

**DERBYSHIRE  
ADULT CARE BOARD**

**THURSDAY 12<sup>TH</sup> JULY 2012  
2:00PM TO 4:00PM  
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK,  
DERBYSHIRE, DE4 3AG**

**A G E N D A**

1.	Welcome & Introduction from Cllr Charles Jones	Cllr Jones
2.	Noted Apologies: • Cllr J Lemmon, R Marwaha, H Robinson, L Harris	“
3.	Draft Minutes from the meeting: 17 <sup>th</sup> May 2012 ( <a href="#">attached</a> )	“
4.	Matters Arising	
5.	Health & Wellbeing Strategy Update	A Pritchard
6.	Joint Commissioning: • Progress on Joint Priorities ( <a href="#">attached</a> ) • Next Steps	J Vollor/CCG BR
7.	Safeguarding Update ( <a href="#">attached</a> )	J Ryalls
8.	Prevention Strategy – Implementation & Review ( <a href="#">attached</a> )	J Brown
9.	Housing Related Support Update ( <a href="#">attached</a> )	R Paul
10.	Accommodation, Care & Support Strategy Update ( <a href="#">attached</a> )	K Twyford
11.	CCG Issues	CCG's
12.	Nutrition and Older People ( <a href="#">attached</a> )	J Vollor
13.	Welfare Reform Act ( <a href="#">attached</a> )	L Race
14.	White Paper – Adult Social Care: Feedback from ADASS/SCIE Seminar 10 <sup>th</sup> July	M McElvaney
15.	Health & Wellbeing Board Agenda Items: 26 <sup>th</sup> July 2012	All
16.	The next meeting of the Adult Care Board will take place on 13 <sup>th</sup> September 2012 at 2:00pm in Committee Room 1, County Hall, Matlock.	
17.	Any Other Business	

## ADULT CARE BOARD

**MINUTES OF A MEETING HELD ON  
THURSDAY 17<sup>TH</sup> MAY 2012 AT 2:00PM  
DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ**

**PRESENT:**

Cllr Charles Jones	Derbyshire County Council Cabinet Member (Adult Care) <b>Chairman</b>
Cllr Stuart Ellis	Derbyshire County Council Support Cabinet Member (Adult Care)
Russ Foster	Derbyshire Police
Cllr Barbara Harrison	Erewash Borough Council
Andy Layzell	Southern Derbyshire Clinical Commissioning Group
Cllr John Lemmon	South Derbyshire District Council
Rakesh Marwaha	Erewash Clinical Commissioning Group (CCG)
James Matthews	Derbyshire County Council – Adult Care
Mary McElvaney	Derbyshire County Council – Adult Care
Andrew Milroy	Derbyshire County Council – Adult Care
Rosemary Plang	Derbyshire Probation Service
Alison Pritchard	NHS Derbyshire County – Public Health
Bill Robertson	Derbyshire County Council – Strategic Director Adult Care
Helen Robinson	Derbyshire Carers
Cllr Lilian Robinson	North East Derbyshire District Council
Jo Smith	South Derbyshire CVS: representing voluntary & community sector
Jennifer Stothard	North Derbyshire CCG
Wendy Sunney	Hardwick Clinical Commissioning Group (CCG)
David Timcke	NDVA: representing voluntary & community sector
Jacqui Willis	NDVA: representing voluntary & community sector

**IN ATTENDANCE:**

Bryan Bennett	Derbyshire Fire Service (representing Richard Brunt)
Mandy Cann	Derbyshire County Council – Public Relations
Steve Phillips	Derbyshire County Council – Adult Care
Tracey Sims	Derbyshire County Council – Adult Care
Julie Vollor	Derbyshire County Council – Adult Care
Cathryn Wright	DCHS NHS Trust

**APOLOGIES:**

Cllr Dave Allen	Derbyshire County Council – Elected Member
Avi Bhatia	Erewash Clinical Commissioning Group (CCG)
David Collins	North Derbyshire Clinical Commissioning Group (CCG)
Lynn Harris	Derbyshire County Council – Safeguarding Board
Bruce Laurence	NHS Derbyshire County / Derbyshire County Council
Steven Lloyd	Hardwick Health Clinical Commissioning Group (CCG)
Andrew Mott	Southern Derbyshire Clinical Commissioning Group (CCG)
Jackie Pendleton	North Derbyshire Clinical Commissioning Group (CCG)
Steve Pintus	NHS Derbyshire County
Trish Thompson	NHS Derbyshire County



- Cllr Jones personally thanked SP and CW for all their hard work in achieving these standards, which is in addition to their day to day roles and responsibilities.
- For more information please contact Stephen Phillips at [stephen.phillips@derbyshire.gov.uk](mailto:stephen.phillips@derbyshire.gov.uk) or on 01629 532077.

032/12

**PRIME MINISTER'S CHALLENGE ON DEMENTIA: DELIVERING MAJOR IMPROVEMENTS IN DEMENTIA CARE & RESEARCH BY 2015**

- J Vollar reported on the Prime Minister's Challenge on Dementia – key points from this have been integrated into the Dignity and Respect Campaign.  
See link: <http://www.dh.gov.uk/health/2012/03/pm-dementia-challenge/>
- Cllr Harrison raised the issue of town centre signage which can be confusing, linked to people with dementia – clearer signage would be beneficial and easier for people to understand.
- For more information please contact Julie Vollar at [julie.vollar@derbyshire.gov.uk](mailto:julie.vollar@derbyshire.gov.uk) or on 01629 532048.

033/12

**FRAIL ELDERLY / LONG TERM CONDITIONS**

- South Derbyshire CCG:
  - redesigning the way services are accessed by the frail older people.
  - Enhance the level of joint working with other agencies.
  - Development of a Single Point of Access which will provide a direct link to a range of available services by Sept/Oct 2012.
- North Derbyshire CCG:
  - JS confirmed that ND CCG are doing very similar work to SD CCG.
  - '21<sup>st</sup> Century' consultations are taking place, the first of which took place yesterday in Derby.
  - North East and Chesterfield have already introduced a Single Point of Access which has worked very well.
- Erewash & Hardwick CCG:
  - Identifying patients that are at risk – tools are available in order to find these patients as people need to be identified early.
  - Neighbourhood Care Teams: across Primary Care & Community Health Services and Social Care.
  - People learn how to do more self-care.
  - 2 successful pilots have taken place where embedded social workers have been present – joint benefits to Health and Social Care including admitting less people into long term care. A risk management tool is being developed.
  - Care Co-ordinator role has been introduced.
  - Information sharing is a critical foundation for the integrated working.
  - Swadlincote: Vibrant voluntary sector, especially in Befriending.
  - 'Derbyshire Adult Care Prevention Strategy' team to develop community capacity – Lead: Jem Brown – [jem.brown@derbyshire.gov.uk](mailto:jem.brown@derbyshire.gov.uk) – Tel: 01629 532068.
  - Future developments should include accepting each other's assessments and avoid where appropriate duplicate visits.

