DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

THURSDAY 11TH JULY 2013
2:00PM TO 4:00PM
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	TIME	ITEM	LEAD	INFORMATION/ DISCUSSION/ DECISION
1	2:00pm	Welcome & Introductions		
2	2:10pm	Noted Apologies:		
3	2:15pm	Minutes from the meeting held on 7th March 2013 (attached)		Information
4	2:25pm	Mental Health Strategy Revision (attached)	J Matthews/S Whetton	Information
5	2:35pm	Winterbourne View Update (attached)	J Vollor	Decision
6	2:50pm	Derbyshire Dementia Action Alliance (attached)	J Volllor	Decision
7	3:00pm	Lead Commissioning Developments (attached)	J Vollor	Information
8	3:10pm	My Home Life & Dignity Campaign (attached)	J Matthews	Decision
9	3:20pm	Integrated Care Developments (attached)	B Robertson	Discussion
10	3:30pm	Health & Wellbeing Strategy Action Plan	J Matthews	Decision
11	3:40pm	Care & Repair (attached)	All	Decision
12	3:50pm	Health & Wellbeing Board Issues	All	
	4:00pm	FINISH		

The next meeting of the Adult Care Board will take place on 12th September 2013 at 2:00pm in Committee Room 1, County Hall, Matlock.

Pauline Innes
PA to Bill Robertson, Strategic Director - Adult Care Department
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DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

11TH JULY 2013

DERBYSHIRE ADULT MENTAL HEALTH STRATEGY

Purpose of the Report

To inform the Adult Care Board of legislative, policy and commissioning developments in relation to mental health and to set out recommendations for the development of a new three year Derbyshire Adult Mental Health Strategy.

Information and Analysis

The current 'Derbyshire Vision and Strategic Direction for Adult Mental Health' was launched in 2007 and was originally planned to span ten years to 2017.

The current strategy pre-dates a number of national policy drivers, new legislation and local strategic changes in commissioning and service delivery including:

- Department of Health's Commissioning framework for health and well-being (2007)
- Vision for Adult Social Care: Capable Communities and Active Citizens" (2010) and "Think Local, Act Personal: Next Steps for Transforming Adult Social Care" (2011)
- Equity and excellence: liberating the NHS (White Paper 2010)
- Equalities Act (2010)
- National Mental Health Strategy: No Health without Mental Health (2011)
- No Health without Mental Health Implementation Framework (2012)
- Health & Social Care Act (2012)
- Transforming Care: a national response to Winterbourne View Hospital (2012)
- Caring for our Future: reforming care and support (White Paper 2012)
- The Francis Report (2013)
- Emergence of Health & Wellbeing Board and Clinical Commissioning Groups
- Development of national outcomes frameworks for Adult Social Care, NHS, Public Health and Mental Health
- Publication of a number of NICE quality standards and pathways of care

As a result, it is timely to consider a rewrite of the Derbyshire Vision for Adult Mental Health to bring it in line with No Health without Mental Health, the new national Mental Health Outcomes Framework and the move to more personalised care that reflects people's needs and aspirations.

The four main Derbyshire Clinical Commissioning Groups are developing localised action plans and these and the associated local consultation will support the revision of the strategy

All work will be overseen by the Joint County/City Mental Health Commissioning Boards of which membership includes:

- Derbyshire Mental Health Commissioning Leads
- Derbyshire County Council Public Health Mental Health representative
- Hardwick CCG Mental Health Commissioning Leads (representing all CCG's)
- Southern Derbyshire Voluntary Sector Mental Health Forum
- NDVA
- Derbyshire Voice
- Mental health GP Champion (yet to be agreed)

A Mental Health Strategy Consultation Steering Group has been formed to agree the plan for stakeholder engagement and involvement in the development of the new Joint Strategy for Mental Health and will report back to the Joint Mental Health Commissioning Board.

The engagement work will include separate meetings with:

- Service receivers and carers
- Providers of health and social care services
- Other service providers with a role in supporting people with mental ill health including Job Centre Plus and Housing providers.

The draft revised Derbyshire Vision for Adult Mental Health will be presented to the Adult Care Board in November 2013.

Financial Considerations:
An audit exercise will be undertaken to determine the overall 'Derbyshire' spend on mental health services.

Legal Considerations
The Care and Support Bill currently before Parliament will if enacted place new duties for the provision of services and other actions to prevent the need for the provision of care and support for those people who may otherwise be in need of social care assistance.

Other Considerations
None at this stage

OFFICER RECOMMENDATION

That the Adult Care Board notes the contents of this report and agrees to the recommendation for a rewrite of the Derbyshire Joint Mental Health Strategy.

DERBYSHIRE COUNTY COUNCIL

REPORT FOR ADULT CARE BOARD

11th July 2013

Progress report on the implementation of the Winterbourne View Review Recommendations and Concordat

Purpose of the Report

To provide the Board with an update on progress made in meeting the recommendations set out in *Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report* and the accompanying *Concordat: Programme of Action* (both published in December 2012).

To provide details of the information set out in the Local Government Association and NHS England Local Stocktake.

To seek approval for the Joint Winterbourne View Strategy.

Background

The Department of Health Review *Transforming Care* and the *Concordat: A Programme of Action* had a number of key recommendations:

- Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible as and no later than 1 June 2014;
- Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour that accords with the model of good care:
    - This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes;
    - The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done;
- There will be national leadership and support for local change;

- Planning will start from childhood;
- Improving the quality and safety of care;
- Accountability and corporate responsibility for the quality of care will be strengthened;
- Regulation and inspection of providers will be tightened;
- Progress in transforming care and redesigning services will be monitored and reported.

Information and Analysis

In response to the recommendations, progress to date includes:

- Reports to the Adult Care Board in January and March 2013;
- Derbyshire County PCT had developed a register of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care, prior to the Winterbourne View Review; and it has continued to be kept up-to-date and monitored by Hardwick Clinical Commissioning Group (CCG) on behalf of all Derbyshire CCGs;
- In line with the *Department of Health Winterbourne View Review: Concordat: Programme for Action* (December 2012) a joint Action Plan (see Appendix 1) has been developed, together with a governance structure. The joint Action Plan details the actions which will be implemented to ensure that the programme achieves its targets; and any problems are escalated as required, and resolved.

  Four work streams have been identified, each of which has its own detailed Action Plan, and are being monitored by the Implementation Group:

  - Work-stream 1: Development of Joint pathway for Challenging Behaviour including Transition arrangements from Child and Adolescent to Adult services;
  - Work-Stream 2: Governance and quality monitoring and assurance programme;
  - Work–Stream 3: To focus on review of identified cohort in Out-of-Area placements;

- Work-Stream 4: Provider operational and workforce development.

