



Tameside MBC
Communities, Childrens, Adults and Health

Adult Social Care Market Position Statement 2014-16

January 2014



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01

Who is this document for?

This document is aimed at existing and potential providers of adult social care and support. It represents the continued dialogue between the Council, people who use services, carers, providers and others about the vision for the future of local social care markets.

The document is therefore aimed at:

Providers of adult social care who can learn about the Council's intentions as a purchaser of services, and its vision for how services might respond to the personalisation of adult social care and support.

Independent Sector, Voluntary and Community Organisations who can learn about future opportunities and what would enable them to build on their knowledge of local needs to develop new activities and services.

Providers interested in local business development and social enterprise who can read about new opportunities in the market and tell us what would help them to enter into social care markets and offer innovative services.

Social care providers and organisations not currently active in Tameside who could find opportunities to use their strengths and skills to benefit local people and develop their business.

The Council is committed to stimulating a diverse active market where innovation and energy is encouraged and rewarded, and where poor practice is actively discouraged and managed/addressed.





02

Background

Tameside MBC's first Adult Social Care Market Position Statement (MPS) was published in spring 2011 and this refreshed document covers the significant developments and progress made since then. It is aimed at both existing and potential providers but will also be of value to those who are interested more generally in the future of local adult social care markets. The document aims to enable providers to think about their future plans in relation to offering services in Tameside.

Key Messages

Health and social care policy is shifting investment patterns to earlier interventions that promote health, independence and wellbeing in order to prevent or delay the need for more costly intensive services.

Demand for care and support services will rise but will not be matched by a similar commitment in public spending.

There will be opportunities to offer a wider and more varied menu of options for people to meet their social care and support needs; universal access to information and advice will be a key component of this.

Personal budgets will increasingly allow people to choose from this wider menu of activities, accessing universal services along with devising their own creative solutions. Demand is expected to decrease for more traditional models such as day care.

The partnership between Adult Social Care and Health will be strengthened; as people stay in the community longer, an increase in demand for housing with support will need to be strengthened with additional provisions such as Telecare and equipment enabling people to continue living at home.

Council spending on residential and nursing care will continue to decrease as a proportion of spending on older people; therefore staying well and independent for longer will be integral to mainstream services.

Life expectancy is increasing and with the increasing emphasis on wellbeing and prevention entry into assessed services is likely to be later in people's lives.

There will be more of an emphasis and encouragement on people maximising their natural community support so providers need to have a greater awareness of the community and support offers that are available to inform customers.



The MPS sets out the Council's plans and outlines trends for commissioning for social care across all service user groups. It includes information on purchasing by the Council, some joint commissioning with the NHS and, increasingly, trends in purchasing arranged by individuals, whether as personal budget holders or the increasing number of known self-funders in the Borough.

Our policy and commissioning priorities focus firstly on helping people to find the support they need within their communities and to avoid dependency on services in the long term. Where people have an eligible need, the emphasis is initially on intensive, short-term 'reablement' which restores maximum independence. Where a needs assessment identifies that people need a longer-term service, the focus will remain on models that promote independence and ensure that people are able to make full use of community resources.

This will mean:

Focusing on the outcomes that the person wants to improve upon, the level of response required and assertive monitoring of whether their life is improved as a result.

Helping individuals to make informed choices about what to buy and from whom.

Rebalancing the profile of spend away from building based settings to support in the community, reinforced by a wider range of accommodation options.

Continuing the shift to more flexible arrangements that encourage responsiveness to the needs and choices of people based on affordability, choice, quality, and accountability in service provision.

Focusing on the needs of individuals rather than defining them by service user group, purchasing highly specialist services where needed.

Emphasising co-production with communities, with eligible people and their carers, and with providers (whilst moving away from services being provided directly by the Council).

This will require:

A robust voluntary and community sector infrastructure that can reliably deliver services and other opportunities.

A firmer evidence base, informed by more effective monitoring of outcomes and feedback from citizens to shape future commissioning intentions.

A close relationship with current and future providers which continues to share market intelligence to further the understanding of any potential gaps in provision and clarification of respective roles in responding to need.

An increasing emphasis on the provider's ability to demonstrate productivity, cost effectiveness and value-for-money.

