



South Gloucestershire Market Position Statement - Supporting Children, Young People & Adults to Live Independently

June 2016

Contents

1. Foreword	1
2. Introduction	2
2.1 Purpose	2
2.2 Summary of Priorities	3
3. Demographic Profile – Trends and Forecast	4
3.1 Demographics Overview	4
3.2 Children and Young People	5
3.3 Adults and Older People	8
3.4 Other Factors	12
3.5 Demand and Supply, Market Analysis and Commissioning Intentions	15
4. Children and Young People	15
4.1 Direction and Possible Business Opportunities	17
5. Information, Prevention, Technology	18
5.1 Direction and Possible Business Opportunities.	18
6. Carers	19
6.1 Direction and Possible Business Opportunities.	21
7. Day Opportunities	21
7.1 Direction and Possible Business Opportunities.	23
8. Participation	23
8.1 Direction and Possible Business Opportunities.	24
9. Support in the Home and to Access the Community	25
9.1 Direction and Possible Business Opportunities	27
10. Housing Related Support	28
10.1 Direction and possible business opportunities	29
11. Housing for Older Adults including ExtraCare	30
11.1 ExtraCare Housing	30
11.2 Direction and possible business opportunities	31
12. Residential and Nursing Care	31
12.1 Market Analysis	32
12.2 Direction and Possible Business Opportunities	36
13 How the Market Position Statement relates to the Council’s Overall Business	36
13.1 Supplying the Southwest Contract Portal	37
14. Conclusion and Summary	37

1. Foreword

I am pleased to present our new 2016 Market Position Statement. This document is aimed at health and social care providers, both current and potential. It will also be of value to those who are interested more generally in the future of the care market in our area.

When the Care Act 2014 came into effect last year, this represented the most significant reform to the care and support system for a generation. It placed new duties on local authorities to shape, develop and stimulate a diverse, sustainable and quality care market to promote the wellbeing of the whole local population, not just those whose care we currently fund. At the same time we are conscious of our responsibilities under the Children and Families Act 2014 for the children and young people we support. Improving our vision of how this links into adult services provision, will in turn help providers understand what we need to do together to provide the quality services that will ensure our service users can achieve the best possible outcomes as they move through the stages of their lives' journeys.

We have therefore needed to move from being an influence on the care market solely through our own purchasing to one where, with providers, we can seek to shape, facilitate and support the entire care market. At the same time we also need to consider the service and business risks we share with our providers in terms of supporting market sustainability, along with our duty to step in to ensure continuity of care in the event of provider failure.

At the heart of this market shaping task is our commitment to co-production and engagement with everyone affected. This year more than ever, we have engaged with providers, commissioning partners, local communities, our service users and our citizens, young and old, to highlight good practice. We have listened to the young people we support to ensure their voices are heard and given them a real say in appointing both staff and service providers. This has helped us to find out how we can meet the increasing demands and changing customer expectations against the backdrop of reduced funding.

We have built upon previous successes in promoting personalisation and choice and are working to increase the already high numbers of people who receive self-directed support. This will continue to be an increasingly key element of how local care and support services are purchased, where everyone using social care can exercise the level of control over their own care and support they choose.

Producing this Market Position Statement is therefore a key component of the 'market shaping' process. It extends beyond those providers we already fund to all those operating within the local market. Using this document, independent, voluntary and community organisations can learn about future opportunities and how they can develop their services to address local needs, develop and strengthen their skills.

This Market Position Statement represents our vision for the future, examines current and future supply and demand and signals business opportunities within the care market in our area. It brings together data from the Joint Strategic Needs Assessment, commissioning strategies and the results of our market and customer surveys into a single document. It recognises the vital

importance of supporting our providers to develop the services which will provide the children, young people and adults we support with choice, quality and cost efficient services. To do this, we will continue to promote a market which thrives on diversity and excellence and which provides good quality services where people can achieve better outcomes, safely and independently, in their communities.

Peter Murphy

Director for Children, Adults & Health

2. Introduction

2.1 Purpose

This Market Position Statement responds to the market shaping and personalisation aspects of the Care Act 2014 and the ongoing integration of housing and social care services with health, following the Health & Social Care Act 2012, continue to produce the most significant changes for the care sector in over a generation. We recognise that first of all we must have services in place that give those children and young people we provide services for the very best start in life and the opportunities they require to achieve their full potential, and driving this is the Children and Families Act 2014 which seeks to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. We are also faced with the challenges of an increasing older and ageing population and changing service user expectations, all of this against a background of continuing financial austerity. However, we also see many opportunities to work in co-production with partners, care providers, communities and service users of all ages and their carers to ensure that a sufficient supply of good quality care is available to those who need it, however they wish to buy it.

In South Gloucestershire we recognise that in the current financial and demographic context if we don't find new ways to help people to find better solutions we will not be able to meet the needs of those who are most dependent upon support and as a result we will end up rationing services and only intervening in crisis situations. We have recognised that we all need to work differently and have started on a journey to change our approach so that we;

- Focus on people's strengths and assets, both as an individual and within their wider family and community and to support them to achieve their best potential as a young person through transition to adulthood and then when their needs change as they become an older person, as well as to meet the needs of people of any age when they present themselves to us as a new service user for whatever reason.
- Find new ways to engage with individuals and communities and to deliver services differently.
- Have different conversations with young people and adults as individuals around "what matters to you" and "how can we work with you to find joint solutions?"

- Build a culture which encourages creativity and innovation across the whole sector, seeing providers as full and equal partners.
- Ensure that people speak to someone who can help them there and then, this may be someone within the Council or one of our partner agencies
- Raise awareness of the cost of social care provision within local communities and provide them with information as to how such needs arise and how more resilient and supportive communities might help prevent them.

2.2 Summary of Priorities

In Children, Adults & Health we have already set out our priorities for change in 2015/16 and as a result subsequently published a set of Commissioning Priorities. Many of these will be referred to in this document as the drivers behind the forthcoming business opportunities they will generate for new and potential providers of services. Listed below are the key actions that have been taking place during 2015/16 and continue to drive forward the Department's priorities for change:

- South Gloucestershire is a place where all children and young people should enjoy a safe and healthy life, achieve their maximum potential and thrive in their community.
- To work in partnership to introduce a range of reforms under the Care Act to improve the lives of existing and new care users, their carers and families.
- Continue to build upon the single strategic safeguarding communications plan that has now been developed and signed off by both the children's and adults' safeguarding boards
- Personalisation
- Develop a new expandable shared lives service which can extend from young people in transition through to adults with a wide range of support needs
- Contribute to the delivery of the rehabilitation, reablement and recovery strategy in partnership with the local NHS
- Equitable access
- Monitor and respond to the implementation of the Care Act Part 1
- Prepare for implementation of the Care Act Part 2
- Procurement of new care home framework jointly with South Gloucestershire Clinical Commissioning Group including the care home reablement initiative
- Re-commission our framework of short breaks/respice care providers
- Value for money
- Implement and support the delivery of the Council's Savings Programme
- Skilled workforce
- Commence procurement of new IT systems for children's and adults' services
- Deliver the connecting care project to share key data across health and social care professionals
- Strong partnerships in a developing local market
- Continued implementation of Better Care Fund including Work with the NHS to develop integrated health and social care pathways and local 'cluster' co-ordination
- Re-development of two Council owned sites for potential new care homes
- Further development of community capacity including via our Precious Time Project
- Work with the local NHS on effective patient flows, including supported discharges from

acute Hospital trusts

- Undertake market shaping and enabling activities to promote additional capacity in the residential and nursing home sector as well as ExtraCare housing

This Market Position Statement seeks to further explore the current state of the market and where priorities lie in relation to supply and demand and consequent potential business opportunities. It has drawn upon a variety of information and data based upon the new Joint Strategic Needs Assessment and ongoing work to deliver and balance work towards achieving the above Commissioning Priorities. Most importantly it seeks to address how we can take forward, by working with and listening to our partners and providers, the work already undertaken through consultation and coproduction with our communities, carers and the children, young people and adults we support to develop good quality services, where people can exercise choice and achieve better outcomes. By finding better ways of working and meeting people's needs, through innovation, enterprise, capacity building and empowerment of the individual, the Council will work with the care market to achieve the necessary efficiency savings required for it to continue to meet the needs of growing and ageing population.

