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This Market Position Statement (MPS) is part of Manchester, Stockport and Trafford’s plans to stimulate a diverse market of personalised care and support that offers real choice and control to individuals.

The MPS is part of a wider process underway to stimulate a positive conversation and stronger collaboration between us as commissioning authorities and providers of care and support locally, whether large or small. This MPS conveys our combined expectations for how the social care market will change and develop over time. It is written for people and organisations with a stake in the health and wellbeing of our populations and for current and prospective providers of social care and support services. We also hope it will be of interest to people with care and support needs, their carers, families and members of the general public – in particular to raise their understanding, expectations and aspirations for personalised care and support in their communities.

**This MPS includes:**

- Where are we headed? A description of the ‘direction of travel’ in adult social care drawing on policy and economic considerations.
- What are some of the key pressures? Information about demography and the likely impact on adult social care.
- How are we responding? An overview of the current use of resources in adult social care and how this is changing.
- What else is needed? Information about how the market works now and what may be needed and most valued by citizens in the coming years.

This document marks the beginning of an ongoing and open dialogue between commissioners, providers and citizens with the shared ambition of developing a thriving market of personalised care and support in our areas for the future. We hope you find it informative and above all useful.
What makes this MPS different?

Sub-regional

The production of MPS for social care is a relatively new development. Usually an MPS covers the market within an individual local authority area and sometimes the MPS is specific to a particular part of that market, for example services for people with learning disabilities or older people. This MPS is different because it is designed to cover the markets accessed by three local authorities – Manchester, Stockport and Trafford – who have collaborated on its development as part of their involvement in the Manchester Area Partnership Right to Control programme.

The Right to Control is a new legal right designed to enable disabled people to have more choice and control over the support they need to go about their daily lives from a range of different funding sources. It is being tested in seven areas nationally, including the Manchester Area Partnership. The Right to Control is closely aligned with the wider push towards personalisation in health and social care, covered in more detail on the following pages. The sub-regional focus for this MPS makes sense because the three markets of Manchester, Stockport and Trafford are interconnected and overlapping, including many of the same suppliers. They are also subject to many of the same trends that are impacting on social care regardless of geography. This approach enables the three commissioning authorities to speak with one voice about things where there is common agreement. We hope this will reduce the requirement for suppliers to research each area separately and will help draw attention to common goals and developments that are shared across the localities.

This is not to say that there are not also important differences from one area to another, or that this MPS takes precedence over more localised statements of market position. Rather, this MPS is intended as a ‘front door’ providing an accessible way in to the more detailed information that some people may need. Naturally, given the scope of this MPS, it does not include significant detail about each area. Rather, it draws together the most important similarities, priorities and differences. Each locality is also producing their own MPS, so those interested in finding out more about a specific local authority can visit their website for further information or for updates on its development.
Co-production

Another aspect of this MPS that makes it different is the strong co-production involved in its creation. The decision to develop this MPS was made by the Right to Control Board, whose members include people with care and support needs, and the subsequent work to develop it has involved representatives from the Manchester Area Partnership user led organisation working alongside the commissioning authorities. In addition, each local authority involved has taken some very specific steps to ensure the involvement of people locally in determining their views about current services and their priorities for the future. In particular, each area has used a process called ‘Working Together for Change’ to embed coproduction in their work and this has informed the final document.

While the national Right to Control programme comes to an end in December 2013, the partners are committed to continue working together the embed this MPS in day to day business delivery and ensure it has a lasting impact.
A lot is changing in health and social care and there are significant challenges ahead. Budget reductions, demographic pressures, technological change, and changing attitudes and expectations are resulting in the need to re-think the way the whole system works. The Care and Support White Paper ‘Caring for our future’ set out the vision for a reformed system.

The key principles guiding these reforms are:

• Wellbeing: “We should do everything we can – as individuals, as communities and as a Government – to prevent, postpone and minimise people’s needs for formal care and support. The system should be built around the simple notion of promoting people’s independence and wellbeing.”

• Choice and control: “People should be in control of their own care and support. Things like personal budgets and direct payments, backed by clear, comparable information and advice, will empower individuals and their carers to make the choices that are right for them.”

The Government has identified strengthening the role of a wide range of care and support providers, including user led and carer led organisations, micro and social enterprise as a key part of making this happen and is introducing a duty on councils to promote diversity and quality in services. Alongside this, Think Local Act Personal, the cross-sector partnership of people and organisations leading the implementation of personalisation and community-based support has published markers of progress called ‘Making it Real’. These describe what the vision of a reformed system would look like in a locality if it were working well in people’s own words. Organisations across the country are signing up to the markers to help measure their progress. Manchester, Trafford and Stockport are committed to ‘Making It Real’ and are encouraging other local organisations to sign up.
What are some of the key pressures?

