



MANCHESTER
CITY COUNCIL

Local account 2010/11 Report

Directorate for Adults, Health and Wellbeing

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Foreword

I'm delighted to introduce the first local account of performance for Manchester City Council's adult social care. As the Executive Member for the Directorate for Adults, Health and Wellbeing in Manchester, it is my duty to ensure that services for residents and customers are delivered in a timely manner and to a high standard. This local account is primarily intended to be an honest account of how well we delivered services to Manchester people in 2010/11 and includes real case studies to describe our diverse responsibilities, which go beyond traditional social care.

In order for us to deliver tailor-made solutions for our population, we are heavily guided by other Manchester work, including the Joint Strategic Needs Assessment, and the State of the City and Communities of Interest Reports. We won't replicate information that is contained there, but urge you to review these reports to gain a wider view of how we are meeting population needs. You can find the reports via our website.

In order to ensure the continued accessibility of information for colleagues, partners, stakeholders and – most importantly – customers, we have produced a shorter executive summary. You can find these alternative formats on our website.



Councillor Glynn Evans
Executive Member for Adult Services

Business overview

Vision statement

The Directorate for Adults, Health and Wellbeing encompasses a broader agenda that moves beyond the traditional social care, and it will deliver a more holistic, joined-up vision for adults in Manchester.

The vision is ambitious and includes:

- Independent healthy adults who are socially and economically included in the community
- Adults who know and enjoy the benefits of employment
- Adults who are able to parent well and provide good role models for children in early years
- Recognition that mental wellbeing is as important as the physical wellbeing
- Adults who choose a healthy lifestyle, which includes regular exercise and a healthy diet
- People reaching their full potential and whose quality of life extends into their older years.

We are committed to the strategic priority to reduce reliance and dependency on public services through a focus on early intervention, in particular with regard to mental health outcomes. Wherever possible, we want to align more of our services with health to achieve better services for Manchester residents and obtain increased value for money.

Service overview

The Directorate for Adults, Health and Wellbeing, through both its mainstream service delivery and the transformation programme, seeks to deliver the vision of greater accessibility, better outcomes, increased customer satisfaction and lower costs for adults in Manchester. Our starting point is the principle that everyone in society has a positive contribution to make and that they should have the right to control their own lives. Our mission is to ensure that these values drive the way we meet the broader adults agenda, together with fulfilling our statutory responsibilities.

In transforming the customer experience, we are simultaneously changing the overall shape of services, including the number of people receiving different forms of support. Our strategic aims, shared with our NHS partners and the Manchester Mental Health and Social Care Trust (MMHSCT), are to:

- Widen our 'offer' to a broader range of people, including greater use of signposting residents to other services and not creating a dependency culture
- Shift our investment – from high-cost services for relatively few people to better value-for-money services for more people in the community
- Continue to focus on prevention with investment through integrated commissioning
- Ensure that people can benefit from a wider range of modern, flexible services

- Develop a high-quality, integrated infrastructure and organisational capability that supports the delivery of the vision
- Better contribute to strategic Council objectives and cross-cutting initiatives (such as worklessness, working with complex families, and adult skills) and embed the locality and neighbourhood model to support community cohesion and lead the health and wellbeing agenda.

How does the service support the Corporate priorities?

Reaching full potential in education and employment

Our overall strategic priority is to reduce worklessness and dependency on high-cost services through a focus more on prevention and early intervention, integrated commissioning and joint working with key partners such as NHS Manchester, Manchester Mental Health and Social Care Trust (MMHSCT) and other Council partners.

We have a diverse customer base, eg. older people, learning disabled people and customers with a physical disability or who are drug or alcohol dependent. As a result, for many of our customers, success in gaining employment can be particularly difficult (especially in this current economic downturn). However, we remain committed to exploiting all opportunities for our customers to reach their full potential in education and/or employment where, in some cases, volunteering may be a more viable option.

Our well-established and high performance at a national level in the use of Personal Budgets for our customers, to enable them to purchase the care solution of their choice, is specifically beneficial to help customers choose services and products that help them on the road to education and employment. In addition, the Right to Control pilot (Manchester is a Trailblazer authority) further underpins our ethos to help people make informed decisions about their care and support with a shift in focus from supporting individuals to supporting them back into employment, thus promoting independence and self-reliance.

Individual and collective self-esteem – mutual respect

As set out above, our innovative use of Individual Budgets and the Right to Control creates a level playing field for disabled people in Manchester to exercise choice and control over the nature and quality of services they need to live independently. Our customers regularly tell us their views on the services they receive and we use this feedback to ensure that we continue to commission high-quality services from registered providers and the Voluntary and Community Sector. This, in turn, improves customers' quality of life and ensures that they are treated with dignity, which plays a significant part in individual and collective self-esteem. Our in-house provision is being reinvigorated to provide a more modern, responsive solution for Manchester residents in purchasing care services from the Council.

Neighbourhoods of choice

One of the key drivers behind our earlier transformational activity was to create a locality and district model of delivery. This is now embedded and we have created an Assessment and Care/ Reablement service provision that is local and responsive to communities. This is alongside a Commissioner Lead providing a neighbourhood commissioning function, as well as specialist knowledge around our key customer groups (learning disability, older people, physical disability, advice and prevention, mental health and Supporting People). Wherever possible, our locality structure is closely aligned to both Strategic Regeneration Frameworks (SRFs) and is co-terminus with health structures and provision. This is particularly important as we move towards closer integrated models of delivery around health and social care, which will ultimately provide a sound platform for better customer and patient experiences.

Our overall objectives

This section explains how the service plans to achieve its objectives and we will continue to develop a range of business plan 'products' that enable us to communicate our vision and plans with our customers and staff. We are now working in co-production with these stakeholders to ensure their input and quality assurance is sought and achieved.

Our overall objectives are set out in six thematic outcome areas, as follows:

1 Quality of life

- People who use services and their carers enjoy the best possible quality of life
- Services are provided early, which help people maintain or regain their independence
- Young carers are recognised and well supported and their educational attainment is unaffected
- Adults are enjoying a rich social life and have access to leisure, learning and other services as part of their community or neighbourhood.

2 Choice and control

- People exercise greater choice and control over the services they receive
- Customers in receipt of personal budgets are contributing to the development of local service innovation
- People have greater access to universal services, eg. leisure, libraries and education, to meet their social care needs
- All Manchester residents are getting the best information and advice about their care and support needs and high-quality Council services.

3 Inclusion and contribution

- People with mental health and learning disability needs gain access to employment
- People who use services will take part in community life
- Customers will contribute their views on services and help shape improvements.

4 Health and wellbeing

- More people taking responsibility for their health and care needs and that of their families
- Healthier and safer lifestyles are evident to lower the risk of illness, accidents and long-term conditions
- Fewer people will need care or treatment in hospitals and care homes
- People and carers with long-term needs are supported to live independently and have timely assessment and support services.

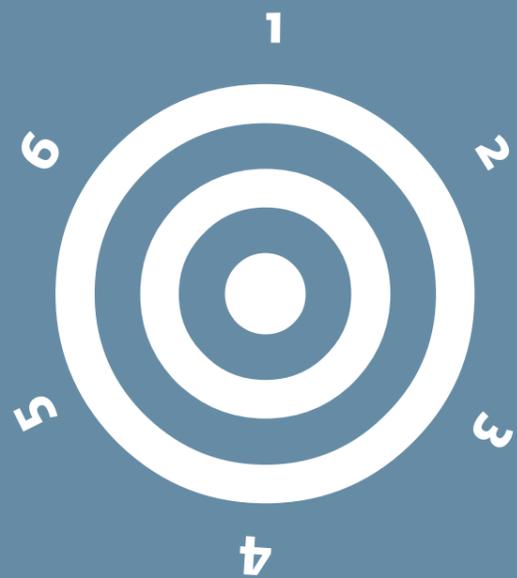
5 Dignity and safety

- People who use services and their carers have fair access to services
- Manchester residents are free from discrimination and harassment in their living environments and neighbourhoods
- People who use services and their carers are safeguarded from all forms of abuse
- Personal care maintains people's human rights, preserving dignity and respect, and supports family and social life.

6 Transforming services

- We will support the wider population to maximise the independence of Manchester citizens
- We will work with people earlier and prevent their journey as service recipients and therefore reduce care costs
- We will develop and embed the citizens' view of a 'one council' approach.

How well did we do against our overall objectives in 2010/11?



- 1 Quality of life
- 2 Choice and control
- 3 Inclusion and contribution
- 4 Health and wellbeing
- 5 Dignity and safety
- 6 Transforming services

1 Quality of life

Rehabilitation and support to remain in the community

The Directorate supports people to be as independent as possible and to remain living in their own communities. We do this in a number of ways, through specific services such as Reablement, by improved joint working across health and social care, and by increasing the availability of supported accommodation and assistive technology. Where people have been in hospital, we ensure they are supported to return home as quickly as possible.

Reablement/Intermediate Care services are available for all customers who require help to remain living independently, regardless of eligibility for social care funding. During 2010/11, there were 4,615 new referrals, of which 64% were referred from the community and 36% from hospital. 2,107 referrals were appropriate for Reablement intervention.

The success of Reablement and Intermediate Care is measured by looking at the number of people who have regained their independence and are living at home three months after being in hospital.

- 66.6% of people aged 65+ who received Reablement between October and November 2010 were at home three months later.
- 62.3% of people aged 65+ who received Intermediate Care between October and November 2010 were at home three months later.

- Overall, Reablement intervention has seen 48% requiring no further care and 31% continuing to require long-term care.
- Customers were asked to rate the quality of the service they received; 84% rated the service as good and above.

Range of prevention services

As part of its commitment to develop effective prevention and early intervention services 2010/11, Manchester City Council provided additional investment in services providing practical, social and emotional support for adults in the city. Prevention and early intervention services underpin a range of statutory and non-statutory support services – they can be the difference between people needing formal health or care services and being able to live independently. In doing so, they can deliver benefits to Housing, Health and Social Care budgets in delaying or preventing the need for costly and complex health and care packages, and enable individuals to remain living in their own homes.

