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PUBLIC

To: Members of Cabinet Member meeting - Adult Care

Wednesday, 11 September 2019

Dear Councillor,

Please attend a meeting of the **Cabinet Member meeting - Adult Care** to be held at **10.00 am** on **Thursday, 19 September 2019** in room 54 at County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in cursive script that reads 'Janie Berry'.

JANIE BERRY
Director of Legal Services

A G E N D A

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 Cabinet Member – Adult Care held on 15 August 2019

4. To consider the joint report of the Executive Director for Adult Social Care and Health and the Director of Finance & ICT on Budget Monitoring 2019-20 period 3 (Pages 5 - 10)
5. To consider the report of the Executive Director for Adult Social Care and Health on Specialist Accommodation and Support Strategy for Derbyshire 2019-2024 (Pages 11 - 40)
6. To consider the report of the Director of Public Health on the Derbyshire Safe Places Scheme (Pages 41 - 44)
7. Exclusion of the Public

To move "That under Regulation 21 (1)(b) of the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph(s)... of Part 1 of Schedule 12A to the Local Government Act 1972"

PART II - EXEMPT ITEMS

8. Declarations of Interest

To receive declarations of interest (if any)
9. Minutes (Pages 45 - 46)

To confirm the exempt minutes of the meeting of the Cabinet Member – Adult Care held on 15 August 2019
10. To consider the exempt report of the Executive Director for Adult Social Care and Health on the Healthwatch Derbyshire Contract Extension (Pages 47 - 50)

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER – ADULT CARE** held on 15 August 2019 at County Hall, Matlock.

PRESENT

Councillor J Wharmby (in the Chair)

Also in attendance were Councillors C Dale, and J Twigg

13/19 **MINUTES RESOLVED** that the minutes of the meeting held on 13 June 2019 be confirmed as a correct record and signed by the Cabinet Member.

14/19 **REVENUE OUTTURN 2018-19** There was an underspend of £9.483m on controllable expenditure. The main variations were:

Service	(Under)/Over Spend £m	Main Reasons for Outturn Position
Purchased Services (All Client Groups including both Independent Sector and In-House Services)	(1.802)	Under-spend achieved through demand management and a successful reclaim of costs from another local authority following a successful ordinary residency claim
Pooled Equipment (ICES)	(1.416)	Savings made on the Integrated Community Equipment Service pooled with the Derbyshire Clinical Commissioning Groups
Social Care Activity	(1.428)	High level of vacancies due to difficulty in recruiting staff
Information and Early Intervention	(0.884)	Savings on various schemes including Commissioned Carer Services, Healthwatch, Dementia Services and Direct Payment Employment Support
Commissioning and Service Delivery	(0.715)	Vacancy management and efficiency measures
Housing Related Support	(0.913)	Under-utilisation on a number of spot contracts
Unallocated Budgets	(2.032)	Balance of budget growth not allocated to services

Any significant changes were included in the 2018-19 budget as growth items, detailing each amount and where the funds had been raised from.

A detailed analysis of the earmarked reserves was shown below.

	Opening Balance £m	Additions £m	Used/ Returned £m	Closing Balance £m
ICT System Replacement Reserve	0.250	0.000	0.000	0.250
Budget Savings Shortfall Reserve	3.161	0.000	(3.161)	0.000
Budget Savings Pump Priming	0.771	0.000	(0.771)	0.000
Healthy Homes	0.000	0.098	(0.065)	0.033
Older People's Housing Strategy	0.000	22.676	0.000	22.676
	4.182	22.774	(3.997)	22.959

The earmarked reserves had been reviewed and all were required to meet commitment already agreed for 2019-20 onwards.

Savings were achieved in 2018-19 in the following areas:-

	£m
On-Going Savings	
Consolidate Block Contracts	0.200
Reduction in Commissioning & Performance Staffing	0.225
Demand Management	2.500
Use of Improved Better Care Fund	3.170
	6.095

The start of year projection for the 2019-20 position was as follows:

	£m
Underlying underspend from 2018-19	(9.483)
Add; Additional Funding:	
Adult Social Care Precept	(6.290)
Improved Better Care Fund	(6.148)
Less; Additional Commitments/Pressures	
Budget Savings Target	5.732
Independent Sector Fee Increases	8.567
Pay Award	3.385
Total Budget Available	(4.237)
Savings already identified (see below)	(5.732)
Underlying Budget Position	(9.969)

However, there were significant further budget pressures arising from the following:

- Transforming Care Programme (TCP)
 - Learning Disability
 - Mental Health
- Quality, Innovation, Productivity and Prevention Programme (QIPP)
- Learning Disability Short Breaks

To date it had not been possible to quantify the above, but work was continuing to further understand the potential financial impact on the department.

A number of actions were to be taken to deal with the Budget Pressures for 2019-20, the actions in progress were:

	£m
Electronic Home Care Recording	0.350
Saving on LD Block Contracts and High Cost Placements	0.500
Use of the Improved Better Care Fund to support Adult Care Services	4.882
Total Savings Identified	5.732

A number of significant funding sources were due to cease at the end of 2019-20 as follows:

	£m
Better Care Fund	39.944
Improved Better Care Fund	31.055
Winter Pressures Grant	3.627
Independent Living Fund Grant	2.534
Total	77.160

Although it was expected that new sources of funding would replace the items above, there was no guarantee that these would be at the same level and there was a potential risk of further budget pressures from 2020-21 onwards.

At cabinet on 11 July 2019 approval was given to transfer £7.324m of the underspend of £9.483m to a reserve to contribute towards the capital cost of implementing the Older People's Housing Strategy with the remaining balance of £2.160m transferred to the Budget Savings Pump Priming Reserve.

RESOLVED that (1) the report be noted; and (2) the use of 2018/19 underspends be noted.

15/19 **EXCLUSION OF THE PUBLIC** **RESOLVED** that the public be excluded from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of the kind of exempt information detailed in the following summary of proceedings:-

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC WERE EXCLUDED FROM THE MEETING

1. To confirm the exempt minutes of the meeting of the Cabinet Member for Adult Care held on 13 June 2019.

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DERBYSHIRE COUNTY COUNCIL**CABINET MEMBER****19 September 2019****Joint Report of the Executive Director of Adult Social Care and Health
and the Director of Finance & ICT****BUDGET MONITORING 2019-20 – PERIOD 3 (as at 30 June 2019)
(ADULT CARE)****1. Purpose of the Report**

To provide the Cabinet Member with an update of the Revenue Budget position of the Adult Care portfolio for 2019-20 up to the end of June (Period 3).

2. Information and Analysis**2.1 Forecast Summary**

The net controllable budget for the Adult Care portfolio is £252.712m.

