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Simon Hobbs
Director of Legal and
Democratic Services
County Hall
Matlock
Derbyshire
DE4 3AG

Extension 38324
Direct Dial 01629 538324
Ask for Alisha Parker

PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Tuesday, 4 February 2020

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 12 February 2020** in Committee Room 1, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S Hobbs', written over a light blue horizontal line.

Simon Hobbs
Director of Legal and Democratic 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 Improvement and Scrutiny Committee – People held on 06 November 2019

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. Revised Vision and Future Strategy for Direct Care Homes for Older People 2020-2025 (Pages 7 - 74)

6. Assurance Measures Following Local Government Ombudsman Investigation (Pages 75 - 78)

7. Derbyshire Healthwatch Intelligence Report December 2019 (Pages 79 - 92)

8. Derbyshire Healthwatch Offender Report (Pages 93 - 108)

9. Committees Work Programme - oral update

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MINUTES of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held at County Hall, Matlock on 06 November 2019.

PRESENT

Councillor G Musson (in the Chair)

Councillors L Chilton, J Coyle, C Dale, R Flatley, J Frudd, R Iliffe, D Taylor and J Twigg.

Also in attendance was Councillor A Dale, C Connolly-Western (DCC), T Druce (DCC), J Gracey (DCC), Helen Henderson-Spoors (Derbyshire CCG), A Howlett (DCC), C Longmore (DCC), J Parfremment (DCC), D Turner (), and J Rue (DCC).

There were no declarations of interest.

26/19 **MINUTES RESOLVED** that the minutes of the meeting of the Committee held on 04 September 2019 be confirmed as a correct record, subject to D Turner being recorded in attendance at the meeting, and signed by the Chair.

27/19 **PUBLIC QUESTIONS** – none received.

28/19 **CARE LEAVERS OFFER – ACCOMMODATION AND FINANCIAL GUIDANCE** James Gracey, Commissioning Manager, Childrens Services, and four officers from the Leaving Care Service attended the meeting.

The Leaving Care Service had been established in July 2019. Although a new service the staff within it have brought with them considerable skill and experience from their previous roles

Children's Services had a block contract for accommodation limited to 75 units. In addition to the block contract accommodation was accessed by Leaving Care Workers liaising with housing options teams across the county and advocating on behalf of care leavers. The workers ensured care leavers were registered on the housing list and completed homeless applications when a care leaver presented as homeless.

The majority of Care Leavers were placed in appropriate accommodation and in locations that met their individual needs. There was a small number of care leavers that were difficult to place because they had complex needs (for example health needs or substance misuse). This presented a challenge because of the reduction in supported accommodation across the county.

There were no concerns about the quality of accommodation. The properties under the block contract were inspected on a regular basis and Leaving Care Workers work closely with Social Housing teams. Private rental sector was more of an unknown quantity, however Care Leave Workers visited each young person regularly and advocated on their behalf to ensure the landlord rectified any identified problem. If the property was deemed to be not appropriate, alternative accommodation would be found.

The Leaving Care Service delivered formalised financial guidance to young people at an early stage (i.e from age 16) so that financial matters were not a surprise on leaving care. Each young person received a comprehensive financial workbook and their Leaving Care Worker worked through it with them so that they knew what allowances they were entitled to and when they would receive them, what expenditure they would be responsible for and how to budget effectively. The service also worked closely with a range of agencies providing financial support, guidance and training.

The Care Leavers Council and Children in Care Council provided opportunities for young people to raise emerging issues. One issue that had been raised recently was difficulties in accessing (and the cost of) transport for work and work to address this was ongoing. .

RESOLVED to note the information.

29/19 STRATEGIC REVIEW OF HIGH NEEDS PROVISION IN DERBYSHIRE

The Committee were informed of the outcomes and recommendations of the Special Educational Needs Strategic High Needs Review undertaken between September 2018 and May 2019.

The Children and Families Act 2014 introduced changes for Local Authorities and their partners with regard to how children and young people with special educational needs and disabilities were assessed and supported. Derbyshire actively responded to the requirements specified in the Act with developments overseen by the Local Area SEND Strategic Board.

In November 2016 Derbyshire had its Joint Local Area SEND Inspection undertaken by Ofsted and CQC (Care Quality Commission). The inspection report had noted many strengths. The document had also highlighted a number of areas for development which had been captured in the SEND Strategic Plan, with actions taken forward and progress monitored.

In 2017 the DfE allocated funding to Local Authorities to carry out a strategic review of high needs provision. The funding could also be used to help implement the outcomes of the review with Local authorities expected to publish the outcomes of the reviews in the form of strategic plans. The Council had already undertaken elements of development in this area.

This presented an excellent opportunity for the Council to create the capacity to undertake a comprehensive review of High Needs Provision in the local area, building on this work, and to make recommendations to further

inform the Local Area Strategic Plan. This was timely, with the review to be undertaken two years on from the Local Area inspection.

Given the scale and scope of the project, it was considered that there were not sufficient resources in-house to deliver this review thoroughly. Through a robust tendering process the ISOS partnership were secured to facilitate the Strategic Review.

The report confirmed that several of the principles that had shaped the initiatives and had been introduced through the current SEND strategy echo those recognised to support effective practices seen by ISOS in other local areas through their national research. However, during the review, some concerns were expressed about the core systems and processes for accessing support.

There were six themes that were identified through the review with recommendations and actions which would be taken forward by the SEND Strategic Board to inform a refreshed SEND Strategy and a revised SEND Strategic Plan.

RESOLVED to note the outcomes and recommendations of the Special Educational Needs Strategic High Needs Review undertaken between September 2018 and May 2019.

30/19 HEALTHWATCH DERBYSHIRE CARERS REPORT – UNDERSTANDING THE QUALITY OF LIFE FOR CARERS IN DERBYSHIRE

Derbyshire County Council (DCC) carry out the biennial Survey of Adult Carers in England (SACE) which sought the opinions of adult carers, caring for an adult 18 and over, on a number of topics that were considered to be indicative of a balanced life alongside the unpaid caring role. This survey was designed to help the Adult Social Care sector understand more about how services were affecting carer's lives.

On a national level, the SACE had suggested very little movement in terms of improving outcomes for carers and had shown a steady decline in the last five years in overall satisfaction on what was, in survey terms, already at a low level. Locally, the SACE had also reflected a gradual decline in satisfaction, which was hard to unpick given the tick box nature of the survey, leaving DCC with some gaps in their knowledge and understanding of carers' quality of life.

As a result, between January and March 2019, HWD engaged with carers both in, and not in, receipt of services to explore their views and experiences around the themes of the SACE. The information presented would help DCC to understand the challenges faced by carers and how they could best plan and respond to them across the system.

To collect consistent information across the county, a series of questions were developed to provide a framework for discussions with carers, which were based around the topics of the SACE and indicators of a balanced life alongside caring. The engagement team visited various groups and services between January and March 2019, in order to gather the views and experiences of carers. In total, 428 carers spoke about their experiences, and this was done in a number of different ways.

The key findings of the report were listed in detail. Some of the findings stated how being a carer impacted negatively on an individual's quality of life and that Carers have had to make sacrifices in order to care for their loved one, for example having to give up work completely or reduce their hours. Most carers explained that their caring role had a negative impact on their health. This varied from physically not feeling well, but just not having the time to book a doctor's appointment so symptoms persisted and also, the impact on a carers mental health due to their caring responsibilities

Peer support was described by many carers as 'invaluable'. Many carers explained that through attending support groups, they were able to have open and honest conversations about their feelings, share experiences and advice.

Many carers explained they would like to have a 'one stop shop' where carers could ask a question, or share a concern in which a worker would find answers and/or information on their behalf. Most carers explained that they simply did not have time to be making numerous phone calls, research and chasing people up.

Derbyshire Carers Association (DCA) welcomed this report from Healthwatch, it confirmed many of the issues that Healthwatch raise awareness of on an ongoing basis. This response had been written based on figures from the service which was hoped would address the highlighted issues and show commitment to continually improve the service that was provided.

RESOLVED to note the report.

31/19 UPDATE ON THE REVIEW OF SAFEGUARDING CHILDREN IN DERBYSHIRE – HOME TO SCHOOL TRANSPORT Since the last meeting of the Committee, the Chair, Vice-Chair and the lead Scrutiny Officer had attended a meeting with the commissioner of the service to gain an understanding into how the service was commissioned.

More information had been requested and once this had been received this would be circulated to Committee members. This subject would be discussed in further detail at a future meeting.

RESOLVED to note the information.

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.

PUBLIC

Agenda Item No:

DERBYSHIRE COUNTY COUNCIL

IMPROVEMENT AND SCRUTINY COMMITTEE - PEOPLE

12 February 2020

Report of the Executive Director for Adult Social Care and Health

**REVISED VISION AND FUTURE STRATEGY FOR DIRECT CARE HOMES
FOR OLDER PEOPLE 2020-2025**

1. Purpose of the Report

To advise the Improvement and Scrutiny Committee - People of the approval by Cabinet of a report on the Revised Vision and Future Strategy for Direct Care Homes for Older People.

