DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

THURSDAY 15TH MARCH 2012
2:00PM TO 4:00PM
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Welcome & Introduction from Cllr Charles Jones	Cllr Jones
	Noted Apologies: B Laurence, A Mott, A Milroy	"
1.	Minutes from the meeting 12th January 2012 (attached)	"
2.	Public Health Outcomes (attached)	A Pritchard
3.	Derbyshire Health & Wellbeing Strategy Development: proposed high-level priorities (attached)	A Pritchard
4.	Accommodation & Support Strategy: See Cabinet Report (attached)	B Robertson
5.	Joint Commissioning Priorities (to follow)	J Matthews
6.	Prevention – Joint Support for Voluntary Sector (attached)	J Matthews
7.	Commission on Dignity and Care for Older People (attached)	J Matthews
8.	CCG Development	A Layzell
9.	Integrated Care: • Frail & Elderly • Long Term Conditions	A Layzell W Sunney
10.	Health & Wellbeing Board Issues	All
11.	The next meeting of the Adult Care Board will take place on 17th May 2012 at 2:00pm in Committee Room 1, County Hall, Matlock.	
12.	Any other business	

Julie Hardy
PA to Bill Robertson, Strategic Director - Adult Care Department
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DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 12TH JANUARY 2012 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Cllr Charles Jones	Derbyshire County Council - Cabinet Member (Adult Care) **Chairman**
Cllr Dave Allen	Derbyshire County Council – Elected Member
Cllr Stuart Ellis	Derbyshire County Council – Support Cabinet Member (Adult Care)
Russ Foster	Derbyshire Police
Lynn Harris	Derbyshire County Council – Safeguarding Board
Cllr Barbara Harrison	Erewash Borough Council
Cllr John Lemmon	South Derbyshire District Council
James Matthews	Derbyshire County Council – Adult Care
Mary McElvaney	Derbyshire County Council – Adult Care
Andrew Milroy	Derbyshire County Council – Adult Care
Andrew Mott	Southern Derbyshire Clinical Commissioning Group (CCG)
Helen O'Higgins	SDCCG representing Andy Layzell
Ram Paul	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
Jo Smith	South Derbyshire CVS: representing voluntary & community sector
Jennifer Stothard	Attending on behalf of J Pendleton – North Derbyshire CCG
Wendy Sunney	Hardwick Clinical Commissioning Group (CCG)
David Timcke	NDVA: representing voluntary & community sector
Julie Vollor	Derbyshire County Council – Adult Care
Jacqui Willis	NDVA: representing voluntary & community sector

APOLOGIES:

Sally Adams	High Peak Clinical Commissioning Group
Avi Bhatia	Erewash Clinical Commissioning Group (CCG)
Huw Bowen	Chesterfield Borough Council
Richard Brunt	Derbyshire Fire Service
David Collins	North Derbyshire Clinical Commissioning Group (CCG)
Stephanie Cook	Derby City PCT
Sean King	High Peak Clinical Commissioning Group (CCG)
Bruce Laurence	NHS Derbyshire County
Andy Layzell	Southern Derbyshire Clinical Commissioning Group
Steven Lloyd	Hardwick Health Clinical Commissioning Group (CCG)
Rakesh Marwaha	Erewash Clinical Commissioning Group (CCG)
Jackie Pendleton	North Derbyshire Clinical Commissioning Group (CCG)
David Sharp	NHS Derbyshire County
Trish Thompson	NHS Derbyshire County

Gavin Tomlinson	Derbyshire Fire Service
Clare Watson	Tameside & Glossop PCT (CCG)
Tammi Wright	Derbyshire LINk

Minute no	Item	Action
	WELCOME FROM CLLR CHARLES JONES AND APOLOGIES NOTED	
ACB 008/11	**MINUTES FROM THE MEETING ON 10TH NOVEMBER 2011 & MATTERS ARISING** • The minutes from 10th November 2011 were noted and agreed.	
009/11	**JSNA PRESENTATION** • L Flynn and S Pintus presented the Board with an introduction to the Joint Strategic Needs Assessment (JSNA). The new Derbyshire Observatory website was demonstrated – see link: http://observatory.derbyshire.gov.uk/IAS/ which provides a facility to access various monitoring / statistical data, including the ability to download, save and email. • A Health Profile is already in place for Children's Services – the same is to be produced for Adults. People are encouraged to use the information contained within the Derbyshire Observatory. The intention is that health and wellbeing data for Derbyshire is contained/located in just one place for ease of reference. Data for CCG boundary levels are required. • If any gaps of information are identified as missing, please contact Liam Flynn at liam.flynn@derbyshire.gov.uk or on 01629 532424.	
010/11	**ALIGNMENT OF ADULT SOCIAL CARE OUTCOME FRAMEWORK AND NHS INDICATORS** • J Vollor presented the Board with the Adult Care and NHS Outcomes Frameworks for 2012/13 and outlined options for the joint partnership priorities and indicators for 2012/13 – to be noted for information at this stage. • Views of the board were sought on key joint commissioning priorities for 2012/13. • For more information please contact Julie Vollor at julie.vollor@derbyshire.gov.uk or on 01629 532048.	
011/11	**WHOLE SYSTEM DEMONSTRATOR PROGRAMME: TELECARE/TELEHEALTH** • R Paul presented the Board with findings of the national Whole System Demonstrator Programme and progress on the Joint Derbyshire Telecare and Telehealth pilot. • There is an existing telecare/telehealth group with the NHS represented by Helen O'Higgins. This should be enhanced by CCG involvement. W Sunney confirmed existing work is already in place with CCG's – we need to ensure this is integrated into the work of Adult Care to avoid duplication. • Correct level of Health engagement to be organised: J Matthews & R Paul to action.	**CCG's** **JM/RP**

- Pilot is to be rolled out within Derbyshire with specific clients who would benefit from the services, to ensure the benefits are appropriately captured.
- For more information please contact Ram Paul at ram.paul@derbyshire.gov.uk or on 01629 532015.

012/11 **THE £20 BILLION QUESTION**

- J Vollor presented the Board with an update on 'The National £20 Billion Question about Dementia: Derbyshire's Response'.
- The current situation in Derbyshire has been assessed against the 8 key recommendations of the House of Commons All-Party Group on Dementia's report 'The £20 billion question: an inquiry into improving lives through cost-effective dementia services' published in July 2011.
- Training for GP's is to be increased. W Sunney confirmed there is a GP Champion for Dementia in the North and South already in place.
- Concerns were raised over the length of time it takes for assessments to be undertaken. Support services need to be available immediately.
- B Robertson advised that we hope to bring along the Accommodation, Care and Support Strategy to the next Adult Care Board.
- It was highlighted that the development of a Model of Intermediate Care is essential as people with dementia are currently not accessing intermediate care.
- The Board were asked to note the contents of the report, including work already completed and support work in progress - Agreed.

013/11 **JOINT COMMISSIONING AGENDA**

- Each CCG was asked to submit a short report of their current/proposed joint priorities with Adult Care. Copies of the reports were circulated for discussion.
- Agreement was sought to set up a task & finish group around the proposed commissioning priorities with the local NHS – Agreed. J Matthews to co-ordinate and organise, with a report to be submitted to the March Adult care Board. **JM**
- Alignment of investment needs to be in mind.
- Helen Robinson reported that carers and carer organisations are struggling – priorities need to be adequately resourced.
- Joint work is required to deliver the identified priorities – joint working is imperative compared with putting together large strategy documents.

014/11 **CLINICAL COMMISSIONING GROUP ISSUES**

- A Mott presented the CCG update on behalf of A Layzell.

015/11 **LEARNING DISABILITY JOINT SHORT BREAK REVIEW**

- J Matthews presented the Board with an update regarding the joint review of short breaks for people with a learning disability. To be noted for information.
- A further progress report is to be submitted to the Board in Summer 2012.
- For more information please contact Deborah Jenkinson at deborah.jenkinson@derbyshire.gov.uk or on 01629 532082.

016/11 **AUTISM STRATEGY**

- J Matthews presented the Board with a progress update on the implementation of Fulfilling and Rewarding Lives (March 2010) Strategy for Adults with Autism in England. The Board were asked to note the progress made.
- The Adult Care Board is to be used to oversee implementation of the legislative guidance.
- A further progress report is to be submitted to the Board in Summer 2012.
- For more information please contact Deborah Jenkinson at deborah.jenkinson@derbyshire.gov.uk or on 01629 532082.

017/11 **HEALTHWATCH UPDATE**

- J Matthews presented the Board with an update on the work being undertaken to develop a local HealthWatch Service in Derbyshire and to outline the likely timetable for its procurement.
- It was highlighted that the proposed start date is now April 2013, and not September 2012.
- It was agreed that work will continue on developing a vision for Derbyshire HealthWatch to include;
    - drafting the local HealthWatch service specification, taking account of any further Department of Health guidance about the expectations of HealthWatch and funding available.
    - Identify with colleagues in Derby City potential ways of ensuring that each HealthWatch organisation provides clear advice across Health boundaries and to consider how infrastructure costs might be shared to promote Best Value.
    - To promote within the tender the expectation that a Host provider will work with the HealthWatch membership to develop a distinct/high profile organisation that has its own corporate identity.
    - To ensure that all new contracts set by Derbyshire Adult Care and the local NHS require providers to take responsibility to promote to people HealthWatch when it is operational.
    - That further reports are submitted to the Adult Care Board updating it on progress in establishing Derbyshire HealthWatch
    - To consult with local voluntary and community sector providers about how HealthWatch might complement their information and advice services
- For more information please contact James Matthews at james.matthews@derbyshire.gov.uk or on 01629 532004.

018/11 **HEALTH AND WELLBEING BOARD AGENDA**

- The following agenda items for the Health and Wellbeing Board to be held on Thursday 26th January 2012 were discussed:
  - JSNA
  - Obesity
  - CCG's / Commissioning
  - NHS 111
  - Stakeholder Engagement
  - Public Health Transfer
  - Draft Health and Wellbeing Strategy
  - Update on HealthWatch / Task & Finish Group

DATE OF NEXT MEETING

The next meeting of the Adult Care Board will take place on Thursday 15th March 2012 - 2:00pm – 4:00pm Committee Room 1 County Hall, Matlock.

ACB

Agenda Item No.7 (c)

DERBYSHIRE COUNTY COUNCIL

CABINET

13 March 2012

Report of the Strategic Director – Policy and Community

DERBYSHIRE HEALTH AND WELLBEING STRATEGY DEVELOPMENT: PROPOSED HIGH-LEVEL PRIORITIES (Leadership and Culture)

1. Purpose of the report

To update Cabinet on the development of the Derbyshire Health and Wellbeing Strategy and to outline the consultation process on the proposed high-level priorities.

2. Information and Analysis

Previous reports to Cabinet have updated Members on developments in relation to the Health and Social Care Bill, including the statutory requirement for the Health and Wellbeing Board to identify local need and develop a joint Health and Wellbeing Strategy to meet those needs. The Bill also proposes a duty to involve the people living or working in the local area, local HealthWatch and District Councils in the preparation of the strategy.

Derbyshire's Shadow Health Wellbeing Board has made initial progress on the development of the Health and Wellbeing Strategy for Derbyshire. The main focus of the work so far has been to agree a small number of high level priorities around which the full Strategy can be developed. The priorities identified need to be those that have clear benefits from joint action by the different agencies represented on the Board and must be linked with clear outcome indicators in order to ensure progress can be monitored. The recently published Public Health Outcomes Framework for England is being incorporated into the development of the Strategy, alongside the Adult Social Care and NHS Outcomes Frameworks.

The statutory Joint Strategic Needs Assessment (JSNA) provides the key evidence that will drive the priorities for the Health and Wellbeing Strategy. Other plans, strategies and priorities that identify local health needs have also been reviewed to identify the appropriate priorities including the Local Strategic Partnerships (LSP) strategies and plans, Adult Care, Children's Trust, and the NHS Operating Framework 2012/13.

Based on the information obtained from these sources, a proposed list of high-level priorities have been drafted and presented to the Shadow Health and Wellbeing Board in January. Comments from the Board have now also been incorporated into the updated list of draft priorities that are attached at Appendix A.

Consultation on the priorities

The high-level priorities will now be consulted on more widely with a range of stakeholders, including local people, district councils, LINks (as the Local HealthWatch will only be established in April 2013), Clinical Commissioning Groups (CCGs) and other partners. The consultation period also provides a further opportunity for the County Council to comment on the proposed priorities, which will also be presented to the authority's Information and Scrutiny People Committee meeting in March for consideration.

Next steps

Following the consultation process, the high-level priorities will form the framework around which the full Health and Wellbeing Strategy will be developed. Feedback will be sought throughout the process in line with existing consultation routes and the Shadow Health and Wellbeing Board's emerging Stakeholder Engagement Plan. This work will be closely linked with the on-going development/refresh of the Derbyshire Joint Strategic Needs Assessment (JSNA) and with emerging commissioning plans of partner organisations in the 2012/13 financial year. The publication of the final strategy in June 2012 will ensure it can be a core part of planning cycles for the 2013/14 year and onwards.

3. Considerations (to be specified individually where appropriate)

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport considerations.

4. Key Decision
No

5. Call-in
Is it required that call-in be waived in respect of the decisions proposed in the report? No

6. Background Papers
Health and Social Care Bill – Cabinet Report (12 July 2011)
Health and Social Care Bill (currently within Parliamentary process)

The Public Health Outcomes Framework for England 2013-2016 – Cabinet Report (21 February 2012)

Officer's Recommendations
It is recommended that Cabinet:

1. Endorse the overall high-level priorities for the Health and Wellbeing Strategy
2. Receive further reports on the development of the Health and Wellbeing Strategy in due course.