The Revenue Budget Monitoring Statement prepared at period 3 indicates that there is a projected year-end underspend of £4.628m. In addition there is an estimated increase in the Better Care Fund of £1.350m. After the additional funding the forecast position is an underspend of £5.978m. Due to the high projected underspend, it is proposed that base budget of £5m be transferred back to Corporate.

The significant areas which make up this projection are shown in the table below:

	Controllable Budget £m	Projected Actuals £m	Forecast Over/(Under) Spend £m
Purchased Services	216.108	219.249	3.141
Assistive Technology & Equipment	7.354	5.453	(1.901)
Social Care Activity	23.622	23.141	(0.481)
Information & Early Intervention	14.256	14.015	(0.241)
Commissioning & Service Delivery	14.259	13.812	(0.447)

Health Funding	(26.694)	(27.586)	(0.892)
Unallocated Budgets	3.807	0.000	(3.807)
Total	252.712	248.084	(4.628)

2.2 Key Variances

2.2.1. Purchased Services, overspend £3.141m. Mainly due to the following:

- Increased costs for complex care packages
- Reduction in Continuing Health Care funding

2.2.2. Assistive Technology & Equipment, underspend £1.901m - due to more targeted issuing of community equipment, to ensure only the most appropriate equipment is supplied.

2.3 Budget Savings Targets

	£m
Unachieved brought forward from previous year	0.000
Current Year Allocation	5.732
Total Target	5.732
Total Identified	5.732
(Shortfall)/Additional Identified Savings	0.000
Forecast to be Achieved by Financial Year End	5.703
Actual (Shortfall)/Additional Savings Target	(0.029)

The table below shows performance against each initiative.

Identified Savings Initiatives	Budget Reduction Amount £m	Forecast to be Achieved by the end of 2019-20 £m	(Shortfall)/Additional Savings Achieved £m
Electronic Home Care Recording	0.350	0.000	(0.350)
LD Block Contracts and High Cost Placements	0.500	0.821	0.321
Use of iBCF to Support Services	4.882	4.882	0.000
Total of Identified Savings Initiatives	5.732	4.703	(0.094)
Shortfall of Identified Savings	0.000		
Total Savings Target	5.732	4.703	(0.094)

2.4 Growth Items and One-Off Funding

The portfolio received the following additional budget allocations in 2019-20:

2.4.1 Adult Social Care Precept - £6.290m ongoing

2.4.2 Improved Better Care Fund - £6.149m ongoing

Both of these items were used to fund the £8.567m increase in independent sector fees and the £3.385m pay award, with the balance of £0.487m being used to partly address the equitable allocation of budgets across the eight districts.

2.5 Risks

There is a risk that the following issues could negatively impact on the portfolio's forecast outturn position reported in the Forecast Summary above:

Service	Risk	Sensitivity* £m	Likelihood 1 = Low, 5 = High
Transforming Care Programme	There is currently an NHS England aim to transfer long-term hospital clients from health to Social Care. Currently it is expected that health will fund 50% of these placements, but the remainder will have to be met by ASCH.	0.912	4

*Sensitivity represents the potential negative impact on the outturn position should the event occur.

2.6 Earmarked Reserves

Earmarked reserves totaling £32.443m are currently held to support future expenditure. Details of these reserves are as follows:

Reserve Description	Amount £m
Adult Care IT System	0.250
Adult Care Budget Savings Pump Priming	2.160
Healthy Homes	0.033
Older People's Housing Strategy	30.000
Total Earmarked Reserves	32.443

2.7 Debt Position

The profile of the debt raised, relating to income receivable by services within the Adult Social Care and Health department, is as follows:

0 - 30 Days £m	31 - 365 Days £m	1 - 2 Years £m	2 - 3 Years £m	3 - 4 Years £m	4 - 5 Years £m	Over 5 Years £m	Total £m
1.045	6.682	1.246	0.826	0.326	0.248	0.371	10.744
9.7%	62.2%	11.6%	7.7%	3.0%	2.3%	3.5%	100.0%

In addition, at the end of June 2019 there was a further £2.525m of debt relating to residential and co-funding charges that had not been invoiced.

In the 12 months up to the end of June 2019 the value of debt that has been written off totals £0.360m.

3. Financial Considerations

As detailed in the report.

4. Other Considerations

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

5. Key Decision

No.

6. Call-In

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

7. Background Papers

Held on file within the Adult Social Care and Health Department. Officer contact details – Graham Woodhouse, extension 32104.

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8. Officer Recommendations

That the Cabinet Member notes the report.

**Helen Jones, Executive Director, Adult Social Care and Health
and Peter Handford, Director of Finance & ICT**

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DERBYSHIRE COUNTY COUNCIL**CABINET MEMBER****19 September 2019****Report of the Executive Director for Adult Social Care and Health****SPECIALIST ACCOMMODATION AND SUPPORT STRATEGY FOR
DERBYSHIRE 2019 - 2024****ADULT SOCIAL CARE AND HEALTH****1. Purpose of the Report**

To seek Cabinet Member approval for the implementation of the Specialist Accommodation and Support Strategy for Derbyshire 2019 – 2024 and the associated initial delivery plan.

2. Information and Analysis

Our strategic aim is to reduce the number of people with complex needs in hospital and institutional settings. Additionally, the aim is to reduce the cohort of people placed in residential and institutional care outside of Derbyshire. There are people with behaviours that challenge services residing in NHS England Specialist Commissioned inpatient settings and Section 117 clients who are in long stay rehabilitation placements, often outside Derbyshire, who we wish to repatriate back into the county. There is also evidence that some people return to hospital after a short period following discharge, due to the lack of specialist accommodation and support within the community.

There are approximately 43 Transforming Care inpatients along with 37 patients in out of area long term specialist mental health rehabilitation units who will require specialist re-housing and support over the next few years. There are also approximately 480 high risk people supervised by the National Probation Service in Derbyshire, who often present with mental ill health and/or a learning disability or autism and/or substance misuse. Some of these numbers may be subject to Ministry of Justice s41 (Mental Health Act) restrictions and may need to initially step down into licenced accommodation, but then may require further step down accommodation and support under social supervision that is tailored to meet their needs.

It is estimated that by 2030, 9,741 people in Derbyshire will have a learning disability and/or Autism, an increase of 8% from 2017. Approximately 650 people under the age of 65 live in specialist residential care homes across

Derbyshire and outside its borders, with an approximate cost of £32m per annum.

The strategy aims to reduce the number of people with complex needs living in residential care and increase the number of people living independently in the community and will require all partners working together in a co-ordinated way. The five year Specialist Accommodation and Support Strategy and accompanying draft delivery plan, outlines this approach for people with complex needs and further information of how this will be delivered are outlined in the attached strategy as Appendix 1 to this report.