- Adult Care Board / Adult Care happy to contribute to the 3 different approaches.
- Over 500 health and social care organisations already in place – a plea was made by the voluntary sector for CCG's to use what we already know / have in place within Derbyshire.

034/12

**JOINT WORKING RELATING TO IMPROVEMENT & SCRUTINY COMMITTEE**

- Adult Care requested that when joint pieces of work are to be presented at the Improvement & Scrutiny Committee, if the work has social care involvement, relevant Adult Care colleagues need to be involved.
- Adult Care is not routinely represented at the Improvement & Scrutiny Committee so this would be helpful in taking items forward, providing helpful support and contributions prior to the meeting.
- Dates and times of Improvement & Scrutiny meetings can be obtained from Graham Spencer, Improvement & Scrutiny Officer, Corporate Resources – [graham.spencer@derbyshire.gov.uk](mailto:graham.spencer@derbyshire.gov.uk) – Tel: 01629 538263.

035/12

**CLINICAL COMMISSIONING GROUP DEVELOPMENTS**

- R Marwaha gave an update on CCG Developments:
  - Clinical behavior of practices is currently being worked on.
  - Process of appointing Chairs & Accountable Officers in place.
  - Health & Wellbeing Boards / Local Authorities are involved in 360° reviews of proposed CCG's.
- Commissioning Support Units:
  - Coherent framework is being developed.
  - Helpful to involve Adult Care.
  - Continuing Health Care / management operating at a level of sensitivity was a concern of Adult Care. T Thompson is looking into this. We need to ensure that the relationships work well. BR stated there needs to be coherence with the Health & Wellbeing Strategy, local principles and local collaboration –BR requested that this be raised by the CCG's at the next Health & Wellbeing Board.
- WS stated that lead commissioning arrangements are already in place between the CCG's. Need to understand implications for other partner organisations of the 4 different CCG's working together. RM confirmed that all accountabilities will remain with the CCG's.
- South Derbyshire CCG:
  - AL confirmed that it had been agreed to appoint 2 additional GP's to represent on Boards.

AL

036/12

**DRAFT CARE & SUPPORT BILL**

- BR presented the Board with an update on the Draft Care & Support Bill.
  - We are anticipating a White Paper.
  - Dilnot elements are not included.
  - Future funding of Adult Social Care will be put off for at least a year.
  - Consolidating the current complex law.
  - Probably will include a duty to respond to identified carers' needs.
  - Improving how the public Adult Care offer is articulated.

- An All Party Parliamentary Enquiry has been submitted with Adult Care views.

037/12

**HEALTH AND WELLBEING BOARD AGENDA**

- The following agenda and information items for the Health and Wellbeing Board to be held on Thursday 31<sup>st</sup> May 2012 were discussed. Items to be taken forward were:-
  - CCG Authorisation
  - Integrated Care / Long Term Conditions report
  - HealthWatch update

038/12

**ANY OTHER BUSINESS**

- MMcE informed the Board that if any Members had any queries relating to Safeguarding to contact herself due to the current absence of L Harris. Contact: [Mary.McElvaney@derbyshire.gov.uk](mailto:Mary.McElvaney@derbyshire.gov.uk) – Tel: 01629 532002.
- The Board thanked D Timcke and wished him well in his upcoming retirement and welcomed Jacqui Willis who has been appointed as NDVA Chief Executive – effective from 21 May 2012.

**DATE OF NEXT MEETING**

The next meeting of the Adult Care Board will take place on Thursday 12<sup>th</sup> July 2012 - 2:00pm – 4:00pm Committee Room 1 County Hall, Matlock.

**DERBYSHIRE COUNTY COUNCIL**

**ADULT CARE BOARD**

**12<sup>th</sup> July 2012**

**JOINT COMMISSIONING UPDATE**

**1. Purpose of the Report**

To update the Adult Care Board about the delivery of the Joint Commissioning Priorities as endorsed by the Shadow Health and Wellbeing Board and the associated processes.

**2. Information and Analysis**

At its meeting on 29<sup>th</sup> March 2012, the Shadow Health and Wellbeing Board endorsed the Joint Commissioning priorities for 2012/13 that had been agreed by the Adult Care Board at its meeting on 15<sup>th</sup> March 2012.

Since the March meeting the following actions have been completed:

- Safeguarding:
  - See separate report to the Adult Care Board.
- Frail Older People and Dementia:
  - A specialist home care service for people with dementia has been launched in Chesterfield with the specific aim of reducing avoidable hospital admissions.
  - An information service for people with dementia and their carers has been introduced across the county. The only exception is in Glossopdale where funding has not yet been agreed with the local NHS.
  - The Single Point of Access to re-ablement, intermediate care and other Community Services has been reviewed in the north of the county and plans developed for a similar service in the south.
  - The initiatives for people with Long Term Conditions and for frail older people have made progress, centring on plans for improving integrated care to improve outcomes for local people.
  - The Adult Care Strategy for Accommodation, Care and Support for older people is a separate agenda item for this Adult Care Board meeting.

- Carers
  - Progress has been made to deliver additional flexible breaks for carers using specific NHS investment and the introduction of personal budgets for carers.
  - Plans are being developed for Adult Care to take on lead commissioning of support for carers.
  - A BME project enabling staff in community groups to support carers to apply for the carer's Emergency Card has been established.
- Learning Disability
  - A scoping exercise is being undertaken to identify the actions required to progress adult care taking the lead commissioning role for people with learning disabilities.
  - The Community Lives programme of modernising day services is proposing an extended period of engagement with people with learning disabilities and family carers. Individuals are using the pilot Community Connector Service to make more use of community based opportunities.
  - The joint review of short breaks services is being incorporated into the proposed extended engagement for the Community Lives programme.
- Disabled People or People with Sensory Impairment
  - Joint work is continuing with the District and Borough Councils to shorten the process for adapting people's homes.
- Transition to Adult Life
  - A pilot for Personal Health Budgets is being finalised for young people already receiving a flexible budget.
- Implementation of the Autism Act
  - The diagnostic service is now available locally, rather than being based in Sheffield.
  - Enhanced multi-agency training for staff with regular contact with people with Autistic Spectrum Disorder is being developed. This supplements the more general training that is already available.
  - Plans for better co-ordinated local services using a hub and spoke model are being prepared.



- Mental Health Services

- Preparations are well advanced for the change to Any Qualified Provider for the Primary Care based Psychological Therapies Programme.
- Development of a local Rapid Assessment Interface and Discharge (RAID) Service is being project planned to assist in ensuring patients are not remaining unnecessarily in acute hospitals because of mental health matters. Guidance from other areas shows that this service has a significant effect on the lengths of hospital stay for people with dementia.

- Joint Commissioning System

- Considerable progress has been made in developing a Joint Commissioning system that incorporates the organisational changes included in the Health and Social Care Act, 2012. These include:
  - The creation of Clinical Commissioning Groups as NHS organisations
  - The emerging role of the Health and Wellbeing Board and the development of a Health and Wellbeing Strategy, and
  - The transfer of Public Health to the Council
  - The introduction of the National Commissioning Board.