Community Alarm Service

The Community Alarm Service enables older, disabled and vulnerable people to receive emergency help 24 hours a day, 365 days a year, at the touch of a button. The alarm button is worn as a pendant or on the wrist, making it easy to summon help. Our customers find that it gives them the peace of mind and security to continue living independently in their own homes. Other sensors are available to support customers' needs, such as the automatic smoke detector, the extreme heat sensor,

and carbon monoxide and flood detectors, all of which raise an alarm with the Contact Centre.

Daytime support

In-house daytime support provision has been reconfigured during 2010/11 with the opening of a new purpose-built 25-place 'Eric Hobin Centre' in Charlestown. The centre adjoins a thriving community café, IT suite and shop, and has been designed as a part of a 'community hub' that reaches out to attract the residents of the on-site Whitebeck Court Extra Care scheme and the surrounding neighbourhood. The activities often vary from the usual activities a day centre provides, to include fashion shows, cheese and wine events and making 'lotions and potions'. Events and activities are designed in conjunction with local tenants and customer committees with the aim of helping more people in the older client group to maintain independence. The opening of this new centre has ensured that there is improved geographical coverage of centres across the city.

External daytime support contracts have been revised to reflect the increasing importance of customers' choice of daytime support services. The five daytime support services run by external providers in Manchester are demonstrating increased use of virtual and cash Individual Budgets and are evidencing new approaches towards encouraging self-funders. Daytime support services continue to work with partners to improve customers' choice of activities that could improve their quality of life. These activities include:

- joint work with a range of services such as Transport, Manchester Fayre, Community Nurses, Rehabilitation Officers, Chiropody, local schools, churches, Business in the Community, Northwards Housing and Care Watch. This has proved very positive in many areas, with residents and daytime customers enjoying lots of joint events for local people from the community to join in. A range of events include Good Neighbours Day, musicals, a fashion show, Teddy Bears' Picnic, Community Bingo, Santa Day, Evening Christmas Party, five days of Christmas dinners and Christmas parties, Christmas fair week, harmonica lessons, trips to the theatre, Keep Fit with Wii, internet café, and training offered on cooking for one.
- Health promotion is ongoing at all times; examples include t'ai chi, holistic therapy, armchair keep fit, various awareness days offered all year round at all centres (such as Dementia Awareness, and Bowel Cancer Awareness), gardening projects and encouraging healthy eating. Recipe books will be created to support this. All activities are open to residents and customers and timetables change according to customers' feedback.

Supported accommodation

The Rehousing Team is responsible for the allocation of adapted properties throughout the city, including Council and Registered Social Landlords. In addition, the team will identify and allocate properties that are capable of being adapted to meet the specific needs of the new tenant. During 2010/11, a total of 259 adapted and adaptable properties were allocated.

Some of the ways that supported accommodation has helped to improve people's quality of life include:

- Adult placement work successfully with two teenage customers to prevent and reduce the risk of homelessness, abuse and crime
- Twenty-four customers within supported accommodation with a physical disability and domiciliary support had successful holidays
- Successful monitoring of BMI has seen a significant reduction of men and women and improved health through healthy diet and lifestyles
- A reduction in psychotropic, long-term and as-required medication usage for a number of customers has been achieved. This improves quality of life and health for Learning Disabled Adults within support accommodation.

Housing-related support

The Supporting People programme provides both short-term and long-term housing-related support for approximately 14,000 vulnerable adults. Those supported include people with mental health issues, older people, those at risk of domestic abuse, homeless people, homeless families, people with learning disabilities, offenders, vulnerable young people, care leavers, young single parents, and people with substance-abuse issues. Many of these people experience social exclusion and live chaotic lifestyles.

A key objective of the programme is to work with each individual to help them live independently. Each person agrees a support plan with his or her provider, and

they receive support with various aspects of their life. People are supported to engage with primary health services and comply with statutory orders, and are supported into training and employment. Individuals might also be assisted to maximise their benefits, manage their finances and deal with debt.

During 2010/11, the percentage of people receiving short-term services supported to move from temporary accommodation to permanent accommodation in a planned way (National Indicator 141) increased by 3.24%, from 66.57% in 2009/10 to 69.81% in 2010/11. The Supporting People programme helps 97.13% of its customers receiving long-term and floating support services to live independently in the community (National Indicator 142).

Extra Care Housing

March 2011 saw the opening of two new Extra Care schemes in north Manchester. The Byrons, a new-build scheme based in Higher Blackley, offers 40 two-bed apartments along with communal facilities for tenants. Whitebeck Court in Charlestown offers 91 one and two-bed apartments in a refurbished tower block with communal facilities for tenants and an integrated day centre. The services provided within these schemes aim to improve health, wellbeing and quality of life through flexible and responsive care services, engaging and varied social activities, and fully accessible, energy-efficient accommodation.

Although both schemes are still relatively new, feedback shows there have already been a number of cases where people have moved into the schemes with quite substantial care packages and have seen

them reduce as they gain confidence and regain daily living skills and social interests. For example, one woman previously spent five days a week at a daytime support centre to prevent social isolation, but upon moving into the Byrons the number of days required at daytime support were reduced to two as there are activities held at the scheme and a good community spirit. The new schemes have also attracted applications from a lot of couples and have had the opportunity to provide important support and respite for people who are the main carer for a partner or relative.

The 131 new Extra Care places will help to release larger family housing and prevent unnecessary admissions to residential care and hospitals. It is anticipated that the majority of people living in Extra Care will be able to live independently in the schemes until the end of their lives. Around 15–20% of people who move into Extra Care would have otherwise had to be placed in a residential care setting.

Throughout the development phases for both the Byrons and Whitebeck Court efforts were made to consult with local residents. The names for both schemes were decided through consultation with the local community, and the external and internal colour schemes for Whitebeck were also decided by stakeholder feedback. An evaluation exercise has been carried out at Whitebeck to gauge customers' satisfaction with the services and facilities provided. As a result of this consultation, suggestions for the café menu options, activities and the opening of the ground floor facilities out of hours are being explored.

Tenants within Extra Care are encouraged to play an active part in scheme life, whether through participating in on-site activities and events, joining in with the gardening, or actually organising things themselves. Both new schemes have set up their own residents association and social committee to enable tenants to have their say on how the scheme is run and what activities, events and outings are to be on offer.

Equipment and minor adaptations

In 2010/11, the Directorate installed 37,629 items for people needing equipment and minor adaptations in their homes to help them to live independently. Of the 37,629 items, 37,308 (86.48%) were delivered within seven days, slightly below our target of 97%.

Blue Badge Service

The Blue Badge Service has been named as the north west centre of excellence in recognition of service development, particularly in collaboration with street parking. This will enable further improvements to the Blue Badge scheme, including publicity campaigns, and therefore increased take-up of qualifying older and disabled people. The Blue Badge scheme enables customers to increase choice and independence by improving access to leisure, retail and employment facilities.

During 2010/11, 1,888 new applications and 5,106 renewals were received and, of these, 295 were refused, resulting in 6,950 Blue Badges being issued. 3,169 were mandatory awards as the applicant was on a passport benefit, whereas 3,632 were discretionary

requiring confirmation from their GP of their limited mobility. In addition, 75 institutional badges and 74 exceptional badges were issued.

Adapted housing

Manchester City Council was successful in bidding for funding to develop 32 innovatively designed two-bed bungalows in Higher Blackley and Charlestown. The bungalows, which are managed by Northwards Housing but owned by the Council, were designed through a competition to meet the needs of older people and level 4 of the sustainable homes code. The bungalows have been let to older tenants who were under-occupying larger family houses no longer suitable for their needs.

Similarly, monies made available through the Local Investment Plan funded a development by Parkway Green Housing Trust of 11 bungalows in Brooklands. The bungalows were completed in autumn 2011 for older tenants under-occupying family houses no longer suitable for their needs.

BME Luncheon Club providers cater for community groups with dietary/cultural food preferences, including the Indian Senior Citizens Centre, the African Caribbean Care Group for the Elderly, Wai Yin and the North Manchester Black Health Forum. They consult customers on their food preferences and what meals they receive.

Meeting complex needs

People who are on the autistic spectrum have their needs assessed as with any other individual. Many of the individuals

supported by the complex needs day service are diagnosed as being on the autistic spectrum. People are supported by a group of staff who are supervised by qualified learning disability nurses and aware of the different way people on the autistic spectrum can perceive the world in terms of their difficulties in the triad of impairments (communication, social integration and imagination). From their knowledge and experience they are able to address, with more clarity, their particular support needs. Input from the Community Learning Disability Team, particularly Speech and Language therapy, Psychology and Behavioural Support, and Occupational Therapy ensures people's needs are being effectively addressed. The service also offers training on Autism Awareness.

Access to universal services – local transport

Transport for Greater Manchester (TfGM) has a number of services to support people with disabilities and older people accessing public transport in Manchester, which are actively promoted through advice and information services and the independent sector. For example: Ring and Ride and travel vouchers. A new leaflet has been produced providing information for disabled people wishing to access transport services.

The Physical Disability Partnership Board (which includes customers and carers) looks at improving access to transport for people with physical disabilities, including improving access at Oxford Road Station, as well as the Ring and Ride service and Shared space. An example of a joint working with other partner stakeholders is provided.

CASE STUDY:

Improving access to hackney cabs

The disability groups highlighted some of their concerns mainly around customer care and the ability of drivers to safely put wheelchairs in and take wheelchairs out of their vehicles. A working party was set up, which includes representatives from the Council's Licensing Department, the Trade industry and the Physical Disability Partnership Board. It will raise disability awareness, test vehicles and look at improving the NVQ assessment and training course for taxi-drivers.

As a result, a revised guidance for drivers was issued, reminding them of the facilities they have on their cabs to assist disabled people, and their responsibilities. Braille information identifying the cab number was installed along with window stickers advising taxi drivers what aids can support disabled passengers. An article in Taxi Drivers magazine also details disabled people's difficulties and experience and how taxi-drivers could assist. Some trade representatives spent time with drivers at the ranks in an attempt to raise awareness of disability features of hackney cabs. A mystery shopping exercise focusing on disability awareness was undertaken after all the above measures had been taken.