This commissioning strategy and draft delivery plan is part of a wider transformation programme to improve community care for people with complex needs. It brings together previous specialist accommodation and support plans across mental health, Autism and learning disabilities.

The 'Summary of opportunities to work with us Plan' on Page 19 of the strategy outlines the need for various types of accommodation for this cohort of people. Although the numbers are small, the delivery needs to be addressed through formal commissioned services and directly provided services, building local networks of support that link to health, independent providers and the voluntary sector. Enabling care to take place closer to home supports the strategic aims of the Council Plan and the Joined-Up Care Derbyshire joint vision for health and social care.

The strategy outlines details of a number of design standards and specialist accommodation requirements that are tailored to the needs of this complex cohort of people. Some existing provision could be re-shaped to better meet the design or quality standards and make them more sustainable and fit for purpose for the future.

The key priorities identified to the equitable provision of accommodation for this cohort of individuals include;

- Increased provision of suitable, well located and affordable housing across the county for all client groups with complex needs
- Development of step down/step up/move on facilities for all client groups across Derbyshire
- An expansion in the supply of suitable and well located supported accommodation, most notably South Derbyshire, the High Peak, Ashbourne and Dronfield
- Accommodation design that can meet the needs of these client groups.

Implementation of the strategy

The success of the strategy is dependent on the further development of integrated community specialist services and support. Proposals for better joint working with the recently restructured Derby and Derbyshire Clinical Commissioning Group (CCG) are ongoing, including the development of enhanced community support services to improve outcomes for individuals.

The provision of a range of suitable housing, accommodation and support with a mix of tenures for people with complex needs, will contribute to system pressures. These include facilitating timely specialist hospital discharges, preventing hospital admissions and reducing the number of permanent admissions to residential care. It will enable people with complex mental health needs currently in out of county placements, to be repatriated back into Derbyshire.

Due to the complexities of the individuals who require accommodation and support a number of different delivery models will be required. It is proposed that the delivery plan will be refreshed on an annual basis to ensure it remains relevant to the people who require our assistance. This will also enable progress of the delivery plan to be monitored and to also take advantage of any potential new opportunities, such as new funding streams. Throughout the strategy implementation, we will seek to maximise opportunities from external funding bodies to support a more commercially minded, enterprising and innovative approach to implementation of the recommendations.

If any future proposals require Cabinet or Cabinet Member approval, further reports will be presented for approval.

3. Financial Considerations

There are no direct financial implications identified in this strategy, however further work will need to take place to produce business cases as required in relation to specific schemes that may be delivered by the Council and/or with Registered Social Landlords and/or with collaboration with district and borough councils.

4. Legal Considerations

This new strategic approach aims to support people with complex needs to be as independent as possible and to plan ahead for their accommodation needs. It requires that adults with complex needs are safeguarded and that community support and engagement are maximised.

The Care Act 2014 imposes a general duty on local authorities to promote an individual's well-being (s.1 Care Act 2014). 'Well-being' is a broad concept but

particular reference is made to an individual's control over day-to-day life (including care and support and the way in which it is provided) and also the suitability of living accommodation.

The statutory guidance makes it clear that developing a local approach to preventative support is wider than adult care alone, and should include the involvement of those responsible for housing services (paragraph 2.23 Care and Support Statutory Guidance). The Care Act 2014 is clear on the limits of responsibilities and relationship between social care and housing legislation. Where a district or borough council is required to meet accommodation related needs under housing legislation, then that authority must meet those needs. This does not prevent joint working but this boundary should be considered alongside the strategic vision (s.23 Care Act 2014 & paragraph 15.51 – 15.52 Care and Support Statutory Guidance).

Most accommodation for people with mental health needs is provided under section 18 of the Care Act 2014. There is currently a Joint Section 117 policy in place.

The Autism Act 2009 and the subsequent 2010 Autism Strategy '*Fulfilling and Rewarding Lives*' states that the needs of adults with Autism should be taken into account in local housing planning, design and allocation, in line with local priorities.

5. Other Considerations

This strategy meets the Council's responsibilities in relation to equality, diversity, community cohesion and human rights. In preparing this report the relevance of the following factors has been considered: equality of opportunity, health, environmental, social value, transport, property, human resources and crime and disorder considerations.

6. Background Papers

None

7. Key Decision

No

8. Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No

9. Officer's Recommendation

The Cabinet Member is asked to approve the implementation of the Specialist Accommodation and Support Strategy for Derbyshire 2019 – 2024 and the associated initial delivery plan contained within it.

Helen Jones
Executive Director – Adult Social Care and Health
County Hall, MATLOCK

Specialist Accommodation and Support Strategy 2019 - 2024

A Commissioning Strategy for Derbyshire

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About this strategy



We recognise that living in safe, suitable and stable accommodation is linked to overall wellbeing and improved mental health. Living with a disability or long term condition should not be a barrier to living a full independent life in Derbyshire.

Our residents have a range of needs and priorities and we want to support them to live independently and ensure there is a range of accommodation to help people achieve this.

Our vision is that by 2024 more adults with complex needs in Derbyshire will have access to lifetime tenancies, supported housing and targeted community support to enable them to sustain their own home and live independent and fulfilling lives.

We want to design and provide offers of support or services that enable this to happen in Derbyshire.

This commissioning strategy and delivery plan brings together previous specialist accommodation and support plans across mental health and learning disabilities. It outlines the increasing demand for more specialist accommodation tailored to meet the needs of adults with complex needs across the County.

We will work together with a range of strategic partners to drive forward work to ensure that the County has the right housing mix to effectively support people with complex needs to remain independent and in their own home now and in the future.

This strategy also outlines our supported specialist housing intentions so that providers can come forward with proposals that enable us to support people with complex needs to live well in Derbyshire.



Cllr Jean Wharmby, Cabinet Member for Adult Social Care

Specialist Care and Support in Derbyshire

There are approximately 650 people under the age of 65 in specialist residential care homes across Derbyshire and outside its borders, with an approximate cost of £32m per annum.



Derbyshire has a population of 794,765 people of which 672,568 are under 70.



Derbyshire County Council has its own Direct Care provision which supports people to live at home, and also operates 5 supported living and 5 residential/nursing care homes across the county for people with learning disabilities.

The average specialist residential or nursing care placement cost is £1002 per week. The aim is review all these care home placements in order to develop progression.



Recruitment and retention of quality care staff is an ongoing challenge and there are a high level of vacancies, especially in the more rural parts of Derbyshire.



Affordable provision of accommodation and support in some parts of the county is an ongoing area of focus.



8%

It is estimated that by 2030 9,740 people in Derbyshire will have a learning disability and/or autism, an increase of 8% from 2017.



Supporting people to live independently in their own homes is a shared priority for health, housing, district and borough councils in Derbyshire.

