



MANCHESTER
CITY COUNCIL

Market Position Statement for **Care and Support in Manchester**

Working with us – 2015/2016



How we will work with you

Hazel Summers: Head of Strategic Commissioning

We see the market position statement as an increasingly important part of our relationship with the care and support sector.

We want this document to be read as a tool to spark debate, to encourage new ideas and to welcome any proposal of doing things 'differently'. We hope that by providing clarity on the overall outcomes we wish to achieve, the types of partners we wish to work with and how interested partners can contact us, we can bring about an improved experience of working with Manchester City Council.

The Market Position Statement will be published, reviewed and updated regularly and we intend to provide a solid foundation for sustained change and improvement.

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. As a matter of urgency we particularly wish to meet with:

- Partners who are interested in developing extra care housing for sale and lease.
- 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.
- Community organisations that wish to extend their work in dementia care.
- Organisations keen to diversify (ie. utilise more Assistive Technology, or children's service partners providing services for adults).
- Organisations that are keen to form strategic alliances or consortia with others.

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 Commissioning Contacts</p>	<p>Head of Strategic Commissioning – Hazel Summers hazel.summers@manchester.gov.uk Strategic Lead (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 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>
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Manchester City Council – Regeneration	mailto:North.mcr.regeneration@manchester.gov.uk info@neweastmanchester.com central.regeneration@manchester.gov.uk southmanchesterregeneration@manchester.gov.uk Wyth.Team@manchester.gov.uk citycentre@manchester.gov.uk	<p>Lead and co-ordinate economic, social and physical regeneration.</p> <p>First point of enquiry to improve work around work and skills.</p>
Manchester Community Central	info@mcrcommunitycentral.org	<p>Information and support to build the capacity and sustainability of voluntary and community sector groups</p>
Blue Orchid	http://www.blueorchid.co.uk/program/step-up	<p>'Step up' support for new businesses, one-to-one advice, workshops and networking</p>
Manchester City Council 'Starting a Business' resources	http://www.manchester.gov.uk/info/827/growing_and_maintaining_a_business	<p>Information and support for Manchester residents interested in starting a new business.</p>

Business Growth Hub	http://www.businessgrowthhub.com/	One-to-one advice, workshops, networking and access to finance for businesses with potential to grow significantly
Co-operative Enterprise Hub	http://www.co-operative.coop/enterprise-hub/	Advice, consultancy and financial support for VCS organisations wanting to become co-operatives.
Manchester Employer Suite and Apprenticeships	http://www.manchester.gov.uk/info/827/growing_and_maintaining_a_business/5024/recruitment_-_free_support http://www.manchester.gov.uk/info/827/growing_and_maintaining_a_business/4894/grants_for_employing_young_people	

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

A list of current MCC grant-funded opportunities can be accessed at <http://www.manchester.gov.uk/news/200047/grants>

The Council recognises that it can be difficult for groups to be aware of all 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

The following forums operate across the city

[Manchester Older People's Forum](#)

[Manchester Youth Council](#)

[Age Friendly Manchester Locality Networks](#)

[Manchester Care to Change Council](#)

[SRF Delivery Groups](#)

[Physical Disability](#) and [Learning Disability Partnership Boards](#) (LDPB and PDPB)

[Deaf and Hard of Hearing Group](#)

[Visual Impairment Steering Group](#)

To give feedback on any aspect of this document or help us identify key topics you would like included in future versions of the Market Position Statement please contact: workingwithus@manchester.gov.uk

Manchester City Council by September 2015 we will have:

- ✓ Refreshed the content of the Manchester Joint Strategic Needs Assessment and put in place sound processes to ensure the JSNA supports the Joint Health and Wellbeing Strategy and other strategic plans across the city.
- ✓ Further developed the Living Longer Living Better programme for integrated care, establishing a new way of integration with other commissioners in the city.
- ✓ Worked with our VCS partners and others to develop a VCS Strategy, which will set out clear principles for our relationship over the next three to five years. This will help to provide clarity on our sense of direction and implications in terms of the role of the VCS in the city.
- ✓ Outlined the future shape of community-based and preventive services, and how we will commission these, ready for discussion with interested partners.
- ✓ Developed a better analysis of information about people who fund their own care provision.
- ✓ Embraced the positive impact that technology can bring. This will include an online e-marketplace, and better use of assistive technology in the home, with commissioners being more visible by utilising social media.

