Gloucestershire County Council and NHS Gloucestershire Clinical Commissioning Group

Market Position Statement: Adult Social Care

October 2018
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1 Introduction

This Market Position Statement (MPS) signals a commitment from Gloucestershire County Council (GCC) and NHS Gloucestershire Clinical Commissioning Group (GCCG) to transform our model of care and support to meet the needs of our adult population.

The current pressures on statutory and commissioned services make it unsustainable to continue the existing pattern of commissioning and it is increasingly necessary to focus on managing demand through supporting more people to live independently in the community.

It is recognised that there are differences between the various market sectors (care homes, community services and housing with care) and across the six districts of Gloucestershire. This MPS aims to give a broad overview across the whole picture and to give clear messages to the market of our future commissioning intentions.

The MPS will inform subsequent commissioning strategies for every sector, each of which will address market pressures, strengthen weaknesses and promote the development of services which enhance and extend independence in every district.

We know that this will require a new kind of relationship between commissioners and providers. Whilst we have already worked hard to achieve this, we know that there is more to do. In order to develop robust partnerships which recognise increasing demand, the diversity of the market and the differing pressures experienced by all parties, we will need to work more closely together in an environment of openness, trust and risk sharing. We look forward to doing so.
1.1 What is a Market Position Statement?

The Care Act (2014) places duties on local authorities about market development in adult social care:

- Section 5 sets out duties on local authorities to facilitate a diverse, sustainable high quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.
- Sections 48 to 56 – state that local authorities must ensure that no one goes without care if their provider’s business fails and their services cease.

Strategic commissioning involves having a well-informed understanding of the health and social care needs of our communities and making sure that we prioritise and target our resources in the most effective way. As joint commissioners we are committed to developing a “whole system” approach and to developing a single shared vision.

We recognise that service providers have a fundamental contribution to make to the future direction of service provision and we are committed to working together using the MPS as a foundation for this approach. It has been developed specifically to be used by current and potential service providers so that we can:

- share information and analysis of future population needs
- review what we know about the current ‘market’ of services
- describe our future approach to commissioning services
- enable providers to position themselves to meet future demands/needs
- effectively engage and support service providers to achieve a robust and sustainable market
1.2 Scope
This MPS covers social care and NHS\(^1\) commissioned services for people aged 18 years and over in Gloucestershire. It focusses specifically on the following services:

- care homes
- care at home and community based services such as day care
- extra care housing
- supported living

It aims to consider the market as a whole, not just commissioned services but recognises that there is limited available information on people who purchase their own care (“self-funders”).

This MPS is informed by providers. Engagement with users of the care market is out of scope.

1.3 Approach
To inform the MPS, the Institute of Public Care (IPC) at Oxford Brookes University were commissioned to undertake detailed work to consider what we already know about the social care market in Gloucestershire. Phase 1 of this work considered the Care Home Market and Phase 2 looked at other community based services. An important component of this work was to undertake a range of engagement activity with the market. This has included:

- **Provider surveys** – surveys were circulated to all known care home providers in 2017 and other community based service providers in 2018. We received over 100 responses.

- **Telephone Interviews** – detailed telephone discussions were undertaken with managers/proprietors from 10 care homes and 6 community based organisations (predominantly domiciliary care).

- **Provider workshops** – we have tested our findings and future intentions at provider workshops held on 23rd January 2018 (care homes) and 19th April 2018 (community services organisations).

- **Data analysis** – data on current purchase and spend was not available in a format that could easily be accessed, as a result the document does not have the depth of analysis originally envisaged. Reconciling data from different sources proved difficult at times. It is therefore not always possible to draw a direct correlation between figures in different sections of this MPS.

- **Commissioner interviews** – lead commissioners across all areas were interviewed at both stages of the development process.

\(^1\)NHS commissioned services are those funded by continuing healthcare.
2 Strategic Background

2.1 Context

In Gloucestershire it is estimated that 47,500 people over the age of 45 are living with a long-term condition. This is projected to rise to 77,000 by 2030. The 18-64 working adult age group is predicted to increase by only 1.4% by 2034. The numbers of over 65s will increase by 67% in the same period.

Gloucestershire County Council has a current (2018/19) net budget for adult social care of £133 million which represents 32% of overall expenditure, approved in the Medium Term Financial Strategy. In the last year (2017/18) the council supported approximately 25,000 people who have a disability, are vulnerable, or live with an age-related disorder, as well as commissioning services aimed at addressing social care and health inequalities and promoting health and well being. Of those approximately 12,000 people were in receipt of a commissioned package of care for medium or longer term support.

Gloucestershire Clinical Commissioning Group works in conjunction with the council in supporting people whose health needs impact on their daily living. It is estimated that in 2018/19 it will support 1571 adults at a cost in the region of £44m which represents 5% of its overall expenditure.

The Care Act 2014 introduced the principle of promoting an individual’s “wellbeing” which runs throughout the Act and applies equally to adults with support needs and their carers. Care Act guidance states:

"It is critical to the vision in the Care Act that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible."

All councils have pressures on their budgets GCC is no different. We are responding to those pressures positively and proactively. Year on year we are seeing greater demand for adult social care services. We are focusing on doing more to prevent reduce and delay people from developing needs for care and support and we are working with our current users of care and support services to make sure that the services we have in place promote wellbeing, independence and help people build good lives.

We recognise that for some people there will be a need for ongoing care and support and we are committed to ensuring that our resources are used effectively to meet their needs and are flexible to respond as people’s needs change.

We are developing a new service model which will underpin all aspects of the GCC adult social care offer. It is based on a three tier conversation and aims to help people prevent, reduce and delay their care needs. In addition to national legislation the approach has been influenced by the local Sustainable Transformation Partnership (STP) which has recently led to the recognition of Gloucestershire as a shadow Integrated Care System (ICS).

GCC data identifies 12000 clients with some form of Adult Social Care service (including CHC), funded in part or full and with or without a disability This figure includes people in receipt of a long term care package and short term interventions such as reablement, respite and hospital to home services.
2.2 New Service Model

We want people to be supported to be their own best resource and we want those with long term care needs to receive innovative, enabling support that changes responsively as they live their life.

As an Integrated Care System we have a new approach which will mean:

- an even greater focus on supporting people to keep healthy and independent and developing active communities
- local people with long term conditions – whether those are physical health, mental health or learning disability related – should see more joined up care and support in their own homes, GP surgery, community or in hospital
- staff should find it easier to work with colleagues from other organisations to support shared health priorities
- there is greater freedom and control to make local decisions about services and use of the Gloucestershire Pound
- we have the ability to attract additional money to develop services and support

Together we aim to help build:

- a resilient population that aspire to live independent lives
- more inclusive and supportive communities
- better connections for people to self-serve options which can prevent, reduce and delay needs
- access to good quality care and support when needed
Three Tier Approach

Gloucestershire County Council has developed a “Three Tier Approach” with which to structure all our provision. A three tier approach means that we prioritise self-care and time limited support before we explore long term care and support services with people. This will enable us to manage the increasing demand on our services by getting better at ensuring as many people as possible have options other than organising things through the council.

