



**South Gloucestershire Council**

Department for Children, Adults & Health

# Market Position Statement 2020

**Commissioning services for improved  
health, wellbeing and independence**

## Contents

<b>1. Foreword</b>	<b>2</b>
<b>2. Introduction</b>	<b>4</b>
2.1 Purpose	4
2.2 Summary of Priorities	8
2.3 Moving Forward Together	13
<b>3. Demographic Profile: Trends and Forecast - A Changing Landscape</b>	<b>14</b>
3.1 Demographics Overview	14
3.2 Children and Young People	17
3.3 Adults and Older People	21
3.4 Local Employment and the Economy	27
3.5 Market Analysis and Business Opportunities	34
<b>4. Children and Young People</b>	<b>38</b>
4.1 Direction and Possible Business Opportunities	40
<b>5. Information, Prevention and Technology</b>	<b>41</b>
5.1 Direction and Possible Business Opportunities	42
<b>6. Carers</b>	<b>43</b>
6.1 Direction and Possible Business Opportunities	44
<b>7. Day Opportunities</b>	<b>45</b>
7.1 Direction and Possible Business Opportunities	46
<b>8. Participation</b>	<b>47</b>
8.1 Direction and Possible Business Opportunities	48
<b>9. Support in the Home and to Access the Community</b>	<b>49</b>
9.1 Community Based Support in the home including support to access the community	49
9.2 Buildings Based Support (Day Care)	52
9.3 Supported Living	53
9.4 Self Directed Support	55
9.5 Shared Lives Service	56
9.6 Supporting Gypsy and Traveller Communities	56
9.7 Supporting Refugees	57
9.8 Prisons Social Care	58
9.9 Direction and Possible Business Opportunities	58
<b>10. Housing Related Support</b>	<b>59</b>
10.1 Direction and possible business opportunities	61
<b>11. Housing for Older Adults including ExtraCare</b>	<b>62</b>
11.1 Assessing demand	62
11.2 ExtraCare Housing	63
11.3 Direction and possible business opportunities	64
<b>12. Residential and Nursing Care</b>	<b>65</b>
12.1 Market Analysis	66
12.2 Direction and Possible Business Opportunities	74
<b>13. ADASS South West Regional Contract for Purchasing Residential Care for Adults with Learning Disabilities</b>	<b>75</b>
13.1 Direction and Possible Business Opportunities	75
<b>14. How the Market Position Statement relates to the Council's Overall Business</b>	<b>76</b>
<b>15. Conclusion and Summary</b>	<b>76</b>
<b>16. Links to other useful Council policy documents and publications</b>	<b>78</b>

## 1. Foreword

I am pleased to present our new 2020 Market Position Statement. This document is aimed at health and social care providers, both those who work with us already and those who have the desire and potential to do so. It will also be of value to those who are interested more generally in the future of the care market in our area.

The Care Act 2014 placed new duties on local authorities to shape, develop and stimulate a diverse, sustainable and quality care market to promote the wellbeing of all of the local population, not just those whose care we fund directly. Since then the Children, Adults and Health Department has been part of the social care journey across the country, working with the care market to develop meaningful services which support people to achieve their best potential quality of life, whatever their age and whatever their needs. A key theme in this new Market Position Statement is the continuing shift away from conventional task and do commissioning, service by service, towards a more flexible strengths based approach, which commissions services designed to improve outcomes instead of purchasing set packages of weekly support hours. We know that helping people to achieve better health and wellbeing outcomes will allow them to retain their independence for longer. This in turn will help reduce the increasing demands on the health and social care system of an ageing population.

In developing this Market Position Statement, we have continued with our whole life approach to examining what is required in terms of the care and support we provide, to make sure that children, young people and adults can continue achieving their full potential, throughout life's journey. This is why our Market Position Statement goes further than the Care Act and the adult care market. It also refers to our responsibilities for providing services under the Children and Families Act 2014, recognising that we are responsible for the children and young people we support, as they develop into adulthood. Continuing further with this theme, this edition now includes the role of Public Health within the Council, both as an influencer and as a service commissioner. In doing this, we have brought together into one document all that we do in the Department, in terms of how we commission services from our local care market to help continually improve the health and wellbeing of our entire local population.

The Department and its providers can be justifiably proud of the progress already being made with reshaping the way we deliver our services. As a key example, we have made significant headway with improving all aspects of our children's services, as borne out by recent Ofsted reports. In adult services, we have continued to build upon previous successes in promoting personalisation for those who wish to have control of their own care budgets, by helping to increase the already high numbers of people who receive self-directed support via direct payments. The development of a new Individual Service Funds pilot is further evidence that we are prioritising putting those in receipt of care and support at the centre of the process at every step. This is also reflected in our social work teams using a new Three Conversations approach to help people to identify what is needed to help them achieve a good life. This focuses on finding out about and building on people's strengths and then supporting them to make the right choices and achieve what's best for them, whether through commissioning services directly where there is an assessed need but, increasingly now in many cases, we are having the conversations they need to help inform them how to make the changes or find the support they need in their local communities for themselves or for their loved ones. We can also rightly celebrate the innovation and coproduction that underpins our community based services, both statutory and non-statutory, many of which are commissioned and coproduced with the voluntary and community sector or local housing providers, as well as with our local independent private sector providers. In terms of preventative services, the recent roll out of One You South Gloucestershire under our Public Health division, aims to help and support people with every aspect of improving their personal health and wellbeing, thus offsetting the need for higher level interventions by supporting people to be in better control of their own personal health and wellbeing.

At the same time, the Council continues to actively build closer local, regional and national links with public sector and health partners, in order to be able to play an active part in delivering better integrated,

more joined up, sustainable health and social care to local people. This in turn will lead to more joint commissioning with local and national care providers to purchase high quality, best value services together.

At the heart of this market shaping task, we must acknowledge the vital role that our service providers of all sizes and backgrounds play in supporting us to deliver and improve the services we offer. As such, the Department will continue to move from being an influencer solely through our own purchasing to one where, working alongside providers and stakeholders, we can help to shape, facilitate and support the entire care market, however people pay for or have their care provided. We regard your businesses as essential components in delivering high quality services to our citizens, both young and old. We see you as innovators and essential partners in our need to respond to the changes in both the profile and the expectations of our population. However, as well as the potential opportunities, we are also conscious of the business risks we share with our providers. Being able to communicate and discuss future opportunities with our care market, as well as being able to anticipate and avoid, wherever possible, any break down in service provision, are essential components of working together. Maintaining a continuous dialogue between care providers and lead commissioners is therefore of vital importance not only in terms of working together effectively but in supporting and maintaining market sustainability.

Producing this Market Position Statement in itself is therefore part of our ongoing local 'market shaping' process. By examining current and future supply and demand, it not only signals business opportunities within the care market in our area but sets out how we need to shift the emphasis of service provision from people being dependent upon services, to people being more independent as a result of the support we arrange or find for them. In doing this, the document sets out to provide information on the latest demographic information and projections, which illustrate the current and the changing needs of the local population. We hope that by using this document businesses, voluntary sector and community organisations alike will be able to better understand our work and be inspired to join us in our mission to support people to achieve their personal goals around health, wellbeing and independence.



By working together with our current and future providers, the Department remains committed to promoting a market that thrives on diversity and excellence. Getting this right together will produce the right balance of best value and quality services for our citizens, whether these services are provided in their homes, in their communities or in the care setting most suitable to meet their needs.

Chris Sivers  
Director for Children, Adults & Health

## 2. Introduction

‘High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. The Care Act 2014 introduced new duties for Councils in England to facilitate and shape a diverse, sustainable and quality market, emphasising that Councils should not undertake any activities that may threaten the stability of the market as a whole.’ (Market Shaping in Adult Social Care, Institute of Public Care, Oxford Brookes University - July 2017)

### 2.1 Purpose

The Council’s Market Position Statement first of all seeks to respond to the market shaping and personalisation aspects of the Care Act 2014. Since the Council published its first Market Position Statement in 2014, successive editions have expanded the remit to include a whole life approach, expanding to take in Children’s services commissioning in the previous edition. This new 2020 document now seeks to go further to take into account the role of Public Health, since moving back from the NHS into local authorities on 1 April 2013, following the Health & Social Care Act 2012. Thus the Department is not only focusing on what services it needs to commission for children’s and adults care and support but also how investing in promoting better health and wellbeing for all of our citizens can achieve better overall quality of life, and in turn reduce the increasing demand for health and social care services. With increasing and changing population needs, we recognise that we are witnessing the most significant changes for the care sector in over a generation, whilst at the same time experiencing some of the greatest challenges in terms of financing and prioritising how we spend our increasingly limited resources in order to achieve the best overall good.

The Council is committed to providing the best possible services that give children and young people the very best start in life, and which go on to allow them to achieve their full potential. Driving this is the Children and Families Act 2014, which seeks to improve services for vulnerable children and to support and maintain strong families. This underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. Moving into adulthood, it is essential that people are supported to make the right choices for their health and wellbeing and given the help and support they need to live well and stay well. As people live longer, we need to be able to face the challenges of supporting an increasing older and ageing population, combined with changing service user expectations. Despite the challenges of continuing financial austerity, the Council continues to work to ensure that South Gloucestershire is the best place in which to live and work as it can possibly be. Under its remit, the Department sees many opportunities to work in co-production with partners, care providers, communities and service users of all ages, alongside their carers, their families and the people who are close to them, to ensure that there is a sufficient supply of good quality care available to those who need it. The Department has a key role to play in facilitating the development of a vibrant and resourceful care market which can provide the comprehensive range of services to meet all of those diverse needs and aspirations, whether funded by the Council directly, or however people as direct payments recipients or self-funders may wish to buy themselves.

In recognising that we have limited resources to cope with the demands of an increasing ageing population, an increasingly important factor is helping people to improve and maintain their own health and wellbeing throughout their lives. It is essential therefore that the Council and its service providers continue to work together to innovate and change the way in which support is provided. The increasing focus now is on helping people to stay well, in both body and mind, and retain their independence as life expectancy increases, as opposed to having to intervene at the point where they are unable to look after themselves. In simple economic terms, achieving better health and wellbeing outcomes through the interventions, care and support that the Council commissions from its service providers, along with better advice and signposting, will help offset the increasing financial burden on society of looking after

more people as they live longer. The unfortunate truth currently, is that living longer for far too many people does not equate with living well for longer. Whilst the argument for increased funding will undoubtedly continue in other arenas, working together to achieve better health and wellbeing outcomes for everyone is something we as health and social care commissioners, working in partnership with our service providers, can and must do.

For these reasons, in South Gloucestershire we recognise that in the current challenging financial and demographic context, that if we and our providers do not find new ways to support people to find better solutions to improve their own lives, eventually we will not even be able to afford to meet the needs of those who are most dependent upon support, let alone have the funds to invest in preventative and early intervention services. If we cannot shape our services, and the market which provides them to deliver on this basis, then we will end up rationing services and only intervening in crisis situations.

Therefore, having recognised that we all need to work differently together, we are in the process of completing the journey to change our approach. As such, the Department, as a service purchaser, is increasingly moving away from the old social care model of assessing needs and buying in support hours and instead commissioning for improved outcomes. The diagram below visualises this approach.



As a Department we are enthusiastic about using this Market Position Statement to help announce to our providers, as well as our partners and communities, that our adult social work teams have now adopted a 'Three Conversations' strengths based approach. This new way of working presents a range of solutions, as illustrated below, and helps people to choose the right steps towards finding the solutions that are best suited to their needs and aspirations.

**1 Conversation 1 : Listen & Connect**

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



**2 Conversation 2 : Work intensively with people in crisis**

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



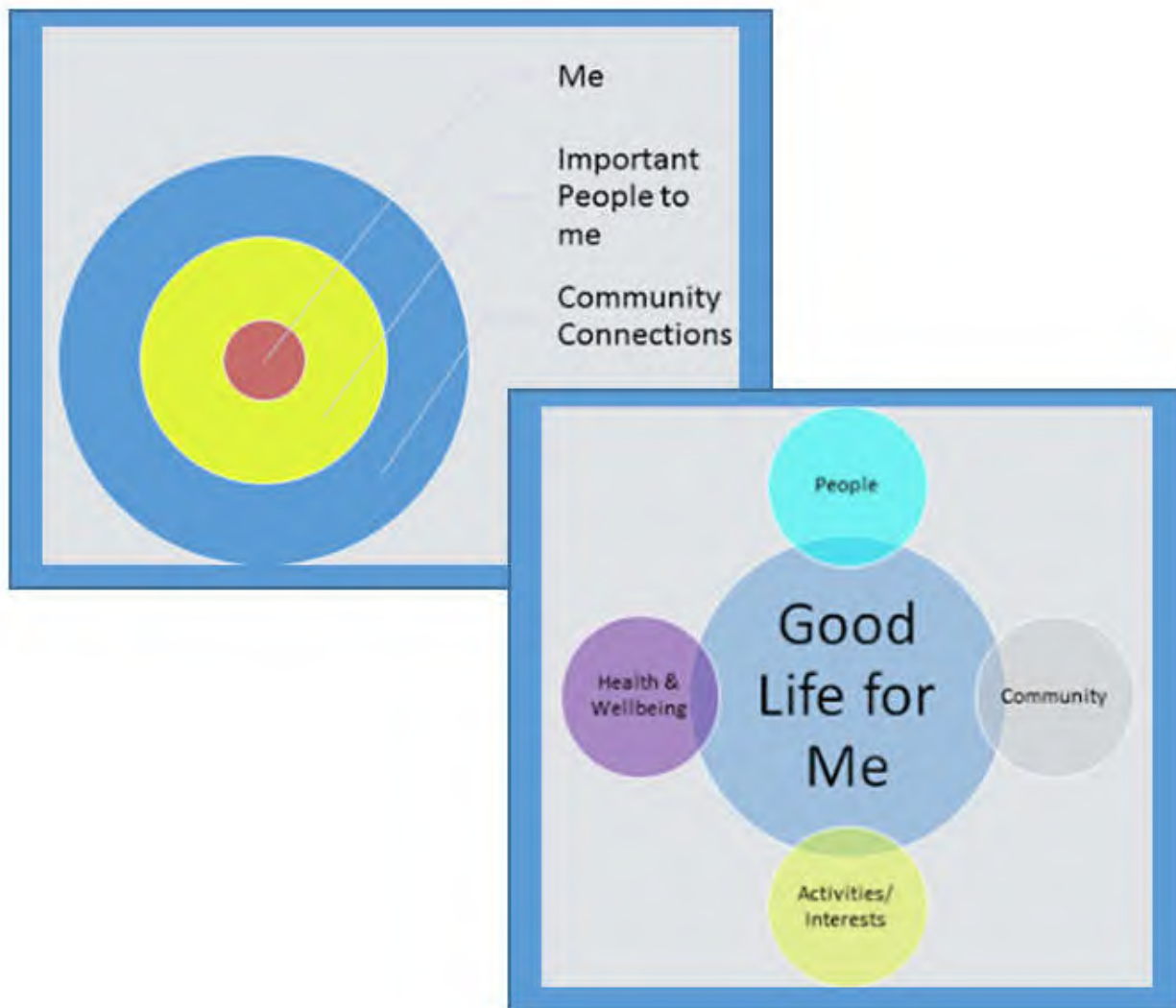
**3 Conversation 3 : Build a good life**

*For some people, support in building a good life will be required.*

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



Using this approach, we intend to help people focus on what a 'good life' looks like for them in a timely and proportionate way. This can be built around a very simple model where someone engaging with our social work teams can look at what matters to them. This can help them decide what they can do to achieve the changes they want to make in both themselves and their situation, making best use of personal, family, community and Council or health based resources. Internally, to enable to do this effectively, we have aligned our teams to localities and GP practices. We have also revised our front facing adult services helpdesk structure and other means of access to advice and guidance, to make sure people contacting the Department can be directed towards the right advice or support as quickly and easily as possible. A very simple schematic of how this works for someone is illustrated below.



Clearly, it is not all just about delivering against good intentions - we actually need to be able to measure if it has worked, and how well it is working across our services. We intend to do this by recording and measuring data about demand and outcomes. Inviting and utilising feedback from individuals, families, partners and providers about interventions and outcomes will form a key part of this process.



Therefore, if you are a health and social care provider, whether in the private sector or the voluntary and community sector, we will be increasingly asking you when you bid to provide services about how you can improve outcomes, not just how many units of care and support you can provide for how much. Whilst the Council will always purchase on a best value basis (i.e. the optimum balance between quality and cost), measurable outcomes in terms of tangible improvements to health and wellbeing, including social value, will become increasingly at the forefront of what the Department sets out to commission.



## 2.2 Summary of Priorities

### 2.2.1 Children's and Adults Commissioning Priorities 2019-20 and Beyond

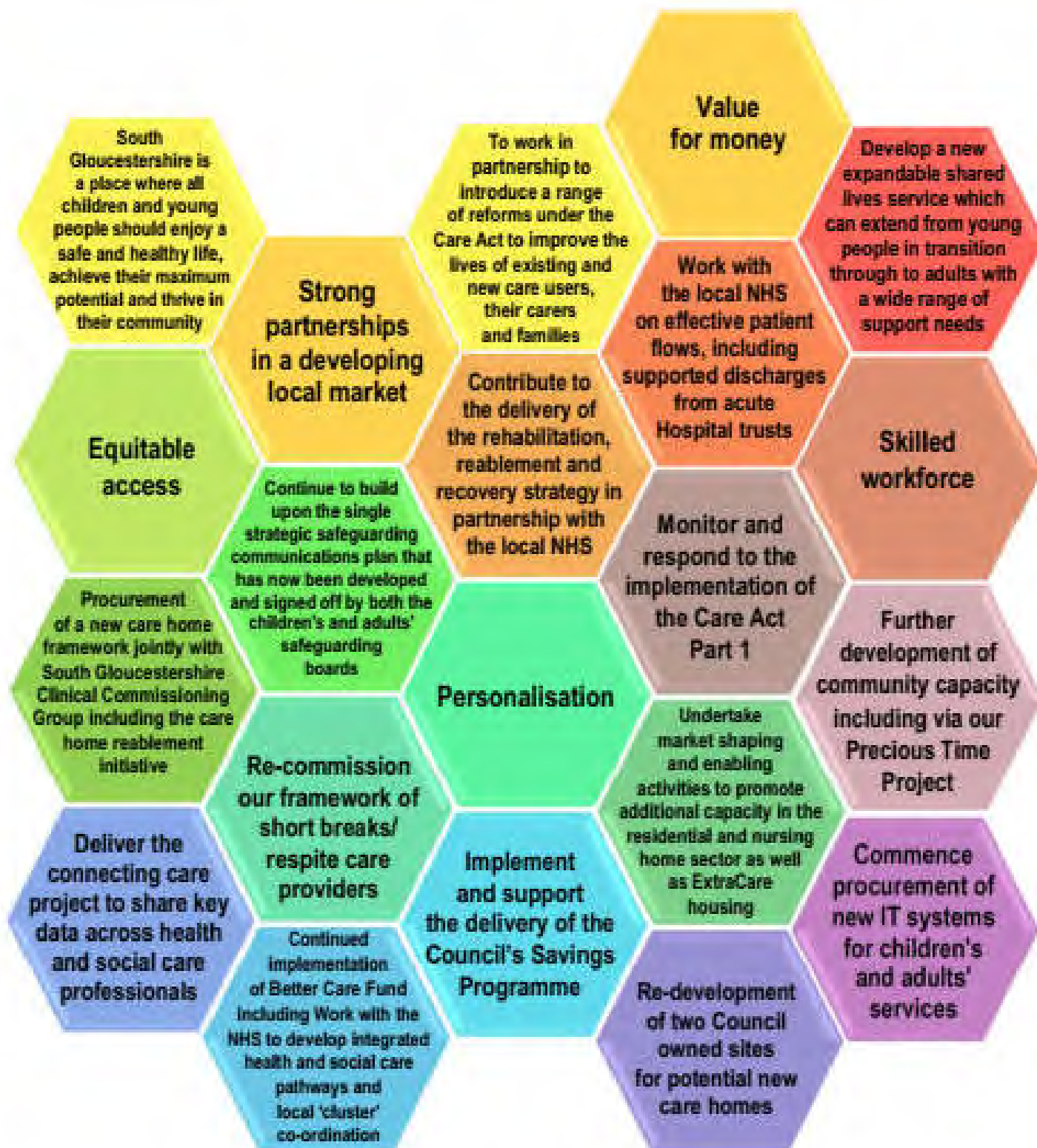
The key strategic drivers for the Department from 2019-20 are:



All of the above influence, or drive, what the Children, Adults & Health Department is required by the Government to do in exercising its statutory powers, to improve and maintain the health and wellbeing of the local population. The Department does this by working in partnership with providers, partners, communities and every single person living in the Council's area in seeking to give everyone the best start in life and then the help, advice and support they will need throughout life's journey.

In commissioning services within the confines of this framework, the Council relies on the local and national care market to provide the innovation and expertise to bring best value solutions to improving and maintaining the health and wellbeing of its citizens, which will in turn make the best of available resources now and into the future.

The following diagram sets out the Council's overall priorities under its 'People' theme and these commissioning priorities are key contributors to achieving the Department's overall aims and objectives.



## 2.2.2 How the Department for Children, Adults & Health Reviews and Sets Commissioning Priorities Each Year

Before the commencement of each financial year, the Department reviews and updates its service commissioning priorities, which sets out its purchasing intentions. This runs in line with annual budget setting. These are submitted to the Council's Cabinet and approved during February or March and then become part of the delivery of the Department's ongoing Service Plan. Establishing a new set of key commissioning priorities each year seeks to articulate the areas of focus for the Department's commissioners, as they work to ensure that the available resources are used most effectively, both in terms of meeting needs, as well as purchasing efficiently. The proposals are in turn translated into stakeholder consultation and market engagement, which then informs the required tenders or negotiations with suppliers. This process aims to maintain and continually develop a range of best value services to enable citizens across South Gloucestershire to live as independently as possible, exercise choice and control, whilst being assured that any support commissioned on their behalf is of the quality they would expect. This allows the Council to maintain a person centred and outcome focused approach, whilst also achieving savings targets as part of the Council Savings Plan.

The delivery of the 2019/20 work plan and new 2020-21 priorities are therefore designed to improve the coordination of the Department's approach to demand management and to support the best use of resources in recognition of improving outcomes and addressing budgetary pressures. Normal business activity in support of established commissioning, including routine contract renewal and managing live contracts is a separate function, and takes place as part of administering the Department's overall budget allocation. This is particularly relevant in respect of voluntary and community sector based services, including Housing Related Support, formerly known as the Supporting People programme.

However, it is acknowledged that resources to undertake the commissioning activity is finite, and not all of the work that is approved will always be able to start or be completed during the new financial year. Therefore, some of the approved work areas that are desirable rather than essential will sometimes need to be deferred. Similarly, this results in previously approved but held over commissioning activity being reviewed. As a result, the work that will be prioritised highest each year will be those activities which are mandatory (legislative or compliance related), those where existing contracts are due to expire and need to be replaced or those that contribute towards the Council's Savings Plan. At the same time, priorities can change and new priorities may emerge during the year. Therefore, both as part of the annual commissioning priorities report and during the year as they arise, individual pieces of work and their funding will be brought to Cabinet or Directorate for consideration, where required, for example where service redesign is proposed as part of the commissioning process or new models of service delivery are being developed. This process allows individual commissioning projects to be developed and then commence as part of the ongoing commissioning cycle. Depending on the level of spend proposed any subsequent procurement method, including the most efficient procurement route, will be determined as a result of the commissioning process and approved either by the Director, the Cabinet or the relevant Executive Member. All of the Council's current contracts are published on the South West Contracts Portal, together with terms or lengths, values, renewal dates and other relevant information at [www.supplyingthesouthwest.org.uk](http://www.supplyingthesouthwest.org.uk). This is also where all of the Council's competitive tender opportunities are advertised. Therefore, all interested potential suppliers of goods and services are encouraged to register in order to receive tender notifications, requests for quotes, contract and market information and in to be able to bid for contracts or join frameworks.

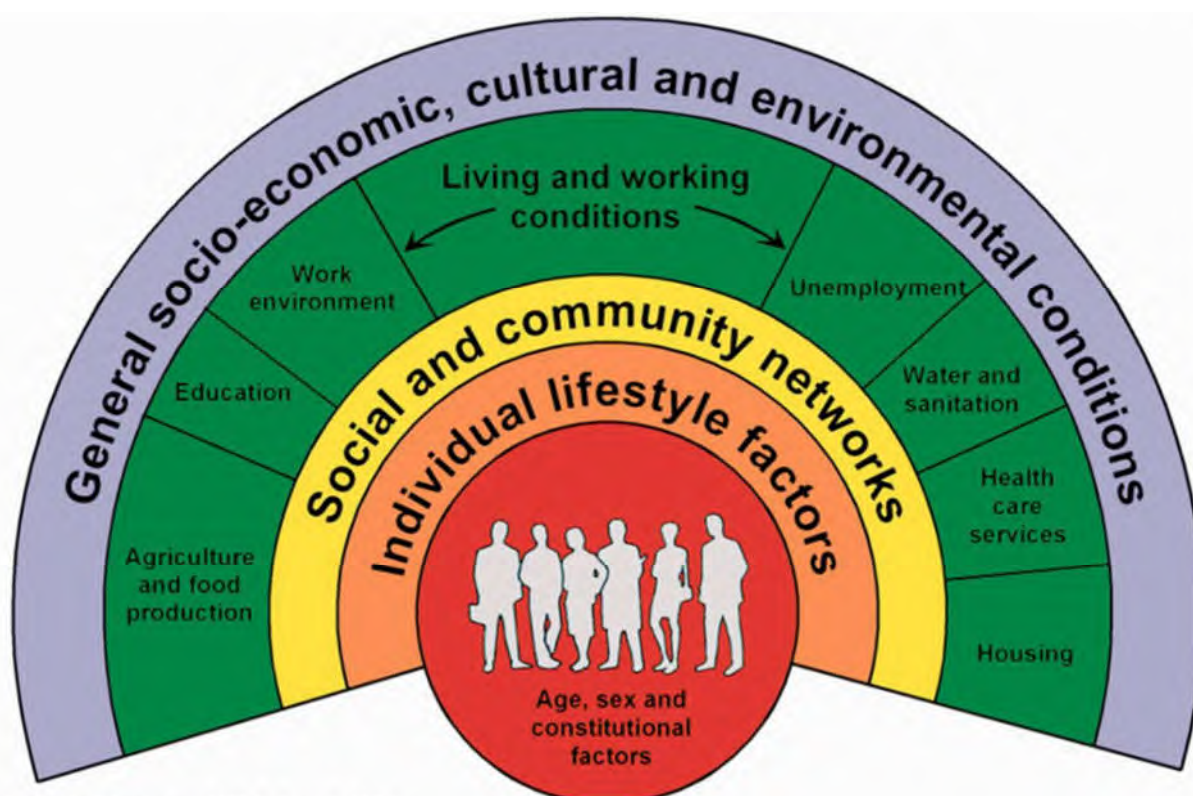
## 2.2.3 Public Health's Role in the Department

### 2.2.3.1 What is Public Health?

Since 1 April 2013, Local Authorities have been responsible for improving the health of their local population through commissioning or providing health improvement services, health protection services and providing public health advice to the NHS. This transfer of public health from the NHS to local government and Public Health England (PHE) was as a result of a policy change by central government. The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England. This represents a unique opportunity to change the focus from treating sickness to actively promoting health and wellbeing and improving outcomes.