Why a Market Position Statement?

This is the second Market Position Statement (MPS) produced by Manchester City Council with the support of the Institute of Public Care (IPC) at Oxford Brookes University.

Manchester City Council, as a strategic commissioner of services, wishes to forge a new relationship with its partners to benefit all who need care in our authority. By stimulating a vibrant, diverse and evolving market for care and support we can offer people a real choice of provision. 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 social care partners actively contribute towards economic growth in the city and create significant employment opportunities for Manchester residents. Social care partners are therefore key partners in realising our ambition to become a successful world-class city.

The Market Position Statement is 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 (VCS) organisations, and Small and Medium Sized Enterprises (SMEs).

It includes:

- The context of today's changing care and support market.
- A definition of what we mean by 'market', ie. what Manchester looks like in terms of current and future demography and service provision.
- Our intentions as a facilitator of care and support for citizens across the whole life course.
- Our vision for how services might respond to the changing needs for care and support in the future.
- How Manchester City Council can best influence, help and support the local care and support market to achieve better outcomes and value.
- The emerging picture of services within an integrated market with health.
- Who to contact if you wish to discuss how your services might help us achieve the outcomes we want.

- ✓ Responded to the challenges and demands presented by the Care Act by improving knowledge of our population and establishing new services, for example, a new citywide Advocacy Hub.
- ✓ Provided more clarity in what types of services we are looking for (and what we're not).
- ✓ Prepared to meet the challenges of the 2015/16 budget through reconfiguring services and delivering in a different way.
- ✓ Ensured that commissioning activity always considers equalities and the needs of communities through consultations, engagement with partners and by working to the principles of 'co-design'.

The statement contains some market opportunities for partners, but is not a comprehensive list of all developments taking place. Instead, links to other plans and strategies are attached as hyperlinks. For those people reading a paper version, these are repeated in the bibliography at the end of the document.

The Council commits to regular updates of the Market Position Statement, and to consult with partners about how useful the statement is for them.



Key statistics

- Manchester's population has grown to 510,722 from the 2001 corrected figure of 422,900.
- The number of children aged 0–4 has increased by 40% since 2001 and the number of adults aged 25–29 has grown by 50.5%.
- Residents aged 65 and over stand at 9.5% of the population, compared to 16.9% nationally.
- The proportion of Manchester residents born in England has decreased from 81.4% in 2001 to 71.6% in 2011, 11.9 percentage points below the national average.
- An additional 962 over-80s are forecast to have dementia by 2030.
- Health and Social Care System in Greater Manchester expenditure is around £6billion: 42% is in hospitals, 18% in adult social care.
- Resident Employment Rate at the end of 2013 was 56.6%.
- Older people account for 62% of total bed days, 68% of emergency bed days, and 75% of Council-funded registered nursing and residential care home funding.
- Of the 6,790 hospital beds in Greater Manchester, 2,037 are occupied by people with multiple long-term conditions, equating to 743,505 bed days annually at a cost of £800million – £1.2billion annually.

The future of public services in Manchester

The Manchester Way is the city's sustainable community strategy. Manchester's vision is for a world-class city: that is enterprising, creative and industrious where highly skilled people live in thriving neighbourhoods where all our residents are valued and secure, and can meet their full potential.

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 and promoting independence from high-cost services.

Changes in national policy are driving significant change within and across organisations in the city. For example, Public Health functions became part of the Council in April 2013 and three GP-led Clinical Commissioning Groups (CCGs) came into force to replace Manchester's Primary Care Trust. 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 (LLL) programme.

The Manchester 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 expects to see a major shift in the focus of services towards prevention of problems and intervening early to prevent existing problems getting worse. It also seeks a shift towards services provided closer to home. The Manchester Health and Wellbeing Board oversees the implementation of the Living Longer, Living Better programme.

Public Service Reform (PSR) in Manchester goes beyond just 'how we deliver services' – it involves reforming how individuals receive services. PSR involves using money differently, investing in new ways of working that deliver a return on investment, which in turn can then be reinvested. In order to achieve our vision at a time of financial challenges, Manchester City Council (MCC) has created the Manchester Investment Fund, which brings together spending on specialist and targeted services that support high cost and high-risk families.

