

# Growing Older in Gloucestershire

**A policy paper on how we can work with communities and partners to make Gloucestershire a place where people are able to enjoy fulfilling lives as they grow older**

## 1. Background

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This policy statement sets out Gloucestershire County Council's views about growing older in Gloucestershire. It sets out our ambitions to make Gloucestershire a place where people are able to enjoy fulfilling lives as they grow older.

People are living longer and the term 'older person' is one that many people do not recognise as applying to themselves, instead thinking of someone else they know who is older than them. Using chronological age is not helpful as people age differently - sometimes as a result of unplanned life circumstances or choices made earlier in life.

Society is changing, and as people live longer, there will be more people over 65 living in Gloucestershire. Living longer and healthier will be a positive experience for the majority of people but for a minority it will not be as positive. There will be more people living alone, more people living with their long term conditions and more people with complex needs requiring care and support as they age.

We know that life expectancy is rising by around **five hours a day**, or nearly three months each year.<sup>1</sup> This is a startling achievement - the result of better healthcare, better environments, fewer wars and a multitude of other factors - and one that is set to change everything from employment to welfare and the norms of family life.

This is transforming how we think about the shape of our lives. However, we also know that the extra years of life will not always be healthy for some. The prospect of a disability-free life expectancy is not improving any faster than life expectancy, which means that our society will have a large and growing number of people living with long-term conditions and disabilities. That is why it is also right to acknowledge the scale of the challenges that ageing brings - how to fill the extra years usefully; how to provide affordable and effective care; how to reshape housing, or urban design; how to rethink savings and pensions so that people are not left impoverished at the end of their lives.

Most innovation for the 'ageing' challenge is still directed along conventional lines: innovation in new drugs or medical treatments; innovations in the design of pensions or finance for long-term care; and innovations in assistive technologies. All of these matter, but the challenge, we believe, is to fundamentally review what we think is needed for care and support and how the council fulfils its role in funding social care services. We are calling this **'The Right Thing to Do'**.

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<sup>1</sup> Five Hours A Day, NESTA, 2014 p7

We believe there is a gulf between current innovations for an ageing population and what people say they want. Research<sup>2</sup> on what older people want and the factors contributing to improving lives suggest a successfully ageing society is one in which older people:

- **Have a purpose** - feeling useful and valued as an employee, volunteer, mentor, entrepreneur, employer, hobbyist or source of advice. This may be in a formal role, or informally amongst friends and family; inside or outside the labour market.
- **Have a sense of well-being** - living as well as possible with health conditions, being physically active and emotionally resilient. It is also about happiness, choice, control and personal relationships.
- **Feel at home and connected to others** - living where we want to live, being as independent as possible and remaining connected to a supportive social network.

When we reviewed our approach to providing care and where we spend our money against these three research findings, we came to the conclusion that we are still working to a care philosophy of several generations ago.

We believe we need to change our thinking and approach and start to support our ageing population to have greater social connectivity and a greater sense of purpose. We have to do this with less money than we had previously whilst still meeting the essential needs of many more people. We believe we can do this with the support of local communities if we increase our ambition and change in the way we provide support. We think that there are four steps to supporting people as they age in Gloucestershire and we plan to use these to get the best from the money we have:

- **Active individuals:** we want to help people to stay healthy for longer so they can enjoy remaining independent and active into older age.
- **Active Communities:** being part of an active community can play a huge part in helping people stay independent for longer
- **Getting people back to independence:** social services has a responsibility to help people who need it to get back on their feet, for example following a stay in hospital so they can carry on living at home safely.
- **Being there when we're needed most:** however much help is available from families, friends, neighbours and communities, we know there will always be some people who will also require social care services.

Gloucestershire County Council wants to work with partners and communities to achieve whole system change. This policy statement outlines our current thinking about how we can do that and we want to use it to stimulate discussion and debate.

