Market Position Statement 2022-2025
Live Well
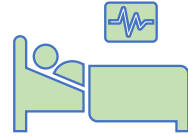
Bolton 2030
Active, Connected and Prosperous

Contents

Introduction

The Market Position Statement is a prospectus which intends to give providers vital information to inform business plans as well as those organisations that are interested in developing new services in Bolton.

The Statement gives our position on the care of older people, adults with physical disabilities, mental health needs, learning disabilities and other needs.

It will help identify the future demand for care and services across the Borough.

The Statement has been developed in partnership with service providers and codesign will be a key feature of how we iterate the information so we can seek to maintain a sustainable, vibrant and agile care sector.

The Statement shows the clear intent to raise our ambition around the outcomes delivered by the support and care offer. It provides a starting point for commissioners, people that use services and providers to discuss the transformation of local services.

The Statement aligns very closely with the Bolton Vision and its theme around Live Well and the partnership of Council, Greater Manchester Integrated Care System, BCH, Bolton FT Hospital Trust, Greater Manchester Mental Health Trust, Voluntary and Community Sector and Providers (support, care and housing).

NWADASS Care 2030 Video link.

We have a vision for people in the North West, where every day is the best it can be. Where people live happy, healthy lives; able to live in their community with the support of family and friends and making best use of the things available to them in their neighbourhood.

How the MPS will Benefit Bolton

The Market Position Statement will support providers in the development and improvement of local services, and help ensure improved outcomes for Bolton people as well as supporting the wider health and social care system, including the below:

Service User	Improved health and care outcomes	More choice and control	Faster processing
Integrated Care Partnership	Reduced cost and improved markets	Enhanced resilience	Maximise use of resources
Staff	Empowerment to act differently	Ready access to quality information	Greater use of talent and development of skill sets
Provider	Intelligence to inform business plans and changes	Collaboration on new innovative asset based models	Empower to deliver outcomes

Partnership with Providers

The Provider Commitment we want is:

Those who have a track record of co-producing and co-designing services with people that use or will use services.

Passionate about meeting needs and demands of our people in Bolton.

Delivering and evidencing social value – investing in Bolton, providing local employment, buying local services and products.

Outcome and impact focused support which enables people to be as independent as possible (self manage, self care).

Innovative and solution focused in working in our neighbourhoods to identify and utilise local assets (including environmental) to support people.

Embedded in a culture and working ethic that is collaborative and partnership orientated.

Open and transparent around how it manages services around the people it supports, employees, financial (through due diligence) and governance arrangements.

Embedded in an ethos of continuous improvement, transformation and change management to proactively adapt to changing needs and expectations of our local citizens.

The Benefits of Working in Bolton:

Forward facing health and care environment with ambition for transformation of services.

Collaborative and vibrant environment including working with Health and Care Commissioners, clinicians, VCSE (Voluntary, Community and Social Enterprise) sector and other providers.

Regular communication via provider fora, bulletins and other information exchange mediums.

Council and GMICS intelligence will be shared with the market to help develop the support and care offer and provider business plans.

Support from the Council's workforce development through a core training offer, business support, Bolton CVS support.

Access to other Council expertise (planning), environmental services, revenues and Benefits, corporate property.

Please talk to our Commissioning Team about any new potential service developments at the earliest stage possible and see Bolton Council web page.

Our vision for all age integration

Start Well

Live Well

Age Well

Strategic Context

Bolton Vision 2030 (click here for more information):

The people of Bolton will be involved in their own health and wellbeing with the aim of staying well for longer and in their own homes as part of a strong, connected and engaged community

Vision principles;
• Protecting the most vulnerable
• Reforming our services in partnership
• Inclusive growth and prosperity

Vision priorities;
• Ensuring our children have the best possible start in life
• Improving the health and wellbeing of residents
• Businesses and investment are attracted to the borough, matching our workforce's skills with modern opportunities and employment
• Stronger, cohesive, more confident communities in which people feel safe, welcome and connected

Drivers of change which underpin the 2030 Vision;
• Behaviour change   • Delivering efficiently
• Rebalancing our finances • Maximising our assets
• Engaging and empowering

Integrated Care Partnership (ICP):

It was established to develop a Single Outcomes Framework for Bolton to address these local issues and inform commissioning priorities and the performance management of the health and care system. However, it will also be used by wider partners such as the voluntary sector, housing, and police to measure their impact.

We are dedicated to achieving the following:
• People who use services having control over their daily life
• Adults with a primary support reason of learning disability securing paid employment
• Older people (65 and over) still being at home 91 days after discharge from hospital after receiving the appropriate support
• People satisfied with their care and support
• People who use services who say that those services have made them feel safe and secure

In Bolton we are passionate that we will:
• Increase the number of people living well at home
• Increase the number of people with LD who have their own front door and employment
• Improve the mental health and wellbeing of our residents
• Increase the support we can offer in our neighbourhoods
• Reduce the number of people in residential care

Key National Drivers of Change:
• GM and GMICS reconfiguration
• Health and Care Bill,
• Procurement Bill,
• CQC regulation changes
• Pending MH Bill

Key local Plans:
• Joint Strategic Needs Assessment
• GM Mental Health Strategy
• GM Learning Disability Strategy
• GM Autism Strategy
• GM Dementia United

Being part of Greater Manchester:
We are working to improve the health and wellbeing of our citizens in partnership with our GM neighbours. This provides a clear direction to integrate services at a local and neighbourhood level as set out in the government's NHS Long Term Plan and Forward View.
These aims are enshrined within the Greater Manchester Unified Model of Public Services and the Greater Manchester Health and Social Care Prospectus.

COVID Recovery:
The provider market has mostly been resilient in maintaining services during the pandemic and it is important that we work together to reconfigure the service offer collaboratively based on lessons learnt, future need and demand requirements.

Key Demographic Indicators

By 2030 Bolton's 18 - 64 population is predicted to *decrease* by 0.5% (7,300) from 168,300 to 167,500. However, there are notable changes expected in the population amongst particular groups of need, which will have implications for care and support services in future.

Life expectancy across Bolton for males is 77.8 and females 81.6, both below the England average of 79.6 and 83.1 respectively.

Data extracted from the Joint Strategic Needs Assessment

No. of people predicted to have a moderate or severe learning disability by 2030

No. of people aged 18-24 predicted to *increase* by 10.8% (15), those aged 35-44 are predicted to increase by 9% (20)

No. of people predicted will *increase* by 0.6% (6), from 935 to 941

The greatest population increases are in younger age groups, which will result in changes to how we design some services in future.

No. of people predicted to have a common mental disorder by 2030

No. of people predicted to have a common MH disorder will *decrease* by 0.8% (265), from 31,790 to 31,525

These figures represent a pre-pandemic position for this area of need, which may change as long-term mental health impacts become clearer.

No of people predicted to have autistic spectrum disorders by 2030

No. of people predicted with autism will *increase* by 0.2% (4) from 1,682 to 1,686

Despite small population increases, improved diagnosis rates are expected to lead to improved identification of need, with implications for how we design and commission services.

No of people predicted to have impaired mobility by 2030

No. of people predicted to have impaired mobility will *increase* by 2.1% (189), from 9,105 to 9,294

Mobility related needs are expected to increase, with implications for both physical environments and support in the design of future care and support.

No of people predicted to have a moderate personal care disability by 2030

No. of people predicted to have a moderate personal care disability will *increase* by 0.3% (19) from 6,598 to 6,617

Beyond this small predicted increase, there is potential that the impact of the Covid-19 pandemic may further increase the levels of need within this group.

Data extracted from PANSI. PANSI is a view-only systems developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England, together with providers. The programmes are designed to help explore the possible impact that demography and certain conditions may have on populations and provide population data by age band, gender, ethnic group, and tenure. PANSI (Projecting Adult Needs and Service Information) aged 18-64 - Projecting Adult Needs and Service Information System (pansi.org.uk)

Our 6 Key Priorities

Key Priority 1
Greater neighbourhood focus working with the VSCE to enable people to use their own strengths, local assets to provide them with the quality of life and outcomes they require.

Key Priority 2
Utilising digitalisation and new technologies to transform the service offer to people themselves and at the same time become more efficient and effective businesses.
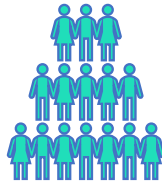
Key Priority 3
Integrated partnership working with providers and to sustain a workforce to provide an agile offer to support independence and enable people to self-care and self manage.

