

## **Manchester City Council Report For Resolution**

**Report to:** Health and Wellbeing Overview and Scrutiny Committee -  
8 September 2011  
Executive – 14 September 2011

**Subject:** The Redefined Social Care Offer

**Report of:** Strategic Director for Adults

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### **Purpose of Report**

The purpose of this report is to inform Members further on proposals for a redefined social care offer which takes account of the outcome of the social care consultation and to make recommendations for future service provision.

### **Recommendations**

Members are recommended to:-

- a. Approve the increase in Reablement provision as the main gateway to social care to help people increase their level of independence and thus reduce the need and associated costs for higher care packages and provision of community care services.
- b. Agree to meet the needs of people who need social care by way of greater use of assistive technology to reduce dependency and offer a preventative approach.
- c. Approve changes to the Resource Allocation System (RAS) which will look at alternative ways in which a customer's assessed needs can be met. The RAS will continue to ensure all identified eligible needs are met.
- d. Agree to cease the supply of community equipment costing less than £25.00 except where
  - (i) The equipment is necessary to promote or maintain a customer's independence (as defined in the report and Appendix C); or
  - (ii) The equipment is necessary to meet a customer's assessed, eligible needs
- e. Consider an increase in the charge for transport to customers attending day services.
- f. Agree to the proposal to replace hot meals provision, currently supplied to approximately 240 customers with complex needs, to frozen meals prepared by their trusted carer as part of their existing lunchtime visit.

**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	Social care support encourages people to participate fully in society by maintaining their own home, and underpinning employment, family life, thus contributing to the economy. The proposals in this report support economic growth by reducing worklessness and dependence and by managing demand away from statutory services and into universal settings.
Reaching full potential in education and employment	The redefined social care offer provides a range of tailored support to all customer groups (e.g. learning disabled people and older people) and carers in the city. By providing the necessary support to customers and carers this enables people to exercise choice and control over the types of social care services they need in order to promote their independence. This approach helps to support customers to pursue other activities such as education and opportunities for volunteering / employment.
Individual and collective self esteem – mutual respect	Social care helps vulnerable and disabled people achieve self esteem through a diverse range of service provision through Individual Budgets to meet identified care needs. Through the future promotion of reablement and greater reliance on equipment and assistive technology, customers will be more independent and resilient in all their activities of daily living thus being able to reach their individual potential.
Neighbourhoods of Choice	Social care provision helps people remain in their own home and neighbourhood by supporting their care needs or considering locally based community based residential and nursing care. As an authority, we commission high quality homecare and residential care for our customers in the home of their choice and this supports satisfaction in local neighbourhoods.

**Financial Consequences For The Revenue Budget**

The initial savings target as identified in the report to Executive of 16th February was £8.8m made up of £3.2m from reablement, £2.6m from prevention and innovation and £2.9m from changes to the RAS. In addition savings of £240,000 were identified from the proposed changes to the provision of equipment, £268,000 from changes to

the provision of meals and £75,000 from increased transport charges. Increasing the transport charges to £3.50 as proposed in this report could potentially increase that saving to £270,000.

<b>Proposals – Redefined Social Care Offer</b>	<b>Savings Target</b>
<b>A.</b> Increased use of Reablement	£3,218,000
<b>B.</b> Prevention and Innovation through Reviews	£2,627,000
<b>C.</b> Changes to the Resource Allocation System (RAS)	£2,918,000
<b>Sub-total – Redefined Social Care Offer</b>	<b>£8,763,000</b>
<b>D.</b> Ceasing supply of equipment valued at less than £25.00	£240,000
<b>E.</b> Increased transport charges for day services attendance	£75,000
<b>F.</b> Changes to meet identified nutritional meals needs	£268,000
<b>Total</b>	<b>£9,346,000</b>

### Financial Consequences for the Capital Budget

None

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### Background Documents (available for public inspection)

Report to Executive 16<sup>th</sup> February 2011 - Budget Proposals on Adults Directorate

### Implications For:

<b>Anti-Poverty</b>	<b>Equal Opportunities</b>	<b>Environment</b>	<b>Employment</b>
Yes	Yes	No	No

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

**Equal Opportunities Policy** – Equality issues are addressed within the report and an Equality Impact Assessment (EIA) has been completed and is included as an appendix.

**Risk Management** – there is a detailed emphasis on risk assessment and this is included in details outlined in this report.

**Legal Considerations** – are fully addressed and included within the report.

## **1. Background**

- 1.1 The budget proposals for the Directorate of Adults are set out in the report to Executive on 16 February 2011 to which Members are referred for the full detail. The Directorate's net cash limit budget for 2011/12 is c. £166m and the indicative net cash limit budget for 2012/13 is c. £154m. As agreed at Executive on 16 February and Council on 9 March the Directorate aims to achieve target savings of £39.5m over the period, 2011/12 to 2012/13.
- 1.2 A total of £8.8m was proposed to be attributed to three areas of the social care offer; reablement; prevention and innovation; and changes to the Resource Allocation System subject to consideration of the outcome of consultation and equality impact assessment. In the course of consultation on these three proposals the Directorate has also consulted on three further measures included in the Directorates' savings proposals: ceasing the supply of low cost value equipment; increasing transport charges and changes to meeting nutritional needs. The savings from these measures would be additional to the £8.8m. If all six of the proposals in this paper were agreed they could potentially realise total savings of £9.541m.
- 1.3 The outcome of the consultation process and the equality impact assessment on all six proposals are included in this report for Members' consideration.

## **2. Introduction**

- 2.1 The Directorate for Adults covers a broad agenda which supports Manchester's Community Strategy and the Council's priorities of promoting economic growth and reducing dependency, particularly on high cost services. Supporting people to become more independent and achieve their potential should both reduce the costs of dependency and reduce worklessness.
- 2.2 The Directorate has a significant contribution to make to the long term strategic leadership of the City as it addresses the critical issues of dependency and reform. We need to work more collaboratively with other agencies. The Directorate plays a key role in leading and shaping the reform of public services locally and influencing that reform at a national level. This more strategic role is reflected in the leadership work with the NHS to ensure that the wide-ranging NHS reforms wholly address the health and wellbeing of Manchester citizens.
- 2.3 There are a range of tools that can support this. Community Budgets and the Manchester Investment Fund will support the alignment and pooling of public sector budgets, and will enable us to target our resources on those with complex needs to reduce dependency on high cost public services. The Directorate is fully supporting this work, with an increased emphasis on early intervention and prevention, and assessment processes that gives greater focus to promoting independence, employment and productivity, and working in partnership with the Health Service and the voluntary and community

services. Increasingly the Council's resources will be focused on our key statutory social care responsibilities.

2.4 The Directorate is refocusing and reducing resources in the following aspects:

Leadership for reform

The Directorate will have a leadership role in redefining social care and focusing targeted services on people with complex needs to reduce dependency and therefore costs to public services. This will include working in an integrated way across public sector partners so that we align investment collectively, target evidence-based interventions and achieve better outcomes for lower costs.

Universal Services

The provision of universal services are minimal in the Directorate for Adults, as much of our business is targeted and assessed via Fair Access to Care criteria and within the statutory obligation to carry out community care assessments.

Targeted Services

The majority of the business activity in the Directorate is targeted. The budget proposals identify the need to provide sufficient resources to ensure safeguarding and protection of our most vulnerable customers. A major part of our targeted work is social care assessments and meeting identified needs. For example, meeting personal care and mobility needs (eg transport to day centres). Both are statutory requirements if identified as a need within an individual care assessment. Both are part of the proposals in the redefined social care offer.

Neighbourhoods

Working at a neighbourhood level has been a key driver for the Directorate and we have restructured both the assessment and care management and commissioning functions to support the neighbourhood model. Integrated delivery and commissioning is crucial to realise the benefits and improve outcomes of communities.

**3. Current social care provision – framework and customer base**

3.1 Social care provision is set within a statutory framework for supporting a defined range of customer groups facing significant challenges as a result of age, disability or illness. There is a further range of statutes and central government guidance which imposes specific powers and duties on social care authorities to consider and address the needs of the elderly disabled people, and other people who may need care and attention, including:

- National Assistance Act 1948

- Health Services Act 1968
- Chronically Sick and Disabled Person's Act 1970
- National Health Services Act 1977
- NHS and Community Care Act 1990
- Mental Health Act 1983 and 2007
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Human Rights Act 1998
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Equality Act 2010
- Community Care (Direct Payments) Act 1996
- Direct Payments guidance 2009

3.2 Legislation requires local authorities to carry out an assessment of the needs of individuals who appear to them to need community care services and then, having regard to that assessment, decide whether and how those identified needs will be met using the Fair Access to Care statutory guidance (FACS). FACS provides a 4 tier banding system for classifying the range of possible needs for social care:

- Low
- Moderate
- **Substantial**
- **Critical**

Manchester City Council has set its eligibility threshold at Substantial and Critical. This means that where a substantial or critical need is identified it will be met.

3.3 Further details of FACS definitions are available in Appendix A.

3.4 Since 2008, the Directorate for Adults has been one of the leading authorities in the country in developing personalisation of care services. This is part of the national directive called '*Putting People First*' which sets out the national drive to enable social care users to exercise Choice and Control over the services they receive, and additionally, the sector led initiative, '*Think Local, Act Personal*'. We discussed these proposals with customers when they were first introduced between 2006 and 2008. In practice, following an assessment and a decision on the needs to be met customers receive a type of Individual Budget (IBs), which can be either **Virtual** (we provide in-house services and arrange this on the customer's behalf) or **Cash** (we calculate an amount of money and this forms a weekly cash allowance that customers are free to choose what they wish to meet their identified needs). Some customers also receive a **Mixed** Budget which is made up of some elements of a Virtual budget and a Cash amount.

3.5 In determining how much money should be allocated for a person's social care needs, the Directorate adopted a Resource Allocation System (RAS) in 2008. This system allocates points for identified substantial and critical needs. The

points equate to a monetary value and are added together to make a final amount for the service user's individual budget. Placing a monetary value on an individual's assessed need is an inherently difficult process. Individuals will always have unique presentation of needs. The current RAS is the third iteration of this assessment tool, and has been in use since 2008. Manchester is an original pilot site for the RAS and is further ahead than most local authorities in ensuring the RAS continues to develop with the sensitivity to reflect individual social care needs and as we understand the process of aligning needs with a points based system.

- 3.6 In the last few years and, with the rise in personalisation of care services, more and more customers have chosen to receive their individual budget from the council in the form of a cash payment which they can spend themselves within audited guidelines.
- 3.7 There are examples of innovative use of Cash IB's as some customers have used their budget to relieve social isolation and to develop skills which could lead to employment or to pursue courses of study, such as obtaining a mobility scooter to carry out shopping independently, or buying photography equipment and completing photography courses, instead of attending day services. These examples represent the transformational shift that personalisation of care services has delivered and supports the empowerment of social care users to enable them to make informed choices rather than being passive recipients of imposed care provision.
- 3.8 During 2010/11 9810 customers aged over 18 received community based or residential / nursing care resulting from a community care assessment. These customers were funded, at least in part, by Manchester City Council. More specifically:
- 55% (5374) of customers were aged 65 or over, whilst 45% (4436) were aged 18-64.
  - Of the younger adults (aged 18-64), 20% had their primary need defined as a physical disability, 32% as mental health, 26% as learning disabled and 22% as having substance misuse problems.
  - Of the older adults (65+) most assessed customers (84%) were broadly classified as physically disabled, with the remainder classified as receiving mental health (12%) learning disability (3%), or substance misuse services (0.4%).

#### **4. Consultation Proposals - the redefined social care offer**

- 4.1 The proposed model for social care in Manchester is fully in line with government recommendations and Care Quality Commission (social care regulatory body) guidelines, and will build on the work already achieved on the personalisation of social care services. Six key changes have been proposed subject to consultation. This section of the report sets out these proposals on which consultation has now taken place.

**A. Increased use of Reablement and a new customer journey**

- 4.2 The Directorate has routinely provided a Reablement service for the past three years. Reablement is an intensive free service for up to six weeks, delivered in people's own home that helps them recover from illness, crisis or injury. It helps them get back to their desired level of independence. Most customers presenting for the first time will be considered for reablement to regain desired levels of independence. Some customers e.g. people requiring end of life support, would not be routinely referred to this service. Of the 1,630 customers who received Reablement during 2010/11, 45% required no further support. In addition, a further 35% of customers required a less intensive package than they would have required prior to Reablement. Furthermore, evidence nationally and locally shows that Reablement provision saves the public purse, by reducing costs of ongoing social care support e.g. homecare and residential care.
- 4.3 In line with public sector reform, the proposal is to deliver a new customer journey that is developed to increase customer independence and reduce reliance on public services – (see Appendix B for the Manchester approach). This involves routinely offering Reablement and equipment provision as part of the main gateway for 85% of customers (3,380 per annum) referred to the Directorate for Adults from hospital or following a crisis that requires intervention. Not all customers will be suitable for Reablement due to the complexity of assessed need and intensity of support required. Community equipment accompanies this package to further promote independence and encourages older and disabled people to gain a level of confidence in carrying out Activities of Daily Living (ADL) with guidance and support. This intervention and service provision is nationally recognised to:
- Increase customer confidence in self care.
  - Promote good techniques around moving and handling issues – this particularly relates to carers supporting a disabled person at home.
  - Increase skills in activities around the home, especially useful for people who have been disabled or ill for a long period of time.
  - Raise aspiration and wellbeing.
  - Increase confidence in using equipment and technology to support people's independence.
- 4.4 In order to respond to the needs of residents, the Directorate proposes to increase capacity in Reablement provision through the redesign of the current service. This will allow Reablement to be offered to 85% of people referred to adult services by establishing approximately 40 Full Time Equivalent (FTE) additional posts costing in the region of £948,000. These posts will provide additional Reablement Support Workers, who will work directly with customers in their own homes supporting them to develop key life skills. The posts will be filled through a combination of internal recruitment and joint working with Health. After taking into account staffing costs, it is anticipated that this proposal will realise net savings, as a result of reduced demand for further more costly support services, of £3.18 million if implemented.

## **B. Making greater use of technology to meet customer's needs**

4.5 A further strand of the personalisation approach is a proposal to invest more in modern solutions to meet customers' needs. The Directorate has been testing new forms of Assistive Technology (essentially these are electronic 'gadgets' to help people live more independently which can, to some degree, replace traditional forms of formal and informal carer support). This strategy will embed assistive technology as an essential part of our core offer where it is appropriate to meet eligible need. It is recognised individual needs require a personalised solution, therefore, this element of the social care offer is not appropriate for everyone. Some examples include:

- Environmental controls in the home – examples include electronic systems to switch on lighting, television off/on control, door opening systems and curtain closers. Many severely disabled people have benefited from this provision and told us it reduces their dependency levels and frees up their carer for other more physical support tasks.
- Telehealth to monitor a customer's medical wellbeing. This helps people who need close attention to prevent a medical deterioration, which could ultimately require hospital admission if left untreated. Currently, patients health 'readings' e.g. breathing or heart rate/blood pressure are measured throughout set periods of time and measured/evaluated by the Community Alarm Service against set criteria. Evaluation of this work shows that there are cost savings of approximately £2,500.00 by preventing a hospital admission and wellbeing benefits by patients being able to be treated and maintained at home.
- Community based options to meet needs would be considered first as a preferred option. These services form part of a modernised social care offer, with emphasis on universal service solutions. For example, use of internet and telephone shopping and delivery services, use of digital and telephone banking, voluntary retail and community services for support with shopping, cleaning and domestic services.
- GPS system – this system monitors the whereabouts of vulnerable people within the home or when travelling independently and gives both the user and the carer/relatives reassurance that the customer is safe and in the right place. This reduces the need for constant supervision or carer monitoring support and prevents admissions to residential care.

4.6 Based on trials of the above assistive technology, there is clear evidence that customer satisfaction is high where these options meet their identified assessed needs. There is a considered evaluation for each customer on whether assistive technology is appropriate and would deliver the required outcomes.

- 4.7 These measures are anticipated to result in reductions in the cost of long term care, and to achieve savings of £2.627m.

**C. Changes to the Resource Allocation System (RAS)**

- 4.8 The third strand of the redefined social care offer is proposed changes to the Resource Allocation System (RAS). The RAS is the method of determining a monetary value to the needs identified by allocating points to different areas of need. A certain number of 'points' equates to a level of funding allocation. The method currently used allocates points for day time and night time needs and additional points under personal care, mobility, support with eating and drinking and other daily tasks. In essence, the present system often leads to people's needs being awarded two or more sets of points. For example a person is awarded points for mobility support and then additional points for assistance with meals because of their mobility limitations. The process has allocated points, and therefore funds for the same need twice. Examples of the changes that are proposed are set out in the consultation documentation.
- 4.9 The proposed changes will result in a different approach by officers to the awarding of points within the current system. The change in implementation will mean that points are allocated for core day or night time needs. However, social care assessors will be able to increase the points where required, if additional flexibility on the overall points allowance is required. The assessment will also look at how needs can be met in different or more innovative ways but will ensure that customer's overall assessed eligible needs are fully met. This would also include greater use of assistive technology/equipment as described above to reduce the demand for physical care.
- 4.10 Based on officers' assessment of over allocation and availability of alternatives the Application of this new Resource Allocation System is estimated to result in savings of £2.918m.

**D. Proposals for ceasing supply of community equipment valued at less than £25.00**

- 4.11 The Directorate's Manchester Equipment and Adaptations Partnership (MEAP) currently supply a vast range of community equipment to assist people with activities of daily living (ADL). In the past, customers have included those who do not meet the Councils' eligibility criteria under FACS (i.e. substantial or critical needs) but who have moderate or low needs.
- 4.12 In recent years, the Directorate has worked with colleagues in Corporate Procurement to achieve economies of scale through bulk purchase of community equipment and improved tendering processes. At the same time, there has been a growth in the retail sector which is now improving access to low cost and low level equipment making access to these specialist products much more readily available on the high street.

- 4.13 The Consultation proposals are that the Directorate focus on larger, more specialised and expensive equipment to meet a customer's statutory needs and that in line with availability in the market the Directorate cease to supply community equipment costing less than £25.
- 4.14 Implementation of this proposal, adjusted to reflect consideration of retail cost, would achieve £240,000.00 savings whilst also promoting independence and reduction of long term care costs.

**E. Proposed increase of transport charges for day services attendance**

- 4.15 380 customers have been assessed as requiring assistance with transport to access day services. At present, transport to and from day services by adapted minibus is very heavily subsidised by the Directorate. Most customers pay 80p for day return transport but there are also a small number of customers who pay 40p for a single trip and are collected by relatives or carers for the return journey.
- 4.16 The Directorate's original savings target of £75,000 was based on an increase charge to £1.00 per journey. Subsequent work to identify options to reduce the level of subsidy provided by the Council, identified a charge of £3.50 would be appropriate. This is the amount consulted on. The consultation stated this charge would lead to savings of £75,000. An increase to £1 per journey would lead to savings of £75,000. It is likely the charge of £3.50 will deliver more savings, but allows for flexibility or reduced attendance. This does not affect the outcome of the consultation as it was the higher charge that consultees responded to. It does however provide some flexibility should members wish to consider an alternative option.
- 4.17 The cost of the subsidised travel for customers has not increased since October 2002. As part of the aim to reduce costs, it is proposed to increase the charge for transport for day services customers to £3.50 per single journey, a £7.00 daily cost for a return journey.
- 4.18 It is possible that some people will choose other means of transport and others may choose to attend day services less often. However, if the level of journeys are maintained the increased charge of £3.50 for a single journey, would result in the Directorate realising increased income of up to £270,000. This would be an overachievement of the original savings target and offset the need for further reductions in expenditure and services elsewhere in the Directorate.