There are 9 extra care housing schemes for younger adults with disabilities across Derbyshire



We aim to reduce the number of people with complex needs in institutional settings.

Key Legislative Drivers

- The Care Act 2014
- The Autism Act 2009
- Homelessness Reduction Act 2017
- Children (Leaving Care) Act 2000
- Mental Health Act 2007
- The Equalities Act 2010

Key Policy and Guidance Drivers for this Strategy

- Building the Right Support
- Building the Right Home
- Five Year Forward View for Mental Health
- Autism Act Statutory Guidance
- Council Plan Commitments 2017 – 2021
- Derby and Derbyshire Sustainability and Transformation Partnership (STP's)

Our Strategic Vision

Over the next five years, in conjunction with our partners we will work to develop a co-ordinated approach to specialist accommodation provision across the county. Our strategic vision acknowledges the emergence of place based approaches to health, wellbeing, care and support that will present new opportunities to enable people to live well and independently in their own home.

Our strategic vision is that people will:

- Be supported to live in their own homes in the community with support from local services
- Be supported to live independently with the right support to meet their specific needs and preferred outcomes
- Be offered a choice of housing that is right for them and enable them to maintain contact with family and friends
- Have a choice about who they live with and the location and community in which they live
- Be able to remain in their home where possible, even if their care and support needs change
- Have settled accommodation that works for them and meets their needs so people report that they feel happy and safe in their own home.

National guidance by the Department of Health 'Building the Right Support' (2015) <https://www.england.nhs.uk/learning-disabilities/natplan/> and 'Building the Right Home' (2016) <https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2015/11/building-right-home-guidance-housing.pdf> outlines the approach we should take to best support people. It sets out a clear vision with the ultimate aim of delivering integrated health and social care services in the community and moving people away from hospital settings of care.

The vision underpinning this work is detailed in the right hand column. The strategic vision made a number of recommendations, which are reflected in this document and form the basis of the delivery plan attached in the Appendices.

The provision of good quality accommodation is fundamental to supporting people with complex needs within community settings.

This strategy is aimed at people with complex needs that may include mental health conditions, and or learning disabilities and or Autism. They may display self-injurious, aggressive or risky behaviours which could lead to contact with the Criminal Justice System or may have been in inpatient settings or prison for a long time.

We know that people can be effectively supported to live as independently as possible in ordinary housing in the community.

One of our key ambitions is to significantly increase housing options for people to enable them to access the right home and support at the right time.

Our Aims and Values - Enabling people to live independently

Our aims are to:

- To provide more people with suitable accommodation solutions that meet local needs
- To provide 'wrap around support' from a range of agencies that will enable people to live meaningful lives within their community
- To deliver new models of care that deliver high quality community services and meet the National Service Model Principles:
<https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>
- Increase the number of people with complex needs who live independently
- Reduce the number of people with complex needs living in residential care and improve the quality of support for those remaining in registered care
- Reduce the number of people living in 'out of county' placements which are inappropriate
- Work to reduce the number of people being admitted to hospital and the length of stay in acute/hospital/secure settings by providing appropriate, step-up, step-down accommodation and support to meet a range of complex needs.

Our values underpinning this strategy are accommodation solutions that provide personalised care, locally based services and support arrangements that facilitate choice, maximise individual opportunities and enable people to report an improved quality of life.

We know that services and support offers are not currently as co-ordinated or joined up as we would like. We will work to deliver solutions ranging from formal commissioned services to building local networks of support that link to health, independent providers and the voluntary sector, as this is key in delivering this strategy.

Further details of how we will do this are outlined in the attached appendices and draft delivery plan.

What we want to do next:

- We will work with all partners and providers to build capacity and extend the range of suitable housing options and ensure that there is a choice of lifetime homes available for people with complex needs.
- We will work to develop the proactive, preventative and better utilisation of assistive technology to increase levels of independence within all accommodation options.
- We will develop better information to ensure that families and professionals across health and social care understand what accommodation options are available locally.
- We will work with providers, families and other professionals to ensure that supported living arrangements offer high quality care, are cost effective and sustainable.

Types of Accommodation

The National Service Model states that people should be supported to live as independently as possible in settled accommodation in the community, rather than living long term in institutional settings. It sets out two types of accommodation:

Settled Accommodation – here the person has security of tenure/residence in the medium to long term, or is part of a family household. The first three examples are alternatives to residential or nursing care and can include:

- Supported (Group) Living; providing on-site support and accommodation where people have their own tenancy agreement
- Extra Care Housing; schemes with 24/7 on site support, often via bespoke care services. Four schemes have already been developed across the county and provide individual accommodation and support for people with learning disabilities with some of the identified characteristics of Extra Care for Older People
- Shared Lives; offers accommodation and support within approved family homes for people aged 18 and over who rely on the help and support of others to maximise their potential and maintain a sense of independence
- Residential and Nursing Care; some of these homes specialise in caring for people with learning disabilities, mental health or substance misuse

Short-term Accommodation – here a person can be accommodated for a short period, for example, to prevent an avoidable admission into a hospital setting.

Examples of this can include:

- the five Derbyshire County Council respite care, short term accommodation and life skills units across the county
- Trevayler Crisis House run by Richmond Fellowship in Derby offers short term crisis accommodation and interventions in an effort to help prevent hospital admissions for people with mental health
- Tapton Grove, Chesterfield is short-term step-down accommodation purchased from the independent residential and nursing sector for a short period of time



It is our intention to develop timely evidence based assessment of future need for accommodation.

This will include an understanding of care and support requirements, to ensure that provision is planned in a strategic way. This will give certainty to communities, care providers and housing providers.

We want to maximise the opportunities provided by assistive technology across Derbyshire as this can make the difference to a person with complex needs living in their own home, or living in residential care, or with their family.

Current Accommodation in Derbyshire

Individuals who may potentially require more complex and specialist supported accommodation are currently occupying various types of accommodation across Derbyshire.

The table below indicates the number and type of accommodation currently available across Derbyshire for adults aged 18 – 65 as of April 2019:

Area	Number of Complex Residential Places 18-65	Number of Supported (Group) Living		Number of Extra Care Placements 18 - 65	Number of Shared Lives Arrangements
		Number of schemes	Number of Tenancies		
Amber Valley		26	70	21	10
Bolsover		13	34	41	1
Chesterfield		66	160	16	14
Derbyshire Dales		16	50	0	0
Erewash		23	35	12	6
High Peak		37	109	15	6
North East Derbyshire		14	44	6	4
South Derbyshire		16	48	0	5
Bordering Counties					11
Total		211	550	111	57

Local Needs Analysis



Derbyshire County Council is committed to supporting people to live in suitable accommodation that meets their care and support needs and promotes their overall wellbeing. The diagram below outlines who this strategy is designed to support.