Key Priority 4
Market sustainability and transformation to ensure it delivers flexibility in care and support. Providers are required to work in collaboration across childrens and adults services to ensure transition is seamless.

Key Priority 5
Support our most vulnerable residents to remain in their home with support by enabling a home first offer with care and support, complimented by use of local assets to be able to engage in their communities.

Key Priority 6
Supporting our informal carers to continue to support their families members, friends and relatives so they can remain independent at home.

Key Priority 1   Key Priority 2   Key Priority 3   Key Priority 4   Key Priority 5   Key Priority 6

Commissioning Intentions

1

Co-production of all our neighbourhood focused services such as day activities: ensuring that people who use or will use services are continually involved in how we review and reform service provision. This will be a key part of all new service contract requirements from September 2021 onwards.

2

Prevention and early intervention: 5% increase in activity and service offer by October 2022. This will be secured through diverse funding sources such as Bolton Fund and other funding sources to ensure we gradually shift to more a preventative approach and increase spending on this.

3

Informal carers: Need to diversify and broaden the carers support offer by April 2022. Need to recognise the added value the role that carers have in the community through co-design to transform and innovate the local support at earliest possibility of opportunity.

4

Personal budgets and personalisation: aim for this as a long term commissioning default Health and Social Care approach. This will allow richer conversations with people about their choice of service and reduce barriers to achieving their outcomes. Develop a digital market place that offers more choice and information on available support.

5

Housing offer: our aim is to meet the identified needs of our residents, improving our residents access to the general housing stock and developing new housing to assist all to live independently in a suitable home for as long as possible. We are seeking flexible and diverse housing models that provide increased opportunities for sustainable living.

6

To develop the living well at home offer within our neighbourhoods : We will involve people that use services, providers, and VCSE as key partners in co-designing a new service offer by winter 2021. We will carry out a tender and award a new contract by Autumn 2022.

7

Specialist housing with care services: provide a diverse range of high quality supported living across Bolton with a focus on neighbourhoods and engagement with communities and community assets. Embed coproduction throughout the development / commissioning cycle and in the delivery of support, ensuring a strong focus on individual outcomes, progression and a whole life approach.

Prevention   Support   Specialist Support

Neighbourhood Offer

Early Intervention and Prevention

Overall market description:
This service offer is a very diverse and vibrant offer from the voluntary and community sector and Council services such as the Early Intervention and Prevention service.

How do we want to change this offer:
Our plan is to extend the diversity and choice of this service offer by encouraging the use of peer support, carers groups, other local volunteer groups to continue to play a vital role in maintaining people's health and well being and independence at home.

What we fund at present:
The Council currently funds 12 specific prevention services and over time we intend that these organisations and others broaden their offer and become less reliant on our funding. There is a range of information, advice and other support services available to everyone, including people with learning disabilities, mental health, autism, physical disability, sensory impairment, families and others.

Carers Support

Overall market description:
A general carers support service that provides information, advice, informal advocacy and support to informal carers and families, and a broad offer provided by the VCSE. Carers support includes both formal and informal support, ranging from respite, therapeutic services, peer support, online support and counselling. These services are provided by our partner organisations and commissioned adult social care services.

How we want to change the offer:
All neighbourhoods, digitalised offer, support to enable carers to stay in or return to employment, expand peer and other support groups to ensure coverage for carers of people with learning disabilities, mental health, autism physical disability, sensory impairment and other needs.

What we fund at present:
Alongside the main carers support services, we also support carers that focus on mental health, sensory impairment and other vulnerabilities.

Life Opportunities

Overall market description:
This offer covers formal/informal day services and some other support options that provide opportunities for people. There are multiple opportunities in the community for residents of Bolton. Citizens have the option to make use of libraries, parks, museums, gyms and cafés.

How do we want to change this offer:
The aim is for a greater range of opportunities for people to access activities that promote wellbeing, support people to maximise their independence and achieve their individual outcomes. This will include a focus on Bolton's neighbourhoods, a growing role for the voluntary sector and opportunities for more coproduction and service user-led initiatives.

What we fund at present:
Currently this comprises approximately 12 services across 5 providers, supporting over 220 people including those with mental health needs, learning disabilities, autism, sensory needs and physical disabilities.

Living Well at Home

Personal Budgets

Overall market description:
There are two main categories of services related to Personal Budgets:
• Support services to help people manage their personal budget
• Services that provide care and support that people using a direct payment may choose to use

How do we want to change this offer:
Enable greater choice by encouraging providers to have a clear offer for those using personal budgets and self-funders, and provide information for these groups of people. Expand use of Technology Enabled Care (TEC) to promote independence, including options for those using personal budgets or self-funding their care. We would like to promote greater choice beyond the traditional offer.

What we fund at present:
We commission 3 providers on a mini-framework that support people to manage their personal budgets including with practicalities, such as managing financial matters and payroll, and with brokering and organising their care and support. Over 750 service users and over 1200 informal carers have a direct payment for their support, and use this to purchase a wide range of care at home, in the community or in a care setting such as supported living or a care home.

Support at Home

Overall market description:
We have a vibrant market the covers most of the needs of our needs group: primarily self funders. Support at home includes home care agencies, community-based support services, outreach services, Telecare and other technology and equipment's.

How do we want to change this offer:
Promote home first and enable people to remain in their own homes for as long as possible and support them to avoid hospital/care home admissions. Support independence by providing options to self manage / self help. Greater use of assistive technology and aids and adaptations. Encourage and increase social prescribing to increase the choices people have for support while remaining living at home, for example including peer support, social groups and other informal support options from the voluntary, community and social enterprise sectors.

What we fund at present:
10 contracted providers of home care and community support, 1 outreach service.

Accommodation Based Offer

Supported Living

Overall market description:
We have a wide range of Supported Living services across the borough, where people have their own accommodation with support. These services are primarily for people with learning disabilities, autism and mental health needs, including some specialist services for people with more complex needs.

How do we want to change this offer:
Our aim is to ensure a strong focus on individual outcomes, maximising independence and personal progression alongside coproduction and service user-led approaches within services and support. We will improve the quality and diversity of services across the borough by improving, replacing and where necessary decommissioning existing services/properties to better meet needs. Evidence suggests that there is a high concentration of services in certain areas of the borough, and the intention is to diversify the offer across other neighbourhoods over time through de-commissioning and re-commissioning activity.

What we fund at present:
31 services in borough, across 19 providers. Priority groups: Autism: 2, Complex Needs: 3, LD Forensics: 1, LD: 15, MH: 10 (OOB: 19, LD: 8, MH: 9, Complex Needs: 1, other: 1) supporting over 400 people in over 100 properties and providers employing more than 550 staff.

Relatively concentrated market: 90% of standard supported living with 2 providers, including Bolton Cares

Respite and Shared Lives

Overall market description:
This market segment consists of building based respite services that offer short breaks and a Shared Lives service that also provides opportunities for breaks. These services support and benefit service users and their carers and families.

How we want to change the offer:
There is a commitment to increase the capacity within Shared Lives so this option is available to more people with a range of needs, including those with physical disabilities, learning disabilities, mental health, sensory impairments, and other adults with social care needs. We aim to increase the diversity of options for respite and short breaks to support people, their families and carers.

What we fund at present:
We currently have one specialist learning disability respite service, one specialist mental health respite/crisis service and one further general respite service that mainly supports people with learning disabilities and mental health needs and occasional use of other service options for short breaks. We have one Shared Lives provider that supports over 80 people in both short-term respite and long-term support arrangements.

Residential Care

Overall market description:
Residential care for people aged 18-64 includes specialist care homes and nursing homes for people with a range of needs, including those with mental health needs, learning disabilities, autism and other needs.

How we want to change the offer:
We want to ensure we provide options that maximise people's independence and potential, but that highly specialist support is available when needed. We expect residential care to remain a small, but important, part of the care and support market, and do not expect to see growth in this area.

What we fund at present:
We have contracts with 17 services, across 11 providers within Bolton covering various specialisms, including for those with mental health needs 12, 2 learning disabilities, 1 forensic histories, 1 complex and multiple needs, and 1 other disabilities. 36 out of borough contracts, across 35 providers, consisting of 10 within MH, 23 LD and 3 with complex needs, supporting over 100 people.