Population changes will play a huge part in the future of adult social care, both nationally and locally. There will be significant growth in the numbers of people aged over 65 and 85 and an increased prevalence of people living with dementia. Earlier diagnosis and better treatment will mean that people will live longer with long-term conditions and people with a learning disability will also live longer.

People’s expectations for older life and their experience of services are also changing.

The people who will reach older age in the next 10 or 20 years will be used to expressing greater choice and control over the services they use and will expect more from their local authority and from care providers. Taken together, this will mean increased demand for care and support and require growth in local markets of personalised services that respond to people’s changing needs and aspirations.

1. Older people

In 2012 there were an estimated nine million people aged over 65 in England. This number is expected to rise to almost thirteen million by 2030, a rise of almost 43%. Within this number there is expected to be a rise of more than one million aged over 85, up more than 84% on 2012.

- Across Manchester, Stockport and Trafford the rise in people aged over 65 is expected to be more than 30%, an additional 45,000 people by 2030.
- The numbers aged over 85 are expected to rise by almost 60%, nearly 12,000 people.

Within this picture there are considerable rises expected in the numbers of older people living with dementia or with a limiting, long term illness which will have a significant impact on adult social care.
Table 1: Older people aged over 65 and 85 - Population estimates, 2015-2030

<table>
<thead>
<tr>
<th></th>
<th>Now</th>
<th>2015</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester Over 65s</td>
<td>50,000</td>
<td>51,100 (+2%)</td>
<td>63,000 (+26%)</td>
</tr>
<tr>
<td>Manchester Over 85s</td>
<td>7,800</td>
<td>8,100 (+3.8%)</td>
<td>10,600 (+35.9%)</td>
</tr>
<tr>
<td>Stockport Over 65s</td>
<td>53,500</td>
<td>56,800 (+6%)</td>
<td>72,500 (+36%)</td>
</tr>
<tr>
<td>Stockport Over 85s</td>
<td>7,300</td>
<td>8,000 (+9.6%)</td>
<td>13,000 (+78%)</td>
</tr>
<tr>
<td>Trafford Over 65s</td>
<td>36,200</td>
<td>38,400 (+6%)</td>
<td>49,700 (+37%)</td>
</tr>
<tr>
<td>Trafford Over 85s</td>
<td>5,200</td>
<td>5,700 (+9.6%)</td>
<td>8,500 (+63.5%)</td>
</tr>
</tbody>
</table>

Table 2: Older people living with dementia/limiting, long-term illness, 2015-30

<table>
<thead>
<tr>
<th></th>
<th>Now</th>
<th>2015</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester People living with dementia</td>
<td>3,802</td>
<td>3,865 (+1.7%)</td>
<td>4,955 (+30.3%)</td>
</tr>
<tr>
<td>Manchester People living with a limiting long-term illness</td>
<td>27,698</td>
<td>28,263 (+2%)</td>
<td>34,831 (+25.8%)</td>
</tr>
<tr>
<td>Stockport People living with dementia</td>
<td>3,846</td>
<td>4,122 (+7.2%)</td>
<td>6,005 (+56%)</td>
</tr>
<tr>
<td>Stockport People living with a limiting long-term illness</td>
<td>25,122</td>
<td>26,655 (+6.1%)</td>
<td>34,667 (+38%)</td>
</tr>
<tr>
<td>Trafford People living with dementia</td>
<td>2,675</td>
<td>2,812 (+5.1%)</td>
<td>3,954 (+47.8%)</td>
</tr>
<tr>
<td>Trafford People living with a limiting long-term illness</td>
<td>17,191</td>
<td>18,222 (+6%)</td>
<td>23,721 (+38%)</td>
</tr>
</tbody>
</table>
Key Points

- The market needs to grow to keep pace with extra demand as the population of older people increases, including people with dementia, and people live longer with long-term conditions.

- Estimates suggest a combined rise of almost 15,000 people (44%) in the number of people living with dementia and a combined rise of over 23,000 (33%) in people living with a limiting, long-term illness across the three council areas by 2030.

  - **Manchester** expects a rise of 26% (13,000) in people aged over 65 and almost 36% (2,800) in people aged over 85 by 2030. This includes an increase of more than 1,800 people (30%) living with dementia and over 7,000 people (almost 26%) over 65 and living with limiting, long-term illness.