Derbyshire County Council will reflect the needs of this cohort within our Learning Disability and Mental Health Market Position Statement, which will help to inform the market what is required in terms of accommodation and support for the forthcoming years.

Local Needs Analysis



Below are some of the groups of people currently requiring specialist accommodation in Derbyshire:

Transforming Care - The Transforming Care Partnership across Derby and Derbyshire comprises of two Local Authorities, one Clinical Commissioning Group (CCG), one Mental Health Trust, Derbyshire Community Health Services (DCHS) and eight District and Borough Councils. It aims to see those people with a learning disability and/or Autism and/or mental health issues (including those with behaviour that may challenge) in hospital settings transferred into local communities. Individuals with mental health conditions are considered within this sector and there is a national increase in the use of Out-of-County hospital placements and a shortage of acute beds.

The Partnership has details of the planned discharges for people who are currently inpatients; these projections may be subject to change given the nature and complexity of these clients. There are currently 23* people who are inpatients in CCG commissioned beds and Derbyshire CCG are the primary commissioners currently leading on this work.

Specialised Commissioned Support - This includes inpatients in non-secure services, locked rehab wards, low and medium secure units, specialised commissioning services and people in out-of-county area placements. There are currently 20* people who are inpatients in NHS England Specialist Commissioned Beds.

Children and Young People – Those young people receiving care and treatment who may require accommodation and personalised care and support whilst transitioning into adulthood are also included. There is currently one* young person in a Specialist Commissioned Bed.

Out of Area Forensic Complex Cases – These individuals can include those with Mental Health issues and/or Learning Disabilities and/or Autism. The Forensic and Complex Care Programme is focused on the transformation of current service provision to ensure more specialist community rehabilitation teams are in place. This will enable people to transition from institutionalised to more independent lives. There are currently approximately 37* patients placed out of area in long term specialist mental health placements.

Offenders/High Risk People – Many people in this cohort have mental ill health and substance misuse and/or learning disabilities and/or Autism and will require accommodation and support that is tailored to meet these needs. There are approximately 482** High Risk people supervised by the National Probation Service (NPS), some of these numbers may be subject to Ministry of Justice s41 (Mental Health Act) restrictions and may need to initially step down into licenced accommodation, but then may require further step down accommodation and support under social supervision.

* As at March 2019, ** As at August 2018

Accommodation Requirements



Most accommodation for people with mental health needs is provided under section 18 of the Care Act 2014. However, when a person ceases to be detained under the Mental Health Act 1983, they become eligible for Section 117 aftercare services including accommodation.

Below is a table with the number of out of area patients with complex needs planned to repatriate to Derbyshire and the local area of their choice:

There are currently approximately 39* people placed in out of area in long term specialist mental health placements. With the right community support and expert complex case teams these could be repatriated back to Derbyshire.

The individuals support needs can be broken down as:

- 22 people have psychosis (without Autism Spectrum Disorder)
- 3 people have psychosis (with Autism Spectrum Disorder)
- 3 people have a co-morbid personality disorder
- 11 people have a personality disorder without psychosis

The Red, Amber, Green (RAG) Rating denotes their readiness to move from their out of area placement; Green (within 6 months), Amber (within 12 months) and Red (12 months plus).

North or South of the County refers to the preferred area for relocation. The final 3 columns indicate the proposed provision.

*the totals at the bottom of the columns below are different because there may be a range of accommodation that is suitable for a particular individual.

** Data from August 2018

RAG Rating	No of people	North of the County	South of the County	Ministry of Justice Approval Required	Residential or Nursing Care	Supported Living	Support Worker Involvement
GREEN	15	3	12	5	5	15	15
AMBER	12	2	8	5	1	10	10
RED	9	3	6	1	9	5	8
UNRATED	1	0	1	0	0	1	1
Totals	37	8	27	11	15	31	34

Accommodation Requirements



Below is a table showing the number of Transforming Care patients from Derbyshire in hospital beds as at March 2019:

Date	No of Derbyshire CCG Commissioned Beds	No of NHS England Specialist Commissioned Beds
March 2019	23	20
Total Number of People = 43		

We also have a number of people with learning disabilities and/or Autism in external placements. The table below indicates the number of Derbyshire Transforming Care adults currently living as inpatients in hospital settings that will require re-housing by 2020:

Date	Number of people in CCG Commissioned Beds	Number of NHS England Specialist Commissioned Beds
March 2019	20	11

The Transforming Care Partnership (TCP) started 2018/19 with 22 CCG patients and currently have 23 patients. This is a percentage **increase of 5%**. There have been **44 patients discharged** back into the community in 2018/19 to date.

The TCP started 2018/19 with 22 NHSE patients and currently have 20 patients. There is a percentage **decrease of 9%**. There have been **9 patients discharged** back into the community in 2018/19 to date.

There are currently plans in place for discharging all of the above people by the end of 2020. The partnership will work to develop individual, co-ordinated and personalised discharge plans for all our people currently in inpatient settings.

Future Demand for Accommodation in Derbyshire

The effects of demographic and other changes over time are important in predicting future needs, however there is not a definitive correlation between the anticipated level of growth in key population groups and subsequent demand for statutory commissioned supported living and complex residential services.

Derbyshire County Council currently has its own Direct Care provision which supports people to live at home, and also operates 5 supported living and 5 residential/nursing care homes across the county for people with learning disabilities.

However, across Derbyshire there are currently areas that have little or no provision across the following range of accommodation types:

- There is no Extra Care provision in South Derbyshire or Derbyshire Dales and a limited supply in North East Derbyshire
- There are no Shared Lives arrangements in Derbyshire Dales and a limited number in Bolsover
- There is a shortage of complex supported (group) living schemes in Bolsover and Erewash

New residential and nursing care provision

Derbyshire County Council has seen a rise in specialist care homes being built in the county (10 between 2018 – April 2019). Achieving specialist mental health residential status with the Care Quality Commission (CQC) does not necessarily equate to staff being appropriately trained in supporting people with complex needs.

Whilst the CQC look at basic standards, the Contracts Team require more evidence of competence. Our aim is to drive up quality and as such, no new provider based in Derbyshire is currently signed onto the Council's Terms and Conditions until they have received a Quality Monitoring visit. These terms and conditions include the introduction of specialist training requirements in order to better support people with learning disabilities, Autism, mental health and other complex needs. (Under the Health and Social Care Act 2008, every Care Provider registered with the CQC must have a Statement of Purpose, which includes a standard required set of information about the service).



The council is committed to exploring all forms of housing and support for adults under the age of 65 with complex needs.

Residential and nursing care home placements will be considered for this group of people, when it has been identified that their accommodation and support needs can only be met within a 24 hour staffed setting.

