



MANCHESTER
CITY COUNCIL

Working with Us — Market Position Statement for Care and Support in Manchester

2016/17

Strategic Commissioning, Directorate for Children & Families
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Why a Market Position Statement?

“Manchester, like other major cities throughout the country, is in the midst of a period of significant change in the delivery of public services.

Simply continuing with business as usual is not an option. Coupled with the increases in demand associated with an ageing population, it is clear that the City’s health and social care system will not be financially sustainable over the next five years unless radical and urgent action is taken.

The devolution of health and social care to Greater Manchester, as part of the wider growth and public service reform priorities for the region, is an opportunity to make radical and urgent changes happen. The successful way forward is one of ‘connecting care’ across sectors, requiring partnership, collaboration, and new and better ways of working together.

As a city, we are fortunate to have a vibrant care and support sector, but our success in carrying forward our ambitious reform programme depends heavily on the continued quality and innovativeness of our partners working across Manchester, in the public sector, in businesses, in the voluntary sector, and in our communities.

In this context, we see this market position statement as an increasingly vital part of our relationship with the care and support sector – to set out our long-term vision for the future of public services in Manchester, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business.

By doing so, we hope to shape a sustainable model of care which achieves better health and wellbeing outcomes for Manchester citizens, promotes independence and champions prevention, works more closely with carers, voluntary, and community sector groups, and provides services as close to a person’s home as possible while ensuring access to high quality specialist services when needed.”

- Nathan Atkinson, Interim Head of Commissioning, Directorate for Children & Families

This is the third Market Position Statement (MPS) produced by Manchester City Council (the Council) with the support of the [Institute of Public Care](#) at Oxford Brookes University. The Institute for Public Care highlights that a Market Position Statement is the start, not the end point, of the process of market facilitation. The MPS will be reviewed and updated regularly as our knowledge and understanding grows and our shared thinking around commissioning intentions develops. For example, we anticipate that the next iteration of this document will include more detail around children’s services as strategic thinking develops over the coming months. We are keen for the process of MPS development to be as interactive as possible with those who provide services and use services in the city.

The Council, as a strategic commissioner of services, wishes to forge a new relationship with partners to benefit all who need care in our authority. By stimulating a vibrant, diverse and integrated market for care and support, we can offer people a real choice in how and where they receive care and support, and enhance individual and community independence. This may come from existing partner organisations, from those who do not currently work in the city, or from new start-ups.

The evidence provided in the document and the reports it links to will help the Council and its partners take a strategic approach to understanding and meeting local need for social care and support. We also recognise that health and social care partners actively contribute towards economic growth in the city and create significant employment opportunities for Manchester citizens. Care partners are therefore key partners in realising our potential to become a successful world class city.

The Market Position Statement contains some market opportunities for partners, but is not a comprehensive list of all developments taking place. It is instead intended to help identify what the future demand for care and support might look like and to act as a starting point for discussions between the local authority and those who provide services, in particular voluntary and community sector organisations, small and medium sized enterprises (SMEs), and entrepreneurs.

It includes:

- Our intentions as a facilitator of care and support for Manchester citizens across the whole life course.
- Our vision for how services might respond to the changing needs for care and support in the near future.
- How the Council and its partners can work together to shape the way services are delivered, to best support our citizens and achieve better health and wellbeing outcomes for people of all ages and backgrounds.
- The emerging picture of what services the city will need within an integrated market with health.
- Key resources and sources of data to help you, our partners, plan for the future and identify areas of need which you could help us to address
- Who to contact if you wish to discuss how your services might help us achieve the outcomes we want.

To feedback on any aspect of this document or identify key topics that you would like included in future versions please contact us at: workingwithus@manchester.gov.uk.

Where we're heading – 'Our Manchester'

Our vision is for Manchester to be in the top flight of world-class cities by 2025. A [world class city](#) that stands out as:

- enterprising creative and industrious
- with highly skilled people
- living in successful neighbourhoods
- where all our citizens can meet their full potential, are valued and secured

Achieving Manchester's vision against an increasingly difficult financial and economic backdrop means that greater emphasis is being placed on treating public spending as an investment, which generates returns to be re-invested and promoting independence to reduce the need for high-cost acute services.

The [Our Manchester](#) strategy is an ambitious statement of where Manchester people, businesses and public services want to get to and is the culmination of the responses from a very detailed public consultation. The Our Manchester strategy sets out the key areas for reform and growth for Manchester over the next decade, which we want our partners to be a part of. A central pillar of this is the radical transformation of public services to focus on people and their communities. We want to shift our approach to focus on strengths, and work across traditional boundaries with the voluntary sector and communities to bring new ways of working to the fore. We need to unlock the power and potential that exists in all communities to improve the lives of people in the city, and create thriving neighbourhoods where people have a sense of purpose and belonging.

8 things you should know about the Our Manchester strategy:

- Sets out the 10-year vision for Manchester
- Took two years to produce
- Had very detailed public consultation and support
- It's not the Council's vision – it's the whole city's vision
- Overseen by the Our Manchester Forum from public, private and community organisations
- Spells out 63 things we're committed to do to make Our Manchester happen (our 'we-wills')
- Progress is checked in a yearly snapshot report called State of the City
- It's got five themes – a summary of what people want Our Manchester to be:

Thriving - a thriving and sustainable city, with great jobs and the businesses to create them

Full of talent - a highly skilled city with talent that is home-grown and from round the world

Fair - a progressive and equitable city, so everyone has an equal chance to contribute and to benefit

A great place to live - a liveable and low carbon city, with a good quality of life: a clean, green, safe city

Connected – a connected city, both physically, with world-class transport, and digitally, with brilliant broadband

[Public Service Reform](#) in Manchester involves using money differently, maximising the assets, skills, capacity and knowledge of individuals and the social capital of communities, and investing in ways of working which deliver a return on investment. A key element of this reform programme will be to shift spending away from targeted and specialist services, and towards combined or integrated services that take a 'whole person' approach to meeting citizens' needs.

To that end, the emphasis of our future commissioning aims will be on changing behaviours to promote independence, developing evidence-based early interventions to prevent peoples' care needs increasing, and devising new delivery models through integration with our partners. We will achieve this through a particular focus on integrated commissioning and delivery, using available

resources more effectively, and seeking to work with a more diverse range of partners including entrepreneurs and social enterprises.

This will require a more meaningful level of engagement between and among commissioners and partners. We want to

- start conversations with our partners earlier in the commissioning process, to identify the real needs at a local level that will inform the outcomes we aim for, and share ideas on how to achieve them
- harness the skills and creativity of the voluntary and community sector and social enterprises to prototype new models of service delivery
- share best practice and new ideas
- develop a richer shared understanding of what people want from their services
- find new ways of personalising the delivery of services, that address all aspects of citizens' holistic wellbeing

For care and support organisations this will mean that the Council's traditional commissioning relationships will change drastically in the coming years as we continue to use our money differently and ask very different questions of ourselves, our partners and the citizens we work to support.

The below list provides a snapshot of the changes we expect to see across a number of key services areas.

Children's Services

There is no higher priority for the Council than protecting vulnerable children and ensuring that they and their families receive good help and, when required, good care. The Council is continuing to implement its [Improvement Plan](#), in response to the Ofsted judgement on Children's Services and the Manchester Children's Safeguarding Board, which aims to improve the quality and consistency of social work, reduce the number of Looked After Children over four years by 382, and shift 310 foster care placements from independent agencies to internal foster carers.

The Council is also contributing to a fundamental review of all services for children in Greater Manchester, as part of the Greater Manchester Devolution Agreement. An early priority is to develop an integrated approach to preventative services for children and young people by April 2017. The review will involve developing innovative proposals for collaboration across all the Greater Manchester (GM) authorities and partners to reduce complex demand.

Integration of Health and Social Care

Alongside our Public Health colleagues we are currently engaged in widespread and detailed integration work with the various facets of the NHS to ensure an improved pathway for citizens requiring health and social care services. This is known as the Living Longer, Living Better (LLLBB) programme, overseen by the Manchester Health & Wellbeing Board.