## **CONCLUSION**

The development set out in this report relate to agreed joint priorities which are consistent with the emergent Health and Wellbeing Strategy for Derbyshire.

They are tangible achievements reflecting good joint working between the developing clinical commissioning groups, adult care and district and borough councils. This joint working will be further strengthened as joint commissioning structures and relationships are consolidated in the coming period.

## **OFFICER RECOMMENDATION**

That the progress on delivering the Joint Commissioning System and Priorities for 2012/13 is noted.

**Julie Vollar**  
**Group Manager - Commissioning**

**DERBYSHIRE COUNTY COUNCIL**

**ADULT CARE BOARD**

**12<sup>th</sup> July 2012**

**SAFEGUARDING UPDATE**

**Purpose of the Report**

To update the Board on the work of the Derbyshire Partnership for Safeguarding Adults at Risk [DPAR] Board.

**Information and Analysis**

Adult Social Care Departments have the responsibility both locally and across the country for leading on Safeguarding and whilst the establishment of a Board is not yet a statutory responsibility it is expected good practice. The Board has an independent chair.

The DPAR Board comprises members from a range of key strategic partners including:-

Derbyshire County PCT  
Derbyshire County Health Services  
Derbyshire Adult Care  
Derbyshire Healthcare Foundation Trust  
Chesterfield Royal Hospital  
Derby Royal Hospital  
Derbyshire Fire and Rescue  
Derbyshire Police  
Derbyshire Probation Service  
Independent Sector Providers  
Voluntary Sector Providers  
MAPPA  
Derbyshire County Council Community Safety

It is expected that the Board will have membership from the CCG's as a requirement of their authorisation as a CCG.

The challenge for the Board over the last 12 months has been to have appropriate strategic members who are able to make decisions on behalf of their organisation and influence strategic direction within their own organisations.

Following discussions at a strategic level with Derby City Adult Care it became evident that there was a growing commitment and willingness to work together with Derby City Adult Care to share a common Policy and Procedure across both local authorities, enhancing the effectiveness of our Safeguarding local people with all partners working under the common framework. Common policy and procedures have been welcomed by agencies which cover the City and County boundary, such as the Derbyshire Constabulary.

The shared Policy and Procedures have been achieved and work is on-going to support partners and practitioners in developing operational practice guidance that is available to everyone in Derbyshire via the Safer Derbyshire web site.

Having established the membership of the Board it has now been agreed to create a number of sub groups to undertake work on behalf of the Board and partner agencies. Regular reports from the sub groups ensure the Board are fully briefed of the work being undertaken to support the Board's Business Plan. There has been an agreement with Derby City Safeguarding Board to have sub group membership from both Derbyshire and Derby City partnerships to share where possible jointly agreed pieces of work and reduce the time commitments for our partner agencies.

Outlined below are the sub-groups working to the Board with the key priorities for the year 2012/2013.

### **Mental Capacity Act and Deprivation of Liberty Safeguards**

- Ensuring partners are briefed of legal developments and can access updates
- Preparing for the transfer of the supervisory responsibility of the PCT to the LA and the foundations required to ensure the appropriate responses from our managing authorities and CCG's
- Ensuring all partners are aware of their responsibilities and supported in implementing the Mental Capacity Act – Deprivation of Liberty Safeguards
- Ensuring Dignity in Care where people are being deprived of their liberty

### **Learning and Development**

- Developing a whole systems approach to the training and development needs of all staff across Derbyshire and Derby City involved in Safeguarding local people and a shared training plan
- Identifying the needs and resources of organisations to meet the challenges in delivering Safeguarding competencies
- Delivering the corporate message to launching the recently developed Thresholds and agency specific workshops to support operational staff

## **Quality Assurance and Performance**

- Development of a strategic action plan in accordance with the board priorities
- Understanding and analysis of Safeguarding Statistics to inform policy and procedures and practice guidance
- Undertaking Serious Case Reviews and making recommendations to the Board and partners
- Learning from and sharing good practice

## **Stakeholder Engagement and Involvement**

- Developing the involvement of local people who have been involved within the Safeguarding Process to inform practice
- Working with partners to support initiatives to keep people Safe in Derbyshire

Supporting the work of the board and its sub groups, there is also an **operational multi-agency focus group** which meets to discuss operational issues and identify any difficulties in implementing the policy and procedures, and practice guidance.

Attached is the draft Annual Report of the Safeguarding Board for 2011 which the Adult Care Board is invited to comment on.

## **RECOMMENDATION**

1. That the Adult Care Board receives this report.
2. That the Adult Care Board comments on the draft Annual Report, attached to this report.

**Jill Ryalls**  
**Group Manager**

**DERBYSHIRE COUNTY COUNCIL**

**ADULT CARE BOARD**

**12<sup>th</sup> July 2012**

**Adult Care Prevention Strategy 2012-13 – Reviewing Implementation**

**1. Purpose of the Report**

To inform the Adult Care Board that work is to be undertaken to re-fresh the Adult Care Prevention Strategy 2011-2014.

**2. Information and Analysis**

Derbyshire County Council Cabinet approved the Adult Care Prevention Strategy 2011-2014 in January 2011. It is now around the mid-point of the life-span of the strategy and it is now appropriate to review the implementation of the strategy, taking into consideration national and local developments over the last 18 months.

National developments include:

- Health and Social Care Act 2012 – radical change to commissioning and delivery of NHS services including the transfer of Public Health to local government, and new opportunities for service integration.
- Prime Minister Challenge on dementia (March 2012) – aims to deliver major improvements in dementia care and research.
- ‘Making it Real – marking progress towards personalised, community based adult social care and support, part of the ‘Think Local, Act Personal’ sector-wide service transformation.
- Forthcoming White Paper / Draft Bill on Adult Social Care.

Locally, developments include:

- Adult Care new structure and service model (April 2011)
- Clinical Commissioning Groups established in shadow form and going forward to authorisation
- Shadow Health and Wellbeing Board established and developing
- Public Health function moving to Derbyshire County Council (April 2013)
- Modernisation programme for accommodation, care and support services for older people (a £200 million investment)
- Continuing pressure on budgets and efficiency across all public services

Adult Care is continuing to make a substantial investment in prevention services, working with statutory, voluntary and community sector partners across Derbyshire. This supports what most people want, to be as well as they can be and to have a good quality of life. It also develops and strengthens opportunities to prevent and delay people needing on-going health and/or social care support services.

The Adult Care Prevention Strategy sets out the framework for our programme and investment in prevention and early intervention opportunities. A number of these opportunities are available to all adults living in Derbyshire and form part of our 'universal' offer to local people. The focus is on 'working with', not 'doing for' people. The aim is to help people to help themselves to stay well and be active, alongside supporting those most vulnerable people when they need on-going health/social care services. To do this successfully requires a balanced investment spanning preventative provision to specialist care.

