

Public Document Pack



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PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Tuesday, 1 November 2022

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 9 November 2022** in Council Chamber, County Hall, Matlock, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink that reads 'Helen E. Barrington'.

Helen Barrington
Director of Legal and Democratic Services

AGENDA

PART I - NON-EXEMPT ITEMS

1. Apologies for absence
To receive apologies for absence (if any)
2. Declarations of Interest
To receive declarations of interest (if any)
3. Minutes (Pages 1 - 4)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee – People held on 07 September 2022.

4. Public Questions (30 minute maximum in total) (Pages 5 - 6)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda)
5. Prevention and Personalisation Assessments and Reviews (Pages 7 - 24)
6. Consultation and Engagement of the Older People's Independent Living Services (Pages 25 - 78)
7. Transition to Adulthood (Pages 79 - 92)
8. Social Work Practice (Pages 93 - 94)

PUBLIC

MINUTES of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE** held on Wednesday, 7 September 2022 at Committee Room 1, County Hall, Matlock, DE4 3AG.

PRESENT

Councillor T Kemp (in the Chair)

Councillors S Burfoot, C Dale, R George, P Rose D Taylor and J Woolley.

Apologies for absence were submitted for Councillor J Wharmby.

24/22 DECLARATIONS OF INTEREST

There were no declarations of interest.

25/22 MINUTES

RESOLVED that the minutes of the meeting held on 20 July 2022 were confirmed as a correct record and signed by the Chairman.

26/22 PUBLIC QUESTIONS (30 MINUTE MAXIMUM IN TOTAL)

A question had been submitted by Mrs F, a resident of Amber Valley.

In response, the Chair of the Committee Councillor T Kemp had consulted with the staff of the Director of Legal Services in her absence on leave. After very careful consideration he had ruled that the question as posed could not be directly answered by the committee. The question asked Committee members to make a decision, and as the Committee was not a decision-making body, it would be unable to answer the question therefore the question had not been accepted.

27/22 CONSULTATION AND ENGAGEMENT OF THE LEARNING DISABILITY DAY OPPORTUNITIES SERVICE REDESIGN

Service Director Adult Social Care L Elba-Porter introduced a report, informing the Scrutiny Committee of the results of the public consultation and provided an opportunity for the Scrutiny Committee to submit comments to Cabinet for consideration in making its decision.

A report was presented to Cabinet on 10 March 2022 which sought approval to launch a 12-week consultation on two options for the future delivery of day opportunities for people with a learning disability and/or who are autistic. Following Cabinet approval, the consultation took place between the 28 March 2022 and 19 June 2022.

In total 2269 comments were received about the consultation. Overall, 667 standard questionnaires and 29 easy read versions were completed. 244 people agreed with the proposal to redesign the offer, 429 disagreed with the proposal to change the offer. This was across the range of respondents including the general public, staff, carers, and people with a learning disability and/or who are autistic.

A question had been asked by a committee member on how data was shown as the number of questioners that had agreed or disagreed with the proposal to redesign the offer had been taken from 2269 comments so was unclear as to if one comment made related to one person. The officer clarified that the data was taken not only from questionnaires but from virtual meetings and telephone calls as to ensure inclusivity.

Questions had been submitted from Committee members on the use of the NHS to assess mental health needs, the officer had confirmed that not all users had health needs and those that did were jointly supported and that social workers would assess individuals who may require support. The support for carers had also been raised as a concern. Further work was taking place on how to support carers.

The recommendations had been proposed, seconded, and voted on with the proposals being supported by the majority of Committee members.

RESOLVED to

- 1) Note the responses to the public consultation.
- 2) Note that all such matters would be considered and included within a comprehensive and robust Equality Impact Analysis which would be incorporated within a future Cabinet Report which would be presented in due course and further note Cabinet would fully consider the EIA as part of its decision making.
- 3) Consider responses to the Public Consultation and provide comments to Cabinet and the Equalities Impact Assessment for consideration when making its decision on the future delivery of the proposals for day opportunities for people with a learning disability and / or who are autistic.

28/22 RESULTS OF THE CONSULTATION ON PROPOSALS FOR THE FUTURE PROVISION OF THE ASSISTIVE TECHNOLOGY MONITORING SERVICE FOR COMMUNITY ALARM ONLY CLIENTS

The Director of Adult Social Care and Health H Jones introduced a report, to inform the Scrutiny Committee of the outcome of the public consultation.

H Jones had informed the Committee of an administration error that had taken place and it had been agreed by the Chair and the Committee that the item be deferred, and the detail be brought back for comments after the consultation.

29/22 SEND STRATEGY

Strategic Lead for Schools and Learning D Careless gave a presentation, providing an update on SEND to the Committee.

It had been noted that it was important to include schools and learning as a whole and that the main focus was on vulnerable learners. The presentation listed details on the key SEND services as well as early reflections on the strategy.

The actions for SEND Services included schools & learning having the best services, clarity of delivery and how, when, and why and the SEND service redesign and restructure. The actions would align with the development of a refreshed, updated SEND Strategy and governance/delivery arrangements.

The approach to the SEND Strategy and Delivery would reflect on the current Strategy in the light of new and emerging requirements. An updated, coproduced SEND Strategy aligned with the broader Children's Services and Council agenda was required. As well as the need to strengthen joint working across social care, health, strategic partners, corporate services and produce clearer outcomes for children and young people. A clear shared ambition direction and co-production of future work with schools and providers would be established.

The high-level timeline for the SEND Strategy Development had been outlined within the presentation.

Chairman, Councillor T Kemp had reminded Committee members that D Careless had been in post for 8 weeks and stated how important it was to receive an overview and to understand what work was coming forward.

Committee members had asked questions on the delays with the EHCP process as well as the disincentives for schools to apply for support. It had been confirmed that the EHCP service did not yet have a full quota of staff, and this would be resolved by April therefore any backlog should then be resolved. D Careless was yet to meet with the health service but had confirmed an already good established relationship. Different levels of SEND support were available to schools, the pressures would be established, and data would be gathered on the matter. Schools would be engaged on channelling early intervention and work was to be done on

empowering new teachers.

30/22 WORK PROGRAMME

Chairman, Councillor T Kemp introduced the item, confirming that the Work Programme had been circulated to the Committee Members.

RESOLVED to

1) Note the 2022/23 work programme and consider any proposed revisions.

31/22 ANY OTHER BUSINESS

Chairman Councillor T Kemp had informed the Committee that Scrutiny Officer R Savage had left the authority for another role.

The Committee shared their appreciation for R Savage's professional and hard work done for the Improvement & Scrutiny Committees.

Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Written Answers

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

SCRUNITY COMMITTEE

9 November 2022

Prevention and Personalisation Assessments and Reviews

Report of the Executive Director – Adult Social Care & Health

1. Purpose

- 1.1 The purpose of this report is for the Committee to be advised of the work undertaken by the Adult Social Care prevention and personalisation teams and the legislative framework within which they operate.
- 1.2 For the Committee to be appraised of the strength-based approach taken by prevention and personalisation teams and the Adult Social Care Practice Framework within which they operate.
- 1.3 To inform the Committee of the quality assurance arrangements in place and provide assurance that the current working arrangements and processes support people to maximise independence, choice, and autonomy to enable individuals to live independent lives.

2. Information and Analysis

- 2.1 Please see attached slides: Appendix 1

3. Consultation

- 3.1 Not applicable

4. Alternative Options Considered

- 4.1 Not Applicable

5. Implications

5.1 Please see attached slides: Appendix 1

6. Background Papers

6.1 None

7. Appendices

7.1 Appendix 1 – Prevention and Personalisation assessment and review arrangements

8. Recommendation(s)

That Committee:

- a) Notes the work undertaken by the Adult Social Care prevention and personalisation teams and the legislative framework within which they operate.
- b) Notes the strength-based approach taken by prevention and personalisation teams and the Adult Social Care Practice Framework within which they operate.
- c) Are informed of the quality assurance arrangements in place and assured that the current working arrangements and processes support people to maximise independence, choice, and autonomy to enable individuals to live independent lives.

9. Reasons for Recommendation(s)

9.1 To ensure the committee is kept informed and has oversight of this area of Adult Social Care activity.

Report Author: Simon Stevens

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Adult Social Care Prevention and Personalisation

Page 11

Improvement and Scrutiny
Committee- People

9 November 2022

Assessments and



What are we aiming to achieve

To use a strength based approach to our assessment and review arrangements so that we can support people to maximise independence, choice and autonomy to enable them to live their best lives.

Legislative Framework

The Care Act 2014

The Mental Health Act

Human Rights Act

Mental Capacity Act

Deprivation Of Liberties (DOLS) – to be replaced by Liberty Protection Safeguards (LPS)

Making Safeguarding Personal (MSP)

Service Delivery Arrangements

Countywide Adult Care Assessment and triage Team (ACATT)

Countywide Approved Mental Health Practitioner (AMHP) Team

Countywide Hospital Social Work Team

Countywide locality based Mental Health Teams

Service Delivery Arrangements

Amber Valley

Erewash

Polsover

High Peak

Chesterfield

North East Derbyshire

Derbyshire Dales

South Derbyshire

Adult Social Care Practice Framework

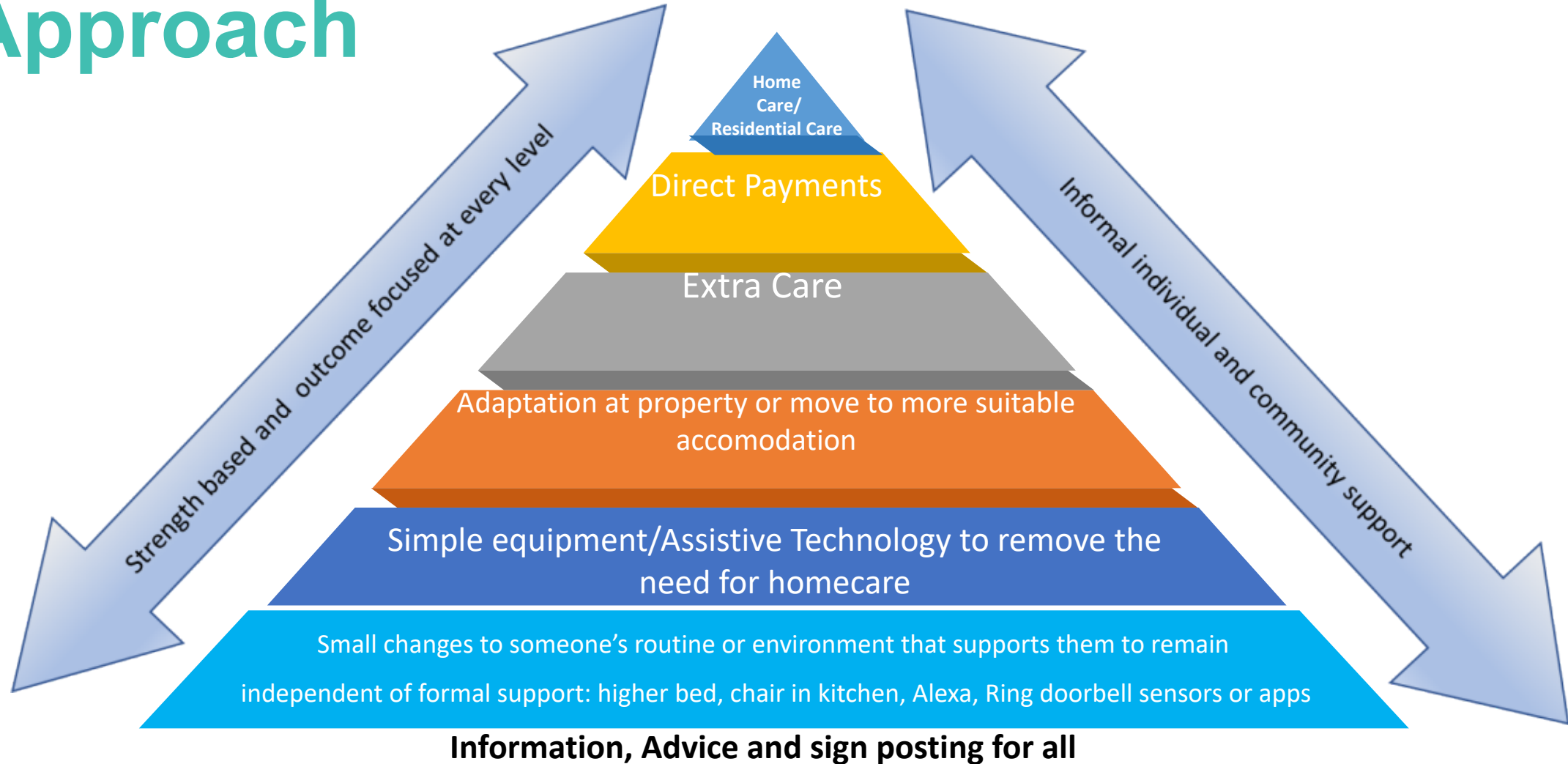
Adult Social Care Practice Framework	Why?	We want every person in Derbyshire to live in the place they call home with the people and communities where they look out for one another, doing the things that matter to them					
	Who?	Everybody		People with urgent needs for support		People with longer term needs for support	
		We listen to people to understand what matter to them. We make connections and build relationships to improve people's wellbeing and independence		We don't make long term plans in a crisis. We work with people until we are sure there is no immediate risk to their safety, health or wellbeing and they have regained stability and control in their life.		If people need longer term care and support, we work with them to understand what a good life looks like for them. We make sure they have resources and support to live the life they choose and do the things that matter to them as independently as possible	
	What?	Well being and independence	Information and advice	Active and supportive communities	Flexible and integrated care and support	When things need to change	Workforce
		Living the life I want, keeping safe and well	Having the information I need, when I need it	Keeping family, friends and connections	My support my own way	Staying in control	The people who support me
	How?	We're kind	We behave	We're trusting	We're transparent	We're present	We're honest
		We respect and understand people as individuals. We don't make snap judgements	We know and follow the law, ethics and best practice. We are always open to improvement	We trust people know what's right for them. We listen and we keep an open mind	We are open about our procedures, making them clear so people know what they can and cannot expect	We connect and engage well with people. We respond in a timely manner	We are honest about what we are going to do. When we say we are going to do something, we do it.
		We know the language we use matters, we use plain, respectful and kind language					
So?	Better experiences and better lives for people		Improved morale and satisfaction for our workforce		More sustainable use of resources		