It signals a move towards placing more emphasis on the context of family, friends, social networks and utilising a person’s own strengths and capabilities and community resources. It will help us deliver the broader scope of our duties under the Care Act to help people prevent, reduce and delay their care needs.

Figure 1: Three Tier Model

- Opportunities to be an active citizen
- Longer term support from local and community opportunities
- Services that organise around natural supports
- A life, not just a service

- A bit of help in the short term that builds strengths for the long term
- Building access to short term community based solutions
- Can see people through a crisis without engaging long term support

- Digital and person to person solutions
- Helping people to help themselves
- Thriving community based local solutions

- Tier 1
  - Vision: Everyone has access to local people, places and things that help them live their good life.
  - How? Helping people meet their own needs whenever they can by supporting communities, building connections and improving availability of self-serve options

- Tier 2
  - Vision: Everyone has access to local people, places and things that help them live their good life.
  - How? Helping people access short term help locally to get back on their feet or learn life skills

- Tier 3
  - Vision: Some help just while people need it
  - How? Unlock social capital and personal strengths before exploring if longer term support might have a role

- More help for fewer people
2.3 How does this relate to the market?

We want to develop a market which can support people to live as independently as possible for as long as possible. Our future commissioning of services will therefore seek to emphasise the following themes:

- **Supporting independence** – We want to support the development of a culture of recovery and independence across the care sector in Gloucestershire. Across the entire spectrum of adult social care services, we want to ensure that we are doing as much as we can to support an individual’s independence.

- **Appropriate Housing** – We want people to be able to stay at home whenever possible. This means that we need to make sure that their homes are suitable to their needs and when they are not they have access to suitable alternatives.

- **Community Support** – We want people to be able to access support from a well organised network of resources within their local community. Therefore, we will encourage and support innovative approaches from service providers which expend their role in communities to provide a broader “offer” to people living nearby.

- **Rehabilitation, recovery and reablement** – We want all contributors to our service model to be working with people to return them to as much independence as possible at all times. We want to expand the number of settings in which this approach takes place and the range of providers that are commissioned specifically to support this approach.

- **Flexible Long-Term Support** – Even with effective prevention and rehabilitation, we know that some people will have long term needs. However, we still want these services to be guided by the principles of recovery and independence. We will support providers to be innovative and flexible, promoting independence, offering choice and only as much support as needed. We recognise that long-term needs do not always increase and in some cases can reduce over time.

- **Sustainable long-term services** – When people require long term services, we want to support these services to be reliable, sustainable and adhering to robust quality standards and regulations.
3 Market Overview

The care market in Gloucestershire is diverse and different districts face specific challenges. We aim to undertake our commissioning in future at a district level and will continue to work with providers to develop this more detailed understanding of the market.

In this section we consider how effectively and sustainably the social care market is able to respond to the needs of our population and how well positioned it is to meet those needs in future.

3.1 Viability of the care market

Generally, providers that have taken part in our consultation have characterised the care home market as “unstable” and “fragile”. A number of larger providers identified that they are currently carrying notable financial risk. Some providers identified that they are not expecting to be viable in five years’ time while others recognise that they now need to adapt and diversify to meet the needs of their local population and to reflect the new service model proposed by commissioners.

Challenges experienced are:

- The majority of providers of care homes for older people indicated that they are reliant on self-funders as well as Gloucestershire-funded residents and this is reflected in the national picture according to Laing and Buisson.³

- Recruitment and retention are identified as particular challenges across the care sector and in Gloucestershire pay rates are low with some notable variations. Median gross pay and gross annual pay for the lowest 10% of earners is lower in Gloucestershire than nationally.

- Workforce supply is known to vary by district across the county. Care workforce data indicates factors which may potentially destabilise the labour market. In particular, an ageing workforce and a significant reliance on EU nationals.

- There is also recognition that, in a changing environment, with increasing requirements to meet ever more complex needs, (including providing for dementia and challenging behaviour) the skills and expertise of some of the general social care workforce will need further development.

- Providers report significant financial challenges of rising costs of providing care, affected especially by increasing wage costs in response to the National Minimum Wage and meeting the requirements of new regulatory standards such as pensions and night time payments.

3.2 Quality of the Market

The proportion of care homes judged to be ‘Good’ or ‘Outstanding’ is broadly comparable to the national average. Whilst no care homes for older people are judged by CQC to be inadequate, there is a mixed picture of quality across the county. The Forest of Dean appears to have higher quality homes with over 80% of all homes scoring good or outstanding.

A higher percentage of care homes for people with learning disabilities are higher rated by CQC with all homes in Cheltenham and Cotswold rated as good or outstanding.

In domiciliary care provision 88% of providers registered in Gloucestershire are rated by CQC as good or outstanding.

All extra care housing schemes where there is commissioned care by Gloucestershire are rated good overall.
3.3 Structure of the Market

Care Homes

Gloucestershire has a relatively large number of providers running on average comparatively small care homes.

- There are 129 different providers responsible for 245 homes. There are more residential care than nursing beds purchased and more nursing beds are purchased by GCCG than GCC.
- There is an increasing presence from larger, national providers. 25 care home providers operating in Gloucestershire are part of a national group but only 10 of these have more than one home in the county.
- There are 10 providers who each oversee more than 100 beds in the county, representing 42% of bed provision but only 21% of the homes.

Gloucestershire’s care home beds are more likely to be nursing home beds than is seen nationally, 59% of care home beds are nursing, compared to 47% nationally. In common with the rest of England, nursing home bed provision is rising and residential care home bed provision is falling. We have seen a 16% increase in the number of nursing home beds in the period 2012-17. Over the same period, we have seen a 5% reduction in the number of residential care beds.

This emerging trend is in keeping with our direction of travel with regard to commissioning fewer long term care home placements and ensuring that the placements we do purchase are for people who have complex needs that cannot be met at home.

Whilst the average number of beds per care home is fewer than the South West and England average, this is increasing year on year as smaller homes close and larger homes open.

Further analysis of all types of care homes is being undertaken and will be presented in the Care Home Strategy, anticipated in December 2018. That strategy aims to establish the need and demand for care home beds across Gloucestershire for all adults. It will consider the current provision in each district and across age groups and will include district specific action plans which will indicate whether we need an increase or reduction of beds in each area and which type of beds are needed.
Older People (Over 65 years)

There are 127 care homes providing a total of 5180 beds for older people in Gloucestershire averaging 41 beds per home in April 2018.