- Life expectancy at birth for females is 79.5 – the gap with England has widened to 3.5 years. Life expectancy at birth for men is 74.8 – the gap with England of 4.4 years remains.
- Ethnic group: Non-White British (2011 Census) 40.7% in Manchester compared to national rate of 20.2%.
- 6,364 adults in receipt of a package of care in 2012/13.
- 4,559 people aged 18 and over chose to take self-directed support in 2012/13. This includes 683 people who were in receipt of a 'cash' individual budget.

Supporting the delivery of PSR by working collaboratively with our partners and other local authorities will help to improve outcomes for the city and its residents. This includes initiatives such as local enterprise partnerships, which will stimulate economic growth. It also includes programmes such as the Manchester Investment Fund (MIF), which brings together spending on specialist and targeted services to improve the quality of life for troubled families and individuals, helping them to lead independent lives, while delivering efficiencies for public service funders.

PSR involves using money differently, maximising the assets, skills, capacity and knowledge of individuals and the social capital of communities and investing in tried and tested ways of working that deliver a return on investment, which in turn can then be reused. A key element of the proposed reform will be to change citizen and staff behaviours, shifting spend away from targeted and specialist services to those delivered more universally in neighbourhoods. In order to achieve our vision at a time of financial challenges, Manchester City Council has a range of public service reform exemplar programmes. These are: Troubled Families, **Early Years**, **Transforming Justice**, and Working Well. The recent GM Devolution Agreement builds on recent integration between health and social care in Greater Manchester.

<http://www.agma.gov.uk/gmca/gmca-devolution-agreement1/caring-for-gm-together/index.html>

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. This approach is detailed on page 25.

Key resources and providers

www.manchester.gov.uk/jsna

Two levels of data:

- Broad profile of the health needs of the population living in the three areas of the city covered by North, Central and South Manchester Clinical Commissioning Groups (CCGs) and some of the factors that contribute to these.
- A look at a number of specific topic areas in more depth. This approach allows us to look at the health needs of the local population in both breadth and depth.

Intelligence Hub

A new approach to making statistics about local areas within Manchester more readily available. The hub also offers links to advice on research, evaluation, commissioning and procurement.

State of the City Report

State of the City – Ten Years On presents an overview of Manchester's performance over the past ten years, looking at the indicators used to measure Partnership priorities.

State of the Sector Report

On overview of the true social and economic impact of the voluntary sector in Greater Manchester.

Financial context and operating environment

This document addresses Manchester's outline response to four key headline issues:

Rising demands from a growing population

Manchester is a vibrant and dynamic city with a young and growing population. It is also a population experiencing poorer mental and physical health than the national average, requiring improved outcomes and support to achieve greater independence where possible. The city has the second-worst life expectancy for men and the worst for women in England.

Manchester has a lower proportion of its population aged 65+ than other English **core cities**, and the 2011 census shows a drop in all older age groups except those aged 90+. However, the latest projections predict a steady growth in overall numbers over the next 20 years, with the total population 65+ increasing from 50,000 in 2012 to 63,000 by 2030. This age group is most likely to be in receipt of some form of social care. The number of children aged 0-4 has increased by 40% since 2001.

Good growth prospects for Manchester, second only to London and the South East.

Manchester's expected Local Gross Value Added figure (GVA) is expected to increase by an average of 3.4% **each year until 2030**. By radically transforming the way we do things, Manchester City Council will play a key role in contributing towards significant growth and prosperity across the city. Recent fairness and poverty commissions and work around social inclusion tells us there is the need to match economic development with social growth.

Our up-to-date benchmarking figures for the area of social care encompasses 374 providers with a total of 5,916 employees. This figure does not state the percentage of these that are Manchester residents; rather it is the total number of jobs within Manchester that have been created through our commissioned services.

Manchester (along with Salford and Trafford), is forecast to have the biggest increases in employment over the coming decade (accounting for 65% of the Greater Manchester total). These areas perform comparatively better than the other districts due to their sector structures, especially the higher concentration of business and professional services.

Manchester Alliance for Community Care

Information about the work of Manchester's Voluntary Sector support organisation MACC. Includes the approach they take and position on key issues as well as the services and activities they deliver.