Access to universal services – advice services

We have commissioned Community Legal and Advice services in the city with extended access for customers, eg. evenings and weekends, which previously the Council could not provide. This reflects the Council's strategic priority to become more targeted in its shape and delivery and ensures increasing access for Manchester's residents.

Wellbeing Grants

People who need Wellbeing services have some shared issues in their lives that can leave them feeling isolated and lonely. The Wellbeing Grant has been running since 2010/11 and funding continues through 2011/12. Over 450,000 people live in Manchester and 39% of homes are one-person households (all ages). Having a limiting long-term illness can have an isolating effect on people's lives. 21% of Manchester's population live with a limiting long-term illness. Any social activity that brings people together, no matter how small or for how limited a time, can make a difference to people's lives. For those people who are unable to leave the house alone, having someone from their local area come to help them, or even stop by each week for a chat, can have a major impact on them.

One way to challenge isolation is to get involved in delivering help and support to others, so volunteering becomes a help to both the volunteer and the person who uses the volunteer's time. In addition, volunteering allows people to build up experience, skills and knowledge that can help them into employment. 2,330 Manchester residents are receiving or have received a Wellbeing Grant-funded service

each month. This includes customers who may have received a 'one-off' service, eg. telephone support or some advice.

CASE STUDY: Caritas

Caritas were awarded a Wellbeing Grant to continue providing a volunteer-led befriending service across north east Manchester, providing home visits and telephone support for over 300 older people, many of whom are isolated. 82 customers (approx 22%) who use the service completed a questionnaire to evaluate the impact the service had had on their health and wellbeing:

- 62% felt more independent
- 88% said they had made new friends
- 91% felt happier
- 72% felt safer
- 55% felt more able to cope with their health problems.

Dementia

The CareConcepts Unified Dementia pilot (outreach, day care, respite and assessment centres) started in April 2009 and was evaluated by Manchester Metropolitan University. The final report published in October 2010 found there were high levels of satisfaction among customers and their informal carers, with at least two-thirds demonstrating improved functioning and behaviour.

We have increased the range of Dementia Services with two new Dementia Cafes, which opened in 2010/11 in Wythenshawe and Chorlton. The Chorlton Cafe is run independently by customers and carers,

helping them to make a positive contribution to their community and supporting others.

Long-term conditions

A Stroke Cafe has been established in Gorton. This twice-monthly cafe aims to support people recovering from a stroke (and their carers) and was developed following feedback from customers who felt that the social aspects of recovering from a stroke were often overlooked. This is a new approach to stroke support in the community, enabling people to receive support in a more relaxed and informal manner. It is acknowledged that stroke survivors and their carers welcome the opportunity to share their experience with people who have been through similar situations.

Improving nutrition

Eating well and improving nutrition is important to improve the health and wellbeing of the community. An example of improving nutrition in the community is provided here.

CASE STUDY: Improving nutrition

A group of housing associations brought together isolated men from the community to learn cookery skills every week; the men's cookery class produced a receipt book that they still use to cook their food. Southway are building on this success to produce another cookery book and eventually diet plans in a unique collaboration with older people and people with learning/physical disabilities.

Supporting carers

Carers' services continue to support carers and young carers to continue to care for their families/relatives in their own communities. Families are supported so that young carers do not have to take on inappropriate caring roles. These services enable carers to balance caring with a life of their own; carers are able to have a social life and to use leisure, learning and other local services.

Various services across all customer groups offer training, development and employment opportunities for carers and employers; this assists carers to continue to provide care for the person cared for. They provide information for carers to get the benefits they need, and support in the community through carers' services and networks. In 2010/11, over 350 carers attended courses including IT skills, confidence building, English classes, understanding the condition or diagnosis of the person cared for, health awareness, diet and nutrition, and a full recovery programme for people with mental health issues.

The number of carers receiving services following an assessment (including advice and information services only) increased by 31.6% from 3,149 in 2009/10 to 4,145 in 2010/11. This means that this year's performance of 51.49% has exceeded the target of 41%.

This indicator was previously monitored as one of our Local Area Agreement targets. The Carers Annual Survey (2010/11) reveals that 79% of carers felt that their needs were taken into account and over 70% of carers said that it has made a positive difference to their quality of life.

Young carers

The first point of getting support is a young carer's assessment. The Council carries out assessments with both the young carer and parent/guardians; this enables us to look at the whole situation at home and the views of the child/young person and the person they care for. The assessment incorporates the Whole Family Approach to look at the support the family needs to support the young carer. The outcome of the assessment informs the Support Plan and Risk Assessment for the young carer.

Since July 2010, 105 young carers and their families have received support, information and advice, or were signposted to other services:

- 30 received family support, which included signposting, advice and advocacy, help with completing benefits forms, one-to-one emotional support with the young carer, emotional support for the cared-for, and practical support, eg. accompanying to appointments
- 75 young carers attended open-access groups and some received targeted specialist support. These groups provided opportunities for young carers to have their own time and to meet other young carers.



2 Choice and control

Personalisation and Individual Budgets

To help people to make choices about their support we have continued to increase the number of customers purchasing their care through Individual Budgets. During 2010/11, 5,451 people received their own Individual Budget. This represented an 18% increase from 4,604 in 2010/11. In addition to this, 2,897 people received a Carer's Individual Budget. This was a 27% increase from 2,275 in 2009/10. This means more people have Individual Budgets enabling them to have more choice and control over their support and social activities.

We have worked hard with care providers in Manchester to ensure that everyone, regardless of their funding status, has access to high-quality care. Contracts staff are working with providers to increase the range of good/excellent care providers to offer choice for customers and self-funders. More information is provided in dignity and safety.

We have worked in partnership to increase the range of prevention and early intervention services to respond better to customers' needs. See Quality of life for more information.

Information provision

The Directorate for Adults, Health and Wellbeing has developed a comprehensive range of information and promotional materials to improve access and understanding of the services we offer. This supports the customer to make decisions about their care and support.

All customers have the opportunity to talk through all possible options, to be signposted to other services and to receive financial and benefits advice. We provide a range of services, including Reablement, Carers Services, Equipment and Adaptations, as well as comprehensive information and advice services, which are available for everyone across the city (see Quality of life for the range of preventative services).

To ensure accessibility, information is available in a range of languages in audio format through the Manchester Council website. A snapshot of activities from April to September 2010 shows that Manchester City Council carried out 495 language translations and 9,256 interpretations. Other formats, such as easy-read for those with learning difficulties and Braille/audio for those with visual impairments, are also available, allowing the Directorate to communicate effectively across its diverse range of customers.

MyManchesterServices

MyManchesterServices is the Manchester City Council online resource for adults, carers of adults, their friends and relatives, who want to find support services and a host of opportunities to make life more fulfilling. The site is also used by people whose job involves supporting adults. MyManchesterServices has detailed information about more than 1,300 services and opportunities in the city, from advice about benefits, to yoga classes for people with disabilities, as well as social opportunities and other services to help improve residents' quality of life. People using the site can get map details, print off the information they require, and link to other organisations.

We continue to increase the range of information to meet the needs of the whole population, enhanced through our customer consultation groups including self-funders. We have expanded the range of categories on MyManchesterServices to increase and develop the range and accessibility of information for black minority ethnic (BME) and lesbian, gay, bisexual and transgender (LGBT) citizens. We also involve key groups, eg. the BME Consultation Forum and Lesbian and Gay Foundation, in the ongoing features of MyManchesterServices to ensure that it meets the needs of the community.

MyManchesterServices publicises a range of informal exercise groups to promote falls prevention among older citizens. We contributed to the Combining to Care pilot (C2C) (a multi-agency partnership to improve the lives of vulnerable older people) by ensuring that information about C2C partners' services was included on MyManchesterServices.

Health information and Resource Library

2010/11 saw the library move to new premises in Fallowfield, consolidating the two previous sites into a new single location serving the whole city. The changes taking place under the Transforming Community Services agenda have included some changes to our customer base following the dissolution of Manchester Community Health. We are also continuing to engage with our new customers to promote our services, supporting evidence-based practice and decision-making and facilitating health promotion activity.

The Health Information and Resources Library provides information and health promotion resources to support the work of NHS Manchester staff, Manchester Mental Health and Social Care Trust staff (from April 2011) and other health promoters in Manchester.

Reducing homelessness

Being able to stay in your home, finding a new home where there was a risk of homelessness, avoiding or reducing time spent in temporary accommodation, and avoiding rough sleeping all affect health and wellbeing, improve quality of life, allow choice and control and help to maintain dignity and respect.

During 2010/11 the Homelessness Service, through its housing options service, and its partners prevented homelessness for 2,037 households. The number of households owed a homelessness duty and in temporary accommodation has remained reasonably stable at approximately 300 people since the end of 2009, with 278

households in temporary accommodation at the end of 2010/11 and 273 in 2009/10. Rough sleepers counted on a single night in the year remained below ten with an outcome of seven.

However, given the financial climate, Manchester expects to see an increase in the number of homeless households. Early indications for 2011/12 show that the number of households has risen significantly and is now well above the national target of 33¹.

While the number of statutory homelessness acceptances has remained steady, performance has been negatively impacted by a fall in moving households on from temporary accommodation following the introduction of a new housing allocations scheme in February 2011, which changed the priority for homeless households.

The Directorate is working with Housing Access to address this while providing homeless households with the support needed to successfully bid for properties. 2010/11 evidenced continuing improvement in the key policy area of reducing admissions to temporary accommodation.

3 Inclusion and contribution

Customer feedback – consultation with our customers

The Directorate for Adults, Health and Wellbeing consults with its customers formally and informally. Last year we carried out a statutory survey across all our customer groups and invited them to feed back on how well they were being supported. Around 1,250 Manchester residents aged 18 and over (chosen as a random sample), who receive community-based or residential care that is funded at least in part by Manchester City Council were invited to participate in the 'Your social care and support services' survey. This included customers receiving community-care support from our formal partners in Manchester Mental Health and Social Care Trust and the Manchester Learning Disability Partnership.

The survey asked a number of questions regarding people's experiences and opinions of the care they received and how they believed this affected their lives.