Public health refers to all organised measures, public and private, to prevent disease, promote and improve health, prolong life and tackle the root causes of ill-health among the population as a whole. Its activities aim to reduce health inequalities and provide conditions in which people can live healthy lives for as long as possible and focuses on entire populations, not on individual patients or diseases.

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (World Health Organisation 2006). Good health and well-being are about more than healthcare; the social/wider determinants of health are the conditions in which people are born, grow, live, work and age. A good start in life, education, decent work and housing and strong, supportive relationships all play their part as demonstrated in the image below.



Source: Dahlgren and Whitehead, 1991

Health inequalities are the differences in health status or in the distribution of health determinants between different population groups (WHO). The term health inequalities is used to reflect health disparities that result from social circumstances beyond an individual's choice. Those living in the most deprived communities often experience poorer mental health, higher rates of smoking and greater levels of obesity than the more affluent and we therefore need to take this into account when designing the services we commission.

To do this Public health works across three main 'domains':

1. Health protection - protecting people's health (for example from environmental or biological threats, such as food poisoning)
2. Health improvement - improving people's health; keeping people healthy for as long as possible and ensuring those requiring support or treatment can access this (e.g. helping people quit smoking or improving their living conditions)
3. Healthcare public health - ensuring that our health services are the most effective, most efficient and equally accessible. Undertaking surveillance and research to look at risks, interventions, outcomes and population distribution.

### 2.2.3.2 Public Health Commissioning Process

The South Gloucestershire Health & Wellbeing Board is a statutory committee of South Gloucestershire Council set up in 2013 under the Health and Social Care Act 2012. Its aim is to develop and deliver the Joint Health and Wellbeing Strategy (JHWBS) 2017-21 and is chaired by the Executive Member for Adult Social Care. The board have regard to and challenge commissioners to work collaboratively, align priorities with each other and with the Joint Strategic Needs Assessment (JSNA) and JHWBS and be evidence based.

The Board identifies needs and priorities across South Gloucestershire and publishes and refreshes the South Gloucestershire Joint Needs Assessment (JSNA) and the Pharmacy Needs Assessment (PNA). In publishing the Joint Health and Wellbeing Strategy the Board identify the priority issues emerging from the JSNA requiring a response across the whole system. Each of these elements supports needs led, evidence informed commissioning in Public Health. Some commissioning activity will take place across regions, Clinical Commissioning Group footprints (Bristol, North Somerset and South Gloucestershire) or solely within South Gloucestershire and some may be limited to particular providers due to the specific specialist nature of the services. Examples of services commissioned include:



The Council is also mandated to provide or commission some specific services under the Health & Social Care Act including:

- Sexual health services (testing and treating of sexually transmitted infections, and contraception)
- Weighing and measuring children
- NHS health check programme
- Health protection
- Public health advice to NHS commissioners
- Health visitor reviews of pregnant women and young children (0-5s)

At the time of writing, some of these services are currently under review.

## 2.3 Moving Forward Together

This Market Position Statement seeks to set out current and projected demands for the types of services the Department needs to buy for South Gloucestershire residents, taking into account the way we are moving away from 'task and do' to strengths based assessments and outcomes based commissioning. It also takes into account what is known about the current state of the care market, not just in terms of supply and demand but in respect of key factors such as the ability to recruit, retain and develop a suitable health and social care workforce. Therefore, identifying where priorities lie can give existing and potential suppliers an indication of potential business opportunities where services need to move or adapt to take into account the changing needs of the population, as well as how the Council is modifying its commissioning priorities to make the best use of the available resources.

This document draws upon a variety of information and data, including the Joint Strategic Needs Assessment (JSNA) and current and Children's, Adults and Public Health commissioning priorities. Consultation and coproduction with our providers to develop good quality services and at the same time listening to our communities, carers and the children, young people and the adults we support, allows people to exercise choice and control over the services they receive. By cooperating closely with providers to shift our services further away from task and do in order to plan and achieve better outcomes, we aim to maximise health and wellbeing while at the same time achieving best value by optimising the use of all of the resources that are available. By focusing on the strengths of the individual, their families and communities, using social networks and what is already available or being developed within their local communities we are looking to work with our providers to tap into better ways of meeting people's needs through innovation, enterprise, capacity building and empowerment of the individual to set and achieve their goals.

This new Market Position Statement recognises that business relationships need to be based on trust, cooperation, transparency and openness, much in the same way as we seek to approach delivering our services according to the needs and aspirations of every individual, whether they are a direct service user or a citizen of our area. As such the Department and its providers must work together in partnership to better align their respective service and business objectives in order to identify mutually beneficial ways of developing and delivering services, to ensure they promote maximum health, wellbeing and independence for as long as possible, for everyone in South Gloucestershire.

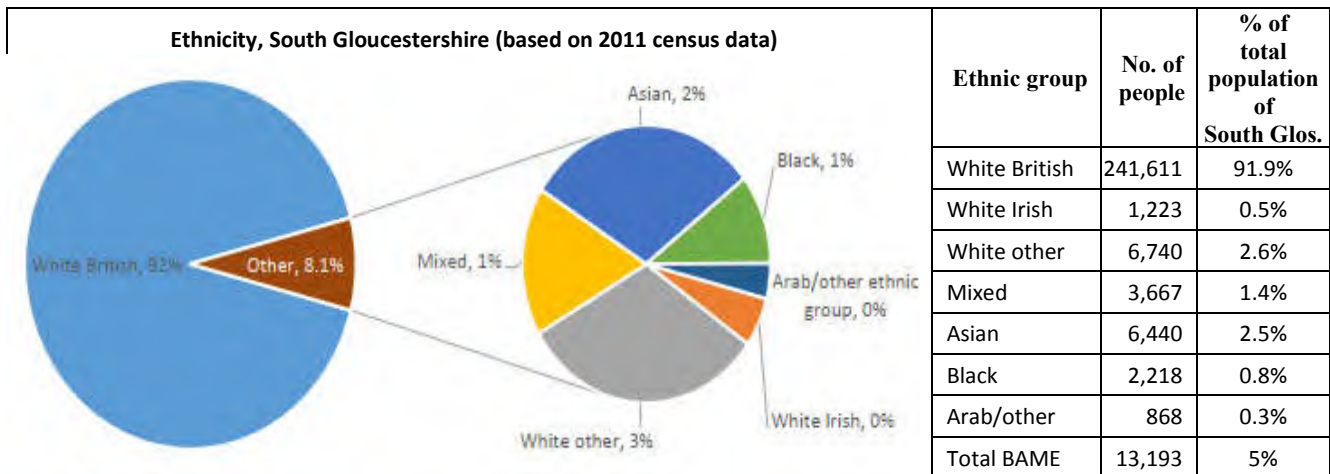
### 3. Demographic Profile: Trends and Forecast - A Changing Landscape

#### 3.1 Demographics Overview

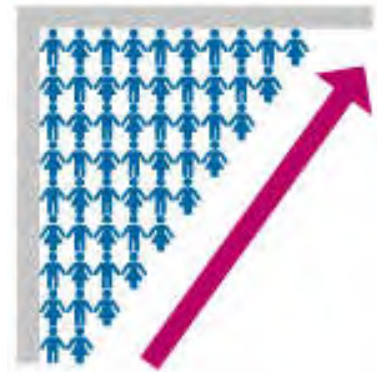
South Gloucestershire currently has a total resident population estimated at around 279,000 (ONS 2017-based mid-year population). This has increased by nearly 13% from 247,800 in 2002. The population increase hasn't been equal across all age groups, and has increased proportionally most in those age 75 and over (50% increase) and has decreased in those aged 30-44 (-10%).

Based on the 2011 census, it is estimated that in 2017 there were approximately:

- 279,000 people living in South Gloucestershire.
- Around 60% living in the urban areas surrounding Bristol, around 20% in the small market towns to the north and the rest in the rural areas in between.
- South Gloucestershire had a Black and minority ethnic (BME) population of 2.2% in 2002 which rose to 5% in 2011 but remained lower than the National average of 14%.
- There are currently no up to date reliable data sources for ethnicity at a local level, but modelled data based on the annual population survey suggests that the South Gloucestershire ethnic minority population is 6%, higher than the Census data suggests but still significantly lower than the England estimate of 13.6%. Source: PHE Public Health Outcome Framework.



The population is set to grow substantially, with the main driver for population growth in recent years being natural change, i.e. more births than deaths, and inward migration. Projections based on the ONS 279,000 2011 Census figure are that there would be around 284,000 people by 2018, 318,400 by 2037 and then rising to 335,200 by 2041, representing a 21.1% increase on the 2016 baseline.



At the last 2011 Census, older people aged over 65 made up 18.6% of the population compared to 18.2% for England. Under 15s made up 18.7%, slightly higher than the England average of 17.8%. South Gloucestershire also had a broadly similar proportion of people at working age (62.7%) compared to the rest of England (63.5%).

In May 2019 South Gloucestershire changed its ward boundaries from 35 administrative wards to 28 and their location and geographical size are shown on the map below.

**Map 1: South Gloucestershire wards (May 2019)**



Compared with the above 2011 census figures, the following table illustrates the age profile of the South Gloucestershire population in 2018, based on the most recent current figures available, at the time of publication.



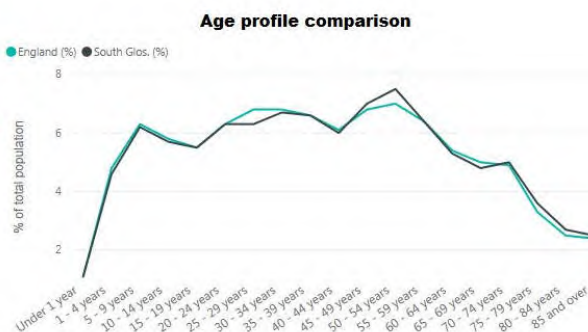
## Age profile for South Gloucestershire (2018) – population by age and gender



According to the latest estimates, in South Gloucestershire 49.6% of the population are male and 50.4% are female. The broad age structure is largely consistent with the national (England) average, however compared to the national average, South Gloucestershire has:

- A lower proportion of the population in the 25-29 age group (0.5% below the national average).
- A higher proportion of the population in both the 50-54 (0.5% above the national average) and over 70 age groups.

Source: ONS Mid year population estimates 2018



The latest 2018 based ONS projections suggest that the age structure of the population of South Gloucestershire will continue to change between now and 2041. Although the number of children is likely to increase steadily toward 2041, the proportions will remain broadly consistent at around 18%-19%. However, the continuing trend that will impact the most on health and social care budgets is the predicted ongoing increase in the proportion of older people aged over 65 years increasing by around 4%, and a similar reduction proportionately of the number of working age residents by around 4%.

Population change 2016-41				
Age Group	2016 counts	2041 counts	Change counts	Change %
Children (0-15yrs)	51,500	61,400	9,900	19%
Working age (16-64 yrs)	173,800	197,900	24,100	14%
Older people (65+)	51,400	75,900	24,500	48%
<b>Total</b>	<b>276,700</b>	<b>335,200</b>	<b>58,500</b>	<b>21%</b>

Proportion of population (%)		
2016 %	2041 %	Change %
19%	18%	-1%
63%	59%	-4%
19%	23%	4%
<b>100%</b>	<b>100%</b>	<b>0%</b>

Source: Nomis population projections by single year of age (to nearest 100)

In terms of more people living longer, the largest predicted increase within the 65+ age group relates to the over 85s. According to current projections this section of the community will have nearly tripled proportionately by 2041. This means that compared to 2016, where there were 6,700 people aged over 85 years, by 2041 this figure will likely have risen to over 15,000.

Being able to determine where the principal increases and/or largest populations of older people will be in the future will assist with planning for the ageing population. However, official population projections do not go down further than the Local Authority level making more local planning problematic. Based on current ward level age specific populations and age specific death rates, assuming there is little inward or outward movement, the wards that are likely to have the largest older people's populations by 2037 are Stoke Gifford, Emersons Green, Frampton Cotterell, Staple Hill & Mangotsfield and Thornbury. Whilst in South Gloucestershire as a whole the 65+ population is expected to increase by 47% by 2037, the ward by ward percentage increases vary considerably. Source: Joint Strategic Needs Assessment 2019.

## 3.2 Children and Young People

South Gloucestershire has a very similar proportion of young people as the rest of England, with 0-15 year olds making up 18.7% of the overall population. The number of babies born to a resident of South Gloucestershire rose from approximately 2,600 in 2003 to a peak of 3,400 in 2012 – an increase of over 30%. The baby boom has started to show signs of decline with the number of resident births falling between 2012 and 2014. However, in the period to 2037, there is projected to be a 6% increase in births.

### 3.2.1 Early Years

Rates of infant mortality have fallen consistently over the last decade. In South Gloucestershire in 2015-17 there were 33 deaths amongst infants, equating to 3.5 per 1,000 live births. The rate is consistent with regional (3.3 per 1,000 live births) and national (3.9 per 1,000 live births) rates.

### 3.2.2 Smoking

Nationally some 80% of people who smoke started as teenagers and it can be presumed that this will be the same for smokers who live in South Gloucestershire. The 'What About YOUth' (WAY) survey released in 2014/15 indicated that 9% of 15 year olds in South Gloucestershire were current smokers, higher than the England average of 8.2%. The online pupil survey indicates that rates of smoking in Year 10 are significantly higher in those who are entitled to Free School Meals; 1 in 10 pupils who do not receive free school meals were smokers compared to 3 in 10 pupils receiving free school meals.



While most children in South Gloucestershire live healthy lifestyles, a considerable number are engaged in risky behaviours with immediate and long term consequences for their health. An online pupil survey undertaken by around 6,000 children in South Gloucestershire schools in 2014/15 provided a rich picture of the health issues of our children alongside routine data sources.

### 3.2.3 Physical activity and obesity

Physical activity amongst children is an essential aspect of child development. Immediate health benefits include reducing risk factors for obesity, improving motor skill development and social and emotional health. Habits track from childhood to adulthood and long-term maintenance of physical activity levels into later life can also impact on health. In children aged 2-15 years in England, 68% of boys and 76% of girls do not meet the Chief Medical Officers' physical activity recommendations. In South Gloucestershire, the online pupil survey found that 66% had at least 4 hours of physical activity per week, the level of activity higher in secondary schools (74%) compared to primary schools (63%).



Obese children are more likely to be ill, be absent from school, and to require more medical care than non-obese children. They are also more likely to become obese adults, with a higher risk of disability, premature mortality and chronic ill health. 17.8% of reception age (4-5) children in South Gloucestershire were overweight or obese in 2014/15. This is lower than the South West and England averages. In year 6 children (age 10-11), 27.0% were overweight or obese. Again this figure is lower than the South West or England average but means that by the age of 11 more than 1 in 4 of our children weigh more than is healthy for them. Levels of childhood obesity have declined in recent years although childhood obesity is higher in more deprived areas.

### 3.2.4 Mental Health

One in ten children aged 5-16 are estimated to have a diagnosable mental health problem in the UK. Around 4,800 children and young people aged 5-19 in South Gloucestershire have a mental disorder. The online pupil survey undertaken in 2014/15 found that 7.2% of secondary pupils were habitual self-harmers. Hospital admissions due to mental health conditions has increased over the last 5 years as have admissions for self-harm in those under 19. Local rates of hospital admissions relating to/as a result of self-harm are similar to the national average.



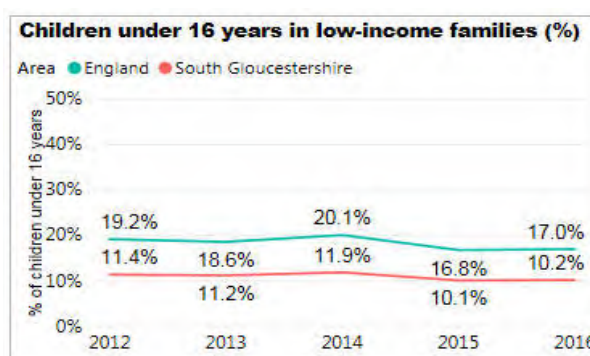
### 3.2.5 Poverty

Analysis of the latest data at ward level shows that there is just one ward in South Gloucestershire where the proportion of children in low income families is higher than the national average and that is Patchway with 20.2% of children under 16 in low income families. Source: Economic Briefing (published May 2019).



In August 2016, there were just over 5,000 children living in poverty in South Gloucestershire, two thirds of whom live outside the priority neighbourhoods. South Gloucestershire has a lower percentage of children living in low-income families (10.2% of those under 16 years of age) compared with the national average in England (17.0%).

Source: HM Revenue & Customs – Personal Tax Credits Snapshot, Aug 2016 (published Dec 2018)



### 3.2.6 Looked After Children

South Gloucestershire continues to experience incremental but significant increases in the size of its Looked After Children (LAC) population. In March 2017 there were 175 children in care and by March 2019 this figure had increased to 190. As of November 2019 there were 198.



Whilst this increase is not dissimilar to the national average, educational outcomes are poor across the group, and too many young people still leave care with poor educational attainment and end up long term unemployed. It is estimated nationally that care leavers constitute 20% of young homeless, 24% of the adult prison population and 70% of sex workers. The proportion of care leavers not employed, in education or training was 48% in 2014/15. However, South Gloucestershire has continued to invest in supporting it's looked after young people and care leavers. As a result the feedback from the young people is that they feel valued and supported and part of a real corporate family.

### 3.2.7 Youth Homelessness

The Council is continuing to expand and develop services to ensure that as many young people faced with homelessness as possible, including care leavers, are housed in suitable accommodation. The Council's Housing Related Support programme (known as HRS and formerly Supporting People) retains a special focus on providing supported youth housing for 16 – 25 year olds, along with a dedicated young people's floating support service.



This is complemented by various higher support initiatives where care leavers and young people in need of higher levels of support can be housed within adoptive families, sponsors or shared and individual community settings. This is reversing the previous trend of expensive out of area placements, producing better value for money as well as better outcomes for the young people themselves.

### 3.2.8 Young Offenders

In 2014 there were 129 first entrants to the criminal justice system aged 10-17 in South Gloucestershire. In 2016 there were 65 but a further 95 community resolutions were issued by the police, these being seen as more positive alternative ways of dealing with less serious crimes. The local rate of first time entrants to the criminal justice system has in the past been consistently higher than the England average although rates have fallen over time. Additionally, the proportion of young offenders who re-offend has also decreased in more recent times.



### 3.2.9 Young Carers and Young Adult Carers

Young Carers are children and young people under 18 who look after someone in their family who has a disability, long term illness or is affected by mental ill health or is misusing alcohol or substances. The 2011 census identified 1750 children and young people in South Gloucestershire aged 0-18 who were providing unpaid care for siblings, parents or other family members.



### 3.2.10 Disabled Children and Young People

Young people with disabilities and/or learning difficulties are more likely to have poor outcomes compared with their peers, including lower educational attainment, poorer health outcomes and poorer employment opportunities. Families with a disabled child are more likely to have parents out of work and are also more likely to suffer family break up.



There is an estimated 3.0 – 5.4% of children who have disabilities and when applied to South Gloucestershire this equates to between 1,607 and 2,893 children with some level of disability. In 2019, around 1400 young people had an EHC plan and there are around 330 children with severe and moderate learning difficulties or physical disabilities. Levels of special educational needs are highest amongst males.

### 3.2.11 Child Sexual Exploitation (CSE)

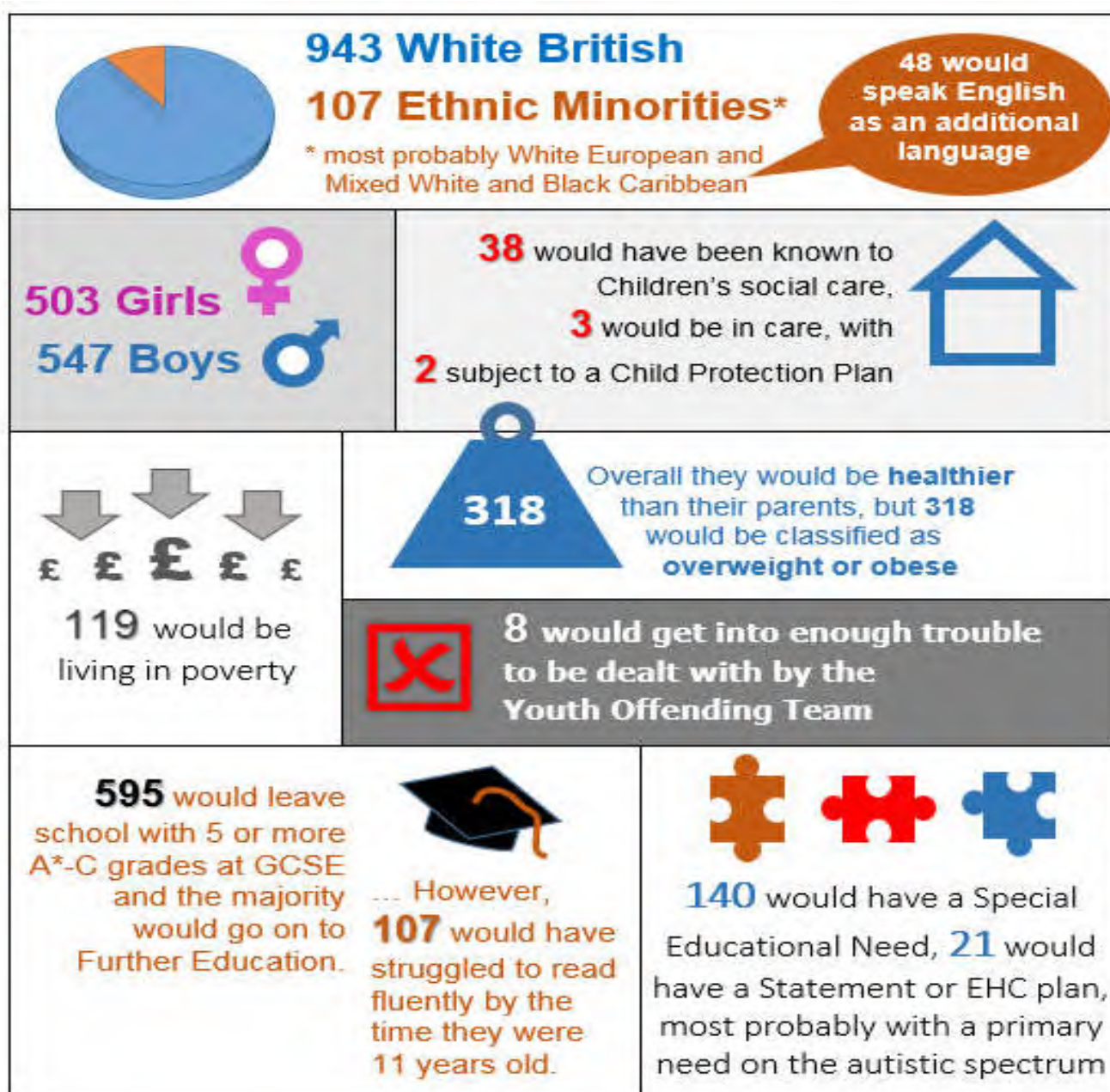
Child Sexual exploitation is child sexual abuse. It occurs where an individual or group coerces, manipulates or deceives a child or young person under the age of 18 into sexual activity. The victim may have been sexually exploited even if the sexual activity appears consensual. CSE does not always involve physical contact, it can occur through the use of technology.



As an indicator, in 2016 there were 19 children assessed to be at medium or high risk of CSE in South Gloucestershire. Delivering basic safeguarding information to children and young people is important to explore ideas around what is a 'healthy' sexual relationship and one which is free from coercion or control.

### 3.2.12 Young People's Demographics at a glance:

We have applied South Gloucestershire's statistical data to an average secondary school of 1050 children, as shown in the following infographic:



### 3.3 Adults and Older People

At the other end of the scale, in the adult population we are faced with a growing ageing population. Over the next 5-20 years life expectancy will continue to increase as people from the post-war ‘baby boom’ reach old age. Longer term ONS projections suggest that there will be an extra 24,500 people aged over 65 years in South Gloucestershire by 2041 compared to 2016 figures, i.e. an increase of 66%.

South Gloucestershire has a slightly older population compared to England with older people aged over 65 making up 18.6% of the population, which is greater than the 18% for England. Source: ONS mid-year population estimates 2017. The next table shows the estimated totals for different aged bands.

**Estimate resident population proportions by age and sex, 2017**

Age band	Males	Females	Total Persons
Age 65-69	6,900	7,300	14,200
Age 70-74	6,700	7,100	13,800
Age 75-79	4,500	5,200	9,700
Age 80-84	3,300	4,200	7,400
Age 85-89	1,800	2,600	4,400
Age 90+	800	1,700	2,400
<b>Total</b>	<b>138,400</b>	<b>140,600</b>	<b>279,000</b>

Source: ONS mid-year population estimates 2017 (rounded to nearest 100)

As detailed in the earlier Demographics section, the age structure of the population will continue to shift towards a greater number of residents proportionately of non-working age, i.e. over 65 years old. The headline figure for health and social care budgets is that between 2016 and 2041, is the prediction that over 85s will have nearly tripled proportionately by 2041. This means that compared to 2016, where there were 6,700 people aged over 85 years, by 2041 this figure will likely have risen to 15,000 and this is the group of people who will be most reliant on statutory care and support in the community or in a residential nursing setting. In terms of immediate pressures, the latest 2019 estimates predict an expected significant increase in the proportion of over 85s between 2020 and 2025.