Supported Living Review – Context and Findings

A Strategic Review of all Bolton commissioned Supported Living for adults was completed in 2021, including services for:

- People with learning disabilities

- People with mental health needs

- People with other needs, including those relating to physical disabilities or support for autistic adults

- The following were identified as areas for attention, now and in future, from the findings of the review and the views of people supported, their families and other stakeholders:

Specialist / complex services	Changes in needs and demand	Compatibility / matching	Transition age support	Outcomes
Legal and regulatory changes	Locations	Neighbourhood model	Workforce	Systems and data

Supported Living Review – High Level Summary

The vision is to improve outcomes for people in Bolton, through a range of models of supported living to meet varied needs, including improving ways to promote independence, wellbeing and quality of life.

This will be delivered through:

| A diverse, sustainable and high quality supported housing market offering choice to service users as required by the Care Act 2014; | A market of services aligned to the learning disability strategy and other strategic pieces of work at Greater Manchester and regional level; | A diverse, flexible range of quality supported accommodation to meet the needs and aspirations of current and future communities. | A focus on outcomes for individuals, empowering people to live a good life and placing people at the centre of the service, including a focus on their emotional wellbeing. | Developments, providers and specifications that are flexible and adaptable to meet current and future needs. |

Learning Disabilities and Autism

Based on the Supported Living Review we want to change this offer.

Our aim is to ensure a strong focus on individual outcomes, maximising independence and personal progression alongside coproduction and service user-led approaches within services and support.

- We will improve the quality and diversity of services across the borough by improving, replacing and where necessary decommissioning existing services/properties to better meet needs.

- Evidence shows us there is a high concentration of services in certain areas of the borough, and the intention is to diversify the offer across other neighbourhoods over time through de-commissioning and re-commissioning activity.

- **Key action areas:**
  - Re-commissioning main contracts: increased focus on outcomes, strengths/assets, enabling and our neighbourhoods.
  - Supported Living: Developing new and specialist services to support hospital discharge (e.g. robust environment/autism specialist support), enable greater choice and meet growing demand for non-residential care options.
  - Continue to plan for more housing for people under Transforming Care including leading on GM specialist housing for Women with emotional and trauma issues.
  - Decommissioning supported housing that is no longer at the design or standard required.

Workforce

Key Intelligence Bolton Employees Only*:
- Employees: employed: 5,600, • mean: 8.9, • turnover: 24.2%
- Direct Care: turnover: 27.3%, • vacancy rate: 5.3%, • zero contract: 26%
- Independent sector managers: 325, • turnover: 10.3%, • vacancy rate: 9%
- 4,600 direct care jobs
- 1,500 jobs working for direct payment recipients
- 7,700 jobs within Bolton (across the independent sector, local authority and direct payment recipients)

*Data extracted from NMDS, May 2021

Jobs By Service

Domiciliary	4,400
Residential	2,600
Community	600
Day	100

Aims:
- Better retention
- Improved image for social care
- Better care and support for residents of GM
- Pipeline talent with the right values
- Joined up approach with clear governance
- Reduce costs for employers
- Address skills and hard gaps to fill

GM Offer:
Greater Manchester Care Academy's objective is to create higher pay and better jobs in the foundational economy to reduce economic inequality, increase productive investment in GM and encourage local *"profit retention"*

Areas for investment:
- Existing policy and programmes to align or adapt or bolster
- New programmes or targeted
- Innovations / experiments

Criteria for investment:
- Recovery from COVID19
- Better jobs, including pay and in work training
- Improved service for end users, improved capability for small and medium businesses,
- Effective use of physical/digital/other assets for wider economic and community benefits

NW Support Offer:
Care and Health Career Academies give an opportunity to **focus on careers and skills in the sector,** giving a boost to the profile of social care. **NWADASS commissioned co-production of a toolkit** to focus on:
- **Attracting people** into the sector with the right values
- **Supporting people** to grow and develop – raise aspirations
- **Supporting employers** to think about how best to support and retain the staff they have

Regional and Local Recruitment Support:
We support and supplement regional and national recruitment campaigns with bespoke local activity to maximise the benefit for local providers, and will continue to do so wherever possible, in partnership with providers.

Local Support Offer:
Developing our organisation and the people within it has always been a high priority for Bolton Council, and making sure that our people have the skills and competencies they need to deliver services has never been as important as it is now.
Here at Bolton we have 150 quality Me Learning courses (from administration of medication to stoma care) to develop your workforce and MindEd to support staff.

Online Learning Platforms
- Me Learning Skills and training
- Moodle - access to Moodle
- MindEd - MindEd website

How we will Support Providers going forward:
- Developing a coordinated, provider-led and commissioner-supported workforce offer, and provider workforce strategy
- Comprehensive training and development offer for staff
- Use of local expertise to improve recruitment and retention rates
- Work together on prioritising the care workforce and ensure added value from partner organisations in supporting the workforce

Social Care Spending Profile: 2020/21

Area	Cost	%
AD Residential & Nursing Care	£ 40,680,679.11	46%
AD Supported Housing	£ 12,838,704.12	14%
AD Home Care	£ 15,672,357.99	18%
AD Day Care & Outreach	£ 94,782.36	0%
AD Drugs & Alcohol Services	£ 3,140,971.36	4%
AD Shared Lives	£ 782,428.99	1%
AD Social Inclusion, Prevention & Carers	£ 2,366,580.43	3%
AD Bolton Cares	£ 13,653,879.93	15%
Total	£ 89,230,384.29	
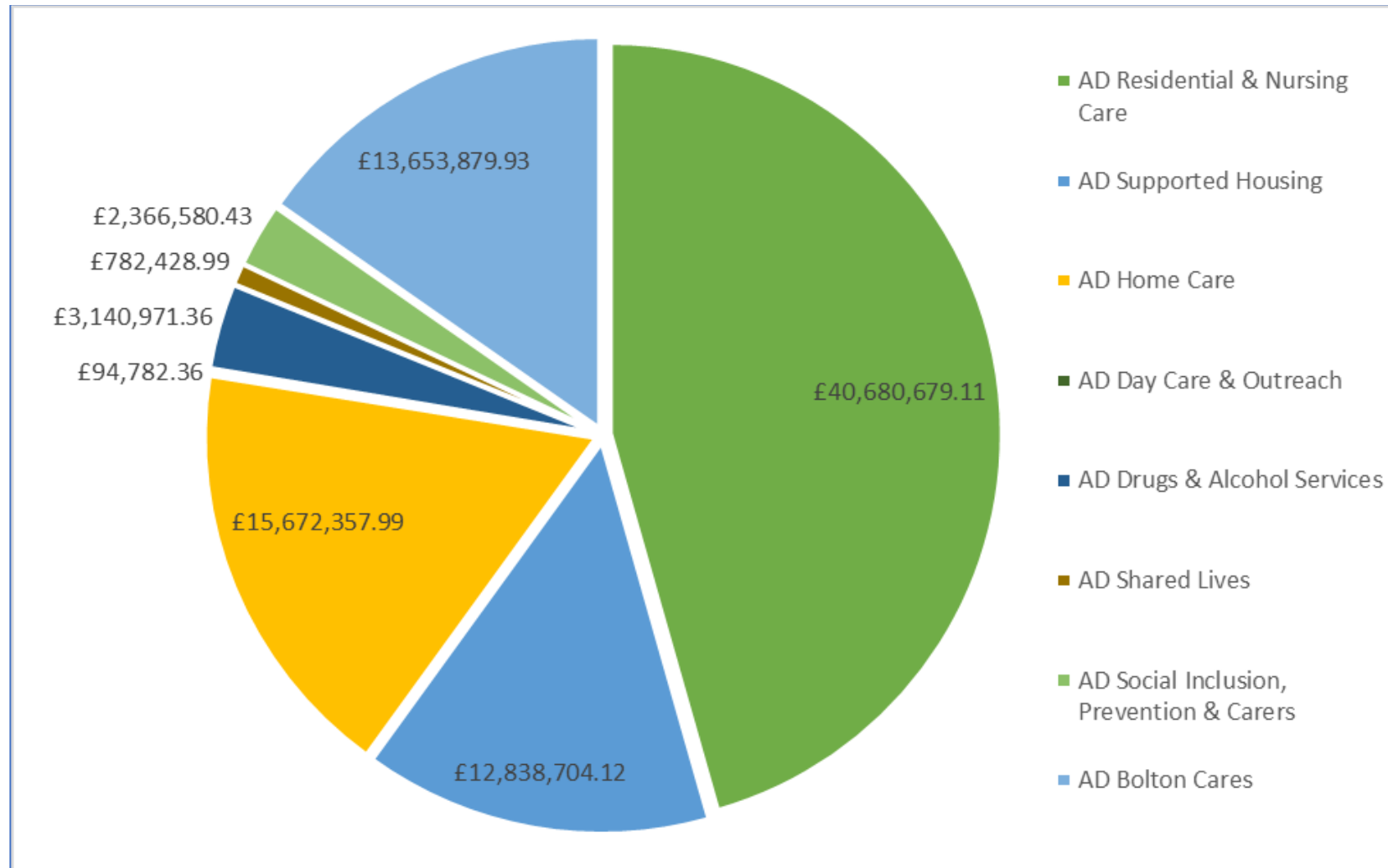
Please note: Bolton Cares includes: supported living, day care, outreach and shared lives