Of the 1,250 questionnaires sent out:

- 228 were sent to individuals in residential care homes
- 67 were sent to individuals in nursing care
- 955 were sent to individuals who receive care in their own homes or access care in a community setting.

In total, 374 questionnaires were completed.

Responses to this survey were overwhelmingly positive, with 57% of customers stating they were either 'extremely' or 'very' satisfied with the care and support services they received.

Involving customers in commissioning decisions

Through engagement structures, individuals, and local community and voluntary groups are supported to have their say and participate in local forums. Key issues and feedback have been reflected in business plans and priorities; partnership boards provide strong leadership and governance to ensure progress with work programmes.

Customers are routinely involved in service design and procurement via the established Partnership Boards (eg. Health and Wellbeing Partnership Board, Physical Disability Partnership Board, Learning Disability Partnership Board, Visual Impairment Steering Group, Hearing Impairment Steering Group, HIV, Drugs and Alcohol, Mental Health and Valuing Older People Board) that exist covering all customers.

Board members have been involved in many initiatives; examples include:

- People with disabilities co-produce developments in the Right to Control trailblazer through the Greater Manchester Coalition of Disabled People's Customer Design Group
- Development of the new customer journey in the Primary Assessment Team Pilot

- Family carers and learning-disabled people participate in decisions about allocation of the Learning Disability Development Fund, design of service specifications and interviewing of tender applicants. Regular consultation takes place with family carers and learning-disabled people about development of new mainstream services
- Budget Consultations from March to September 2011 to inform future social care provision, the fairer charging policy and investment in Supporting People and the Voluntary and Community Sector
- The Black Minority Ethnic Consultation Forum.

Listed below are a number of examples of how customers are involved in the design and delivery of services from across the Directorate that have been implemented over the year.

EXAMPLE 1:

The Physical Disability Partnership Board have been working with the NW Wheelchair service to develop a NW wheelchair customers group, established this year. They have developed a website <http://markunthank.info/NWWUG/Site/>. The aim of the group is to work with the service around improving the service and giving disabled customers a voice.

EXAMPLE 2:

Young Carers Forum and Adults Mental Health Services co-produced a booklet for young carers who are living with and caring for a family member with mental health issues.

EXAMPLE 3:

The Whitebeck Court Extra Care development opened in April 2011 (see Outcome 2). Throughout the development phases for both the Byrons and Whitebeck Court, efforts were made to consult with local residents.

The names for both schemes were decided through consultation with the local community and the external and internal colour schemes for Whitebeck were also influenced by stakeholder feedback. An evaluation exercise was carried out at Whitebeck to gauge customers' satisfaction on the services and facilities provided.

As a result of this consultation, suggestions for the cafe menu options, activities and the opening of the ground floor facilities out of hours are being explored.

EXAMPLE 4:

A £2,400 grant was obtained for two events to raise awareness about dementia among care home staff. The first of these was held in January 2011. Representatives from more than thirty homes attended. Presentations on the National Dementia Strategy and Dealing with Complex Behaviour were followed by workshops to discuss what people would like to see from a support network for care homes. A second event was held in May 2011, which led to three networks being established in North, Central and South.

EXAMPLE 5:

Primary Assessment Team. In 2011, Manchester City Council co-sponsored a piece of research with Age Concern Manchester, which was led by Birmingham University Health Services Management Centre. The research team employed older people as co-researchers to interview older people about their experiences of discharge from hospital and the transition back home or to other community care situations. Eighteen customers and carers who had recently attended North Manchester General Hospital, Manchester Royal Infirmary or Wythenshawe Hospital were interviewed. The feedback from the interviews was summarised as follows:

- Patients, and particularly carers, are not always genuine partners in care
- Sometimes there is a feeling of having to 'fight' for services

- Many communication and information issues
- Some perceptions of services that affect attitudes might be from previous experiences
- Continuity in services, especially back at home, is an issue
- Needs are specific to individuals and can vary day by day
- Experience of discharge is affected by hospital experience. Attitude and assumptions of staff are important
- The presence or absence of social support is significant
- Having someone to 'fall back on' highly valued
- Positive experiences of intermediate care services and 'third sector'
- Two questions were asked at the end of each interview. If you went through that experience again what would help you? One message for staff? The majority of responses were about communication and particularly listening to what customers and carers are saying.

Following on from this work, customer interviews have been undertaken with a selection of customers in Wythenshawe who have gone through the new Primary Assessment Team (see transforming services) process. Results will be available in February 2012.

Support into work

Being out of work can put people at increased risk of ill health. Supporting Manchester residents back into work therefore improves their life chances and health outcomes, individually and as families. The Directorate for Adults, Health and Wellbeing continues to work in partnership with NHS Manchester and partner services/agencies to increase the range of employment initiatives.

Voluntary work, education and training help people to increase their skills and experience that support them to engage in employment initiatives.

There are customer groups that have fewer chances of employment and we have targeted support, in particular, for people with learning disabilities and mental health needs. To encourage greater numbers of people with disabilities in employment within the Directorate and across the Council we have a number of targeted schemes.

- Project Search. This is a partnership arrangement between Central Manchester University Hospital Trust, Manchester College and Pure Innovations (an employment-finding agency for learning-disabled people) that has enabled young learning-disabled people to access inter-linked education and onsite job training in order to gain skills and obtain employment.
- Project with Loreto College that provides access for young learning-disabled people from specialist schools to attend a college course that is specifically designed to provide them with the skills and experience to obtain paid work and therefore reduce reliance on traditional day resources.

During 2010/11, there was an increase in the number of people with mental health needs in paid employment or self-employment: 97 people in 2010/11 compared to 79 people in 2009/10. The number of people with learning disabilities supported into paid and voluntary work decreased from 149 customers in 2009/10 to 134 in 2010/11. The current economic climate has made it more difficult for people to get work.

Some of the other initiatives we are supporting to help people back into employment are included below:

- We are working with the Work Programme Prime Contractors to promote health interventions for customers who are not ready for employment, and using local support mechanisms to address the mental health needs of residents, encouraging them to volunteer as a pathway to work.
- The Ardwick Connect team works with adults to take an active multi-agency approach to bringing mental health and employment support closer together for households experiencing multiple barriers to work.
- The Greater Manchester Fit for Work programme is currently focusing on absenteeism in SMEs providing full support for absent employees (and their employers) including an individual case manager to assist with a planned return to work.
- The Good Work Good Health Charter is a Greater Manchester initiative to encourage employers to address working environment, work/life balance, healthy living and good communication to ensure the wellbeing of the workforce through three accredited levels.

- The Work Solutions – Intensive Support Project aims to help residents on Incapacity Benefit and ESA with mental health problems find suitable and sustainable employment. The scheme uses fast-track assessments for basic skills, ESOL support and access to confidence and motivational programmes such as GOALS. An example of its work can be found below:

CASE STUDY:

M presented to the Intensive Support Project suffering from posttraumatic stress disorder, anxiety and depression. This was a result of involvement in the 1996 bombing incident in Manchester and caring for her children, one of whom is bipolar.

Despite feelings of anxiety, claustrophobia and under-confidence M agreed that she would like to study for qualifications in maths and English and would like to become a mentor to help other people.

M is now feeling more confident and is taking courses in English, maths, French and a course on mentoring through the Manchester Adult Education Scheme. As a result of this it has been possible for M to link into a mentoring project on a voluntary basis.

Volunteering

The Directorate for Adults, Health and Wellbeing has a range of initiatives to support people into voluntary work with a view to developing employment prospects. Examples of initiatives are provided below.

- People with learning and physical disabilities and their carers have been encouraged to participate in Partnership Boards. People with disabilities have been engaged in projects to help shape and improve access to services such as transport, Reablement and right to control.
- Older People: Wellbeing Services (often known as Neighbourhood Care Groups, or Good Neighbours) provide low-level preventative support that enables older people to remain in their homes; they provide a range of activities that older people can access, such as exercise groups, one-off shopping during illness or return from hospital, writing letters, handy help, accompanying people to outings or just 'checking' on a vulnerable person. Additional investment in these services has resulted in a 26% increase in customers supported in 2010/11. Approximately 300 volunteers work with groups in the south of the city at any one time, supporting almost 900 people on average. A sample of some of the groups showed that volunteers are very active, contributing an average of 13 hours of support per month. A sizeable percentage of the customers who are supported also give something back to the group, and volunteer themselves.

Another example of the way day services engage a wide range of people is through The University of Manchester's

Volunteering and Community Engagement Team. Customers, carers, schools, students, community volunteers and providers are able, through the work of Community Resource Centres, to participate in a wide variety of activities to involve people in sport, leisure, discussion and cultural opportunities supported by volunteers who, for example, facilitate picnic walks and theatre trips. Intergenerational work with schools has resulted in oral history-sharing and relaxation therapies. All the volunteering projects involve a systematic approach where volunteers can add their experiences to their CV.

Examples include:

- Joint work with NEPHRA, a neighbourhood community group, in setting up a shared allotment within the grounds at Northfield. This was accomplished through inviting the neighbours into the centre for a coffee morning and asking how they would like to get involved in the centre. There were keen gardeners in the group who suggested using the grounds for an allotment for the local people and the customers accessing the centres. This has been very successful with the local people fundraising to get this project up and running
- The group at Wythenshawe Park providing and planting the bedding plants for Manchester City football ground for the next four years. Manchester City Football Club funds all the plants and they give tickets to and run tours for the volunteers who are our customers

- Manchester Leadership Project is an intergenerational project that aims to reduce stereotypes, remove barriers, reduce stigmas, support community cohesion and assist the worklessness agenda by developing students' skills and experiences. Students worked with customers to produce crafts, organise fairs, drama and dance, and presented bespoke gifts to customers' wishes. One customer said: "I was really touched when I received a special present from the students."

Working with providers and Social Enterprise projects

The Directorate works with providers who continue to engage customers and carers in developing services to support people in all communities. It also links with community and social enterprise projects to increase volunteering opportunities that benefit the city. An example is provided below.