In meeting these requirements the Council will continue and enhance its close working relationship with Community and Voluntary Action Tameside (CVAT) to ensure the ongoing development of community and voluntary organisations able to deliver services in social care and wider preventative services. Monitoring of service delivery will increasingly focus on observation of performance and user feedback which will be reflected in the six monthly performance reports – these will increasingly be utilised in shaping commissioning decisions. Provider forums, along with individual contract relationships with suppliers and the links with the voluntary sector will continue to be an important way that the Council maintains ongoing dialogue with the provider market in relation to sharing any potential gaps in provision – this will also present opportunities to share examples of where cost effectiveness and value for money are being delivered across the market.





03

The Future Provision of Adult Social Care

The Council is entering a period of significant change based on central government policy/legislative change along with the significant reduction in the level of resources and funding available to deliver the range of services it has historically provided. The Government will continue to reduce the funding available to the Council and this will continue to necessitate new and more efficient ways of working with our partners, our customers, local communities and providers. Reconfiguring the way in which services are commissioned and delivered going forward will be crucial in ensuring the Council is able to support those who need social care.

There are a number of changes in society which together present a compelling case for change:

People want access to support when they need it, expect it to be available to them quickly and easily, and anticipate it will fit into their lives

Demographic changes – increasing numbers of older people, including people with dementia, and disabled people living longer

Changes in expectations around independence, choice and control

A clear shift in policy from relying on services at a point of crisis to services which promote well-being and are preventative in nature

The expectation placed on Local Authorities to implement the changes focussed on Putting

People First and Transforming Adult Social Care has intensified with the introduction of the White paper “Caring for our Future – reforming Care and Support” and the draft “Care and Support Bill”. The focus will be on people’s wellbeing and supporting them to live independently for as long as possible. Care and support will be centered on people’s needs, giving them better care and more control over the care they receive. The direction will also provide better support for carers.

The Council has accepted that traditional and, some would argue, outdated models of social care cannot be sustained and a revised approach is necessary as plans to meet the demands of tomorrow are devised. The focus of investment on prevention and early intervention will continue with the promotion of independence via reablement and recuperation, supporting more people to remain at home, and reducing dependency on long term care thereby ensuring resources are targeted on the most vulnerable within our community.

In essence, the approach as highlighted in the previous MPS will be to ensure that people get the right level of intervention, at the right time and in the right way. The Council’s continued focus on reablement will ensure that people are enabled to support themselves or be supported with reduced long-term input.

The government describe the current situation as a system where people move from living well in the general population through to needing low levels of support which grow as time goes by. This is essentially a dependency creating system, where everyone progresses though to ever increasing levels of need and demand for intensive care and support.



Caring for our Future – Reforming Care and Support

The current system

does not offer enough support until people reach a crisis point.



The new system

will promote wellbeing and independence at all stages to reduce the risk of people reaching crisis point and so improve their lives.



→ People will be given better **information and advice** to plan ahead to prevent care needs, and will be better connected to those around them

→ More **support within communities**, better **housing options** and **improved support for carers** will help people maintain their independence and avoid a crisis.

→ **Re-ablement services and crisis response** will help people regain their independence at home after a crisis.

The new social care approach is one which is expected to promote wellbeing, health and recovery. It suggests that with the right support networks within communities, with the right information/advice and guidance and the right interventions when low level needs emerge, there should be a reduction in the overall numbers of people who progress through to the intensive care and support part of the social care system.

Within this approach the Council is keen to promote choice and control for service users and carers. The take up of personal budgets has been increasing over the past two years, with increasing numbers taking the personal budget as a direct payment in line with the expectation placed on the Council by Central Government. These are central principles of the new social care policy framework. Where people have an eligible need the Council will offer its well established rehabilitation and reablement support to ensure they reach their optimum level of functioning before consideration is given to committing long term funds.





Services will focus on how more creative and effective partnership approaches between individuals, families, communities and the Council in the coordination of support arrangements can be developed. Historically there has been a growing expectation that the local authority or state will be in a position to provide all the support needed during a period of illness, in a crisis or to support disability or old age. This will increasingly require an alternative approach with a different focus on partnership with families and communities.

There will always be a need for intensive social care support services for those who are most vulnerable or need to be safeguarded. The Council will continue to ensure people are effectively supported and safeguarded and that the resources available to deliver social care support going forward are targeted on the most vulnerable. Whilst the Council's approach poses both opportunities and challenges in making the readjustments, it will also need to ensure that existing service users who depend on services are supported effectively.