3. Demographic Profile – Trends and Forecast

3.1 Demographics Overview

Based on the 2011 census, it is estimated that in 2013 there were approximately 273,100 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. Some 5.7% of the population is estimated to be of black and minority ethnic origin, which is about half the national average.



The population is set to grow substantially, due to the number of births exceeding the number of deaths as well as net inward migration. Projections are that there will be 283,700 people in 2018 and 318,400 in 2037.

Older people aged over 65 make up 17.6% of the population compared to 18.2% for England and under 15s make up 17.4%, slightly lower than the England average of 17.8%. The dispersal of the older and young populations in South Gloucestershire is not evenly distributed, with the highest proportion of 0-15's in Bradley Stoke South (8.9%) and over 65s in Westerleigh, Severn (30%). South Gloucestershire has a broadly similar proportion of people at working age (63.3%) compared to the rest of England (63.5%).

However, the population of South Gloucestershire has increased by nearly 10% since 2002. In terms of numbers, most growth was seen in those aged 45-49, a rise of 5,471 people accounting for a 32.1% increase, followed by 65-69 year olds (4,225 people, 37.5% increase) and 20-24 year olds (3,743 people, 29.5% increase) with the over 85's increasing by 2,012 in number but by 75% in terms of proportional increase. The main driver for population growth in recent years has been natural change (more births than deaths), and inward migration.

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 17.4% of the overall population, only slightly lower than the England average of 17.8%. 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. In the period to 2037, there is projected to be a 6% increase in births.

Early Years

Rates of infant mortality have consistently fallen over the last decade. In 2011-13 there were 20 infant deaths in South Gloucestershire. The infant mortality rate was 2.1 per 1000, considerably lower than the England rate of 4.0 per 1,000 and amongst the lowest in the South West.

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 survey undertaken by around 6,000 children in South Gloucestershire schools in 2014/15 provides a rich picture of the health issues of our children alongside routine data sources.

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 showed that 9% of 15 year olds in South Gloucestershire were current smokers, higher than the England average of 8.2%. The online schools 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.

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. Childhood obesity is higher in more deprived areas.

Poverty

There are more than 6,000 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 (10.5%) than the South West (14.2%) or England (18.0%). Rates are highest in Patchway and Kings Chase with one in five children living in poverty. There has been no

change in the percentage of children aged under 20 living in poverty over the last eight years although the actual numbers have increased – 5,970 in 2006 and 6,265 in 2012.

Looked After Children

There were 178 looked after children in South Gloucestershire in 2014-15. Educational outcomes are poor, with no child gaining 5+ GCSEs A-C (including English and Maths) in either 2014 or 2015.

Too many leave care with poor educational attainment and end up long term unemployed. It is estimated that care leavers constitute 20% of young homeless, 24% of the adult prison population, and 70% of sex workers.

In South Gloucestershire there were 167 care leavers eligible for a service in September 2015. A high proportion of care leavers were housed in suitable accommodation. The proportion of care leavers not employed, in education or training was 48% in 2014/15.

Young Offenders

In 2014 there were 129 first entrants to the criminal justice system aged 10-17 in South Gloucestershire. The local rate of first time entrants to the criminal justice system has been consistently higher than the England average although rates have fallen over time.

Young Carers

The 2011 census identified 524 children in South Gloucestershire aged 0 to 15 who were carers. Family income and GCSE attainment is significantly lower than non-carers. Young carers in work at age 20 or 21 are more likely to be in lower skilled occupations

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.

Disabled Children

Disabled children 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 to suffer family break up.

An estimated 3.0 – 5.4% of children have disabilities, when applied to South Gloucestershire this equates to between 1,607 and 2,893 children with some level of disability.

Safeguarding

During the year 2014-15, 173 children and young people were subject of a Child Protection Plan. 50 children and young people became the subject of a Child Protection Plan for a second or subsequent time. While the trend of children subject to child protection has fallen and showed a period of stability the number of children becoming subject to a second or subsequent Child Protection Plan has increased and is at its highest for 5 years.

Over the course of 2014/15 2,358 children and young people were the subject of a referral to social care, 22% of referrals to Social Care were a second or subsequent referral.

Young People's Demographics at a glance:

We have applied South Gloucestershire's statistical data to an average secondary school of 1050 children and this is what it shows:

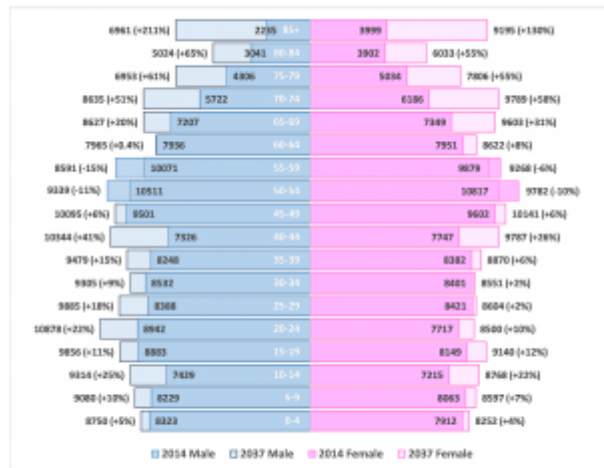
- 503 would be girls, 547 would be boys;
- 943 would be white British and 107 would be from ethnic minorities, most probably White European and mixed white and black Caribbean.
- 48 would speak English as an additional language;
- Most would grow up in stable, loving homes; of these 119 would be living in poverty;
- 38 would have been known to Children's social care and 3 would be in care with 2 on the child protection register;
- 140 would have a Special Educational Need, 21 would have a Statement or EHC plan, most probably with a primary need on the autistic spectrum.
- Overall they would be healthier than their parents, but 318 would be classified as overweight or obese;
- Most young people would make a positive contribution to their community. Only 8 would get into enough trouble to be dealt with by the Youth Offending Team.

595 would leave school with 5 or more A*-C grades at GCSE, and the majority would go on to further education. However, 107 would have struggled to read fluently by the time they were 11.

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 as life expectancy increases and people from the post-war 'baby boom' reach old age. The likelihood of being disabled and receiving care increases with age. The assumption based on these projections is that there will be more people requiring care but we are faced with providers reporting 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 these needs within not just available resources but within the available labour market.

South Gloucestershire male and female population estimates, mid-year 2014 and 2037 projection



Source: ONS 2012 sub-national population projections and 2014 mid-year population estimates

Although South Gloucestershire has a lower population of elderly people than the UK average, people aged 65 years and over are still the fastest growing age group.

Longer term ONS projections suggest that there will be an extra 29,200 people aged over 65 years in South Gloucestershire by 2035 compared to 2010 figures ie an increase of 66%. The greatest concentrations of older people live on the fringes of Bristol in the Kingswood, Downend and Filton areas. Thornbury and the more rural areas of South Gloucestershire also have a significant proportion of over 65s.

The number of people aged over 85 and over, who are the most likely age group to have a disability or acquired disability and need to receive care, is expected to nearly triple over the next 25 years, from 5, 378 at 2010 to over 15,300 in 2035.

South Gloucestershire wards with the highest number and percentages of older people (85+) in 2014