CASE STUDY:

Seven Somali Voluntary and Community Sector groups have joined in partnership, using a grant provided by Directorate for Adults, Health and Wellbeing to work together to provide better services for Somali elders. This is a new approach to working with this community, and the partnership has recently achieved charitable status, with more than 60 individuals using the service each month.

4 Health and wellbeing

Tackling health inequalities

The health of people in Manchester is generally worse than the average for England. Deprivation is higher than average and 41,610 children live in poverty. Life expectancy for men and women alike is lower than the average for England.

Significant progress made against the Local Area Agreement (up to March 2011) indicates that work to improve access to health services and awareness of healthier lifestyles is having a positive impact on reducing health inequalities.

The life expectancy gap between Manchester and the rest of England in respect of all-age all-cause mortality (AAACM) and mortality from cancer, circulatory diseases, intentional self-harm (suicide) and accidents is narrowing. The absolute gap in mortality rates between men in Manchester and England has reduced from 309.9 deaths per 100,000 in 1995–97 to 257.5 deaths per 100,000 in 2005–07. For women, the absolute gap in the AAACM rate has narrowed from 153.6 deaths per 100,000 in 1995–97 to 141.8 deaths per 100,000 in 2005–07.

Male life expectancy in Manchester is 73.4 years and female life expectancy 78.9 years. Overall the life expectancy gap between Manchester and the national average has narrowed by 0.4 years for women and 0.7 years for men since 2000. Life expectancy is 10.1 years lower for men and 6.4 years lower for women in the most deprived areas of Manchester than in

the least deprived areas (based on the Slope Index of Inequality published on 5 January 2011).

Over the past ten years, all cause mortality rates have fallen. Early death rates from cancer, heart disease and stroke have fallen but remain worse than the national average. Estimated levels of adult smoking are worse than the national average. Rates of smoking-related deaths and hospital stays for alcohol-related harm are higher than average. Priorities in Manchester include narrowing the life expectancy gap with England by tackling health inequalities – particularly among females – heart disease, cancer and reducing alcohol-related harm. See www.manchester.nhs.uk or www.manchester.gov.uk

The JSNA highlighted the promotion of healthy lifestyles and this is a priority for Manchester. A variety of innovative approaches are employed to ensure that we are reaching as many residents as possible. These include targeted awareness-raising campaigns, health information points, health trainers and ongoing activities for vulnerable groups. Examples of public health initiatives include:

- Full implementation of the National Bowel Cancer Screening programme across the NHS Manchester area
- Seventeen exercise classes for older people established through the GATE (Getting Active Through Exercise) project, with over 9,000 individual participations each year

- Community Food Co-ordinators delivering over 40 sessions on healthy eating and food preparation skills across the city, working with just under 1,000 people
- Five different training sessions provided in conjunction with the Community Nutrition Service
- Over 50 awareness events promoting the Bowel Cancer Screening Programme delivered at community venues across Manchester and reaching more than 1,800 people
- Ten awareness events supporting uptake of breast screening activity in screening areas, accessed by over 1,340 people
- Community health trainers have seen 871 clients during the year; 78.6% of all clients lived within the most deprived wards in Manchester and 73.1% (634) successfully or partly achieved their goals with the assistance of a health trainer
- 4,536 four-week quitters during 2010/11 accessed Manchester Stop Smoking Service, and there were 592 Smoke Free Homes Scheme registrations during 2010/11, 265 of which brought about a behaviour change.

Drugs/alcohol

Overall, Manchester's Drugs and Alcohol Strategy continues to widen access to residential treatment. During 2010/11:

- 935 adults received an assessment, professional support and/or further care from our Drug and Alcohol teams
- 141 adults were admitted to residential drug detox treatments, with a 70.1% successful completion rate. Twenty-nine of these adults went on to be admitted to residential rehabilitation drugs programmes
- 281 adults were admitted to residential alcohol detox treatments, with a 92.1% successful completion rate. Nineteen of these adults went on to be admitted to residential rehabilitation alcohol programmes.

5 Dignity and safety

Equality standards

Manchester City Council is committed to achieving the Equality standard. The aim of the standard is to mainstream equalities into service delivery in all aspects of the authority's work. The Corporate Equality Plan summarises Manchester City Council's commitment to delivering this. The ethnicity, gender, age and disability of staff at different levels of the organisation is monitored across all Directorates to ensure that there is fair representation within the workforce, with challenging targets set.

Business planning and Equalities Action Plan

The Directorate's business plan outlines the core intentions to develop work around equalities. It ensures that Manchester residents remain free from discrimination and harassment and forms a central spine of the work of the Directorate.

The business plan outlines each service and focuses progression against specific targets developed through and embedded into the Directorate's equality action plan. The actions are monitored throughout the year to ensure that the targeted outcomes are achieved. The equalities action plan is supported by and delivered through two groups: the Directorate for Adults, Health and Wellbeing Strategic Equality Group (DFAHWSEG) and the Black Minority Ethnic Consultation Forum (BMECF).

The two groups continue to work successfully in supporting the development of the Directorate's business-planning process to ensure equality and freedom from

discrimination are embedded within strategic planning and that existing structures are scrutinised appropriately. The Black Minority Ethnic Consultation Forum (BMECF) includes representatives from a range of key voluntary and community stakeholder organisations specifically working with BME communities. The groups consult on significant Directorate level changes, playing an active role in shaping and developing equality action plans that help to define the development of future service provision.

Examples of the work include the development of a new HIV policy, a number of positive outcomes for customers through working closely with the Directorate in various research and consultation processes (ensuring high rates of BME participation), better communication with BME customers through providing better access and translation, and having input into key documents such as the business plan and Equality Impact Assessments of services, eg. MEAP.

Equality Impact Assessments (EIAs)

In collaboration with our corporate partners, the Directorate has put considerable effort into the production and maintenance of both existing and new Equality Impact Assessments. To support decision-making on changes to services and policies, the Directorate has completed four key assessments on the 'redefined social care offer', 'supporting people', 'Voluntary Community Sector services' and 'fairer changing'. These have been used alongside

large-scale customer consultation to better inform the redirection of adult service provision and have ensured that changes have been made with appreciation for meeting the needs of each equality group. The EIAs have undergone various forms of scrutiny and now form the basis of key decision-making within the Directorate.

Consultations

The Directorate carried out four large-scale consultations in spring/summer 2011. Through partnership working with the BMECF the consultations were carried out to better inform the Directorate of customer opinion and enable customers to have their say in the future of their services. Working alongside the BMECF, we saw a notable increase in the number of BME participants:

In the Redefined social care offer consultation, participants were represented by 43.8% males, 15.80% from BME communities, and 80.8% of respondents had a disability.

Fair access to care services

Referrals to the Contact Centre can be made by the customer, a relative or a friend over the phone, or through the online referral form. There is also an SMS textphone service for deaf people, allowing customers to identify their preferred method of communication, eg. BSL, Interpreter or Sign Supported English.

All customers are being assessed using a standard assessment process to ensure

equity of service. Assessments are carried out with the customer and through self-assessment. Initial assessment is carried out using the contact assessment form, at which point, dependent on their needs, customers can be referred on to Reablement, Safeguarding, or on to a range of preventative services in the community. **Self-funders** follow the same process. Where **specialist needs** are identified that cannot be fully addressed by the core assessment form, eg. drugs and alcohol, visual or hearing impairment, then a further specialist assessment is carried out by the relevant service.

Ensuring access to services that are free of discrimination and harassment is a fundamental part of the Directorate's operations. The application of Fair Access to Care services is explained in a leaflet that details the entitlement criteria for health and social care, and the differences between them. Manchester City Council currently supports customers who are assessed as having critical or substantial levels of need.

9,810 individuals across Manchester currently access the Directorate's assessed services. 45.2% of these are male and 54.8% female. With regards to ethnicity, of all customers the largest group is White British (75.7%) followed by White Irish (5.3%), Black or Black British – Caribbean (4.1%) and Asian or Asian British – Pakistani (3.3%). With regard to disability (100% of all customers), this can be broken down into four key areas: Physical Disability, which equates to 56.7%; Mental Health, 20.6%; Learning Disability, 13%; and Substance Misuse, 9.7%.

For customers who do not meet the 'critical' or 'substantial' criteria, the Directorate signposts to appropriate services in the community, MyManchesterServices, other short-term teams (eg. Ardwick pilot) and other prevention and early intervention services. Customers with low-level needs are supported to delay the onset of health and wellbeing problems, and are supported over a short period of time to improve their independence.

Support for self-funders

Our new primary assessment team process (see Transforming services) ensures that self-funders also have the opportunity to talk through all possible options, they are signposted to other prevention services, and they receive financial and benefits advice. We aim to improve people's quality of life, aspiration and wellbeing and are committed to supporting people who fund their own care to ensure that they remain independent and maintain fulfilled lives in their own communities. Information is also available for all residents in Manchester to help them make decisions about their care and support.

Safety at home

The Community Alarm Service offers a 24/7 service that enables over 7,000 of Manchester's most vulnerable residents to live independently in their own homes while reassuring their carers and family members that they can summon help quickly if they get into difficulty.

The Community Alarm Service continues to go from strength to strength. December 2010 saw the 25th anniversary of the service in Manchester and the event was marked with a small celebration with a number of customers who were able to join us despite treacherous conditions underfoot. A number of significant service developments took place in 2010/11:

- Continual improvements to the IT system
- Relocation of the Control Centre to Pink Bank Lane from Carisbrooke in May 2011
- Introduction of the business continuity 'buddying' arrangement organised with Cheshire Peaks and Plains
- Implementation of the staffing 'split' of the Community Alarm Response Officers from the Out of Hours Contact Officer service in October 2010
- The close joint-working arrangement has continued to grow with the Community Equipment Store (CES) staff since the transfer of the installations function of the business. Regular monitoring meetings ensure that service standards are adhered to.

While service improvements have been ongoing, CAS continues to perform well against the high service standards it has set itself on behalf of its customers. The Telecare Services Association (TSA) accreditation for call handling is in its sixth year of operation and the service continues to maintain the high accreditation standards necessary.