There are 59 residential care homes averaging 30 beds in size.

There are 68 nursing homes averaging 50 beds. The beds can be commissioned by GCC and GCCG or purchased privately.

In the financial year 2017-18 there were 3 home closures. One was a nursing home, one was a residential home and the third had dual registration. These three were all in Cheltenham and resulted in a reduction of 90 beds in the market. In the 9 months of this financial year there has been 1 residential home closure in Gloucester district resulting in a loss of 47 beds to the market.
Table 1: Number of care homes for older people in Gloucestershire by location, April 2018

<table>
<thead>
<tr>
<th>District</th>
<th>All</th>
<th>Residential care</th>
<th>Nursing care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No of homes</td>
<td>No of beds</td>
<td>Ave per home</td>
</tr>
<tr>
<td>Cheltenham</td>
<td>33</td>
<td>1452</td>
<td>44</td>
</tr>
<tr>
<td>Cotswolds</td>
<td>17</td>
<td>785</td>
<td>46</td>
</tr>
<tr>
<td>Forest of Dean</td>
<td>17</td>
<td>559</td>
<td>33</td>
</tr>
<tr>
<td>Gloucester</td>
<td>28</td>
<td>1081</td>
<td>39</td>
</tr>
<tr>
<td>Stroud</td>
<td>27</td>
<td>1045</td>
<td>39</td>
</tr>
<tr>
<td>Tewkesbury</td>
<td>5</td>
<td>258</td>
<td>52</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>127</td>
<td>5180</td>
<td>41</td>
</tr>
</tbody>
</table>

**District level summary:**

- Cheltenham has highest number of care homes and care home beds. We also place the most people there, including a large proportion of people with continuing healthcare (CHC) needs.
- Cotswolds has fewest residential beds but a high number of nursing beds
- Forest of Dean has more nursing than residential but still lower than most other districts.
- Gloucester also sees high numbers of residential and nursing beds purchased.
- Stroud has a high number of nursing beds and we make the most nursing placements there but there are fewer residential beds available in that district.
- Tewkesbury has the fewest residential and nursing beds.

**Younger Adults (Under 65 years)**

In April 2018 there were 113 care homes providing 1143 beds for younger people in Gloucestershire with an average of 10 beds per home.

There are 110 care homes for people with a learning disability providing 1087 beds with an average of 10 beds per care home.

There are 3 homes specifically for people with a physical disability providing 56 beds with an average of 19 beds per home.
### Table 2: Provision of care homes for people aged 18-64 by location and capacity

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Residential</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No of homes</td>
<td>No of beds</td>
<td>Ave beds per home</td>
</tr>
<tr>
<td>Learning Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheltenham</td>
<td>13</td>
<td>132</td>
<td>10</td>
</tr>
<tr>
<td>Cotswolds</td>
<td>2</td>
<td>92</td>
<td>46</td>
</tr>
<tr>
<td>Forest of Dean</td>
<td>25</td>
<td>248</td>
<td>10</td>
</tr>
<tr>
<td>Gloucester</td>
<td>39</td>
<td>336</td>
<td>9</td>
</tr>
<tr>
<td>Stroud</td>
<td>22</td>
<td>202</td>
<td>9</td>
</tr>
<tr>
<td>Tewkesbury</td>
<td>9</td>
<td>77</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>1087</td>
<td>10</td>
</tr>
</tbody>
</table>

### District Level Summary Learning Disabilities:
- Gloucester has the most care homes and care home beds for people with LD.
- Cotswolds has the fewest care homes and care home beds for LD.
- Tewkesbury has no nursing homes for LD.
- Cotswolds has one large nursing home which skews the average number of beds in LD care homes in the district.
- The overall average number of beds per home for the county as a whole is 10.

### District Level Summary Physical Disabilities:
- There is 1 ten bed residential care home for people with a physical disability in Gloucester and 1 in Stroud.
- There is 1 36 bed nursing home for people with a physical disability in Cheltenham.
Care at Home (Domiciliary Care for Older People)

Gloucestershire operates separate care at home framework contracts for urban and rural areas. The urban framework covers Cheltenham and Gloucester and has 1 lead provider for each. The rural framework covers the other districts and has 45 providers who bid for packages via a dynamic purchasing system.

During the period April 2016 – December 2017, Gloucestershire Council was working with 142 care at home providers (although not all were active). During that period, 2,876 new care packages were started, and of these, 80% were allocated to 29 providers. 50% of these packages were allocated to 9 providers.

71 providers work with adults, 18-64 years
107 providers work with older adults, 65 years and over
54 providers work with all age groups
31 providers work with people with learning disabilities
10 providers work with adults with mental health needs

These statistics relate specifically to packages of care purchased by GCC and do not include privately purchased packages.

Table 4: Care at Home Services – Provision by District

<table>
<thead>
<tr>
<th>District</th>
<th>No of SUs</th>
<th>No of SUs per 10,000 65+ population</th>
<th>No of hours provided</th>
<th>No of hours per 10,000 65+ population</th>
<th>Mean hours per SU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheltenham</td>
<td>249</td>
<td>113</td>
<td>3813.25</td>
<td>1725</td>
<td>15.25</td>
</tr>
<tr>
<td>Cotswolds</td>
<td>150</td>
<td>68</td>
<td>2352.25</td>
<td>1074</td>
<td>15.00</td>
</tr>
<tr>
<td>Forest of Dean</td>
<td>233</td>
<td>113</td>
<td>3402.25</td>
<td>1652</td>
<td>14.25</td>
</tr>
<tr>
<td>Gloucester</td>
<td>319</td>
<td>150</td>
<td>5280.50</td>
<td>2491</td>
<td>16.50</td>
</tr>
<tr>
<td>Stroud</td>
<td>295</td>
<td>112</td>
<td>4311.75</td>
<td>1639</td>
<td>14.25</td>
</tr>
<tr>
<td>Tewkesbury</td>
<td>174</td>
<td>88</td>
<td>3102.25</td>
<td>1567</td>
<td>17.25</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>1420</td>
<td>107</td>
<td>22262.25</td>
<td>1683</td>
<td>15.50</td>
</tr>
</tbody>
</table>

Source: Gloucestershire4/Poppi.org.uk

*The information is based on data extracted on 12/09/2018, looking at all packages currently valid on ContrOCC. Postcode has been used to determine locality. The number of hours and average number of hours has been rounded to the nearest 15 minutes.*
The differences between numbers of service users, average hours of care per person and number of hours per head of population might be attributable to a number of factors:

- Level of need
- Capacity of care market in the district
- Socio economic profile of district – which might affect both health and available workforce
- Commissioning patterns

Further analysis of care at home services is being undertaken and will be presented in the Care at Home Strategy, anticipated in Spring 2019. That strategy aims to establish the need and demand for care at home services across Gloucestershire for all adults. It will consider the current provision in each district and across age groups and will include district specific action plans which will indicate which areas of service require further development in each.