It is now appropriate to review the implementation and achievements of the last 18 months and to establish shared priorities for the further implementation and development of the prevention strategy during the remaining period to 2014. The Prevention Strategy success indicators are:

- People can easily and reliably access health and wellbeing information and advice services and community resources, including via Health and Wellbeing Zones.
- People are well informed about options available to them when faced with potential risks and support needs.
- More people are accessing a preventative service as an alternative to personal care.
- More people have been supported to maintain their independence.
- More people have been supported to maintain or become involved in a range of cultural activities.
- More people are helped to avoid a crisis that could lead to unnecessary admissions to hospital or into longer term care, through joined up early intervention.

It is proposed to establish a Task and Finish Group reporting to the Adult Care Board to undertake this work following a Prevention Strategy stakeholder meeting to be held in September. The stakeholder meeting would invite participation from health commissioners and providers, public health, Derbyshire LINK/Healthwatch, CVs/VC's, Advice Derbyshire, District/Borough Council's, Police/Community Safety, Fire and Rescue Service, and Derbyshire County Council service departments. Other nominations will be considered.

### **3. OFFICER'S RECOMMENDATIONS**

That the Adult Care Board approves the proposed refresh of the implementation of the Adult Care Prevention Strategy 2011-2014 and the proposed arrangements including the stakeholder meeting and nominations for attendance.

**Authors:** Jem Brown Group Manager – Prevention/Andrew Milroy Assistant Director Adult Care

The following indicators are replicated, complementary or whole system (i.e. across both Adult Care and the NHS)

Type of Indicator	Adult Social Care Outcomes Framework	NHS Outcomes Framework	Additional comments
Replicated	Proportion of older people (65 and over) who are still living at home 91 days after discharge from hospital into rehabilitation, intermediate care or rehabilitation (2B)	Proportion of older people (65 and over) who were: (i) still at home 91 days after discharge into rehabilitation; (ii) offered rehabilitation following discharge from acute or community hospital (No. 3.6)	
Complementary	Social care-related quality of life (1A)	Health-related quality of life for people with long-term conditions (No. 2)	
	The proportion of people using adult social care services who have control over their daily life (1B)	Proportion of people feeling supported to manage their condition (No. 2.1)	
	Carer-reported quality of life (1D)	Health-related quality of life for carers (No. 2.4)	
	Proportion of adults in contact with secondary mental health services in paid employment (1F)	Employment of people with mental illness (No. 2.5)	

Whole System	Delayed transfers of care from hospital; and those attributable to social care 100,000 population (2C)	No specific indicator	This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services.
			<p>NI 129 End of Life Care Access to appropriate care enabling people to be able to choose to die at home – Note: indicator deleted from the national Adult Care data set.</p> <p>There is a new NHS indicator included in the 2012/13 NHS Outcomes Framework No. 4.6 “Improving the experience of care for people at the end of their lives” an indicator to be derived from the survey of bereaved carers – not ready until 2012/13</p>



**DERBYSHIRE COUNTY COUNCIL**

**ADULT CARE BOARD**

**12<sup>th</sup> July 2012**

**Progress Report on Housing Related Support Services**

**1. Purpose of the Report**

- 1.1 To inform members of the Adult Care Board of the development work on Housing Related Support services, Assistive Technology Services and use of Disabled Facilities Grants.

**2. Housing Related Support Services**

- 2.1 In 2011-12 the Housing Related Support programme supported 25,375 vulnerable people to live independently in their own homes. Vulnerable groups supported include young people, older people with support needs, people with learning disabilities, and people with mental health problems.
- 2.2 Service users report the following health and wellbeing impacts:
- 45% now feel very safe,
  - 46% quite safe
  - 90% feel they now have a much better quality of life
  - 53% feel more confident to live independently
- 2.3 The Accommodation and Support Team are continuing to re-procure services and support small local charitable organisations to compete for tenders by forming consortia with large organisations. The benefits of recent procurement includes; increased numbers of accommodation based and floating provision, increased use of Payment By Outcomes and a good mix of small, medium and large provider organisations. This process has achieved the following:
- The Derbyshire Housing Options Service for Older People is now delivered by iDecide consortium, comprising P3, Derbyshire Federation for Mental Health and Amber Trust; supporting 900 older people annually.
  - An increase of 81 (17%) units of accommodation and floating housing related support services for people with mental health problems across the County.

- An increase in accommodation and floating support of 90 (47%) units for Domestic abuse services, 30 units (13%) for Adults and 30 units (10%) for Young People.
- An additional 88 units of housing related support within the Extra Care scheme in Swadlincote, the scheme is due to be completed in Autumn 2012 and Trident will provide the housing related support services.

### **3. Adult Care's Investment and Developments in Assistive Technology Services**

3.1 Work is continuing with the 'tri-borough' consortium, comprising Chesterfield, Bolsover and South Derbyshire District Council, to provide a Countywide alarm monitoring service. Competitive Dialogue procurement is also underway to secure a partner with appropriate expertise and investment in Assistive Technology equipment and services, to establish a joint venture. Other related Services are also progressing for example:

- Tenders for warden services to be provided on a floating support model including responding to a community alarm are currently been evaluated.
- The core (county wide) Handy Van network capacity will be increased in order to meet the expected growth in demand for the installation, servicing and maintenance of the community alarm and Telecare equipment.

### **4. Adaptation-Disabled Facilities Grants**

4.1 Evidence demonstrates that an accessible, adapted home can make a significant contribution to improving older and disabled people's quality of life. Adaptations can enable independence, help to prevent accidents, particularly falls, and reduce hospital and care home admission rates. Suitably designed or adapted housing has a direct effect on reducing the cost of health and social care services.

4.2 The effective delivery of major housing adaptations is a crucial element in supporting the independence of disabled people of all ages. The primary funding mechanism is the mandatory Disabled Facilities Grant (DFG) administered by District Councils. A key focus of our work is on improving the effectiveness of processes through planning and the development of shared operating systems/approaches.

4.3 In 2011-12 a total of 311 DFG's were completed. The County and District Borough Council's DFG Strategy Group is currently revising the County DFG strategy. This will continue to build on best practice and address challenges including:

- Streamlining and integrating of systems and processes to improve effectiveness of the Councils delivery of its statutory responsibilities.
- Improving joint assessment and financial planning in order to maximise the level of funding allocated to housing adaptations.

## **5. Health, Housing and Care**

5.1 The health prevention role of housing is recognised in the 2011 public health white paper. Poor health and housing has been estimated to cost the NHS £600 million a year. For example an individual's health problem may well have housing as its source: cold and damp, disrepair, inaccessible rooms, and high risk of falls and of lack handrails all have significant impacts on health and social care.

5.2 Early interventions that address the causes of ill health due to poor housing conditions can result in reduced GP visits, fewer emergency admissions, and reduce accidents requiring expensive rehabilitation. Officers from the County and District Borough Council's are preparing a strategy that will propose a multi-agency response to the above challenges.