Performance

TSA service target	2008/09	2009/10	2010/11
97.5% of calls answered in 60 seconds	97.5%	98.5%	97.5%
99% of calls answered in three minutes	100%	100%	100%
Response Officer responses within 60 minutes	100%	100%	100%
Six calls for each Response Officer to be quality monitored by managers per month	n/a	53%	87%

161,682 calls were generated by community alarm activations in 2010/11. Of these, 6,422 were urgent activations requiring a physical response:

- 4,271 activations where a Response Officer attended
- 1,641 additional Response Officer visits resulting from Assistive Technology equipment activations such as smoke detectors
- 290 activations where Greater Manchester Police or Ambulance Service were called
- 220 activations from alarms for bogus callers, domestic violence and hate crime.

The Contact Centre operates a **24-hour Hate Crime Reporting Line**. The following table shows a reduction in the number of calls for hate crime reported since 2008/09.

Hate crimes reported

TSA service target	2008/09	2009/10	2010/11
Number of calls reported	70	31	22
Number of calls requiring no further action	8	4	2
Number of calls processed for further action	62 (88.6%)	27 (87.1%)	20 (90.9%)

Safeguarding

During 2010/11 a significant achievement of the Manchester Safeguarding Adults Board (MSAB) was to raise the profile of safeguarding and ensure that access to specialist advice about adults at risk became more widely available. The quality, breadth and take-up of safeguarding training in the city was also greatly improved and included a number of new courses as well as increased e-learning opportunities. The year saw the integration of domestic abuse within the Manchester's Safeguarding Adults Team become part of the strategic work of MSAB.

There was a 43% increase in the number of alerts (from 1,641 in 2009/10 to 2,352 in 2010/11) about neglect or abuse. Increased awareness of abuse and staff confidence in how to respond to abuse are thought to be the reasons for this increase; a dedicated programme of multi-agency training that supports and underpins front-line practice with almost 3,000 staff completed adult safeguarding training during 2010/11.

Financial abuse was the highest reported category, with 410 cases reported (28%) in 2010/11. Most abuse occurs in people's own homes (783 cases, 52%), while 458 cases (30%) were reported within 24-hour care settings. Older people make up 54% of the total number of alerts, and are the highest reported customer group.

MSAB undertook a Serious Case Review (SCR) in 2010/11, providing detailed analysis of multi-agency performance to identify learning. Ensuring that the recommendations from all SCRs are acted upon, and that learning is put in place remain priorities for MSAB in 2011/12.

The 2010/11 Annual Report highlights the multi-agency achievements of Manchester Safeguarding Adults Board (MSAB) and identifies the priorities and challenges in 2011/12. Reports from key statutory agencies and members and a detailed analysis of performance are included. A full copy of the report is available on the internet.

Information governance

All personal and sensitive data is treated with dignity and within data-sharing protocols. A leaflet is available for all customers to explain their rights to access their social care records and what information the Directorate keeps about them.

We have increased our focus on information governance by creating a dedicated team and a senior management level Information Governance Steering Group. This new team and management forum is working to improve and develop our arrangements for ensuring that customer information is protected and that we comply with information rights law. This includes ensuring that our service providers have similarly robust procedures and practices to protect the privacy of our customers. This work on information governance is also an important part of our strategy to work more closely with our NHS partners to improve health outcomes for citizens.

Manchester Safeguarding Adults Board and Manchester Safeguarding Children Board have adopted Department of Health Information Sharing guidance for practitioners to ensure effective, safe and lawful inter-agency communication. MSAB have agreed an overarching safeguarding

policy to protect people at risk while recognising that information may need to be shared across agencies to support victims, conduct risk assessments and help keep the individual safe. This is done on a case-by-case basis. There are agreed procedures for dealing with serious case reviews. MSAB shares learning and experience from examples of serious case reviews or safeguarding incidents to help inform learning across all partner agencies.

Domestic violence

The domestic abuse service providers across the city continued to provide a robust service for victims of domestic abuse, including those experiencing harassment from their partners, ex-partners and/or family members. They continue to work closely with agencies within the criminal justice system, including the police, Crown Prosecution Service, courts, probation and others to ensure that victims are supported and protected appropriately, and use civil solutions using family law solicitors wherever necessary.

Since domestic abuse moved from Crime and Disorder to the Directorate for Adults, Health and Wellbeing, the governance structure has been reviewed. We have established a Domestic Abuse Service Provider Commissioning Forum, which discusses any current issues affecting service provision, including the impact of any obstacles identified, in a structured format, and feeds directly into the Domestic Abuse Commissioning Forum. A rep from the Domestic Abuse Service Provider Commissioning Forum will also sit on the Domestic Abuse Commissioning Forum.

Domestic abuse, stalking and harassment cut across all strata of society and affect women and men from all socioeconomic groups and from all cultures; however, reporting rates may not necessarily reflect this. Providers within the domestic abuse field work hard to ensure and where possible increase the availability of services for those groups that may underreport. One project in particular that has been successful in supporting above-average numbers of BME women has been the Directorate's PATHway IDVA, based in St Mary's Hospital.

Greater Manchester has been one of three pilot areas in the country for the new Domestic Violence Protection Notices (DVPN) and all three police divisions within the city are part of this pilot. As a result of a DVPN the alleged perpetrator has to leave the(ir) property, thus allowing the victim some 'breathing space' while they assess their situation and consider their options free from harassment from the alleged perpetrator. The pilot went live on Metropolitan and South Manchester divisions on 1 July 2011 and in October in North Manchester division. Up to December 2011, this service offered protection to 50 people in the city. The pilot runs until 30 June 2012 and an evaluation will inform future development of this service.

Dignity in Care

The principles of Dignity in Care are embedded in our everyday working practices. Manchester's dedicated Dignity lead continues to work full time on dignity issues, chairs the North West Dignity Leads Network and is a member of the National Dignity Council and the National End of Life Care Facilitators strategy group. Following the report on low warnings of systematic abuse of vulnerable adults at Winterbourne View we have recruited additional lay assessors (making a total of 12), and volunteers with an interest in improving the quality of care in Manchester, who are trained to assess and report on quality outcomes. They have been continuing to work with care homes to help them to improve customers' experience but are now also working with providers of supported housing for people with learning disabilities. This year we have set ourselves an ambitious target of 21 care providers to achieve Dignity in Care standard by 1 February 2012 (National Dignity Day), which would take the total number of providers who have achieved Dignity Status in Manchester to 35. Lay assessors are also involved in supporting managers in customer engagement reviews, eg. with a physical disabilities service, providing valuable experience and insight in the dignity agenda.

Manchester continues to work with other local authorities and PCTs across the country to help them develop their dignity campaigns, sharing knowledge and good practice. We are also part of the pilot for Gold Standard Framework (GSF) for domiciliary care, which has resulted in eight contracted home care providers having a small team of Gold Standard certified carers to help support customers who want to die at home. We have two of Manchester's

nursing homes going for the GSF accreditation, and a further five homes currently working through the modules. Eight care homes are involved in the new Six Steps end-of-life care pilot with a further three homes working with the local PCT on an end-of-life education programme.

Manchester, in partnership with the Guides Association, has developed a north west dignity challenge badge. The overall aim of the project was to explore ways in which children and young people can help in enhancing the dignity and respect with which older people are cared for in day centres, residential and nursing homes and in their own homes. The concept of a special badge for brownies and guides has the advantage that the work involved in earning it can be clearly and jointly specified, which ensures that collaboration proceeds along the right lines and the underlying aims are achieved. News of the work has spread to schools and there was a trial exercise at a care home performed in conjunction with a primary school. This was based on Life Story work, again to the mutual enjoyment and interest of residents, staff (school and care home) and children. Following the successful pilot in south Manchester, similar schemes are to be replicated in both central and north Manchester.

The north west region has now adopted the badge and work is being done with the national team with a view to having a national badge. The project was runner-up in the North West British Care Awards – Innovation section and a finalist in the Guardian Public Services Award – carers, families and communities section. A local cub group is now piloting the badge and following a request we are working with Walsall PCT to pilot brownies doing the dignity challenge badge in a hospital setting.

Quality of providers

We have a strong Quality Board that monitors the quality of care in regulated services using a number of factors; for example, complaints, numbers of staff trained on safeguarding, cost, feedback from the contracts unit, lay assessors and safeguarding referrals. This helps us to pre-empt potential concerns, and we work with care providers to ensure those risks are minimised. Where incidents of abuse are alleged in regulated services, robust arrangements are in place, which include the suspension of care homes while investigations are being carried out and actions taken to address any issues.

The care fee structure links payments made to care homes to the award levels in the Quality Assessment Framework for Care Homes, which rates homes at bronze, silver or gold level for quality. The development of Quality Assessment Frameworks for all care providers is in progress. We conduct monitoring visits to all our external providers to evidence continuous improvements throughout the year. Care homes and domiciliary care providers are monitored on a monthly or quarterly basis. Any poorly-performing providers are monitored weekly. In 2010/11, 77 client monitoring visits to the 12 current domiciliary care providers were carried out. The risk-log register shows that the majority of care providers (where applicable) have no issues with staffing levels, management, administering medication and recording care plans. Where risk is identified, monitoring officers work with care homes to reduce these risks. The Directorate has a strong track record in responding to concerns and complaints about care homes and home care providers. This ensures that customers are treated sensitively and with respect.

Customer choice of good-quality care homes is well established. The Directorate has worked hard with providers to ensure that all care homes in the city reach a minimum quality levels. This gives customers the choice of a range of quality provision in their locality. The Directorate's new quality standards using the bronze, silver and gold awards are now being used to assess the quality of care homes. At December 2011, seven of the care homes for older people are rated as gold, 52 as silver, and only one as bronze. Specialist standards are being developed to assess the quality of the care homes for people with learning disabilities or mental health needs.

The Quality Team was set up in September 2010 to work alongside the Contract Unit and Supporting People Team in the Supplier Management section. The Quality Team works with internal and external providers to improve the quality of service for adults in the city. This year, as part of the efficiency savings programme, the team has reviewed the voluntary and community sector services that the Directorate has contracts or grant agreements with. Reviews have also been completed for all the mental health care homes that have contributed to the development of a pricing framework for mental health placements.