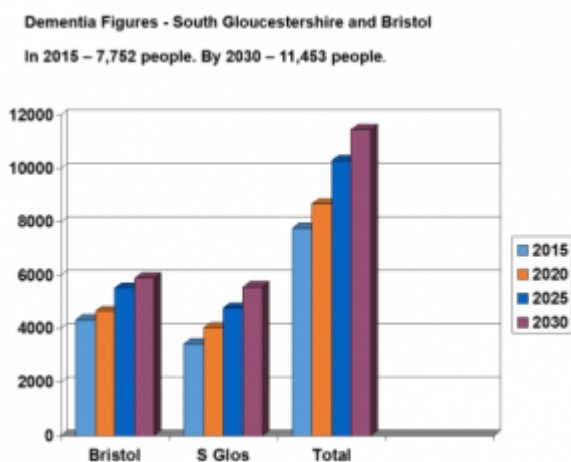
Ward Name	Number of people over 85	Ward Name	Proportion of people over 85
Downend	2647	Westonleigh	26.8%
Marham	2445	Thornbury North	26.8%
Robbery	2335	Chipping Sodbury	26.4%
King's Chase	2306	Sevens	26.0%
Thornbury North	2032	Wick St Johns	25.3%
Woodstock	1946	Thornbury South and Alveston	25.0%
Filton	1835	Stonford	23.7%
Vale Central	1830	Longwell Green	23.6%
Thornbury South and Alveston	1805	Marham	23.8%
Marham	1805	Cotswold Edge	23.0%
Vale North	1814	Wick	23.3%
Chipping Sodbury	1796	Vale Central	23.5%
Thornbury South	1690	Boyd's Valley	23.7%
Emersons Green	1683	Fronghain Gatewell	21.8%
Stoke Gifford	1679	Botherley	23.3%
Wood Valley	1672	King's Chase	26.8%
Longwell Green	1595	Almondsbury	25.8%
Stoke Hill	1468	Ludden Brook	26.7%
Pathway	1418	Magd Hill	28.5%
All Saint's Common	1345	Pring and Sevens Beach	28.5%
Pathway	1336	Filton	17.7%
Westonleigh	1315	Oldland Common	17.2%
Reading Stoke Central and Stoke Lodge	981	Woodstock	26.8%
Sevens	953	Vale North	26.2%
Almondsbury	896	Charfield	25.7%
Chipping	851	Pring	24.3%
Wick	802	Parkway	24.5%
Emerchay and Stoke Park	770	Stoke Gifford	13.7%
Cotswold Edge	760	Stoke	13.8%
Charfield	705	Emersons Green	13.8%
Ludden Brook	711	Reading Stoke Central and Stoke Lodge	13.8%
Stoke	672	Stonford	13.8%
Pring and Sevens Beach	668	Fronghain and Stoke Park	8.1%
Reading Stoke South	644	Reading Stoke North	5.1%
Reading Stoke North	363	Reading Stoke South	6.7%

Source: ONS 2014 mid-year population estimates

Dementia

In terms of acquired disability in an ageing population, the increasing prevalence of dementia and the need to develop appropriate levels and types of services to meet the needs and expectations of our citizens, is an increasing challenge for the care sector. It is estimated that 3,450 South

Gloucestershire residents have dementia yet there are currently only approximately 1,500 people on the dementia register. A growth in the elderly population is predicted to increase the number with dementia in South Gloucestershire to 5,200 by 2025 and 7,000 by 2035 – almost doubling current estimates.



Physical Disabilities

It is estimated that in South Gloucestershire 1,607 children have a serious level and 2,893 children have some level of disability, compared with the adult population where 3,851 people aged between 18 - 64 have a serious physical impairment and 13,034 have a moderate physical impairment. In terms of older people, it is estimated that 9,067 people over 65 are unable to manage at least one mobility activity on their own.

Mental Health

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.

Similar to the national picture, there is increasing demand for community and inpatient mental health services in South Gloucestershire. Evidence for this is provided by local data which show increased caseload to AWP community mental health services, increased emergency admissions to AWP services (particularly from Priority Neighbourhoods), high bed occupancy rates for inpatient services with high out of locality placements, high out of trust placements and a high percentage of delayed transfers of care in excess of the national target. There was a 6.3% increase in caseload to the Avon and Wiltshire Mental Health Partnership (AWP) Community Mental Health Services from 2009/2010 to 2013/2014.

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

The highest rate of mental health admissions to hospital were from GP practices located 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.

Proportionally, there has been low investment in mental health in South Gloucestershire compared with the rest of England. Data from the Community Mental Health Profile show that the allocated average spend per head for mental health in South Gloucestershire in 2011/2012 was £147 compared to the English average of £183. This was estimated as the worst spend in England. Using newer 2014 data the mental health spend in South Gloucestershire was £153 per head, compared with a national spend of £210 per head.

There is increasing demand for the Improving Access to Psychological Therapies (IAPT) programme in South Gloucestershire. However, there are problems with access to these services and the provision of long term support post IAPT is poor.

There is a lack of community based support for people with sub threshold mental health conditions and there is increasing demand for community and inpatient mental health services. People with autism face long delays before they can access diagnostic assessment (see separate section on Autism below).

There is 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.

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 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 children's services, statistically autism is almost 5 times more common among boys than among girls. The ratio of male to females who use NAS adult services is approximately 4:1, and in those that use NAS schools it is approximately 5:1. [The National Autistic Society website]

In South Gloucestershire there were 50 adult referrals from GP practices to the Bristol Autism Spectrum Service from April 2014 to March 2015. Due to the existing waiting list 64 diagnostic

assessments were completed (49 in males, 15 in females) with the largest numbers being in the 20-29 and 30 – 39 age groups (both 18 in number.) All referrals were of White British or unknown ethnicity. As of the 31st August 2015, there were 15 individuals waiting for diagnostic assessment on the South Gloucestershire waiting list.

Learning Difficulties

The numbers of people with learning difficulties living in South Gloucestershire are estimated as follows:

- Out of 1000 children approximately 140 would have a Special Educational Need and 20 would have a Statement or EHC plan, most probably with a primary need on the autistic spectrum.
- A total adult learning difficulties population of 5,028 of which 4,101 are estimated to be aged between 18-64 years;
- 1,048 people aged 18 and over predicted to have a moderate or severe learning disability
- 246 people aged 18-64 predicted to have a severe learning disability
- 929 people known to statutory agencies
- 327 people in care homes, of which 20 are in care homes with nursing.

(Source: Projecting Older People Population Information / Projecting Adult Needs and

Service Information 2011 and JSNA refresh 2016).

Sensory Impairment

The term sensory impairment encompasses visual loss, including blindness and partial sight, hearing loss, including the whole range and multi-sensory 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, particular 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. The Deaf community is a linguistic and cultural minority with specific access needs. It is estimated that around one per cent of the population has tinnitus that affects their daily life.

3.4 Other Factors

Employment, Housing & the Care Sector

The unemployment rate is 4.7% compared to the national average of 6.5% and average wages are £506 per week. 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 January 2015 alone, 129 new small businesses started up in the district.

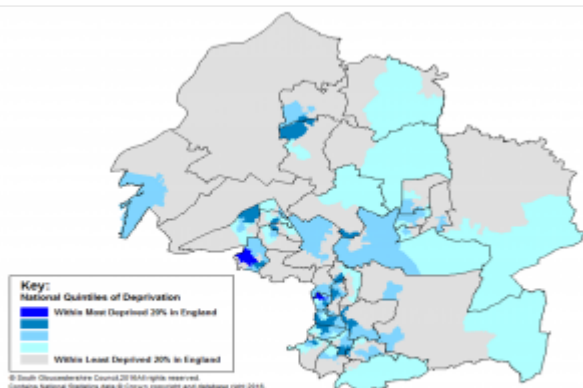
With average house prices in excess of £180,000 (Autumn 2015), high private rents and a shortage of social housing, these are also factors which can make it difficult for lower paid workers in the care sector to move to this area for work. The number of live applications on the Council's housing register stood at 5,444 in March 2015. 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.

In terms of employment, 79.8% of the working age population were in employment in March 2015, higher than the national rate of 72.3% and by June 2015 the number of local residents claiming job seekers allowances was further down again to 1500. There is 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.

Wealth & Pockets of Deprivation

South Gloucestershire as a whole is an affluent area: only 10% of local authority areas in England are more so. Like most other areas in the country, there are locations places which are much worse off, and they represent about 10% of the population. These are known as 'Priority Neighbourhoods' and are in Kingswood, Staple Hill, Yate, Cadbury Heath and Patchway. Filton no longer qualifies but PN Strategy work will continue for two more years.

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

Welfare Reform

The Council recognises the continuing impact of welfare reforms, particularly on South Gloucestershire's disabled population and that this also particularly affects younger service users under the age of 35 in terms of accommodation support. For example we recognise that there is ongoing potential that these changes may increase demand for social care services which in turn impact on providers and their 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 people with mental health support needs. Many households relying on benefits have been impacted by recent welfare reforms, which affects their ability to pay rent at local market levels and further restricts housing options and choice. There have been significant policy changes introduced in 2015 by the Government which impact on the supply of new affordable homes, particularly rental tenures. Any reduction in projected supply will impact on those seeking affordable homes and the use of temporary accommodation is expected to increase proportionately.

Emerging Demand and Population Changes

One aspect that these projections cannot accurately forecast is the effect of migration from war zones by refugees and people driven from their own countries by fear and oppression, people coming to work in South Gloucestershire's expanding industries or people of retirement age moving to be live or to be cared for near where their children live. Indeed, South Gloucestershire has a reputation as an attractive area in which to live and work and this in itself will generate population increase along with accompanying pressures on local services. What is 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 capacity and services in place now and in the future to meet the needs of everyone in our area.

