

# Market Position Statement for the care of older people

Gloucestershire County Council  
2015



Gloucestershire  
COUNTY COUNCIL

# The Gloucestershire Pledge

By October 2015 we will have...

- Held a number of open forums to which all providers of older people's services and interested providers from other services will be invited.
- Had discussions with the major providers in our area about our future strategic direction based on this document.
- Developed a better analysis of information about people who fund their own care.
- Conducted a market review of care consumers' priorities, including those who self-fund their care provision.
- Worked with NHS Gloucestershire Clinical Commissioning Group (CCG) to issue a statement about future joint commissioning of combined health and social care services.
- New older people's policies which will signal the Council's approach to a whole system change to deliver better social outcomes for older people over the next 10 years.

## A Strategic Direction

**Gloucestershire County Council wishes to stimulate a diverse market for care and support offering people a real choice of services and skills. This may come from existing providers, from those who do not currently work in the county or from new start-ups.**

To achieve this aim the Council recognises that it needs to know how best it can influence, help and support the local market for care (and care related services such as community activities and advocacy, information and advice) to achieve better outcomes and value. We see our Market Position Statement (MPS) as an important part of that process, initiating a new dialogue with care providers in our area, where:

- Market information can be pooled and shared
- The Council is transparent about the way it intends to strategically commission and influence services in the future and how it wishes to extend choice to consumers of care
- Services and workforce skills can be developed that older people need and want
- Developing social capital and strengthening social connectivity for older people will become more significant in commissioning intentions.

## The Gloucestershire Market Position Statement

**This Market Position Statement (MPS) is designed to contain information and analysis of benefit to providers of older people's care and support services in Gloucestershire.**

It is intended to help identify what the future demand for care might look like and to act as a starting point for discussions between the local authority and those who provide services.

It contains information concerning:

- What Gloucestershire looks like in terms of current and future demography and service provision
- The Council's intentions as a facilitator of care for older people
- The Council's vision for how services might respond to the changing needs for care and support in the future.

# The Care Act

The Care Act represents the biggest change to Adult Social Care in over 60 years and will reform the law relating to the care and support of adults and their carers.

The Act consolidates existing best practice as well as placing a number of new duties on the Local Authority. Some major changes include:

- General responsibilities including promoting people's wellbeing, focusing on prevention and providing county-wide information and advice about care and support services to help people make the best choices
- Offering support for self-funders in assessing, planning and managing their care, including a statutory right to deferred loans
- Implementing new rights for carers, putting them on the same footing as the adults they care for
- Legal right to a personal budget and direct payment
- New responsibilities around transition, provider failure, supporting people who move between local authority areas and safeguarding
- Implementing a lifetime cap on care costs of £72,000 and monitoring an individual's progress towards the cap.

The majority of the changes contained within the Act are set to take place in April 2015, with the reform of funding (including the cap on care costs) to take effect from April 2016.

# Key Messages in this MPS

**People are living longer with more complex needs and to meet this increasing demand with the finite resources we have, we need to change the way we commission and deliver services, whilst maintaining our responsibility to be there for those most in need of council funded social care services.**

If the current volumes of service provision are applied to the demographic data for the Authority there would be an expectation that over the next three years demand would rise by 9.0% in day care, 9.6% in home care and 10.4% in residential care. At the same time the national Adult Social Care funding formulae will be significantly reduced in real terms over this period.

**The authority will address this financial gap by having an approach that focuses on the following:**

- Making less budget support more needs
- Keeping people safe and independent
- Investing in prevention to delay or avoid more expensive care support
- Integration of health and social care to deliver the three outcomes above
- Managing the transition from focusing mainly on social services clients to including the new cohort of Dilnot care accounts (Care Act).

**To achieve this we will deliver the following commissioning intentions:**

- Significantly reduce the numbers of people in residential and nursing care and significantly increase community care and support services
- Focus on outcomes that enable people to maintain their independence with stronger social connectivity
- Strengthen information and referral systems to support people to find their own solutions
- Improve Adult Social Care Outcomes Framework (ASCOF) outcomes for living independently, personal budgets and direct payments, increasing both user and carer satisfaction
- Continue to support unpaid carers.