David Lowe
Strategic Director – Policy and Community Safety

APPENDIX A

DERBYSHIRE SHADOW HEALTH AND WELLBEING BOARD
Derbyshire Health and Well Being Strategy development: proposed high-level priorities

Key strategic aims across all priority areas will be to improve health and wellbeing by **reducing health inequalities,** to **strengthen investment in evidence-based prevention and early intervention** and for all partners to deliver **high quality care that promotes privacy and dignity along with robust safeguarding processes**:

- Improve health and wellbeing in early years. Every child fit to learn and attain the highest levels of literacy. **Focus on early intervention and identification of vulnerable children and families (including children with disabilities)**

- Promote healthy lifestyles by developing services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health. **Focus on preventing and reducing alcohol misuse, obesity and physical inactivity**

- Promote the independence of all people living with long term conditions and their carers. **Focus on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare**

- Improve emotional and mental ill-health and provide increased access to mental health services. **Focus on improving access to the full range of evidence-based psychological therapies (services that offer treatments for depression and anxiety disorders and other complex mental health problems)**

- Improve health and wellbeing of older people and promote independence into old age. **Focus on strengthening integrated working (pathways/referral mechanisms etc) between health and social care providers and housing-related support services (LAs/registered social landlords/voluntary sector)**

High level priority	Focus on	NHS outcomes/indicators	Social Care outcomes/indicators	Public Health outcomes/indicators
START WELL DEVELOP WELL Improve health and wellbeing in early years. Every child fit to learn and attain the highest levels of literacy.	**Focus on early intervention and identification of vulnerable children and families (including children with disabilities)** Rationale: • JSNA priority • Stakeholder priority • Breastfeeding initiation and smoking in pregnancy outliers in Derbyshire Health profile • Graham Allen report 'Early Intervention: Smart Investment, Massive Savings'; focus on evidence-based policy and cost-effective programmes for first three years of children's lives, as well as older children, to promote social and emotional development, significantly improve mental and physical health, educational attainment and employment opportunities, prevent criminal behaviour, drug and alcohol misuse and teenage pregnancy, reduced child abuse incidences, reduced first-time offending rates and increased numbers of parents participating in training or employment • The benefits of literacy start at very young age and it is at this early stage that cognitive and social skills are developing. • Low literacy is associated with poorer health outcomes. Children with poor literacy are more likely, when adults, to live on benefits in a non-working overcrowded household. Poor literacy is associated with higher rates of smoking and alcohol.	• Reducing deaths in babies and young children	The government is developing an outcomes framework for children to improve the health of children and young people; once this is published the relevant outcomes will be included here.	• Children in poverty • School readiness • Rates of adolescents not in education, employment/training • Percentage of healthy weight 4-5 /10-11 yrs • Breastfeeding initiation/ prevalence 6-8 weeks • Incidence of low-birth weight of term babies • Hospital admissions from unintentional and deliberate injuries (1-5 years) • Infant mortality • Child development at 2-2.5 years • Reduced rates of teenage pregnancy • Pupil absence • First time entrants to youth justice system • Smoking status at time of delivery • Emotional well-being of looked after children • Tooth decay in children aged 5

LIVE WELL WORK WELL Promote healthy lifestyles by preventing and reducing harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health.	**Reducing alcohol misuse;** **Reducing obesity and physical inactivity** Rationale: • Alcohol harm and adult obesity are outliers in Derbyshire Health profile • JSNA priority • Stakeholder priority • New national alcohol strategy expected in early 2012 • Alcohol, obesity and physical inactivity are risk factors for cancer, hypertension, diabetes, dementia, CHD, stroke and other long term conditions; alcohol also linked with mental health problems • Good evidence for effectiveness and cost-effectiveness e.g. screening and brief intervention for alcohol misuse in primary care	• Life expectancy at 75 • Under 75 mortality rates from liver disease, cardiovascular disease and cancer	• Effectiveness of prevention/ preventive services - everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs. • Outcomes for children and young people will be added once the national children's outcomes framework is published	• Prevalence of healthy weight in adults • Rate of hospital admissions per 100,000 for alcohol-related harm • % of adults meeting recommended guidelines on physical activity 5X30mins/wk • Under 75 mortality rates from liver disease, cardiovascular disease and cancer • Differences in life expectancy and health life expectancy between communities
LIVE WELL WORK WELL Promote the independence of all people living with long term conditions and their carers.	**Focus on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare** Rationale: • JSNA priority • Stakeholder priority • Derbyshire Health profile outlier (diabetes) • NHS Operating Framework priorities: the enhancement of quality of life in long term conditions and support for carers. Specific focus on development of telecare/telehealth services to benefit people with social care needs and/or with LTCs such as diabetes, heart failure and COPD. • Emerging and promising evidence from DH report Whole Systems Demonstrator	• Health related quality of life for people with LTC • Reducing time spent in hospital by people with LTC • Enhancing quality of life for carers • Enhancing quality of life for people with dementia • Emergency readmissions within 30 days of discharge	• Proportion of people with LTC feeling supported to be independent and manage their condition • Carer reported quality of life • The proportion of carers who report they have been included or consulted in discussions about the person they care	• Employment of people with LTC • Prevalence of recorded diabetes • Work sickness absence rate • Emergency readmissions within 30 days of discharge

	Programme: early indications show if used correctly telehealth can deliver 15% reduction in A&E visits, 20% reduction emergency admissions, 14% reduction elective admissions, 14% reduction in bed days, 8% reduction in tariff costs; 45% reduction in mortality rates.		• for • Improving recovery from fragility fractures • Emergency readmissions within 28 days of discharge.	
LIVE WELL WORK WELL Improve emotional and mental ill-health and provide increased access to mental health services	**Improving access to the full range of evidence-based psychological therapies (services that offer treatments for depression and anxiety disorders and other complex mental health problems)** Rationale: • Derbyshire health profile outlier for admission due to self-harm • Stakeholder priority • NHS operating framework focus on mental health services including access to psychological therapies • National Mental Health Outcomes Strategy; No Health Without Mental Health. Good mental health and wellbeing, and not simply the absence of mental illness, results in health, social and economic benefits for individuals, communities and populations e.g. better physical health, reductions in health-damaging behaviour, greater educational achievement, less crime, more participation in community life, reduced mortality. • Good evidence base for effectiveness: National Institute for Health and Clinical Excellence (NICE) and DH 'Talking therapies: A four-year plan of action' (supporting document to 'No health without mental health')	• Reducing premature death in people with serious mental illness • Enhancing quality of life for people with mental illness • Improving experience of healthcare for people with mental illness	• Effectiveness of prevention/ preventive services - everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs. • Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions	• Rate of hospital admission as a result of self-harm • Self-reported well-being • Suicide rate • Mortality rate of people with mental illness • People in prison with mental illness

AGE WELL Improve health and wellbeing of older people and promote independence into old age.	**Strengthening integrated working (pathways/referral mechanisms etc) between health and social care providers and housing-related support services (LAs/registered social landlords/voluntary sector)** Rationale: • Stakeholder priority; JSNA priority • NHS Operating Framework priorities include care of older people and dementia • Housing has a central role to play in enabling older people to remain involved and live their lives to the full. Key issues include insulation and energy saving; home security and safety, practical help around the home and garden; more independent living opportunities; less waiting times for adaptations; more flexibility of housing, care and support options, clearer information and advice on what is available. • WHO report; Environmental burden of disease associated with inadequate housing • The Real Cost of Poor Housing BRE 2010: Estimates cost to NHS of poor housing as being £600m a year and evidences the cost-effectiveness of simple home improvements • Living Well at Home All parliamentary enquiry 2011 and Chartered Institute of Housing report June 2011: advocate joined-up approach in health, social care and housing as means of effective prevention and reducing care costs. • Interim report on the fuel poverty review: quantifies health and social effects of living at low temperatures	• Helping older people to recover their independence after illness or injury (i. still at home 91 days after discharge; ii. offered rehab following discharge) • Improving recovery from stroke • Improving recovery from fragility fractures	• Earlier diagnosis, intervention and reablement - helping older people to recover their independence after illness/injury (i. still at home 91 days after discharge; ii. offered rehab following discharge) • Admissions to residential homes per 1,000 population • Delayed transfers of care from hospital, and those which are attributable to adult social care • Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions	• Fuel poverty • Health related quality of life for older people • Healthy life expectancy • Excess seasonal mortality • Acute hospital admissions as a result of falls or falls injuries for over 65s • Hip fracture in over 65s • Dementia and its impacts

Agenda Item No:

DERBYSHIRE COUNTY COUNCIL

CABINET

20th February 2012

REPORT OF THE STRATEGIC DIRECTOR – ADULT CARE

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

ADULT CARE

1. Purpose of the Report

The purpose of this report is to seek Cabinet approval for a revised plan to deliver the strategy for accommodation, care and support for older people in Derbyshire which involves investment in Specialist Community Care Centres and Extra Care housing developments which would over time, replace the majority of the existing DCC homes for older people.

The strategy is underpinned by an overall investment worth £200m at current values in accommodation care and support for older people in Derbyshire.

Cabinet is requested to approve further detailed, phased consultation on the revised plan.

2. Information and Analysis

2.1 Background to the Strategy

The strategy for accommodation, care and support for older people in Derbyshire is underpinned by national and local policy for adult care.

It encompasses the:

- Government's vision for adult social care articulated in "A Vision for Adult Social Care: Capable Communities and Active Citizens", Nov 2010, and "Think Local, Act Personal: Next Steps for Transforming Adult Social Care", Nov 2010;
- Department of Health policy for older people as expressed in the "National Service Framework for Older People" and highlighted in "Better Health for Old Age" Nov 2004, "Everybody's Business" Nov 2005, and the "Putting People First" Concordat, Dec 2007;

- Department of Health policy for older people with mental health needs expressed in the recent “Living Well With Dementia” strategy, 3 Feb 2009, and the carers’ strategy, “Carers at the heart of 21st Century families and communities”, June 2008, and “No Health without Mental Health”, Feb 2011;
- All-Party Parliamentary Group on Dementia, July 2011, recommendations into improving lives through cost-effective dementia services;
- The Audit Commission report on ‘Joining up health and social care: improving value for money across the interface’, Dec 2011;
- Derbyshire Sustainable Community Strategy, 2009-14;
- Derbyshire’s Council Plan – Leading the Way 2010- 2014;
- Derbyshire Adult Care Service Plan 2010-14.

The overwhelming conclusions from various policy documents, including those above, is that better and more cost effective outcomes for older people can be achieved through a coherent framework of prevention services to support independent living and by providing more choice and control through personalised care services.

Specifically for people with dementia, better outcomes can be achieved along with greater value for money in dementia care, by making changes to service provision or adopting new ways of working. These include approaches that encompass the whole of the care system or pathway; putting a focus on earlier intervention to prevent crises for both individuals and their carers, whilst at the same time recognising the need for more targeted, intensive, and person-centred types of support.

Derbyshire’s strategy of accommodation, care and support for older people which also supports the Derbyshire Dementia Strategy, places a high priority on enabling people to stay in their own home, whilst offering an opportunity for that home to be in a more supported environment, such as Extra Care, when appropriate. It aims to provide individuals with an alternative model that facilitates a real choice between supported living at home and living in residential care, which will be retained for those with the most complex needs.

Key to this approach is:

- Good quality early diagnosis and intervention for all.
- Easy access to care, support and advice following diagnosis, facilitated by a dementia support service so that people can live well with the condition (with collaboration and integration across different services).
- High quality intermediate care linked to hospital admission and discharge processes.
- Well co-ordinated community personal support services.

- Support for carers through Derbyshire Carers' Strategy, including good quality respite services, to ensure they can continue to be the mainstay of support for people with dementia.
- Provision of accommodation and centres within which services can be delivered.

Key design features within the physical resources will:

- Incorporate high standards of dementia friendly design
- Promote independent living
- Exceed minimum standards
- Be suitable for a range of services including drop-in, day and residential services
- Have the ability to respond to changing needs
- Be flexible for future use.

The strategy encompasses the development of Specialist Community Care Centres providing a network of high quality dementia friendly buildings across Derbyshire that will become the focal point for delivering services to older people with more complex levels of need. Focusing on dementia, Specialist Community Care Centres will provide:

- A range of flexible day opportunities for people in the community which include advice and information services, day respite, rehabilitation and health and support services and;
- Short-term intermediate and respite care for older people; and
- Long-term care for older people with dementia and more complex needs.

The Centres will be part of a hub and spoke model of services to support the Dementia Pathway; they will be the hubs that provide countywide access to centres of dementia care excellence; with spokes providing outreach into the community, including Extra Care housing.

2.2 Development of specialist community care centres and Extra Care in Derbyshire

Agreement to build the first Specialist Community Care Centre in Middlecroft, Staveley, was given by Cabinet on 8th January 2008. Cabinet also agreed an application for PFI credits to the Department of Health for further Specialist Community Care Centre developments.

In October 2008 Cabinet approval was given for the development of a Specialist Community Care Centre combined with Extra Care housing in Swadlincote.

In March 2009 Cabinet agreed to proceed with the preparation of an outline business case for Department of Health social care PFI credits for four Specialist Community Care Centres to the value of £66.8m.

In July 2009 Cabinet agreed to the establishment of a Strategic Project Board and a Steering Group for Specialist Community Care Centres and Extra Care Housing, and also agreed to the preparation of an expression of interest for PFI credits for 2 further Specialist Community Care Centres.

In September 2009 Cabinet agreed to the proposed consultation on the vision, outcome and benefits of the accommodation, care and support strategy for older people in Derbyshire. This included the potential impact on existing residential care homes and day services for older people, the criteria for evaluating their fitness for purpose within the new service model, and any implications for decommissioning.

In March 2010 the Department of Health informed the Council that an allocation in principle had been confirmed by the Minister for Care Services for £39.9 million PFI credits which could be combined with the £66.8m approved from the 2008 bid round. The letter went on to explain that this did not constitute a firm commitment to revenue support as this required final approval by the Treasury's Project Review Group. The Council was, however, invited to proceed to full outline business case submission.

In June 2010 Cabinet agreed to the submission of the full outline business case to the Department of Health for PFI credits for 6 Specialist Community Care Centres across Derbyshire, and agreed the proposed locations of the six centres.

On 13th July 2010 Cabinet agreed to go to the market with three sites for the development of Extra Care housing through a partnership arrangement with private sector contractors / developers / registered social landlords. This procurement included the option to develop up to 600 units of Extra Care housing.

2.3 Stage 1 Consultation on the developments in residential and community care services for older people

As outlined above, Cabinet agreed in September 2009 for consultation to be undertaken on the vision, outcomes and benefits of the accommodation, care and support strategy for older people in Derbyshire. The consultation was broad ranging and included consultation with residents of residential care homes and day centres for older people, their relatives / carers, and staff within units. The consultation set out that the Council's desire to develop Residential and Community Care Centres and add to the existing number of extra care housing schemes to replace older homes and services.

The consultation stated that the plan was to look closely at the current 27 residential homes for older people and day centres to establish which ones could be adapted and used alongside new services and facilities, and which ones would not be suitable to meet the challenges of the future. It stated that the proposal, over a number of years, was to close those homes and / or day services which could not be adapted as new services were developed. The consultation stated that no decisions had been made about the long term future of any individual home for older people at that stage.

The consultation set out agreed criteria to evaluate current residential facilities including resources centres within residential accommodation. Those criteria were:

- The quality of the physical environment

- The cost of bringing the building up to the Care Quality Commission's minimum standards for new facilities.

- The fitness for purpose of the building to meet the future service delivery model

- The size of the land the facility or service sits on (possibility of developing the site for Residential and Community Care Centres or Extra Care Housing as part of the Extra Care Housing strategy)

- The value of the land the facility or service sits on (to be used to continue to develop new services)

- The proximity of the service or facility in relation to services planned within the Residential and Community Care Centre programme and other service developments for older people

In August 2010 Cabinet received details of the positive feedback on the first stage of consultation on the development of the strategy for accommodation care and support. That report to Cabinet also provided feedback on the evaluation of current residential stock. The outcome of the evaluation was that none of the existing homes would meet the full set of requirements for the new service model. Four homes were identified, however, as having three star environmental ratings, which would make them most suitable to provide residential care to physically and mentally frail residents. These homes are Castle Court (Castle Gresley), The Grange (Eckington), Whitestones (Chapel en le Frith) and Thomas Colledge (Bolsover).

Cabinet agreed that second stage consultation would take place, as the proposals are brought forward, on the potential impact of individual proposals for specific homes for older people as well as day care centres.

Cabinet were asked to note that the second stage of consultation would provide information on, and receive views on

- Likely timescales for any changes affecting individual services and facilities
- Special considerations that should be applied to their specific services
- How the transitional process would take place
- How the process could be shaped to meet resident, relatives and staff needs

As described later in this report, following consultation, further reports which include the views of consultees will be brought to Cabinet on a home by home basis in order that decisions can be made on their future.

The Cabinet report also set out that the timing of the consultation would be dependent upon confirmation of PFI credit funding by the Treasury and availability of land sites for the Residential and Community Care Centres – it being necessary to be certain that land sites were available before entering into the procurement process for their development.

As explained above, the PFI credit funding was not forthcoming, and second stage consultation would now be based on the potential impact of the revised plan and recommendations set out in this report.

2.4 The need to review the plan to deliver the strategy

The final outline business case was positively reviewed by the Department of Health, and the Council was encouraged to make an application for a further £3m PFI credits to support land assembly. Unfortunately, following on from the Comprehensive Spending Review undertaken in the autumn of 2010 the Council was advised in April 2011 that the PFI credit funding would not be continuing.

