DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE
ADULT CARE BOARD

THURSDAY 19 FEBRUARY 2015
2:00PM TO 4:00PM
COMMITTEE ROOM 2, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

	Time	Item	Lead	Information/ Discussion/ Decision
1	2:00pm	Welcome & Introductions	Cllr Smith	
2	2:10pm	Minutes from the meeting held on 8 January 2015	Cllr Smith	Information
3	2:20pm	Safeguarding Update		Information
4	2:40pm	Care Act	J Vollor	Information
5	2:50pm	Better Care Fund update	J Vollor	Information
6	3:00pm	Malnutrition Survey 2014	L Flynn	Information
7	3:20pm	LD Accommodation and Support Strategy	D Jenkinson/ I Cocking	Information
8	3:40pm	Update 21st Century	ND/Hardwick CCG/ A Milroy	Information
9	3:50pm	Update – STAR Board	SDCCG/ MMcE	Information
10	4:00pm	**FINISH**		

The next meeting of the Adult Care Board will take place on Thursday 19 March 2015 at 2:00pm in Committee Room 2, County Hall, Matlock.

Karen Lynam
On behalf of Mary McElvaney, Strategic Director - Adult Care Department
Tel: 01629 532031
E-mail: karen.lynam@derbyshire.gov.uk

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 8 JANUARY 2015 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, MEMBERS ROOM, MATLOCK HQ

PRESENT:

Cllr Paul Smith	PS	Derbyshire County Council Cabinet Member (Adult Social Care) **Chair**
Cllr Dave Allen	DA	Derbyshire County Council Cabinet Member (Health & Communities)
Mary McElvaney	MMc	Derbyshire County Council (Adult Care)
Mick Burrows	MB	Southern Derbyshire CCG
Julie Vollor	JV	Derbyshire County Council (Adult Care)
Dean Gazzard	DG	Derbyshire Fire and Rescue
Tom Archer	TA	Derbyshire Fire and Rescue
Karen Richie	KR	Derbyshire Healthwatch
Cllr Lilian Robinson	LR	North East Derbyshire District Council
Jacqui Willis	JW	NDVA
Jo Smith	JS	South Derbyshire CVS
Roger Miller	RM	Derbyshire County Council (Adult Care)
Jim Connolly	JC	Hardwick CCG
Beverley Smith	JP	North Derbyshire CCG

IN ATTENDANCE:

Pam Greaves	PG	Derbyshire County Council - Adult Care (Minutes)

APOLOGIES:

Cllr Rob Davison	Derbyshire County Council Deputy Cabinet Member (Adult Social Care)
Cllr Wayne Major	Derbyshire County Council Shadow Cabinet Member (Adult Care)
Andrew Milroy	Derbyshire County Council – Adult Care
Andy Layzell	Southern Derbyshire CCG
Sue Whetton	Derbyshire County Council (Adult Care)
Clare Watson	Tameside & Glossop CCG
Lynn Wilmott-Shepherd	Erewash CCG
Jenny Swatton	Southern Derbyshire CCG
David Gardner	Hardwick CCG

Minute No	Item	Action
ACB 040/15	**WELCOME FROM CLLR PAUL SMITH AND APOLOGIES NOTED** **MINUTES FROM THE MEETING ON 18 SEPTEMBER 2014 & MATTERS ARISING** The minutes from 18 September 2014 were accepted as an accurate record. The meeting planned for November 2014 was cancelled. Matters Arising: 033/14 – the presentation given by Steve Pintus on the Health and Wellbeing Strategy was taken to the H&WB Workshop 11 December where amendments were suggested. It will now go to the H&WB Board to be approved and then circulated.	
041/15	**SAFEGUARDING BOARD REVIEW UPDATE – ROGER MILLER** Roger Miller presented a report to provide an overview of activity relating to the Derbyshire Adults Safeguarding Board DASB) Review in 2014/15 and to consider the action necessary action in preparation for the introduction of the Care Act. The purpose of the report was to inform the Adult Care Board that: • The Peer Review July 2014 concluded that Derbyshire provides good protection to Derbyshire residents. • Andy Searle has been appointed as the Independent Chair of the Safeguarding Board. • A development day was chaired by Andy Searle and the responses to challenges by the Peer Review were developed and will be shared with Safeguarding Board at next meeting in March. • A Policy and Procedures review is taking place to ensure compliance in time for the Care Act implementation (1st April 2015); and will be completed on time. • MMc has written to the CCGs and Chief Constable to invite them to contribute to the cost of running the DA Safeguarding Board activities support arrangements. Responses will be reported back to the next ACB. Comments/questions. • The voluntary sector have been part of this work and are pleased to offer further help where required. • This is a live issue and will be discussed at the February meeting. The Officer Recommendation that the Board notes the key developments that have taken place in Derbyshire Safeguarding in 2014/15 and the preparations being made for the Care Act 2014 activity of the Board were **Agreed**.	MMc All

042/15	**CARE ACT – JULIE VOLLOR** Julie Vollor presented a report to brief the Board on the main provisions of the Care Act and Progress with implementation. The summary of the Care Act: • The wellbeing principle is the responsibility of of the whole council • There are three main themes in the Care Act: o Wellbeing o Prevention – postponing need which includes, for example, Safeguarding, Trusted Trader, Rogue Traders o Integration - collaboration/co-operation between partners including seamless transitions for young people. • Assessment and eligibility – training available to explain. • Care Quality Commission has specific responsibility for financial health with providers. • Discussions to be held regarding the National Eligibility Threshold as the meaning can be ambiguous. • Carers – numbers may possibly be as much as 50% more requests for assessments. • Self Funders –new responsibilities which are being worked on; Phase 2 implementation April 2016. • New responsibilities for Prisons in Derbyshire. • Three Stocktakes have been returned to the National Office and a self-assessment has been completed internally to identify current/future work. • Government is planning to launch a communication strategy to target sections of the population but no indication of details. • Roadshows are being planned on the Care Act for Members and the Voluntary Sector. Comments/questions • Funding – do we have all the funding already? – No, Care Act Implementation Grant 2015/16. • If because of the carers and self funder numbers it costs more, will we be able to claim the difference from the Government? – a notional maximum amount has been included in the implementation grant. • More details requested on self-funding; guidance not yet published. • Voluntary sector happy to assist wherever possible. • Is our 'Substantial' FACS criteria the same as the rest of the country? – The same national criteria will apply; clarification as to the interpretation of the wording is needed. • JW (NDVA) offered information and the potential to get more if it would help. JV would like to take up this offer once clarification is received.	

	The Officer Recommendation that the Board consider and approve the report and agree to receive progress reports and associated recommendations were **Agreed**.	
043/15	**BETTER CARE FUND UPDATE – JULIE VOLLOR** Julie Vollor presented a report to brief the Board on the progress with the Better Care Fund. The final version was submitted and now has been fully approved. The plan can be found on both the DCC and CCG websites. http://www.derbyshire.gov.uk/social_health/integrated_care/ The fund is being used through a Section 75 pooled budget which Simon Hobbs (Legal) has assisted in drafting the agreement, to ensure all legal requirements are met. There will be a 5 week consultation period and a letter will be put on DCC and CCG websites to begin this. Once agreed and formally signed off by all parties the finance and Performance sub group will monitor and report on the spend. A Programme Co-ordinator post is being set up to oversee the project; and report to the BCF Programme Board. The Officer Recommendation asks that the Board: • consider and approve the report • note the revised, final version of the Derbyshire BCF plan • acknowledge the extensive joint working that has taken place in partnership between the Council and the CCGs to ensure the BCF re-submission was made on time • approve the next steps set out in the report • agree to receive progress reports and associated recommendations on the risk areas set out in the report were all **Agreed**	
044/15	**HEALTHWATCH UPDATE – KAREN RICHIE** Karen Richie presented a Healthwatch Intelligence Report – January 2015. The paper gave a flowchart setting out what Healthwatch do after they receive information from the people of Derbyshire, includes sharing this information with relevant partners. All comments that come through to Healthwatch are fed back to the providers to respond to. Reports to be published: • Home Care survey: the majority of comments are positive. Two issues: o Different carers	

	o Timings of visits • Survey with parents and carers using Autism pathways • Children and young people and their access to social care They also undertaking themed engagements topics : • Experiences of Child and Adolescent Mental Health Services (CAMHS) • Experience of using cancer services. Comments/questions It was agreed that this is a perfect forum to receive this helpful information. It was asked about the cancer drugs being denied and if complaints will come to Heathwatch. It was agreed that this would probably be the case. It was asked that reports also go to the Children's Trust Board.	
045/15	**ANY OTHER BUSINESS** • Apologies for technical problems with the Care Act video: it can be downloaded direct from the SCIE website: . http://www.skillsforcare.org.uk/Standards/Care-Act/Care-Act.aspx It will be shown again at the Health and Wellbeing Board meeting 15 January. • Agreement sought as to which agenda items should go to the H&WB Board. These are: the Care Act, BCF and Healthwatch reports. • Dates for future meetings will be sent out once agreed as they need to align with the new 2015/16 H&WB Board dates.	
	Future meetings of the Adult Care Board will take place on Thursday: 19 February 2015, Committee Room 2 30 April 2015, Committee Room 1 25 June 2015, Committee Room 1 27 August 2015, Committee Room 1 29 October 2015, Committee Room 1 County Hall, Matlock.	

Derbyshire Adult Care Board 19 February 2015

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards was introduced in 2009. This is part of the Mental Capacity Act 2005 (MCA). They are used to protect the rights of people who lack the ability (mental capacity) to make certain decisions. The MCA provides the essential legal framework for people who need to make decisions on behalf of someone else. It sets out who can take decisions, in which situations and how they should go about this, making sure they act in the person's best interests and ensuring that people are allowed to make their own decisions wherever possible.

Major Developments and Impact on Derbyshire DoLS

March 2014 the House of Lords published its post-legislative scrutiny report highlighting the need to improve understanding of the MCA and the Supreme Court published its judgment in the case of P v Cheshire West and Chester Council and P and Q v Surrey County Council. This judgment clarified the test and definition for Deprivation of Liberty for adults who lack capacity to make decisions about whether to be accommodated in care. It has meant that a much greater number may be deprived of their liberty in the community, such as supported living and shared lives schemes, not just those people in hospitals and care homes.

During the first six months following the Supreme Court judgement, the numbers of requests from hospitals and care homes for Deprivation of Liberty Safeguards authorisation increased dramatically over the 2013/14 levels. In addition, the numbers of applications to the Court of Protection for authorisation relating to people supported in the community are also climbing and are predicted to climb higher.

Month	Number of Applications	Cases allocated to independent BIAs
Apr-14	61	18
May-14	112	30
Jun-14	122	29
Jul-14	168	28
Aug-14	167	30
Sep-14	184	24
Oct-14	217	34
Nov-14	299	12
Dec-14	185	17
Jan-15	184	9
Feb-15	84	3

The Derbyshire DoLS service arrangements are:

- Group Manager Mental Health Services, Mental Capacity Act and DoLS
- Service Manager/Co-ordinator DOLs
- Grade 7 Administrator/Co-ordinator
- 3 Admin staff (1 temporary)
- 6 full time BIAs
- 2 temporary BIA posts being advertised
- 18 Generic BIAs – not all currently practicing
  3 need to be verified
  3 need to have cases allocated.

In addition we use independent BIAs.

In order to manage the significant rise in demands, operational changes to the complex and demanding DoLS administration process have been put in place.

We have contacted all providers of care including hospitals (Managing Authority) by letter or email and requested that they triage referrals as per ADASS guidance (Appendix 1). We provided guidance about the completion the application forms. We have asked that priority is given to cases where there appears to be a conflict with family members in order to address the concerns arising from the case of LB Hillingdon v Steven Neary (2011) EWHC 1377 (COP) where Hillingdon Council was found to have breached Article 8 and Article 5(1) (notwithstanding DoLS authorisations granted during later stages) by (a) failing sooner to refer the case to the Court of Protection (COP), (b) failing sooner to appoint an Independent Mental Capacity Advocate, and (c) failing to conduct an effective review of the best interests assessments.

In terms of process, managing authorities are now no longer reminded by the DoLS office that renewals are due. It is the responsibility of care providers and hospitals as the Managing Authority to make timely applications for renewal of the authorisation prior to it expiring and to alert the DoLS office. Extensions to urgent DoLS are no longer provided.

There are currently 474 unassessed and unallocated cases. This is a significant reduction from December 2014 when the figure was 600. The reduction is the result of the measures taken to deal with the escalating level of applications being received.

Measures to reduce the number of unassessed and unallocated cases include the appointment of the Administrator/Co-ordinator post to free up the DoLS Service Manager. We are also routinely allocating two cases per month to every BIA based with the generic community social work teams. Additional senior manager authorisers have been trained and deployed to deal with the scrutiny required for each application and case decision.

IMCA/Paid Reps Service

The IMCA service provided by Derbyshire MIND is currently under a great deal of pressure due to the increase in referrals. They continue to hold the contract for Derbyshire and agreement has been reached to streamline the role and frequency of visits.

Impact of Coroner's Guidance

An agreement has been reached (Appendix 2) with Dr Hunter the Derbyshire Chief Coroner following a meeting between DOLs leads, Health representatives and legal representatives from Health and Social Care, about proceedings when a person dies whilst under a DOLs authorisation.

Consequently advice to providers has been issued and attached as an addendum to this report.

Conclusion

The referral rate to the DoLS continues at the significantly increased level and is similar to that experienced by all Councils in the East Midlands. There is significant demand not only on the DoLS team but also on BIAs in generic community social work teams and this affects their other casework responsibilities and capacity. For Group Managers and Assistant Directors who act as authorisers, this is an additional and time consuming task.

The BIAs, DoLS Service Manager, DoLS administrative staff and the IMCA service are all working at full capacity and the increased demand continues to exceed this. Derbyshire County Council is the Supervisory Body and the action plan being followed has been reviewed and agreed with Legal Services to ensure that all reasonable steps have been taken to mitigate the risks of legal challenge. The approach being followed is consistent with the guidance issued by the Department of Health.

Andrew Milroy
Assistant Director Adult Care

Appendix 1 ADASS TASK FORCE

A Screening tool to prioritise the allocation of requests to authorise a deprivation of liberty

Due to the vast increase in demand for assessments under the Deprivation of liberty safeguards the ADASS task force members have shared practice in relation to prioritisation and produced this screening tool. The aim of the tool is to assist Councils to respond in a timely manner to those requests which have the highest priority. The tool sets out the criteria most commonly applied which indicates that an urgent response may be needed so as to safeguard the individuals concerned. The use of this tool must be balanced against the legal criteria for the Deprivation of Liberty Safeguards which remains unchanged. **The criteria should be used as an indicative guide only as it will generally be based on information provided by the Managing Authority in the application and each case must be judged on its own facts.**

HIGHER	MEDIUM	LOWER
• Psychiatric or Acute Hospital and not free to leave • Continuous 1:1 care during the day or night • Sedation/medication used frequently to control behaviour • Physical restraint used regularly – equipment or persons • Restrictions on family/friend contact (or other Article 8 issue) • Objections from relevant person (verbal or physical) • Objections from family /friends • Attempts to leave • Confinement to a particular part of the establishment for any period of time • New or unstable placement • Possible challenge to Court of Protection, Ombudsman, Solicitor's letter, Complaint's letter • Already subject to DoL about to expire	• Asking to leave but not consistently • Not making any active attempts to leave • Appears to be unsettled some of the time • Restraint or medication used infrequently. • Appears to meet some but not all aspects of the acid test	• Minimal evidence of control and supervision • No specific restraints or restrictions being used. E.g. in a care home not objecting, no additional restrictions in place. • Have been living in the care home for some time (at least a year) • Settled placement in care home/hospital placement, no evidence of objection etc. but may meet the requirements of the acid test. • End of life situations, intensive care situations which may meet the acid test but there will be no benefit to the person from the Safeguards

CASE NO:		DATE:		PRIORITISED BY :
SUMMARY OF CRITERIA:				
ALLOCATED PRIORITY:				

Appendix 2

Dear providers

The Chief Coroner of England has issued Guidance stating that there has to be an investigation and inquest when someone dies in a care/nursing home who had been placed under an urgent or/and standard Deprivation of Liberty Safeguards (DOLs) authorisation. This is regarded as a death in State detention.