The [Joint Health and Wellbeing Strategy](#) vision for health, wellbeing and life chances in Manchester is a radical one. By ensuring that all local partners commit to working together to improve health and wellbeing in the city, it heralds a major shift in the focus of services towards prevention of problems and intervening early to prevent existing problems getting worse, and providing services closer to home. The programme seeks to shift approximately 20% demand from in-hospital settings to community settings over the course of the next five years, by developing a new integrated community-based care system.

The Manchester [Locality Plan](#) – A Healthier Manchester details the five year vision to improving the health outcomes of citizens and the move towards the sustainability of health and care services. The Locality Plan is the commissioning plan for health and care integration in Manchester, reflecting the shared vision of the Manchester Clinical Commissioning Groups (CCGs), the Council, and the acute trusts. The three core pillars of this major reform programme are:

- A single commissioning function ('One Commissioning Voice') for health and social care for the city, combining the three CCGs and the Council commissioning teams;
- 'One Team' – a new model of integrated services, encompassing out of hospital community based health, primary and social care services, built on twelve neighbourhood teams and commissioned via a single contract and a single contract holder for the city
- A 'Single Manchester hospital service' to achieve economies of scale and strengthen clinical services.

The Locality Plan, through ten transformation initiatives, will help to deliver a model of care that will have a stronger emphasis on prevention and self care and, for those most at risk of needing care, access to more proactive care, available in their local communities.

Mental Health

GP Survey shows that around 19% of patients in North Manchester, 15% in Central, and 15% in South, report moderate or extreme anxiety or depression compared to 12% nationally, with a high number of adults prescribed antidepressant medication.

Devolution provides Greater Manchester with the opportunity to respond collectively to the challenges of mental ill health and make a step change in the provision of services for people across GM. It is proposed that there is a 'whole system' approach to the delivery of mental health and wellbeing services that support the needs of individuals and their families, in the communities where they live.

To achieve this, the relationship between commissioners and partners will need to change in order to deliver stronger outcomes, deeper integration, needs-based service pathways, and more community-based models of support. We will also need to address the connections between poor mental health and employment, requiring more diverse and holistic services that can collaborate to address multiple needs on an individual basis.

Learning Disabilities

Greater Manchester is committed to significantly re-shaping services for people with Learning Disabilities and/or autism, to ensure that more services are provided in the community and closer to home rather than through hospital care. Greater Manchester currently has around 2,500 patients with learning disabilities who require full-time care or high levels of support.

The [Health & Social Care Devolution Agreement](#) presents an opportunity to make significant progress at scale and pace to ensure every person with a Learning Disability and/or autism gets the right care in the right place. The reshaping of services is intended to ensure support is provided to individuals at the community level where appropriate, continuing the long-term shift away from institutional care, and to better address the wider needs of people with learning disabilities including issues such as physical health, social care and employment.

NHS England has identified Greater Manchester as a [Fast Track area for learning disabilities and autism](#), enabling a focus on service transformation to improve community-based care and reduce the use of inpatient beds.

Greater Manchester's ambition for Learning Disabilities services is predicated on four key objectives:

- a 60% reduction in non-secure beds, leading to a combination of short-stay crisis inpatient beds and longer-stay continuing care and rehab beds
- a 34% reduction in the number of low secure commissioned beds, through improved use of out-reach preventative support to reduce admissions
- improving in- and out-reach intensive support, ensuring greater support within the community setting to reduce the need for inpatient beds, and adopting principles of positive behaviour support
- expanding community-based accommodation schemes, including specialist residential flat models in GM

Education and Skills

The success of the City's schools system is central to the delivery of the vision of all Manchester people being skilled, aspirational, resilient, connected to the City's growth and productive. Ensuring the next generation of adults and parents progress through school with the qualifications and skills necessary for success can only be achieved through strong leadership and partnership working with the childcare and education sectors.

The recent announcements in the Spending Review regarding consultation on a reduced statutory role for Councils in running schools, together with changes in funding for the schools system and the Council's part in it, require a revised strategic approach to working with schools in Manchester.

The medium-term future is likely to see:

- a requirement for all schools to work in formal structured partnerships including within the multi-academy trust framework
- local authorities supporting this and shaping provision to meet local need through suitable local groupings of schools
- continued work to improve GCSE outcomes, the quality of all schools, putting employability and careers at the heart of school improvement, and securing sufficient good quality school places
- a new approach whereby schools provide leadership and coordination for early help delivery at a neighbourhood level

The jobs that people do have a major impact on their health and the health of the population as a whole. Despite the city's economic growth, the skills level of many Manchester citizens has not improved in parallel, contributing to above average levels of worklessness and poverty. Between 2004 and 2014 the number of Manchester citizens with no qualifications fell from 25% to 11.7%, but this is still 2.7 percentage points behind the national average, and challenges remain in raising the skill levels of those who are regularly out of work and those aged over 50 (Annual Population Survey, ONS, Crown copyright, reported in 2015 State of the City).

There are a range of community venues across the city where training and employment support are delivered; however there will continue to be focus required on the areas of greatest need, and supporting citizens to become financially and IT literate, particularly as cuts to adult learning budgets start to take effect.

Stats snapshot

- Public Service across Manchester spends a total £1.1bn on health and social care services, excluding specialist services, and must manage a predicted 'do nothing' deficit of £284m by 2020/21. City Council contribution is £190 million (Manchester Health and Wellbeing Board)
- Manchester's population was estimated to have reached 520,215 in 2014 (2014 Mid Year Estimate, ONS crown copyright), up from the 2001 Mid Year Estimate figure of 422,900. This growth is expected to continue, with the population projected to reach between 543,100 (2012 Sub National Population Projections, ONS Crown copyright) and 587,800 (MCCFM S2015, Public Intelligence, MCC) by 2021.
- The numbers of children aged 0-5 have increased by 45.7% since 2001, and adults age 25-29 have grown by 54.5% (Manchester State of the City Report 2014-2015)
- People aged 65 and over make up around 10% of the population (2014 MYE, ONS, Crown copyright). This is expected to increase to between 11.4% (MCCFM S2015) and 12.9% (2012 SNPP, ONS Crown copyright) by 2037.
- "Life expectancy at birth for women is 79.9 0 - 3.3 years lower than the England average. Life expectancy at birth for men is 75.8 - 3.7 years lower than the England average". (Manchester Public Health 2016)
- Manchester has fewer than average numbers of people who speak English at home. 10.3% of households, more than double the national average, have no English speakers (Table KS206, 2011 Census, ONS, Crown copyright).
- The number of Manchester citizens claiming out-of-work benefits fell 22.6% from 2001 to 2014 (DWP Benefits via NOMIS, reported in State of the City 2015). In August 2015, this was 13.7% of the population (DWP Benefits, reported in Benefits Bulletin March 2016, Public Intelligence).
- Around 34% of children under the age of 16 in Manchester live in poverty, compared to the national average of 19.2%, and only 2.3% of these are in working households. (Children in Manchester 2015)
- In August 2015 there were 32,650 Incapacity Benefit or Employment Support Allowance claimants, of which 17,040 cited 'mental and behavioural disorders' as their medical reason for entitlement (52.2%). (MCC Intelligence Hub 2016)
- In August 2015 there were 2,895 patients in Manchester diagnosed with dementia. However the [Dementia Prevalence Calculator](#) estimates that Manchester has 4,079 people living with dementia. Therefore 71% of the expected number of people with dementia have been diagnosed by their GP. (MCC public Health 2016)
- During 2014/15, 52.9% of people in Manchester were supported back to independence following a period of reablement support. 24,569 items of equipment and adaptations were installed in homes to help people live independently, 99.2% of which were installed within seven days. (MEAP Annual Report for 2014-2015)
- 77.8% of the people we were supporting in residential/nursing care at last year end were aged 65 or above. (This is based on internal figures taken from Abacus remittance data.) This figure includes all people receiving permanent, temporary or respite care at 31 March 2015.*
- Manchester's total school population in January 2015 was 77,490 pupils. Of those, 12,850 pupils had a special educational need, the majority at SEN support level. Nationally, and in Manchester, the most common type of need is Moderate Learning Difficulties. (All Age Disability Strategy)
- In 2014-2015 43.17% of people receiving long-term community-based services received self-directed support, such as a personal budget, and 14.89% of those received at least part of this as a direct payment. These figures are for all citizens aged 18 or over. From the SALT (Short And Long Term care return) table*