The Cabinet Member and the Strategic Director of Adult Care undertook to review the options for the delivery of the strategy without PFI credits within a revised model, which is the subject of this report.

2.5 Accommodation and care capacity within the original Specialist Community Care and Extra Care plans

The plan for Community Care Centres was detailed in the Outline Business Case for Residential and Community Care Centres approved by Cabinet on 1st June 2010. That was complemented by plans for Extra Care, set out in the report to Cabinet on the Proposals for the Delivery of Extra Care Housing in the County on 13 July 2010, which included a revised business case for Extra Care housing in Derbyshire.

Together these two reports set out the basis for a plan which would deliver eight Residential and Community care centres and 600 units of Extra Care housing, whilst also retaining some DCC residential care homes with some specialism in dementia or other complex needs.

The plan included:

- 128 long term beds for people with dementia (across 8 centres)
- 64 short term respite (across 8 centres)
- 64 intermediate care beds (across 8 centres)
- 160 day care places (20 places each in 8 centres)
- 8 Health and wellbeing zones
- 600 Extra Care units (aiming to establish at least one scheme in each District or Borough)
- 130 residential care beds in current DCC establishments providing dementia friendly long term support, respite or intermediate care provision.

Unfortunately, as set out in the section above, the PFI money was withdrawn as part of a Treasury and Department of Health review of PFI funding. During the course of the subsequent Adult Care review an additional issue has arisen from the collapse of Southern Cross which has signalled instability in the independent residential care market. This has focussed attention on how the strategy should achieve some alternative options to residential care provision through an extended Extra Care housing provision.

2.6 Revised model for accommodation, care and support

The review of the plan provided an opportunity to expand the model to include a choice of Extra Care housing for those who currently only have the option of independent sector residential care. The revised model reconfigures the resources and services contained within the original plan with an additional 1000 units of Extra Care housing. The revised plan, would therefore, replace the major part of the current stock of traditional residential care run by Derbyshire County Council with specialist community care centres and extended access to Extra Care housing throughout Derbyshire.

The key features of the revised model involve:

- Consolidation of specialist dementia services into a reduced number of Community Care Centres, giving optimal possible coverage across the county
- Use of geographically spread Extra Care schemes to locate specialised services as part of a more dispersed hub and spoke model of provision through what would previously have been delivered through eight Community Care Centres:
- An increased range of agreements with partner agencies to deliver health and wellbeing zones

2.7 Service configuration and capacity within the revised plan

The revised plan maintains the service elements that were agreed by Cabinet for the original plan, adds an additional 1000 units of Extra Care housing, and aims to deliver them through a different service configuration.

The plan attempts, wherever possible, to offer older people the option of an Extra Care facility within 5 miles of their current home, and access to specialist services for dementia within 10 miles of their current home. A cross boundary approach has been taken, using the latest demographic analysis of need available to achieve an equitable distribution of resources.[1]

[1] Planning for Care research 2008, published 2009

In summary the revised provision would comprise:

- 4 Specialist Community Care Centres[2] providing:
    - 4 health and wellbeing zones
    - 4 day care services accommodating a total of 80 people at any one time
    - 64 long term dementia beds
    - 32 respite beds and
    - 32 intermediate care beds

  In addition to the two centres at Staveley and Swadlincote referred to in section 2.2 of this report, it is proposed to locate the additional centres at a site adjacent to the Whitworth Hospital at Darley Dale, and at the Florence Shipley residential home in Heanor (the latter being dependent on the outcome of the consultation on the proposed closure of this home).
- 2 geographically dispersed Specialist Community Care Centres covering the Ashbourne and the west Derbyshire Dales area, and the High Peak area providing, on a networked basis:
    - 2 health and wellbeing zones
    - 3 day care centres accommodating a total of 55 people at any one time
    - 20 long term dementia beds
    - 10 respite beds and
    - 8 intermediate care beds, (with provision of intermediate care in Ashbourne through St Oswald's hospital)
- 8 additional health and wellbeing zones provided through the health and wellbeing strategy
- Approximately 1600 Extra Care apartments across 27 sites[3] (1583 in current plan, 88 of which would be used for residential care). Some of these sites would incorporate elements of the dispersed Specialist Community Care Centres in High Peak and the west of Derbyshire Dales as described above. Some would incorporate elements of the service capacity contained within the original plan. These are summarised below:
    - 7 schemes with day care facilities for a total of 140 people at any one time
    - 1 scheme providing 8 units of respite care
    - joint investment in 2 schemes providing 16 intermediate care apartments), and
    - 3 schemes providing 48 apartments for specialist long term dementia care (32 provided by independent sector).

[2] See Map: Proposed Specialist and Residential Community Care Provision – see Appendix A
[3] See Map: Proposed Extra Care Provision – see Appendix B

- 4 current DCC homes for older people providing 129 beds including a range of traditional long term beds and 24 short term beds.
- In addition to the above, discussions and negotiations are on-going with health partners and particularly Derbyshire Community Health Services on the inclusion of NHS provision and investment within a number of the proposed developments. These will be the subject of further reports to Cabinet as the proposals are developed.

Of the 27 current homes for older people (including two resource centres) it is proposed that four would be maintained as residential homes for older people (Castle Court at Castle Gresley, Whitestones at Chapel en le Frith, Thomas Colledge at Bolsover, and The Grange at Eckington).

2.8 Site and land assembly to deliver the revised plan to deliver the strategy for accommodation, care and support

Most of the sites required to deliver the revised plan as set out above are already in the ownership of Derbyshire County Council. There are however, two sites which would have to be purchased from the NHS. These are on land owned by the NHS, one of which is situated at the Whitworth Hospital, adjacent to the current hospital buildings.

Heads of Terms have been agreed with the NHS for the Whitworth land including purchase price of £500,000., Outline planning approval has been obtained for a community care centre on the site, and money to purchase the site is included within the Capital Plan for 2012-13. It is proposed that the purchase of the land and the commissioning of the Community Care Centre for the Whitworth site proceeds as soon as possible, subject to approval of this report. The development of this site is not dependent on the outcome of any other proposal outlined in this report.

In addition, up to seven sites outside the ownership of the Authority and the NHS are required for Extra Care developments to ensure the appropriate geographic spread. These are potentially in the Bolsover/Clowne area, Heanor area, Ashbourne area, Swanwick area, Hathersage/Bakewell area, Belper area and possibly Chapel en le Frith area.

The estimated capital resources required to secure these sites have been set out in the Financial Considerations section of this report.

2.9 Procurement options and timescales for the specialist community care centres

A range of procurement proposals for Specialist Community Care Centres have been considered.

The proposed procurement option is to use an OJEU restricted tender process, which would enable a shortlist of suitable construction contractors to be selected to tender on a competitive basis; for either or both schemes together. Qualifying bidders would submit

tenders based on a designed and specified scheme. An award would be made by selecting the most economically advantageous tender, which would take into account price and timely construction amongst any other factors. Using this route enables the Authority to achieve competition, which ensures value for money, as well as the freedom to select the most appropriate form of construction contract for the works.

Within the proposed restricted tender process, the proposal is to utilise a design and build procurement route, using the standard JCT form of contract, which would have the following advantages:

- Earlier involvement by the developer in detailed design process.
- An early start on site could be achieved to deliver the Community Care Centres which, as the hub of the revised model of service delivery, would need to be in place within the first phase of the plan to deliver the strategy for accommodation care and support.
- Cost certainty and risk transfer - there is a fixed price and the contractor takes the risk on 'unknown' items, and includes cost risk within the tender.
- Best value: the contractor has the ability to alter the design and specification with Council approval to achieve the same output, encouraging a more economical solution.

On 31st January 2012 Cabinet approved the publication of an OJEU notice inviting tenders to provide architectural services including submission of reserved matters applications to achieve detailed planning permission on sites which have existing outline planning approval, for two community care centres included in this report, covering the Erewash, Long Eaton and Amber Valley, and Derbyshire Dales East and North areas. Cabinet noted that the successful tenderer would be novated to the construction company appointed to design and build the Community Care Centres, and also noted that professional services, including structural engineering, mechanical and electrical service engineering, landscape architecture, project management, quantity surveying/Employer's Agent services, construction design management (CDM) co-ordinator services (H&S) and clerk of works would be provided by the Corporate Property Division. These services have been benchmarked against the East Midlands Property Alliance Framework to ensure the Council is achieving best value by providing these services in house.

Where specialist input is required that is not available within the Corporate Property Division, external consultants would be considered, and any such appointments would be made in accordance with the Authority's Financial Regulations and EU procurement rules as necessary.

The projected timescales for the delivery of the two Specialist Community Care Centres are:

Design and procurement of construction contractor: March 2012 – Jan 2013

Site enabling works and construction: Jan 2013 – May 2014

Practical completion and handover: Summer 2014

2.10 Procurement proposals and timescales for the Extra Care housing

The Authority currently has 200 Extra Care housing delivered in partnership with district and borough councils and registered social landlords. On 13th July 2010 Cabinet agreed to go to the market with three sites at Cressy Fields (Alfreton), Foolow Court (Chesterfield) and Clay Cross former school, for the development of Extra Care housing through a partnership arrangement with private sector contractors/developers. The procurement process for seeking an Extra Care Partner, through the Competitive Dialogue Process, commenced with the issue of an OJEU Notice on 1st November 2010 setting out an option to develop up to 600 units using additional sites.

At its meeting on 31st January 2012 Cabinet agreed that Chevin Housing should be selected as the Authority's Preferred Bidder, subject to Condition Precedent of Planning Approvals being granted for each of the three sites. The three sites currently being developed will deliver approximately 200 units, leaving an additional 400 that can be commissioned from the preferred bidder within this procurement. Legal advice is that the current procurement could provide up to an additional 60 units, which represents an additional 10% of the contract award.

In addition to the existing 200 extra care units, and the 600 currently in procurement, it is proposed that the Council should undertake a further competitive dialogue to procure up to 800 units of Extra Care housing, bringing the total to 1600 units. It is further proposed that the OJEU notice should be kept as flexible as possible to allow the revised service configuration to be delivered using the existing and proposed Extra Care procurements. The notice would also indicate that it is the intention that the Council commissions housing related support from the successful partners. The housing related support will work in association with the 24/7 unplanned personal care and support service in Extra Care, provided as part of the new service model.

The intention is that the Authority would have at least two partners simultaneously delivering the Extra Care programme in Derbyshire. Due to the work undertaken within the current procurement process, the proposed new competitive dialogue timescale will be shorter as the Authority has already determined a benchmark for some elements of the solution, thus reducing the number of areas left to be agreed in detailed dialogue.

The simultaneous delivery using at least two partners should ensure the delivery of the Extra Care programme within a five year timescale (2012 – 2017).

2.11 Consultation arising from the proposed plan

2.11.1 *Stage 2 consultation*

Homes for older people

Stage 2 will involve a separate consultation in respect of each establishment. The consultees will include current residents, service users and their families, staff and relevant trade unions, independent sector providers and relevant representative groups such as Age UK. The outcome of each consultation exercise will be reported back to Cabinet prior to any decision being made to close a particular home.

The paragraphs below set out the current proposals in respect of the residential and day care establishments for older people operated by Derbyshire County Council.

Subject to consultation, it is proposed that 10 establishments (comprising eight homes and two resource centres) would be re-developed within the new plan. For the homes, this would require the current service to be provided elsewhere and the home demolished, followed by a new build for newly commissioned services. Those homes are Florence Shipley (Heanor), Holmelea (Tibshelf), New Basset House (Shirebrook), Derwent House (Chesterfield), The Spinney (Brimington), Beechcroft (West Hallam), Hazelwood (Cotmanhay), and The Dales (Repton). For the two resource centres Ecclesfold (Chapel en le Frith) and Underhall (Darley Dale), this would require negotiation with local housing providers about a possible redesign of existing resources for extra care housing.

Gernon Manor in Bakewell is also being considered for a possible conversion to meet the needs of people with learning disabilities.

The revised plan would replace the provision made in the remaining 12 current homes for older people which, based on the first stage consultation and evaluation, it is considered uneconomic to bring up to minimum standards expected for new services. This would build on a process established after the 2001 Best Value Review of Residential Homes for Older People which has resulted in the closure of 8 homes as new, fit for purpose, facilities have been proposed. The closure of 12 current homes would be subject to Stage 2 consultation and an Equality Impact Assessment at an appropriate time. They comprise Ada Belfield (Belper), Rowthorne (Swanwick), The Glebe, (Alfreton), The Willows (Ripley), East Clune (Clowne), Red House (Chesterfield), The Leys (Ashbourne), Briar Close (Borrowash), Hillcrest (Erewash), Ladycross House (Sandiacre), Southlands (Erewash) and Goyt Valley House (High Peak).

Day Services

It is proposed that the revised plan would, if approved, deliver specialist day services within eight Extra Care schemes, including those at Clay Cross Resource Centre and Amber Vale which would, subject to consultation, be relocated in the current extra care procurement described in paragraph 2.8 above. The plan may impact on up to another nine existing day services. Where day services have the potential to be affected service users, staff and carers would be consulted as appropriate within Stage 2 consultation.

Any proposal to close an individual home would be the subject of a further report to Cabinet prior to a final decision being made.

2.11.2 Priorities for the implementation plan requiring Stage 2 consultation

The immediate priorities for Stage 2 consultation are for those establishments which:

- Would release sites that will be required for the Community Care Centre programme and the next phase of extra care procurement
- Are in the proximity of a proposed or new Community Care Centre or Extra Care development
- Have been selected on the basis of their physical condition and / or occupancy levels (taking availability of local alternative care into consideration)

They are:

- Florence Shipley (Heanor)
- The Dales (Repton)
- Derwent House (Chesterfield)
- Lady Cross House (Sandiacre)
- Beechcroft (West Hallam)
- Amber Vale Resource Centre
- Holmelea (Tibshelf)
- New Bassett House (Shirebrook)
- The Spinney (Brimington)
- Hazelwood (Cotmanhay)
- Clay Cross Resource Centre

If closed, some of these would, within the revenue model currently being proposed, release revenue funding for phase 1 of the implementation plan - the delivery of three Specialist Community Care Centres (Swadlincote, Heanor and Darley Dale) and the 3 extra care schemes at Foolow Court (Chesterfield), Cressy Fields (Alfreton) and Clay Cross.

It is proposed that consultation be started as soon as possible and be phased between April 2012 and March 2013. The outcome of the consultation, and implications arising therefrom, will be the subject of future Cabinet reports. This may include further changes to the revised plan should it be decided, following consultation, that individual establishments should not close.

The future of the remaining homes will be consulted on within Stage 2 consultation at a later date as and when the phased developments are realised within the overall programme.

In the event of a decision being made to close an individual home, the transfer of residents to an alternative setting would still be dependent on a full community care assessment being carried out in respect of every resident showing that they could be safely and carefully accommodated elsewhere, and reference would be made to the Council's "Closure and Major Change Guidelines".

2.12 Governance

It is proposed that the current governance arrangements would continue for the whole programme. These were agreed by Cabinet on 14th July 2009 and 13th October 2009 and comprise:

- Adult Care PFI Cabco
- Strategic Project Board
- Steering Group

Individual project and implementation groups would be convened as appropriate for the different components of the plan, and would be directly accountable to the three overarching groups set out above.

2.13 Communication Strategy

The delivery of the programme would involve Adult Care and partner agencies. A communication strategy is already in place for the Capital Investment Programme. A revised and detailed plan would be developed to ensure that consistent communications are delivered to support the proposed commissioning and decommissioning changes that would be required across all agencies involved.