## **6. Officer's Recommendation**

6.1 Members are asked to note the progress on Housing Related Support services, Assistive Technology Services and use of Disabled Facilities Grants.

**Ram Paul**  
**Group Manager**  
**Accommodation & Support**

**Adult Care Board**

**12<sup>th</sup> July 2012**

**Report of the Strategic Director Adult Care**

**PLAN TO DELIVER THE ACCOMMODATION CARE AND SUPPORT  
STRATEGY FOR OLDER PEOPLE IN DERBYSHIRE**

**Purpose of Report**

To update the Adult Care Board on the Plan to Deliver the Accommodation Care and Support Strategy for Older People in Derbyshire

**Information and Analysis**

The Plan to Delivery the Accommodation Care and Support Strategy for Older People was approved by Cabinet on 20<sup>th</sup> February 2012.

The plans set out to reconfigure the accommodation, care and support for older people through 4 Specialist Community Care Centres and 2 dispersed rural centres which will consolidate specialist dementia services across the county; supported by a network of Extra Care schemes providing a range state of the art apartments with on-site personal care and support, some with additional specialist services; and an increased range of agreements with partner agencies to deliver health and wellbeing zones.

This report provides a progress report on the work streams involved in delivering the plans, detailing key issues for partners, and what the next steps are.

**Update on Progress**

**1. Current Provision:**

Three Extra Care schemes are already operational at Whitfield House in Glossop, Waltham House in Wirksworth, and Stonelow Court in Dronfield. The Staveley Community Care Centre is already open, and has been operational since March 2010.

## **2. Oakland: Swadlincote Extra Care and Community Care Centre**

The Oakland Scheme will include 88 extra care apartments and a specialist community care centre comprising a health and wellbeing zone, day care services accommodating a total of 20 people at any one time, 16 long term dementia beds, 8 respite beds, 8 intermediate care beds and a suite of therapy/clinic rooms. In addition there will be a range of community facilities such as restaurant bistro, gym, shop, hairdressers and multi-faith room.

Work has progressed at the scheme, with handover from the constructors anticipated by the end of October 2012. A series of open events will be held in late October / early November to enable local people and partner agencies to see the completed scheme. There will be a range of tenures available in the apartments, and a show-apartment will be ready shortly to enable the extra care apartments to be let or sold.

Core services are currently being commissioned for the scheme including an integrated model of housing management, housing related support and on-site 24/7 unplanned and planned personal care.

A joint commissioning group has been established to identify the needs for primary care input and consider the commissioning of joint services within and from the new centre.

## **3. Specialist Community Care Centres**

Two Specialist Community Care Centres are currently being designed with a view to progressing to a planning submission on 12<sup>th</sup> July 2012. The two sites are in Darley Dale (on land adjacent to the Whitworth Hospital) and in Heanor. Presentations on both designs are being made to local town councils.

The site proposed for Heanor is on the current Florence Shipley Home for Older People. The proposal to develop the Centre in Heanor is subject to the outcome of consultation with residents in the home and their families; the outcome of an Equality Impact Assessment; and the outcome of the planning determination. An alternative site has been identified should it be required.

It is intended that the contract notice to design and build the two centres will be issued to the market in late August or early September, with an anticipated start on site in early spring 2013, with handover and opening in 2014.

#### **4. Extra Care Procurement for an initial 600 units**

The Council is in the final stages of closing a contract with Chevin Together Housing to deliver up to 600 units of Extra Care housing across the county. An initial 197 units are planned for Foolow Court, Chesterfield; Cressy Fields, Alfreton; and Market Street Clay Cross. The Foolow Court site will use land that is being transferred from Chesterfield Borough Council, and has successfully had a planning application determined.

The planning application for Clay Cross will be submitted by the end of July, with the Alfreton one to follow shortly afterwards. It is anticipated that the three schemes will be available in late 2013 early 2014. Five further potential sites have been identified to deliver the remaining 400 units within this procurement, between 2015 and 2017.

#### **5. Extra Care Procurement for an additional 800 units**

The Council has started a Competitive Dialogue process to secure further partners to develop and operate the remaining extra care units required to deliver the ambitious plans to have extra care housing within 5 miles of most people in Derbyshire. 12 sites have been identified for inclusion in the procurement. A consortium has been invited to take part in detailed discussions about a possible solution. It is anticipated that a proposal will be put forward to Cabinet by December 2012, with deliver of schemes between 2014 and 2017.

#### **6. Specialist facilities within Extra Care Housing Schemes**

In addition to the Community Care Centres, a range of specialist facilities and services are to be commissioned in at least eight of the extra care schemes, some of which will be registered with the Care Quality Commission.

Discussions are progressing with both Local Clinical Commissioning Groups and Derbyshire Community Health Services to establish required primary care inputs and opportunities to deliver integrated health and social care services within the new developments.

Involvement is also being sought from both the Voluntary sector to provide a range of advice and support e.g. Age UK, Alzheimer Society, Stroke Association, Citizen's Advice Bureau, and from Carers and other groups with whom the Authority is working to provide advice, support, and opportunities for respite and specialist service provision.

## **7. Working with Districts and Boroughs to deliver affordable housing**

The stated intention of the Authority is to make an offer of affordable extra care housing within 5 miles of where most people live. Work has been progressing with colleagues in District and Borough Councils to ensure that there is a mixed tenure model available to suit the local market with affordable rents, sales prices, and service charges.

A review of the current funding streams and benefit entitlements has been undertaken to ensure that no specific groups of older people are excluded from being able to afford to live in the extra care schemes. The review will also focus on the content of the Welfare Reform Act 2012, particularly the introduction of the universal credit.

Derbyshire is leading the way in developing a model of extra care housing that does not rely upon external government grant funding. That places some limitations on the developments, including the lack of any margin to pay Section 106 monies or Infrastructure Levies. The Council has started to work with District and Boroughs to seek a £nil charge for infrastructure levies on affordable Extra Care schemes. The definition of 'affordable' extra care schemes is being determined to ensure that it includes local authority contribution to the development, rents and service charges that are agreed by District and Borough Councils, and local authority involvement in the allocation panel.

## **8. Land Assembly**

As stated earlier, the Authority has an ambitious plan to deliver specialist services within 10 miles of most people, and extra care housing within 5 miles of most people. It is estimated that will require approximately 27 sites in total across the County.

The precise configuration of the new provision and the new service model will be subject to detailed consultation in respect of each establishment that will be affected by the proposals. The Authority continues to work with partners across health, District and Borough Councils to identify possible alternative or additional sites for consideration.

### **Next Steps for Implementation:**

The next steps for delivery of the plan include:

- Consultation with affected residential care homes, residents, relatives and staff.
- Cabinet decisions on individual residential care homes.
- Continued procurement and working with partners to deliver the accommodation.
- Work with partners to agree, jointly commission and deliver service models.