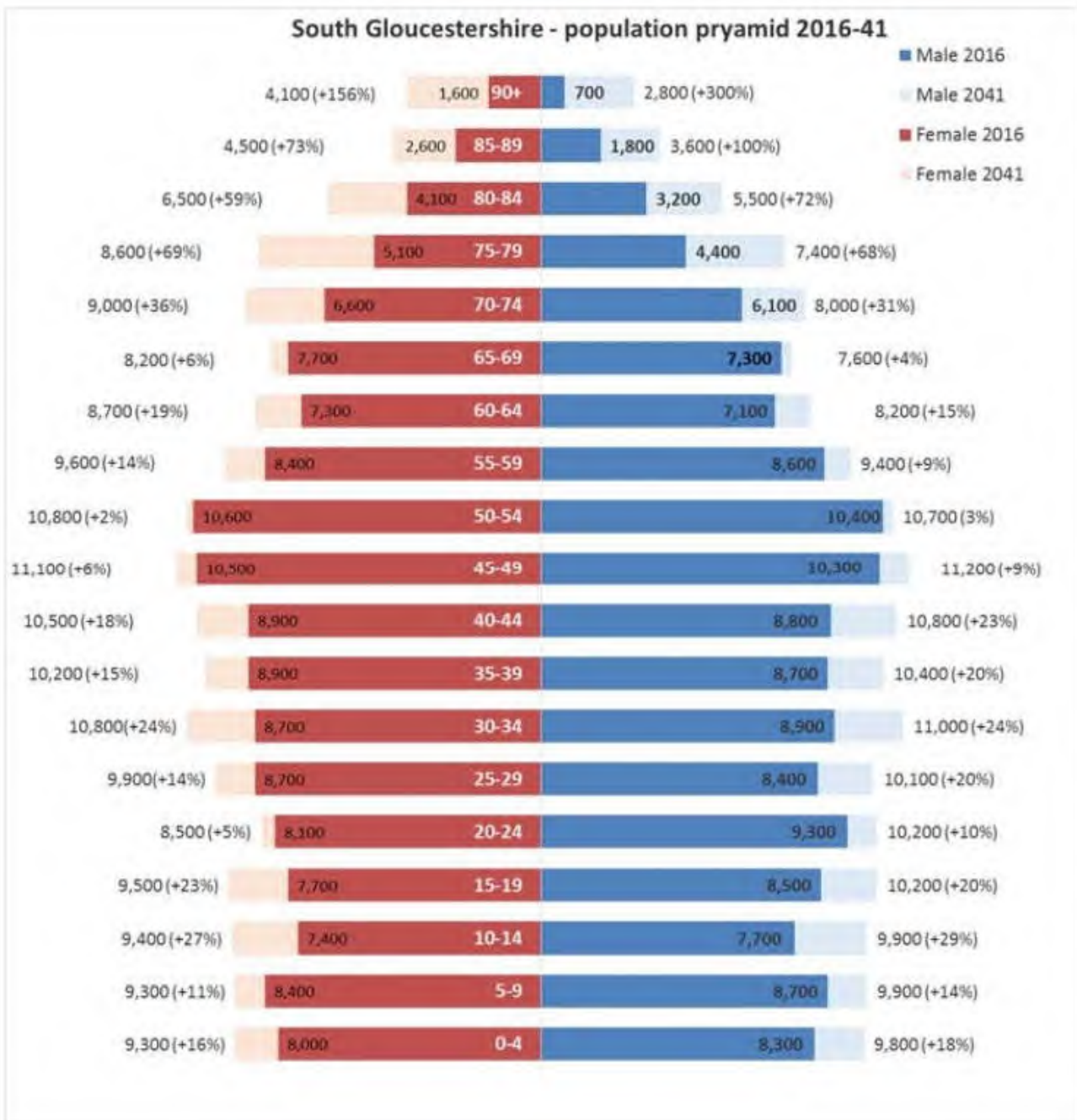
#### 3.3.1 Dependency ratio

According to the Joint Strategic Needs Assessment 2019:-

- The proportion of the population who are of working age is expected to decline as the numbers of older people increase. This is measured by the dependency ratio – the number of non-working age people (aged 0-15 years or 65 years and over) as a percentage of people of working age (16-64 years).
- The dependency ratio in South Gloucestershire is currently 59.5%, similar to the national average of 59.1%. The South Gloucestershire dependency ratio has risen from the 2002 rate of 54% and is expected to increase to 66% by 2041. This change is driven by an ageing population as the 0-15 population is expected to remain proportionally stable over this time. It should be noted that dwelling led changes are not included in this estimate, though with an ageing population at a national level, an increase in the dependency ratio is still to be expected.
- Within South Gloucestershire there are high variation amongst the wards in terms of dependency ratio, with the minimum being 13.6% (Stoke Park & Cheswick) and the maximum being 78.5% (Severn Vale), the former owing to the significantly large student population, and the latter due to

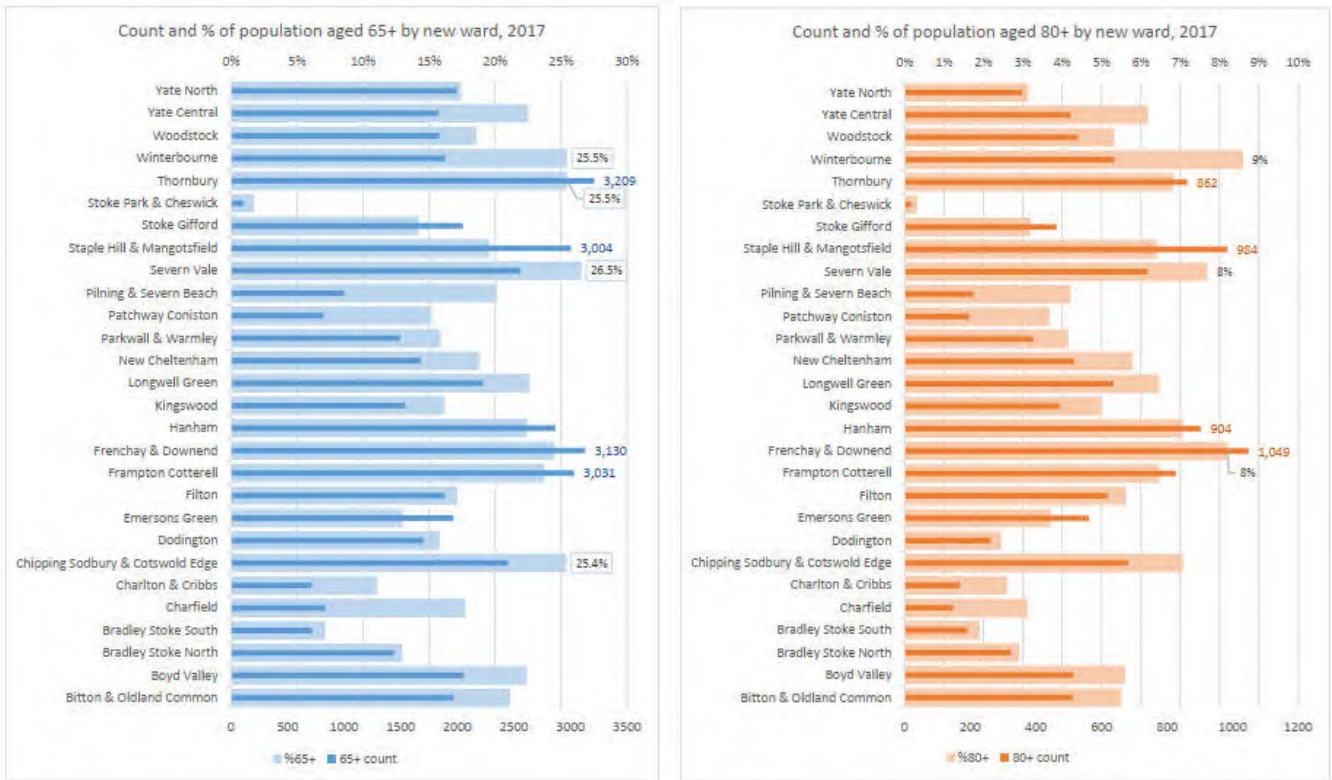
the large elderly population. The dependency ratio for older people (65 years and over) in South Gloucestershire is 30%. This is expected to be 38% in 2041.

The predicted age structure change in detail is displayed in the table below, which shows the South Gloucestershire population projections for 2016-2041.



The wards with high numbers of adults aged 65 or over are Thornbury, Frenchay & Downend, Frampton Cotterell and Staple Hill & Mangotsfield. However Severn Vale, Winterbourne, Thornbury and Chipping Sodbury & Cotswold Edge have the highest proportion of over 65s with 26.5%, 25.5%, 25.5%, and 25.4% respectively (compared to the South Gloucestershire average of 18.6%). The following table illustrates the proportions of adults aged over 65 and over 80, according to the new ward boundaries which came into effect from 2017.

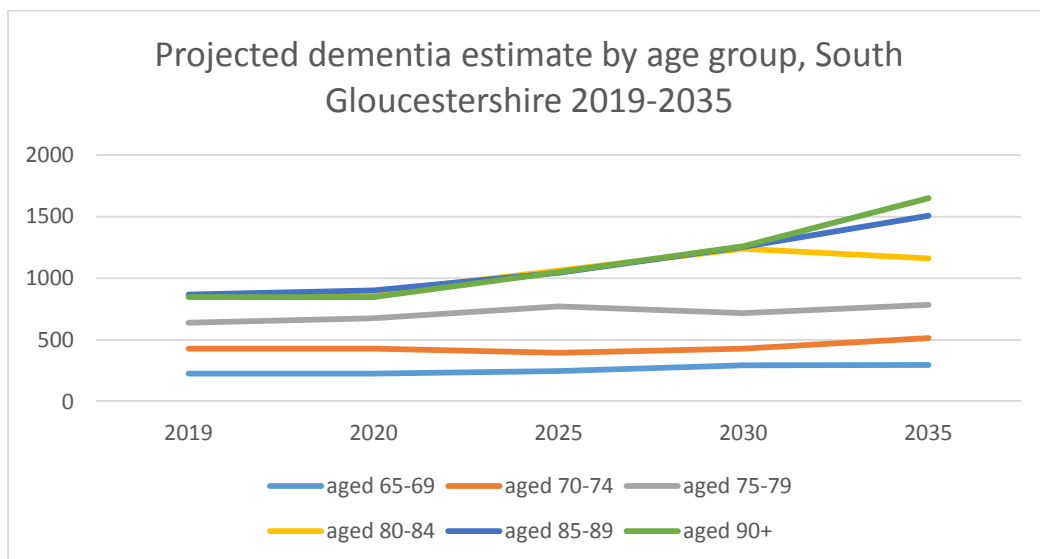
**Count and proportion of adults aged 65 and over, and 80 and over, by new ward**



**3.3.2 Dementia**

Dementia is not a natural part of ageing, but age is the biggest risk factor for developing dementia. In an ageing population, the increasing prevalence of dementia and the need to develop appropriate support and a variety of services to meet the needs and expectations of our citizens, is an increasing challenge.

In 2019 it is estimated that 3,879 South Gloucestershire residents over 65 years have dementia. A growth in the elderly population is predicted to increase the number with dementia in South Gloucestershire to 4,571 by 2025 and 5,918 by 2035. The number of people over 90 years with dementia is estimated to double by 2035 (POPPI 2019).





### 3.3.3 Physical Disabilities

According to the 2011 census 18% of the population of South Gloucestershire aged sixteen and over has day to day activities limited by a long term health problem or disability, which is lower than the England average of 21%. Figures for the prevalence at an all age population are 15.6% and 17.6% for South Gloucestershire and England respectively. Based on the 2011 census figures it is estimated that there are approximately:

- 25,100 people aged 65 or over with a limiting long term illness that limits their day to day activities and this figure is predicted to rise to 34,000 by 2035
- of those aged 18-64, 9,200 have impaired mobility and 8,160 with a moderate or serious personal care disability - figures are set to rise to 9,670 and 8,533 respectively by 2035
- 1,607 children have a serious level and 2,893 children have some level of disability
- 3,851 adults aged 18-64 have a serious physical impairment and 13,034 have a moderate impairment
- 9,067 people over 65 are unable to manage at least one mobility activity on their own.

### 3.3.4 Mental Health

Mental health problems can affect the way someone thinks, feels and behaves. They affect around one in four people in Britain, and range from common mental health problems, such as depression and anxiety, to more rare problems such as schizophrenia and bipolar disorder. Mental health problems can affect anyone, regardless of age, race, gender or social background. Without care and treatment, mental health problems can have a serious effect on an individual and those around them.

#### **Mental health in the UK and South Gloucestershire – Facts & Figures at a Glance**

In the UK, at least one in four people will experience a mental health problem at some point in their life; at any one time, one in ten children aged five to sixteen and one in six adults has a mental health problem. People with severe mental illnesses will die on average 20 years earlier than the general population. Mental ill health is very expensive.

**The cost of mental health problems in the UK is estimated at £105 billion annually; these costs are expected to double in the next 20 years**

#### **10% increase in demand for support from mental health services in 2016**

Difficulties in accessing services and problems with the consistency and continuity of care have previously been highlighted by service users. Service users and other groups including regulators have expressed concerns about engagement, access and quality of care.

Similar to the national picture, there is increasing demand for community and inpatient mental health services in South Gloucestershire.

#### **Highest rate of mental health hospital admissions was from GP practices in Priority Neighbourhoods**

With the exception of eating disorders, the prevalence of mental health conditions was higher in people from the most deprived socioeconomic groups and those from Priority Neighbourhoods. Local data were not available on the prevalence of personality disorders.

**There is an increasing trend in the reporting of dual diagnoses of mental illness and substance misuse in South Gloucestershire, possibly due to better integration of drug and alcohol services with mental health services, better data recording or increased confidence of service users in reporting.**

For general mental health and wellbeing, the Council's recently launched One You South Gloucestershire service (OYSG) has a range of free options for mental health and emotional wellbeing support for those aged over 18 who live in the Council's area. However, for more serious problems the Bristol, South Gloucestershire and North Somerset CCG strongly advises that someone should make an appointment to see their GP in the first instance

Following increasing demand for the Improving Access to Psychological Therapies (IAPT) programme across the Bristol, South Gloucestershire and North Somerset areas the combined CCG has been improving Access to Psychological Therapies (IAPT) services offering. This support is aimed to get the best results and helps people to help themselves, so that they can get back to enjoying life and engaging with work or daily activities. Everyone's psychological and emotional issues differ and therefore various levels of support are offered. Local IAPT programmes offer a range of group and 1:1 therapies at both low and high intensity. From 1st September 2019, Vita Health Group began delivering the IAPT service in Bristol, North Somerset and South Gloucestershire. Vita Health is an award-winning specialist provider of Mental and Physical Health Services. Their aim is to provide accessible, transparent, high quality care, and engagement with the community is at its core. As a result, access to IAPT has improved significantly over the last 12 months which reflects an increase in investment from the CCG and the service now meets national access and patient outcome targets.



Prior to the implementation of OYSG, the Council had improved access to community based support for people with sub threshold mental health conditions, largely due to initiatives funded via the "Everybody's Business Grants". For example, in 2016, three dedicated projects were funded which were targeted at people who experience common mental health disorders such as mild depression and anxiety. In addition to this the waiting time for people to access diagnostic assessment has reduced due to revised funding arrangements (see separate section on Autism below). There is however still a lack of support for people suffering from minority mental illness conditions such as Huntington's disease, which has a national prevalence in people between 51 and 60 years old of 15.8 people per 100,000, which would equate to 41 people of that age group having the condition in South Gloucestershire. Although the acute response to mental health crises is good, there is less support for longer term care.

### 3.3.5 Autism

Autism is a developmental disorder. It is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people. Autism occurs early in a person's development. Asperger's syndrome is a form of autism. People with autism are much more likely to experience social isolation, mental health issues and difficulties in accessing employment. More than 1 in 100 people have autism; that is equivalent to approximately 2,700 adults and children in South Gloucestershire. In South Gloucestershire there were 120 adult referrals from GP practices to the Bristol Autism Spectrum Service from April 2018 to March 2019. Due to the existing waiting list 60 diagnostic assessments were completed (39 in males, 21 in females) with the largest numbers being in the 20-29 and 30 – 39 age groups. As of 31st August 2018, there were 50 individuals waiting for full diagnostic assessment and 17 individuals awaiting a triage assessment on the South Gloucestershire waiting list.

### 3.3.6 Sensory Impairment

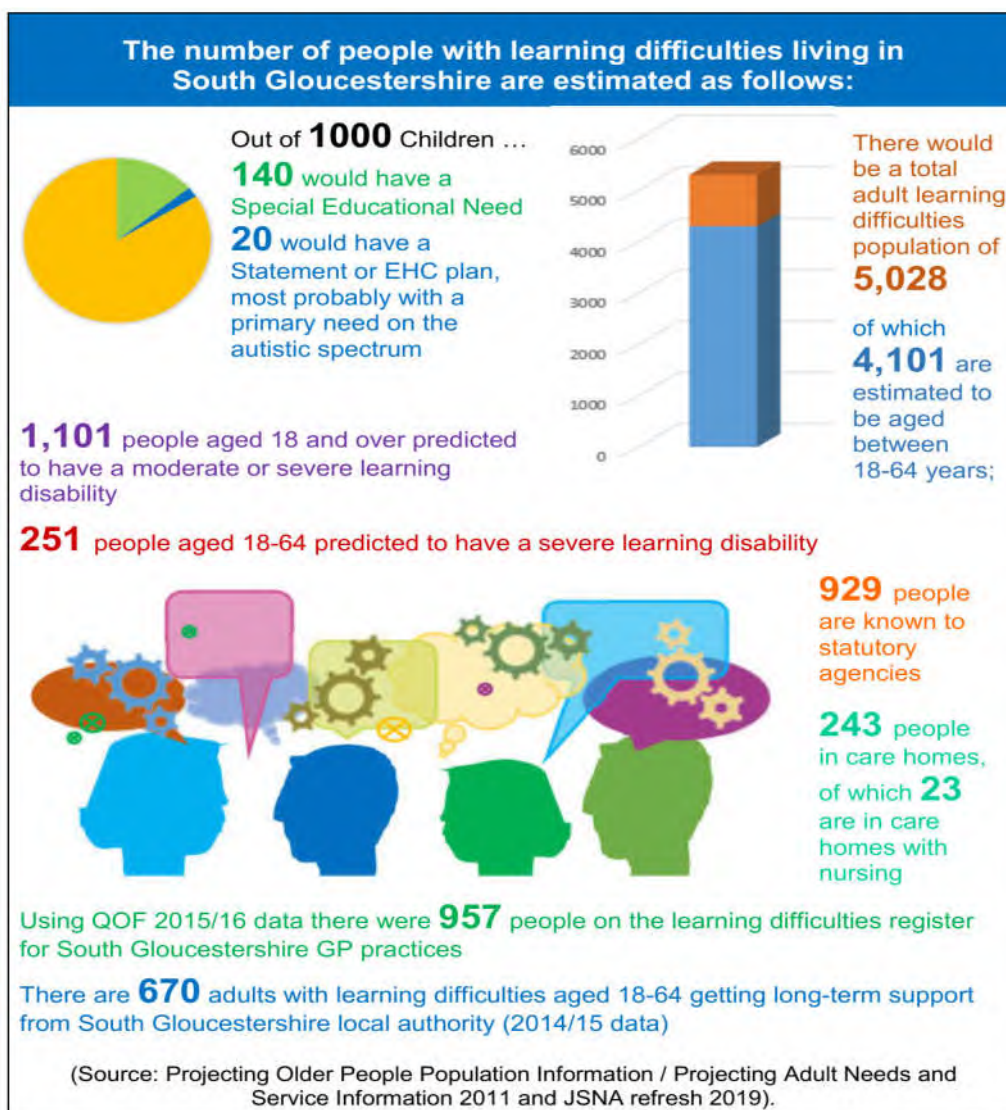
The term sensory impairment encompasses visual loss, including blindness and partial sight, hearing loss, including the whole range of multisensory impairment, which means having a diagnosed visual and hearing impairment with at least a mild loss in each modality, known as Deafblindness. 70 people in every 100,000 over the age of 60 are Deafblind. For older people, particularly those with other impairments, adapting to sight and/or hearing loss can be a difficult process. This can impact on people's confidence and aspirations in many areas of life.

Older people with sight loss or hearing loss are at greater risk of social isolation than the general population. People with learning disabilities are ten times more likely to be blind or partially sighted than the general population. People with sight loss of working age are more likely than those in the general population to live in a household with an income of less than £300 a week (RNIB). Only one in three registered blind and partially sighted people of working age is in paid employment. They are nearly five times more likely than the general population to have had no paid work for five years.

Hearing loss affects one in six of the population, or ten million people in the UK. By 2031 it is estimated that there will be 14.5 million people with a hearing loss in the UK. Hearing loss has high personal and social costs and can lead to social isolation and consequent mental ill health. Communication is the principle challenge for people with hearing loss and the deaf community is a linguistic and cultural minority with specific access needs. It is also estimated that around one per cent of the population has tinnitus that affects their daily life.

### 3.3.7 Learning Difficulties

The infographic below displays the estimated number of people who have learning difficulties living in South Gloucestershire. In 2019, 1101 people aged over 18 were predicted to have a moderate or severe Learning Disability and 251 people aged 18-64 are predicted to have a severe Learning Disability. Of these, 243 adults will be in care homes, of which 23 will be in nursing care homes.



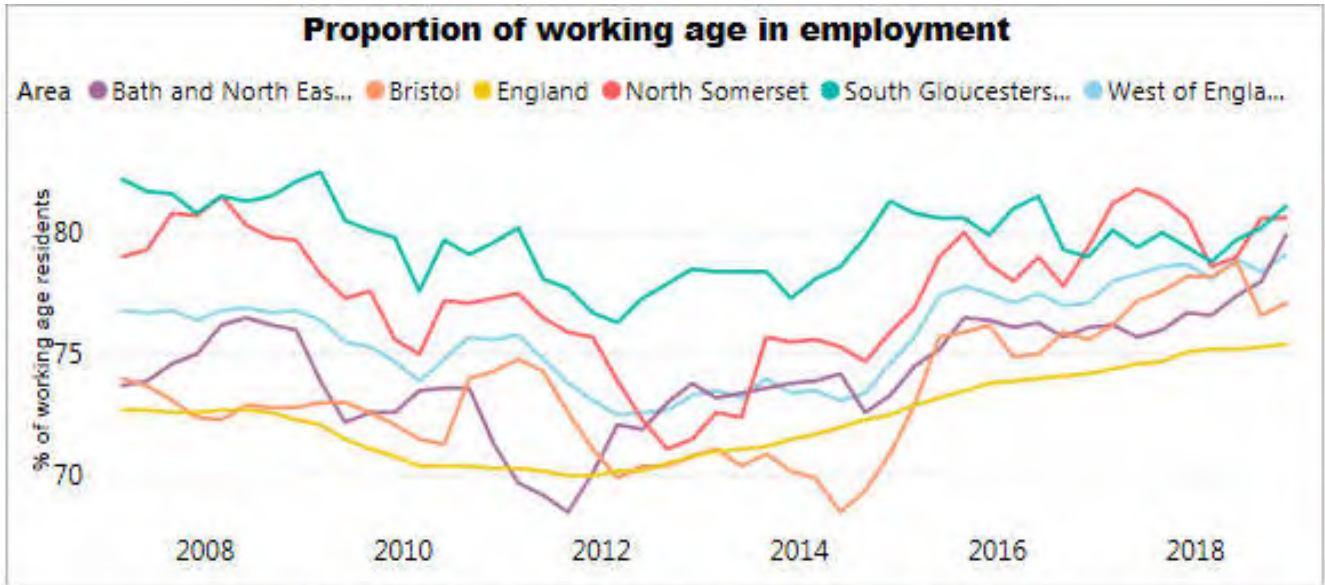
### 3.4 Local Employment and the Economy

#### 3.4.1 Wages and work

From January to December 2018, 81.1% of South Gloucestershire’s working population (16-64 year olds) were in employment. This is an increase on the figure from the previous year (78.8%) and remains above both the national average in England (75.4%) and regional average (79.1%).



Source: Economic Briefing, published May 2019.

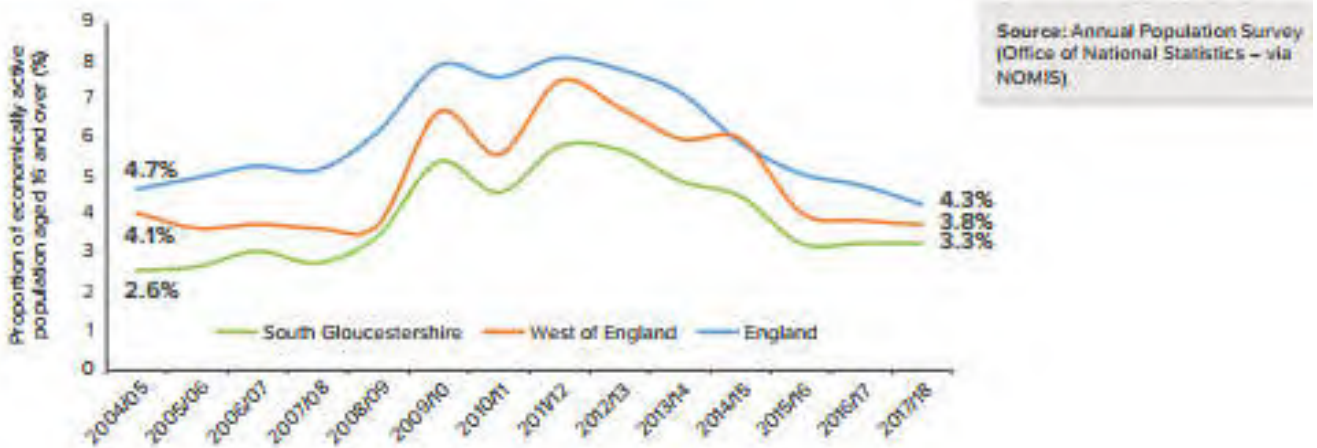


Source: ONS Annual Population Survey (2008 onwards) - via NOMIS



The official unemployment rate was 3.0% (lower than the rate recorded at the same point in the previous year at 3.6%), and comparably lower to the national average of 4.1%.

#### Unemployment rate



The average wages for a full time worker resident in South Gloucestershire are £567.80 per week, with the median annual earnings for residents working full-time being £30,720 gross annual pay, which is higher than the national average of £29,869.



Whilst this is good for the wealth of the district it also means that it could be more difficult for health and social care service providers to recruit and retain staff against the competition from other employers. In fact, in November 2018 alone, 134 new small businesses started up in the district, most of whom would be looking to the local employment market for staff (Source: Economic Briefing published May 2019).

By November 2016, the number of local residents claiming job seekers allowances had fallen to 1,030 (from 1,500 in June 2015), with local unemployment continuing to fall since and running at only 3% by June 2018. The number of young people aged 16/17 years old not in education employment or training (NEET) in March 2019 was 1.8%, which compares favourably to the national (England) average of 2.8%. There is, however, an ongoing challenge to attract people seeking work, as well as up and coming school leavers, to consider a job or even a career in the care industry (Source: Economic Briefing published May 2019).