- A Transforming Care Implementation Group was established in March 2013 to ensure the Winterbourne recommendations are delivered. The group meets monthly and its membership includes Public Health, the GP clinical lead for learning disability; and commissioner, operational and safeguarding representatives from Derbyshire and Derby City Adult Care and Hardwick CCG;

- A multi-agency Operational Steering Group has also been established to oversee the detailed casework;

- Regular reporting has been established to a range of key groups including: the Learning Disability Partnership Board, Learning Disability Joint Commissioning Board, The Derbyshire Safeguarding Adults Board, the Adult Care Board and the Health & Wellbeing Board:

- The Local Government Association and NHS England Local Stocktake was completed and submitted by the deadline of 5th July: as requested in the 31st May Gateway Letter: 00130 (see Appendix 2);

- A draft Joint Winterbourne View Strategy has been completed (see Appendix 3);

- The joint assessments of individuals were completed by the end of June 2013, in line with the Department of Health Review, *Transforming Care*; *A National Response to Winterbourne View Hospital*; and the letter from the Minister of State for Care and Support to Chairs of Health and Wellbeing Boards;

- A Learning Disability Support and Accommodation Strategy is currently under development. Information on the needs of the Winterbourne individual clients from the joint assessments will be used to design a 'gold standard' care pathway element to the Strategy that meets all Winterbourne requirements and can be used to ensure that appropriate services are provided;

- Initial expressions of interest have been made to participate in the extension to the East Midlands ‘Living Local’ programme to improve local services and support for people whose behaviour challenges, including: establishing quality checking, strengthening crisis prevention and early

intervention, and improving joint working around people with offending behaviour;

- Additional non-recurrent investment for Derbyshire and Derby City was been obtained from the Strategic Health Authority via Hardwick CCG to support the programme:
    - Additional 12 month social work post to ensure the reviews and support planning for the people who meet the Winterbourne criteria, including young people in transition are completed;
    - 12 month Project Manager to oversee the Winterbourne Programme (and to support the delivery of the new Health and Social Care Self-Assessment Framework);
    - Establishment and support for a new Clinical Reference Group;
    - Audit of Advocacy Services to ensure they are fit for purpose (a review of advocacy services is part of the current commissioning programme and an initial audit of existing services has been completed).

RECOMMENDATIONS

1. The Board notes the contents of this report and receives regular updates on progress in the joint delivery of the Action Plan;
2. The Board notes contents of the Local Government Association and NHS England Local Stocktake;
3. The Board approves the Joint Winterbourne View Strategy.

Julie Vollor

Group Manager - Commissioning

DRAFT

JOINT WINTERBOURNE VIEW STRATEGY

2013-2016

JULY 2013

INTRODUCTION

The abuse of people at Winterbourne View Hospital was horrifying. For too long people with learning disabilities or autism and who have mental health problems or behaviour that challenges have received poor quality and inappropriate care. Not all care provided is of a poor standard but there is evidence to suggest that many are inappropriately placed in hospitals and then have a length of stay beyond that which can reasonably be expected.

The Governments mandate to the NHS Commissioning Board sets out:

'the NHS Commissioning Boards objective is the ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities: we expect to see a substantial reduction in reliance on inpatient care for these groups of people'

Transforming Care: A national response to Winterbourne View Hospital: Department of Health Review Final Report and the accompanying Concordat: Programme of Action, both published in December 2012 are the cornerstone to the development of this strategy and subsequent operational plans that will change the way we deliver services to this specific group of individuals throughout 2013 – 2016; with strategy reviews embedded into the process of development every 12 months (Concordat Appendix 1).

DRIVERS FOR CHANGE

1. The issue has been discussed for some years and now is the time to bring change in.

In 2007, the second Mansell report "Services for People with Learning Disability and Challenging Behaviour or Mental Health Needs" reiterated that commissioners of child, adult, health and social care services have a responsibility to:

- Ensure local services meet needs of individuals and their families
- Focus on personalisation and prevention
- Commission high quality services
- Commission local supports

2. Prevention and Early Intervention

In summary, this change needs to include:

- Early identification and local support offer to all young people with learning disabilities who experience behaviours that challenge

- Person centred approaches from an early age
- Partnership and respect for the family viewpoint
- Reliable supports for families
- Access to advocacy and self-advocacy
- Strong linkages between child and adult services to ensure whole life planning
- Health services and supports that promote positive health and wellbeing
- Access to community supports and leisure opportunities
- Access to meaningful activities, including employment
- Skilled staff and others who see the person not the behaviour
- Positive behaviour support plans that focus on prevention not reaction

If all of the above are in place, an individual is less likely to require specialist treatment.

3. Quality services responding to local need

There will be situations where an individual will require a short period of assessment and treatment in response to a specific health need. In order to ensure that services are safe, high quality and effective, the following systems need to be in place:

- Know your local population - the Joint Strategic Needs Assessment should identify people with learning disabilities
- Links across Learning Disability and Mental Health services, and supports for people with autism
- Partnership commissioning arrangements of local services
- Multi-disciplinary approach
- Positive engagement with individuals and families
- Support staff and providers inadequately trained to support people with behaviours that challenge

4. Commissioning for quality

Think Local Act Personal highlights the central importance of personalisation, and sets out what people who use services should expect to see in a genuinely personalised care and support system. This requires:

a) **Work towards**: Very tailored approaches, co-produced with the person and a strong link between person-centred planning and strategic commissioning, so that market development work is built on information about what people want;
b) **Move away from:** Planning that slots people into one size fits all service models;

c) **And develop** - routes to feed information from person centred planning into strategic commissioning.

JOINT DERBYSHIRE AND DERBY CITY APPROACH

A tiered service development and governance process designed to make certain that there is universal clarity of vision and service direction across health and social care commissioning and local providers has been introduced.

A Joint Strategic Transforming Care Group with membership including Health and Social Care commissioners from Derbyshire and Derby City and Clinical Commissioning Groups (CCGs), as well as Safeguarding Boards, sets the direction of developments.

Below this group is an Operational Transforming Care Group with operational manager representatives from the same bodies, but with the addition of local provider representation.