Statutory Duties

- ❖ Assessment of Needs under the Care Act 2014
- ❖ Care and Support planning to meet assessed needs
- ❖ Provision of Personal Budgets to support unmet eligible needs where these cannot be met any other way
- ❖ Professional support
- ❖ Arrange care where necessary
- ❖ Reviews including participation with Multi Disciplinary Team (MDT) reviews with system partners
- ❖ Assessment for equipment and adaptations
- ❖ Coordination of Safeguarding investigations and protection arrangements for vulnerable adults including Vulnerable Adult Risk Management (VARM)
- ❖ Mental Health Act Assessments (AMHPS)

Graduated / Stepped Approach

Page 18



Eligibility

- ❖ Presenting needs: Self defined (what the person presents with)
- ❖ Assessed Needs and Associated Outcomes (goals): Identified through assessment
- ❖ Eligible Needs and Associated Outcomes: Needs and goals which meet the threshold of the Care ACT (2014)
- ❖ Unmet Eligible Needs and Associated Outcomes: what remains unmet after the application of strength based approaches and will require support via a personal budget

Quality Assurance – opportunities for monitoring and audit

- ❖ Feedback from the people of Derbyshire (compliments, complaints, health watch)
- ❖ Feedback from system partners (health, housing, PVI sector, Derbyshire Safeguarding Adults Board)
- ❖ Data: Safeguarding referrals, Safeguarding Adults reviews, Making SG personal feedback from individuals
- ❖ Data: Data Dock performance monitoring tool
- ❖ Supervision: opportunity for case audit and practice learning discussions
- ❖ From April 2023: Feedback from CQC through national ASC Inspection arrangements

Quality Assurance - activities introduced to support practitioners

- ❖ Simplification of documents and pathways in mosaic
- ❖ Role of ACATT in triaging
- ❖ Introduction of Peer Group Discussions
- ❖ New Case file audits
- ❖ Use of Supervision and My Plan (PDR)
- ❖ Development and introduction of improvement cycle activity to have leadership team oversight of activity, performance and outcomes

Challenges and Opportunities

- ❖ Sustained increased demand
- ❖ Pressure from Health re Hospital discharges and use of interim placements
- ❖ Care Market (Cost and availability of Home Care)
- ❖ Recruitment and retention of registered colleagues (SW, OT, AMHPS)
- ❖ New statutory responsibilities
- ❖ Care Act reform (October 2023?)
- ❖ Mental Health Act reform
- ❖ Liberty protection Safeguards(LPS)
- ❖ Inspection readiness (April 2023)

Thank you and Questions....



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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY - PEOPLE

Wednesday, 09 November 2022

Report of the Executive Director - Adult Social Care and Health

Consultation and Engagement of the Older People's Independent Living Services (OP ILS)

1. Purpose

- 1.1 A report was presented to Cabinet on 10 March 2022 (Appendix 2) which sought approval to undertake a public consultation on proposals for the Future Provision of the Older People's Independent Living Services (OP ILS). Following Cabinet approval, the consultation took place between 28 March 2022 and 19 June 2022.
- 1.2 The purpose of this report is to inform the Improvement and Scrutiny Committee (People) of the outcome of the public consultation on proposals for the future provision of OP ILS.

2. Information and analysis

- 2.1 Our strategic priority is to enable Derbyshire people to live their best life independently at home, connected to their community and local resources, stepping in with help where needed.
- 2.2 We want to achieve this by providing appropriate, proactive, preventative low-level support (not personal care) that identifies any personal or environmental issues impacting on a person's ability to live as independently as possible in their own home. This would be a strengths-based approach working with people to make the most of their individual strengths and skills to support them to live their best life, to

overcome barriers to being able to deploy their skills and look to support the use of ordinary solutions like simple changes of routine.

- 2.3 The Council has been funding a range of legacy low-level OP ILS support for many years. The services currently being funded are:
- not equitable across Derbyshire
 - only available to the over 55's
 - not appropriately targeted to those most in need
 - not value for public money
 - and are not a statutory duty for Adult Social Care (ASC) to fund or provide.

3. Consultation Results:

- 3.1 The consultation asked a range of questions of the current service users, and the service providers, in relation to how they valued the service, what could be improved and their thoughts on proposals for a 12 week, targeted service with follow up call post intervention.
- 3.2 In total, 138 people responded to the consultation, including respondents who completed questionnaires on behalf of an existing recipient of the service and those who chose to respond via email, letter, or via telephone call.
- 3.3 Overall, 375 individual comments were submitted.
- 3.4 The consultation used a combination of quantitative and qualitative approaches to gather people's views about the proposed changes.
- 3.5 The feedback was analysed in detail, see Appendix 3 for the full report.

Consultation Quantitative Analysis

- 3.6 Of those who responded:
- 82% of lived alone
 - 62% of were female
 - 79% of were over 70 years of age
 - 86% of stated they had at least one disability
 - 98% of identified themselves as White British
 - 64% of lived in either Chesterfield, Bolsover or Amber Valley.
- 3.7 People valued the current service because it made them feel safe at home (81%), helped them maintain their independence (74%), and

access a range of information and advice to access other support (56%).

- 3.8 When asked how the service could be improved 64% of respondents said they would benefit from help to find aids and adaptations; 35% advice about home security; 35% help to carry out small repairs to the home.
- 3.9 90% stated that the current service was important or very important to them. 56% either agreed or strongly agreed that a new service should be targeted and 75% either agreed or strongly agreed that the offer should be available to adults of any age who would benefit from support to maintain their independence.
- 3.10 53% of people agreed or strongly agreed that existing service users should be reviewed to establish their current level of need for this kind of service.
- 3.11 When asked about limited support 55% either disagreed or disagreed strongly to time limiting support to only 12 weeks.
- 3.12 74% agreed or strongly agreed to there being a follow up call post the ending of a new service.

Consultation Qualitative Analysis

- 3.13 The comments received, were analysed and coded by the ASCH Stakeholder Engagement and Consultation Team (SECT) into several themes arising from the data. (see page 5 – Appendix 3 Consultation Report, Scope of the summary of themes from the qualitative responses.)
- 3.14 The scope of the themes from the qualitative comments were wide ranging. Access for all, not solely the over 55's, was positively supported with a good proportion of respondents feeling that the proposal to target support was acceptable. Included were ideas on how the proposal for a remodelled service could be further enhanced by building in additional review points.
- 3.15 A number of people disagreed to the proposal or any kind of change. A range of comments illustrated concern for those who had received a service for a very long period of time who may be reviewed as not being in need of a targeted service.

- 3.16 A number of people said they had the service but had no call to use it and didn't know why they had it.
- 3.17 One key theme was that support shouldn't be limited to just 12 weeks as people have fluctuating needs and everyone is an individual and as such some may need longer to make progress.
- 3.18 There were comments that offered concern for others who may have greater frailty or vulnerability than themselves. Some noted that they felt any change would be distressing for current service recipients.
- 3.19 In summary, there were comments that for some who had received a service for many years they would be at risk should their current service end, the consultation told us that in general people valued their current service but agreed that a more equitable service, available to more people, that was targeted to an individual's need/s was acceptable. However, there were concerns raised about the time limit of 12 weeks only with the comments that people are all very different and their issues may not be resolved within 12 weeks.

Next Steps

- 3.20 The next steps are for Cabinet to consider the responses from the consultation and the Equality Impact Assessment (EIA) to decide on proposals for the future service offer. This report is an opportunity for Scrutiny Committee to make comments for the Cabinet to consider.
- 3.21 The Scrutiny Committee should be mindful that the EIA will play a role in the decision making as it must be given due regard by Cabinet.

4. Recommendation(s)

That Committee:

- a) Notes the responses to the public consultation.
- b) Notes that responses to the consultation will be considered and included within a comprehensive and robust EIA which will be incorporated within any future Cabinet Report which may be presented in due course, and further notes that in the event of this occurring Cabinet will fully consider the EIA as part of its decision making

- c) Considers responses to the Public Consultation and provides any comments to Cabinet for consideration when making its decision on any future recommendations

5. Reasons for Recommendation(s)

- 5.1 The Cabinet will need to have regard to the comments from Scrutiny Committee thereof in any decision making in relation to any future proposal.

Report Author: Diana Higton

Contact details: Diana.Higton@derbyshire.gov.uk

1 Implications

1.1 Financial

Not applicable for Scrutiny Committee

1.2 Legal

Not applicable for Scrutiny Committee

1.3 Human Resources

Not applicable for Scrutiny Committee

1.4 Information Technology

Not applicable for Scrutiny Committee

1.5 Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

Not Applicable

1.6 Appendices

Appendix 1 - Implications

Appendix 2 – Cabinet Report 10th March 2022: proposals for the Future Provision of the Older People’s Independent Living Services (OP ILS).

Appendix 3 – Consultation report on proposals for the future provision of the Older People’s Independent Living Services

Appendix 2

Cabinet Report 10th March 2022: proposals for the Future Provision of the Older People's Independent Living Services (OP ILS).

Appendix 3

Consultation report on proposals for the future provision of the Older People's Independent Living Services

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

10 March 2022

Report of the Executive Director - Adult Care

Older People's Independent Living Services Consultation and Review
(Cabinet Member for Adult Care)

1. Divisions Affected

1.1 Countywide

2. Key Decision

2.1 This is not a Key Decision

3. Purpose

3.1 To seek agreement to undertake a 12-week consultation on the future provision of the Derbyshire County Council funded Older People's Independent Living Services (OP ILS) and Falls Recovery Service (FRS)

3.2 To inform Cabinet of a system-wide review of the Falls Recovery Service this is currently embedded in the Older People's Independent Living Services Contract

4. Information and Analysis

4.1 Background

4.2 The Council has been funding a range of legacy low-level OP ILS support for many years. These services were initially set up after the

Government's Supporting People programme was launched in 2003. This funding was ringfenced until 2009 and from 2010 DCC has funded OP ILS from its core ASC budget.

- 4.3 The purpose of the funding was to deliver older people's floating support to people across all tenures to enable them to maintain their tenancy. The key aim of floating support was to promote personal independence through the development of skills and support networks therefore reducing reliance on formal provision. However, in some areas the expected outcomes are not being realised and there is a lack of equity in accessing the service depending on the kind of tenure the person holds.
- 4.4 Since 2019, new service specifications for OPILS have been in place at a total cost of £1.543m and are delivered in lots across the county on a district/borough footprint as follows:
- i. Chesterfield Borough Council Housing Services Team deliver provision in Amber Valley, Chesterfield and North East Derbyshire across three contracts as an Inter Authority Agreement (IAA)
 - ii. Bolsover District Council Housing Team deliver provision in Bolsover (IAA)
 - iii. High Peak Borough Council Housing Team deliver provision in High Peak (IAA)
 - iv. South Derbyshire District Council Housing Services deliver provision in South Derbyshire (IAA)
 - v. Revival, an independent commissioned provider, deliver services in Derbyshire Dales and Erewash via two contracts.
- 4.5 The current service specifications clearly set out that the service providers should pro-actively work with individuals in receipt of the service to promote their independence and progression through the service, helping to engage service users with other support and community activities
- 4.6 Commissioners and contract managers have worked hard with providers over the past two years to transform current provision from an 'output and task-focused service', to one which is linked to personalised support and delivers outcomes set out in the current service specification. However, monitoring data indicates that most of the contracts are still not being delivered in the way outlined and are instead continuing to reinforce dependence on the service.

4.7 **Analysis of People Currently Accessing OP ILS.**

4.8 The monitoring data shows that the majority of people currently using the service live in social housing and that the Local Authority or Housing Association are their Registered Social Landlord (see Table 1). This strongly suggests that the services are not being adequately targeted to all Derbyshire residents, including owner occupiers and those renting their home privately, as set out in the current service specification.

4.9 Table 1- from contract management date for Q1 2021/2022

Tenure	Percentage
Council Stock or Housing Association	92.10%
Owner Occupier	6.86%
Unknown	1.75%
Private Rented	0.21%
Other	0.05%
Shared Ownership	0.03%

4.10 Due to the way the contract is delivered as a rolling programme of referrals and closures, and the differences in how monitoring data is submitted by providers, it is not possible to give an accurate in year count of people who are currently supported by this service. Actual start and end dates for each client are not reported so identifying the number of unique clients is not possible. Using the quarterly reports however, and the number of new and closed clients, offers a snapshot of utilisation.

4.11 In quarter one reporting for the period 2021/22, there were 2,874 people accessing an OP ILS offer across the County. Of these, on average, 39% were male and 61% female.

4.12 The demographic data indicates that on average, of people currently utilising the service, 56% are over 75 years of age, 42% between 55 – 74 and 2% under 55. However, due to the different methods of data recording of age range by providers, this is an estimate.

4.13 The monitoring data over the past 18-month period, where the Districts and Boroughs deliver the service, show very little progression of people moving through the service towards independence. The number of people accessing the service has fluctuated very little in these areas and the number of people exiting the service has been limited to those whose life circumstances have changed significantly. It could be inferred from the balance of new referrals vs old referrals that new people taking

up the tenancy of the vacated social housing stock are automatically being referred to the OP ILS.

4.14 In contrast, data from the recently commissioned voluntary sector provider delivering the service in Derbyshire Dales and Erewash, shows a clear progression model of delivery, with a steady flow of people moving in and out of service over a 12-week period. This evidence indicates a higher rate of enablement for individuals in supporting them to overcome any difficulties, maintain their independence and access activities and support in their local community (see Table 2).

4.15 Table 2 Open Cases in Q1 2021-2022

Area	Open Cases Q1
Amber Valley	679
Bolsover	941
Chesterfield	465
Derbyshire Dales	4
Erewash	11
High Peak	522
North East Derbyshire	83
South Derbyshire	169

4.16 **The current OP ILS Service Specification**

4.17 The Service is designed to deliver housing related support, it does not deliver any element of personal care which would necessitate registration with the Care Quality Commission, as required by the Health and Social Care Act 2012.