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<sup>2</sup> Five Hours a Day, NESTA, 2013 p.8

## 2. What you have told us

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Through recent consultations, national research and feedback from service users, we get some consistent messages. People want more choice and control, they want to be independent and to plan their care with people working together to help them reach their goals of living longer and living well. However, over the past year, people across Gloucestershire have told us that they find our approach overly complex and that this puts them off taking more control over their lives<sup>3</sup>. The vast majority of older people want to stay in their own homes and die in their own homes<sup>4</sup> and for most, residential care is the option of last resort.

Our 'Together We Can' consultation, which took place during June and July 2014, began to set out our thoughts and intentions for changing the way we work in order to test our ideas with local people. The response provided overwhelming support for our ideas. People told us that they want us to:

- Encourage and help people to adopt healthy lifestyles to try and prevent physical and mental health problems from developing;
- Support people to take more responsibility for their own health and take early action to tackle symptoms and risks;
- Encourage communities to take an active role in improving health and wellbeing;
- Enable people to live independently in their own homes wherever possible, with the right care and community help;
- Ensure independent care providers are supported so that they can play their role in providing high quality care;
- Ensure greater access to a range of wellbeing services supporting people to maintain good mental health;
- Provide timely assessment and high quality, safe services when people need care outside the home;
- Join up services (health, social services, social care integration) to improve care, reduce duplication and save money;
- Improve information sharing across health and social care to ensure patient records are available to the right professionals at the right time with appropriate safeguards;
- Ensure we make the most of the limited money available.

This not only provides the council with a strong mandate for change. It also suggests that local people and communities are willing to work with us to make that change happen.

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<sup>3</sup> Local Account 2013/14, Gloucestershire County Council

<sup>4</sup> Wanless Review (Older People) 2006

### 3. Examples of how we are already changing the way we work

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We already have some excellent examples of initiatives that are beginning to achieve the change we are talking about in this paper and where people are starting to think differently about our approach to ageing.

**Telecare and telehealth** – We are making more and more use of assistive technology to help keep people safe. It is also a less obtrusive way of helping people stay at home and offers reassurance to families.

**Dementia Friendly Communities** – We are working with communities to help make them places where people with dementia can live more independently and safely. This is an offer of awareness raising and training so that people recognise and understand the needs of people with dementia and have confidence in interacting with them.

**Village and community agents** – Through this scheme we have explored ways of helping people connect and stay connected to their community. As a trusted, friendly, local face, the agents help people in a range of ways from putting them in touch with clubs and societies to helping them make appointments and complete forms.

**Living Well** – This pilot project has shown us that taking a strengths-based approach is a successful way of working. Starting from what people can do and what would make a difference to their life is a much more positive way of working with people rather than starting from what they can't do.

**Community based support (CBS)** is a new approach to helping people to retain or regain their independence. It offers short-term support to people so they have the skills and confidence to live independently. It will help individuals to increase their confidence, self-esteem, ambition and aspirations and to develop positive coping strategies. CBS is tailored to what people need, for example improving budgeting skills, managing and reducing debt; finding activities and building social networks; help in a crisis when someone is in imminent danger of losing or being unable to manage their accommodation; exploring alternative housing options; supporting them to get and maintain appropriate accommodation, or helping someone into education, employment, training or volunteering.

#### 4. How can we take this further forward?

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Our approach will be guided by the following principles:

**Promoting well informed self-help**

Older people need accessible, clear information and advice for them, their families and their communities to help them make good choices and improve their own outcomes.

**Maximising independence**

The best solutions are those that enable people's independence and connect them to their communities.

**Prevention and early intervention**

We will work with communities and partners so that, together, we are able to notice and respond quickly to the signs that someone needs help. Where we can, we will take quick action to prevent people's needs getting worse.

**Choice and control**

People should be able to decide for themselves the support that would best address their needs and how it should be provided. We will listen to what older people want and build our plans around that.

**Doing the right thing**

We will focus on making a real difference for people and our plans and solutions will be based on what we know helps people stay safe and promotes their independence.

**Quality care that keeps people safe and promotes dignity**

We will work with care providers who recognise that the quality of care that people receive matters and who provide safe services for older people that promotes their dignity.