This strategy is translated into operational project plans delivered through specific work-stream projects involving the Operational Group members plus others co-opted as appropriate, and who report progress on projects through to the Strategic Group on a monthly basis. In turn the Strategic Group holds responsibility for the reporting and governance of all the projects to their individual Boards and other groups as required, including:

- Adult Care Board
- Health and Wellbeing Board
- Learning Disability Partnership Board
- Derbyshire Safeguarding Adults At Risk Board
- Clinical Commissioning Group Boards
- Learning Disability Joint Commissioning Board

Below is an outline of how we shall manage the delivery of this new Strategy 2013/16 (with annual reviews):

a) The work of the Strategic Transforming Care Group will be measured against the commissioner checklist: Ensuring High Quality Joint Local Plan (Derbyshire County/Derby City Winterbourne View Action Plan – Feb 2013/ Updated 1st July 2013 – Appendix 2)
b) The work of the Operational Transforming Care Group will be targeted to meet the concordat by taking the Strategic Top Level themed plan and creating project plans that support the delivery of the Strategic plan - fully monitored by the Strategic Transforming Care Group

c) The work of the Transforming Care Operational Group will produce the agreed outcomes in an agreed timeframe.
d) Project work will recommend ways of making greater use of information to achieve the greatest impact
e) A driver within project plans are ways in which we will strengthen how we work with strategic partners
f) Our plans reflect our commitment to build better relationships with the public
g) Our plans reflect our commitment to ensure that we are building our relationships with organisations providing care

Further reading:

Dept. of Health full final report and related documentation

http://www.dh.gov.uk/health/2012/12/final-winterbourne/

ADASS compendium of key findings

http://www.adass.org.uk/images/stories/Policy%20Networks/Learning%20Disability/Key%20Documents/Winterbourne%20View%20Compendium_Dec12.pdf

South Gloucestershire Serious Case Review

www.southglos.gov.uk/Pages/Article%20Pages/Community%20Care%20-%20Housing/Older%20and%20disabled%20people/Winterbourne-View-11204.aspx

Inclusion North briefing on key reports

http://inclusionnorth.org/about/news/inclusion-north-briefing-on-winterbourne-reports.html

Mencap and Challenging Behaviour Foundation "Out of Sight" report and call to action

www.mencap.org.uk/outofsight

Care Quality Commission report and action plan

http://www.cqc.org.uk/public/our-action-winterbourne-view

Getting things Right: A Response to Winterbourne View

http://www.westmidlandsiep.gov.uk/index.php?page=863

AGENDA: 5.

Local Government Association

NHS England

Gateway Reference Number: 00130

31 May 2013

Dear Chief Executive,

Winterbourne View Joint Improvement Programme – Local Stocktake

I am writing to you to ask for your assistance in completing a stocktake of progress against the commitments made in the Winterbourne View Concordat which was signed by a broad range of agencies and organisations.

The Concordat was the joint response of agencies including the LGA and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat sets out the commitment to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.

You will recall that the Concordat contains a number of specific commitments that will lead to all individuals receiving personalised care and support in community settings no later than 1st June 2014.

The purpose of the stocktake therefore is to enable local areas to assess their progress against commitments in the Concordat and to allow for good practice and progress from local areas to be shared nationally.

Given his personal interest in the programme, Norman Lamb, Minister of State for Care Services, has recently written to Chairs of Health and Wellbeing Boards (HWBs) explaining the significant leadership role that HWBs should play in ensuring that the Concordat commitments are achieved. We are therefore sending this stocktake to local authorities given your leadership role in Health and Wellbeing Boards.

However, this stocktake is not simply about data collection but is to assist in your discussions locally with Clinical Commissioning Groups (CCGs) and other key partners including people who use services, family carers and advocacy organisations, as well as providers. The stocktake can only successfully be delivered through local partnerships. We would specifically ask that the responses are developed with local partners and shared with your Health and Wellbeing Board. We would also ask that CCG's sign off the completed stocktake.

The stocktake is also intended to enable local areas to identify what support and assistance they require from the Joint Improvement Programme. The core purpose of the programme is to work alongside local commissioners to enable you to deliver your local plans. Further information on the Winterbourne View Joint Improvement Programme is available on the Local Government Association Website

The deadline for the completed stocktake is Friday 5th July 2013. The stocktake should be returned to Sarah.Brown@local.gov.uk if you require any further information or have any questions please send these to Sarah Brown in the first instance.

I am fully aware that there will be other requests for information over the next few months relating to progress with Learning Disabilities and Autism. The Winterbourne View Programme will work to ensure that we do not ask for information that is duplicated elsewhere, as the purpose of this stocktake is to ensure support is provided to local areas and that we work together to deliver commitments in the Concordat.

Yours sincerely

Chris Bull

Chair of the Winterbourne View Joint Improvement Board

Cc
Chairs of Health and Wellbeing Boards
CCG Accountable Officers
CCG Clinical Leaders
Directors of Adult Social Service
Directors of Children's Services
NHS England Regional and Area Directors

DERBYSHIRE COUNTY COUNCIL

REPORT FOR ADULT CARE BOARD

11th July 2013

Derbyshire Dementia Action Alliance

Purpose of the Report

To provide the Board with an initial brief about the Dementia Action Alliance and to notify the Adult Care Board of a request for Derbyshire Adult Care to join the Alliance.

Background

Approximately 800,000 people with dementia in the UK and this number is set to grow to over one million people by 2025. The financial cost of dementia in the UK is £23 billion each year and growing.

The Dementia Action Alliance (DAA) represents a coming together, to date, of over 480 organisations to deliver the National Dementia Declaration **(at appendix A).** This is a set of seven outcomes informed by people with dementia and their carers. The Declaration seeks to establish a vision of how people with dementia and their families can be supported by society to live well with the condition.

Signatories to the Declaration are asked to publish their own Action Plans setting out what they each will do to secure these outcomes and improve the quality of life of people with dementia and their carers by 2014. The action plan sought essentially addresses two questions about ensuring people with dementia receive best possible services and the challenges foreseen in achieving this. More detailed working documents are already in place in Derbyshire and are kept under review.

The DAA is supported by a Secretariat funded through voluntary financial and 'in kind' contributions from members. It is hosted by the Alzheimer's Society.

The DAA has not emerged in a vacuum. A National Dementia Strategy for England was published in 2009. The headings of the DAA declaration mirror outcomes described in the Strategy which has been refreshed several times since publication in 2009. In Derbyshire a County Dementia Strategy was devised by Derbyshire Adult Care and Derbyshire PCT from the national framework.

On 12 January 2012 a report was placed before the Adult Care Board to assess the situation in Derbyshire against eight key recommendations of the House of Commons All-Party Group report 'The £20 billion question: an inquiry into improving lives through cost-effective dementia services'.