**District level summary:**

- Cheltenham has the third highest number of service users and ranks equal second with the Forest of Dean for the number of service users per 10,000 65+ population. Cheltenham deliver the third highest number of hours per week and the second highest number of hours per week per 10,000 65+ population. Cheltenham rank third highest for the average number of hours delivered per week per service user.

- Cotswolds has the lowest number of service users, the lowest number of hours provided per week and the lowest concentration of service users and hours per 10,000 65+ population. It has the second lowest average number of hours delivered per service user.

- The Forest of Dean has the third lowest number of service users but along with Cheltenham ranks second for the number of service users per 10,000 65+ population. They deliver the third lowest number of hours per week but rank third highest for number of hours per 10,000 65+ population. Along with Stroud they deliver the lowest average number of hours per week per service user.

- Gloucester has the highest number of service users, the highest number of hours provided per week and the highest concentration of service users and hours provided per 10,000 65+ population. It has the second highest average number of hours delivered per service user.

- Stroud has the second highest number of service users and rank second highest for number of service users per 10,000 65+ population. They deliver the second highest number of hours per week but rank fifth in the number of hours per week per 10,000 65+ population. Along with the Forest of Dean they deliver the lowest average number of hours per week per service user.

- Tewkesbury has the second lowest number of service users, the third lowest number of service users per 10,000 65+ population and the second lowest number of hours delivered each week. They deliver the third highest number of hours per 10,000 65+ population each week and have the highest average number of hours delivered per service user.
Supported Living

Supported living is for people with a specialist need such as a learning disability. The property could be an individual flat or house, clusters of flats or shared accommodation within a larger house. The people living there have help from a care or support provider to live as independently as possible.

There are 51 providers who offer supported living in Gloucestershire. Some of them provide services in more than one district and some provide to more than one service user group. Whilst 48 providers of supported living offer services to people with learning disabilities only 20 support people with complex needs.

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Providers</th>
<th>Number of Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheltenham</td>
<td>27</td>
<td>128</td>
</tr>
<tr>
<td>Cotswolds</td>
<td>7</td>
<td>48</td>
</tr>
<tr>
<td>Forest of Dean</td>
<td>27</td>
<td>187</td>
</tr>
<tr>
<td>Gloucester</td>
<td>38</td>
<td>239</td>
</tr>
<tr>
<td>Stroud</td>
<td>23</td>
<td>161</td>
</tr>
<tr>
<td>Tewkesbury</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>128</td>
<td>780</td>
</tr>
</tbody>
</table>

Number of providers for each service user group

- Offer to LD: 48
- Offer to PD: 28
- Offer to MH: 24
- Offer Complex Needs: 20

District Level Summary:

- Gloucester has the largest number of supported living providers and the largest number of people living in supported living.
- Tewkesbury has the fewest providers and the lowest number of people living in supported living.
- The Forest of Dean, Cheltenham and Stroud have comparable numbers of homes and people living in supported living.
- Cotswolds has few providers but supports a relatively high number of people in supported living.
Settled, Secure and Safe Lives

In 2003, the Department of Communities and Local Government (DCLG) established the Supporting People Programme to provide housing related support to vulnerable people. Over time this programme has evolved and GCC now commissions these services under the auspices of the Settled, Secure and Safe Lives in Gloucestershire Policy 2016-19: Support for People in Vulnerable Circumstances.

The wider accommodation based supported housing network consists of:

- **4 providers contracted to provide up to 175 bed spaces for complex and chaotic homeless people aged 18+.**

- **6 providers contracted to provide up to 199 bed spaces for vulnerable young people aged 16+ (including 33 beds spaces for young families).**

- **3 providers contracted to provide up to 195 bed spaces for people with mental health issues.**

Supported housing is mostly in the larger urban areas of Stroud, Cheltenham and Gloucester but can be accessed by any resident of the County through the Reconnection Policy, which allows people with a local connection to one area move into supported housing in another area and then return once support is completed.
**Extra Care Housing**

Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site.

There are currently 7 extra care housing schemes in which we commission care and these provide a total of 487 units of accommodation.

Accommodation is provided by 6 different providers in total, and care and support services provided by 5 providers.

Gloucestershire commissions care in an average of 26% of available units in these schemes.

In addition to Extra Care Housing where we commission care there is a substantial provision of private retirement accommodation where people can buy their own accommodation with varying levels of support available. There is also provision of sheltered housing for older people where there is some peripatetic support provided to residents. This model has changed over a number of years and consequently not all provision is entirely suitable for older people and the level of support now offered varies.

Further analysis of all types of housing with care is being undertaken and will be presented in the Housing with Care Strategy, anticipated launch date April 2019. That strategy aims to establish the need and demand for such provision across Gloucestershire for all adults. It will consider the provision in each district and across age groups to establish what is available and will include 6 district specific action plans which will indicate what is required to enhance the accommodation offer to those who need care.

<table>
<thead>
<tr>
<th>District</th>
<th>Number of schemes</th>
<th>No of units where GCC commission care services</th>
<th>No of units per 10,000 65+ population</th>
<th>No of people who use GCC funded service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheltenham</td>
<td>1</td>
<td>49</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td>Cotswolds</td>
<td>1</td>
<td>60</td>
<td>27</td>
<td>17</td>
</tr>
<tr>
<td>Forest of Dean</td>
<td>2</td>
<td>89</td>
<td>10</td>
<td>38</td>
</tr>
<tr>
<td>Gloucester</td>
<td>2</td>
<td>214</td>
<td>101</td>
<td>42</td>
</tr>
<tr>
<td>Stroud</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tewkesbury</td>
<td>1</td>
<td>75</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td><strong>Gloucestershire</strong></td>
<td><strong>7</strong></td>
<td><strong>487</strong></td>
<td><strong>45</strong></td>
<td><strong>139</strong></td>
</tr>
</tbody>
</table>

Source: Gloucestershire / CQC
District Summary:

- Cheltenham has one small scheme where less than half of residents receive any care commissioned by GCC.
- Cotswolds has one slightly larger scheme where significantly less than half of residents receive care commissioned by GCC.
- The Forest of Dean has two small schemes (45 and 46 bed), both have fewer than half of the residents receiving any care commissioned by GCC.
- Gloucester has one large (166) and 1 small (48) scheme. Less than 20% of tenants receive care commissioned by GCC.
- Stroud does not have any extra care schemes.
- Tewkesbury has one larger scheme of 75 units but less than a third of residents receive care commissioned by GCC.
4 Population – Future Demand for Adult Care and Support Services

In this section we describe what we know about our adult population in Gloucestershire and what we expect it to look like in future. We also identify how we expect to shape our commissioning intentions to address future trends in demand for services.