The Councils Neighbourhood Offer

Building on the intentions of the White Paper and developments over the last few years, the Council's wider "Neighbourhood Offer" indicates the key role to be played in supporting Adult Social Care in meeting its responsibilities. The new neighbourhood offer is being developed with the clear aim of supporting and empowering communities to be self-supporting and self-reliant with a clear intention to lessen individual dependency on the Council. It is expected that this work will help reduce the predicted

increasing demand in Adult Social Care along with other demands in the system. There is growing evidence that many cultural activities directly contribute to better mental and physical health – and increasingly events are specifically designed to improve health, support the economy, and increase community cohesion and community pride. Discussions with Public Health colleagues indicate that a neighbourhood model would also help integrate health services at a local level. The success of the neighbourhood offer will depend on its simplicity and all partners having a constancy of purpose and ensuring that the key principles are achieved:

These key principles are:

Understand demand, needs and what matters most for communities, households and individuals. Design services to meet those needs and add value for service users.

Services will be designed based on consultation with stakeholders and will be reviewed annually.

Consultation will be underpinned by evidence of what is required and what will prove most effective.

Services will be focused on increasing prosperity and increasing self-sufficiency whilst protecting the vulnerable.



Health and Social Care Integration

The Health and Social Care Act 2012 outlines the imperative for greater integration between the NHS and Social Care but falls short of prescribing an approach or model of delivery to achieve this. As with the Social Care system, the Health Service is also facing a time of significant challenge and a need to reform itself going forwards. The requirements inherent in the Health and Social Care Act will see significant changes in the way in which health services are commissioned, contracted for and provided over coming years with decision making powers shifting to GPs and clinicians with the creation of Clinical Commissioning Groups. Whilst there will be some centralised decision making in the form of a National Commissioning Board, who will preside over larger and specialised commissioning arrangements, it will in general be the responsibility of the Clinical Commissioning Groups to determine the level and type of primary, community and secondary care services within the Borough.

The challenge facing the Tameside health and social care economy is an acute one which will require shared consideration and a shared and integrated solution. Discussions have revealed a joint savings expectation over the next 3 years of some £76million in Tameside (an estimated £30m of this within adult social care). We are therefore planning to integrate health and social care within the next few years.

From April 2013 the Tameside Health and Wellbeing Board was a statutory partnership where commissioners across the NHS, public health and social care, elected members, voluntary and community representatives of Healthwatch agree how to work together to achieve better health and wellbeing for local people. This integrated approach, along with the increasing availability of personal health budgets will have a significant impact on future market opportunities.

Health and Well-Being Strategy

The first Joint Health and Wellbeing Strategy sets out the overarching plan through which the public, private, community and voluntary sectors, as well as residents themselves, will work together to improve health and wellbeing for and with local people. The strategy identifies six priority areas that the Health and Wellbeing Board has committed to work together on in making the

shared vision a reality. The strategy has the prevention of ill health and building community resilience at the heart of its approach.

The Vision for Tameside as outlined in the Health and Wellbeing Strategy is:

“ We want Tameside to be a place where everyone is both physically and mentally healthy. We want to reduce inequalities and deliver high quality health and social care services which protect our most vulnerable and offer people greater choice, independence and control. ”

The strategy adopts a life course approach detailed in the Marmot Review *“Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England”*.

Starting Well - ensuring the best start in life for children.

Developing Well - enabling all children and young people to maximise their capabilities and have control over their lives.

Living Well - creating a safe environment to build strong healthy communities and strengthening ill health prevention.

Working Well - creating fair employment and good work for all.

Ageing Well - promoting independence and working together to make Tameside a good place to grow older.

Dying Well - ensuring access to high quality care to all who need it.

In line with Council developments over the past few years it is important to ensure that a wide range of preventative services are available to support people across the spectrum of need, including those who do not approach the Council for support or meet its eligibility criteria. This ensures that people do not go without the support which could prevent critical needs developing in the future.





04

Demography

Older People

There will be significant demographic change over the coming years in the over 65 age group, as shown in the table below:

Table 1 - Population projections to 2020 and percentage change from 2012 in Tameside¹:

	2012	2014	2016	2018	2020
People aged 65 and over	36,000	38,000 5.6%	39,500 9.7%	40,800 13.3%	41,900 16.4%
People aged 85 and over	4,300	4,500 4.7%	4,800 11.6%	5,200 20.9%	5,600 30.2%

The total population for those aged over 65 years of age (table 1) is forecast to increase by 5,900 people (16.4%) by 2020. Advances in medical science means more people are living longer and this is borne out with the projections on the number of people aged over 85 with the next seven years showing an increase of 1,300 people (30.2%). Whilst these projections may give potential for increasing demand it is in reality not possible to equate demand with the increases highlighted. Indeed, the approach taken by the Council going forward with its reablement and recuperation approach will in fact look to continue to drive demand down.