    This could equate to more than 1,000 additional people accessing community services and almost 600 additional people supported in residential and nursing care.

  - **Stockport** expects a rise of 36% (19,000) in people aged over 65 and 78% (5,700) in people aged over 85 by 2030. This includes an increase of more than 2000 people (56%) living with dementia and over 9,500 people (38%) over 65 and living with a limiting, long-term illness.

    This could equate to more than 1,500 additional people accessing community services and more than 600 additional people supported in residential and nursing care.

  - **Trafford** expects a rise of 37% (13,500) in people aged over 65 and 64% (3,300) in people aged over 85 by 2030. This includes an increase of more than 1,400 people (55%) living with dementia and more than 6,500 people (38%) over 65 and living with a limiting, long-term illness.

    This could equate to almost 1,500 additional people accessing community services and almost 600 additional people supported in residential and nursing care.
A note on self-funders

Social care in England is means tested, unlike health services through the NHS which are free at the point of delivery. This means there are many people who fund their own care, in whole or in part, who are not included in the figures above concerning service usage. This is likely to be a significant and growing proportion of the population given the demographic changes described and tightening eligibility criteria.

In the future, the number of people who will fund their own care will grow. While accurate local data is not available, national studies suggest that between 15% and 57% of older people currently fund their own care in residential settings (depending on local levels of deprivation), equating to around 45% of all registered care home places. In addition, around 40% of people currently fund their own care at home entirely, with 21% topping up local authority funded care to some extent. In future, many more older people will enter the marketplace needing information and advice and a diverse range of support without necessarily approaching the local authority, so it will be increasingly important for providers to think about enabling good access to their services for those who will purchase them directly.
2. People with a learning or physical disability, or mental health issues

The numbers or people with a learning disability, physical disability or mental health issues are also expected to rise, in some cases very significantly by 2030, creating greater further demand for services. Across the three council areas:

- A combined rise of 620 people (18%) is expected in the number of people living with a moderate or severe learning difficulty (with a particularly significant rise of 22% expected in Manchester).
- A combined rise of more than 7,500 people (over 12%) is expected in the number of people with a moderate or severe physical disability (with a rise of nearly 19% expected in Manchester and over 13% in Trafford).
- A combined rise of more than 11,500 people (10%) is expected in the number of people with a common mental health disorder (with a rise of over 15% expected in Manchester).
- Many more children will be coming through transitions into adults services.

Table 3: Learning disability, physical disability and mental health - Population estimates, 2015-2030

<table>
<thead>
<tr>
<th>Council</th>
<th></th>
<th>Now</th>
<th>2015</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People with a moderate or severe learning disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manchester</td>
<td>1,859</td>
<td>1,941 (+4%)</td>
<td>2,275 (+22%)</td>
<td></td>
</tr>
<tr>
<td>Stockport</td>
<td>948</td>
<td>953 (+1%)</td>
<td>1,023 (+8%)</td>
<td></td>
</tr>
<tr>
<td>Trafford</td>
<td>735</td>
<td>751 (+2%)</td>
<td>864 (+18%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>People with a moderate or severe physical disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manchester</td>
<td>27,015</td>
<td>27,992 (+3.4%)</td>
<td>32,123 (+18.9%)</td>
<td></td>
</tr>
<tr>
<td>Stockport</td>
<td>18,132</td>
<td>18,132</td>
<td>18,929 (+4.4%)</td>
<td></td>
</tr>
<tr>
<td>Trafford</td>
<td>13,635</td>
<td>13,883 (+1.8%)</td>
<td>15,641 (+13.2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>People with a common mental health disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manchester</td>
<td>53,750</td>
<td>55,677 (+3.6%)</td>
<td>61,970 (+15.3%)</td>
<td></td>
</tr>
<tr>
<td>Stockport</td>
<td>28,084</td>
<td>28,116 (+0.1%)</td>
<td>28,935 (+3%)</td>
<td></td>
</tr>
<tr>
<td>Trafford</td>
<td>21,647</td>
<td>20,032 (+1.8%)</td>
<td>24,111 (+11.4%)</td>
<td></td>
</tr>
</tbody>
</table>
Key Points

• Manchester expects a 22% rise in the numbers of people with a learning disability (more than 400), an almost 19% rise in people with a physical disability (more than 5,000) and a more than 15% rise in people with a mental health disorder (more than 8,000) by 2030.

This could equate to more than 150 additional people with a learning disability, more than 120 people with a physical disability and more than 80 people with a mental health disorder supported by council provided or commissioned services3.