Adult Social Services will always be needed by some people and with active individuals and communities playing their part this will help us ensure that we can be there for the people who need us most. For a small number of people that may mean going into a residential or nursing home, but we will focus increasingly on providing support in the community to help people stay within their own home. That way, even when they need ongoing assistance from us, they can still continue to benefit from the informal help they receive from the community around them. This will also mean that we will be working in partnership with our health colleagues to transform some of our existing integrated care pathways so that we work on the principle that all pathways lead home.

We will support and enable families, friends, neighbours and communities to be more involved in supporting the ageing generation around them whilst having a bigger conversation about the right thing to do for our older people. We will enable vulnerable adults to be safe and as independent as possible. Sometimes we will spend public money to help people meet the gaps in their social and financial resource systems to achieve these objectives.

Overall this will mean spending a higher share of our budget on prevention, care and support in the community and spend much on less on caring for people in traditional models of care like nursing and residential care homes.

We know that we have too much residential and nursing bed capacity for the needs of Gloucestershire's citizens and we will support our District Council partners to manage planning applications for nursing and residential care homes by providing them with evidence to confirm there is no need for more provision.

We will review and renegotiate our contracts with our providers of care in the community in order to make sure they reflect the best possible value for the council and local taxpayers as well as meeting the needs of people using those services.

We will focus more on getting people back to independence, for example, following a stay in hospital. Wherever possible, we will try to keep people living at home safely. We will provide intensive support for a quick recovering following injury or trauma and help people to get their confidence back as soon as possible. We believe that people should not make life changing decisions in a hospital bed but from their person's own home.

We will help people make adaptations to their home or by providing aids and telecare. Where the home cannot be adapted, we will work with our District Council partners to encourage inclusive new housing developments where people of different ages live, but where some specialist Housing with Care schemes may be integrated within the development.

If we follow people's choices then we need to change the way we work with people's family members and communities to make sure they get the support they need; for example we think that if we developed a greater community care infrastructure we probably need to buy less than 900 care beds in Gloucestershire compared to the 1,800 we currently purchase. We need to change the services available so we can support more people to be independent. We can choose to see these changes as a problem or as a great opportunity to meet vulnerable older people's wishes and support them to stay in their homes for as long as is possible.

## 5. What will this mean in practice

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We will work with local people, partners and organisations to make these changes and then to measure our success. We will concentrate on:

- Regular, systematic consultation and feedback to check we are 'getting it right';
- Working and listening with people so they design and get the care and support they need as they age;
- Supporting carers;
- Investing in prevention to delay or avoid more expensive care support;
- Strengthening systems to support people to find their own solutions;
- Using personal budgets and direct payments to help people be more independent;
- Changing the balance of people going into residential or nursing care and those able to stay in their own homes;
- Keeping people safe;
- Managing demand for publically funded services;
- Improving effectiveness by integrating health and social care;
- Encouraging the development of innovative models of service delivery that better meet the needs of both carers and care users.

### **Active individuals:**

Success will mean that:

- People are helped to maintain their independence and able to live in their own homes;
- People stay healthy for longer and avoid health problems later in life so that they can enjoy remaining independent and active;
- People are aware of the information and support available to them through local activities, clubs and voluntary groups so that they can remain healthy and active for as long as possible.
- People who may become vulnerable in the future are provided with information and community-based support to prevent the future need for long-term social care when it can be avoided.

### **Active Communities**

Success will mean that:

- People are more aware of what's available to them in their communities, allowing us to focus on intervening only when it's really needed;

- Mutual support is available for the many people who provide informal care across the county;
- We get better at identifying whether people have a carer so we can make sure they are aware of the advice and information available to them;
- People who live and work in Gloucestershire know how to best help people who have dementia to stay safe while living independently;
- GPs identify people who are beginning to struggle and help them reconnect to people who can help within their local community.

