

**Manchester City Council  
Report for Information**

**Report To:** Health and Wellbeing Overview and Scrutiny Committee - 16  
December 2010  
Executive - 22 December 2010

**Subject:** 2009-10 Annual Performance Assessment of Manchester Adult  
Social Care Services

**Report of:** Liz Bruce, Strategic Director for Adults

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**Summary**

The purpose of this report is to update Committees on the Care Quality Commission's (CQC) Annual Assessment of Performance for Adult Social Care services in Manchester as required by the Commission.

**Recommendations**

It is recommended that: Members note this report

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**Wards Affected:**

All

<b>Community Strategy Spine</b>	<b>Summary of the contribution to the strategy</b>
Performance of the economy of the region and sub region	The council's welfare benefits advice service is particularly effective in providing support to local people to maximise their income and, where relevant, manage their debts.
Reaching full potential in education and employment	The personalisation agenda gives customers more control over the services they receive helping them to continue to take part in education and employment. In addition support for carers to remain in work or take up work or educational opportunities and support for corporate employees who are carers encourages people to reach their full potential.
Individual and collective self esteem – mutual respect	Personalisation promotes self-esteem and mutual respect.
Neighbourhoods of Choice	The council's detailed understanding of the local social care market in order to support its plans to offer people more choice in terms of the services they use promotes neighbourhoods of choice.

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

- Equal Opportunities Policy
  - Risk Management
  - Legal Considerations
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**Financial Consequences – Revenue**

None

**Financial Consequences – Capital**

None

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- CQC Annual Assessment of Performance 2009/10

## 1.0 Background

- 1.1 The Care Quality Commission (CQC) was set up by the Health and Social Care Act 2008 to regulate the quality of health and adult social care and look after the interests of people detained under the Mental Health Act 1983. It brought together the work of the Commission for Social Care Inspectorate (CSCI), the Healthcare Commission and the Mental Health Act Commission and took up its responsibilities on 1 April 2009.

## 2.0 CQC assessment

- 2.1 For 2009/10, the CQC assessed the Directorate's social care services as **Performing Well**. This is the second year that the Directorate has achieved this level and it is all the more welcome given the challenging times being faced by public sector services. 'Performing Well' means that people who use services find that services consistently deliver above minimum requirements and that the service is cost-effective and makes contributions to wider outcomes for the community.
- 2.2 The overall grade for performance is combined from the grades given for the individual outcomes of:
- Improved health and well-being
  - Improved quality of life
  - Making a positive contribution
  - Increased choice and control
  - Freedom from discrimination or harassment
  - Economic well-being
  - Maintaining personal dignity and respect
- 2.3 Manchester was judged to be 'performing well' across all of these categories.
- 2.4 The CQC Assessment of Performance for Manchester for 2009/10 was published on the 25<sup>th</sup> November 2010. The Council is required to make the CQC assessment public and it will be made available on the City Council's website. It is also required that the assessment of performance is presented to the Executive of the Council by 31<sup>st</sup> January 2011. This report fulfils that requirement.
- 2.5 In summary, the CQC assessed Manchester as having the following strengths and weaknesses

<b>Leadership</b>
<b>KEY STRENGTHS</b>
<ul style="list-style-type: none"><li>• <b>The Directorate has a business plan that is recognised throughout the council as a model of good practice</b></li><li>• <b>The Directorate engages with a wide range of people in order to help in the development of services</b></li><li>• <b>The council has made good progress in relation to self-directed support</b></li></ul>
<b>AREAS FOR IMPROVEMENT</b>