Table 2 - Key factors that may influence demand for health and social care services in people aged 65 and over living in Tameside¹:

	2012	2014	2016	2018	2020
People living with dementia aged 65+	2,351	2,469 5.0%	2,622 11.5%	2,783 18.4%	2,921 24.2%
People with a limiting long-term illness	18,704	19,736 5.5%	20,522 9.7%	21,247 13.6%	21,840 16.8%
People unable to manage at least one personal care task	11,689	12,254 4.8%	12,780 9.3%	13,422 14.8%	13,890 18.8%
People unable to manage at least one domestic care task	14,225	14,904 4.8%	15,559 9.4%	16,377 15.1%	16,985 19.4%

¹Projecting Older People Population Information System www.poppi.org.uk



People Aged 18-64

Table 3 - Projected population in Tameside of people aged 18-64, including those with a disability or a mental health problem²:

	2012	2014	2016	2018	2020
Total Population Aged 18-64	136,600	136,500 -0.1%	137,200 0.4%	138,000 1.0%	138,500 1.4%
People with a moderate or severe learning disability	745	747 0.3%	754 1.2%	760 2.0%	766 2.8%
People with moderate physical disability	10,694	10,684 -0.1%	10,803 1.0%	10,947 2.4%	11,076 3.6%
People with a severe physical disability	3,159	3,143 -0.5%	3,185 0.8%	3,245 2.7%	3,308 4.7%
People with a common mental health problem	22,036	22,084 0.2%	22,147 0.5%	22,270 1.1%	22,374 1.5%
People aged 18-64 predicted to have a borderline personality disorder	617	616 -0.2%	620 0.4%	623 1.0%	626 1.5%
People aged 18-64 predicted to have a borderline personality disorder	475	474 -0.2%	476 0.2%	478 0.6%	480 1.1%
People aged 18-64 predicted to have psychotic disorder	548	547 -0.2%	550 0.4%	554 1.1%	556 1.5%
People aged 18-64 predicted to have two or more psychiatric disorders	9,839	9,824 -0.2%	9,883 0.4%	9,935 1.0%	9,978 1.4%

Table 3 shows the number of people in Tameside aged 18-64 with the forecast being a modest increase by 1,900 people (1.4%) by 2020.

²Projecting Adults Needs and Service Information System www.pansi.org.uk





The number of people with a learning disability in the borough is expected to rise, though based on projections this amounts to an increase of approximately 20 people by 2020. The local situation is expected to follow the national trend with people with a learning disability living longer due to advances in medical treatment giving longer life expectancy. People with a learning disability are more likely to be living with an elderly parent as their main care provider though it is likely that we will also see this care role reversing as the person with a learning disability will start to take on the main caring role for elderly parents. The Council anticipates that the support required for this group of service users will grow and that new types of social and practical support will increasingly be required to meet need – further work is required to determine the scale of this issue.

The number of people with physical disabilities and sensory impairments in the borough is expected to rise. This is because children with complex needs and recessive genetic conditions including cerebral palsy, physical disability, deafness and blindness are expected to live longer due to medical advances and greater survival rates. A growing older population will also increase the numbers of acquired sensory impairments in the borough as well as more older people who are frail and whose mobility is impaired by physical disability. People with physical disabilities and sensory needs often wish

to access universal services and locations but find barriers including physical access and a lack of accessible information, with some requiring one to one support to access this information and the services offered. More widely difficulties arise with gaining and sustaining meaningful employment.

The number of people with common mental health problems is expected to rise by 1.5% through to 2020 – this equates to an additional 338 people and whilst this is unlikely to give rise to the need for social care the need for sub-threshold type supports will increase. In terms of the more complex mental health needs the data suggests only modest increases which would translate into varying levels of support.

A detailed dataset containing socio-economic data at lower super output area (LSOA) is available upon request (Tameside is made up of 141 LSOAs). The information available enables providers to gain a better understanding of the key characteristics and issues that are prevalent within an area. This includes data on levels of deprivation, attainment and skills, work, income and debt, barriers to employment, community safety, health and housing. For more information on how to access this information, then please contact Dave Wilson:

[**dave.wilson1@tameside.gov.uk**](mailto:dave.wilson1@tameside.gov.uk)





05

Current Supply

Key messages:

Reduction in Government spending

has and will continue to present significant challenges to the Council – “added value” in service proposals will therefore be increasingly important in commissioning. Added value may include increasing capacity within available resource maybe through the use of volunteers recruited from the service user pool as has recently been seen in Tameside, or through reducing the cost of service provision through different approaches to service delivery.