From April 2020 it is our intention to implement a Dynamic Purchasing System (DPS) for the procurement of the care element from specialist residential care and nursing homes for adults under the age of 65.

Challenges



There are challenges for all partners in the delivery of this strategy that will need to be addressed over the next five years:

- System pressures - this strategy aims to address the challenge of reducing admissions to hospital, specialised care and residential care by moving resources around the system. Some people may also need to move back into the community within very short timescales.
- Enhanced Community Services – there is a need for further development of enhanced and crisis support in the community such as specialist community rehabilitation teams and forensic support, which directly impacts on plans to move people from hospital and other secure settings
- Resilience and capacity of the Health and Social Care Market – improved partnership working is required to respond appropriately to the needs of this client group who are often seen as challenging. This may include greater support and training to help providers meet more complex needs
- Market Management – working with our independent sector to ensure there are the appropriate accommodation and support services available for people
- The recruitment and retention of a skilled local workforce to support clients with complex needs.

We acknowledge that for some individuals, making the smallest change can be unsettling.

We will work with partner organisations to deliver 'wrap around support' that will enable people to live meaningful lives within their community.

We will adopt a co-ordinated approach to sourcing appropriate supported accommodation options across Derbyshire.

We are committed to ensuring that all people who require specialist accommodation and support are able to live wherever possible, in accommodation of their choice and receive the support they need to live healthy, safe and rewarding lives.

Design Standards and Innovative Practice

National evidence and learning suggests that there are a number of key design features for specialist accommodation and support.

Complex Care Supported Living



Good design for a complex supported living scheme would ideally meet the following requirements:

- A maximum of four fully self-contained flats with a mix of two and three bedroom flats, to accommodate staff and/or sensory room requirements
- Separate external entrances to each flat i.e. not a shared hallway to allow clients to avoid others when entering their flat
- Located in a quiet area, not close to schools and accessible for buses
- Level access throughout, big enough for wheelchair access
- Access to secure, enclosed garden space
- Measures to limit noise and visual contact to/from neighbours
- Self contained communal staff space
- Staff/visitor parking or at a minimum street front pick up
- Built in assistive technology such as door sensors
- Robust door and window frames and fixtures and fittings that can withstand behaviour that challenge
- Capacity for adaptations such as secure, lockable cupboards and covers for electrical appliances, knives, cleaning products
- Capacity for other adaptations as required to suit the needs of the tenant
- Access to a Disabled Facilities Grant (DGF) may be available for essential housing adaptations to support people to remain in their own home.

Extra Care for Vulnerable Adults



- Self contained homes that are built with vulnerable people in mind.
- Modern building standards and energy efficient design to help keep energy costs as low as possible
- Equipment, signage, internal décor and landscaping that enable people who have physical, sensory or cognitive impairments to be as independent as possible
- Fully accessible landscaped outside space that is stimulating
- Communal facilities to give residents opportunities to socialise
- Located close to local amenities in order to enhance the opportunities for residents to take part in the life of the local community.

Shared Lives Arrangements

- Accommodation and support within approved family homes for people over the age of 18 with a learning disability and/or autism or mental ill health
- Share the daily life of the shared lives carer and live in an ordinary domestic situation
- Offers people an alternative to residential care
- Helps people maintain and develop their independence and life skills

Our Partnership Approach



We will work to empower and build capacity within communities to support vulnerable adults living in them through development of our thriving communities approach, utilising community assets and the goodwill, resilience and drive of individuals.

Quality is a key priority and any providers operating in residential, Extra Care and Supported Living schemes are registered with the Care Quality Commission (CQC) and are inspected regularly to ensure they comply with the national minimum standards.

We will work to ensure that registered care for vulnerable people continues to be of a good or outstanding quality and provides safe appropriate care and support in the right setting.

Through our quality monitoring approaches, we will ensure that services are supporting vulnerable adults to achieve outcomes that are important to individuals, and drive up the quality of care provided.

Our specialist health, social care and community services will work with providers and partners to support and maintain specialist mental health, learning disability and/or Autism placements within residential and nursing care.

We will be co-producing and commissioning new models of care for people needing specialist accommodation and support. Engagement and co-production with people with learning disabilities, Autism and mental health along with their families and carers and a range of key stakeholders will be ongoing, in order to deliver the aims, ambitions and actions outlined in this strategy.

Good commissioning in Derbyshire will be person centred and focused on achieving the outcomes that people say matter most to them.

It will empower people to have choice and control over their lives, their care and support.

Quality services and support that help people to stay healthy and well, underpins all the actions within this strategy.

We want to start to have a clear and meaningful conversation across Derbyshire about the housing needs of our vulnerable people.

Our Vision for the Future

To improve support for people who present behavioural challenges and to enable these people to remain in their own homes and communities, our vision is the creation and support of capable environments.

Capable environments are characterised by positive social interactions, support for meaningful activity, opportunities for choice, encouragement of greater independence, support to establish and maintain relationships, and mindful and skilled family/carers and paid support/care staff.

This includes both the physical environment and the right skill mix of people to provide the support. An increase in the uptake of the Disabled Facilities Grant (DFG) to help people live more independently in their own home, along with the need for resilient staff with the right skills and experience and access to a wider network of support for when things may start to go wrong.

This is an extremely diverse group of people and the support they require will be highly individualised and tailored to their particular needs, strengths, interests and in some cases the risks they pose to themselves and others – all of which might change over time.

Community support and staff should work within the model of 'active support', which focuses on enabling the individual to engage in meaningful activity and relationships at home and in the community. Support staff should have the necessary organisational and other skills necessary to deliver active support and there should be values-based recruitment processes in place.

People will then gain greater control over their lives, become more independent and become more included as a valued member of their community.



It is our aim to ensure competency based training and professional support is available for families, carers and staff working with this cohort of people. This will improve joint working in seeking and implementing creative solutions to enable people to live independently in the community.

**“The provision of active support has a demonstrable impact on the quality of life for people with learning disabilities and autism.”
(Mansell & Beadle-Brown 2012).**

Appendices



The following pages outline a summary of the opportunities to work with us and our action plan and time line for the delivery of specialist accommodation in Derbyshire:

This document is designed to outline the need for various types of specialist accommodation, housing and support for people with complex needs to live as independently as possible.

Derbyshire County Council, alongside a range of partners and stakeholders intends to work together to deliver the aims, ambitions and actions outlined in this document. A summary of opportunities and detailed delivery plan is outlined in the next stage of the document.

This strategy will assist with continued discussion with individuals, organisations, families and carers interested in delivering specialist accommodation for people with learning disabilities and/or autism and/or mental ill health.

If you would like further information or have a proposal you wish to discuss with us please contact ac-commissioning@derbyshire.gov.uk.