*% relates to the supported population

How we can get there

Manchester can only address these issues effectively by pursuing an innovative, holistic, and ethical approach based on a number of key principles. The City Council wants to work with partners who share our ambition and drive to produce the best outcomes for Manchester citizens, as well as our guiding principles:

Transparency

As a public body, accountable to Council Members and the people of Manchester, transparency is at the heart of how the City Council works. The responsibility to safeguard and improve the health, wellbeing, resilience, and quality of life of our citizens means providing evidence of the effectiveness of our commissioning activity, and highlighting the areas where there is still more to be done. This document forms part of that process, alongside the many strategies, plans, and research and committee reports that are available via the [Council & democracy webpage](#).

We want to work with partners who share this commitment to openness and accountability. Our drive for greater integration of services and co-production with our partners requires that they have explicit quality standards and publish results of their independent monitoring, and are prepared to work to an open book accounting approach.

Co-production & collaboration

By commissioning collaboratively with our partners and other local authorities, and through integrating with health partners, we can best improve outcomes for the city and its citizens. For example, the draft Strategic Commissioning Priorities and Intentions for Children and Young People's Services 2016-2020, which is due to be published in May this year, has been co-produced by the Council, including Public Health, the Clinical Commissioning Groups and the Office of the Police and Crime Commissioner.

We want to encourage more open dialogue between commissioners and partners, in particular

- joint ideas generation and problem solving in terms of meeting the forecast reductions in budgets in an inclusive and progressive way
- identifying ways of simplifying the bureaucracy of procurement
- joint learning and engagement events to share knowledge and best practice on common priorities such as evaluation
- facilitating more alliance and partnership development in the city to respond to the Council's strategic priorities.

Co-production aims to democratise the production of health and social care, by enabling citizens to be full partners in the process of devising service specifications to best meet their personal outcomes and demonstrate value for money. Partner organisations will, in future, be encouraged to consider how they might build co-production into their business models, in order to give citizens greater control over their care.

Community focus

As a city, we need to unlock the power and potential that exists in all communities to improve the lives of our citizens, and create thriving neighbourhoods where people have a sense of purpose and belonging. To achieve this, the Council and its partners are embarking on a journey, "Our Manchester", the Manchester Strategy, can only be delivered if we have a better understanding of our local communities. We need to shift our approach to one which focuses on the strengths of individuals and communities rather than deficits. We will create an environment where people can support each other to live healthy happy lives.

We aim to explore how currently disparate funding streams, including for carers, health and wellbeing, mental health and wellbeing and equalities, can be drawn together in order to ensure a more cohesive approach that will promote better outcomes while reducing grant administration. We will also explore how voluntary action, befriending and peer support can be invested in to complement statutory services, and deliver the social capital which will enable communities to become more resilient and self-reliant. It is expected that targeted, universal and asset-based grants will be more widely used in the future.

Self-care

Self-care involves individuals taking personal responsibility for their own health and wellbeing, from the daily choices which they make about their lifestyle and behaviours, through to managing symptoms and long term conditions.

Supporting people to self-care involves empowering people with the confidence and information to manage their own health through education, information and community involvement. This means changing the way we identify, assess, and meet need with partners, and in so doing change the expectations and increase the independence and self-care capabilities of citizens who access our services. We will also explore how assistive technology can be used in enabling self care.

This will drive, and require, a change in commissioning approach from a deficit focus on illness and problems to an assets focus on strengths and abilities; this includes the skills, knowledge, resources and support available at an individual and community level. The broad aims of this are to promote personal and community resilience, to increase social connectedness and to empower people to take greater responsibility for their own health and wellbeing.

Enabling self care requires a partnership between providers of health and social care, patients and the public and community-based social enterprises and voluntary and community sector (VCS) organisations. We welcome partners who will work with us towards integrated service development across these sectors, to utilise their resources to promote independence and resilience.

Better outcomes at lower cost

There is no choice but to reduce the cost of services, and the costs of managing and administering those services. The Directorate's budget for 2015/16 saw a £39m reduction, with further savings required for 2016/17. This requires us to look more closely at the ways in which we do business and commission public services, finding efficiencies where appropriate and engaging in more meaningful conversations with citizens and partners about how we provide more effective services with fewer resources, and how people want to receive care and support.

All funding needs to focus on the outcomes that can be achieved for the money spent, and how it can drive increased independence over the long term. Therefore, we will work with partners to explore how we best measure outcomes, pay by virtue of those achieved, and where a service is subject to a local authority tender ensure our procurement processes are outcome focussed.

The proposed Budget and Business Plan for 2016/17 has been shaped by the vision and priorities set out so far in this report and by the following principles for change:

- targeting services – by place, by cohorts, and by better co-ordination;
- where there is a need to intervene to reduce dependency the principles of public sector reform will be applied (bespoke packages of integrated services, with lead workers on a whole family basis);
- whole systems thinking to understand the totality of resources in the City;
- co-design of new approaches with citizens and partners;
- strategic commissioning to bring together fragmented services;
- opportunities to secure investment;
- assessing for opportunity and solutions, not just problems; and
- new emphasis on universal education

"The Children and Families budget for 2016/17 is £247,984,000. The Directorate has responsibility for the majority of the Council's targeted and specialist services. Over the period 2011/12 to 2015/16, the Directorate has made savings of circa £166m. During the course of 2016/17, further savings of £18.2m will need to be delivered in order to maintain a balanced budget. Looking ahead, it is anticipated that further savings will be needed but the level of savings is unclear at this time.

Within the overall budget for Children's services in 2016/17, the gross budget for Early Help is £659,000 and £54,120,000 for LAC and Leaving Care. The gross budget relating to Adult Social Care for 2016/7 is £200.958m. Below is a breakdown, by relevant thematic areas, of key areas of spend from the Adult Social Care budget through directly commissioned provision with the external market place.

Area	Service Type	Gross Budget
Learning Disability	Supported accommodation	£9,519,867
	Adults placements	£621,779
	Residential & nursing	£7,582,796
	Homecare	£977,465
	Individual budgets	£1,539,363
	Day care	£1,044,153
Mental Health	Former SP schemes	£1,997,488
	Residential and nursing	£8,409,945
	Homecare	£1,014,026
	Supported accommodation	£1,598,270
	Voluntary orgs	£398,204
Commissioning	Voluntary orgs	£4,747,471
	Former SP schemes	£4,953,003
	Extra care	£1,317,139
Public Health	Childrens	£3,536,677
	Wellbeing	£4,764,141
	Sexual health	£8,257,265
	Drugs and alcohol	£8,574,968
Homelessness	Hostels	£1,602,926
	Prevention	£672,249
	Accommodation	£8,108,514
Care - over 65s	Res and nursing	£26,136,369
	Homecare	£9,147,656
	Day care	£249,543
	Individual budgets	£4,622,000

Innovative funding solutions

The voluntary sector has long been innovative in finding funding opportunities, and we recognise that the best commissioning solutions will increasingly come from partners at the front line of service delivery, rather than top-down from the Council. We will invest in mechanisms to support the sector and encourage innovation (e.g. Social Impact Bonds, Crowd Funding and use of Social Media). We will not be prescriptive about the approach partners take in delivering the desired outcomes, as long as they can evidence attainment of positive outcomes and demonstrate value for money.