A key national and local driver is to support people to remain at home as long as possible, but there is recognition of the place that good quality residential care has in meeting the needs of some older people. Whilst it is expected that the demographic projection will see more people requiring support in the future, it is believed that similar levels of supply of residential placements to now will be required as more people will be supported to live at home.

Work on remodelling day services

from a traditional approach has seen significant progress over the past 12 months and a “list of approved day services” has now been put in place to offer greater variety across all user groups based on needs and wishes rather than what has traditionally been available.

Progress has been made in the delivery of alternative models of housing which offer integrated care and support services, and the Council is keen to explore further ideas with providers.

Building on success of the last few years, the focus on shorter term placements providing rehabilitation with a return home will continue at a pace.

A wider range of home and community based services offering a variety of approaches will be needed to maintain people staying healthy and with a sense of wellbeing at home for longer. Providers should look widely to developments nationally to offer new and innovative service responses to the benefit of people requiring support in Tameside.

Providers will need to offer more services that offer access to information, advice, advocacy and brokerage to demonstrate confidence to customers and generate interest and business.

Entry into employment/work will be seen as the norm rather than the exception.

Providers will need to adapt and become more flexible as personalised budgets become more widespread, to meet the needs of people who may not wish to purchase ‘traditional’ services. As well as listening to messages from the Council, providers will need to listen carefully to what existing users want, and be aware of what people not currently accessing support are likely to want differently in the future.



Opportunities for Business Change

Home based services – providers should consider setting up an increasing range of domestic services, shopping services, sitting services as well as live in or night time care.

Access to information – greater consideration should be given to offering more assistance to people seeking information and advice. Increasing numbers of people are and will take personal budgets or use their own money to spend and it is expected this will be a key source of new business for providers.

Generic services – providers need to consider reablement or rapid response services as well as social, educational and wellbeing opportunities for people with in all support groups.

The increasing influence that personal (and health) budgets will have in the future cannot be underestimated. The Council is attempting to improve the way that people in need of long term care are supported. People have in the past generally received standard support services either through the Council's own provision or through independent provision commissioned in the form of large block contracts. This is going through a process of change with the Council inviting people to be in control of how their support is delivered. Increasingly the Council is advising people how much we would reasonably pay to meet their needs and inviting them to work through how they would want to be supported and by whom through the production of their own support plan which would be funded by a personal budget.

It is becoming increasingly clear that this approach is changing the relationship between commissioners and providers. In place of block grants and the close relationships between commissioning bodies and large providers, personalisation will require more ad hoc relationships. There will be a greater focus on integrated/joint multi-level approach to commissioning, encompassing strategic, operational and individual citizen levels.

As commissioning support for people moves from the “macro” block contracting to “micro” individual commissioning it is clear that the Council will not be the sole determinant of the type of supports that individuals require. Providers will increasingly need to be responsive to the requirements of individual service users as they exercise choice

in how their individual needs are best met. The role of the Council as commissioner will therefore be one of supporting the growth of a diverse innovative market of providers locally to meet growing demand and personal expectations.

Gaps in the Market

The future of service provision will be different - commissioners and providers will need to adjust to meet the personalisation agenda and the increased choice and control exerted by people requiring support. The increasing emphasis on wellbeing, early intervention and prevention will see a change in focus over the coming years with creative and innovative solutions becoming more attractive to individuals who increasingly want their aspirations met.

The following represent key areas for providers to concentrate their efforts:

Wellbeing and Prevention Initiatives

– inclusive, universal services and activities, open and accessible to all will play an important role in keeping people well, independent and in control of their lives.

Modelling of Advice, Information and Advocacy

– there needs to be a focus on advocacy work rather than simple provision of information, universal access to information and support to access services. Advisory services that make increased use of user-led, independent and voluntary sector resources which can facilitate more creative support arrangements, increase take-up of direct payments and reduce reliance on traditional services will play an increasingly significant role.

Remodelling Daytime Activity

– the focus will be on the provision of daytime activities within a range of environments, with a greater focus on non-building based support. Daytime activities will be provided across a range of service areas and will be more ‘outward looking’ and inclusive, building community resilience and capital wherever possible.

All providers working with the Council are expected to offer individual choice and control, and diversify from traditional models of care. We want to see services which promote social inclusion, access to work, skills and education.