We have a range of data about this cohort of people in Derbyshire, much of which is on the Derbyshire Observatory, <https://observatory.derbyshire.gov.uk/> but we would be happy to discuss and share information with you to help develop further opportunities.

Derbyshire County Council and its partners own a significant amount of land, which through the One Public Estate Programme we are seeking to utilise to have maximum impact. We would be happy to have conversations in relation to how this land can be utilised or released to support development opportunities.

By working in partnership we may be able to collectively secure external investment or funding to support certain projects or development opportunities. We would be happy to discuss and explore these further.

Summary of opportunities to work with us – Plan on a Page

Across all tenures	<ul style="list-style-type: none"> • Appropriate support for people to live independently where they choose to – a range of commissioned services and support. • Suitable robust fixtures and fittings designed specifically for this cohort of people. There is significant spend on goods and services, by individuals and the council. The council publishes various market position statements which highlight these, alongside the opportunities outlined in this strategy. • The creation and support of capable environments.
Mainstream housing	<ul style="list-style-type: none"> • As more people with learning disabilities, autism and mental health choose to live independently and prefer to be supported in their own home, there is a growing demand for this type of provision in Derbyshire. • Develop accessible apartments and bungalows that maximise the use of technology and promote health and wellbeing through design and provision of communal spaces. • Explore co-housing or intergenerational housing opportunities.
Specialist Supported Living	<ul style="list-style-type: none"> • Consider new build developments involving reusing sites of former sheltered housing or re-modelling existing provision. • Develop partnerships between Developers, Registered Social Landlords (RSL's) and other housing providers to respond in a timely manner to development requests.
Extra care housing for younger people	<ul style="list-style-type: none"> • Explore opportunities to use Derbyshire County Council assets to provide housing options. • Develop housing and accommodation that can support vulnerable people with complex needs. • Develop affordable provision in this sector by working with district and borough councils and registered providers with a particular focus on schemes in South Derbyshire, High Peak, Ashbourne and <u>Dronfield</u>, as well as supporting open market provision.
Shared Lives	<ul style="list-style-type: none"> • Work to increase the number of Shared Lives Arrangements and carers skilled in supporting this cohort of people across Derbyshire.
Residential Care	<ul style="list-style-type: none"> • Residential and nursing care home placements will be considered for this group of people, when it has been identified that their accommodation and support needs can only be met within a 24 hour staffed setting. A Dynamic Purchasing System (DPS) for the procurement of specialist residential care and nursing home placements for under 65 years clients is proposed from 2020 and will replace the existing contracting arrangements for all new specialist care/nursing home placements. It will include three categories of client groups; Mental Health, Learning Disabilities/Autism Spectrum Condition/Physical Disabilities/Sensory Impairment, and an enhanced service for those clients with unpredictable levels of behaviour that challenge services.

Draft Delivery Plan

Priority	Organisational Lead	Date Complete
PRIORITY 1: Service developments – increase the supply of suitable, well located, well designed supported accommodation, most notably in South Derbyshire, High Peak, Ashbourne and Dronfield. Develop step-down/step-up/move on facilities across Derbyshire.	Housing Commissioning & Contract Managers Adult Care, District and Borough Council Housing Teams & CCG	Ongoing
PRIORITY 2: Develop more integrated community support provision, including crisis and forensic support, to prevent admissions of people into hospital settings.	Derby & Derbyshire CCG, Derbyshire Healthcare Foundation Trust (DHCFT)	April 2020
PRIORITY 3: Develop a co-ordinated approach to sourcing good quality housing provision and support in order to move people out of hospital into the community and reduce reliance on inpatient settings.	Housing Commissioning & Contract Managers Adult Care, District and Borough Council Housing Teams & CCG	Ongoing
PRIORITY 4: Develop and implement robust transition procedures that includes early identification of accommodation and support needs for this cohort of people.	Adult Care Children and Younger Adults Care	Ongoing
PRIORITY 5: Work with existing independent organisations to develop bespoke accommodation requirements for this cohort of people.	Commissioning & Contract Managers for Housing from both Adult Care and the CCG	Ongoing

Draft Delivery Plan

Priority	Organisational Lead	Date Complete
PRIORITY 6: Ensure that the Specialist Accommodation and Support Strategy is reflected in each Local Authority wider Housing Strategies.	Commissioning manager, Adult Care	April 2021
PRIORITY 7: Develop and publish Market Position Statements for Learning Disability, Mental Health and Autism and ensure they clearly articulate this area of focus.	Adult Care Commissioning and Contracts Team	April 2020
PRIORITY 8: Ensure the Joined Up Care Derbyshire workforce plan incorporates the workforce requirements that will enable the effective support of our individuals .	Joined Up Careers Derbyshire, STP & TCP Action Plans	April 2021
PRIORITY 9: Engagement and Co-production – continued dialogue with key stakeholders, including people using services, their carers and families.	Adult Care Commissioning Team/ Stakeholder Engagement & Consultation Team	Ongoing
PRIORITY 10: Smarter utilisation of assistive technology and adaptations to support people to live more independently in their own home.	Adult Care Commissioning Team and Disabled Facilities Grant (DFG) Team	Ongoing

This delivery plan will be refreshed on an annual basis to ensure it remains relevant to the individuals who require assistance.

Glossary of Key Terms

Acute Beds: Short term beds in hospital settings providing psychiatric care.

Capable Environments – Are characterised by amongst other things, as appropriate location and design to meet individual needs, positive social interactions and support to maintain relationships.

Care Quality Commission (CQC): This is the national regulatory body which monitors and inspects registered care services.

Community Connector Support: is Adult Care support that helps people with learning disabilities, or Autism, develop new skills, get involved in activities and use facilities in their local community.

Co Production: An approach to design which actively involves all stakeholders, especially clients, to ensure the results meets the needs of the end users.

Extra Care Housing: Housing schemes with access to 24/7 on site support, designed for people to have their own rooms along with communal spaces.

Market Position Statement: A document which summarises supply and demand in a local authority area or sub-region and signals business opportunities within the care market in that area.

Place Based Approaches to Health and Social Care: 'Place' involves commissioners, community services providers, local authorities, primary care, the voluntary and community sector and the public working together to meet the needs of local people.

National Service Model: Is a national resource for commissioners to use to develop service specifications to support the implementation of transforming care for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Outcomes: The effect or result of commissioning process, service or intervention/treatment.

Personalised care: empowering people to have greater choice and control over the way their health and care is delivered.

Place Based Approach: 'Place' involves commissioners, community service providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people.

Primary Commissioner: This is whoever is leading on the purchasing of the service; either the Local Authority or the Health Body.

Residential Care: Residential accommodation with personal care that is registered with the Care Quality Commission. Usually residents have their own rooms and share communal activities.