Examples of this to date include social investors supporting a [Shared Lives](#) programme in Manchester which offers vulnerable adults, with learning difficulties or mental ill health, the opportunity to live permanently with a family. The investor will be repaid as the agreed outcomes are achieved.

Social value for Manchester and its citizens

In response to the Public Services (Social Value) Act 2012, the Greater Manchester Combined Authority (GMCA) has developed the [GMCA Social Value Policy](#). It is the intention of the Combined Authority to embed the GMCA Social Value Policy within all commissioning and procurement activity wherever proportionate and practicable. Partners will need to demonstrate how they will offer social, economic or environmental benefits to the community and take into account social provisions over and above the provision of the service.

The Act does not define what is meant by 'social value', but the Combined Authority has adopted the following definition:

A process whereby organisations meet their needs for good, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits not only to the organisation, but also to society and economy, whilst minimising damage to the environment.

http://www.manchester.gov.uk/meetings/meeting/2727/overview_and_scrutiny_ethical_procurement_task_and_finish_group/attachment/20228

Recent consultation has told us that:

Issues relating to community opportunities and maintaining health and wellbeing are of greatest concern to Manchester's disabled population. Of over 200 disabled people engaged with, 83% of issues raised came from just these two themes, with inaccessible public transport and inaccessible services accounting for 45% of them.

(Disabled people's and carers' consultation workshops, Summer 2014)*

"Being a member of voluntary groups, e.g. Manchester Disabled Access Group, gives support and confidence and motivation. It gives people a role, a task, and a job – it gives people a sense of purpose"

([All-Age Disability Strategy, 2015](#))*

"Services don't always distinguish between different types of disability and different needs"

(Disabled people's and carers' consultation workshops, Summer 2014)*

"The reduction in day services means that people's wellbeing is suffering, including that of carers"

([All-Age Disability Strategy, 2015](#))*

"We have to tell our story over and over again. We should only have to tell it once."

([All-Age Disability Strategy, 2015](#))*

69% of carers either agreed or strongly agreed that carers should take an active part in working out their own support needs and finding solutions.

(Carers' Consultation, 2015)*

Investment priorities for Manchester

This section gives a flavour of the types of services the council will seek to commission in the near future, in order to achieve the goals outlined for the City and in keeping with the principles and ways of working described above.

This is not a comprehensive list of all developments taking place. It is instead intended to help identify what the future demand for care and support might look like and to act as a starting point for discussions between the local authority and those who provide services, in particular voluntary and community sector organisations, small and medium sized enterprises, and entrepreneurs.

Learning Disability

Issues/Need for this client group

Manchester, like many areas, is experiencing an increase in the number of people with learning disabilities and autism. Demand on services is increasing at a time when budgets for care are being cut by central government. This means that increasingly we are looking for more efficient and innovative ways of providing the support that people need, so that people can lead rewarding and fulfilling lives.

We know the number of people with a learning disability (LD) nationally is steadily increasing. Child mortality is falling and people are living longer in adulthood. Back in 2007 Manchester City Council commissioned the Institute of Health Research at Lancaster University to estimate the impact these LD population changes would have on future demand for adult social care in the city. The study estimated an annual growth rate in the population receiving support of between 2.6% (lower estimate) and 5.4% (upper estimate), with a middle estimate of 4.5%.

Greater Manchester is part of the national Transforming Care programme, which means that people with complex needs in hospital settings will be helped to live in their local communities. To meet this need, providers will need to develop skilled services with stable staffing which can support individuals to settle and live within local areas.

The shift in expectation from caring for people to encouraging participation and independence will signify a significant change in commissioning in future years. Staff will need to have different attitudes and behave in different ways to improve outcomes for people. In turn, this has workforce recruitment, training and development implications.

There will be a focus on people leading ordinary lives in ordinary settings and demonstrating the achievement of individual outcomes. This means providing support which helps people get involved in their local communities and accessing mainstream leisure, work and education opportunities where possible.

To address health inequalities in people with learning disabilities and autism, primary healthcare needs to be improved along with support for older people.

Priorities

NHS England has identified Greater Manchester as a [Fast Track area for learning disabilities and autism](#), enabling a focus on service transformation to improve community-based care and reduce the use of inpatient beds.

Greater Manchester's ambition for Learning Disabilities services is predicated on four key objectives:

- a 60% reduction in non-secure beds, leading to a combination of short-stay crisis inpatient beds and longer-stay continuing care and rehab beds
- a 34% reduction in the number of low secure commissioned beds, through improved use of out-reach preventative support to reduce admissions
- improving in- and out-reach intensive support, ensuring greater support within the community setting to reduce the need for inpatient beds, and adopting principles of positive behaviour support
- expanding community-based accommodation schemes, including specialist residential flat models in GM

A key element of Manchester's strategy for the future is outcome-based commissioning. This approach puts people at the centre of planning their support, supporting personalisation and enabling people to achieve their aspirations and goals.

This approach will shift the focus of provider activities to meeting the outcomes by supporting the choices and preferences of people with innovative, creative and flexible support.

The preferred model of support puts the emphasis squarely on local provision. We would like to develop innovative models of flexible outreach support, enabling families to stay together, particularly for younger people for whom residential care has often been the only alternative. To support this we will develop more flexibility in offering individual budgets, so that people can plan how and when to purchase support to help people live their lives in ways that they choose.

Our extra care scheme for people with learning disabilities in central Manchester has been a success, and we would like to further develop this model to enable people with learning disabilities to live in mixed settings, with flexible support provided at times when people need it.

For people with the most complex behaviours, we will encourage the development of specialist services with a skilled workforce to work with individuals. We envisage that such services will contribute to our aim of keeping people out of long stay hospital settings by providing safe support at times of crisis.

Older People

Issues/Need for this client group

Manchester has a lower proportion of its population aged 65 plus than most UK cities. However the latest projections predict a steady growth in overall numbers over the next 20 years, with the total population 65 plus increasing from 50,000 in 2012 to 63,000 by 2030.

Manchester's older population experiences high levels of deprivation. Older people are financially less secure, in poorer health, and more likely to live in social isolation than their counterparts in the rest of the country. They are therefore more likely to experience dementia, other illnesses and long term conditions, and are likely to need care and support to help them (and their carers) to manage as independently as possible.

We know that when there is a breakdown of care at home this can mean someone going into hospital or a care home unnecessarily.

Numbers of people living with dementia are increasing and will continue to rise in the future. At the same time we face a need to reduce the rate of people moving into residential and nursing care, and ensure that as many older people as possible are able to receive care in their homes or communities.

In order to achieve this, new types of accommodation are needed that keep people living in their home for longer.

As is

Most care at the moment is provided from mainstream older people's services such as traditional home care, day care and residential care homes

Awareness of older people's accommodation options needs to be improved. Some people are placed in residential care when there may be more suitable options available.

Although there is a [range of specialist provision](#) provided by health partners and voluntary and community sector organisations for people with dementia, many families are unaware of the support.

Priorities

The [Age Friendly Manchester](#) plan sets out the principles and ambitions of the City to improve the health and wellbeing of older people in our communities.

We will accelerate work with partners to develop and support local initiatives that promote social participation, including the Age-Friendly Manchester Small Grants Scheme.

Homecare and re-ablement services are to undergo significant reshaping during 2016/17.

Improving coordinated care in the community through the Living Longer Living Better care model development, and integrating care with Manchester's main health and social care commissioners and partners through the One Team programme, will continue to be a major focus of older people's commissioning activity.

We aim to:

- Expand the provision of extra care housing through new developments and a review of existing provision

- Work with housing providers to develop a plan for sheltered housing in the city
- Improve marketing and information for housing options for older people.
- Evaluate the care delivered by nursing and residential care homes.
- Refresh the Dementia Strategy for Manchester, and work with partners to develop community dementia initiatives
- Explore and maximise the use of dementia research for new ways of supporting people with dementia and their families.

Further details can be found in the [Older Peoples Joint Strategic Needs Assessment](#)

Examples of our commissioning activity in the last six months include sourcing the care element of the [Village 135](#) extra care development in Wythenshawe, which provides a positive model for further extra care schemes we will seek to develop with partners in the next 12 months.