2. Information and Analysis

On 23 January 2020 Cabinet approved a report on the Revised Vision and Future Strategy for Direct Care Homes for Older People 2020-2025 (attached as Appendix A.) Specifically Cabinet approved the following:

- The revised future strategy for Direct Care Homes for Older People
- Consultation on the proposed closure of those homes which, following evaluation, are proposed for the reasons set out in the report to be unsustainable in the long-term. These are as follows (one of which includes an integral day centre):
 - Ladycross House (Sandiacre)
 - Beechcroft (West Hallam)
 - East Clune (Clowne)
 - Holmlea (Tibshelf)
 - The Spinney (Brimington)
 - Goyt Valley House (New Mills)
 - Gernon Manor (Bakewell)
- Consultation with residents and their families on the retention and refurbishment of the following homes which will be required in the medium term according to the Council's market evaluation and investment plan:
 - Briar Close (Borrowash)
 - Rowthorne (Swanwick)
 - New Bassett House (Shirebrook)

- Approval for funding for design and feasibility works to be undertaken on the three homes which it is proposed to refurbish
- Approval for funding as outlined in Appendix 3 to support market management and development activity associated with the implementation of the Older People's Housing, Accommodation and Support Strategy 2018-2035 that will seek to create a range of housing and accommodation options for older people to meet demographic demand.
- That a further report will be received following the conclusion of the consultation and market engagement processes including a full Equality Impact Analysis

Public consultation on the proposals contained in the report commenced on 31 January 2020, this will be for 12 weeks until 24 April 2020.

3. Officer's Recommendation

That the Improvement and Scrutiny Committee - People note the contents and actions following approval by Cabinet of the report on a Revised Vision and Future Strategy for Direct Care Homes for Older People.

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

DERBYSHIRE COUNTY COUNCIL

CABINET

23 JANUARY 2020

Report of the Executive Director for Adult Social Care & Health

**REVISED VISION AND FUTURE STRATEGY FOR DIRECT CARE HOMES FOR
OLDER PEOPLE 2020-2025**

ADULT SOCIAL CARE AND HEALTH

1. Purpose of the Report

Cabinet is asked to consider revised proposals for the future of the Council's Homes for Older People as a result of property condition surveys carried out last year which have highlighted the poor state of many of the current buildings.

Since the condition surveys were commissioned and received, considerable work has been undertaken to:

- ensure additional mitigations related to any increased risk associated with the need to rewire these homes are implemented such as upgrading fire alarm systems and replacing fire doors, as well as increasing the number of night staff within these homes for fire evacuation purposes to prevent the need for more urgent vacation,
- develop comprehensive plans for rewiring and refurbishment with a clear understanding of anticipated costs,
- understand future need in line with our overall Housing Strategy for Older people and anticipated changes in demand,
- develop options for consideration by cabinet that take account of the fact that works are essential and would need to be undertaken as soon as possible and that it is not considered possible to modernise these homes to make them fit for purpose.

Having completed this work this report comes before Cabinet today to agree next steps.

Cabinet are requested to approve:

- The future strategy for Direct Care Homes for Older People for the purposes of consultation.
- Public consultation, including consultation with current residents and their families, on the proposed closure of those homes which, following evaluation, are proposed for the reasons set out in the report to be unsustainable in the long-term. These are as follows (one of which includes an integral day centre):
 - Ladycross House (Sandiacre)
 - Beechcroft (West Hallam)
 - East Clune (Clowne)
 - Holmlea (Tibshelf)
 - The Spinney (Brimington)
 - Goyt Valley House (New Mills)
 - Gernon Manor (Bakewell)
- Consultation with residents and their families on the retention and refurbishment of the following homes which will be required in the medium term according to the Council's market evaluation and investment plan:
 - Briar Close (Borrowash)
 - Rowthorne (Swanwick)
 - New Bassett House (Shirebrook)
- The completion of an Equality Impact Analysis on the proposals in this report which will be presented to Cabinet on completion of the consultation.
- Approval for funding for design and feasibility works to be undertaken on the three homes which it is proposed to refurbish.
- Approval for funding to support market management and development activity associated with the implementation of the Older People's Housing, Accommodation and Support Strategy 2019-2035 that will seek to create a range of housing and accommodation options for older people to meet demographic demand.

2. Information and Analysis

2.1 Background

Recent Cabinet decisions can be summarised as follows:

- June 2017: Evaluation of works required at Hazelwood which includes recommendation that the home needs the roof replacing.
- September 2017: Cabinet approves consultation on proposal to close Hazelwood.
- February 2018: Cabinet considers outcome of consultation on the proposal to close Hazelwood and approves that it will close when a new care home is built to replace it in the Cotmanhay area.

In 2018, detailed property condition surveys were commissioned in relation to some of our residential homes for older people. These related to general building condition and electrical systems in the older homes. This was commissioned in the context of concerns that these ageing buildings were no longer considered fit for purpose and a concern for the state of the buildings given their age and the ongoing need to ensure the safety and wellbeing of residents both now and in the future. The Director of Social Services (DASS) advised Cabinet Members that an appropriate and rapid course of action was needed to mitigate the concerns raised and ensure the ongoing safety of residents which is outlined in this paper. Given the number of properties potentially unfit for purpose (see section 2.8 below) an approach that looked at homes on an individual basis was deemed insufficient.

In addition, in July 2018, a bath installation at Ladycross residential home caused the electrical system to fail which had meant residents had to be urgently evacuated. It was vital to avoid a repetition of such disruption to people's lives and to understand in the fullest possible way the extent of the need for any significant repairs or refurbishment required.

Significant refurbishment needs were identified consistent with the age of the properties. In particular this included the need for the homes to be rewired in the near future as a priority, given the risks that can be associated with any electrical failure.

The overall picture that emerged from the work was of a pressing need to address the refurbishment and rewiring requirements of the properties surveyed. Consideration was given to whether vacation of the properties should be immediate. However, to avoid this it was determined that a programme of works could be undertaken to adequately mitigate the risks associated with the need to rewire the homes and this programme of work is underway and due for completion by May 2020. This has meant a more planned approach can be undertaken.

It remains the case that the evidence is that the council is in possession of a number of homes, with electrical wiring and other refurbishment issues that needed to be addressed with some urgency, but also which are not fit for purpose in terms of modern care standards (see 2.8) and could not be modernised to meet those standards irrespective of willingness and availability of resources to fund any refurbishment.

There are in total 23 Council run Homes for Older People and Community Care Centres. For reference, attached as Appendix 1, is a map indicating the approximate location of each establishment.

In June 2015, Cabinet approved a Direct Care Strategy for Accommodation, Care and Support for Older People and this detailed a plan to close several council owned homes for older people and the Ecclesfold short-term/respite care centre in

Chapel en-le Frith. In addition to the five homes which closed following consultation activity linked to the 2015 Direct Care Strategy for Accommodation, Care and Support for Older People, a further report was presented to Cabinet in October 2016 that approved the closure of Ada Belfield Home for Older People in Belper as and when a new Council run care home is constructed and opened in the town. This new care home is anticipated to open in Spring 2020.

The 2015 strategy also made provision for £4.200m capital funding to be available for the refurbishment of the remaining Council run homes for older people. Over the past few years, a programme of maintenance and refurbishment has been undertaken at a number of establishments, utilising this capital funding alongside the Planned Maintenance Programme allocation (PMP) which is managed by the Council's Corporate Property Team. Through this programme, priority was given to those homes for older people in most urgent need of work. To date, major programmes of maintenance and refurbishment have been undertaken at Rowthorne (Swanwick) and The Leys (Ashbourne). In addition, there has been a programme of refurbishment of sluices, toilets, replacement of assisted baths, fire alarms and call systems.

In planning the programme of refurbishment and maintenance it became clear that more work was required at each establishment than was anticipated in the 2015 strategy evaluation. For example, the original costings for refurbishment work at Hazelwood was outlined to Cabinet in June 2015 as £0.729m but this actually rose to in excess of £2.000m when all works and the loss of income due to the potential partial closure of the home were taken into account. As of December 2019, there is now approximately £1.000m of the initial £4.200m allocation for major maintenance and repair work remaining.

In addition to the 2015 strategy consultation, there has also been consultation on the proposal to close Hazelwood, and subsequently Cabinet agreed in February 2018 that the home would close when a new Council run care home had been built on a site in the Cotmanhay area. Subsequently this led to the development of plans for a new residential care home and extra care housing scheme to be constructed on the site of the former Bennerley School.

2.2 Strategic context

In October 2018 Cabinet approved the 'Housing and Accommodation for an Ageing Population: A Strategic Vision for Derbyshire 2035'. This needs analysis was further developed in conjunction with district and borough councils and an 'Older People's Housing, Accommodation and Support Commissioning Strategy 2019-2035' was drafted and approved by Cabinet in May 2019. It outlines a strategic vision which states that 'Derbyshire is a place that meets the housing needs and aspirations of older people, but working in partnership across organisations. This is so that older people can make informed choices about their housing options to support their independence and enable them to live in a safe, accessible and warm home for as

long as they wish, with support and adaptations as required. A range of housing options will be available including support services and specialist housing'. The strategy supports the Council Plan action to provide 'support for people to live at home longer' and reduce the number of people who need residential or nursing care. The strategy also supports the Council Plan ambition to 'focus on prevention and early intervention'.