### 3.4.2 Housing and Rent

With the median house price at £268,000 (higher than the national average of £239,000 in England) and with high private rents and a shortage of social housing, these are factors which may make it difficult for lower paid workers in the care sector to move to this area for work. The number of live applications on the Council's housing register stood at 4,054 in January 2019 (25.5% lower than the 5,444 in March 2015).



However, the demand for social housing in the district remains high as assessed in the Greater Bristol Strategic Housing Market Assessment updated in 2018. It is recognised in the JSNA that a lack of suitable housing can be a barrier preventing the recruitment and retention of an adequate workforce for housing, health and social care providers. However, no formal assessment has been undertaken to date for South Gloucestershire.

### 3.4.3 The Social Care Workforce

As is a continuing theme throughout this document, the provision of a sufficient, trained and resourced social care workforce is essential and this will need to increase in order to meet the increasing demands of population growth. This is particularly relevant in respect of an increasingly ageing population and people living longer with disabilities and long term health conditions.

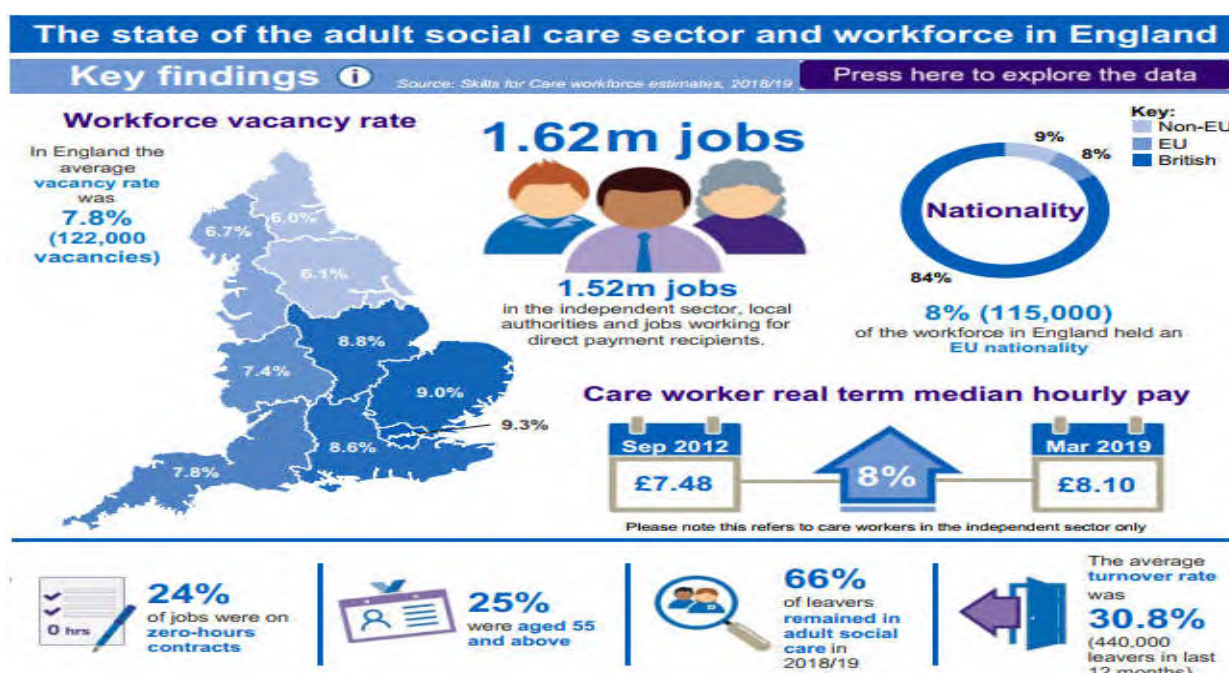
A recent 2019 Skills for Care report has produced the national profile of the social care workforce:

- The overall picture is very similar to the 2018 profile. Although projected growth in number of new jobs created by 2035 has reduced by about 10%.
- National living wage has made an impact on hourly take home pay – an average increase of 39 pence per hour (5.2% increase).
- The level of EU and non EU workers remains similar at 8% & 9% respectively.
- Vacancy rates and turnover rates at 8% and 33% respectively overall in the care sector.

The increasing issues of price and availability of care and support in the community is affecting the ability of the care market itself to provide services. Care providers, as well as local commissioners and private individuals are competing to employ those who still work in or willing to enter the sector. Notwithstanding the drive to encourage alternatives through assistive technology or strengths based approaches, it is expected that demand will continue to increase and outstrip supply. Key findings from the report confirm the situation nationally:

- The estimated turnover rate of directly employed staff working in the adult social care sector was 30.8%, equivalent to approximately 440,000 leavers over the year.
- It is estimated that 7.8% of the roles in adult social care are vacant, equal to approximately 122,000 vacancies at any time.
- Around a quarter of the overall workforce (24%) were on a zero-hours contract (370,000 jobs). Almost half (43%) of the entire domiciliary care workforce were on zero-hours contracts and this proportion was even higher for the care workers themselves (58%).
- The average number of sickness days was 4.8, which equates to approximately 6.94 million days lost to sickness in 12 months.
- The majority (84%) of the adult social care workforce were British, 8% (115,000 jobs) had an EU nationality and 9% (134,000 jobs) a non-EU nationality.
- Since the introduction of the mandatory National Living Wage (NLW) care worker pay in the independent sector has increased at a higher rate than previous years (but this has in turn put more pressure on employers and profit margins).
- Care workers in the bottom 10% of the pay distribution benefitted the most from the introduction of the NLW (an increase of 9.4%) whereas the pay for the top 40% of earners increased at a slower rate.

Since 2009, the social care workforce has increased by around 22%. Although this has slowed in recent years, the current picture is of a market which is already overstretched, with staff moving from one employer or type of care work to another, with not enough new staff joining to keep pace with demand. In order to achieve a sustainable and sufficient size of domiciliary care workforce, the Government and care commissioners are once again contemplating the need to return to an in house workforce model. The following infographic shows the current situation with the social care workforce (Source: Skills for Care 2019).



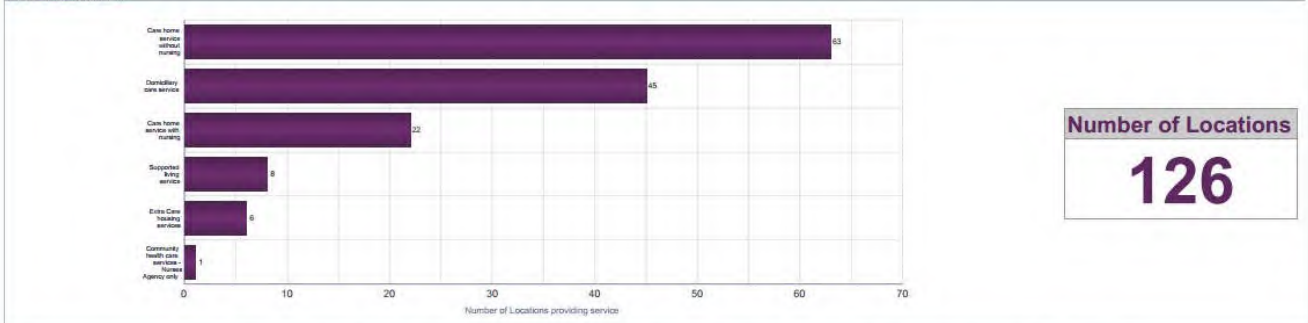
### 3.4.4 The Care Market and CQC Regulated Services in South Gloucestershire

The Council relies on a range of providers in the community and in care homes to undertake statutory assessed need level care and support. In the main, they are regulated by the Care Quality Commission (CQC). These services meet critical and substantial needs and sit above the preventative non-statutory commissioned services which aim to promote and maintain independence, in order to prevent or delay entry into this level of statutory services. It should be noted that in terms of the health and social care workforce and what is bought by private individuals to meet their support needs, that not all services are CQC regulated. Also, support workers such as Personal Assistants do not need to be CQC registered and it is therefore the responsibility of someone using their own funding or direct payments to make any necessary checks, including DBS.

As at September 2017, in South Gloucestershire there were 126 CQC regulated services made up of 63 residential nursing establishments, 45 domiciliary care providers, 8 supported living services, 6 extra care homes and 1 regulated nursing agency. Recently published figures from August 2019 reflect some slight changes to the overall market profile, with 58 care homes without nursing and 21 with nursing, 51 domiciliary care providers, 7 supported living services, 5 extra care and 3 nursing agencies, giving 127 active locations when taking into account the 1 Local Shared Lives service as well.

#### Active Locations in South Gloucestershire providing the following services

NB: Locations can provide more than one type of service  
Date run: 05/09/2017



#### Care Homes with Nursing in South Gloucestershire

Date run: 05/09/2017

Number of Locations

22

Total number of beds

921

#### Care Homes without Nursing in South Gloucestershire

NB: Care Homes can register both with and without nursing. Those have been classified only as a Care home with Nursing in this section of the report

Number of Locations

59

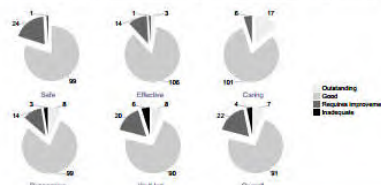
Total number of beds

1,026

#### Number of rated Social Care Org services by latest published ratings, by domain, in South Gloucestershire

Date run: 05/09/2017

Rating	Safe	Effective	Caring	Responsive	Well-led	Overall
Outstanding	3	17	8	8	7	7
Good	99	106	101	99	90	91
Requires improvement	24	14	6	14	20	22
Inadequate	1	1		3	6	4



The CQC area profile for September 2019 compares South Gloucestershire’s regulated services with national standards.

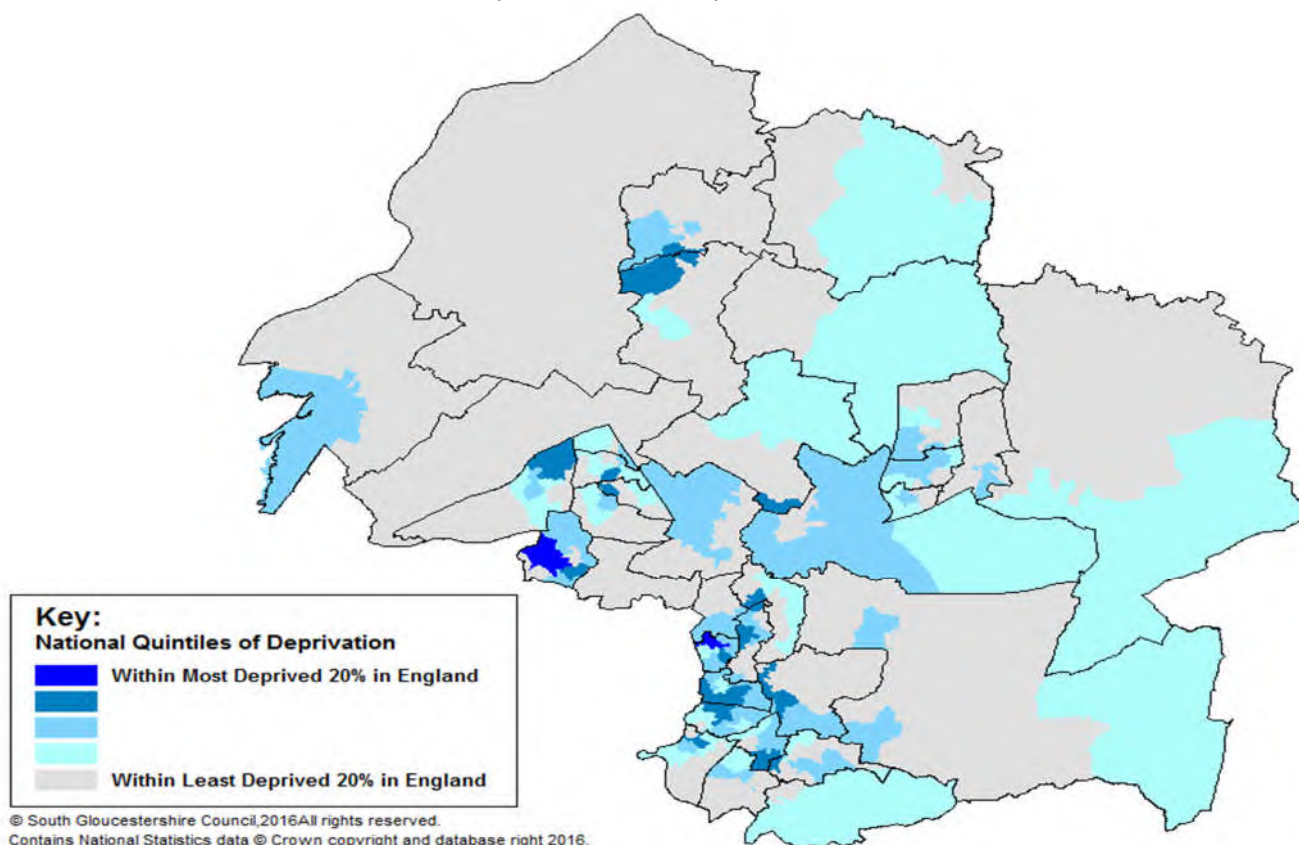
	Outstanding	Good	Requires Improvement	Inadequate
<b>South Glos.</b>	4.66%	73.06%	21.24%	1.04%
<b>National</b>	2%	67%	27%	4%
	(747)	(26676)	(10776)	(1623)

### 3.4.5 Wealth & Pockets of Deprivation

South Gloucestershire as a whole is an affluent area and only 10% of local authority areas in England are more so. Like most other areas in the country, there are locations which are much worse off, and they represent about 10% of the local population. These are known as ‘Priority Neighbourhoods’ and are in Kingswood, Staple Hill, Yate, Cadbury Heath and Patchway, although recently Filton has ceased to qualify under the PN Strategy.

#### **Indices of Deprivation 2015 quintiles for the Income Deprivation Affecting Older People Index (IDAOP), South Gloucestershire**

Source: National Statistics: Indices of Deprivation 2015, Department of Communities and Local Government



### 3.4.6 Welfare Reform and Benefits

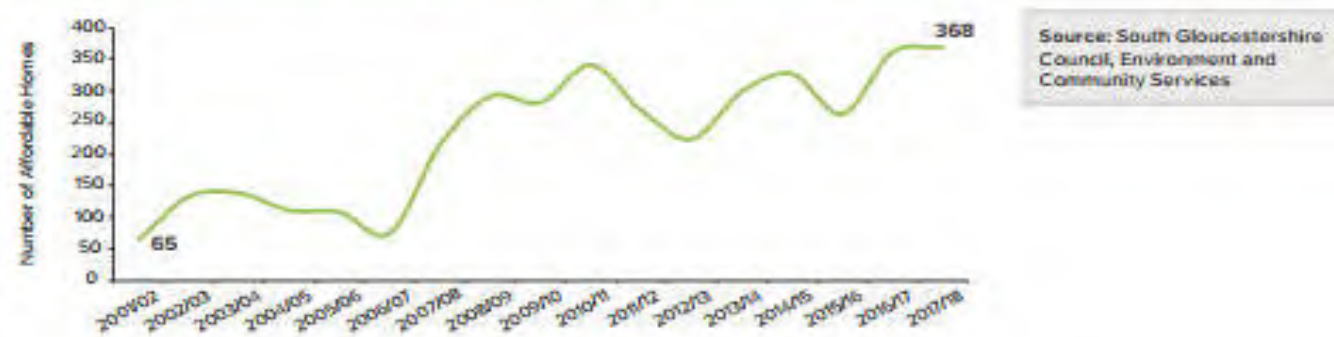
The Council recognises the continuing impact of welfare reforms, in particular on South Gloucestershire’s disabled population. This has particularly affected younger service users under the age of 35 in terms of accommodation based support. For example, we recognise that there is ongoing potential that these changes may increase demand for social care services, which in turn may impact on housing providers



with development strategies to deliver accommodation with care. This has been most notably the case for providers and service users in obtaining suitable service based accommodation and then permanent 'move on' housing for young people and adults with mental health support needs. Many households relying on benefits have been impacted by recent welfare reforms, which have affected their ability to pay rent at local market levels and further restricted their housing options and choice. The introduction of Universal Credit has already impacted on people in receipt of benefits and consequently the housing market, in terms of their ability to pay and notably because of delays experienced with assessment and payment processes.

Any reduction in the projected supply of new affordable homes, particularly rental tenures, will impact on those seeking affordable homes. The use of temporary accommodation measure by Councils in order to prevent or avoid homelessness is expected to increase proportionately, as people lose their homes and tenancies because either they are unable to pay or they have been priced out of the market by landlords being able to charge increased rents to higher earners. With less people being able to afford to buy a first home as well as increased student populations, this has caused even more pressure on the lower end of the rented accommodation market.

Number of Affordable Homes delivered in South Gloucestershire



In 2018/19 624 Affordable Homes were delivered in South Gloucestershire, the Council's highest number to date. Of these 220 were for Social Rent, 139 for Affordable Rent and 265 were for Shared Ownership. From April 2006 to March 2019 a total of 3933 Affordable Homes were provided in South Gloucestershire.

### 3.4.7 Emerging Demand and Population Changes

One aspect that these projections cannot accurately forecast is the effect of internal and external migration. For the most part, it is internal migration by people coming to work in South Gloucestershire's expanding industries or in later life, by people of retirement age moving to live near, or be cared for near to where their grown up children have settled. External migration may also be from war zones by refugees and people driven from their own countries by poverty, fear and oppression. Certainly, given that South Gloucestershire has a reputation as an attractive area in which to live and work, this in itself will generate population increase along with accompanying pressures on local services. What is also certain is that we must be mindful of our duty to provide care and support for all of our current and future citizens, as well as those who will come to live here temporarily for work or seek sanctuary in our area. To do this we must work increasingly with our providers, commissioning partners and local communities to ensure that we have the sufficient housing, care and support services in place now and in the future to meet the needs of everyone in our area.

### 3.4.8 Resources and Demand Profile

The Council's medium term financial plan (MTFP) Council covering 2014 – 2020 was agreed following widespread consultation to deliver a balanced budget over the period, with required projected savings in the region of £40m. Savings of £43m had already been achieved by 2014/15. In total, more than 2,300 people responded to the consultation and 68% identified care for vulnerable older people as the highest-priority service. Despite this the Children, Adults and Health Department's share of the £40million to be saved is £13.7 million (13%). As we deliver mostly statutory services and demand is growing, as opposed

to cutting across the services we provide, a significant amount of this will have to be achieved through changing how we commission services and support and this continues to shape how we will continue to work very differently now and in the future. Approaching the end of 2019, the Department is already experiencing financial pressures caused by projected overspends on both children’s and adults services.

### 3.4.9 Children, Adults & Health Department Expenditure for 2018/19 and 2019/20

The Department’s total expenditure on care and support for the current financial year is illustrated in the following table. It should be noted that some future costs will increase along with inflation uplift, whilst others will be influenced by the increased costs of providing additional services of all kinds in response to a growing population, particularly in respect of acute services as more people are living longer past 85 years old and into extreme old age. Clearly, the adults outturn figures predicts overspends in response to the increasing pressures caused by an ageing population together with Care Act requirements that the Council must meet any assessed need with the required level of care and support. However, the level of predicted overspend in respect of children’s services will also be particularly high, and these costs are of course not being offset by any service user contributions.

#### Children, Adults & Health Directorate – 2019-20 Expenditure

<b>Policy Budget Heading</b>	<b>Net Expenditure</b>	<b>Net Expenditure</b>
<b>Variance</b>	<b>Current 2019-20 Budget</b>	<b>2019-20 Forecast Outturn</b>
<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Integrated Children’s Services	26,968	30,277
Education, Learning & Skills	7,284	8,006
Adult Social Care	86,462	87,423
Housing Services	3,264	3,153
Public Health	1,275	1,275
Commissioning, Partnership & Performance	3,812	3,768
Business Support (including Directorate)	4,890	4,944
<b>Total CAH</b>	<b>133,955</b>	<b>138,846</b>

### 3.4.10 The Effect of More People Paying for or Towards their Care

Although costs to the Department have risen, latest figures indicate that more people are paying for their own care. They may buy their community or care home services directly or as part of their contributions to statutorily commissioned services, where they are eligible to receive care but their finances are ‘above threshold’ (currently £23,250 in the bank or as savings). However, there are significant regional differences. South Gloucestershire is a relatively affluent area with a higher proportion of home ownership. As a result there are more people who are able to pay for or towards their care. South Gloucestershire also attracts a high proportion of self-funders from outside of the area, many of whom move into the area to be close to their families.

## More people paying for care: big regional differences

10

- An estimated 170,000 (45%) of the 378,000 places in registered care home places in England are **self-funded**; 40% in residential care homes, 48% in nursing homes (IPC 2011)
- About **169,000 older people pay for home care** - 272,000 if those paying for help with IADLs is included. [By 2030, figures expected to be 250,000 / 400,658]
- **Large regional variations in England**– see Table, % of care home residents who self-funded in 2017

Source: Jarrett, 2018 (House of Commons Briefing)

North East	22%
North West	39%
Yorkshire & Humber	40%
East Midlands	50%
West Midlands	41%
East of England	46%
Greater London	46%
South East	62%
South West	50%

### 3.5 Market Analysis and Business Opportunities

The focus of the remainder of this document is an analysis and exploration of current market provision, trends, changing demands and priorities set against the various category managed areas of the Department's commissioning activities. Where possible we have described our specific commissioning intentions, any direction of travel and any consequently resulting business opportunities. Where practical the sections are ordered to follow the format of an individual customer's journey through services beginning with low-level preventative services and working through to more intensive care and support such as Residential and Nursing Care. We have also tried to reflect that our citizens will have different types and levels of care and support needs as they progress from childhood into adult life and older age. Some people will have multiple or complex care and support needs but the majority requiring services will rely on either non-statutory, preventative or statutory Care Act assessed, community based support, to be able to maintain their independence.

As explained elsewhere, the Council has further underpinned and widened the scope of preventative services to reach out to the wider population to encourage people to improve and maintain their health, wellbeing and independence, for example through One You South Gloucestershire. Maintaining independence and choice through better health and wellbeing outcomes will help to offset the increasing cost of statutory level care by reducing the incidences of hospitalisation, readmissions, loss of independence and placements into acute services. The intention being that preventative strategies and early interventions will help people and their families avoid this, starting from the earliest stages of their life experiences. Therefore, in the future, only at the higher, more acute levels of need and often in connection with end of life care, should service users require a hospitalised or residential nursing care environment.

#### 3.5.1 The Drive to Enable People to Live Well and Stay Well as Long as Possible as they Live Longer

What we know from the demographics information elsewhere in this document is that people are living longer. Younger people with disabilities are living longer. People who might otherwise be healthy are

becoming less well and acquiring more disabilities, particularly as they move towards and into more advanced years. There is no cure for ageing but in order to bridge the gap between available resources and increasing demand, we need to find ways of improving health overall and helping as many people as possible to stay healthier for longer. Undoubtedly, as identified in the demographics, there are sections of the population who are identified as being more at risk of poor health and wellbeing outcomes than others and who will in turn need more support. However, the real challenge comes from increased life expectancy combined with a much longer period towards the end of life where people are becoming so unwell that the demand for health and social care will outstrip the available resources altogether. This is not just about there not being enough money to pay for services, but insufficient workforce and service capacity to meet those needs, whether the money is there or not.

Clearly, therefore, a key aim for the Council is to encourage and help people to live healthier lives so that they can remain active, independent and well for much longer than current expectations. For now, however, the assumption based on these projections is that for the foreseeable future there will be more people requiring care, year on year. Another key factor, however, is at the same time as we are anticipating increasing demand, we are faced with providers reporting difficulties recruiting care workers. With high rates of employment locally and a wide range of employment available at the lower end of the pay scale, we are seeing increasing competition for those available and willing to work, resulting in a reducing potential workforce to meet their needs. This increasingly puts pressure on both providers as well as commissioners, to come up with new and innovative ways of meeting support needs, not only within available resources but within the available labour market, as well as available technologies.

The Council is working collaboratively with neighbouring Councils to investigate how we can work with our providers to help stimulate recruitment in the care workforce. Another consequential issue is that we are anticipating a rise in the number of people who will provide a caring role at some stage of their lives, to partners, friends or family member. Clearly, the need for the Council to support people to fulfil a caring role will be increasingly essential to offset a reduction in the care workforce, increasing demand and reduced funding. Tapping into people's family and support networks via the strengths based assessment process will need to be carried over into the delivery of care and support that we commission from our providers. Looking at a person in terms of who they are, what they can do and the strengths they can build upon must be the way in which we assess and the way in which our providers deliver care and support in the future. For example, instead of delivering hours of support, as in the old task and do model, where we are moving towards now is an innovative, joined up way in helping people define what a good life looks like for them and what can be done to enable them to achieve this.

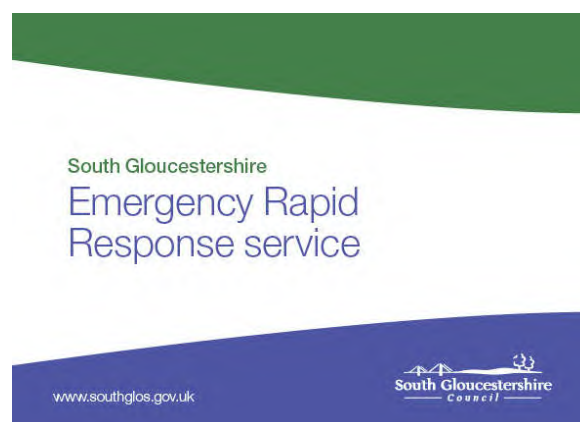
Our joint mission, as commissioners and providers working together, is to help them find the support, including family and social networks of support, that suits their needs best, in terms of quality of life and maintaining their independence in their own home or a community based setting. Clearly, there are also opportunities which must be embraced and fully taken up to work collaboratively in the future, to make use of assistive technology and technology enabled care, as this part of the market develops.

In response to these pressures, the Council launched a range of initiatives in 2018-2019 and continued with this theme in 2019-20, aimed at supporting adults of all ages to live better and stay well for longer. Internally, as previously mentioned, the Council has adopted a strengths based approach to care assessments, using the Three Conversations approach. There are other externally facing and publically accessible services being delivered locally, one of which, following the externalisation of the combined Health and Wellbeing Service, is a new integrated healthy lifestyles and wellbeing service, known as 'One You South Gloucestershire', complete with interactive website and a range of support across the Council's communities. This can now be accessed at <https://oneyou.southglos.gov.uk/>



One You provides all kinds of help, advice and support to improve people’s individual health and wellbeing across a range of areas, from exercise and healthy eating through to drinking sensibly, sleeping better and dealing with mental health issues. Additionally, a new 2019/20 Healthy Lifestyles Directory for Older People was made available from Public Health from September 2019.