**F. Proposals for changes to meeting nutritional needs**

- 4.19 For the past eight years provision has been modelled on a frozen meal delivery service. Frozen meals are provided to 250-300 people. Hot meals are also provided through a traditional meals-on-wheels service to a reducing number of customers (currently 240 people). The Directorate proposes to provide all customers with frozen meals to support their nutritional needs. This

may need to be supplemented by additional investment in freezers and microwaves for customers who have no other means of provision.

- 4.20 The contribution to the cost of a meal is paid directly by the customer. The Council currently subsidises the transporting of hot meals. It is estimated this proposal will result in savings of £268,000. The cost of providing necessary equipment such as microwaves / freezers is estimated to be low (at less than £2,500.00) and would not affect delivery of the savings target.

## **5. The Consultation Process**

- 5.1 Consultation on the redefined Social Care offer ran from 9 May to 8 August 2011. Its aim was to:

- Meet users and carers in receipt of the individual services
- Engage the public in understanding and discussing the challenges facing the City Council in meeting the requirements of the budget proposals
- Inform staff, the public and other stakeholders of the proposed options
- Seek feedback (in a variety of formats) and assess the likely effect and impact of the proposed changes on customers, carers and providers, so that these issues could be considered as part of the Council's decision-making process.
- Identify any equality issues not already considered
- Allow reasonable, flexible and sufficient time for those being consulted to put their views forward

The methods used in the consultation process are set out in Appendix D.

- 5.2 In order to meet these objectives, ensure a Value for Money (VFM) approach to the major consultation work, and ensure the consultation was fully accessible to providers and all customers, the consultation framework provided for:

- Face to face consultation events across the city where customers, carers, providers and stakeholders could attend, listen to the individual presentations and ask questions. BSL signers and staff who acted as translators attended all of the events. At each event, bespoke consultation questionnaires relating to the four areas were distributed to customers and assistance provided with completion as necessary. The details of the events and attendance are set out in Appendix D. In brief over 1,000 people attended 39 events across the City.
- All consultation venues selected were carefully screened to ensure that they were fully accessible for wheelchair users.

- In order to promote awareness of the consultations taking place regular emails were sent to nearly 2,000 voluntary sector and provider organisations in Manchester (with an interest or stake in social care, voluntary sector or supporting people) requesting their assistance with promoting the consultation, encouraging involvement and seeking their views on the proposals.
- All Directorate for Adults' consultations were placed (and could be completed) on the MCC website, as is standard Council practice. Customers, carers, stakeholders and providers were able to access, open and download information, presentation slides used on the consultation roadshows and consultation questionnaires. In order to consider anti-poverty measures, a freepost address was included so that questionnaires could be returned with no cost to participants; this was considered to be an important feature and pivotal to the success of the consultations.
- Supplementary work included poster promotions through the city in key public buildings e.g. libraries and GP surgeries, staff briefings, including before attending events, and promotion via local radio.
- The BME Consultative Forum (BMECF) which comprises key representatives from the BME care organisations in Manchester also played a significant role in supporting and signposting their local communities to the consultation to ensure that BME groups had a voice.
- Active engagement of all frontline and office-based Directorate staff, with regular consultation updates and staff broadcasts to customers could be supported if they had general queries or concerns. In addition, the Contact Centre (the main gateway to a social care service) responded by answering customer's telephone queries. Policy and Research Officers also played a key role in screening all customer consultation responses for any customer care or safeguarding issues and responding to these issues pro-actively by arranging for a Contact Officer or relevant Care Manager to telephone the customer.

5.3 In response to feedback received during consultation, specific adjustments were made for the consultation to support the Redefined Social Care Offer. Specifically:

- The consultation period was extended to allow for more detailed bespoke and facilitated consultation work to take place with various customer groups, particularly people with a learning disability and people with dementia and Alzheimer's.
- The consultation questionnaire was posted to all customers in receipt of an assessed service (i.e. all customers assessed or reviewed in the past two years). Early feedback and questionnaire returns made clear that some questions were less understood by the respondents; as a result, a supplementary explanation and questionnaire was developed and the deadline for consultation extended to 8<sup>th</sup> August 2011. This, together with the original questionnaire was mailed out to 6,815 customers with a prepaid

envelope for freepost return. Meanwhile, customers, carers and stakeholders continued to express their views through the online consultation portal. A copy of the original and supplementary questionnaire is provided at Appendix E.

- 5.4 More specifically, bespoke and facilitated consultation work took place with groups representing: the visually impaired customer group; the physical disability customer group; the carers group; the learning disability group; Valuing Older People groups; the Supporting People core group; the deaf group; and the Alzheimer's support groups, the latter through Memory Cafés.

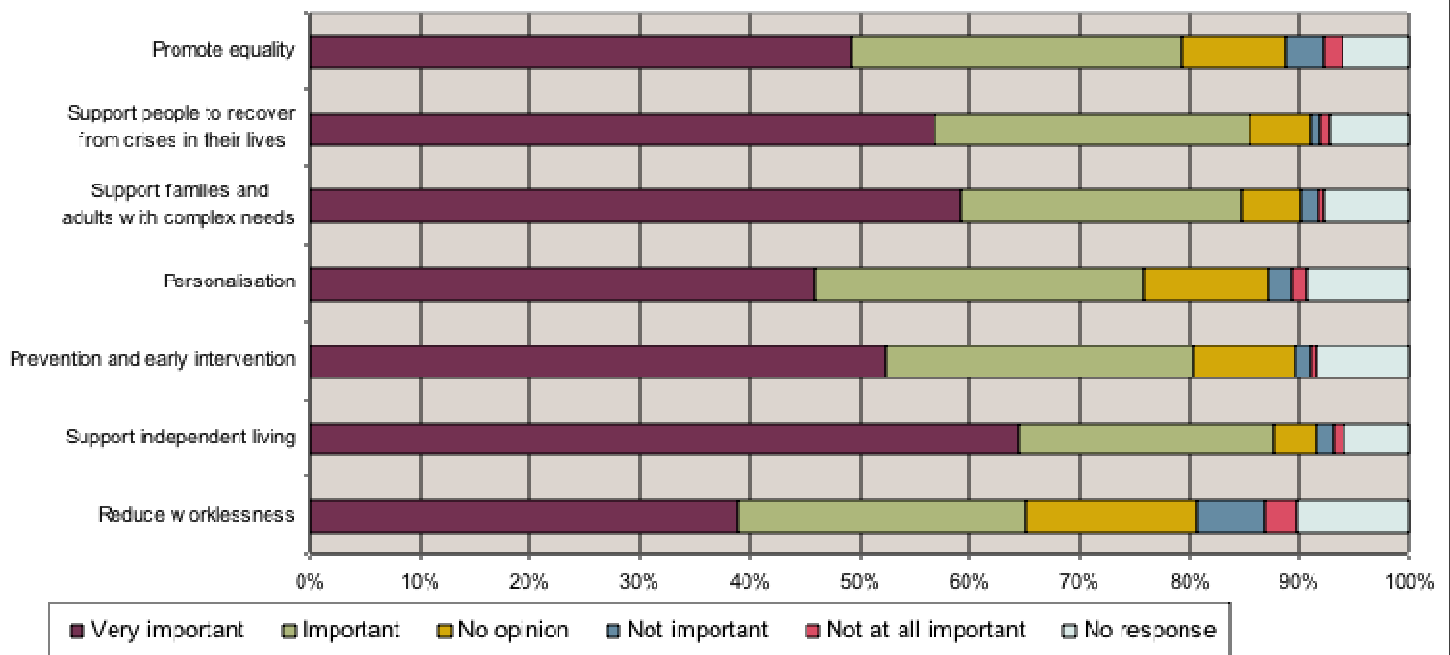
## **6. Consultation - key findings**

- 6.1 The full analysis of the Social Care consultation is attached at Appendix F. This includes comments from customers on each question. A total of 976 responses were received to the consultation. This represents a response rate of 13.8%. A significant number of responses from severely disabled adults were captured through group discussions in workshop style settings, rather than formal responses. The breakdown of responses is as follows:

- 38 (3.9%) to the online consultation;
- 938 (96.1%) to the face to face and postal consultation;
- 75% of respondents were actual customers;
- 63.1% of respondents told us their current service helps them feel less isolated at home or in the community;
- 705 of the returns received were from customers, with a slightly higher response from male customers;
- there was a slightly higher number of returns from people aged between 50 and 64 which was mirrored by a slightly lower response rate amongst people aged 75 and over;
- the ethnic breakdown of the customer mail out and the ethnic breakdown of customer returns were broadly consistent; and
- the wards which were least well represented compared with the expected response level were Sharston and Moss Side. The wards best represented when compared to expected levels were Gorton North and Crumpsall.

- 6.2 Questions were asked in relation to each of the six main changes proposed. Respondents were also asked their views on the value they placed on different strategic priorities. An outline of the results are as follows:

### Social Care Provision - Strategic Priorities



Most support was for 'supporting independent living', rated 'very important' by 64.4% of respondents. Least support was for 'reduce worklessness', rated as 'very important' by 38.9% of respondents.

### Reablement

6.3 More than three quarters (75.3%) of respondents supported our plans to increase Reablement Services, evidencing overwhelming endorsement of our proposal. Some of the comments submitted include:

- "Good idea as support is needed in these cases. Keeps costs down if people are enabled to be independent"
- "I agree that more help is needed when people come out of hospital who are elderly, disabled and living alone but I think it must be taken into account that some people will require a lot more for a lot longer than others"
- "I have personal experience of the Reablement service which was greatly appreciated"

### Prevention and Innovation

6.4 Nearly two thirds (65.5%) of respondents agreed with our plans to include a focus on prevention and innovation services to meet needs, using the annual review process to introduce these new outcomes. This includes our proposal to meet new and existing needs via Assistive Technology and better use of equipment and community support. Some examples of responses include:

- *“Elderly people are more prevalent in today’s society and prevention is better than cure”*
- *“Investing in Telecare will make our relatives more secure”*
- *“It’s a good idea to have text alert to remind people to complete tasks instead of having a visit”*

### **Resource Allocation System**

6.5 In respect of proposals to adjust the Resource Allocation System (RAS), the information for customers and the questionnaire made clear that the changes proposed would impact the allocation of funds people may receive. Particular examples of the types of changes that might be implemented were provided in the consultation documents. However the impact will vary from person to person and some people will not be affected at all. 12.4% of respondents were in favour of the change to our approach to the RAS assessment, 47.8% were against, and 27.3% were not sure. Some comments submitted included:

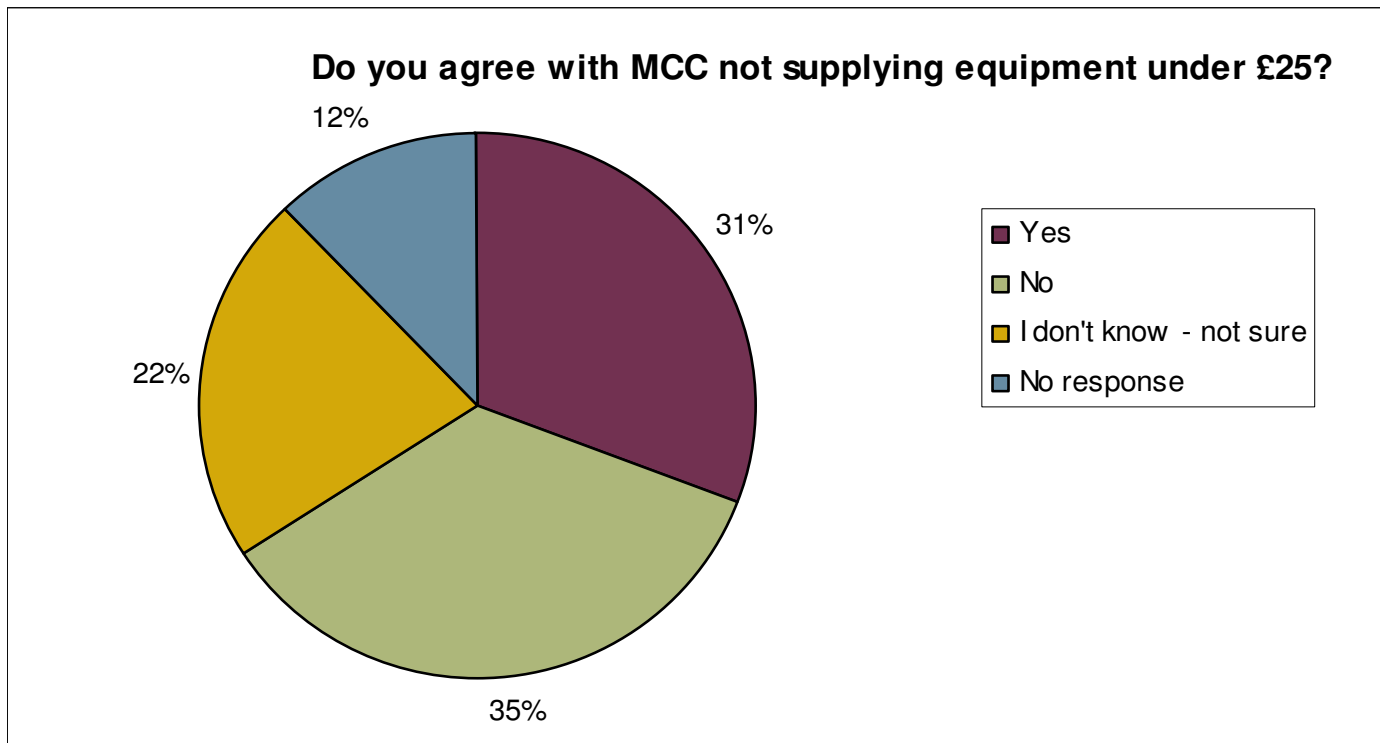
- *“It may mean that everyone who needs help and attention will get some help rather than none if it is required”*
- *“It sounds very reasonable as long as people are still able to retain this dignity”*
- *Provided all risks are fully investigated and assessed as well as reassessing the risks on a regular basis”*

We also sought to identify whether current customers were receiving funded assistance with shopping, cleaning, laundry and pension collection. Of the 429 respondents to the Part C supplementary questionnaire, 37.1% used shopping services and 34.7% used cleaning/domestic services to meet their assessed needs. Pension collection was the least commonly used service (by only 15.9%), with some respondents stating their pension was paid directly to their bank account. When we asked about other solutions, a significant number of customers (45.5%) indicated they would not like internet shopping or shopping by phone (48.3%). A selection of comments include:

- *“I would have to find a private cleaner which is difficult on the grounds of trust as I could not advertise. I am disabled and would not feel safe”*
- *“I am unable to access the internet or use a phone and if I was, I am further isolated by your proposals”*

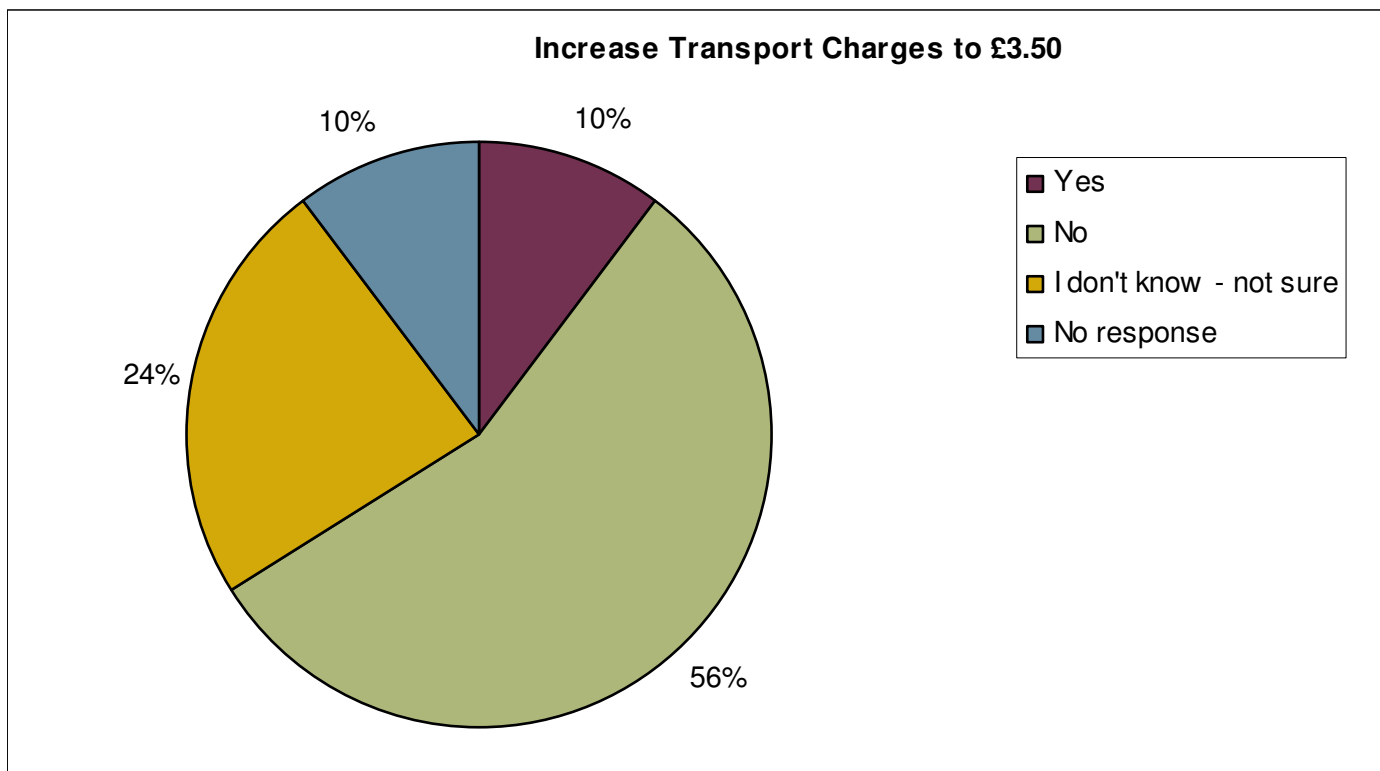
### **Community Equipment Under £25**

6.6 With regard to the proposal to cease providing community equipment valued at less than £25.00 there was mixed opinion from customers. Responses to this question were divided roughly equally between those supporting this proposal (32%) and those against (35%).