On 17 May 2012 the Board received a further report outlining the Prime Minister's Challenge on Dementia, including an ambition to create dementia-friendly communities.

The DAA simply aims to turn all the public and political commitment into concerted action.

Information and Analysis

The DAA organised an initial meeting in March 2013 with a view to setting up a Derbyshire branch. This attracted a variety of public, private and independent sector services, many of which do not provide direct services to people with a dementia.

The reaction of Adult care and NHS representatives who attended was that further work should now be done to refresh the Derbyshire Dementia strategy in partnership between Derbyshire Adult Care and the Derbyshire Clinical Commissioning Groups to continue consistent development of service for people with a dementia and their carers.

We would wish to avoid any duplication of effort in publication of Action Plans as part of the commitment to the DAA but we do subscribe to the notion of publically setting out plans and being accountable for achieving outcomes.

The DAA offers access to a wide network of organisations and opportunities for creative collaborations to support people and their carers to live well with dementia in Derbyshire which begs the question 'why would we not wish to be part of this?'

Recommendation

Representatives from Derbyshire Adult Care and Clinical Commissioning pursue membership of the new Derbyshire branch of the DAA. The issue of 'in kind' contributions is likely to involve offering venues for meetings. The financial implications are not yet clear but the Adult Care Board will be consulted about any significant requests.

Appendix A: National Dementia Declaration

1. **I have personal choice and control or influence over decisions about me**

(control over life; support; early diagnosis; access to resources to choose where/ how to live; can make decisions now about care in later life; die free from pain/ fear and with dignity; cared for by trained people; high quality palliative care).

2. I know that services are designed around me and my needs

(physical checkup regularly without asking; range of support services; enabled to stay at home/ in community; enjoying best quality of life as long as possible).

3. I know that services are designed around me and my needs

(treated with dignity/respect; hospital when needed; best treatment; can leave as soon as possible; care home staff understand a lot about residents/ disability; know what helps people cope/enjoy the best quality life; carers can have short breaks when wanted; other services also support carers).

4. I have support that helps me live my life

(choice of what support suits best; do not feel a burden; range of options and opportunities for support; know how to get support/ confident it will help; can have fun; carer has their own support network).

5. I have the knowledge and know-how to get what I need

(enough information and advice to make decisions about managing, now/in future as dementia progresses; carer has access to relevant information and understands benefit entitlement).

5. I live in an enabling and supportive environment where I feel valued & understood

(diagnosis very early on; understanding employer; making a contribution so feel valued; neighbours, friends, family and GP keep in touch; listened to and have views considered; importance of sustaining relationships recognised; if behaviour challenges others, people will take time to understand and help; carers also valued) .

6. I have a sense of belonging and of being a valued part of family, community and civic life

(feel safe and supported in home/ community; do not feel discriminated against; people helpful and supportive; carer and person with dementia develop new interests/ social networks).

7. I know there is research going on which delivers a better life for me now and hope for the future

(new research developments; confident of increasing investment in dementia research; growing evidence about prevention/ risk reduction of dementia; want to take part in research to improves care; support through assistive technologies as well as traditional types).

DERBYSHIRE COUNTY COUNCIL

REPORT FOR ADULT CARE BOARD

11th July 2013

Progress report on Lead Commissioning for Carers

and for People with a Learning Disability

Purpose of the Report

To provide the Board with an update on progress made on the proposal included in the 2012/13 Joint Adult Car and local NHS Joint Commissioning Priorities, for Adult social Care to be the lead commissioner for Carers and for People with a Learning disability.

Background

Carers Lead Commissioning

The Board approved the report 'Adult Care and Joint Commissioning Priorities 2012 – 13', on 15th March 2012, which included the priority *'Adult Care is proposing to be the Lead Commissioner for Carers'.*

In November 2012 and March 2013 an update reports were presented to the Board setting out the next steps and proposed timeline. The Board noted the contents of the report and agreed the proposed actions and timelines.

Carers Lead Commissioning Progress to date includes:

- Detailed work is progressing on the draft joint Memorandum of Understanding, to ensure that an appropriate level of detail will be available for the Adult Care Board and Health and Wellbeing Board to consider the proposals in October/ December 2013.The topics being worked through in detail are those set out for Section 75 agreements that include:
    - Aims and objectives
    - Monitoring arrangements
    - The length of the term of the agreement;
    - Will one or two agreements be required: that is for the Derbyshire CCGs and for Tameside and Glossop?
    - Proposals for dealing with any under or over-spends in the pooled budget
    - Lists of pre-existing contracts that will need to be assigned as part of the agreement
    - Governance at two levels: a Board and a Management Group, with clear TOR needed to avoid conflicts.

- Regular reporting to the Joint Carers Commissioning Group.
- A checklist of actions to implement the new arrangements has been drawn up and agreed by both organisations.
- Revised Terms of reference for the Joint Carers Commissioning Board.

People with a Learning Disability Lead Commissioning

Prior to the recommendation in the Winterbourne View Review Concordat to establish pooled budget arrangements for "high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care"; a formal proposal was made in June 2012 by Derbyshire County Council, Derby City Council and the Derbyshire CCGs that, in principle, health and social care services delivered to adults with a learning disability in the County and City should be lead commissioned by both Councils.

To progress this, an outline discussion and options appraisal paper on lead commissioning of specialist health care was taken to the County Adult Care Board in November 2012; with updates in November 2012, January and March 2013.

It was agreed that:

- The work should be underpinned by four key principles:
    - Future commissioning arrangements must deliver improvements to the health and well-being of the people living in Derbyshire with a learning disability and their family carers;
    - Learning Disability health commissioning activities, contracts and budgets rest with the most suitable partner to achieve the greatest improvement in health outcomes;
    - The outcomes will improve joint working between the Clinical Commissioning Groups (Lead HCCG) and Derbyshire County Council / Derby City Council and with other required partners;
    - That there is an incremental approach to developing and increasing the opportunities for partnership commissioning, to ensure that future arrangements are sustainable and have effective governance.
- A staged approach to the implementation of lead commissioning was agreed at the November 2012 Adult Care Board to be the most appropriate due to the complexity of current learning disability

arrangements and the need to include the implications of the Winterbourne View Review recommendations.

This approach allows time to undertake work to complete a detailed options appraisal of the current and potential future services before any preferred option is taken for consultation and final decision.