The information is taken from the Adults and Older People section of our “Inform Gloucestershire”<sup>5</sup> website (which is in turn informed by POPPI and PANSI<sup>6</sup> records which are based on the last census undertaken in 2011) and is augmented by our most recent analysis of purchasing data as well as the National Carers Survey for England. The data we have provides future forecasting of population trends and analysis of demographics in Gloucestershire but is currently only available at a countywide level. We aim to undertake our commissioning in future at a locality level and will work to develop our detailed understanding of future needs in this way. We are at an early stage in our ability to map our future needs accurately but want to work with providers as we develop this capacity.

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<sup>5</sup> https://inform.gloucestershire.gov.uk/
<sup>6</sup> Projecting Older People Population Information System (POPPI), http://www.poppi.org.uk/
4.1 Older People

Population Trends and Future Need
1. We expect the number of older people aged 65 and over in Gloucestershire to continue to rise at a faster pace than nationally, rising from 126,800 in 2015 to 206,300 by 2039.
2. An estimated 25,400 older people have a long-term illness or disability that limits their day-to-day activities a lot. The number is predicted to rise to 39,000 by 2030.
3. The number of older people unable to manage at least one self-care activity such as wash, dress and take medicines is predicted to increase from 43,000 to 64,000 between 2015 and 2030.
4. As at 31 March 2016, a total of 3,358 people aged 65 or over were receiving council funded long-term care packages.
5. An estimated 12,700 people aged 65+ in Gloucestershire feel lonely always or often.
6. Currently an estimated 18,400 people aged 65+ are carers, most likely to be caring for their partner/spouse or are mutual carers. This number is projected to increase to 22,300 in 2025.
7. Nearly two-thirds of carers caring for older people provide at least 35 hours of care each week. More than six in ten carers caring for older people have a long-term illness or disability themselves.
What this means for Gloucestershire going forward

- We want to place a stronger emphasis on rehabilitation and enablement.
- We expect to place proportionately fewer people in residential care overall.
- We expect to purchase more care home provision for complex needs especially dementia.
- We will place more emphasis on meeting the needs of older people in Extra Care Housing settings.
- We want to increase the availability of appropriate housing (e.g., warm and healthy homes).
- We want to work together with providers on a coordinated approach to falls prevention.
- We intend to place more emphasis on the use of equipment and technology.
- We want to provide options for short breaks for older people and their carers.
4.2 Adults with Physical Disabilities

Population Trends and Future Need

1. The number of adults aged 18+ in Gloucestershire is projected to rise from 492,300 to 576,600 between 2015 and 2039, with the 18-64 age group predicted to grow by 1.8% and the over-65s by 66.6% in the same period.

2. An estimated 9,000 people aged 18-64 in Gloucestershire have a serious physical disability, and an additional 30,000 people aged 18-64 have a moderate physical disability. Both numbers are expected to increase moderately in the next 15 years.

3. As at 31 March 2016, 664 adults aged under 65 were receiving council funded long term care packages for those whose primary need related to physical disability or sensory impairment.

4. As of 31 March 2016, the 45-64 year-olds were the largest group receiving long-term care services, accounting for 61.5% of all users. This was followed by those aged 25-44 (30.0%) and those aged 25 and under (8.4%).

5. Estimates suggest that currently Gloucester, Cheltenham and Stroud districts have the largest numbers of people of working age with a moderate or serious physical disability in the county. This is likely to continue to be the case for the next 15 years.

6. More than half of carers caring for people with a physical disability or sensory impairment are full time carers providing care for at least 35 hours each week.

7. Just under 60% of carers caring for people with a physical disability or sensory impairment have a long term illness or disability themselves.

What this means for Gloucestershire going forward

- We want to place more emphasis on supporting people to live independently in their own homes.
- We need to work in partnership to ensure that there is appropriate accessible accommodation for people with disabilities.
- We need to ensure that those young people with complex needs approaching transition have appropriate housing and quality support and need to start planning for this in a timely manner.
- We want to explore innovative ways to support people with complex health and social care needs to live in the community, for example using assistive technology and schemes like shared lives.
- We need to develop specialist capacity, particularly for people with neurological conditions such as:
  - Acquired Brain Injury
  - Huntington’s
  - Those with associated challenging behaviours
- We want to provide options for short breaks for disabled people and their carers.
4.3 Adults with Learning Disabilities

Population Trends and Future Need

1. An estimated 11,400 people aged 18 and over in Gloucestershire have a learning disability. Of these, 2,400 have a moderate or severe learning disability. There are around 3,000 people in Gloucestershire who have received a diagnosis by local GPs as having a learning disability.

2. While the overall number of adults with moderate or severe learning disability is predicted to rise by 3.6% between 2015 and 2025, the number is predicted to rise most steeply in the older age group, rising by 19.8% for the over-65s in the same period.

3. Data as at 31 March 2016 shows a total of 1,271 adults aged 18+ receiving long-term care packages funded by the County Council for those whose primary need related to learning disabilities.

4. Gloucestershire County Council’s commissioning data as at August 2018 shows that individuals who were in receipt of a GCC funded service based on having “complex needs” or “challenging behaviour” totalled 175. This figure is broken down as 94 with profound and multiple needs and 81 with challenging behaviour.

5. Of the 175 individuals, 65 are female and 110 are male. The age breakdown is: 61 people aged 18-25; 105 people aged 26-64; 9 people over 65.

6. Gloucestershire has a high number of adults placed here by other counties therefore the number of people with complex needs, including challenging behaviour, is accordingly high.