### Increasing transport charges

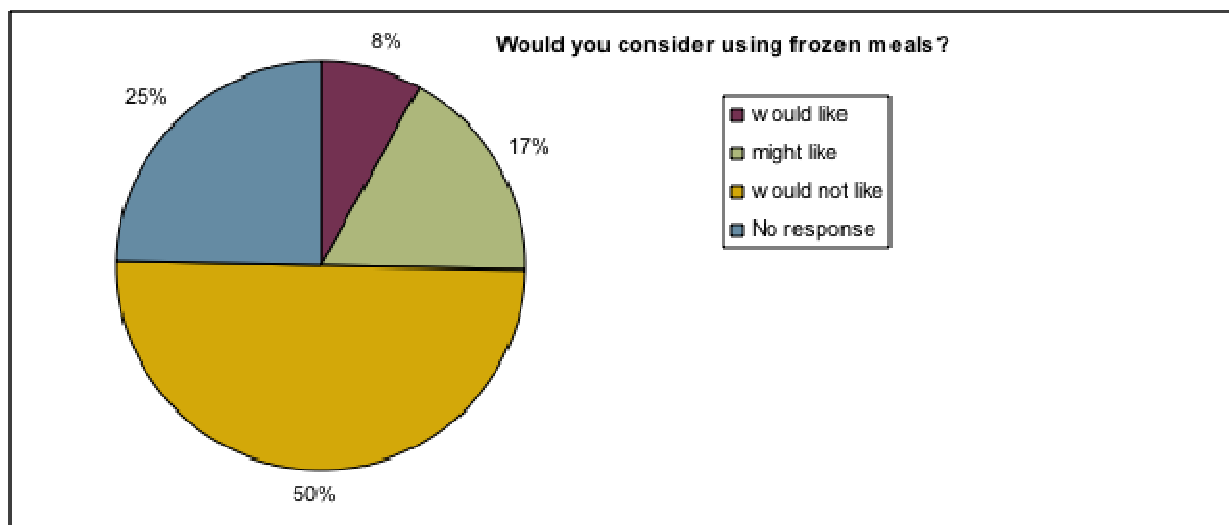
- 6.7 A total of 429 customers responded to questions about proposals to increase transport charges. 55.9% of respondents disagreed with the proposal to increase transport charges from 40 pence to £3.50.



Where customers were not in favour of paying £3.50, we asked what they would be prepared to pay for a single journey. Of the 87 responses to this question, the most popular amount, supported by 39.1% of respondents, was £1.00.

### Changing meals provision

- 6.8 Respondents were asked about whether they would consider using the frozen meals option. 49.9% of respondents indicated that they would not consider having frozen meals. 25.4% might consider or would like to have frozen meals.



### Responses from group discussions

- 6.9 On the whole, each customer group shared the same overall view. The most common issues identified were:
- Concern, and in some cases, fear about changes to current care provision.
  - Only partial support for Assistive Technology as it was felt that it increased the potential for social isolation.
  - Customers want to be recognised as individuals wherever possible.
  - Overwhelming support that increased Reablement provision was a step in the right direction to help increase people's independence.
- 6.10 Consultation with different stakeholder groups elicited many of the same views as those expressed from the online and questionnaire consultations. In addition to the common views identified above the feedback on the proposals generally indicated that different groups considered they will be affected in different ways, for example:
- In relation to small equipment under £25, Blind and Partially Sighted customers felt particularly disadvantaged because they cannot properly identify the right piece of equipment for their needs and would not be

- able to follow instructions on how to use the equipment safely if they were required to purchase item/s themselves
- Physically disabled people feel they are disproportionately affected by increased charges due to their existing low income levels
  - Carers felt that they would have to 'pick up the pieces' of any proposals implemented and they are already at breaking point and need more, not less, support.
  - Learning disabled people felt the way the cuts would affect them is unfair
  - The Valuing Older People group are supportive of some of the proposals but were particularly concerned about the potential withdrawal of low level support (examples include shopping, cleaning etc) from older people who are already socially isolated.
  - People with dementia raised concerns about the impact on carers, social isolation, and concern if Dementia Café's were lost – as these were highly valued by customers.

The Directorate's consideration of the above points is set out in paragraph 7.10

- 6.11 Some respondents did not know what their view was or indicated that they were not sure of their response. In some cases this may have been because the respondent did not understand the question because of the nature of their disability and in others it may have been because they did not have a view on the proposal. In order to ensure consultation was inclusive as possible, there were a considerable number of group meetings and meetings with representative bodies such as the Alzheimer's Society who helped to facilitate discussions with users. In addition, customers were able to call the Customer Contact Centre and speak directly to an adviser. Assistance was provided to complete the questionnaire online. Customers were invited to talk the adviser through their responses to the consultation, with the adviser inputting answers into the on-line questionnaire. All staff were briefed in advance on the needs of customers and instructions were in place to support the telephone advice role. In addition, learning disability service providers were also briefed to enable them to support one to one completion of the questionnaire.

## **7. Proposals Following Consultation**

- 7.1 Customers receiving community care services are those assessed to be in need of such services and who meet the eligibility threshold. It is recognised that customers are therefore disadvantaged in comparison to the majority of society who do not require or who are not eligible for such services. The recommendations in the following sections of this report have been made after extensive consultation; consideration of the responses received; and detailed consideration of how the proposals would affect service users. The proposals have been amended following consultation and if an adverse effect has been identified, how such an impact can be mitigated has been considered in an Equality Impact Assessment (see section 8).

After due consideration the Director is recommending that the proposals should be implemented as set out below.

**A. Increasing use of Reablement and a new customer journey**

- 7.2 Based on overwhelming consultation feedback that Reablement is supported by respondents and delivers on the Council's strategic priority of reducing dependency, it is considered that Reablement is a sound evidenced-based intervention as it delivers both significant budgetary savings and supports customers' independence.

**B. Making greater use of technology to meet customers' needs**

- 7.3 A large majority of responses to the consultation supported meeting needs using technology and a prevention approach. This is also consistent with the response of customers who have been involved in trialing technology. This further supports the Council's priority to increase independence by using innovation to modernise social care provision.

**C. Changes to the Resource Allocation System (RAS)**

- 7.4 It is acknowledged that there were mixed responses and personal anxieties expressed by many respondents as this change will affect how we fund and provide community care going forward. Many people told us that social care provision is a very unique and personal process, and asked us to take that into account. The Directorate will ensure that an individual assessment of need remains integral to our approach.
- 7.5 In order to ensure that this approach does not give rise to risks to customers and that the customer's needs are fully met, two protections or fail safe mechanisms will be introduced:
- First there will be flexibility in the application of the RAS to enable assessors to allocate more points and funding to the outcome of any individual's assessment where this would not meet eligible assessed needs. This may occur for example where points have not been allocated for shopping on the basis that the customer's family can carry out this task but they are unable to do so, and/or no local retail or voluntary sector solution can be found.
  - There will be a new Appeals process for customers to tell the Directorate about areas of need that have not taken account of as part of their community care assessment. This will provide both customers and carers with an opportunity to have an independent panel to look at the decision-making in their circumstances and submit further evidence. Appendix H sets out the appeals process. Whilst the appeal process is under consideration for an individual customer, no changes to their existing individual customer care packages will occur.

**D. Proposals for ceasing supply of community equipment valued at less than £25.00**

- 7.6 It is acknowledged that there were mixed opinions on the proposals for ceasing to supply equipment and this could be partly explained by customer and public perceptions. The provision of community equipment has evolved in recent years at pace as the monopoly on provision has changed and high street retailers have taken advantage of this new market opportunity in disability products. This means that there is now much more consumer awareness and acceptance of purchasing simply daily living equipment on the High Street. As a result, equipment under £25 no longer requires specialist assessment and public sector provision. However, some items of equipment are essential to supporting mobility needs and promoting independence. Responses to the consultation raised concerns that some items that support independence are purchased by the council for less than £25.00. They would cost considerably more if purchased by an individual on the high street (e.g. Zimmer frame, commode). As a result, it is now proposed that items in Appendix C will be supplied by the Directorate to customers free of charge.
- 7.7 In line with the growth and availability of the retail market, it is proposed that the Directorate cease to supply equipment costing less than £25.00 to all customers except where:
- (i) The equipment is necessary to promote or maintain their independence; or
  - (ii) The equipment is necessary to meet a customer's assessed, eligible needs; or

All community equipment provided during reablement may be retained by the customer for as long as necessary.

**E. Proposed increase of transport charges for day services attendance**

- 7.8 The Directorate recognises the significant increase in charges. Even at the proposed rate of £3.50 per journey, the Directorate is still heavily subsidising the true cost of travel. It is considered that it is appropriate to maximise the savings in relation to travel to meet costs as far as possible in view of the ongoing financial pressures on the Directorate. In addition a significant number of customers will be in receipt of welfare benefits i.e. the mobility component of Disability Living Allowance. However, if a customer who has an identified need for assistance with transport to access their day service activity informs the Directorate that as a result of the increase charge they will experience serious financial hardship or be unable to access the service otherwise then the Directorate will consider how much it is reasonable for them to pay for transport

**F. Proposals for changes to meet nutritional needs**

- 7.9 It is evident that there were concerns raised during the consultation about this proposal. However, this remains an area of low service activity with only 240

social care customers currently receiving hot meal delivery and another area of high subsidy. Current customers are predominantly older and housebound and are in receipt of other support services at home e.g. personal care provision. If the proposal is implemented the Director considers that the customer will obtain benefit from the provision of a meal at the same time as their care visit from their trusted carer.

- 7.10 Every remaining recipient of the traditional meals-on-wheels service will be reviewed before any changes are introduced

### **Responding to individual customer group concerns**

- 7.11 As outlined in paragraph 6.10, various customer groups raised specific concerns about the proposals. As part of our commitment to equality and disability considerations, we have taken on board the impact of the changes on certain groups.

***Blind and Partially Sighted customers had specific concerns about purchasing sensory equipment under £25.***

#### **Mitigation and Commentary:**

All items of equipment for Blind and Partially Sighted Customers (and including equipment for Deaf or Hard of Hearing customers) will continue to be supplied due to recognized difficulties in sourcing such specialist technology

***Physically disabled people feel they are disproportionately affected by increased charges due to poverty.***

#### **Mitigation and Commentary:**

In calculating a customer's contribution to their care, under the Fairer Charging Policy, all "Disability Related Expenditure" will be taken into account

***Carers feel that they would have to 'pick up the pieces' of any proposals implemented and they are already at breaking point and need more, not less, support.***

#### **Mitigation and Commentary:**

Carers' assessments will continue to be routinely offered to ensure that carer's needs are identified. Last year, 4699 carers' assessments were carried out by the Directorate for Adults. Of these, 4,145 carers received specific services or support as a result. There remains a commitment to delivering individual budgets for carers supporting people in receipt of social care.

***Learning disabled people feel the way the cuts will affect them is unfair***

#### **Mitigation and Commentary:**

These proposals contain significant changes for all our customers. The Directorate is taking a personal approach to informing and reassessing customers to ensure that their needs are met. We acknowledge that some customers will see funding reductions as unfair; however, we remain committed to minimizing the impact on individuals.

***The Valuing Older People group are supportive of some of the proposals but are particularly concerned about the potential withdrawal of low level support (support for daily routines such as shopping, cleaning etc which are not directly connected to personal care) from older people who are already socially isolated. We propose a much more rigorous approach to helping the customer meet their own needs utilising the support of family, and volunteers in the community and neighbourhood.***

**Mitigation and Commentary:**

Work already took place in 2010/2011 to develop wellbeing groups in all parts of the city with a particular emphasis on recruiting volunteers who would provide befriending services and support customers to develop their own local social networks. This work will be expanded in 2012.

We recognise that there are currently not enough providers delivering shopping and unpacking services and a specific piece of work is currently being done to stimulate the retail market in this area of provision.

***People with dementia raised concerns about the impact on carers, social isolation, and concern if Dementia Café's were lost – as these were highly valued by customers.***

**Mitigation and Commentary:**

Dementia Café's are funded via grants to the Voluntary and Community Sector. This is a separate consultation area and this feedback will be passed to the relevant officers leading this area of work

- 7.12 The Directorate will establish impact monitoring methods to take account of the changes to customers in relation to the six proposals as they are implemented. This will include quarterly satisfaction and feedback reports as well as regular customer surveys.

## **8. Equality Impact Assessment**

- 8.1 The requirements of Section 149 of the Equality Act state that Public Bodies must have due regard to the need to:
- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.

- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
  - Foster good relations between people who share a protected characteristic and people who do not share it.
- 8.2 The Directorate has carried out a comprehensive Equality Impact Assessment of the proposals and a copy of the full EIA is attached at Appendix G. The assessment considered in detail what impact the proposals could have on the protected characteristics: age, disability, gender re-assignment, pregnancy, maternity, race, religion or belief, sex and sexual orientation.
- 8.3 In summary, these proposals will impact on all present or future customers of the Directorate for Adults. However, there will not be a disproportionate effect on protected characteristics as community care provision is based on eligible, individual assessed needs.
- 8.4 The customer base for community care services defined above predominantly comprises people with disabilities and older people. Women are also much more likely than men to be in receipt of services and are also more likely to be in a caring role. The impact of the changes proposed will therefore be particularly experienced by older people, people with a disability, carers and women. There are no disparate impacts identified on race or sexual orientation.
- 8.5 The Directorate for Adults has developed considerable mitigation of any impact elements. Most notably the increased provision in Reablement services will promote self-care and independence, and will extend the current catchment of social care customers from around 40% to 85% of new referrals to the service. This period of intensive support has been proven, both nationally and here in Manchester, to significantly reduce long term need and promote greater self reliance. Following Reablement many more people report that they are able to do things for themselves. In general these proposed changes are being welcomed with no major concerns identified.
- 8.6 In addition the Directorate is changing its approach to commissioning; focusing on stimulating local neighbourhood development and the co-ordination of family, community, voluntary and commercial resources to help people meet their own needs in the way that they would choose, generally closer to home and using universal services where possible.
- 8.7 The proposed changes to the RAS will lead to some people receiving less money and this will impact on those using services and those currently who will be doing so in the future. It is understandable respondents were concerned about these proposed changes. Importantly, the process outlined at paragraph 7.5 will ensure that each customer needs will be individually considered and no customer's Individual Budget allocation will be changed until an alternative method of meeting needs can be identified or the matter has been through any requested appeals process.

- 8.8 Following feedback, the Directorate for Adults has established the two important safeguards referred to at paragraph 7.5– i.e. flexibility in the application of the RAS to ensure eligible assessed needs are met and an appeals process. These should ensure that all individuals with critical or substantial needs will have those needs adequately met.
- 8.9 In terms of mitigating the impact on carers, the Directorate has hugely expanded personalised support to carers over the last few years. In the last four years, the number of carers receiving a service increased by 120% and all carers can access an assessment of their own specific needs. In situations where carers need independent representation, the Directorate now meets that need through specifically trained staff working exclusively with carers. The commissioning of carers services is being reviewed to ensure capacity for individualised budgets for carers is maintained following identification of assessed carer needs.

## **9. Summary and recommendations**

- 9.1 This report has described the proposed policy decisions that will redefine the social care offer in Manchester. The pace and scale of the budget proposals are significantly challenging and the Directorate has worked to ensure:
- (i) The most vulnerable customers are protected
  - (ii) Where customers can do things for themselves, they are encouraged to do so
  - (iii) Capacity and support at neighbourhood level is maximized
  - (iv) A customer's eligible needs will continue to be met
- 9.2 There has been an extensive consultation period and an approach to fully and actively engage with all our customers and the general public on these proposals. Although the consultation feedback on some aspects is not popular the Directorate has adequately mitigated against equality impact issues, at the same time, achieving transformational change to the way it meets community care requirements and personalisation.
- 9.3 Health and Wellbeing Overview and Scrutiny are asked to comment on the specific proposals set out in this report:
- a. The increase in Reablement provision as the main gateway to social care to help people increase their level of independence and thus reduce the need and associated costs for higher care packages and provision of community care services.
  - b. To meet the needs of people who need social care by way of greater use of assistive technology to reduce dependency and offer a preventative approach.
  - c. Changes to the Resource Allocation System (RAS) which will look at alternative ways in which a customer's assessed needs can be met. The RAS will continue to ensure all identified eligible needs are met.

- d. To cease the supply of community equipment costing less than £25.00 except where
  - (iii) The equipment is necessary to promote or maintain a customers independence (as defined in the report and Appendix C); or
  - (iv) The equipment is necessary to meet a customer's assessed, eligible needs
- e. An increase in the charge for transport to customers attending day services.
- f. Replacing hot meals provision, currently supplied to approximately 240 customers with complex needs, to frozen meals prepared by their trusted carer as part of their existing lunchtime visit.

## Appendix A

### Fair Access to Care Services (FACS) Criteria

The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence and well-being or other consequences if needs are not addressed. The four bands are as follows:

#### Critical – when

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

#### Substantial – when

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken.

#### Moderate – when

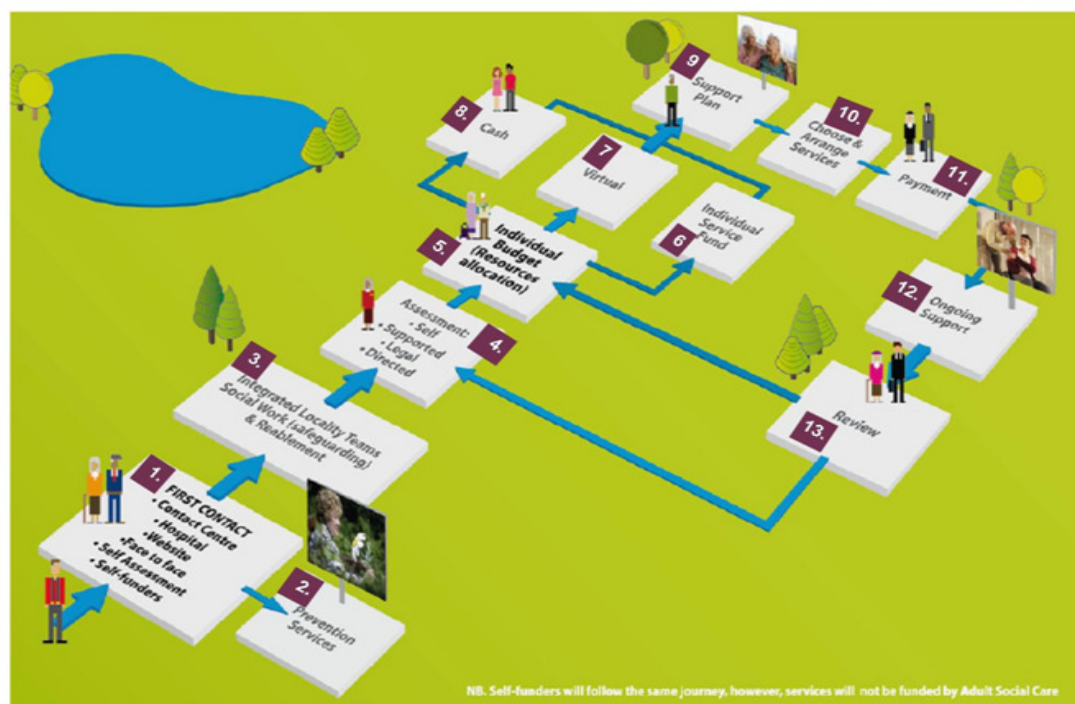
- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
- involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- several social support systems and relationships cannot or will not be sustained; and/or
- several family and other social roles and responsibilities cannot or will not be undertaken.

#### Low - when

- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- one or two social support systems and relationships cannot or will not be sustained; and/or
- one or two family and other social roles and responsibilities cannot or will not be undertaken.

## Appendix B

# The Customer Journey



### 1. Initial Assessment

A Customer asks for help re: social care by ringing the contact centre or using the website.

### 2. Prevention Services

Customer's needs can be met by prevention services like voluntary agencies and cleaning services that they can purchase directly.

### 3. Reablement Gateway

Customer's needs are assessed by a multi-agency team called the Primary Assessment Team (new team which goes live during 2011), initial assessment, equipment and reablement in place quickly to meet needs.