Manchester Open Data Catalogue

Manchester City Council is committed to making freely available as much of the (non-personal) data it holds as possible. The data that is available so far is listed in the link above.

Ward health plans

Highlight key health priorities for a ward, and reflect the wider eight strategic aims of the health and wellbeing board.

Local Health profiles

A Local Health tool, which provides information across local authority areas.

CLES

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

Concentrated areas of worklessness and poor health

Manchester is still a place where health inequalities exist. Concentrated areas of worklessness and poor health remain. Just over half of those claiming out-of-work benefits – around 10% of the working-age population – are in receipt of Incapacity Benefit or Employment Support Allowance A due to a health condition. Mental health conditions account for around half of the cases of IB and ESA claimants in Manchester (51.3%). The second-largest category is musculoskeletal conditions (14%). Around 45.1% of ESA claimants cite mental health as their primary condition.

There is a correlation between worklessness and other barriers to employment – low-income households, low skills and education levels, poor nutrition and poor physical and mental health. The highest concentrations of IB/ESA claimants are in areas of the city where deprivation is high – in particular north Manchester and east Manchester and some parts of Wythenshawe.

Long-term mental health conditions are associated with increased health care consultations and treatment for other health problems. Residents who are out of work with physical conditions may also suffer from mental health problems. Overall, adults in Manchester are significantly more likely to have low mental wellbeing compared with the north west average. The 2009 North West Mental Wellbeing Survey is a powerful source of data due to the large sample size (18,500) and the use of face-to-face interviews. This shows that mental wellbeing is low for 16.8% of the north west population, compared to 23.7% of the Manchester population.

As a city we are continuing to make progress on most fronts despite the difficult economic backdrop; however, the impact of the recession on worklessness and health cannot be underestimated. Although Manchester avoided a reduction in its overall workforce between 2008 and 2013, 18,700 Mancunians were unemployed at the end of 2013. Current statistics tell us that 68% of residents are financially stretched.

Significantly reduced budgets.

The Children and Families planned budget for 2014/15 is £292.127million. The 2014/15 budget follows savings of £41.669million, which have been made across the two Directorates in 2012/13 and 2013/14. Manchester's 2015/16 budget settlement will require a further £70million of savings across the Council, and a further reduction is anticipated in 2016/17. These are difficult financial times and the local authority will be funding fewer services. The chart below details current commissioned care investments in 2014/15 (excluding Public Health and Education and Skills)

	Contracts	Placements (circa)	Spend (Annual) £
Care Homes	305	1700	42,782,123.28
Home Care (planned)	10	1590	9,639,824.36
Day Care	35	425	4,610,424.00
Supported Accommodation LD	28	300	13,772,447.00
LD Block	22	800	8,969,274.36
Adult Placement	n/a	170	1,401,764.00
Extra Care	6	100	1,272,406.00
Cash IB	n/a	600	5,890,175.72
MMHSCT	1	600	4,997,402.00
SP/MH Supported Accommodation	86	690	11,992,141.00
MH Counted In	1	n/k	59,000.00
MH VCS	12	1365	748,569.00
Homelessness	6	350	663,188.00
Short Breaks	6	50	439,478.52
Carers Block	23	1200	613,793.00
Grants	32	4000	650,878.00
	573	13940	108,502,888.24

Recent consultation has told us that:

Manchester residents are telling us that care and support services did not help them in having social contact with people (30.4% of respondents). 18.1% of respondents found it difficult to find information about support, services or benefits.

(2013 Social Care Survey)

31.1% of people in Manchester told us they buy additional care or support privately or pay more to 'top up' their care and support.

(2013 Social Care Survey)

"Buses are not safe and the drivers will not help."

(Learning Disability Self-Advocate workshop (summer 2014))

"The annual health checks for people with a learning disability are good."

"There are no specific learning disability nurses for people in hospitals."

(Learning Disability Parent Carer workshop (summer 2014))

"Contact service very helpful. Only five days to get assessed."

"We want to be independent in life and receive respect."

"We don't want three people coming to do the same things."

Physical Disability Partnership Board Consultation (Summer 2014)

Manchester's Commissioning Principles

Manchester will address these issues by having an approach that:

Commissions high-quality services for citizens

This approach, both at a citywide and local level, promotes independence from public services and enables us to reinvest in effective interventions and maintain our statutory obligations.