• Stockport expects an 8% rise in the numbers of people with a learning disability (more than 70), an over 4% rise in people with a physical disability (almost 800) and a 3% rise in people with a mental health disorder (more than 850) by 2030.

This could equate to 15 additional people with a learning disability, 11 people with a physical disability and more than 7 people with a mental health disorder supported by council provided or commissioned services4.

• Trafford expects an 18% rise in the numbers of people with a learning disability (more than 100), a more than 13% rise in people with a physical disability (more than 1,800) and a more than 11% rise in people with a mental health disorder (almost 2,500) by 2030.

This could equate to more than 30 additional people with a learning disability, 28 people with a physical disability and more than 20 people with a mental health disorder supported by council provided or commissioned services5.

• National figures also suggest an almost 7% rise in the numbers of people aged 18-64 with autistic spectrum disorders6.
3. Carers

Reflecting other changes in demography, the numbers of people in an unpaid caring role, looking after family and loved ones with a care and support need, are also expected to rise.

- A combined rise of over 4,500 people (30%) is expected in the number of people in a caring role and over the age of 65 across the three council areas by 2030.
- Manchester, Stockport and Trafford all expect an increase of over a quarter in the numbers of carers over 65 by 2030.
- This will result in an estimated rise of more than 1,000 carers over 65 receiving different types of services provided as an outcome of assessment or review across the combined area by 2030.
- While there is no local data, national statistics suggest that over the next 20 years the supply of informal care delivered by adult children may grow by 13% whilst demand will increase by 55%.

<table>
<thead>
<tr>
<th></th>
<th>Manchester</th>
<th>Stockport</th>
<th>Trafford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers over 65</td>
<td>Now</td>
<td>2015</td>
<td>2030</td>
</tr>
<tr>
<td>Manchester</td>
<td>4,895</td>
<td>5,025 (+2.7%)</td>
<td>6,183 (+26.3%)</td>
</tr>
<tr>
<td>Stockport</td>
<td>6,335</td>
<td>6,718 (+6%)</td>
<td>8,242 (+30.1%)</td>
</tr>
<tr>
<td>Trafford</td>
<td>4,087</td>
<td>4,334 (+6%)</td>
<td>5,515 (+35%)</td>
</tr>
</tbody>
</table>
How are we responding?

10 Key Messages

- Demographic change will significantly increase demand for care and support over the coming years but will not be matched by increases in public funding.
- More cost effective ways of delivering care and support are therefore needed and Manchester, Stockport and Trafford are keen to work with providers who can offer innovative solutions, flexibility and value for money.
- Providers will need to plan and adapt to supporting more people who are funding their own care.
- There will be a sustained increase in numbers of people directing their support through personal budgets and direct payments which will decrease reliance on more traditional models of care and support over time as people choose more flexible and innovative ways to meet their needs.
- There will be sustained investment in information and advice, preventative services, assistive technologies and support for independent living.
- There will be a continued decrease in the number of publicly funded residential care placements as a proportion of those eligible as we look to develop more personalised housing options.
- There will need to be an increase in all forms of personalised housing provision to meet expected demand, including Extra Care Housing, supported living and Shared Lives.
- Providers will need to consider how to support people to remain healthy at home for longer. This means enabling people to maintain good physical, mental, social and emotional wellbeing as active citizens in their communities.
- There is an insufficient supply of some specialist services, including those for people living with dementia, or on the autistic spectrum and employment services for people with a learning disability.
- There is currently an insufficient supply of personal assistants to meet the expected demand as the numbers of people directing their support increases.
The demographic changes already described are happening against a backdrop of ongoing pressure on public finances and tightening eligibility criteria. In short, the dramatic rise in populations requiring care and support will not be matched by an increase in the resources available to councils. Rather, Manchester, Stockport and Trafford are each being required to make savings to their budgets for social care. This sustained pressure on resources means that new and more cost effective ways of delivering care and support are needed from providers who can offer innovative solutions, flexibility and value for money.

In response to national policy and the current financial environment, Manchester, Stockport and Trafford are making significant changes to their use of resources. Our challenge is to shift expenditure so that we are doing everything possible to prevent people needing high level, costly care where this is not strictly necessary. This means through developing effective, low level and preventative services, supporting people to remain at home and in their communities, making better use of new technology and investing in services that enable people to retain or regain their independence. The table below illustrates the distribution of our combined budgets in 2011/12, with the most acute services to the right and more preventative and universal services to the left. While we have already made significant strides in changing the pattern of expenditure, we are clear that we will need to shift our use of resources further towards the left hand side of this continuum over the coming years if we are to meet the challenges ahead and deliver a sustainable approach to care and support for the future.