### 4. Core Assessment

A social care assessor meets the customer and agrees the level of need they have. Customers are given satisfaction cards following assessment to measure customer care and analyse or act on any areas of concern. Customer can be supported to self-assess their needs.

### 5.

An individual budget is an amount of money agreed to meet a customer's needs, determined by a **RAS** assessment completed by a social care assessor.

This allocation of funding is based on Manchester's eligible **FACS** critical or substantial levels of need.

### 6.

Individual service fund customers agree for an agency to broker their fund on their behalf i.e. Mencap, People First, Age Concern.

### 7.

A virtual individual budget is an allocated amount of money, which a customer can choose how to use to meet their needs. The care is arranged and purchased by Adults Directorate on their behalf.

### 8.

Individual budgets can be taken in the form of a cash budget. The customer needs a dedicated bank account and must have capacity to agree to this. A third party can manage this for someone i.e. a parent or relative.

### 13. Annual Review / Reassessment

Each year we re-assess people's needs to ensure their needs continue to be met (**FACS**). We adjust their individual budget / **RAS** accordingly including when people have regained skills and considering new options to meet people's needs.

### 12.

People use their individual budget to manage their needs - we support with payroll, brokerage, audit support for people on cash individual budgets. We contract monitor and quality assure services for people on virtual budgets.

### 11.

We arrange payment either in the form of cash to a dedicated bank account or accountant. We offer payroll and audit support for people using cash individual budgets and individual service funds. We pay providers directly when people use a virtual budget.

### 10.

We book / order care as agreed with the customer from agencies or providers for virtual budgets. We offer brokerage support to set up support as agreed with the customer, to recruit and interview staff for cash individual budgets.

### 9. Validate Support Plan

We support people to choose how to meet their identified needs. We offer brokerage directly or refer for peer support at the centre for independent living, advocacy services or parent / carer support groups.

## Appendix C

### Social Care Equipment Under £25 that will continue to be provided

ITEM	Cost	Description
S6102096 ZIMMER FRAME LARGE	£11.50	A four point metal frame required by people who need considerable assistance to walk
S6102106 ZIMMER FRAME MEDIUM	£11.50	As above
S6102119 ZIMMER FRAME SMALL	£11.50	As above
S6102122 ZIMMER WHEELS PAIRS	£3.95	Detachable wheels which can be placed on front of a Zimmer frame
S6102180 HOMEHELPER TROLLEY	£21.50	Four wheeled metal framed trolley with 2 plastic trays to assist people who normally walk with an aid to transfer food from one room to another
S6102258 SLIDING BOARD BANANA	£10.50	Wooden transfer board to allow wheelchair users to transfer from one surface to another
S6102999 TOILET SURROUND BOLT DOWN	£15.50	Raised toilet frame with arm rest on three sides which is bolted to the floor to enable to stand more easily from the w.c.
S6103008 SCANDIA FRAME	£14.00	As above but not bolted in place, often essential for post hip replacement as it raises the height of the w.c.
S6103037 TOILET SURROUND FREE STAN	£10.80	A frame which surrounds the w.c. on three sides with arm rests which enables people to stand more easily
S6103066 SPLASH GUARD	£1.95	Accessory to a Scandia to prevent splashes
S6103079 RAISED TOILET SEAT 4in	£5.35	Plastic moulded seat which fits on top of w.c. bowl to enable people to stand from the w.c. more easily – 4 inch height
S6103134 BATH SEATS DERBY 6in	£14.95	Plastic seat with suction pads to fix seat to bath to enable people who cannot bend down transfer into bath to bathe more easily (6 inches)
S6105239 PERCHING STOOL WITH BACKR	£14.10	A metal framed high stool to enable people who are unable to stand for a long period of time to carry out activities such as washing and meal preparation
T6000509 COMMODE METAL STACKING	£15.97	Portable toilet aid for people unable to access their own w.c.
T6000525 COMMODE UTILITY ADJUSTABL	£18.19	As above

## Appendix D

# Directorate for Adults Consultation Methodology

## 1. Introduction

- 1.1 On 9<sup>th</sup> March 2011 Manchester City Council set the budget subject to consultation. As a result, the Directorate for Adults is required to make savings of £39.5million. In order to achieve such savings a number of proposals were considered and required formal public and stakeholder consultation in the following four areas of Adults service provision:

Consultation Area	Consultation commenced	Consultation conclusion	Comments
Supporting People	22 March 2011	2 July 2011	The consultation was originally intended to close on 14 June but extended to ensure detailed consideration of all customer and stakeholder representation
Voluntary and Community Sector	22 March 2011	2 July 2011	The consultation was originally intended to close on 14 June but extended to ensure detailed consideration of all customer and stakeholder representation
Changes to Social Care	9 May 2011	8 August 2011	
Charges for Social Care	9 May 2011	1 Sept 2011	

- 1.2 A Consultation Plan was prepared prior to the commencement of the consultation which set out our key criteria for approaching this work:

- **When to consult** – formal consultation should take place at a stage when there is scope to influence the policy outcome
- **Duration of consultation** – a minimum period of 12 weeks or longer if necessary
- **Clarity of purpose** – we will ensure that our consultation methods (online, face to face and questionnaires) clearly state what is being proposed, the scope of influence and how we will report back
- **Accessibility of consultation** – we will ensure that our consultation methods span all customer groups and are clearly targeted at those people the exercise is intended to reach
- **Minimising the burden of consultation** – by ensuring that we balance the needs of consultation against the needs of our customer and intended population, to avoid repetition and an unduly lengthy process
- **Responsiveness and Accountability** – by reporting back to our consultees on the outcomes of the consultation
- **Expertise and Professionalism** – we will ensure that officers running consultation events are adequately trained to ensure a positive experience for the consultee/customer.

## 2. Groups consulted during the consultation

The Directorate has encouraged wide scale involvement in the consultation process across all customer groups including:

Physical Disability	Learning Disability	Mental Health
Older People	Homeless people	Supporting People Users
Substance Misuse	Day Care	Employment Services
Carers	BME Specific services	Home Improvement Agencies
People at risk of Domestic Violence	Handyperson and Home from Hospital services	Teenage parents
Children and Youth services (SP only)	Ex-offenders	Young carers
People with Dementia	Visually Impaired People	Deaf and Hard of Hearing People

## Directorate for Adults Consultation Methodology

### 3. Consultation Events

- 3.1 One of the main aims of the consultation preparations was to ensure that all venues and documentation were as accessible as possible to customer groups to recognise the diversity of needs and our population. All venues were vetted prior to booking to ensure that they met the needs of physically disabled people with accessible and adapted facilities. This included provision for a BSL signer at every event and Care Managers who could speak other relevant languages to translate at hand for customers.
- 3.2 In order to meet the needs of a large customer base, venues were selected across the city from Higher Blackley to Wythenshawe, as follows:

Date	Time	Venue	Ward	SP*	V & CS*	SC*	FC*
09/05/11	14.00	Gorton Library	Gorton North		✓	✓	✓
10/05/11	10.30	Burnage Community Centre	Burnage	✓			
10/05/11	14.00	Burnage Community Centre	Burnage		✓	✓	✓
16/05/11	10.30	Manchester Communications Academy	Harpurhey	✓			
16/05/11	14.00	Manchester Communications Academy	Harpurhey		✓	✓	✓
17/05/11	10.30	Trinity House Community Centre	Rusholme	✓			
17/05/11	14.00	Trinity House Community Centre	Rusholme		✓	✓	✓
18/05/11	14.00	Higher Blackley Community Centre	Hr Blackley		✓	✓	✓
19/05/11	10.30	Wythenshawe Forum	Woodhouse Park	✓			
19/05/11	14.00	Wythenshawe Forum	Woodhouse Park		✓	✓	✓
20/05/11	10.30	Barlow Moor Community Association	Chorlton Park	✓			
20/05/11	14.00	Barlow Moor Community Association	Chorlton Park		✓	✓	✓
23/05/11	10.30	Levenshulme Inspire	Gorton South	✓			
24/05/11	10.30	Longsight Library	Longsight	✓			
24/05/11	14.00	Longsight Library	Longsight		✓	✓	✓
25/05/11	10.30	Quakers Meeting House	Northenden	✓			
25/05/11	14.00	Quakers Meeting House	Northenden		✓	✓	✓
27/05/11	09.00	Higher Blackley Community Centre	Hr Blackley	✓			
01/06/11	10.30	Town Hall Banqueting Room	City Centre	✓			
01/06/11	18.00	Town Hall Banqueting Room	City Centre		✓	✓	✓
02/06/11	10.30	Chorlton Irish Club	Chorlton	✓			
02/06/11	14.00	Chorlton Irish Club	Chorlton		✓	✓	✓
03/06/11	10.00	Beswick Library	Bradford	✓			
03/06/11	13.30	Beswick Library	Bradford		✓	✓	✓

\*Key: SP (Supporting People) V & CS (Voluntary and Community Sector) SC (Changes to Social Care) FC (Fairer Charging)

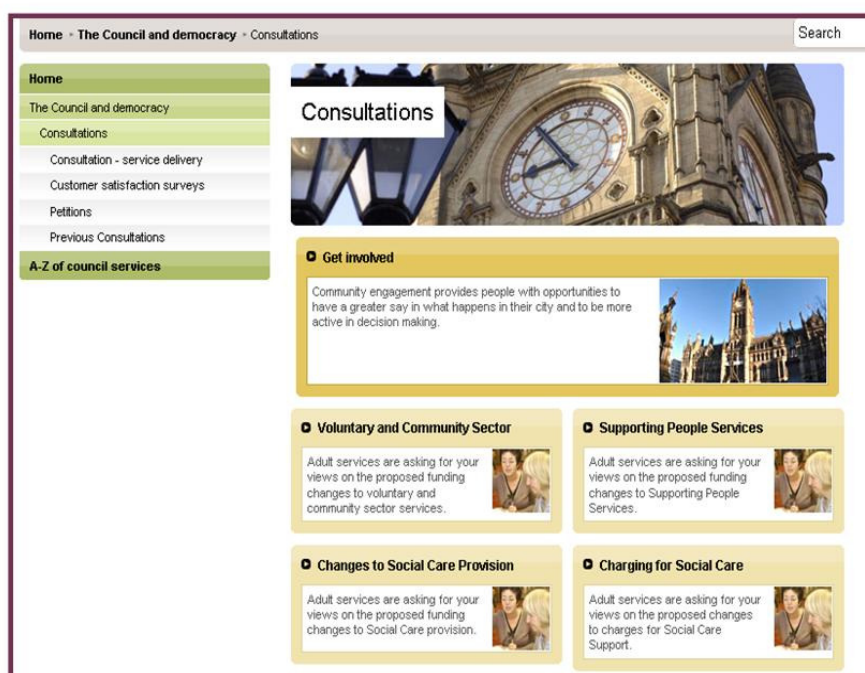
## Directorate for Adults Consultation Methodology

- 3.3 In addition, a significant number of specialist events were also arranged to take account of the special needs of Adults' customers, as follows:

Date	Event
15 May	Manchester Learning Disability Partnership Board – Planning and Consultation Event
16 May	Soup Run Provider Forum
25 May	Visual Impairment Group
26 May	Supporting People Core User Group
27 May	Booth Centre (Homeless)
31 May	Carers Event, Town Hall Banqueting Suite
31 May	Voluntary and Community Sector Consultation Event, Town Hall Banqueting Suite
06 June	Mustard Tree Consultation (Homeless)
08 June	Physical Disability Partnership Board – Planning and Consultation Event
09 June & 04 July	Valuing Older People Board (Voluntary and Community Sector, Supporting People, Social Care and Fairer Charging presentations)
09 June	Deaf and Hard of Hearing event – Booth Street
09 June	Deaf and Hard of Hearing event – Lord Mayor's Parlour, Town Hall
20 June	Dementia Core User Group – Birchfield Community Centre
27 June	Mental Health Core User Group
	Learning Disability Providers cascaded information to all learning disabled customers




#### 4. Promotion and Publicity of the Consultations

- 4.1 In keeping with the One Council approach, all consultation documents were uploaded onto the MCC website and accessed through the public consultations portal:



# Directorate for Adults Consultation Methodology

## 4.2 Further arrangements were put in place as follows:

<b>Publicity</b>	<ul style="list-style-type: none"> <li>Targeted mail shots to customers, including questionnaires</li> <li>Customer Contact Centre message at the start and end of each call to highlight to customers calling that we had consultation underway</li> <li>Mail shot to all Voluntary and Community groups listed on MyManchester services</li> <li>Care Managers and Social Workers advising all customers of the consultation</li> <li>Posters in all District offices and sent to all Voluntary and Community Groups</li> <li>All information available on-line</li> <li>Briefing note for all Elected Members</li> </ul>	
<b>Consultation materials</b>	<ul style="list-style-type: none"> <li>Posters – widely circulated across the city e.g. Libraries and GPs</li> <li>Easy Read information sheets</li> <li>Easy Read questionnaires</li> <li>Freepost address if needed</li> <li>Information available in Braille at all events and on request</li> <li>Frequently Asked Questions available</li> </ul>	<p><b>Tell us what you think.</b></p> <p>Manchester City Council's Directorate for Adults are consulting on the future provision of services and asking you to tell us what you think about proposals for:</p> <ul style="list-style-type: none"> <li>Supporting People Investment</li> <li>Voluntary and Community Sector Investment</li> <li>Changes to Social Care</li> <li>Changes for Social Care</li> </ul> <p>If you'd like to take part in the consultation, there are a number of ways you can get involved. You can meet about the proposals online and complete a questionnaire, or you can come and meet us at one of the local events to be held across Manchester in May and June, where we'll tell you about the proposals, answer any questions you may have, and if you'd like, help you complete a questionnaire.</p> <p>For details of the proposals and your nearest events please visit <a href="http://www.manchester.gov.uk/consultations">www.manchester.gov.uk/consultations</a> or phone the Contact Service on 0161 274 3000.</p> <p> MANCHESTER CITY COUNCIL</p>
<b>Equality</b>	<ul style="list-style-type: none"> <li>BSL interpreters at each event</li> <li>All venues accessible</li> <li>Easy read versions of all publications</li> <li>BME incorporated in all mainstream customer events (following consultation with the BMECF)</li> <li>Assistance at all events if required</li> </ul>	
<b>Venues</b>	<ul style="list-style-type: none"> <li>Across all districts</li> <li>Accessible</li> <li>In community locations</li> </ul>	
<b>Support for Staff</b>	<ul style="list-style-type: none"> <li>All staff fully briefed and clear on their role</li> <li>Specialist staff on hand at each event to discuss each element of the consultation</li> <li>General staff on hand for customer support</li> <li>Care managers at events to talk to those raising social care issues</li> </ul>	
<b>Feedback</b>	<ul style="list-style-type: none"> <li>Feedback has been through the usual channels – on-line, at customer groups, individual responses where necessary</li> </ul>	<p><b>Consultation Locations</b></p> 

4.3 At each consultation, officers leading the specialist areas each delivered a 20 minute PowerPoint presentation to the audience. Standard consultation packs were available for customers and stakeholders to take away questionnaires and information and return via freepost arrangements to ensure nil cost for customers.

4.4 Other methods of engaging the public and stimulating debate have included:

- Using the Council's Promotional Bus travelling throughout the City to promote consultation, provide information and engaged with future customers during a week-long activity to raise awareness of the consultation
- Press releases
- Radio broadcasts on local radio stations carried out by an Assistant Director
- Email alerts to all providers to advertise events to customers including homecare supported housing, day care etc
- Staff using e-mail 'footers' on all emails in/out with a link to consultation web pages
- Online and paper questionnaire for customers to record views and return to us provided in easy to read, audio, Braille and languages. (The survey collects demographics to inform Equality Impact Assessment).
- Personal pack delivered to each customer's home (for Fairer Charging and Changes to Social Care only)

## Directorate for Adults Consultation Methodology

- viii. Advertisements within local advocacy groups including LINK (Local Involvement Network), Alzheimer's Society etc.
- ix. Meetings with LINK, BME Groups, Carers organisations etc
- x. Posters in GP surgeries, Libraries, Hospitals and Advice Services
- xi. Telephone support via 24/7 Contact Centres to complete online questionnaires

### 5. Consultation findings and evaluation

- 5.1 The Directorate has undertaken consultation in four key areas of the budget delivery plans and this has been both challenging and rewarding. Despite the slow start to the consultation, events were well attended and significant numbers of responses to both the postal and online questionnaires have been received. These results will be shared in separate consultation findings.
- 5.2 A total of 1,067 Manchester residents attended the Adults consultation events.
- 5.3 We have, as a directorate, embraced the consultation work and the increased opportunity to engage with our customers and future customers. They have told us about their views of the council and how we can improve services to residents either now or in the future. All enquiries received at the consultation events have been referred onto the relevant service or directorate and have received follow up replies.

Thanks.....

We are grateful to our social care customers and Manchester residents who took the time to attend our events and complete either the postal or online questionnaire. This is also a timely opportunity to pass on our gratitude to all the agencies and individuals who helped with the promotion of our consultation – we are very grateful for your help and support.

Regards



Liz Bruce, Strategic Director for Adults and the Directorate Management Team  
Directorate for Adults  
Manchester City Council

## Appendix E

### Part A & B

# Tell us what you think.

#### Directorate for Adults

#### Consultation: Changes to Social Care Provision (Part A & B)



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### Part A

### Example question

Please take the time to complete the questionnaire below so that we can take into account your views.

To help you answer the questions we have explained what some of the words and phrases used mean in the Guidance provided in the pack.

On the opposite page we have shown you two examples of how best to fill in your questionnaire.

Please tick one of the options below.

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------	------------	--------------------------

### Example question

Did you choose the equipment you wanted?

Yes, I chose everything I wanted	<input checked="" type="checkbox"/>
No, I couldn't choose what I wanted	<input type="checkbox"/>



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### Question 1

(Please refer to Section 1 in the Guidance)

We have set out seven strategic priorities for Manchester City Council. How important are these priorities to you?  
Please tick one box in each row to rate their importance.

Priority	Very important	Important	No opinion	Not important	Not at all important
1) Reduce worklessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Support independent living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Prevention and early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Personalisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Support families and adults with complex needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Support people to recover from crises in their life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Promote equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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### Question 2

(Please refer to Section 2 in the Guidance)

We plan to increase our Reablement service. This will help more people to get back up to speed after a stay in hospital or other times when you need support to regain your independence. Do you agree with our plans?

Please tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know or I am not sure	<input type="checkbox"/>

Please tell us why here:



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### Question 3

(Please refer to Section 2 in the Guidance)

Our plan is when we review everyone's needs we will look at Prevention services that can meet customer's support needs. For example, increasing use of Telecare, better use of equipment and community, friends and family support. Do you agree with our plans?

Please tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know or I am not sure	<input type="checkbox"/>

Please tell us why here:

### Question 4

(Please refer to Section 2 in the Guidance)

We will continue to support vulnerable customers but we will make some changes to the way we allocate money to meet certain needs and allow more flexibility in managing risks. Do you think this is fair?

Please tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know or I am not sure	<input type="checkbox"/>

Please tell us why here:



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### Question 5

(Please refer to Section 2 in the Guidance)

Do you think that our plan for spending money in services is fair across all groups?

Please tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know or I am not sure	<input type="checkbox"/>

Please tell us why here:

### Part B: About You

To help us to check that we are spending our money on the right services that are fair and effective, we would be grateful if you would answer some questions about yourself.