Resources and Demand Profile

The Council's medium term financial plan (MTFP) Council covering 2014 – 2020 has been 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 how we commission services and support. This will require us all to work very differently to how we do at present.

Our total expenditure in 2015/16 for Children, Young People and Adult Social Care Services was £130.9 million gross, £101.3 million net, broken down as follows:-

- 35 percent on adult bed placements (£35.5m)
- 27 percent on support for children and young people (£27.1m)

- 25 percent on adult community based support (£25.6m)
- 10 percent on care management, commissioning and business support (£9.7m)
- 3 percent on adult housing services (£3.4m)

The Council's budgeted provision for meeting its statutory duty in 2016/17 is £133.5m gross (£106.7m net)

3.5 Demand and Supply, Market Analysis and Commissioning Intentions

The focus of the remainder of the document is an analysis of current market provision, trends, current and future commissioning arrangements, strategic commissioning intentions and resulting business opportunities. Where practical this follows the format of the Customer's journey through services beginning with low-level preventative services and working through to more intensive care/support such as Residential and Nursing Care. At the same time we have tried to better 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. As with the previous sections on demographics we have approached children and young people's services in the first place and moved on to reflect more on the increasing demands for community based support, residential and nursing care in 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 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.

In addition, the Health and Wellbeing Strategy and the Partnership Strategy for Children and Young People, both set strategic direction to further integrate frontline services so as to provide a more streamlined experience for families, building on the co-location of services within Children's Hubs already achieved.

Services for children, young people and families are operating within the context of rapid change.

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 ensured vital changes to the adoption system could be put into practice, meaning more children who need loving homes are placed faster and that reforms for children in care would be implemented, including giving them the choice to stay with their foster families until their 21st birthday. The Act also required Clinical Commissioning Groups and Local Authorities to set up joint commissioning arrangements for services relevant to children and young people with Special Educational Needs and Disability.

The Care Act 2014 ensures that the needs of a child, young carer or adult caring for a child are assessed before, or as the child reaches 18 if there is significant benefit in doing so in order that appropriate services or relevant alternatives can be identified.

In April 2013, local leadership for public health transferred from the NHS to local authorities. As part of this transfer, Local Authorities took on commissioning responsibility for school health nursing services and from 1st October 2015 took on commissioning responsibility for the 0-5 public health nursing service (Health Visiting and Family Nurse Partnership). These services are commissioned collectively across Bristol and South Gloucestershire and are delivered as part of the Children's Community Health Partnership. This service will be re-commissioned during 2016 across Bristol, North Somerset and South Gloucestershire and also includes Community Paediatrics, Occupational Therapy, Speech and Language Therapy, Physiotherapy, Child and Adolescent Mental Health Services, specialist community nursing services for children with life-limiting conditions and specialist paediatric GP service.

The approach in South Gloucestershire is to move a young person 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.

Families are the most important factor in children's lives and we understand the importance of effective, early help and intervention for families that are vulnerable.

The child, young person and family are at the centre of all decisions and plans. Young people, particularly those who are disadvantaged or vulnerable, or who have additional needs, know about, shape and take part in, positive activities and decision making within their communities.

Most children grow up in their own families but a small number of children need to live away from their families and grow up in a range of alternative care arrangements that 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. There are around 180 looked after children in South Gloucestershire. We need to ensure that the right support and opportunities are made available to children and young people in care and to their carers. All services and agencies need to actively work together to ensure 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 where local youth housing partners are working together with the Council's social care and housing teams to shape the pathways and range of support available to those with complex needs. Preparation for the transition out of care or into adulthood is something that happens over an extended period and, with the right ingredients and support, this can be positively managed. 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. Ensuring our looked after children have access to high quality and timely health assessments and receive the support and services they need to maintain good health is a shared responsibility that falls equally to services (organisations) and carers to ensure that children's health needs are met and monitored effectively. Our aspiration is that young people leaving care will feel better prepared and supported, though access to good quality accommodation, and training, education and employment opportunities.

Information tells us that Children & young people with special educational needs including those

with a disability often face barriers to wellbeing and good future prospects. It is 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. We need to ensure that the needs of children and young people with additional needs are met and that local services can flex to meet these needs so that fewer are supported by distant services or are placed outside of South Gloucestershire. As part of this we want to ensure that there is good information and advice on the range, availability and accessibility of care and support services for children and young people with special educational needs and disabilities aged 0-25, 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.

All young people should 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.

South Gloucestershire commission many services with other local authorities in the South West - Bristol, BANES, Wiltshire, Swindon, Gloucestershire, South Gloucestershire and North Somerset which are 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 CCRAG database to identify other service providers in the first instance.

4.1 Direction and Possible Business Opportunities

- The sub-regional Independent Fostering framework ends in April 2017 and all commissioners are working together to have a Dynamic Purchasing System in place thereafter. A market engagement event is anticipated in June 2016.
- The sub-regional framework for housing and support for care leavers is being reviewed and a market engagement event is anticipated in the summer with a re-launch through a Dynamic Purchasing System by the end of the year.
- Existing short break provision is being mapped to compare to projected demand and identify the gaps. A gap is already perceived for 18 -25 year olds where independent living skills need to be developed and where they young people need to be supported into employment. The 0-25 parent partnership is giving young people and families a voice in co-producing the required service model for the future. It is anticipated that a tender process will be run during 2018 for new services from April 2019.
- A sub-regional framework for residential home placements has recently been launched through a Dynamic Purchasing System which will be open periodically for new applications.
- An alternative education catalogue/framework has recently been launched in South Gloucestershire. It is anticipated that opportunities to join the catalogue will re-open either 6

monthly or annually.

- A new model for providing 'Positive Activity' within Youth Centres will be co-designed and tendered during 2016 for launch from April 2017

5. Information, Prevention, Technology

As an authority we recognise the importance of investing in services that prevent individuals from needing social care support in the future. Individuals eligible for funding are those identified as having eligible 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.

One of our 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 chose. We need to ensure that people have access to good, accurate and up to date information so local authority resources can be targeted at those who will benefit most from an intervention.

Our work has continued in 2015 – 2016 with a voluntary sector partner to divert individuals to community solutions, rather than being offered traditional social care solutions which, if utilised too early, can create a culture of dependency. From April 2016, a new Community Connector service will be established across South Gloucestershire, working within the emerging cluster model in primary care. This will create an exciting opportunity to link adults to resources and support in their local community, thus reducing their longer term health and social care needs. The link with adult care will continue to divert people appropriately to community based innovative support. Another aspect of the project will be the development of networks and assets within communities, to support people to use and develop their own skills and assets and link with others.

A continuing priority has been to review our existing customer information arrangements and to seek opportunities to improve the accuracy and availability of information for the general public.

This has been taking place in a number of areas, both internally and public facing. We will evaluate the impact of the www.wellaware.org.uk information hub, face to face, online and printed information prepared by the Council and partners. We recognise that increasingly technological developments offer new accessible ways to inform and communicate with citizens. We have heard that often it is not a lack of information that is the problem but the timeliness of how it is delivered.

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. This includes a new website and work continues to provide extended information for the public on adults and 0 – 25 services.

Internally the Council has started work to recommission adults and children's social care management information services over the next three years. Both systems are currently hosted internally and supported by ICT.

5.1 Direction and Possible Business Opportunities.

- The contract for children’s social care management information services (MIS) is currently out to tender but there will be an opportunity for suppliers to bid for the adults MIS service in 2018, with the contract due for renewal in spring 2019. Given the longer timeframes and likelihood of government-led changes affecting the relationship between Health and Social Care during this time, although the Department has chosen to procure this separately as a phase 2, we will look at the situation and reconsider the options again towards the end of this year.
- Enabling universal access to preventative services can help individuals to remain independent, opportunities exist to provide services and support at affordable rates which can be marketed directly at members of the community who may benefit most – there is significant interest in cleaning, gardening, shopping, simple home maintenance as well as pet care and visiting / befriending initiatives. 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 the opportunities available through the self-funder market offering low level support services directly to customers, we recognise the need to ensure that people who fund their own care have access to good financial advice.
- We are promoting and supporting communities to become “dementia friendly” in line with the Prime Minister’s Challenge on Dementia, initially this work has focused on new communities coming forward at Patchway and the Cribbs Causeway area but partners are now working to expand the approach across South Gloucestershire.
- We are working with the voluntary sector to review how we commission services to ensure that resources are being used as effectively as possible and that there is both sufficient capacity and appropriate services to help people to remain at home. We are keen to support a vibrant community sector that is not dependent upon public sector funding.
- Continuing work is needed to reduce the cost of social care packages through the use of Assistive Technology. We welcome expansion of the market in Assistive Technology and wish to work with providers of Residential/ Nursing Care, ExtraCare and care at home to identify how services can be remodelled using Assistive Technology.
- We will continue work with providers to embed the use of technology to support people with dementia, stroke survivors and people living with other long term conditions to have greater control over their lives, remain in their own homes with support from carers.