4.18 The Service is designed to be tenure neutral, to enable people to live safely and independently in their own home and preferred community for as long as is practicable. The Service provides information, advice and support to ensure people's home environments are safe, suitable and maintained to meet their needs – including onward referral to other relevant services where appropriate.

4.19 **Eligibility**

4.20 Eligibility for the OP ILS is not based on any assessed eligible needs as defined in the Care Act 2014. People wishing to access the service must meet all of the following key criteria. It is the provider of the service who checks that a person meets the eligibility criteria:

- Resident in the administrative county of Derbyshire

- Have an identified housing support need
 - Risk management
 - Tenancy support – helping people retain their accommodation or support to gain the skills to live independently
 - Health and Safety support
 - Health and wellbeing
 - Accessing other services
- Be aged 55 or over (people under this age can be considered if they have support needs preparing for adulthood which cannot be met by any other service in Derbyshire. This has to be in agreement with Commissioners).
- Assessed as being in receipt of a low income, usually being in receipt of welfare benefits.

4.21 The above represent only the key elements of the criteria, see Appendix 2 for a detailed breakdown of eligibility.

4.22 The service is designed to work proactively with people to identify personal goals, agree any support needs and respond to any urgent needs. This should take a time limited tiered approach, being a more intensive service initially, working through to a managed exit strategy. Regular quarterly reviews should be carried out to assess whether goals set out in their support plan have been met and to set new goals if required. For those who no longer require support because their needs have been met, a follow up check-in call should be made after three months of exiting the service. This is to ensure that people are continuing to self-manage their housing support needs.

4.23 One Local Authority provider has recently undertaken a desktop review of their ILS clients to determine their need for the service, to support its own planning for local priorities and to work in a more efficient and system focused way. By using a Red (high needs), Amber (some needs) and Green (very low or no needs) methodology, a significant number of users of their service were identified as not requiring the level of regular service they were receiving.

4.24 Of the individuals currently in receipt of the OP ILS service,

- 81% were rated as Green (very low or no needs), having regular and sustained family support and/or carers, independent travel, able to access services and local amenities, financially stable with accessible funds, have a Careline type service and have stocks of food in the home.
- 15% were rated as Amber (some need), having limited local family support and/or carers, limited access to amenities, limited

access to funds to pay for home delivery or pre-prepared meals, small stock of food and basics like toilet paper, do have a Careline type service and may require assistance to top up gas/electricity

- 4% were rated as Red (high needs), meaning they have no support networks, are unable to access local amenities, don't have a Careline type service, low food stocks, unable to top up gas and electric meters independently and are receiving regular hospital/ medical treatment

4.25 Those rated as Green, are all individuals who do not currently meet the eligibility criteria set out in the service specification/description. Those classed as having higher needs, would still not necessarily meet the eligibility criteria for adult social care. We would expect to find consistent results across the county if a similar exercise by providers delivering under an Inter Authority Agreement (IAA).

4.26 There is no statutory duty for ASCH to provide or fund this very low level of support. However, there is a Care Act duty for ASCH to 'prevent, reduce and delay' eligible needs and now a strong emphasis within the Adult Social Care Reform White Paper 'People at the Heart of Care' to ensure that every decision about care is also a decision about housing. This offers ASCH an opportunity to carefully consider the purpose of the current service in fulfilling its statutory duties.

4.27 **Falls Recovery Service**

4.28 The Falls Recovery Service (FRS) is built in as an addition to the OP ILS contract. It uses the providers infrastructure financed through the OP ILS contract (contact centre, response staff and management) to deliver an as needed FRS that is linked directly to a community alarm. Only people signed up to a community alarm service are able to access the FRS. The FRS has been in place for several years and is funded via a Better Care Fund (BCF) budget of £0.157m per annum (2021/22). The BCF additional contribution covers a £34 fee paid for each call out the service providers attend.

4.29 The FRS delivers considerable benefits to the wider health and social care system in Derbyshire by utilising resources within the OP ILS to support people who have fallen and are not injured, to be lifted safely from the floor and remain at home, rather than be attended by ambulance services to carry out the lift and potentially be conveyed to

hospital. However, it is only people in receipt of the OP ILS who have a community alarm that are able to benefit from this offer.

- 4.30 Whilst the current service does deliver considerable benefits, the current delivery model has several risks associated with it, including:
- i. The service is not currently registered with the Care Quality Commission (CQC) and unable to provide personal care, despite the service often visiting people who may have a personal care need due to nature, duration of response or location of the fall. In these instances, a family member needs to attend or if no one available, then there is no option other than to call out East Midlands Ambulance Service.
 - ii. FRS response teams have only received basic first aid training. They respond to a call following a telephone triage assessment done with the client via the community alarm response call centre. There are potential risks associated with a responder attending a person who may not have been fully able to verbalise their physical injuries. This might result in a responder attending a call out where there may be a risk of inflicting further injury where they are unable to clinically assess the actual extent of injuries to an individual.
 - iii. There is very limited follow up from any clinical professionals following the notification that a person has fallen. Ideally a check by a suitably qualified clinician should follow to ensure that the person has no undiagnosed underlying health condition and a medication review undertaken and referrals made into the falls prevention programme to prevent further repeated falls.
- 4.31 The service is currently linked to the community alarm and telecare response systems. Realigning the service within the wider health and social care system would enable it to be integrated with NHS 111, out of hours and urgent care response provision and not be reliant on an individual having a community alarm and/or telecare system installed in their home. This would widen out the offer to other citizens of Derbyshire who are at risk of repeated falls and currently rely on a purely EMAS response. Aligning with NHS resources would also allow appropriate clinical input and oversight for people following a fall.
- 4.32 Changes made to the existing OP ILS will impact on the continuation of the FRS in its current format. Work is already underway with Joined Up Care partners to review how the FRS could be delivered more equitably and effectively. ASCH commissioners are working

with Public Health, ICS colleagues and Providers to explore how the FRS could be better integrated into the wider health system.

4.33 ASCH is currently the only funder for the infrastructure used to deliver this service that is providing significant financial benefits to NHS partners across the County (including Acute Hospitals, East Midlands Ambulance Service (EMAS) and Primary Care Networks (PCNs). The multi-agency review team described above are developing options for alternative methods of delivering a FRS, which will be considered by Joined Up Care Derbyshire Place Board. This will include proposals for an integrated falls recovery service funded by all system partners. The paper will present a range of matters that includes data sharing, system costs built on evidence from the whole system (PCNs, DCHS, EMAS, PH, District and Borough Providers, ASCH), the implications of changing the current service, and benefits for the system and citizens. This jointly authored paper will mitigate the impact of the proposal to cease funding the OP ILS in its current format and offer a more equitable offer to all citizens at risk of falling, not just those who have a community alarm. It is anticipated that this work will be completed before the proposed cessation of the OP ILS and it may transpire that the outcome of the FRS review recommends that FRS should operate entirely independently of the OP ILS infrastructure in any event.

4.34 **Previous Contract Engagement**

4.35 Prior to the onset of the COVID-19 pandemic, engagement had commenced with partners regarding the re-design of the OP ILS service provision. Due to the significant impact of the pandemic, this engagement had to be paused whilst emergency responses were delivered throughout the whole health and social care system. This means that existing contracts and IAA's that had been extended to enable a collaborative approach to service redesign are now coming to an end before this complex work with partners is able to be completed

4.36 The current contracts were previously extended to 31 March 2022. Business cases have now been agreed to extend these contracts on a further one year plus six months plus six months basis. These contract extensions (to 31 March 2024) will allow sufficient time to carry out proposed consultation with people who currently receive this service. They will also allow the necessary time needed for collaboration and co-production with district and borough colleagues and other providers to consider the future support offer within the emerging Integrated Care System and Vision Derbyshire framework.

5. Consultation

- 5.1 The Council has a duty to consult where proposals are made that may result in the reduction or cessation of a service provision. ASCH's proposal is to cease the current contracted service provision. The consultation will be carried out to seek the views of current recipients of the service, what cessation of the service would mean for them, and the impact they feel this will have on them. It will also ask what they value about the current service and how it might be improved.
- 5.2 The consultation will clearly state the proposals to cease the current OP ILS service provision, with the intention to develop a new, improved offer that is available to all adults (rather than those over 55) that targets those most in need of short-term support to maximise their independence. This offer would be developed alongside a practical housing support offer which will aim to maximise access to other helpful interventions such as Disabled Facilities Grants and minor adaptations that will help people to remain in their own homes for as long as possible.
- 5.3 The proposed short-term targeted support service would be similar to that described in the current service specification. The eligibility criteria may change to ensure that the new offer would target the prevention, reduction and delay of eligible Care Act needs, and support those who already have Care Act eligible needs, for example those who are most in need of help to remain living independently and who will benefit the most.
- 5.4 Adult Social Care is seeking to consult for 10 weeks with all individuals who are currently in receipt of the OP ILS. It is proposed that the consultation will run from the 28 March 2022 to the 19 June 2022.
- 5.5 Consultation activity will include an online questionnaire, paper version (on request) and letters to the OP ILS clients. The consultation will be promoted at existing stakeholder groups and networks. There will also be an option for telephone conversations with the Stakeholder Engagement and Consultation Team and attendance at online virtual meetings.
- 5.6 The results of the consultation will enable ASCH, working collaboratively with partners, to undertake a full equality impact assessment. This will set out considerations of the impact of any proposed changes on people who use the service, help to develop appropriate mitigations and to inform future proposals for a targeted offer for those most in need of

support to help them to continue living independently in their own homes.

- 5.7 Some current users of the IAA provided services may continue to be supported by the relevant housing authority under the registered social housing providers responsibility as outlined in the regulator of Social housing Tenancy Standards 2012. Discussions around the detail of what this could look like will form part of the equality impact analysis.
- 5.8 Following the consultation, results will be analysed, and a further report tabled to Cabinet for consideration, outlining the key themes, issues and findings which need to be considered to inform the future of OP ILS and Falls Recovery Service provision.
- 5.9 System partners and current providers have expressed their willingness to collaborate in supporting these changes and help to shape the development of a new offer of integrated support for people most in need.
- 5.10 Irrespective of the consultation outcome, individuals in receipt of the service will be made aware of further changes to service provision as the current contracted arrangements will need to be re-procured on a competitive basis and a new service model developed and implemented.

6. Alternative Options Considered

6.1 Option 1

6.2 The alternative to consulting on future arrangements would be to do nothing. The Council could continue with current arrangements i.e. providing the OP ILS and FRS with the current providers. This would require an ongoing annual investment of £1.543m from the Adult Care core budget. However, this would not address the needs of a growing number of people who require targeted support alongside practical housing interventions to remain living independently in their own home and does not represent value for money for the Council.

6.3 Since the current service specifications were put in place under the new contractual arrangements in 2019 commissioners and contract managers have worked intensively with providers of the service to ensure the outcomes of these specifications were being met. Despite this the monitoring data indicates that most of the contracts are still not being delivered in the way outlined.

- 6.4 The current offer is no longer fit for purpose as it relies on out-dated methods of delivery and engagement which no longer offer effective support in line with the Council's duties under the Care Act. It is also inequitable in that the current eligibility criteria excludes people under the age of 55 and it continues to offer support to many for whom it is not necessary as their level of need is very low.
- 6.5 **Option 2:**
- 6.6 Not to consult on the future arrangements, let the current contracts come to a natural end and competitively tender a like for like service on the current specification on the open market.
- 6.7 However, this would not address the needs of a growing number of people who require targeted support alongside practical housing interventions to remain living independently in their own home and does not represent value for money for the Council.
- 6.8 As outlined above, the current offer is no longer fit for purpose as it relies on out-dated methods of delivery and engagement which no longer offer effective support in line with the Council's duties under the Care Act. It is also inequitable in that the current eligibility criteria excludes people under the age of 55 and it continues to offer support to many for whom it is not necessary as their level of need is very low.

7. Implications

- 7.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

8. Background Papers

- 8.1 [People at the Heart of Care: Adult Social Care Reform White Paper.](#)
- 8.2 [Improving Health and Care through the home: A National Memorandum of Understanding February 2018.](#)
- 8.3 [Regulator of Social Housing: Tenancy Standards 2012](#)

9. Appendices

- 9.1 Appendix 1 – Implications
- 9.2 Appendix 2 – Eligibility Criteria for current OP ILS.

10. Recommendation(s)

That Cabinet:

- a) Approves a programme of formal consultation for a 12-week period on the future provision of the Derbyshire County Council funded Older People's Independent Living Services (ILS) and Falls Recovery Service (FRS)
- b) Notes and supports the system-wide review of the Falls Recovery Service
- c) Receives a further report following the conclusion of the consultation process, including a full Equality Impact Analysis

11. Reasons for Recommendation(s)

- 11.1 The current OP ILS service is not meeting the Council's statutory duties in relation to the Care Act, it is not targeting those most in need of support to maximise their independence and is not offering value for money for the Council.
- 11.2 DCC has a responsibility to oversee the financial use of the Better Care Fund budget alongside the NHS and will need to be kept informed of the wider review of the FRS being undertaken by Joined Up Care Derbyshire and the implications this work may have on the BCF budget for Derbyshire citizens

12. Is it necessary to waive the call in period?

- 12.1 No

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Implications**Financial**

1.1 Regard has been made to financial implications. The current contractual commitment for the OP ILS for 2021-22 is summarised in the table below. Falls Recovery funding is drawn down on a case by case basis from the Better Care Fund with a current budget for 2021/2022 of £0.157m.