3. Financial Considerations

3.1 Capital Budget

Appendix C shows the capital costs and income for the:

- Construction of 2 Specialist Community Care Centres
- Purchase of 88 specialist beds
- Costs of additional sites and capital receipts.

Both options detailed in **Appendix C** are based on highest build costs estimates.

Option 1 shows property valuations at May 2010 which are considerably lower than those shown in option 2, based on 07/08 land valuations.

Option 1 was put forward as part of the capital bid process for 12/13. There is likely to be a phasing of funds required for the project over a number of years commencing in 2013/14 and ending in 2015/16.

The gross costs and anticipated receipts are estimates based on the most accurate information available at the time, and may vary as market conditions change. As costs are firmed up, further reports would be submitted to Cabinet as necessary.

The net cost to the Council is anticipated to be approximately £37million with a related private sector investment worth £150million at current values. The capital investment of £37 million will result in an annual £2.4 million financing charge.

3.2 Revenue Budget

The revenue budget detailed in Appendix D shows that the proposed care model for the accommodation, care and support strategy would be delivered within existing adult care revenue resources. The care and housing related support costs cover 4 Specialist Community Care Centres, 27 Extra Care sites incorporating both short and long term beds, 4 homes for older people, and 8 day care centres to be incorporated within the new Extra Care schemes.

Overall the financial model shows a saving of £1.4 million on revenue expenditure, but the inclusion of the financing charge would result in a net increase in costs. Without this investment however, there will be limited opportunity for DCC to prevent the future costs associated with delivery of the current service model from escalating beyond the limits that DCC can resource.

Adult Care may be able to derive further savings if the Dilnot Commission report on social care[4], outlining proposed changes to funding of care for the elderly, is implemented. The current revenue saving of £1.4 million on revenue expenditure includes net loss of income of around £10million resulting from a move from residential to housing based model of care.

3.3 Adult Care Capital Project Team Budget

The budgeted costs of the Adult Care capital project team, including the posts referred to in the Human Resource Consideration section of this report, is £306,522. This is contained within the existing Adult Care revenue budget.

3.4 External Advisers Budget

Cabinet gave approval to appoint technical, legal and financial advisors to the project (30th June 2008, 16 September 2009). The budget of £2 million for the appointments is held corporately, and it is envisaged that this would be spent in line with forecasts.

3.5 Charging and affordability of revised model of accommodation, care and support

3.5.1 Long Term Care in Specialist Community Care Centres

Under current statutory charging regimes the charges applied would be those which apply to residential accommodation. This may be subject to changes in the forthcoming Adult Care White Paper.

3.5.2 Short term or temporary care in Specialist Community Care Centres

Under current statutory charging regimes the charges for short term care apply where an admission is temporary; either if the agreed intention is for it to last for a limited

[4] The Commission on Funding of Care and Support presented its findings to the Government in its report Fairer Care Funding, published on 4th July 2011

time period, such as respite or intermediate care, or there is uncertainty that permanent admission is required.

Any services which form part of a package of intermediate care as defined in the Community Care Act Regulations 2003 must be provided free of charge for 6 weeks.

An assessment of ability to pay is not required for up to the first eight weeks of a respite care stay. It is for the local authority to decide whether it will carry out a financial assessment or whether it will charge an amount that it appears reasonable for the resident to pay. DCC has a standard charge for the first 3 weeks of a respite stay (currently £114.75 per week), after which a formal financial declaration and financial assessment is undertaken.

3.5.3 Extra Care Housing

People who enter Extra Care housing can do so through an outright purchase, a shared ownership, or rental basis. The rents payable would normally be eligible for housing benefit. In addition, a service charge is payable by all residents which is normally eligible for housing benefit for those who are in rented accommodation.

Derbyshire County Council is committed to ensuring that Extra Care housing is available to all older people who wish to take advantage of it, and is therefore committed to maintaining service charges at an affordable level for those who are not eligible for support through housing benefit.

Adult Care is therefore involved in developing a model of housing related support and pre-invested 24/7 unplanned personal care which would separate housing related support from housing management and thus reduce the service charge which is payable by individuals. This integrated package of support and pre-invested care would be funded from personal budgets, which would be retained by individuals who choose to move into Extra Care housing. The normal maximum co-funding contribution of approximately £25 per week, for those in receipt of attendance allowance, will apply to personal budgets. Those with capital in excess of £50,000 are liable to make a greater contribution.

The issues outlined above are also referred to in the equality opportunity considerations section of this report. The model of integrated housing related support and pre-invested 24/7 unplanned personal care would be the subject of a further report to Cabinet in the near future.

4. Human Resource Considerations

The staffing establishment within the Adult Care Capital Project Team includes 1 Group Manager (grade 15) and 2 Service Managers (grade 13) which was approved by Cabinet on 1 October 2010 as part of Adult Care's reorganisation, subject to successfully gaining the PFI funding. It was agreed that the posts would be reviewed in the event PFI funding did not materialise.

It is proposed that, subject to approval of this report, these posts be established to ensure continuity for the duration of the programme. Costs would continue to be met from within the Adult Care revenue budgets.

The team also has a member seconded from Corporate Procurement services. Additional support would continue to be provided by Property, Finance and Legal Services, together with inputs from other Adult Care specialists as required.

Additional human resource issues within the Extra Care and other Community Care Centres which would arise from the proposed revised plan relate to the:

- Development of an appropriate pre-invested service personal care and support model to provide 24/7 unplanned personal care and support within the Extra Care schemes.
- Development of a service specification for a commissioned housing related support model which integrates with pre-invested 24/7 unplanned personal care.
- Relocation of day services from Clay Cross Resource Centre and Amber Vale Resource Centre to the Clay Cross and Cressy Fields Extra Care schemes respectively (subject to the outcome of consultation).
- Decommissioning of selected homes for older people to support the transition from residential provision to Extra Care provision.
- Development of service models for short term and long term care of people with dementia in DCC and independent sector provision.
- Development of an intermediate care model in partnership with NHS.
- Development of a specialist day care model for people with dementia.

It is acknowledged that the possible home closures outlined in this report may have significant human resources implications for the staff working at these homes. These matters will be the subject of further development as the revised plan to deliver accommodation care and support progresses, with any associated changes being subject to consultation with employees and trade unions and in accordance with the employment policies of the Council.

5. Legal Considerations

Proposals to make changes in service provision require consultation with those affected, including service users, staff and carers. Any final decisions must also take into account the rights of service users as set out in the Human Rights Act 1998. In assessing these proposals, the Council should also have regard to its statutory duties under the National Assistance Act 1948 and subsequent community care and equalities legislation.

In so far as the Equality Act 2010 is concerned, Stephen Knafler QC, has advised as follows:-

“Under the Equality Act 2010, Cabinet members are reminded that they are under a personal duty, when considering what decision to make, to have due regard to, in short,

the need to protect and promote the interests of persons with protected characteristics (e.g. persons who are vulnerable on account of age, gender re-assignment, pregnancy or maternity, race, disability, religion or belief, sex, sexual orientation). Attention is drawn to a publication by the Equality and Human Rights Commission, called ' Using the Equality Duties to Make Fair Financial Decisions' *(recently updated and called 'Making Fair Financial Decisions')*, see appendix F, for a reasonably detailed summary of the responsibilities of Cabinet members.

Section 149 requires a public authority to have due regard to the need to

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share a 'relevant protected characteristics' and persons who do not share those characteristics.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

There are exclusions but the provision of community care services is not one of them.

Having had careful regard to the equality analysis, and also the consultation responses, Cabinet members are under a personal duty to have due (that is, proportionate) regard to the need to protect and promote the interests of persons with protected characteristics (see above) and (i) to consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms, (ii) to remove any unlawful discrimination, harassment, victimisation and other prohibited conduct, (iii) to consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics, and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics, (iv) to consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Whilst Cabinet members are under a duty to have serious regard to the need to protect and promote the interests of persons with protected characteristics, in the ways just described, in reaching their decision, they may also take into account other considerations, such as the desirability of providing cost-effective and good quality services. They may ultimately decide that those types of considerations ultimately justify a decision that does to some extent adversely impact on persons with protected characteristics."

Leading Counsel's advice has also been taken on the validity of Stage 1 consultation for the revised plans to deliver the accommodation, care and support strategy. The advice was that the Stage 1 consultation results were still valid and therefore the Council could proceed to Stage 2.

Procurement of contracts relating to the Community Care Centres and further Extra Care provision will be necessary through a competitive tender process to comply with EU procurement regulations and the Council's Financial Regulations.

6. Equal Opportunity Considerations

Two Equality Impact Assessments were undertaken in preparation of the original PFI capital investment project; the first on the proposed service model at Staveley, completed in May 2010, and the second on the design and location of Community Care Centres and the initial Extra Care schemes, completed in September 2010.

The outcomes of those Equality Impact Assessments have underpinned the work undertaken to identify appropriate sites in the revised plan to deliver the accommodation, care and support strategy for older people in Derbyshire, and specific issues raised have been included in draft specifications for building designs and service models.

An update of the demographic information, level of need, and access to service facilities has been undertaken in preparation for the revised model of accommodation, care and support. This has led to the aspiration that the majority of older people living in Derbyshire will have specialist services within 10 miles of their current home, and Extra Care housing within 5 miles of their current home. The allocation of resources within the model has been made reflecting the different levels of need across electoral divisions.

The mix of tenure within the Extra Care schemes is being, and will continue to be negotiated with developers to reflect local demand. The rent and service charges are being negotiated with developers, Registered Housing Landlords and local housing benefit officers to enable the scheme to be accessible to all groups. This involves separating out housing related support from the housing management costs which will reduce the level of service charges.

A review of the access issues and crime statistics for each of the proposed locations has been undertaken to ensure that they are best suited in terms of location and access for the community.

An updated Equality Impact Assessment has been completed in February 2012 for the accommodation, care and support strategy, including the potential for home closures and the impact this would have on affected persons; this can be found in Appendix E. Detailed Equality Action Plans would be undertaken on a site by site basis as part of the re-commissioning plan.

Equality Impact Assessments for specific services to be commissioned and decommissioned would be undertaken on a case by case basis and would take into account the responses to the consultation processes carried out as part of the consultation on the revised plan to deliver the strategy for accommodation, care and support for older people in Derbyshire. Resulting equality action plans would be co-ordinated across the whole strategy. No decision will be made to close a particular home without full consideration being given to the outcome of the Equality Impact Assessment carried out in respect of that home.

7. Other Considerations

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, environmental, health, and transport considerations.

8. Key Decision

Yes

9. OFFICER'S RECOMMENDATIONS

That, having had regard to the equality impact assessment attached to the report, Cabinet:

10.1 Approves the revised plan to deliver the strategy for accommodation, care and support for older people in Derbyshire.

10.2 Approves the commitment of the Capital Investment required for this strategy, which was approved within the Capital Plan for 2012/13 by the Council on 1st February 2012.

10.3 Notes that Stage 2 consultation will be undertaken with relevant parties where they are affected by specific proposals to implement the revised plan, as set out in paragraph 2.11 of this report, with immediate priorities for consultation being those identified in section 2.11.2.

10.4 Notes that further reports will be submitted to Cabinet following the Stage 2 consultations. These reports will include alternative options if it is considered inappropriate to proceed with any specific proposal as a result of the consultation.

10.5 Notes that the responses to consultation on the proposals within the revised plan will have regard to the Equality Impact Assessment and will inform Equality Impact Plans.

10.6 Approves the purchase of land adjacent to Whitworth Hospital at Darley Dale for the purpose of developing a Community Care Centre on this site, subject to Heads of Terms being agreed by the Director of Property Services.

10.7 Approves the acquisition of other sites not currently in the ownership of Derbyshire County Council, required for Extra Care developments as set out in this report. These acquisitions will be subject to detailed Heads of Terms being agreed by the Director of Property Services.

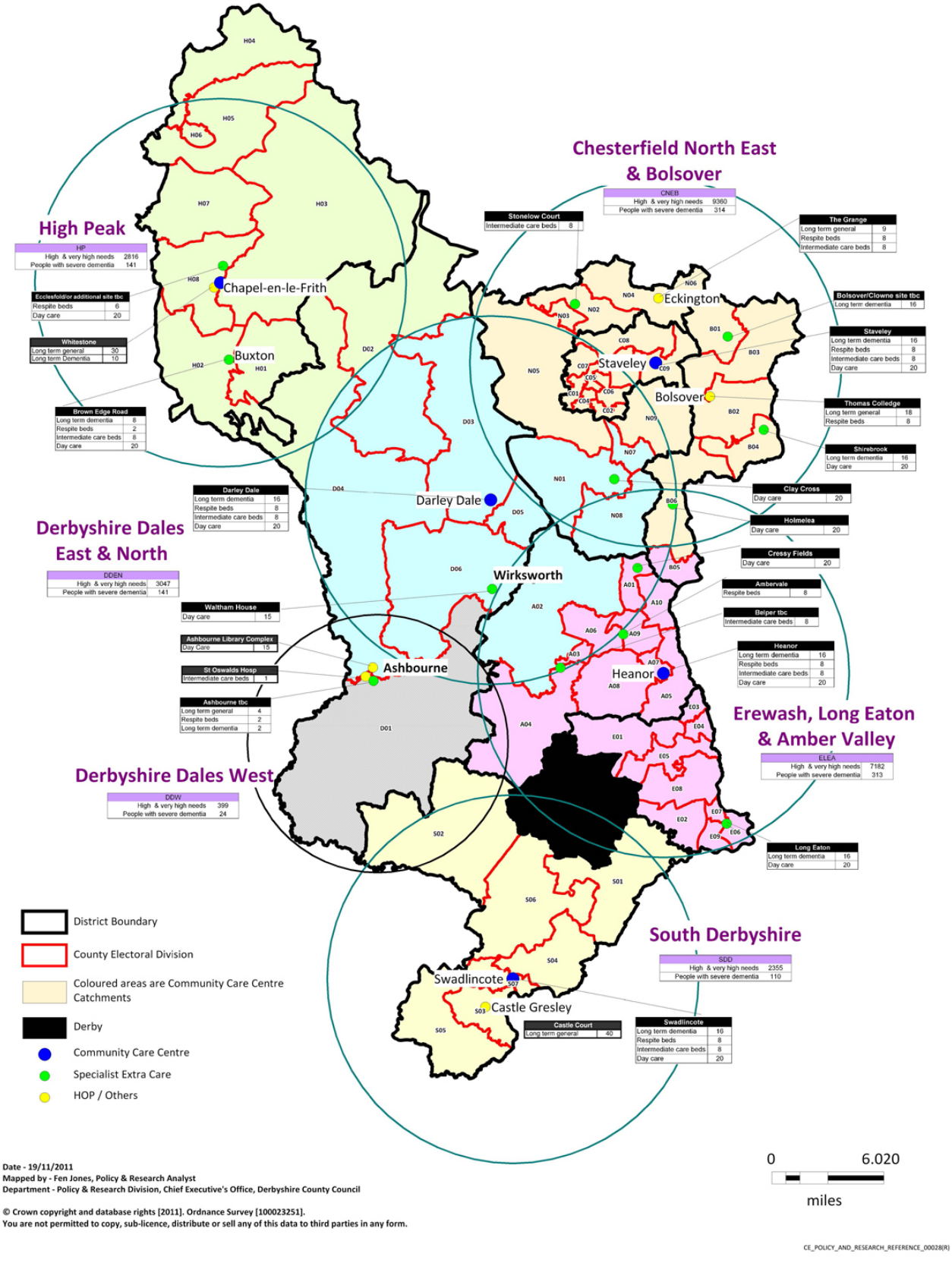
10.8 Approves the proposals for the procurement of Community Care Centres as set out in section 2.9 of this report, with the location of the proposed Community Care Centre in the Erewash, Long Eaton and Amber Valley area being subject to the outcome of the stage 2 consultation on the proposed closure of the Florence Shipley home.