Explores routes to lever external finance in addition to available core funding

While the voluntary sector has long been an innovator in finding funding opportunities, at times we may need to go to the market to find commissioning solutions. We will not be prescriptive about the approach partners take in delivering the desired outcomes, as long as they can evidence attainment and demonstrate value for money.

Examples of this to date include:

- ➔ **Socially motivated investors** investing in a range of foster care interventions in Manchester whereby if social outcomes improve to an agreed level, investors will receive payments from the commissioner.
- ➔ A Manchester partnership has recently been awarded funding from Big Lottery Fund (BIG) to support people with multiple problems such as homelessness, mental ill health, addiction and reoffending. This partnership approach, led by Shelter, aims to change the way public funds are invested to create more blended services. The project aims to change the way services are delivered to enable greater co-ordination and continuity of care for people.

Reduces the cost of services and the cost of doing business, ie. 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 level of savings required for 2015/16 is £70million, with further savings required for 2016/17.

Drives changes in the way people access Council services

We want Manchester's population to be healthier, lead fulfilling lives, and be resilient and able, where appropriate, to enter the labour market or do more for their local community. Commissioning should be thinking about what citizens and their communities can do to help themselves, and how, rather than 'what can we do to help'.

Commissions effectively at a citywide and local level

By collaborating with our partners and other local authorities, and through integrating with health partners, we will help to improve outcomes for the city and its residents. For example, 2014/15 will see the production of an All-Age Disability Strategy. This will be achieved through a co-production approach, listening to and genuinely involving disabled people, disabled groups, parents and carers, and key stakeholders.

Changes the way Manchester City Council delivers services – by asking the right questions at the right time

A traditional commissioning question would be 'How do we commission a street cleaning service?' or 'How do we cut £400,000 from youth services?' There is a real opportunity to shift the emphasis to attain outcomes and encourage positive behaviour change.

The types of services that need to be in place to help us achieve our outcomes

This section gives an idea of the types of services the Council will seek to commission over the coming two to three years. For further details follow the hyperlinks.

Service area	Current issues (as is, need and demand, supply)	Priorities
Responding to the Care Act 2014	<p>The Care Act 2014 requires local adult social care authorities to provide a wider offer for adults and carers in need of support. This includes a focus on:</p> <ul style="list-style-type: none"> → Duty to promote wellbeing → Helping people to prevent or delay the need for care and support → Continuing to promote choice and control for people planning their care and support needs → Ensuring carers have timely access to advice, information and an assessment in their own right → Improved information and advice, including the right to access an advocate where necessary → Market shaping as a result of people exercising their care preferences → Working with the Care Quality Commission around managing provider failure → Integration with the NHS and other public sector partners → Improving transition for young people moving into adult care. 	<p>We want to work collaboratively with all stakeholders and partners to meet the requirements of the Care Act and improve the care experience for people with support needs living in Manchester.</p> <p>Providers play a particularly pivotal part in supporting the work around wellbeing, as well as helping people to prevent or delay the need for care and support.</p> <p>This will require care assessors and providers working together to meet the wider holistic needs of people and demonstrating improved outcomes. We look forward to developing this area of work in the future.</p>

Older people**Issues/need for this client group:**

- We know that when there is a breakdown of care at home this can mean someone going into hospital or a care home unnecessarily.
- The number of people living with dementia is increasing and will continue to rise.
- There needs to be a reduction in the rate of people moving to residential and nursing care.
- 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.
- Although there is a **range of specialist provision** provided by health partners and VCS organisations for people with dementia, many families are unaware of the support.

Priorities

- Homecare and reablement services to undergo significant reshaping during 2015/16.
- Further establishment of the principles of **Age Friendly Manchester** and to accelerate work with partners to establish age-friendly neighbourhoods and services.
- Improved co-ordinated care in the community through the Living Longer, Living Better care model development. Continued focus on integrated care with Manchester's main health and social care commissioners and providers.
- Evaluate the care delivered by nursing and residential care homes.
- Refresh of the Manchester Dementia Strategy during 2014/15.
- Explore and maximise the use of dementia research for new ways of supporting people with dementia and their families.
- Further development of community dementia initiatives.
- Further details to be found in the Dementia Joint Strategic Needs Assessment (**JSNA**).