You do not have to provide the information we are asking, but it would help us greatly if you did.

### Question 6

What is your postcode?

<p><b>My area</b></p>	<p>Please write your postcode below: For example M1 5DE</p> <div></div>
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### Question 7

What is your age?

Please tick one box only.

18-29 years old	<input type="checkbox"/>
30-39 years old	<input type="checkbox"/>
40-49 years old	<input type="checkbox"/>
50-64 years old	<input type="checkbox"/>
65-75 years old	<input type="checkbox"/>
Over 75 years old	<input type="checkbox"/>

### Question 8

Are you?

Please tick one box only.

	Male	<input type="checkbox"/>
	Female	<input type="checkbox"/>

### Question 9

To which of these ethnic groups do you feel you belong?

Please tick one box only.

White	White British	<input type="checkbox"/>
	White Irish	<input type="checkbox"/>
	Any other White Background	<input type="checkbox"/>
Mixed	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>

Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Chinese or Other Ethnic Group	Chinese	<input type="checkbox"/>
	Middle East	<input type="checkbox"/>
	Other ethnic group (please state below)	<div></div>



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### Question 10

Do you have a disability?

Please tick one box only.

No, I do not have a disability	<input type="checkbox"/>
Yes, I have a disability	<input type="checkbox"/>

### Question 11

Which of the following best describes your working situation?

Please tick one box only.

I am working full time	<input type="checkbox"/>
I am working part time	<input type="checkbox"/>
I am not working	<input type="checkbox"/>
I work as a volunteer	<input type="checkbox"/>
I am retired	<input type="checkbox"/>

### Question 12

Which of the following best describes yourself?

A customer is someone who uses a social care service, this may be a Council service or service provided by the voluntary or independent sector.

Please tick one box only.

I am a customer	<input type="checkbox"/>
I am a carer of a customer	<input type="checkbox"/>
I am a relative of a customer	<input type="checkbox"/>
Other (for example, friend, neighbour)	<input type="checkbox"/>

### Question 13

Who do you receive help from?

Please tick all the people or groups you get help from.

Family, carer or partner	<input type="checkbox"/>
Your family and close relatives	<input type="checkbox"/>
Friends / neighbour	<input type="checkbox"/>
Local community groups	<input type="checkbox"/>
Voluntary organisations who help people with your needs	<input type="checkbox"/>
Other, please specify below	<input type="checkbox"/>

### Question 14

What services do you get at the moment?

Please tick all the services you get.

Help at Home

Home Care	<input type="checkbox"/>
Reablement	<input type="checkbox"/>
Help to prepare meals	<input type="checkbox"/>
Meals delivered to your home	<input type="checkbox"/>
Help with your shopping, pensions, or money	<input type="checkbox"/>

Help to access community services

Help with transport	<input type="checkbox"/>
Day Support or Day Care	<input type="checkbox"/>
Carers Services	<input type="checkbox"/>

Help to access Employment, Training and Skills

Volunteering opportunities	<input type="checkbox"/>
Support into Employment	<input type="checkbox"/>
Training and Skills	<input type="checkbox"/>

Advice and Information

Health Advice	<input type="checkbox"/>
Advice and Information	<input type="checkbox"/>
Advocacy Services	<input type="checkbox"/>

Other

Falls Prevention Services	<input type="checkbox"/>
Befriending	<input type="checkbox"/>
Support for dealing with drugs / alcohol problems	<input type="checkbox"/>
Other, please specify below	<input type="checkbox"/>

### Question 15

Who provides your services and what do you think of them?

Please list the name of provider(s) and the service they provide. Then tick one box in each row to rate the service.

Name of provider	Service they provide	Excellent 	Good 	Fair 	Poor 	Very Poor 
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question 16

How do you feel that the service has affected your quality of life?

Please tick one box in each row.

	A lot better 	A little better 	No change 	A little worse 	A lot worse 
Has the service helped me to ...					
Feel less isolated at home or in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve my physical and mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve my independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose a healthier lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel safer and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with everyday problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with a crisis or major event in my life, e.g. falls, someone died, car accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look for volunteering opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get training to find employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Join in with things going on in my local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for filling in this questionnaire.

Any information you provide will be treated in the strictest confidence.

Please return your completed questionnaire by 8 August 2011 to:

Directorate for Adults  
Changes to Social Care Provision Consultation  
Manchester City Council  
Freepost MR 1514  
Town Hall  
Manchester  
M60 2AF

## Part C Supplementary questions

### Part C

### We need you to tell us what you think.

#### Proposed changes to Social Care Provision

#### Update on the Directorate for Adults consultations

Supplementary questions launched 23/06/11

Following feedback received to date some people have asked for clarification of our proposals to change social care.

Further guidance and information has been produced and we have updated our website too.

We have also asked further questions so we can better understand what our customers think of the proposals. The questions are attached. However you are not limited to responding to the questions and we encourage you to respond to any aspect of the proposals on which you have views or suggestions.

All stakeholders can complete these questions or write comments in the form of a letter, pictures, audio tape etc. your feedback in any format is needed and very helpful to inform our future decisions.

Guidance and information to help you complete the questionnaire is available and you should read this before completing the questionnaire.

If you need further clarification please contact the Contact Centre – 0161 234 5001

### Question 1

a) Do you agree we should increase transport charges to Day Services to £3.50 per journey? We currently charge 40p per journey.

Please tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know or I am not sure	<input type="checkbox"/>

Please tell us why here and explain any impact that the proposed change may have on you:

b) What would you be prepared to pay and why?

Please tell us here:

### Question 2

What alternatives could we look at using for people to travel to Day Services which would help us save money?

Please tell us here:

### Question 3

We are considering changing the way we allocate money to meet needs. This will mean that people will get less money. (This is explained in more detail in the Guidance in the section relating to the 'resource allocation system'.)

Do you agree that we should do this?

Please tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know or I am not sure	<input type="checkbox"/>

Please tell us why here, and explain the impact that the proposed changes would have on you:

### Question 4

Are you using any of the following to meet your assessed needs?

Please tick any you are currently using.

Shopping	<input type="checkbox"/>
Cleaning/Domestic Services	<input type="checkbox"/>
Laundry and Ironing	<input type="checkbox"/>
Pension Collection	<input type="checkbox"/>

### Question 5

We believe that in many cases we could meet these kinds of needs through other solutions. Would you consider using the following services to meet your needs?

Please tick your preferences for each alternative.

	I would like to use this service	I might use this service	I would not like to use this service
Shopping on Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping delivered by local shop or milk man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pensions Collection by:			
Voluntary organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question 6

Do you agree or disagree with MCC not funding these services (referred in Question 4) if a person's needs are able to be met without such funding such as the ways referred in Question 5?

Please tick whether you agree or disagree for each service.

	Agree	Disagree
Shopping	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning/Domestic Services	<input type="checkbox"/>	<input type="checkbox"/>
Laundry and Ironing	<input type="checkbox"/>	<input type="checkbox"/>
Pension Collection	<input type="checkbox"/>	<input type="checkbox"/>

### Question 7

How would this change impact on your life?

Please tell us here:

### Question 8

Do you agree with Manchester City Council not supplying equipment under £25 free of charge?

Please tick one box only.

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
I don't know or I am not sure	<input type="checkbox"/>

Please tell us why here:

### Question 9

The Council proposes to arrange frozen meals for those customers requiring meal provision who can heat up their own meals.

Please tick one box only.

I would like to use this service	<input type="checkbox"/>
I might use this service	<input type="checkbox"/>
I would not like to use this service	<input type="checkbox"/>

### Question 10

Do you have any other suggestions about how we could save money, work smarter or more efficiently?

Please tell us here:

## APPENDIX F

### CONSULTATION ON CHANGES TO SOCIAL CARE PROVISION

#### Part A - Consultation Responses

Breakdown		
Paper	938	96.1%
Online	38	3.9%
<b>Total</b>	<b>976</b>	

There were a total of 976 responses to the Changes to Social Care Provision consultation. An overwhelming majority of these (938) were completed on paper and returned by post (96.1%), in contrast 38 (3.9%) were completed online.

#### Question 1 - We have set out the seven areas that we think are important. How important are these areas to you?

Strategic Priorities													
	Very important		Important		No opinion		Not important		Not at all important		No response		Total
Reduce worklessness	380	38.9%	255	26.1%	153	15.7%	59	6.0%	30	3.1%	99	10.1%	976
Support independent living	629	64.4%	227	23.3%	38	3.9%	14	1.4%	10	1.0%	58	5.9%	976
Prevention and early intervention	512	52.5%	273	28.0%	90	9.2%	13	1.3%	6	0.6%	82	8.4%	976
Personalisation	449	46.0%	291	29.8%	110	11.3%	22	2.3%	12	1.2%	92	9.4%	976
Support families and adults with complex needs	578	59.2%	248	25.4%	54	5.5%	15	1.5%	6	0.6%	75	7.7%	976
Support people to recover from crises in their lives	554	56.8%	280	28.7%	54	5.5%	10	1.0%	7	0.7%	71	7.3%	976
Promote equality	480	49.2%	294	30.1%	93	9.5%	34	3.5%	16	1.6%	59	6.0%	976

Across all seven areas 'very important' was the most popular answer holding a majority percentage ranging from 64.4% (supported independent living) to 38.9% (reduce worklessness). On the other hand, across all areas, 'not important at all' scored the lowest with results representing between 0.6% (prevention and early intervention and support for families with complex needs) to 3.1% (reduce worklessness). Overall, it is apparent that 'reduced worklessness' has less priority than other areas.

#### Question 2 - We plan to increase Reablement Services. Do you agree with our plans?

Increase Reablement Services		
Yes	735	75.3%

No	41	4.2%
I don't know - not sure	161	16.5%
No response	39	4.0%
<b>Total</b>	<b>976</b>	

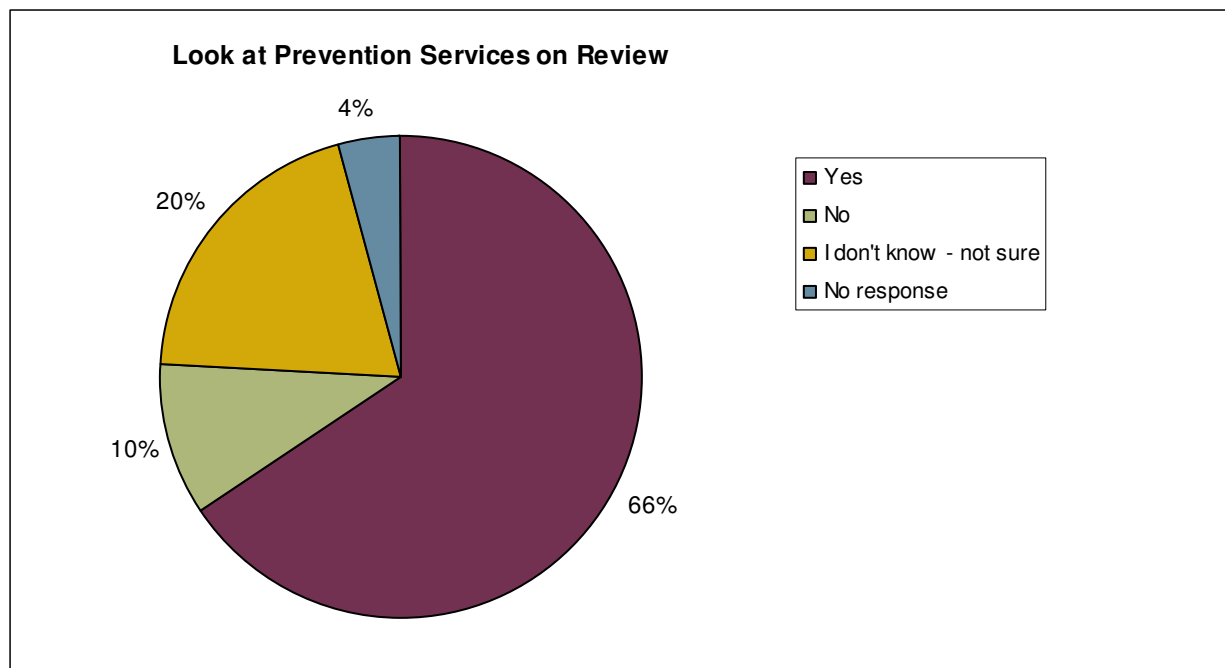
A large majority of respondents believe that Reablement services should be increased (735 or 75.3%). Only 4.2% felt that Reablement services should not be increased and 16.5% did not know.

#### Comments on Reablement:

- Because it can help people to regain their confidence and independence and give them some happiness and stability
- Good idea as support is needed in these cases. Keeps costs down if people are enabled to be independent
- I agree that more help is needed when people come out of hospital who are elderly, disabled, living alone but I think it must be taken into account that some people will require a lot more help for a lot longer than others so it should not be assumed that everyone will be independent at a set length of time
- I have personal experience of the Reablement service which was greatly appreciated.
- It's very important to support those who have been independent before
- Encouragement and advice from others can sometimes work better than from relatives or if they have no one close to depend on
- I've had Reablement and was very grateful. I recovered my confidence much quicker.
- Most people can take responsibility for their lives given encouragement and support. Staff with a positive attitude, who are optimistic, people orientated and creative, will be an asset in this process
- Some people may need less help or have good family and other support whereas others may need more input if no other support is available. Help should be assessed depending on need and extended if necessary
- They should be in hospital until fully recovered and the service should be 3 weeks not 6 weeks. Money should be used to help keep transport at 80p
- This is a good plan as the quicker someone is rehabilitated the less impact this has on services in the long term. Also this would usually lead to a better quality of life
- To prevent people reverting to previous illness or disability, it is critical people receive good service in that critical period when you first come home from hospital
- Without Reablement I would have been isolated in hospital for a much longer time. In my own home I got better much faster and the service was superb

**Question 3 - Our plan is when we review everyone's needs we will look at Prevention services that can meet customer's support needs. For example, increasing use of Telecare, better use of equipment and community, friends and family support. Do you agree with our plans?**

Look at prevention services		
Yes	639	65.5%
No	102	10.5%
I don't know - not sure	194	19.9%
No response	41	4.2%
<b>Total</b>	<b>976</b>	



A large majority of respondents believe that we should look at alternative preventative services at customer's annual review (639 or 65.5%). 10.5% felt that we should not look at other means and 19.9% did not know.

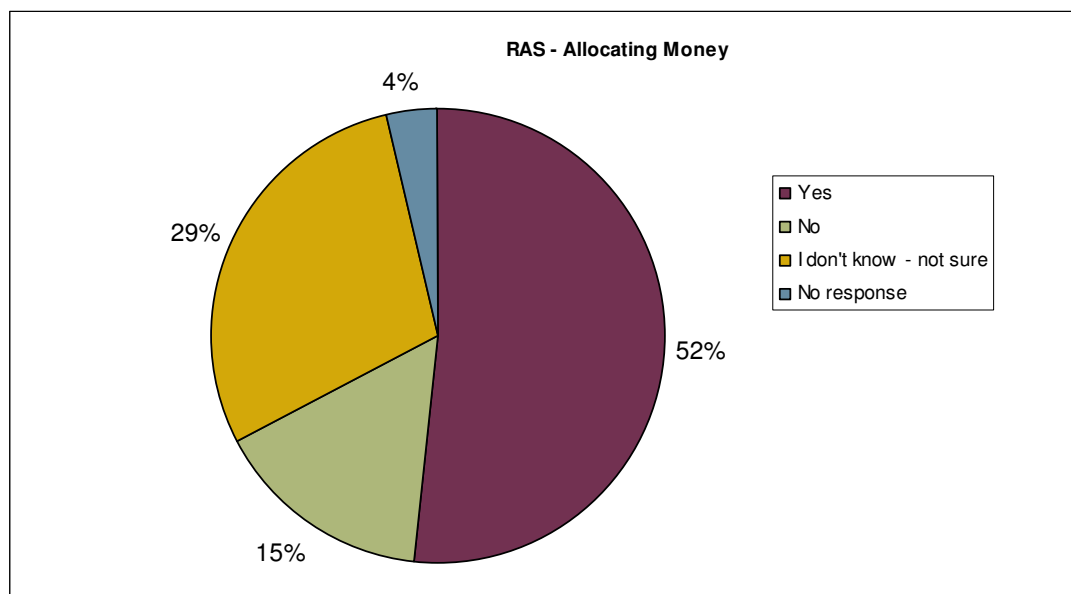
#### **Comments on Prevention Services:**

- Elderly people are more prevalent in today's society and prevention is better than cure
- Investing in Telecare will make our relatives more secure
- It is client friendly and promotes equality
- It seems like people are going to be relying more on support from friends and family, putting extra pressure on carers. Carers also need support. There needs to be greater community care for people with mental health problems, not less. The toll on the health of carers is immense
- It's a good idea to have text alert to remind people to complete tasks instead of having a visit

- It's better to prevent a fall (and cheaper) than to deal with issues such than this is a reactive manner
- Needs to be supported by visits if necessary/emergency
- Sometimes just some simple interventions can make a huge difference to someone's quality of life and their needs to involve other more costly services in the long term
- This service allowed me to care for my disabled brother while my mother was terminally ill. I was so grateful for it
- This is not personalisation, and most certainly not providing choice and control

**Question 4 - We will continue to support vulnerable customers but we will make some changes to the way we allocate money to meet certain needs and allow more flexibility in managing risks. Do you think this is fair?**

RAS - Allocating money		
Yes	505	51.7%
No	151	15.5%
I don't know - not sure	285	29.2%
No response	35	3.6%
<b>Total</b>	<b>976</b>	



A majority of respondents felt that the statement was fair (505 or 51.7%). However there was a large proportion of respondents that who 'did not know or were not sure' (285 or 29.2%). Only 151 (15.5% of the respondents felt that the statement was not fair and only 35 (3.6%) did not respond.

#### Comments on the RAS:

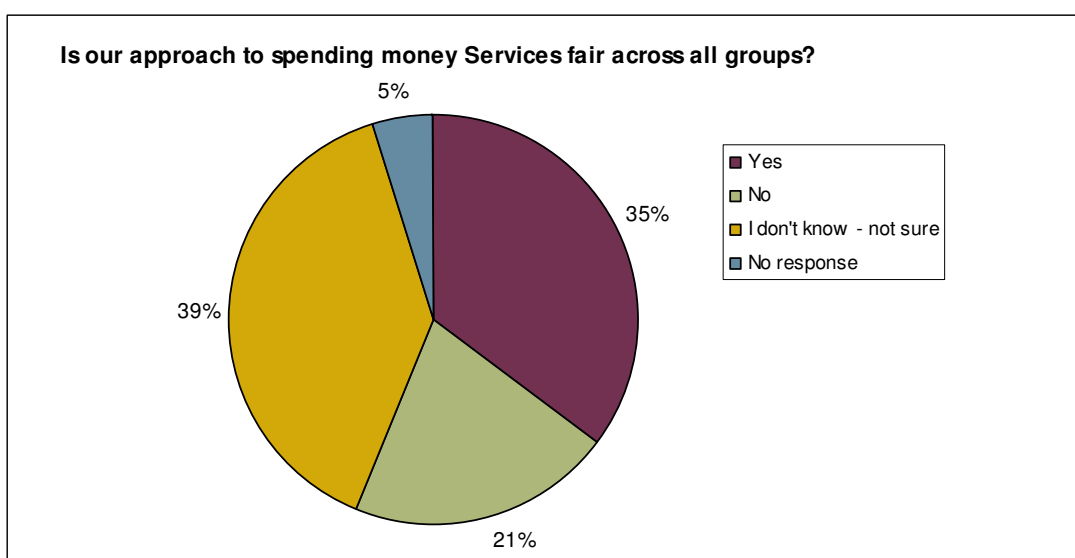
- All disabled people have different needs by changing the way you allocate money, will have an effect on those people, who may fall below the critical and

substantial needs. Who cares for them?