We have reviewed the extra care allocations process and housing related support services, and launched the Housing Options for Older People project pilot in North Manchester, which we aim to expand to Central and South Manchester.

Looked after children

Issues/Need for this client group

The City Council takes the role of corporate parent extremely seriously and is committed to ensuring that all those that we look after have the opportunity to achieve to their full potential. We have a responsibility to secure the very best care and outcomes for them.

The aim of the Looked after Children's Strategy is to improve outcomes for vulnerable children and young people through a commissioning approach that will secure a range of targeted and specialist services to support children, and their parents or carers if appropriate, and reduce the need for children to be placed in care settings.

We are committed to the belief that, however well we care for our looked after children, their life chances are more likely to be improved if they remain with their family. We know that looked after children are usually less likely, than those living with their own family, to progress to university, and are more likely to enter the criminal justice system, more likely to be involved with drugs and more likely to become parents whilst still in their teens.

As Is

The number and rate of children looked after by the Local Authority has decreased over the past five years, despite an increase in 2013/14. The looked after children population has continued to reduce, and has gone from 1,302 at the end of 2014/15 to 1,229 as of February 2016.

The Council is part way through implementation of an Improvement Plan responding to the Ofsted judgement that Children's Services and the Manchester Children's Safeguarding Board are both inadequate. To support the Improvement Plan the Council last year approved the deployment of £14m over 2015/17 to invest in new working arrangements, evidence based practice and capacity to:

- improve the consistency and quality of social work practice
- reduce the number of Looked After Children over four years by 382
- support the transition of 310 foster care placements from independent foster care agencies to internal foster carers.

Priorities

The Greater Manchester (GM) Devolution Agreement includes a fundamental review of the way that all children's services are delivered. An early priority is to develop and implement an integrated approach to preventative services for children and young people by April 2017.

The review will involve developing innovative proposals for collaboration across all GM authorities and partners to reduce complex demand. There are seven work streams:

- Complex dependency and early help to effectively reduce future safeguarding requirements
- More complex statutory safeguarding cases
- Children in Care, including fostering and adoption

- Health, Early Years, Child and Adolescent Mental Health Services (CAHMS) and Special Education Needs (SEN)
- Youth Offending and Youth Justice
- Schools, Education, Work and Skills
- Quality Assurance including the role of Independent Reviewing Officers

The high-level ambition is to achieve at least a 20% reduction in looked after children numbers across GM. Manchester has a goal of reducing numbers to the Core City average of 918, which is a reduction of 29%.

Our first priority to ensure children and young people are supported to remain within their birth families.

Our second priority objective is to ensure children achieve placement stability and timely permanence in family based settings. In order to achieve that we will continue to seek to commission a range of flexible, affordable and high quality, local placements that offer choice and the best outcomes for the child or young person by allowing them to live locally, access local services, remaining at the same school and maintaining contact with family and friends where appropriate.

We will especially be looking to partners to help provide quality foster placements in city for adolescents with challenging or complex needs, in order to reduce the need for young people to be placed in residential care.

Whilst we expect and are planning for a reduction in the number of young people placed in residential care, where we assess that a young person cannot live within a foster home, we want to place them as locally as possible in quality residential homes. We therefore are looking to commission local in city residential placements.

In meeting our need for a range of suitable accommodation for care leavers, we will seek to commission appropriate solutions to young people's need for safe, suitable and supported housing options.

Mental Health

Issues/Need for this client group

Whilst some progress has been made in recent years through the development of the Mental Health Improvement Programme (MHIP), the mental health system in Manchester remains fragmented, with the integration of health and social care not yet at the desired level needed to improve outcomes. Some of the issues that continue are

- More people are presenting with severe mental health crises.
- delayed discharges from hospital
- out of area (high cost) placements being used rather than alternative community based models of care
- lack of recovery focus resulting in some service users remaining in supported accommodation longer than necessary
- waiting lists and standards not being met for psychological therapies
- insufficient focus on early intervention and prevention and employment
- more alignment needed between secondary, primary and third sector services to care for individuals in the community

The aims and objectives the MHIP are to:

- Reduce the current fragmentation between services and securing a more integrated approach to service delivery;
- Focus on improving the outcomes that services achieve, rather than on the detail of how they are structured;
- Provide clear care pathways through services, so that, irrespective of how people come into services, there is a shared understanding as to how people will be supported to move through those services into recovery, without being blocked or delayed by organisational boundaries;
- Improve access to services, with care and treatment based on assessed needs and good practice guidelines;
- Improve the service user's experience of care and services;
- Ensure that all public services are supporting people to access and remain in employment;
- Move more health provision into the community;
- Educate, inform and involve the community in improving their own health and wellbeing;
- Ensure the system is safe, effective, efficient, affordable and sustainable.

As is

The Community Inclusion Service is an example of a service that has been recently developed to provide individuals who have poor mental health (and are known to secondary mental health services) with the support to move towards and maintain independent living within communities and to be placed on a path to work (volunteering, training and employment). The service is delivered by Manchester mental Health and Social Care Trust and uses a range of evidence based interventions and support to provide flexible one to one, group work, peer support, tenancy support and links to community based provision that is goal focussed. The service user outcomes focus on:

- Improved health and well-being
- Increased community involvement
 - Increased number of peer opportunities
 - Increased number of people moving on to new opportunities
- following peer support.
- Increased number of people economically active, seeking work, volunteering, or in training or education

Priorities

Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of Greater Manchester (GM) communities.

Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system.

Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector to transform the mental health and well-being of GM citizens.

A key priority for 2016/17 is the Trust Development Authority led transaction process for the acquisition of Manchester Mental Health & Social Care Trust (MMHSCT). This is a two stage process, namely, the transition of services and then the transformation of those services to a new citywide Mental Health, Social Care & Wellbeing Service that will:

- Develop integrated, person centred health and social care services through the Mental Health Improvement Programme and Manchester's Living Longer, Living Better programme (LLLLB) and One Team-Placed Based Care (approach to delivery).
- Focus on tackling worklessness and low skills, ensuring that all public services are supporting people to access and remain in employment.
- Provide appropriate levels of support to people with complex dependencies in order to reduce their dependency on public services.
- Work with Service Users and Carers as partners in service development and where appropriate in service delivery through Peer Advocacy and Peer Support.

It is envisaged that the full scale of this work will continue well into 2017/18.

There is a need to move or prioritise funding (where possible and appropriate) to services that promote wellbeing for all Manchester citizens. Key to this is safely, and sustainably, shifting the balance of provision away high cost packages of care (such as Residential & Nursing Care) to early intervention and alternative types of community based support and living, including for example Shared Lives.

We also aim to strategically align and shape (using a co-production approach) housing related support provision across the city with the wider priorities of the Council – Growth, People, Place, Living Longer Living Better – One Team Placed Based Care, Early Help Hubs and the Mental Health Improvement Programme. Ensure that there is a clear pathway and provision offer from acute settings to independent community living.

Physical Disabilities

Issues/Need for this client group

The Institute for Public Care estimates there are around 22,700 adults of working age with a moderate physical disability and a further 5,900 with a severe physical disability.

The 2011 census recorded 47,353 people with a long-term health problem or disability that limited day-to-day activities a lot.

As with Older People we know that when there is a breakdown of care at home this can mean someone going into hospital or a care home unnecessarily.

We would like to consider new models of accommodation for people with a Physical Disability

As is

The vast majority of people who have a Physical Disability and/or a Long Term Health Condition who meet the council's criteria receive care in their home via Homecare service commissioned from the independent sector.

Some people choose to manage their care by using an Individual Budget; this can be done by accessing a cash budget. Currently the numbers of people accessing a cash budget are low in the city and the council is looking at ways to increase uptake.