In most cases the inquest will take place with the Coroner just relying on documents with no need for anyone to attend but the Coroner may ask you to send in care home documentation. The Coroner may ask you or more likely the DOLs Office to send in the urgent or/and standard authorisation and the mental health, mental capacity and best interests assessments.

The Derbyshire Coroner has asked care homes to complete the attached form 12 called notification of death to the Coroner, preferably typed and faxed to Derby Coroner at 01332 294942 or if the Chesterfield Coroner then at 01246 273058. This would really assist the Coroner's staff rather than emailing it to one officer. If you decide to change the format of this form, then please delete the logo of the Department of Health and of ADASS, the Association of Adult Social Services that issued the form recently.

If someone is transferred to hospital and dies shortly after, then even if there is no new DOLs covering their hospital stay, the hospital will notify the Coroner. However the hospital will not necessarily know that the patient was under DOLs, so when the patient is being transferred to the hospital, the hospital should be told that the resident has been placed under a DOLs.

You should notify the GP or whoever you have asked to certify the death that the person has been under an authorisation.

If you have applied for an authorisation, but it has not yet issued and you have issued an urgent authorisation, then even if the urgent authorisation has expired, the Coroner wishes you to notify him of the death by completing the form 12 but adapting it until an amended form issues which covers that situation.

If the cause of death cannot be identified, or the death is unnatural, or violent, (which includes death after a fall causing a severe injury which contributes to death), then there must be an inquest with a jury. Relevant staff or/and management are likely to be called to give evidence at that type of inquest.

Thank you for your cooperation with our local Coroners.

Malnutrition Survey 2014

Service Need & Evaluation, Adult Care

The Malnutrition Survey, first carried out during 2012, was repeated during July 2014. Over 2,900 older people had their risk for malnutrition assessed. 76% were assessed as low risk, with 10% at High risk. People in independent sector residential care seem to be at a higher risk of malnutrition than people elsewhere. More work needs to be done to raise awareness and counter the factors that lead to malnutrition in older people.

Derbyshire County Council Adult Care
Service Need & Evaluation Section
County Hall, Matlock, Derbyshire, DE3 4AG ☎ 01629 532424
e-mail: liam.flynn@derbyshire.gov.uk

Summary & Recommendations

1. This report provides analysis of the data received back from the 2014 Nutrition Survey, carried out during July. Comparisons are drawn with the 2012 Survey.

2. The Cambridge Dictionary defines malnutrition as "Weak and in bad health because of having too little food or too little of the types of food necessary for good health".

3. The Survey is designed to establish the prevalence of malnutrition amongst older people in Derbyshire. It was improved this time around by the inclusion of older people in a community health setting (including people at home).

4. In this most recent Survey, the data for 3,019 people was gathered. The data for 65 respondents was excluded because they were aged under 65 on the survey day, and for a further 20 people, dates of birth were not provided. The resultant figure of 2,954 still compares well with the 2012 Survey, which comprised data for 2,632 people.

5. Results show that:
    a. 236 people had not received a MUST assessment at the time of the Survey; the figure was 123 (almost half the rate) in 2012.
    b. We know from the ethnic background of people assessed that the sample is not proportionately representative of the wider Derbyshire older person's population with an under-representation of older people from an ethnic minority who comprise only 0.6% of the current sample.
    c. Average age of the sample is 86 years; females are older with an average age of 87 years and males younger with an average age of 83 years. The oldest person in the sample is 114 years and the youngest 64 years. There is a statistically significant yet weak correlation between age and the likelihood of being malnourished ($r=0.07$, $p<0.01$).
    d. Of the 2699 people who had received screening, 2042 (76%) were assessed to be in the Low category.
    e. Adopting a 99% confidence level, we can be certain that the true value lies between +/- 2.12% ie between 73.88% and 78.12%
    f. 312 (11%) were assessed as being in the Medium group and 345 (13%) were assessed as being in the High group. As anybody classified as High or Medium risk is considered to be malnourished, the survey gives us an estimate that between 24% & 22% of older people in Derbyshire who are in a care setting are malnourished.
    g. The results are broadly similar to 2012 (Figure 2 and Figure 3) which serves to underline the reliability of the findings overall. The slightly higher proportion in the Low category this time around is partly due to natural variation along with a more reliable estimate based on a larger sample size which included older people in a community health setting. Those people were not included in the 2012 survey.
    h. Older people with a High MUST score are more likely to be found in an independent residential care home. Clients in an independent sector home comprise 45% of the total yet make up 60% of people with a High must score. Similarly, 50% of clients with a Medium MUST score are in an independent

care setting. These figures compare with proportions for the total of 13% and 12% respectively. This is not to say that there is a causal relationship between going into an independent sector home and becoming malnourished; the Suvey is a "snapshot" and is unable to throw light on that aspect.

i. Other than likely location, there are no differences between the groups on MUST score (age, sex, ethnicity).

6. Recommendations:

a. The survey has reliably shown that malnutrition is a condition that affects a significant proportion of older people in Derbyshire (between 26% and 22% of the older, cared for population) and is a threat to the health and wellbeing of those people. There is a continued need to raise attention and priority to malnutrition through a targeted campaign of awareness-raising generally.

b. There is a need to continue to monitor the prevalence of malnutrition amongst older people in care settings across Derbyshire so that we can gauge how effectively care organisations are responding to the need to counter its apparent rising incidence. Care organisations need to monitor patient/client nutrition and in turn Derbyshire's Health & Wellbeing Board need to receive evidence on an annual basis which demonstrates the effectiveness of the campaign to reduce its prevalence.

c. The annual survey should be improved to enable a better understanding of the precise factors which lead to malnutrition. For example, *in hospital settings, to what extent is it to do with illness and impending surgery*? *Why is the prevalence higher in independent sector care homes*?

d. The augmented survey needs to encompass more older people in their own homes so that we can get a better understanding of "baseline" malnutrition levels.

Introduction

1. The *2011 Improvement and Scrutiny Review of Nutrition for Older People in the Community and Care Settings Including Hospitals* recommended that a screening survey be done to understand the prevalence of malnutrition amongst older people in Derbyshire. A multi-agency Nutrition Steering Group was established and led on the screening survey.

2. The first survey took place in May 2012, across the majority of Derbyshire's health and social care settings when 2,632 people aged 65 and over were surveyed for their nutritional status.

3. The 2012 survey provides a baseline set of data to inform health and social care commissioners and providers of the prevalence of malnutrition amongst older people in the local area.

4. Derbyshire has a growing number of older people, many of whom live alone. Given the geographically dispersed and rural nature of many of Derbyshire's communities, there is a likelihood that malnutrition may be on the increase. Females, who tend to live longer than males are especially at risk.

5. Whilst acknowledging the difficulty of drawing more than an overview from data gathered by way of a simple survey, it is helpful to understand the basic trends about malnutrition that such an exercise can provide.

6. The survey has now been repeated during July 2014 and amended to include how many people are affected in the community and how can they be included in a future survey.

7. The key focal points of the second survey are to establish the reliability of the findings of the first whilst also extending the estimated prevalence to older people living in the community. It also serves as a check to indirectly evaluate the promotional work done by the Council following the first survey re the impact on raising the awareness of malnutrition.

Method

6. The Survey was run in a variety of settings, just like the 2012 one, including:

- Private residential care settings
- County Council residential care settings
- Hospital settings
- Community Health service settings Eg health centre.

7. The survey tool recorded the nutritional risk status of an individual based on the BAPEN Malnutrition Universal Screening Tool (MUST). MUST is a tool used across various health and social care settings in Derbyshire. The tool scores an individual as being at a High, Medium or Low risk by taking into account their Body Mass Index, unplanned weight loss and any acute disease.

8. Anyone classified as High or medium Risk is considered to be malnourished.

9. At the time of the survey Derbyshire Healthcare NHS Foundation Trust had not fully implemented the use of MUST but recorded their service users on a similar basis.

10. There are some associated problems which should be be noted when considering the data.

11. Firstly, it is a “snapshot” at a single point in time which will be subject to bias. It does not provide any answers as to why individuals are at say, a High or Low risk. Any differences in risk between different people in different types of setting (eg hospital compared with their own home) are not necessarily attributable to the type of setting.

13. For those assessed whilst in hospital, there was no attempt to record whether patients were receiving palliative care or other medication that might have affected their nutritional intake and therefore result in a High MUST Score.

14. There is also insufficient data from the survey returns to map where people had come from prior to the setting they were in at the time of the survey. Mapping of where people (who were not long-term residents/patients) were based at the time of the survey would not have given a true reflection of the prevalence of malnutrition in Derbyshire.

Results

15. Figure 1 profiles the obtained figures from the 2014 Survey.

16. In total we received data about 3019 people which is 388 more than took part in the 2012 survey. Unfortunately, date of birth information was missing for 20 of the returned cases, and a further 74 people were under 65 at the point of assessment so these were excluded from the analysis. 226 people did not receive a MUST analysis. This leaves 2699 people aged 65 and over who had had a MUST analysis during the survey.

17. The clear majority of older people surveyed have a MUST score which indicates they are at Low risk of being malnourished.

- 2042, (76%) were assessed in the Low risk category.
- 312, (11%) were assessed to be in the Medium risk group.
- 345 (13%) were assessed to be in the High risk group.

18. These figures are broadly similar to 2012 survey outturn, although the 2014 survey comprises 300 more respondents than last time.

19. Figure 2 allows direct comparison of numbers and Figure 3 enables direct comparison of proportions.

20. Whilst the numbers in the Low and Medium risk groups were very similar (369 compared with 345 and 306 to 312 respectively), the only group to show any real increase in numbers were those in the Low risk group, who numbered some 208 more than in 2012.

21. Proportionate share for each risk group shows change from 2012 to 2014 in the right direction ie there are fewer older people in High and Medium risk categories (15% and 12% respectively down to 13% and 11%, 27% combined down to 24% combined).

22. The largest proportionate shift is in the Low risk group which comprised 70% in 2012 and then has since increased to 76%. The higher proportion of older people in the Low MUST score category is encouraging but it is unclear to what extent it may be due to the awareness raising carried out following the 2012 survey or simply the result of using a larger sample this time around and therefore due to random variation. Regardless, it is clear that there are a significant number of older people who are malnourished.

Are there Age and Sex Differences in Malnutrition Scores?

23. As females tend to live longer than males there are more females in the sample survey than males.

24. Females make up 69% (N=1852) of the total and males 31% (N=847). 73% of females have a Low MUST score compared with 81% of males.

25. 15% of females and 9% of males have a High MUST score. 12% of females and 11% of males have a Medium MUST score. Given that a Medium or High MUST score is an indicator of malnourishment, 27% of females and 20% of males are malnourished at the time of assessment (Table 2).

26. Average age of the whole sample is 86 years. Females have a higher average age than Males (87 years compared with 83.9 years). Age ranges from 64 years to 114 (Table 1 & Table 3).

27. There is a tendency for the incidence of malnourishment to increase with age, although the proportions of people with a Medium or High MUST score are lower at the highest age group.

Ethnic Background

28. The vast majority of people assessed are from a White background (99.6%, N=2687). Only 12 people were from a non-white ethnic group, of whom 5 people are the largest group and from a Black African/Carribean ethnic group (Table 5).

29. The proportion of people from an ethnic minority in this sample is lower than in the wider Derbyshire population.

Client Location at Time of MUST Assessment

30. Clients are in a range of settings at the point of assessment: residential care homes (private and local authority), hospital or in a community health setting (including at home) (Figure 5 and Table 6).

31. The largest group are in independent sector residential care (N=1207, 45%), followed by community health service setting (N=767, 28%), followed by local authority residential care (N=543, 20%) and then a hospital setting (N=182, 7%).

32. Table 7 provides the person's location at the time of the MUST assessment by their resultant MUST assessment score.

33. Table 7 shows that for those assessed as High, the largest number of people are resident in independent sector residential care (N=207, 60% of people with a High MUST score). 59 people (17% of those with a High MUST score) are in a community health setting, 48 (14%) are in a Derbyshire County Council home, and 31 (9%) are in a hospital setting.

34. We must guard against drawing a conclusion that being in a certain setting causes an older person to become malnourished primarily because this is a "snapshot" survey at a single point in time. People can become malnourished for a variety of reasons and may be so just prior to admission. In hospital settings, people may be about to have, or may just have had an operation at the point of MUST assessment for which they will not have been able to consume food.

35. The Survey though did collect information about their provenance for people who were not in their usual home setting. This information is provided in Table 9, Table 10 and Table 11.

36. Perhaps the most notable of this latter analysis concerns people with a High MUST score as shown in Table 11. This shows that for people for whom "Admission from" is "Not applicable" (ie they are in their usual place of residence at the point of assessment) a very high proportion are in Independent Sector residential care homes (N=207, 60% of all people with a High MUST score). In contrast, 48 people (14%) are resident in a Derbyshire County Council home.

37. This raises a clear issue about diet and that residential care homes need to do more to ensure that older people, especially females in the older age groups, have sufficient food of the right kind.

