with 1 or more services in year whose ethnicity was 'not stated' in RAP return (this is a key threshold) was 2.4, IPF 3.3 06-07 plan 2.2.

DIS 3116 - The percentage of staff in post at 30 September 2005 where ethnicity 'not stated' was reported as 0.0 in 2005-06, this had improved from previous year, 1.2. IPF average 3.3.

DIS 2204 - The total amount spent by each council on advocacy services for learning disabled people was 186.5 in 05-06, an increase from 146.0 in previous year. This was higher than comparator authorities, IPF average 115.4.

DIS 2205 - The total amount spent by each council on advocacy services for learning disabled people per 1,000 of the population aged 18-64 was 0.65. IPF average, 0.5. The council's 06-07 plan is 0.75.

CSCI inspection of MCC Mental Health Services September 2005, sections 1.19/21 – information on fair access. "Change in Mind" – public consultation paper on the future of mental health services in Manchester Dec 2005.

## **Evaluation**

The council works hard to ensure that services are accessible to all the diverse communities and groupings in the city. Social inclusion is a high priority in the city. Eligibility criteria for assessed services are clear and there have been further initiatives during the past year to develop services tailored to the needs of those groups in the city where take up has been under-represented. Improvements in the availability and responsiveness of mental health services and in the presentation of the Charging Policy are areas on which the council and its partners will be working in the coming year.

## **STANDARD 6: Capacity for improvement**

The council has corporate arrangements and capacity to achieve consistent, sustainable and effective improvement in Adult Social Services.

### **Summary of admissible evidence (including sources)**

Corporate Assessment, published 14 August 2006, Audit Commission.

Minutes of Business Meetings including of 7 November 2005 – covering re-structuring of directorates within council.

Report to Adult Social Care Performance Board 6 July 2006 “Overview of transition between children’s and adult service” – gives details of transition arrangements.

Details of Performance Board – collated reports provided by DASC April 2006. Additional information from Annual Review meeting.

CSCI inspection of MCC Mental Health Services September 2005, section 1.22 and Chapter 9. Business meeting minutes of 24 April 2006 exemplify increased levels of engagement.

Business meeting minutes of 24 April 2006 and 20 July 2006 – information on implications of PCT merger.

DIS 3110 - The percentage of SSD directly employed staff that left during the year to 30 Sept was reported at 7.94, an increase from 04-05, 5.83. 06-07 plan 7.00. Lower than comparator authorities, IPF average 10.1.

DIS 3111 - The percentage of SSD directly employed posts vacant on 30 Sept improved significantly in 05-06 to 8.28 from 24.13 in previous year. Plan to remain stable in 06-07, 8.00. This was in line with comparator authorities, IPF average 9.9.

DIS 3112 - The percentage of social services working days/shifts lost to sickness absence during the financial year dropped to 6.30 in 05-06 from 7.87 the previous year. 06-07 plan 6.00. This was lower than comparator authorities, IPF average 6.9.

DIS 3103-9 and business meeting minutes – recruitment and retention issues.

DIS 3113 - The percentage of SSD gross expenditure on staffing which was spent on training the council’s directly employed staff during the financial year was 1.90, compared to 1.60 in previous

year. Plan to remain at 1.90 in 06-07. Lower than comparator authorities, IPF average 3.1.

DIS 3121/24 – shows increased proportion of NTS Grant training expenditure on independent sector care staff.

DIS 3101/2 – outline council's workforce planning strategy. Information supplied following request at Annual Review meeting regarding proportion of BME managers in Adult Social Care.

DIS 3114 PAF D59 - Practice Learning Indicator (adult component) new definition - 2005-06 outturn 6.1, IPF 14.9. 06-07 plan 7.6 (Band 3)

DIS 3115 PAF D59 - Practice Learning Indicator as originally defined - 2005-06 outturn 7.4, IPF 14.5. 06-07 plan – N/A.

Report from governance directorate of MMHSCT on progress on improving safeguarding issues for children in mental health work – May 2006.

## **Evaluation**

The council's leaders and the Director of Adult Social Care have a clear strategic vision for social care services for adults, and the directorate benefits from active political and corporate support. The disaggregation of social care services for adults from children's services in April 2005 has been managed without causing instability and transition issues are being appropriately addressed. There is the prospect of continuing improvement in partnership working with health services with the imminent move to a unified PCT covering the city and the significantly increased engagement with MMHSCT over the past two years augurs well for the challenging programme of change ahead for mental health services in the coming year. Improvements have been made in performance and financial management, risk management arrangements are in place and attention is being given to updating commissioning strategies. Joint working arrangements are already in place with health partners across six service areas. There has been increasing engagement with private and voluntary sector service providers with particular emphasis on addressing workforce and business support needs. Recruitment and retention of staff has generally improved. The council is aware of the need to improve integrated working arrangements in some services and to ensure that care staff across the city are appropriately trained, for example, in relation to adult protection. Overall, the social care directorate is well placed to further its modernisation agenda in the coming year.