- It may mean that everyone who needs help and attention will get some help rather than none if it is required.
- Even the smallest amount of money can make a big difference when you do not have any. I think small amounts are better than a big lump sum. They can also be given another small amount if they still need it.
- It sounds fair but some people will need more support than others and the service should be able to respond to this.
- It sounds very reasonable as long as people are still able to retain their dignity.
- Maybe needs have to be reassessed because of all the cut backs.
- Provided all risks are fully investigated and assessed as well as reassessing the risks on a regular basis.
- Providing customers also get help and support as it means a whole change of life to them and the funding goes to the most needy.
- Vulnerable customers differ in the amount of support and help they need depending on the family's help which can differ. Being able to disperse financial help on a basis of individual's needs is important in establishing the financial and physical support needed

**Question 5 - Do you think that our plan for spending money in services is fair across all groups?**

Fair?		
Yes	343	35.1%
No	204	20.9%
I don't know - not sure	383	39.2%
No response	46	4.7%
<b>Total</b>	<b>976</b>	



35.1% of the sample (343) felt that the plan for spending money in services was fair across all groups and 204 (20.9%) disagreed, suggesting they feel it is unfair. The

majority of respondents 39.2% (383) did not know or were not sure. This question had a non-response rate of 4.7%.

### Comments on Spending Money:

- All groups need support, so risks and overall benefit of each group should be assessed before any cuts take place.
- I don't agree with any cuts. Voluntary services should be supported more.
- I know due to budget cuts that Manchester City Council has to spread their funding as much as possible.
- Important to rationalise the budget and look at cost effective savings.
- Many groups were struggling to maintain services, and they will suffer even more.
- The resource allocation system seems a fair system.
- What is fair for one might not be fair for another and you need to look at each case individually.
- You are hitting the wrong people.
- Money is equally spread out.
- As long as individual needs are taken into account and flexibility is maintained and allowances made for an increase of service if necessary.
- It is not possible to cut large amounts from one budget and leave others, care needs to be taken to ensure all people's needs are met.

### Question 6 - Location of Respondents

Ward		
Ancoats and Clayton	16	1.6%
Ardwick	16	1.6%
Baguley	27	2.8%
Bradford	21	2.2%
Brooklands	23	2.4%
Burnage	22	2.3%
Charlestown	28	2.9%
Cheetham	11	1.1%
Chorlton	19	1.9%
Chorlton Park	10	1.0%
City Centre	4	0.4%
Crumpsall	28	2.9%
Didsbury East	18	1.8%
Didsbury West	8	0.8%
Fallowfield	14	1.4%
Gorton North	56	5.7%
Gorton South	17	1.7%
Harpurhey	24	2.5%
Higher Blackley	28	2.9%

Ward		
Hulme	15	1.5%
Levenshulme	9	0.9%
Longsight	19	1.9%
Miles Platting and Newton Heath	29	3.0%
Moss Side	12	1.2%
Moston	20	2.0%
Northenden	23	2.4%
Old Moat	15	1.5%
Rusholme	15	1.5%
Sharston	13	1.3%
Whalley Range	24	2.5%
Withington	13	1.3%
Woodhouse Park	17	1.7%
Blank	362	37.1%
<b>Total</b>	<b>976</b>	

The majority of the respondents were from Gorton North representing 5.7% (56) of the total sample population. This was followed by Miles Platting and Newton Heath (3.0%) and Charlestown, Crumpsall and Higher Blackley at 2.9% (28) of the sample population. The least amount of response came from the City Centre, with only 0.4% (4) and Didsbury west with 0.8% (8) of the returns.

#### Question 7 - Age of Respondents

Age		
18-29	52	5.3%
30-39	84	8.6%
40-49	139	14.2%
50-64	238	24.4%
65-75	141	14.4%
75+	294	30.1%
No response	28	2.9%
<b>Total</b>	<b>976</b>	

The majority of respondents were aged 75+ (30.1%) closely followed by 50-64 year olds representing 24.4% (238). There were very few responses from individuals aged 18-29 (5.3%) and 30-39 (8.6%).

#### Question 8 - Gender of Respondents

Gender		
Male	414	42.4%
Female	531	54.4%
No answer	31	3.2%
<b>Total</b>	<b>976</b>	

The majority of responses were received from female customers representing 54.4% (531) of the sample population.

### Question 9 - Ethnicity of Respondents

Ethnicity		
White British	710	72.7%
White Irish	44	4.5%
Any other white background	25	2.6%
Mixed - white and black Caribbean	12	1.2%
Mixed - white and black African	4	0.4%
Mixed - white and Asian	3	0.3%
Any other mixed background	8	0.8%
Indian	16	1.6%
Pakistani	38	3.9%
Bangladeshi	6	0.6%
Any other Asian background	1	0.1%
Caribbean	33	3.4%
African	12	1.2%
Any other black background	3	0.3%
Chinese	5	0.5%
Middle east	1	0.1%
Other ethnic group	4	0.4%
Blank	51	5.2%
<b>Total</b>	<b>976</b>	

A disproportionate majority of customer respondents were 'White British' equalling 72.7% (710) of the sample population. The second most common ethnicity for respondents was 'White Irish' (4.5%). The questionnaire saw the least amount of responses from those of a Middle Eastern and 'Any Other Asian' background (only one respondent each). Surprisingly there were only 4 responses (0.5%) from the Chinese community and only 3.9% from Pakistani background.

### Question 10 - Do you have a disability?

Disability		
Yes	751	76.9%
No	179	18.3%
No answer	46	4.7%
<b>Total</b>	<b>976</b>	

A large majority of the respondents (76.9%) expressed that they had a disability.

**Question 11 - Which of the following best describes your working situation?**

Employment		
Full time	51	5.2%
Part time	33	3.4%
Not working	329	33.7%
Volunteer	73	7.5%
Retired	439	45.0%
No answer	51	5.2%
<b>Total</b>	<b>976</b>	

The majority of respondents were retired (45.0% / 439) the second largest majority classified as not working (33.7%). 5.2% of the sample population were in full time employment and 3.4% in part time employment, a further 7.5% of respondents were doing voluntary work (16.1% or 157 overall were economically active). 51 of the sample respondents did not disclose any information on this question.

**Question 12 - Which of the following best describes you?**

Customer / carer / relative		
Customer	686	70.3%
Carer	115	11.8%
Relative	44	4.5%
Other	28	2.9%
No answer	103	10.6%
<b>Total</b>	<b>976</b>	

70.3% (686) of the respondents described themselves as 'customers', representing a strong overall majority. 11.8% were carers and 4.5% were relatives. 10.6% provided no answer to this question.

**Question 13 - Who do you receive help from?**

\* A customer may get help from more than one source. Please note this table does not add up to the total responses; % is calculated of the total 976 responses.

Help		
Family carer / partner	302	30.9%
Family / close relatives	311	31.9%
Friends / neighbour	117	12.0%
Community groups	101	10.3%
Support groups / networks	130	13.3%
Other	356	36.5%
No response	162	16.6%
<b>Total</b>	<b>1479</b>	

Most commonly customers received support from their family carer/partner or family/close relative (combined 62.8%) representing 30.9% and 31.9% of the sample population (respectively). A singular majority or 36.9% expressed customer's commonality in receiving help from 'other' services/means. Community groups were the least common channel for individuals to receive help (10.6%). It should be noted in the case of other type of help, customers have cited social services, health services and services indicated in Question 14 and 15.

#### Question 14 - What services do you get at the moment?

\* A customer may receive more than one service. Please note this table does not sum to the total responses; % services received is calculated of the total 976 responses.

Services		
Home care	432	44.3%
Reablement	50	5.1%
Prepare meals	194	19.9%
Meals delivered	66	6.8%
Shopping, pensions, money	265	27.2%
Transport	201	20.6%
Day support / day care	253	25.9%
Carers services	296	30.3%
Volunteering	58	5.9%
Employment	25	2.6%
Training / skills	51	5.2%
Health advice	206	21.1%
Advice and info	179	18.3%
Advocacy	97	9.9%
Falls prevention	91	9.3%
Befriending	62	6.4%
Drugs / alcohol support services	34	3.5%
Other	126	12.9%
No response	114	11.7%
<b>Total</b>	<b>2800</b>	

The most common type of service to be used by customers was 'Home Care' which represented 44.3% of the sample population. This figure was 14% higher than the second most common service method which was 'Carers Services'. Employment services were the least common service type to be used with only 2.6% of the sample population accessing. Drugs/Alcohol Support Services were the second lowest, represented by only 3.5%; this was followed by reablement (5.1% and work-related services, training/skills (5.2%) and volunteering (5.9%).

### Question 15 - Who provides your services and what do you think of them?

This question was responded to in a variety of ways and requires secondary analysis. This work will feed into the quality review by commissioners. The results will not affect the social care proposals contained in this report and the question was included to gain insight into customers' perceptions of their current provider(s).

### Question 16 - How do you feel the service has affected your quality of life?

Quality of Life													
	A lot better		A little better		No change		A little worse		A lot worse		No response		Total
Feel less isolated at home or in the community	442	45.3%	174	17.8%	117	12.0%	10	1.0%	11	1.1%	222	22.7%	976
Improve my physical and mental health	379	38.8%	188	19.3%	157	16.1%	10	1.0%	15	1.5%	227	23.3%	976
Improve my independence	371	38.0%	186	19.1%	158	16.2%	18	1.8%	11	1.1%	232	23.8%	976
Choose a healthier lifestyle	260	26.6%	178	18.2%	222	22.7%	12	1.2%	9	0.9%	295	30.2%	976
Feel safer and secure	397	40.7%	172	17.6%	153	15.7%	9	0.9%	10	1.0%	235	24.1%	976
Deal with everyday problems	325	33.3%	181	18.5%	179	18.3%	13	1.3%	12	1.2%	266	27.3%	976
Deal with a crisis or major event in my life e.g. falls, someone died, car accident	253	25.9%	132	13.5%	233	23.9%	13	1.3%	17	1.7%	328	33.6%	976
Looking for volunteering opportunities	83	8.5%	71	7.3%	343	35.1%	10	1.0%	10	1.0%	459	47.0%	976
Get training to find employment	62	6.4%	33	3.4%	370	37.9%	9	0.9%	14	1.4%	488	50.0%	976
Join in with things going on in my local community	208	21.3%	130	13.3%	254	26.0%	9	0.9%	13	1.3%	362	37.1%	976

Of those who provided a response most customers demonstrated that their quality of life had become 'a lot better' with regard to: 1) feeling less isolated at home or in the community 2) improving physical and mental health 3) improving independence 4) healthier lifestyles 5) feeling safer and secure 6) dealing with everyday problems 7) dealing with a crisis or major events. However, most customers felt that there had been 'no change' regarding: 1) looking for volunteering opportunities 2) getting training to find employment and 3) joining in with things going on in my local community. There were notably high none response rates across all sections on the above matrix, most notably regarding voluntary opportunities and employment.

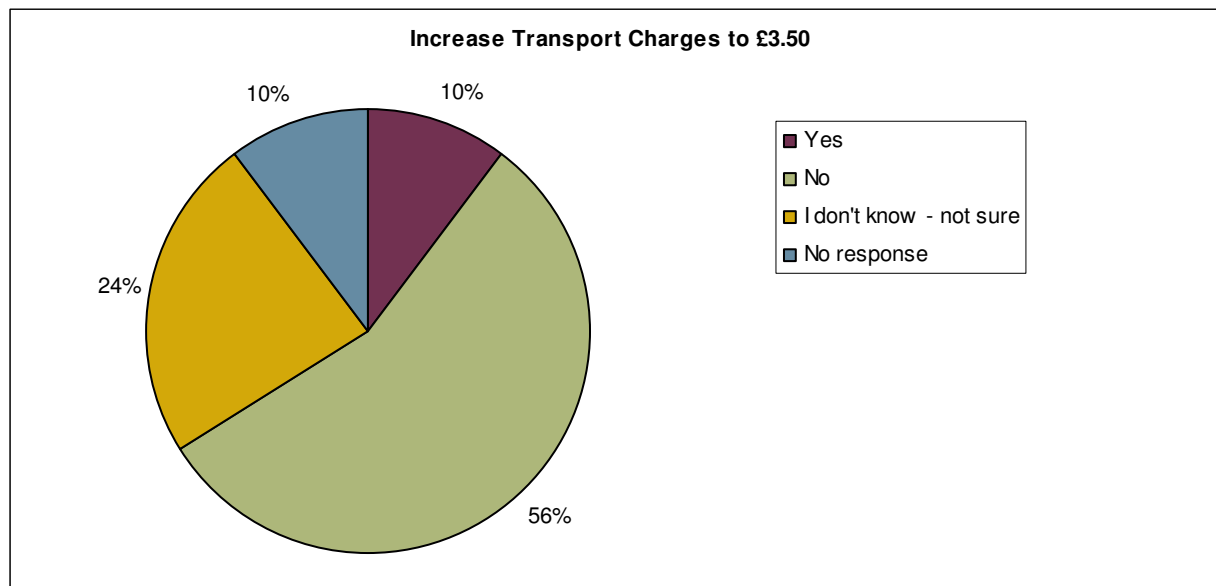
### Part C – Supplementary Questions

Breakdown		
Paper	423	98.6%
Online	6	1.4%
<b>Total</b>	<b>429</b>	

A total of 429 people responded to Part C of the consultation on changes to social care provision. 98.6% were completed on paper with the remaining 1.4% completed online.

**Q1 a) Do you agree we should increase transport charges to Day Services to £3.50 per journey? We currently charge 40p per journey.**

Increase transport charge?		
Yes	44	10.3%
No	240	55.9%
I don't know - not sure	101	23.5%
No response	44	10.3%
<b>Total</b>	<b>429</b>	



55.9% of respondents did not agree with our proposal to increase transport to Day Services to £3.50 per journey. 22.8% could not answer the question, they were not sure.

#### Comments on the Transport Charges proposal:

- As an OAP with a free bus pass why must I have to pay anything, but if I do why

should it be more than I pay now.

- How could anybody agree to an increase in the present economic climate. A decrease is more sensible.
- 50p up to 80p but not £3.50.
- £1 per journey seems a fair price that people on benefits could afford.
- £1.50. I get attendance allowance to allow for my transport needs so I don't object to paying something but £3.50 per journey is more than a day saver on public transport!
- £1.60 Ring and Ride - do not charge what you are charging.
- A reasonable amount would be £2 per day. If someone uses day care services every day this would be a 100% increase that's a big adjustment.
- I am prepared to pay £3.50 a day for my son to keep going to the centre.
- I don't mind paying. £3.50 per day. 4 days.
- A fair increase. A lot of people using these services will most likely be on some kind of benefit, which won't take into consideration the travel costs.
- A reasonable increase in line with the cost of living index.
- I would think no more than the local bus fare.
- Equal to the daily rate of mobility allowance. That is what mobility is for.
- The Day Centre is not that far away from where I live, it could be charged per mile.
- Day centre provision helps to break down the social isolation that people with disabilities often face every day. By increasing the journey charge this will segregate many people even further as we could not afford to pay £3.50 journey x2
- If this increases, then the financial support to the customer should be increased for the customer to pay for it.
- Is there any way public transport could be used this is free. Make enquiries to M/C public transport

**Q1b) What would you be prepared to pay and why?**

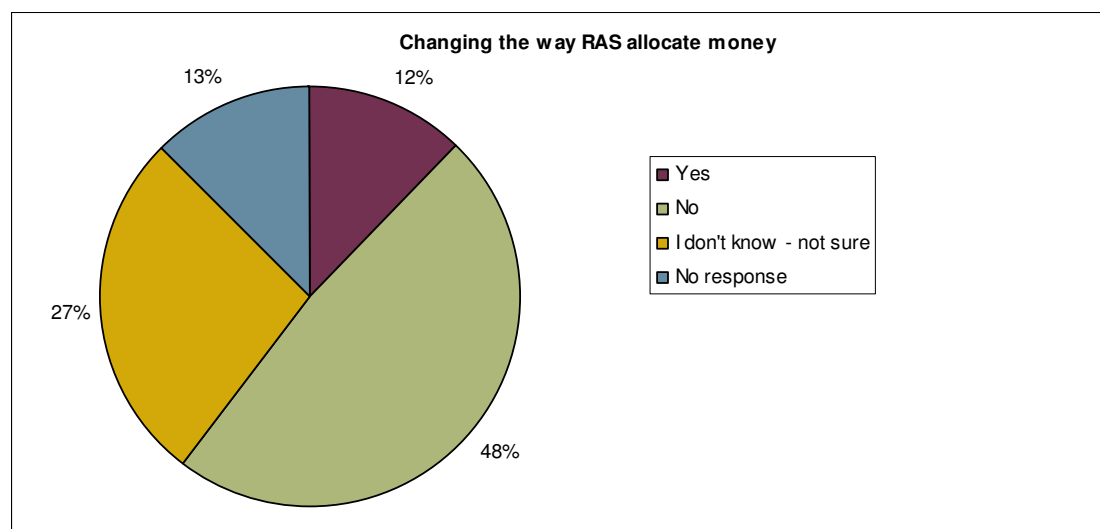
Per journey		
20p	2	2.3%
40p	8	9.2%
40-50p	1	1.1%
50-75p	2	2.3%
50p	10	11.5%
60p	3	3.4%
80p	2	2.3%
£1	34	39.1%
£1.50	8	9.2%
£2.60	1	1.1%
£2	9	10.3%
£2.50	2	2.3%
£2.80	1	1.1%
£3.50	1	1.1%

Per journey		
£5	1	1.1%
£1-1.50	1	1.1%
£2-2.50	1	1.1%
<b>Total</b>	<b>87</b>	

Of the 87 respondents who indicated what they would be prepared to pay, 39.1% indicated that they would be prepared to pay £1 followed by 10.3% indicating £2 per journey.

**Q3 We are considering changing the way we allocate money to meet needs. This will mean that people will get less money. Do you agree that we should do this?**

Allocate money to meet needs		
Yes	53	12.4%
No	205	47.8%
I don't know - not sure	117	27.3%
No response	54	12.6%
<b>Total</b>	<b>429</b>	



47.8% of respondents did not agree with our proposals to change the way we allocate money to meet assessed needs.