6. Carers

The Care Act 2014 has given the greatest ever recognition of adult carers, and the Children and Families Act 2014 ensures 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.

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. Over 4,000 carers have joined the voluntary carers register, Connecting Carers, which represents about 14% of the carers who have self-identified through the census. 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.

By 2045, the number of carers in South Gloucestershire is predicted to rise by 60% to approximately 43,000 carers.

We have a three year service level agreement (2015 – 2018) in place with a range of organisations and providers to support carers to continue in their caring role. This includes provision for young carers, and a growing range of carers groups offering peer support.

We are currently working with partners to refresh the Joint Carers Strategy, and this will be available for consultation in the Spring 2016. Much progress has been made with the 2011 – 2014 strategy, with significant steps forward in the identification of carers, through the use of Connecting Carers, and the development of a process to assess and meet carers' needs, through Getting Help and Connected. Carers worked with us and partners to co-produce these processes, and continue to be involved in developments through the Carers Advisory Partnership.

The key risks for people who are caring are:

- Risks to their employment as they juggle work with care - over three million people juggle care with work, however the significant demands of caring mean that 1 in 5 carers are forced to give up work altogether.
- Risks to educational attainment, life chances and opportunities for young carers
- Negative and enduring impacts on the physical health, mental health, education and employment opportunities of young carers. Carers aged 18 – 25 often experience different barriers and difficulties to older carers
- Financial risks – taking on a caring role can mean people face a steep drop in income if they have to leave work or reduce their hours to care, sometimes a double loss of salary if they are caring for a partner who also has to give up work as a result of their illness or disability.
- Risks to health and wellbeing – 82% of carers report that caring has had a negative impact on their health, 2% more than in 2014. By putting the person they care for first, carers can put their own needs last, struggling to find time to exercise, eat healthy meals, see friends and family or see their GP. Carers' mental wellbeing is at risk, with carers vulnerable to stress, loneliness and isolation.

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6.1 Direction and Possible Business Opportunities.

- We will continue to support the establishment and development of carer led peer support initiatives which help carers maintain their own identity and offer mutual support. Progress has been made this year in understanding the needs of bereaved carers, and in supporting the development of peer support for this group.
- We will take the learning from Getting Help and Connected (the carer's assessment) to develop new pathways for parents of disabled children. We will also focus on how the needs of young carers are assessed and met.
- We will continue to explore the supply and provision of short breaks for carers, and the issues involved in finding replacement care and support.
- 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. A particular focus for development will be the involvement and development of services for young adult carers; and a focus on supporting carers to sustain their employment, funded from central government as one of nine test and learn pilots.

7. Day Opportunities

In recent years there has been a significant shift in the way day opportunities are accessed and participation within the community is supported, these changes will continue in response to customer expectation and demographic pressure.

The Council concluded its 'What people do in the day' review in 2013 which recognised that significant progress has been made in modernising services and providing more individualised and personal solution to support people in their lives. There are no longer any large scale Day Centres in South Gloucestershire and there is a very diverse range of community and smaller scale building based provision provided by the independent and not for profit sector and by the local authority, with the majority of capacity being commissioned either by the Council or by Direct Payment recipients.

In South Gloucestershire we are working hard to promote a presumption of employability, working to ensure that all disabled people have the opportunities and support to live fulfilling lives and are

supported to develop their skills and interests whenever possible 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 appropriate learning and training, work experience and volunteering opportunities and support to enable young people to develop the skills for independent living and getting out and about within the community. The Council has established a 0-25 disability service and together with the consolidation of the existing employment support services in South Gloucestershire, continues to help drive an improved emphasis on employment. A new workplan 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. Dedicated staff resources are now in place to establish the new approach and work is currently being undertaken on establishing 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 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. Partners are working together to tackle loneliness and isolation through the successful Precious Time partnership. Precious Time recognises that everybody has skills and talents that can benefit someone else, it promotes 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. South Gloucestershire has a strong and vibrant community sector with we continue to work with partners to strengthen this, promoting an asset based approach building community capacity rather than seeking to provide services.

We have also commissioned Community Connectors who are recruiting and supporting a range of volunteers across South Gloucestershire to support isolated older people to become more socially active in their communities. This has complemented the existing learning difficulties and mental health community connector and community capacity building work that has been done in and around Downend.

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 and 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 their interests. We have seen an increasing range of community based activities being established across South Gloucestershire and continue to promote this approach. The community led work to develop Patchway and Cribbs Causeway as a dementia friendly community

is starting to have a real impact, the influence from which is being shared across South Gloucestershire.

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. Learning Difficulties Day Centres at Kingswood and Thornbury have been brought under single management. Downend Day Centre has been closed and services relocated to Kingswood. The new promoting independence service is a community facing service operating from Kingswood and Thornbury working with individuals to achieve agreed outcomes with a particular emphasis on moving on to become more independent. 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, which support people with 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 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 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 Payment recipients.

8. Participation

The Council will be working this year to develop a participation and engagement strategy with people who use services. This will build, develop and extend our existing approach which has focused on the last year in the following areas:

- Continuing to develop service user and carer involvement in mental health. Significant engagement has taken place as part of the development of the Mental Health and Emotional Wellbeing Strategy and the action planning that has come from the development of the strategy.

- Involving direct payment recipients in how the Council introduced the Direct Payments Card and the Direct Payments Support Provider Recognised Provider List.
- Continued involvement of carers in the Carers Advisory Partnership and the Strategy Implementation Group.
- Support to young people to engage through the Children in Care Council and the Youth Board.
- Young people take part in interviewing for Council staff, and this model has been used to appoint some adult services staff.
- The landscape for advocacy services has shifted in the past couple of years, with a huge growth in the number of Deprivation of Liberty Safeguard assessments and the corresponding rise in the call for advocacy services to support service users through these processes. The Care Act 2014 also created a new role for advocacy services within adult care processes. The demand for this support is also increasing. The new contract will be in place from April 2017.
- 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.

8.1 Direction and Possible Business Opportunities.

- We will be re-tendering the Advocacy and Healthwatch contracts in 2016, for the new contracts to be in place in April 2017.
- Greater emphasis on people of working age being supported to work and contribute to their community, opportunities to work with disabled people to create employment opportunities and enterprises.
- There remains a continuing interest in ensuring that community groups and venues are accessible to all people and that groups make themselves welcoming and supportive.
- The increase in Personal Budgets and a greater emphasis on supporting people to take control of their own lives means that increasingly individuals will be making their own arrangements and will be looking for flexible, value for money activities.
- Where the Council is purchasing services on behalf of individuals we shall do so either via the community support framework agreement or via a new building based day services framework agreement.
- Older and disabled people have often been incorrectly seen a burden who are passive recipients of services, in South Gloucestershire we are working together to develop a culture which sees people as assets with their own set of skills and interests which can be used to benefit others, particularly where this presents opportunities to work across different age groups. We will be working with partners to explore how this approach can have a beneficial impact.
- South Gloucestershire is keen to continue supporting peer led groups and activities, where people are working together to support each other.

- The most effective and popular activities that can be developed are those that promote the maintenance of an active mind and active body, make the use of natural resources and those that create an opportunity for people to build and maintain social networks focusing on a shared interest e.g. Knit and natter, mensheds, friendship clubs and (gentle) exercise groups. There remains scope for the establishment of other initiatives responding to community interest.
- Over time the number of people with dementia is increasing substantially and diagnosis rates are improving rapidly (Across South Gloucestershire GP practices and the Memory Service have diagnosed 55.3% of those currently expected to have dementia. This compares well with the national average of 48-49%). We therefore need to continue to increase the range and type of community support options available to people to help them live well with dementia within their local communities and remain independent for longer.