## Key statistics

In 2010 the population of England aged 65 and over was estimated as being eight and a half million, by 2030 it is thought it will reach nearly thirteen million. In 2007, for the first time ever, the number of people in the UK aged 65 and over was greater than the number of children aged under 16.

Life expectancy is expected to continue to rise for both men and women reaching 81 and 85 years of age respectively by 2020 with the life expectancy for men increasing at a faster rate than that for women.\*

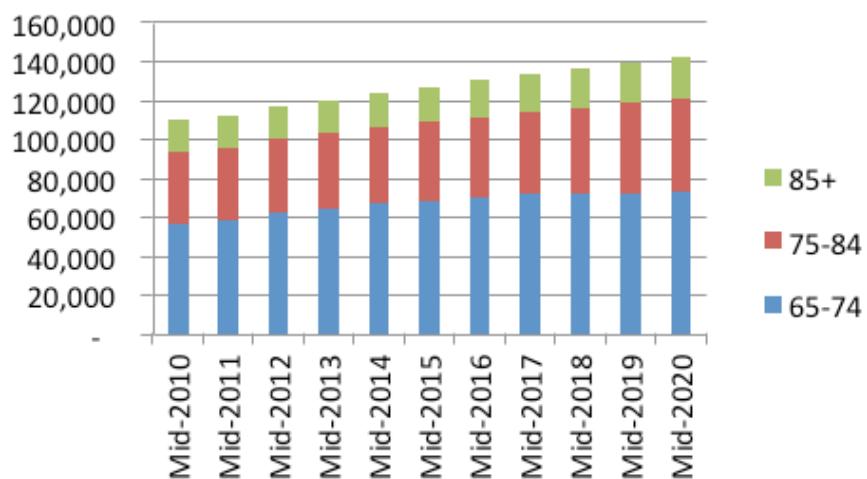
There are now 800,000 people living with dementia across the UK. It is forecast that one in three people over 65 will develop dementia.

By 2020 Gloucestershire will have around 21,300 people who are aged 85 and over.

Continued...

## Demanding times

There are currently approximately 124,000 people aged 65 and over living in Gloucestershire. This figure has been growing by an average of 1,500 people per year over the last 10 years. Projections suggest that the rate of increase will double to an additional 3,100 people annually on average between now and 2021, exceeding the national average.



	Mid 2015	Mid 2016	Mid 2017	Mid 2018	Mid 2019	Mid 2020
<b>65-74</b>	68,700	70,500	71,800	72,400	72,700	73,200
<b>75-84</b>	40,500	41,200	42,200	44,000	46,000	47,500
<b>85+</b>	18,100	18,700	19,300	19,900	20,500	21,300
<b>All 65+</b>	127,300	130,400	133,300	136,300	139,200	142,000

On the whole, people are living longer and maintaining a relatively healthy, active life. However, as can be seen from the table above, the key element in this increase is in the oldest age population cohort (over 75's) and the number of 85+ will see the fastest rate of growth during this period. As life expectancy increases, so will the number of people who live with a long term health condition that limits their lifestyle such as heart disease, diabetes, stroke and dementia. In Gloucestershire, there are estimated to be 8,610 people living with dementia. That number is expected to almost double over the next 20 years.



## Key statistics cont...

Male life expectancy at birth in Gloucestershire in 2012 was 80.0 years and female 84.1 years, compared to 79.2 years and 83 years nationally. Life expectancy in Gloucester District was below the national rate for men and women, 78.0 years and 83.4 years respectively.