7. Nearly three-quarters of carers caring for people with a learning disability are full time carers providing care for at least 35 hours each week. They are also more likely to provide 100 or more hours of care per week than carers caring for people with other health conditions.
What this means for Gloucestershire going forward

- We want to develop more supported living particularly in models which both support personalisation and represent best value – usually where there is an element of “shared care”.
- We need to ensure that those young people with complex needs approaching transition have appropriate housing and quality support and to start planning for this in a timely manner.
- We will meet the needs of an ageing population of adults with a learning disability, including those who are on the dementia pathway, and will work with providers in older persons Care Homes, Sheltered Housing and Extra Care Schemes to diversify to include people with a learning disability.
- We want to explore innovative ways to support people with complex health and social care needs to live in the community, for example using assistive technology and schemes like shared lives.
- In line with “Transforming Care” we will work to ensure people in long stay hospitals are returned to independent living in their own community. This will include supporting people with learning disabilities or a forensic mental health need in the community following discharge and close working across all professionals to actively case manage and reduce any risk of serious harm to themselves or others.
- We want to explore more efficient ways to deliver sleeping nights and will be approaching providers to think creatively and consider ways to work together perhaps in geographical areas to deliver responsive support that is more aligned to on-call.
- We want to provide options for short breaks for people with learning disabilities and their carers.
### 4.4 Adults with Mental Health Needs

#### Population Trends and Future Need

1. The number of adults in Gloucestershire diagnosed by local GPs with depression is increasing, from 27,000 people in 2012/13 to 34,500 people in 2014/15. Of these, just over half (i.e. 14,500 people) were over-65s, and this number is predicted to rise to 20,400 by 2030 as the population ages.

2. A total of 191 adults aged 18+ in Gloucestershire were receiving council-funded long-term care packages for those whose primary need related to mental health as at 31 March 2016.\(^7\)

3. Of these nearly three-quarters were receiving community care services. The 45-64s were the largest user group.\(^8\)

4. In terms of service type, the greatest increase was for community care, by 54%, while the number receiving residential care has increased also, by 33%. The number receiving nursing care services was very small.

5. Over half of carers caring for people with a mental health need are full time carers providing care for at least 35 hours each week.

6. Nearly six in ten carers caring for people with a mental health need have a long term illness or disability. Compared to other carers, they are also more likely to experience mental health problems themselves.

#### What this means for Gloucestershire going forward

- We intend to place increasing emphasis on the recovery model.
- We want to develop more supported living particularly in models which both support personalisation and represent best value – usually where there is an element of “shared care”.
- We need to ensure that those young people with complex needs approaching transition have appropriate housing and quality support and to start planning for this in a timely manner.
- We want to explore innovative ways to support people with complex health and social care needs to live in the community, for example using assistive technology and schemes like shared lives.
- In line with “Transforming Care” we will work to ensure people in long stay hospitals are returned to independent living in their own community. This will include supporting people with learning disabilities or a forensic mental health need in the community following discharge and close working across all professionals to actively case manage and reduce any risk of serious harm to themselves/others.
- We want to explore more efficient ways to deliver sleep nights and will be approaching providers to think creatively and consider ways to work together perhaps in geographical areas to deliver responsive support that is more aligned to on-call.
- We believe we need to develop more service capacity for people with specialist needs including:
  - Challenging behaviour
  - Personality disorders
  - Autism
  - Early onset dementia.
- We want to provide options for short breaks for people with mental health needs and their carers.

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\(^7\) GCC Data analysis

\(^8\) GCC Data analysis

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4.5 Carers

Population Trends and Future Need

1. Across the county, a total of 62,600 people are identified as unpaid carers looking after or giving help or support to family members, friends, neighbours or others because of long term ill health or disability or problem related to old age. This was equivalent to 10.5% of the County’s population at the point that the statistic was gathered.\(^9\)

2. There has been a general upward trend of carers using our services in the past two years. There was also a significant increase in the number of young carers aged 17-25 accessing support in the same period, up by 32%.\(^10\)

3. 15,600 of carers as recorded in the Census were over 65. The number is projected to rise to 22,300 by 2025, of which just under a quarter (24.1%) are predicted to be over 80s, who may require extra support to provide care.\(^11\)

4. The ageing population is also likely to lead to a substantial increase in the number of mutual carers as older couples provide care and support to each other.\(^12\)

5. An England Survey of Carers in Households indicates that 17% of carers are caring for more than one person. This equates to 11,000 people in Gloucestershire in 2015.\(^13\)

What this means for Gloucestershire going forward

- We expect the number of older carers to rise by nearly 50% within the next 10 years.
- We want all providers to be more carer-aware and will include in contracts and specifications the need to involve carers in discussions.
- We need to support carers so that they can maintain their caring role as well as look after their own health and wellbeing; this includes access to short breaks when needed for carers of people with all kinds of needs.

\(^9\)Census 2011, Office for National Statistics, https://www.nomisweb.co.uk
\(^10\)GCC Data analysis
\(^11\)ibid
\(^13\)ibid
5 Implications for Providers – Our Future Approach to Commissioning

The Care Act vision and our three tier service model signals a shift in the way in which we will work. They will have implications not only for us, but for our partners in the independent sector. Section 3.3 identifies our future commissioning themes. This section aims to identify our commissioning priorities within these:

5.1 Supporting independence

- We will build on our success with helping people into the workplace by exploring innovative employment links to increase the number of disabled people in paid work.
- We will ensure that our Telecare offer helps people to live independently using solutions which improve service and cost less than traditional care.
- In order to plan and achieve effective transitions, Children’s Services will ensure that the support they provide for those with special needs is focussing on ensuring that each child is as independent as possible. Adult’s Services will work with those people that are assessed as being eligible for ongoing support.
- Supporting independence includes people in care homes and we will support providers to offer people as much independence as possible in their homes.
- We will support care at home providers to offer people as much independence as possible in their own homes.
- We will work with District Councils and Housing Associations to both enhance the specialist housing offer and future-proof new homes to enable everyone to live as independently as possible.
- We will work with providers of care and support to develop a supported living model for younger adults in Gloucestershire with Mental Health Needs and with Physical Disabilities.

5.2 Appropriate Housing

- We will expect that more people will be supported to maintain their independence and to live well at home.
- We will work with housing and planning colleagues within the district councils in Gloucestershire to develop more appropriate housing stock to support people to live at home.
- We will support initiatives to build and develop more housing with care provision across the county that meets identified need.
- We will deliver a range of projects with statutory and voluntary sector colleagues to support older people to maintain their independence and stay in their own homes.
5.3 Community Support

- We will work with housing and care providers to develop innovative new models which may blur some of the traditional boundaries between existing service providers. For example:
  - Expanding the range of care/support providers (eg care homes)
  - Developing an Extra Care model in geographical communities as described above (“Geographical Patches”).
- We will support care at home providers and staff to be able to offer support and encouragement as well as respite services to family and friends undertaking a carers role.
- We will encourage care homes to play a stronger role in their local communities offering a broader range of support and care to people living nearby. This could include day support, short term respite, care at home as well as more informal support and volunteering opportunities.
- We will develop with care at home providers new approaches to providing flexible care and support to a group of specified individuals within an agreed and manageable “geographical patch”. This model would be based on the principles of Extra Care Housing.
- We will work with partners to develop new opportunities for volunteering.
- We want to consider options for expanding our Shared Lives\(^{14}\) offer to include a wider group (older people and those with a disability) and supporting hospital discharge, short term enablement etc.