9. Support in the Home and to Access the Community

People live in their communities in different types of settings: in homes they own or rent, in purpose built housing schemes where support is on hand (i.e. Supported Living), in prisons and 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 later sections of the 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. For example, we recognise that diagnosis to referral to services for people with autistic spectrum disorders is a particular challenge for service users. We are keen to work with partners to explore more innovative and creative ways of responding to the challenge of providing support in those communities and are particularly keen to explore the potential for supporting the development of micro-enterprises. The areas presenting the greatest challenge tend to be the less populous rural areas, especially along the Severn estuary and the outlying rural villages on the eastern border of South Gloucestershire. It can often also be more challenging to identify support to meet needs of individuals from minority groups, particularly when a request for support in a particular language other than English.

In South Gloucestershire we have implemented a reablement approach, which means that for the majority of people who are identified as requiring support this will initially be through the Promoting Independence reablement service, a multidisciplinary approach designed to work with the individual to support them to make progress on shared goals designed to improve confidence and

regain or retain a level of independence. We have established two Promoting Independence (reablement) teams, one focused on supporting timely discharge from hospital and the other working across the community, both are supported by reablement practitioners commissioned from an independent sector partner. Building on earlier pilots this approach has been fully rolled out across South Gloucestershire since February 2014.

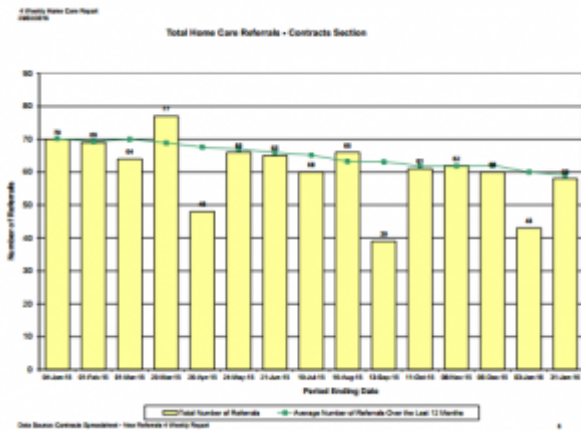
One of the aims of the reablement approach is to increase peoples' independence and reduce the need for ongoing support however where it is recognised that there will be a need for longer term support the reablement team will work with that individual and their family (when appropriate) to agree longer term outcomes and explore how they can best be achieved within an identified personal budget.

The further development of self-directed support is a priority in South Gloucestershire – this means a different way of thinking across the whole system including the way providers operate and engage with the people they support. We want to increase substantially the uptake of Direct Payments and will explore whether there are benefits to be gained by investigating the use of Individual Service Funds (ISF's). The aim is to ensure that there is greater choice, control and flexibility for users of our services and that we support people to live the lives they choose. We will continue to develop our relationship with the Direct Payment Support Providers and refine the use of the Direct Payment Card system, introduced in 2014.

South Gloucestershire recognises that central to our aim to increasing the use of direct payments is to ensure that there is an innovative and dynamic market able to work with direct payment recipients as 'micro commissioners'. This increasing flexibility and responsiveness is also vital to supporting the continued growth in the number of people who fund their own care. A support provider was commissioned in 2015 to provide support to Personal Assistants and to increase the number of personal assistants working in South Gloucestershire. An on-line register called 'PA Finder' is now available with details of Personal Assistants available for work and of people who are looking for a Personal Assistant.

South Gloucestershire recognises, however, that even with a renewed emphasis on direct payments there will always be a need for local authority purchased support and this continues to be purchased via a framework agreement. South Gloucestershire's new Community based Support Framework was introduced in February 2014. This is an open framework agreement and we have welcomed new providers onto the framework periodically via an accreditation process. In line with our reablement approach the current framework places a greater emphasis on 'doing things with' people who require support rather than 'doing things for' than the previous arrangement.

The following chart shows the number of current overall homecare or domiciliary care referrals placed by the Council with our framework providers over a 12 month period, with a line showing the trend over the previous 12 month period;



The current framework agreement has nearly 50 service providers delivering home care support and community based support across South Gloucestershire for approximately 940 service users at any one time. The current framework expires in March 2018 and is already not delivering the scale of capacity that the Council requires. The Council has considered alternative approaches to both strengthen the market and align it to the 6 locality health clusters as set out in South Gloucestershire’s Better Care Fund Plan to facilitate a system that can better coordinate health and social care services around an individual. As a result, during 2016 a new service model will be developed in partnership with providers with the intention of re-commissioning services ahead of the expiry of the current framework agreement. See the tables on p 33 for volumes of commissioned home care hours in January 2016.

Another cost effective alternative to residential and community based care provision is the current in-house Shared Lives service, where service users either live permanently, have short breaks or regular hours staying in a trained Shared Lives Carer’s home. We recognise that the ‘Shared Lives’ model fits closely with our approach to promoting independence and personalisation. The Council has recently agreed to externalise the existing small ‘in-house’ Shared Lives scheme and will be commissioning this through a tender process during 2016. It is recognised that currently the highly valued existing scheme works predominantly with people with learning disabilities and a smaller number of people with dementia. 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 and any new provider appointed will be commissioned to develop and expand the capacity of the current service in this respect.

The following chart identifies the current level of purchasing activity by the local authority in an indicative sample week across the six GP Cluster Groups in January 2016;

Number of people commissioned to receive home care by Care Team

Map Date: None

Area of Localities	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	GP Cluster Group
Community Based Support	41	63	58	51	109	57	489
Home Care (Direct)	17	12	10	10	100	9	168
Community Based Support	4	2	2	4	2	4	28
Specialist Living (One to One Support)	0	0	0	0	0	0	0
Grand Total	62	77	70	65	211	70	685

Number of commissioned hours of home care by Care Team

Area of Localities	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	GP Cluster Group
Community Based Support	411	549	457	376	1,049	404	3,346
Home Care (Direct)	101	81	69	71	1,030	37	1,490
Community Based Support	17	10	10	16	10	16	80
Specialist Living (One to One Support)	0	0	0	0	0	0	0
Grand Total	629	640	536	463	2,189	457	6,313

GP Community Based Services (includes GP Cluster Area) and Home Care Provided by GP Cluster Area on 28 Jan 2016

9.1 Direction and Possible Business Opportunities

- 2016 externalisation of South Gloucestershire Shared Lives Scheme via competitive tendering process during June – July 2016 with a new service operational from 1 January 2017.
- A Supported Living service for people with learning difficulties will be commissioned in the Autumn of 2017 for a new, purpose built housing scheme.
- 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. This includes non-Care Act eligible customers. Providers are encouraged to market their services using 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 Payment Support Providers, to ensure that the process for selecting a quality provider is straightforward for service users and carers
- We will be re-commissioning Community Based Support services (home care and community based support) during 2016/2017 through a competitive tendering process to provide services in a number of GP cluster areas.
- The externally provided reablement service will be re-commissioned during 2017 and may be aligned to the Community Based Support re-commissioning process. Alongside this we will continue to work with the domiciliary care market to embed the reablement approach.
- 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 during 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 will be further opportunities within the new framework or possibly through a separate tender process post 2017 as the Department reviews how it meets its duty to provide care and support service within the prisons population.

10. Housing Related Support

The Housing Related Support programme was previously known as Supporting People. It funds a range of floating support, community and accommodation based services that support people to live independently in the community in their own homes and maintain their tenancies. These are

non-statutory, preventative services which help adults at risk avoid homelessness and avoids or delays entry into mainstream domiciliary care, residential, nursing and other institutional services. Housing Related Support allows people to live as independently as possible for as long as possible and therefore arguably saves the public purse more than is invested in the programme.

The Council carried out a review of all Housing Related Support (HRS) Services in 2015 in response to the extreme financial pressures facing the authority, also taking the opportunity to review a number of non-statutory contracts and service delivery types which had effectively become a layer of non-statutory community based support services which overlapped with statutory domiciliary provision. As Housing Related Support, the previous funding for Supporting People is no longer financially ring-fenced. The Council currently commissions HRS services from a number of independent providers. Some are accommodation based including where the provider of the support and accommodation are the same, while others are floating support services where there is no such connection. As a result of the review, all floating support with exception of the HRS specialist Learning Difficulties services are being moved into a single generic floating support service from 1 October 2016. The revised service specification now focuses on supporting individuals to be able to maintain their tenancy or accommodation whereas the previous service had developed from the former Supporting People programme of non-statutory domiciliary care, which also provided a range of community based support to develop and maintain independent living skills as well as tenancy support.