Key Intelligence on Learning Disabilities

All Data Extracted from Springboard

Need **Demand** **Supply**

Need

Health Indicator

Breightmet / Little Lever	Central / Great Lever	Chorley Roads	Crompton / Halliwell	Deane / Rumworth	Farnworth / Kearsley	Horwich / Blackrod	Turton	Westhoughton
558	667	349	497	383	588	439	379	365

Number of patients on the LD Register

© 2021 Mapbox © OpenStreetMap

Sum of HealthValues

349 — 667
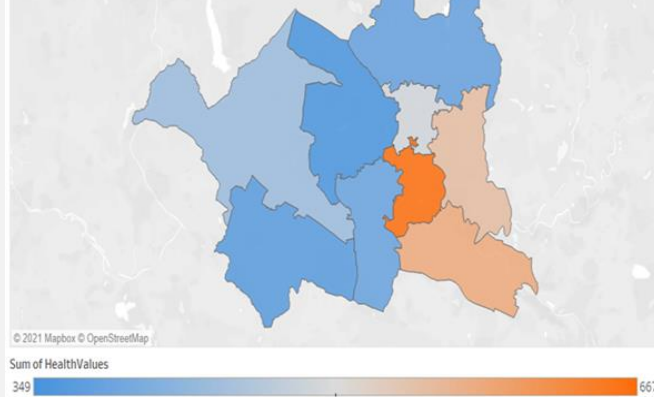
of patients on the LD Register by Neighbourhood and Year

Neighbourhood	2017/18	2018/19	2019/20
Breightmet/Little Lever	194	194	179
Central/Great Lever	216	229	222
Chorley Roads	114	111	124
Crompton/Halliwell	155	173	169
Deane/Rumworth	127	126	130
Farnworth/Kearsley	166	194	228
Horwich/Blackrod	144	142	153
Turton	120	129	130
Westhoughton	125	120	120
Bolton	1361	1418	1455

This shows the number of Bolton residents on the LD register (as per GP data) for the last 3 years.

Demand

People Receiving Care

© 2021 Mapbox © OpenStreetMap

Numbe.. 49 — 148
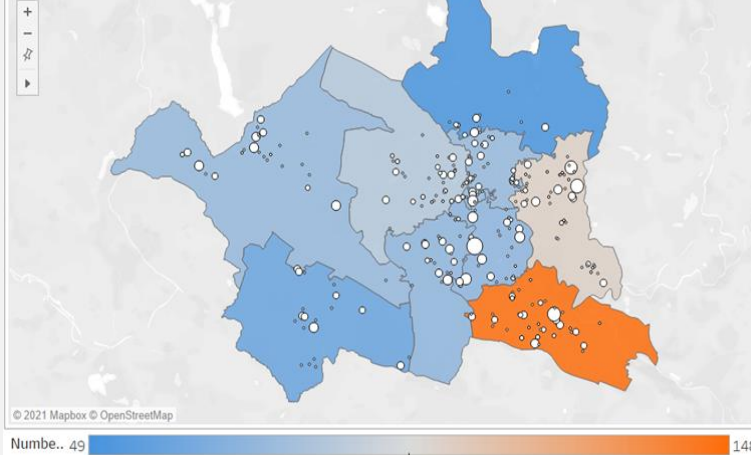
of Adults Receiving Social Care

Neighbourhood	31 December 2019	31 December 2020
Breightmet/Little Lever	106	104
Central/Great Lever	72	72
Chorley Roads	83	85
Crompton/Halliwell	79	75
Deane/Rumworth	73	73
Farnworth/Kearsley	146	148
Horwich/Blackrod	75	75
Turton	49	49
Westhoughton	60	60
Grand Total	743	741

The table and graph Top table on the left shows total number of people aged 17+ in the Primary Client Group of "Learning Disability" in receipt of some form of social care support as at 31st December 2019 and 2020

Supply

- The map contains every:
  - NHS Trust
  - GP Practice
  - Pharmacy
  - Care Homes
  - Health Centres
  - Intermediate Care

Neighbourhood Assets
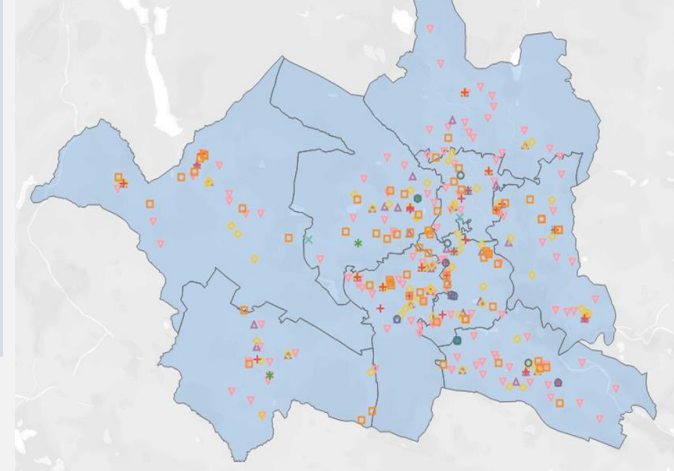
- The map contains every:
  - Residential Care
  - Nursing Care
  - Supported Living
  - Supported Housing
  - Sheltered Housing
  - Extra Care

Service Provision
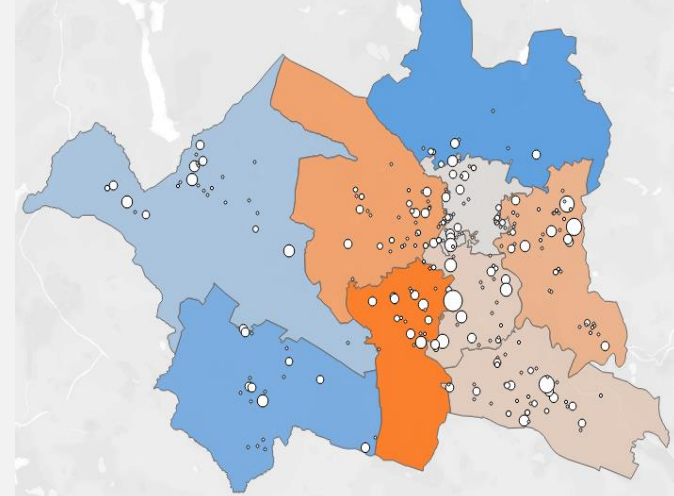
Key Intelligence on Bolton's Population

Adult Social Care Demand - Geographical Analysis

Adult Social Care Demand: Extracted from Springboard

Average Weekly Cost of Care | # of People Receiving Care

Primary Client Group
All

Provision Data - Type of Unit
All

Service Type
All

Provision Data - Type of Service
All

Period
01 January 2021

Age
18 to 64

Type of se
- Bolton Cares - Extra Care
- Residential (All ages 18+)
- Residential Care (65+)
- Residential Care (Under 65)
- Residential with Nursing Care (65+)
- Residential with Nursing Care (Under 65)
- Sheltered Scheme
- Supported Housing
- Supported Housing - Transforming Care
- Supported living - 24 hours / individual fl..
- Supported living - 24 hours / shared hom..