### **Getting people back to independence**

Success will mean that:

- We see people as experts in how they want to live their lives;
- Local services are available and able to respond when they are needed;
- People have the information they need to help them decide on what care and support they need;
- Following a stay in hospital, more people regain their confidence and independence allowing them to return home;
- There is extra support for carers who are struggling especially when older people are at risk of coming into care or having repeat hospital admissions;
- There is help to access, select and use technology to live at home safely;
- People can avoid going into hospital with the help of health and social care teams that are close to home and to GPs.

### **Being there when we're needed most:**

Success will mean that:

- More older people have technology and equipment in their homes to help them stay independent;
- It is easier for people to have a personal budget and a support plan that best meets their needs;
- We recognise the contribution unpaid carers make to society and the value, financial and otherwise, of the work they do in caring for those who could not manage without their help and support.
- The staff they meet have the right skills to supporting them to live at home and be safe and well;
- Significantly fewer people will need to move into residential or nursing care because there is the support available at home.



## Annex 1 – Some definitions

Adult social care services	These are services for adults who need additional support to manage their everyday lives and to be independent.
Advocacy	Advocates are independent of the council and can help you find services, ensure your views are heard and help you with important decisions.
Assessment	Assessment means talking to someone about their needs and working with them to find out what level of support they can expect from the council and what services will best help them.
Carer	A carer is a person who, on an unpaid basis, cares for a relative, friend, or neighbour who through illness or disability, is unable to look after themselves.
Community hospital	We have seven community hospitals across Gloucestershire which provide a range of health services for people of all ages 365 days a year.
Dementia	Dementia includes problems with memory loss, thinking speed, mental agility, language, understanding and judgement
Direct Payments	A direct payment is money the County Council can give someone directly to enable them to choose where to buy services or equipment that they have been assessed as needing.
Domiciliary care	Domiciliary Care is help which is provided in someone's own home to help with everyday tasks.
Extra Care Housing	For frail older people, extra care housing provides them with their own home in the community together with varying levels of care and support on-site.
Independent Living	Getting the assistance and support so people are able to live the life they want, for example through taking part in the community and doing things for themselves.
Integrated Community Team	These bring together occupational therapists, physiotherapists, social workers, reablement workers and community nurses to work as one team to serve a local area.
Occupational Therapy	The Occupational Therapy (OT) service supports people who have a permanent disability to live independently in their own homes. They can also advise on smaller pieces of equipment to help with day-to-day tasks such as bathing and preparing meals.
Older People	This term is usually used to refer to people over the age of 65. However, this policy recognises that in some ways that reflects an outdated and unhelpful approach.

Outcomes	Outcomes are noticeable improvements in one or more aspects of someone's life. For example, being able to get about more easily.
Personal Budget	A personal budget is the total amount of money available for your care. Using your assessed needs the Council can calculate how much money is available for your care and manage this budget for you.
Preventative	Services people may receive to prevent more serious problems developing. These services include things like reablement, telecare, befriending schemes and falls prevention services.
Public health	Public health describes a range of approaches to protecting and improving the health of the whole population by providing access to advice, information and support as well as specific services
Short term intensive support	Short term intensive support means help with the change back to independence after a period of ill health, a hospital stay, a residential care stay, or simply a fall or accident.
Residential care	Care homes provide accommodation with trained staff on hand to look after people day and night. There are two types of care home: <ul style="list-style-type: none"> <li>• Care homes with trained staff who can offer the same care that people would receive from relatives and friends.</li> <li>• Nursing homes which provide the same level of care as care homes but also have trained nurses on duty to provide skilled nursing care</li> </ul>
Review	This is when people have a re-assessment of their needs in order to make sure that the support they are getting is still appropriate.
Safeguarding	Safeguarding describes the work that the Council does with our partners to help keep vulnerable people safe from harm and abuse.
Signposting	Signposting means letting people know where they can find information and advice
Telecare	Telecare describes a range of equipment to help people live safely and independently in your own home. This can include fall detectors, epilepsy sensors and pull cords, bogus caller buttons and video door entry.
Vulnerable adult	We define a vulnerable adult as someone aged 18 or over who is or may be in need of community care services because of a disability, age or illness and is unable to take care of themselves or to protect themselves from significant harm or exploitation