Figure 5: Intended distribution of expenditure against the ‘care continuum’ 2011/12

<table>
<thead>
<tr>
<th>Universal/Preventative</th>
<th>Acute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal services</td>
<td>Prevention</td>
</tr>
<tr>
<td>Includes:</td>
<td>Includes:</td>
</tr>
<tr>
<td>Information and advice</td>
<td>Advocacy, Carer services, Local low-level services</td>
</tr>
<tr>
<td></td>
<td>Community equipment, Telecare/Telehealth</td>
</tr>
<tr>
<td></td>
<td>Support to stay at home</td>
</tr>
<tr>
<td></td>
<td>Home care, Community meals, Supported tenancies, Supported living, Extra Care Housing, Respite care, Personal Budgets/DPs</td>
</tr>
<tr>
<td>Support outside the home</td>
<td>Includes:</td>
</tr>
<tr>
<td></td>
<td>Day opps. Personal budgets/DPs, Transport, Carers breaks</td>
</tr>
<tr>
<td>Reablement</td>
<td>Includes:</td>
</tr>
<tr>
<td></td>
<td>Reablement, Recovery services, Step up/Step down, Hospital discharge services</td>
</tr>
<tr>
<td>Care and accommodation non domestic setting</td>
<td>Includes:</td>
</tr>
<tr>
<td></td>
<td>Nursing care, Residential care</td>
</tr>
<tr>
<td>NHS funded Continuing Care</td>
<td>Includes:</td>
</tr>
<tr>
<td></td>
<td>Nursing care, Home care, Personal health budgets</td>
</tr>
</tbody>
</table>
A specific trend resulting from this broader shift has been the reduction in the number of publicly funded placements for residential and nursing care by each council since 2008. Our shared commitment to supporting people to remain in their own homes for longer, combined with an increased focus on alternative housing models (such as Extra Care Housing, supported tenancies and Shared Lives) has seen this figure drop by more than 600 places, or 15%.

In addition, each council is committed to reducing reliance on out of borough placements by exploring different types of provision rather than moving people to traditional services elsewhere. While we expect both these trends to continue, there will need to be a greater supply of all personalised housing options in the future to meet the longer-term demand.

A further related trend has been the uplift in the volume of home care services commissioned in this period. This has meant an increase of more than 600,000 home care hours commissioned per annum, an 11% rise across the combined area. Each council wants to ensure that home care is personalised and enables people to meet their outcomes and remain living in the community. We have moved away from rigid service specifications for this and other services as we recognise the importance of empowering people to work with providers to determine how their care and support should look.
A note on reablement

The last five years have seen significant investment in reablement services in each council area. These are now operating for all client groups at intake, including for hospital discharge and at the point of access for learning disabilities and older people’s services. Most people now go through some form of reablement service prior to or instead of accessing ongoing care and support services through Personal Budgets and Direct Payments.

Up to this point, Manchester, Stockport and Trafford have delivered all of this provision in-house, usually through the conversion of previous in-house home care provision. If this situation changes in the future (Trafford are already actively prioritising the externalisation of reablement provision) this could represent significant market opportunities because the ongoing ‘throughput’ in reablement services is sufficient to maintain consistent business levels even while enabling less reliance on ongoing care and support. Even where this provision remains in-house, the growth of reablement services will impact on the provision of home care with opportunities likely for providers who can respond flexibly to the needs and expectations of people leaving reablement.
Personal Budgets and Direct Payments

The Association of Directors of Adult Social Services (ADASS) measured the number of people currently in receipt of a Personal Budget nationally as over 432,000 in April 2012. This is more than half of those eligible for community based services and represents an increase of almost 120,000 people (38%) on the previous year. This is in addition to more than 50,000 carers nationally receiving a Personal Budget. This trend reflects the government’s stated priority that 70% of those eligible should eventually have their care and support delivered through a Personal Budget, with many more people choosing Direct Payments.