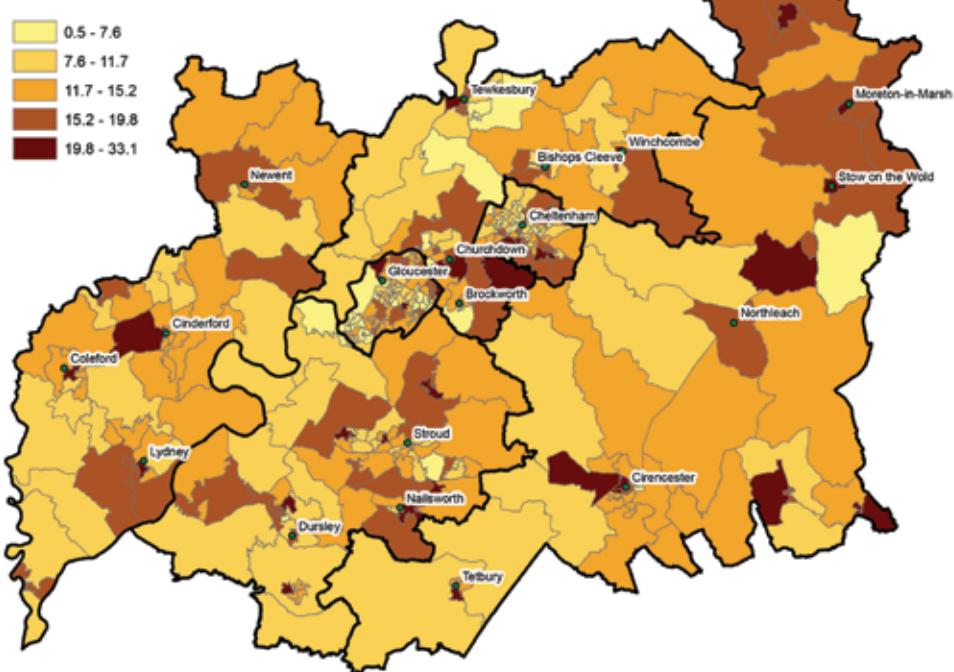
Gloucestershire's older population is predominantly White British at 96.3% of the 75 and over population. 0.5% are Asian or Asian British and 0.5% are black African, black Caribbean or black British.

\*National data available from the Office of National Statistics (ONS) and from POPPI.

The number of older people living alone is estimated to increase by about a fifth between 2011- 2020 from 33,800 to 41,000. This means that more people are likely to need support; research shows that when people are isolated and lonely their wellbeing is affected and they will be more likely to need health and social care services in the future. The following map shows the highest concentrations of older people living alone in the county.

### Proportion of households with one person aged 65+ living alone

% population aged 65+ and living alone in LSOA



The ageing population is also likely to be a contributory factor in the increasing number of unpaid carers in the county. There were 62,600 informal carers in Gloucestershire in 2011, equivalent to 10.5% of the population and this is projected to rise by a further 12% to 70,000 by 2017. Significantly, it is expected there will be an increase of almost 50% in the number of unpaid carers aged over 65, by 2035, meaning there will be more elderly carers who may have their own care needs alongside those of the person they care for.

However, advancing age does not automatically mean incapacity or poverty. In Gloucestershire we see the ageing population as an asset, able to meet many of the needs of older people in the community. Additionally, Gloucestershire is relatively prosperous compared to the country as a whole. Nationally, it is estimated that half of all housing equity is held by people aged 65 and over. In Gloucestershire just over 80.5% of people aged 65 and over, own their own property.

## Real life example

Eileen, 93, is an independent lady living alone. She was desperate to stay living in her own home, but with mild to moderate dementia and a history of falls this was going to be challenging.

As well as frequent falls Eileen was also getting in a muddle with her medication and becoming extremely vulnerable. She was found to be opening the door to anyone and her family were concerned she may come to harm whilst living on her own. Following a number of discussions with Eileen, her family and her local area coordinator they managed to find solutions to enable her to stay in her home. They arranged with telecare to change her 'lifeline' for a 'falls detector' and installed a memo reminder and door alert system.

With this equipment Eileen is now able to live independently whilst giving her family reassurance about her safety. Eileen's family and local area coordinator were also worried she was becoming socially isolated. A friend of hers, she used to socialise regularly with, had recently moved away to live with family so she no longer had anyone to go with to local activities. Working with her local area coordinator they were able to find a number of interesting new groups as well as ensuring she could continue with her regular activities. They were also able to make getting there easier through a community travel scheme.