Accommodation based HRS services (again excluding Learning Difficulties) including the Merlin Housing sheltered service (which moved 1 April 2016) are moving to an enhanced housing management model with associated cost reductions from 1 October 2016. All of the organisations concerned had individual negotiations with the Council to achieve this, and along with the review of floating support, this has rationalised a large range of diverse services with different pricing structures and delivery approaches into a more relevant generic approach to ensuring eligible citizens receive appropriate support to live independently as long as possible in the community by being supported to maintain their own tenancies.

As a result of the review, the Council is currently tendering for a county wide generic housing related floating support service. The Council is therefore seeking a single provider, partnership or consortium able to deliver high quality housing related support to individuals and groups from all client groups in both traditional and innovative ways. The contract is for the provision of a county wide Housing Related Support Service, provided on a floating support basis, which will commence on 1st October 2016. The contract is for 54 months with an optional extension clause of 24 months subject to performance and funding. The Council has agreed funding of £355,000 per annum for this contract. As this service has been undertaken by a number of providers under separate contracts in previous years, a significant issue will be TUPE staff transfer as well as maintaining service continuity.

10.1 Direction and possible business

opportunities

- Organisations interested in tendering for a generic housing related floating support service will need to tender by 13 June 2016 via the South West Procurement Portal.
- There will therefore be no further tender opportunities within the Housing related Support Service advertised until at least 2020/2021.

11. Housing for Older Adults including ExtraCare

Older people require suitable, comfortable and secure housing to retain independence, quality of life and wellbeing. A spectrum of housing options are available to older people, falling into 3 categories: mainstream housing, specialist older peoples housing and residential care homes ([see section 12 Residential and Nursing Care](#))

There are a range of homes in South Gloucestershire available in a range of tenures to generally begin to meet the needs and choice of our ageing population. South Gloucestershire has a strategic aim to enable the delivery of ExtraCare accommodation as an effective housing with care solution for older people. Underpinning this commitment is the provision of a wider choice of tenure to match the increasing demographic change of older people in South Gloucestershire.

As well as the care and social benefits, improving housing choice for older people will in many cases release under occupied family homes in the rented and owner occupied sector thereby improving its supply. Overall its provision will lead to a better utilisation of the housing stock and can add to housing choice for local communities. New schemes 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.

The Strategic Housing Market Assessment (SHMA) for the Wider Bristol housing market area 2105, establishes the level of housing need over the period 2016-2036 and identifies needs for all types of housing (Opinion Research Services 2015). The SHMA explores the demand for housing for older people. Specialist housing for older people, including ExtraCare accommodation, is required to meet specific need but its provision needs to be considered alongside support and care needs, and the cost of these services.

Projecting the demand for specialist older people's accommodation is difficult as it also relies on health, care and support needs. There is a shortage of specialist capacity including for people with dementia and challenging behaviour and specialist accommodation is currently being scoped to seek to meet these needs.

11.1 ExtraCare Housing

ExtraCare is one important component of a continuum of housing designed to meet the needs of an ageing population where care and support needs can be focussed into individual housing

developments as required.

ExtraCare Housing design and location should enable individuals to live in self-contained flats or chalets within an environment that promotes privacy, comfort, support and companionship. The accessible environment of ECH and not just the care provision is a significant factor in enabling people to live more independently, increasing socialisation and community involvement and improving nutrition and wellbeing.

11.2 Direction and possible business opportunities

- The aim is to have commissioned 700 ExtraCare dwellings by 2016 with a preferred tenure split of 300 rented and 400 leasehold, which is on target to be achieved.
- The Council aims to continue to deliver mixed tenure ExtraCare housing schemes, including increasing the availability of homes for sale, reflecting older people's needs in their community and the potential demand from older people who own their own homes. The Council will also ensure the opportunities provided by these schemes' location, provision and housing support are maximised.

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

12. Residential and Nursing Care

Following a gradual decline in demand for local authority commissioned residential care in recent years, we are now seeing a steady increase in demand for residential but more so for nursing care provision. As an indicator of the 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%. It is becoming increasingly clear that there will be an growing shortfall in provision based on demographics alone. Already we are in competition with neighbouring authorities and the prospect of the lifetime care fees cap in 2020 will mean more people who self-fund their care becoming local authority funded.

A great difficulty facing public sector commissioners is the cost of residential and nursing care and the difference in expectations and provision between what private funders can buy and the level of facilities and other provision that the market provides. Simply put, it is becoming increasingly difficult for the Council to buy an adequate service at a price that it can afford, when what is on offer is pitched at an altogether more affluent privately funded level of service. At the same time, it is difficult, even nigh on impossible, for providers to deliver two levels of cost and service in the same care home for Council funded and self-funding residents respectively.

What is clear is that the Council, as it continues to decommission its remaining care homes, must work with the market to develop in the first place affordable, quality residential and nursing care that can meet people's needs. Secondly, but equally important, is the need for innovation and

alternative provision, where people can live independently for longer in their own homes and a market that can readily accommodate rapid reablement and rehabilitation or respite where people, particularly dementia sufferers, do not become so deconditioned staying in hospital longer than they need to be in there, that the possibility of regaining independent living diminishes by the day. This increasing challenge faces the entire care sector and by working together in co-production with our communities and commissioning partners, the Council is committed to providing a sufficiently diverse range of quality services which can meet people's needs and personal health and wellbeing goals, as well as being able to balance the books at the same time.

Another development in the residential and nursing care home sectors is Direct Payments (DPs). These have become a key mechanism for delivering social care support aiming to offer greater choice and control to people in need of social care. DPs have been used in community care for a number of years, but people living in residential care homes have not had access to DPs so far. The Government has decided to expand this approach to care homes from April 2016 and initiated a Trailblazer programme to test DPs and learn from the experience prior to DPs becoming national policy. Eighteen local authorities have volunteered to participate in the programme and its evaluation.

The evaluation to test DPs in care homes will include the following elements:

- A process evaluation will aim to understand the different ways in which DPs are being offered to residents of care homes and how any challenges to implementation can be overcome.
- An impact evaluation will assess the potential effects of DPs on care home residents and their families, care homes and the local care home market, and on Councils and their staff, such as care managers.
- An economic evaluation will examine the costs and cost-effectiveness of different approaches to providing DPs for residents, their families and the local Councils.

12.1 Market Analysis

South Gloucestershire has been one of the fastest growing areas in the country and at the same time it supports an increasing older population. The likelihood of being disabled and receiving care increases with age. This is particularly the case with people the aged 80 years or over with a projection that by 2037 15,200 more residents will be 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 respite, reablement or permanent care in residential and nursing accommodation. 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. Although every effort is being made to keep people independent for as long as possible, demand for care home beds, particularly affordable care home beds, continues to outstrip demand across South Gloucestershire, its neighbouring areas and across the country itself. Care home bed placements are the highest proportion at nearly half of our Department's overall budget for adult services, running at £35.5 million for the year 2015-16. With higher demand and increased costs for providers, for the foreseeable time being 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 must work together to provide affordable, cost effective services that meet the needs of those citizens for whom there is no alternative but at the same time work with the overall care market and communities to focus on prevention, recovery, reablement and rehabilitation services that will enable people to live well and live independently, as well as live longer.

Availability of Care Homes & Beds in South Gloucestershire

There are 83 Care Homes in South Gloucestershire of which 50 are for older people and providing circa 1500 beds. However, there is a significant shortage of specialist capacity in both Bristol and South Gloucestershire, including for people with dementia with behaviour that challenges. These are made up as follows

- 21 Care Homes with Nursing for Older People
- 27 Care Homes for Older People
- 2 Care Homes owned by South Gloucestershire are being decommissioned

Residential Care Homes Placements

- 274 placements are purchased in care homes by South Gloucestershire Council but only 203 placements are in South Gloucestershire.
- 77 people receive care in South Gloucestershire owned care homes
- 500 beds are purchased by individuals funding themselves or purchased by other Local Authorities

Nursing Homes Placements

- There are 796 beds in total in care homes with nursing for older people in South Gloucestershire
- 346 placements are purchased in nursing homes by South Gloucestershire Council but only 241 placements are in South Gloucestershire.
- 550 beds are purchased by a combination of South Gloucestershire Clinical Commissioning Group, individuals funding themselves and other Local Authorities

CCG Beds Purchased

- 120 nursing beds for CHC clients
- 20 specialist LD and MH beds (within S Gloucestershire and neighbouring areas)

Community Rehabilitation, Reablement and Recovery Services (Bed Provision)

We have begun to implement a new model for rehabilitation, reablement and recovery services in South Gloucestershire which ensures people are supported in the community and if they do require acute hospital care they are discharged back to community services as soon as they are medically well enough. Whilst the focus is on ensuring people are supported to return home where this is possible, the 35 rehabilitation/reablement beds are currently jointly commissioned by South Gloucestershire Council and South Gloucestershire CCG in 6 independent nursing and care homes. This service is due to be retendered during 2016-17.