Supporting people to access meaningful activity via support to get back onto the employment ladder

Priorities

Manchester is developing a new [All-Age Disability Strategy](#)

The Council's aims are that disabled citizens should have the same life opportunities and achieve the same outcomes, across key areas such as; choice and control, health; employment, housing and inclusive communities, as those which are available for the wider population.

This approach is based on the Pillars of Independent Living and the Social Model of Disability.

The production and implementation of an all age disability strategy, co-produced with disabled citizens, carers and key stakeholders commenced in April 2014.

In recognition of the complexity and breadth of this work, the Council has developed the approach into several distinct phases which started with citizen engagement and workshops with a number of disability citizen groups

The focus is on shifting the care for people with a disability to a community based, co-produced enablement model which will ensure more people have services closer to home, take part in universal activities where they live and utilise local community assets. In addition the Council will work with partners to enable people to access meaningful activities and/or volunteering, training or work opportunities

Our focus is to:

- To increase the numbers of people taking up cash budget.
- Develop an integrated approach with health for the provision of support services such as Brokerage and financial management.
- Establish Manchester as a Disability Friendly City through the work of the All Age Disability Strategy.
- Develop with partners, the voluntary sector and Disabled peoples groups more local community assets.
- Listen to ideas on developing new models of accommodation for Disabled People, in particular younger disabled people

Early Years

Issues/Need for this client group

School readiness figures in Greater Manchester are lower than the national average, achieving a Good Level of Development (GLD) is 62.4% compared with 66% nationally. However there is significant variation across Greater Manchester itself with some localities achieving 73.4% whilst others only achieving 57.2%.

Predictions for 0-4 year old growth in the city suggest that currently there are over 27,500 children within this age band, with higher numbers in the younger age groups (under 2) than the 2-4 age groups. With the larger cohorts in the younger age groups the population of 0-4s is likely to increase to almost 30,000 by 2017/18. If this rate of growth continues then the Reception aged population is likely to reach 8,000 in under 10 years.

Creating consistency of achievement without stifling innovation and further progress is a key aim of our Greater Manchester programme. Getting the 'right start' is most likely to lead to better physical, social, emotional and educational outcomes, from children being school ready at the end of the Early Years Foundation Stage to having improved life chances in the longer term.

As is

The total cost of delivering interventions across GM is £15.3m per year.

The Early Years Delivery Model (EYDM) is an integrated pathway for all children from pre-birth to 5 years of age in partnership with health care and early years professionals.

The model supports the delivery of the Sure Start Core Purpose that has at its heart Early Help and intervention, improving outcomes for young children and their families and reducing inequalities in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances. The EYDM incorporates the new model for Health Visiting in accordance with the national 'Call to Action' as well as sitting within the Living Longer Living Better (LLLb) strategy and the Early Help strategy and Children's Centres are aligned to locality Early Help hubs

Priorities

Our key priority is ensuring access to good quality, accessible and affordable [childcare and early learning places](#) across the City. A number of recommendations have emerged from Manchester's childcare sufficiency assessment, which will form the basis of a Childcare Strategy for Manchester. These include:

- A more in-depth survey of the childcare needs of parents of all children, including those with SEND, is conducted to inform future sufficiency planning
- More detailed analysis of the Sure Start Children's Centre Groups where insufficient childcare has been identified is required. This will include, but not be limited to, an examination of flexible childcare options and strategies to encourage provision maximisation. There will also be a particular focus on the relative costs of childcare compared to average earnings.
- Individual strategies will be developed to address the particular sufficiency issues being faced in each Group.
- Further information will be secured on childcare usage trends, including gaining a greater understanding of the particular needs of families.
- Strategies will be developed to ensure Information, Advice and Guidance duties are being fully met including the recording and reporting of unmet need.
- A more in depth assessment of childcare sufficiency for school aged children will be conducted.

We will also ensure families are connected to an integrated and targeted family offer delivered by Sure Start Children's Centres, through the revised Sure Start Core purpose. The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in: child development and school readiness; parenting aspirations and parenting skills; and child and family health and life chances.

Public Health

Issues/Need for this client group

We know Manchester has some of the poorest health in England, and even within Manchester people die younger and experience higher levels of illness in some parts of the city than others. Changes to the population and to expectations of good health are leading to ever-increasing demands on health, social care and health services.

Although significant progress has been made in recent years, health outcomes for people living in Manchester remain among the worst in England, and both life expectancy and healthy life expectancy remain below the national average.

A boy born in Manchester can only expect to live 77% of his life in good health compared with 87% for a boy born in the healthiest part of England. Similarly, a girl born in Manchester can only expect to live 71% of her life in good health compared with 84% for a girl born in the healthiest area of the country.

Poor health also prevents people from reaching their full potential. People in work live longer, healthier lives. Being out of work is associated with a 20% higher rate of preventable deaths, and those who are out of work long term experience a much higher incidence of psychological problems than those in work. Being out of work is also associated with higher rates of alcohol and tobacco consumption and lower rates of physical activity.

As is

Universal public health services will be commissioned to improve health and wellbeing overall, taking the Council's statutory responsibilities and the Public Health Outcomes Framework as a starting point.

A number of public health services will be targeted to ensure that they are most appropriately supporting vulnerable groups.

Where possible services will be integrated into existing mainstream services and delivered at neighbourhood level, taking public health work into the heart of local communities.

Priorities

Health outcomes in Manchester cannot be improved without a collaborative approach to addressing health inequalities. Our strategic priorities therefore focus on prevention, and on programmes of work which support people to live longer, healthier and more fulfilled lives. Our priorities also outline the steps that we need to take to transform the health and social care system so that it is sustainable for the long term.

We aim to:

- Further integrate Public Health through partnerships and through Living Longer Living Better.
- Develop a more strategic and integrated approach to falls prevention
- Implement the redesigned well-being service, and ensure that the service is responsive to public sector reform priorities including tackling worklessness.
- Implement the redesigned physical activity on referral service.
- Implement the new integrated sexual & reproductive health service for people of all ages and implement the new dedicated contraception service for young people.
- Implement the new integrated alcohol & drug early intervention and treatment service for adults, and ensure that successful completion of treatment and volunteering/training/employment are sustainable outcomes.
- Implement the new city-wide integrated community weight and nutrition support service. This service includes children and family, and adult weight management and nutrition support for adults who are malnourished.
- Transform children & young people's public health services, and identify options for integration.
- Review and re-tender alcohol & drug in-patient detoxification and residential rehabilitation provision.

http://www.manchester.gov.uk/downloads/download/5091/manchester_alcohol_strategy_2012-15

Homelessness and Supported Housing

Issues/Need for this client group

Like many big cities, Manchester has a growing problem with homelessness. We know that as a council we can't tackle this alone which is why we are involving all the sectors of the city to play a part in helping address the difficult challenges of homelessness in our city.

In March 2016 a Homelessness Charter for Manchester was developed by the Manchester Homelessness Partnership and co-created with many of Manchester's citizens who are currently experiencing homelessness. The Charter outlines a shared vision and set of values and states that, "we believe that everyone who is homeless should have a right to:

- **A safe, secure home** along with an appropriate level of support to create a good quality of life
- **Safety** from violence, abuse, theft and discrimination, and the full protection of the law
- **Respect** and a good standard of service everywhere
- **Equality of access** to information and services
- **Equality of opportunity** to employment, training, volunteering, leisure and creative activities."

The Homelessness Charter states that, "we believe that those who work with people who are homeless have a collective responsibility to ensure that:

- **Good communication, coordination and a consistent approach** is delivered across all services
- **People with experience of homelessness have a voice and involvement** in designing the services aimed at helping them."

People approach Homelessness services for a variety of reasons, including possession or eviction, loss of lodgings (family, friends or relatives are no longer able or willing to accommodate them); relationship breakdown or domestic violence.

Domestic abuse remains a significant reason why households are accepted as homeless in Manchester with 25% of acceptances in 2015/16 being attributed to domestic violence.

Between 2014/15 and 2015/16 there has been an increase of 27% of people presenting with complex needs (this includes physical disability, mental illness or disability, drug and alcohol dependency).