Figure 1

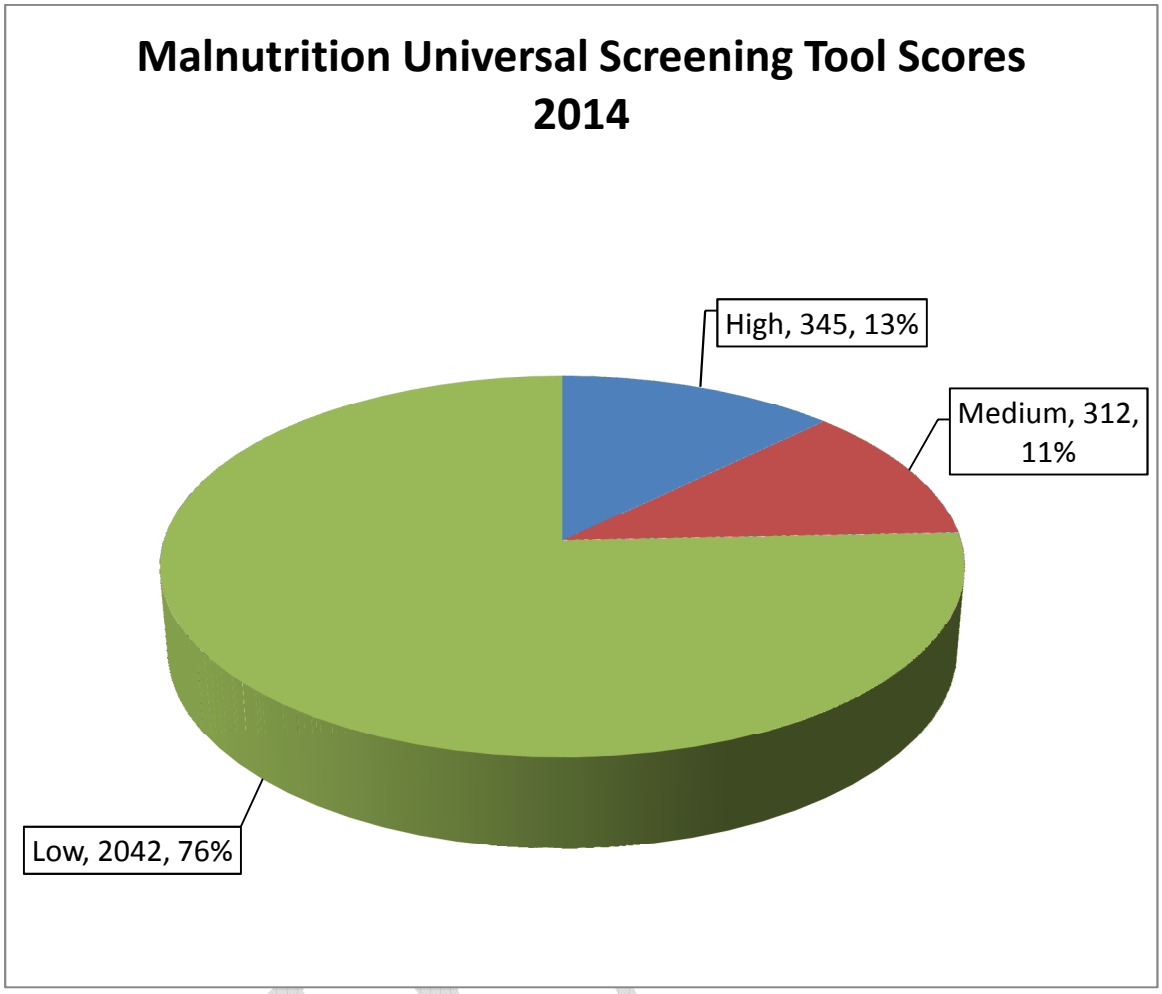


Figure 2

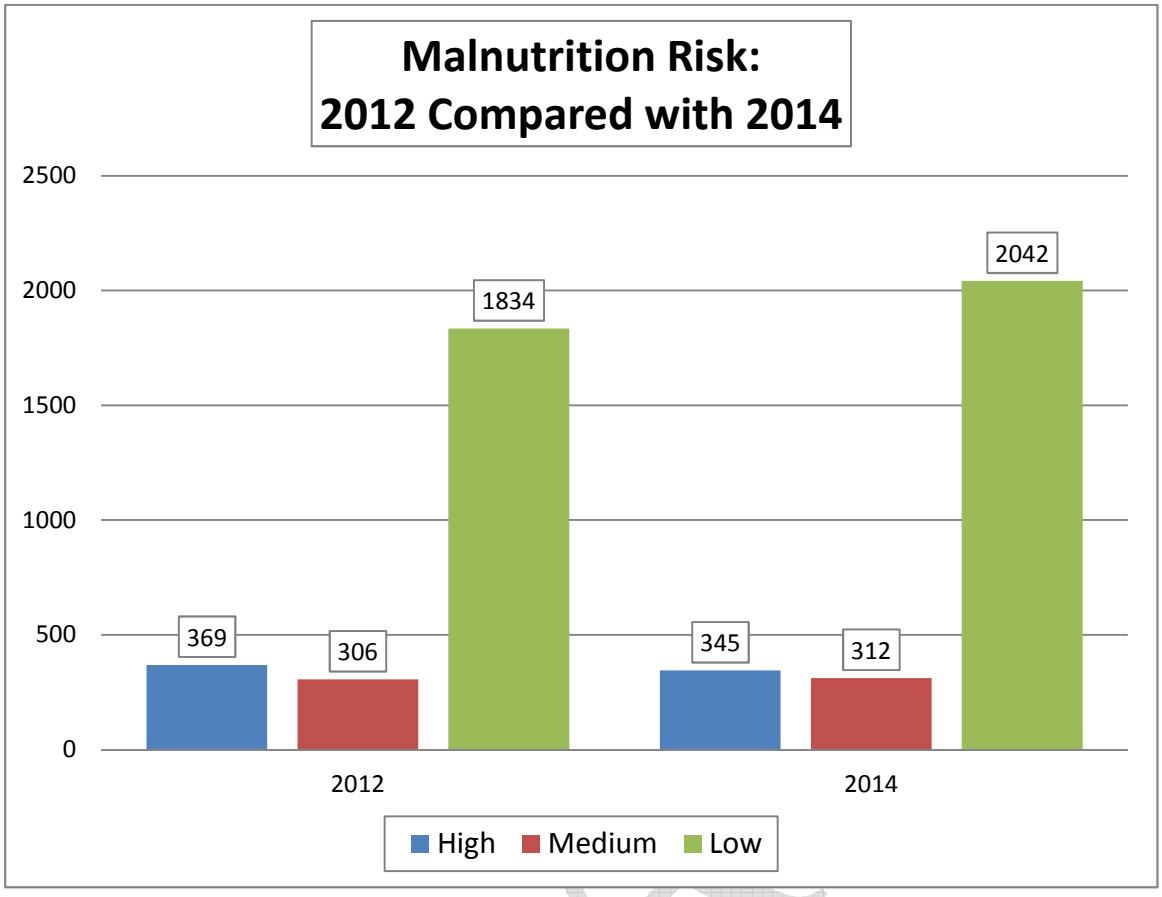


Figure 3

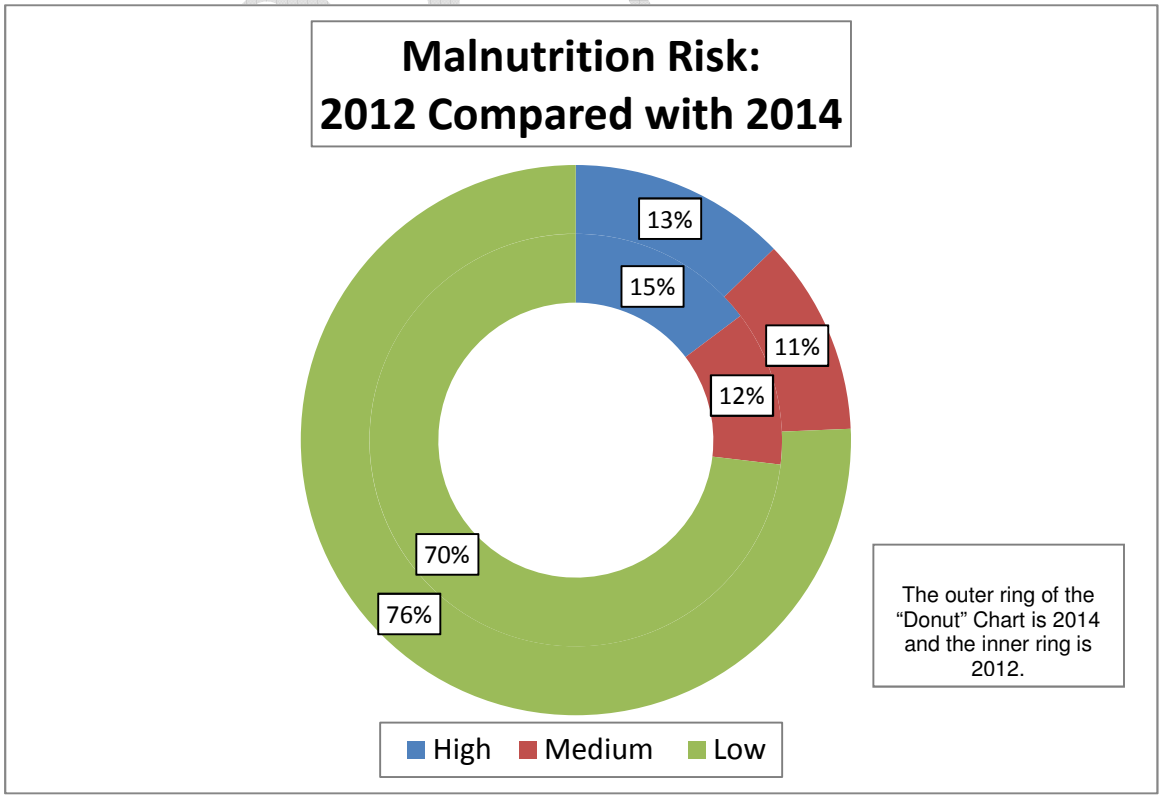


Figure 4

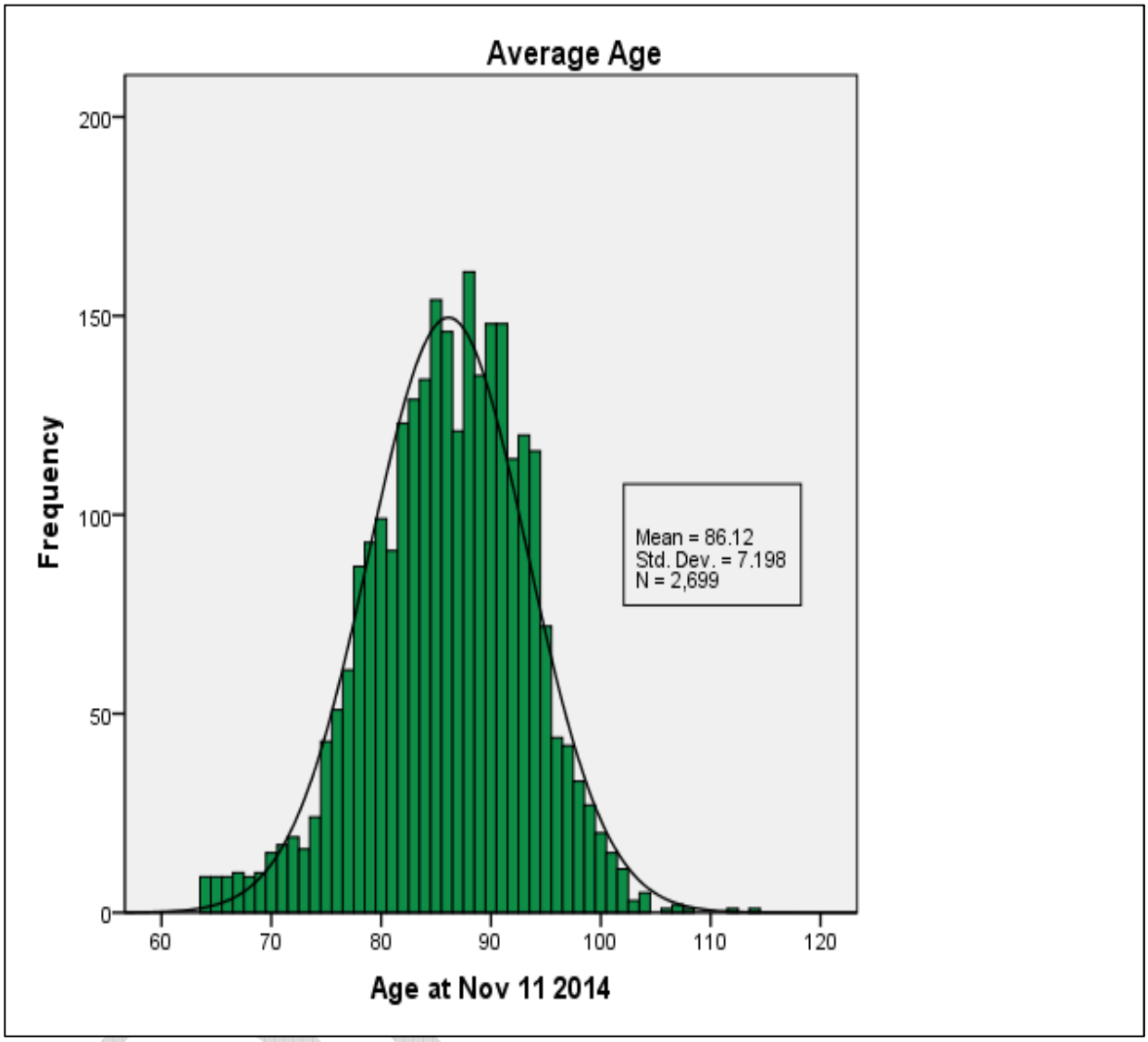


Table 1 Age Differences by Sex

Sex	Mean	N	Std. Deviation	Minimum	Maximum	Median
Female	87.13	1852	7.088	64	114	88.00
Male	83.90	847	6.940	64	102	84.00
Total	86.12	2699	7.198	64	114	86.00

Table 2 Grouped Must Score by Sex

			Sex		
			Female	Male	Total
Grouped Must Score	LOW	Count	1358	684	2042
		% within Grouped Must Score	66.5%	33.5%	100.0%
		% within Sex	73.3%	80.8%	75.7%
		% of Total	50.3%	25.3%	75.7%
	MEDIUM	Count	223	89	312
		% within Grouped Must Score	71.5%	28.5%	100.0%
		% within Sex	12.0%	10.5%	11.6%
		% of Total	8.3%	3.3%	11.6%
	HIGH	Count	271	74	345
		% within Grouped Must Score	78.6%	21.4%	100.0%
		% within Sex	14.6%	8.7%	12.8%
		% of Total	10.0%	2.7%	12.8%
Total		Count	1852	847	2699
		% within Grouped Must Score	68.6%	31.4%	100.0%
		% within Sex	100.0%	100.0%	100.0%
		% of Total	68.6%	31.4%	100.0%

Table 3 Grouped Age by Grouped Must Score

			Grouped Must Score			
			LOW	MEDIUM	HIGH	Total
Grouped Age	64 TO 69	Count	44	5	7	56
		% within Grouped Age	78.6%	8.9%	12.5%	100.0%
		% within Grouped Must Score	2.2%	1.6%	2.0%	2.1%
		% of Total	1.6%	.2%	.3%	2.1%
	70 TO 79	Count	340	42	46	428
		% within Grouped Age	79.4%	9.8%	10.7%	100.0%
		% within Grouped Must Score	16.7%	13.5%	13.3%	15.9%
		% of Total	12.6%	1.6%	1.7%	15.9%
	80 TO 89	Count	1004	139	154	1297
		% within Grouped Age	77.4%	10.7%	11.9%	100.0%
		% within Grouped Must Score	49.2%	44.6%	44.6%	48.1%
		% of Total	37.2%	5.2%	5.7%	48.1%
	90 TO 99	Count	623	113	124	860
		% within Grouped Age	72.4%	13.1%	14.4%	100.0%
		% within Grouped Must Score	30.5%	36.2%	35.9%	31.9%
		% of Total	23.1%	4.2%	4.6%	31.9%
	100 PLUS	Count	31	13	14	58
		% within Grouped Age	53.4%	22.4%	24.1%	100.0%
		% within Grouped Must Score	1.5%	4.2%	4.1%	2.1%
		% of Total	1.1%	.5%	.5%	2.1%
Total		Count	2042	312	345	2699
		% within Grouped Age	75.7%	11.6%	12.8%	100.0%
		% within Grouped Must Score	100.0%	100.0%	100.0%	100.0%
		% of Total	75.7%	11.6%	12.8%	100.0%

Table 4 Grouped Age by gender

			Sex		
			Female	Male	Total
Grouped Age	64 TO 69	Count	28	28	56
		% within Grouped Age	50.0%	50.0%	100.0%
		% within Sex	1.5%	3.3%	2.1%
		% of Total	1.0%	1.0%	2.1%
	70 TO 79	Count	234	194	428
		% within Grouped Age	54.7%	45.3%	100.0%
		% within Sex	12.6%	22.9%	15.9%
		% of Total	8.7%	7.2%	15.9%
	80 TO 89	Count	865	432	1297
		% within Grouped Age	66.7%	33.3%	100.0%
		% within Sex	46.7%	51.0%	48.1%
		% of Total	32.0%	16.0%	48.1%
	90 TO 99	Count	671	189	860
		% within Grouped Age	78.0%	22.0%	100.0%
		% within Sex	36.2%	22.3%	31.9%
		% of Total	24.9%	7.0%	31.9%
	100 PLUS	Count	54	4	58
		% within Grouped Age	93.1%	6.9%	100.0%
		% within Sex	2.9%	.5%	2.1%
		% of Total	2.0%	.1%	2.1%
Total		Count	1852	847	2699
		% within Grouped Age	68.6%	31.4%	100.0%
		% within Sex	100.0%	100.0%	100.0%
		% of Total	68.6%	31.4%	100.0%

Table 5 Grouped Must Score by Ethnicity

			Grouped Must Score			
			LOW	MEDIUM	HIGH	Total
eth	Asian	Count	2	0	1	3
		% within eth	66.7%	.0%	33.3%	100.0%
		% within Grouped Must Score	.1%	.0%	.3%	.1%
		% of Total	.1%	.0%	.0%	.1%
	Black African/Carribean	Count	5	0	0	5
		% within eth	100.0%	.0%	.0%	100.0%
		% within Grouped Must Score	.2%	.0%	.0%	.2%
		% of Total	.2%	.0%	.0%	.2%
	Traveller	Count	1	0	0	1
		% within eth	100.0%	.0%	.0%	100.0%
		% within Grouped Must Score	.0%	.0%	.0%	.0%
		% of Total	.0%	.0%	.0%	.0%
	Multiple Ethnic Group	Count	1	0	0	1
		% within eth	100.0%	.0%	.0%	100.0%
		% within Grouped Must Score	.0%	.0%	.0%	.0%
		% of Total	.0%	.0%	.0%	.0%
	Other	Count	1	0	1	2
		% within eth	50.0%	.0%	50.0%	100.0%
		% within Grouped Must Score	.0%	.0%	.3%	.1%
		% of Total	.0%	.0%	.0%	.1%
	White	Count	2032	312	343	2687
		% within eth	75.6%	11.6%	12.8%	100.0%
		% within Grouped Must Score	99.5%	100.0%	99.4%	99.6%
		% of Total	75.3%	11.6%	12.7%	99.6%
Total		Count	2042	312	345	2699
		% within eth	75.7%	11.6%	12.8%	100.0%
		% within Grouped Must Score	100.0%	100.0%	100.0%	100.0%
		% of Total	75.7%	11.6%	12.8%	100.0%