## **Annex 2 – Needs Analysis: Summary of key trends, facts and figures affecting demand for services in Gloucestershire**

Our context is a rapidly changing one - people are living longer, leading to growing numbers of older people living in Gloucestershire. Within our society 'ageing' is generally considered in a negative light, with general perceptions about what older people lose, such as independence and the difficulties they have. As more people live longer, we need to think differently about this and shift our perceptions to recognise the positive aspects of this change.

### **Gloucestershire is generally a good place to live for many people**

- Gloucestershire is an affluent county with lower than average deprivation and life expectancy is higher than the England average<sup>5</sup>. The older population is growing at a faster rate than the UK average and the number of people over 90 is predicted to double in the next 15 years<sup>6</sup>.
- The health of people in Gloucestershire is generally better than the England<sup>7</sup> average with approximately half those aged over 65 in good health<sup>8</sup>.
- Older people make a valuable contribution to their community. More are economically active and they are the fastest growing group for self-employment.<sup>9</sup>
- Older people help other people in many different ways by volunteering their time and skills to their local communities.
- Many people provide child care for their grandchildren so their adult children can work<sup>10</sup>. Others are Special Guardians preventing the need for us to take children into care.
- Gloucestershire has about 63,000 people who provide unpaid care for a family member, friend or neighbour<sup>11</sup>.
- It is expected that there will be an increase of almost 50% in the number of unpaid carers aged over 65, by 2035<sup>12</sup>, meaning there will be more elderly carers who may need support themselves.

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<sup>5</sup> Public Health England, Gloucestershire County Health Profile 2014

<sup>6</sup> Local Account, 2013/14, Gloucestershire County Council

<sup>7</sup> Public Health England, Gloucestershire County Health Profile 2014

<sup>8</sup> 2011 Census, ONS

<sup>9</sup> 'Five Hours a Day', NESTA, 2013, p.53

<sup>10</sup> 'Time to care: generation generosity under pressure' Family and Childcare Trust, Grandparents Plus and Save the Children, July 2014, <http://www.savethechildren.org.uk/resources/online-library/time-care-generation-generosity-under-pressure>

<sup>11</sup> Local Account 2013/14, Gloucestershire County Council

<sup>12</sup> Understanding Gloucestershire, 2013, Gloucestershire County Council

## However the ageing experience is not positive for everyone

Although not inevitable, some aspects of ageing can lead to a loss of independence. For example:

- Life expectancy is 8 years lower for men and 6 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas;<sup>13</sup>
- Hearing loss affects many people as they age: 71% of over 70 year olds and 42% of over 50 year olds have some form of hearing loss. On average it takes ten years for people to address their hearing loss and then only about 70% of people with hearing aids use them regularly. The World Health Organisation predicts that by 2030 adult onset hearing loss will be in the top ten disease burdens in the UK, above diabetes and cataracts.<sup>14</sup>
- The prevalence of sight loss increases with age; it affects 1 in 5 people aged 75 and 1 in 2 people aged 90 and over;<sup>15</sup>
- The older we get, the more likely we are to be limited in what we can do by disability and long-term illness, particularly when we reach our eighties and nineties. The number of people in Gloucestershire aged over 85 with their day to day activities limited a lot by long term illness and disability is predicted to rise by over a quarter by 2021.<sup>16</sup> Older people who are disabled are more likely to be from lower socio-economic groups;<sup>17</sup>
- In Gloucestershire, there are estimated to be 8,610 people living with dementia and this is expected to almost double over the next 20 years<sup>18</sup>;
- The number of older people living alone is going to increase by about a fifth between 2011- 2020.<sup>19</sup> We also know that when people are isolated and lonely there is a greater likelihood they will require our services in the future. Often a single crisis can lead to them needing long-term social care services;
- There is evidence that people who think negatively about ageing have poorer outcomes themselves as they age.<sup>20</sup>

