



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL

**Stockport Council**

**Adult Social Care**

**Market Position Statement**

**2015/16**

## **1. Foreword**

Stockport Council's Adult Social Care directorate is committed to working with new and existing providers to develop a sustainable market. Our vision is the development of a market that prevents, where possible, people needing long term support and provides real choice to those who require services. We want to enable the development of a community that benefits from equity of choice and promotes the right to live as independently as possible in a way that meets needs and aspirations.

The Care Act clearly sets out expectations that Local Authorities must arrange services that help prevent or delay people's ill-health, where they might otherwise have needed on-going formal care and support. We therefore need an informed dialogue with all partners to consider what services, facilities and resources (voluntary and community) are already available and how these might help people to stay well and maximise their level of independence. We also need to think about how such resources can be built into the 3rd sector offer to enhance the support available to people with complex or long term needs.

We need to think creatively across all sectors, from small community groups and volunteers, to existing businesses and voluntary organisations. There is a need to evidence value for money and ensure positive outcomes. Future commissioning will continue to emphasise the value of making investment decisions on the basis of outcomes rather than on the level of activity.

## **2. The Stockport Pledge**

We will:

- Have discussions with our major residential and community support providers about the financial position of Adult Social Care, future implications, and commissioning intentions.
- Have a better understanding of people who fund their own care.
- Develop a more integrated delivery between health and wellbeing and social care to maintain people's independence in their own homes and deliver a more streamlined and efficient service.
- Involve service users in informing priorities and supported to develop their own services within the market place.
- Co-ordinate services for vulnerable people.

### **3. Stockport Council's Commissioning Intentions**

#### **By April 2016 we will:**

- Publish a Joint Commissioning Strategy with the Clinical Commissioning Group for:
  - Older People
  - People with learning disabilities
  - Mental Health Services
  - Family Carers
  - People who fund their own services
  
- Implement - along with the Clinical Commissioning Group - the vision for integrated health and social care services in Stockport.
- Complete a review of the home care market and develop new more sustainable approaches to commissioning of these services.
- Implement a targeted prevention alliance of organisations that work to prevent, reduce and delay the needs for more intensive services and interventions.
- Develop approaches that commission services based on outcomes and building community capacity into the delivery of provision.

### **4. The Stockport Customer Journey**

The Care Act 2014 is being implemented in two phases: Part 1 in April 2015 and Part 2 in April 2016. The shift from local authorities providing a service only for people with eligible needs, to a universal enabling service aimed at promoting people's individual well-being, is expected to lead to raised expectations and increased demand, particularly from people who fund their own care, and from carers, at a time of significantly reducing resources. There is also an expectation that personalisation will continue to develop. This context has provided the driver for Stockport Adult Social Care to consider the future design of The Stockport Offer, or Customer Journey.

The Stockport Offer is currently being developed. It is recognised that it will be essential to help people make the right decisions for themselves, to be as independent as possible, and where appropriate, to enable people to get the most appropriate support necessary at the time they they most need it. There are 3 key offers that form the Stockport Offer:

<p><b>Help to help yourself</b></p> <p>Information and Advice, Community Navigation and Universal Services These will be available at any point when people or their carers need support</p>
<p><b>Help when you need it – Stability and Crisis Support</b></p> <p>Regain independence, goal focused with no presumptions of long-term support - Support which will be available to people and their carers at the time when it is most needed</p>
<p><b>Ongoing support for those who need it</b></p> <p>Self-directed, personal budgets, choice and control with tailored support</p>

The Customer Journey is underpinned by the following assumptions:

- People and their carers are supported to make their own choices and decisions and to self-care wherever possible
- Information and advice is available to equip people to self-care
- Approached from an assets based perspective, which looks at what people can do, what they enjoy doing and what is important to them
- Informal and community support is considered at every point as the preferred support option

- Processes should be designed to enable people to access the information and support that they need as quickly as possible, in a proportionate way, in line with the choices that they make.
- Self-serve/DIY options should be the default position at every point.
- Systems should be designed to achieve optimum efficiency

## **5. Integration of Health & Social Care**

The leaders of Stockport Clinical Commissioning Group, Stockport NHS Foundation Trust, Stockport Council and Pennine Care NHS Foundation Trust have committed to work together to deliver fully integrated health and social care, operating together as “Stockport Together”. To achieve this, there are four programmes of work, Prevention, Proactive, Planned and Urgent Care.