Figure 5

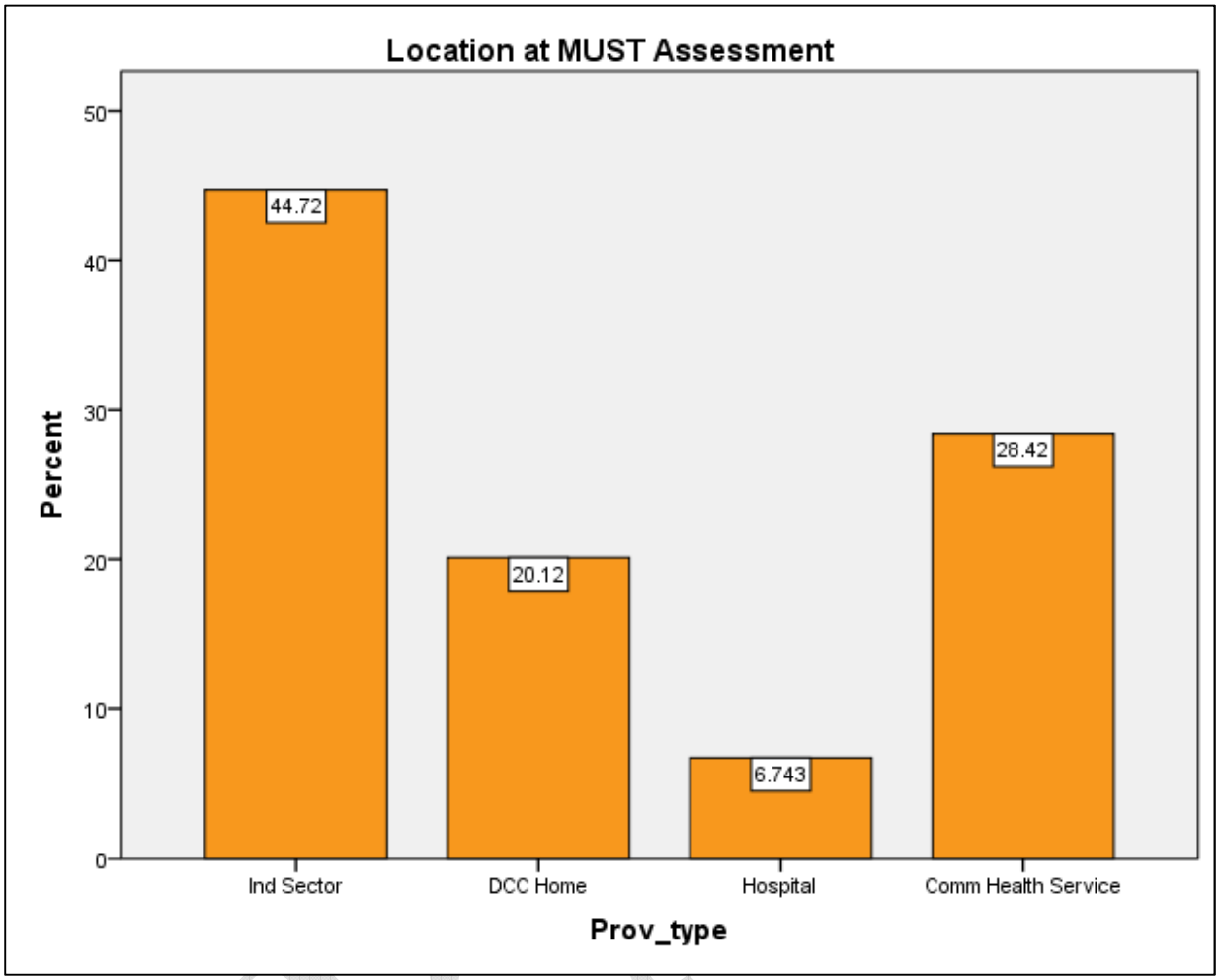


Table 6 Location at time of Assessment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ind Sector	1207	44.7	44.7	44.7
	DCC Home	543	20.1	20.1	64.8
	Hospital	182	6.7	6.7	71.6
	Comm Health Service	767	28.4	28.4	100.0
	Total	2699	100.0	100.0	

Table 7 Provider type by Grouped Must Score

			Grouped Must Score			
			LOW	MEDIUM	HIGH	Total
Prov_type	Ind Sector	Count	844	156	207	1207
		% within Prov_type	69.9%	12.9%	17.1%	100.0%
		% within Grouped Must Score	41.3%	50.0%	60.0%	44.7%
		% of Total	31.3%	5.8%	7.7%	44.7%
	DCC Home	Count	425	70	48	543
		% within Prov_type	78.3%	12.9%	8.8%	100.0%
		% within Grouped Must Score	20.8%	22.4%	13.9%	20.1%
		% of Total	15.7%	2.6%	1.8%	20.1%
	Hospital	Count	130	21	31	182
		% within Prov_type	71.4%	11.5%	17.0%	100.0%
		% within Grouped Must Score	6.4%	6.7%	9.0%	6.7%
		% of Total	4.8%	.8%	1.1%	6.7%
	Comm Health Service	Count	643	65	59	767
		% within Prov_type	83.8%	8.5%	7.7%	100.0%
		% within Grouped Must Score	31.5%	20.8%	17.1%	28.4%
		% of Total	23.8%	2.4%	2.2%	28.4%
Total		Count	2042	312	345	2699
		% within Prov_type	75.7%	11.6%	12.8%	100.0%
		% within Grouped Must Score	100.0%	100.0%	100.0%	100.0%
		% of Total	75.7%	11.6%	12.8%	100.0%

Table 8 Grouped Must Score by Provenance

			Grouped Must Score			
			LOW	MEDIUM	HIGH	Total
Ad_From	N/a	Count	1812	273	302	2387
		% within Ad From	75.9%	11.4%	12.7%	100.0%
		% within Grouped Must Score	88.7%	87.5%	87.5%	88.4%
		% of Total	67.1%	10.1%	11.2%	88.4%
	Own Home	Count	128	24	19	171
		% within Ad_From	74.9%	14.0%	11.1%	100.0%
		% within Grouped Must Score	6.3%	7.7%	5.5%	6.3%
		% of Total	4.7%	.9%	.7%	6.3%
	Other Hospital Dept	Count	89	14	22	125
		% within Ad_From	71.2%	11.2%	17.6%	100.0%
		% within Grouped Must Score	4.4%	4.5%	6.4%	4.6%
		% of Total	3.3%	.5%	.8%	4.6%
	Community Hospital	Count	4	0	0	4
		% within Ad_From	100.0%	.0%	.0%	100.0%
		% within Grouped Must Score	.2%	.0%	.0%	.1%
		% of Total	.1%	.0%	.0%	.1%
	Care Home	Count	9	1	2	12
		% within Ad_From	75.0%	8.3%	16.7%	100.0%
		% within Grouped Must Score	.4%	.3%	.6%	.4%
		% of Total	.3%	.0%	.1%	.4%
Total		Count	2042	312	345	2699
		% within Ad_From	75.7%	11.6%	12.8%	100.0%
		% within Grouped Must Score	100.0%	100.0%	100.0%	100.0%
		% of Total	75.7%	11.6%	12.8%	100.0%

Table 9 LOW Must Score: Admission by Location

			Prov_type				
			Ind Sector	DCC Home	Hospital	Comm Health Service	Total
Ad_From	N/a	Count	844	425	0	543	1812
		% within Ad_From	46.6%	23.5%	.0%	30.0%	100.0%
		% within Prov_type	100.0%	100.0%	.0%	84.4%	88.7%
		% of Total	41.3%	20.8%	.0%	26.6%	88.7%
	Own Home	Count	0	0	28	100	128
		% within Ad_From	.0%	.0%	21.9%	78.1%	100.0%
		% within Prov_type	.0%	.0%	21.5%	15.6%	6.3%
		% of Total	.0%	.0%	1.4%	4.9%	6.3%
	Other Hospital Dept	Count	0	0	89	0	89
		% within Ad_From	.0%	.0%	100.0%	.0%	100.0%
		% within Prov_type	.0%	.0%	68.5%	.0%	4.4%
		% of Total	.0%	.0%	4.4%	.0%	4.4%
	Community Hospital	Count	0	0	4	0	4
		% within Ad_From	.0%	.0%	100.0%	.0%	100.0%
		% within Prov_type	.0%	.0%	3.1%	.0%	.2%
		% of Total	.0%	.0%	.2%	.0%	.2%
	Care Home	Count	0	0	9	0	9
		% within Ad_From	.0%	.0%	100.0%	.0%	100.0%
		% within Prov_type	.0%	.0%	6.9%	.0%	.4%
		% of Total	.0%	.0%	.4%	.0%	.4%
Total		Count	844	425	130	643	2042
		% within Ad_From	41.3%	20.8%	6.4%	31.5%	100.0%
		% within Prov_type	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	41.3%	20.8%	6.4%	31.5%	100.0%

Table 10 Medium Must Score: Admission by Location

			Prov_type				
			Ind Sector	DCC Home	Hospital	Comm Health Service	Total
Ad_From	N/a	Count	156	70	0	47	273
		% within Ad_From	57.1%	25.6%	.0%	17.2%	100.0%
		% within Prov_type	100.0%	100.0%	.0%	72.3%	87.5%
		% of Total	50.0%	22.4%	.0%	15.1%	87.5%
	Own Home	Count	0	0	6	18	24
		% within Ad_From	.0%	.0%	25.0%	75.0%	100.0%
		% within Prov_type	.0%	.0%	28.6%	27.7%	7.7%
		% of Total	.0%	.0%	1.9%	5.8%	7.7%
	Other Hospital Dept	Count	0	0	14	0	14
		% within Ad_From	.0%	.0%	100.0%	.0%	100.0%
		% within Prov_type	.0%	.0%	66.7%	.0%	4.5%
		% of Total	.0%	.0%	4.5%	.0%	4.5%
	Care Home	Count	0	0	1	0	1
		% within Ad_From	.0%	.0%	100.0%	.0%	100.0%
		% within Prov_type	.0%	.0%	4.8%	.0%	.3%
		% of Total	.0%	.0%	.3%	.0%	.3%
Total		Count	156	70	21	65	312
		% within Ad_From	50.0%	22.4%	6.7%	20.8%	100.0%
		% within Prov_type	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	50.0%	22.4%	6.7%	20.8%	100.0%

Table 11 High Must Score: Admission by Location

			Prov_type				
			Ind Sector	DCC Home	Hospital	Comm Health Service	Total
Ad_From	N/a	Count	207	48	0	47	302
		% within Ad_From	68.5%	15.9%	.0%	15.6%	100.0%
		% within Prov_type	100.0%	100.0%	.0%	79.7%	87.5%
		% of Total	60.0%	13.9%	.0%	13.6%	87.5%
	Own Home	Count	0	0	7	12	19
		% within Ad_From	.0%	.0%	36.8%	63.2%	100.0%
		% within Prov_type	.0%	.0%	22.6%	20.3%	5.5%
		% of Total	.0%	.0%	2.0%	3.5%	5.5%
	Other Hospital Dept	Count	0	0	22	0	22
		% within Ad_From	.0%	.0%	100.0%	.0%	100.0%
		% within Prov_type	.0%	.0%	71.0%	.0%	6.4%
		% of Total	.0%	.0%	6.4%	.0%	6.4%
	Care Home	Count	0	0	2	0	2
		% within Ad_From	.0%	.0%	100.0%	.0%	100.0%
		% within Prov_type	.0%	.0%	6.5%	.0%	.6%
		% of Total	.0%	.0%	.6%	.0%	.6%
Total		Count	207	48	31	59	345
		% within Ad_From	60.0%	13.9%	9.0%	17.1%	100.0%
		% within Prov_type	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	60.0%	13.9%	9.0%	17.1%	100.0%

DERBYSHIRE County Council
Improving life for local people

Accommodation and Support Strategy for People with a Learning Disability

2015-2025-DRAFT vs 6

Contents

Glossary of terms:

Attention Deficit Hyperactivity Disorder (ADHD)	Attention deficit hyperactivity disorder (ADHD) is a group of 'behavioural' symptoms that include inattentiveness, hyperactivity and impulsiveness. Common symptoms of ADHD include: • a short attention span or being easily distracted • restlessness, constant fidgeting or over activity • being impulsive ADHD can occur in people of any intellectual ability, although it is more common in people with learning difficulties. People with ADHD may also have sleep and anxiety disorders.
Behavioural Support needs	Some individuals with severe learning disabilities may display behaviour which could put themselves or others at risk, or which may prevent the use of ordinary community facilities, impact on daily life and opportunities. Such behaviors' may include aggression, self-injury, stereotyped behaviour or be disruptive and destructive. They are largely due to a lack of ability to communicate.
Campus closure	The White Paper *Our Health, Our care, Our Say (*2006*)* set out the requirement that all long term NHS residential accommodation for people with a learning disability (NHS Campuses) should be closed. Derbyshire County Council worked in partnership with Health colleagues to meet the objective of moving people with learning disabilities from NHS campuses to more appropriate accommodation in the community
Dyslexia	Dyslexia is a common type of learning difficulty that primarily affects the skills involved in the reading and spelling of words.
Dyspraxia	Dyspraxia is a common disorder that affects movement and co-ordination. It is also known as developmental co-ordination disorder (DCD). Dyspraxia affects co-ordination skills such as tasks requiring balance, kicking and throwing a ball and fine motor skills (such as writing or using small objects carefully).

De-registering of residential Care Homes	De-registering accommodation and care services enables providers to change to providing a Supported Living service for adults with learning disabilities. Applicants are required to demonstrate that de-registration will continue to ensure that the service received by tenants meets regulatory standards.
Fair access to Care Services (FACS)	Fair Access to Care Services (FACS) is a system for deciding how much help and support people with social care needs can expect. Its aim is to help social workers make fair and consistent decisions about the level of support needed and is based on assessment of need.
Joint Strategic Needs Assessment (JSNA)	A Joint Strategic Needs Assessment looks at the current and future health and care needs of the local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.
Nursing Care	Care provided by a registered nurse. Nursing care is for people who need a qualified nursing care team available to them 24 hours a day
Ordinary Residence	The duty to provide services, whether these are residential or non-residential, primarily rests with the local authority in whose area the person is “ordinarily resident”. (See appendix 5 for more detailed information).
Out of County/ Out of Area placement	Out of area placement – a local authority places a person in accommodation in another local authority area under section 21 of the 1948 National Assistance Act but retains responsibility for them
Severe/Profound Learning Disability	Severe learning disability is a developmental disability and refers to individuals who have either no speech or limited communication, a significantly reduced ability to learn new skills and who require support with daily living skills such as dressing and eating. The term profound learning disabilities means the individual will require support with day-to-day activities, such as feeding, washing, dressing and communication. The specific support that is required will always depend on the way in which the different learning disabilities impact the individual, and the environment they live in. People with profound and multiple learning disabilities often have additional physical, sensory, mental or mobility problems.

Residential Care	A residential setting where a number of individuals live, usually in single rooms, and have access to on-site care services. Standard residential care provides accommodation, meals and assistance with personal care whenever the need arises over a 24 hour period.
Safeguarding	Safeguarding captures 'promoting welfare' and 'protecting from harm or abuse'. Services should be provided in a caring, compassionate and professionally competent manner that promotes the person's wellbeing, by maximising their opportunities for choice and control, promoting their dignity and enhancing their quality of life.
Specialist Residential Care	Specialist residential care centres in Derbyshire, purpose-built for people with learning disabilities and autism.
Transforming Care: A national response to Winterbourne View Hospital (Department of Health, December 2012)	The government's final response to the events at Winterbourne View hospital (see below) It sets out a programme of action to transform services for people with learning disabilities, or autism and mental health conditions, or behaviours described as challenging services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.
Voids Management	A 'void' period is the time from when a room in a property is vacated to the date it is re-let. Our aim is to achieve high standards in the management of voids to ensure that accommodation and support is delivered in the most efficient and cost effective way.
Winterbourne View	Winterbourne View, a private hospital near Bristol, made national headlines when an undercover BBC Panorama investigation exposed neglect and abuse of patients with learning disabilities by staff. The investigation led to four support workers and two nurses being jailed for between six months and two years for their part in the abuse, while five others were given suspended prison sentences. The case resulted in the Department of Health issuing a number of recommendations for change to organisations providing social care and health, including local authorities.