Avg. Number of Units
- 1.0
- 50.0
- 100.0
- 150.0
- 180.0

Avg. Weekly Cost of Care
316.7 — 475.9

Number of People Receiving Care
155.0 — 819.0

Places and Assets: Extracted from Springboard

Bolton FT NHS Trust
Care Homes
Health Centres
Independent Healthcare
Intermediate Care
Pharmacies
Primary Care
Schools and Specialist Schools

Type (Level 1)
- Bolton FT NHS Trust
- Care Homes
- Health Centres
- Independent Healthcare
- Intermediate Care
- Pharmacies
- Primary Care
- Schools and Specialist Schools
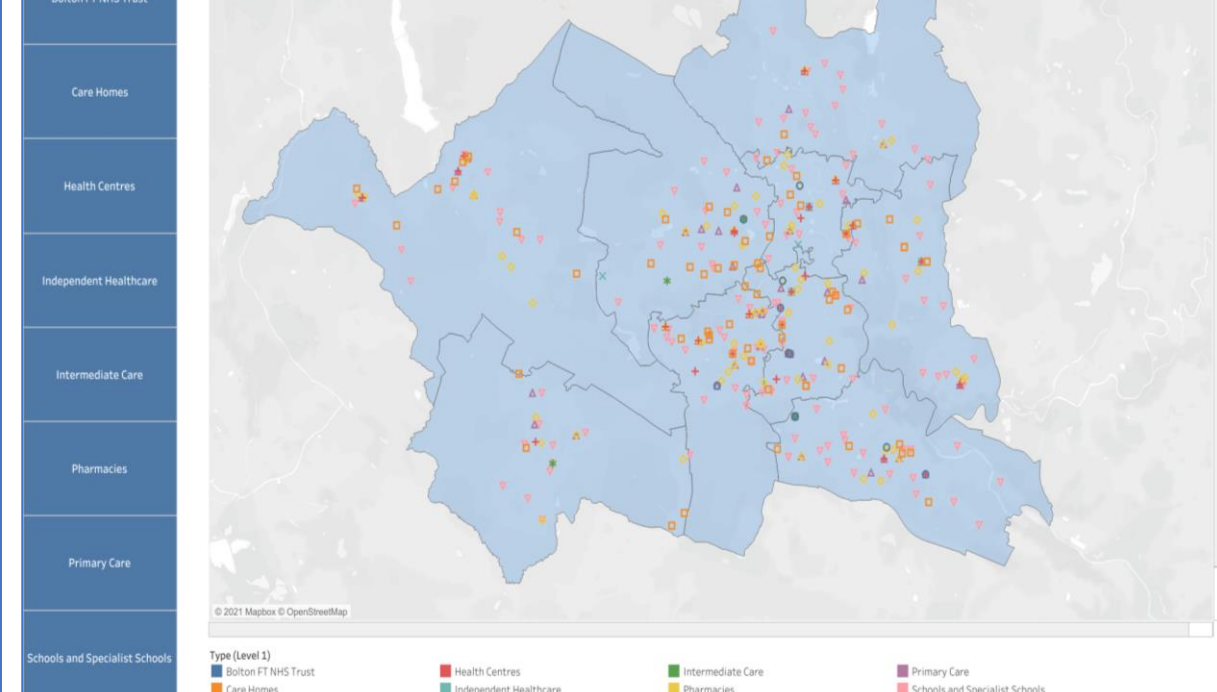
Bolton's Predicted Population by 2030*
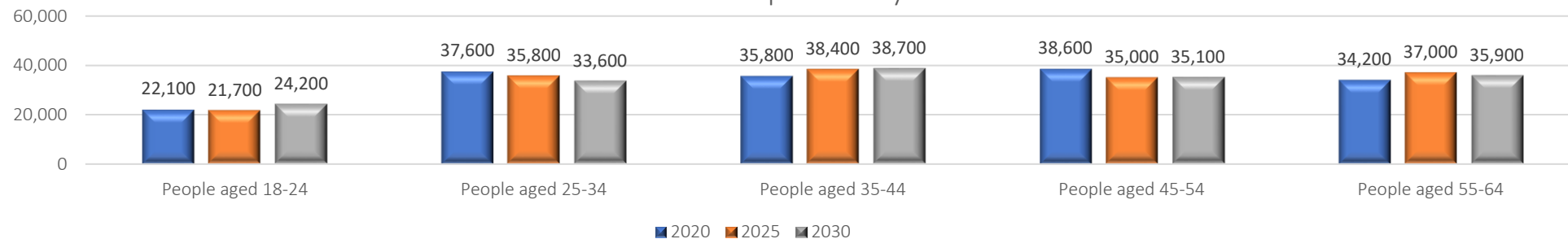
Age group	2020	2025	2030
People aged 18-24	22,100	21,700	24,200
People aged 25-34	37,600	35,800	33,600
People aged 35-44	35,800	38,400	38,700
People aged 45-54	38,600	35,000	35,100
People aged 55-64	34,200	37,000	35,900

■ 2020 ■ 2025 ■ 2030

*Data extracted from PANSI. PANSI is a view-only systems developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England, together with providers. The programmes are designed to help explore the possible impact that demography and certain conditions may have on populations and provide population data by age band, gender, ethnic group, and tenure. PANSI (Projecting Adult Needs and Service Information) aged 18-64 - Projecting Adult Needs and Service Information System (pansi.org.uk)

Key Intelligence on Predicted Severe Learning Disability
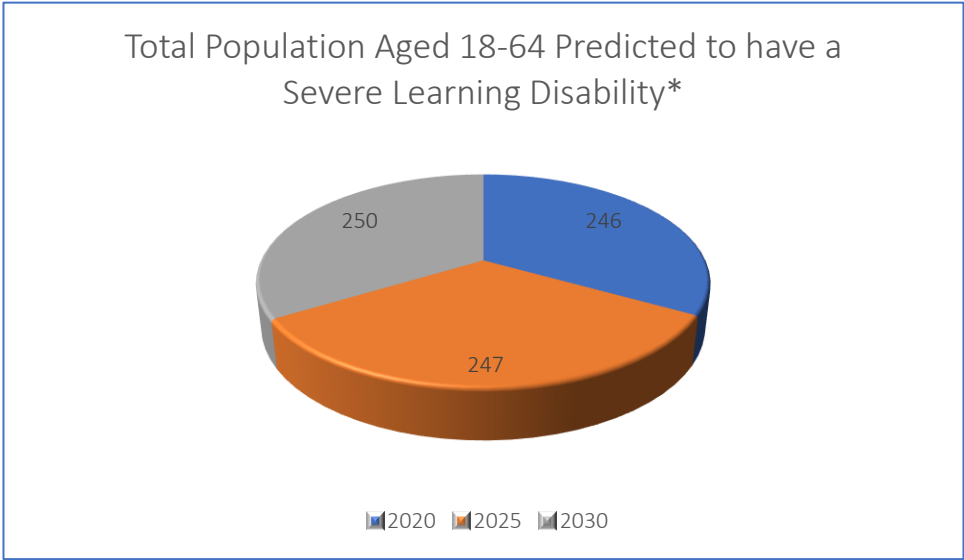
Predicted Severe Learning Disability by 2030*

Age group	2020	2025	2030
People aged 18-24 predicted to have a severe learning disability	46	45	51
People aged 25-34 predicted to have a severe learning disability	56	54	50
People aged 35-44 predicted to have a severe learning disability	60	64	65
People aged 45-54 predicted to have a severe learning disability	45	41	42
People aged 55-64 predicted to have a severe learning disability	40	43	42

Legend: ■ 2020 ■ 2025 ■ 2030

Total Population Aged 18-64 Predicted to have a Severe Learning Disability*

Year	Value
2020	246
2025	247
2030	250

Legend: ■ 2020 ■ 2025 ■ 2030

*Data extracted from PANSI. PANSI is a view-only systems developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England, together with providers. The programmes are designed to help explore the possible impact that demography and certain conditions may have on populations and provide population data by age band, gender, ethnic group, and tenure. PANSI (Projecting Adult Needs and Service Information) aged 18-64 - Projecting Adult Needs and Service Information System (pansi.org.uk)