The Proactive Care Programme includes the development of Integrated Locality Teams, work with care homes, remodelling of GP practice, Targeted Prevention, and Intermediate Tier Services.

In 2015/16, Stockport will roll out integrated, multi-disciplinary neighbourhood health and social care teams to work alongside GP practices, the new Targeted Prevention Alliance, the intermediate tier services, and specialist services, to proactively manage the health of their neighbourhood population.

Proactive Care aims to reduce unnecessary hospital use and admissions, and to deliver care as close to homes as possible, through a model of proactive case identification, optimisation, maintenance and response to deterioration. The integrated team and key partners will deliver a number of shared functions, including holistic assessment and care and support planning; case coordination for people with complex health and or social care needs. They will be supported by improved pathways to specialist and planned services; and will have a greater focus on growing resilience through increased health and well being, health literacy, and access to community assets and support.

Alongside the Proactive Care Programme, the Prevention programme aims “to increase the proportion of the population who take steps to improve their lives; and increase the proportion of the population who have taken-up all offers of screening and health protection”. As such this remit is part of a universal prevention approach, aimed at the wider Stockport population.

## **6. Care & Support for adults in Stockport**

In 2013/14 Adult Social Care Services commissioned care and support to 8455 individuals who represent 3.8% of Stockport's adult population. These individuals received home care, day care, housing related support, aids and adaptations, direct payments, residential and or nursing services.

Increasingly more people are accessing personal budgets to arrange their own care and support to maintain their independence. This trend will only increase with further implementation of the Customer Journey and as self-funders present in need of services.

The Customer Journey can also be used as an approach to commissioning that promotes choice, control and independence.

Stockport needs a market that is capable of delivering the diversity of services envisaged in the Customer Journey that supports individuals in achieving and sustaining independent living in their own communities.

### **Stockport is committed to:**

- Investing in preventative services to reduce the need for more costly interventions later
- Developing communities where people can live more independently of public services
- Supporting vulnerable people to ensure a safety net for those most at risk.
- Consulting with customers to ensure that we have an up to date understanding of the types of care people want to buy however it is funded
- Delivering reablement plans for people that provide intensive support to get people back to independence as quickly as possible
- Promoting cost effective delivery models

- Engaging stakeholders in the design of services
- Commissioning more care jointly with the Clinical Commissioning Groups so that joined up health and care services can be more widely available
- Working with providers to ensure that customers have the information to be able to choose care and support providers that meet their needs.
- Working with communities and organisations to promote active lives and social connections
- Supporting digital and technological innovations for independence
- Encouraging development of housing related support that enables people to live more independently

## 7. Investing in Stockport

The “Investing in Stockport” strategic approach is markedly different to one that asks how best to reduce spend within existing operating structures. Given the radical challenges ahead, it is clear that the Council must plan to invest the resources it will retain in future years in ways that deliver the best outcomes for the Borough. The aspiration of the Council includes:

- Investing in services that prevent need from occurring or escalating, and to track how these reduce demand for more costly reactive services;
- A focus on a digital offer. If a service can be delivered online, it will be designed in a way that people choose to access use, and other channels will be strictly reduced;
- Making targeted investments which will ensure investment and alignment of the remaining resources in support of 5 key outcomes. See the diagram below:

### Investing in Stockport Outcomes Framework



## **8. Market Position Statement**

This Market Position Statement is aimed at existing and potential providers of adult social care services and support. It represents the start of a dialogue between Adult Social Care, people who use services, carers, providers, and others about the vision for the future of local markets.

Stockport Council's Adult Social Care directorate is committed to working in partnership to stimulate a diverse and active market where innovation and quality is supported. This is an important role for Adult Social Care, and a key part of shaping Stockport as a place where people with health, care and wellbeing needs and their families and carers are seen as assets and are included and involved in community, economic and social life.

Providers, including voluntary and community organisations, can work with Adult Social Care to design and shape the delivery of services. They can also help aid our vision for how services might respond to the personalisation of care and support. They can also learn about future opportunities and what would enable them to build on their knowledge of local needs in order to develop new activities and services.

This Market Position Statement contains information and analysis of market trends showing demand for care and support so that providers and potential ones can design their customer offers.

The Market Position Statement will inform and influence the care and support market so that a more varied and flexible range of services become available locally for all individuals.

### **8.1 What We Are Trying to Achieve**

The aim is to ensure that as many people are supported to maximise their individual capacity for independent living and that this enhances their ability to maintain this. This means that we want to reduce the demand for formal health, wellbeing and social care services and to promote social inclusion.