The national survey of outcomes of more than 1,000 personal budget holders and carers conducted by In Control and the University of Lancaster (supported by Think Local Act Personal) in 2011 suggests this change has led to positive results. Most personal budget holders reported a positive impact on aspects of their lives ranging from being supported with dignity and respect, staying independent and in control of their support to improved mental wellbeing and satisfaction with services. The increase in personal budgets nationally is leading to changes in range and types of services people choose to access. Previous work by Demos gives an indication of the types of things people buy, or aspire to buy, with their Personal Budgets, the charts on the next page illustrate these broad trends by customer group.
### Table 7: Common things people like to do with a personal budget by customer group

<table>
<thead>
<tr>
<th>Group</th>
<th>Socialising and meeting new people</th>
<th>Help going out</th>
<th>Arts and music classes</th>
<th>Help finding a job</th>
<th>Sport and exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability</td>
<td>88%</td>
<td>66%</td>
<td>58%</td>
<td>42%</td>
<td>38%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>54%</td>
<td>46%</td>
<td>34%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Physical Impairment</td>
<td>45%</td>
<td>38%</td>
<td>29%</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>Older People</td>
<td>54%</td>
<td>48%</td>
<td>43%</td>
<td>39%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Trafford have recently undertaken some work to understand the broad categories of provision accessed by people directing their support through Direct Payments (DPs). Of the 596 people with a DP, some of whom have more than one service, a third are using this to fund personal assistance, a third to purchase agency home care support and just over a quarter to access daytime opportunities.

Table 8: Direct Payments usage by service type at October 2012

<table>
<thead>
<tr>
<th>Use of Personal Budget</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Assistant</td>
<td>231</td>
<td>33.3</td>
</tr>
<tr>
<td>Agency Support</td>
<td>229</td>
<td>33.0</td>
</tr>
<tr>
<td>Respite</td>
<td>27</td>
<td>3.9</td>
</tr>
<tr>
<td>Day Care/Services</td>
<td>178</td>
<td>25.6</td>
</tr>
<tr>
<td>Social/Leisure</td>
<td>21</td>
<td>3.0</td>
</tr>
<tr>
<td>Transport</td>
<td>8</td>
<td>1.2</td>
</tr>
<tr>
<td>Grand Total</td>
<td>694</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Figure 8: Trafford Direct Payments usage by service type at October 2012

[Diagram of service usage]
Key Points

• As the number of people directing their support through personal budgets and DPs continues to rise, access to good information, advice, brokerage and advocacy will be increasingly important to enable them to find the support they need and to navigate their options.

• The current supply of personal assistants across the combined area will not meet the expected demand. People recruiting their own personal assistants may need support with advertising, recruitment, payroll, training and other specialist advice.

• People with personal budgets and direct payments will increasingly expect to have meaningful choice and control over their care and support and will need high quality, flexible services that meet their needs and aspirations.

• As the numbers of people directing their support increases further, and parallel developments in healthcare become commonplace, providers will increasingly need to market and sell their services directly to individuals, rather than just dealing with council commissioners.
What else is needed?

The following pages set out current activity. However, the landscape regarding market development has changed dramatically in the past three years. As part of this, each partner authority is also considering (individually and collectively) how best to ‘future proof’ its services and markets to ensure that they are ready for forthcoming developments.

For example, the Care and Support Bill places a stronger emphasis on prevention, information and market shaping. To achieve these aims, local authorities will need to ensure that people who live in their areas receive services that prevent their care needs becoming more serious, access information they need to make informed decisions and crucially have a good range of providers to choose from. Trafford, Manchester and Stockport need to build on this MPS and consider various factors in the near future including:

- What services and resources are already available in the area that may support local people;
- How to identify local people who might have care and support needs that are not being met;
- Supporting local carers who may have needs of their own.

This will require the partner authorities named in this document to identify wider market providers who may well work across local government boundaries. Further, providers who offer more holistic services will need to be identified or supported to develop. Examples include groups that offer befriending, circles of support, social inclusion and pathways into employment.

The partners will need to build on the strong relationship currently enjoyed with Jobcentre Plus to achieve some of these goals.
Further opportunities exist to develop the burgeoning market for Personal Health Budgets. Manchester has been a key pilot site and while the pilot has been focused on Continuing Health Care (CHC) it is envisaged that the scope will expand as Personal Health Budgets become embedded. Therefore providers that can offer health related support will become more important. Examples may include health focused circles of support or peer led health improvement and prevention projects.

More detailed work will be required with Clinical Commissioning Groups (CCGs) as health and social care move towards integration. A key opportunity lies in the requirement of CCGs to ringfence 2% of their total annual allocation for non-recurrent purposes. By developing closer partnerships the local authorities and CCGs can identify opportunities for joint improvements in the social care and health markets. As a model this approach has already proved to be beneficial in improving employability, reducing emergency hospital admissions and preventing falls in older people.