Estimated Future Supply Required

	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

These estimates project a 59% increase in beds required over 15 years. Housing LIN projections show a 58% increase in needs for care home beds over 15 years. These other variables that cannot be accurately predicted are not included in our estimates but will undoubtedly have an influence on the market:

- pressures from neighbouring areas
- current vacancy rates/shortfall
- other new supply
- other closures
- increased affluence etc

Care Homes Vacancy Rate 3.8% at April 2015

Care homes	Vacancy	No of homes	North	South
Up to £600	18	23	6	17
£601 - £700	9	3	2	1
£701 - £800	0	3	3	0
	27	29	11	18

Care Home with Nursing Vacancy rate 2.4% at April 2015

Care with nursing	Vacancy	No of homes	North	South
£450 - £600	7	7	4	3
£601 - £800	4	6	3	3
£801 - £1000	8	7	4	3
£1001 - £1200	0	1	0	1
	19	21	11	10

The residential and nursing care market within South Gloucestershire is diverse with 63 residential

homes with capacity to support 957 individuals and capacity for a further 797 people across 20 nursing homes. Care home capacity has markedly increased in recent years with an additional five care homes having opened since 2010 providing 244 beds whilst in the same period the Council has decommissioned 170 beds across 6 homes (a net increase of 74 beds).

The Council maintains a weekly vacancy list which details vacant beds in all nursing and residential care homes in South Gloucestershire. Although occupancy rates change on a daily basis, this shows that overall demand for residential care is currently being adequately met by private provision and there are beds available, although there is often a mismatch between the availability of beds and individual choice.

The phased decommissioning of the local authority's eight care homes over the last 6 years is now coming to an end and has been managed in a way so as to minimise impact upon the sector.

South Gloucestershire is committed to a diverse and sustainable market and 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.

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.

Fee rates are set individually with homes depending on a range of factors including locality, physical environment, quality and wider market conditions and under the Care Act, the needs of the individual and their health and wellbeing are taken into consideration.

The Council is continuing 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.

South Gloucestershire's approach is to continue building on the progress made by working closely with the care home sector to promote quality, customer choice and value. This is in the context of the challenging financial climate and the continued emphasis on reducing traditional Residential Care services in favour of supporting people in the community and within ExtraCare settings. The Council intends to introduce some form of a Dynamic Purchasing System for care home placements during 2016-17 in support of this.

The focus of this partnership approach is through the s256 Care Homes project overseen by a partnership board 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.

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 residential and nursing care 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 in CHC for example, to remain living as independently as possible, for as long as possible.

12.2 Direction and Possible Business Opportunities

- South Gloucestershire remains committed to Residential and Nursing Care where this is the most suitable option, for example where customers have a need for specialist support, such as dementia care and end of life care.
- In line with our way of working residential and nursing care homes will be encouraged to adopt a reablement / rehabilitation approach, seeking to promote a culture where individuals are supported to retain and regain independent living skills.
- Interested suitable organisations will be able to bid for the retendering of the Community Rehabilitation/Reablement beds service during 2016/17 will be advertised on the South West Contracts Portal.
- There is likely to remain a particular demand appropriate residential and nursing care for people affected by dementia.
- 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.
- There are some areas within South Gloucestershire with limited capacity to meet the demand for residential and nursing care, particularly along Severnside and the Thornbury area.
- Proposals to develop a health complex on the Thornbury hospitals site will include the development of a new independently provided nursing home including a number of NHS-funded beds. These beds would be free to patients and provide high-quality nursing care, allowing patients to be cared for close to their homes for short periods and avoid being admitted to an acute hospital.
- Development plans for the Frenchay hospital site include the provision of affordable rehabilitation beds and units of ExtraCare Housing.
- All Care Homes in South Gloucestershire are encouraged to participate in and engage with the Care Home Partnership project.
- South Gloucestershire will be exploring the potential for outcomes-linked models such as shared risks and payments linked to achieving outcomes to stimulate improvements in quality, person centred care and embed a culture of reablement/rehabilitation.
- Suppliers Opportunities will develop post 2016 for people in care homes to have access to Direct Payments.

13 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.

Although 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 and commissions and develops services with numerous SMEs, voluntary sector and community organisations.

13.1 Supplying the Southwest Contract Portal

The Council advertises all of its tenders and other business opportunities on the South West Contract Portal. To be able to access and bid for these opportunities, as well as receive alerts when tenders and expressions of interest are advertised, your organisation will need to register as a supplier. This is a very easy and straightforward process and full details of how to register and use the Portal can be found at <https://www.supplyingthesouthwest.org.uk/>

Details of all forthcoming contracts are advertised through the Council's e-procurement system via the Portal and by registering, suppliers can also access past, current and future contract information, and submit bids electronically. Registering on the Portal and allows you to regularly update your organisation's details, including the goods and services they offer, along with supporting documentation such as brochures and price lists. Local authorities and businesses themselves frequently access this information to identify and engage with potential suppliers so being signed up to the Portal is in everyone's interest.

14. Conclusion and Summary

This Market Position Statement is intended to provide an overview of current thinking in relation to children's young people's and adult care services in South Gloucestershire, to highlight some of the opportunities and demands we have recognised and to encourage a dialogue with others. Future editions will seek to address wider commissioning aspects within the Department relating to Public Health commissioning which now sits within the Council. Our ambition is to also provide an even greater emphasis on opportunities within our 0 – 25 services for children and young people and to encourage the development of an ever improving range of service provision to make the transition into adulthood a seamless and rewarding experience, whether as a corporate parent or a provider of care and support to the young person and their family.

We recognise that it is only by working together in co-production with commissioning partners, service providers, young people, adults and their communities within South Gloucestershire that

we will achieve the best possible outcomes.

All business opportunities contained within this report must be considered within the context of significant budget pressures and planned reductions in funding for public services over the medium term. There is a need for commissioners and service providers to work more closely in the future to support the development of a sustainable market for people both to benefit from and in which to seek and find employment. This market needs to be sustainable while at the same time encouraging innovation and creativity, with a focus on supporting people to achieve the things that matter to them, enabling them to lead the lives they choose while achieving positive health and wellbeing outcomes. Achieving these better outcomes will also produce efficiency savings by encouraging people to become more independent and in control of their own lives as well as the support they choose. This is particularly important for the young people we support to achieve true independence through education, training and support to wherever possible enter meaningful employment and enjoy happy and fulfilling lives in our community.

To do this, we wish to continue to engage with our partners to build a diverse, comprehensive and high quality care market, to ensure we can promote independence, choice and control for all. In addition to clear contract and performance monitoring and management arrangements, we are also continually developing our range of established as well as new approaches to consultation and co-production, to ensure the commissioning of quality, outcome based and value for money support services. As part of this we are particularly keen to ensure that people with experience of services are more actively involved in the design of services and monitoring the quality of support provided. This feedback from the children, young people and adults service users who are themselves recognised as the experts where their care and support needs are concerned, is paramount and is gathered through surveys, provider and Council customer satisfaction data, via service user and carers groups along with telephone, email and social media contact. Similarly, we engage with our providers through a number of service based forums and directly through direct quality and performance monitoring. We also continue 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 welcome your comments about this Market Position Statement and in particular its value to you as a provider and how it can be enhanced in future versions. We are interested, particularly, in your views about how we can continue to provide and develop quality services that deliver real outcomes for individuals 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, then please contact us at cengagement@southglos.gov.uk

Finally, thank you for taking the time to read our new Market Position Statement for adult social care in South Gloucestershire. We will continue to build and forge strong relationships with you our providers and partners so that together we can continue to be proud of the services we deliver and the positive outcomes we achieve in supporting everyone in our area to achieve their personal health and wellbeing goals.