1.2

Service number	Area	Provider	Annual contract value
AT11336	Amber Valley	Chesterfield BC	£ 0.353m
AT11337	Bolsover	Bolsover DC	£ 0.280m
AT11338	Chesterfield	Chesterfield BC	£ 0.200m
AT11339	Derbyshire Dales	Revival	£ 0.144m
AT11340	Erewash	Revival	£ 0.144m
AT11341	High Peak	High Peak BC	£ 0.220m
AT11342	NE Derbyshire	Chesterfield BC	£ 0.072m
AT11343	South Derbyshire	South Derbyshire DC	£ 0.130m
County wide cost			£1.543m

1.3 the current total cost of the Older People's Independent Living Service is £1.543m and is covered by the ASCH core budget. It is highly likely that savings could be realised for ASCH alongside continued investment to develop a more targeted offer of support. Further proposals would be brought back to Cabinet for consideration following completion of the proposed consultation.

Legal

- 2.1 Section 2 Care Act 2014 requires local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:
- contribute towards preventing or delaying the development by adults in its area of needs for care and support.
 - contribute towards preventing or delaying the development by carers in its area of needs for support.
 - reduce the needs for care and support of adults in its area.

- reduce the needs for support of carers in its area.
- 2.2 The Care and Support Statutory Guidance is clear that the care and support system must work to actively promote well-being and independence and does not wait to respond until people are in crisis by ensuring early interventions which prevent need or delay deterioration wherever possible. The importance of preventative services is highlighted further within Section 1(3)(c) Care Act 2014, which requires local authorities to have regard to the importance of preventing or delaying the development of needs for care and support.
- 2.3 Adults who are in receipt of preventative services will not necessarily require a wider package of care and may receive this support in isolation.
- 2.4 Section 5 Care Act 2014 places a separate duty on the Council to promote an efficient and effective market, with a view to ensuring that any person in its area wishing to access services in the market:
- a) has a variety of providers to choose from who (taken together) provide a variety of services;
 - b) has a variety of high quality services to choose from; and
 - c) has sufficient information to make an informed decision about how to meet the needs in question.
- 2.5 The Council has a duty to consult where proposals are made that may result in the reduction or cessation of a service provision with those directly affected, including service users and their family/carers. ASCH's proposal is to cease the current contracted service provision.
- 2.6 Case law has established minimum requirements of consultation, which are:
- a) Consultation must be at a time when proposals are at a formative stage;
 - b) Sufficient information must be given to permit a person to "give an intelligent consideration and response";
 - c) Adequate time must be given for consideration and response; and
 - d) The results of the consultation must be conscientiously taken into account in finalising any proposal and provided to the decision maker to inform their decision
- 2.7 In assessing these proposals, the Council should also have regard to the Public Sector Equality Duty (PSED) under the Equality Act 2010.

2.8 The PSED requires public authorities to have "due regard" to:

- The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 (*section 149(1) (a)*).
- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1) (b)*). This involves having due regard to the needs to:
 - remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (*section 149(4)*); and
 - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (*section 149(1)(C)*).

2.9 Preliminary consideration has been given to the impact of the proposals on persons with protected characteristics in drawing up these proposals. In particular, it is recognised that the methods and content of the consultation will need to be designed so as to fully reflect the needs of the relevant protected groups, in particular older people and disabled people.

2.10 In addition, regard has been paid to the Equality Impact Analysis (EIA) carried out in respect of the care pathway redesigns as is referred to in the report. A full EIA will be prepared during the consultation process reflecting issues that are raised during the consultation process. This will be reported in full to Cabinet and a full copy of the EIA made available to Members in order that any adverse impact along with any potential mitigation can be fully assessed. Cabinet members will be reminded at that time of the need to have careful regard to the conclusions of the EIA.

Human Resources

- 3.1 There are no human resources considerations associated with this report.

Information Technology

- 4.1 There are no information technology considerations associated with this report.

Equalities Impact

- 5.1 An Equality Impact Analysis will be undertaken to assess the proposals on the protected characteristic groups. The Equality Analysis will include an assessment of the response to the consultation and engagement and will include a range of recommendations and potential mitigations

Corporate objectives and priorities for change

- 6.1 Enterprising Council: Transforming the organisation, working as one council, ensuring we are prepared for the future and able to respond to the challenges and opportunities that lie ahead.

As part of the Enterprising Council approach and under the Moving Adult Social Care Forward agenda, ASCH intend to review and refine current legacy services to ensure that citizens of Derbyshire who are most in need of support to live independently in their own home, can access this easily and in a timely way t

- 6.2 Vision Derbyshire: It is proposed that this consultation will be the precursor to a wider engagement and collaborative review. Vision Derbyshire is a collective of local authorities within Derbyshire aiming to deliver priority projects which have a positive impact on people's lives and achieve greater council efficiency. Vision Derbyshire work collectively to maximise existing resources to address complex challenges and shape future services to delivery better outcomes for local people and places.
- 6.3 Joined Up Care Derbyshire: Also known as Derbyshire's Integrated Care System (ICS) brings together health and social care organisations across Derbyshire. Working together more closely than ever before, the ambition is to provide the best care and support for people in their local communities and ensure services are as efficient and effective as possible. The review process will engage with partners within the ICS to

ensure the design and delivery of any future offer can be delivered as effectively as possible, can be accessed seamlessly by those in need and reduce duplication.

Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)

- 7.1 In preparing this report the relevance of the following factors has been considered: Social Value, Human Rights, equality of opportunity, health, environmental, transport, property, social value and crime and disorder considerations

Eligibility Criteria for the Current OP ILS

In line with the Equality Act (2010) requirements and subject to the eligibility criteria detailed in section 8.2, the Service will be accessible to and suitable for all sections of the community, including:

- people who are physically frail or disabled
- people with a long-term condition, such as a dementia or Parkinson's Disease
- people who have mental ill health, sensory or physical health needs
- people with a Learning Disability and/or Autistic Spectrum Disorder
- people of all ethnicities, and being sensitive to the cultural needs of the various groups
- people from other sections of the community who are identified as having difficulty accessing local services

People wishing to access the Service must meet **all** of the following eligibility criteria:

- Resident in the administrative county of Derbyshire or have a local connection as defined by the Housing Act 1996.
- Have an identified housing support need (see appendix 2)
- Be aged 55 or over (people under this age can be considered if they have particular support needs which cannot be met by any other service in Derbyshire – to be agreed with Commissioners)
- Assessed as being in receipt of a low income, as detailed in section 8.3 below.

Confirmation of low income eligibility will be subject to financial assessment undertaken by the Provider but is likely to be achieved if the person is in receipt of one or more of the following benefits: Income Support, Employment Support Allowance, Universal Credit, Housing Benefit, Income Based Job Seekers Allowance and guaranteed Pension Credit, Personal Independence Payment.

Where eligibility has been confirmed, the Service will be delivered across all tenures – i.e. Council/Private and Registered Providers (previously Registered Social Landlords), and homeowners.

In order to support the reduction of homelessness, referrals from/for people who have been offered a tenancy will be considered, subject to discussion with Commissioners.

The following people are excluded from receiving the Service:

- People who are not resident in, or do not have a local connection with Derbyshire.
- People who live in the Derby City Local Authority Area.
- People who are aged 54 and under (see section 8.2 for exceptions).

The Council reserves the right to alter the eligibility criteria for this Service throughout the contract period, if required.

The FRS element is available to all residents of Derbyshire who have a Community Alarm or Telecare equipment in their home, which is connected to a monitoring centre. The Telecare equipment is subject to separate commissioning and contracting arrangements and telecare providers will establish eligibility for clients to receive the FRS.

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**CONSULTATION REPORT ON PROPOSALS FOR THE FUTURE
PROVISION OF THE OLDER PEOPLE'S INDEPENDENT LIVING
SERVICES**

1. Purpose of the Report

A report was presented to Cabinet on 10 March 2022 which sought approval to undertake a public consultation on proposals for the future provision of the Derbyshire County Council funded Older People's Independent Living Services (ILS). Following Cabinet approval, the consultation took place between 28 March 2022 and 19 June 2022.

This report is a summary of the responses to that consultation.

The proposals submitted for comment would, if approved, enable Derbyshire County Council (DCC) Adult Social Care and Health (ASCH) to commission a new, improved offer that would:

- Include a tiered approach to support, would be available to all adults (rather than only those over 55) and would target those most in need of short-term support to live safely and independently;
- be available to a greater number of people of all ages that live in different kinds of housing including social housing, owner occupied and privately rented;
- be developed alongside practical housing support which would aim to maximise access to other helpful interventions such as Disabled Facilities Grants and, minor aids and adaptations that can help people to remain in their own homes for as long as possible;
- include a service review for all current recipients of the service and only those having an identified ongoing need would be offered a service;
- Include a short-term targeted support plan for up to 12 weeks to maximise people's independence;
- Include an opportunity to receive a follow up call to check how independence is being maintained after the 12 weeks support has ended.
- be built to maximise integration with other community-based services that actively support and enable independent living for all adults.

2. Methodology and Approaches

A report was presented 10 March 2022 to Cabinet to seek agreement to consult with customers of the Older People's Independent Living Services. Cabinet agreed and the public consultation took place between 28 March and 19 June 2022. This report will summarise views and opinions submitted by the people of Derbyshire during this period.

The consultation used a combination of quantitative and qualitative approaches to gather people's views about the proposed changes. Officers enabled as many people who are in receipt of the service as possible to take part, by offering a range of ways in which they could share their views:

1. All current clients of the Older Peoples Independent Living Service received an introductory letter detailing the proposed changes to the service.
2. The questionnaire was made available in different formats on request, such as other languages or larger print if this was more appropriate.
3. People were invited to complete the questionnaire online.
4. Information regarding the consultation was available on the Derbyshire County Council Consultation webpage [Older People's Independent Living Services Consultation and Review](#) which gave an outline of the proposals and the ways in which people could share their views.
5. People were also given the opportunity to request a paper copy of the questionnaire via the Stakeholder Engagement and Consultation Team (SECT) and returned their response using the postal questionnaire.
6. There was also opportunity to write into the Council via a letter or email to a dedicated email address.
7. Telephone interviews were offered for those people requiring support to complete the questionnaire.
8. Media releases which were issued at the start of the consultation and news releases were published on the Derbyshire County Council website.

Staff from the Adult Care Stakeholder Engagement and Consultation Team (SECT) arranged four virtual meetings co-hosted by a Service Manager from Adult Social Care Commissioning Team, to enable participants to hear about the proposals and have an opportunity to give their views. Providers were also invited to share their views via email.

Approach to analysis of the Qualitative and Quantitative information

Qualitative Approach

Qualitative information was collated from the comments provided in online submissions and/or paper questionnaires. Overall, 375 individual comments were submitted. These comments were analysed and coded by the SECT team into a number of themes arising from the data. The themes are derived from all of the comments received and are not necessarily question specific

Quantitative approach

Tick box responses from the questionnaires were collated into a complete dataset, analysed, and graphs produced to represent the data.

The following chart shows the overall number of people who completed the survey

Question 1: Which statement below best describes your current circumstances?

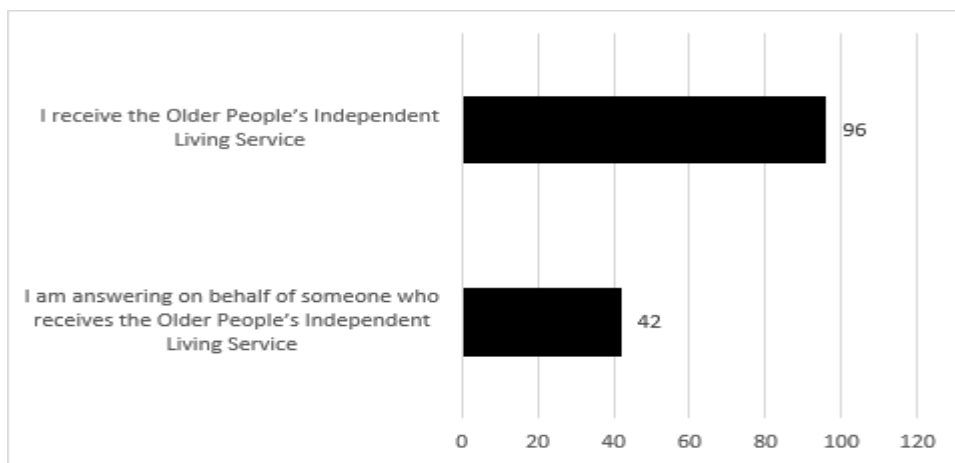


Figure 1: Q1

In total, 138 people responded to the consultation, including respondents who completed questionnaires on behalf of an existing recipient of the service and those who chose to respond via email, letter, or via telephone call.

No one took up the option to attend one of the scheduled virtual meetings co-hosted with SECT and a Service Manager from ASCH.

- 82% of respondents lived alone
- 62% of respondents were female
- 79% of respondents were over 70 years of age

- 86% of respondents stated they had at least one disability
- 98% of respondents identified themselves as White British
- 64% of respondents lived in either Chesterfield, Bolsover or Amber Valley.

Analysis of the Quantitative data within the questionnaire

The following summary provides an analysis of the quantitative and responses to the questions asked within the survey.

Value of the service

The questionnaire asked people to consider what they most valued about the service. Respondents were offered a multiple choice and asked to tick all those that applied. The top three options were: 81% of respondents reported that the service made them feel safe at home; 74% stated that the service helped them maintain their independence; and 56% had received information and advice to access other support. Five respondents said they didn't use the service.

Service Improvements

When asked how the service could be improved, again asked to review a multiple-choice list and tick all that applied 64% of respondents said they would benefit from help to find aids and adaptations; 35% advice about home security; 35% help to carry out small repairs to the home. Older people in the 70 -79 age band stated that practical tasks like changing a light bulb would be most beneficial to them and in the 80-89 age bracket there was an increase in people saying that help to find alternative housing would be appreciated.

Importance of the current service

The questionnaire asked how important or not the service was, 90% stated that the service was important or very important, 7% felt it was neither important or unimportant, 3% reported it was unimportant or very unimportant.

Targeting a new service

When asked about a targeted service 56% either agreed or strongly agreed that a new service should be targeted. 42% of the total who either agreed or strongly agreed were over 70 years of age. 25% either disagreed or strongly disagreed with the proposal to target the service.