In-house business units**Issues/need for this client group:**

- Defining the role of the local authority in directly delivering assessment and care
- Moving to meeting outcomes rather than providing 'services'
- Responding to a reduced budget
- Responding to the new requirements in The Care Act 2014.

As is

- Homelessness Services, including collaborative work across Greater Manchester
- Access Services, Community Alarm, emergency duty social work, Contact Manchester for adults, advice services
- Day centres, respite services, supported accommodation services
- A range of directly delivered corporate functions, including business support, information governance, complaints, policy, communications and requests for information
- Client management of ICT, corporate property, audit, health and safety, risk , resilience and insurance strategic leads.

Priorities

- Restructuring of in-house provision, such as the Homelessness Services and Network Houses.
- Establishment of a 'centre of excellence' for future core Business Units services.
- Implementing a redefined social care offer in learning disabilities.

Looked after children**Issues/need for this client group:**

- The number of looked after children in Manchester has reduced from 154 per 10,000 to 142 (at the end of 2006), but is still three times the national average.
- Manchester is committed to reducing the need for children to become looked after.
- We continue to be ambitious for children and young people and as a corporate parent of 1,329 looked after children.
- Our priority is to secure the very best care and opportunities for them.

As is

- The Looked after Children's Commissioning Strategy's ambition is to improve outcomes for vulnerable children and young people, including looked after children.
- This will be achieved by commissioning a range of early help and targeted and specialist services to support parents to care for their children and reduce the need for children to be placed in care settings.

Priorities

- Keeping vulnerable children, adults and families safe and reducing antisocial and harmful behaviour.
- Delivering the new integrated placement strategy for looked after children to safely reduce the number of children looked after, and improve local placement choice and outcomes.
- Implementation of Looked after Children Social Impact Bond for multi-dimensional treatment foster care (MTFC) during 2014.

Mental health**Issues/need for this client group:**

- Services for adults of working age are finding more people are presenting with severe mental health crises.
- People have to wait too long to access the services they need, or are sent to services a long way from Manchester.

As is

- The interfaces between the various services and partners do not work as well as they should, and care arrangements are therefore not as seamless as we would wish.
- We think there could be better approaches to the management of risk.
- The balance of services between age groups is currently not well aligned to need.
- Arrangements for accessing services are not well co-ordinated between partners.
- Mental health services are not as integrated with acute and general healthcare as we would wish.

Priorities

- Training for local residents in developing skills to manage their mental health and develop emotional resilience, eg. the 'Boost' programme.
- Improving the availability of evidence-based self-help information and resources in the city.
- Improving the physical health of people with mental health problems as part of their recovery.
- Large-scale training programmes to develop the skills of key frontline staff in addressing mental health issues.
- Further development of social prescribing in the city.
- Improving access and advice for employers on best practice approaches to workplace mental health and wellbeing.
- Improving and expanding access to condition management and vocational rehabilitation to reduce loss of employment and improve pathways back to employment.

Further details can be found in the Manchester City Council Mental Health Commissioning Intentions report. http://www.manchester.gov.uk/.../5_mental_health_commissioning_intentions

Learning and physical disabilities**Issues/need for this client group:**

The Institute for Public Care estimates there are some 10,000 adults with a learning disability in Manchester. They also estimate there are 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 considerably limited day-to-day activities.
- There are around 3,000 children in Manchester with special education needs.

As is

- At the moment we provide social care support for 1,350 adults with a learning disability.
- These services range from accommodation-based support to daytime activities and some employment support.
- Of the 3,000 children identified as having special educational needs, 651 receive targeted support, 256 receive direct payments and 220 are assessed as having specialist support needs.

Priorities

- All-Age Disability Strategy
- The focus will be on shifting the care for people with a disability to a community-based, co-produced enablement model that will ensure more people:
 - have services closer to home
 - take part in universal activities where they live
 - maintain friendships and widen social networks
 - access meaningful activities and/or volunteering, training or work opportunities
 - lead a healthy lifestyle
 - have the same access to universal health services as other non-learning disabled people
 - are able to live in their community by using creative and personalised approaches.

This should result in fewer people with a learning disability using residential care.

An example of this approach is to encourage more employers to develop Supported Internships so that people with a learning disability, people on the Autism Spectrum and people with a sensory impairment or physical disability have a chance to learn skills and help improve their job prospects.