We also want to help adults to feel connected to their community and to have informal support networks to promote their health, wellbeing and economic independence. We want prevention work to positively impact on an individual's life, and to prevent things from occurring that have an impact on the wellbeing of communities.

For example, there are community advantages to tackling excessive alcohol consumption which is linked to anti-social behaviour and crime, which are in addition to the benefits interventions have on an individual's health and wellbeing.

**Stockport Adult Social Care will work with providers that:**

- Recognise that services purchased through public funds have to deliver quality services and be cost effective.
- Work with all their customers to promote and maintain independence, with less reliance on long term support, promote choice, including improved wellbeing.
- Work with customers in groups and as individuals, with commitment to co-production, equality and diversity.
- Build upon existing community, the voluntary sector and individual assets available and help customers to lead the most fulfilling lives possible.
- Share good practice across the care and support sector in Stockport.
- Are innovative and make the best use of technology
- Invest in their workforce to ensure that they have the skills, competence and attitudes needed to deliver good outcomes for customers.
- Ensure their staff have the right values and attitudes (compassion, respect, empathy, treating people with dignity, integrity, courage, responsibility, imagination, adaptability)
- Work in partnership with other health and social care providers to share learning and jointly commission workforce development activity.
- Place the individual, their family and carers at the centre of what they do.

**8.2 Headline statistics**

The population of England aged 65 and over was estimated as being 8.7 million (16%), by 2030 it is projected to reach nearly thirteen million (22%)<sup>1</sup>.

Average life expectancy is expected to continue to rise for both men and women reaching 83 and 86.5 years of age respectively by 2030, with the life expectancy for men increasing at a faster rate than that for women.

There are now 800,000 people living with dementia across the UK. It is forecast that one in three people aged over 65 will develop dementia.

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<sup>1</sup> Census, 2011

Stockport's population is approximately 287,700 people with 53,500 over 65 (19%). Average life expectancy is good with females reaching 82.5 years and males reaching 77.9 years<sup>2</sup>.

Between 2014 and 2030:

- The number of people aged over 65 will increase by over 35.5%
- The number of people aged over 85 will increase by 78%
- The number of people with dementia will nearly double
- 23.98% of the population will be over 65 compared with 22% of the population of England as a whole

### 8.3 Demographic Changes

The demographic changes in the population make up of Stockport over the short and medium term mean that adult social care services will see significant changes in how it is provided.

Population change over short/medium term	Now	2015	2020	2030
Over 65s	53,500	56,800 (+6.2%)	60,900 (13.8%)	72,500 (+35.5%)
Over 85s	7,300	8,000 (+9.6%)	9,500 (30.1%)	13,000 (+78.1%)
People living with dementia (65+)	3,846	4,122 (+7.2%)	4,641 (20.7%)	6,005 (+56.1%)
People living with a limiting long term illness (65+)	25,122	26,655 (+6.1%)	28,753 (14.5%)	34,667 (+38%)
People with a moderate or severe learning difficulty (18-64)	948	953 (+0.5%)	973 (2.6%)	1,023 (+7.9%)
People with a moderate or severe physical disability (18-64)	18,132	18,188 (+0.3%)	18,713 (3.2%)	18,929 (+4.4%)
People with a common mental disorder (18-64)	28,084	28,116 (+0.1%)	28,446 (1.3%)	28,935 (+3%)

<sup>2</sup> JSNA, 2011

It is estimated that Stockport's total current population of 287,700 is predicted to increase by 2% to 294,400 in 2016. Of this total population, the number of people aged 65 and over is predicted to increase from 53,500 to 60,900 between by 2020. The most significant increase is expected for the population of over 85s which is set to increase by 30.1% to 9,500 by 2020. This demographic change will have an impact on people receiving social care services in near future.

We also know that these population changes will have greater impact in particular areas of the borough. The 2011 JSNA (Joint Strategic Needs Assessment) tells us that "...the most affluent areas of the borough have the largest older population both in terms of actual numbers and as a proportion, more than 1 in 5 of the residents of Marple South and Bramhall South are aged 65+." It goes on to say that "Brinnington, Cheadle and Marple having the greatest number of lone pensioners." We know that isolation plays a part in older people's wellbeing and their ability to live independent lives, so services helping to address these issues would be valuable.

The projected increase in the number of people with dementia will also place a significant demand on services. There are currently 3,846 people over 65 living in Stockport with dementia. It is estimated that by 2015 this will have increased to 4,122 and by 4,641 by 2025.