06

Future Demands



Responding to Changing Attitudes and Aspirations

The success of organisations in any sector depends on their ability to listen to and engage with their customers. Social care is no different and this applies as much to the Council as to organisations providing specialist support or mainstream services. The Council, wherever possible, keys in to established fora - particularly those that are well attended and led by people

with support needs - by way of engaging with local citizens. Developments in the adult social care market locally allowing those people eligible for services to utilise their personal budgets – via direct payments or Individual Service Funds (ISFs) – mean providers are increasingly able to establish the link between involving people in the design of services, offering people the information they need to make informed decisions and offering customers new and diversified products and services to help them remain well and at home.



Whilst the expectations of people today are already changing, there is little doubt that over the next 10 to 20 years they will alter considerably. People are already used to expressing far greater choice and control over their needs and aspirations; for example, increased social mobility means people have generally experienced a wider exposure to different goods and services than previously. People now and in the future will expect more from their local authority, from care and support providers and from mainstream services generally in terms of the range and quality of services on offer. Providers should consider how to help people maintain good physical, mental, social, emotional and spiritual wellbeing in order to remain healthy, active citizens now and in the future. Services will need to be more flexible, responsive and tailored to personal needs and circumstances and will need to adopt a more enterprising and sustainable approach.

The Council, as a commissioner of services, will increasingly look across a wider range of organisations - including those who may not be perceived to be 'social care' providers as has been traditionally understood in order to encourage and support a diverse range of innovative, preventative services. As part of this, ideas around social value and co-production will become significant. While co-production is understood in a number of different ways, there is broad consensus that at its heart co-production refers to a shift away from professionally led and process orientated practices, towards systems that support the active engagement of local citizens in the design and delivery of public services.

The Council views the following as opportunities in the coming years:

Social and Community Enterprise – an increased emphasis on social and community enterprise delivering to a diverse market with heightened presence of social value, social capital and co-production.

Community activities – providers should consider offering recreational, educational, social and support activities in the local community.

Daytime opportunities – people with personal budgets as well as those funding their own support may no longer want to use traditional day services. Providers should consider setting up different interest clubs or activities that will appeal to people now and in the future.

Information, brokerage and advocacy – providers may wish to offer a wider range of advice and support to help people find the support they need, arrange their support and express their views. Back office services – if people are recruiting their own personal assistants they may need support with advertising, recruitment, payroll, Disclosure and Barring Service checks or training.

Domestic services – providers should consider setting up domestic support, gardening or shopping services that enable rather than maintain disability.

Equipment provision – people can spend their personal budgets on equipment – providers should consider offering a range of items such as rails, stairlifts and riser chairs that deliver to this increase in personal spending power.

Transport Provision – people are used to being mobile and going to various locations (not just in Tameside). With the ongoing review and reduction of transport provided by the Council providers should consider creatively how transport may be delivered now and in the future for those people who still wish to use transport options outside of mainstream provision (buses, trams etc).





07

Quality

The Council sees its role in both protecting the interests of all residents with care or support needs, regardless of how they are provided or funded and continuing to work with providers to improve and maintain high quality services

The Council places great importance on quality assurance and sees its role within this area increasing over time as the uptake of personalisation increases.

It aims to deliver this through a number of approaches such as:

Framework Agreements - these are lists of providers that have demonstrated through a tender process that they meet required standards for quality and value for money. The lists will identify the full range of services on offer, including Personal Assistants; there is an existing list of providers of residential and nursing homes, home care and more recently day services.

Such approaches will need future determination but the Council will be looking to do further work to support individuals in purchasing quality services with their own budgets. Such processes will compliment any requirements to register with the Care Quality Commission for a wide range of health and social care services.

Increasing use of registration

schemes - such as Tameside's "Buy with Confidence" or the emerging "Support with Confidence" schemes.



Role of the Care Quality Commission

The Council has an excellent working relationship with the Care Quality Commission (CQC) and we will continue to work closely to ensure that all registered services are of the appropriate quality. The direction of travel leads us away from the majority of services being registered and will require processes to be developed that are able to understand the quality of services, and the impact they have for individuals.

Key messages:

The Council will continue with its statutory duty to measure and assure quality for all its residents.

Quality assurance will remain a core area of business for the Council, for both commissioned and non-commissioned services.

Providing high quality services will be key to long term business success and confidence in the market.

Increasingly people will meet their personal needs using their own budgets.

Government strategy is clearly about delivering services that are much more responsive to people, achieve better outcomes with increased autonomy, and present clear accountability at every level. These intentions envisage a presumption of greater choice and control over care and support, along with choice of provider wherever relevant. The only exception should be where it might be inappropriate or impractical to expect people to make choices - for example, where there is an overriding need to access the right care very urgently.