As is

Although the 2013 Homelessness Review indicated many positive developments, the most recent statutory rough sleeper headcount in November 2015 showed that 70 people were sleeping rough on the night of the count in Manchester. This is a significant increase on last year's count of 43. The criteria for the count are such that this was likely to underestimate the true numbers, and many homeless people do not actually sleep rough. During the operation of the Severe Weather Emergency Protocol over the winter of 2015/16, 199 people accessed emergency overnight cold weather provision.

In 2014/5, the Council's homelessness service had 2,324 applications of which 1,475 were accepted. In 2015/6, there were 2,327 applications, with 1,603 accepted as homeless, representing an 8.68% increase on the previous year.

At the end of March 2016 there were 596 homeless households who have been assessed as being owed a full re-housing duty under the Housing Act 1996, and were being accommodated in temporary accommodation.

The Council has focused upon the prevention of homelessness and there were a significant number of citizens placed directly into housing related support that were accommodated and supported without having to go through the homeless process.

The Council currently commissions 507 bed spaces in a range of housing related support schemes including specialist accommodation for rough sleepers, offenders, young people, and people fleeing domestic abuse.

Priorities

Tackling the homelessness situation by improving the provision and support available is a major priority for us. We recognise that this requires a collaborative approach, sharing investment, through a broad range of partnerships

including business, higher education and faith and voluntary sectors.

The growing number of rough sleepers gives rise to a need to ensure that commissioning priorities and any additional investment are focused on activity which reduces the numbers of people sleeping rough and supports move-on pathways.

The total 2016/17 budget for housing-related support, which includes both accommodation and floating support, is £4,172,282. The total 2016/17 budget for voluntary sector services to support homeless people under the homeless prevention grant is £530,000.

Manchester's Homelessness Strategy 2013-8 highlights the linkages to other key strategies; including Manchester's tenancy, domestic abuse and alcohol strategies, as well as broader reform programmes and new ways of working, such as LLLB and Early Help approach.

The Homelessness Strategy outlines five priorities for improving outcomes for citizens who are homeless or at risk of becoming homeless in the city:

Priority one - preventing homelessness. We will continue to prevent homelessness, and we will strategically commission and work with our partners to deliver effective, pro-active homelessness prevention services. These services will be targeted, accessible to and be able to respond to the diverse needs of all citizens, providing innovative and flexible solutions.

Priority two - improve the range of housing options available to homeless people and people at risk of becoming homeless. Work with partners to develop innovative and creative solutions which will increase access to housing for people in housing need.

Priority three - we will seek to ensure that homeless services are accessible and effective for all our citizens, by commissioning and developing appropriate services for community groups who may be disproportionately vulnerable to homelessness.

Priority four - we will work with partners to develop and seize opportunities for synergies across health and homelessness and achieve shared outcomes which will improve the health and wellbeing of homeless people.

Priority five - we will help homeless people to access opportunities for employment, education and training, and support them to raise and meet their aspirations.

The Council will commission services that support and directly contribute to meeting the objectives set out in the Homelessness Strategy 2013-8. Furthermore commissioning activity around homelessness services will be underpinned by the following key principles:

- Enables resources and investment to be aligned to specific outcomes across strategic partners.
- Based on a robust analysis of need and intelligence, focused on evidence based interventions, and guided by early help and prevention.
- Embeds work and skills through all commissioning activity, and incentivises commissioning for health and wellbeing.
- Puts citizens at the centre of commissioning.
- Assures high quality provision by specifying outcomes and using effective financial mechanisms.
- Will be underpinned by social value and local benefit.
- Demonstrates a strategic linkage to national, regional and local levels.

The priorities for Housing Related Support are to:

- Establish clear pathways into and between services
- Improve move on from HRS, both volume and sustainability
- Focus on moving people into employment, education, training, and volunteering.

Key resources for partners

The Manchester Strategy

The Manchester Strategy sets a long term vision for Manchester's future and describes how we will achieve it. It provides a framework for actions by partners working across Manchester, in public sector organisations, businesses and the voluntary sectors and in our communities.

<http://www.manchester.gov.uk/mcrstrategy>

Joint Strategic Needs Assessment (JSNA)

The production of a Joint Strategic Needs Assessment (JSNA) is one of the statutory responsibilities of the Health and Wellbeing Board and underpins the production and ongoing development of the Joint Health and Wellbeing Strategy. NHS and local authority commissioners are both expected to give due regard to the JSNA and Joint Health and Wellbeing Strategy when developing their commissioning plans. The JSNA has recently been reorganised using a life course approach and now contains separate sections relating to children and young people, adults and older people. Much of the data used to construct the JSNA is available through the Intelligence Hub Analysis Tool (IHAT).

<http://www.manchester.gov.uk/jsna>

State of the City Report

The State of the City is an annual report that details Manchester's progress in terms of goals set in the city's Community Strategy and against the national picture. The evidence contained within the report will give partners an insight into the city's strengths and weaknesses, as well as the priorities for the future. The report is available online via a dedicated page on the Manchester City Council website.

www.manchester.gov.uk/SoC2015

Intelligence Hub

The Intelligence Hub represents a new approach to making statistics about local areas within Manchester more readily available. It incorporates the Intelligence Hub Analysis Tool (IHAT) which contains over 100 statistical variables, displayed on a map, a data grid and a bar chart with analytical text. The intelligence hub also contains links to sources of advice relating to research, evaluation, commissioning and procurement. <http://www.manchester.gov.uk/intelligencehub>

Manchester Open Data Catalogue

Manchester City Council believes data is a valuable resource and, in the spirit of transparency, aims to publish as much non-personal data as possible, in an open, timely and re-usable format. The data that is available so far is listed in the Open Data Catalogue.

http://open.manchester.gov.uk/homepage/3/open_data_catalogue

Public Health England Health Profiles ('Fingertips')

Public Health England (PHE) produce local health profiles covering a wide range of public health topics, including specific health conditions (e.g. cancer, mental health, cardiovascular disease), lifestyle risk factors (e.g. smoking, alcohol and obesity) and wider determinants of health (e.g. the environment, housing and

deprivation). Many of the profiles also contain information that illustrates the differences between population groups, including adults, older people, and children. Collectively, these profiles are known as the 'fingertips' tools.

<http://fingertips.phe.org.uk/>

Local Health Profiles

The Local Health tool has been developed by Public Health England as part of its Health Profiles programme. It provides access to interactive maps and reports for wards and other small areas within Manchester as well as at local authority and Clinical Commissioning Group (CCG) level.

<http://www.localhealth.org.uk/>

State of the Sector Report

The latest State of the Sector report outlines the key trends for voluntary sector organisations, with a particular focus on organisations that work with offenders and their families.

<https://www.gmcvo.org.uk/clinks-state-sector-report>

Manchester Alliance for Community Care

Manchester Alliance for Community Care (MACC) is the voluntary and community sector support organisation for Manchester. Its purpose is to encourage, support and develop voluntary and community groups and individuals to have a real influence over the places and communities in which they live. Their website contains more information about the organisation, including how they are funded and how their governance works. <http://www.macc.org.uk/>

Manchester Community Central

The Manchester Community Central portal provides voluntary and community groups in Manchester with a range of resources, information and support tools, including a directory of community groups and voluntary organisations working in different areas of the city. <https://www.manchestercommunitycentral.org/>

Centre for Local Economic Strategies

Centre for Local Economic Strategies (CLES) is the UK's leading independent charitable research and member organisation, with a focus on economic development, regeneration and place-making.

<http://cles.org.uk/>

Health and Social Care Locality Plan

The Locality Plan is a key strand in improving health outcomes for the population and a key contributor to economic performance in the region and sub-region, through its aim of having a healthier population and workforce.

http://www.manchester.gov.uk/download/meetings/id/20327/6c_manchester_health_and_social_care_locality_plan_%E2%80%93_a_healthier_manchester

Ofsted Improvement Plan Strategy

This plan sets out how the Council, its partners and the LSCB will comply with the Improvement Notice and transform their arrangements so that the children, young people and families of Manchester get the good services they deserve.