<ul style="list-style-type: none"> <li>• <b>To continue to reduce sickness absence levels</b></li> <li>• <b>To continue to develop and implement joint working with partners to improve outcomes for people who use mental health services</b></li> <li>• <b>To achieve implementation of the Electronic Social Care Record</b></li> </ul>
<b>Commissioning and use of resources</b>
<b>KEY STRENGTHS</b>
<ul style="list-style-type: none"> <li>• <b>People who use services are able to influence the commissioning of services</b></li> <li>• <b>There are a proportionally high number of good or excellently rated services used by the council.</b></li> <li>• <b>The council has further developed its personalisation agenda which has reduced the number of people admitted into residential and nursing care</b></li> </ul>
<b>AREAS FOR IMPROVEMENT</b>
<ul style="list-style-type: none"> <li>• <b>The council needs to continue to evidence improved outcomes for people as a result of joint commissioning, particularly those people with mental health needs.</b></li> </ul>
<b>Outcome 7: Maintaining personal dignity and respect</b>
<b>KEY STRENGTHS</b>
<ul style="list-style-type: none"> <li>• <b>The adult safeguarding board has an independent chair, a widespread active membership and systems to ensure learning from investigations and reviews</b></li> <li>• <b>The council actively promotes the gold standard framework for end of life care in nursing homes</b></li> <li>• <b>The council places people in more good and excellent rated homes than the national average</b></li> </ul>
<b>AREAS FOR IMPROVEMENT</b>
<ul style="list-style-type: none"> <li>• <b>Develop the risk management tool and embed the culture of risk assessment and risk management in the safeguarding process</b></li> <li>• <b>Further develop the good practice for end of life care in residential and nursing care homes</b></li> <li>• <b>To improve the hospital discharge process through joint working with acute trusts</b></li> </ul>

2.6 A full copy of the CQC Assessment of Performance 2009/10 is attached at the Appendix.

### **3.0 The future**

3.1 On the 3<sup>rd</sup> of November 2010, Paul Burstow, Minister of State for Care Services, announced that the CQC will no longer conduct annual performance assessments of councils' under the existing framework and that this would take place with immediate effect. This comes as part of the Government review of its approach to the regulation and assessment of local public services. Any new approach will see a shift towards more sector-led assessment, with councils holding greater responsibility for driving improvement. The CQC will still have an important role to play, and this role will be defined over the coming months. Members will be kept informed of developments.

#### **4.0 Contributing to the Community Strategy**

##### **(a) Performance of the economy of the region and sub region**

- 4.1 The Performance Assessment recognises that the council is active in seeking, providing and supporting a range of employment opportunities for all groups of people who use services. In particular, there has been a significant increase in the number of people with a learning disability in paid or voluntary work..

##### **(b) Reaching full potential in education and employment**

- 4.2 The Performance Assessment recognises that the council has continued to support carers in a number of ways, including providing training opportunities, employment preparation and flexible care options. It provides a flexible approach to employees with caring responsibilities and it seeks to support carers to balance their working life with caring commitments.

##### **(c) Individual and collective self esteem – mutual respect**

- 4.3 The Performance Assessment recognises that the council is in the vanguard of the national move to ‘personalise’ services to individuals and provide them with more choice and control over addressing their care needs.’  
Personalisation promotes self-esteem and mutual respect.

##### **(d) Neighbourhoods of Choice**

- 4.4 The Performance Assessment recognises that the council has increased its provision of extra care housing places providing more choice in the local housing market and enabling more people to live in neighbourhoods of choice.

#### **5.0 Key Policies and Considerations**

##### **(e) Equal Opportunities**

- 5.1 The Annual Performance Assessment demonstrates that the Directorate for Adults social care provision is serving all communities of interest well.

##### **(f) Risk Management**

- 5.2 The 2009/10 Annual Performance Assessment is being performance managed by the Directorate for Adults Departmental Management Team and Partners in conjunction with the Executive Member for Adults.


##### **(g) Legal Considerations**

- 5.3 There are no legal considerations.

#### **6.0 Recommendations**

It is recommended that Members comment upon and note this report.

**Assessment of  
Performance Report  
2009/10**



**ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10 :Manchester**

<b>Contact Name</b>	<b>Job Title</b>
Dr Stephen Bennett	Area Manager
<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p><b>Performing Poorly</b> - not delivering the minimum requirements for people. <b>Performing Adequately</b> - only delivering the minimum requirements for people. <b>Performing Well</b> - consistently delivering above the minimum requirements for people. <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership and Commissioning and use of resources</b></p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: <a href="#">Outcomes framework</a> You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