Key Intelligence on Predicted Mental Health

All Predicted Mental Health Conditions by 2030*

	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder	31,790	31,704	31,525
People aged 18-64 predicted to have a borderline personality disorder	4,037	4,026	4,004
People aged 18-64 predicted to have an antisocial personality disorder	5,635	5,636	5,629
People aged 18-64 predicted to have psychotic disorder	1,177	1,175	1,170
People aged 18-64 predicted to have two or more psychiatric disorders	12,110	12,087	12,033

■2020 ■2025 ■2030

People Aged 18-64 Predicted to have a Common Mental Disorder*

31,525
31,790
31,704

■2020 ■2025 ■2030
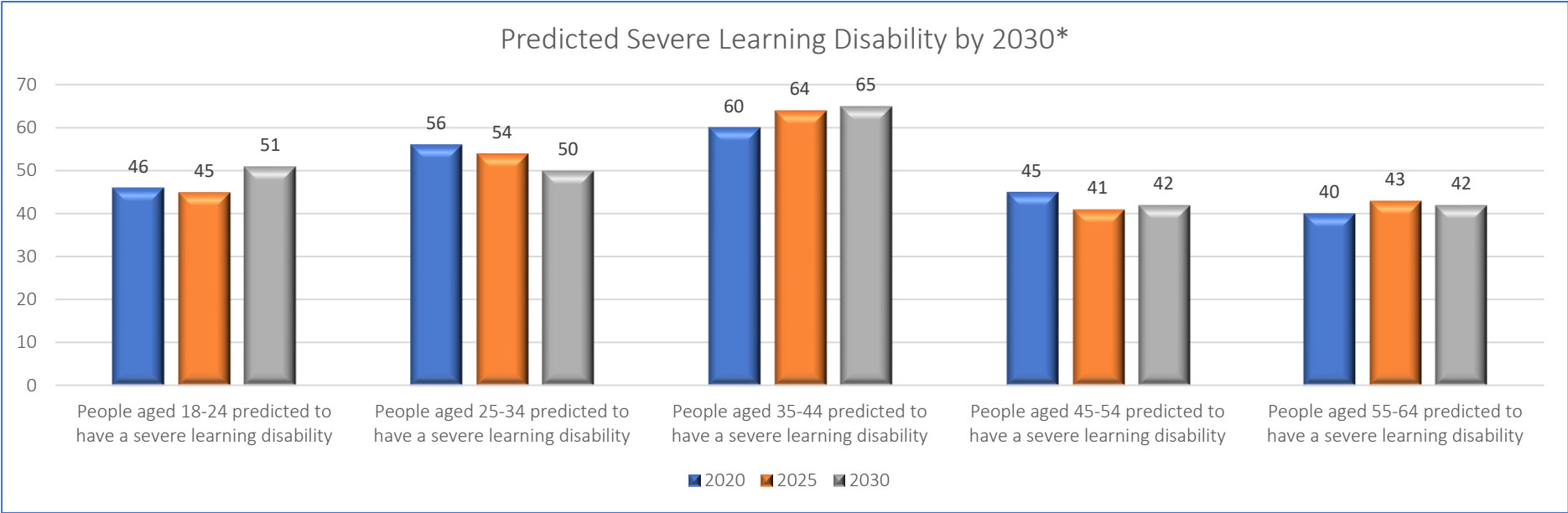
*Data extracted from PANSI. PANSI is a view-only systems developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England, together with providers. The programmes are designed to help explore the possible impact that demography and certain conditions may have on populations and provide population data by age band, gender, ethnic group, and tenure. PANSI (Projecting Adult Needs and Service Information) aged 18-64 - Projecting Adult Needs and Service Information System (pansi.org.uk)

Key Intelligence on Predicted Autistic Spectrum Disorders
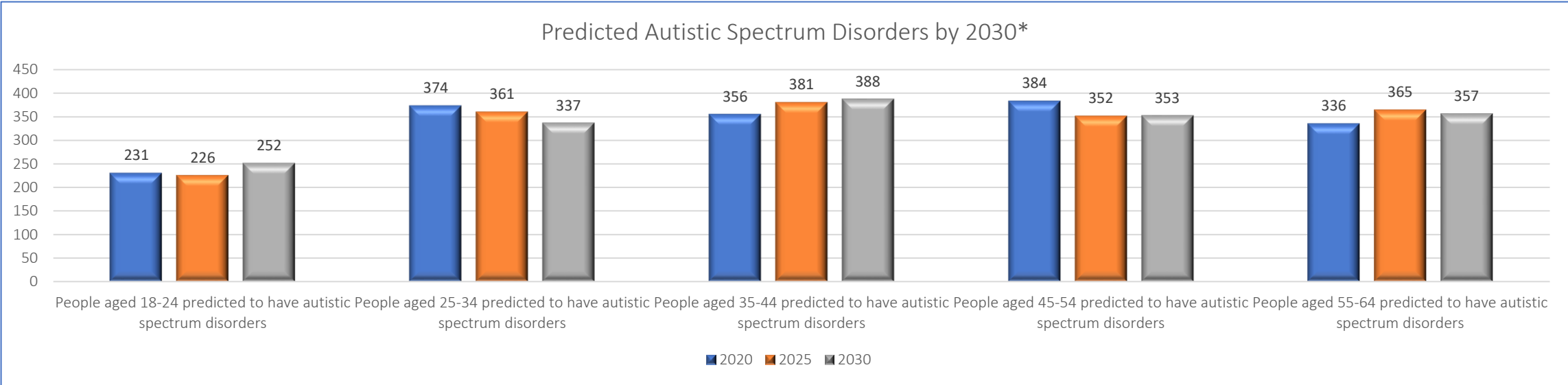
Predicted Autistic Spectrum Disorders by 2030*

Age Group	2020	2025	2030
People aged 18-24 predicted to have autistic spectrum disorders	231	226	252
People aged 25-34 predicted to have autistic spectrum disorders	374	361	337
People aged 35-44 predicted to have autistic spectrum disorders	356	381	388
People aged 45-54 predicted to have autistic spectrum disorders	384	352	353
People aged 55-64 predicted to have autistic spectrum disorders	336	365	357