From the Adult Social Care Local Account 2014

## Older people who are care consumers

Over the past year, patient and service user workshops, interviews and surveys across Gloucestershire have told us people want more choice and control and they want their care to be planned by people working together and with them to help them reach their goals of living longer and living well, including:

- Encouraging and helping people to adopt healthy lifestyles to try and prevent physical and mental health problems from developing
- Supporting people to take more responsibility for their own health and take early action to tackle symptoms and risks
- Encouraging communities to take an active role in improving health and wellbeing
- Enabling people to live independently in their own homes wherever possible, with the right care and community help
- Ensuring greater access to a range of wellbeing services supporting people to maintain good mental health
- Providing timely assessment and high quality, safe services when people need care outside the home
- Joining up services (integration) to improve care, reduce duplication and save money
- Improving information sharing across health and social care to ensure patient records are available to the right professionals at the right time with appropriate safeguards
- Ensuring we make the most of the limited money available.

## Older people who are not care consumers

- National research tells us that the vast majority of older people want to remain in their own homes in the community or with family.
- Most would prefer 'prevention rather than cure' if they thought it would work.
- The report 'Five Hours a Day' by Nesta shows that the following factors matter most to older people:
  - To have a sense of **purpose** – feeling useful and valued as an employee, volunteer, mentor, entrepreneur, employer, hobbyist or source of advice with a cup of tea
  - To have a sense of **well-being** – living as well as possible with health conditions, being physically active and emotionally resilient
  - To feel at **home, independent** and **connected** to others – wherever they are living.

## The national picture of care supply

Care Quality Commission (CQC) data shows that at 31 March 2012 there were 12,848 residential care homes with 244,232 beds registered in England, and 4,664 nursing homes with 218,678 beds.

There were 7,420 agencies providing home care delivering over 200 million hours of state funded care.

The number of home care providers registered with CQC increased by 8.6 % between 2011/12 and 2012/13 at the same time as the number of residential care homes registered, decreased by 2.2%.

An estimated 45% of care home places in England are occupied by people who are self-funding.

Information from CQC State of Care report 2012/13.

## The LA's picture of the current state of supply: Accommodation based services

Gloucestershire currently contracts with approximately 168 nursing and residential homes that provide care for older people providing around 1,850 local authority funded placements: 1,007 residential placements and 843 nursing.

All of these homes are operated by the independent sector. The Council's information systems indicate that the Authority currently purchases around 47% of all places on behalf of Gloucestershire residents. The remainder can be accounted for by:

- Gloucestershire residents (and others) who buy their services directly (self-funders)
- NHS Gloucestershire (for people with Continuing Healthcare needs);
- Other local authorities around Gloucestershire
- Vacancies.

Sixty nine of the homes (with 2,696 beds) offer placements for people with dementia.

The five largest providers hold 34% of the bed capacity in Gloucestershire and hence play an important role in local market sustainability. The remainder of the market is made up of smaller scale providers and homes in single ownership:

**Total number of people over 65 in Residential & Nursing Care from the Council's ERIC system as at 1st April each year:**

	April 2011	April 2014
<b>Residential care</b>	1,024	1,007
<b>Nursing care</b>	783	843

As can be seen from the table, in recent years there has been a shift in demand towards higher end specialist needs. However, the home market in Gloucestershire has been slow to respond. Vacancy and waiting lists show that there is increasingly an over supply of low-level residential care and a shortage of high quality nursing dementia places.

## Our delivery partners

We work closely with our key partners to deliver adult social care services including:

- **Gloucestershire Care Services NHS Trust:** We work with the NHS to manage both social care and health staff to provide people with assessments, support plans and short term intensive support
- **2gether NHS Foundation Trust:** We work with these partners to provide social and healthcare services to people with mental health needs
- **GPs:** We work with the county's GPs to ensure our services are co-ordinated and meet people's needs
- **Hospitals:** Working with hospitals we make sure people can return home from hospital as soon as they are ready.