The commissioning strategy sets out analysis of the future anticipated need for housing and accommodation for older people based on projected demographic trends and provides detailed demand modelling across the age designated housing, housing with care, residential and nursing care sectors. Appendix 2 sets out a summary of the strategy analysis in relation to the anticipated need for residential care provision to 2035.

The strategy also outlines associated actions that will enable a person to remain at home with care and support, as well as a number of design and quality standards we would encourage new schemes, or existing provision be re-shaped, to meet. This includes Dementia friendly design standards and design features that supports active ageing.

In addition to implementing this strategy, the Council will be embarking on an ambitious programme of care pathway redesign which will re-focus support arrangements on to 'what clients need' rather than 'what services are available'. It is anticipated that this programme of work will result in potentially fewer people than projected in the current commissioning strategy modelling being admitted to residential care as a long-term admission. Consideration of the implementation of the pathway redesign was subject to an Equality Impact Analysis which concluded that:

".... people of all ages are in receipt of support, but that the support can often be restrictive and not sufficiently person centred or focussed on meeting the individual's preferred outcomes, for a variety of reasons.

By assessing more consistently across Derbyshire to promote independence and reduce reliance on formal care we will significantly improve the whole life outcomes for many people." (Older Adults and Whole Life Disability Equitable Pathways Equality Impact Analysis July 2019)

The care pathway redesign programme links to the findings of the latest evidence provided in the current Joint Strategic Needs Analysis (JSNA) for Derbyshire. The JSNA is an ongoing process, drawing together information in order to forecast the main health and wellbeing needs of Derbyshire people over the next 15 years. It provides a snapshot of the current health and wellbeing of Derbyshire's residents and considers the whole population, not just those who receive health and care services. The JSNA evidence base supports service re-design to ensure demand is

met and health inequalities are identified. The JSNA also provides a framework for planning across services and agencies to deliver more cost effective services. The JSNA states that the number of older people in Derbyshire who are supported in residential and nursing care is higher than both the national average and when compared to similar other local authorities. This is an Adult Social Care Outcome Framework (ASCOF) key performance indicator which is set by the Department of Health and Social Care. For Derbyshire the number of people aged over 65 who are supported in residential and nursing care is 696.6 per 100,000 population, as compared to 575.5 in the rest of England and 582.3 in other similar local authorities.

In line with the vision outlined in the commissioning strategy and evidence from the JSNA, the Council needs to plan for what housing, accommodation and support services will be required in the medium and longer term. The council is seeking to shift investment to more community based alternatives, such as housing with care provision and manage the wider residential and nursing care market across the county. The Council intends during the consultation period to engage further with the market as to the ability of private, voluntary and independent sector providers to meet the anticipated level of demand.

2.3 Residential and Nursing Care Home Market Management

The Care Act (2014) outlines a range of duties the local authority has in relation to market shaping. Market shaping is an activity to understand the local market of care providers. Local authorities work with a range of stakeholders from the public, private, independent and voluntary sector to stimulate a diverse range of care and support services to ensure that people and their carers have choice over how their needs are met and that they are able to achieve the things that are important to them. The objective of market shaping is to ensure that the care market as a whole remains vibrant and stable.

Therefore, the ongoing engagement and involvement by the Council with the wider housing and care provider sector will also help deliver the aims and ambitions of the Older People's Housing, Accommodation and Support Commissioning Strategy 2019-2035. This will include engaging with a number of housing providers, who may be particularly well placed to help deliver against the projected net undersupply of housing with care provision. Whilst there is a need for further discussion with providers, at this stage it is anticipated that sufficient alternative provision to residential care will be available to meet additional need. Further details on the proposed activity to develop the market is outlined in Appendix 3. The proposed activity set out in appendix 3 will be co-produced with people who use services and any actions resulting from this activity will be subject to consultation separate to the proposals within this report.

2.4 Direct Care's role within the market

Direct Care provision currently plays a key role in the local care market in Derbyshire as the largest sole supplier of residential care beds. The Direct Care homes for older people and Community Care Centres can play an important role in the wider market by fulfilling the following function:

- Providing specialist long-term care placements for people living with Dementia
- Working in partnership with NHS colleagues to provide rehabilitation and re-ablement support via Community Support Bed provision commissioned by Derby and Derbyshire Clinical Commissioning Group (these often require additional space due to the increased need for moving and handling equipment).
- Providing respite care or short breaks for carers.
- Jointly working with health services via Place Alliances or other locality working arrangements.
- Providing a limited amount of long-term care placements to assist with the authorities wider market management function under the Care Act (2014).

It is therefore important that any decisions regarding the future provision of Direct Care homes for older people are considered within the wider market and that the Council uses our resources to best effect where there is either a geographical gap in provision, or alternatively a specific service where council run services are best placed to deliver that provision.

2.5 Evaluation of current Direct Care service provision

A range of criteria needs to be taken into account when determining which Direct Care homes for older people are required in the medium and longer term. The following criteria, summarised in the bullet points below, form the basis of the more detailed evaluation summary provided in the subsequent sections of this report and upon which the recommendations and the proposed consultation have been made.

In summary the evaluation criteria considered includes:

- The physical condition of the buildings, works required and urgency of those works as outlined in section 2.6 below.
- The strategic need for services on a locality basis, focussing the services on delivering the vision for Direct Care, which is described in section 2.13 of this report, and the supporting commissioning intelligence about future need and the wider market provision now and in the future as detailed in the Older People's Housing, Accommodation and Support commissioning strategy. Further details are outlined in section 2.7 below.
- The fitness for purpose of each building when considering the future strategic need for Direct Care services in each area. This criteria is based on different elements of the building design and facilities available within the home, which

are required in order to deliver high quality services in line with the Council's vision for Direct Care homes. Further details are provided in section 2.8 below.

- The quality of service being provided at each home and other operational considerations (for example staff vacancy levels and use of agency staff) which is based in part on current Care Quality Commission (CQC) ratings for each home. Further details are provided in section 2.9 below.

As is detailed later in the report the proposals made in the report are primarily based on an assessment of the first and second criteria i.e. physical condition and the strategic need for continuing provision. However, the other factors set out above have also been taken into account.

2.6 Physical condition of the buildings

To inform the evaluation of the homes a programme of building facet surveys was undertaken by Faithful and Gould between November 2018 and January 2019 on the Council's Homes for Older People which were constructed more than ten years ago. In total this involved surveys being undertaken on fifteen of the Council's homes: Ladycross (Sandiacre), Beechcroft (West Hallam), Briar Close (Borrowash), Rowthorne (Swanwick), Holmlea (Tibshelf), New Bassett House (Shirebrook), East Clune (Clowne), Thomas Colledge House (Bolsover), The Spinney (Brimington), The Grange (Eckington), Goyt Valley House (New Mills), Whitestones (Chapel en-le Frith), Gernon Manor (Bakewell), The Leys (Ashbourne), Castle Court (Castle Gresley).

The six Community Care Centres have been constructed in the last ten years so were not included in the facet survey programme as these buildings have been constructed to more modern standards of design and construction.

Two homes for older people were excluded from the facet survey programme - Ada Belfield and Hazelwood. As outlined in section 2.1 of this report decisions have already been taken by Cabinet and they are due to be closed when new homes have been constructed.

The surveys were commissioned for two main reasons:

- a) The condition surveys, which were undertaken as part of the 2015 Strategy, are now considered out of date and it would be misleading to use these as the basis for decisions about what further works are required.
- b) There was concern that electrical wiring systems in homes for older people required attention following the full evacuation of Ladycross in July 2018 due to safety concerns and subsequent re-wiring work which took place to enable residents to move back into the home.

The facet surveys were undertaken by Faithful and Gould in order to provide an independent analysis of the work required. In addition an electrical system

inspection also took place and the results of the two surveys were collated into a single report for each establishment. The surveys took account of the age of:

- building components,
- the industry standard timescale for replacement or refurbishment,
- a visual inspection of each component (where possible), and,
- estimated costs for the replacement or refurbishment of each component.

Estimated design fees and contingencies were also factored in alongside an estimated additional cost for the phasing of works in order to prevent the need for a full evacuation of the home whilst major works were undertaken. Finally, in order to give a full representation of the work schedule and potential costs of loss of income, works were grouped into 'projects' linked to any major works which were essentially required. Following completion of the surveys a number of key priorities for work relating to electrical re-wiring were identified.

Seven homes, were identified as needing rewiring as soon as possible and these are:

- East Clune (Clowne)
- The Spinney (Brimington)
- Goyt Valley House (New Mills)
- Ladycross (Sandiacre)
- Beechcroft (West Hallam)
- Holmlea (Tibshelf)
- New Bassett House (Shirebrook)

On further evaluation by officers of the Council it became clear that due to the age of the buildings and the poor state of electrical systems three more homes need rewiring, and these are:

- Rowthorne (Swanwick)
- Briar Close (Borrowash)
- Gernon Manor (Bakewell)

In order to mitigate any increased risks associated with the need to rewire these homes the Council has arranged for essential works to be undertaken, such as upgrading fire alarm systems and replacing fire doors, as well as increasing the number of night staff within these homes. The financial implications of these measures are set out later in the report in section 4.