Glossary – Types of housing options

available http://www.housingandsupport.org.uk/home

Home ownership	Most secure and seen by many carers/ parents as empowering. Requires the individual buying the property to have an understanding of their obligations.
Registered Care Homes	A registered care is usually set up for people who share a similar disability. They usually have 24-hour staffing. The care home should be registered with the Care Quality Commission (CQC). Registered care homes can vary from being small and homely to large and institutional.
Renting in the Private Sector	A private landlord can be: • A company that owns numerous properties. • A person or family who owns one or more properties. • A charity or group who just rent properties to disabled people. A private landlord can also be someone who buys a property so they can rent it to a disabled relative.
Renting property in the Public Sector	Social housing is property rented from the council or from a Housing Association (sometimes called a Registered Social Landlord). People have to apply and be eligible for social housing.
Shared Lives	In a Shared Lives Scheme someone is matched with a host family and lives as part of that family. They share family life and live with the host family. The host family gives support and care.
Sheltered Housing/ Extra Care	Sheltered Housing: • Is usually a block of 20-40 flats or bungalows • Has some shared areas like a lounge, laundry, or guest rooms • Has a warden to provide support. Extra care: • Is also a group of flats or bungalows but there generally a lot more of them. • There are there are more shared areas, like an activities room, a room with computers, a shop, or a restaurant or café. • Always has support available.
Supported Living/Housing	Supported housing - sometimes called a group home - is usually shared housing. But it can be individual flats. • The individual is the tenant and pays rent. • Their support and care is paid for and provided separately. • The staffing is dependent on the needs of the people who live there and could be 24 hours a day or a few hours a week.

Foreword

This strategy focuses on the accommodation and support needs of adults with a learning disability in Derbyshire. Our plans will continue to build on the service developments we have achieved in Derbyshire over the last 5 years.

These include:

- An increase in individuals accessing the Shared Lives scheme.
- An increase in the number of individuals accessing Supported Living.
- A decrease in out of county placements following a focussed review process.
- Extension of the availability of Extra Care housing for older people.

The accommodation and support strategy continues to build on the objectives set out in Valuing People Now (Department of Health, 2009) and more recent recommendations set out in Transforming Care (A national response to Winterbourne View Hospital, Department of Health, 2012) and The Care Act (Department of health (2014). All of which drive local authorities to develop a market which delivers a wide range of sustainable, high quality care and support services.

This strategy specifically supports the Adult Care Service plan (2014 – 2017) priority to reduce the inappropriate use of residential care and to develop alternative options for people with a learning disability.

During engagement activities undertaken at a range of stakeholder forums in Derbyshire, accommodation and support was identified as one of the main concerns for people with a learning disability and their families. The overriding theme was that people want to be able to make choices and a wider range of options were required. The principle being 'one size does not fit all'.

Our vision for the future is that more people with learning disabilities in Derbyshire will be supported to live in ordinary housing. Our intention is to see growth in the range of accommodation and support options available and a significant reduction in the numbers of people in Residential, Nursing Homes and inappropriate out of county placements.

Therefore, the aim of this strategy is to give guidance to services users, carers and key stakeholders in relation to what we would like to achieve over the next ten years.

It is our intention to continue engaging with key stakeholders during the implementation phase of the strategy and to undertake a strategic review of existing Residential and Nursing Care provision.

1. Executive Summary

Introduction

It is recognised that “all people with learning disabilities and their families should have the opportunity to make informed choices about where and with whom they live” (Valuing People, a New Strategy for Learning Disability for the 21st Century, Department of Health, 2001).

Transforming Care (A national response to Winterbourne View Hospital, Department of Health, 2012) highlighted a widespread failure to design, commission and provide services which give people the support they need close to home. It went on to identify a national imperative for a fundamental culture change so that those with learning disabilities or autism have exactly the same rights as anyone else to the best possible care and support.

The Care Act (Department of Health, 2014), identified a need for local authorities to help develop a market that delivers a wide range of sustainable, high-quality care and support services that will be available to their communities. This requires local authorities to consider the impact on an individual’s wellbeing when buying and arranging services.

Whilst Derbyshire County Council has developed a successful model of supported living across the County, accommodation and support was identified as one of the main concerns for people with a learning disability and their families at a range of stakeholder forums including:

- Learning Disability Partnership Board
- Learning Disability Task Force Event
- Community Lives Programme
- Local Housing Forums

This strategy recognises the limitations of current provision and seeks to increase the range of options available for individuals with learning disabilities in Derbyshire. To ensure robust and sustainable implementation developments will be based on a joint approach with key stakeholders including Clinical Commissioning Groups and Borough Councils.

Historically accommodation options in Derbyshire were developed to support the large scale closure of learning disability hospitals throughout the 1980s and 1990’s. In the North of the County this led to a legacy of high Nursing/Residential Home provision particularly in Bolsover, Chesterfield and North East Derbyshire which continues to present day.

National and local research has identified increases in the following groups which has the potential to lead to increased demand for accommodation and support, within Derbyshire:

- Young people with severe and profound learning disabilities
- Older people with a learning disability
- Individuals with behavioural support needs (including autism)

People with a learning disability do not have the same choice of housing as other people. Research carried out by Mencap (Housing for people with a learning disability, 2011) identified that three out of four people with a learning disability were found to live with families, in registered care homes or in supported accommodation:

• 38% live with family and friends
• 22% live in registered care homes
• 16% live in supported accommodation.

The majority of adults with a learning disability known to Derbyshire County Council Adult Care live at home with family. Nationally 7% of adults with learning disabilities live with parents aged 70 or over and this number is expected to rise by around 40% by 2026.

Nationally and locally it has been identified that carers are particularly concerned about the future and what will happen when they are no longer able to provide support. In Derbyshire 188 people with learning disabilities are known to live with parents/carers aged over 65, 115 of those carers are aged over 70.

In addition to an increase in older carers, the number of people with a learning disability aged over 65 is increasing. There is recognition that the prevalence of dementia in an ageing learning disability population is likely to increase.

This strategy also recognises the needs of younger people with learning disabilities and their families to develop flexible, responsive accommodation and support options which utilise developments in assistive technology.

What We have Now

Derbyshire County Council Adult Care spent £73.6 million on services for people with a learning disability during 2012/13. This represented 32% of the gross total budget for Adult Care.

Expenditure is divided up between eight broad areas: Residential, Nursing Care, Home Care, Day Care, Direct Payments, Assessment & Care Management, Supported Accommodation, and “Other”.

40% of expenditure is taken up by funding of residential and nursing care placements. If the £15.5 million spend on supported accommodation is included, the proportion increases to 61%.

The range of accommodation types individuals currently live in are:

- Residential and nursing homes provided by the Private, Voluntary and Independent Sector and Derbyshire County Council (residential provision only).
- The Shared Lives Scheme
- Supported living schemes
- Accommodation with floating support
- At home with parents, carers, relatives

Aims of the accommodation and support strategy:

Local consultation has identified the following priority areas:

- Support individuals and their carers to plan for the future, particularly older carers.
- Increase the numbers of people with a learning disability who are living independently
- Increase access to accommodation that incudes your own bathroom and kitchen (rather than a bedroom with shared facilities)
- Increase capacity within the Shared Lives scheme
- Increase availability of accommodation in some geographical areas
- Extend choice of accommodation and support options
- Reduce the over reliance on nursing and residential care and increase the quality for those living in registered care.

Our Vision for the Future

Our vision for the future is that more people with a learning disability will be supported to live in ordinary housing as citizens within their local community. This will be achieved by building effective partnerships with accommodation providers; including the Borough Councils to develop a greater range of housing and support options within Derbyshire.

A summary of actions to achieve the vision set out in this strategy are detailed prior to the appendices.

Case for change 2014:

- Some supported living housing options available.
- Shared Lives available but current capacity limited.
- Overdependence on Nursing/ Residential homes, particularly for young people.
- Increase in people living with older carers.
- Limited use of extra care accommodation for older people.
- Community Courtyard Living identified as a gap.
- Links to strategic partners particularly borough council's needs strengthening.
- Lack of accessible housing information to help inform options/ access to mainstream housing.
- Increase in numbers of older people with a learning disability.

Summary of Actions Required

Develop detailed proposals to extend capacity of Shared Lives scheme.

Confirm the role of Direct Care within Crisis Intervention and Short Break Provision.

Develop the role of Direct Care to reduce admissions to Residential Care.

Review and re-provide more appropriate health and social care short breaks provision.

Undertake Joint Strategic review of Nursing and Residential Home provision.

Investigate opportunities to ensure Community Courtyard living is available as an option.

Greater utilisation of Assistive Technology/ Telecare systems to promote greater independence and personal safety

Work in partnership with Borough Councils, Registered Social Landlords tom increase options available.

Continued improvement and development of accessible housing and support information in partnership with housing providers

Develop a programme to support older carers and their families to plan for the future.

Desired Service Model 2014 – 2025:

- Reduction of placements in Residential/. Nursing homes.
- Wider Range of housing options are available which offer choice, control, flexibility and promote independence.
- Shared Lives scheme extended.
- Community Courtyard Living option is available.
- Accessible information and appropriate support is available to enable access to mainstream housing options.
- Individuals and families are supported to plan for the future.
- Low level tenancy support available

Key Actions: 2015 – 2016

- Shared Lives Proposals developed.
- Strategic review scoped and completed.
- Community Courtyard living options reviewed

Key Actions: 2016 – 2018

- Actions from the strategic review of Nursing and Residential Home provision Prioritised.

Outcomes: 2018 – 2025

- Increased options and availability of accommodation and support
- Significant reduction in residential placements.

2. Introduction

National Context

There are a number of key government policy documents which have driven the learning disability agenda over the last decade. These have been taken into account in the development of this strategy and include:

- The National Review of Valuing People (DOH, 2005)
- Improving the Life Chances of Disabled People (Cabinet Office, 2005)
- Our Health, Our Care, Our Say – White paper (DOH, 2006)
- Vulnerable People Strategy (Housing Corporation, 2006)
- The Mansell Report (DOH, 2007)
- Valuing People Now (DOH, 2007)
- A Measure of Success(DOH 2008)

More recently, Transforming Care (A national response to Winterbourne View Hospital, Department of Health, 2012) highlighted a widespread failure to design, commission and provide services which give people the support they need close to home, and which are in line with well-established best practice.

The final Transforming Care report set out a programme of action to transform services and for services to work together to commission the range of services and support which will enable individuals to lead fulfilling and safe lives in their communities, so that people no longer live inappropriately in hospitals but are cared for in line with best practice, based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care.

The Care Act (Department of Health, 2014), requires local authorities to help develop a market that delivers a wide range of sustainable, high-quality care and support services that will be available to their communities. This requires local authorities to consider the impact on an individual's wellbeing when buying and arranging services.

Local Context:

Historically accommodation options were developed to support the large scale closure of learning disability hospitals throughout the 1990s. In the North of the County this led to a legacy of Nursing/Residential Home provision in Bolsover, Chesterfield and North East Derbyshire which continues to present day.

Derbyshire has seen an increase in residential care placements; this is despite a long term strategic objective to reduce such placements. Whilst reducing residential placements represents a major challenge, it is a crucial part of promoting greater independence.

In response to the Valuing People Strategy, Derbyshire County Council Adult Care has worked with a range of partners including Registered Social Landlords and Residential Care providers to develop supported living opportunities. A programme of de-registering small Residential Care Homes and the development of new supported living has led to 200 schemes, supporting 570 individuals across the County.

In 2007 the Department of health announced a 3 year £175 million capital fund to help develop appropriate housing for people leaving Campus (NHS) accommodation. Revenue funding of £96 million was made available to support localities to implement the programme. New community based accommodation and support packages based on person centred plans were commissioned and 8 bespoke Supported Living options were developed for 17 people using ordinary housing in community based settings.

The Aims of the Accommodation Strategy

This accommodation strategy is based on National and local drivers and the aspirations of people with learning disabilities in Derbyshire. It sets out the following aims to meet the developing accommodation and support needs of people with learning disabilities:

- Increase the number of people with learning disabilities who live independently.
- Reduce the number of people with learning disabilities in residential care, and improve the quality of support for those remaining in registered care.
- Reduce the number of people with learning disability living in “out of county” placements which are inappropriate.
- Ensure people with a learning disability have access to a range of housing options which promote independence whilst ensuring people are safe from harm.
- Ensure supported living arrangements are cost effective and sustainable
- Support individuals and their carers to plan for the future with a particular focus on older carers.
- Promote development of sustainable housing and affordable support options which enhance citizenship and community participation
- Extend the range of suitable housing options available by working with partners across agencies and sectors. This will include the development of small scale self-contained accommodation with on-site support.

- Increase the numbers of older people with a learning disability accessing extra care facilities, where this best meets their individual needs and ensure all older people services are responsive to the needs of people with a learning disability.

- Improve the quality and availability of accessible housing information, outlining the options available for people with a learning disability.

- Ensure utilisation of assistive technology to increase levels of independence within all accommodation options

How the Accommodation Strategy has been created

This accommodation strategy sets out the strategic direction in Derbyshire for the next ten years and will be reviewed every three years. In addition to the national and local contexts discussed above, it is based on engagement with people with a learning disability and carers of people with a learning disability, including the following:

- ❖ Learning Disability Partnership Board
- ❖ Learning Disability Task Force Event
- ❖ Community Lives Engagement Programme
- ❖ Local Housing Forums

The Learning Disability Partnership Board identified that accommodation and support is one of the main concerns for people with a learning disability and their families. Therefore, a Learning Disability Taskforce event in May 2013 was entirely dedicated to the subject (see appendix 1).

During the Task Force event, individuals with learning disabilities identified a range of accommodation preferences; including living with friends, living alone, sharing a house and to carry on living with family.

The type of accommodation specified was as diverse as the individuals present, with some people wanting gardens, others not, some wanting houses, some bungalows and others flats. The majority of people wanted to live near to facilities and activities such as shops and pubs, although some people wanted to live in quiet areas near to family.

The main message from local engagement was that the ability to choose where you live, how you live and who you live with are the most important considerations.
This can only be met by a range of options to enable real choice.

The Joint Strategic Needs Assessment provides further intelligence to inform future need as detailed below.

National Indicators

National research has identified the following areas of increased demand, which are reflected within baseline estimates for the population of Derbyshire (Appendix 3).

- Young people with severe and profound learning disabilities
- Older people with a learning disability who are living longer
- Individuals with autism

Nationally 7% of adults with learning disabilities live with parents aged 70 or over and this number is expected to rise by around 40% by 2026.

Future Local Need

In the longer term, the number of older people with a learning disability will continue to grow, increasing by over 1000 between 2018 and 2031. The number of people with a learning disability aged 18-64 will also rise but only by 160 (Planning4Care, 2014).

Within Derbyshire:

- 14-17 year olds make up 6% of the total number of people with a learning disability
- 73% are aged between 18 and 64
- Those aged 65 and over make up 21%.
- Between 2013 and 2018, the number of people with a learning disability is estimated to rise by 2.7%, an increase of 380 people.
- Most of the increased number of people with a learning disability will be in the 65 and over age group
- The 14-17 years group will increase by less
- Numbers of older people with a learning disability will continue to grow.
  (Source: Planning4Care Data, © OCSI)

There are also two housing forums covering the north and south of the County. Data collected from the forums in 2014 identified the following local needs:

- In the north of the County 71 people are requiring accommodation.
- The greatest demand is for the Chesterfield and Bolsover areas.
- 32 people are in the age range 25-60
- 36 people are under the age of 25
- This includes 9 people in transition who are currently under 18.
- In the South 58 people are requiring accommodation

- The greatest demand is for Ashbourne, followed by Swadlincote.
- 5 people have identified Derby City as their preferred choice.
- Erewash has confirmed demand for wheelchair accessible/ground floor accommodation.

(All data relates to individuals open to services).

From the information we have collated about adults with a learning disability, we are able to identify areas of local need as highlighted below:

Learning Disabled People Living with parents aged over 65

There are 188 (November 2014) people living with older carers over 65 and 115 of those are carers aged over 70.The highest number of older carers live in North East Derbyshire.