10.9 Approves the proposals for the procurement of Extra Care Housing as set out in section 2.10 of this report, with the final locations being subject to the outcome of site specific consultation as set out in section 2.11 of this report.

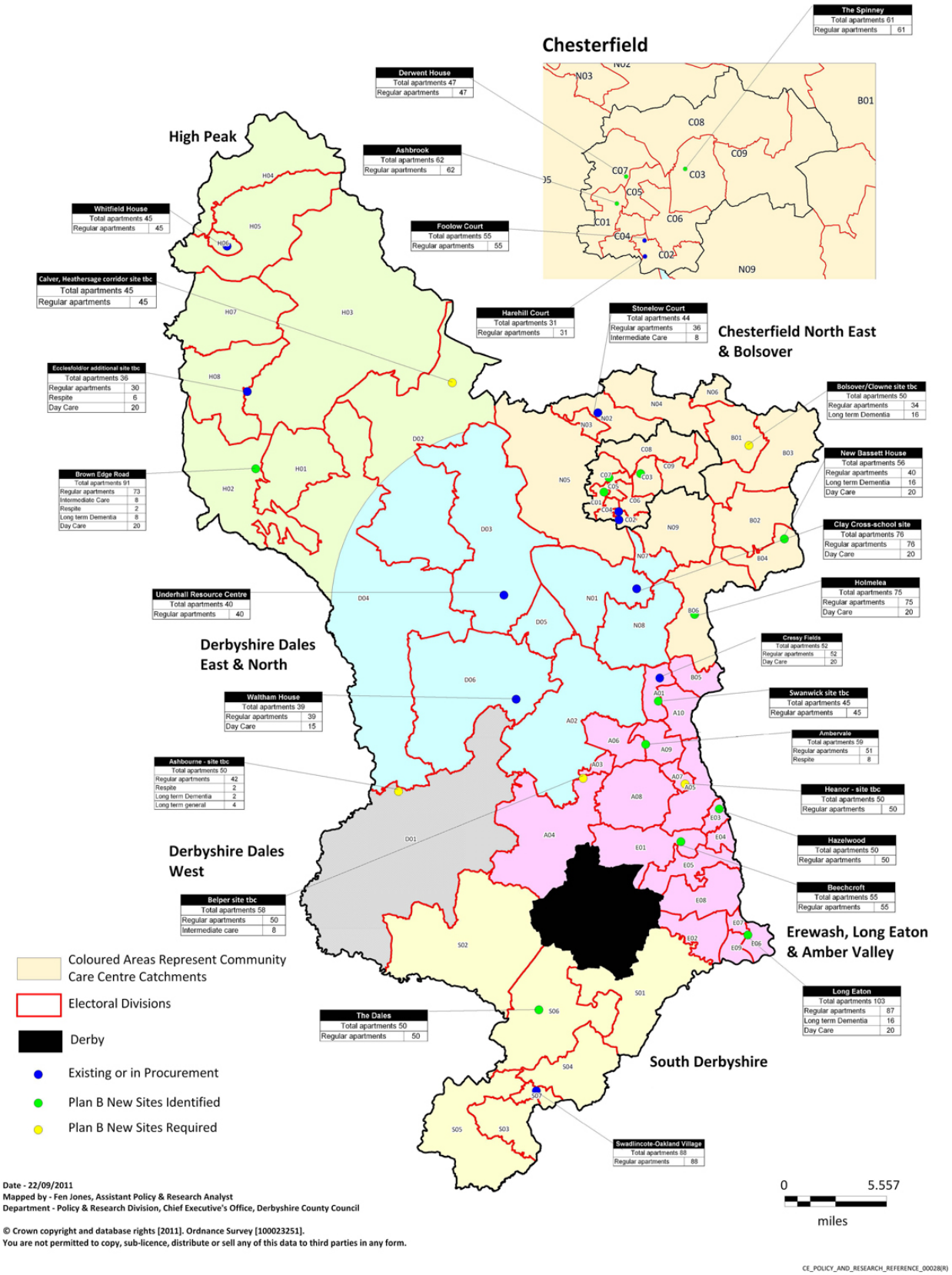
10.10 Notes that further reports on the development and progress of the strategy will be submitted in due course, including proposals for NHS investment and facilities on specific site developments.

Bill Robertson
STRATEGIC DIRECTOR – ADULT CARE
County Hall
MATLOCK

Appendix A: Map 1 - Proposed Specialist and Residential Community Care Provision



Appendix B: Map 2 - Proposed Extra Care and other Specialist Provision



Date - 22/09/2011
Mapped by - Fen Jones, Assistant Policy & Research Analyst
Department - Policy & Research Division, Chief Executive's Office, Derbyshire County Council

CE_POLICY_AND_RESEARCH_REFERENCE_00028(R)

Appendix C: Capital Costs for Adult Care

	May 10 valuations	07/08 valuations	
Capital costs	£		
2 new RCCC's Centres	21,500,000	21,500,000	2 x 32 bed
Extra care sites 6 day centres	0	0	£2m From existing resource in capital programme
Refurbishment of 3 existing homes	2,750,000	2,750,000	Ecclesfold, Thomas Colledge and The Grange
Purchase of six day care centres	2,000,000	2,000,000	
Purchase of 56 care beds	6,720,000	6,720,000	£120,000 per unit
Purchase of 32 independent sector beds	3,840,000	3,840,000	£120,000 per unit
Procurement of additional sites	7,800,000	7,800,000	7 sites
Demolition costs	2,000,000	2,000,000	
Gross capital requirements	46,610,000	46,610,000	
Capital revenue from disposal of 12 Hops sites	8,700,000	13,875,000	
Capital revenue from disposed day care sites	785,000	785,000	Clay Cross, Lincote, and Shirevale
Total Capital Contribution	9,485,000	14,660,000	
Net Capital requirement	37,125,000	31,950,000	
Private sector investment	£150,000,000		

Appendix D: Revenue Costs for Adult Care

Revenue Costs	**£**		**Comments**
3 new RCCC's Centres	3,788,376		Based on 3 x 32 bed
Day care costs 7 sites 230 places	2,100,000		Based on £8,000 per client exclusive of Staveley
Costs of 56 Specialist beds in extra care	1,747,200		£600 per bed per week
Service charge for 88 specialist beds in extraca	320,320		Service charge £70 per unit per week
Preinvested care/ housing related support	5,328,446		2 person 24/7 hours preinvested for all 27 sites
based on 1538 units			
Individual Personal care budgets	7,205,308		Average 6.5 hours preinvested additional 6 hours moderate and 12 hours high need
4 existing hops and Stavley Centre	3,459,212		Current budgets
Telecare	250,000		Additional investment check existing centres
Catering at 3 new RCCC's	300,000		Additional investment
Cost of independent sector beds high need	1,500,000		32 high dependency beds @ £900 from PCT income
Loss of hops income	5,598,398		663 beds at £162 per bed
Total costs	31,597,260		
Revenue Sources Currently Identified	**£**		**Comments**
In house Hops budgets	16,364,850		All HOPs, Extracare and RCCC's
Independent Sector Residential Budgets	9,216,480		Net budget for 840 beds in independent sector
PCT Contribution budget	1,500,000		Additional money from PCT
Day care budgets	2,000,000		Current older people day care budgets
Client contribution / Co-funding	905,592		£25 per person for 900 units based on 60% of beds
Residential Income budget	1,880,320		Total income for 4 hops and 4 rococo's
Income from rental of independent sector beds	166,400		£100 per bed per week based on 32 beds
Utilites and food savings	1,000,000		
Total revenue budget available	33,033,642		
Revenue shortfall/(surplus)	-1,436,382		

Appendix E: Equality Impact Assessment

Derbyshire County Council
Equality Impact Assessment Record Form 2012

Department	Adult Care
Service Area Responsible	Capital Investment Project
Chair of Assessment Group	Katey Twyford
Title of Policy/ Service/ Function	**Strategy for Accommodation, Care and Support for Older People in Derbyshire**

(i) Change History

Version	Date	Reason	Name
1.00	26/11/2010	Final version 1 published on DCC website	Katey Twyford
1.01	12/12/2011	Updated version to reflect revised plan to deliver the strategy for accommodation, care and support for older people in Derbyshire	Katey Twyford
2.00	20/02/2012	Final version 2 submitted with Cabinet Report for Accommodation Care and Support for Older People in Derbyshire	Katey Twyford

Stage 1. Prioritising what to impact assess

1.1 ***Why has this policy, service or function been chosen?***

Derbyshire County Council wishes to transform its residential provision for older adults and provide facilities that meet future demographic need and the aspirations of potential customers. A key element of this service is the development of Community Care Centres (CCC) and Extra Care (EC) housing, with proposals in place to provide schemes across the county. As part of this it is intended that those homes that were evaluated as not meeting current physical standards would be closed as the new model develops, subject to detailed consultation in respect of each establishment. This equality impact assessment (EIA) will include evaluation of the impacts emanating from location and design on those schemes developed to date. In addition, it will also seek to ensure that learning from this, including feedback from users and communities of interest, is incorporated into the planning and design for any future schemes. This will seek to ensure any equality weaknesses can be addressed before further new developments are undertaken. This equality impact assessment is complemented by an EIA for each new service model to be commissioned for each of the centres, and by an Equality Impact Plan for any sites or services that are decommissioned, but this report will highlight some of the key issues that will face those people in establishments which are proposed for closure, subject to consultation.

1.2 Why does the policy, service or function exist/ what is its purpose? Who should benefit?

The purpose of this policy is to improve the quality and appropriateness of accommodation and support services for older people across Derbyshire ensuring that services are fit for the future, based on the 2001 Best Value Review that indicated that some homes did not meet current physical standards at that time. The service model will provide a dispersed hub and spoke model of centres providing independent accommodation, residential accommodation, and both in and outreach services as part of the integrated network of support to the local community.

Each new build will have a public area, the aim of which is to provide a community resource for older people and their carers, with no requirement to have a formal assessment of need.

The nature of these developments is that they will also have potential to provide benefits to other members in the community such as young or disabled people.

Stage 2. Pulling an assessment team together

Name	Area of expertise/ role
Katey Twyford (Chair)	Programme Manager – Capital projects
Sharon O'Hara *	Project Manager – Extra Care
Liz Ewbank	Project Manager – Property Services
Kathy Ross *	Project Manager – Capital Investment Projects
Richard Norman	Programme Support Manager – Capital Investment Projects
Dave Chadwick*	Senior Surveyor, Property Services
Jean Sturman	Projects and Health & Safety Officer
Representatives	Capital Investment Stakeholder Reference Group
Representatives	Swadlincote Local Implementation Group
Oonagh McKay *	Derbyshire Friend - Lesbian, Gay, Bisexual and Transgender (LGB&T) Specialist Support and Advocacy Services

- Contributed to the original version 1 equality impact assessment, since moved post / organisation.

Stage 3. Scoping of the assessment / identifying likely issues

This EIA assessment will look at aspects of the CCCs and Extra Care service including the following components

- Sites
- Design

Although, due to the availability of suitable sites, there is limited choice in relation to the location of CCCS and Extra Care schemes there are things that can be done to ensure that any disadvantages are mitigated. In addition, the design and layout of the schemes help to make them suitable for all service users so that certain groups are not disadvantaged in using the facilities. The main issues that need consideration are:

1. **The location of sites in terms of:**
1. Accessibility
2. Serving the Community
3. Proximity to other services
4. Transport
5. Perceived barriers
6. Sustainability and impact on local businesses
7. Safety and Security
8. Affordability (of Extra Care rents and sale)

It is the aspiration of the Authority that there will be a specialist service within an actual or dispersed community care centre within 10 miles of the majority of the people of Derbyshire. It is the aspiration that there will be an extra care scheme within 5 miles of the majority of people of Derbyshire.

2. **The physical characteristics, environment and topography of the site in terms of:**

- Accessibility
- Transport
- Perceived barriers
- Safety and Security

3. Accessibility and inclusive design

- Attractive and appropriate environments for all users, staff and visitors
- Welcoming
- Appropriate facilities - gender, age, black and ethnic minority groups, religious groups etc
- Minimise any potential barriers to usage that may be created by design

This EIA is complementary to the EIAs undertaken by Commissioning teams within Adult Care in relation to contracts or service level agreements for the different components of the service model.

So far as the proposed home closures are concerned, it is proposed that detailed EIAs will be undertaken on a home by home basis before final decisions are made by Cabinet. At this stage, this EIA will address only equalities issues at a higher level.

Stage 4. Pulling together all the information

Extra Care and Community Care Centres

Name of source	Reason for using
Local demographics – source: • Census • Joint Strategic Needs Assessment (JSNA) Projections • Health data • Delivering housing for an ageing population 2005 • Planning4Care	To provide a profile of the county and its population, communities and projections of need. The needs of the population of Derbyshire have been analysed by electoral division according to; those with all social care needs, those with high and very high needs, and those with severe dementia. These have been used to allocate the available resources equitably across Derbyshire: the high and very high needs and severe dementia needs have been used as an indicator of relative demand for specialist services, and the all needs has been used as an indicator for demand for extra care provision.
Information about location, bus routes, local services etc	To look at each locality to determine how well it is supplied by public transport and other services that will be used by people attending the community care centres and Extra Care facilities.
Site surveys undertaken by external architects and Derbyshire County Council Estates Department	These provide information about each location and what can be provided on the sites. This can assist the council to confirm the suitability of a site for a scheme or highlight potential issues that will need to be addressed.
Crime Statistics, including anecdotal evidence of hate crime in areas where locations have a reputation for being intolerant of minority groups – Source • Joint Strategic Needs Assessment (JSNA)	This will identify any potential safety and security issues.
Housing values –source district council housing strategies Extra Care Housing Strategy 2006 East Midlands Regional Housing strategy 2004- 10 Sustainable planning for housing an ageing population 2008 Website of comparative housing prices per area	This data will assist us to assess the affordability of the Extra Care scheme in particular to ensure that as far as possible rents and service charges are reasonable for local people.

Name of source	Reason for using
Potential impact on local people re affordability – including levels of affordable rent, service charges, other charges and housing benefit	An analysis will be undertaken, involving district councils, extra care development partners, and welfare rights advisors to establish a model of costs that are affordable to local people. The analysis will highlight the potential impact of different rent and service charge levels on six main groups: Those who rent: • On low income and housing benefit • On middle income • On high income Those who purchase: • On low income • On middle income • On high income An individual's capital will also be taken into account within the model.
Service user engagement – including feedback from regular meetings, events and workshops Community Reference Group input to procurement process for extra care housing.	This will enable us to get feedback from service users about the type of facilities they would like to see in the future and how they feel about those already provided.
Statutory Requirements – Part M/ National Minimum Standards of the Care Quality Commission (CQC)	This information will be used to ensure that there is no conflict between the statutory requirements that have to be met and our desire to create inclusive design.
Guidance & Standards Homes and Communities Agency (HCA) design Guide for affordable housing Design principles for Extra Care Housing Learning Improvement network /CSIP 2008) Stirling University –Designing for dementia	This will ensure that the design of any building meets recognised quality standards and ensures that the facilities meet the needs of all service users whatever their particular requirements.
Specific Design Guidelines such as Building Research Establishment Environmental Assessment Method (BREEAM), Commission for Architecture and the Built Environment (CABE) etc University of Sheffield – EVOLVE toolkit (checklist for ensuring Extra Care design quality)	This information will be used to ensure that each project team is up to date with the technical guidance on what is best practice in relation to the design of the community care centres and Extra Care Housing.
Travel Plans for each scheme as developed	These plans will give advice about how travel issues and transport will be addressed to ensure that the schemes are as accessible as possible.