Total Population Aged 18-64 Predicted to have Autistic Spectrum Disorders*

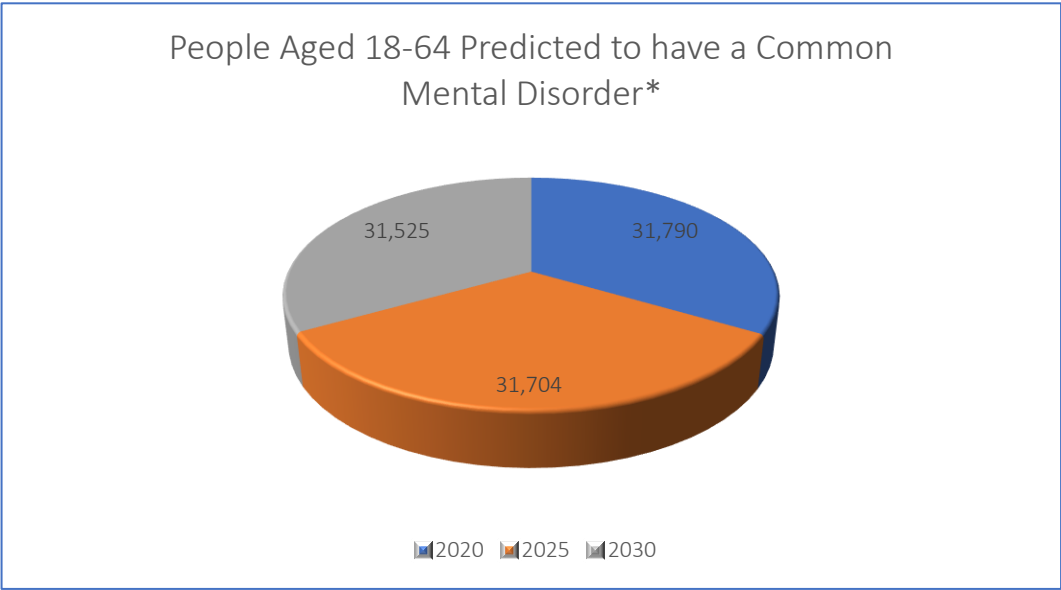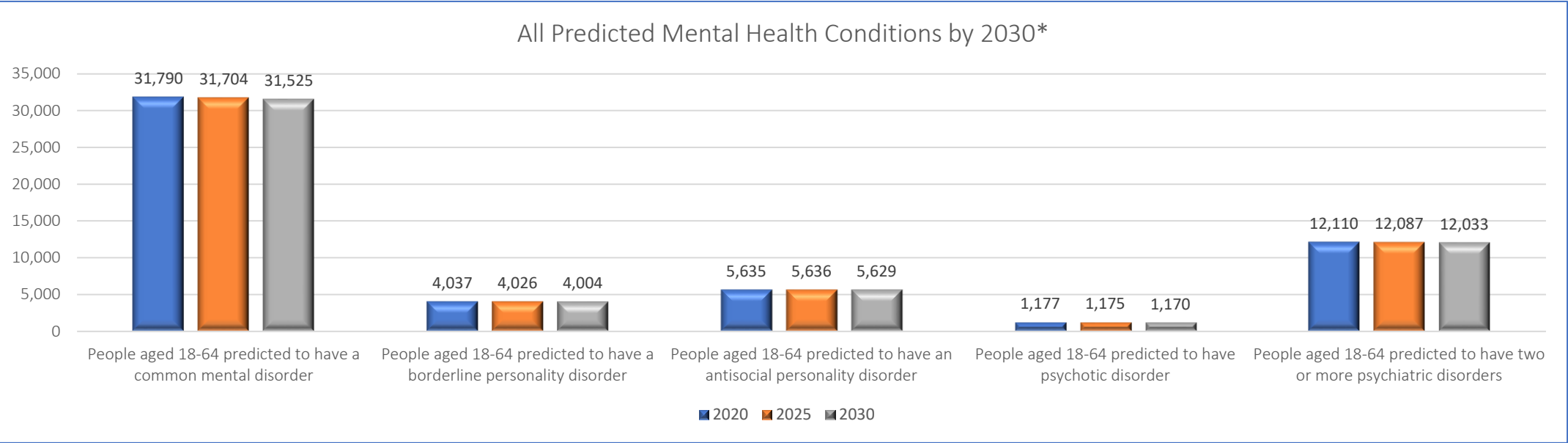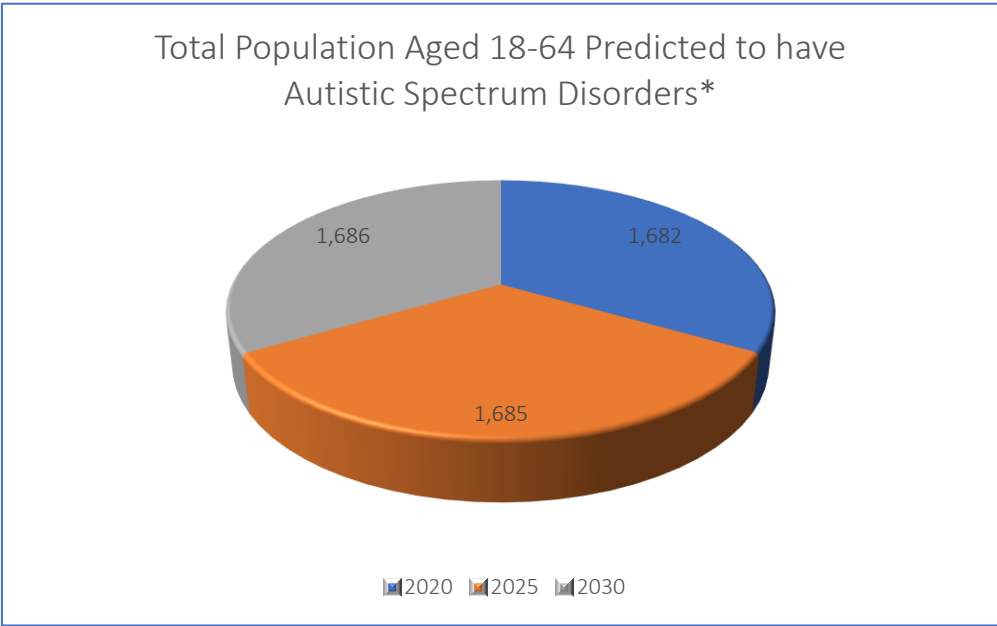- 2020: 1,682
- 2025: 1,685
- 2030: 1,686

*Data extracted from PANSI. PANSI is a view-only systems developed by the Institute of Public Care (IPC) for use by local authority planners and commissioners of social care provision in England, together with providers. The programmes are designed to help explore the possible impact that demography and certain conditions may have on populations and provide population data by age band, gender, ethnic group, and tenure. PANSI (Projecting Adult Needs and Service Information) aged 18-64 - Projecting Adult Needs and Service Information System (pansi.org.uk)

Key Intelligence on Predicted Impaired Mobility

Predicted Impaired Mobility by 2030*

Age group	2020	2025	2030
People aged 18-24 predicted to have impaired mobility	221	217	242
People aged 25-34 predicted to have impaired mobility	376	358	336
People aged 35-44 predicted to have impaired mobility	1,790	1,920	1,935
People aged 45-54 predicted to have impaired mobility	1,930	1,750	1,755
People aged 55-64 predicted to have impaired mobility	4,788	5,180	5,026

Legend: ■ 2020 ■ 2025 ■ 2030

Total Population Aged 18-64 Predicted to have Impaired Mobility*

- 2020: 9,105
- 2025: 9,425
- 2030: 9,294

Legend: ■ 2020 ■ 2025 ■ 2030

Key Intelligence on Care

Care Type/Cost: Extracted from Springboard

Types of Care Received by Primary Client Group: All

Service Type1

Service Type	# of People Receiving Care
Carer Support Services	58
Day Care	252
Direct Payments	1,118
Employment Support	23
Extra Care Housing	208
Home and Community Bas..	1,780
Nursing Care	381
Permanent Residential an..	11
Professional Support	128
Residential Care	629
Shared Lives Placement	41
Shared Lives Respite Plac..	62
Supported Living	337
Temporary Residential an..	142
Transport	173

Average Cost of Types of Care Received by Primary Client Group: All

Service Type1

Service Type	Avg. Weekly Cost of Care
Carer Support Services	£0
Day Care	£109
Direct Payments	£288
Employment Support	£95
Extra Care Housing	£197
Home and Community Based Support	£183
Nursing Care	£727
Permanent Residential and Nursing Ca..	£1,222
Professional Support	£0
Residential Care	£727
Shared Lives Placement	£303
Supported Living	£1,007
Transport	£12

Service Type Matrix - Number of People Receiving Mulitple types of Care: All

Service Type (Adults De..	Carer Support Services	Day Care	Direct Payments	Employment Support	Extra Care Housing	Home and Community Bas..	Nursing Care	Permanent Residential and ..	Professional Support	Residential Care	Shared Lives Placement	Shared Lives Respite Placem..	Supported Living	Temporary Residential and ..	Transport
Carer Supp..	58	4							1						
Day Care		252	71	2	7	51	1				5	14	16	3	64	171
Direct Pay..	4	71	1,118	6	3	34			26		4	25	2	57	44
Employmen..		2	6	23		3			1			1	2	3	2
Extra Care ..		7	3		208	10			4	1					7
Home and C..		51	34	3	10	1,780	3		45	9		2	9	26	39
Nursing Care		1	1			3	381		15	4					
Permanent ..								11	1						
Professiona..	1		26			45	15	1	128				17		1
Residential ..		5				1	9	4		13	629				4
Shared Live..		14	4								41	15		2	7
Shared Live..		16	25	1		2					15	62		4	9
Supported ..		3	2	2		9			17				337		2
Temporary ..		64	57	3		26			1		2	4		142	50
Transport		171	44	2	7	39					4	7	9	2	50	173