### **Officer's Recommendations**

It is recommended that the content of this report is noted by the Adult Care Board.

**Katey Twyford  
Group Manager  
Capital Investment Programme**



## **DERBYSHIRE ADULT CARE BOARD**

**12<sup>th</sup> July 2012**

### **NUTRITION AND OLDER PEOPLE**

#### **1. Purpose of the Report**

The purpose of this report is to:

Update the Adult Care Board on local actions to improve levels of nutrition among older people who are underweight.

#### **2. Information and Analysis**

##### **Background**

The Adult Care Board has supported local actions to implement Dignity in Care. One area of concern that has been raised locally and nationally is the poor level of nutrition among some older people. Much of the national attention has focussed on the nutrition levels of hospital patients and care home residents. There is also however, concern for the wider population of older people living in their own homes.

In 2011 the County Council's Improvement and Scrutiny Committee – People produced a report on 'Nutrition for Older People in the Community and Care Settings including Hospitals'. The report identified positive work taking place in some parts of the county and following a stakeholder Nutrition Summit, produced a set of recommendations. These are attached as Appendix One.

A multi-agency implementation team has taken forward the recommendations and made considerable progress in delivering improvements. Two specific developments are the main focus of this report.

##### **Survey of Nutritional Risk**

The Improvement and Scrutiny Committee identified that there was little local systematic knowledge of the nutritional state of local older people and thus their risk of malnutrition.

In May this year a survey was undertaken of people's risk of malnutrition in the following settings:

- Burton Hospitals NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Derbyshire Community Health Services NHS Trust – Community Hospitals
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire County Council – Adult Care – Care Homes
- Independent sector residential and nursing homes in Derbyshire

The survey used a specific risk measurement approach developed by the British Association for Parenteral and Enteral Nutrition (BAPEN). BAPEN is the nationally recognised leader in this topic and the risk measure is based on height, weight and unplanned weight loss. Information was collected about 2894 people and the results showed that:

382 (13%) considered to be High Risk  
321 (11%) considered to be Medium Risk  
2048 (71%) considered to be Low Risk  
143 (5%) did not have sufficient information to be included.

Of these 703 people in the High and Medium Risk:

669 are aged over 65  
225 are aged over 20

Further analysis of the results is being undertaken to provide additional detail. The intention is that this survey is completed regularly and potentially should include people living in their own homes.

It is important to appreciate that there may be a range of reasons why a person is at enhanced risk of malnutrition and that action is taken to minimise the risk being translated into reality. All of the organisations participating in the survey have recognised the importance of good nutritional standards and will be using the results to minimise avoidable higher risk scores.

### Publicity Initiative

Linked to the Improvement and Scrutiny Review the County Council has set up a major publicity initiative to offer advice to Older People about good nutrition.

The actions taken as part of this initiative include:

- Information articles included in Derbyshire First, the Gold Card magazine, Workforce, the staff magazine for County Council employees and b-line to reach grandchildren
- Publication and wide distribution of a booklet 'How to eat well – a guide for Older People who are underweight'. Copies are being sent to Libraries, GP surgeries, community hospitals and community and voluntary sector organisations
- A dedicated section of the County Council's website which includes a copy of the booklet for viewing or downloading
- Publicity events such as attending the recent Derbyshire Food and Drink Festival. (Future activity in this initiative is expected to include further publicity, radio phone-ins and cookery classes for carers).

The wide ranging initiative is also promoting good hydration with information for older people and their families and other carers.

#### **OFFICER RECOMMENDATION**

1. That the report is noted.
2. That organisations represented at the Adult Care Board participate in the publicity initiative.

**Bill Robertson**  
**Strategic Director, Adult Care**

### **What happens now?**

#### **Areas for improvement**

There were four main areas identified during the review process where improvements can be made that will have positive outcomes for older people. These areas are summarised below – the review has not been prescriptive in identifying specific actions for individual services, nor does it wish to recommend a one-size fits all approach. Instead it has identified themes with suggested areas for improvement for the health and social care settings to work jointly on implementing.

At the review's Nutrition Summit it was agreed by Committee members and representatives present of social care and health organisations that a countywide multi-agency group would be established to develop a detailed action plan based on the four key themes and provide update reports to the Committee on the progress and outcomes of its work. This group will initially be administered by the County Council's Adult Care department for a short period of time.

#### **Communication**

Improvements relating to the theme of communication were identified in a number of areas most notably:

- Sharing of patient information between different care settings particularly in relation to care plans or diet plans and ensuring staff know of and ask for any such plans with a view to developing a 'nutrition pathway' for patients;
- Health promotion and awareness raising of malnutrition among older people and those that work with/care for older people.

#### **Screening**

The following improvements relate to the screening of older people for their nutritional status:

- All health and social care services are advised to adopt the use of the Malnutrition Universal Screening Tool (MUST) across all settings
- Improved screening at a primary care level rather than relying on secondary care services to undertake screening
- Creation of an early warning system for malnutrition akin to the early warning system for falls prevention should be explored by prevention services.

## **Training and development**

The following improvements relate to the training and development of staff in health and social settings:

- All staff involved in the screening and assessment of older people for nutritional status should have access to and undertake appropriate training
- Creation of 'Nutrition' champions with health and social care settings to link in with existing Dignity and Respect work
- Explore improvements to volunteering in health and social care settings particularly for those currently in a professional training position requiring demonstration of volunteering.

## **Data and Information**

The following improvements relate to the training and development of staff in health and social settings:

- Establishment of a Derbyshire baseline on prevalence of malnutrition with goal of improving information in the Joint Strategic Needs Assessment for Derbyshire to assist planning and commissioning activity (data collection should be undertaken using surveys similar to those used in the BAPEN screening weeks)
- Better reporting of data and information that relates to nutrition of older people e.g. patient care/experience in Quality Accounts for health services

## **Conclusions**

The review into nutrition of older people across the various social care and health settings in Derbyshire has shown that there is a lot of good work already being undertaken across the county in supporting people with a poor nutritional status. It has also shown, however, that improvements are needed in a number of areas to make the existing good work more effective.

The review has tried to keep in mind the original scoping report in undertaking its work. There are a number of areas where more work would have been helpful to the review particularly in refining the recommendations. However, the Nutrition Summit held on 12 April 2011 was useful in gaining a level of consent among health and social care service representatives as to the areas for improvement and how best to tackle them to ensure real outcomes are achieved.

**(From Improvement & Scrutiny Review May 2011)**

## **Welfare Reform Act 2012**

### **1. Summary**

The Welfare Reform Act 2012 contains provisions:

- to replace a number of benefits currently paid to working age claimants with a “Universal Credit”;
- to replace Disability Living Allowance with a new Personal Independence Payment;
- to replace the national framework of the Social Fund by allocating funds to Local Authorities (unitary and upper tier level) to create discretionary localised systems;
- to replace Council Tax Benefit with localised schemes at the district council level.