Proposed Home Closures

Name of source	Reason for using
Research documentation on home closures and the impact on health and wellbeing of residents. Association of Directors of Social Services Good Practice in Supporting Older People during Residential Care Closures, 2011.	To compare latest research and if necessary update Derbyshire's Home Closure and Major Change guidelines.

Stage 5. Assessing the impact or effects

5.1 What does customer feedback, complaints, and discussions with stakeholder groups tell you about your service, policy and function, including which aspects are seen as negative, inaccessible, unhelpful, difficult to use etc?

Two main areas of feedback are included in this section:

1 General feedback from consultation:

A Perspectives survey (No 51) 'Consultation on Capital Investment Programme' has been carried out which asked Derbyshire citizens about the proposed CCC's and Extra Care housing developments. Many comments were positive and respondents welcomed the new facilities offering opportunities for increased independence and choice.

In terms of design, the positive comments that were raised included:

- Provision of en suite bathroom facilities in the community care centre
- Provision of a smoking room in the community care centres
- Overall agreement that schemes offer more privacy than existing provision

However, the main comments for further consideration were:

- Concern that the centralised locations of schemes may take resources away from local areas
- Potential distress caused by possible moves from existing residential care to the new facilities – *see stage 6, action point 4*
- Visitors were concerned that they may need to travel longer distances to visit relatives – *refer to individual Travel Plan for each Scheme*
- People stated they were concerned about mixed sex facilities, and wanted facilities that would enable couples to share – *see stage 6, action point 7*

2 Feedback from the Community Reference Group

Focussed presentations to the Capital Investment Project community reference group have been used to gain additional feedback on any items specifically related both to the service model and the analysis of need across the county, and in relation to the design of the extra care schemes. Key points included:

- Greater detail about how consultation innovation can be achieved in the Derbyshire developments
- The consultation structures for the three sites in relation to the partnership and the Community Reference Group
- If a 'strolling disability access audit' would be conducted prior to building

handover?

- Whether gardens on the scheme would be overshadowed by the taller buildings or be north facing?
- The importance of maximising light in the schemes was of paramount importance
- How much service costs will be and what they will cover?
- Number and location of car parking for tenants on the schemes and for visitor parking
- How access to upper floors is possible during a power outage
- Whether pets are allowed
- Security in the public areas and how the potential for vandalism is managed?

As can be seen, whilst the feedback related to the Council's overall strategy, most comments related to the proposed Specialist and Community Care Centres and Extra Care Housing. The response which relates directly to the proposed home closures is the potential anxiety caused by possible moves from existing residential care to new homes.

5.2 What does your information tell you about the effects of the policy, service or function on the lives of different groups or communities? Is any of this negative or unwanted?

Groups	**Effects identified from data/ information**
Older adults	National research and evidence suggests that closures of home carries the risk of distress for families and residents, loss of friendship groups, loss of continuity of care from trusted carers, and inappropriate re-provision of care within a new care setting. If badly managed, in extreme cases this could.result in depression, and or physical deterioration leading to premature death. Experience of previous well-handled home closures in Derbyshire has informed the development of Derbyshire's Closure and Major Change guidelines. This has minimised the impact on Derbyshire residents, and follow up work in new homes has enabled residents to live with a good quality of life in their new care setting. Older adults will represent the main source of referrals to the residential aspect and day opportunities located within the centres. The services are targeted at people with a diagnosis of dementia and their carers. The open areas, bistro and well-being zone are a community facility to be accessed by people of all ages within the locality. The development of the first scheme identified a problem with the **noise levels/ acoustics** in certain part of the building, which means that these areas may not be ideal for people with hearing loss or impairment – *see stage 8, action 1* The location of the sites is restricted due to appropriate **land availability**. However, the location may cause difficulties for people using the services if **transport** to and from a particular area is limited. This may also cause

Groups	Effects identified from data/ information
	difficulties for visitors – *Individual Travel Plans will be undertaken for each scheme where details of travel are set out more specifically* The **large scale of the building design** may result in people having to walk a long way to reach their rooms/facilities – *see stage 8, action 4* The fact that parts of the **building are open to the local community** may make older people feel vulnerable because they may worry about security– *see stage 8 action* 6 Older people who are comfortable using existing local services may find it uncomfortable to **move away from their communities** to be accommodated in new facilities – *see section 6, action 4* Older people have requested **smoking room** provision in the resource centres and this has been provided– *see section 6, action 10* The need for **high levels of lighting** within individual apartments of extra care was identified. This has been integrated into the build specification. Older people on the Community Reference Group were concerned the **disability access** issues were considered at all stages; potential developers for the extra care schemes have made a commitment during the procurement dialogue process to work with the community reference group around disability design issues and to undertake disability access audits on the completed buildings. The analysis of **crime statistics** in October 2011 revealed that there were episodes of crime and anti-social behaviour in all areas where the proposed sites are located. The following issues were identified: • Vehicle crime was small, but could be minimised if developers adopt the 'secure by design' standards required by the Council • Burglary varied across the county, but will be minimised by security measures put in place by the developers • Anti-social behaviour and shoplifting varies, but tends to be higher in sites in town centres. This will be minimised by the Council's design requirement for 'progressive privacy' • Public disorder and weapons, and violent crime is more prevalent in town centre locations. This will be minimised by the Council's design requirement for 'progressive privacy'

Groups	Effects identified from data/ information
	See stage 6, action 19 The analysis of **affordability of rent and service charges** modelled rents ranging from £130 - £137, and service charges ranging from £40 - £60. The main impact arising is on those individuals who are just above the income and or capital thresholds for benefits, particularly housing benefits, who will see diminishing savings as a result of paying the higher end spectrum of rent and service charges. *See stage 6, actions 17 and 18.*
Younger adults	Younger adults in the Community Stakeholder Reference Group have indicated that they would be interested in getting involved with the interior design to ensure that it reflects their taste. *For all the above – see stage 6, action 5*
People with Disabilities	The accommodation, care and support plans will provide additional facilities not currently available to younger people with dementia; access to Extra Care apartments and specialist Community Care Centres with dementia appropriate facilities. Due to the limited availability of appropriate sites the location of the buildings may not be in the centre of the town making them hard to reach by public transport – *refer to individual Travel Plans for each scheme where details of travel are set out more specifically.* Poor acoustics in large communal areas and multiple/group use of the building at some sites may cause distraction and distress for some service users – *see stage 8, action 1* Lack of height adjustable kitchens in Extra Care schemes may disadvantage people in wheelchairs– *see stage 8, action 8* Lack of adjustable height tables may stop people in wheelchairs using craft rooms or IT – *see stage 6, action 8* The fact that service users may be visible to others when using facilities may not be acceptable to some people including those with disabilities (i.e. hairdressers/ gym) – *see stage 6, action 9*
BME communities	The availability of appropriate sites could result in them being located away from BME communities, which could reduce accessibility and mean ethnic minority groups may not feel welcome – *see stage 6, action 11*

Groups	Effects identified from data/ information
	The kitchen/ café design may not be able to provide for the range of dietary requirements held by service users. The lack of provision of separate sinks and storage areas may make it difficult to comply with preparation requirements for Kosher or Halal foods. – *see stage 6 action 12* People from certain black and minority ethnic communities may be less happy with mixed sex facilities – *see stage 6, action 13*
Gender	The dementia friendly design may result in colour schemes being used which are more feminine in style. This may make facilities less appealing to men – *see section 6, action 14* Lack of childcare facilities may cause problems for attendees with children – *see section 6, action 15*
Sexual orientation	Information provided from Lesbian, Gay Bisexual and transsexual (LGBT) Groups has indicated that there could be a demand for people to have access to shared living space – *see section 6, action 7*
Other groups – religious	Many religious groups require access to a quiet room that can be used for prayer or contemplation. Having friends or family members able to stay over is also particularly important in some faiths at end of life (such as Hinduism). Many religions have dietary requirements that will need to met if kitchen design precludes them being prepared on site. *See stage 6, action 12*
Common to all groups with protected characteristics	Lack of privacy when accessing computers in the communal areas – *see stage 6, action 8* Consideration may need to be given to the possibility that some people may be less keen on mixed sex facilities – *see stage 6, action 13*

Stage 6 Ways of reducing or removing unwanted effects

What small steps could be taken to achieve improvements? Please outline the main things that need to be altered to reduce any illegal, negative and unwanted impact.

1. The benefits of using screens, sound absorbing wallpapers and furnishings in the existing scheme where the acoustics are poor will be considered within each scheme as appropriate.

2. Existing schemes are quite large and service users find they have to walk some distance. Work is being done in existing schemes to ensure that occasional seating is provided along key routes where possible given fire regulations.

Lesson learned are being incorporated into the specification and design plans for emerging schemes.

3. We have confirmed that all existing schemes have progressive security measures which will protect the privacy and security and residents and prevent people moving from the communal areas to the residential areas. Progressive privacy is a key area for evaluation in bid proposals for future schemes.

4. To support people (service users, residents and relatives) who are anxious about leaving existing communities we will minimise the potential distress and aim to sensitively handle any transition arrangements by :
    - adhering to the Adult Care Closure and Major Change Guidelines
    - undertaking detailed decommissioning equality impact assessments for each establishment proposed for closure or transfer including: consulting with service users and relatives, and groups on the impact of any potential closure, providing appropriate reassurances
    - providing Assistant Director oversight of the assessment and transition process for individuals in transition due to home closure, that will include input from relevant health professionals, and will include monitoring the risks and impacts of the process on individuals as it proceeds
    - providing timely and appropriate information on the process for all those involved
    - undertaking detailed assessment and personal support planning for each individual to support any transfers, tailored to their individual circumstances
    - phasing moves gradually so people get familiar with new environment
    - replicating the activities that people used to do in original environment
    - moving people in small friendship groups
    - identifying any gaps in provision of health or social care
    - ensuring continued access to specific or special interest groups, including support for people to attend LGBT groups, which could be out of the locality of the scheme
    - working with human resources to minimise staff loss from the establishment to be closed, and ensure continuity of staff involved in care of individuals or group if possible.
      See Stage 8, Action10
    - The ultimate safeguard is that in the event of a decision being made to close an individual home, the transfer of residents to an alternative setting would still be dependent on a full community care assessment being carried out in respect of every resident showing that they could be safely and carefully accommodated elsewhere, and reference would be made to the Council's "Closure and Major Change Guidelines".

5. To ensure schemes are appealing to younger people we will:
    - ensure younger people are on reference group who can give us their views and feedback
    - provide images of younger people around the scheme
    - link with schools to provide intergenerational activities.

6. We will ensure that we translate material into various languages and formats where required.

7. In line with Care Quality Commission Regulations for living space, we will ensure flexibility of bedroom arrangements in the community care centres to enable couples, including same sex couples to share living space. For example, allocation of two rooms where one could be a bedroom and the other a lounge area.

8. We will look at measures to ensure privacy for people to enable them to access the internet.

9. We will consider options for hairdressing and exercise etc to be undertaken in less visible areas of the building.

10. We will ensure that the design of future community care centres incorporates a smoking room.

11. Work will be done with commissioning, field work teams, and development partners to explore the most appropriate ways in which black and minority ethnic communities can remain in touch with cultural groups and clubs. This may include facilitating specific groups and clubs to operate services and activities from within the community care centres and extra care schemes.

12. The use of specialist local external caterers will be considered to either bring in appropriate meals or encourage innovative ways in which meals can be prepared from the community care centres. The proposals for catering within each of the extra care schemes will be evaluated as part of the procurement process.

13. Work will be done to explore the most appropriate use of the building for instances where mixed sex accommodation becomes an issue. For example, there may be opportunities for sectioning of a wing or corridor.

14. The authority will ensure that service user groups are consulted over the interior design, in particular gaining the views of people of all ages and gender.

15. People with unwanted toys will be encouraged to donate them for the use of children and young people accessing/visiting the centres.

16. Work will be done to raise awareness amongst younger people using the centres that the design and colour scheme are more appropriate for people with dementia.

17. On-going work will be undertaken with District and Borough Councils, and with development partners, to ensure that the cost of extra care schemes are affordable to those across the range of different capital and income thresholds, and to those who both wish to rent and to own the extra care schemes. This will need to be kept under review as the current housing benefit regulations are in the process of being updated.

18. Work will be undertaken with Registered Social Landlords within the extra care schemes to develop integrated/complimentary models of pre-invested 24/7 unplanned personal care support and for housing related support. The intention is to commission the most cost-effective models for individual tenants, which will minimise service charges and optimise the relationship

between pre-invested support, personal budgets and co-funding contributions.

19. We will ensure that future buildings for Specialist Community Care Centres and Extra Care housing will be built to allow ‘progressive privacy’ and to meet ‘secure by design’ standards.

Stage 7 Finding out whether your assessment has identified what people think needs changing.

A stakeholder event was held to discuss design and other issues with a wide range of local community representatives. Following this a Community Reference Group was established, who have been involved in this EIA process along with the Local Implementation Group dealing with each individual scheme. These forums provide a fair representation of the equality groups and will continue to be involved as each new element of the implementation plan begins to be developed.

Stages 8 and 9. Action planning, target setting and monitoring

TARGETS / SUCCESS CRITERIA

ACTION	LEAD RESP	PARTNER INPUT	RESOURCES	PERFORMANCE INDICATORS/ MILESTONES	QUALITY ASSURANCE
1. Include acoustic requirements in Output Specification to ensure the future schemes meet expectations	LE	Service Provider	None	Output specification to be updated following acoustic analysis	Output spec
2. Consider any transport issues at each scheme taking account of the existing work being done on sustainable transport and day care.	Local Implementation Group	Environmental services Developer	Officer time	**Linked to Benefit Realisation** *(Provision of facilities that are accessible to the wider community).* Access to services and facilities by public transport, walking and cycling. Participation in regular volunteering People using the service will have their mobility optimised.	Travel Plans signed off by Environmental Services CIP wider Project Team
3. At the design stage include spaces for the provision of occasional dementia friendly seating around schemes to provide informal rest areas	LE	Architects Housing Association/ development partners		Have the clients maintained their independence (Supporting People) Increased numbers of older people remaining with good quality lives at home.	Robust and detailed Output Specification – using the Equality Proofing Checklist for New Builds and Major refurbishments

ACTION	LEAD RESP	PARTNER INPUT	RESOURCES	PERFORMANCE INDICATORS/ MILESTONES	QUALITY ASSURANCE
4. Consideration to be given to reduce travel distances for tenants during the design brief	SO'H	Developer/ Housing Association		Have the clients maintained their independence People using the service will have their mobility optimised.	Design Brief Feedback from tenants
5. Ensure 'secured by design' (SBD)accreditation for all schemes	LE	Design group	Accreditation costs	Receipt of the Secured By Design award	Robust and detailed Output Specification – using the Equality Proofing Checklist for New Builds and Major refurbishments
6. As each scheme is designed ensure that 'progressive privacy' [5]measures built into each scheme	LE SOH	Design group	Cost of security measures and accreditation		Robust and detailed Output Specification – using the Equality Proofing Checklist for New Builds and Major refurbishments Stirling University accreditation
7. Ensure the schemes accurately reflect the demographics of the location in which they are situated	CIP group	Design group Community reference group BME groups	Cost of meetings Costs of additional to the design spec	Service User and staff profile is representative of the local community	Ongoing monitoring of staff and service user profile
8. Ensure that all future developments of Extra Care housing schemes have some adjustable height kitchens.	CIP group	Design groups	Costs of additional to the design spec	Response of development partners to the bid specification.	Tender proposal meets or exceeds the Council's

[5] Where a building has open access as well as residential accommodation, designing to achieve progressive privacy encourages the public into open access areas whilst protecting the privacy of residents and discouraging access into private residential areas. This is achieved through a combination of design and security measures.