The timescale is anticipated to be as follows:

- July 2013 – complete detailed mapping of existing Learning Disability health commissioning arrangements and activities;
- August 2013 – complete information gathering from other Local Authorities that have already created a lead commissioning and pooled budget for learning disability services, so that we can learn more about both challenges and opportunities;
- September/ October 2013 – develop detailed lead commissioning proposals, including a draft Memorandum of Understanding incorporating the Winterbourne View Review requirements; in parallel, to have on-going discussions with partner organisations and implement consultation with people with learning disabilities, their family carers and advocates;
- October/ December 2013 – depending on the partner discussions and consultation with people with learning disabilities etc. the next stage could take place between October/ December 2013. Request agreement by the Adult Care Board/ Health & Wellbeing Board/ Cabinet and the NHS CCG Governing Bodies for approval of the proposed commissioning partnership framework;
- March/April 2014 – commence lead commissioning arrangements (depending on the time taken to complete the previous two stages).

In addition, to take regular update reports to the Adult Care Board and Health and Wellbeing Board.

<u>People with a Learning Disability Lead Commissioning Progress to date includes:</u>

- The working group with membership including commissioner representatives from Derbyshire, Derby City Adult Care and Hardwick CCG continues to meet monthly and report to the Learning disability Joint Commissioning Board;

- Providing updated for the Derbyshire Learning Disability Partnership Board;
- Lessons from the current work on developing lead commissioning arrangements for carers, is being used to inform the learning disability work, for example the identification of key topics such as governance and financial contributions by the partner organisations;
- Initial mapping of the existing Learning Disability Health commissioning arrangements and activities across four thematic areas:

    - Personal Health Budgets: this covers maximising opportunities for self-directed health care and support, needs assessments and market development;
    - Access to Primary and Acute Care: focusing on improving quality of care and reducing health inequality which would involve, for example leading on the annual Learning Disability Self-Assessment Framework (SAF) and the resulting Action Plan development and implementation, working with CCG primary care locality managers and Learning Disability Strategic Health Facilitators to maintain access to annual health checks and Health Action Plans;
    - Specialist Learning Disability Healthcare Commissioning: commissioning and contracting with NHS specialist providers, QIPP in independent hospitals (linked to the Winterbourne View Serious Case Review Actions and DH national policy guidance) and specialist equipment;
    - Learning Disability Secure Services: gatekeeping, attendance and input to regional pathway meetings.

In addition, across both Lead Commissioning work streams scoping is taking place to understand the level and type of resources that will be required for Adult Care to take over the lead commissioning and associated contracting, and monitoring, activities.

RECOMMENDATIONS

1. The Adult Care Board is asked to note the contents of this report and the progress which has been made to date.
2. Further progress reports will be presented to the Adult Care Board and Health and Wellbeing Board, prior to detailed proposals for the future lead commissioning arrangements.

Julie Vollor

Group Manager - Commissioning

DERBYSHIRE COUNTY COUNCIL

REPORT FOR ADULT CARE BOARD

11 July 2013

Derbyshire Dignity Campaign: Role of My Home Life Programme

Purpose of the Report

To provide the Board with recommendations about how the Age UK promoted 'My Home Life' programme may inform and support the Derbyshire Dignity Campaign.

Information and Analysis

The Derbyshire Dignity Campaign was launched in February 2011 jointly by Derbyshire Adult Care (AC) and Derbyshire NHS. It has become enmeshed as a set of 10 overarching principles across health and social care settings **(appendix A).**

The 10 principles, adapted from a national initiative, were used to devise a bronze award challenge for Derbyshire. For each point, applicants need to offer evidence that the team works in practical ways to promote the principles and where practice does not meet the challenge of 'is this the best we can do?' actions to be taken are listed. To date 175 teams have applied of which 123 have so far been successful in gaining the bronze award.

On 17 May 2012 the Board gave support to proposals for a silver dignity award format. A launch has since taken place and a high level of enthusiasm was evident at an oversubscribed workshop to begin work on the silver award.

There continues to be many reasons to keep striving to drive up standards of dignity. There is a County working group in the aftermath of the Winterbourne scandal. On 7 March 2013 the Board was given a progress report from the group which will continue.

The Mid Staffordshire NHS Foundation Trust Inquiry culminated in the Francis Report in February 2013 which is a separate agenda item and devotes a chapter to Dignity:

"Privacy and dignity are perhaps the most fundamental rights any patient is entitled to have respected in hospital".

In addition, Derbyshire Safeguarding Adults at Risk Safeguarding Board is a multi-agency effort to educate all staff and ensure that safeguarding issues are identified, addressed and that the experience of dignity is restored as soon as possible.

My Home Life (MHL) contributes to the dignity campaign well but its focus is restricted to care homes. MHL offers reflective training based on 8 themes outlined at **appendix B.** Derbyshire AC and NHS commissioned MHL training which ran over a 12 month period in 2009/10.

2 Adult Care and 8 independent sector care home managers participated in the Derbyshire training. The MHL process lasted one year with participants initially attending for two days per week for the first two weeks. After that they met for one day a month 'action learning sets'.

The home care managers who took part reported very positive outcomes in relation to their own personal and professional development and in transforming their culture of care. For example one of the Managers at the feedback event said:

"I would defy anyone not to benefit from My Home Life. It's not a quick fix, it's an uphill battle worth waging but it does need top down support"

Participants described acquiring new skills to assist them with a change in cultures, stress reduction, managing change better; being better at seeing life from a resident's perspective; better awareness of relationship-centred care; learning to actively listen; undertaking reflective practice; building more staff autonomy; identifying and preventing burnout; promoting a positive culture with increased effectiveness; being a better leader.

A further round of MHL did not follow at the time on the grounds that despite such positive outcomes, with most participants continuing to meet after the course ended, MHL was not reaching a sufficiently high number of managers. An idea of the cost is in the pre course estimate made in 2008 by Age UK based on 12 participants. (see **Appendix C).**

A training initiative which is proceeding is titled 'Developing leadership and management in person centred dementia care to aid the reduction of inappropriate use of anti-psychotic medication' This is being facilitated by the Adult Care training section, funded by £120,083 from the former Strategic Health Authority. This project in two distinct phases seeks to embed a person centred culture of care, and offers a combination of action learning sets; 1:1 coaching and mentoring sessions and the training skills and resources Registered Managers will need to develop their staff groups and care environments. All homes taking part in the project are expected to achieve the

Dignity Bronze Award. It is anticipated that approximately 40 Independent sector care homes will take part in the two phases of the project.

It is proposed additionally that Adult Care and the NHS jointly facilitate a presentation by Age UK of MHL which independent sector care homes might attend and be encouraged to self- fund as this will contribute to the dignity campaign. We would invite some previous participants to attend and speak about their experience.