Early identification of the signs of dementia can lead to better outcomes and help people live as independently as possible throughout the course of their illness.

These projected population growths will place a significant pressure on the resources available for people needing support to live with long term conditions and manage risks associated with ageing, for example falls and carer support.

We also know that due to medical advancement, more babies with complex needs are surviving birth and reaching adulthood, and that adults with complex needs are living longer. The numbers of people eligible for social care support continues to grow each year.

## **8.4 Carers**

The 2012 JSNA Update tells us that "at the 2001 Census more than 8,500 people in Stockport reported that they provided more than 20 hours of unpaid care a week, a rate slightly lower than the national average. In 2009/10, 2,500 people were identified as carers for adults receiving services from Stockport Adult Social Care". Carers provide an incredibly valuable role in supporting people with health and social care issues and both the Local Authority and NHS need them to be supported to continue to carry out this role.

The 2011 Census tells us that there are at least 31,982 carers in Stockport who provide an average of 18 hours of unpaid care a week. 6,970 of these carers provide **more than 50 hours** of care a week. It is estimated that in Stockport unpaid carers save the economy in excess of £570 million and means that the average carer provides £17,844 of unpaid care a year.

Caring can lead to major health problems for the carer both physically and mentally. Some carers care for more than 1 person at the same time, and situations range from short term but very intensive caring responsibilities to caring that spans the lifetime of a child or sibling. Locally, 24% of referrals to Adult Social Care are due to 'carer breakdown' where the carer feels they can no longer continue in their caring role due to physical or wellbeing issues. Preventative services are vital to help carers maintain their own wellbeing and manage their caring role.

The Care Act 2014 requires the local authority to give carers the same recognition and respect as the person/people they care for. The Care Act gives local authorities a responsibility to assess a carer's need for support, where the carer *appears* to have such needs. This replaces the existing law, which said that the carer must be providing a 'substantial amount of care on a regular basis' in order to qualify for an assessment. If a carer is found to have eligible needs as a result of providing 'necessary care', the Care Act states that local authorities must agree a support plan with the carer to set out how their needs will be met. Carers will receive a personal budget as part of their support plan, which will include the amount the carer (if any) and the local authority will pay towards meeting their support needs.

The changes in the Care Act mean that more carers than before are able to have an assessment and support plan, comparable to the rights of the people they care for. This could have a significant impact on the demand for assessments and resources in Stockport.

### **What people in Stockport have said matters to them:**

- Overall satisfaction of people using services for care and support – 66.8% in 2013, improving to 67.7% in 2014, above the 2014 target of 67%. Current satisfaction amongst users is higher than Stockport's performance comparators of 65.5%
- In 2014, 81.5% of carers and people who use services found it easy to access information about support, improving from 70.9% of users in 2013. This has surpassed the 2014 target of 77% of users, and is higher than the 2014 comparator figure of 75.5% of users<sup>3</sup>.

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<sup>3</sup> Adult Social Care Outcomes Framework, Welcome to Stockport 2013/14 Performance Summary

## 8.5 The national picture of care supply

There were 182,000 available residential and nursing home beds in corporate-owned care homes (39% of the total of around 465,000 beds) at the end of 2013/14, compared with 172,000 (37%) at the end of 2012/13. Corporate ownership (meaning ownership by an overarching 'brand') is increasing<sup>4</sup>.

The total number of adult social care providers registered with the Care Quality Commission (CQC) rose by 2% in 2012/13, from 12,429 to 12,670. Continuing the trend we have seen in the last two years, the number of residential care homes (that is, those that do not provide nursing care) registered with CQC continued to decline, from 13,134 at the end of 2011/12 to 12,848 at the end of 2012/13, a drop of 2%. The number of residential care home beds (declared at the point of registration) went down from 247,824 to 244,232.

The number of registered nursing homes was static, with 4,664 homes registered at the year end compared with 4,672 at the end of 2011/12. The number of nursing home beds rose, though, from 215,463 to 218,678.

In contrast to the decline in residential care home provision, the strong growth in home care continued the long-term trend towards people living in their own homes and communities rather than going into a care home. There were 7,420 registered home care agencies at the end of the year, a rise of 9% on the 6,830 registered at the end of 2011/12. It is noticeable that the numbers of home care agencies increased at a much greater rate than the decrease in the total number of care homes and care home beds.