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Working with us

For further discussion you and your organisation can book a personal appointment to discuss how we can work with you as a potential care partner. We particularly wish to meet with:

- Partners who are keen to pursue new and innovative ways of co-producing and delivering public services within the community
- Organisations which are keen to form strategic alliances or consortia with others, either locally or across Greater Manchester
- Partners interested in developing extra care housing for sale and lease
- Partners interested in developing specialist supported residential models for people with Learning Disabilities and/or autism
- Partners who wish to market their services through our 'Connect to Support' e-marketplace
- Residential care partners who wish to diversify their care offer
- Home care partners who feel they could take on a wider range of services, including extra care and early intervention and prevention –based services
- Community-based partners for close-to-home learning disability support
- Community organisations that wish to extend their work in dementia care
- Organisations keen to diversify (i.e. utilise more Assistive Technology, or children's service partners providing services for adults)
- Schools and other community hubs interested in contributing to early intervention and prevention efforts to improve children's outcomes

Getting support for your organisation

Your organisation can contact an appropriate commissioning contact through: workingwithus@manchester.gov.uk

Contacting and Connecting with Commissioners

<p>Manchester City Council Children and Families Commissioning Contacts</p>	<p>Interim Head of Commissioning – Nathan Atkinson n.atkinson@manchester.gov.uk</p> <p>Commissioning Hub workingwithus@manchester.gov.uk Twitter: @mcc_comhub</p> <p>Director of Public Health - David Regan d.regan@manchester.gov.uk</p> <p>Lead Commissioners</p> <p>North Manchester (with a lead on citywide Mental Health and Children's services) – Jock Rodger j.rodger@manchester.gov.uk</p> <p>Central (with a lead on Older People, Physical Disabilities and Learning Disabilities) – Zoe Robertson z.robertson@manchester.gov.uk</p> <p>South (with a lead on Supporting People, prevention and early intervention) Nicola Rea nicola.rea@manchester.gov.uk</p>	<p>If you have a solution to any of the issues identified within the report.</p> <p>If you wish to have your say about future services.</p> <p>Details of locality commissioning plans.</p> <p>Specialist Commissioning Queries.</p>
<p>Manchester City Council – Work</p>		<p>The Work and Skills team can assist providers with</p>

<p>and Skills Team</p>	<p>Email: workandskills@manchester.gov.uk</p> <p>Call: 0161 234 1515</p> <p>Manchester Employer Suite - support to identify and recruit staff, with free interview and training facilities</p> <p>http://www.manchester.gov.uk/info/827/growing_and_maintaining_a_business/5024/recruitment - free support</p> <p>Information about recruiting an apprentice:</p> <p>http://www.manchester.gov.uk/apprenticeships</p> <p>Information on support available to start or grow a business in Manchester:</p> <p>http://www.manchester.gov.uk/info/200013/starting_a_business</p> <p>http://www.manchester.gov.uk/info/827/growing_and_maintaining_a_business</p> <p>The Greater Manchester Business Growth Hub supports new and existing businesses:</p> <p>http://www.businessgrowthhub.com/</p>	<p>employment, skills and business support, and help with maximising the social value of contracts</p> <p>This includes:</p> <ul style="list-style-type: none"> - recruiting local people and accessing pre-recruitment training - recruiting apprentices - offering work placements and volunteering opportunities - training and upskilling staff - facilitating links with the community, such as schools and community groups - accessing support for your business, from starting up to growing
<p><u>Manchester Community Central</u></p>	<p>info@mcrcommunitycentral.org</p>	<p>Information and support to build the capacity and sustainability of voluntary and community sector groups</p>
<p>Cooperative Enterprise Hub</p>	<p>http://www.co-operative.coop/enterprise-hub/</p>	<p>Advice, consultancy and financial support for VCS organisations wanting to become co-ops</p>

Accessing Funding

We will further develop the Chest (the North West procurement portal) to make it easier for organisations to use for relevant services.

View all forthcoming contract opportunities for Manchester and other Councils in the North West from one place visit the CHEST at

http://www.manchester.gov.uk/info/200095/tenders_and_contracts/3371/current_tenders

The Council recognises that it can be difficult for groups to be aware of all of the different Council and other grant funding opportunities available to them. We have been working with Manchester Community Central on a database of funding opportunities for Manchester VCS groups (grants and contracts). This database is now live and accessible through:

<http://www.manchestercommunitycentral.org/support-groups/localpublicsectofundingopportunities>

We invite you to follow the Commissioning Hub on Twitter for news and regular updates on current commissioning developments at www.twitter.com/mcc_comhub

Bibliography & Useful Resources

<u>Bibliography</u>	
Age Friendly Manchester	http://www.manchester.gov.uk/info/200091/older_people/7115/older_peoples_charter_and_challenge
All-Age Disability Strategy	http://www.manchester.gov.uk/downloads/download/6406/our_draft_all-age_disability_strategy
Children & Childcare	http://www.manchester.gov.uk/childcare
Children & Young People's Joint Strategic Needs Assessment	http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/6797/children_and_young_peoples_jsna
Clinical Commissioning Groups (CCGs)	http://www.manchester.nhs.uk/clinicalcommissioninggroups/
Connect To Support	https://www.connecttosupport.org/s4s/WhereILive/Council?pageId=225&lockLA=True
Council & democracy	http://www.manchester.gov.uk/councildemocracy
Dementia Prevalence Calculator	http://dementiapartnerships.com/diagnosis/dementia-prevalence-calculator/
GMCA Social Value Policy	https://www.greatermanchester-ca.gov.uk/downloads/download/27/gmca_social_value_policy_-_november_2014
GM Health & Social Care Devolution	http://www.gmhealthandsocialcaredevo.org.uk/
GM Health & Social Care Integration	https://www.greatermanchester-ca.gov.uk/info/20008/health_and_social_care
Health and Social Care Locality Plan	http://www.manchester.gov.uk/download/meetings/id/20327/6c_manchester_health_and_social_care_locality_plan_%E2%80%93_a_healthier_manchester
Help & Support Manchester Directory	http://manchester.fsd.org.uk/kb5/manchester/directory/home.page
Institute of Public Care	http://www.ipc.brookes.ac.uk/

Joint Health and Wellbeing Strategy	http://www.manchester.gov.uk/downloads/download/5657/joint_health_and_wellbeing_strategy
Joint Strategic Needs Assessment	http://www.manchester.gov.uk/jsna
Learning Disabilities Fast Track	http://www.gmhealthandsocialcaredevo.org.uk/news/new-vision-to-improve-independence-for-people-with-learning-disabilities/
Looked After Children	http://www.manchester.gov.uk/lacpledge
Manchester Mental Health	http://www.mhsc.nhs.uk/about-the-trust/transforming-our-services.aspx
Manchester Investment Fund	http://www.manchester.gov.uk/info/350/invest_or_locate_in_manchester/5521/greater_manchester_investment_fund
Manchester Partnership	http://www.manchester.gov.uk/manchesterpartnership/site/index.php
Manchester Strategy	http://www.manchester.gov.uk/mcrstrategy
Older People's Joint Strategic Needs Assessment	http://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment/6887/older_peoples_jsna
Overview and Scrutiny Ofsted Subgroup	http://www.manchester.gov.uk/meetings/committee/68/overview_and_scrutiny_ofsted_subgroup
Public Health	http://www.manchester.gov.uk/info/200048/health_and_wellbeing/5962/public_health
Public Service Reform	http://www.manchesterpartnership.org.uk/info/5/public_service_reform
Shared Lives	http://www.manchester.gov.uk/info/100010/social_care_and_support/6601/apply_to_become_a_shared_lives_carer/2
State of the City Report	http://www.manchester.gov.uk/SoC2015
Village 135	http://www.wchg.org.uk/new-builds/village-135/