ACTION	LEAD RESP	PARTNER INPUT	RESOURCES	PERFORMANCE INDICATORS/ MILESTONES	QUALITY ASSURANCE
					expectations
9. Continue to work with development partners, Registered Social Landlords, District and Borough housing planners and housing benefit officers to ensure that scheme rents and service charges are affordable to local people. In addition the work will ensure that individual residents / tenants benefit from integrated models of 24/7 unplanned personal care and housing related support, which complements their personal care budget.	CIP group	District Housing leads Registered Social Landlords	Time	Level of rent and service charges at each scheme Optimum mix of pre-invested element of personal budgets within self-directed support.	Benchmark across schemes in DCC and with non HCA subsidised schemes in other authorities.
10. Undertaken consultation and EIA on any establishments proposed for closure, and report these back to Cabinet for decision	Assistant Director of Adult Care	Advocacy groups, health colleagues	Time	Cabinet report on consultation outcome and EIA for each establishment proposed for closure	Director of Adult Care and the Accommodation Care and Support Strategic Project Board

Stage 10. Have your main actions been added to the relevant business or service plan(s)?

Please indicate below which actions to which plans

Action planned	Business / Service Plan	How will performance be tracked and reported?
The acoustic requirements has been detailed in the design specification for all future schemes	Output Specification	Procurement specification for Community Care Centres Procurement specification for extra care housing Procurement Evaluation Criteria
Transport issues will be considered at each scheme	Output Specification	As above Travel plans for each scheme
At the design stage we will ensure inclusion of space for dementia friendly seating	Output Specification	Procurement evaluation criteria
Schemes will be designed to protect the security of all users and we will expect the contractor to obtain 'Secured by design' accreditation	Output Specification	Procurement evaluation criteria
The schemes will be designed to ensure that areas that are strictly for use by residents will be secure and private	Output Specification	Procurement evaluation criteria
Consultation groups will seek to include representation from all the protected characteristic groups (as defined by the Equalities Act 2010 such as the people with disabilities)	Consultation plan	Feedback from these groups
Consultation and EIAs will be undertaken in a timely fashion to support the plan's progression	Adult Care business plans	Reports back to Cabinet

Step 11. Publishing your assessment

Please indicate below:

Your assessment has been signed off for publishing by

Version 1: Capital Investment Project Strategic Project Board 27 September 2011
Version 2: Proposed Cabinet Report Accommodation Care and Support Strategy, 20th February 2012

Your assessment was published on

Medium/ location	Date
Version 1: DCC Website	26/11/2010
Version 2: DCC Website	TBC

Signed

Date

Added to DCC website

Appendix F

Making fair financial decisions

This guidance has been updated to reflect the new equality duty which came into force on 5 April 2011. It provides advice about the general equality duty. Advice about the specific duties will be added at a later date when the specific duties regulations for England and Scotland have been finalised.

Introduction

With major reductions in public spending, public authorities in Britain are being required to make difficult financial decisions. This guide sets out what is expected of you as a decision-maker or leader of a public authority responsible for delivering key services at a national, regional and/or local level, in order to make such decisions as fair as possible.

The new public sector equality duty (the equality duty) does not prevent you from making difficult decisions such as reorganisations and relocations, redundancies, and service reductions, nor does it stop you from making decisions which may affect one group more than another group. The equality duty enables you to demonstrate that you are making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of different members of your community. This is achieved through assessing the impact that changes to policies, procedures and practices could have on different protected groups (or protected characteristics under the Equality Act 2010).

Assessing the impact on equality of proposed changes to policies, procedures and practices is not just something that the law requires, it is a positive opportunity for you as a public authority leader to ensure you make better decisions based on robust evidence.

What the law requires

Under the equality duty (set out in the Equality Act 2010), public authorities must have ‘due regard’ to the need to eliminate unlawful discrimination, harassment and victimisation as well as to

advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

The protected groups covered by the equality duty are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination.

The law requires that public authorities demonstrate that they have had 'due regard' to the aims of the equality duty in their decision-making. Assessing the potential impact on equality of proposed changes to policies, procedures and practices is one of the key ways in which public authorities can demonstrate that they have had 'due regard'.

It is also important to note that public authorities subject to the equality duty are also likely to be subject to the Human Rights Act. We would therefore recommend that public authorities consider the potential impact their decisions could have on human rights.

Aim of this guide

This guide aims to assist decision-makers in ensuring that:

• The process they follow to assess the impact on equality of financial proposals is robust, and
• The impact that financial proposals could have on protected groups is thoroughly considered before any decisions are arrived at.

We have also produced detailed guidance for those responsible for assessing the impact on equality of their policies, which is available on our website:
http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/equality_analysis_guidance.pdf

The benefits of assessing the impact on equality

By law, your assessments of impact on equality must:
• Contain enough information to enable a public authority to demonstrate it has had 'due regard' to the aims of the equality duty in its decision-making

• Consider ways of mitigating or avoiding any adverse impacts.

Such assessments do not have to take the form of a document called an equality impact assessment. If you choose not to develop a document of this type, then some alternative approach which systematically assesses any adverse impacts of a change in policy, procedure or practice will be required.

Assessing impact on equality is not an end in itself and it should be tailored to, and be proportionate to, the decision that is being made.

Whether it is proportionate for an authority to conduct an assessment of the impact on equality of a financial decision or not depends on its relevance to the authority's particular function and its likely impact on people from the protected groups.

We recommend that you document your assessment of the impact on equality when developing financial proposals. This will help you to:

• **Ensure you have a written record of the equality considerations** you have taken into account.

• **Ensure that your decision includes a consideration of the actions that would help to avoid or mitigate any impacts on particular protected groups**. Individual decisions should also be informed by the wider context of decisions in your own and other relevant public authorities, so that particular groups are not unduly affected by the cumulative effects of different decisions.

• **Make your decisions based on evidence**: a decision which is informed by relevant local and national information about equality is a better quality decision. Assessments of impact on equality provide a clear and systematic way to collect assess and put forward relevant evidence.

• **Make the decision-making process more transparent**: a process which involves those likely to be affected by the policy, and which is based on evidence, is much more open and transparent. This should also help you secure better public understanding of the difficult decisions you will be making in the coming months.

• **Comply with the law**: a written record can be used to demonstrate that due regard has been had. Failure to meet the equality duty may result in authorities being exposed to costly, time-consuming and reputation-damaging legal challenges.

When should your assessments be carried out?

Assessments of the impact on equality must be carried out at a **formative stage** so that the assessment is an integral part of the development of a proposed policy, not a later justification of a policy that has already been adopted. Financial proposals which are relevant to equality, such as those likely to impact on equality in your workforce and/or for your community, should always be subject to a thorough assessment. This includes proposals to outsource or procure any of the functions of your organisation. The assessment should form part of the proposal, and you should consider it carefully **before** making your decision.

If you are presented with a proposal that has not been assessed for its impact on equality, you should question whether this enables you to consider fully the proposed changes and its likely impact. Decisions not to assess the impact on equality should be fully documented, along with the reasons and the evidence used to come to this conclusion. This is important as authorities may need to rely on this documentation if the decision is challenged.

It is also important to remember that the potential impact is not just about numbers. Evidence of a serious impact on a small number of individuals is just as important as something that will impact on many people.

What should I be looking for in my assessments?
Assessments of impact on equality need to be based on relevant information and enable the decision-maker to understand the equality implications of a decision and any alternative options or proposals.

As with everything, proportionality is a key principle. Assessing the impact on equality of a major financial proposal is likely to need significantly more effort and resources dedicated to ensuring effective engagement, than a simple assessment of a proposal to save money by changing staff travel arrangements.

There is no prescribed format for assessing the impact on equality, but the following questions and answers provide guidance to assist you in determining whether you consider that an assessment is robust enough to rely on:

• **Is the purpose of the financial proposal clearly set out?**
A robust assessment will set out the reasons for the change; how this change can impact on protected groups, as well as whom it is intended to benefit; and the intended outcome. You should also think about how individual financial proposals might relate to one another. This is because a series of changes to different policies or services could have a severe impact on particular protected groups.

Joint working with your public authority partners will also help you to consider thoroughly the impact of your joint decisions on the people you collectively serve.

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel. Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable. This combined impact would not be apparent if the decisions were considered in isolation.

• **Has the assessment considered available evidence?**
Public authorities should consider the information and research already available locally and nationally. The assessment of impact on equality should be underpinned by up-to-date and reliable information about the different protected groups that the proposal is likely to have an impact on. A lack of information is not a sufficient reason to conclude that there is no impact.

• **Have those likely to be affected by the proposal been engaged?**

Engagement is crucial to assessing the impact on equality. There is no explicit requirement to engage people under the equality duty, but it will help you to improve the equality information that you use to understand the possible impact on your policy on

different protected groups. No-one can give you a better insight into how proposed changes will have an impact on, for example, disabled people, than disabled people themselves.

• Have potential positive and negative impacts been identified?

It is not enough to state simply that a policy will impact on everyone equally; there should be a more in-depth consideration of available evidence to see if particular protected groups are more likely to be affected than others. Equal treatment does not always produce equal outcomes; sometimes authorities will have to take particular steps for certain groups to address an existing disadvantage or to meet differing needs.

• What course of action does the assessment suggest that I take? Is it justifiable?

The assessment should clearly identify the option(s) chosen, and their potential impacts, and document the reasons for this decision. There are four possible outcomes of an assessment of the impact on equality, and more than one may apply to a single proposal:

Outcome 1: No major change required when the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 2: Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

Outcome 3: Continue despite having identified some potential for adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have ‘due regard’. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact, as discussed below.

Outcome 4: Stop and rethink when an assessment shows actual or potential unlawful discrimination.

• **Are there plans to alleviate any negative impacts?**
Where the assessment indicates a potential negative impact, consideration should be given to means of reducing or mitigating this impact. This will in practice be supported by the development of an action plan to reduce impacts. This should identify the responsibility for delivering each action and the associated timescales for implementation. Considering what action you could take to avoid any negative impact is crucial, to reduce the likelihood that the difficult decisions you will have to take in the near future do not create or perpetuate inequality.

Example: A University decides to close down its childcare facility to save money, particularly given that it is currently being under-used. It identifies that doing so will have a negative impact on women and individuals from different racial groups, both staff and students.

In order to mitigate such impacts, the University designs an action plan to ensure relevant information on childcare facilities in the area is disseminated to staff and students in a timely manner. This will help to improve partnership working with the local authority and to ensure that sufficient and affordable childcare remains accessible to its students and staff.

• **Are there plans to monitor the actual impact of the proposal?**
Although assessments of impact on equality will help to anticipate a proposal's likely effect on different communities and groups, in reality the full impact of a decision will only be known once it is introduced. It is therefore important to set out arrangements for reviewing the actual impact of the proposals once they have been implemented.

What happens if you don't properly assess the impact on equality of relevant decisions?

If you have not carried out an assessment of impact on equality of the proposal, or have not done so thoroughly, you risk leaving yourself open to legal challenges, which are both costly and time-consuming. Recent legal cases have shown what can happen when authorities do not consider their equality duties when making decisions.

Example: A court recently overturned a decision by Haringey Council to consent to a large-scale building redevelopment in Wards Corner in Tottenham, on the basis that the council had not considered the impact of the proposal on different racial groups before granting planning permission.

However, the result can often be far more fundamental than a legal challenge. If people feel that an authority is acting high-handedly or without properly involving its service users or employees, or listening to their concerns, they are likely to be become disillusioned with you.

Above all, authorities which fail to carry out robust assessments of the impact on equality risk making poor and unfair decisions that could discriminate against particular protected groups and perpetuate or worsen inequality.

As part of its regulatory role to ensure compliance with the equality duty, the Commission will monitor financial decisions with a view to ensuring that these have been taken in compliance with the equality duty and have taken into account the need to mitigate negative impacts where possible.

Agenda Item 5

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

15th March 2012

ADULT CARE AND JOINT COMMISSIOING PRIORITIES 2012-13

1. Purpose of the Report

To ask the Board to approve the proposed Joint Commissioning Priorities and Partnership Indicators for 2012/13.

2. Information and Analysis

The report to the Board on 12th January 2012 set out the Department of Health Outcomes Frameworks and proposed Partnership Indicators for 2012/13 – see Appendix 1.

It was agreed that there should be a further report to the Adult Care Board March setting out proposed Joint Commissioning Priorities and Partnership Indicators for 2012/13.

3. Proposed Joint Commissioning Priorities 2012/13

Safeguarding: protecting vulnerable adults from abuse by getting help to those at risk quickly. Work with local partners to ensure a full range of high quality health and care services is available. Continue the roll-out of the Dignity and Respect challenge across the county.

Frail Older People and Dementia: modernising accommodation care and support involving investment in Specialist Community Care Centres and Extra Care housing developments providing a range of services including: respite and intermediate care. Access to good quality information and advice; developing integrated pathways, with a particular focus on urgent care 24/7 aimed at keeping people at home, hospital discharge and access to respite for carers; early diagnosis and specialist care for people with dementia; choice and flexibility in day opportunities and high quality of care.

Carers: flexible Carers' breaks that are flexible and responsive to carers' needs; information and advice available in a range of places, including libraries and GPs' surgeries. Adult Care is proposing to be the Lead Commissioner for carers.

Learning Disability: continue with of the Community Lives programme; Person Centred Planning and the outcomes of the plans to be monitored; working in partnership to improve the range of housing available; ensuring more people have a Health Action Plan. Adult Care is

proposing to be the Lead Commissioner for people with a Learning Disability.

Disabled People or people with a sensory impairment: improving access to community transport and social care transport services; equality of access to health provision and health care for people with long term conditions; improvements to the availability of accessible housing; support disabled people to remain in work;

Transition to Adult Life: joint working to support younger people in transition to adult life;

Implementation of the Autism Act: ensure that the service developments are in place to fulfil statutory requirements;

Mental Health Services: Deliver 'No Health without Mental Health' including revising commissioning arrangements and implementation of the jointly agreed position statement.

3. OFFICER'S RECOMMENDATIONS

1. To agree the Joint Commissioning Priorities for 2012/13 and seek their endorsement by the Shadow Health and Wellbeing Board;
2. To agree Partnership Indicators for 2012/13.

Appendix 1

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.
			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. 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

Agenda Item 6

ADULT CARE BOARD
15th March 2012

Adult Care and NHS Support for the Voluntary and Community Sector

Purpose of the report:
To outline for the Adult Care Board the range and extent of joint Adult Care and NHS financial support for the voluntary and community sector.

Information and Analysis:
Adult Care and the local NHS have for many years worked together to commission and support the local voluntary and community sector. Appendix 1 outlines both the organisations that are funded and the level of the financial support. In total in 2011/12 this amounts to £2.6m.

This investment is predominantly in preventative services and others which supplement health, care and support services.
To ease the transaction costs for the statutory funders and the funded organisations, either Adult Care or the local NHS leads on the link to each of the funded organisations.
Work is already taking place with the local NHS to ensure that the current joint arrangements transfer across to the new Clinical Commissioning Group structure for the NHS.