Access to a new service

The questionnaire asked for people's feedback on the proposed new service offer and whether they agreed or not to it being open to all vulnerable adults that live in different kinds of housing including social housing, owner occupier and private rented. 75% either agreed or strongly agreed that the offer should

be available to anyone who needed a bit of extra support with their home environment not solely older people. Only 5% of people disagreed or strongly disagreed.

Linking the service to practical support.

It is proposed that the new offer be developed alongside a practical support offer to help people maximise access to other helpful interventions such as Disabled Facilities Grants and minor adaptations. 80% either agree or strongly agreed to the service being linked, 9% of respondents disagreed or strongly disagreed.

Review of existing service

When asked if existing service users should be reviewed to establish their current level of need of this kind of service 53% agree or strongly agreed and 20% neither agreed or disagreed. 27% disagreed or strongly disagreed.

Time limiting the service

The survey asked people if they agreed with support lasting 12 weeks. 55% either disagreed or strongly disagreed with time limiting the service. 17% neither agreed or disagreed and 28% agreed that a time limited offer would be appropriate.

Follow up call

74% agreed or strongly agreed to there being a follow up call post the ending of the service. 15% stated that they disagreed or strongly disagreed and 11% neither agreed or disagreed.

Scope of the summary of themes from the qualitative responses:

The comments were analysed and coded by the SECT team into a number of themes arising from the data. These are listed here in alphabetical order.

Access for all

Some respondents were very positive about widening who could access the service for all that would benefit from the service but there was concern about how it would be funded if more people were going to be able to use it.

Agree with the proposals

A good proportion of respondents felt that the proposal was acceptable and that being able to target support where it was most needed was important. There were comments that offered ideas on how to make a new offer more supportive by building in a review point at the end of the period as well as a check up call later on post the intervention.

Alternative options

There were comments about alternative options that had a clear pathway but were not limited to 12 weeks but that flexibility about the amount of time that people may need support for to be built into the service. It was expressed that in some cases 12 weeks may not be enough time.

Already receiving the service

A number of respondents reported that they were already receiving this kind of service in the level of signposting and navigation to other services that the ILS officers were supporting them with.

Concern for others

This theme was picked up in many of the comments and even when agreeing with proposed changes people were evidencing concern for those who were more vulnerable and frail than themselves.

Disagree with the proposal

A number of respondents disagreed with the proposed changes and would prefer that it continues as it is for them and others. They expressed concern about what happens to people who following review are no longer able to access the support.

Distress caused

There were comments about the level of distress and upset that the consultation had caused to people who were worried that their service would be ended, that they would be left alone and what would they do without it.

Fluctuating need There were comments submitted that challenged the 12 week period based on their personal experience of how their needs changed at different times. They felt that the new service should review people's needs on a regular basis with suggestions that this needs flexibility as people aged differently and have a varying levels of need and capability to manage.

Length of service

A proportion of comments reflected on the time scales of support for the future service and that consideration should be given to individually reviewing each case on a regular basis as some people have peaks and troughs of need related to health and mobility issues particularly as they age. There were also comments that related to the capability of people on a long term basis and that they needed some regular support on an ongoing basis because of their age and frailty whilst maintaining independent living in their own home.

Maximising income

A small number of comments noted that the proposed service would be beneficial to them in helping them maximise their income.

Negative impact on long term support

There were a range of comments that illustrated concern for people who had received a service from the OP ILS for a long period of time and what would they do should they be reviewed as having no ongoing need. Others were concerned for their own ongoing support and that older people would be losing a service.

No change needed

There were a number of comments that stated that no change was needed and that the service delivered the support they wanted and had done for some considerable time.

Praise

Some respondents took the opportunity to praise the current service as a general comment and in some cases named their Independent Living Services Officer (or warden in one case) as being important to them remaining independent.

Preventative

People stated a range of additional activities that the current service is supporting them with that are preventative, for example, with support to order aids and adaptations or liaise with other professional services preventing them requiring more intensive interventions from health or social care.

Promoting Independence

A number of respondents reported that they wanted a service that promoted their independence and helped them to remain in the home of their own choosing for as long as possible.

Reassurance

A significant number of the respondents live alone and many expressed how reassured they felt and the peace of mind they had that there was someone there if they needed them.

Service not required

A number of people said they had the service but had no call to use it and didn't know why they had it. In one case they stated that it came with their tenancy.

Visit more often

A number of the older respondents expressed that they would like a greater number of visits not less because they spent many hours alone everyday.

Combined Analysis of the Qualitative and Quantitative data within the questionnaire.

The following section summarises both the quantitative and qualitative responses to the questions asked within the survey.

Question 2 – If you or the person you care for has the Independent Living Service – please tell us what you/they value about the Service? (Please select all that apply).

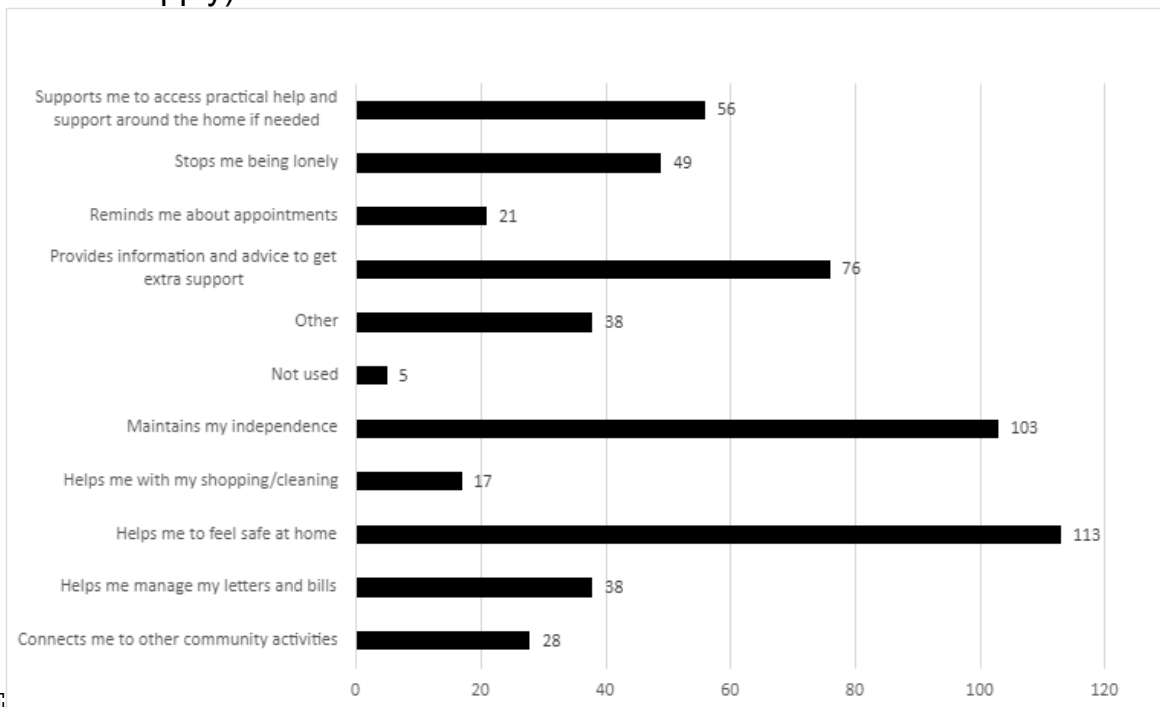


Figure 2: Q2 – Respondents ticked all that applied to them

12 respondents chose ‘Other’ from this category with the following themes emerging:

The top theme with 8 comments were regarding the services providing a ‘preventative’ element with comments such as:

- “Helped me get a refund from my utility company when the company went into liquidation, helps me return equipment to Medequip, helps me sort out my cluttered home.”
- “helps with adaptations to the home, communicates with care company on my behalf, checks that I'm ok all the time.”
- “liaise with NHS, book appointments, orders aids, adaptations”

The other comments captured **did not form a theme** but were regarding such

issues as:

- Peace of mind
- Help with health appointments
- Financial help/advice

Question 3 - If you told us in Question 2 that the Older People’s Independent Living Service is not used, please tell us why it is not used?

5 respondents chose to answer this question the top theme with 3 comments being “No help needed”, such as:

- “I have had no instances when I've needed help”
- “Up to present have not felt the need to utilise this service, it came with the property when I moved in. That is not to say I won't need it in the future.”

2 comments did not form a theme but were regarding:

- Did not know about the service
- Checked on every 2/3 months with a phone call

Question 4 – Please tell us what could be improved about the Older People’s Independent Living Service? (Please tick all that apply)

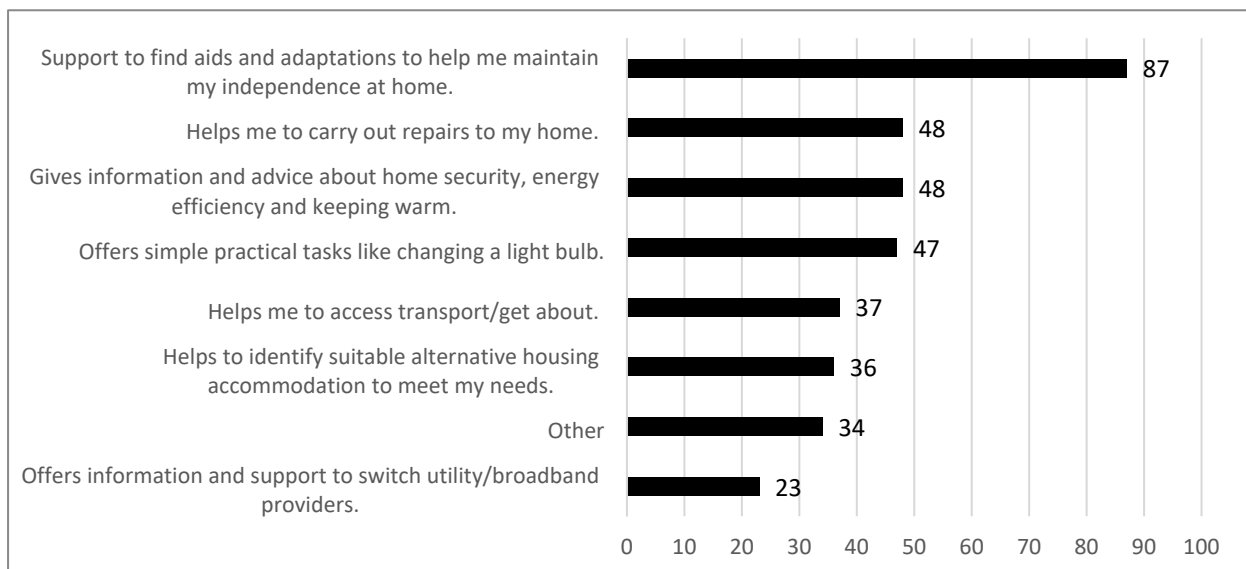


Figure 3: Q4: Respondents ticked all that applied to them

31 respondents chose ‘Other’ from this category with the following themes emerging:

The top theme with 4 comments were regarding the **service not being**

required with comments such as:

- "Have not needed advice"
- "I only have an alarm system and I have never used it only to test it"
- "No other services at present being received"
- "All of the above are carried out by my husband"

There were then four more themes, examples of comments are:

Maximising income – with comments such as:

- "Maximising income, helping sort out debt, getting a tradesman in to help repairs, support with ASB"

No change needed – with comments such as:

- "I think everything is running alright at the moment, I cannot see anything they can improve on."

Praise – with comments such as:

- "ILS service is my total lifeline they help me with everything"

Visit more often – with comments such as:

- "A visit now and again would be good not just when needed"

The remaining comments did not fall into a theme with comments related to things such as:

- Social isolation/Loneliness
- Warmth of home
- Help with health appointments
- Provides peace of mind / reassurance
- Reluctance to accept help
- Unaware of service

Question 5 – How important or unimportant do you think it is to be able to receive the type of support you are currently receiving from the Older People's Independent Living Service?

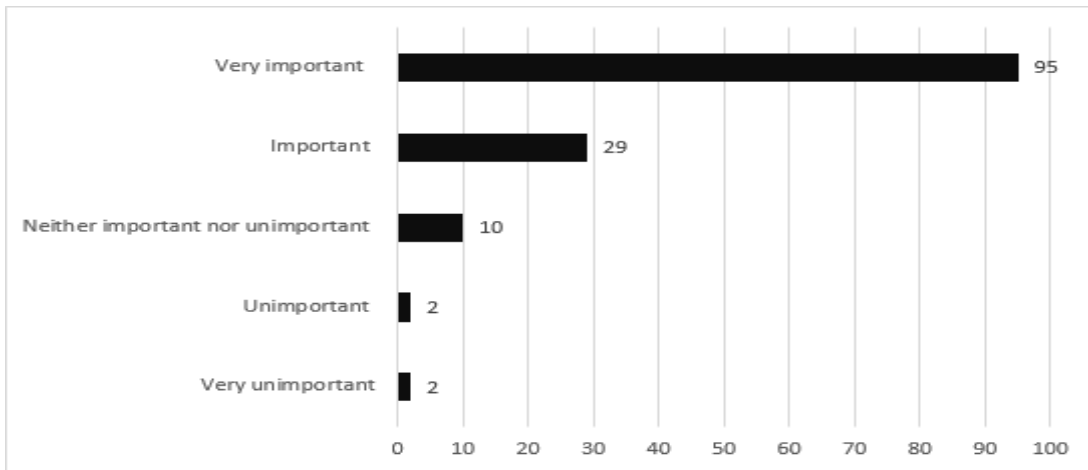


Figure 4: Q5 Number of individual responses per option

YOUR VIEWS ON TARGETING THE NEW OFFER: If approved, the proposal would enable DCC Adult Social Care and Health to commission a new, improved offer that will be available to all adults (rather than only those over 55) and that targets those most in need of short-term support to maximise people’s opportunities to live safely and independently.

Question 6 – How strongly do you agree or disagree with the proposal about targeting the new offer?