#### **1.1 Universal Credit**

Universal Credit will replace Income Support; Income based Jobseeker’s Allowance (JSA); Income based Employment and Support Allowance (ESA); Housing Benefit; Child Tax Credit and Working Tax Credit. These are all means tested benefits available to working age claimants. Each is payable to a different group of claimants as they have specific criteria associated with jobseeking; being unable to work through illness, or working in low waged employment. Currently Housing Benefit could be paid in addition to each of the others as it is specifically paid to assist with rent, but is equally means tested taking into account the wider financial circumstances of the household.

Benefits for working age claimants that will remain include Carer’s Allowance; Contributory Jobseeker’s Allowance (JSA); Contributory Employment and Support Allowance (ESA); Statutory Sick/Maternity/Adoption/Paternity Pay; Child Benefit; and Bereavement Benefits and Payments (although a separate consultation has just begun on these).

It is estimated by the Department for Work and Pensions (DWP) in the DWP Universal Credit Impact Assessment that 7.9M households nationally will be affected by the change in the benefits system over the implementation period commencing October 2013 and ending October 2017.

The Government’s stated policy objective for this change is:

“.....to create one single income-replacement benefit for working age adults which unifies the current system of means-tested out of work benefits, Tax Credits and support for housing. It will improve work incentives by allowing individuals to keep more of their income as they move into work, and by introducing a smoother and more transparent reduction of benefits when they increase their earnings. It will reduce the number of benefits and the number of agencies that people have to interact with and smooth the transition into

work. This will make it easier for customers to understand their entitlements and easier to administer the system, thus leaving less scope for fraud and error. The effects of the policy will be to reduce the number of workless households by always ensuring that work pays”

(Universal Credit - DWP Universal Credit Impact Assessment Feb 2011)

Payment of Universal Credit will be administered by the DWP using an on-line system with alternative access kept to a minimum, and an on-line system for reporting of changes of circumstances. Payments will be made *monthly* directly into bank accounts. The plan is for Her Majesty's Revenue and Customs (HMRC) to have a new IT system for 'real time' PAYE information from claimants who are working to be fed in, to allow benefit payments to be auto-adjusted. This is not yet built and there are widespread concerns about realism on timescales.

'Housing support', replacing Housing Benefit, will be part of the centralised Universal Credit system although amounts will be variable as the rent limits become more localised. Housing Support will be reduced for working age tenants in Social Housing who have extra bedrooms beyond that which are they regarded as needing. The DWP impact assessment identifies that nationally 32% of working age tenants in the social rented sector will be affected by this measure. This rises to 37% when the focus is placed solely on the East Midlands area.

Additional discretionary support will be available from local district councils from a nationally allocated resource. Examples being given include disabled people who have accommodation adapted to their needs, and foster carers between placements.

The 'switch-over' point between working age benefits and Pension Credit will be defined by the age of the *youngest* partner in a couple as opposed to the oldest as now. The age for accessing Pension Credit is already rising annually in line with increasing State Retirement Age. This will also mean that the (lower) capital limit of working age benefits will apply to a couple until both reach retirement age.

Child Tax Credit and Working Tax Credit, currently paid to families and lower paid workers, do not have capital rules based on an absolute cut off point. Universal Credit will adopt the capital rules approach of most other means-tested benefits and apply an absolute cut off, excluding from benefits those with capital of over £16,000.

## **1.2 Personal Independence Payment**

Disability Living Allowance (DLA) is to be replaced with a new benefit called Personal Independence Payment from April 2013.

DLA is a non mean tested non-taxable benefit that is awarded according to a person's care needs (care component) and/or mobility difficulties (mobility component). There are currently three levels of care component and two levels of mobility component.

The Personal Independence Payment (PIP) is to be maintained as non means tested and non-taxable. The assessment of care and mobility needs is to shift to one undertaken by an independent health professional (i.e. not the claimant's GP or specialist) and to focus around new criteria. The new PIP structure has two levels of care component and two levels of mobility component. The lower level of DLA care need is a major area not addressed by the draft regulations for the PIP assessment.

All existing claimants of DLA will be re-assessed under this new framework between autumn 2013 and 2016. As set out in the June Budget of 2010 and subsequently in the DWP Personal Independence Payment Impact Assessment, the government intention is to reduce the 'caseload' (i.e. number of claimants), and the overall cost of DLA by 20% through the introduction of PIP.

DWP claimant data for August 2011 indicates that there are between 25,000 and 27,000 claimants of DLA of working age in Derbyshire, all of whom will be subject to re-assessment.

### **1.3 Social Fund – Community Care Grants and Crisis Loans**

The Social Fund is a system of grants and loans paid to individuals – usually with criteria about receiving means-tested benefits

The national framework for some parts of the Social Fund is to be replaced with local provision administered by upper tier and unitary authorities – these being Community Care Grants, and Crisis Loans for living expenses and items following a disaster. Other aspects of the 'discretionary social fund' are to be rolled into the Universal Credit as Short Term Advances, and Budgetary Advances.

Social Fund payments associated with maternity, funeral expenses, and cold weather payments will be retained by the DWP.

The funding allocated to upper tier local authorities by government will be the equivalent of the spend on these aspects of the Social Fund for that area in 2012/13.

The funding and responsibility will be transferred for April 2013 onwards.



The 2009/10 spend for Crisis Loans in Derbyshire was £995,700; and for Community Care Grants was £1,030,200. However there is downward pressure on the Social Fund spend from Government currently, particularly on Crisis Loans, so the actual figures for 2012/13 are likely to be lower than this.

Officers have attended a briefing on this issue by the DWP on 20<sup>th</sup> March 2012 and an appendix is attached covering the key points from that briefing.

#### **1.4 Localised system for Council Tax Benefit**

Council Tax Benefit (CTB) is a means tested benefit available to people on low income to assist them to pay for their Council Tax Bill. It is not specific to working age or pensioner groups. It is administered locally by district and borough councils according to regulations set by parliament and guidance issued by the DWP.

The Welfare Reform Act abolished Council Tax Benefit which will be replaced by localised systems devolved to district and borough councils from April 2013 with each council being responsible for designing its own criteria for who receives assistance with their Council Tax bills and to what extent. Within that design three policy aims have been set out by the government:

- Protection of work incentives

- Protection of pensioners from any reduction in support

- Reduction of 10% in the overall budget for CTB.

The responsibility for overseeing this new system is being passed from DWP to the Department for Communities and Local Government.

### **Department for Work and Pensions briefing on Social Fund Reform**

From April 2013 the elements of the Social Fund that are currently administered by the Department for Work and Pensions (DWP) as Community Care Grants and Crisis Loans for living expenses and items, are to be transferred to upper tier and unitary authorities. These authorities will be expected to design and deliver new locally based schemes of assistance.

Community Care Grants are currently, non-repayable grants awarded for a range of items including household equipment. They support vulnerable people to return to, or remain in the community or to ease exceptional pressure on families. Eligibility is currently dependent on individuals being in receipt of a means tested benefit.