A comprehensive quality review of in-house providers is ongoing and a regular monitoring programme of our own services is planned. Regular meetings with the Assistant Director, using customer feedback, sharing information and best practice with all the in-house providers, helps them to continue to improve the quality of services.

6 Transforming services

Working in partnership is a central part of delivering high-quality services to the people of Manchester. We are committed to joint working with our partners across NHS Manchester and Council services as well as customers and the independent sector to ensure that customers have a seamless experience of services and delivery of the wider offer is achieved. Examples of partnership include Manchester Learning Disability Partnership, Physical Disability Partnership Board, Equipment and Adaptations, and Manchester Mental Health and Social Care Trust.

The Directorate for Adults, Health and Wellbeing prioritises value for money. Providing services that best meet the needs of a city with high levels of deprivation and dependency on public support is the motivation that drives our policy and strategic direction to promote self-reliance and independence. However, with considerable budgetary constraints, ensuring that outcomes for customers are maximised has necessitated considerable innovation and evolution throughout the Directorate.

The Directorate's current budget is £165,759,000. The Directorate has a two-year savings target of £39,519,000.

The Directorate regularly engages in benchmarking with other authorities. We analyse how our performance compares against the Core Cities, our north west partners and nationally. This has primarily been discrete analysis –

comparing performance out-turn and financial spend. During 2011/12, however, the Directorate has been actively engaging in an NHS and Local Government Locality Benchmarking scheme in the north west. Through this we have been able to identify how well we are delivering whole-system quality and efficiency across both Social Care and Health and there is a mixed picture. There are clear areas of strength. The Directorate has been focused on maintaining independence and providing appropriate care within the community, where customers' needs can be best met. The success of this strategy has been borne out by how well Manchester compares with other north west authorities in the proportion of our total spend on older people in residential or nursing care.

Within the north west only one other local authority spent a smaller proportion on this than Manchester. This has also translated into the number of our elderly customers who die at home, their preferred setting, being above the regional average. The areas where performance is weakest relate to unplanned hospital admissions and readmissions – for younger and older adults alike.

Continuing work in aligning the Directorate with our colleagues in Health, both public health and within critical care is of key strategic importance. Within the Directorate integrated care work is focusing on the Urgent Care Pathway. This is a clear programme of work that is focusing on the range of responses that

Health and Social Care services provide for people who require or perceive the need for urgent care, advice, treatment or diagnosis. It will therefore directly impact on preventing new admissions and readmissions. Manchester's **Urgent Care Pathway** is developing integrated models of care across primary and secondary care settings, creating the movement of secondary care into the community that will reduce and prevent unnecessary admissions to hospital and develop co-ordinated joint early intervention approaches with appropriate access to health and social care at the point and place of need.

The introduction of an **Integrated Commissioning Framework** brings together funding, decision-making and targets, and gives a firm foundation to the new commissioning structure outlined above. This holistic view of shaping commissioning is being piloted through the **Ardwick Project**, which will help inform the use of Community Budgets in supporting adults and families with complex needs.

CASE STUDY: Ardwick Pilot

In July 2010 Manchester City Council's Directorate for Adults, Health and Wellbeing commissioned the delivery of a two-year pilot to test a new model of support for residents who would not have traditionally received support through social care. The key emphasis of the Adults Ardwick Pilot was on:

- Early intervention and prevention
- Working with complex families
- Routes into work.

This project aims to make better use of case-working and more specialist resources, eg. social welfare advice, mental health services, and drug and alcohol services with better links to statutory services.

The Ardwick Pilot provided an alternative service for customers who have been assessed as having moderate or low-level needs under the Fair Access to Care Services criteria (see Dignity and Safety). Focused on prevention and early intervention, the pilot aimed to ensure the delivery of a rounded/diverse support package in order to prevent the decline of Ardwick residents' health and wellbeing.

The Project team provided support for 160 residents (including 57 families) between October 2010 and May 2011; 406 outcomes were recorded, which

included improvements in physical and mental health, financial and money management, and employment training. Specific outcomes were also achieved in enabling/signposting individuals and families to other appropriate services, providing advice and information, assistance in benefit claims, crime reduction, and reductions in substance misuse. Most notably, the customers who received support through the Ardwick Connect Team expressed an excellent level of customer satisfaction and were particularly impressed with the diversity and scope of the service offer.

The project's evaluation and conclusions provide a sound basis for the further development of the Ardwick Pilot model and better inform other pilot projects such as the current Manchester Investment Fund (Community Budget Pilot). To provide further information on the successes of the Pilot, a Cost Benefit Analysis will be carried out in the near future.

Customer Journey – Integrated Care

We have redeveloped and implemented an innovative Customer Journey pathway and a single point of access for all people who require support from the Directorate to ensure that customers access the right services promptly.

As part of the Integrated Care model, the Customer Journey Improvement Pilot was initiated in October 2010 to test a streamlined single social care assessment. A **Primary Assessment Team (PAT)** was set up in the Wythenshawe district, bringing together assessment staff from Manchester Equipment and Adaptations Partnership (MEAP), Reablement and Social Care functions. The pilot team has tested a new single assessment process, using equipment and rehabilitation as the first-choice offer of support for customers who need it.

Customer feedback was positive; a survey was undertaken to measure customer satisfaction with the new generic assessment process undertaken by the Wythenshawe PAT. 34 customers who had undertaken an assessment with the PAT during the period October 2010 to January 2011 were surveyed – this was a sample size of 28% of all customers assessed by the team.

Overall, the customer survey gave a very positive impression of the PAT, with the majority of answers to questions being positive. 30 customers (88%) believed the service provided or equipment supplied had helped them to remain independent in their own home, and 26 customers (75%) believed their ability to perform daily tasks

had improved either 'a little' or 'a lot'. Following the successful pilot, the Directorate agreed to a large service redesign project (the Customer Journey Improvement Project) to establish six pilots – one per district – city-wide over the course of 2011/12.

The new Customer Journey means that, increasingly, customers who contact the Contact Centre can gain access to services at the first point of contact. Customers' needs are now triaged, and wherever possible, services to meet customer needs are identified, options discussed and actions agreed. More emphasis is now on community and local resources, reflecting the Council's commitment to reduce dependency and promote independence. There are further plans to introduce the issue of essential equipment and to restart support plans at the first point of contact. This fits with the priority to ensure safe and timely discharge from hospital.

Transition from Children's to Adults Services

Work has continued on several fronts to improve the experience and the outcomes of transition to adulthood for vulnerable young people. A governance audit was conducted to provide a basis for development of a robust framework for this work, which crosses both Adults and Children's Directorates. As a consequence an action plan has been agreed and work is in progress to implement the recommendations.

The team is moving from a passive, referral-based approach to one based on active case-finding. This helps us to identify young people early on and support

more timely transition planning with young people and their families. The Getting a Life project, where Manchester was a demonstration site for this Office for Disability Issues initiative, finished at the end of March 2011.

The foundations laid by this project will be continued as Manchester is a Pathfinder site for the Special Educational and Disability Green Paper to test the following areas:

- A single education, health and care plan from birth to 25 years old, focusing on whether outcomes for disabled children and their parents have been improved
- Personal budgets for parents of disabled children and those with SEN so they can choose which services best suit the needs of their children
- Strong partnership between all local services and agencies working together to help disabled children and those with SEN
- Improved commissioning, particularly through links to health reforms
- The role of voluntary and community sector organisations and parents in a new system
- The cost of reform.

Transition will be a focus for Manchester, as will the One Person Centred Plan approach. An additional benefit from Getting a Life was the establishment of Project Search at Manchester Royal Infirmary. This internship scheme uses evidence-based methods that have been internationally validated for enabling young people with significant disabilities to try real work placements with

associated training and support on site, leading to a high entry rate to paid employment. In the first year, six of the seven trainees who completed the traineeship entered paid employment and work is in hand to establish a second site using the same approach within the Council. While the focus of this work has been young people with a learning and/or physical disability, further work has begun to improve the interdepartmental management of transition for vulnerable young people with no disabling condition, or a mild disability, but who are very vulnerable for other reasons, including those who were looked after children or those with similar presentations. This will be a focus for the coming year with emphasis on working together to make the best use of resources.

Manchester is also a **Trailblazer for Right to Control**. Assessments of need are being drawn together from different agencies in a range of different areas – worklessness, homelessness and disabilities requiring major adaptations – all streamlined into one assessment process. Manchester has teamed up with partner local authorities within Greater Manchester, the first trailblazer site in the county to do this, to ensure that portabilities can be tested between local authorities and that efficiencies can be maximised and lessons can be learnt and shared with our closest neighbours. This went live in April 2011.

Wellbeing services

As part of its commitment to develop effective prevention and early intervention services, Manchester City Council provided additional investment for wellbeing services, which provided practical, social

and emotional support for adults within the city during 2010/11. We have carried out work to evidence the effectiveness of locally based wellbeing services within neighbourhoods. Neighbourhood Group Contracts were replaced with the Wellbeing Services Grant and designed to:

- Fund services in a transparent way based on a funding formula that balances investment in areas of greatest need
- Develop services in areas where they do not currently exist
- Encourage sustainable business models that develop economies of scale through partnership arrangements
- Encourage the development of volunteering across the city
- Focus on the provision of effective outcomes for those using services.

Overall performance assessment

The Directorate has evidenced significant performance improvement during 2010/11 in several of the key priority areas articulated in the Business Plan. This relates to:

- Increasing the support it has provided for informal carers
- Increasing the choice and control it has provided for its customers via Cash Individual Budgets
- Improving the timeliness of completing community care assessments and putting services in place
- Increasing the number of customers who require no further support following a period of Reablement
- Reducing the number of households living in temporary accommodation
- Increasing the provision of Extra Care housing schemes
- Improving joint working with health partners to facilitate timely hospital discharges
- Further improving awareness and understanding of safeguarding issues across Manchester.

Specific areas of challenge exist around improving employment opportunities for adults with mental health issues and learning disabilities. These were areas of priority last year and will remain at the top of the Directorate's Performance Improvement Board priority action areas during 2012, particularly given the additional challenge resulting from the economic downturn. Promoting independence in these client groups also remains a priority.