### 2009/10 Council APA Performance

<b>Delivering outcomes assessment</b> Overall council is:	<b>Well</b>
<b>Outcome 1:</b> Improved health and well-being	<b>Well</b>
<b>Outcome 2:</b> Improved quality of life	<b>Well</b>
<b>Outcome 3:</b> Making a positive contribution	<b>Well</b>
<b>Outcome 4:</b> Increased choice and control	<b>Well</b>
<b>Outcome 5:</b> Freedom from discrimination and harassment	<b>Well</b>
<b>Outcome 6:</b> Economic well-being	<b>Well</b>
<b>Outcome 7:</b> Maintaining personal dignity and respect	<b>Well</b>

### **Council overall summary of 2009/10 performance**

The council has reported that it continues to perform well in relation to improved health and well being, improved quality of life, opportunities for people to make a positive contribution, increasing people's choice and control, securing freedom from discrimination and harassment and supporting economic wellbeing

No further assessments have been undertaken regarding these outcomes and the Care Quality Commission (CQC) will continue to monitor indicators of change to this performance.

The council has made very good progress in developing the Safeguarding Adults Board. It has an independent chair, a wide-ranging membership and has processes for ensuring that learning from investigations and reviews is shared with partners.

The council promotes the dignity and respect of people using services and, in particular, promotes the gold standard framework in end of life care in care homes.

The council has identified a number of areas that it wants to pursue in 2010-11 that are aimed at continuing to improve outcomes for people.

The council has continued to proactively engage with partners in delivering improved outcomes for people who use mental health services. There is recognition that this area of service provision is a continuing priority.

The council is committed to delivering the Putting People First agenda and progress remains on track for successful delivery to reach all key milestones by April 2011.

The council continues to engage with people, including the users of services and carers, to help inform the commissioning of those services. The care homes used by the council are generally rated as being either good or excellent. People in Manchester have good access to personalised services, including individual budgets and this helps prevent them having to be admitted into a care setting away from their home.

### Leadership

*“People from all communities are engaged in planning with councillors and senior managers. Councillors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce”.*

### Conclusion of 2009/10 performance

In January 2010, the Adults Directorate led by a new Strategic Director, was established to contribute to the wider corporate agenda in relation to health and wellbeing. This goes beyond traditional social care and delivers a more joined up vision for adults in Manchester.

In particular, the Strategic Director has taken an active lead on driving the implementation of an Integrated Commissioning Framework with partners and in the configuration of integrated delivery on the Urgent Care Pathway, moving care out of the acute system and closer to the community and home.

The Directorate’s method of monitoring its progress against its business plan, through regular reporting against key areas, has been adopted as a model of good practice across the council. Regular reports are submitted to the Health and Wellbeing Overview and Scrutiny Committee to ensure their active involvement and engagement.

The council is a key partner in the Ardwick Pilot, working with partner agencies to look at new ways of delivering public services in a holistic and family-centred manner. This approach is strengthened by customer engagement, evidenced in the Valuing Older People strategy where there has been an expansion of networks to cover more of the city’s neighbourhoods. The council ensures that the diverse needs of all its customers are met. They consult with Partnership Boards and the Black and Minority Ethnic Consultative Forum who have actively been providing information that contributes to improvement in services.

Improvements in outcomes for people using mental health services in Manchester remains a clear priority for the council and the Directorate for Adults has reported progress to strengthen working with Manchester Mental Health and Social Care Trust (MMHSCT) in order to increase strategic effectiveness in the delivery of mental health services. The council expects to evidence

further improvements in outcomes for people using these services throughout 2010-11.

The Directorate is committed to delivering the Putting People First agenda and progress remains on track for successful delivery of all key milestones by April 2011. All current service users have been informed about the availability of personal budgets and information about personalisation has been made available to the general public. There has been extensive involvement of service users and carers in the development of personalised services. Personal budgets have been issued to new and existing service users and carers. At March 2010, over 6,500 people have individual budgets enabling them to have more choice and control over their support and social activities.

The Directorate is actively engaged in workforce planning, engaging with the Future Jobs Fund initiative. This workforce planning will help the council to deliver value for money as funding reduces across the council. Staff turnover and vacancy levels remain lower than comparator councils. Sickness absence levels remain an area of concern. Corporate wide measures have been identified to improve sickness but this has not yet led to sustained improvements. This remains a high priority corporately and is reflected in the 2010-11 Business Plan. The council acknowledges this is an ongoing area for improvement during 2010-11.