District	Number of LD Clients Living with Carers aged 65+	Proportion of all LD Clients Living with Older Carers in Each District	Number of LD Clients Living with Carers aged 70+	Proportion of all LD Clients Living with Older Carers in Each District
Amber Valley	26	14%	21	18%
Bolsover	23	12%	14	12%
Chesterfield	16	9%	6	5%
Derbyshire Dales	14	7%	9	8%
Erewash	32	17%	19	16%
High Peak	21	11%	11	10%
North East Derbyshire	43	23%	26	23%
South Derbyshire	12	6%	8	7%
City of Derby	1	1%	1	1%
	188	100%	115	100%

(Source-Management Information November 2014)

During engagement as part of the Community Lives programme carers identified concerns about what will happen to their family members with a learning disability when they are unable to continue supporting them. Few had made plans reporting that although it was a difficult thing to talk about but that it was also a consistent and increasing worry.

Older Learning Disabled People and Dementia

Hatton and Emerson (2004) identified that advances in medical and social care would lead to a significant increase in the life expectancy of people with learning disabilities, creating an increasingly ageing population. Potentially the number of people who develop age related frailties and illnesses including dementia in the future were predicted to increase significantly.

People with learning disabilities have an increased risk of developing dementia as they age than others. People with learning disabilities also generally develop dementia at a younger age. This is particularly the case for people with Down's syndrome: one in three develop dementia in their 50s.
(http://www.alzheimers.org.uk/site/scripts/documents, October 2014)

Emmerson and Hatton suggest that by 2030 there will be a 14% increase in the number of adults aged 50+ using social care services for people with learning disabilities. This figure does, however, mask marked variation by age group (Figure 4). As can be seen, by 2030 there will be a 164% increase in the number of adults aged 80+ using social care services for people with learning disabilities (rising from 1,900 in 2011 to 5,000 in 2030).

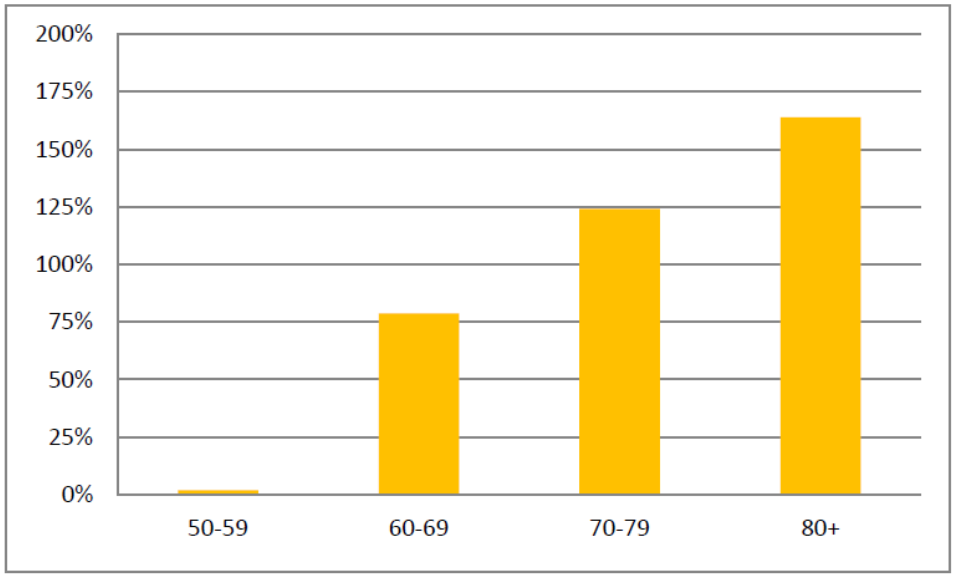


Figure 4: Percentage change from 2011 base in the number of adults using social care services for people with learning disabilities by 2030 by age group

http://www.improvinghealthandlives.org.uk/uploads/doc/vid_10673_IHaL2011-05FutureNeed.pdf

Planning4care Projections (2014) estimate that between 2013 and 2031, there will be an increase in Derbyshire of 980 people aged 65 or over.

The needs of older people with a learning disability will therefore require further consideration. Deteriorating health and mobility as with the general population will lead to growing demand for level access care provision.

Young Adults with a Learning Disability

The numbers of adults with profound and multiple learning disabilities is set to increase as more children born with complex physical health and learning needs survive into adulthood. An increased supply of adapted accommodation to meet their physical needs will be required in Derbyshire to meet future demand.

More young people are requesting Supported Living and young families are increasingly using Direct Payments to secure flexible arrangements that meet the interests of the individual as well as the needs of the family. Therefore, flexible, responsive accommodation and support options need to continue to be developed particularly for people with profound and multiple disabilities.

Out of Area Placements

We have 164 people placed out of County in nursing (19) and residential care homes (145)

However, it has been identified that in some instances these placements may actually be geographically closer to their place of origin than other parts of the County:

Neighbouring Authorities	Number of Placements
Cheshire East	3
City of Derby	16
City of Leicester	1
Nottingham (City and County)	39
City of Stoke-on-Trent	1
Rotherham	8
Sheffield	3
Doncaster	8
Staffordshire County	22
Out of County Placements (Neighbouring Authorities)	**101**
Total Out of County Placements	**164**
Neighbouring Authority Placements as proportion of Total Out of County Placements	62%

Whilst on-going work to return individuals to Derbyshire to enable them to live nearer to families, friends and communities if they choose to do so remains a priority. It is recognised that some people have lived out of area for a long time, are settled in the areas and do not wish to return to Derbyshire.

Individuals with behavioural support needs (including autism)

Transforming Care (A national response to Winterbourne View Hospital, Department of Health, 2012) identified a national imperative for a fundamental culture change so that those with learning disabilities or autism have exactly the same rights as anyone else to the best possible care and support.

Individuals with specialist behavioural support needs moving from in-patient care to community support arrangements as part of the Transforming Care 'post Winterbourne View' programme also require housing and support options. This strategy will link to the development of a joint commissioning plan across health and social care services for people with behavioural support needs to reduce the number of people using in patient services for assessment and treatment.

Adults with learning disabilities who have low level support needs

Prevalence rates identifying the number of people with mild to moderate learning disabilities are difficult to estimate as they are not necessarily in contact with services. However, SCIE (2005) estimated rates of 25 – 30 per 1,000 of the population.

In addition, the creation of national eligibility criteria in the Care Act (2015) will impact on some individuals with a learning disability, who currently receive low level support packages including tenancy related support.

It is estimated that there are 14,170 people aged 14 or over with a learning disability or learning difficulty in Derbyshire. However, only 15% of these individuals currently receive a service (Frameworki, January 2013). This is because the data collection method also encompasses people with a 'learning difficulty'.

Whilst a learning disability is linked to an overall cognitive impairment, a learning difficulty does not affect general intelligence. Some examples of specific learning difficulties are:

- Dyspraxia
- Dyslexia

Whilst individuals with a learning difficulty may still be eligible to Social Care support, this strategy relates to individuals with a learning disability.

It is acknowledged that there may be a number of individuals with low or moderate levels of learning disability who could present with accommodation and support needs in the future, making demand hard to predict.

Assistive Technology

Assistive technology is a growing industry; more products are being developed to help people with learning disabilities to live more independently. Assistive technology can be the difference between a person with learning disabilities living independently in their own home or living in residential care or with their family.

(http://www.learningdisabilitytoday.co.uk/assistive_technology.aspx, October 2014)

The Department of Health has defined three of the common terms used in assistive technology

- Telecare – concerned with helping vulnerable people to live independently in their own homes and involves the use of sensors with 24 hour monitoring and response
- Assistive – or personalised – technology – which refers to the use of personalised equipment to meet daily needs and can include mobile technology and communication aids.
- Telehealth – concerned with remote patient monitoring, for example using technologies to monitor a patient's physiological status and health conditions.

(http://www.thelearningdisabilitieself.net/2013/05/17/assistive-technology-can-improve-choice-and-control-in-support-services-for-people-with-learning-disabilities/, Accessed 24 November, 2014)

Although the use of assistive technology in older people's services has contributed to the growing independence of individuals, within learning disability services, take up has been limited. Therefore, we need to ensure assistive technology is fully utilised to effectively increase levels of independence within all accommodation options.

2. Current Provision- What do we have now?

Expenditure:

How much does Social Care spend on people with learning disabilities and on what is it spent on?

Derbyshire County Council Adult Care spent £73.6 million on services for people with a learning disability during 2012/13. This represented 32% of the gross total budget for Adult Care.

Expenditure is divided up between 8 broad areas: Residential, Nursing Care, Home Care, Day Care, Direct Payments, Assessment & Care Management, Supported Accommodation, and "Other" (See appendix 3).

40% of expenditure is taken up by funding of residential and nursing care placements. If we add in the £15.5 million spend on supported accommodation then the proportion increases to 61%.

Where people live

The table and figures below provide a breakdown of where people with learning disabilities known to adult services in Derbyshire are living (Frameworki, Oct, 2014).

Where people live who are known to adult services	Number of individuals
Residential care home placement in Derbyshire	426
Nursing home placement in Derbyshire	148
Residential care home placement outside Derbyshire	145
Nursing home placement outside Derbyshire	19
Shared Lives	52
Local Authority residential placement	36
Hospital admission – medium and low secure	Awaiting confirmation from NHS England
Parents/ family carers	528
Supported Living	570

Residential and Nursing Care Homes

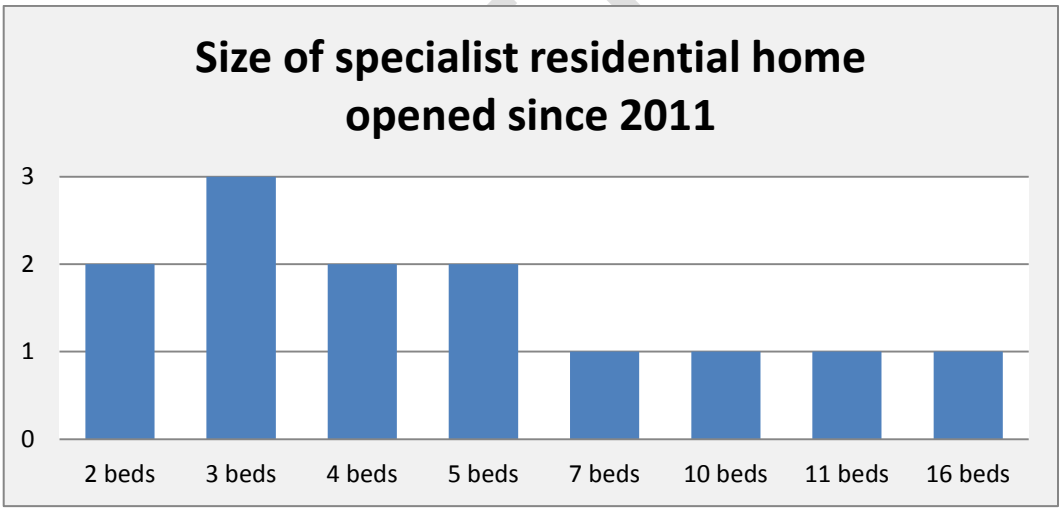
The pattern of admissions to residential and nursing care homes in Derbyshire over the last 4 years is highlighted below:

	2010-11		2011-12		2012-13		2013-14	
Age group	Residential	Nursing	Residential	Nursing	Residential	Nursing	Residential	Nursing
18-24	9		7		20		19	
25-64	29	6	29	10	29	2	19	4
65+	6	4	1	1	5	3	4	1
Total	**44**	**10**	**37**	**11**	**54**	**5**	**42**	**5**

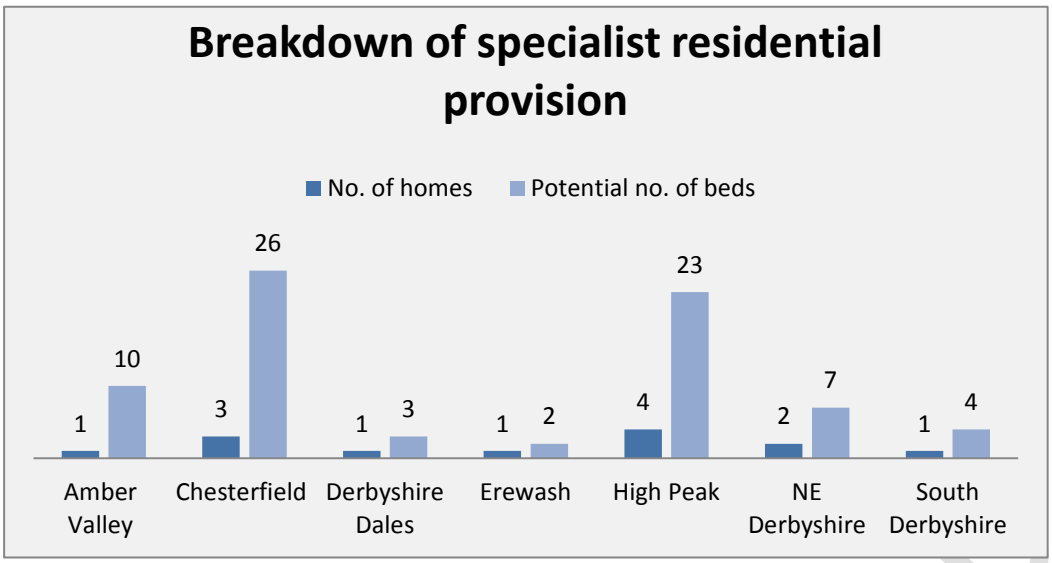
The number of overall admissions reveals a fluctuating pattern between 2010 and 2014. Whilst admissions in the 25-64 year age group reduced, the number of young people aged 18-24 entering Residential Care has increased significantly. A total of 39 young people were admitted between 2012 and 2014 compared with 16 young people in 2010-2012. This strategy will look to address this.

Since 2011, thirteen privately owned, small, specialist, residential homes have opened in Derbyshire, providing the potential of 75 placements for individuals with learning disabilities.

As illustrated below, the size of the specialist homes varies between providing a minimum of two and a maximum of sixteen available beds.



Over half of the new specialist residential homes (providing over 65% of the new beds available) are based within Chesterfield and North East Derbyshire.



Historically, the only eligibility criteria required to access Residential Care is that the person has a learning disability. This coupled with the fact that the alternatives can take significant time to implement make Residential Care a preferred option at time of crisis to secure accommodation quickly. Admission to a Residential Home can be completed within a very short timescale.

Once placed in Residential Care it is very unusual for people to move out to more independent accommodation.

Shared Lives

Derbyshire County Council provides a Shared Lives Scheme (previously known as Adult Placement). The scheme enables individuals to live within a family environment in local communities. Carers are recruited, approved and supported by the scheme but remain self-employed. They are paid a weekly fee and are entitled to a short break as part of the arrangement. The scheme is registered with the Care Quality Commission and provided by Direct Care.

Accommodation must meet the needs of the individuals and there are examples of authorities making funding for adaptations available in return for a minimum commitment to provide Shared Lives accommodation. The service is a cost effective option for both the council and the person receiving the service. In Derbyshire 64 people are currently supported through Shared Lives, either on a short break or full time basis. It has been highlighted by carers and people with learning disabilities as an option for further development as well as a service development area for people with dementia.

There is a national drive to extend this provision and within the East Midlands Leicestershire, Leicester City and Nottinghamshire are working to develop their schemes.

Recruitment drives have proved successful in neighbouring authorities linked directly to a reduction in Residential Care initiatives.

Targeted advertising can also be implemented; examples include: a focus on geographical areas linked to the housing need data, potential carers with wheelchair accessible accommodation and specific individuals as used in fostering and adoption campaigns.

Extra Care

Individual accommodation that includes your own bathroom and kitchen rather than a bedroom with shared facilities has been identified as a service gap for people with a learning disability. A model described as 'mini-extra care' was identified as a 'preferred product' in '*A Measure of Success - evaluation of the DOH extra care housing programme for people with a learning disability' (2008).*

Basic characteristics are self-contained flats and/or bungalows with on-site staff and/or support tenant, some communal facilities and installation of core assistive technology. They are small scale and can be stand alone, cluster or incorporated into larger developments and for sale or rent.

There are increasing examples of extra care specifically for people with a learning disability across the country. Most were built to replace old hostel type accommodation or as part of large scale accommodation service redesign. Care and support arrangements vary widely. Derbyshire County Council has developed a model building specification for this type of service, incorporating innovative design features based on a maximum size of 10-12 units. A range of design options were developed based on the best practice and the thoughts and ideas of people with a learning disability. Focus groups of people with a learning disability and family carers were asked to review the designs.

People with learning disabilities identified the name and concept of 'Community Courtyard Living' with a clear preference for the design based around a shared courtyard. Therefore, there is a need to investigate opportunities to ensure Community Courtyard living is available as an option.