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<sup>13</sup> Public Health England, Gloucestershire County Health Profile 2014, [www.healthprofiles.info](http://www.healthprofiles.info)

<sup>14</sup> 'The Facts: Facts and Figures about hearing loss and tinnitus', Action on Hearing Loss, July 2011  
<http://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss.aspx>

<sup>15</sup> Royal National Institute for the Blind, Key Information and statistics

<http://www.rnib.org.uk/knowledge-and-research-hub/key-information-and-statistics>

<sup>16</sup> Understanding Gloucestershire 2013, p.27

<sup>17</sup> Understanding Gloucestershire 2013

<sup>18</sup> Understanding Gloucestershire 2013

<sup>19</sup> Understanding Gloucestershire 2013, p12

<sup>20</sup> 'Five hours a day' NESTA, 2013, p13

## **As a result of these changes demand for care and support is rising quickly**

Gloucestershire County Council has a responsibility to maintain the dignity of the most vulnerable, but doing too much for people can be as bad, or worse, than doing too little. We need to get the balance right and work with people's own strengths and assets.

- We know that people sometimes need our services because a particular crisis or event in their lives, such as an illness or bereavement, cuts them off from their existing networks and increases their isolation;
- We currently have twice as many people being supported in the community than in care homes but 60% of the older people's budget is spent on care homes. We know that there are people living in the community that have far higher care needs than some of those in care homes. We need to spend far more in the community and much less on residential care so that we support more people, who need our help, to stay as independent for as long as possible, in their own homes;
- We are good at enabling people to leave hospital on time but we are not as good as other councils in supporting people to remain at home after reablement and we have seen a drop in performance over the last few years;
- We have nearly twice the national average demand for nursing care. Too many people are being admitted to care homes far too early. This does not deliver the best outcomes for vulnerable older people and is not the best use of council budget;
- We are witnessing a rise in numbers of people with dementia being admitted to council funded care homes rather than being supported to stay safely in their homes;
- The more rural areas in the county, such as the Cotswolds and Forest of Dean, have an older population over a wider area<sup>21</sup>, making delivering services more challenging;

## **Changes in the Law**

New legislation aims to make care and support clearer and fairer by simplifying existing laws. We welcome the Care Act 2014 as it provides a framework for us to address the opportunities and challenges described in this policy. The Care Act is built on the principle of individual well-being and strengthens the focus on preventing and delaying needs for care and support rather than only intervening at crisis point. It will ensure that people's wellbeing and the outcomes which matter to them will be at the heart of every decision that is made.

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<sup>21</sup> Local Account 2013/14, Gloucestershire County Council

Under the Care Act, we will take on new functions. This is to make sure that people who live in Gloucestershire can buy services that prevent their care needs from becoming more serious, or delay the impact of their needs creating greater dependency. People will more easily be able to get the information and advice they need to make good decisions about care and support and have a range of high-quality care providers to choose from.

The government will set a national minimum eligibility threshold to help people better understand whether they are eligible for local authority support. This also paves the way to allow older people and those with disabilities to move from one area to another with less fear of having their care and support interrupted. We will ensure that anyone permanently settling independently in Gloucestershire with a care package purchased by another council will have their statutory assessment of needs undertaken within a month of the council being notified of Ordinary Residence. For the first time, carers will be put on the same legal footing as the people they care for, with extended rights to assessment and new entitlements to support to meet their eligible needs.

The Care Act will change some of the way that care is paid for. There are reforms to how people pay for care so they get more financial support from the state and are protected from life time social care costs of more than £72,000 if they develop conditions like dementia that lead to significant need for care and support. The universal deferred payment scheme will offer an option to people so that they are not forced to sell their home during their lifetime to pay for care. The deferred loan scheme is already in existence but is now being offered as a universal entitlement to self funders who are not in receipt of council funded services.

These changes will result in more demand for care and support even if much of this will be funded by older people themselves but statutory assessments and information and advice systems will be free on demand.