Predicted Moderate Personal Care Disability by 2030*

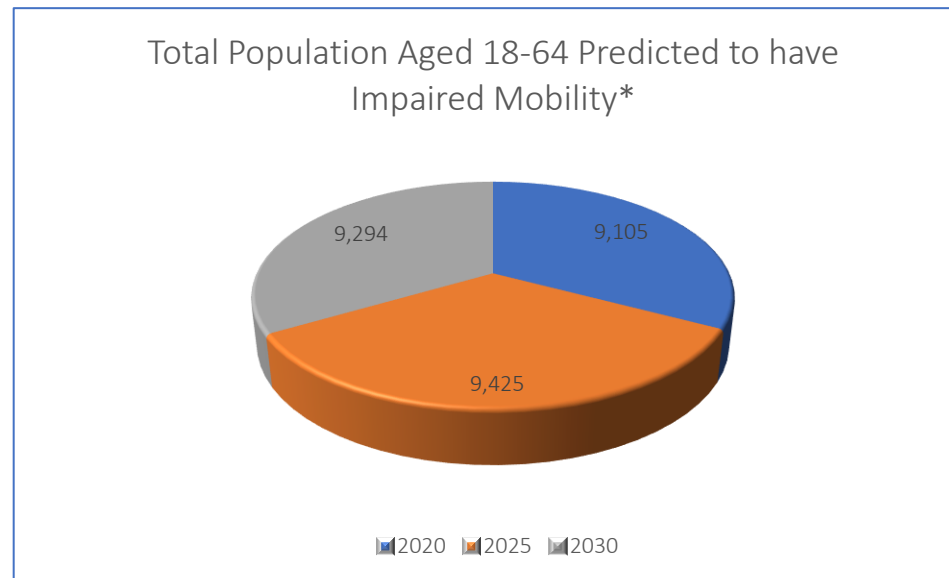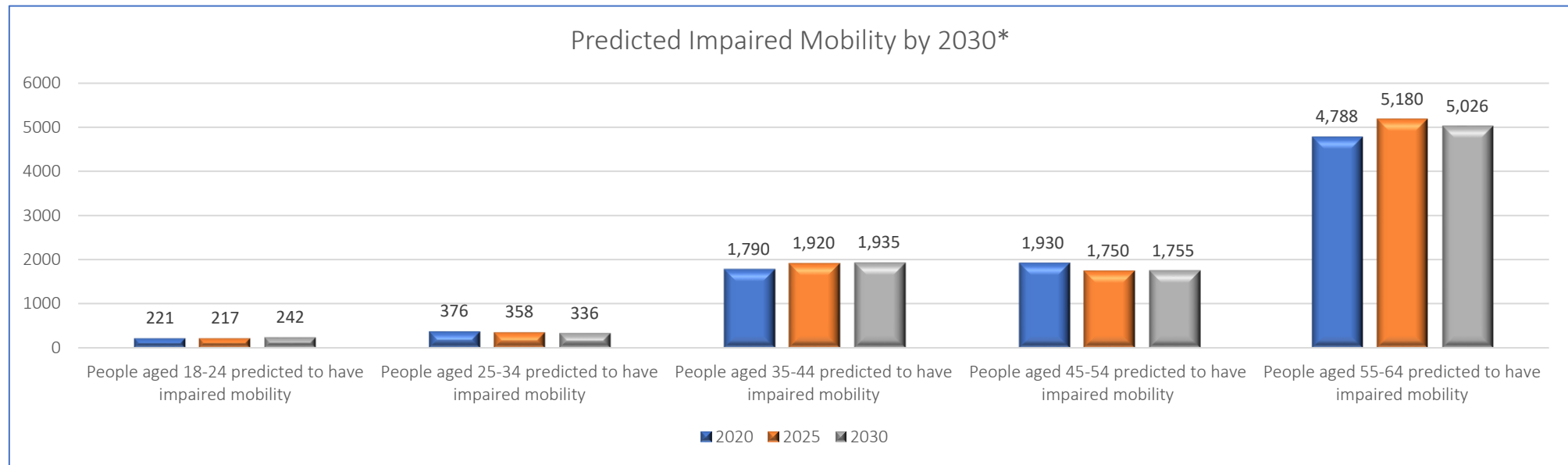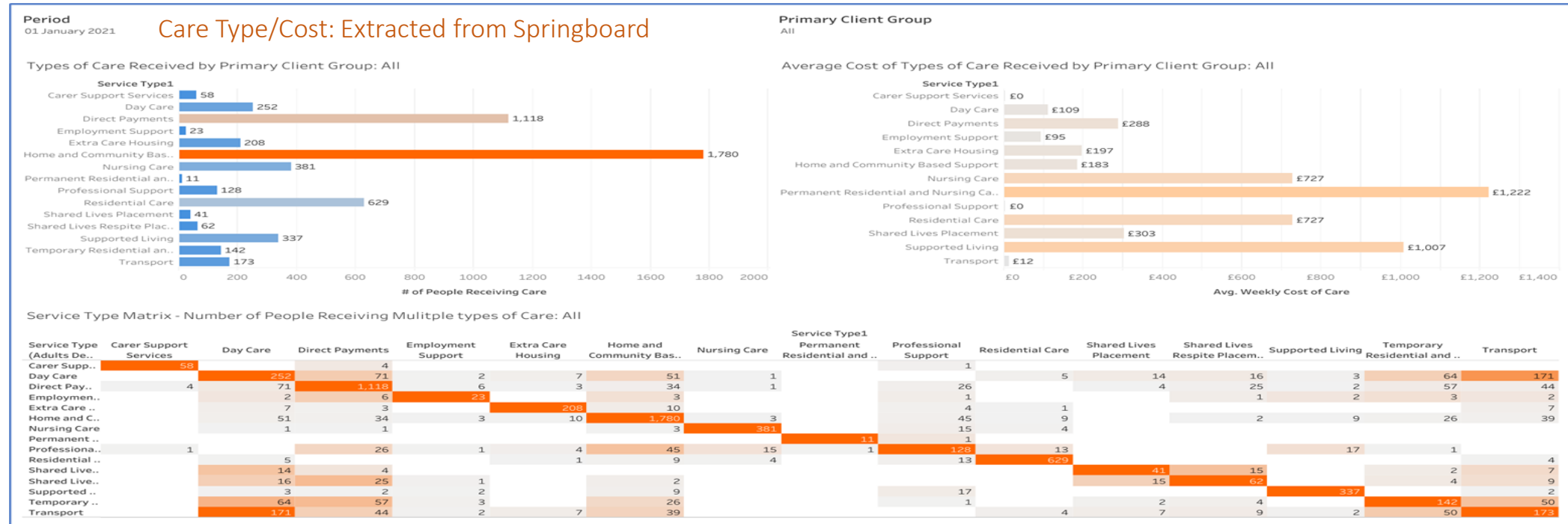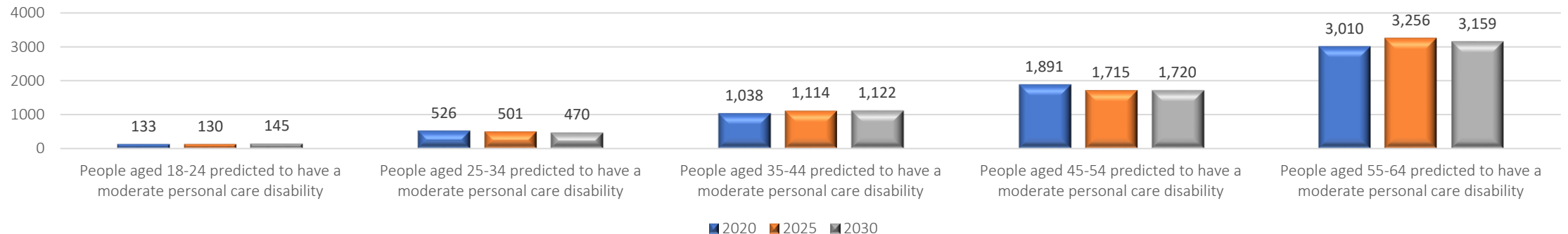| Age Group	2020	2025	2030
People aged 18-24 predicted to have a moderate personal care disability	133	130	145
People aged 25-34 predicted to have a moderate personal care disability	526	501	470
People aged 35-44 predicted to have a moderate personal care disability	1,038	1,114	1,122
People aged 45-54 predicted to have a moderate personal care disability	1,891	1,715	1,720
People aged 55-64 predicted to have a moderate personal care disability	3,010	3,256	3,159

■ 2020 ■ 2025 ■ 2030

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