Below is a summary of the costs by year, by individual establishment, based on the highest priority works being undertaken as soon as necessary:

Project Priorities costs May 2019									
			year1	year2	year3	year5	year6-10	year 11-25	Total
			£	£	£	£	£	£	£
Beechcroft			68,603	0	1,252,855	0	0	2,371,634	3,693,093
Briar Close			610,020	48,742	0	0	0	1,922,356	2,581,117
Castle Court			0	0	0	350,891	52,716	1,892,036	2,295,643
East Clune			2,338,668	0	0	0	0	405,484	2,744,152
Germon Manor			8,000	914,495	0	0	0	283,529	1,206,023
Goyt Valley			791,682	107,640	0	0	246,529	930,187	2,076,039
Holmlea			1,212,871	0	0	926,511	0	615,735	2,755,117
Ladycross			1,021,599	0	0	439,790	0	517,358	1,978,747
New Bassett House			440,877	351,732	0	0	0	916,812	1,709,421
Rowthorne			140,512	513,809	0	0	0	1,837,907	2,492,227
The Grange			173,631	0	252,052	0	0	1,525,857	1,951,540
The Leys			0	0	568,851	0	582,175	795,519	1,946,544
The Spinney			1,720,305	0	0	0	63,446	524,446	2,308,196
Thomas College			0	0	0	401,839	0	1,892,140	2,293,979
Whitestones			0	0	0	0	0	2,614,638	2,614,638
Total			8,526,768	1,936,417	2,073,759	2,119,031	944,866	19,045,637	34,646,477

It should be noted that these facet costs are estimates as at May 2019 and are not likely to fully reflect the actual costs of refurbishment.

2.7 Strategic Need and locality analysis

This criteria utilises the analysis of future need outlined in the Older People's Housing, Accommodation Strategy, as summarised in Appendix 2, to identify factors in relation to the local market and future demographic trends in a particular geographical locality. From this an assessment has been made about the importance of supporting the wider market and the needs of the local population in relation to maintaining an appropriate amount of residential care provision to be operated by the Council.

2.8 Fitness for purpose

In order to deliver the vision for Direct Care homes there is a minimum "fit for purpose" requirement in terms of facilities and space. The *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014* (Regulation 15: Premises and equipment) and the associated guidance set out the minimum requirements for care homes built after this date. A number of the Council's older homes do not meet these requirements and as such, whilst they are not in breach of the regulations, the Council believes that the physical environment in these homes is not conducive to providing high quality care to the residents.

The Council has worked closely with the Stirling University Dementia Services Development Centre to refine the design of newer care homes in order to ensure that they are 'Dementia friendly by design'. Key design principles include:

- Bedrooms that have 12 square meters of useable space

- En-suite bathroom facilities
- Sufficient disabled accessible toilet facilities
- Accessible outdoor space for residents
- Dementia friendly design, including building layout, lighting and signage

All six Community Care Centres all meet this minimum requirement, namely:

- Staveley Centre (Chesterfield)
- Meadow View (Darley Dale)
- Oakland (Swadlincote)
- Florence Shipley (Heanor)
- Thomas Fields (Buxton)
- Lacemaker Court (Long Eaton)

The following existing homes for older people also meet this requirement:

- Thomas Colledge (Bolsover)
- Whitestones (Chapel en le Frith)
- Castle Court (Castle Gresley)
- The Grange (Eckington)

In addition, the new homes which are being constructed at Ada Belfield (Belper) and the Bennerley Fields Scheme in Cotmanhay, Ilkeston meet the requirement.

Eleven homes for older people do not meet these design requirements and these are:

- Ladycross (Long Eaton)
- Beechcroft (West Hallam)
- Briar Close (Borrowash)
- Rowthorne (Swanwick)
- Holmlea (Tibshelf)
- East Clune (Clowne)
- New Bassett House (Shirebrook)
- The Spinney (Brimington)
- Goyt Valley House (New Mills)
- Gernon Manor (Bakewell)
- The Leys (Ashbourne)

2.9 Quality and Compliance

Ensuring a high quality service is important to Direct Care and the Council need to consider how we can effectively deliver this in the future in light of reducing budgets and workforce issues:

- A number of homes are struggling to recruit sufficient staff, this remains an ongoing concern and has an impact on quality. This relates to management posts in some homes, care staff and kitchen staff in particular.
- Maintaining and improving quality and compliance with the Care Quality Commission (CQC) regulations is an ongoing and growing challenge which requires ongoing and increasing investment to maintain standards.
- Maintaining building quality and standards is essential in order to comply with infection control, fire safety and environmental health requirements.
- There is an ongoing requirement to replace kitchen ventilation systems in some homes which is a statutory requirement.

The current CQC ratings for each of the homes under consideration in this report are included within Appendix 4 but these have not been used directly to inform the proposals about individual homes. The Council maintains its objective to ensure all of the homes which it directly operates achieve a “Good” rating and will continue to strive to achieve this.

2.10 Interpreting the evaluation criteria

Appendix 4 contains a summary of all of the criteria outlined above and this analysis has been used to inform decision making about which homes the Council is proposing to retain and which homes it is proposing to close, subject to the outcome of consultation. The most important criteria we have used are the following:

- The cost of works required within the next five years as identified in the facet surveys, this also indicates the general condition of the building.
- The availability of other Direct Care homes in the locality in line with the strategic approach for Direct Care described in 2.12 below.

Of the other criteria only “Fitness for Purpose” has been directly used to inform the recommendations in this report and this has been on the basis of a distinction between those which are considered to be fit for purpose and those which are considered not to be. Whilst the other criteria have been evaluated as part of developing the proposals they have not been used in making the recommendations. The reason for this is that with the “Quality” and “Efficiency” considerations for each home there are a number of external factors which influence and affect these which mean that they are not helpful when comparing one home with another.

2.11 Proposal to consult on closure

The proposal to consult on possible closure of some of the Council’s Homes for Older People is based on the following conclusions from the information presented within this report:

- The Council will be seeking to offer alternatives to residential care through increased community based services and via engaging with the market in relation to the identified undersupply of housing with care provision to 2035.
- A number of the homes managed by the Council are no longer fit for the purpose they were originally designed for in that they do not have the space, facilities or capability to be adapted to meet the needs of increasingly frail older people.
- A number of the homes require significant expenditure in the short and medium-term in order to address urgent maintenance and refurbishment issues. This includes rewiring, heating/boiler replacement, roof works, fire safety improvements and kitchen ventilation works which cannot be delayed indefinitely.
- Significant expenditure on those homes which there is diminishing strategic need for and which are not fit for purpose is not the best use of public money.

In devising the proposals in this report other options have been considered but discounted. In broad terms keeping all of the Direct Care homes open and undertaking the works required is not viewed as being the best use of public money and it is thought that as alternatives to residential care are developed fewer care homes will be required in the longer term. The Council therefore believes that retaining some, but not all, of the homes for older people and community care centres will be sufficient in the longer term to meet the strategic need.

2.12 Revised strategy for Direct Care Homes for Older People

Under this proposed strategy the Council would retain the Community Care Centres and more modern care homes plus sufficient other care homes to ensure a minimum of one Community Care Centre and one residential care home for older people in each locality. The exception to this is that it is proposed to treat the North Eastern area of Derbyshire (Chesterfield/Bolsover/North East Derbyshire) as a combined locality, due to its relatively close geography, with this locality having one specialist Community Care Centre and two residential homes for older people. This means that by area the following homes and Community Care Centres continue to operate:

North Eastern area

- Staveley Centre (Chesterfield)
- Thomas Colledge (Bolsover)
- The Grange (Eckington)

Derbyshire Dales

- Meadow View Community Care Centre (Darley Dale)
- The Leys (Ashbourne)

Erewash

- Lacemaker Court Community Care Centre (Long Eaton)
- Hazelwood (Cotmanhay to be replaced by a new home in May 2022)

South Derbyshire

- Oakland Community Care Centre (Swadlincote)
- Castle Court

Amber Valley

- Florence Shipley Community Care Centre (Heanor)
- Ada Belfield (Belper to be replaced by a new home in April 2020)

High Peak

- Thomas Fields Community Care Centre (Buxton)
- Whitestones (Chapel en le Frith)

There are therefore ten homes which the Council feels need to be reviewed in respect of their medium and long-term future which are as follows:

North Eastern area

- East Clune (Clowne)
- Holmlea (Tibshelf)
- New Bassett House (Shirebrook)
- The Spinney (Brimington)

Erewash

- Ladycross House (Sandiacre)
- Briar Close (Borrowash)
- Beechcroft (West Hallam)

Amber Valley

- Rowthorne (Swanwick)

High Peak

- Goyt Valley House (New Mills)

Derbyshire Dales

- Gernon Manor (Bakewell)

Based on the evaluation criteria set out in this report, and summarised as Appendix 4, the Council is proposing to close the following homes as soon as possible. If approved, following the consultation period, it is recommended that the closures take place in a phased way in order that appropriate planning and alternative arrangements can be made for residents living in these homes. The phasing will also allow for the further development of alternatives in the locality which will ensure that the care market is not destabilised. The proposed phases are:

- **Phase 1** – homes identified for immediate closure (subject to the outcome of consultation)
East Clune, The Spinney, Ladycross House, Beechcroft
- **Phase 2** - closure as soon as possible (subject to the outcome of consultation)
Holmlea, Goyt Valley House, Gernon Manor

In order to assess the wider impact of these proposed changes, Appendix 6 models the potential wider market impact if the beds at the above identified homes are removed from the modelling utilised in the Older People's Housing, Accommodation and Support Commissioning Strategy 2018-2035. The demand modelling is based on analysis of future demographic trends in the population aged 75 and over. This modelling does not currently take into account any pathway redesign activity that may reduce demand for residential care home placements across the county by 25 to 40 per cent by 2025, nor does it factor in any other changes within the market that may take place, such as a Private, Voluntary or Independent Sector (PVI) residential care home closure.