The Government wants the principle of shared decision making to become the norm, where people can expect that no decision will be made about them without them. The ambition is to achieve outcomes that are among the best in the world; this can only be realised by involving people in their own care, with decisions made in partnership with family and professionals.

Current and potential providers should consider the following in relation to delivering high quality responses:

Increased focus on quality delivery – providers should continue to consult or review what customers think of the service being provided. As more people manage their own care, recommendations by word of mouth and user feedback will be an important marketing tool.

Staff satisfaction – being able to offer a high quality service helps to recruit good staff and improves motivation and staff retention.

Communication – providers need to consider how their organisation communicates with its customers to create a personalised, customer focussed experience.

Involving people – customers value input into the design and development of services.

Continual Improvement – providers should continue to review their approach to delivering support with an emphasis on continuous improvement, positive outcomes for people and best value principles.





08

Finance and Funding

Council Spend in Relation to the Care Continuum 2012/13

Universal/Preventative

Acute



£0.4m	£0.6m	£23.1m	£1.2m	£0.7m	£26.9m	
Universal	Preventative	Support at Home	Support away from home	Transitional services	Care & Accommodation in non-domestic setting	Continuing care (funded by the NHS)
Includes:						
<ul style="list-style-type: none"> • Information to the public • Interpreter services • Well being centre 	<ul style="list-style-type: none"> • Advocacy • Luncheon Clubs • Handyman services • Carers services 	<ul style="list-style-type: none"> • Home care • Community meals • Extra Care Housing • Direct Payments • Supported Living • Community Equipment • Carers breaks 	<ul style="list-style-type: none"> • Day Care • Carers breaks • Transport 	<ul style="list-style-type: none"> • Respite Care • Home Care 	<ul style="list-style-type: none"> • Residential Care • Nursing Care • Respite care 	<ul style="list-style-type: none"> • Nursing Care • Home Care

In the financial year 2012/13 the Council spent **£52.9m** on care and support in the independent sector. This figure represents gross expenditure and comprises of specific grants and income from charges and other agencies. Spend by the Council on care and support can be 'grouped' into seven areas within a care continuum as highlighted in the above table. The ongoing challenge for the Council is to shift its funding from 'acute' to the 'universal/preventative' end of the continuum. There is no fixed timetable for this shift but incremental changes will be seen over the coming years. As highlighted throughout this document, public spending will continue to be reduced and the Council will need to consider how it allocates funding to users and services.





Self-Funders of Care and the Dilnot Intentions
In June 2010, Sir Andrew Dilnot, an economist and broadcaster, was asked by the government to chair the Commission on Funding of Care and Support.

The Commission published its report in July and the following represent a summary of the main points:

Should a person be assessed as needing care an individual's lifetime contribution towards their social care costs is currently unlimited. The commission recommended a cap on costs after which an individual will receive full state support (the initial recommendation was that the cap should be set at £35k though this has been revised this year to £75k).

The cap on contributions covers the cost of care only. People will be required to contribute a national standard amount towards their living costs such as food and accommodation, known as the 'hotel bill'. The report suggests that this should be £10,000 a year.

Everyone should be subject to a national eligibility criteria and portable assessments to remove inconsistencies in care availability from county to county.

The Government and Financial Services Authority should work to develop greater support for those seeking information on financial planning for older age.

A new social care statute should place duties on authorities to provide advice, assistance and information on services in their area.

It is expected that the self-funder share of the market will shift over time and the Council will want to actively support people who choose to fund some or all of their care and support needs.

Charging for Services

As is currently the situation people in receipt of social care services will be subject to fairer charging. The Council will continue to review its application of the fairer charging policy, and will ensure that there is uniform application of the policy across all services to ensure equity for all people.

Where services are delivered as part of the focus on the development of the prevention and wellbeing approach, normally where people don't meet the criteria for an assessed service (sub-threshold), there is an expectation that people will contribute towards the costs of sustaining the activity (usually at reasonable and affordable levels).





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Facilitating the Market

New methods of developing and facilitating the social care market are required which can build on the Council's unique position. The Council can bring information it knows about population and demand of its service users and carers into a dialogue with providers about investment and risk. The aim is to encourage and support providers to shape their services to meet the needs of individuals directing their own plans of support as well as those who don't, and thereby demonstrating good outcomes and improved models of practice to support the personalisation of social care locally.