5.4 Rehabilitation, recovery and reablement

- We will support people to be discharged from hospital as quickly as possible when they have no medical needs. If they cannot immediately return to their own home we want people to be able to access short-stays in care homes while they reable and/or rehabilitate. This should take place within an ethos of independence. Our community health and reablement services may provide in-reach to care homes to support short stay residents back to as much independence as possible.
- We will support providers to upskill staff to deliver appropriate care, support and encouragement to people following programmes of reablement. We would like to work with providers employing, or sharing employment of specialist staff such as physiotherapists.

5.5  **Flexible Long-Term Support**

- We will improve arrangements to support people in need of urgent support in the community, facilitate timelier discharges from hospital and reduce readmissions.
- We expect that people who choose to live in care homes in future will make that choice to meet increasingly complex needs. We would like to see care homes developing creatively to provide innovative services and appropriate environments for people of all ages with a variety of more complex needs including:
  - Dementia (including early onset)
  - Physical disabilities
  - Neurological conditions
  - Bariatric conditions
- We will work with providers to develop care packages which are flexible, reducing wherever individuals have been supported to attain greater independence, but of course, growing to support people whose needs increase.
- We will move away from task-based care packages, towards flexible services with greater control for the individual to meet their outcomes.
- Where appropriate we want to support people with complex needs to stay at home for as long as possible when they choose to do so. In particular, we want to develop our ability to support people to stay at home for the end-stages of their lives.
- We will develop approaches, possibly through increased use of technology to support people with dementia to live independently at home.
- Whilst we recognise that people living in Extra Care and Supported Living environments require flexible levels of care and support, we will work with providers to ensure that the residents of schemes are people who will most benefit from them.

5.6  **Sustainable long-term services**

- We will work with care providers to put in place pricing and payment mechanisms which demonstrate best value but are realistic and support providers to remain sustainable businesses. We will consider pricing mechanisms which include incentives such as payment by results.
- We will implement a new procurement framework for supported living services. We will work with providers to ensure this framework supports variety, individual choice and sustainability.
- We will work with providers of housing and care to develop a new approach to supported living for people with learning disabilities (and other conditions). These units will accommodate 6 or 7 people, have more communal space and be staffed more flexibly moving away from the model of single, exclusive care packages and moving towards more flexible models.
6 Working in Partnership

In order to implement our new service model and achieve our commissioning priorities we will actively engage with service providers to find new ways of working. We want to promote closer, and more creative partnerships at strategic, local and individual levels. Our consultation process identified what providers have to say about working with us and what suggestions they have for improvement. The following table illustrates these and the Gloucestershire offer in response to each.

<table>
<thead>
<tr>
<th>Market engagement identified the following areas for improvement</th>
<th>Gloucestershire offer – what we are doing to improve and new initiatives</th>
</tr>
</thead>
</table>
| Providers seek greater strategic clarity through the production of more detailed needs analyses and commissioning strategies | **Greater strategic clarity** – We are currently working on three strategies:  
- The Care Homes Commissioning Strategy covers all residential and nursing care commissioned on a statutory basis across the county and will be published in December 2018.  
- The Care at Home Commissioning Strategy covers all domiciliary and community based services commissioned for individuals across the county and will be published in Spring 2019.  
- The Housing with Care Strategy covers all housing with care provision across Gloucestershire and will be published in April 2019. |
| Providers are willing to adopt a positive risk taking approach but advise it may incur additional resources and therefore needs a shared approach to risk. | **Nurturing Innovation** – Our new model requires fresh thinking and new approaches. We recognise the expertise of our providers and wish to work with them in partnership to develop and support targeted and agreed pilot projects |
| Providers would welcome a realistic approach to costs and clarity around processes for agreeing fees in order to fund sustainable models of care. | **Realistic approach to costs** – We expect to work with care providers to put in place pricing and payment mechanisms which demonstrate best value but are realistic and support the market within the bounds of contracts, regulations and affordability. We will consider pricing mechanisms which include incentives such as payment by results. |
| Providers are keen to innovate and willing to work in a way which focusses on outcomes rather than tasks. | **Outcomes** – We want to work with providers to place outcomes for people at the heart of future commissioning and contracting. We think that this will support the necessary flexibility of service provision that underpins our service model. |
Providers recognise the opportunity to work together in geographical patches and welcome the concept of “relationship managers” – an individual with strategic commissioning responsibility with whom they can raise and resolve issues and test out new ideas.

<table>
<thead>
<tr>
<th><strong>Locality commissioning</strong> – We have centralised our brokerage functions in order to develop more detailed intelligence of our market and demand patterns. The centralised team allocates district responsibility to specific individuals thus facilitating a local approach within the consistent principles of a central team. Whilst we appreciate that the nominated individual will not be a senior manager this approach should go some way to providing a “relationship manager” for providers. We are increasingly focussing on working at a district level in order to gain stronger understanding of the needs of local communities and the opportunities for providers to respond to these needs. The three strategies being developed currently all take a district focussed approach.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers have identified that some of our systems (e.g. electronic call monitoring in care at home and our payment mechanisms) can be problematic and cause additional tension which jeopardises trust.</td>
</tr>
</tbody>
</table>
| We recognise that there have been problems with some of our processes and will work with providers to ensure that our procurement, payment and monitoring mechanisms are as simple and effective as possible. We are currently working on a number of improvements:

- **One-Stop Shop for Providers** – The GCC Brokerage Team connect to the owners and business managers at contract level to ensure that changes to packages/placements are appropriately recorded and to ensure providers are paid for the work undertaken in a timely fashion.

- **Provider Portal** – This is the next step in the process of providing a one stop access point. The portal can reduce the number of emails required to resolve issues and allows a more immediate response.

- **Electronic call monitoring** – Having an electronic system enables all care at home providers to monitor calls. We recognise that the introduction of this system has not always been easy for providers and are working to address outstanding issues. |
Providers have identified that relationships are varied; often positive, sometimes not. The following suggestions have been made:

- A more dynamic relationship between providers and social work staff would be beneficial, especially at the point of assessment and review.
- Senior commissioners at Provider Forums would result in creative and meaningful debate.

We know that providing more innovative, outcome focussed and flexible support places more control over day to day decisions with providers. We support this and want to develop structures and personal relationships with providers that promote trust and co-operation.

**Working together** - Commissioning and social care staff are keen to work together to find joint solutions and to improve partnership working.

**Senior commissioners at provider meetings** – We want to ensure that provider forums and other meetings can consider strategic priorities and engage in meaningful and creative debate and will endeavour to ensure a senior commissioning presence whenever possible.