Finally, it is recommended that the partners adopt the National Voices and Think Local Act Personal’s (TLAP) ‘Narrative for Person-Centred Coordinate Care’, which in builds upon TLAP’s ‘Making it Real’ indicators. By placing the customer at the centre of the health and care planning process, as this requires, a much clearer picture will emerge of the long-terms market development needed to deliver the vision of truly integrated services.

The following pages set out what Manchester, Stockport and Trafford are currently doing to work towards the markers of progress set out in ‘Making it Real’ and what they consider to be the key market opportunities for providers arising from increased demand and the need to do things differently.
1. Information and advice

What we’re doing and planning

• Delivering quality information to the public through the My Way website, the My Care, My Choice online marketplace, a network of information and advice providers, including CAB, CIL, Healthwatch, Age UK and welfare benefits teams.

• Information App developed to refer people to organisations.

• Leaflets reviewed and refreshed.

• Easy read information available or able to be developed if required.

• A range of brokerage and advocacy support available.

• A review of information and advice provision to take place.

• Introduction of Healthwatch includes a requirement to ensure quality information and signposting for health and social care services is available.

Opportunities

• Results of the review can highlight opportunities and next steps.

• Joint working with Health, and opportunity to pool info.

• Information about what is available in communities.
2. Active and supportive communities

**What we’re doing and planning**

- Wide range of Voluntary Community Sector (VCS) services.
- Network of providers.
- Timebanks.
- Intergenerational projects.
- Coordinated volunteer opportunities.
- Trafford Active Citizens.
- Neighbourhood Boards.
- People encouraged to look at other forms of support through their networks.
- New provider of VCS infrastructure support.
- Explore employment opportunities.
- Increase awareness of Social Model of Disability, to address barriers introduced by people’s expectations of what disabled people can do.
- Building community capacity and natural support networks.

**Opportunities**

- Expand Timebanks.
- Improve information about what is available and going on in local communities.
- Introduce more active links to community resources.
3. Flexible, integrated care and support

What we're doing and planning

• Personal Budgets, Right to Control.
• Choice of brokerage support and advocacy.
• Now includes housing broker, to look at accommodation options.
• Pre-payment cards.
• Telecare.
• Good information, available through variety of providers.
• Portability agreement in place with other RTC authorities in the area.
• Joint working, Health and Social Care, Adult and Children's services.
• Continued development of Reablement, building on joint working, personalisation and support toward independence.
• Continue to increase awareness of the options, and benefits of personalisation.

Opportunities

• Develop wider range of support options for people in supported living or residential care, to provide more choice.
• Information, budgets and brokerage to support people’s health outcomes.
4. Workforce

**What we’re doing and planning**

- Good support through PB team and brokers.
- Guidebook for people using PBs.
- Range of providers signed up to agreed standards through the My Care, My Choice consortium.
- Support and training available for PAs – PB team and Care Consortium
- Coordinated volunteer opportunities.
- Continued development of peer support.
- Support for managing accounts and payroll service available through Trafford Centre for Independent Living.

**Opportunities**

- Increase information of what is available in communities for people, and the workforce.
- Greater flexibility in the use of budgets, to encourage creativity and the use of alternative support.
- Share good examples from people about those supporting them.
- Increase awareness of job opportunities as PAs, increasing people’s choice of support, with skill and interest matching.
## 5. Risk enablement

### What we’re doing and planning

- Range of support and services available.
- Emergency Card at the Carers Centre.
- Reablement and Respite - Ascot House, Shaw Road, Shared Lives.
- Home From Hospital service to reduce re-admittance.
- Carers Personal Budgets.
- Snow Helpline.
- Tact (Trafford Active Citizens).
- Use of Telecare.
- Positive stance taken on risk, to promote people’s choice and access to opportunities.
- Support available, in varying degrees, to encourage people to take as much control of their budgets as possible.
- New safeguarding procedures in place and widely promoted.
- Increased promotion to raise awareness of hate crime, reporting of it, and ultimately reduction.
- Information available through PB team, brokers, Carers Centre, PB guidebook, PB consortium and individual providers, making people more aware of what can be expected, and what to do if they have concerns.
- Reduce people’s perception of risk by raising awareness of support available, including TARGet and safeguarding procedures.
- Increase public awareness of Social Model of disability and the issues people face in communities.
- Promotion of positive risk taking into account people’s individual circumstances.