## The LA's picture of the current state of supply: Community services

**Over the past year, patient and service user workshops, interviews and surveys across Gloucestershire have told us people want more choice and control and they want their care to be planned by people working together and with them to help them reach their goals of living longer and living well, including:**

**Personal Care and Community Support** Since October 2005 the Council has commissioned domiciliary care for older people from an approved list of fourteen independent providers. At any one time, there are around 1,600 service users receiving domiciliary care, which equates to almost 20,000 hours per week via services that are either directly commissioned by the Council or through individual budgets. Currently £18 million per year is spent in this manner.

The contracts with the current providers have recently been extended until 31st March 2016 (at the latest). In the meantime, we are continuing to develop a new approach to commissioning personal care and community support, which is about buying skilled interventions rather than a 'service' (see page 14).

**Direct Payments and individual budgets** Currently 89.5% of older people/people with a physical disability with assessed needs to be met by the council receive an individual budget and of these 28.1% receive their money to meet their needs via a direct payment. The Council is continuing to develop our approach to personalisation and the growth of personal budgets and uptake of direct payments. This work will need to continue to meet the expected requirements of the Care Act 2014.

**Day Care** The use of traditional day care has been in decline and the County is pursuing a strategy of building active communities that help people stay independent for longer through a range of options (see page 14). Currently 430 day care places per week are purchased for older people, mainly for people with complex and substantial needs; 190 (44%) are for people with dementia.

**Community capacity** There are many examples of excellent support within communities in Gloucestershire, including the role played by carers, families, friends and neighbours. Gloucestershire also has a vibrant set of voluntary activities that help to support older people within the community ranging from putting on luncheon clubs through to offering financial help and advice. Gloucestershire will continue to help fund some of voluntary activities but in the future organisations should expect there to be a much stronger link between funding and outcomes.

## Resources

In 2014/15, the Council's budget for older people's services consumed 41% of the total adult social care budget. This is significantly lower than the national average of 55%. In Gloucestershire we have a higher than average rate of growth for older people but a significantly lower spend therefore we have to make savings in new ways that builds upon people's own assets and the communities that they live in.

Nationally, of the total of £17 billion expenditure on social care some £4.9 billion is spent on older people's residential care.

In 2012, 83% of councils set their threshold for eligibility for state-funded care at 'substantial', compared with 78% in 2011. This is also true of Gloucestershire.

The over 50s age group is the source of over half of unpaid care, the total value of which was estimated in 2007 to be £87 million. In Gloucestershire over 10% of the adult population are carers.

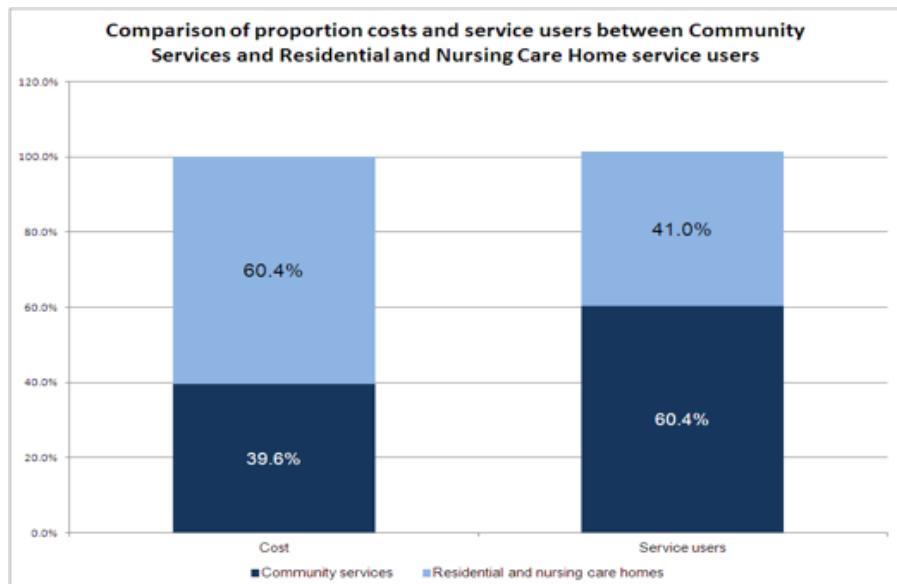
Information from CQC State of Care report 2011/12 and Gloucestershire County Council.