Recommendation

That the Adult Care Board agrees to support a stakeholder event to for Age UK to encourage care home managers to undertake MHL

Appendix A

The National Dignity 10 Point Challenge: the Derbyshire Dignity Campaign uses this as the principles on which services are based.

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Appendix B

About My Home Life

My Home Life (MHL) is a UK-wide charitable movement promoting quality of life for older people living and dying in care homes, and for those visiting and working with them, through relationship-centred and evidence-based practice.

It is a collaborative scheme bringing together organisations which reflect the interests of care home providers, commissioners, regulators, care home residents and relatives and those interested in education, research and practice development.

MHL have worked with over 60 academic researchers from universities across the UK to develop an evidence base for quality of life in care homes. The review of evidence explored 'what residents want from care homes' and 'what practices work in care homes'.

The evidence was found to cluster around 8 best practice themes:

1.Managing Transitions Supporting people both to manage the loss & upheaval associated with going into a home and to move forward.	**5.Improving Health & Healthcare** Ensuring adequate access to healthcare services and promoting health to optimise resident quality of life
2.Maintaining Identity Working creatively with residents to maintain their sense of personal identity and engage in meaningful activity.	**6.Supporting Good End of Life** Valuing the 'living' and dying' in care homes and helping residents to prepare for a 'good death' with the support of their families.
3.Creating Community Optimising relationships between and across staff, residents, family, friends and the wider local community. Encouraging a sense of security, continuity, belonging, purpose, achievement and significance for all	**7.Keeping Workforce Fit for Purpose** Identifying and meeting ever-changing training needs within the care home workforce

4.Sharing Decision-making	**8.Promoting a Positive Culture**
Facilitating informed risk-taking and the involvement of residents, relatives and staff in shared decision-making in all aspects of home life.	Developing leadership, management and expertise to deliver a culture of care where care homes are seen as a positive option.

Appendix C

The group will have a total membership of 12 individuals, 10 of whom will be care home managers, 2 of which will be representatives of the PCT and LA – all of whom have responsibility for facilitating improvements in practice in care homes.

The costs offered below remain subject to final agreement on the content of the programme and the required number of days for each stage.

Stage One: Preliminary discussions

Estimated time required for Programme Facilitator: 3 meetings and one conference presentation over 2.5 days	£532 x 2.5 = £1330
Travel	£40 per trip = £120

Stage Two: MHL Quality Action Group (assuming one action group only)

Estimated time required for Programme Facilitator:	
14 meetings @ £532 per day	£7,448
Travel (£40 per trip)	£560
Preparation time of 3 days = £1,500	£1,596
Support staff and Executive Director involvement (2 days of Support from Executive Director) + (2 days administrative support)	£2,600
Data capture and analysis and interim report (5 days)	£2,660

Stage Three: Roll-out of MHL Champions

‘Train the trainers’ meeting plus any on-going support: 2 days	£1,064
Conference attendance and preparation	£532
Support staff (1 day) and Executive Director involvement (1.5 days)	£1,750

Stage Four: Quality framework group

Facilitation of 3 meetings	£1,596

Stage Five: Final Data capture and analysis and report 4 days	£2,128
SUB -TOTAL	**£23, 384**

As a charitable venture, *My* Home Life programme is dependent upon funding to continue delivering resources. Our work in Derbyshire is dependent upon the continuation of the wider programme. We are asking for a contribution from local partners who we are working with to support the national programme.

GRAND TOTAL = 19,100 (+10% contribution) £25,722

AGENDA ITEM:- 9.

NHS England

Gateway number: 00211

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To: CCG Clinical Leads,
CC: CCG Accountable Officers

26 June 2013

Dear Colleague,

Re: SPENDING ROUND: HEALTH SETTLEMENT 2015-16

I am writing to you following the Chancellor's announcement of the Health Settlement for 2015-16 to share with you the initial NHS England response (see annex A) and to outline some further detail on what the settlement means for you. This letter is for your information.

Spending Round Headlines

- NHS funding will grow in real terms, consistent with the government commitment to protect the NHS
- This is a challenging settlement:
  - Given rising demand and inflation pressures, we expect the NHS would have needed to deliver c4% efficiency in order to maintain current services,
  - In addition, however the NHS, DCLG and the DH will pool c£3.8bn of funds for investment in the integration of health and social care (the "Integration Transformation Fund"). The NHS will contribute £3.4bn towards the integration fund. This compares to the £0.9bn the NHS currently transfers to support integration with social care.

Social Care integration fund breakdown

The £3.8bn Integration Transformation Fund will be a pooled fund, held by local authorities and funded from:

- The £0.9bn of funding NHS England planned to transfer to fund social care in 2014-15
- An additional £0.2bn of investment in 2014-15 (to be agreed as part of mandate discussions for 2014-15 with DH)
- DH and other Government Department transfers of £0.4bn (capital grants)
- CCG pooled funding of:
    - Reablement funding of £0.3bn
    - Carers' break funding of £0.1bn
    - Core CCG funding of £1.9bn

The intention is to give NHS and Social Care commissioners greater influence over this funding in the future to ensure it is optimised to support local integration of health and care services. To enhance this funding further, the funding CCGs currently hold for reablement and carers' breaks will also be included in the pooled budget, alongside other grants that the DH and Department of Communities and Local Government currently fund to support Social Care. The integration fund budget will represent a significant share of spend on health and care services and will give CCGs greater influence over how care services are integrated with health services.

It is vital that the NHS realises the benefits of integration in terms of reducing demand on health services, improving outcomes for patients and other efficiencies. Hence, there will be conditions attached to the pooled funding and the creation of new incentives to support integration and the delivery of improved outcomes for both health and care.

Conditionality on integration fund

The pooled funding will formally sit with local authorities but will be subject to plans being agreed by local Health and Wellbeing Boards (H&WBs) and signed off by CCGs and Council Leaders. Plans would also be subject to assurance at national level. As part of the wider 2014/15 planning round, it is envisaged that plans would be developed this year, signed-off and assured over the winter and would be implemented from 2014/15.

Plans and assurance would need to satisfy nationally prescribed conditions, including:

- Protection for social care services (rather than spending) with the definition determined locally,
- Seven day working in social care to support patients being discharged and prevent unnecessary admissions at weekends,
- Better data sharing between health and social care, based on the NHS Number,
- Plans and targets for reducing A&E attendances and emergency admissions,

- Risk sharing principles and contingency plans for if/when targets are not being met,
- Agreement on consequential impacts of changes in the acute sector.