Early years	<p>Issues/need for this client group</p> <ul style="list-style-type: none">→ Currently, 40% of children (16,000) in Greater Manchester are assessed as not being 'school ready'. <p>As is</p> <ul style="list-style-type: none">→ Across Greater Manchester we spend approximately £300million a year on Early Years services.	<p>Priorities</p> <ul style="list-style-type: none">→ Equip Manchester children and adults with the skills and behaviours to access education and employment, and to participate in the growth of the city through:→ Implementing the Early Years New Delivery Model, including Early Years Assertive Outreach Workers, midwives and health visitors.→ Making associated changes to current commissioning arrangements for Early Intervention Services.→ Establishing 15 hours of free early education entitlement for targeted two-year-olds.→ Further establishing the Manchester Schools Alliance at the heart of a self-improving school system, specifically on secondary school improvement.
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Public health	Issues/need for this client group <ul style="list-style-type: none">→ 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.→ Poor health also prevents people from reaching their full potential.→ Changes to the population and to expectations of good health lead to ever-increasing demands on health, social care and health services. As is <ul style="list-style-type: none">→ 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 <ul style="list-style-type: none">→ Further integrate public health through partnerships and through Living Longer, Living Better.→ Adopt a more strategic and integrated approach to falls prevention.→ Recommission healthy lifestyle and wellbeing services to very different service specifications. New services will be more responsive to wider city priorities around tackling worklessness and public service reform, including integrating with chronic disease pathways as part of Living Longer, Living Better.→ Spend on sexual health services currently accounts for approximately one quarter of the whole public health budget. We plan to establish a fully integrated sexual health service in the city.→ Adopt a recovery model for drug and alcohol services and ensuring that sustained employment is seen as a measure of a successful treatment outcome.
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Our investment priorities from 2014/15 onwards

More prevention and early intervention across the whole life course

- Maximising the city's available resources through a clear prevention and early intervention strategy and supporting investment plan.
- Place progressive universal services and early help at the heart of strategic planning for education and skills across the city.
- Look at developing further peer support and support networks to provide opportunities for people to live in their own community and provide opportunities to learn new skills and gain confidence.
- Research the development of support pathways based in communities to complement statutory services and allow access for individuals to move on to independence.
- Develop new investment and delivery models that will improve outcomes for citizens, including people with learning disabilities, troubled families, and families needing support to enable them to be more independent in the future.

More system reform

- Develop a new strategy and compact with the voluntary and community sector, which defines investment priorities and clarifies the sector's role and offer in promoting independence.
- Decommission services where there is both overlap and duplication for alternative investors.
- Make technology a real enabler of change. This includes using new resources within the Council such as the Acorn profiling data and iBase and ThinkLAB, as well as the implementation of a new contract management module so that we have consistent contract and quality information on all suppliers. The use of mobile technology, such as tablets or other mobile devices, by frontline workers such as reablement teams will be introduced in coming years.
- 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 can best measure outcomes, pay by virtue of those achieved, and where a service is subject to a local authority tender ensure our procurement processes area outcome is focused.
- Will invest in mechanisms to support the sector and encourage innovation (eg. Social Impact Bonds, crowd funding and use of social media).
- Work with partners to ensure there is more comparative data available about care and support for consumers and partner organisations alike. This will include the development of the **Connect to Support** and Family Support Directory (FSD) systems.
- Look at providing more support for self-funders, to ensure that people are aware of the range of provision available to help people live well within the community and that these transactions can be as straightforward as possible.
- Will consider social value when selecting service partners (eg. the use of apprenticeships, work placements or volunteering). These champion the benefits of work and develop increased skills for citizens to access jobs or progress along the career ladder.