### Opportunities

- Increase information of what is available in communities for people, and the workforce.
- Greater flexibility in the use of budgets, to encourage creativity, and the use of alternative support.
- Share good examples from people about those supporting them.
- Increase awareness of job opportunities as Pas, increasing people’s choice of support, with skill and interest matching.
6. Personal budgets and self-funding

**What we’re doing and planning**

- Aim to be providing all eligible customers with a Personal Budget.
- Promoting benefits of having control over available funds.
- Increasing the availability and quality of information.
- Workforce in the market has access to equalities training.
- Range of options are available and given, through brokers, websites and information providers.
- Effectiveness of support in meeting people’s needs is monitored through reviews at six weeks after implementation and annual review.

- Budgetary pressures on panels and review teams can become a barrier to creative and outcome based planning.
- Choice is available for diverse and culturally appropriate support, though this and information about them could be increased.
- More flexibility with holistic, outcomes based assessments and support planning etc.
- Increase awareness of welfare benefits, and other funds available and how these can contribute to meeting people’s outcomes.

**Opportunities**

- Develop outcomes based reviews linked to assessments and people’s personalised support plans.
Next steps

The Manchester Area Partnership Right to Control Board recently met and agreed the contents and sign-off of this document. Discussions took place to ensure that this MPS remains a valuable tool to deliver market development. The following actions were agreed:

- Each partner authority will take the MPS for sign-off at their respective Commissioning Boards. This MPS will exist alongside and inform the delivery of local market development activities.
- Local authority staff will be trained further (using the Working Together for Change model) to develop their knowledge of this MPS and the wider programme led by Groundswell.
- This document will be shared with Directors of Adult Social Care across the Partnership to inform local strategic development.
- Customer and provider events are planned by Manchester, Stockport and Trafford to promote the MPS and inform community-level planning.
- Manchester City Council will take responsibility for informing the commissioning work being led by the Association of Greater Manchester Authorities (AGMA).
- Breakthrough UK will run briefing sessions on this MPS as part of its development programme (being delivered as part of Right to Control) for Disabled People’s User Led Organisations.
Conclusion

The members of the Manchester Area Partnership Right to Control programme are clear that the development of this MPS has been hugely beneficial in promoting joint working, developing a clearer understanding of market requirements and helping to ‘future proof’ the sub-region as we experience significant changes in service delivery and economic modelling.

As a co-produced and sub-regional MPS, this document is unique and provides a model for other local authorities and their partners to transform their commissioning models.

Data sources

1. Data from Projecting Older People Population Information System (POPPPI), June 2012 Update, www.poppi.org.uk
2. Data from Projecting Adult Needs and Service Information (PANSI), June 2012 update, www.pansi.org.uk
3. The information is taken from the National Adult Social Care Intelligence Service (NASCIS), Referrals, Assessments and Packages of Care data, final 2010/11, indicator P1 “Number of clients receiving services during the period, provided or commissioned by the CASSR, by primary client type, service type, and age group” and indicator SD1 “Number of clients receiving self directed support and/or direct payments provided or commissioned by the CASSR during the period, by primary client type and extended age group”.
4. Ibid
5. Ibid
9. Extra Care Housing is a model of housing providing self-contained flats along the provision of 24/7 care; People can therefore stay in their own home; rather than move to residential care, as the care levels are comparable. There is no reason why people with disabilities should not use extra care housing.
10. Shared Lives is care and/or support provided by individuals, couples and families who have been approved and trained for that role by the service registered with Care Quality Commission. Care and/or support may be provided either within or outside the home of the carer. It is the service that is regulated not the individual accommodation, which is owned or rented privately.
11. PA strategy says numbers of PA jobs likely to double between now and 2015 – see: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128734.pdf
12. Care Continuum based on Use of resources in adult social care, Department of Health 2009.
13. This is despite residential care being identified as a growth area nationally, with a projected rise from 419,000 in 2009 to 424,000 by 2014 rising to 459,000 by 2019 in independent sector care home placements, Care of Elderly People: UK Market Survey, Loing & Buison 2009.
14. Data from ASCCAR S1.
15. Data from RAP/HHL.
16. All figures from ADASS Personal Budgets Survey, March 2012.
17. See The National Personal Budgets Survey, In Control & University of Lancaster, June 2011 which shows a positive impact on 10 of 14 aspects of respondents’ lives surveyed: being supported with dignity and respect (76% reporting a positive impact); people staying as independent as they want to be (75%); people being in control of their support (72%); people having control over the important things in life (68%); people’s mental wellbeing (63%); people’s physical health (59%); people feeling safe both inside and outside their home (57%) and people getting the support they need when they need it (72%).
Market Position Statement

manchester area partnership

September 2013