This report outlines the joint funded support for the voluntary and community sector. This is supplemented by the statutory agencies separate funding for the voluntary and community sector for services that have not been jointly commissioned.

Recommendation:
That the report is received and noted.

Agenda Item 6

APPENDIX 1

JOINT FINANCE PAYMENTS TO COMMUNITY AND VOLUNTARY ORGANISATIONS

Name of Organisation	Total Funding (including contribution from NHS Derbyshire County) 2011/12
Age Concern (Chesterfield and District) provide a range of services for older people, with funding given assisting in the provision of advocacy, information / advice and befriending services.	£21,376
Alzheimer's Society (Derbyshire) provides support to people with dementia and their families and carers living in Derbyshire. Funding is provided to assist with the employment of a Dementia Support Development Worker in the High Peak / North Dales area of the County.	£17,767
Amber Valley CVS provides a range of activities in Amber Valley, which include the recruitment, training and placement of volunteers, support to local voluntary / community groups, and a wide range of direct services to support individuals living at home. Funding provided assists with the volunteer training support and brokerage and the provision of a befriending service for older disabled people.	£77,950
Bakewell and Eyam Community Transport provide community transport services in the North Dales area, with funding provided primarily to assist in the provision of transport services for older people and disabled people.	£9,638
Bakewell and District Tai Chi Group provide Tai Chi activities for older people, with funding provided to assist with general running expenses.	£924
British Red Cross (Derbyshire) provides a broad range of services, from emergency response and first aid to helping people living at home and loaning medical equipment. Funding provided assists with the provision of the following individual services: - ▪ Home from Hospital Service (Chesterfield) ▪ Voluntary Mental Health Service (Amber Valley	£85,127

Chesterfield and District African / Caribbean Community Association provides a range of activities for the African Caribbean community, with funding providing acting as a contribution to the Organisers salary and the provision of a range of activities, which includes a luncheon club for older African / Caribbean people.	£40,365
Chesterfield Volunteer Centre recruit, train, place and support volunteers. In addition, it provide a range of services in the Chesterfield / North East Derbyshire area, with funding provided to assist with the provision of core activities.	£33,903
Clowne and District Community Transport provide community transport services in the Bolsover area, including parts of North East Derbyshire. Funding provided primarily assists in the provision of transport services for older people and disabled people.	£18,430
Community and Voluntary Partners Bolsover provide a range of activities in the Bolsover area, which include the recruitment and placement of volunteers, and support to local voluntary / community groups. Funding provided assists with the cost of providing the above activities.	£!4,220
Crossroads Care (East Midlands) provides a range of respite services design to relieve the stresses experienced by carers of children and adults who have care needs as a result of disability, illness or age, by offering a respite service through the provision of community-based support workers. Funding provided assists with the provision of respite services for people living in the South Derbyshire, Derbyshire Dales, Bolsover, Chesterfield and North East Derbyshire areas, together with the Home and Away project for people with learning disabilities in the North Dales / High Peak area.	£282,288
Deaf and Hearing Support (CAMTAD ND) provides free information on all aspects of deafness and demonstrations of equipment which may assist with hearing the TV, telephone, doorbell, smoke alarm and many more, together with deaf awareness talks, training and speech to text services. Funding provided primarily assists with the provision of core activities.	£59,479
Derbyshire Carers Association provides a range of services to carers throughout the County. Funding provided assists with the establishment of, and provides support to, local self-help groups, together with various services to support individual carers.	£211,902
Derbyshire Dales Careline provides a range of carers support services, which includes a daily telephone call to older, disabled, lonely, isolated people living in the South Derbyshire Dales to ensure their wellbeing, and to provide help, information and support to people trying to stay living independently in their own homes.	£4,020

Derbyshire Dales CVS provide a range of services in the Derbyshire Dales area, which includes support to local voluntary / community groups. In addition, it employs a local Community Development Worker, who primarily works on Hurst Farm estate in Matlock, and a Health Trainer, whose role is to work in the local community. Funding provided assists with core expenses, local community development and a local self-help development fund.	£46,056
Derbyshire Federation for Mental Health's primary aim is to improve mental health and promote independence for service users in Derbyshire, with funding provided primarily to support the organisation core expenses	£87,912
Derbyshire Voice are a user led organisation who provide support to past and present receives of mental health services, including working to improve services throughout Derbyshire. In addition, they represent the views of service users at meetings involving statutory agencies.	£188,705
Derwent Rural Community Council provide a counselling service for people suffering from mental and emotional stress, with funding provided being used to cover central administration costs.	£37,843
DORA (Chesterfield) is a charitable umbrella organisation for mental-health self-help groups in Derbyshire, being completely run by volunteers many of whom have been affected by mental ill health. Funding provided is to help with core expenses.	£45,290
Dronfield Welcome Club provides day care / social activities for older people. Funding provided is to assist with general running expenses.	£1,259
Erewash Mental Health Association receives funding to assist in the provision of mental health services, including day services, for people with mental ill health in the Erewash area.	£139,542
Erewash Voluntary Action CVS recruits and places volunteers to help individuals, groups and organisations. In addition other services provided include sitting, befriending, shopping, and local community development. Funding provided assist with core expenses and volunteering activities.	£111,312
Exercise 4 All (Tibshelf) offers a wide range of rehabilitation services, to suit people of all abilities, through exercise and social contact.	£18,001
Hearing Help (Amber Valley) provides practical help, information and support by means of hearing aid servicing clinics, social groups, home visits, befriending services for the housebound, loan of equipment and newsletters, with funding provided to assist with the provision of the above services.	£31,446

High Peak CVS supports and facilitates the development of local voluntary and community organisation through the provision of a range of service, with finding provided to assist with the core activities of the organisation.	£12,256
Making Space provides a range of support services to the carers of people with mental ill health. It should be noted that this service will be the subject of a joint competitive procurement exercise during 2012/13.	£286,436
Mencap provides range of leisure and social activities to people with a learning disability, with funding being provided to assist with the expenses of the Gateway Club located in Swadlincote.	£6,688
NDVA provides support to Derbyshire health related voluntary organisations and liaison with statutory health and social care agencies, with funding provided being used to support local self-help groups and to cover the general cost of supporting the voluntary sector.	£36,333
New Mills Volunteer Centre recruits, trains, places and supports volunteers. In addition, it provides a range of services to older and housebound people living in the High Peak area, with funding provided in order to assist with the provision of a range of activities for older people.	£43,310
Peaks and Dales Advocacy provides a range of advocacy services for adults with learning disabilities or mental ill health living in the High Peak area. Funding is provided to assist with the provision of advocacy services to people with mental ill health.	£40,346
Rethink – Chesterfield Community Day Service / **Drop In Centre** provides day services / drop in services for people with mental ill health living in Chesterfield and surrounding districts.	£109,623
Rethink Focus Line provides confidential emotional support and signposting of information to any adult who has a mental health problem and their carers. It should be noted that this service will be the subject of a joint competitive procurement exercise during 2012/13.	£151,231
Rural Action Derbyshire directly supports rural, voluntary and community groups and Parish Councils in improving life in their community. Rural Action Derbyshire also carries out indirect work on behalf of rural communities through partnerships with other agencies. Funding provided assists with the provision of the rural health information service and agricultural chaplaincy service.	£4,921
SAIL (Sexual Abuse and Incest Line) provides advice and support for women who have experienced childhood sexual abuse or incest.	£51,750

Sight Support Derbyshire provides a range of services to visually impaired people, with funding provided to assist with the provision of the Mobile Resource Centre, leisure and self-help groups, and home visiting and Telephone Befriending services.	£74,148
South Derbyshire CVS provides a range of activities in South Derbyshire. Funding provided assists with core expenses, community development, local self-help development fund, and a social car scheme.	£88,581
South Derbyshire Mental Health Association is funded to assist with the provision of mental health services, including day services, in the South Derbyshire area.	£117,780
The Out and About Lunch Club provides luncheon club facilities to older people living in the Derbyshire Dales area. Funding provided assists with the Club's transport expenses.	£1,768
Tideswell Tai Chi Group provides Tai Chi activities for older people, with funding provided to assist with general running expenses.	£575
Volunteer Centre Derbyshire Dales recruits, trains, places and supports volunteers. In addition, it provides a range of services in the south dales area, with funding provided to assist with the provision of core activities.	£9,501
Total	£2,620,002

ADULT CARE BOARD
15th March 2012

Delivering Dignity

Purpose of the Report:

To update the Adult Care Board on progress on the Derbyshire Dignity and Respect Campaign and to report on the recent national Delivering Dignity report.

Information and Analysis:

On 25 February 2011 the Derbyshire Dignity Campaign was launched as a joint Adult Care and Derbyshire NHS initiative. The launch derived from the national Dignity in Care campaign based on a 10 point challenge as at **Appendix A**.

The Derbyshire campaign asks all teams to appoint a dignity champion who will work with their team to achieve a bronze dignity award. This is related to the 10 point challenge and for each point requires an answer to the question 'is this the best we can do?'

It is policy for all Adult Care teams to participate. Teams in the NHS; the voluntary sector and other public bodies are encouraged to seek the standard too.

The Adult Care Contracts team are making achievement of the bronze standard a requirement for quality premium payments for independent sector providers which in the home care service means ultimately a potential total of 64 and for residential services 80 applications.

Current publicity about the bronze campaign amongst health sector teams especially pharmacy is anticipated to increase applications.

During 2012 the current bronze holders will need to resubmit and be reassessed as the 12 months expires on current awards.

To date 73 applications for the bronze award have been submitted with 33 being successful so far. It is encouraging that resubmitted applications are generally much improved. Current achievers of the award are at **Appendix B.**

Assessments are done by volunteers from Adult Care, the NHS and Enable Housing.

A steering group of volunteer colleagues meets when needed to keep arrangements on course.

In addition to the bronze award, Adult Care, Chesterfield Royal Hospital and Derbyshire Community Health Services have signed up to promoting the ID point challenge in supporting and discharging people from hospital.

On 1st February 2012 a workshop was held at the Post Mill Centre including professionals and members of the public to recommend what silver standard should involve and proposals are being prepared for the silver standard.

In addition to this local work, there has been a recent national consultation report on securing dignity for older people in hospitals and care homes. The report is promoted by the Local Government Association, NHS Confederation and Age UK. The report includes a range of recommendations, with the key ones included as **Appendix C** to this report. The full report is available at: www.nhsconfed.org/priorities/Quality/Partnership-on-dignity/Pages/Draftreportrecommendations.aspx The report and its recommendations will be considered by the local Multi agency Dignity and Respect working group.

Responses to the report's recommendations need to be submitted by 27 March. A final report will be published before the summer.

Recommendation:
That progress on the Derbyshire Dignity and Respect Campaign is noted and supported.

Appendix A

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

These are the establishments, organisations or teams who have been successful so far:

- Bramble Lodge
- Stonelow Court
- Pendlebury Court
- Queens Court
- Jubilee Day Services
- Derwent House
- Morton Grange Nursing Home
- Holbrook Hall Residential Care Home
- The Risings Rest Home
- Ecclesfold Resource Centre
- Milford House Care Home
- Willow Bank Residential Home
- North Derbyshire Women's Aid
- Care Relief Team
- EMAS NHS Trust (East Midlands Ambulance Service)
- Lincote Resource Centre
- Nether Hall Care Home
- Bankcroft Day Centre
- The Bungalow, Newhall
- Rykneld Homes
- Ashfields Care Home
- South Derbyshire Home Care Team
- Commissioning Team
- Whitestones Home for Older People
- Shirevale Resource Centre
- Cottage Care Ltd
- The Deprivation of Liberty Safeguarding Team

- Brookdale Unit, Ash Green

- Derbyshire Fire Service Prevention and Inclusion Team
- The Spinney, Brimington
- Red House Care Home, Chesterfield
- Parkwood Day Centre, Alfreton
- Glossop Community Mental Health Project

Appendix C

Key recommendations:
Key recommendations for hospitals

1. All hospital staff must take personal responsibility for putting the person receiving care first. Staff should be required to challenge practices they believe are not in the best interests of the people in their care.

2. Hospitals should recruit staff to work with older people who have the compassionate values needed to provide dignified care as well as the clinical and technical skills. Hospitals should evaluate compassion as well as technical skills in their appraisals of staff performance.

3. Hospital boards need to embrace a devolved style of leadership that values and encourages staff and respects their judgment when they are the people working closest with older people and their families. Hospitals must enable staff to 'do the right thing' for patients.

4. The leadership role of the ward sister or charge nurse is crucial. They should know they have authority over care standards, dignity and wellbeing on their ward, expect to be held accountable for it, and take the action they deem necessary in the interests of patients. They should play a leading role in coordinating services to provide the most dignified and seamless care for each person.

5. Hospitals need to provide older people with a comprehensive geriatric assessment when they are admitted, so that a coordinated care plan can be developed. They need to be reassessed regularly throughout their stay in hospital and before they are discharged, and action taken as a result. When undertaking assessments staff must take time to understand and record the needs and preferences of older people and their relationships with family, friends and carers, in addition to recording physical and mental health.

6. Hospitals should see older people's families, friends and carers as partners in care rather than as a nuisance or interference. Hospitals should encourage family, friends and carers to come in and augment care if the older person wishes it, while retaining responsibility for ensuring care is delivered.

7. Boards should regard maintaining each patient's independence as a key measure of their hospital's performance in delivering care for older people. They need to work with patients, relatives and carers to compare a patient's level of independence when they are discharged from hospital with how independent they were before they were admitted.

8. Hospital boards must understand how people experience care in their hospital, and view dignity as a key measure of performance. All boards and management teams must have robust processes in place to collate feedback and complaints from older people, their families and staff so they can identify emerging trends and respond to them. This should include effective whistle-blowing procedures for staff who are concerned about care standards. Hospital boards must respond quickly to any suggestion of deterioration in dignity performance.
9. Feedback from patients and their families should be discussed and responded to on the ward every day. Hospitals should give staff the time to reflect on the care they provide and how they could improve; this is an essential part of giving good care.
10. Hospitals should introduce facilitated, practice-based development programmes – 'learning through doing' – to ensure staff caring for older people are given the confidence, support and skills to do the right thing for their patients.

Key recommendations for care homes

1. The Government should establish a Care Quality Forum (in parallel with the Nursing Quality Forum) to look at all aspects of care home staffing, including issues of status and pay, qualifications, recruitment, retention, development, monitoring and regulation. In the longer term the profession should consider working towards establishing a College of Care to lead on these issues.
2. The care sector should work with professionals, residents, relatives' organisations, local authorities and government to develop a clear rating scheme for care homes based on nationally agreed standards and benchmarks.
3. Care homes need to work with residents to create an environment that make their lives happy, varied, stimulating, fulfilling and dignified. This means involving older people as full and active participants in shaping their daily lives, rather than seeing them as passive recipients of care.
4. Building links with the wider community is an important part of creating a caring environment and developing a culture of openness. Volunteers can greatly enhance the quality of life in care homes.
5. Care homes should invest in greater use of technology to improve the quality of care and support residents in enjoying active and independent lives.
6. All care home staff must take personal responsibility for putting the person receiving care first, and staff should be urged to challenge practices they believe are not in the best interests of residents.
7. Care home providers should invest in support and regular training for their managers. Local authorities have an important role to play in facilitating this as commissioners of care.
8. Boards and managers have a duty to ensure buildings are fit for use for older people, particularly those with dementia.

9. Ensuring access to medical care is an important responsibility of care homes. Residents in a private care home have just the same rights to NHS care as everyone else.

10. Providing end-of-life care tailored to the wishes and needs of each individual is central to dignified care in all care homes. Residents should be allowed to die in their own care home if that is their wish.