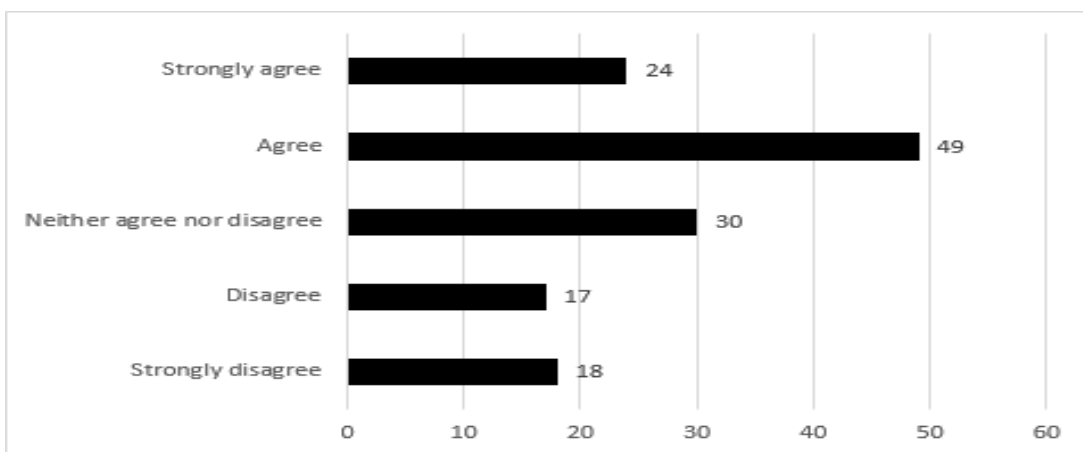


Figure 5: Q6 Number of individual responses per option

Over half the respondents felt that a targeted approach would be of benefit.

Question 7 - If you have any other comments about the proposal regarding targeting the service, please put them in the box below.

54 respondents chose to comment on Question 7 and these comments fell

under the following themes

The top theme with 30 comments were in relation to **negative impact on long term support** :

- "I think it should stay separate with being with older people. Essential service for people with no contacts, also people in poor health that can't communicate properly. Need security of knowing service exists if problems occur down the line."
- "I have a heart condition and I have a disabled son with learning disabilities this is why this service is important to us"

Five comments were regarding **access to all who meet criteria** with comments such:

- "Give it to people that need it not just those over 55"
- "If it meant that it would be available to more people who needed it then I would be in favour"
- "It would be good to open the service up to more people, but the support needs to be for longer."

Four comments were regarding providing **preventative** services such as:

- "These proposals will have a severe and detrimental effect upon the health of my brother who is receiving this care. We have a named worker who has been extremely supportive, informative and knowledgeable during periods of crisis and where help and advice has been needed. If my brother did not have this regular and, more importantly, familiar contact, then his health and wellbeing would be extremely affected."
- "I feel this service has provided me with much needed support and help and would be very sad to see it end."

The remaining comments **did not fall into a theme** but were regarding:

- Delay in service provision
- Service not required
- Family support
- Financial impact
- Peace of mind
- Praise for service

YOUR VIEWS ON WHO CAN ACCESS THE SERVICE: It is proposed that the new short-term offer would be available to a greater number of people of

all ages that live in different kinds of housing including social housing, owner occupier and private rented.

Question 8 – How strongly do you agree or disagree with the proposal about who could access the new offer?

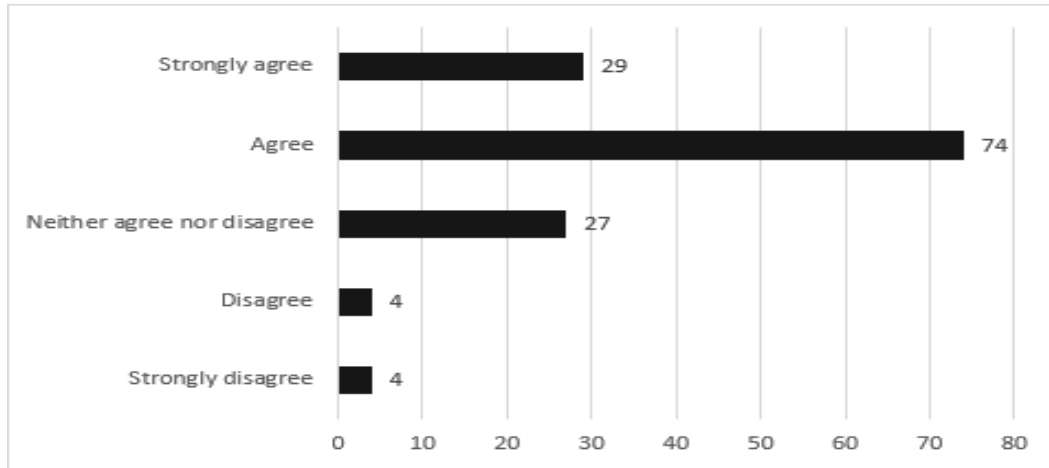


Figure 6 Q8 Number of individual responses per option

Question 9 - If you have any other comments about the proposal about who could access the new service, please put them in the box below.

30 respondents chose to comment with the following themes emerging:

The top theme with 9 comments were **agreeing with the proposal** with comments such as:

- “The more people they can reach to help them stay in their homes the better. That is what the Council are all about, supporting people to stay at home.”
- “If this means that younger people with perhaps learning disabilities for example benefit from this change then I agree with it.”
- “Agree that all should access irrelevant of if council tenant or not”

8 comments were received under the theme **negative impact on long term support** with comments such as:

- “I think the service should stay the same as it is I don't like the idea of it being short term. I feel if I need any help I can currently ring my Independent Living officer and I feel at ease with her and that she will help me.”

- “If opening up the service to more people affects the quality of the service older people receive now then it would be a detrimental move.”
- “The proposal is only for short term support and as such the consistency and familiarity needed by someone with certain needs (such as mental health, learning disabilities and autism) from a recognised worker would be lost. This is a proposal that could cause long-term health and social care issues and would also place a great deal of stress upon family members who try and support these individuals to the best of their own ability within the confines of their own health, education and skills.”

The remaining comments **did not fall into a theme** but were regarding:

- Access to all who meet criteria
- Having regular assessments
- Disagree with proposal
- Expand the service
- Praise
- Questioning the proposal

YOUR VIEWS ON HOW THE SERVICE LINKS TO OTHER HELP AND

SUPPORT: It is proposed that the new offer would be developed alongside a practical housing support offer which will aim to maximise access to other helpful interventions such as Disabled Facilities Grants and minor adaptations that will help people to remain in their own homes for as long as possible.

Question 10 – How strongly do you agree or disagree with the proposal about linking the new offer to other practical help?

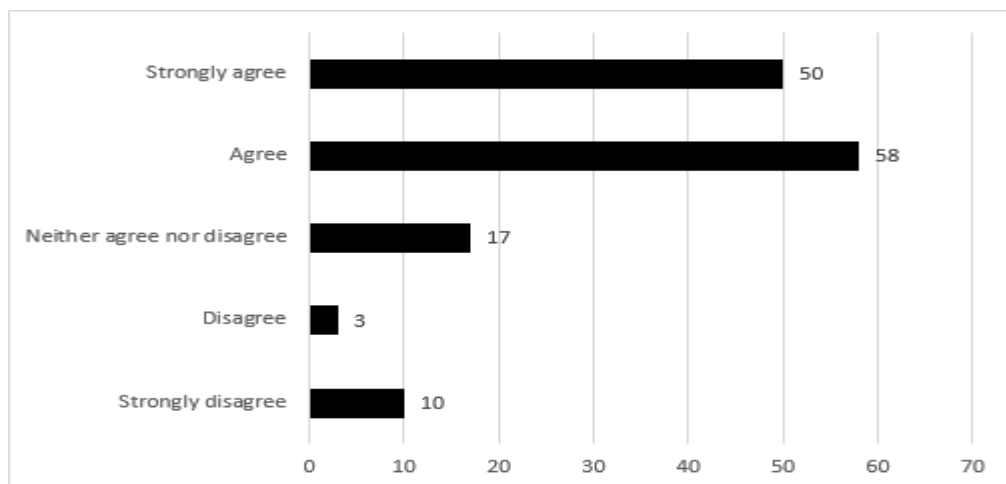


Figure 7: Q10 Number of individual responses per option

Question 11 - If you have any other comments about the proposal regarding linking the service to other practical help, please put them in the box below.

31 respondents chose to add other comments with the following themes emerging:

The top theme with 10 comments were regarding **already receiving the service** such as:

- “My support officer already provides this service.”
- “My ILO does all this already.”
- “I get this already from my ILO.”
- “My ILO does this already, all you are doing is moving it from 1 area to another.”

4 comments were **agreeing with the proposal** such as:

- “It's a great idea”
- “Think this is a brilliant idea.”
- “I think that this would be extremely helpful.”

3 comments were regarding **promoting independence** such as:

- “It would be good to know there is help and advice when you need it. Things like handrails really help in the bathroom. Help to get these things would be good.”
- “I don't want to go into a home. I want to go out of here in a box. Keep me here as long as possible.”

The remaining comments **did not fall into a theme** but were regarding:

- Provides additional help
- Delay in service
- Provide a personalised service
- Disagree with proposal
- Financial impact
- Reliability of service

YOUR VIEWS ON WHO SHOULD BE ABLE TO RECEIVE THIS SERVICE:

It is proposed that the new offer would be developed to support those who are most in need of help to remain living independently and who will benefit the most.

Question 12 – how strongly do you agree or disagree with the proposal about who could benefit from the service?

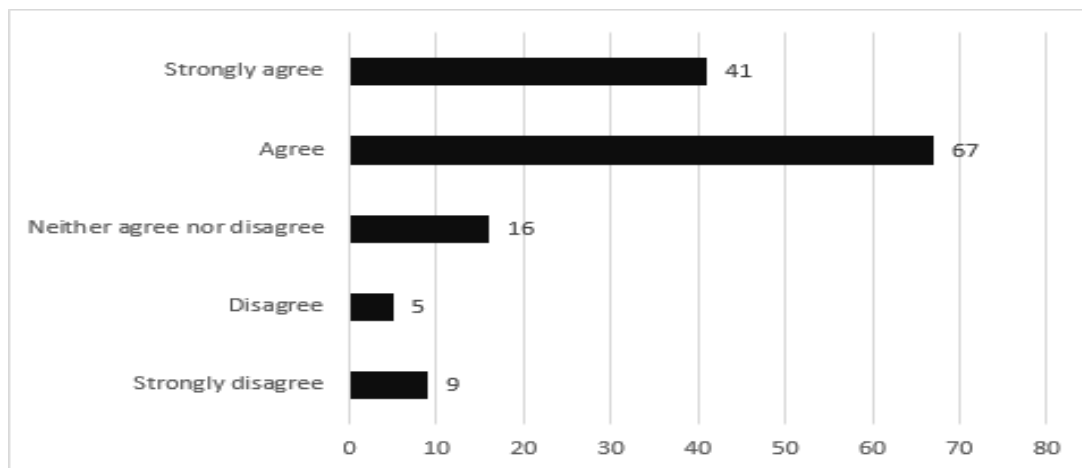


Figure 8: Q12 Number of individual responses per option

Question 13 - If you have any other comments about the proposal regarding who should receive this service, please put them in the box below.

29 respondents chose to add other comments with the following themes emerging:

The top theme with 9 comments was **access to all who would benefit from the service** such as:

- Everyone who needs help to live independent should be able to use the service.
- We all need help and I shouldn't have to be struggling badly to get help.
- those that need, should get it. help should start at home.
- If you need it, you need it.

8 comments were regarding the **length of support**, such as:

- "yes offer 12 weeks, then review it. some people can recover"
- "I agree that it should go to those who need it but 12 weeks is not long enough, my ILO helps me with all letters, forms, benefits, paying for things online, setting up DD'S"
- "Those 'most in need' of long-term support will not benefit from this. This is a proposal that after a very short period of time relies on referrals to other individuals and organisations, which is very worrying."
- "I agree as long as it is ongoing and not for a set period."

5 comments were **fluctuating need**, such as:

- “need is not a regular thing that is the same daily, my needs change from day to day dependent on my health, well being, mental health etc so you may assess me on a good day then put me into crisis by removing me off the service.”
- “Elderly people’s needs can change due to illnesses, so I feel I need the regular contact I have and just knowing that they are at the end of the phone in the day is very important.”
- “I receive an ongoing monthly visit from my support officer, this prevents me from reaching crisis point where I would need more input”
“I never know when I will need this and 12 weeks is not long enough I need to keep it to be able to contact anytime when needed and have piece of mind that my support officer is there.”

The remaining comments **did not fall into a theme** but were regarding:

- Already receiving service
- Reluctance to change

YOUR VIEWS ON A REVIEW OF EXISTING CLIENTS OF THE SERVICE

OCCURRING: It is proposed that all current recipients of the service will have their service reviewed and only those having an identified ongoing need will be offered a service

Question 14 – How strongly do you agree or disagree with the proposal that the new offers would result in existing clients having their service reviewed to establish any continuing need for the service?

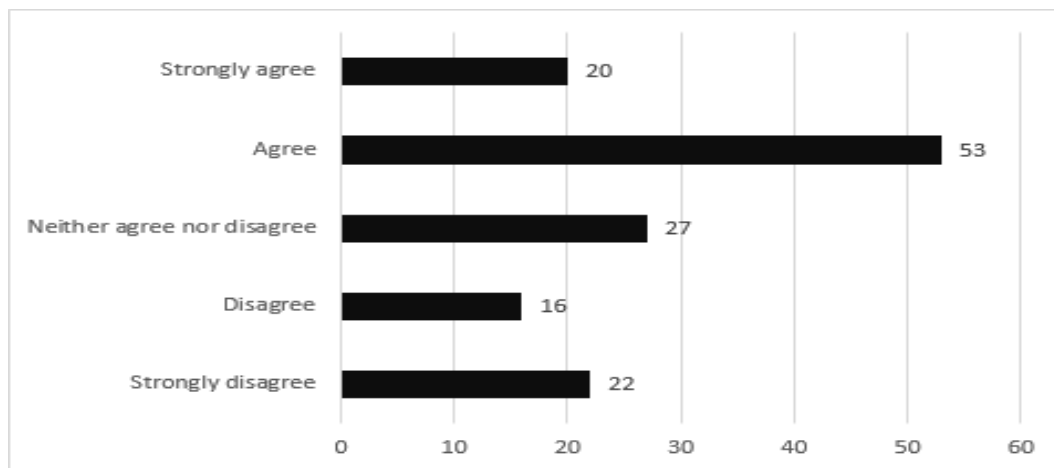


Figure 9: Q14 Number of individual responses per option

Question 15 - If you have any other comments about the proposal regarding

the new offer, please put them in the box below.