Impact of this settlement on CCGs

The overall impact of the settlement on CCGs will be confirmed in allocations. It is NHS England's intention to explore the scope to give CCGs 2 year allocations for 2014-15 and 2015-16 to support commissioners to deliver the changes required in the NHS to realise the necessary efficiencies.

For the average CCG, the establishment of the integration fund will mean £10m of allocated funding will be transferred to the pooled budget (in addition to the pooling of reablement and carers' breaks funding that is currently within CCG baseline allocations). This is in the context that the average CCG was allocated c£300m in 2013-14 and hence the figure is equivalent to around 3% of CCG allocations.

Under current Section 256 requirements, NHS England has to make transfers to local authorities on behalf of CCG commissioners. We believe it would be helpful to route the funding for the Integration Transformation Fund through CCGs – this will require changes to primary legislation.

Yours sincerely

Derek Bray

Derek Bray
Area Director

Annex A

Media briefing on Spending Round 2015/16

Commenting on the establishment of the new Health and Social Care Integration Fund and the overall settlement for the NHS, Sir David Nicholson, the Chief Executive of NHS England, said:

"This is a very significant settlement for the NHS. It presents both opportunities and challenges. It is a potential 'game changer' as it gives us the opportunity to accelerate the development of integrated services. It means we can provide more joined-up care for care for patients with complex needs, enabling them to be supported at home.

Merging health and social care budgets to support integrated care at a time when resources are constrained will require us to rethink how we organise services around patients. We need to begin formulating plans as soon as possible so that we are ready to take full advantage of the opportunities offered by the 2015/16 settlement."

Agenda Item No. 6

DERBYSHIRE PARTNERSHIP FORUM

28 June 2013

Housing, Health and Social Care

Purpose of the Report

To draw attention to the need for improved integration, not only between Health and Social Care services, but also Housing, and to consider ways in which this need might be addressed throughout Derbyshire.

Background and Information

Care and Repair England (C&RE) is a small, independent, national charity set up in 1986 which aims to improve older people's housing. It innovates, develops, promotes and supports practical housing initiatives and policies which enable older people to live independently in their own homes for as long as they choose. In particular it works with older people to identify what is needed in order for them to live independently and well in their own homes. It then promotes and supports the development of solutions, particularly in the private housing sector.

Many District Councils across the country have been contacted and asked, almost as a 'mystery shopper', what their housing strategy is to meet the needs of an ageing population. Invariably the first focus in their response is about sheltered housing and/or Extracare. This completely misses the real fact that more than 75% of older people live in their own homes and most do not need or wish to move to such sheltered schemes. The follow up question therefore about Planning strategies is all too often met with silence. Although there has been a national, government led focus on 'affordable homes' there has not been similar attention to the need for 'accessible' homes.

The image of 'older people' is changing. The creation of the Better Government for Older People by the then new Labour Government in 1997, led to a change in the way older people were portrayed in the press and wider media. No longer were expressions such as 'demographic time bomb' being used and older people were gradually becoming seen as a valuable resource capable of benefiting society rather than being solely a drain on resources. The pendulum has now swung the other way. Older people are again being seen as the cause of the society's woes. 'The country is in the financial mess it is because of the size of the pension pot'. 'The country's housing crisis is being caused by older people living in houses larger than they need, thereby blocking such size accommodation for younger families.' There is also a gradual move in the media to suggest that older people have experienced the best of lives and that younger people now have to pay for it.

Localism
Local decision making is becoming increasingly important, particularly in the context of housing and planning. There has been a major shift to localisation of decision making, alongside a drive to deregulate and remove national planning controls and building standards. Local authorities also have a great deal of freedom with regards to the use of their overall funding, with most ring-fencing of monies for housing related expenditure discontinued. (E.g. Disabled Facilities Grants, Handy Person schemes.)

Disabled Facilities Grants
Administered by District Councils, Disabled Facilities Grants (DFGs) have, over the years been a mainstay of assistance to allow disabled people, the majority of whom are older people, to remain in their own homes. In his first Comprehensive Spending Review George Osborne made changes which have had a drastic effect on the availability of grant assistance. This effectively slashed the budget for Private Sector Housing Renewal funds, where DFG money was held and through localism allowed local decisions to be made about such matters as DFGs. At the same time the Department for Communities and Local Government removed the needs for Local Authorities to monitor waiting times for those waiting for assistance. A countywide picture as to timescales for adaptations is unavailable.

Quality of Housing Stock
There has been a gradual deterioration in the condition of homes over the past decade. Some suggest that the 'Right to Buy' schemes supported by successive governments have contributed to this whilst the present economic conditions mean that people cannot afford to maintain their homes. The reference to 'Right to Buy' indicates an 'unwanted consequence' from what appeared a laudable concept. The present day reality is that many older people living in homes purchased at discounted prices in the scheme have not had the means to maintain them over the years and now have to live in less than decent conditions.

The effect of all this is several fold. People are living in accommodation not really suitable for their needs. People's dignity and self-respect are often challenged. Unnecessary Health service interventions follow. Unnecessary admissions to care result and most significantly the demand for all aspects of social care increase. Savings in one area lead directly to increases in demand for another, namely Adult Care services.

The need for integration in services
The government and opposition speak loudly about the need for greater integration between Health and Social Care but the third leg of the stool, Housing, are rarely mentioned. If the service gaps are to be addressed it could be argued that Housing must be included in the analysis. C&RE are clear that

there is a real crisis looming, with the resulting costs of care inevitably falling to Health and Social Care. Not to mention the costs to the individual older person who may be living in unsuitable accommodation, receiving services they may not need if housing was more suitable and therefore whose dignity and independence is challenged.

More than Bricks and Mortar
C&RE have engaged with older people across the country in the last few months about housing and what their home means to them. This report is now available (attached at Appendix 1).

Where now
There now needs to be a discussion on the possibilities to address this issue. There is no quick fix. It needs a long term view. But, if action is not started now it will only get worse. It may be that the county council feel that 'Housing' is a District/Borough responsibility, but the resulting costs due to poor housing will fall to first tier authorities in the form of Adult Care.

C&RE are launching a national programme of suggested actions by local champions to draw attention to this issue and it is hoped that Derbyshire could again show its willingness to be a leader regarding older people's issues.

Moving forward
In order to move this forward in Derbyshire it is recommended that a half day seminar be arranged, to include representatives from District and Borough Council Housing departments. Other relevant and appropriate services will also be invited to attend.