**Relationship managers** – Commissioning staff will be allocated on a district basis as described above. Current resources do not allow for this to be at a senior level.

There is a recognition of the value and contribution of the Gloucestershire Care Providers Association (GCPA) but not all providers are members so there needs to be a way of communicating with those who are not.

**Gloucestershire Care Providers Association** - We have a Memorandum of Understanding with GCPA and are committed to working together to share key objectives and collaborate for mutual benefit.

**Provider forums** – We propose to continue to use the current arrangements for provider forums. We recognise that not all providers are affiliated with GCPA and we would like to work with all providers to ensure that these are accessible to and accessed by all.

**Additional Improvements to support market viability**

In addition to the above we recognise the difficulty the county is facing in terms of staffing capacity currently. We are also aware that our new model will demand additional staff skills in some areas as well as capacity. To this end we will help providers to recruit and upskill staff and have the following supports in place:

1. **Proud to Care** – This initiative supports providers to work together to improve recruitment and retention. A variety of elements include:
   - Developing a local brand/website
   - Online job advertising and recruitment processes
   - Producing short promotional films
   - Values based recruitment model
   - Proud to care ambassadors

2. **Quality Team** – This team works with individual providers to help them drive up the quality of care and improve their environment.

3. **Positive Behaviour Practitioners** – This team works closely with providers to develop specific care strategies with individuals.

4. **Community of Practice** – This approach uses peer support and action learning to develop care and support practice.
We are committed to the changes outlined in this MPS. Delivering this will require sustained focus and continuing radical transformation both of the services we provide and the way we work together.

We are ambitious. We want to develop a new approach to the way we commission services and a new vibrant relationship between commissioners and providers that promotes innovation and sustainability.

This MPS will be followed by three new commissioning strategies which collectively will lay out a clear basis for future commissioning.

The changes required are challenging. They will only be achieved through strong partnerships and clear direction. We are committed to making them.
8. Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Act</td>
<td>Government legislation that helps to improve people’s independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.</td>
</tr>
<tr>
<td>Care Package</td>
<td>A care package is a combination of services put together to meet a person’s assessed needs as part of the care plan arising from an assessment or a review. It defines exactly what that person needs in the way of care, services or equipment to live their life in a dignified and comfortable manner.</td>
</tr>
<tr>
<td>Care Home</td>
<td>A care home is a residential setting where a number of older people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only - help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.</td>
</tr>
<tr>
<td>Carers</td>
<td>A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.</td>
</tr>
<tr>
<td>Commissioners</td>
<td>A person or organisation that buys services on behalf of the people living in the area that the commissioner covers. This may be for a population as a whole, or for individuals who need specific care, treatment and support</td>
</tr>
<tr>
<td>Community Based Services</td>
<td>Providing community-based services means having high quality services accessible to families in the least restrictive setting possible.</td>
</tr>
<tr>
<td>Decommissioning</td>
<td>Decommissioning is stopping provision of a service or a significant part of a service</td>
</tr>
<tr>
<td>Extra Care Housing</td>
<td>Extra Care Housing is housing designed with the needs of frailer older people in mind and with varying levels of care and support available on site. Extra Care Housing is also known as very sheltered housing, assisted living, or simply as ‘housing with care’.</td>
</tr>
<tr>
<td>GCC</td>
<td>Gloucestershire County Council - Local Authority.</td>
</tr>
<tr>
<td>GCCCG</td>
<td>Gloucestershire Clinical Commissioning Group - NHS branch.</td>
</tr>
<tr>
<td>Integrated Care</td>
<td>For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs. Delivering integrated care is essential to improving outcomes for people who use health and social care services. Reducing gaps and inefficiencies in care should also be able to offer some opportunities for financial savings.</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>In terms of care home funding, tasks identified by a nursing needs assessment as those that need to carried out or supervised by a qualified nurse – injections, dressings etc. Will be paid for by the NHS. In a hospital setting often used to describe all tasks a patient requires that are not carried out by a doctor, so could include washing or toileting, as well as nursing procedures.</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td>An individual person, partnership or organisation registered with CQC to carry on one or more regulated activities.</td>
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</tr>
<tr>
<td><strong>Reablement</strong></td>
<td>Short term services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living.</td>
</tr>
<tr>
<td><strong>Recovery model</strong></td>
<td>The recovery model is a holistic, person-centered approach to mental health care. The model has quickly gained momentum over the past decade and is the standard model of mental health care. This model is based on two simple premises: 1.) It is possible to recover from a mental health condition and 2.) The most effective recovery is patient-directed.</td>
</tr>
<tr>
<td><strong>Shared Lives</strong></td>
<td>Shared Lives means accommodation that is lived in under an occupancy agreement, where the premises are owned or tenanted by another person who has been approved as a carer by a ‘Shared Lives’ scheme that is registered to provide ‘Personal care’.</td>
</tr>
<tr>
<td><strong>Sheltered Housing</strong></td>
<td>Sheltered housing (also known as retirement housing) means having your own flat or bungalow in a block, or on a small estate, where all the other residents are older people (usually over 55). With a few exceptions, all developments (or ‘schemes’) provide independent, self-contained homes with their own front doors. Referred to in our Accommodation Directory as ‘housing with support’.</td>
</tr>
<tr>
<td><strong>Short Break</strong></td>
<td>Short breaks are preventative, family support services traditionally so a disabled child or young person can have a break from their parent/carer and vice versa. However, these services are now being commissioned for older people as well. They can be any time frame ranging from an hour to a day, evening, overnight or weekend, depending on the needs of the families/individuals involved.</td>
</tr>
<tr>
<td><strong>Strategy</strong></td>
<td>A plan of action designed to achieve a long-term or overall aim.</td>
</tr>
<tr>
<td><strong>Supported Living</strong></td>
<td>Supported living we mean schemes that provide personal care to people as part of the support that they need to live in their own homes.</td>
</tr>
<tr>
<td><strong>Transforming Care</strong></td>
<td>Transforming Care was a response to the findings of the Winterbourne View Enquiry in 2012. It determined that Government and organisations across health and social care should make plans to transform care for people with learning disabilities, autism, mental health issues or behaviour that challenges.</td>
</tr>
</tbody>
</table>
9. Acknowledgement

We would like to thank all who have informed, shaped and contributed to this report. The list includes colleagues from numerous care provider organisations and commissioners, practitioners and advisors from Gloucestershire County Council, Gloucestershire Clinical Commissioning Group and the Institute of Public Care.

For further information please contact:
Jenny Cooper, Outcome Manager, Older People
Tel: 01452 425211
Email: jenny.cooper@gloucestershire.gov.uk