Two other key services which help people to remain independent at home, reduce hospital admissions and get people back home as quickly as possible, are the Council’s Emergency Rapid Response Service and our externally provisioned Reablement Service. Rapid Response has been further enhanced in 2019 with the launch of our Home to Decide and Next Steps to Decide service, which provide wrap around care for this discharged from hospital. A new mobile falls service provides dedicated practitioners with an equipped vehicle who can go straight out to someone who has had a fall. This new service aims to get to people who have fallen in their homes without delay and helps them literally to get back on their feet at home, thus reducing the waiting time for support and treatment, which in turn reduces the need in many cases for people being admitted to hospital at all.



<https://www.southglos.gov.uk/health-and-social-care/care-for-adults/support-at-home/emergency-rapid-response-service/>

Another key factor which reduces the ability to remain independent as people become older is the loss of vision and hearing and during 2019 the Council recommissioned its adult Visual Impairment Service. Additionally, as part of the personalisation agenda, which seeks to give people more choice and control over their care and support via direct payments, another initiative being piloted involves Individual Support Funds or ISFs. This bridges the gap between self-directed support and Council brokered community based support. It allows a provider to hold funds and work flexibly with the service user to work towards achieving their chosen outcomes. This has been piloted with a group of elderly service users and it is hoped it will be able to be rolled out more widely during 2020.

In terms of community based support, the Council has developed a purchasing framework based on lead providers operating in GP cluster groups areas. Unfortunately, the lack of capacity in the care market

and in particular the available care workforce has meant that the Council will be looking once again for innovation and enterprise from the care market, to help supplement the current range of statutory service provision. Clearly, the development of a more outcomes based focus for community based preventative services, along with supported self-help initiatives such as One You, will gradually help to reduce the overall demand on core statutory provision but in the meantime, developing affordable capacity within the market at all levels will remain a key priority.

Clearly, the drive now is for the Council to work with its providers, partners and communities to support our key stakeholders, namely every individual person living in South Gloucestershire, at every stage of their lives, to achieve their best potential health and wellbeing outcomes and maintain their independence for as long as they are able. This means making the greatest differences before people need a formal health or social care intervention or service, as opposed to making more and yet more resources available in response to unfettered demand. Help, support, advice, signposting, strengthening people's support networks, encouraging healthier lifestyles and providing people with better informed and personalised choices will increasingly become the 'go to' tools in our preventative services toolkit.

With diminishing resources and an increasingly ageing population, promoting better health and prevention is now and will continue to be the first resort. The second resort must be to get people back to wellness and back in control of their own lives as soon as possible. The next resort is to provide a statutory level of support in their own homes to those who are at risk of losing their independence as a result of their disabilities, old age and frailty. The final resort, being the most expensive and least desirable, which we will try and help people to avoid as long as possible, is the temporary or permanent loss of independence through the need for hospitalisation or residential nursing care.

In the face of the increasing pressures on our health and social care systems, our aim now and in the future is to maximise the use of preventative measures and early interventions in order to maintain independence for as long as possible. Thus we can protect whatever resources we have left to provide statutory community based support or residential nursing only where this has become unavoidable. For the remainder of this document, as with the previous sections on demographics, we have approached commissioning priorities and business opportunities in children and young people's services first and then followed on from this to examine support for the adult and senior age groups.

## 4. Children and Young People

We have a vision that South Gloucestershire is a place where all children and young people should be able to enjoy a safe and healthy life, achieve their maximum potential and thrive in their community. As part of this, we aim to ensure that children, young people and their families are provided with integrated, accessible and equitable services which are designed to keep them safe, healthy and inspired to do the very best they can. Our overall priority is to support all children and young people living within South Gloucestershire to reach their full potential. We recognise that services for children, young people and families in South Gloucestershire are operating within the context of rapid change. In order to keep pace with the changing and increasing demands for these services, the Council will do this by ensuring it uses all available resources in the most effective way to meet their needs. This includes co-producing services with the voluntary, community and independent sector. The range of services includes 0-25 support for children and young people with Special Educational Needs and Disabilities (SEND), fostering, community based youth services, care leavers, young people's housing related support, short breaks and residential care.

The Children and Families Act 2014 included greater protection to vulnerable children, introduced a new system to help children with special educational needs and disabilities and provided for help for parents to balance work and family life. The Act also ensured vital changes needed to the adoption system could be put into practice, including speeding up the fostering and adoption processes and giving young people in care more choice. In addition, the Health and Wellbeing Strategy and the Partnership Strategy for Children and Young People both set strategic direction to promote early help and to further integrate frontline services, so as to provide a more streamlined experience for families.

In terms of transition into adulthood, the Care Act 2014 requires that local authorities must provide comprehensive information and advice about care and support services in their area. This is to help people to understand how care and support services work locally, the care and funding options available, and to help people to make good choices about the care and support they need.

The approach in South Gloucestershire is to support all young people to overcome barriers to participate in education, employment or training opportunities. Where additional support is needed, we will help young people move into adult life, and preferably also into work, in a way that maximises their independence and reduces their long term needs for care and support. This is particularly relevant for 18-25 year olds where there is an identified gap in the market for providing the kind of services that will help them to develop the necessary skills to live independently and achieve employment. The Council, as an example, is already supporting young people into employment through our job coach programme but is seeking to expand the range of providers who can assist with providing employment, training and apprenticeships.

The child, young person and family are at the centre of all decisions and plans. We make sure that wherever possible young people, particularly those who are disadvantaged or vulnerable, or who have additional needs can get to know about, shape and take part in positive activities and decision making within their communities. Families are the most important factor in children's lives and we understand the importance of effective, early help and intervention for those families that are vulnerable.

Although most children grow up in their own families, a small number of children will need to live away from their families and grow up in a range of alternative care arrangements. These can include foster care, residential care and supported independent living. These children are described as 'looked after' or 'in care' and are the responsibility of the local authority. In November 2019 there were 198 looked after children in South Gloucestershire. Therefore, the Council needs to make sure that all services, commissioned or otherwise, including relevant agencies, work actively together to ensure that the right support and opportunities are made available for children, young people and their carers.

A good example of where this is happening is the Youth Housing Partnership. Local youth housing partners work together with the Council's social care and housing teams to shape the pathways and range of support available to those with complex needs (please also see information on supported housing for young people under the separate Housing Related Support and Supporting Refugees sections of this document). Following a review in 2018, the Council has commissioned a new and enhanced range of youth housing provision to fill identified gaps in our Housing with Support offer to young people, including Care Leavers. This new provision is due to be in place by May 2020, as part of delivering a range of services to improve support to the effective transition of our young people who are leaving care. The sufficiency of this provision will be reviewed during 2020.

We recognise that preparation for the transition out of care or into adulthood is something that happens over an extended period and, with the right combination of interventions and support, this can be a positively managed experience leading to improved and meaningful outcomes. This reflects feedback from our ongoing young people's participation process, where our children in care have told us they want a mixture of practical help and advice with making the right choices and for the planning process to start early.

In terms of health and wellbeing, we ensure that our looked after children have access to high quality and timely health assessments in order to receive the support and services they need to maintain good health. This is a shared responsibility that falls equally to statutory services, those organisations engaged to provide support and carers to ensure that children's health needs are met and monitored effectively.

Our aspiration, which we share with our providers and partners, is that all young people leaving care will feel better prepared and supported, through access to good quality accommodation, and training, education and employment opportunities.

We have introduced a new model for the delivery of the Council's Positive Activities Programme and Universal Youth Services, which was tendered in 2018 following a needs analysis and consultation. The contract includes delivery of youth activities in our Priority Neighbourhoods as well as for young people with disabilities and learning difficulties, along with a new service to provide a support group for LGBTQ young people. These contracts started on 1st April 2019 and are due to run for three years until 2022.

With regard to children and young people with Special Educational Needs and Disabilities (SEND) from 0-25, information tells us that this group often faces barriers to wellbeing and good future prospects. It is therefore vitally important that children with disabilities and special educational needs have access to opportunities and choices that help them achieve their potential and that those services are more personalised. Local services must therefore be set up to be able to meet these needs both flexibly and within the Council's area. By doing so we can avoid wherever possible the need for support by distant services or placements outside of South Gloucestershire.



As part of this we aim to ensure that there is good information and advice on the range, availability and accessibility of care and support services for these children and young people, both universal and specialist, across South Gloucestershire, how these services will work together and how there will be more choice and control over what services they receive. In the transition into adult life, we consider it is just as essential for this service user group, as with all young people, to thrive when leaving school by accessing opportunities for education, employment or training. We want to develop and extend the opportunities for post-16, adult and community learning and to this end we have recently commissioned employment support for people with Learning Difficulties.

As well as commissioning services directly, the Council commissions many children's and young people's services jointly with other local authorities in the South West, with Bristol, BANES, Wiltshire, Swindon, Gloucestershire, South Gloucestershire and North Somerset being referred to collectively as 'sub-regional'. The Children's Cross Regional Arrangements Group (CCRAG) works across the South West



to collectively monitor (inspect) and manage service provision and every individual placement in residential care homes, non-LA-maintained schools and independent fostering arrangements. Where services cannot be sourced from local frameworks South Gloucestershire commissioners would use the CCRA database to identify other service providers in the first instance. As part of this arrangement the Council works with its neighbouring local authority partners to operate a Dynamic Purchasing System (DPS) for the purchase of these services from providers in the sub-region.

#### 4.1 Direction and Possible Business Opportunities



- As part of its sufficiency duty, the Council will be looking to increase the number of providers on the cross authority DPS to source quality placements for vulnerable young people and children in care, that help them reach their full potential. There is a particular shortage of fostering and residential placements for children and young people with more complex needs and with emerging mental health issues. Where possible, we would like to increase the number of young people placed within the local authority area, especially where this can help maintain their contact with family or carers. We would also like to increase residential provision that can transition children and young people back into family group settings.
- In March 2019, 65% of children's homes in the South West were judged to be good or outstanding and the remainder were mostly judged as requiring improvement. We will continue to work in partnership with our neighbouring local authorities and providers to improve the quality and sufficiency of children's homes in the region and also in the development of a quality children's workforce.
- We will undertake a further review of housing and support for care leavers from mid 2020 to assess the effectiveness of those services in order to identify whether gaps in capacity or types of services remain. This will inform any further commissioning priorities and resultant business opportunities for service providers.
- Our existing short break provision is being reviewed to compare to projected demand and identify any gaps. We will be working with the 0-25 Parent Carer Partnership to review and expand our short breaks offer and investigate using direct payments with providers.
- Providers who deliver activities for children and young people are invited to apply to become part of a Directory of Services, which was launched in 2019, and this forms part of the Council's Local Offer to supply universal and specialist services for children and young people with SEND (Special Education Needs and Disabilities).
- South Gloucestershire has an increased population of unaccompanied asylum seeking children (UASC) and we are looking at continuing to develop a range of services to meet their educational, health and social needs. We are therefore keen to work with providers to find additional placements for UASC and resettlement support work to all UASC in supported accommodation.
- The Council is interested in working with current and new providers who can help young people with developing independent living skills or who can provide vocational opportunities in the community through apprenticeships, training and employment.

## 5. Information, Prevention and Technology

As an authority we recognise the importance of investing in services that support people to live well at home and prevent or delay individuals from needing social care support in the future. Individuals eligible for social care support must have identified care needs under the Care Act Eligibility Regulations 2014.

Due to funding criteria and the continued growth in personal wealth, we expect to see an increase in the self-funder market for non-residential services and an increased uptake in low level support services purchased directly by customers. Services which provide information to enable people to make the best choices for themselves and their loved ones, as well as assistive technology, will continue to come to the fore. The Council will continue to work collaboratively with partners and providers, to explore new ways of working, including the potential benefits of technology enabled care, that can help enable supporting living well at home and which can either replace or complement more traditional packages of care.

One of the Council's ongoing priorities has to be to ensure that the whole population is better informed and equipped to take control of their own lives and to put in place the arrangements that they need to live the life they choose. We therefore need to ensure that people have access to good, accurate and up to date information, both online and from the Council's staff, about local activities and support, in order that Council resources can be targeted at those whose needs require a commissioned intervention.

Our work with voluntary sector partners continues to help individuals and the wider community to establish what they want, rather than being offered traditional social care solutions which, if utilised too early, can create a culture of dependency. Building on the good practice developed under Community Connectors, Wellbeing College and Health Champion initiatives, we have commissioned the Mental Health and Emotional Wellbeing Component of our new Integrated Healthy Lifestyles Service, One You South Gloucestershire, which started on 1 April 2019 and can be accessed on line.

The One You service will continue to develop and co-ordinate a broad range of online digital as well as personal support for individuals together with activities and events that prevent mental illness and support good mental wellbeing. The 5 Ways to Wellbeing model, delivers a programme of community and workplace based activities that support individuals to make sustainable connections and gives them the relevant level of support according to their needs. Individuals can self refer or be referred by a range of community and health care professionals including social care, libraries, advice centres, GPs, nurses and other primary care professionals through social prescribing.

A priority is to ensure that the availability of information, internally and public facing, for both the general public and our customers is comprehensive and that we continually seek to improve the accuracy.

On 1 September 2019 we launched an online platform called 'Find information for adults, children and families'. This is a source of information, advice and guidance for people living in South Gloucestershire, built by the Council involving local partner organisations, with more information available at the following link, <https://find-information-for-adults-children-families.southglos.gov.uk/>

[Home](#) [Children and families](#) [SEND Local Offer](#) [Adults](#) [Search for information and services](#)

### Find information for adults, children and families

A source of information, advice and guidance for people living in South Gloucestershire, built by us with local partner organisations.



In early 2020 the Council will be jointly commissioning with Bristol City Council an adult information database that meets the requirements of the national open data source schemas. This will provide quality assured web content and telephone support for the adult element of 'Find information for adults' as well as a children and families platform. The service will commence on 1 April 2020 for 2 years. This will support technological developments and will widen the range of accessible ways to inform and communicate with citizens. The Council is continuing to improve and capitalise on its digital capability, embedding digital tools throughout our work and using digital techniques to gather evidence and insight to support the cultural change in health and social care.

## 5.1 Direction and Possible Business Opportunities.

- Enabling universal access to preventative services, including using online information, can help individuals to remain independent. Opportunities exist in the community for individuals, community groups and SMEs to participate in or provide services and support at affordable rates, which can be marketed directly at those members of the community who may benefit most e.g. cleaning, gardening, shopping, simple home maintenance and pet care. The Economy and Skills Strategic Partnership (ESSP), of which the Council is a member, is helping new businesses to form and to improve skills, training and workforce development.
- We are promoting to providers that there are opportunities available through the self-funder market, in offering low level support services directly to customers. We also recognise the need to ensure that people who fund their own care have access to good financial advice. We also continue to support those having a dementia diagnosis with a range of initiatives including: Dementia Advisors, Dementia Support workers and memory cafes. We are also promoting and supporting communities to become "dementia friendly" across South Gloucestershire.
- South Gloucestershire Council has a strong track-record of working with and supporting the local voluntary and community sector. The Better Care Stronger Communities fund and other specific voluntary sector funding have offered stability to the sector from 2015 with three year funding arrangements, which have been extended until September 2020. This funding supports the community and voluntary sector to deliver a range of preventative and supportive activities that meet social care objectives for residents of South Gloucestershire. We want to continue supporting the voluntary sector in South Gloucestershire to thrive but the Council has also been faced with the need to make reductions in the level of future funding available. During 2019 we consulted on the potential impact of saving reductions, seeking views on the process we will use to agree future Better Care Stronger Communities Funding together with a new outcomes framework. The Council intends to commission new Better Care Stronger Communities activities and other specific voluntary sector social care initiatives during 2020, with a view to another three year financial year funding period from 2020 to 2023.
- Work will continue to identify ways of reducing the cost of social care packages through the use of Assistive Technology. We therefore welcome the expansion of the market in Assistive Technology and wish to work with providers of Residential and Nursing Care, ExtraCare and care at home to identify how services can be remodelled or enhanced using Assistive Technology.
- The Council will continue to engage with providers and partners to embed the use of adaptations, assistive technology and technology enabled care to support people with dementia, stroke survivors and people living with other long term conditions, to have greater control over their lives and remain in their own homes, in order to complement support from their carers and care providers.



## 6. Carers

The Care Act 2014 has given the greatest ever recognition to the role of adult carers, and the Children and Families Act 2014 has ensured a more consistent approach to the support for parent carers. The Young Carers (Needs Assessments) Regulations 2015 set out what a local authority must determine through a young carer's needs assessment. The local authority must consider the impact of the needs of the young carer's family on the wellbeing of the young carer and any child in that family, and in particular, on their education and personal and emotional development.



Care Act 2014

Guidance and processes have been developed within the Council to support the identification of young carers and promote good practice in their assessment, and links have been strengthened with the commissioned support provider for young carers to promote joint working. The Government published its Carers Action Plan 2018 – 2020 in June 2018. The plan sets out how the Government will improve support for carers in England over the next two years. This ambitious plan encompasses a number of Government departments, and has a strong emphasis on developing support for working carers and young carers, including sharing good practice developed as a result of the Care Act 2014.

The 2011 Census identified 27,639 carers in South Gloucestershire. As 65% of carers do not identify themselves as such in their first year of caring, and many never do, this number is likely to be a huge underestimate. Over 20% of carers provide unpaid care for 50 hours or more, per week. South Gloucestershire has a higher proportion of carers aged 50 and over than the national average. Age UK has also raised serious concerns the significant increase in the number of carers aged 80 and over who are caring for a partner.

Over 800 black and minority ethnic residents identified themselves as carers in the 2011 census, with the largest number of carers coming from the Asian or Asian British community.

Nearly 5,000 carers have joined the voluntary carers register, Connecting Carers, which represents about 18% of the carers who have self-identified through the census. By 2045, the number of carers in South Gloucestershire is predicted to rise by 60% to approximately 43,000 carers. The key risks for people who are caring are shown in the following diagram.



Understanding and Supporting the Needs of Carers: The South Gloucestershire Carers' Strategy 2017 – 2020 is a joint strategy, developed with partners and carers. It is an all age strategy and includes an ambitious plan for all partners in South Gloucestershire to work together to better identify and support carers. Carer representatives continue to play a key role in the delivery of the strategy.

South Gloucestershire Council has a strong track record of working with and supporting the local voluntary and community sector. Better Care Stronger Communities and Specified Voluntary Sector funding has offered stability to the local Supporting Carers sector with its extended three year funding arrangements. This funding supports the community and voluntary sector to deliver activities that support social care objectives for residents of South Gloucestershire and supporting carers remains a key priority. However, this work has also been subject to the need to make reductions in the level of funding available.

The Carers Support Centre and local carers groups were consulted on the potential impact of saving reductions and their views sought on the new process the Department will use to agree future Better Care Stronger Communities Funding. The various carers support initiatives funded by the Council have had their funding extended until September 2020, along with other Better Care Stronger Communities activities, and these will be recommissioned as a whole during 2020.

In recent years there have also been developments in educational support for carers and in peer support. Real Life with Dementia is a 12 month course for carers of people with dementia, devised and delivered by partners from the Council and Avon and Wiltshire Partnership Trust. Avon and Wiltshire Partnership Trust has also worked with local voluntary sector providers to develop a monthly wellbeing programme for carers and service users living with dementia, which has led to ongoing peer support.

## 6.1 Direction and Possible Business Opportunities.

- We will continue to support the establishment and development of carer led peer support initiatives and educational programmes.
- We are continuing to develop pathways for parents of disabled children.
- We will consider the opportunities for more efficient ways of providing short breaks for carers.
- We will continue to ensure there are mechanisms in place to meaningfully involve carers as expert care partners in service commissioning, delivery and monitoring of services at all levels. We are working to improve our processes for the assessment of adult carers, to improve on response times and communication with carers following assessment.
- We will work to implement the decisions that are made as a result of the Better Care Consultation, which will set out funding levels for coming years.



## 7. Day Opportunities

In recent years there has been a significant shift in the way day opportunities are accessed in the community and how this is either commissioned, provided or supported. These changes will continue in response to customer expectation and demographic pressure but are very much influenced now by spending pressures and the need to find meaningful activities, either provided by the third sector or the community itself, which can take the place of activities that were purchased directly by the Council for service users in the past. These activities include, for example, supporting people with learning or physical disabilities, combatting loneliness and isolation or providing activities for dementia sufferers, as well as respite for their carers.

The Council conducted a 'What people do in the day' review in 2013, which recognised that significant progress had already been made then in modernising services and providing more individualised and personal solutions to support people in their lives. Since then, there are now no longer any large scale generic Day Centres in South Gloucestershire and instead there is now an increasing and very diverse range of community and smaller scale building based provision, provided by the independent and not for profit sector. Cambrian Green Dementia Day Centre, however, is still run by the local authority, with the majority of capacity being commissioned either by the Council or by Direct Payments recipients.

In South Gloucestershire we are working hard to promote a presumption of employability for all adults, working to ensure that all people, including young and disabled people, have the opportunities and support to live fulfilling lives. Whenever possible they are supported to develop vocational skills and interests leading to employment, self-employment or contributing to their community in other ways. Sustaining this approach requires everyone to work together and to start by raising the aspirations of young people, ensuring that there is easy access to appropriate learning and training, work experience and volunteering opportunities. Helping and supporting everyone to develop, maintain or regain the skills for independent living and getting out and about within the community is a key aim, which supports inclusion and wellbeing, as well as maintaining independence.

The Council has an established 0-25 disability service and together with the consolidation of the existing employment support services in South Gloucestershire, has continued to help drive this improved emphasis on employment. A new work plan is in place which includes the task of establishing the new employment support model, focused around developing a presumption of employability and ensuring effective tailored support is available for individuals to access. There are dedicated staff resources in place to embed the new approach, including establishing and expanding a recognised provider list of support organisations, as well as building links with key stakeholders.

Loneliness and social isolation can affect everyone but older people are particularly vulnerable after the loss of friends and family, reduced mobility or limited income. It is estimated that among those aged over 65, between 5 and 16 per cent report loneliness and 12 per cent feel isolated. These figures are likely to increase due to demographic developments including family dispersal and the ageing of the population. Studies show that acute loneliness and social isolation can impact gravely on wellbeing and quality of life, with demonstrable negative health effects. It is also associated with depression (either as a cause or as a consequence) and higher rates of mortality. The influence of social relationships on the risk of death are comparable to and can also be linked with well-established risks such as smoking and alcohol consumption. Health issues arising from loneliness and isolation add pressure on statutory health and social care services. In South Gloucestershire we recognise that by intervening in this issue, we can improve older people's quality of life, while limiting dependence on more costly services. In this respect, the new One You South Gloucestershire Service, seeks to build capacity within the community to help people improve their health and wellbeing, via a comprehensive range of networking and support services. One You, along with our Three Conversations, strengths based commissioning approach, help to tackle loneliness and isolation by recognising that everybody has skills and talents that can benefit someone else. In doing so we promote the principles of reciprocity and mutual respect.

In order to ensure that people benefit from strong natural support networks, we are keen to ensure that people are able to participate in activities and groups within their own communities and neighbourhoods through signposting as well as funding local activities, for example through our Better Care Stronger Communities initiatives. Recognising that South Gloucestershire has a strong and vibrant community sector, we continue to work with partners to strengthen this, promoting an asset based approach based upon building community capacity rather than seeking to provide services.

The approach to supporting people affected by dementia in South Gloucestershire places a significant emphasis on ensuring people can continue to live an active life, as well as remain as independent as possible within their community. This approach promotes inclusion and seeks to ensure that there are opportunities and support for people to participate in activities and groups that appeal to and help maintain their interests. The community led work to develop South Gloucestershire as a dementia friendly community is having a real impact across a wide variety of locations, such as in Patchway, Thornbury, Yate and Cadbury Heath.

The Council's remaining in-house day services have now been redesigned making use of the modern purpose built facilities available to them. The new service model is designed to support a reducing number of individuals but recognises that for a small proportion of the population there remains a need for particularly accessible facilities. Expanded space is now in use at Cambrian Green, Yate as a South Gloucestershire wide centre of excellence for dementia day care. The dementia service in Yate complements and engages with community based support and as individuals' needs become greater.

## 7.1 Direction and Possible Business Opportunities.

- The development of community capacity and community based activities, including carer led and peer support initiatives, through the Better Care Stronger Communities Fund, to support people to with disability and dementia to continue to live an active life and remain as independent as possible within their community.
- The development and expansion of community based services and peer led initiatives which will address loneliness and social isolation, through the Better Care Stronger Communities Fund, to ensure that people are able to participate in activities and groups within their own communities and neighbourhoods.
- Opportunities for independent and community organisations to provide services to disabled people leading to employment, self-employment or contributing to their community.
- Further development of services providing easy access, appropriate learning and training, work experience and volunteering opportunities and support to enable all young people to develop the skills for independent living.
- Continued expansion of community and smaller scale building based provision within the community, independent and not for profit sector, either commissioned by the Council or increasingly by Direct Payments recipients.



## 8. Participation

The Council will be working during 2019-20 to review our approach and that of other authorities to participation and engagement with people who use services, with the view to developing a new engagement strategy during 2020. This is motivated by a shared desire at both strategic and operational level to further integrate the views of those who use our services with Council decision making. While this work is underway we will continue to support and develop our existing participation activities:

- Continuing to develop service user and carer involvement in mental health. A group of Mental Health Champions consisting of mental health service users past and present, carers and representatives have been brought together from mental health organisations across South Gloucestershire to centralise engagement with Champions and provide all organisations with access to a larger group. The Champions are a valued resource for the Council and work continues to support, motivate, train and fully utilise the group.
- Continued involvement of carers in the Carers Advisory Partnership and Strategy Implementation Group.
- Continued involvement of people with dementia in the Focus On Dementia Group.
- Support to young people to engage through the Youth Board and various focus groups throughout the year
- Support to children in care and care leavers to engage through the Experienced Panel in Care (EPIC) and the Teen Care Council (TCC).
- Support to children in care to participate in the annual Promises survey, Satisfaction survey and the new Care Leavers survey, such that the Council can understand the current experiences of our children in care and care leavers.
- Involvement of young people in the commissioning of new services, in particular the involvement of young people in the tender process for the new housing scheme at Woodleaze.
- Work is underway to provide greater opportunities in 2020 for young people with disabilities to engage digitally and via focus groups.
- The annual survey of home care, titled the Your Care Survey is distributed to all those in receipt of home care in South Gloucestershire, the results of which are analysed and reviewed as part of our quality assurance process.
- The views of young people with SEN are sought from the Culverhill Pupil Forum on a termly basis.
- Young people are supported to participate in the Children's Commissioner's annual Takeover Challenge, providing valuable work experience for young people while enabling us to benefit from being able to hear their views directly into day to day work. This work extends to local organisations in South Gloucestershire who are increasingly participating in this valuable annual event.
- Young people take part in interviewing for Council staff, where appropriate, and this model has been used to appoint some adult and children's services staff.
- Healthwatch South Gloucestershire gives children, young people and adults across South Gloucestershire a powerful voice locally and nationally. The Healthwatch service in South Gloucestershire works independently from health and social care services. It provides the opportunity for local people to influence the delivery and design of health and social care services in their area to ensure they really meet their needs. Healthwatch South Gloucestershire was recommissioned with effect from October 2019, in partnership with Bristol City Council and North Somerset Council in recognition of the Sustainable Transformation Plan and the newly amalgamated BNSSG CCG.