## The current and future level of resourcing

**The budget for services for older people in 2014/15 (£62.6m) was 2.1% less than the previous year; the budget available in 2015/16 (£61.6m) is a further 1.6% less.**

As can be seen from the chart, we have twice as many people being supported in the community than in residential or nursing care. But over 60% of the older people budget is spent on residential and nursing homes.



We need to change this balance so that a greater proportion of the budget is spent on community services which on average have a lower unit cost, as can be seen from the table below.

Service type	Average weekly cost
Residential nursing	£552.10
Residential	£355.49
Community care	£176.13

We wish to give care consumers greater control over their services and create a care economy that is based on cash for outcomes rather than cost and volume contracting. We also recognise the need for greater financial certainty within the market.

# The health of older people in Gloucestershire

**The risk of all the major causes of early death and serious illness increases with age.**

In Gloucestershire, over the next 20 years, the number of people living with diabetes and stroke is projected to increase by approximately 34%, and Coronary Heart Disease (CHD) 50%.

All of these conditions are at least partly associated with lifestyle factors such as obesity. The number of obese adults in England is forecast to increase to around 40% over the next 20 years.

Each year 1 in 3 people aged over 65 years, and half aged over 85 years, fall at least once, with more women falling than men. The majority of hip fractures of older people occur as a result of a fall.

Almost 1 in 10 (10.5%) of those aged 65-74 years and over 1 in 4 (27.6%) of those aged over 75 needed help with mobility (shopping, getting around inside and/or outside the home).

Urinary incontinence affects 17.5% of older people.

## Where we are now - a summary of supply and demand?

### The current perspective:

- Demand for care and support services is likely to rise but will not be matched by levels of public spending over the next three to four years.
- From a variety of existing surveys it is recognised that most older people do not wish to end their days in residential care.
- As more alternative community services are developed that enable older people to remain independent within their own homes for as long as possible we expect the population in residential care to decline, become frailer and be in care for a shorter period of time.
- Life expectancy (and associated long-term conditions) is increasing and entry into all care services are likely to be later in life, but from people with more complex support needs.
- Part of the challenge of the changing demographic is the growth in the numbers of older people with dementia. We do not currently serve this population as well as we would like. We do not have sufficient community based alternatives and older people with dementia stay in hospital longer, have poorer outcomes and are more likely to enter residential care than other groups.
- The rise in the oldest old population is not just a challenge for social care but for our whole council, voluntary sector and local community.
- Our online information, advice and guidance provision is not yet as developed as we would like to help people to make informed choices.

Offering more of the same services is not an option. If the Authority does nothing to reduce demand for care and support and future population growth and if the current data is simply extrapolated against this year's provision then demand for state funded care alone would look as follows:

	2014	2020	2030
<b>Home care (hours per week)</b>	19,495	21,900	27,050
<b>Day care (placements)</b>	3,125	3,601	4,945
<b>Residential care (placements)</b>	2,686	3,269	4,773

The Authority recognises that this level of council funded services is not sustainable in the current economic climate.

# The Care Act and the care market from April 2015

## Musts for Councils from April 2015:

- Must take on the role of **market shaping** to facilitate and shape the adult social care market as a whole – to meet the needs of both self-funders and local authority funded care. The aim is for councils to ensure a diverse high quality range of skills and support for people to choose from to meet their needs, giving people more choice and control over care and support
- Must provide **comprehensive information and advice** to allow people to make the right decisions about their care and support. This will ensure that people will have clearer information and advice to help them navigate the system
- Must give people access to clear and comparative information about the **quality** of care providers and the options they offer, so that people are empowered to make informed decisions
- Must provide **preventative services** to maintain people's health, placing more emphasis than ever before on prevention – shifting from a system which manages crises to one which focuses on people's strengths and capabilities and supports them to live independently for as long as possible
- Must consider the emotional, physical and mental **wellbeing** of individuals.