Derbyshire extra care provision aimed at older people includes nomination rights within each service for people with a learning disability or older family carer and son/daughter with a learning disability. The numbers of people with a learning disability accessing this type of accommodation has been low.

The Care Services Improvement Partnership (CSIP) paper 'New initiatives for people with learning disabilities - extra care housing models and similar provision' (2006) cited work with front line workers to actively trawl for possible tenants and support them to move in to mixed extra care schemes.

The independent sector is showing interest in developing small scale housing that meets some of the identified characteristics of extra care. Some are willing to provide just accommodation and core support. Individual tenants will then use individual budgets to purchase additional support. New developments have been completed in Alfreton, Chesterfield and Heanor.

Supported Living

Closure of the long stay hospitals and more recently the NHS Campus closure created capital investment to support development of community based accommodation.

In Derbyshire the supported living model is predominantly 3 to 4 people sharing a house or bungalow with shared support, including night time (sleep-in or waking nights) and additional 1:1 hours.

There are now more than 200 supported living arrangements supporting approximately 570 people and catering for a wide range of needs. People with complex needs, including behavioural support needs and profound and multiple learning disabilities are successfully supported in this setting. The model has enabled people living out of county to return to Derbyshire at significantly reduced costs.

Derbyshire County Council is landlord for three schemes and is currently reviewing the options regarding this arrangement. Specialist staffing structures mean that there are variations in costs between Direct Care provision and the independent sector for the service type. Direct Care services will form part of the Strategic Review of Supported Living for people with a learning disability.

Housing Related Support Schemes

Currently, the Derbyshire Accommodation and Support Team (DAST) funds a floating support service that supports up to 66 people with a learning disability across the county to live independently in their own home. This is an outcomes focused, short term service, providing support for up to 2 years. During this time, clients with identified housing related support needs are supported to maintain their tenancy and gain independent living skills.

Short Breaks and Crisis Response

Direct Care is commissioned to provide short break, life skills and short term emergency support across all current bed based services. There are currently four learning disability resources located in; Chesterfield, Alfreton, Erewash and South Derbyshire, providing a total of 52 beds.

Although the short break/life skills resources should not provide long term permanent homes, 22 people are identified as permanent residents (Frameworki, October 2014) A focused programme to move long stay individuals into more appropriate accommodation is in place.

It is recognised that a reduction in demand for short break services and the need to ensure budgetary management by high occupancy rates and reliable income can contribute to the use of resources for long term accommodation.

Work instigated as part of the Transforming Care programme has started to look at a joint health and social care crisis response approach to avoid unnecessary hospital admissions. A joint health and social care review of short break provision for people with a learning disability is also in place.

It has been recognised that the bed based resources within Direct Care could provide a key contribution to future developments. The need for short term accommodation with focused support to develop skills for independence has also been identified for young people leaving education and wanting to live independently. This service could be provided as part of the Direct Care offer in existing resources as part of the life skills function. This would also contribute to the return to county for young people attending out of area educational placements.

It should also be noted that the requirement for short breaks within Direct Care is decreasing. Reduced demand across health short breaks has also been identified. Further investigation is required in order to identify the reasons for reduced demands in contrast to the increased use of Residential Care.

Specialist Services

New specialist accommodation providers have moved into Derbyshire providing a model based on individual apartments with background 24 hour support and the option to purchase additional 1:1 hours. This has provided appropriate accommodation for individuals who are part of the Derbyshire Transforming Care cohort and have moved from an in-patient hospital setting.

Whilst this has provided a valuable option, it also increased the risk of individuals from other counties moving into Derbyshire and claiming ‘Ordinary Residence’, with the responsibility for funding support transferring to Derbyshire Adult Care

However, regulations accompanying the Care Act (2015) widened the types of accommodation with support for which a local authority placing individuals into out of county accommodation remains responsible, including different models of supported living.

The Care Act (2015) also includes the following provisions in relation to ordinary residence:

- that when a person who has an out of area placement moves into a different care setting, determined by regulations, but stays in the same area, responsibility remains with the original first authority
- setting out when one local authority can recover costs from another following a dispute

(See appendix 4 for a Care Act 'clause analysis' which describes the sections in the Care Act which are particularly relevant to the Accommodation and Support Strategy and its implementation and appendix 5 for additional guidance relating to Ordinary Residence and the Care Act).

Derbyshire currently operates a 'Framework' agreement which includes twelve specialist providers. These providers have been quality checked as appropriate to support people with complex needs, including people with behavioural support needs.

Potentially the Framework has two years remaining on the contract before it requires re-procuring. Within this timescale we are testing the capacity and knowledge of the current care providers within the Framework to support clients in accessing community based accommodation. This will be in line with the "Real Tenancy Test" (NDTi, 2010).

The Real Tenancy Test is a simple test, based on a small number of questions, to help review whether services called supported living are really giving people their housing rights and helping them to live how they want to. It describes important things to consider when planning housing and tenancies for people, including when to use different types of tenancies and how to handle issues of capacity.

Whilst availability of support can be addressed, access to community based accommodation continues to present a challenge. To address this we are currently testing the inclusion of the ability to source a property as part of the tender process

3. Summary of Future Considerations for Derbyshire

Over recent years we have seen a considerable shift in the way adults with learning disabilities are supported, to greater independence and choice, based on a range of living arrangements.

In Derbyshire, increasingly people not living with parents are supported through shared supported living arrangements whereby tenants are matched together and share living space and support. This has provided a successful ordinary housing solution as an alternative to out of county residential care and to achieve the NHS Campus closure programme. However, the model has some limitations and the arrangements do not meet the needs or aspirations of all. Therefore, a wider range of options is required to ensure greater choice to meet the diverse needs of this population.

- Whilst supported living forms a valuable contribution to the options available and was developed as a real alternative to residential and NHS institutional care, it does have limitations. In particular **voids management** has presented a challenge. The sharing of facilities such as bathrooms and kitchens in small scale ordinary housing means that unlike residential care, careful matching of tenants is required to ensure sustainable arrangements. This is taking extended periods of time and in some cases voids have been in place for over a year.

- There have been **safeguarding** issues reported at the largest Nursing and Residential Homes within Derbyshire. Improvement plans have been put in place to address institutional approaches; lack of person centred support and severely restricted choice and control. Whilst this has led to improved and more personalised support Residential Care in large congregate settings continues to limit choice, independence and opportunities.

- The use of **assistive technology** to increase independence and reduce costs has not been fully utilised within learning disability services.

- **Ordinary Residence -** new independent sector specialist providers have developed non-residential services within Derbyshire. This has resulted in an increase of people moving in to county and becoming the funding responsibility of Derbyshire. The Council have recently been approached by three other authorities to request that individuals they have placed in Residential Care within Derbyshire move to supported living within the county; thereby becoming the financial responsibility of Derbyshire. Legal advice is being sought to identify the process within the rules of Ordinary Residence.

- Supported living has in part been paid for using government funding provided by the former Supporting People programme. With the **reductions in funding from central government**, Derbyshire County Council must reduce its expenditure by £157m over the next 5 years. A significant proportion of these savings will need to be achieved by Adult Care. Within recent proposals submitted to Cabinet for formal consultation, a specific target has been identified to reduce the annual budget for housing related support services for people with a learning disability by £1.18m.

- Derbyshire Accommodation and Support Team (DAST) floating support service, have identified a gap for those clients who fall below the **Fair Access to Care Services** (FACS) threshold but have on-going support needs, as there is a lack of long term, low level preventative provision.
  It is proposed to re-model this existing provision as part of the overall strategic review of learning disability supported living funded provision. The review was instigated in response to proposed budget reductions from April 2015 onwards.

  It is anticipated that the re-modelled provision will support clients who fall below the FACS threshold, with identified housing related support needs. The new model will also seek to address the gap identified for clients who have longer term needs to ensure that they can effectively maintain their tenancy.

- Although there will continue to be a need for **Nursing Care** for people with a learning disability, only 5% of the known population are receiving Nursing Care. A further 19% are in **Residential Care**. A reduction in the number of Residential placements continues to be a priority, particularly for young people. We currently have overprovision in both service types supporting the current overdependence on Residential and Nursing Home placements. To address this it is recommended that a joint strategic review of Nursing and Residential Care is undertaken. This will include work with Children and Young Adults leads to understand and address the increase in placements for young people.

- The most common approach to **Extra Care** for people with a learning disability is to build capacity into schemes for older people, often with designated flats within the project. Whilst lower age thresholds are often in place they are predominantly aimed at older people with a learning disability. However, there has been little take-up of the service. Further investigation into the lack of referrals for Extra Care is required as we have older people with a learning disability in residential care and increasing numbers of older family carer's.

- The **Courtyard Community Living housing design** has now been completed. Decisions are required as to whether a procurement process will be undertaken.

- Additional Specialist Residential Homes have provided a valuable option for individuals returning from independent hospitals. However it has also increased the risk of individuals from other areas moving into Derbyshire and claiming **Ordinary Residence** with the responsibility for funding support transferring to Derbyshire Adult Care. We have recently been made aware of plans for a new 27 apartment specialist service based on this model in Poolsbrook, North East Derbyshire. The M1 corridor and relatively affordable land in some areas make Derbyshire a desirable location for providers wanting to attract business across the East Midlands.

- **Ashbourne Housing Need** - Commissioning arrangements for the Direct Care short break provision in Ashbourne require review and service reconfiguration. The short break facility in Ashbourne is significantly underutilised and Fieldwork report no projected increase in local need. However there is a high need for long term accommodation in the area. This is reflected in the housing need data, with Ashbourne identified as the area with the greatest number of people seeking homes. It is therefore recommended that the underutilised short break facility be converted into long term Supported Living accommodation for people with a learning disability.

- In response to carers concerns more work is required to support planning for the future. Individuals living with **carer's over 65** should be made aware of the options available and have the opportunity to identify what they and their family would like to happen in the future.

- Reviews of all people placed out of county should require that the new resources are considered as alternatives to ensure the **utilisation of Derbyshire resources** by Derbyshire people.

4. Implementing the Strategy

A summary of actions required to implement this strategy are detailed below.

Case for change 2014:

- Some supported living housing options available.
- Shared Lives available but current capacity limited.
- Overdependence on Nursing/ Residential homes, particularly for young people.
- Increase in people living with older carers.
- Limited use of extra care accommodation for older people.
- Community Courtyard Living identified as a gap.
- Links to strategic partners particularly borough council's needs strengthening.
- Lack of accessible housing information to help inform options/ access to mainstream housing.
- Increase in numbers of older people with a learning disability.

Summary of Actions Required

Develop detailed proposals to extend capacity of Shared Lives scheme.

Confirm the role of Direct Care within Crisis Intervention and Short Break Provision.

Develop the role of Direct Care to reduce admissions to Residential Care.

Review and re-provide more appropriate health and social care short breaks provision.

Undertake Joint Strategic review of Nursing and Residential Home provision.

Investigate opportunities to ensure Community Courtyard living is available as an option.

Greater utilisation of Assistive Technology/ Telecare systems to promote greater independence and personal safety

Work in partnership with Borough Councils, Registered Social Landlords tom increase options available.

Continued improvement and development of accessible housing and support information in partnership with housing providers

Develop a programme to support older carers and their families to plan for the future.

Desired Service Model 2014 – 2025:

- Reduction of placements in Residential/. Nursing homes.
- Wider Range of housing options are available which offer choice, control, flexibility and promote independence.
- Shared Lives scheme extended.
- Community Courtyard Living option is available.
- Accessible information and appropriate support is available to enable access to mainstream housing options.
- Individuals and families are supported to plan for the future.
- Low level tenancy support available

Key Actions: 2015 – 2016

- Shared Lives Proposals developed.
- Strategic review scoped and completed.
- Community Courtyard living options reviewed

Key Actions: 2016 – 2018

- Actions from the strategic review of Nursing and Residential Home provision Prioritised.

Outcomes: 2018 – 2025

- Increased options and availability of accommodation and support
- Significant reduction in residential placements.

Appendix 1 - Task Force Event Feedback - Housing

TASKFORCE 20th May 2013

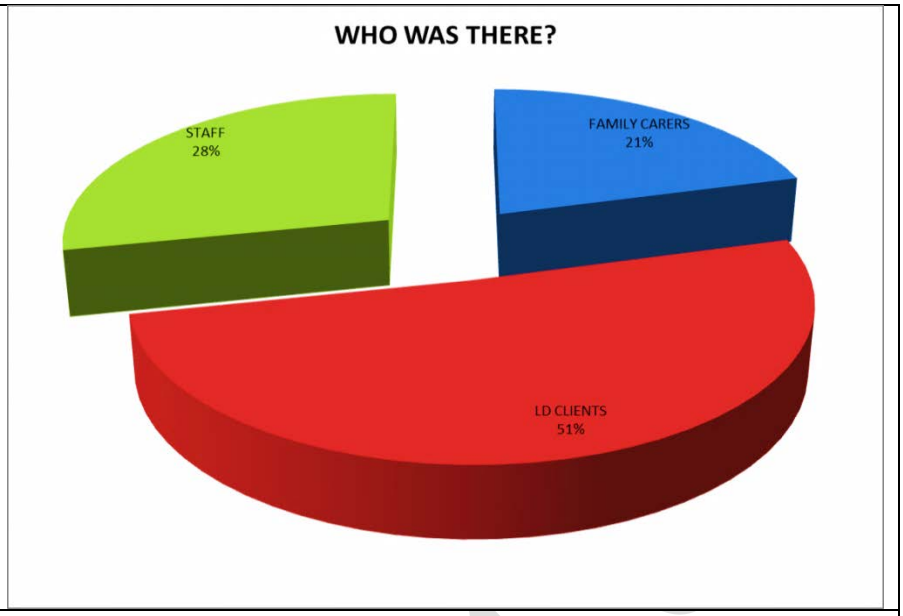
FEEDBACK

INTRODUCTION

The Taskforce is an open forum for people with a learning disability, their parents, carers and those who work with them. We meet four times a year, at different venues around Derbyshire, to talk about subjects that are important and affect the lives of people with learning disabilities.

The theme of this Taskforce was My Home – My Choice

Who was there?



	11 Family carers
	27 LD clients
	15 Staff members

What we did:

We split into three groups - people with a learning disability, family carers and staff.

We were all asked the same questions:

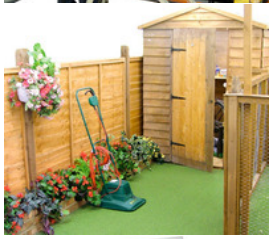
What's important to you about where you live?

What do you want your home to be like?