More collaboration

- More integration with our health partners, using **alliance contracting** to shift resources around the system.
- Co-design and co-deliver services with our partners (eg. health, schools) across the city and neighbouring authorities to deliver reform at scale and pace.
- Influence universal service development across sectors, including the community, voluntary and faith sector, in how they utilise their resources to promote independence and resilience. This includes working with our most vulnerable residents to enable, for example, people with learning disabilities to access leisure facilities rather than separate bespoke (and expensive) provision.
- Change the way we identify, assess and meet need with partners and in so doing, change the expectations and behaviours of citizens who access our services. This includes multi-agency safeguarding, and integration with Neighbourhood Teams in the NHS.
- Review child protection policies with GM Police and health partners to create an integrated MASH service for safeguarding.
- In future we will ensure that there is 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; and facilitating more alliance and partnership development in the city to respond to the Council's strategic priorities.
- We will continue, in partnership with a range of small and medium-sized VCS partners in Manchester, to explore alternative organisation forms that may be relevant in the future, such as forming alliances and partnerships with each other to bid for future work from 2015 onwards. Such alliances have been shown to help small specialist organisations, such as those with reach into a particular community, to be part of a larger network of partners. These organisations are important to us because of their reach, but they do not always have the capacity to bid for competitive contracts or to respond to new contracting models such as spot purchasing. Larger, better resourced VCS organisations can take the lead on bidding, subcontracting to these smaller groups.

We want to work with partners who:

- ✓ Encourage local people to access their employment opportunities, eg. helping to get people job-ready by providing structured volunteering opportunities.
- ✓ Adopt a 'whole family' approach to their services.
- ✓ Can clearly demonstrate the social value or additional wider non-financial impacts of interventions, including social capital, the environment, and the wellbeing of individuals and communities.
- ✓ Have explicit quality standards and publish results of their independent monitoring.
- ✓ Are prepared to work to an open-book accounting approach.
- ✓ Are putting forward their understanding of demand (ie. BME communities) and how this is changing over time.
- ✓ Are able to show the impact of their activities.
- ✓ Wish to innovate. For those we are prepared to support and help fund innovation where it increases independence within the community.
- ✓ Are prepared to work closely with other organisations, and are willing to explore the potential of working closely through alliances and consortium approaches.
- ✓ Do not overlap or duplicate alternative services.

There will also be services that we explicitly will not require in the future. For example, services in areas of constraint.

Approaches we consider important**Co-production**

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 outcomes and demonstrate value for money. In future, partner organisations will be encouraged to consider how they might build co-production into their business models. Also, current successful user-led initiatives, such as the Manchester Centre for Integrated Living, have already set a precedent to be developed further regarding the Right to Control trailblazer initiative.

Extra care housing

Sometimes referred to as housing with support, extra care is identified as the main alternative to residential care over the next 15 years in Manchester. It is predicted that the city will require the development of a significant number of additional units of extra care during this period if the residential care market continues to contract. At the current rate the market will have one third of its capacity by 2025. Discussions are underway with current residential care partners on options for market repositioning to respond to this trend.

Assistive technology

Clear opportunities exist for partner organisations to build in extra capacity and effectiveness into their business models through the innovative use of new technologies. A strategic plan for technologies in personal care will be drawn up in partnership with citizens and partner organisations, to include a new assistive technology hub. Good progress has already been made at a small scale to enable people to live more independently.

Volunteering, befriending and building social capital

As the public sector withdraws from areas of direct provision, and new technology assumes some of the roles traditionally performed by care staff, attention will be needed to ensure that citizens are not left socially isolated. In addition, a new emphasis, derived from a rich vein of evidence, is required in investing in the links between generating social capital, community cohesion and healthy communities in the broadest sense.

A new partnership needs to be devised between commissioners and partner organisations to explore how

voluntary action, befriending and peer support can be invested in to deliver the social capital that 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.

Development of wider-ranging brokerage options

There will be a need to extend the range of available skilled brokers across the city. They will commission services on behalf of citizens with cash budgets or advise them how best to commission from and for the local community to achieve earlier, less costly interventions. This approach is currently being adopted within Manchester with regard to looked after children. We are currently piloting a peer brokerage approach and anticipate further developments across brokerage to provide a mixed model of provision and increase choices for citizens.

Enterprise partnerships

The changing role of the local authority means there will be a new emphasis on alternative delivery mechanisms, which will blur the boundaries between the statutory, voluntary and independent sectors. There will be more scope for local rather than citywide solutions, which should serve to enhance community cohesion. Social enterprises and co-operatives will be encouraged, where appropriate, and they will be built on the combined attributes of voluntarism, private enterprise and the vision and values of the statutory sector. Examples include plans to work with external partners to finance new Shared Lives schemes for learning disabled adults utilising Social Impact Bonds (SIBs). This approach will be based on emerging co-produced models for fostering services for children

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