John Simmons
Vice-Chair Care and Repair England

For further information contact
John Simmons
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Appendix 1

More than bricks and mortar

Older people's views about the importance of their homes

"My home means everything to me"

This brochure summarises what older people across England told Care & Repair when we asked them *What does 'Home' mean to you?*

Older people's homes are fundamental to their health, well being and quality of life

It is therefore important to keep sight of the centrality of *'home'*, as opposed to *'accommodation'*, in the current debates about health, social care, planning and housing policies in an ageing society.

- 90% of older people live in general housing [1]
- 30% of all homes are lived in by older people [1]
- 75% of older people are home owners [1]

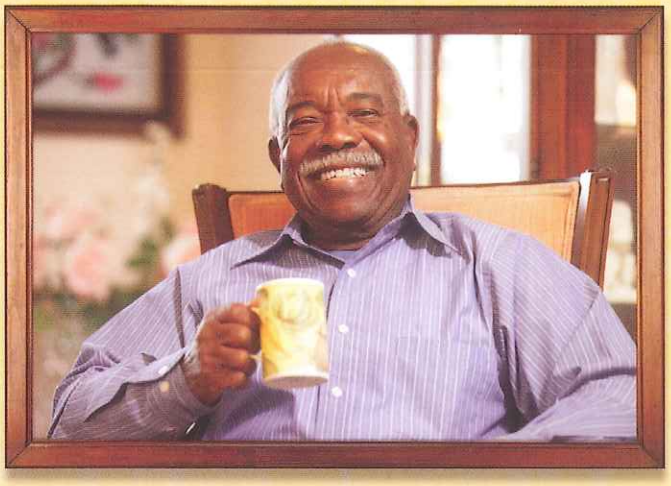
Home is pivotal to health in older age

The importance of a home which is warm, safe & secure was a key theme in older people's comments.

"My home is... comfort and security"

"My home is... of suitable design for my needs"

"My home means safety, warmth... and a comfy chair"



- 1 million vulnerable older people live in non-decent private homes [1]
- Poor housing costs the NHS £600m pa [2]

Home underpins emotional well-being and mental health

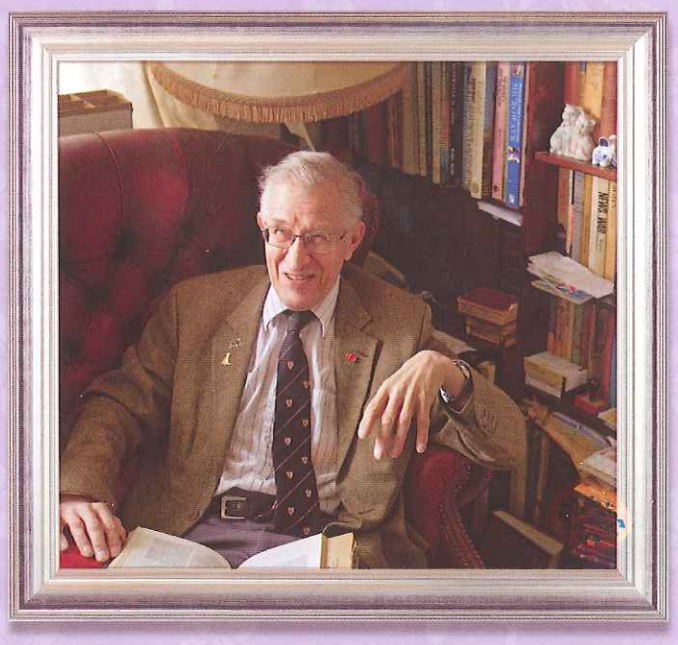
Older people described how their home profoundly affects every aspect of their lives.

"I am part of my house; my house is part of me. If you take my house away I lose part of myself"

"My home is full of memories & happiness"

"Home is... the place I can relax... and where my family can visit me"

Hom
... my
... a haven
... a place



- People over 65 spend over 80% of their time at home [3]
- Depression affects 22% of men and 28% of women aged 65 or over; risk increases significantly if not living close to friends and family or poor satisfaction with home [4]

Home is key to enabling independence in later life

Housing quality and suitability is a major determinant of the need for social care. It also affects the likelihood of experiencing loneliness.

'Home' and 'independence' were inextricably linked in many of the comments from older people.

"Home... supports my changing life needs"

"Home is... to be able to live independently"

"Home is... about familiarity, especially for those with dementia"

- Over three quarters of a million older people need accessible or adapted housing because of a medical condition or disability [1]

"Home is where I can have my friends round for lunch"

...e is
...sanctuary
...e to be me

What makes a 'good home' in later life?

These were the most frequently mentioned factors

LOCATION - Proximity to family, friends, social opportunities, public transport, GP/health facility, library, shops, good neighbours

DESIGN - Warm, with affordable heating; safe; secure; adaptable/adapted; with space - for belongings, to socialise, for family; privacy - "My own front door"

Main reported housing difficulties

COLD - "Cost of heating is greatest worry", "My home is damp & cold"

REPAIRS - "My biggest worry is repairs & maintenance"

ADAPTATIONS - "I have mobility difficulties... steps to kitchen and bathroom mean I need help... ramps would make all the difference"

Decision Makers – Time to Act

An aspiration of actively ageing at home, remaining part of a community and involved with family and friends emerges strongly from older people's key messages about 'home'.

Decision makers across housing, health, social care and planning need to ensure that this vision underpins all local policies.

- Most older people are happy where they live. They either need no help to stay living independently and well, or may need just ***'that little bit of help'*** to stay that way, including:
  - Independent, impartial housing and care options information & advice
  - Practical services to keep homes safe & secure
  - Affordable warmth
- Most older people prefer to remain at home and receive care ***'at or closer to home'***. This requires:
  - Planning and design of a suitable housing stock
  - Rapid, accessible home repairs and adaptations
  - Joint planning and commissioning by health, social care and housing
  - Fully integrated care eg. hospital discharge which addresses housing condition & need
- Older people's economic and social circumstances vary widely and change over time. A ***spectrum of housing options*** is therefore required including:
  - Future-proofing – design all new homes to maximise independence & health gain
  - Local Plans must include detailed analysis of demographic trends and include development of a range of housing options for older people, across tenure and including both mainstream and specialist housing
  - Older people should be actively involved in local planning and decision making

References:
(1) DCLG (Annual) Survey of English Housing
(2) Building Research Establishment, 2010, Good housing leads to good health
(3) English House Conditions Survey 2008
(4) Wilson K et al International Journal of Geriatric Psychiatry 2007

Care & Repair England

Care & Repair England is a charitable industrial and provident society (IPS Reg No 25121R) established in 1986. It aims to improve older people's housing and believes that all older people should have decent living conditions in a home of their own choosing.

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