During 2009-10 the council established an electronic Adults Directorate library and weekly e-bulletin for staff. The bulletin contains articles and journals and details of these can be requested by staff. A large number of items have been requested demonstrating interest and an appetite for learning within the Directorate.

The council has reported it has not progressed as quickly as it would have liked in order to achieve implementation of the Electronic Social Care Record and acknowledges that this will remain an area for improvement during 2010-11.

#### KEY STRENGTHS

- **The directorate has a business plan that is recognised throughout the council as a model of good practice**
- **The directorate engages with a wide range of people in order to help in the development of services**
- **The council has made good progress in relation to self-directed support**

#### AREAS FOR IMPROVEMENT

- To continue to reduce sickness absence levels
- To continue to develop and implement joint working with partners to improve outcomes for people who use mental health services
- To achieve implementation of the Electronic Social Care Record

#### Commissioning and use of resources

*“People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value”.*

### **Conclusion of 2009/10 performance**

The Directorate for Adults has reconfigured its commissioning functions (purchasing of services) to help them better understand the local needs and specific service needs for users of services. The Directorate for Adults commissioning functions has been centralised under a Head of Commissioning with lead commissioning officers in post with a service and district specialism. The commissioning officers have a responsibility to deliver both locality needs and service specific needs for service user groups; for example, people with learning disabilities. The introduction of an Integrated Commissioning Framework brings together, funding, decision making and targets to underpin the new commissioning structure.

The Directorate has worked with a range of partners in developing the Local Joint Strategic Needs Assessment (LJSNA) which is used to shape the commissioning of services to meet local needs, for example the provision of black and minority ethnic (BME) specific luncheon clubs.

Following on from a number of consultation events held during 2009-10, the council has produced a Community Engagement Strategy to inform a more co-ordinated approach to customer engagement. The council reported that feedback from consultation events helps to inform commissioning activity and this was demonstrated during 2009-10 in the Carers' Assessment Survey. The Survey showed there had been positive changes and that overall the quality of carers' assessments and services for carers has improved.

The council has undertaken a consultation exercise with people who use services, providers and stakeholders of HIV/AIDS services. Feedback from this will help to inform the Joint Commissioning Strategy with NHS Manchester (the local primary care trust) in 2010-11.

The council has reduced the number of Manchester residents placed in residential and nursing care. The proportion of people placed in good or excellent homes (as opposed to poor or adequately rated homes) in the local area by the council has increased over the last 3 years and is above the national average.

In order for the council to progress its personalisation agenda, it has transferred resources from existing traditional services to new personalised services. This is evidenced by the reduction in new admissions to residential and nursing care. The council has redesigned the customer journey, introduced the Reablement service and improved access to services. It has also delivered high numbers of personal budgets to reduce dependency and cost on high level services. Over 6,500 people have individual budgets which has given them more choice and control over their support and social activities.

• **KEY STRENGTHS**

- **People who use services are able to influence the commissioning of services**
- **There are a proportionally high number of good or excellently rated services used by the council.**
- **The council has further developed its personalisation agenda which has reduced the number of people admitted into residential and nursing care**

**AREAS FOR IMPROVEMENT**

- **The council needs to continue to evidence improved outcomes for people as a result of joint commissioning, particularly those people with mental health needs.**

**Outcome 1: Improving health and emotional well-being**

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

**Conclusion of 2009/10 performance**

The council has confirmed, through self declaration that it is continuing to perform ‘well’ in 2009-10 for this outcome. The Care Quality Commission has agreed to carry forward the judgement awarded for Outcome 1 from the 2008-09 year into the 2009-10 assessment. CQC will continue to monitor indicators of change to this performance.

### Outcome 2: Improved quality of life

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

### Conclusion of 2009/10 performance

The council has confirmed, through self declaration that it is continuing to perform ‘well’ in 2009-10 for this outcome. The Care Quality Commission has agreed to carry forward the judgement awarded for Outcome 2 from the 2008-09 year into the 2009-10 assessment. CQC will continue to monitor indicators of change to this performance.

### Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organizations are thriving and accessible. Organizations for people who use services and carers are well supported”.

### Conclusion of 2009/10 performance

**The council has confirmed, through self declaration that it is continuing to perform ‘well’ in 2009-10 for this outcome. The Care Quality Commission has agreed to carry forward the judgement awarded for Outcome 3 from the 2008-09 year into the 2009-10 assessment. CQC will continue to monitor indicators of change to this performance.**

#### **Outcome 4: Increased choice and control**

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

#### **Conclusion of 2009/10 performance**

**The council has confirmed, through self declaration that it is continuing to perform ‘well’ in 2009-10 for this outcome. The Care Quality Commission has agreed to carry forward the judgement awarded for Outcome 4 from the 2008-09 year into the 2009-10 assessment. CQC will continue to monitor indicators of change to this performance.**

#### **Outcome 5: Freedom from discrimination and harassment**

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

#### **Conclusion of 2009/10 performance**

**The council has confirmed, through self declaration that it is continuing to perform ‘well’ in 2009-10 for this outcome. The Care Quality Commission has agreed to carry forward the judgement awarded for Outcome 5 from the 2008-09 year into the 2009-10 assessment. CQC will continue to monitor indicators of change to this performance.**

### Outcome 6: Economic well-being

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

### Conclusion of 2009/10 performance

**The council has confirmed, through self declaration that it is continuing to perform ‘well’ in 2009-10 for this outcome. The Care Quality Commission has agreed to carry forward the judgement awarded for Outcome 6 from the 2008-09 year into the 2009-10 assessment. CQC will continue to monitor indicators of change to this performance.**

### Outcome 7: Maintaining personal dignity and respect

*“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.*

### **Conclusion of 2009/10 performance**

The arrangements for safeguarding adults in Manchester have developed throughout 2009-10. The Manchester Safeguarding Adults Board (MSAB) has an independent chair. Attendance and governance arrangements have been reviewed and the Board's membership has now been extended to include representatives from Probation, Fire Service, the Crown Prosecution Service, Ambulance Service, Children's Services and a General Practitioner (GP).

Members of the Board sit on other groups which have enabled them to strengthen existing established networks within the council and partner agencies. This provides opportunities to make strategic links and work collaboratively with colleagues and partners to ensure safeguarding has an impact across services.

In November 2009, a sample audit of safeguarding cases was carried out. Initial findings indicated that although practice was sound in terms of the content of investigations, there are some inconsistencies in relation to compliance with the process for investigation and with recording procedures. As a result, mandatory training sessions for all District Management Teams has been introduced. Surgeries have been held in less experienced teams to provide advice and guidance and to quality assure the safeguarding work undertaken. The council has appointed two additional Safeguarding Co-ordinators to be linked to city localities. Following on from this audit, weekly reality checks have been carried out by District and Team Managers since February 2010. The Safeguarding Team completed a further audit in March 2010 which shows improvements in timescales and shared decision-making since the audit in November 2009. The council has also provided evidence through case studies to show how services have changed as a result of feedback from safeguarding investigations.

The council has undertaken a campaign to raise public awareness about safeguarding and has provided extensive staff briefings and training. This has resulted in a 91% increase in the number of referrals received in 2009-10. The council expects a more modest increase in safeguarding referrals during 2010-11. The highest numbers of referrals are received for older people and the increase has placed additional pressure on practitioners responsible for safeguarding investigations and the Safeguarding Team. The council have responded to these issues by committing additional resources and creating new posts to significantly strengthen the safeguarding service.

The Safeguarding Board continues to share learning and experience from serious case reviews and safeguarding incidents to inform learning across all partners. Some members of the Board also sit on the Manchester Safeguarding Children's Board and

learning from children's serious case reviews help to benefit customers across adult services, particularly in mental health. The council has provided evidence through case studies to demonstrate how learning from safeguarding investigations contributes to the improvement of services, procedures and processes.