Glossary

A

Adaptations

Minor adaptations include grab rails, additional stair rails, door-locking intercoms, loud doorbells, and vibrating smoke alarms. The majority are fitted by our own staff based in the technical workshop. Major adaptations include over-bath showers, walk-in showers, stair lifts, through-floor lifts, hardstandings and extensions.

Adult Placement

Adult Placement is a scheme set up to train and support people from the local community to become carers. Adult Placement Carers provide help and support for adults with physical disabilities, learning disabilities, health problems and mental health issues. It is similar to fostering.

Advocacy

An advocate is someone who helps people to have more control over choosing what they want. An advocate can give people information and help them to speak about what they need, and can speak to organisations on someone's behalf.

Ardwick Pilot

The Ardwick Pilot combines two themes from the Greater Manchester Strategy – early years development and better life chances. The overall aim of the two-year pilot is to test an integrated service delivery model that can inform wider implementation, focusing on three workstreams: pregnancy to five years old, worklessness, and neighbourhood management.

Assessment

There are a number of assessments of customers and carers undertaken by the Directorate for Adults, Health and Wellbeing to assess people's needs. These assessments include the Community Care Assessment, the Carers Assessment and the Reablement Presenting Needs Assessment.

Assistive technology

Assistive technology or adaptive technology (AT) is an umbrella term that includes assistive, adaptive, and rehabilitative devices. AT promotes greater independence by enabling people to perform tasks they were formerly unable to accomplish.

B

Blue Badge

The National Blue Badge Scheme offers on-street parking concessions to:

- Drivers or passengers with severe walking difficulties
- Registered blind people
- People with severe upper limb disabilities who regularly drive a vehicle but cannot turn a steering wheel by hand.

Brokerage

A broker is someone you can choose to help organise your support.

C

Care and Repair

Manchester Care and Repair is an independent Home Improvement Agency that has been working closely with local councils over the past 18 years. It is a not-for-profit organisation and exists primarily to meet the needs of older homeowners who live in unfit housing. Care and Repair assists the older person to assess their options and obtain finance, and supports them through the repair process.

Care management

Each assessment for social care services checks to see what a person's support needs are, and if that person's needs make them eligible for a support package, an amount of money is calculated to pay for services to meet those needs. Depending on the amount a customer has to contribute towards those costs (based on a financial assessment), customers can then take an Individual Budget to pay for services.

Carers services

Manchester funds a diverse range of services to support unpaid carers to continue to care for their loved ones while enjoying a happy and healthy life of their own. Many services are provided by the voluntary and community sector, such as support groups and information and advice services, as well as training opportunities and one-to-one emotional support. Many carers also benefit from the Carers Individual Budget, which is delivered by the Council's Carers Strategy Team. Each year, this offers thousands of carers the opportunity to receive a cash grant so they can access a break that is truly personalised and most effective in supporting them to care.

Cash Individual Budget

This is an amount of money paid into a customer's bank account so they can buy the support they choose.

Community Alarm

The Community Alarm Service is operated from a control centre based in Wenlock Way, West Gorton, Manchester. A city-wide service is offered to Manchester residents who need support to live independently in their own homes. There are many reasons why people need support, from ill health to fear of crime. The Community Alarm Service operates 365 days a year, 24 hours a day. Calls are answered within seconds by an experienced Response Officer who can summon help from the 24-hour Response team, Emergency Services, your doctor or a nominated relative or contact.

Community provision

The Directorate manages a number of different centres in districts across the city. The centres provide support, activities and events for a diverse range of people with a wide range of needs. Some services are needs-assessed while others, including lunches available at some sites, are not.

Complex needs

Complex needs can cover people who have both multiple and complex needs defined in terms of:

- Breadth: People are likely to have a range of different needs and to require support from several different services to meet these needs, and these needs will be interrelated or interconnected.

- Depth: Needs will be above average, variously described as serious, intense, severe or profound in people with severe and complex learning disabilities and non-verbal communication, people with severe and lasting mental health problems, and people who are blind and have additional needs.

Contact Centre

The Directorate for Adults, Health and Wellbeing Contact Centre is the 24-hour telephone service you can ring if you need to speak to someone about the support you need.

D

Day care (Daytime Support)

Day care provides care for a person during the day. It is provided away from the person's home and transport is sometimes arranged as part of the service. The purpose of day care – as part of Community Care – is to help people remain living at home as an alternative to living in some form of residential or nursing home. Day care offers benefits to the people who receive it and to any carers who give it. For people going to day care, it:

- Gives them the opportunity to mix and meet with others, especially if they are isolated at home
- Offers stimulation through social contact and activities
- Gives people a meal and (at some day centres) a bath

- Allows people to relearn skills they may have lost through illness or disability, or to learn new skills they need to cope with changing circumstances.

Dignity in Care

The Dignity in Care campaign aims to end tolerance of indignity in health and social care services through raising awareness and inspiring people to take action.

DoLS

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (2005). They aim to protect people in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards have been put in place to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done only when they have explored all other options and there is no other way to take care of that person safely.

E

Early Intervention/Prevention

These are services to make sure that as many people as possible have the opportunity to receive support to retain and regain good health, independence and wellbeing for as long as possible to lessen the chance of and prevent or delay people becoming socially excluded and requiring more intensive support.

Equipment

We provide a range of equipment including smaller items such as jar openers, tap turners, walking sticks etc, as well as larger items such as bath lifts/hoists, specialist beds and chairs.

F

FACS

Since 1 April 2003, councils have used guidance from the Department of Health called 'Fair Access to Care Services'. The aim is to ensure assessments are fair and consistent. The guidance covers all requests we receive for help (known as referrals) for people aged 18 and over.

Under the Government's guidelines, councils are required to assess people's needs and associated risks within four categories:

- Critical
- Substantial
- Moderate
- Low.

To be eligible to receive social care services, or for an individual budget, your eligibility must be assessed as either critical or substantial.

H

Home care

Home care is designed to support people with day-to-day personal and domestic tasks so they can live as independently as possible in their own homes. Home carers can help with eating and drinking, washing and bathing, dressing and undressing, going to bed and getting up, going to the toilet, and prompting people to take medication. They can also help with certain domestic tasks and social activities.

I

Independent living

Independent living means supporting people to have a voice, and to exercise choice and control over any support they need to go about their everyday lives.

Individual Budgets

More people will get to use Individual Budgets to choose the support they want. This is a way of choosing your own support and getting the money to pay for it yourself, or purchasing support through a virtual budget managed by the Directorate.

Individual Service Fund

This is a fund that allows people to pay someone else to organise their support for them. We pay them but they may also have to pay them as well.

Intermediate care

Intermediate care is a term used to represent a range of integrated health and/or social care services that aim to promote faster recovery from illness, prevent unnecessary admission to hospital, support timely discharge following an acute hospital admission, prevent premature admission to long-term residential care, and maximise people's chances of living independently.

M

Manchester Safeguarding Adults Board (MSAB)

The board works to protect in Safeguarding Partnerships or Adult Protection Committees – their job is to make sure all services and staff have good safeguarding policies to protect and help people who have been abused.

Mixed Individual Budget

This is a mix of a Cash Individual Budget and a Virtual Individual Budget. People can organise some of their own support and their care manager organises the rest.

MyManchesterServices

This is an online resource giving people several different ways to find the services and opportunities that can improve their life, or the life of the person they want to help.

P

Primary Assessment Team

The Primary Assessment Team aims to provide initial contact, assessment, Reablement, equipment, advice and information that is cost-effective, good quality and promotes independent, resilient adults in Manchester, and integrates with health partners to offer streamlined provision across Health and Social Care.

R

Reablement

This is support for about six weeks for people who need help to get back on their feet after being in hospital. This helps a lot of people to get back to their usual life quickly and can prevent them needing more care and support services in the future.

Reassessment

This should be completed annually for all customers who have previously had a community care assessment as a formal reassessment of their needs and circumstances.

Respite care

Respite care is someone else taking over the role of a carer for a short period of time to give the carer a break from what can be a full-time, strenuous job. Depending on individual circumstances, the type of care provided, the needs of the person cared for and their level of dependency, respite care can take a number of different forms. It might be that help is given by another carer performing the caring role for a short time. Alternatively, the person cared for can be given residential care in a different setting for a period, giving time for the main carer to do other things, or just take a break.

Review

A review is completed following an intervention or service to assess the effectiveness of the measures put in place.

Right to Control

The Right to Control gives disabled people aged 18 years and over a legal right to more choice and control over their support. Since 1 April 2011 people in Manchester have been given additional choice and control over how money is spent to support them to achieve what they want in life.

S

Safeguarding

The Directorate for Adults, Health and Wellbeing works with other agencies to protect vulnerable adults in Manchester. Older people, people with learning or physical disabilities or mental health problems can be particularly at risk.

Self-directed support

Self-directed support is about people being in control of the support they need to live the life they choose. It is sometimes referred to as 'personalisation' or 'personal budgets' and is about giving people real power and control over their lives through Individual Budgets, direct payments and personal health budgets (currently being piloted).

Shared lives schemes

This is another name for adult placements.

Supporting People

Supporting People is a programme that helps people to live independently. It provides housing-related support for people aged over 16. Some people will need lots of support on one day and less on another. Supporting People provides a choice of accommodation-based services (which are there all the time) and floating support services (which are there when needed); support includes setting up and keeping a home, managing money, help to claim benefits and fill in forms, and having emergency alarms and monitoring services to keep people safe.

T

Telecare

Telecare is a term given to remote care, that provides the care and reassurance needed to allow people to continue living in their own homes. The use of sensors may be part of a package that can provide support for people with illnesses such as dementia, or people at risk of falling.

V

Virtual Individual Budget

This allows customers to receive an amount of money for the support they need but their care manager organises things for them.

W

Whole Family Working

This is a strategy to ensure all services work better together to provide support for families with complex needs, supporting families through joined-up services.

This document is available in other languages, Braille and large print. Please contact us on 0161 234 5001 if any of these would be useful to you.

For information in your language call 0161 234 5000

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