## Our commissioning intentions...

- There is a strong desire to forge a closer relationship with providers in order to develop a diverse market that has real choice for service consumers and that is focussed on outcomes.
- Difficult economic times mean that the local authority will need to fund fewer services.
- All funding needs to focus on the outcomes that can be achieved for the expenditure made and how it can drive down long term demand. Therefore, we will work with the sector to explore how we best measure outcomes, link payments made to outcomes achieved and - where a service is subject to a local authority tender - ensure our procurement processes are outcome focussed.
- We will look to commission more care jointly with NHS Gloucestershire Clinical Commissioning Group so that joined up health and care services can be more widely available.
- More older people will be care purchasers through direct payments and through more people being self-funders. We recognise that as a local authority we need to strengthen information and referral systems to support people to find their own solutions. We also need to better sign-post people to local and national sources of information on quality.
- We wish to promote efficient, cost-effective delivery models that can deliver savings for example by making use of assistive technology where appropriate.
- We will also wish to strengthen our monitoring of how funding is spent and ensure that we are paying the right price for the outcomes delivered. This will be supported by our new Commercial Service.

## ...and the providers we want to work with are those who

- Are able to demonstrate their understanding of demand and how this is changing over time.
- Are able to show the impact of their activities in terms of the outcomes they achieve rather than in terms of the number of people for whom they provide a service.
- Wish to innovate. For those, we may be prepared to support and help fund innovation where it reduces demand for care (see page 12 - Manage Demand Differently).
- Are willing to be transparent about costs.
- Are efficient and offer a service that is both affordable and of a sufficient quality level.

# Key contacts and networking opportunities

## Older People's Care Provider Forum

A newly created, quarterly forum for commissioners and providers to meet and develop a mutual understanding of current and future commissioning issues such as strategic direction and the impact of new policy and legislation. The forum is open to providers of older people's services, including residential and nursing care, domiciliary care and day care and we will be writing to you to notify you of the dates of forthcoming meetings.

## Gloucestershire Care Providers Association

Membership is open to all independent providers of social care (private, not-for-profit and charitable organisations) delivering care to people in their own homes or in a residential setting within Gloucestershire.

[www.gcpa.co.uk](http://www.gcpa.co.uk)

## Gloucestershire VCS Alliance

The Gloucestershire VCS Alliance provides a strategic voice for the voluntary and community sector (VCS) at a county level in Gloucestershire. All voluntary organisations are automatically a member of the Assembly.

[www.glosvcsalliance.org.uk](http://www.glosvcsalliance.org.uk)

# Care for the future

The following items and topics, based on our understanding of the current care market, our review of demand / supply and the level of resources we expect the LA to be able to offer, represents the activities we will be engaged in over the next two years.

## Manage Demand Differently

Recognise that at times of financial restriction, services purchased using public funds need to manage demand differently, make less cover more, and be cost effective. This applies just as much to broad based community services as high intensity provision. Services need to focus on delivering outcomes and reducing or containing people's needs where possible. Preventative services need to focus on case finding – taking a proactive approach to identifying and seeking out those at risk of needing care services in the future and working to prevent this by making greater use of community capacity.

## Market Diversity and Choice

Increase choice for older people in terms of the services available to them regardless of how those services are funded. However, Gloucestershire does not see this as simply a choice of provider offering the same or similar services, but a genuine, well-informed choice in terms of what is on offer, when it is available and choice over the person who delivers the service.

## Direct Payments

We wish to find ways to make the Direct Payment process simpler but without lessening Council responsibility for ensuring public money is well spent. There will be a particular focus on enabling more older people to take their personal budget as a direct payment, particularly to purchase the services of a Personal Assistant.

## Information and advice for all

Gloucestershire is developing an e-marketplace; an online portal that will enable service users (self-funders and authority funded) as well as brokers (local authority or other) to source services not only from traditional care providers but from mainstream non-care providers, the voluntary sector and community groups.

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# Sources of information, research and guidance

In addition to the data supplied in this document there are a range of other sources of information:

Basic information about all local providers in Gloucestershire is available at

[www.carechoices.co.uk/region/Gloucestershire](http://www.carechoices.co.uk/region/Gloucestershire)

The Department of Health Provider Quality Profiles aim to allow users to search for local providers within their area and link to CQC reports and information.