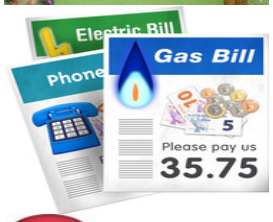
Feedback from Learning Disability Group:

There were 27 people in this group and the most important things for them about a home were:

12 people want to be near to the shops



12 people want outdoor space

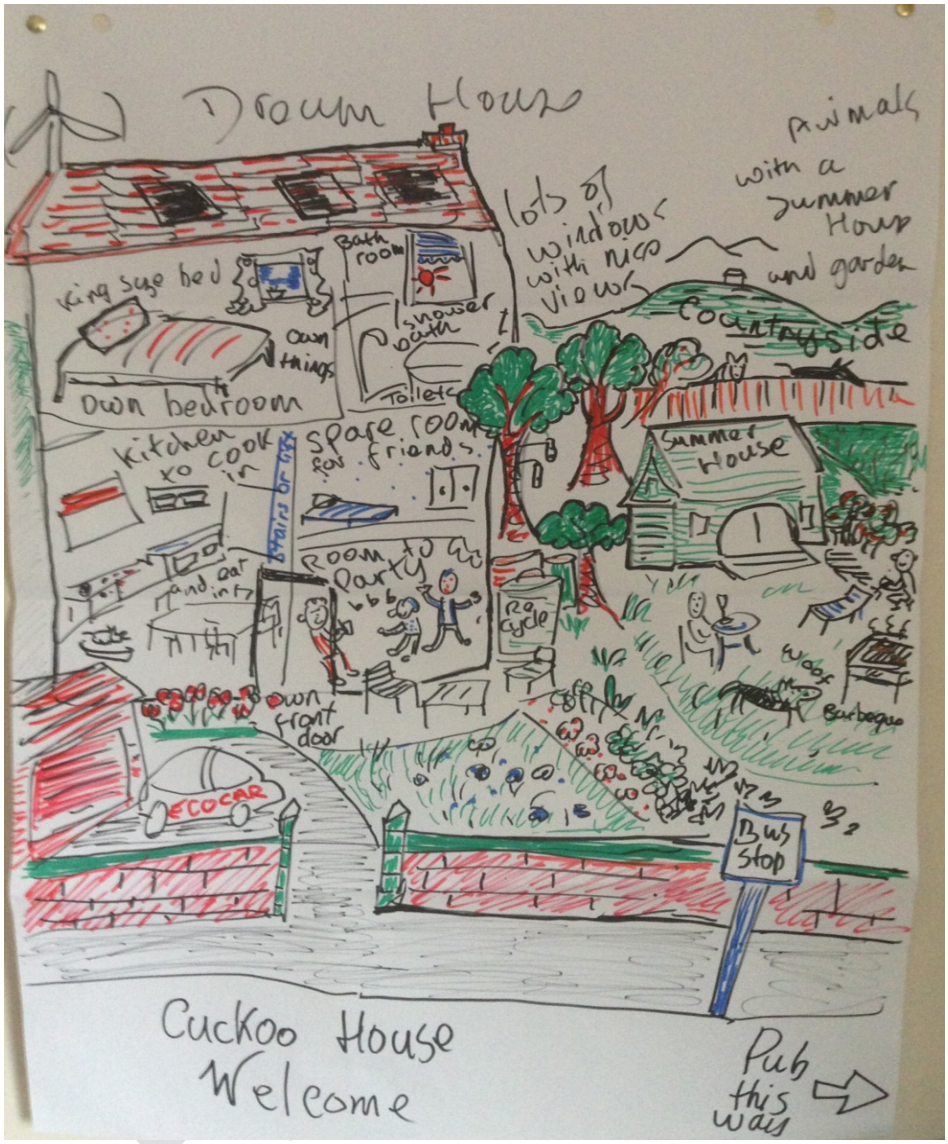


11 people want help with bills

9 people want to be close to a bus stop

People also want to live close to a town, a library and a pub. Be able to choose who they live with, have support to live alone, support to live with family or share with friends. They want their own front door, their own bathroom and their own kitchen.

The Taskforce group had ideas for a DREAM HOUSE



What the picture said:

Have my own front door and a back door	Have my own bedroom with a king size bed	Be near a bus stop
Lots of windows with views	A kitchen to cook and eat in	A private garden, a BBQ and have a summer house
Have room to party	Be close to a pub	Have a spare room for friends to stay over
Have solar panels, eco lighting & recycle	Have an eco-car and a garage	Have a dog or other pets

Feedback from Family Carer group:

Theme	What did carers say?
 **Living Alone**	Any level of support needed should always match the client's needs and that there should be no isolation.
Extra Care	It is important to limit the size of any unit.
 **Residential Living**	Small unit just like an extended family home. Regular checks of level of care.
Living with Parents	Support for carers to support clients should be part of the plan
 **Living in a Flat**	With the right support this could work
Shared Accommodation	Clients must be assessed for this type of accommodation

 **Independent Accommodation**	Support must be in place at all times for emergencies
Shared Lives or Adult Placement or Living with other families	Good idea and should be part of the plan
 **Outside space**	Very important for some.

Feedback from Staff & Organisations Group:

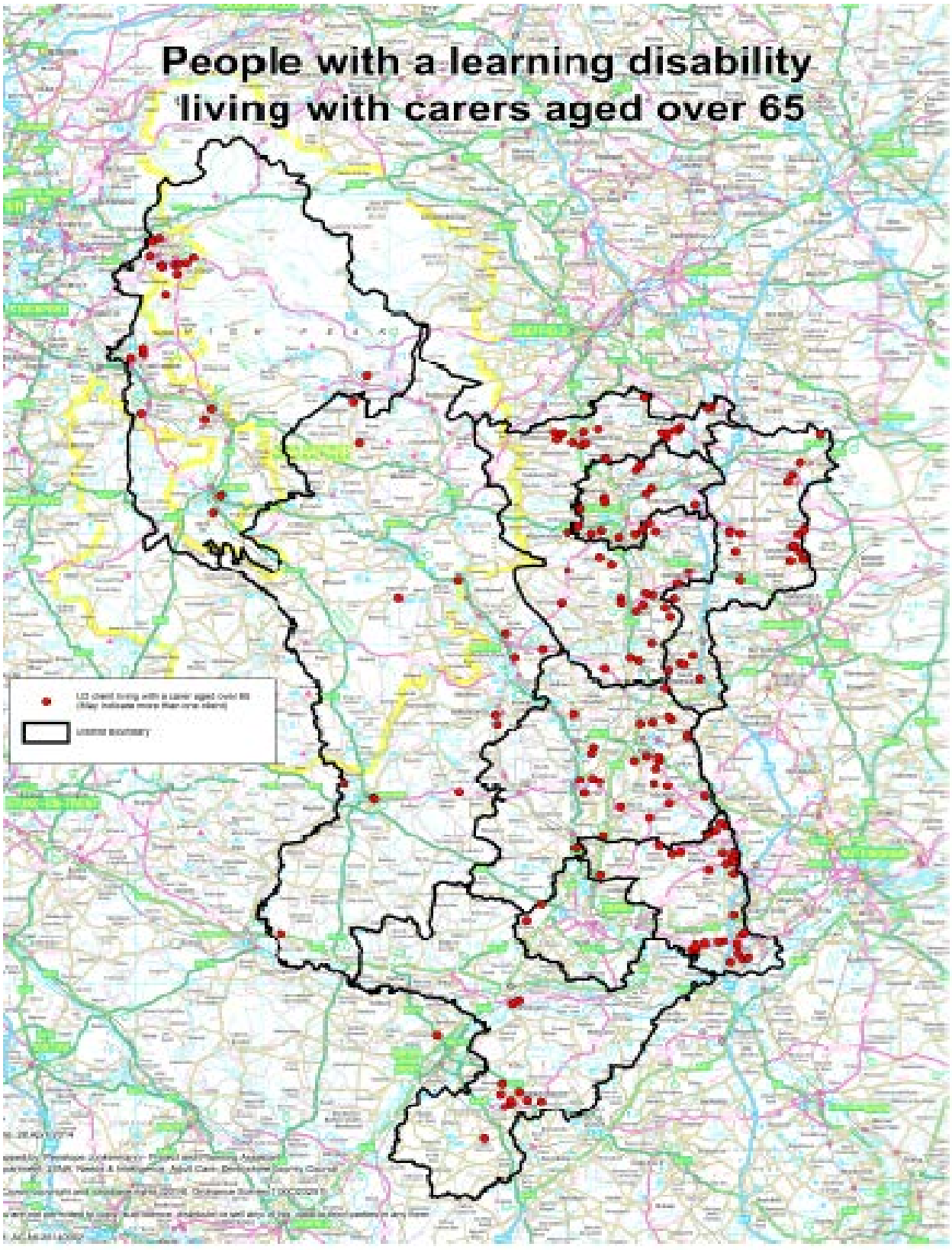
The group discussed the need for any changes to where people lived, to be planned well in advance and to be person centred with more time spent with a client to help them understand and make decisions. Before anyone moves in to a house, have meetings with providers, staff, clients and advocates to go through lease agreements in easy read.

Realise that it takes a lot of time to form relationships and live as a community in Shared Housing, and people should not be put in a house because there is a spare place.

There should be the same social worker with time to spend with clients and better communication and links to specialist teams.

If we do something well, share it and then we need to use and take up best practice.

Appendix 2 – People with a learning disability living with family carers aged over 65 by area.



Appendix 3 – Learning Disability - Baseline Estimates for Derbyshire

People aged 18-64 predicted to have a learning disability, by age

Submit Submit

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a learning disability	1,590	1,570	1,396	1,335	1,452
People aged 25-34 predicted to have a learning disability	2,149	2,176	2,326	2,298	2,129
People aged 35-44 predicted to have a learning disability	2,401	2,351	2,222	2,384	2,533
People aged 45-54 predicted to have a learning disability	2,832	2,858	2,719	2,363	2,267
People aged 55-64 predicted to have a learning disability	2,293	2,306	2,571	2,777	2,638
Total population aged 18-64 predicted to have a learning disability	**11,265**	**11,260**	**11,234**	**11,158**	**11,019**

Figures may not sum due to rounding

Learning Disability - Moderate or severe

People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

Submit

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a moderate or severe learning disability	367	363	325	315	345
People aged 25-34 predicted to have a moderate or severe learning disability	462	468	500	494	458
People aged 35-44 predicted to have a moderate or severe learning disability	604	591	559	600	638
People aged 45-54 predicted to have a moderate or severe learning disability	637	642	609	531	516
People aged 55-64 predicted to have a moderate or severe learning disability	497	500	559	600	565
Total population aged 18-64 predicted to have a moderate or severe learning disability	**2,566**	**2,563**	**2,551**	**2,539**	**2,522**

Figures may not sum due to rounding

Learning Disability - Severe

People aged 18-64 predicted to have a severe learning disability, and hence likely to be in receipt of services, by age, projected to 2030

Submit

	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a severe learning disability	121	120	107	104	114
People aged 25-34 predicted to have a severe learning disability	129	131	140	138	128
People aged 35-44 predicted to have a severe learning disability	163	160	151	162	172
People aged 45-54 predicted to have a severe learning disability	141	142	134	117	115
People aged 55-64 predicted to have a severe learning disability	117	118	131	142	134
Total population aged 18-64 predicted to have a severe learning disability	**672**	**670**	**663**	**662**	**663**

Figures may not sum due to rounding

Learning Disability - Living with a parent

People aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent, by age, projected to 2030

Submit

	2014	2015	2020	2025	2030
People aged 18-24 predicted to be living with a parent	243	240	215	210	229
People aged 25-34 predicted to be living with a parent	238	241	257	254	235
People aged 35-44 predicted to be living with a parent	233	228	218	234	249
People aged 45-54 predicted to be living with a parent	146	147	137	119	118
People aged 55-64 predicted to be living with a parent	45	45	51	54	49
Total population aged 18-64 predicted to be living with a parent	**905**	**902**	**878**	**870**	**880**

Figures may not sum due to rounding

Learning Disability - Baseline estimates

People aged 65 and over predicted to have a learning disability, by age

Submit Submit

	2014	2015	2020	2025	2030
People aged 65-74 predicted to have a learning disability	1,935	1,992	2,104	2,068	2,316
People aged 75-84 predicted to have a learning disability	997	1,016	1,214	1,519	1,599
People aged 85 and over predicted to have a learning disability	382	395	476	590	765
Total population aged 65 and over predicted to have a learning disability	**3,314**	**3,402**	**3,795**	**4,176**	**4,680**

Figures may not sum due to rounding

Learning Disability - Moderate or severe

People aged 65 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

Submit Submit

Submit	2014	2015	2020	2025	2030
People aged 65-74 predicted to have a moderate or severe learning disability	316	325	338	335	376
People aged 75-84 predicted to have a moderate or severe learning disability	104	106	126	157	162
People aged 85 and over predicted to have a moderate or severe learning disability	36	37	44	55	70
Total population aged 65 and over predicted to have a moderate or severe learning disability	**457**	**468**	**509**	**547**	**608**

Figures may not sum due to rounding

Appendix 4 - Care Act (2015) clause analysis

The following information (provided by the Local Government Association) describes the sections in the Care Act which are particularly relevant to the Accommodation and Support Strategy and its implementation, including whether they were new provisions, or whether they are a consolidation or modernisation of the law.

Choice of accommodation: section 30

New in law and practice Will impact on local authorities	**New in law but not new in policy** Impact will depend on local practice	**Consolidating or modernising existing law**
	X	

This section provides a framework and powers to set regulations regarding the choice of accommodation, and other matters.

Regulations will broadly maintain current practice. They will set out factors to be considered when it has been determined that an individual's needs would be best met through the provision of care and support in a care home or other type of accommodation, and the adult expresses a preference for particular accommodation.

The right to a choice of accommodation, and ability to make additional payments, both replicate existing requirements. Regulations will set the detail on conditions related to both issues, and replace current Directions. These regulations may extend the ability to make additional payments, subject to consultation on funding reform.

Continuity of care: sections 37-38

New in law and practice Will impact on local authorities	**New in law but not new in policy** Impact will depend on local practice	**Consolidating or modernising existing law**
X		

Section 37 sets out the duties that local authorities are under when an individual, and potentially their carer, notifies them that they intend to move from one local authority area to another.

Section 38 applies when the second authority has not carried out the assessment before the person moves. It requires the second authority to provide services based on the care and support plan provided by the first authority. The second authority must continue to provide this care until it has undertaken its own assessment.

These sections set out new legal duties, to provide for a new arrangement for notification, information-sharing and assessment, when a person moves between areas. The new duty to ensure continuity of care will impact on local authorities when a person moves to/from their area under the rules set out.

Ordinary residence: sections 39-41

New in law and practice Will impact on local authorities	**New in law but not new in policy** Impact will depend on local practice	**Consolidating or modernising existing law**
X		

These sections help local authorities identify a person's ordinary residence (usually based on where they live) for the purposes of providing care and support.

The Act also provides a mechanism for local authorities to reclaim money they have spent providing care and support to someone for whom they were not in fact responsible.

The provisions in relation to ordinary residence replace the existing "deeming rules" under s.24(1) of the National Assistance Act 1948, and expand this principle to cover other forms of accommodation which are not residential care homes, as specified in the new regulations.

Cross border placements: section S1

New in law and practice Will impact on local authorities	**New in law but not new in policy** Impact will depend on local practice	**Consolidating or modernising existing law**
X		

The section makes provision for a person ordinarily resident in England, who has care and support needs and requires residential accommodation to meet those needs, to be provided with that accommodation in another part of the UK.

It also allows for such placements to be made in England for people who are ordinarily resident in Wales, or whose care and support is provided under the relevant Scottish or Northern Irish legislation.

It also makes similar arrangements for cross border placements not involving England i.e. Wales-Scotland, Scotland-Northern Ireland and Northern Ireland-Wales.

This Schedule sets out new arrangements in relation to placements made by local authorities in accommodation in another administration. This provides new powers to make such placements – currently; this power only extends in relation to placements made in Wales.

http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE

Appendix 5 – Ordinary Residence and implications of the Care Act (2015)

'Ordinary residence' plays a central role in deciding which individuals – whether adults with care and support needs or carers – are entitled to care and support from a local authority.

The Department of Health's guidance on ordinary residence (2013) clarified that:

- Apart from people placed out of area in long term residential care, a person should be considered a resident in the area in which they live
- The provision of services or treatment should not be refused or delayed because ordinary residence is in dispute
- If authorities cannot agree, they must make an application for determination to the Secretary of State within four months (not all local authorities complied with this guidance).

(Voluntary Organisations Disability Group, November 2014 http://www.vodg.org.uk)

The Care Act (2015) sought to provide clarity about which local authority has responsibility for a person's care and support. Existing law concerning the determination of a person's 'ordinary residence' continued under the new legislation, with a material change to the second 'deeming rule'.

The first deeming rule (section 39(5)) concerns adults in NHS accommodation. Such individuals are deemed to be ordinarily resident in the area in which they were immediately before they entered the NHS accommodation / ambulance.

The second deeming rule concerns adults whose accommodation is arranged by a local authority in the area of another local authority. Previously this was restricted to cases where a local authority arranges accommodation in a registered care home.

The legislation extended this rule to include not only care home accommodation, but also shared lives scheme accommodation and supported living accommodation. However, local authority responsibility only attaches if the care and support 'can be met only' in the specified accommodation and the accommodation is in England (section 39(1)).

Local authorities must assess an individual's needs in order to make such a decision and the "deeming" principle therefore does not apply to cases where a person arranges their own accommodation and the local authority does not meet their needs. Responsibility continues even if the person moves between different specified types of accommodation in another (or more than one other) area and also where the person takes a direct payment and arranges their own care.

(http://www.lukeclements.co.uk/wp-content/uploads/2014/11/Care-Act-2014-updated-overview.pdf, November 2014)

For additional information about this strategy, please contact:

Deborah Jenkinson

Commissioning Manager
Derbyshire County Council
Adult Care
Strategy and Commissioning Team
County Hall
Matlock
Derbyshire
DE4 3AG

deborah.jenkinson@derbysire.gov.uk