80% of the relevant workforce has received training in safeguarding. This is an improvement in performance from 2008-09 but below the council's anticipated planned figure of 90%. The percentage of staff working in the independent sector that has been trained on adult protection has increased modestly 2009-10. The increase is lower than planned but performance is in line with comparator councils. Training continues to be reviewed and revised following changes to legislation and in response to lessons learnt from safeguarding investigations. The safeguarding guidance has been revised and distributed to all practitioners and is published online.

Although safeguarding recording and data collection has been improved through the MiCARE system, the council recognises that it needs to continue to make improvements in data collection to ensure that the MSAB can monitor the effectiveness of safeguarding processes and procedures for victims and perpetrators. A Performance Monitoring Subgroup has been established to support performance monitoring.

The council acknowledges safeguarding is a continuing area for improvement and development and a high priority for the Directorate. They have outlined a number of priorities for 2010-11 which will include the establishment of a robust and more specialist safeguarding team, continue to improve safeguarding processes and use lessons learnt from investigations to better improve services for people. The council will continue to strengthen and improve safeguarding standards, policies and practice and further develop its reporting mechanisms to better evidence customer outcomes which in turn will inform commissioning and market development.

Mechanisms to conduct authorisations under the Deprivation of Liberty Safeguards (DoLS) are in place and regular monitoring ensures there is consistent application of decisions and support for assessors. DoLS activity is reported to the MSAB on a quarterly basis. The council has recruited and trained additional Best Interests Assessors from a variety of professional backgrounds, including mental health assessors. 'DoLS in Detail' training has been delivered during February 2009 – March 2010. The council has made a successful bid to the Department of Health to undertake a North West Audit to review the implementation of DoLS in the North West. The full report is now complete and highlights some examples of good practice.

The council is embracing the Dignity and Respect agenda as they see this as being fundamental to the commissioning and delivery of services. The council is working with local and regional stakeholders from primary and acute health care, and Third Sector organisations, to raise awareness and standards. A particular area for improvement is in joint working with acute trusts to

improve the hospital discharge process and ensure that people do not remain in hospital longer than necessary.

In April 2009 the council appointed 8 lay assessors (volunteers with an interest in improving the quality of care homes in Manchester) who are trained to assess and report on quality outcomes. During 2009-10, 5 care providers achieved the Dignity in Care Standard, making a total of 14 providers who have now achieved Dignity Status in Manchester. The council plans to start work with a further six homes, one outreach service and one internal scheme during 2010-11.

Manchester is now working with other local authorities and PCTs to help them develop their dignity champions. It is also part of the NW pilot for Skills for Care in Health competencies for End of Life Care. The council has delivered the Dignity module on Gold Standard Framework (GSF) for Nursing Homes in the region and two of Manchester's nursing homes have applied for accreditation, and a further three homes are currently working through the modules.

In 2009-10, 94% of older people's homes within Manchester scored 'good' and above in meeting the national minimum standard in relation to privacy. The quality of the environment in regulated services is good or better in most areas than the national average.

The council aims to ensure that families and carers are treated as care partners. It reports that carers are involved in commissioning services; they represent 50% of the carers' panel and are involved in training and recruitment panels. They attend regular meetings with carers' organisations and the Lead Member of the council. Analysis from the Carers' Assessment Survey undertaken in 2009 reported significant increases in the proportion of carers that had experienced an improvement in their quality of life, health and well-being. Emergency cards and plans are routinely offered as part of all carers' assessments and the service is available 24 hours a day. An evaluation of the service for 2009-10 reported that 72% of carers felt more supported and 80% felt that the Emergency Plan offered them a 'back up' in emergencies.

### KEY STRENGTHS

- The adult safeguarding board has an independent chair, a widespread active membership and systems to ensure learning from investigations and reviews
- The council actively promotes the gold standard framework for end of life care in nursing homes
- The council places people in more good and excellent rated homes than the national average
- Develop the risk management tool and embed the culture of risk assessment and risk management in the safeguarding process
- Further develop the good practice for end of life care in residential and nursing care homes
- To improve the hospital discharge process through joint working with acute trusts

### AREAS FOR IMPROVEMENT

- Develop the risk management tool and embed the culture of risk assessment and risk management in the safeguarding process
- Further develop the good practice for end of life care in residential and nursing care homes
- To improve the hospital discharge process through joint working with acute trusts