CQC data shows that at 31<sup>st</sup> March 2013 there were 12848 residential care homes with 244,232 beds registered in England and 4664 nursing homes with 218,678 beds. There were 7420 registered home care agencies. This is an increase of 9% from 2011/12, residential care homes have decreased by 2% and the number of nursing homes has remained static. An estimated 36% of care home places in England are occupied by people who are self-funding<sup>5</sup>.

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<sup>4</sup> The State of Health Care and Adult Social Care In England 2013/14

<sup>5</sup> The State of Health Care and Adult Social Care in England 2012/2013

## 8.6 Community Based Services in Stockport

The current home care market has over 30 providers both small and medium sized. The current value of home care services commissioned by Stockport Council is £15,378,000 per year. Current provision is more than 10,000 hours per week. Included in the figures are a Reablement Service provided by Adult Social Care and an Intermediate Care Service operated jointly by Adult Social Care and the NHS Foundation Trust.

<b>Domiciliary Care (18+)</b>	<b>2008/9</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
Year on year volume of homecare hours commissioned	1,237,444	1,248,308	1,088,071	1,031,028	1,149,167
Total people who received homecare	2,841	3,306	3,724	3,488	3,361
Total spend on homecare	£14,728,000	£22,871,000	£20,403,000	£21,507,000	£21,894,000

There are approximately 6325 customers in receipt of state funded (or partially funded) care, at any one time, consisting of 5093 clients in receipt of community based services, and 1232 either in temporary or permanent residential/nursing placements.

22.2% of carers and clients with assessed needs to be met by the council are receiving direct payments. The numbers of older people (both carers and clients) receiving services in this way has decreased by 4.3% over the last 24 months, and we expect this rate of increase to continue.

A total of 88.3% of customers with assessed needs for support from the council have had these needs quantified into a personal budget as part of our self-directed support process.

The use of day care has been in decline as customers choose alternative day and evening activities. Currently a limited number of day care places are offered, mainly to older people who have dementia or older people with a learning disability.

The Council currently provides a reablement service known as the REaCH Support Service. This provides short term support intended to support people to become as independent as possible, and to make it as easy as possible to manage their daily living on their own.

## **8.7 Where people who need care and support live in Stockport**

- **General Housing Need**

Stockport has a larger proportion of people aged 65+ (34,332 and 18% of total population) than England (16%). Nearly half of these live alone and the numbers living alone are forecast to increase. By 2030 half of over 75's are predicted to be living alone (18,753)<sup>6</sup>.

In Stockport there are higher levels of owner occupation amongst the older population than nationally. According to the 2011 Census, over 80% of Stockport residents aged over 65 were owner occupiers compared to 74% in England. Approximately 15% live in social rented housing. Most older people, approximately 90%, live in general needs housing, i.e. homes that are not specifically designed for older people<sup>7</sup>.

- **Sheltered and Extra Care Housing**

Stockport currently has 1551 units of sheltered accommodation for social rent and 746 leasehold properties for older people. In addition there are 240 extra care housing units for social rent and 150 for sale. The 2013 Extra Care Housing Strategy for Stockport identifies a shortfall of 194 units of ECH for sale and 104 units of ECH to rent in 2014. By 2029 the figures are 256 and 166 respectively.

- **Residential & Nursing Care**

The Borough currently has 56 private and not-for-profit care homes for older people providing 1996 beds. Adult Social Care does not own any residential provision for adults.

Adult Social Care also currently operates an in-house supported tenancy network for about 200 people with learning disabilities. Most other service provision, including a further network of 10 learning disability supported tenancies, is undertaken by third sector organisations. As at 31 March 2012, there were 6,118 FACS (Fair Access to Care Services) eligible users of service.

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<sup>6</sup> Census, 2011

<sup>7</sup> Stockport Older Person's Housing Strategy, 2012-15.

The table below demonstrates the Adult Social Care's yearly trends in residential placements. Our wish is to reduce the proportion of older people whose needs are being met in a residential setting, although the actual numbers may increase due to demographic change.

<b>Residential Care</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Residential and Nursing placements at 31 <sup>st</sup> March	1494	1412	1361	1442	1448	1447	1476

Costs of residential and nursing care (taken from NASCIS PSSEX1 gross total expenditure)

2008 – Not available

2009 - £28,193,000

2010 - £30,043,000

2011 - £30,503,000

2012 - £31,791,000

2013 - £32,612,000

2014 - £33,604,000

## 8.8 Resources

In 2012, 83% councils set their threshold for eligibility for state funded care at the 'substantial' band under Fair Access to Care Services (FACS), compared with 78% in 2011. Stockport has had the threshold at 'Critical & Substantial' for a number of years.