If the proposals in this report are approved following consultation residents in the affected homes will have an up-to-date care and support assessment and care plan devised which takes account of any health conditions or other specific considerations prior to any transfer taking place. Residents and their families will be supported to make a choice about which alternative home they wish to move to and as far as possible this will be in an area local to the home in which they currently live. The Councils Pledges to Residents are set out in appendix 5 and the full arrangements are described in the Major Change and Closure Guidance which is attached as appendix 7.

2.13 Proposal to refurbish

In consideration of the modelling in the Older People's Housing, Accommodation and Support Commissioning Strategy it is clear that in order to effectively manage and support the wider residential care home market, in line with demographic trends, some Direct Care capacity will be required at least until 2025. With this in mind it is proposed that a programme of refurbishment is undertaken on three homes as soon as possible.

The works to be undertaken would include full rewiring, other statutory works (e.g. kitchen ventilation replacement if required etc.), works related to the Technical Fire Risk Assessments (improvements to emergency lighting and compartmentation) and other priority works for the next five years as identified in the facet surveys. Once the work is completed there will also be a need to undertake redecoration, including the replacement of carpets.

In order to undertake the work required to refurbish the homes the buildings will need to be not fully occupied. The Council believes that works can be carried out with some residents in situ, however it is recognised that the work will be disruptive

to residents if they are to remain living in the home whilst work is undertaken. On this basis it is proposed that during consultation residents and their families, in all three of the homes which are proposed for refurbishment will be given the option of either moving out or staying whilst work is undertaken.

In order to progress the refurbishment of those homes which it is proposed are retained in the medium term it is recommended that funding is approved to facilitate design and feasibility prior to finalising the full programme of works required on these three homes.

2.14 Vacation plan

Depending on what choice is made by individuals this might mean social work staff would need to meet with residents and their families in order to arrange alternative care home placements in the locality in preparation for the refurbishment work commencing. This would need to start three months before the work commences in order to afford time for residents and their families to make choices as far as possible about where they would wish to move to during the time when the work is undertaken. It is anticipated that residents will be supported to return to the respective home once work is completed if they wish to do so.

2.15 Risks

There are a number of risk factors associated with this report which need to be taken in to account, most notably the following:

- Delaying rewiring works leads to an increased risk of failure of electrical systems or components, potentially increasing the risk of a fire and/or the need to evacuate homes immediately.
- Current mitigation arrangements include additional staffing at night in the homes which require rewiring which is costly and difficult to sustain indefinitely.
- The care home market position can change quickly potentially leading to a shortfall in care home capacity.

All of the current identified risks are being monitored and mitigated on an ongoing basis.

3. Consultation plan

If this report is approved it is proposed that formal public consultation will commence on 31 January 2020 and last for 12 weeks ending on 24 April 2020. This consultation will be for all of the seven homes which are proposed for closure and for those three homes which are proposed for retention and refurbishment.

There will be three consultation and engagement events for each establishment, of which two events will be held at the individual home for residents, their families and

friends (one event in the daytime and one event in the evening) and a further one event for the public will be held at a local accessible building, such as a library or community centre. At these events residents, family members, carers and local residents will be able to give feedback on the proposals outlined in this report. The consultation will include views on the evaluation criteria which have been used to form the basis of the proposals within this report. Where appropriate one to one consultation with affected residents and their families will also be considered. In addition public views on the programme of proposed closures will be sought via a questionnaire.

As previously stated, focussed consultation will also be undertaken in respect of the homes where refurbishment work is planned to take place, engagement will take place to ascertain whether residents wish to remain in the home whilst refurbishment work is undertaken.

It is anticipated that once consultation has been completed and an Equality Impact Analysis has been undertaken a further report will be presented to Cabinet on the outcome. Dependent upon the outcome of the decision at that time a broad time line for events following this would be:

- May 2020: Cabinet receives a report on the outcome of consultation
- June 2020: if the proposals are agreed reviews and assessments of residents in the phase 1 homes would commence
- September 2020: depending on the outcome of the report to Cabinet following consultation, the phase 1 homes would close if all of the residents have been relocated
- September 2020: depending on the outcome of the Cabinet report, review the position of the phase 2 homes to consider the timescale for closure for these homes
- January 2021: work would commence on the homes being refurbished
- June 2021: if the proposals are agreed and subject to the review of the timeline in September 2020, reviews and assessments of residents in the phase 2 homes would commence
- September 2021: depending on the outcome of the report to Cabinet following consultation, the phase 2 homes would close if all of the residents have been relocated

Activity will take place in line with the Council's "Major Change and Closure Guidance" and attached as Appendix 5 is the Council's pledges to residents and their families about the way the Council will support people affected by a home closure, should this be the outcome following consultation.

4. Financial Considerations

The following costs have been based on a phased timetable as outlined in this report in relation to the refurbishment of three homes and the possible closure of

seven care homes. The total budget available for the proposals considered in this report is £30.000m which will be used for both the capital and revenue costs. This will be funded from Adult Social Care and Health earmarked reserves. The costs associated with the refurbishment of three homes as outlined in the report are based on two options: option 1 is for the full vacation of the three care homes to be refurbished whilst with option 2 the residents would remain in situ as the work is undertaken.

Under option 1 there is a small surplus from the £30.000m resource available and option 2 shows a saving of £2.100m as there would be no requirement to arrange alternative residential care placements for residents whilst the refurbishment work is carried out in the 3 homes.

A sum of £5.000m has been set aside for contingency which forms part of the £30.000m that may be required for both capital and revenue use. The capital costs may vary considerably once the work commences which has been the case with previous renovations of this scale and nature. The revenue costs may change if the timetable slips considerably during the implementation phase.

4.1 Capital costs

The capital costs for the three homes to be refurbished is estimated to be £11.475m with residents remaining in situ whilst work is carried out. These costs include upfront design fees of £1.000m, costs associated with additional fire safety arrangements and the cost of refurbishment of the three homes. Fire alarm and fire door replacement is estimated to be £1.350m in all of the 12 homes which need rewiring.

4.2 Revenue costs

The revenue costs for the fire safety mitigations are estimated to be £3.800m for the duration of the proposed programme. The costs relate to additional night staff in the 12 homes which need rewiring. There will be additional costs of security, furniture removal and storage and undertaking the consultation which are estimated to be £0.500m. The costs of redundancy are estimated to be £1.545m as a one off if the seven homes close as outlined in the report.

There will be up to 214 beds required in the independent sector for residents to move to if the proposed closure programme is undertaken following consultation. The ongoing costs of this would be an estimated £6.700 million based on an average weekly cost of £600 per placement. The budget available as a result of the proposed closure programme for the seven homes will be in the region of £7.300m, realising a surplus if this were to happen of £1.100m per annum on an ongoing basis. The savings and number of beds required in the independent sector may change as the Better Lives programme is implemented and the pathway redesign

for older people to remain within their own homes for as long as possible is delivered.

4.3 Additional programme costs

As outlined in Appendix 3 the council intends to undertake a number of activities to support the development of the market within Derbyshire, particularly in relation to housing with care provision. The total anticipated cost of this activity is £0.150m and includes provision to support, if required, recruitment of staff to a virtual project team.

5. Equality Considerations

The Council has a duty to recognise and mitigate the impact of any changes it proposes upon people in protected groups. The proposals in this report affect older and disabled people living in residential care homes.

There are 266 residents living in the ten homes (as at 9 December 2019) of which 252 are in long term placements. Of the total number 194 are women and 72 are men; 182 are over 85 years old, 79 are between 65 and 84 years old and 5 are under 65; 258 are white British, 3 are from other white backgrounds, 5 peoples ethnic origin is not stated or not known.

The Council will take account of the challenges which the people affected by the proposals in this report face both in terms of participation in the consultation and in ensuring that the impact of any changes is mitigated if they are to be implemented. In terms of accessibility the consultation meetings will take place in the care homes themselves or in accessible buildings local to the home. Family and friends will be invited to participate in the consultation and advocacy services will be arranged for people who require them. In terms of the impact of the changes if they are to be implemented attached as appendix 7 is the Council's "Major Change and Closure Guidance" which sets out the arrangements which will be made if a decision is made to close a home. Also attached as appendix 5 are The Pledges which the Council will make to residents and their families if a decision is made to close a home.

A full Equality Impact Analysis will be undertaken and this will be reported to Cabinet on the completion of the consultation on the proposals in this report.

6. Human Resources Considerations

Any workforce implications arising from the proposals will be the subject of further reports on the conclusion of public consultation. Staff will be included in the public consultation.

7. Legal Considerations

The Care Act 2014 imposes a general duty on local authorities to promote an individual's well-being (section 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 over care and support and the way in which it is provided) and also the suitability of living accommodation (section 1 (2) (d) & (h) Care Act 2014).