39 respondents chose to add other comments with the following themes emerging:

the top theme with 11 comments were regarding providing **preventative services** such as:

- “The service needs to be targeted but it is essential that those who do need support continue to get it, sometimes the positive effect on mental health just knowing someone is there in an emergency is enough to warrant the service being in place.”
- “The service I receive from my support officer prevents me from going into a crisis, surely that is better than waiting for someone to reach crisis point?”

8 comments were received regarding **distress caused to current clients**, such as:

- “ILS service is my lifeline I don't know what I will do without it.”
- “This is stressful for existing clients who may have services withdrawn that they rely on.”

5 comments **disagreeing with the proposal**, such as:

- “Should still be in place no matter what.”
- “This is wrong.”

4 comments were received **fluctuating need**, such as:

- “Needs change from day to day, you may assess on a good day and the following day may be bad.”

3 comments were received **agreeing with the proposal**, such as:

- “If this means that people who really need a service will receive it then I am all in agreement with this proposal.”

The remaining comments did not form a theme but were regarding:

- Appreciation for service
- Financial implications

YOUR VIEWS ON HOW LONG SOMEONE SHOULD RECEIVE THIS SERVICE: It is proposed that the new offer would offer short-term targeted support for up to 12 weeks to maximise people's independence.

Question 16 – How strongly do you agree or disagree with the proposal that the new offer would be available for up to 12 weeks?

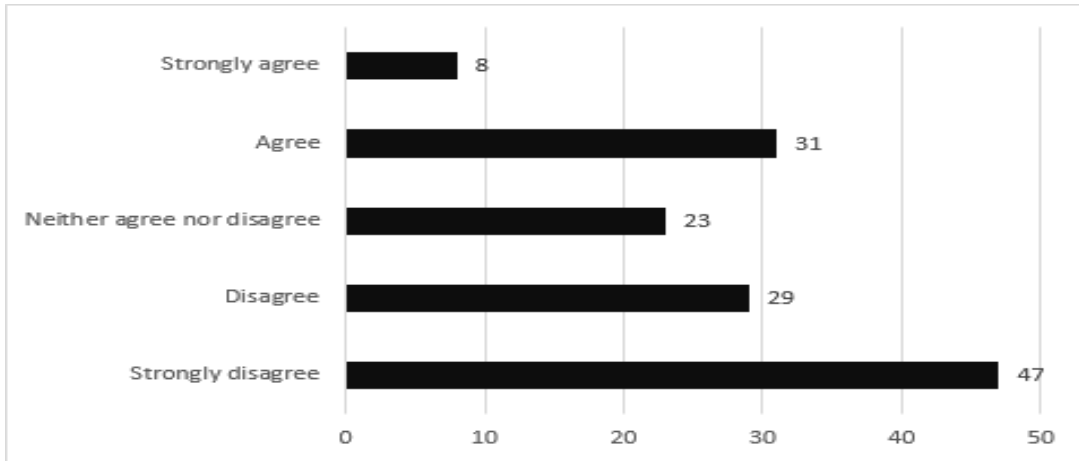


Figure 10: Q16 Number of individual responses per option

Question 17 - If you have any other comments about the proposal regarding the time that the service will be available for, please put them in the box below.

55 respondents chose to add other comments with the following themes emerging:

The top theme with 44 comments were regarding **disagreeing with the proposal to provide the service for 12 weeks**, such as:

- “There are circumstances where that is sufficient, but I use a pendant and have a linked fire alarm due to my circumstances these require long term support.”
- “What will happen to me after that?”
- “If you are an older person and need the service then you would really need the service for the rest of your lifetime.”

5 comments were received regarding **alternative suggestions**, such as:

- “There needs to be a clear pathway of support laid out so that if the service will end after 12 weeks, that a referral will be made to another appropriate service if support is needed longer term.”
- “Yes offer 12 weeks, then review it. Some people can recover”

4 comments were received regarding **preventative services**, such as:

- “Us elderly people need stability in this ever-changing world. Just making a phone call about a bill is so confusing and people sat at desks who can easily do this by other means do not understand.”

The remaining comment was **concern for others**.

- What provision will be put in place for those requiring long-term, ongoing support?

YOUR VIEWS ON CHECK UP CALLS: It is proposed that there would be an opportunity to receive a follow up call to check how you are maintaining your independence after the 12 weeks support has ended.

Question 18 – How strongly do you agree or disagree with the proposal that people receive a follow up call after the 12 weeks support has ended?

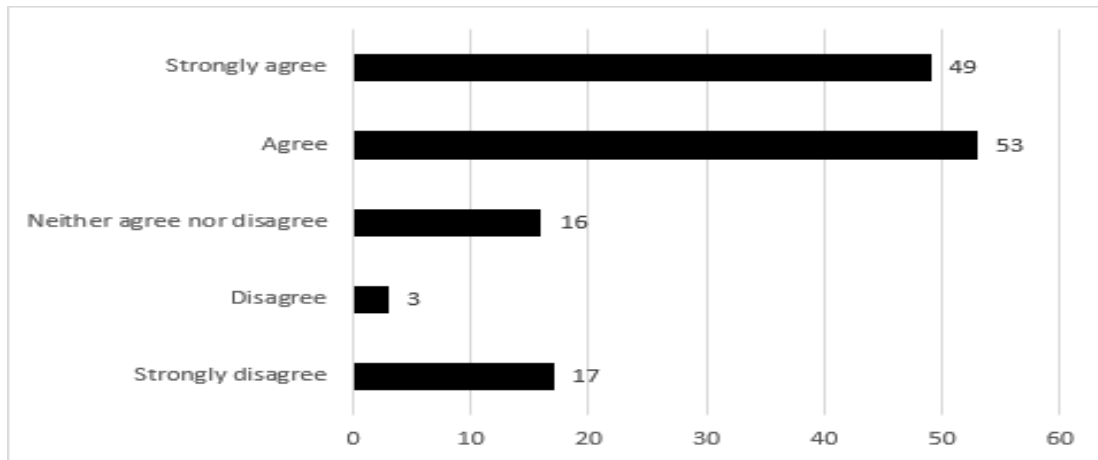


Figure 11: Number of individual responses per option

Question 19 - If you have any other comments about the proposal regarding receiving a follow up call, please put them in the box below.

41 respondents chose to add other comments with the following themes emerging:

The top theme with 15 comments were regarding **disagreeing with the proposal for 12 weeks**, such as:

- “I don't feel it needs to be every 12 weeks because with my health problems I could be well for 12 weeks then have a flare up for 4 to 6 weeks.”
- “12 weeks for someone who struggles permanently is a waste of time.”
- “12 weeks is far too late for a vulnerable person to receive a follow up call. This type of person may not have the mental capacity to ask for help or may be too proud to ask for it. Not all people have mobile phones either or the internet facilities to email asking for support.”

11 comments were regarding **alterative suggestions**, such as:

- “But you would need to make sure that if the service user needs support in speaking to professionals over the phone that a family member or carer etc is present to make sure you get the full picture of how the service user is managing.”
- “Only worthwhile if further support will come if issues are identified in the follow up call, otherwise it is just a tick box exercise.”
- “Need more than 1 call needs to be continuous checks, my family cannot give me the help I need and wouldn't know where to start.”

7 comments **agreeing with the proposals**, such as:

- “A follow up would be good, but if after 12 weeks the help is taken away, I don't know what I would do. It would be good for follow ups to see if you need more help though.”
- “If the service is reduced to just 12 weeks, then they definitely receive a follow up call.”

5 comments were **questioning the proposal**, such as:

- “A follow up call is fine, but I'm concerned that this will not highlight any real issues that may have developed in the interim period!”

the remaining comments **did not fall into a theme** but were regarding:

- Financial impact
- Reluctance to accept help

About you section:

Question 20: What area of Derbyshire do you live in (obtained via postcode):

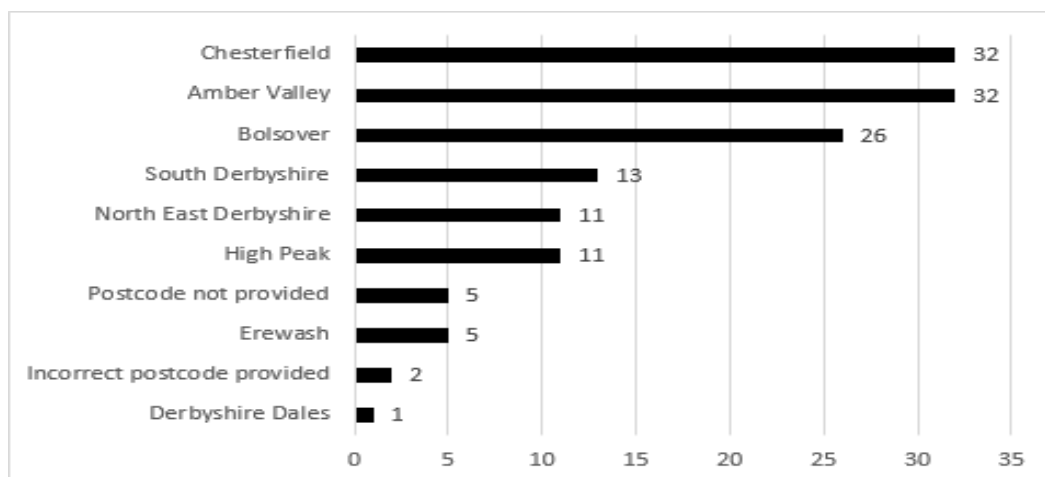


Figure 12 : Q20 Count of area

Question 21: Do you live alone?

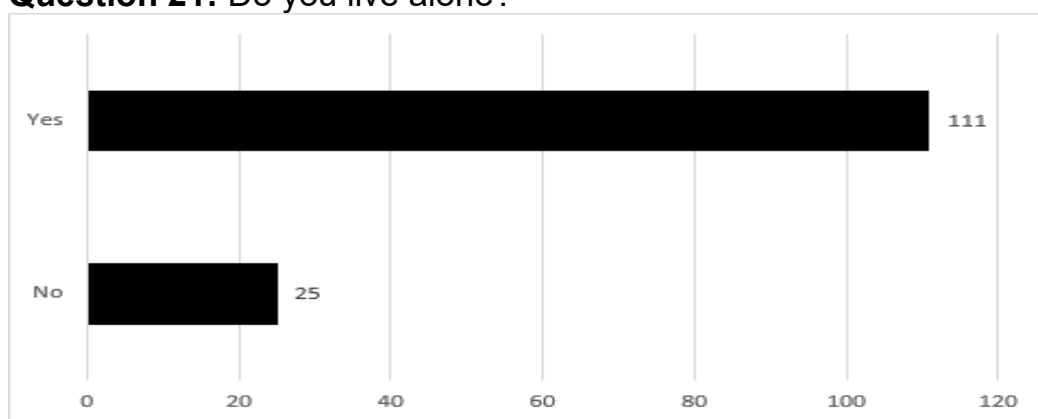


Figure 13: Q21 not all responded to this question

Question 22: Are you Male/Female?

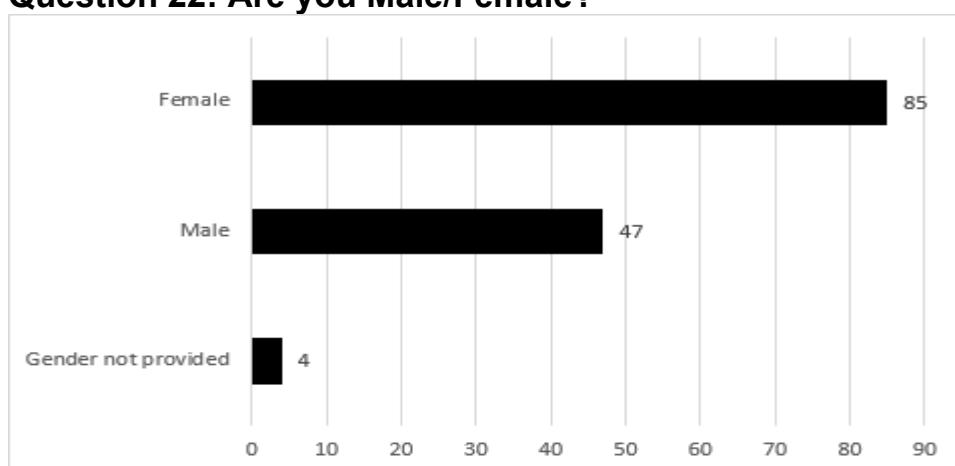


Figure 14: Q22

Question 23: Is the gender you identify with the same as your sex registered at birth?

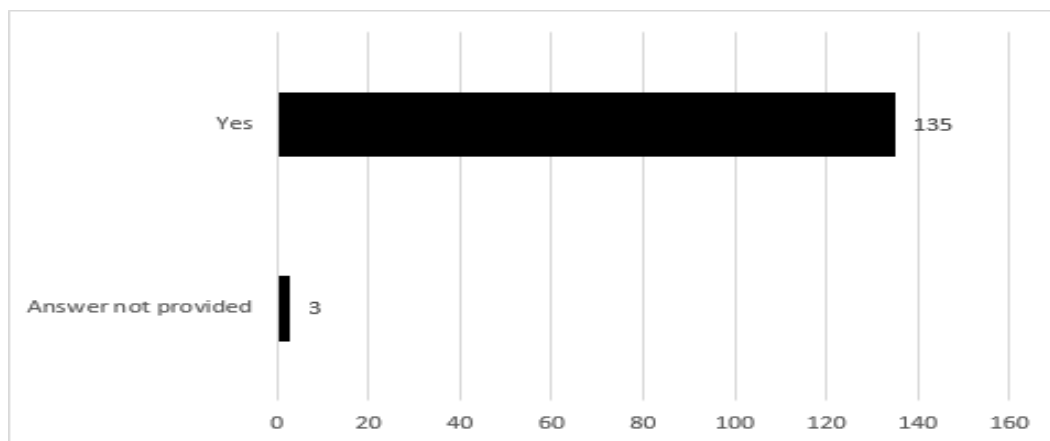


Figure 15: Q21 not all responded to this question

Question 24 - What was your age at your last birthday?