Gross current expenditure on adult social care in England in 2013-14 was £17.2 billion. This is almost unchanged (a decrease of less than half of one per cent) in cash terms from 2012-13, which is the equivalent of a one per cent decrease in real terms.

Over the five year period from 2008-09, when the figure was £16.1 billion, expenditure has increased by seven per cent in cash terms; a decrease of three per cent in real terms. Over the ten year period from 2003-04, when the figure was £12.5 billion, expenditure increased by 38 per cent in cash terms and 10 per cent in real terms.

Expenditure on people aged 18-64 with learning disabilities accounted for 31% (£5.3 billion) of gross current expenditure, compared to 30% in 2012-13.

Expenditure on people aged 18-64 with physical disabilities accounted for 9% (£1.6 billion), the same proportion as 2012-13. 6% (£1.1 billion) of expenditure was spent on people aged 18-64 with mental health needs, compared to 7% in 2012-13.

Expenditure on day and domiciliary care increased in 2013-14 to 45% (£7.8 billion), from 43% in 2008-09. The proportion for Residential care remained unchanged in comparison to 2008-09, at 44% (£7.5 billion). The remaining 11% (£1.9 billion) of expenditure was spent on assessment and care management in 2013-14, compared to 12% in 2008-09.

The proportion of expenditure on direct payments has continued to rise; accounting for 8% in 2013-14, compared to 7% in 2012-13 and 4% in 2008-09.

The average cost per adult aged 18 and over supported in residential care, nursing care or intensively in their own home was £601.47 per week in 2013-14, compared to £601.63 in 2012-13; a change of less than half a per cent in cash terms, but a 2% decrease in real terms. Over the four year period from 2009-10, when the average cost was £609.13, it represents a decrease of 1% in cash terms and 8% in real terms.

### The Stockport picture on resources

In Stockport, £25,081,000 was spent on state arranged residential care last year and £11,146,000 on home care.

### **Care Act changes for funding in 2016**

The Care Act introduces a number of changes to support people in the funding of care and support needs.

From April 2015, the Care Act introduces national requirements for local authorities to:

- operate a Deferred Payments Scheme for people who require care home support but do not want to sell their own home in their lifetime to pay for their care
- register people who are interested in a Care Account

From April 2016, the Care Act introduces:

- a Cap on Care which will limit the lifetime amount that anyone will have to spend on funding their own care
- a Care Account which will keep track of the amount that is accruing towards the Cap on Care

### **The challenges of supporting people to live independently**

Demand for care and support services is likely to rise, but will not be matched by levels of public spending over the next three to four years. The rise in the demand for services is not just a challenge for social care, but for our whole council and community.

A number of existing surveys show that most older people do not wish to end their days in residential care. Life expectancy is increasing and entry into all care services are likely to be later in life, but from people with more complex support needs.

The Council is challenged to engage a broad range of people in the design and development activities and support, including both current and future customers. This means we need to continue to improve the quality and choice of tailored activities and services. This is also about creating better community engagement and local connections for people to remain closer to home and as part of their local communities.

Finally, there are rightly so, high expectations for quality services offering dignity and respect to the people who use them, their families and carers.

### **What does this mean for services and communities?**

It is clear we need a different way to balance the demand and available resources and by:

- Developing communities where people can live more independently of public services.
- Building on the assets (focusing on what people can do rather than what they cannot do) in our communities and recognising those skills and personal strengths.
- Building on partnerships with agencies across the county and recognising their expertise and experience.
- Responding in a joined up way when people need help and support from public services and their local communities to find simple and sustainable responses to needs locally.
- Ensuring that help and support promotes independence and that individuals will have control over their lives.

### **9. Working together**

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

- Providers who know the localities where customers live and can show that they use locally available assets and opportunities to help people have a good quality of life despite their need for care and support.
- Providers who are interested in developing the home care and community meals market
- Providers wanting to deliver housing related support
- Providers who wish to respond to the growth in personal budgets and direct payments.
- Providers who can demonstrate that they work alongside family carers as partners in the delivery of care and support.
- Community organisations that wish to extend their work in 'Dementia Friendly Communities'
- Community organisations that wish to provide meaningful activities for people with learning disabilities



**You can contact us at the following address:**

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