Local authorities must promote diversity and quality in the provision of services. There is a duty to promote the efficient and effective operation of the market, which includes ensuring that there is a variety of high quality services and providers to choose from (section 5 Care Act 2014).

An assessment of needs must be carried out where it appears to the local authority that a person may have needs for care and support. The assessment must identify whether the adult has any eligible needs. If there are, the assessment must state what those needs are. (Section 9(1), CA 2014.) A Local authority must also assess any carer (current or prospective) where it appears they may have need for support.

After assessing what the needs of an adult or carer are, a Local Authority must consider whether the needs meet the eligibility criteria for a provision or service (section 13(1), CA 2014). The criteria does not specify the types of care and support that a LA must provide to meet eligible needs. Prior to any individual moving accommodation, their needs assessment and care and support plan should be reviewed. In offering alternative accommodation the local authority should have regard to the Care and Support (Choice of Accommodation) Regulations 2014. Proposals to make significant changes in service provision require consultation with the public and those directly affected, including service users, staff and carers and relevant stakeholders.

Following the consultation set out in the report Members will need to take careful account of the views expressed in arriving at their decision. In addition any final decisions must also take into account the rights of service users as set out in the Human Rights Act 1998, specifically Article 8, "Right to respect for private and family life".

In assessing these proposals, the Council should also have regard to its statutory duties under the Care Act 2014 set out above and the Public Sector Equality Duty. (PSED) under the Equality Act 2010.

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(1a)*).
- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1b)*). 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.

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.

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.

8. Other Considerations

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

9. Background Papers

Older People's Housing, Accommodation and Support: a commissioning strategy for Derbyshire 2019-2035

Market Position Statement for Older People's nursing, residential, extra care and homecare services

Older Adults and Whole Life Disability Equitable Pathways Equality Impact Analysis July 2019

10. Key Decision

No

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

No

12. Summary of Advice from Director of Social Services (DASS).

For the avoidance of any doubt it is my view that the refurbishment work referred to in the report is essential. However, the homes proposed for closure are not fit for purpose by modern standards and cannot be modernised to make them fit for purpose (2.8) and are not likely to be needed in the longer term (2.2).

The consultation proposals set out below have sought to balance a number of risks (2.16) including the need to acknowledge that these are people's long term homes against the need to reduce the risks associated with living in a home where electrical wiring needs replacing. Whilst mitigations are in place to reduce the risk of harm in the event of any fire to an acceptable level (2.6) these are not a viable long-term solution and the risks of any fire occurring cannot be totally eliminated without the wiring being replaced.

13. Officer's Recommendation

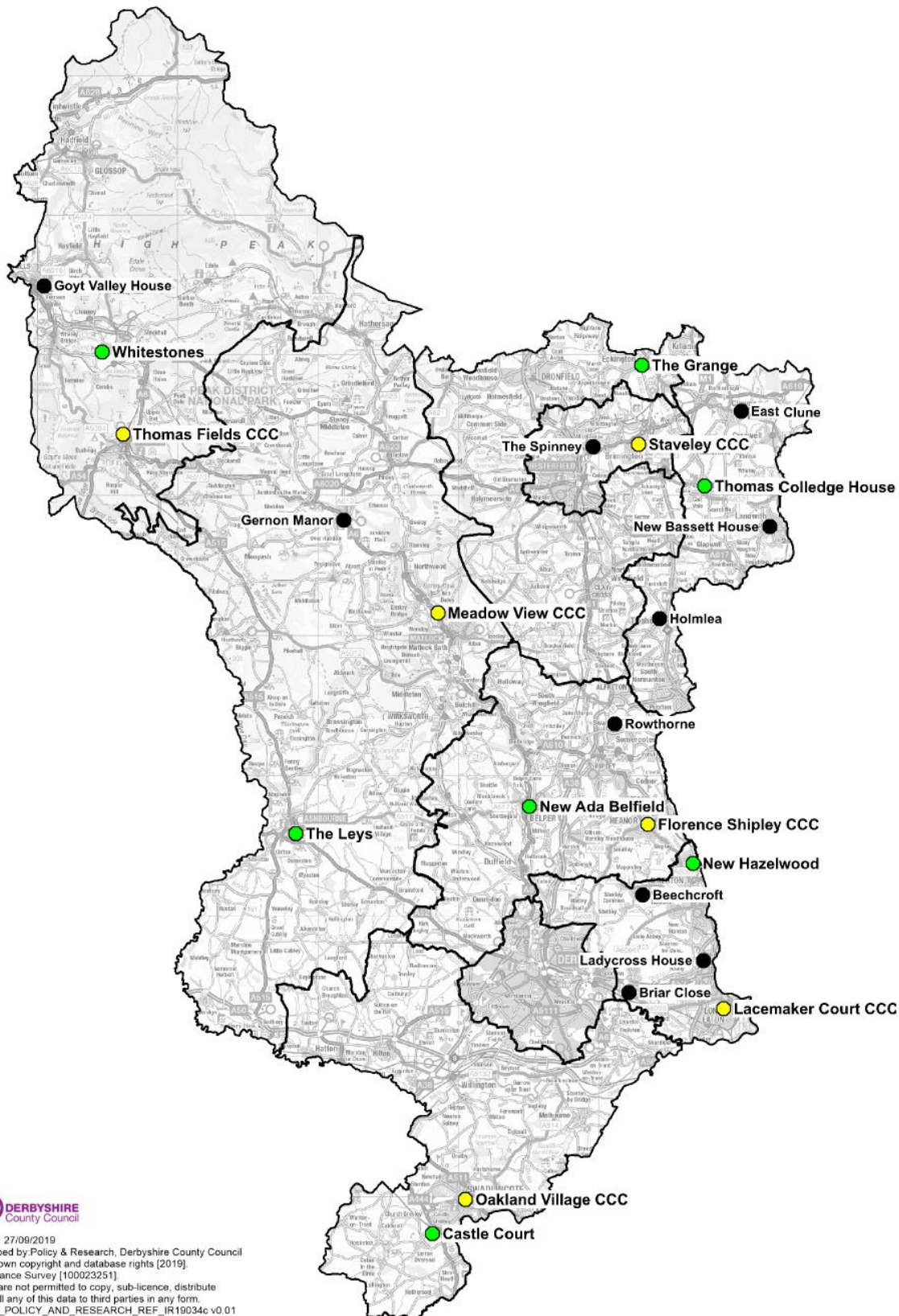
That Cabinet approves:

- The revised future strategy for Direct Care Homes for Older People
- Consultation on the proposed closure of those homes which, following evaluation, are proposed for the reasons set out in the report to be unsustainable in the long-term. These are as follows (one of which includes an integral day centre):
 - Ladycross House (Sandiacre)
 - Beechcroft (West Hallam)
 - East Clune (Clowne)
 - Holmlea (Tibshelf)
 - The Spinney (Brimington)
 - Goyt Valley House (New Mills)
 - Gernon Manor (Bakewell)
- Consultation with residents and their families on the retention and refurbishment of the following homes which will be required in the medium term according to the Council's market evaluation and investment plan:
 - Briar Close (Borrowash)
 - Rowthorne (Swanwick)

- New Bassett House (Shirebrook)
- Approval for funding for design and feasibility works to be undertaken on the three homes which it is proposed to refurbish
- Approval for funding as outlined in Appendix 3 to support market management and development activity associated with the implementation of the Older People's Housing, Accommodation and Support Strategy 2018-2035 that will seek to create a range of housing and accommodation options for older people to meet demographic demand.
- That a further report will be received following the conclusion of the consultation and market engagement processes including a full Equality Impact Analysis

Helen Jones
Executive Director – Adult Social Care & Health (DASS)
County Hall
MATLOCK

Appendix 1: Map of Direct Care Homes for Older People and Community Care Centres



Appendix 2: Summary of Older People's Housing Accommodation and Support - A Commissioning Strategy for Derbyshire

This appendix provides a summary of the modelling within the Older People's Housing, Accommodation and Support Strategy 2018-2035 (agreed by Cabinet 9 May 2019), in relation to residential care provision.

Overall, the strategy 2018-2035 outlines a clear baseline of the number of housing units or beds currently available and anticipated demand and this can be summarised as:

- An estimated undersupply of appropriate housing for older people, including a likely undersupply of older people's housing for sale.
- An estimated undersupply of housing with care, both for rent and for sale.
- A minimal additional net need for residential care provision – period to 2030.
- An estimated undersupply of nursing care beds.

The strategy is a 'live' document and the information will be updated on a regular basis to reflect changing local needs, demand and market position. The Council anticipates it will also be able to update the modelling to reflect the impact of the Pathway Re-design Programme in 2020. This modelling will support Adult Social Care and Health to be proactive in its market shaping and commissioning functions to deliver the anticipated demand in the short to medium term (0 to 5 years) as well as longer term (5 to 10 years). It will also allow gaps in provision to be identified and managed proactively.

The strategy highlights the need to undertake a range of activity to seek to develop and expand the range of housing with care, co-housing, downsizer and innovative mixed age-appropriate and key worker market-led housing developments across Derbyshire.