- The provision of Information, Advice and Guidance in South Gloucestershire will be provided via a new website, which will be launched by the start of 2020. Members of the public have been involved in the development of this website to ensure it is intuitive to the public's needs to ensure it uses the right language and structure, thus helping people to be able to better understand and more easily access a range of adults and children's services.

## 8.1 Direction and Possible Business Opportunities.

- Our participation with our young people, children in care and care leavers is a strength in South Gloucestershire which has been externally recognised several times. Work is continuing, including with service providers, in pursuit of greater and more effective participation with our young people to integrate young people's views into the heart of all decisions that affect them.
- Participation in the annual Children's Takeover Challenge has been identified by the Council as one of the ten ways in which organisations bidding for work with the Council can offer social value. National guidance is available online to guide organisations wishing to take part in the event. The Council is keen to hear from participating organisations to share learning and widen the opportunities available for our young people in South Gloucestershire.
- The Council holds the view that developing, managing, shaping and recommissioning services should involve coproduction with stakeholders, including communities, providers and service users in all parts of the service, from initial design to ongoing review. Involvement should be meaningful, not tokenistic, so that the services benefit from being well informed and directed, and all stakeholders can feel that their views have been sought and valued.



## 9. Support in the Home and to Access the Community

People live in their communities in different types of settings, for example, in homes they own or rent, in purpose built housing schemes with supported living, in prisons or in other settings. People may also live in ExtraCare housing schemes or in residential care homes but these are different in their support arrangements and are covered separately in other sections of this document. This section focuses on the statutory level of support the Council is required to provide under the Care Act to anyone who is eligible to receive care and support under the Care and Support (Eligibility Criteria) Regulations 2014. This range of statutory services is provided to support people to live as independently as possible in their own accommodation and in South Gloucestershire we group these services together under the heading Community Based Support.

In South Gloucestershire our aim is for people to have the same access to the same quality of care services, whatever their support need and wherever they live. However, we recognise that there are particular geographic areas and communities of interest within South Gloucestershire where it is more challenging to meet individual expectations and offer appropriate choice and control.

South Gloucestershire has two routes for purchasing support within the community following an assessment. These are Commissioned Services through our in house Brokerage Team or Direct Payments. We also hope to introduce and expand another route of self-directed support in the form of Individual Service Funds (ISFs) following a successful pilot.

### 9.1 Community Based Support in the home including support to access the community

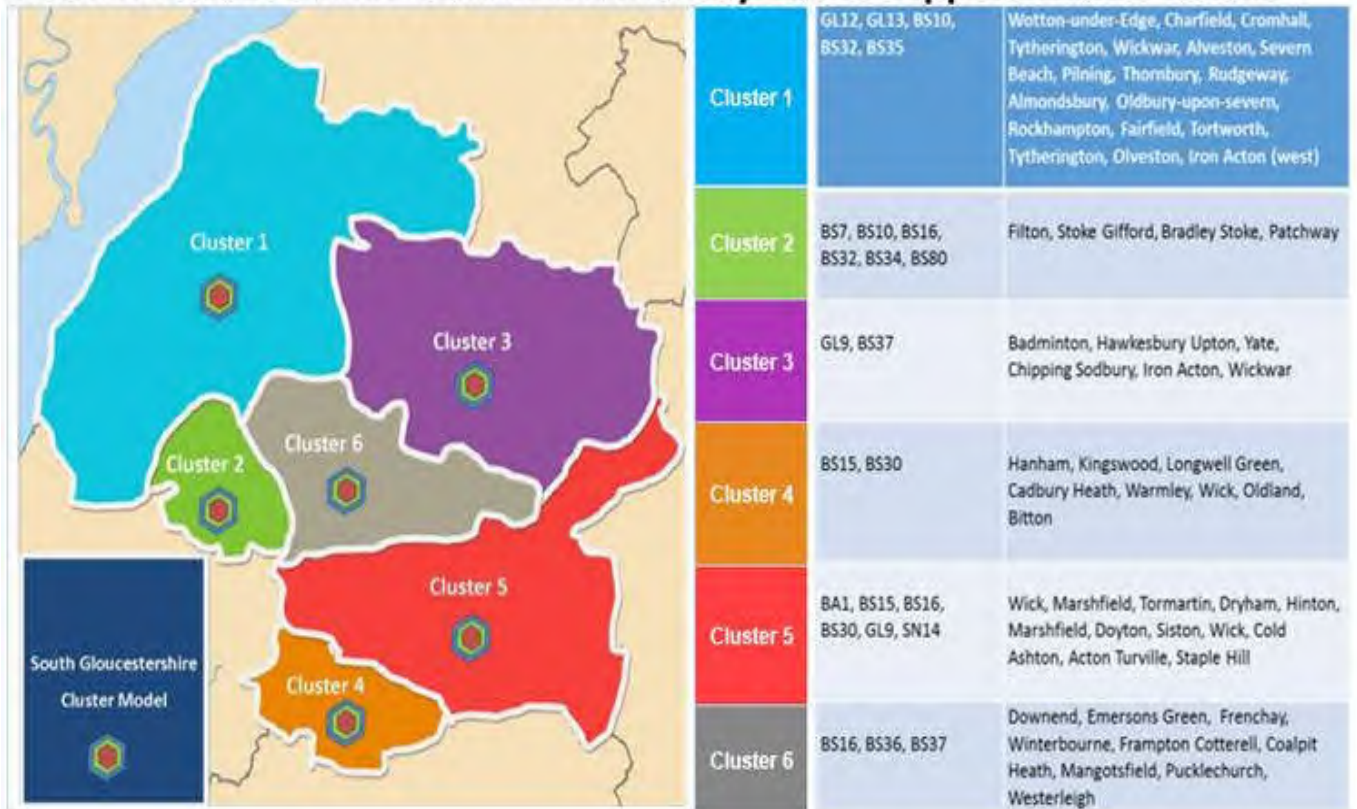
This section deals with community based services that are purchased by the Department's Brokerage Team on behalf of residents living in South Gloucestershire following a social work assessment. These are statutory services which the Council is required to provide to people who have been assessed as eligible to receive a support service under the Care Act.

In April 2018 South Gloucestershire moved away from a framework agreement with over 50 providers to a Lead Provider arrangement which saw a move to aligning to the six GP Clusters. The lead providers are responsible for providing reablement, community based support (domiciliary care) and non-specialist 1:1 community based support for new referrals within their allocated cluster. This new approach allows the lead providers to offer a more consistent approach and service users no longer have to move to another provider at the end of a period of reablement. We are also moving towards outcomes based commissioning as opposed to a 'time and task' model which sees service users more in control of the services they have been assessed as being eligible to receive. In time the new model will focus on delivering and monitoring the outcomes that an individual requires from the service and will enable much more flexibility between the service users and the service providers, in when and how the support is provided. Once fully implemented, the model will also ensure that everyone who is eligible for a service is able to benefit from a period of reablement from the cluster provider to maximise their levels of independence, as opposed to the limited support available through the previous reablement service.

The lead providers for the clusters are (these are also shown on the following map):

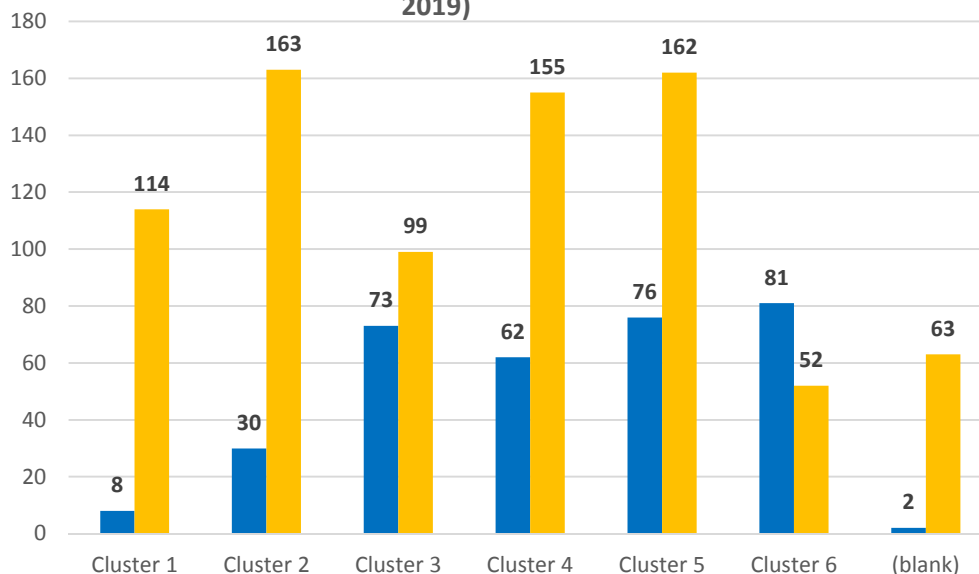
- Cluster 1 – Temporary arrangement in place with Network Healthcare
- Clusters 2 & 3 - Nobilis Care
- Cluster 4 & 5 – Brunelcare
- Cluster 6 - Fourways

## South Gloucestershire Council Community Based Support Cluster Model

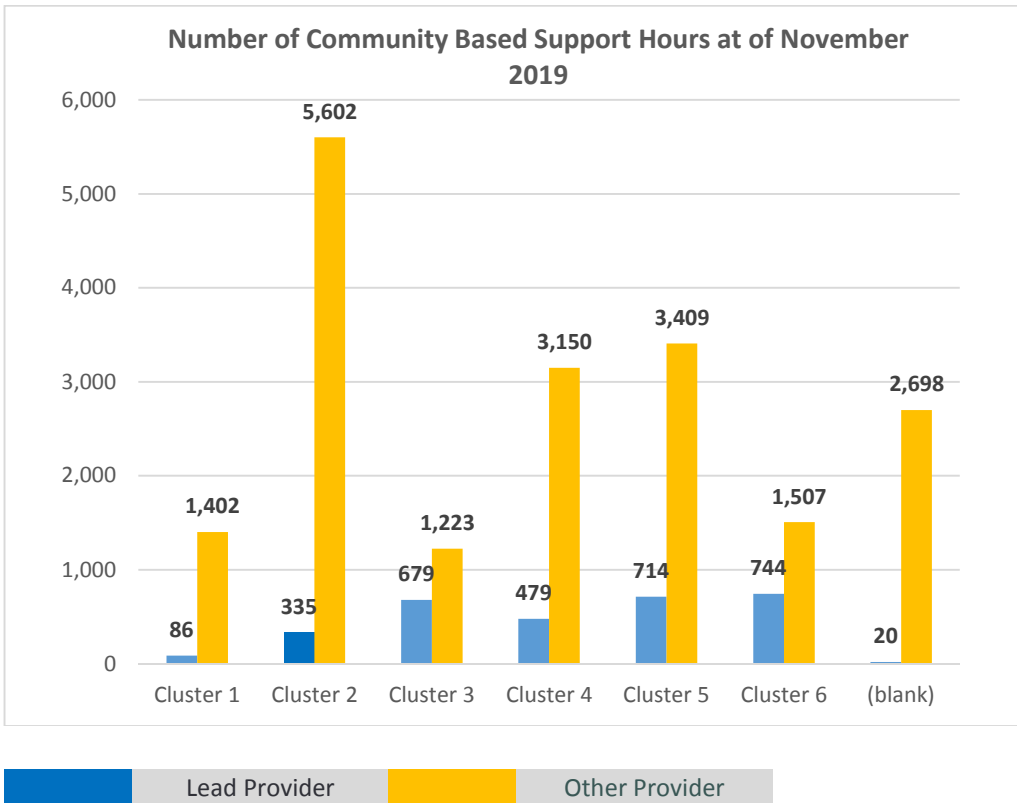


Unfortunately, the full potential for success of the new approach has been offset by the inability of care providers to recruit and train sufficient staff, to keep pace with demand for services for both commissioned and privately purchased care. As a result, the Council continues to be in transition between two models of homecare delivery, as it seeks to embed the cluster model whilst continuing to purchase services from its previously created homecare framework contract providers, as well as spot purchasing where necessary. This is illustrated in the following graphs.

Number of People in receipt of Community Based Support (November 2019)



Lead Provider      Other Provider



In order to support the expansion of the care workforce, work is being undertaken to stimulate the market through the Proud to Care work campaign, as well as identifying alternative and supplementary sources of provision, which can meet needs and maintain quality of provision. However, a knock on effect is the need to address the increasing costs of purchasing and monitoring across such a numerous and diverse range of suppliers. Market forces, employment trends, a buoyant local economy and a range of other local and economic factors have all impacted on the care workforce, and in turn the ability of the new cluster group framework providers to be able to deliver the services at the levels that they signed up to provide.

Given the continuing market situation, a review of the current service model is due to be completed in early 2020 to establish whether the new cluster group approach continues to be the right model for South Gloucestershire.

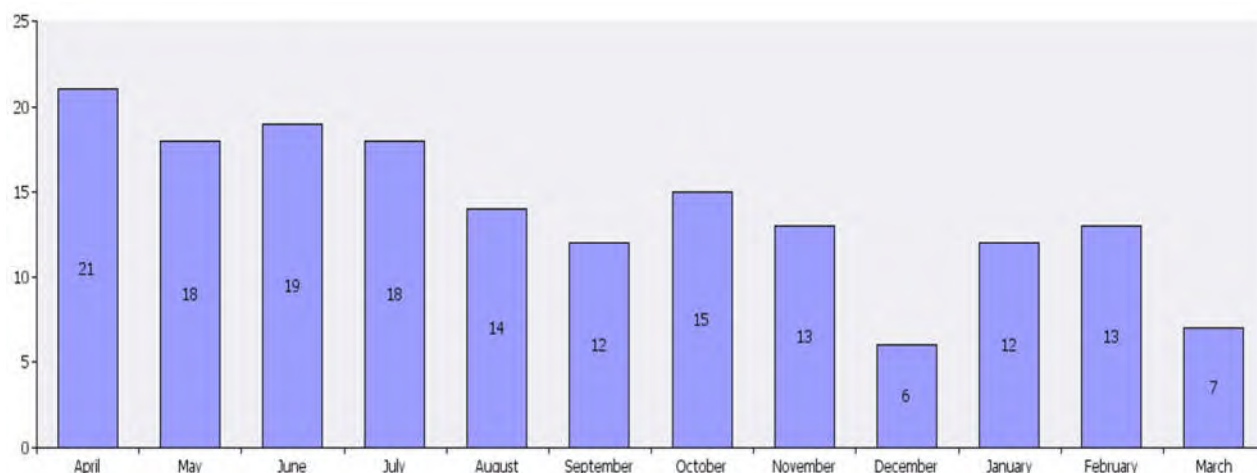
## 9.2 Buildings Based Support (Day Care)

As of September 2019, the Brokerage Team was placing buildings based support with 43 providers. Over the last year there has been an increase in the number of people attending Building Based Support provided in either a day care facility or in a residential care home setting.

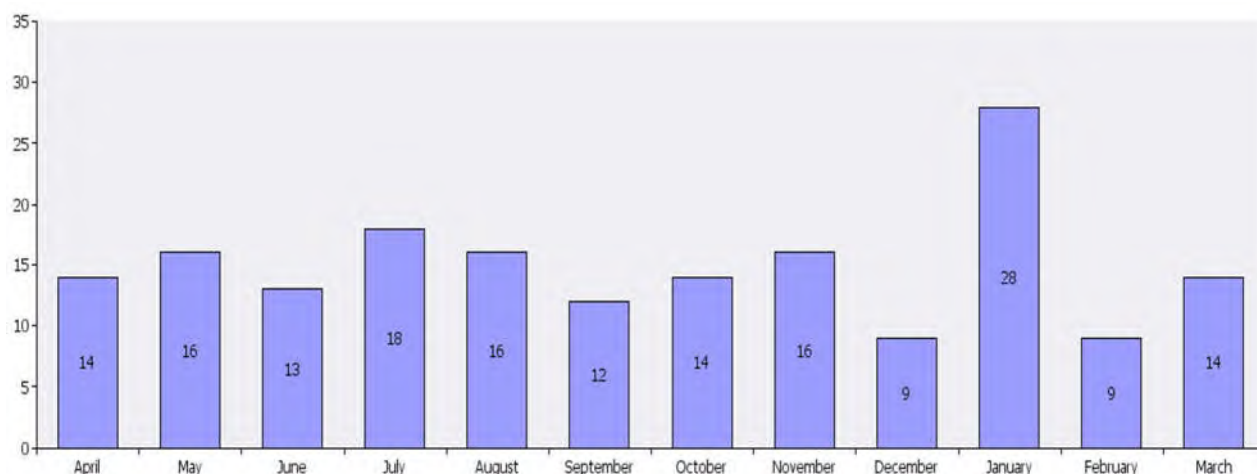
Year	Numbers in receipt of Buildings Based Support
2016- 2017	393
2017- 2018	369
2018-2019	412

We do not know yet whether or not the introduction of the Three Conversations model will have an impact on the number of referrals in future years.

### **Number of building based support provisions starting during the financial year 2017/2018**



### **Number of building based support provisions starting during the financial year 2018/2019**



## 9.3 Supported Living

The Government's three-year big plan to improve the lives of people with learning disabilities and their families, called 'Valuing People Now', concluded that we all need to work together to make sure people with learning difficulties get the same opportunities as everyone and are treated fairly. One of the most important things that Valuing People Now emphasised was to give more housing choices for people with learning difficulties and their families. Supported living is a much less restrictive environment than residential care and allows for more flexibility of support and for people to have more choice and control over the way they live their lives. Younger people, even those with high needs and complex/challenging behaviour, when given the choice, usually want to live as independently as possible. Consequently, people with LD, MH or autism are likely to be moving into residential care later in life than before.

### 9.3.1 Information on current provision

According to the information recorded on AIS, the Department's adult social care management information system, as at the end of June 2019 there were 176 adults in supported living placements. These reflect provisions on AIS which are recorded as Supported Living (shared support), Supported Living (1-1 Support) or Community Based Support with the AIS detail code of Supported Living. The table below shows the changes in numbers of supported living placements over the last 5 years, according to AIS records.

<b>Total number of placements as at 31<sup>st</sup> March 2019</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
	195	220	210	205	194
<b>New placements</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
	134	83	31	60	27

### 9.3.2 Predicted need for Supported Living Units over the next 5 years

An exercise was carried out in September 2019 to look at the demand for supported living accommodation for people with learning difficulties over the next five years. Given the existing number of supported living units in South Gloucestershire, the average turnover in accommodation and the number of new units we know are due to be delivered, there is a requirement for in the region of 40 additional supported living units for people with LD to meet the projected demand, over the next 5 years, up until 2025.

The following table shows a breakdown of current supply and illustrates how the future demand for supported living accommodation, based on November 2019 figures, for an additional 40 new units has been predicted:

<b>Type of Supported Living Accommodation Provision (November 2019)</b>	<b>Number of units</b>	<b>Total supply</b>
Number of Housing association LD SL units in South Glos. over which SGC has nomination rights.	71	
Number of LD SL units in South Gloucestershire delivered by South Gloucestershire Homes (100% SGC controlled.)	10	
Number of independently provided LD SL units in South Gloucestershire  (Full property list minus the schemes included in the figures above)	147	
<b>TOTAL</b>		228
Average turnover rate	7.5%	17
<b>Estimated Demand for Supported Living Accommodation (November 2019):</b>		
Current number of new placements into LD SL p.a. – excluding those coming through transitions.	21p.a.	
Forecast average demand p.a. for LD SL from those coming through transitions for each of next 5 years.	11p.a.	
<b>TOTAL DEMAND P.A.</b>		32
<b>Total current supply forecast from vacancies in current provision (from table above).</b>		
<b>PROJECTED NET UNDERSUPPLY</b>		15 units
<b>Extent to which any undersupply is forecast to be met via the four schemes listed above under current initiatives</b>		18 new units will meet 1 year’s undersupply
<b>BALANCE OF UNMET NEED OR FORECAST OVERSUPPLY:</b>		
If all 38 units of current initiatives are delivered, we would still require an additional <b>40 units</b> over next 5 years based on the supply information above.		

Additionally, according to the 0-25 team, the current projections for future extra care housing (ECHP) show that there will be a 25% increase in need put on the high needs block over the next 10 years. This indicates that many of those individuals are likely to require supported living in the future.

### 9.3.3 Current initiatives to increase the level of Supported Living Provision over the next 5 years

In response to the increase in demand for supported living accommodation for people with learning difficulties, mental health and associated support needs, the Council has been developing a number of initiatives, which will enable more people to be able to live independently within the community. This is of course preferable for the people themselves as well as providing a cost effective alternative to more institutionalised forms of accommodation, such as hospital or care homes settings. At the same time, young people will be keen to leave home and take their place in the community in a home of their own.

The Council is supportive of a range of activities and is actively engaged with providers. Examples of recent initiatives are summarised below.

- **Downend House:** 9 flats at Downend House in Downend have been completed and 3 have already been let to South Gloucestershire nominated service users.
- **Savages Wood in Bradley Stoke:** The successful bid for redeveloping this Council site proposes the provision of 12 flats for people with LD as part of a larger housing scheme. Initial meetings have been held with the successful bidder to discuss their proposals and what the LD accommodation could look like.
- **Ladden Gardens in Yate:** The 3 properties at Ladden Gardens were successfully purchased. Each of the properties will be refurbished to contain 3 supported living flats. The first 3 flats are due to be ready January 2020, with the following 3 coming on line in February 2020 and final 3 in March 2020. An experienced supported living provider will be working with the group of parents involved in establishing this provision to deliver core support at each property.
- **Knightwood Farm in Stoke Gifford:** The potential investor in the site at Knightwood Farm has identified a new supported living partner so this development is more likely to go ahead. We are being kept informed and will arrange a meeting when the plans are more established.
- **MyPlace:** A number of officers and the Executive Member for the department visited Bromford Housing Association's "My Place" scheme in Worcester, to find out more about the scheme and the model for delivery of LD supported living places. Further exploration is taking place about the potential of the scheme. These schemes are delivered at no cost to Local Authorities but seem to be aimed at lower level LD needs and are intended to be a home for life.
- **New Initiatives:** The Deployment Manager for an organisation managing a property fund designed to house and support people with complex needs, has contacted SGC. The fund is to work in partnership with housing associations and charities to develop risk-sharing leases for Supported Housing. We have responded and are waiting to hear back about how this could proceed.

## 9.4 Self Directed Support

### 9.4.1 Direct Payments

The Council will continue to review how it arranges support for people in receipt of Direct Payments through the framework of Direct Payment Support Providers. We will continue to refine the use of the Direct Payment Card system, introduced in 2014, to ensure it meets the needs of service users and supports the Council to monitor the use of Direct Payments.



## 9.4.2 Individual Service Funds

We have implemented and reviewed a small pilot of Individual Service Funds (ISFs) involving a group of older service users and their long term care providers. The Council is currently looking to further develop the ISF offer by extending it to other groups of service users. These plans will continue to be worked on in 2019-2020. The aim continues to be that there is greater choice, control and flexibility for users of our services and that we support people to live the lives they choose. The pilot of ISFs showed that service users were happy with the arrangements to meet their needs and a pathway has now been established that will form the basis of an expanded offer.

## 9.5 Shared Lives Service

Another cost effective alternative to residential and community based care provision is the Council's Shared Lives service, where service users either live permanently, have short breaks or regular hours staying in a trained Shared Lives Carer's home. The 'Shared Lives' model fits closely with our approach to promoting independence and personalisation. The Council externalised the small 'in-house' Shared Lives scheme and appointed a new provider through a tender process during 2016. It was recognised that the former highly valued scheme worked predominantly with people with learning disabilities and a smaller number of people with dementia. Indeed, this continued to be the trend with the new outsourced service. However, we know that the scheme could be of benefit to a wider population, including people requiring support with other medium and long term conditions such as mental health, dementia and Huntington's Disease.

Although the new Shared Lives Service sought to develop and expand the number of trained Shared Lives carers, as with the new community based framework, this has been hampered by the lack of suitable new carers coming forward. This has reflected the general trend in trying to expand, or even retain, the current level of social care workforce. Another factor has been the ageing profile of many of the existing long term Shared Lives carers. Expansion of the scheme has therefore been significantly slower than had been hoped and projected savings on the cost of residential, day or respite care have not been achieved as planned. Again, market forces as well as rising demand for services has left the Council heading for increased costs for looking after those who in the main cannot live independently without a high level of support.

## 9.6 Supporting Gypsy and Traveller Communities

Data from the 2011 census estimates that the White Gypsy or Traveller population is approximately 270 (0.1%) in South Gloucestershire, the same percentage as both England and the South West. Due to the cultural practices of the wider traveller group this figure will be under constant flux, and it is likely that the census figure may well represent in the main settled travellers or those on permanent sites and not those actively travelling or on temporary, private or unlicensed sites. It is therefore likely that the census figure is an undercount of the true traveller population at any one time in South Gloucestershire.

South Gloucestershire school census data shows that in Spring 2015, 0.3% of its pupils describe their ethnicity as Gypsy, Roma or Irish Traveller, the proportions were generally higher in the year groups 2 to 6 (average 0.4%) with very low numbers in secondary education average (0.1%).

The Ethnic Minority and Traveller Achievement Service (EMTAS) hold a record of the number of Gypsy, Roma and Traveller children. As of April 2018, 396 Gypsy, Roma and Traveller children were recorded to be living in South Gloucestershire, within a total of 156 families. Assuming there are two adults per family this would suggest that there are approximately 708 Gypsy, Roma and Travellers living in South Gloucestershire. However, this estimate does not take into account adults without school age children and assumes a two parent family.

## 9.7 Supporting Refugees

A refugee is defined as someone who has substantiated a well-founded fear of persecution from their home country and has been granted permission to stay in the UK as a refugee or 'leave to remain' to give the technical term. An asylum seeker is someone who, having applied for refugee status, is awaiting a decision (please also see references to unaccompanied asylum seeking children (UASC) under the Children and Young People's section of this document).

Refugees and asylum seekers are often from cultures very different to the indigenous population, may not understand the principles behind the UK health system, may not speak English, and may have complex healthcare requirements.