Crisis loans are interest free loans available to anyone (whether or not they are in receipt of a benefit) who cannot meet their immediate short term needs in an emergency or as a consequence of a disaster, e.g. fire, flood. In 2009/10, 46% of Crisis Loan applications were because of “alignment issues” between two different benefits or between benefits and wages. This element is not forming part of the transition to local provision and will become part of Universal Credit under the wider provisions of the Welfare Reform Act.

The DWP has set out [in two main documents so far<sup>1</sup>] the background information and strategic vision it suggests needs to be considered by councils when planning for the take up of local responsibility from April 2013. Workshops discussing this information have been held in the past month by policy officers from the DWP for upper tier local authorities.

There will be no new duty placed on council's as a result of this measure and there is “no expectation or desire from central government that the new service will mirror the current social fund scheme in whole or in part” (DWP June 2011, p25).

In particular, there is no expectation that councils will offer loans, although they may wish to facilitate and encourage the local provision of affordable credit options.

The purpose of the funding will be set out in a settlement letter (probably to be sent out around June/July 2012) and a random sample of 50 local authorities will be reviewed in 2014/15 to ascertain how the funding has been used.

---

<sup>1</sup> DWP Local support to replace Community Care Grants and Crisis Loans for living expenses in England – June 2011 and DWP Local authority fieldwork summary report December 2011.

A total of £178M per annum has been allocated to be apportioned nationally between England, Scotland and Wales in the current spending review period. The English allocation will be split between upper tier local authorities. DWP staff indicated at the workshop that 'new burden money' would be made available with reference to the current running costs of the Social Fund within the DWP but as yet the amount had not been quantified. The review in 2014/15 will also consider what the funding requirements may be for the future period.

The projections around funding for each local authority are that an amount equivalent to the spend in 2012/13 will be transferred over. The 2009/10 spend for Crisis Loans in Derbyshire (excluding 'alignment loans') was **£995,700**; and for Community Care Grants was **£1,030,200**. However, there is current downward pressure on the Social Fund spend from Government, particularly on Crisis Loans, in an effort to reduce allocation to the 2005/6 level, so the actual figures for 2012/13 are likely to be lower than currently projected.

The eligibility criteria for the new provision are for each local authority to decide. The Welfare Reform Act contains provisions to enable Social Security data to be shared by the DWP with local authorities. This should mean that if councils choose to adopt benefit receipt as an indicator of low income, they will be able to check benefit records rather than rely on the individual to provide proof of entitlement.

The DWP led workshops recommended that councils engage with local stakeholders, including district and borough councils, voluntary sector agencies and current providers of emergency support, to develop a shared view on priorities and avoid possible duplication of provision.

The range of approaches being considered by councils includes:

- creating a new service
- aligning provision and budgets with existing services
- contracting with new or existing external partners
- a mixture of the above – some development of existing provision with additional contracting with partner agencies
- development of an application based system, or one based on referrals
- what policy and process to set up in relation to 'appeals', resulting from complaints on decisions made.

The DWP are intending to build a network of council officers working on this task across the country, and have indicated that the next likely round of DWP led communication and meetings will be in the summer of 2012. This is when they hope to have more detail about the 'new burden'/running costs issue. In the meantime, updated Social Fund data is being added to the DWP Social Fund localisation website to facilitate local planning.

### **Further information from DWP**

We would like to inform you of changes to the Social Fund Reform webpage, explain our communications and data sharing approach moving forward and give you an update on the Settlement Letter.

### **Webpage update**

The Social Fund Reform webpage has been updated to include the following information:

- o Data on the reasons for Crisis Loan and Community Care Grant applications for each local authority
- o Data on expenditure trends over time for each local authority
- o Crisis Loan seasonal trends
- o A link to further information and technical guidance available on the DWP website
- o A question and answer fact sheet on the current system of Crisis Loans and Community Care Grants
- o An information fact sheet on the future system of Budgeting Advances and Short Term Advances
- o The communications toolkit presentation given at the follow up workshops in Leeds and London
- o Further information on the Local Government Association Knowledge Hub

The new data which is going on to the website today includes some additional lower level detail on the reasons why a Crisis Loan is given to a customer. This data comes from a different part of the management information system than the data which is currently online and so in most instances the total Crisis Loans applications, awards and spend will differ by a small amount. Despite the minor differences, this data will be useful for planning purposes as it gives a good indication of the reasons payments were made.

The data on Community Care Grants should be the same on both spreadsheets.

We have spent time trying to rectify the discrepancies and this has caused the delay in publishing the data but we appreciate the tight timescales involved and are therefore publishing the data with the caveat described.

### **Communications**

We feel it is essential to ensure that we continue to work with and support you in the development and implementation of your local schemes. Our approach in the future will involve:

- Continuing to update the Social Fund Reform Webpage
- Sending email bulletins to inform of any updates
- Developing another round of workshops to be held in August/September
- Using the Social Fund inbox as the primary inquiry channel for any policy or financial queries for all external organisations and local authorities
- Continuing to develop a national approach to our communications with you and informing you of our strategy on this moving forward

We feel, however, that it is also crucial to ensure that local connections are encouraged and reinforced. So, in addition to the use of the Social Fund inbox, we will be briefing DWP local External Relations Managers (ERMs) to act as the first point of contact for any local engagement issues which your specific delivery models may require. These may include confirming local points of contact, supporting presentations that you might be organising locally and acting as the interface between yourselves and the Department. In addition, we would expect local authorities and the devolved administrations to involve Jobcentre Plus district colleagues and advisory service teams in the development of local communication campaigns.

## **Data sharing**

As outlined above, we have provided you with additional data detailing the reasons for Community Care Grant and Crisis Loan applications and outlining seasonal and expenditure trends over time.

We feel that this new data along with the existing data, the new fact sheets on the current and future system, the Social Fund Annual Reports, the Social Fund Guide and the extensive guidance available on the DWP website and Direct.gov should provide you with ample information to help with planning for your local schemes.

After extensive consultation with our legal colleagues we have concluded that it will not be possible to provide a blanket data share of historic personalised benefits data for each local authority. Given that each local scheme will be different with varying provision and eligibility criteria, it is felt that a wholesale transference of data would not be proportionate or justifiable.

However we do recognise that there may some exceptional cases where you may need to access information on a claimant's previous Social Fund awards. We are working with colleagues to scope how we can ensure that this provision is available for you post April 2013.

Work on expanding access to Customer Information System (CIS) to allow you to see live benefit data to assess eligibility is still ongoing. Once you have had time to consider in more detail how you will deliver your local schemes, and if your arrangements require this live benefits data, we will need to know how many users you require so that we can arrange access to CIS. We will discuss this further at the proposed workshops.

## **Settlement letter**

Ministers are still to decide on the programme and administration budgets to be detailed in the settlement letter. They are due to make these decisions shortly and will send you the letters as soon as possible after that. We realise that this means we will not be able to issue the letter by the end of June, but shortly after instead, and we apologise for any inconvenience this causes.