The strategy analysis suggests the following number of residential care beds will be required countywide to 2035:

Year	Total number of residential care beds required across Derbyshire
2016 (strategy baseline)	3,365
2020	3,522
2025	3,753
2030	3,521
2035	3,147

The modelling suggest an overall reduction of 218 residential care beds by 2035.

The 'minimal additional net need' terminology is used as between 2016 and 2035 the data modelling suggests that at a county level there is a slight increase in need for residential care in the period 2020-2030. The five year modelling data is summarised below:

Area	2016 baseline from strategy	2020	2025	2030	2035
Amber Valley	427	571	621	587	525
Bolsover	269	320	331	309	278
Chesterfield	455	452	471	439	390
Derbyshire Dales	303	401	426	398	355
Erewash	489	503	526	485	435
High Peak	553	384	415	395	358
NE Derbyshire	368	520	548	503	438
South Derbyshire	501	371	415	405	368
Derbyshire	3,365	3,522	3,753	3,521	3,147

This modelling is based on demographic trend analysis and acknowledges that current provision in Derbyshire is above the national average¹.

¹ p.22 Housing and accommodation for an ageing population: a strategic vision for Derbyshire to 2035.

Appendix 3: Implementation approach for the Older People's Housing, Accommodation and Support Strategy.

This appendix provides a summary of the how Adult Social Care and Health intends to implement the Older People's Housing, Accommodation and Support Strategy 2018-2035 (agreed by Cabinet 9 May 2019) at pace to meet identified need. A number of actions are outlined below that will be led by the department alongside partners to stimulate the market, address identified need and promote the benefits of a range of housing models to deliver the strategy. The proposed actions will enable the Council to work with partner agencies to help establish a range of accommodation offers across the county that are intended to respond on a short and long term basis. Most of these proposals are likely to take a minimum of 2 -3 years from the point of agreement to establish any initiative to finally being available. This acknowledges the time taken to identify a proposal, investment plan, location, planning permission and build. The council intends to support potential providers with identifying land and grants alongside assistance in respect of business planning to ensure there is enough demand to meet the returns required of any investment.

This approach builds on Adult Social Care and Health's previous experience of delivering a range of housing with care schemes across Derbyshire via a structured programme approach and our wider market management role in relation to registered care provision.

The proposed key implementation actions are summarised below.

a) Identifying gaps and market opportunities at a sub-district level

District level data presented in the strategy is being refined to a position whereby we can identify clear gaps within the market for the next five to ten years. Analysis will allow the gaps in provision to be identified and these areas can then be matched against established datasets for example: public sector assets identified for disposal and other potential development opportunities. This analysis will also help us to prioritise where we need to focus activity and explore relevant planning and asset disposal options. Through the North Midlands One Public Estate (OPE) programme, public sector partners across Derbyshire are seeking to enable housing delivery on small to medium sites of up to 80 units. These sites could include downsizer housing, lifetime homes bungalows and housing with care provision. The OPE programme will utilise the gap analysis mapping to identify suitable locations for older people's housing and what input is required to make sites viable so they can address identified need. The first stage of the mapping has been completed and a gap analysis is in progress to identify particular locations for market development and market stimulation.

b) Utilising our assets creatively and demonstrating the cost/ benefit to the wider system

Adult Social Care commissioners are working with colleagues in Property Services to consider how the wider public estate can be utilised to support or enable development of new housing or accommodation schemes. To aid decision-making, a cost-benefit analysis model is in the early stages of development. Cost-benefit modelling will allow an assessment of the commercial value of a site to be compared with the wider public sector system benefit of investing in older people's housing or accommodation. The final model, would be used to test any early identified opportunities in 2020/2021.

c) Ongoing collaboration with district and borough councils and partners

Engagement with district and borough councils is ongoing and continues to be productive. A number of them have formally adopted the strategy and others are in the process of taking this through their governance systems. The development of the original strategy was completed with the support of the districts and boroughs and fully endorsed by the county-wide Chief Executives Group; making the strategy a truly shared approach.

It is essential that the council continues to work with district and borough councils as they have a key role through housing and planning teams in the provision of accommodation and they have significant market influence through section 106 and the planning process. Our aim is to maintain and develop a constructive and open partnership approach to addressing this key issue.

Adult Social Care and Health commissioners are engaged with a range of local meetings in some specific geographies to help shape and influence policy decisions at an early stage or inform decisions about specific sites or schemes.

There is the potential to draw on further specialist expertise from Derbyshire County Council's (DCC) Planning and Property, to strategically influence provision. This proactive offer of support from DCC to district and boroughs will be outlined in a report to the Derbyshire Chief Executive's Group in early 2020 and then cascaded to other relevant strategic groups.

The Public Health-led Housing and Health Systems Group has been coordinating the partnership delivery of a range of preventative housing topics, including agreeing a protocol for developer contributions. A time-limited task and finish group will be established to progress the actions specific to the strategy implementation. This may require health and/ or district and borough council input; with the first meeting to take place as soon as the gap analysis mapping, a) above, is complete. This sub-group will allow DCC officers to explore a range of innovative housing models that utilise, compliment or replace existing housing stock with the

relevant partners to meet identified need.

d) Influencing long-term planning approaches

District and Borough Councils are beginning to refresh their Local Plans. Working alongside Public Health and Planning Policy colleagues, Adult Social Care and Health Commissioners are seeking to ensure local planning authorities are provided with the necessary information to include a clear policy regarding the development of accessible housing and provision of housing built to HAPPI or Lifetime home standards that enable independent living for older people. Evidence and data is being collated with the aim of demonstrating need at a district/ borough and housing market area (HMA) level to influence Local Plan development. In addition, Adult Social Care commissioners, working alongside local planning officers, will develop a draft local plan policy template and/ or supplementary planning policy guidance in relation to older people's housing schemes. Working proactively in conjunction with key stakeholders, via each district and boroughs' planning process, to release additional investment that supports older people's housing provision will, over the next decade, support the development of age-friendly communities in Derbyshire in line with the ambitions outlined in the strategy.

Adult Social Care and Health are also beginning to have a more active role in the allocation of section 106 contributions and has contributed to the draft Derbyshire County Council Planning Contribution Protocol (under s.106 of the Town and Country Planning Act 1990, contributions can be sought from developers towards the costs of providing community and social infrastructure). This mechanism will help inform allocations to promote age friendly and dementia friendly communities and help to secure the provision of HAPPI standard housing.

Adult Social Care and Health are also informing a new strategic planning framework and evidence based for Derbyshire and this will be developed throughout 2020/21 before being formally adopted. The needs of an ageing population will be outlined in this document.

e) Accessing a range of different funding models to support developments to meet identified need.

Once feasible sites have been identified via the processes described above, we will be a position to seek finance to secure the development of the sites. Options for finance include partnership agreements whereby housing authorities utilise funds from their revenue accounts whilst the county council supply land or support specific services at the site. Other options are public sector borrowing or external funding drawn down from bodies such as Homes England. Adult Social Care is engaging with local housing officers to identify sites that may be able to access Homes England funding.

f) Older People's Investment Prospectus Launch

Other local authorities have successfully expanded their extra care offer via market engagement events and it is recommended that this approach is replicated in Derbyshire. It is proposed that an initial event for registered social landlords and housing developers takes place in February 2020, followed by a more formal Investment Prospectus launch in summer 2020. Additionally, a Prior Information Notice to enable engagement with the market will be published in Spring 2020. The aim will be to have initial discussions with the wider market regarding an investment approach in line with the commissioning strategy recommendations. The events would seek to encourage providers to invest in Derbyshire to develop and deliver some of the innovative housing models described in the strategy. Providers would also be encouraged to identify opportunities for partnership working and cost effective solutions to enhance the local offer.

Several other authorities have recently undertaken similar events so we are linking with these organisations to gather learning to ensure the maximum impact of the Derbyshire events. We would also seek to secure input and involvement of key speakers from organisations such as the Housing LIN, Ministry of Housing Communities and Local Government, Homes England to ensure a high profile and well attended investment prospectus launch event in the summer.

Any follow up conversations with key providers or organisations could take place after the investment prospects launch event to then identify opportunities which required further input and potential business case development.

Other authorities have successfully organised and run an event with a budget of £5,000 to cover the event costs and any publicity, promotional or resource materials required. All of these resources are available electronically after the event to inform ongoing market management.

Once in place the Investment Prospectus would be refreshed annually to reflect the key priorities across the county in relation to accommodation and support. This will make sure that the market has up-to-date information on current supply and demand and the identified gaps. We will seek to refine and develop this document so it is as comprehensive as possible and informs the market of identified need that has been met.

g) Market management for private and voluntary sector care providers.

As a more short-term approach we would also seek to engage with current residential and nursing care providers in Derbyshire to further understand current market capacity and development issues. This engagement takes place on a regular basis, but we would want to seek to gain additional insight into how we in partnership might support strategy delivery. Discussions will also be held with providers in January 2020 providers about a limited supply of underutilised or

closed provision to consider suitability for remodelling/ reopening to meet strategic priorities.

h) Qualitative evidence to co-produce future housing options

During the strategy development, the Housing LIN noted that there was a need to further develop the qualitative evidence from older people regarding their housing preferences, particularly at a district and borough level. The Housing LIN suggested there was an opportunity to co-ordinate and share further qualitative insight with local planning authorities and housing teams to provide relevant evidence. This would support the council's ambition to do things 'with' rather than 'to' local people.