131 people answer this question. The minimum age was 41 and the maximum age was 98. This gave an age range of 57 and an average age of 77.

Count	Sum	Mean	Minimum	Maximum	Range
131	10124	77.28	41	98	57

6 respondents chose not to answer.

Letters, Emails, Telephone Calls, and Meetings:

Of the comments that were captured via email, the following were the top themes:

An offer to coproduce future support plans

- “The council would welcome further discussion with DCC and other agencies as to what package of care, support and assistance would be mutually beneficial to residents cross all tenures.”

The other comments captured did not form a theme but were regarding such issues as:

- Future role of local councils in joined up care
- Historical rational
- Lack of equality on who currently receives the services
- Questioning the rational
- Agree with the proposal
- Financial implications
- Preventative

Question 25: Do you consider yourself disabled?

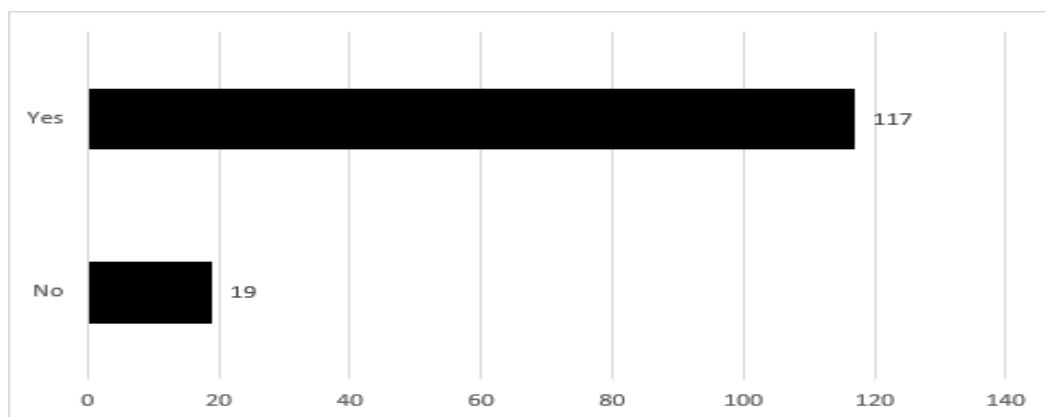


Figure 16: Q25

Question 26: If so, what type of disability do you have?

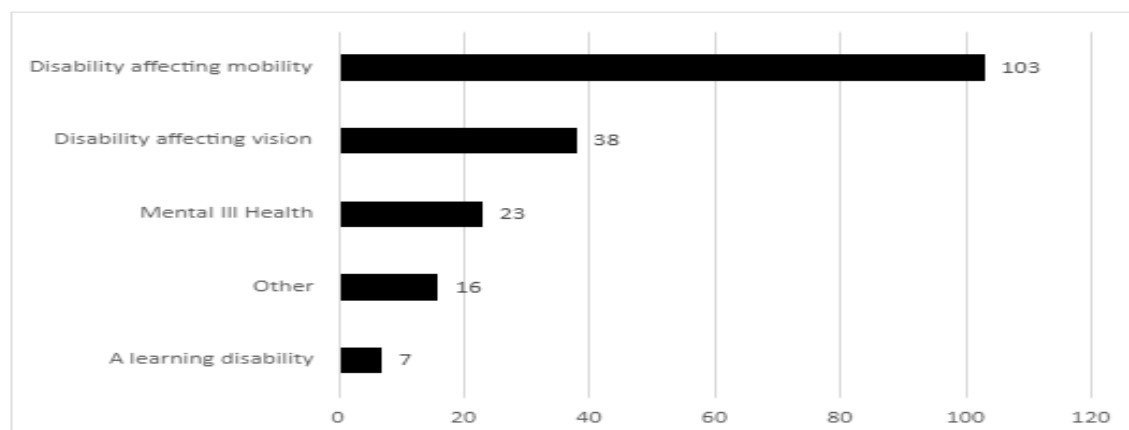


Figure 17: Q26, Respondents selected multiple answers

Question 27: Marital Status

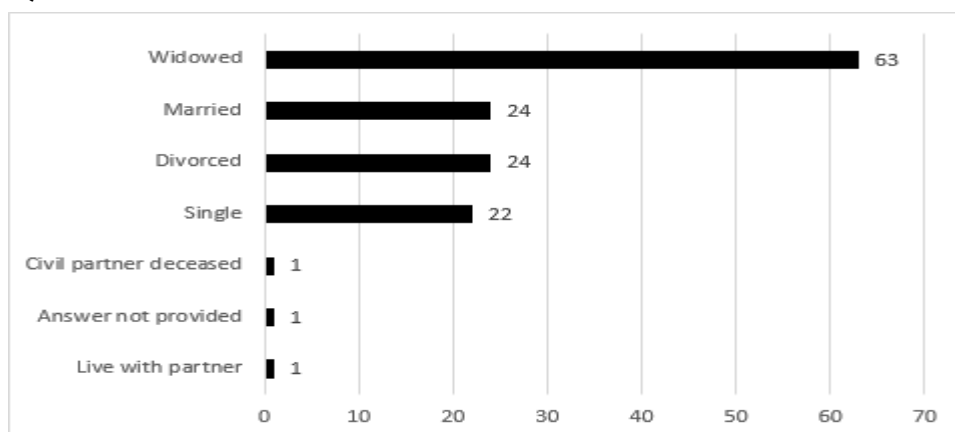


Figure 18: Q21 not all responded to this question

Question 28: Sexual Orientation

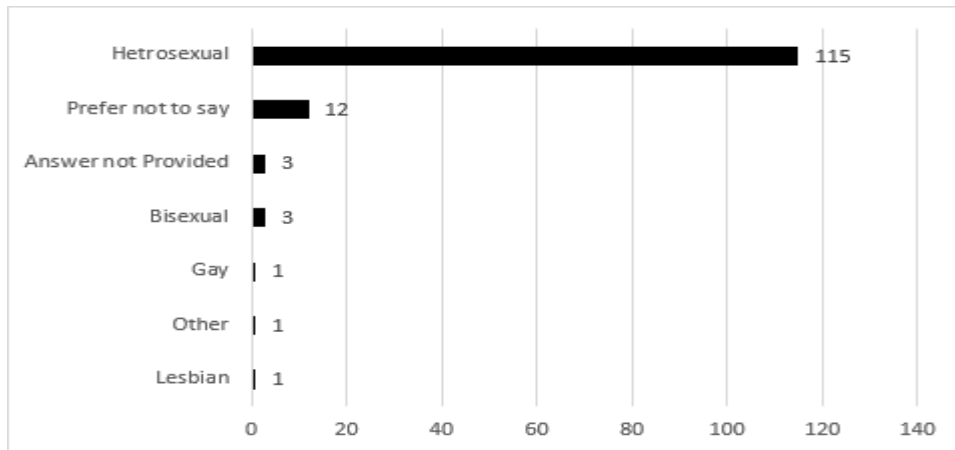


Figure 19: Q21 not all responded to this question

Question 29: Ethnic Group

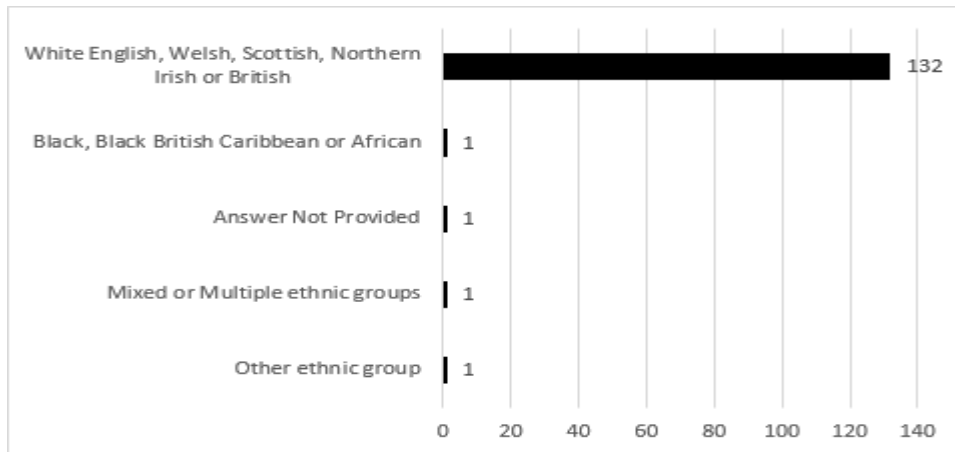


Figure 20: Q21 not all responded to this question

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

SCRUNITY COMMITTEE

9 November 2022

Transition to Adulthood

**Report of the Executive Director – Adult Social Care & Health and
Executive Director – Children’s Services**

1. Purpose

- 1.1 The purpose of this report is for the Committee to be updated and consider the current programme of work for disabled, young people living within Derbyshire.
- 1.2 Through the “Achieving Great Futures” and “Best Life Derbyshire” programmes Adult Social Care and Children’s services have been developing together new ways of working to improve the outcomes for disabled young people as they transition into adulthood and transfer from Children’s services to Adult Social Care support.

2. Information and Analysis

- 2.1 Please see attached slides: Appendix 1

3. Consultation

- 3.1 Not applicable

4. Alternative Options Considered

- 4.1 Not Applicable

5. Implications

- 5.1 Please see attached slides: Appendix 1

6. Background Papers

6.1 None

7. Appendices

7.1 Appendix 1 – Transitions

8. Recommendation(s)

That Committee:

- a) Notes the programme of work being completed jointly between Adult Social Care and Children's services and the benefits this is creating for disabled young people who are transitioning into adulthood.

9. Reasons for Recommendation(s)

9.1 To ensure the committee is kept informed and has oversight of this programme of work.

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Page 83
**Transition into
Adulthood**

**Improvement and Scrutiny
Committee- People**

9 November 2022



What are we aiming to achieve

To empower young disabled people in their journey to adulthood and beyond, using a planned approach to achieve their best possible outcome in life.

Page 84

“Becoming an adult is an extremely exciting period for young people with the possibility of new opportunities being available - for all - ‘Good transition social work involves celebrating young people’s successes, but not treating any missteps as grounds for closing down further opportunities”

(Social Care Institute for Excellence –September 2022).

What parents and children have told us so far

- ❖ Parent & children want support for families to remain at home wherever possible
- ❖ Families want their children to be more independent, building on their strengths

Good Planning

Person-led : The young person should be taking an active lead in planning for their future.

Outcome-focussed : Their transition should be forward-thinking and clearly articulate the steps needed to reach the young person's ideal outcome.

Aspirational: Strength-based planning to empower the young person to achieve their fullest potential in life, education, health, employment and their relationships.

Long-term: Planning should have a whole-life approach, aiming to equip the young person with skills for a fulfilling adulthood.

Balanced: The process should include important relationships while acknowledging the young person's independence.

Principles

Working in partnership with the young person as corporate parents, thinking holistically about their life and developing life-long relationships.

Multi-disciplinary collaboration with professionals from different teams and services to provide a smooth and seamless journey.

Openness to information about available options to provide the young person with realistic choices.

Honest communication and feedback about the young person's journey to adulthood and beyond.

Key Changes

- ❖ Working with young people from the age of 14 to ensure we are planning with them and their parents early
- ❖ Speaking directly to colleagues across the board to discuss changes and gather their ideas and views
- ❖ Multi -Disciplinary Team discussions (including SEND) and sharing knowledge
- ❖ Discussing case examples/best practice
- ❖ Collecting and analysing data to inform required changes
- ❖ Discussing case examples/best practice

What has been achieved so

far

- ❖ There are currently 158 young people being supported by the Disabled Children's Services and Paediatric Occupational Therapists who are between the ages of 14-18 .
- ❖ Of those young people 40 will be 18 in the next year.
- ❖ Between November 2021 – September 2022 40 young people became 18 years old.
- ❖ 33 young people achieved a more independent outcome when they transitioned through to adults
- ❖ Significant reduction for young people to be supported within a residential care setting in Adulthood.
- ❖ 3 young people achieving an outcome of independence within their own community
- ❖ Further examples include access to volunteering/ work or receiving community support e.g. Supported Living, Direct Payments, Shared Lives.

Feedback from Practitioners

- ❖ 'I have been so lucky to work in partnership with children's workers'
- ❖ 'Good communication between children's and adult workers'
- ❖ 'Collaborative working and timely referrals'
- ❖ 'Good communication and clear expectation for the young person'
- ❖ 'Adult care becoming involved early especially in complex situations to enable a proactive and joined up approach which can ultimately offer better outcomes to the young person'

Thank you and Questions?

Page 91



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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

SCRUNITY COMMITTEE

9 November 2022

Social Work Practice

**Report of the Executive Director – Adult Social Care & Health and
Executive Director – Children’s Services**

1. Purpose

- 1.1 The purpose of this report is for the Committee to be updated and consider the current programme of work to support Social Work Practice with vulnerable children and their families in Derbyshire.

2. Information and Analysis

- 2.1 Slides will be provided on the day to highlight current structures, systems and practice to inform the committee.

3. Consultation

- 3.1 Not applicable

4. Alternative Options Considered

- 4.1 Not Applicable

5. Implications

- 5.1 Please see attached slides: Appendix 1

6. Background Papers

- 6.1 None

7. Appendices

7.1 None

8. Recommendation(s)

That Committee:

a) Notes the development work being undertaken by the Early Help and Safeguarding service to support ongoing practice improvement.

9. Reasons for Recommendation(s)

9.1 To ensure the committee is kept informed and has oversight of this programme of work.

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