Some information about the numbers of asylum seekers or refugees in South Gloucestershire is available from the Home Office Immigration Statistics, and data from quarter 1 in 2016 shows that 46 asylum seekers were supported under Section 95 in South Gloucestershire – 0.1% of the total for Great Britain. A breakdown of applications for asylum in Britain, by country of nationality, shows that the greatest proportion come from the Middle East (36%), followed by South Asia (24%) and Sub-Saharan Africa (15%). The countries that had the highest overall numbers of asylum applicants were Iran, Iraq, Pakistan, Bangladesh, Afghanistan and Syria. Breakdown by country of nationality is not available at the Local Authority level, but it is likely that South Gloucestershire will follow similar patterns to the national picture. Source: Joint Strategic Needs Assessment 2019.

The Civil War in Syria has resulted in one of the worst humanitarian crises of the 21st century. In his statement to the House of Commons on 7 September 2015, the then Prime Minister announced that Britain should resettle up to 20,000 Syrian refugees over the rest of the Parliament. These will be some of the most vulnerable people affected by the conflict in Syria. In response to the Syrian crisis, South Gloucestershire Council agreed with the Home Office to take 84 refugees (from Syria and affected neighbouring regions) under their scheme by 2020. The first families arrived in September 2016.

As at August 2019, we have resettled 21 adults and 28 children so 49 refugees in total. Families have been resettled across South Gloucestershire, mainly in semi-urban areas such as Coalpit Heath, Bradley Stoke, Patchway, Filton and Staple Hill. All children of school age are in local mainstream schools and all adults are attending ESOL (English to Speakers of Other Languages) classes. A number of adults have gained paid employment and some are carrying out voluntary work in the community.

The refugees arriving under the resettlement scheme are funded by the Government from the International Development Fund (via the Home Office). These costs are allocated to cover support provision, housing, social care, health, education and support to integrate into the community. In addition, all refugees have access to public funds and can claim the relevant benefits.

The Council currently commissions LiveWest Housing Association to provide resettlement support to refugees in South Gloucestershire. LiveWest have a dedicated resettlement manager whose role is to welcome refugees to their new homes, help them to access local support services and amenities, health care, education and employment and to help people integrate into the wider community. The focus of resettlement support is to enable refugees to become as self-reliant as possible.

## 9.8 Prisons Social Care

Under the Care Act 2014 there is the requirement for Local Authorities to provide social care services to people detained in prison or other secure premises as part of their bail conditions. South Gloucestershire has 3 prisons:



- **HMP Ashfield** (located in Pucklechurch) accommodates male prisoners, has a high number of older detainees and is a Category C adult sex offenders' prison. As at March 2019, HMP Ashfield held circa 400 male prisoners, ranging in age, with almost half of those being over the age of 50.
- **HMP Eastwood Park** (located in Wotton-Under-Edge) is a women's closed remand prison, with a high turnover of prisoners. HMP Eastwood Park has adaptive facilities and a mother and baby unit. As at March 2019, HMP Eastwood Park held circa 350 female prisoners, mainly aged under 50 but with a very small percentage being over the age of 70.
- **HMP Leyhill** (located in Wotton-Under-Edge) is a Category D men's open prison. It has a high number of older offenders and adapted facilities, including a palliative care unit. As at March 2019, HMP Leyhill held just over 500 male prisoners, mainly aged under 50, but including a number of detainees aged over 80.

We currently commission a specialist social care provider, Agincare, to provide social care within our three prisons. The contract for social care within prisons in South Gloucestershire has recently been retendered and Agincare will continue to provide the service. The Council also funds a designated senior social work practitioner to assess prisoners referred for social care and to work with the social care provider and the prisons to ensure we fully meet the requirements of the Care Act.

## 9.9 Direction and Possible Business Opportunities.

- The development of community capacity and community based activities, including carer led and peer support initiatives, which support people with dementia to continue to live an active life and remain as independent as possible within their community, which meet statutory level assessed needs.
- The development and expansion of community based services and peer led initiatives which will address loneliness and social isolation to ensure that people are able to participate in activities and groups within their own communities and neighbourhoods, which meet statutory level assessed needs.
- Opportunities for independent and community organisations to provide services to disabled people leading to employment, self-employment or contributing to their community, which meet statutory level assessed needs.
- Further development of services providing easy access, appropriate learning and training, work experience and volunteering opportunities and support to enable all young people to develop the skills for independent living.
- Continued expansion of community and smaller scale building based provision within the community, independent and not for profit sector, either commissioned by the Council or increasingly by Direct Payments recipients.
- There is a growing role for homecare providers in meeting an increasing self-funding demand, where customers require a wide-range of care/support around the home and this can also include non-Care Act eligible customers. Providers are encouraged to market their services using [www.wellaware.org.uk](http://www.wellaware.org.uk)



- With the increased use of personal budgets and Direct Payments there is an opportunity for the Personal Assistant market to grow to meet demand.
- We will review the effectiveness of the Recognised Provider List of Direct Payments Support Providers, to ensure that the process for selecting a quality provider is straightforward for service users and carers and provides value for money.
- South Gloucestershire is keen to explore opportunities to support the development of micro enterprises and other alternative approaches to meeting individual needs, particularly within communities where more traditional support is hard to arrange.
- We will be introducing quality assurance processes to ensure that Homecare services are of the right quality, with a particular emphasis on involving people who use services in monitoring quality.
- The Council continues to encourage and support the provision of Changing Places facilities across South Gloucestershire.
- Working with Avon & Somerset Police the Council intends to relaunch the current 'Safe Haven' scheme as 'Safer Places' engaging with shops, businesses and community buildings, expanding from Learning Disabilities to cover other vulnerable groups.
- There may be further opportunities as the Department reviews how it meets its duty to provide care and support service within the prisons population.
- The Council is exploring the possibility of including supported living flats on community centre sites. The feasibility of developing supported living on these sites is dependent on planning consent and also whether the units would be more financially viable than other initiatives.

## 10. Housing Related Support

The Housing Related Support (HRS) programme, which was previously known as Supporting People, funds a range of floating support and accommodation based services that help support people to live independently in their own homes and maintain their tenancies. These are non-statutory, preventative services which help adults at risk avoid homelessness and helps avoid or delays entry into mainstream domiciliary care, residential, nursing and other statutory services. Housing Related Support allows people to live as independently as possible, for as long as possible in the community and therefore saves the public more than is invested in the programme. Our aspiration is that people receiving HRS will feel better enabled to access good quality accommodation and manage their tenancies.

In 2015 the Council carried out a review of all Housing Related Support Services. Following this review, services evolved from the former Supporting People model to a housing management based, tenancy support model in 2016-17. Another significant change was that a number of separate floating support services, with the exception of the HRS specialist Learning Difficulties services, were subsequently retendered and a new supplier was appointed from February 2017 to provide a single generic floating support service. This helped rationalise a large range of diverse services with different pricing structures and delivery approaches into a more relevant generic approach.

As of 2020, the Council currently commissions a total of 38 Housing Related Support services from 23 independent providers. Over 1000 people a year benefit from these provisions.

Some elements of the HRS programme support the council in discharging its statutory homelessness duties. For example, we fund a number of schemes that provide short-term housing and support in line with statutory requirements of the Homeless Reduction Act, which provide a range of preventative interventions for those who are homeless, or threatened with homelessness and who need support. These can be either short-term accommodation based support or community based floating support.

We also fund the housing or tenancy support element of longer term specialist support in line with statutory requirements of the Care Act, for adults with learning difficulties, mental health problems and older people. Reassessments of those with long-term Learning Difficulties has taken place to ensure that the HRS eligible element is separated from any enhanced housing management (EHM) or statutory care and support duty.

The Young People's Supported Housing and Homelessness services are areas of HRS and the overall housing market which are increasingly under pressure, with demand constantly outstripping supply. The introduction of Universal credit and the Homeless Reduction Act has impacted both on HomeChoice and housing providers, with an increase in homelessness applications.

In respect of developing and improving HRS services for young people, work has been undertaken in coproduction with providers to achieve a new supported housing pathway for all levels of need. This includes a newly commissioned high support accommodation provision, and development of a supported lodgings initiative (please also see references to housing related support for young people and care leavers, as well as unaccompanied asylum seeking children (UASC) under the Children and Young People's section of this document).

Work is also being undertaken to identify additional suitable housing in the community for young people to move on to. This will help free up supported accommodation places by ensuring that young people are moved on as soon as they achieve the necessary level of skills to manage and retain their own tenancy. A key factor will be identification and promotion of shared living accommodation, to balance expectations and enable young people to move on into affordable housing, whether self-funding or receiving benefit payments.

## 10.1 Direction and possible business opportunities

- Increased shared housing provision in both the social housing and private sectors is required as a result of the introduction of Universal credit and the Homelessness Reduction Act, in particular for under 25s and also for move on from the HRS young people's supported housing services.
- Facilitation of a partnership model to focus on working directly with the provider market to ensure sustainable, quality affordable provision.
- Continued working with providers to scope and design outcome based models to evidence that need and agreed outcomes are being met.
- Provider forums and other forms of co-production and market engagement will continue alongside contract management meetings.



## 11. Housing for Older Adults including ExtraCare

Older People have a wide range of different housing needs, ranging from suitable and appropriately located market housing through to residential institutions. (Planning Practice Guidance, March 2015)

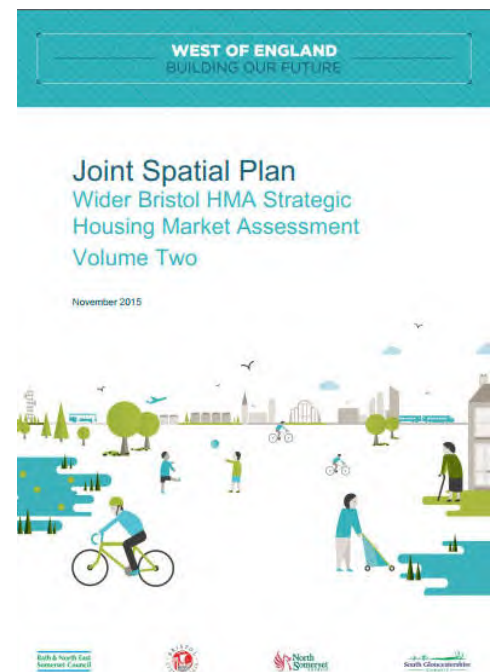
In response to meeting these requirements, South Gloucestershire has a strategic aim to deliver a range of specialist housing towards meeting the needs and choice of our ageing population.

As part of the continuum of meeting care needs South Gloucestershire aims to enable the delivery of ExtraCare accommodation as an effective accommodation solution for older people. Underpinning this strategy is the provision of a wider choice of tenure to match the increasing demographic change of older people in the district.

In addition to the care and social benefits, improving housing choice for older people and the advice available to them and their families, can help release under occupied family homes in the rented and owner occupied sector, thereby helping to improve supply and add to housing choice for local communities. New build schemes aimed at retirement living may also contribute to the wider regeneration of an area through the redevelopment of buildings, the better utilisation of land and the creation of new employment opportunities.

### 11.1 Assessing demand

The Wider Bristol HMA Strategic Housing Market Assessment (SHMA) Volume 2 was published in January 2019 and replaced the earlier November 2015 version. The previous SHMA had originally identified an Objectively Assessed Need (OAN) of 85,000 dwellings for the Wider Bristol HMA (the combined area of Bristol, North Somerset and South Gloucestershire) over the 20-year period 2016-36. The Wider Bristol SHMA formed part of the evidence base for the West of England Joint Strategic Plan (JSP) which was first consulted on in early 2016. Following consultation, the feedback received about the SHMA and the associated OAN for Wider Bristol HMA was considered by the local authorities and the Local Enterprise Partnership (LEP). In response to the feedback received, the local authorities and the LEP decided to further develop the evidence base. The purpose of the latest study continues to be to support local authorities in the sub-region in objectively assessing and evidencing the overall housing mix required and the housing needs of different groups (including affordable housing) across the Wider Bristol HMA for the 20-year period 2016-36, and to provide other evidence to inform local policies, plans and decision making. The document replaces the previous study “Wider Bristol HMA Strategic Housing Market Assessment Volume 2 (2015)” and uses more recent data, which indicates a larger change in both population and households over the 2016-36 period than the data informing the 2015 report. In addition, the data indicates a change in the mix of housing required.



The full document can be accessed via the following link: [https://www.jointplanningwofe.org.uk/gf2.ti/-/845730/47550981.1/PDF/-/WED\\_011\\_Wider\\_Bristol\\_HMA\\_Volume\\_2\\_Update.pdf](https://www.jointplanningwofe.org.uk/gf2.ti/-/845730/47550981.1/PDF/-/WED_011_Wider_Bristol_HMA_Volume_2_Update.pdf)

Based upon the updated calculations contained in the Wider Bristol HMA Strategic Housing Market Assessment Volume 2 January 2019, the following table shows projected sheltered and extra care housing demand figures for South Gloucestershire.

	Type of Housing	Rate per 1,000 persons aged 75+	Gross need 2016	Existing supply 2016	Backlog at Start of Plan Period	Gross need 2036	New Need 2016-36	Total Need 2016-36
<b>South Gloucestershire</b>								
<b>Sheltered Housing</b>	<b>Owned</b>	<b>120</b>	<b>2830</b>	<b>320</b>	<b>2510</b>	<b>4850</b>	<b>2030</b>	<b>4540</b>
	<b>Rented</b>	<b>60</b>	<b>1410</b>	<b>1520</b>	<b>-100</b>	<b>2430</b>	<b>1010</b>	<b>910</b>
<b>Extra Care (Class Use C3 /C2)</b>	<b>Owned</b>	<b>40</b>	<b>940</b>	<b>276</b>	<b>664</b>	<b>1620</b>	<b>680</b>	<b>1344</b>
	<b>Rented</b>	<b>31</b>	<b>730</b>	<b>334</b>	<b>396</b>	<b>1250</b>	<b>520</b>	<b>916</b>
<b>Total</b>		<b>251</b>	<b>5910</b>	<b>2450</b>	<b>3470</b>	<b>10150</b>	<b>4240</b>	<b>7710</b>

*Please note:*

- 1. Prevalence rates based on national figures and not local assessment.*
- 2. Stock based on current levels and are not consistent with SHMAvol2 figures.*

## 11.2 ExtraCare Housing

As mentioned above, ExtraCare is one component of a continuum of housing designed to meet the needs of an ageing population, in terms of both care needs and lifestyle choice where on-site 24 hour care and support service together with activities and facilities to enhance health and wellbeing are provided, although facilities at each scheme will vary.

There are six Extra Care Schemes in South Gloucestershire with 293 rented units available via the Council's HomeChoice allocation. In addition to 10 market units in Yate there are now 180 shared and outright purchase apartments available at the most recently opened scheme 'Stoke Gifford Village'.

There are also a number of retirement schemes within South Gloucestershire to provide apartments for older people to purchase built by organisations such as McCarthy Stone and Churchill. There is also a private sector model known as "Assisted Living" that provides limited care.

ExtraCare Housing design and location should enable individuals to live in self-contained accommodation within an environment that promotes privacy, comfort, support and companionship. Examples of current schemes available in South Gloucestershire are available in the ExtraCare Magazine.



### 11.3 Direction and possible business opportunities



- Current strategy has led to the provisioning of 610 against a target of 700 units of accommodation which includes both Council and private sector provision.
- A new strategy is emerging whereby the SHMA is a benchmark tool to consider future development in the area with additional detail available to consider local demand. In addition policy is being developed as part of the new Local Plan.
- The Council is considering further schemes in Yate, Filton, Frenchay and Thornbury areas (see updates on Frenchay and Thornbury Hospital Sites in Section 12).
- Development started on site for a new 50 flat scheme with communal areas in Lyde Green in late 2019.
- Through the planning process the Council aims to continue to support delivery of mixed tenure ExtraCare housing schemes, reflecting older people's needs in their community. The Council recognises the potential demand from older people who own their own homes and who, dependent on the model available wish to make a lifestyle change.
- Any enquiry relating to a proposed ExtraCare scheme, whether it is a stand-alone scheme or one that forms part of another site, should be made by contacting ExtraCare in the first instance via the contact email: [ExtraCare@southglos.gov.uk](mailto:ExtraCare@southglos.gov.uk)

**NB.** Please refer to the Council's Core Strategy and SPD for details regarding planning policy related to ExtraCare/specialist older people housing development.

<http://www.southglos.gov.uk/housing/supplementary-planning-document/>

## 12. Residential and Nursing Care

### What is a care home?

All care homes are required to be registered with the Care Quality Commission (CQC), which is the organisation responsible for monitoring that they are complying with legal requirements. Care homes no longer register as providing either nursing or residential care and there is now a single category, 'accommodation for people requiring nursing or personal care'. This change provides for people to remain living in familiar settings at a time when they may also need nursing services, currently or in the future.

### Care Homes and Maintaining People's Independence, Choice and Control

South Gloucestershire Council proactively promotes independent living, to support people to live in their own homes for as long as possible. However, it remains committed to care home services where this is the most suitable option and favours innovative, person centred design. At the same time we strive to build a culture which encourages community engagement to deliver services differently and to provide a range of options across all centres which enables people, even those with Continuing Health Care (CHC) funding for example, to remain living as independently as possible, for as long as possible

### Care Home Strategy in South Gloucestershire

South Gloucestershire is one of the fastest growing areas in Britain, with projections of population growth of the over 65's to increase by 68.7%, or 32,000 people by 2037, with the over 90's projected to increase by 5,600 people. The proportion of older age people living in care homes increases with age and in 2019, 13.7% of people aged 85 years and over were living in a care home in England and Wales.

Nationally figures suggest that approximately 30% of people use some form of local authority funded social care in the last year of life. At present, South Gloucestershire Council is continuing to see a steady decline in the number of care home placements funded by the local authority across all client categories. The national figure for care home places that are occupied by people funding their own care is 45%. As an indicator of our local population's ability to self-fund residential care, housing statistics show that South Gloucestershire has an above average level of owner-occupancy of 77% against a national average of 68.6%. This may mean that a higher percentage of people in this area may be currently able to fund their own care. However, this does not mean that their funds will last long enough to continue to provide for their care accommodation, for as long as they live and require care. Given that their health will likely decline and their care needs increase, the likelihood is that an increasing burden will fall upon health and social care commissioners as time goes on. This means there will need to be increased capacity for accommodation with care as well as the ability to deal with increasingly acute nursing care of people living past their 80s and 90s.

In the context of the challenging financial climate there is a continued emphasis on reducing care provision in a residential setting in favour of supporting people in a community setting, for example within ExtraCare housing and Supported Living. South Gloucestershire Council is therefore committed to supporting and developing a diverse and sustainable market. As such, the Council wishes to work with SME's, larger scale providers and not for profit organisations to help ensure that the market is sufficiently balanced in order to promote customer choice, quality, mitigate risk and deliver value for money. To do this, it continues to work in partnership with providers to assess market and cost pressures, safeguard and develop quality of services and monitor sustainability and viability within the sector. The focus of this partnership approach is through the Care Home Partnership with membership from the care home sector, CCG and Local Authority. Through this partnership we are seeking to invest in collaborative initiatives designed to improve quality, skills and outcomes across all care homes.

It should be noted that the Council does not set a rate for the cost of the care homes services it purchases but in line with Care Act legislation, it is required to consider the needs of each individual. Instead, a daily email is sent to all care home providers with anonymised details of the people for whom a care home is sought. Suitable care homes with vacancies are then able to contact the Council if they can provide services and request a copy of the care plan to assess whether they can meet the individual's needs. Fee rates are set individually with homes depending on a range of factors including the care needs of the individual, locality, physical environment, quality and wider market conditions, as well as choice under the Care Act.

## 12.1 Market Analysis

South Gloucestershire has been one of the fastest growing areas in the country in recent years and at the same time it now needs to provide support for an increasing older population. The likelihood of being disabled and receiving care increases with age, particularly in the case of people aged 80 years and over, with a projection that by 2037, 15,200 more residents will be aged over 80 and that the projected dependency ratio will rise from 57% to 74%. Notwithstanding the range of both statutory and non-statutory community based services, at some time in their lives an increasing number of people will require a stay in hospital or to use respite, reablement or permanent care in care home accommodation. As well as meeting the needs of South Gloucestershire residents, demand for care home services can arise due to the desire of relatives living and working in the area to have their loved ones move into a care home close-by to facilitate ease of visiting. This of course brings in the added pressure on the local care home market from self-funded entry into local care homes by people from outside of the Council's area, some of which may well be choice based and inappropriate or premature in terms of the care and support required.

Statistically, of the 235 new care home placements for adults (non-LD and mental health) funded by South Gloucestershire in the first 9 months of 2019, 23% were made outside of the area, while the figures were 45% (35 in total) for LD placements, and 40% (28 in total) for people needing support with mental health. While some of these will have been at the request of service users to be closer to relatives, in some cases the Council has been unable to identify a suitable vacancy within South Gloucestershire. This could have been because an existing care home building was unable to meet the needs of increasingly disabled/frail residents or the service or price available elsewhere offered better value.

Although people may be living longer, without corresponding improvements in health and wellbeing into old age and extreme old age, inevitably higher levels of care and support will be required for longer, resulting in higher levels of dependency than in the past. In terms of where they can continue to live and receive care, some non-purpose built care homes currently and increasingly in the future will be unable to provide an appropriate environment to deliver complex care, for example where bedrooms are not accessible or suitable for hoists, hospital type beds and wheelchairs. In the past 2 years, although 8 care homes have closed in South Gloucestershire and only a further 4 have opened, the actual bed capacity has increased by around 50 as the new care homes are larger.

In financial terms, nearly half of the Department's total expenditure on purchased services is used to pay for care home services, with expenditure at £41.9 million for the year in 2017-18 which is expected to rise to some £45 million by end 2019-20. This figure is expected to continue to rise, as people live longer and their care needs increase along with the costs of the care itself. Therefore, with higher demand and increased costs for providers, for the foreseeable future costs to local authorities and their partners in the health service are set to continue to rise. It is therefore essential that commissioners and care home providers alike work together to provide affordable, cost effective services that meet the needs of those citizens for whom there is no alternative but care home accommodation. At the same time work with the overall care market and communities will need to increasingly focus on prevention, recovery, reablement

and rehabilitation services, with the aim that people will be enabled to live well and live independently for longer, at the same time as they are expected to be living longer.

As already discussed in terms of the care market generally, another impact on the ability of care homes to optimise capacity is the ability to recruit and retain a sufficiency of suitable staff. To illustrate the impact, the Council has received reports from care homes about situations where beds are unoccupied because safe services cannot be provided because of staff shortages.

While most people live well into old age, others are not so fortunate. Thus there is a smaller demand for care home services for adults aged under 65, both to meet their physical nursing needs or for care and support with dementia, particularly early onset dementia. For example, where the person is relatively young, their corresponding outlook and expectations may well be different from older generations, in terms of their accommodation as well as their care and support needs. In these cases, both the service user and their family and friends may regard an ‘older adult’s’ care home environment to be unsuitable and wherever possible, it is preferable to maintain care and support in an independent setting for as long as possible, whether this be in their own home or within an extra care or supported living facility.

### Availability of Care Homes & Beds in South Gloucestershire

The geographic spread of care homes across South Gloucestershire varies considerably, with significantly less choice in the more rural and north eastern areas of South Gloucestershire. The breakdown of current care registered care home capacity as at autumn 2019 is:

Care Home Offering	Number of care homes	Number of beds
Nursing care for Adults	17	909
Personal care for Adults	26	797
Nursing care for people with Learning Difficulties	4	43
Personal care for people with Learning Difficulties	26	255
Nursing care for adults with mental ill health	1	15
Personal care for adults with mental ill health	2	10
Total	76	2029

The Alzheimer’s Society publication ‘Fix dementia care’ (2016) estimates that 70% of people with dementia may eventually require long term residential care. Using the numbers of people in South Gloucestershire with a diagnosis of dementia, Public Health calculates that South Gloucestershire has fewer suitable care home beds for people with dementia compared to regional and national values. Neighbouring local authorities also have low levels of care home capacity for dementia beds.

### The Non specialist reported Care Homes Vacancies in South Gloucestershire 1st October 2019

Residential	Complex Dementia Residential	Nursing	Complex Dementia with Nursing	Total Vacancy in South Glos.
17	7	9	7	41 (2.4%)

Additionally, a low care home vacancy rate can mean that at times of winter pressures in acute hospitals, this can lead to delays in people being discharged from hospital. While vacancies within care homes in South Gloucestershire may provide people with a choice of their future home the Council isn’t always able to place people needing care homes immediately and at October 2019 the Council had 6 people awaiting a suitable permanent care home to be found. In terms of exercising choice, on occasion potential

residents or their representatives may decline a suitable vacancy having taken into consideration location, décor or CQC ratings for example.

### South Gloucestershire Purchased Care Homes Placements

At the end of the financial year April 2019, South Gloucestershire Council was funding care homes services for over 500 people and a further 400 people in care homes with nursing, a similar number as the year ending April 2018.

### CCG Beds Purchased

In the first 9 months of the 2018/2019 financial year the CCG was funding:

- 111 nursing beds for CHC clients (including 14 block beds for end of life care under CHC Fast Track funding)
- 22 specialist LD and MH beds (within South Gloucestershire and neighbouring areas) CHC placements in nursing homes and residential homes

### Quality

The Care Quality Commission inspects and regulates care homes, and South Gloucestershire care homes are above national averages, as follows:

		Residential home ratings as a % of rated					% of total not yet rated
Region	Local Authority (rated/no of services)	Inadequate	Requires Improvement	Good	Outstanding	Good + Outstanding	
South Glos. (54/55)		0	6	81	13	94	2
England (10,818/11,255)		1	14	82	3	85	4
		Nursing home ratings as a % of rated					% of total not yet rated
Region	Local Authority (rated/no of services)	Inadequate	Requires Improvement	Good	Outstanding	Good + Outstanding	
South Glos.(21/22)		0	14	62	24	86	5
England (4,173/4,380)		2	22	72	4	76	5

### Rehabilitation, Reablement and Recovery Services (The 3R's) Bed Provision

The rehabilitation, reablement and recovery services in South Gloucestershire ensure people are supported in the community and if they do require acute hospital care they are discharged as soon as they are medically well enough. For those people unable to return home directly after a period in an acute hospital bed, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group commissions rehabilitation/reablement beds from the community health provider for those people on a

Pathway 2 journey. For people assessed as needing a Pathway 3 journey, there are currently 18 beds jointly commissioned via South Gloucestershire Council.