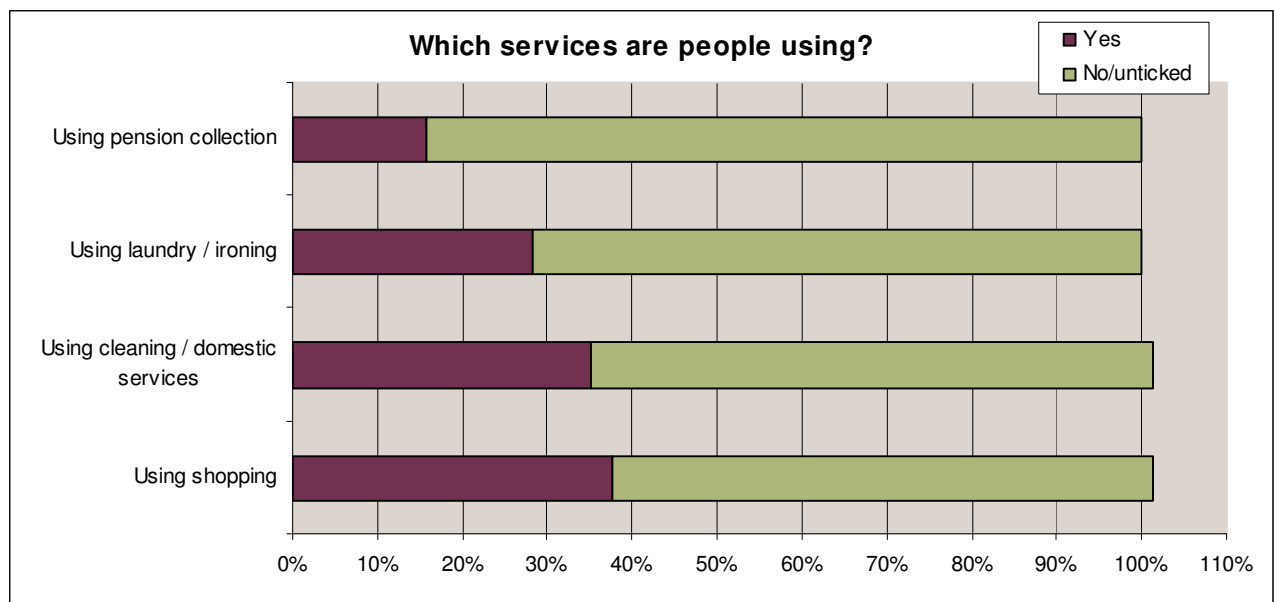
#### Comments on Changing the way we allocate money:

- As normal living expenses are increasing, lowering the allocated money will mean people in need are worse off and will need to go without essential things.
- Benefits are already low enough. Promote services that make you money instead. Increase revenues.
- I am already subsidising my care via my DLA payments. Further reduction would probably mean going into care.

- No, any cuts would mean it would be detrimental to my health and general well-being.
- I do understand you have to save money. But I could not manage without the help I get. I do have meals on wheels delivered, which I pay for.
- I would be affected probably as my IB means that my daughter can get out for a few hours every day whilst caring for me 24/7 but if there are people with greater needs then I have to accept this.
- If the services are not threatened by this then it would be OK but it depends on the person. If things can be done more efficiently then it is OK.
- When the money is limited by other factors, you need to cut back in services. It is regrettable but necessary.
- Agree that money should be saved in areas such as this but individual needs would need to be considered to ensure a high standard of care is delivered.
- If people are in receipt of attendance Allowance then this should be used for services such as cleaning/ironing.

#### Q4 Are you using any of the following to meet your assessed needs?

	Shopping		Cleaning / Domestic Services		Laundry and Ironing		Pension Collection	
Yes	159	37.1%	149	34.7%	121	28.2%	68	15.9%
No / unticked	270	62.9%	280	65.3%	308	71.8%	361	84.1%
<b>Total</b>	<b>429</b>		<b>429</b>		<b>429</b>		<b>429</b>	



Of the 429 respondents, 37.1% used shopping services and 34.7% used cleaning/ domestic services to meet their assessed needs. Pension collection was the least common used service (15.9%); some respondents have cited that this was paid directly to their bank account.

**Q5 We believe that in many cases we could meet these kinds of needs through other solutions. Would you consider using the following services to meet your needs?**

	Shopping on Internet		Shopping by Phone		Shopping delivered by local shop or milk man		Pension collection voluntary org		Pension collection friend		Pension Collection family	
would like	42	9.8%	21	4.9%	39	9.09%	19	4.4%	31	7.2%	78	18.2%
might like	24	5.6%	43	10.0%	56	13.05%	27	6.3%	30	7.0%	35	8.2%
would not like	195	45.5%	207	48.3%	174	40.56%	121	28.2%	106	24.7%	86	20.0%
no response	168	39.2%	158	36.8%	160	37.30%	262	61.1%	262	61.1%	230	53.6%
<b>Total</b>	<b>429</b>		<b>429</b>		<b>429</b>		<b>429</b>		<b>429</b>		<b>429</b>	

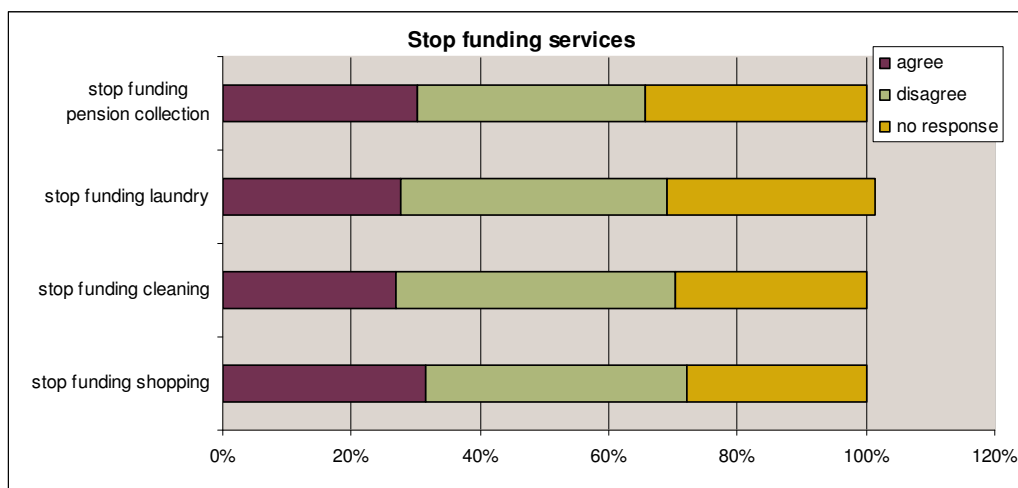
Respondents were asked about whether they would consider using alternative options for receiving shopping and pension collection.

For shopping, of those that responded, the majority indicated they would not consider shopping by internet (45.5%), phone (48.3%) or local shop/milkman (40.6%). Of those that indicated they consider using or would like a service, they were more likely to prefer shopping by local shop / milkman (22.2%) than phone (14.9%) and internet (15.4%) alternatives.

For pension collection, of those that responded, they were more likely to prefer pension collection by family (18.2%) than friends and voluntary organisation.

**Q6 Do you agree or disagree with MCC not funding these services (referred in Question 4) if a person's needs are able to be met without such funding such as the ways referred in Question 5?**

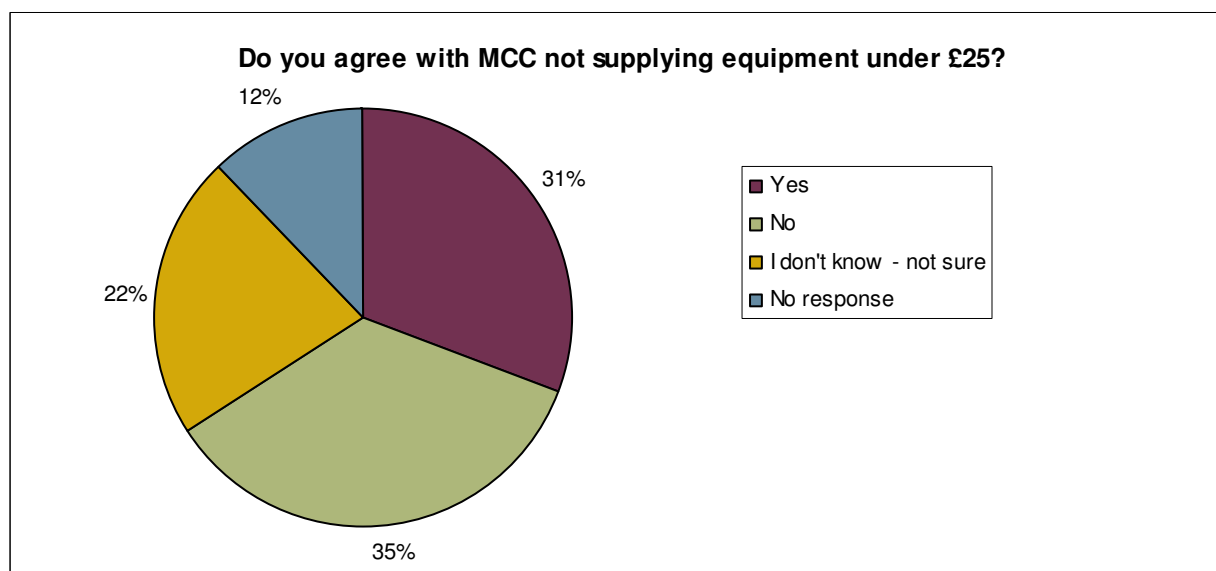
	stop funding shopping		stop funding cleaning		stop funding laundry		stop funding pension collection	
agree	135	31.5%	115	26.8%	117	27.3%	130	30.3%
disagree	175	40.8%	187	43.6%	175	40.8%	152	35.4%
no response	119	27.7%	127	29.6%	137	31.9%	147	34.3%
<b>Total</b>	<b>429</b>		<b>429</b>		<b>429</b>		<b>429</b>	



Respondents were asked to agree or disagree with Manchester City Council not funding these services. In all services (shopping, cleaning, laundry and pension collection), the majority of respondents disagree with the Council stopping funding. Of all the services, respondents indicated that they were more likely to agree to the council stopping funding for shopping (31.5%) and pension collection (30.3%) than for cleaning and laundry.

**Q8 Do you agree with Manchester City Council not supplying equipment under £25 free of charge?**

Agree with MCC not supplying equipment under £25		
Yes	132	30.8%
No	150	35.0%
I don't know - not sure	95	22.1%
No response	52	12.1%
<b>Total</b>	<b>429</b>	



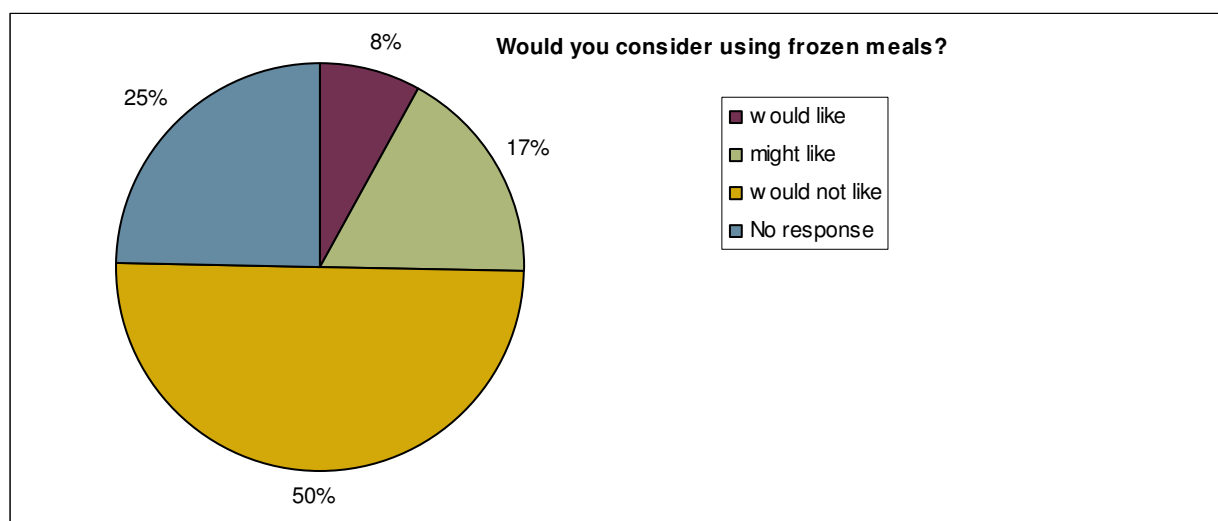
For equipment under £25, it is proposed that customers pay for equipment. 35% of respondents did not agree with the proposals and 30.8% agree with the proposals. It should be noted that 22.1% were not sure and 12.1% did not answer the question.

### Comments on Charging for Equipment under £25:

- We are on a fixed amount of money and would not be able to afford this.
- A lot of people have no or very little money to pay for other than essentials. Not paying for simple items could housebound / bedbound a person.
- It may stop people getting the equipment that they need to ensure they remain safe in their own home.
- A nominal fee would be appropriate, thus making it possible for everyone to pay some contribution.
- An assessment should be carried out to determine if the person could afford to pay for the equipment.
- All equipment should be supplied free of charge as normally equipment is on loan.
- Handles on bathroom wall are not expensive but are very effective at preventing falls. I could have afforded to buy them privately but maybe some people could not and a fall would cost a lot more than a bathroom handle would.
- Equipment is important for the person using it. The mcc should provide / supply free of charge under £25 and charge some percentage for equipment costing over £50.
- I think people should be able to afford to pay for themselves for equipment under £25.
- If the person can afford to pay for equipment then there is no reason to place a £25 limit, it could be higher.
- If I have enough money to pay for items of £25, I should do so and would like to.

### Q9 The Council proposes to arrange frozen meals for those customers requiring meal provision who can heat up their own meals.

Frozen meals		
would like	35	8.2%
might like	74	17.2%
would not like	214	49.9%
No response	106	24.7%
<b>Total</b>	<b>429</b>	



Respondents were asked about whether they would consider using the frozen meals option. 49.9% of respondents indicated that they would not consider having frozen meals. 25.4% might consider or would like to have frozen meals.

**The themes and numbers of messages in Part C were:**

Key Themes
Disagreement with the proposals to increase transport to day services (Q1)
Of the 87 respondents who indicated what they would be prepared to pay, 39.1% indicated that they would be prepared to pay £1 followed by 10.3% indicating £2 per journey. (Q1b)
47.3% of respondents did not agree with our proposals to change the way the Resource Allocation System allocate money to meet customers' assessed needs. (Q3)
37.1% used shopping services and 34.7% used cleaning / domestic services to meet their assessed needs. Pension collection was the least common used service; some respondents have cited that this was paid directly to their bank account. (Q4)
When asked to consider alternative services:
Shopping: The majority indicated they would not consider shopping by internet (45.5%), phone (48.3%) or local shop/milkman (40.6%). Of those that indicated they consider using or would like a service, they were more likely to prefer shopping by local shop / milkman than phone and internet alternatives.
Pension collection: Of those that responded, they were more likely to prefer pension collection by family (18.2%) than friends and voluntary organisation. (Q5)
In all services (shopping, cleaning, laundry and pension collection), the majority of respondents disagree with the Council stopping funding. (Q6)
35.0% did not agree with Manchester City Council not funding equipment under £25 (Q8)
49.9% said they would not consider frozen meals service (Q9)

## ***Comparison of returns to customer demographic (Part A & B)***

705 of the returns received were from customers. In order to understand the reach of the consultation across different ages, genders, ethnicities and the different areas of the City we have looked at the comparison between the cohort of customers who returned the consultation surveys and compared this to the cohort to whom they were distributed.

### **Age**

Age	Returns from Customers	% of completed customer responses	% in customer mailing
18-29	39	5.5%	6.5%
30-39	51	7.3%	7.8%
40-49	96	13.7%	12.9%
50-64	168	23.9%	18.1%
65-75	104	14.8%	14.0%
75+	245	34.9%	40.6%
Blank	2		
Total Completed	703		

The data above shows that the level of returns from each age group approximately matched the numbers sent out to each group indicating a good level of responses from across the customer base. There was a slightly higher number of returns than would be expected from people aged between 50 and 64 which was mirrored by a slightly lower response rate amongst people aged 75 and over.

### **Gender**

Gender	Returns from Customers	% of completed customer responses	% in customer mailing
Female	372	53.1%	56.2%
Male	328	46.9%	43.8%
Blank	5		
Total Completed	700		

The returns received from customers show that there was a slightly higher response than would have been expected from male customers.

## Ethnicity

Ethnicity	Returns from Customers	% of completed customer responses	% in customer mailing
African	9	1.3%	1.7%
Any other Asian background	1	0.1%	0.9%
Any other black background	3	0.4%	1.8%
Any other mixed background	7	1.0%	0.4%
Any other white background	13	1.9%	2.3%
Bangladeshi	4	0.6%	0.3%
Caribbean	25	3.6%	3.9%
Chinese	4	0.6%	0.6%
Indian	10	1.4%	0.6%
Mixed - white and Asian	2	0.3%	0.2%
Mixed - white and black African	2	0.3%	0.2%
Mixed - white and black Caribbean	9	1.3%	0.6%
Pakistani	27	3.9%	3.6%
White British	541	78.3%	76.9%
White Irish	33	4.8%	5.3%
Blank	14		
Total Completed	691		

The data above shows the ethnic breakdown of the customer mail out and the ethnic breakdown of customer returns. The returns received were approximately in line with the breakdown of those sent to customers.

### Area of the City

Ward	Returns from Customers	% of completed customer responses	% in customer mailing
Ancoats and Clayton	10	2.2%	3.7%
Ardwick	12	2.6%	3.7%
Baguley	21	4.6%	4.0%
Bradford	12	2.6%	3.3%
Brooklands	15	3.3%	3.3%
Burnage	17	3.7%	3.1%
Charlestown	19	4.1%	3.3%
Cheetham	10	2.2%	3.1%
Chorlton	6	1.3%	2.7%
Chorlton Park	8	1.7%	2.7%
City Centre	2	0.4%	0.5%
Crumpsall	25	5.4%	4.2%
Didsbury East	10	2.2%	1.5%
Didsbury West	5	1.1%	2.2%
Fallowfield	11	2.4%	4.0%
Gorton North	46	10.0%	4.6%
Gorton South	13	2.8%	2.9%
Harpurhey	20	4.4%	3.9%
Higher Blackley	22	4.8%	3.8%
Hulme	10	2.2%	1.7%
Levenshulme	9	2.0%	2.7%
Longsight	17	3.7%	2.9%
Miles Platting and Newton Heath	20	4.4%	4.1%
Moss Side	7	1.5%	3.2%
Moston	17	3.7%	3.6%
Northenden	20	4.4%	3.4%
Old Moat	9	2.0%	2.2%
Rusholme	12	2.6%	2.5%
Sharston	11	2.4%	4.6%
Whalley Range	17	3.7%	3.3%
Withington	10	2.2%	1.8%
Woodhouse Park	16	3.5%	3.6%
Blank	246		
Total Completed	459		

The table above shows the make up of the mail out and the comparative response rates from each ward. The wards, which were least well represented, compared with the expected response level were Sharston and Moss Side. The wards best represented when compared to expected levels were Gorton North and Crumpsall.