The Council has identified a number of objectives it will work on to support the personalisation agenda:

Placing Service Users More Centrally in Control of Services

The extension of choice and control to all service users is central to the transformation of adult social care. This will lead to a new relationship between the Council and local people that empowers people to make decisions about their support needs that make sense to them and fit with their lives. The Council has increased the number of people who receive self-directed support meaning that many more people are in control of the social care finances and services they are entitled to. To support this the Council will continue to ensure that clear, accessible and timely information and advice is available to everyone with support needs and their carers. A key challenge will be to ensure that people using services have the opportunity to make genuinely informed decisions with the support they require.

Deliver Services that Support Greater Independence

Supporting people to achieve greater independence means focussing resources on enabling people to live independently for as long as possible. The Council will work with people to prevent them from becoming dependent and passive recipients of services given to them by others. This is a key theme within 'Putting People First' and other social care policy. Achieving this goal will mean implementing models of support that promote independent living and build on the capacity of service users to plan and manage their support needs. This will require the Council develop further arrangements that prioritise prevention, early intervention and reablement with the emphasis on service design being to facilitate independence. Alongside the provision of services, the Council will support people to maintain their independence through community development activities designed to build the capabilities of service users and their social networks. The Council recognises the fundamental importance of these networks to people's wellbeing and the roles that they play in supporting them.



Developing a market of services for people to choose from

- In developing the market the Council will seek to shape the type, availability, flexibility and responsiveness of services to ensure availability of support for those who wish to purchase them. People needing support can usually identify what they need but in the past this has not always been available. In the future the market of services will adapt and respond to ensure that personalised services of the type people require are available. The Council will work with providers to ensure that there are high quality and affordable services to purchase locally. Achieving this will require a range of approaches and close partnership working. A further important aspect of provider development involves focusing on stimulating and supporting new kinds of services that help to provide a multitude of local, community based provision, including user-led services

Working in Partnership to Deliver Services to the Community.

Personalising social care is not just a job for the Council - it requires working in partnership with a wide range of partners. This transformation will influence and be influenced by the work of all local public sector organisations as they set the priorities for supporting the community. This will also impact on providers of all types from the largest to the smallest. The transformation of social care is about putting individuals and their needs first. Many of the services that people want and need to access are beyond the scope of social care. This means working with the providers of universal services to ensure that they support vulnerable groups. The Council also recognises the need to foster a supportive environment of shared risk taking across the board from assessment and support planning, through to frontline service delivery and reviews. Shared risk taking in terms of the packages of support that people are given will reduce dependency and promote independence. The Council wants to work with providers who can provide effective short term interventions and collaborate with us during the review process to reduce costs.

Stimulate the Local Economy -

Delivering services closer to home and supporting the development of 'Social Capital' are at the heart of this objective. The Council will engage with local providers to evaluate means of satisfying 'safeguarding' and quality requirements so that more signposting/brokerage can be directed to local services. It will encourage innovative ways of encouraging the 'mainstreaming' of provision or the use of universal services which can be provided to create long-term social connections. In addition there will be continued efforts to stimulate the growth of social enterprises and user led organisations that are accessible to the community and support social inclusion and co-production.

The Council will continue to support voluntary sector providers via its established infrastructure organisation – Community and Voluntary Action Tameside (CVAT) - to build more social capital in the borough. The support will look to encourage and nurture the continued development of small voluntary and community organisations and groups as providers, and enable them to develop new funding and operating models. Recognition of the wider social value created through investment in, and the delivery of, local services is important. Although the value created goes far beyond what can be captured in financial terms, this is, for the most part, the only type of value that is measured and accounted for. As a result, things that can be bought and sold take on a greater significance and other equally important things are over-looked. Decisions made like this may not be as good as they could be as they are based on incomplete information about full impacts.





This revised market position statement is the continuation of a process intended to serve as an introduction to the many discussions that need to take place between the Council and current providers, as well as potential providers. It is also intended that this will act as a catalyst for providers to think about their current business models and how they may need to change for the future. It does not prevent providers seeking a competitive advantage through their own market research and other activities. Ongoing dialogue between the Council and providers will also act as a feedback loop highlighting specific areas where people in the market place have ideas to bring back into the system.

As a starting point we welcome views on what kind of market information would be especially useful in the future or might be difficult to obtain independently. The Council is interested in hearing from you if you have any questions or comments about this document and with your ideas about how we could improve it in future years.

This can be done through direct contact with Trevor Tench, Dave Wilson or Tim Wilde at the Joint Commissioning and Performance Management Team at:

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