Glossary of Key Terms

Residential Care: Residential accommodation with personal care that is registered with the Care Quality Commission. Usually residents have their own rooms and share communal activities.

Severe Mental Illness: Refers to people with psychological problems that are often so debilitating that their ability to engage in functional and operational activities is severely impaired (schizophrenia and bipolar disorder are often referred to as severe mental illness).

Specialised Supported Living: Supported housing developed in partnership with local authorities or the health service that offers a high level of support for clients, from a regulated home care provider, for whom the only acceptable alternative would be residential or inpatient care.

Transforming Care: This is a national programme to improve health and care services so that more people with a learning disability and/or autism can live in the community, with the right support, and close to home. This means that fewer people will need to go into hospital for their care.

Strength Based Approach to Care and Support: All partners should identify the individuals strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing.

Data sources

This document has referenced numerous statistics and a summary of the sources and where to find more information are included below:

Adult Care Management Information: (internal DCC resource) has provided much of the information about the current residential and nursing care market within Derbyshire. Please contact ac-commissioning@derbyshire.gov.uk for more information.

Population Estimates – Office of National Statistics: further information about population estimates for Derbyshire can be found on the <https://observatory.derbyshire.gov.uk/>

PANSI Statistics: provide a range of information about adult needs and services. Further information can be found on <https://www.pansi.org.uk/> (registration and log-in required).

Updating and reviewing this document: This document will be reviewed and updated annually to reflect completed actions and any additional actions that arise from a changing policy landscape and the latest demographic trend modelling. Progress and achievements will be noted and summarised so that ongoing market gaps can be identified and future plans focused accordingly.

For further information please contact:

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Email: ac-commissioning@derbyshire.gov.uk

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DERBYSHIRE COUNTY COUNCIL**CABINET MEMBER****19 September 2019****Report of the Director of Public Health****DERBYSHIRE SAFE PLACES SCHEME****ADULT CARE****1. Purpose of the Report**

To seek approval to award a grant of £15,000 (£7,500 from the Prevention Group and £7,500 from Community Safety) to MacIntyre to expand the Safe Places Scheme across Derbyshire, working with people with learning disabilities and or Autism following co-production principles.

2. Information and Analysis

The Safe Places Scheme aims to support vulnerable people with learning disabilities and or Autism and dementia, who feel unsafe or at risk of abuse by providing places of safety. It develops places of safety across Derbyshire for people with learning disabilities and or Autism to access while out and about in the community, if they should feel unwell, confused, threatened or are in trouble. Our DCC libraries are Safe Places, as are a number of shops, cafes and offices of supportive organisations. At present, we have 219 Safe Places registered.

The scheme also provides Keep Safe Cards to people with a learning disability, which tells staff at Keep Safe venues, the name and address of the cardholder, and the emergency contact details of the person they would want to be told if they were in trouble. The card also has space for the cardholder to write information about any medication they take, how they prefer to communicate and anything else they might want someone to know about them. There are currently 1,301 cards in circulation.

The Safe Places Scheme is managed by the Adult Care Prevention Team. It is supported by MacIntyre (a charity for people with learning disabilities and or Autism). MacIntyre identify, train, encourage, and support people with learning disability, who are able and willing to take part in the development and implementation of the scheme.

MacIntyre also undertakes the following activities: 'walkabouts' with people with learning disabilities and or Autism to help increase the number of safe places;

training for staff agreeing to register as a Safe Place; secret shopper exercises with people with a learning disability for existing Safe Places; training for Keep Safe Champions.

Keep Safe Champions, deliver training to groups of people with learning disabilities and or Autism and support their peers with help and advice about hate crime and keeping safe.

Feedback from this training is very positive from both people with a learning disability, family carers and care professionals. The individuals themselves are saying they feel more confident and know where to turn to if they need additional help or support around keeping safe.

Our targets for the Keep Safe Scheme over the next 12 months are as follows:

- 30 new Safe Places
- 250 new Keeping Safe Cards issued

The grant will enable the Prevention Team to achieve the stated targets by funding the delivery of a range of activity, co-produced with people with learning disabilities and or Autism, to grow the Safe Places Scheme. It will fund the delivery of:

- 16 x Staying Safe workshops by people with learning disability for people with learning disability;
- 2 x Easy read Staying Safe Fact Sheets (reviewed and distributed);
- Training and on-going development for Keep Safe Champions (people with Learning Disability);
- 30 x Safe Place awareness raising sessions to staff in Safe Places;
- 5 x walk-a-bouts in targeted towns/villages, to raise awareness about Safe Places and encourage take-up of new Safe Places;
- 5 x mystery shopping exercises to check Safe Places are functioning as required.

The scheme is a great example of how people with learning disability are actively engaged in co-producing an initiative that benefits them.

The effectiveness of the scheme will be monitored over the 12 month grant period, including how often Safe Places are used by people with learning disability and under what circumstances. Further, at the end of period the Project Manager (Prevention Team) will continue to support and monitor Safe Places.

The Safe Places Scheme will support the reshaping of the Council's Day Care Offer for People who have a Learning Disability and/or Autism as approved by Cabinet on 6th June 2019. This significant change programme is based upon

the progression model, which is a person centred development approach for people with a learning disability and/or Autism, where support is designed to enable people to be as independent as they are able and to be more active participants within their local communities. This will include enabling people with a learning disability and/or Autism, moving away from building based care to being out and about in their communities. Safe Places is a practical support mechanism for this policy shift.

Financial Considerations

The Safe Places Scheme is to be jointly funded between Public Health and Community Safety (Commissioning, Communities and Policy Department), each contributing £7,500 to the £15,000 grant.

The Public Health contribution can be funded from the Adult Social Care and Health prevention budget and the funding from Community Safety has already been agreed.

3. Human Resources Considerations

None

4. Legal Considerations

None

6. Social Value Considerations

The Safe Places Scheme delivers social value to a protected group namely, people with learning disabilities and or Autism, and also to people in the wider community, by raising awareness about and increasing their involvement with people with learning disabilities and or Autism, through engagement with the scheme.

7. Other Considerations

In preparing this report the relevance of the following factors has been considered: Legal and Human Rights, equality of opportunity, health, environmental, transport, property and crime and disorder considerations.

8. Background Papers

- 'Outcomes from the consultation on reshaping the Council's Day Care Offer for People who have a Learning Disability and/or Autism', June 2019, DCC.

9. Key Decision

No

10. Is it necessary to waive the call-in period?

No

12. Officer's Recommendation

That approval is given for a grant of £15,000 (£7,500 from the Prevention Group and £7,500 from Community Safety) to MacIntyre to expand the Safe Places Scheme across Derbyshire, working with people with learning disabilities and or Autism following co-production principles.

Dean Wallace
Director of Public Health

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