## Appendix G

### EQUALITY IMPACT ASSESSMENT RECORDING TEMPLATE Redefined Social Care Offer

<b>Directorate:</b>	Adults	<b>Is this a new or existing policy/service?</b>	Existing	<b>Officer responsible for the assessment:</b>	Allan Calvert
<b>Section:</b>	Integrated Community Provision	<b>Date of Assessment:</b>	29/06/2011	<b>Lead manager responsible for the assessment:</b>	Diane Eaton
<b>Name of the policy/service/function to be assessed:</b>	Redefined Social Care Offer	<b>Date of completion:</b>	From May 2011 to 31/08/11	<b>Date passed to Ol&amp;SI team:</b>	08/08/11
				<b>Date published:</b>	07/09/11

#### Section 1- About your service / policy / function

<b>1</b> Briefly describe the key delivery objectives of the policy/service/function being assessed	<p>The key objectives of this service are to meet the requirements of Adults Social Care and equalities legislation which impose statutory responsibilities on the Council in particular the National Assistance Act 1948, the Chronically Sick and Disabled Persons Act 1970 and the NHS and Community Care Act 1990 and including the Mental Health Acts, Human Rights Act and Direct Payments guidance.</p> <p>As a consequence of this legislation the Council has a duty, amongst other things, to provide an assessment of need, determine Community Care needs and to meet those needs which are eligible in terms of the Fair Access to Care Services (FACS) criteria. In Manchester the FACS bands are critical and substantial.</p> <p>It may meet these needs either by directly commissioning or providing services itself or by issuing a cash payment (known as an Individual Budget).</p>
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	<p>In order to determine a cash value against a Community Care need the Council operates a Resource Allocation System (RAS) and remains committed to meeting both 'critical' and 'substantial' needs under FACS criteria.</p> <p>People who fully fund their own care (self-funders) will continue to be supported with an assessment (if needed) from social care assessors.</p> <p><u>Impact on Type of Provision to Customers</u></p> <p>These proposals including the adjustment of the RAS will redefine the offer and reduce the types and choices of provision in certain areas whilst maintaining the commitment to meeting all 'substantial' needs; it is proposed that those universal needs which are not directly related to personal care such as cleaning, shopping, pension collection and laundry will no longer be directly provided and funded by the Council. Instead, the Council will assist individuals to have those needs met from within the family or wider community, from voluntary organisations or charities, or from commercial organisations. These commissioning changes will be in place before any changes are made to individual care packages. This will reduce risks associated with the proposed changes.</p> <p>Similarly with regard to support of non – personal care items such as transport, it is proposed that the Council will reduce its support subsidy of the cost of a single journey (for example to day care) so that the cost will rise from 40p to £3.50. It is further proposed to only supply items costing more than £25 unless it meets reablement or eligible assessed needs. Finally the Council proposes to focus on efficiency, effectiveness and value for money which will mean that support for nutrition for example will only usually be available via its best value approach which is the delivery of a frozen meal, but via carer support where necessary to meet needs.</p> <p>These proposals, a mixture of efficiency savings, non-personal care reductions in service provision and a change in the application of points in the RAS process to avoid duplication will potentially impact upon all current and future customers.</p> <p><u>Mitigation of the Impact</u></p> <p>The Council intends to mitigate these proposals by a significant expansion of its Reablement function.</p>
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	<p>This service will be a free service available to all new referrals. Currently the service, fully embedded and integral to the assessment process, is available to 45% of new customers. It is intended to expand the service to meet the needs of all new customers who require it. This service may also be made available, when appropriate, to existing customers at the time of their annual community care review.</p> <p>Intensive input by Reablement services will significantly reduce long-term need and promote self-care and self-reliance. This is a free service; there is strong evidence that early, intense intervention is successful in reducing need. All equipment, including that priced at under £25 will continue to be supplied, if this equipment is enabling a person to be independent.</p> <p>Outcomes from Reablement in Manchester are very positive with 45% of customers leaving the service with no on-going eligible social care needs and 33% with reduced needs (since 2005).</p> <p>An in house customer survey of Reablement users (2010/2011) indicated that 94% of users felt the service was either 'excellent' or 'good'.</p> <p><u>Note</u></p> <p>In order to ensure that this approach does not give rise to risks to customers and that the customer's needs are fully met, three protections or fail safe mechanisms will be introduced:</p> <ul style="list-style-type: none"><li>• First there will be flexibility in the application of the RAS to enable assessors to allocate more points and funding to the outcome of any individual's initial new assessment where this would not meet eligible assessed needs. This may occur for example where points have not been allocated for shopping on the basis that the customer's family can carry out this task but they are unable to do so, and/or no local retail or voluntary sector solution can be found.</li><li>• There will be a new Appeals process for customers to tell us about areas of need that we have not taken account of as part of their community care assessment. This will provide both customers and carers with an opportunity to have an independent panel to look at the decision-making in their circumstances and submit further evidence. Appendix H sets out the appeals process. Whilst the appeal process is under consideration for an individual customer, no changes to their existing individual customer care packages will occur.</li></ul>
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	<ul style="list-style-type: none"><li>In addition, the complaints and customer service section has been strengthened and restructured to provide increased capacity to respond to concerns.</li></ul>		
<b>2</b> What are the desired outcomes from this policy/service/function?	The desired outcome is to continue to provide support to the most vulnerable members of our communities, those with Community Care needs; but to do this whilst remaining within both legislative requirements and projected budget availability. Risk will be identified by Social Workers during the assessment and application of RAS.		
<b>Section 2 – Understanding your customer</b>			
<b>3.</b> Do you currently monitor the service/policy/function by the adjacent equality groups?	<b>Equality group</b>	<b>Y/N</b>	<b>If no, please explain why this is the case and / or note action to prioritise the gathering of this equality data in your action plan</b>
	Race	Y	
	Gender	Y	
	Disability	Y	
	Sexuality	Y	Information on sexuality is collected and monitored. Services are provided within the context of supporting the chosen lifestyles and relationships favoured by individuals.
	Age	Y	
	Religion & Belief	Y	
<b>4.</b> Who will be consulted as part of this EIA? What types of consultation will be carried out?	See appendix 2 and 3 for more information on the extensive consultation exercise undertaken on the revised social care offer.		

**Section 3 – Delivery of a customer focussed service / policy / function**

<b>5.</b> Could the	<b>Y</b>	<b>N</b>	<b>What evidence or data exists to support your analysis?</b>
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policy/service have a differential impact relating to <b>race</b> equality?		<b>N</b>	<p>The Joint Strategic Needs Assessment (which is a statutory requirement to indicate the levels of health and care needs in an authority) indicates that the population of Manchester includes 23.1% of people from a BME background. RAP<sup>1</sup> data (10/11) indicates that 13% of customers receiving an assessed service are from BME communities.</p> <p>This difference in service uptake is brought about by lower numbers of older people in BME communities – elders from BME communities represent only 9.6% of total under 65s, BME communities generally having a much younger age profile.</p> <p>Currently Greater Manchester provides grants to BME organisations within the city. This includes 32% of all ‘wellbeing’ grants, 8% of Partnership for Older People Projects (POPPs) funding the provision of meals for various minority communities.</p> <p>Grant funding is being scoped to deliver health and well-being and early intervention services in local communities.</p>
If the impact is negative what solutions will be introduced?	<p>Decision making in Social Care provision is carried out by District Managers and Team Managers/ Senior Social Workers. One third of District Managers and 45% of Team Managers/Senior Social Workers are from BME backgrounds. The service is specifically committed to meeting cultural and religious needs as part of the assessment process and this commitment is not affected by these proposals. By ensuring our workforce reflect the population of Manchester we embed understanding and awareness of BME needs and strong leadership. Currently DfA staffing is 20.5% drawn from BME communities.</p> <p>All social care staff are thoroughly trained in equal opportunities and operate to a professional code of conduct.</p> <p>A specific Assessment and Care Management service is commissioned from the Jewish Federation to support the needs of Jewish customers. A specific service sensitive to the needs of South Asian residents is commissioned from Manchester Asian Care. The Department regularly purchases specific care packages to meet the needs of a range of groups of different ethnic groups including Chinese, Indian, African, Polish and Caribbean peoples.</p>		
If the impact is positive how	The service is working collaboratively with commissioning across health and social care to ensure that BME needs are a reflection of needs of population in each district		

<sup>1</sup> RAP is the annual statutory return to the Department of Health detailing Referrals, Assessments and Packages of Care carried out annually

will this be safeguarded?	
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc.	Adults business plan

6. Could the	<b>Y</b>	<b>N</b>	What evidence or data exists to support your analysis?
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<p>policy/service have a differential impact on <b>disability</b> equality?</p>	<p><b>Y</b></p>	<p>All customers supported by the Social Care offer must have critical/ substantial levels of Community Care needs in order to qualify for support. These needs are usually related to disability – either physical or sensory nature or in terms of learning disability or as a consequence of age, infirmity, mental illness or substance misuse.</p> <p>The JNSA indicates that 32% of Manchester residents report they suffer from a long term illness or disability. MiCare (social care record) identifies that 98% (7078) of assessed customers have a disability or long term condition.</p> <p>This service is therefore one in which virtually all customers have some form of disability in its broadest sense i.e. includes older people and people with mental health needs. A broad breakdown of proportions of customer groups registered on MiCare (social care record) are as follows:</p> <ul style="list-style-type: none"> <li>• Older people – 45.95%</li> <li>• People with a learning disability – 17.62%</li> <li>• People with a physical disability – 11.44% (under 65)</li> <li>• People with a mental illness – 19.50%</li> <li>• People with substance misuse problems – 5.95%</li> </ul>
<p>If the impact is negative what solutions will be introduced?</p>	<p>The operation of the social care offer is based on an individual assessment of need with a personalised support plan. The assessment is holistic and individually focused hence no two support plans will be the same.</p> <p>These proposals apply equally to all groups of customers in receipt of the social care offer. There is no banding for different groups or differing price structures based on characteristics. The RAS applies equally to all individuals assessed. However market conditions determine service pricing; e.g., care for younger adults tends to be more expensive to obtain in the marketplace. The Department is currently engaged in improving its commissioning approach in order to improve the level of value obtained from these placements.</p> <p>The proposals will reduce some areas of provision to all groups but Social Work staff will be trained and directed to seek other solutions to meeting needs i.e. utilising community provision, wider family circles or commercial organisations. For those service users who will access the reablement service two housing units are available to support transition, test equipment and assistive technology and enable recovery with access to 24 hour support.</p>	

There will be a possibility of accessing and allocating additional support if high risk is identified via new risk assessment tools. MCC will also consider requirements for notice periods where personal assistants are employed and 3 months' notice is required re change of contracts/ hours of staff employed by customers under cash individual budgets.

There will be a significant expansion of Reablement services – an intense support programme lasting up to 6 weeks free of all charges, with the objective of helping individuals recover or relearn personal skills and therefore assist in obtaining optimum individual functioning.

An additional 40 FTE members of staff will be taken on in Reablement leading to a 40% increase in capacity. This is embedded into the Adults Directorate operating model and will be the default option for 85% of all referrals received by the Directorate for Adults. The service has extremely positive outcomes with up to 45% of people being fully independent again after input and 33% of people reporting an increase in their independence to some degree. The very significant increase in the availability of the resource is a strong mitigating factor; intensive support at an early stage is strongly identified with positive outcomes for people with disabilities.

Customers currently contributing 40p per trip for a journey to or from day services as part of these proposals will be required to pay £3.50 per trip. This could impact on their available resources and could lead them to consider other ways to meet their needs, including attending day services. As the Directorate proposes that no charge would be introduced to individual packages of support without a personal reassessment, any impact or risk would be addressed and alternative proposals explored.

Proposals to the provision of community equipment

It is proposed to reduce the supply of cheaper items of equipment so that the council will only supply equipment over £25. Following consultation, it has been agreed that some items of equipment under £25 are required as essential to maintaining a person's level of independence. Therefore we will:

- Continue to provide all equipment during reablement
- Continue to supply equipment after reablement that will support people to be independent
- Continue to provide equipment as part of eligible assessed needs
- Universal needs (low and moderate) under Fair Access to Care will be signposted to the retail market e.g.

	<p>Argos/Boots for low level equipment needs under £25</p> <ul style="list-style-type: none"> <li>Equipment for people with a sensory impairment that is highly specialised and difficult for individuals to obtain will continue to be supplied.</li> </ul>		
If the impact is positive how will this be safeguarded?			
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc.	Service plan for Integrated Community Provision, Business Plan for Adults Directorate, Equality Plan for Adults and Workforce Strategy.		
7. Could the policy/service have a differential impact relating to equality for <b>Gender</b>	<b>Y</b>	<b>N</b>	<b>What evidence or data exists to support your analysis?</b>
	Y		<p>Proportion of women customers – 53.60%</p> <p>Proportion of carers who are women – 67.99%</p>
If the impact is	There will be no impact on gender as social care is provided on need basis only.		

negative what solutions will be introduced?	Mitigation will be by way of carer's assessments. Where an informal carer is identified then that carer will be offered an individual assessment of their needs as a carer. This assessment may lead to provision of carer's services in appropriate cases. The number of carers receiving a service from DfA rose by 120% in the last recorded year (09/10). It is intended that this increase will continue year on year. 4699 carers' assessments were carried out last year of which 4145 resulted in some form of service support. Manchester now offers cash payments for all carers IBs – this allowing for flexibility in what the carer can purchase. Manchester is one of very few authorities currently offering this.		
If the impact is positive how will this be safeguarded?			
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc.	Safeguarding policy Workforce strategy Business plan Safeguarding service plan		
8. Could the	Y	N	What evidence or data exists to support your analysis?

policy/service have a differential impact relating to <b>age</b> equality?	Y		Older people are the largest single group of Social Care customers as 45.99% of all RAP (referrals, assessments and packages of care) registered customers.
If the impact is negative what solutions will be introduced?	<p>Reductions in direct provision of non – personal care services such as cleaning and shopping may impact on older people disproportionately.</p> <p><u>Mitigation</u></p> <p>Increases in Reablement availability will assist older people to recover from illness, accident or hospital discharge or to better manage long term conditions. Reablement staff availability is to be increased by 40FTE as part of the redefined social care offer. Older people are the primary group receiving Reablement service currently. Although this service is to be made more accessible to younger adults with disabilities older people will remain the primary beneficiaries.</p> <p>Furthermore Assessment staff must ensure alternative sources are available to provide the services no longer regarded as eligible. If they cannot, and the need still exists then Assessment staff may apply to Funding Panels for additional resources to meet needs until other forms of support are developed.. This imperative requires a different approach to commissioning services with greater focus on small scale purchasing and local neighbourhood offers to meet needs using universal services.</p> <p>74 private cleaning companies have been identified in Manchester covering all localities. All supermarkets now deliver food and work is underway to arrange local services via local shops and suppliers e.g. Milk and More, Voluntary Sector. Frozen meals services supplier are looking to expand to develop other services such as shopping.</p> <p>As Adults Directorate integrate with Health, a shared clinical view will support effective risk management for all customer groups and including an emphasis on frail elderly.</p> <p>Residential and nursing care home places for older people can generally be purchased in the marketplace at</p>		


	<p>lower rates than those paid for younger adults. Lower market rates for care placements do advantage older people needing access to these services.</p> <p>Local neighbourhood care groups set up in 2010 have developed wellbeing services in parts of the city with a particular emphasis on recruiting volunteers who offer a befriending services and support to customers to develop their own local support networks to reduce social isolation. These services would be monitored closely to ensure that customers are satisfied with alternative forms of provision via surveys and telephone contact etc.</p>		
If the impact is positive how will this be safeguarded?			
Which business plans or equality action plans have these been transferred to?	Service, Section and Departmental business plans.		
9. Could the policy/service have a differential impact relating to <b>sexuality</b> equality?	<b>Y</b>	<b>N</b>	<p><b>What evidence or data exists to support your analysis?</b></p> <p>Sexuality or sexual preference is monitored as part of the assessment process. However it is not always relevant to the customer's choice and not all customers choose to provide that information. Assessment is holistic and individual and specifically includes cultural needs which include aspects of sexuality. Individual responses to need include support to manage choices around an individual's sexuality where that is appropriate.</p> <p>Note that the service promotes long term relationships by avoiding the separation of older partners into care homes where that is appropriate and requested by the partners.</p>
If the impact is negative what			

solutions will be introduced?			
If the impact is positive how will this be safeguarded?			
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc.			
<b>10. Could the policy/service have a differential impact relating to equality in religion and belief?</b>	<b>Y</b>	<b>N</b>	<b>What evidence or data exists to support your analysis?</b>
		<b>N</b>	Legislation requires that assessment staff take account of cultural needs including religious belief as part of the assessment and support planning process. Assessment staff must assist people to exercise those beliefs where that would be deemed essential to their well – being. This would normally be done utilising family, voluntary or community resources. These proposals do not impact on those requirements they remain as part of a holistic assessment but funding support is not normally required. The Department commissions a range of services specific to minority religious practices including Kosher meals, halal meat for Meals on Wheels and direct provision.
If the impact is negative what			

solutions will be introduced?			
If the impact is positive how will this be safeguarded?			
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc.			
11. Could the policy/service have a differential impact relating to equality in <b>marriage and civil partnership</b>	<b>Y</b>	<b>N</b>	<b>What evidence or data exists to support your analysis?</b>
		<b>N</b>	Individual based assessments look to the needs of an individual in the round and therefore we would support relationships within this assessment.
If the impact is			

negative what solutions will be introduced?			
If the impact is positive how will this be safeguarded?			
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc.			
12. Could the policy/service have a differential impact relating to equality in respect of carers	<b>Y</b>	<b>N</b>	<b>What evidence or data exists to support your analysis?</b>
	<b>Y</b>		22% of the adult population or around 60,000 Manchester residents act in a caring role.
If the impact is	(See also gender and age)		

negative what solutions will be introduced?	<p>Carers may be adversely affected by these proposals in that:</p> <ul style="list-style-type: none"> <li>• Low level services if withdrawn may impact on carers and increase their caring role and activity to fill perceived gaps.</li> <li>• Increased transport charges may impact on carers in terms of providing transport or care if customer withdraws from services.</li> </ul> <p>Mitigation – Carers assessments are offered to all informal carers who are providing substantial amounts of care. This is an assessment of the impact of being an informal carer on the life of that person. Last year 4699 Carers assessments were carried out by the Directorate for Adults, of these 4145 Carers received specific services of support as a result.</p>
If the impact is positive how will this be safeguarded?	<p>We will continue to offer carers Individual budgets and carers assessments; and continue to offer individual holistic assessments and introduce a risk tool to ensure needs are not unmet but accommodated through alternative methods.</p>
Which business plans or equality action plans have these been transferred to? E.g. Equalities Delivery Plan, Business Objectives Delivery Plan, Workforce Delivery Plan etc.	

Section 4 – Director level sign off			
<b>Name:</b>	Liz Bruce	<b>Date:</b>	22 August 2011
<b>Job title and directorate:</b>	Strategic Director for Adults	<b>Signature:</b>	

## Action Plan

### Revised Social Care Offer

Action Identified from EIA	Target Date	Responsible Officers	Business Plan	Comments
Alternative sources for low level provision to be identified. This specific commissioning exercise follows consistent feedback from the consultation process that better information for customers is needed.	End August 2011	Allan Calvert District Managers Hazel Summers Mark Burton	Yes	To support in revised offer
Information regarding access to low level service support to be provided.	September 2011	Allan Calvert Zoe Robertson Hazel Summers Mark Burton	Yes	For use by assessment staff
Training of Assessment and commissioning staff in revised offer.	September 2011	Allan Calvert District Managers Mark Burton Caroline Powell	Yes	To support in revised offer
Enhanced monitoring of carers assessment activity	From September 2011	District Managers Team Managers Senior Social Workers Panel Chairs	Yes	To monitor impact on carers
Monitor complaints for evidence of disproportionate impact	From September 2011	Elaine Thomas Allan Calvert Mark Burton	Yes	
Training re use of risk tool and allocation of risk panel. Set up appeals process and complaints monitoring and tracking.	From September 2011	Allan Calvert	Yes	

## Appendix H