**Estimated Future Supply Required (Number of beds for older people)**

Currently the total number of available beds for older people in South Gloucestershire is very slightly lower than estimated as needed by the Housing Learning and Improving Network projection. Currently, as at 2019, it could be described as at break-even at 1,706 actual beds v 1770 based on the Housing LIN figures. Or when predicted demographic pressures are taken into consideration, the picture we see now could well be described as being at the tipping point. In terms of expected new provision, an 88 bedded care home is scheduled to open in Cadbury Heath in early 2020. However, without further care home development, South Gloucestershire will not be able to meet the needs of older adults needing care and support further into the future. The 2015 projections show a 58% increase in needs for care home beds over 15 years, which means the local care home market will need to grow to accommodate a further 300 beds by 2025, and then the same again by 2030 (net of any closures).

	2015	2020	2025	2030
Demographics	1500	1845	2190	2535
Closures		-70	-70	-70
Care Home Reablement		-100	-100	-100
ECH		-45	-80	-120
NET	1500	1770	2080	2385

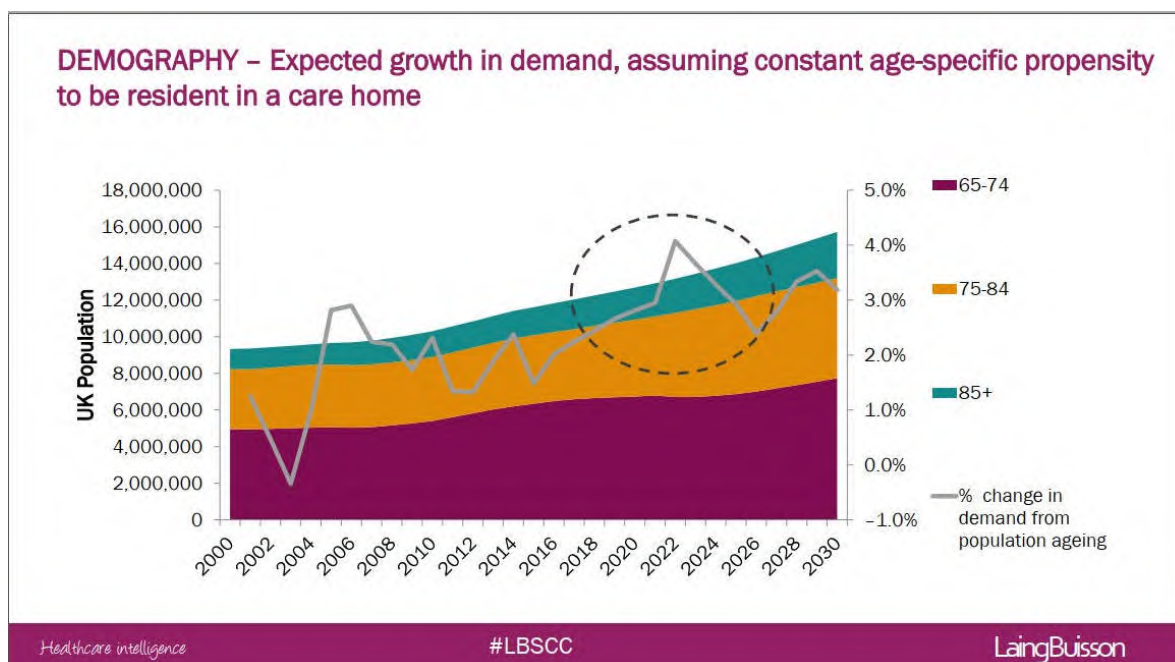
There are other variables that cannot be accurately predicted and are not included in our estimates but will undoubtedly have an influence on the market:

- Demand pressures and developments in neighbouring areas
- Current vacancy rates/shortfall
- New supply of beds from new care homes
- Care home closures, including neighbouring local authority areas
- The suitability and quality of older care homes to meet required standards
- Increased affluence, etc.
- Changes in life expectancy and health improvements
- Development of alternative services to care homes
- People moving into care homes in South Gloucestershire to be close to relatives

However, the above figures are further explored in the next section, where more detailed demographic information and studies of market trends shed further light on the immediate situation, and examine how we can see it developing until 2025 and then again for another five years to 2030.

## The Case for Increased Investment and Provision in South Gloucestershire from 2020-2030 and the Pressures Facing Commissioners and Providers

Clearly, the Council and its health partners are facing key demographic drivers between now and 2030, particularly in the first five years to 2025, against a difficult set of variable factors, which are to varying degrees, difficult to accurately quantify or predict. Equally, a number of factors, including availability of land, finance and staffing, will also affect the ability of the market or the Council to be able to facilitate increased care home capacity. The position as at 2019 according to LIN and current population figures is theoretically that capacity and demand should have levelled out but the reality of the situation is that we are in fact placing out of area, as many of the care homes are unsuitable for the type of care that is now required. However, demographic pressures, particularly around an increasingly ageing population and in particular a predicted spike in the number achieving over 85 years nationally between now and 2025, indicate pressure will continue to increase on suitable care home bed capacity. This means that from 2020, the Council and other commissioners, faced with increasing demand fuelled by a rising level of acuity of support needs, will become under increasing pressure to either find or be able to pay for suitable accommodation with care.



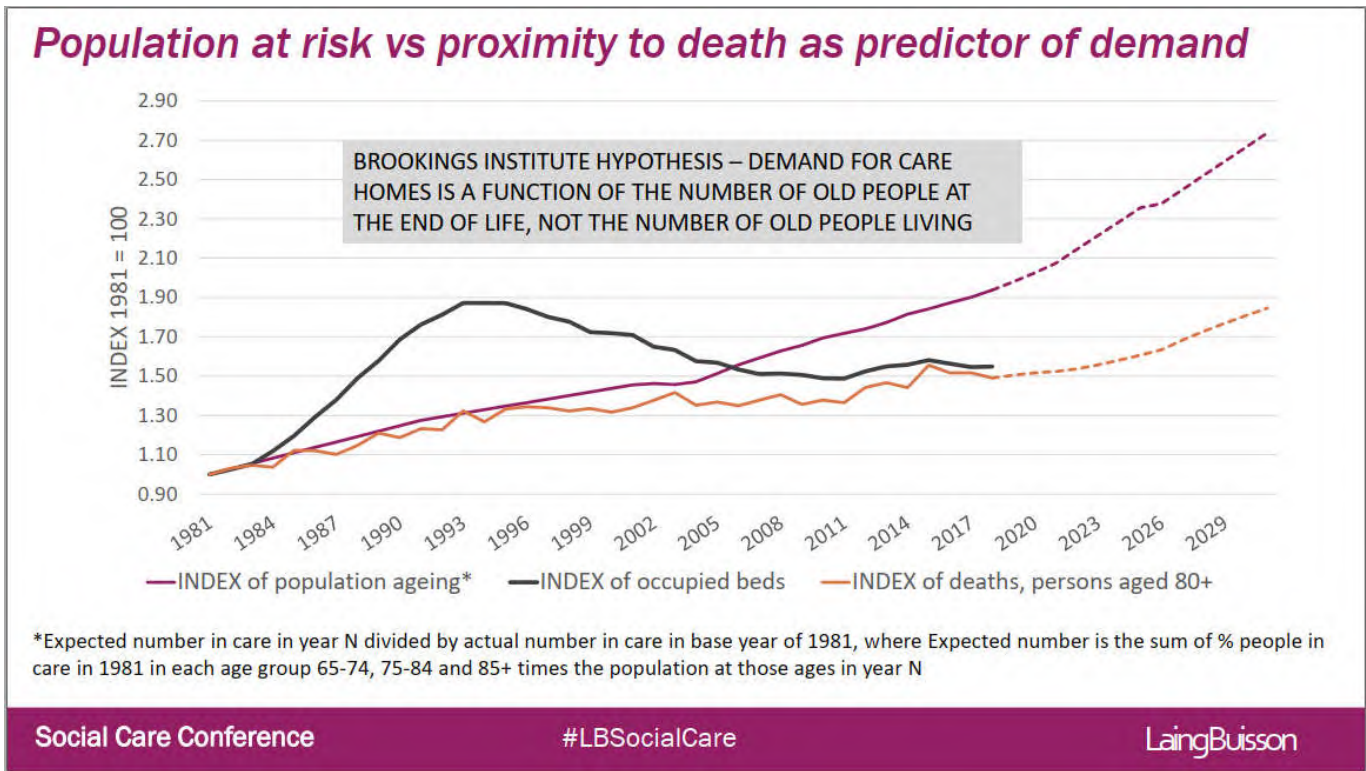
According to Laing & Buisson, there are three key drivers affecting capacity and demand, which are the investment market's appetite for investment in new capacity, demography in terms of rising demand and perhaps the most variable, the propensity to enter care homes, where there are numerous influencing factors involved. Another key factor, which again is a national issue, is that local authorities have despite the requirements of the Care Act, struggled to be able to sufficiently shape, stimulate or attract investment into developing and expanding the care home provision in their areas. This reflects the fact that in terms of availability of land and finances, local authorities are reliant upon the private sector to balance potential profitability against investment and this is driven chiefly by the amount and the ability of self-funders to pay for their own care.

The subsequent 29th edition of LaingBuisson's market-defining report, Care Homes for Older People, launched in July 2018, sheds further light on the continuing developments and dynamics affecting the UK care home market. The market had continued to grow by about 3% per year and was worth £16.9 billion in the year to March 2018. However, new information from CQC reports had led to a reappraisal of the impending 'care home crisis' and LaingBuisson's findings after it had analysed the data from individual care home reports, showed that overall occupancy of care homes was in fact lower than

previously thought, at about 85% when measured as occupied beds as a percentage of registered beds, instead of the 90% benchmark previously thought. There seemed to be a similar situation, as with the oil industry, where available capacity, or ‘reserves, were being deliberately held back. This pointed to there being a lot more latent provision or mothballed capacity in the care home sector. In some cases, it was suggested that care home providers might not choose to admit residents to full capacity, for example, because they didn’t want to incur additional staff or other costs or maybe because trained nursing and care staff were just not available. This in turn begs the question for commissioners looking at whatever levers they could use to bring the ‘latent provision’ back into use, rather than regarding care home occupancy levels as being close to their practical maximum.

The report also cast a new complexion on the impact of openings and closures. During the year to March 2018, net national capacity had risen by around 900 beds, with a greater part of this gain coming in registered nursing homes, allaying fears that capacity is being lost. This is very similar to the situation in South Gloucestershire, where despite closures, new provision has resulted in an additional capacity of 50 beds locally.

Another interesting correlation related to how commissioners regarded future predictions for demand, in that it could be better based on proximity to end of life, rather than age alone. This in itself makes the issues facing both the market and commissioners appear more manageable and resolvable, given the expansion of alternatives. For example, the growth of extra care and an increasing trend towards the American and Australasian retirement village concept, is designed to allow people to live as active a life as possible. Located within an out of doors or hotel boutique style community, this reflects both their aspirations and values about living independently, as well as providing a level of care and support. With such models of flexible retirement age provision, catering for self-funders, state funded and partially funded, with tenanted, freehold and shared ownership options, entry into residential nursing care or hospitalisation should logically be able to be avoided until a person’s needs reach the highest level of dependency towards the end of life. The intention being that in as many cases as possible, people should be able to be supported to end their natural lives in an independent living setting and within their own home.





A key determinant of care home market sustainability remains the balance between Council or CCG funded service users and self-funders. Where the balance tends toward statutory funded placements, the ability of health and social care commissioners to pay puts significant pressure on providers' prices and therefore profit and service sustainability margins. However, where there is a buoyant market based with high proportion of home ownership, the care home sector will remain more robust. In plain terms, the private funding model, based on the liquidation of owner-occupied property value, actually looks likely to remain sustainable for at least the next three decades. This of course is provided that there is no significant collapse in property values. The importance of this to the market as a whole is reflected in the fees paid by 'pure' self-funders, who account for 52% of the market by value but only 45% by volume. This is very similar to the current situation in South Gloucestershire. Thus the Council and CCG should expect to be able to attract increased external investment in order to deliver increased care home capacity over the next 10 years. Given demographic pressure, the principal push will be needed between 2020 and 2025 with a dramatic projected increase in demand for over 85 and end of life. Demand for an increased number of care home beds is then set to continue to rise more gradually towards 2030 and beyond, taking into account demographic projections beyond 2030. As an enabler as well as a commissioner, the Council as both a landholder and planning authority, will seek to work positively, proactively and strategically with the market to maximise the potential of both existing and potential new care home sites.

In 2017, Grant Thornton further examined the case for the sector stepping up to meet the projected demand for increased care home capacity, drawing upon the LaingBuisson findings, complementing the report's findings with their own research and expertise concerning social care, capacity building and economic growth. Their report gives further insights into the factors that have emerged over recent years which have affected the profitability of the care home sector, in terms of regulation, quality standards and suitability, increasing overheads and the links with the cost of training, retaining and remunerating a skilled and suitable workforce. Grant Thornton's findings indicated that there had been a marked decline in the profitability of the sector, with earnings before interest, tax, depreciation, amortisation, rent and central management costs (EBITDARM) as a percentage of income among care home providers having fallen from 32.8% in 2006/07 to 25.2% in 2016/17. This drop was attributed to increased food and property costs, the freezing of local authority fee rates in real terms and higher wage costs. Despite the decline in underlying profitability of the major care home groups with high exposure to state paid fees, they concurred with LaingBuisson's conclusions that operators whose business model relied on self-paying clients fared better, with one-third of UK residential and care homes achieving EBITDARM as a percentage of income levels of more than 30%.

Both reports highlighted that the majority of homes were individual privately homed concerns, with fewer than 30 beds. However, current trends, as experienced in South Gloucestershire, have been that even though a greater number of smaller homes may have closed, the provision of much larger capacity state of the art homes, has in fact produced a net gain of 50 beds. The flip side of this is that their investment and facilities have cost more than the traditional older type of small care home, and consequently the cost of each placement is far higher to the Council and the CCG, than the older units that they have replaced. One of the standout conclusions of Grant Thornton's study related to the direct link between size and profitability, in terms of economies of scale. Thus, Grant Thornton concluded that in terms of size, a home with between 80 and 99 beds hits the profitability 'sweet spot', achieving EBITDARM per bed of £11,694. At 2017 prices (which have of course increased now with inflation and market forces) this size of home commanded an average weekly fee of £833, the highest of all homes, being able to take maximum advantage of economies of scale. Although this size of new care home is typical of the new provision in the Council's area, this does not mean that the traditional homes are not equally valued, where they can continue to meet needs. Otherwise, there is an incentive to invest and adapt, remodel or even re-provision with new build on the site itself to be able to meet the required standards of quality and care.

### **The Changing Face of the Market and New Opportunities**

Despite all of the initiatives to support people to remain at home, demographic projections indicate there is a need for more capacity to be delivered in respect of accommodation with care within South Gloucestershire.

Proposals for the Frenchay and Thornbury hospital sites continue to evolve. At Thornbury Hospital site the Henderson ward has closed and has been re-provided within a designated part of the new Grace Care Centre in Midland Way, Thornbury. In April 2018 the CCG recalculated its requirement for rehabilitation in Thornbury reducing this to a 6 to 10 bed range. This impacts on the need for additional bedded capacity on the Thornbury hospital site, which is further influenced by the proposal for a further new care home on the Cleve Park site. This situation presents an opportunity for a larger extra care housing scheme on the Thornbury Hospital site, as there has been no extra care housing delivered in that area to date, which could be balanced by a smaller extra care housing scheme on the Frenchay hospital site, as there has been recent nearby large scale extra care housing provision. Overall provision should still deliver the opportunity for a minimum 100 extra care housing units across both sites.

As ever in the care home market, it is helpful to be able to increase the availability of sites but unlike some other needs, such as supported living schemes, it is a dynamic market in which mostly care home developers are able to compete to acquire sites, although it makes sense for the Council to ensure there are options for future delivery. For instance, in Thornbury there was until recently only one private nursing care home and one Council operated residential care home at Alexandra Way, which the Council has for some years been keen to secure alternative provision should appropriate options become available. Additional market led nursing care capacity has recently been delivered at the Grace Care Centre in Thornbury, a third of which has been required to replace the Henderson Ward of Thornbury community hospital, following its closure. It is expected that the Cleve Park site may deliver a new care facility and this would allow the Council to proceed with the closure of Alexandra Way, in line with its long term plans. As things currently stand, however, Alexandra Way needs to be retained given that the Cleve Park site proposal is not within the Council's control and is dependent on the developers submitting a detailed scheme in due course.

If delivery of a care home at Cleve Park does not happen for any reason then the Alexandra Way closure cannot take place and this in turn would impact on the provision of a new bus route to serve the new Park Farm housing development. If there is a need for certainty on that front, then there is a possibility that a care home could be provided on the Vilner Lane site in Thornbury.

As described above, these various competing pressures and their individual timeframes all interact and affect future decisions regarding provision at Thornbury, meaning that other opportunities may need to be considered in order to meet future needs. This is a considerable challenge locally.

As projected demand continues to increase up to 2030, the forecast needs for new care homes in Thornbury to 2030 takes account of the proposed development of a new extra care housing scheme on the Thornbury hospital site. Only a relatively small percentage of the extra care housing will provide for needs equivalent to residential care. Consequently it will not change the need for at least one additional care home in Thornbury by 2030. Therefore if Cleve Park happens and Alexandra Way closes, there will be adequate care home capacity in the Thornbury area until at least 2030 without reliance on other sites.

### **Meeting the Demand for Care Home Beds between 2020 and 2030 – An Increasing Pressure to Act**

In conclusion, the above demographics point to a considerable leap in the number of over 85s requiring accommodation with care between now and 2025. Given there are 1706 care home beds in 2019, plus a further 88 beds coming online in Cadbury Heath in early 2020, this will mean the area is projected to start 2020 with 1794 available beds. However, not all of these are care home beds as some are reserved for rehabilitation. If the projection remains 2080 in 2025 then there is likely to be a gap of 286 beds, i.e. 2080–1794. This part of the report focuses on older people's provision only and it should be noted that we also do not have enough provision for learning difficulties and particularly mental health in the area, which also adds pressure to the equation. The information available at the end of 2019 indicates that spending pressures will continue to increase post 2020 in response to both demographics and the availability of a sufficiency of suitable accommodation with care within the Council's area.

Equally, if the latest JSNA demographic projections which try and look beyond 2030, towards 2041, come about, pressures on the whole of the health and social care systems will continue to build over that period

as well. In South Gloucestershire, this is expected to be offset to some extent by the liquidation of property assets, given the high proportion of home ownership. However, this does not altogether take into account the effects of internal and external migration into the area, or the long term ability of self-funders to pay for their care long term. As people live longer it is expected that they will remain in residential care beyond the capability of their own resources to continue to contribute or self-fund. Consequently, the increasing likelihood is that their money will run out when or before they are in need of the most acute, and most costly, level of care. Therefore, unless other factors reduce demand during the next five to ten years, and beyond, given the demographic pressures and the predicted sharp increase in the number of over 85s, the Council needs to work with both its health partners and providers to identify how we see that gap being closed by the market as demand increases in the short, medium and longer terms.

## 12.2 Direction and Possible Business Opportunities

- South Gloucestershire remains committed to care home services where this is the most suitable option, for example where an individual has a need for specialist support, such as dementia care and end of life care.
- In line with our way of working care homes are encouraged to adopt a reablement/rehabilitation approach, seeking to promote a culture where individuals are supported to retain and regain independent living skills.
- There is likely to remain a particular demand for appropriate care home services for people affected by dementia, particularly those people with complex needs resulting from their dementia.
- South Gloucestershire Council is leading a project with other local authorities in the South West to develop a joint specification which will be used when commissioning care home services for people with Learning Difficulties where their needs are best met in a care home setting and other high cost placements. The Council will seek to review and where appropriate identify suitable alternative provision for existing high cost mental health and learning difficulties placements along with revising procedures for future placements
- Proposals for the former hospital sites at Frenchay and Thornbury continue to evolve. In January 2019, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group re-calculated its requirement for rehabilitation beds on the Thornbury site to six beds creating the opportunity for the development of a larger number of extra care housing units on the site.
- On the Frenchay site the CCG confirmed its requirements of 50 rehabilitation beds and 30 nursing beds but recalculated the demand downward for extra-care opportunities to reflect the opportunities afforded at the nearby site at Coldharbour Lane, Stoke Gifford.
- All care homes providing services to South Gloucestershire Council are encouraged to participate in and engage with the Council via the quarterly Care Home Forum.
- The impact of the future closure of Alexandra Way, reductions in private and third party provisioned bed spaces, as well as the future of the potential sites, will all be taken into consideration alongside future proposals for the Frenchay and Thornbury hospital sites as well as overall provision within the Council's, as well as neighbouring areas



## 13. ADASS South West Regional Contract for Purchasing Residential Care for Adults with Learning Disabilities

South Gloucestershire Council was appointed by South West ADASS as the lead authority to develop a standard contract and service specification that could be used by all local authorities and clinical commissioning groups across the South West region to purchase residential care for adults with learning disabilities. Supporting the implementation of the new purchasing process will be a Quality Assurance (QA) process to ensure that recording and monitoring is completed in the same way by all LAs and CCGs, which will also produce better market intelligence, as part of the Care Act's market sustainability requirements. The work began on this project on 1<sup>st</sup> October 2018 and the new contract and QA process is planned to be implemented from April 2020

There is currently an annual spend across the South West region of £245m (2018 data) by local authorities on residential care for adults with learning disabilities and in 2018 there were 3,363 placements in place.

The aim of having a joint arrangement in place with all local authorities and CCGs in the South West is:

- A standard and best practice Contract
- A standard and best practice Service Specification
- Quality Assurance documents and consistent process including more accurate Safeguarding reporting for placements made out of county
- A costing model that's fixed for all and offers best value
- Information sharing agreement to allow local authorities to share data about providers
- A Participation Agreement to give a clear understanding on the obligations for local authorities
- Have the ability to build on this experience for all LD and supported living placements
- Sufficiency – we don't have the right offers for people with complex needs.
- Also a chance to combine voices between LAs and Providers – a single programme
- Commissioning and market management/shaping of LD Residential Care in the South West.
- All participating LAs and CCGs will still have the responsibility of making their own placements.

### 13.1 Direction and Possible Business Opportunities

- Providers who provide residential care for adults with learning disabilities within the South West region will be invited to sign up to a regional contract. The providers who decide to join will only need to complete one accreditation process and sign up to one contract and service specification to be able to contract with participating LAs.



## 14. How the Market Position Statement relates to the Council's Overall Business

The Council is a major purchaser of goods and services and spends over £180 million a year on obtaining a vast range of supplies, works and services from the external market.

The Council's expenditure on health and social care represents a significant proportion of its overall spending. For those who are interested in how this fits into overall commissioning or want to sell or provide their services and supplies to the Council, we have put together a ['Selling to the Council' guide](#) to assist suppliers and potential providers who wish to do so, by:

- outlining the rules that the Council must follow
- explaining where to find details of opportunities to supply the Council
- explaining how to tender for the Council's business
- explaining what is expected of you when undertaking work for us

This guide also contains links to this Market Position Statement as well as a variety of other useful information, which is relevant to organisations of all types and sizes. The Council has strong and positive business relationships with the private, public and third sector businesses and commissions and develops services with numerous SMEs, voluntary sector and community organisations.

## 15. Conclusion and Summary

This Market Position Statement provides an overview of the Department's ambition to continue to work with care providers to develop a 'whole life' approach to meeting needs. The introduction of strengths based commissioning via the Three Conversations model is a continuation of this journey. In terms of preventative and non-statutory services, One You South Gloucestershire has further added to and complemented the approach, seeking to enable people to take better control of their health and wellbeing.

Recognising that everyone has a part to play, as a stakeholder in the future of their own health and those for whom they care, we know that it is only by working together in co-production with commissioning partners, service providers, young people, adults and local communities within South Gloucestershire that we will achieve the best possible outcomes.

All of the commissioning intentions and future business opportunities contained within this report are accurate projections at the time of publication and will be updated periodically, as necessary. However, they must be considered within the context of significant budget pressures and planned reductions in funding for public services over the medium term. This means that there is a need for commissioners and service providers to work more closely and flexibly in the future, to support the development of a sustainable care market for people both to benefit from, and in which to both seek and find meaningful employment. Therefore, we wish to continue to engage with our partners to deliver a flexible and responsive, diverse and comprehensive, high quality care market. By engaging with all stakeholders, we are particularly keen to ensure that people with experience of services continue to be actively involved, whether they are providers, practitioners, service users or commissioners. We meet with our providers quarterly through a number of service based forums, as well as directly through quality and performance monitoring under individual service contracts. The Department also continues to work alongside our local, regional and national partners and a wide range of professional and industry groups to share information and best practice.

We therefore welcome your comments about this Market Position Statement and in particular its value to you as a provider and how you think it could be improved in future versions. We are interested,

particularly, in your views about how we can continue to provide and develop quality services that deliver real and sustainable improvements in outcomes for individuals, as well as how we can work together to achieve greater cost efficiencies within a best value approach.

If you are a provider reading this and would like to know more or to tell us more, please contact us at:

[cengagement@southglos.gov.uk](mailto:cengagement@southglos.gov.uk)

Finally, thank you for taking the time to read our new Children, Adults and Health Market Position Statement for South Gloucestershire. We will continue to build and forge strong relationships with our providers and partners, so that we can continue to be proud of the services we work together to deliver and continually improve our offer to meet the changing needs of our local population.

## 16. Links to other useful Council policy documents and publications

- Find information for adults, children and families - <https://find-information-for-adults-children-families.southglos.gov.uk/>
- Care Leavers - [http://www.southglos.gov.uk/documents/Care-Leavers-Guide\\_Final.pdf](http://www.southglos.gov.uk/documents/Care-Leavers-Guide_Final.pdf)
- One You South Gloucestershire - <https://oneyou.southglos.gov.uk/>
- Ageing better plan – <https://www.southglos.gov.uk/health-and-social-care/care-for-adults/ageing-better-plan-2019-2023/>
- Wider Bristol HMA Strategic Housing Market Assessment Volume 2 January 2019 - [https://www.jointplanningwofe.org.uk/gf2.ti/-/845730/47550981.1/PDF/-/WED\\_011\\_Wider\\_Bristol\\_HMA\\_Volume\\_2\\_Update.pdf](https://www.jointplanningwofe.org.uk/gf2.ti/-/845730/47550981.1/PDF/-/WED_011_Wider_Bristol_HMA_Volume_2_Update.pdf)
- South Gloucestershire Extra Care Magazine – [www.southglos.gov.uk/extracaremagazine](http://www.southglos.gov.uk/extracaremagazine)
- A Providers' Guide to doing business with the Council - '[Selling to the Council](#)' guide
- Sustainable Procurement - <http://www.southglos.gov.uk/environment/our-environmental-policy/environmental-policy/> & <https://www.southglos.gov.uk/documents/Sustainable-Procurement-Guidance-Updated-2014.doc>
- Social Value – <https://www.southglos.gov.uk/business/tenders-and-contracts/creating-social-value-south-gloucestershire/>