[www.nhs.uk/Service-Search/Care-homes-and-domiciliary-care/LocationSearch/11](http://www.nhs.uk/Service-Search/Care-homes-and-domiciliary-care/LocationSearch/11)

The Social Care Institute for Excellence (SCIE) provides information and research abstracts about methods and approaches in social care.

[www.scie.org.uk/about/Index.asp](http://www.scie.org.uk/about/Index.asp)

Think Local Act Personal (TLAP) provides information and resources about the transformation of health and care through personalisation and community-based support.

[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)

## Quality and safeguarding

Continue our commitment to improving outcomes for people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others.

## Making best use of innovative Assistive Technologies

We know that Assistive Technology (e.g. Telecare) makes a real difference in empowering people to have more independence.

Providers will be expected to embrace these changes and to incorporate assistive technology into their service offer.

## Residential and nursing care

In line with the expansion of community based services and changing public expectations we wish to eliminate or delay the need for many individuals with low-level care needs to be placed in care homes. Those for whom a care home placement is appropriate will have much more complex and specialist needs.

The Council has used demographic data to model how demand for nursing and residential care is expected to change over time in Gloucestershire and overlaid this with what the Council and the NHS Clinical Commissioning Group are doing to manage demand. The net impact on the volume and profile of demand can be summarised as follows:

Care Type	5 year intention	Net impact
Older People Residential	To bring demand downwards	
Older People Dementia	To stabilise demand in that interventions will offset the impact of demography	
Nursing	To stabilise demand in that interventions will offset the impact of demography	
Nursing dementia	The interventions will reduce demand but at the same time we know we start from a shortage of supply. The intention is to bring demand downwards	

## Sources of statistical information

The Gloucestershire Joint Strategic Needs Assessment (JSNA) is a strategic planning tool which brings together the latest information on the health and wellbeing of people who live in Gloucestershire and people who use Gloucestershire public services.

The JSNA can help you:

- understand more about your customers and service users;
- see how health and services in Gloucestershire compare to the national and regional picture

<http://jsna.goucestershire.gov.uk/Pages/home.aspx>

The NASCIS data portal, contains a wide range of information about local authority performance.

<https://nascis.ic.nhs.uk>

POPPI supplies information about current and future populations of older people and projections against a number of key health conditions and indicators.

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

## Personal Care and Community Support

### Personal Care and Community Support

We believe we can only manage to deliver quality provision with less funding by purchasing on the basis of outcomes to be achieved, with less focus on the number of hours to be commissioned.

Where possible the provider will enable the person to increase their independence making use of assistive technology and signposting to community groups. This could take place over a period of months rather than the shorter term approach of the current reablement service although there is some overlap between the two. Over the past year, we have been undertaking pilot work with providers on a range of such approaches, their benefits and what needs to be in place if they are to be successful in Gloucestershire. Contracts with the current providers have recently been extended until 31st March 2016 (at the latest). In the meantime, we are continuing to develop a new approach to commissioning personal care and community support and a report will be presented to the Cabinet this summer recommending the way forward.

### Developing Community Capacity

The use of traditional buildings based day care has been in decline in recent years and the County is pursuing a strategy of building active communities that help people stay independent for longer.

We envisage a range of options from community hubs (spaces within a community where people can meet and take part in a range of activities) through to reconnecting people with activities and hobbies that they once enjoyed. The Council recognises that there is no one size fits all approach – different communities and people with different levels of need require different solutions and options. Nevertheless, we wish to continue to encourage the following:

- Making people more aware of what's available to them in their communities, allowing us to focus on intervening only when it's really needed
- Case finding - identifying people who may become vulnerable in the future and providing them with information that may prevent them needing our services
- Continuing to develop community hubs; spaces within a community where people can meet and take part in a range of activities that promote social inclusion, health and well-being and lifelong learning
- Continuing to develop dementia friendly communities – the Council has been working with community and voluntary organisations to develop a wide range of initiatives and services, including education and training, to help support people living with dementia and their carers.

## Notes

# **Market Position Statement for the care of older people**

Gloucestershire County Council  
2015