Following this advice the Council plans to undertake detailed independent research which enabled us to draw detailed conclusions regarding local older people's propensity to move or not, preferred tenure and housing types, and ability of individuals' to downsize at a district or borough level. This information was then used to stimulate and shape the local market addressing and meeting identified need.

The outputs of this activity will be openly shared with partners and potential investors to help shape the market. The cost of undertaking this research is approximately £15,000 and will be subject to procurement and development of an agreed business case.

i) Practical housing support to enable independent living

Stimulating new development and reshaping existing provision is only one element of the strategy. Of equal importance is developing and promoting an enhanced approach around how Adult Social Care and partners support older people to remain living independently in their own home, which is appropriate to their need. Current work that is taking place to support and promote independent living will be key to achieving the vision outlined in the strategy. This includes the upcoming pathway redesign work that will enable Adult Social Care to deliver an improved re-ablement pathway; the current project to review and reshape 'practical housing support'; covering use of Disabled Facilities Grants (DFG), Handy Vans, Home Improvements Agency, Warm Homes etc.; together with our programme to increase the use of Assistive Technology.

The Housing LIN identified that information and advice provided across the county could be better aligned and co-ordinated to provide a clearer and more consistent message. Targeting individuals who are approaching older age is important to make sure that they put plans in place at an early stage.

A dedicated communications campaign will be launched in 2020 to describe and promote the benefits of making sure a person's home is age-friendly, as well as provide practical tips to live well at home for longer and outlining options to

downsize. The campaign may require the development of bespoke marketing and communications material that would need to be available at locations across the county, an indicative budget of £15,000 is being requested via a business case to support delivery and development.

A service procured by Derbyshire Dales District Council and run by Age UK provides information, advice and support to older people to move to a more suitable age-friendly home. It is recognised by partners that this scheme has system-wide benefits. The county council currently supports this scheme using an allocation from the second homes council tax levy. We are currently scoping whether funding could be secured to support this service to operate at a county wide level and begin to shift demand away from specialist accommodation to more mainstream housing and a proposal will be developed for elected member approval.

In addition, other county councils are working with the districts and boroughs to provide an integrated service (called Lightbulb) that covers all of the practical housing support areas set out above by making use of a flexible approach to the use of the Better Care Fund and the DFGs allocations received by districts and boroughs.

4. Working together to implement the strategy

To deliver the strategy at pace and scale will require additional resources to supplement existing capacity and skills within Adult Social Care and Health, via both additional internal DCC and external resource, some examples of which are cited above.

The Older People's Housing Strategy Delivery Group is already bringing together key members of staff across the authority to ensure a council wide approach to implementation. However, this group's role and remit would be enhanced by developing a dedicated 'virtual' project team utilising a wide skills base from across the authority to make sure all the key elements required to ensure effective implementation of the strategy is secured. A further £25,000 is requested to support the development of this project team and if necessary secure additional staffing resource. A full business case will be developed to support this proposed activity.

Appendix A

Appendix 4

Collated information on each home

Home name and area	Indicative cost of works in first 5 years	Rank	Fit for purpose as per section 2.8? Yes/No	CQC rating	Number of Community Support Beds	Total number of beds	Number of residents as at 13.12.19
<i>Erewash:</i>							
Beechcroft	£1,321,458	5	N	Good		40	29
Ladycross	£1,461,389	4	N	Requires Improvement	8	35	19
Briar Close	£658,762	9	N	Good		40	34
<i>Amber Valley:</i>							
Rowthorne	£654,321	10	N	Good		40	39
<i>NED:</i>							
The Grange	£173,935	14	Y	Good	5	25	25
<i>Bolsover:</i>							
East Clune	£2,338,668	1	N	Requires Improvement		25	22
New Bassett House	£792,609	8	N	Good		40	25
Holmlea	£2,139,382	2	N	Requires Improvement	7	40	31
Thomas Colledge	£401,839	12	Y	Good	6	24	21
<i>Chesterfield:</i>							
The Spinney	£1,720,305	3	N	Requires Improvement		37	21
<i>High Peak:</i>							
Goyt Valley House	£899,322	7	N	Requires Improvement		27	24
Whitestones	0	15	Y	Good		41	36
<i>Derbyshire Dales:</i>							
Gernon Manor	£922,495	6	N	Requires Improvement		34	22
The Leys	£568,851	11	N	Good		35	30
<i>South Derbyshire:</i>							
Castle Court	£350,891	13	Y	Good		41	33

Appendix 5

OUR PLEDGES TO RESIDENTS

1. We will treat you with dignity and respect, consulting with you and keeping you informed throughout the process
2. We will ensure relatives and friends chosen by you are informed of the home closure and are able to remain involved in the process too
3. We will name a member of staff from your present care home who knows you well to listen to you, support you and stay in contact with you
4. We will provide an advocate to assist anyone who does not have mental capacity to make decisions about their future arrangements and has no family or friend to do this
5. We will discuss your preferences, and care and support needs with you; addressing any concerns you or your family or friends have about you moving. We will update your assessment if necessary and check you agree with what has been written
6. We will try our best to meet your own personal priorities, for example you may have friends you particularly wish to stay together with when you move
7. We will ensure you have as much choice as possible about the type of care service you choose. We will arrange for you to visit ones you consider may be suitable, or for your family or friends to do this if you are unable to do so
8. We will complete a new 'support plan' and 'life book' with you to make clear your likes, things you want to do or be assisted with; your interests and priorities now and in earlier life. Once you are in agreement with what is in the plan/book this can be used to brief your new service providers and help them prepare for your arrival
9. We will ensure within reason you do not incur any additional costs through moving to a new provider
10. We will carefully plan the day of your move with you to reduce stress or worries. We will take into consideration things like how you travel, who you want to travel with you, and write a list of your personal items
11. Finally we pledge to visit you and find out how you are doing after the move and check if there is anything else you wish to be done

Appendix 6: Modified modelling for residential care capacity 2020-2025 (utilising base line modelling from the Older People’s Housing, Accommodation and Support Strategy 2018-2035

Revised baseline modelling - beds or units required at each point in time	2016 residential care bed baseline supply from strategy	2019 residential care bed current supply (September 2019)	Modelled impact of implementation of phase 1 proposals only (2021)	Modelled impact of implementation of phase 2 proposals only (2021-2023)	Modelled impact of temporary reduced capacity due to proposed refurb (2021/22/23)	Modelled impact of implementation of phase 1 and reduced capacity due to refurb (2021-2024)	Indicative revised supply due to overall impact of implementation of phase 1, 2 and completed refurb of DCC properties (2021-2025)	Other PVI provision change from data baseline and 2019 current supply	Additional DCC capacity from strategy baseline and 2019 current supply	2025 revised position (impact of phase 1, 2, refurb, PVI and additional DCC capacity)	Strategy demand modelling		
											2020	2025	2030
Amber Valley	427	457	457	457	417	417	457	60	15	532	571	621	587
Bolsover	269	323	293	283	283	253	253			253	320	331	309
Chesterfield	455	474	437	474	474	437	437			437	452	471	439
Derbyshire Dales	303	382	382	349	382	382	349			349	401	426	398
Erewash	489	533	458	533	493	378	458		0	458	503	526	485
High Peak	553	541	541	511	541	541	511			511	384	415	395
North East Derbyshire	368	369	369	369	369	369	369			369	520	548	503
South Derbyshire	501	468	468	468	468	468	468			468	371	415	405
DERBYSHIRE (total)	3,365	3,547	3,405	3,444	3,427	3,245	3,302	60	15	3,377	3,522	3,753	3,521

Appendix 7

Derbyshire County Council Adult Care

Major Change and Closure Guidance - Accommodation, Care
and Support for Older People

Approval and Authorisation

Name	Job Title	Date
Authored by: David Gurney & Katey Twyford	Group Manager Performance Group Manager Capital Investment Project	August 2012
Approved by: Bill Robertson	Strategic Director	August 2012
Authorised by:	Quality Assurance Group	November 2017

Change History

Version	Date	Name	Reason
V 1	October 2012	David Gurney & Katey Twyford	New Guidance
V 2	November 2014	David Gurney	Review and update
V 3	May 2015	David Gurney	Changes to Appendices 2-3 to reflect best practice
V4	November 2015	Jenny Hudson	Changes to reflect best practice for stages 3 and 4
V5	August 2017	David Gurney	Review and update to include information from the Stakeholder Engagement Team
V6	December 2019	Rob Moore	Review and inclusion of arrangements for urgent evacuation and temporary vacation of a care home

This document will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc please email Phil Robson – Procedures and Information, phil.robson@derbyshire.gov.uk

Version: 6 FOI Status: Public	Major Change and Closure Guidance - Accommodation, Care and Support for Older People	Issued: December 2019 Review Due: November 2021
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1. Introduction

Any potential major change, which may include closure, in the way a service is provided can be an unsettling and traumatic event for those at the heart of service currently provided.

The purpose of this guidance is to ensure that the preparation of proposals, any required consultations, decision-making processes, and subsequent implementation of changes or closures are carried out thoroughly and transparently.

Any proposals for change, consultations, decisions made, and subsequent actions will need to be carried out sensitively, and with full regard to the needs of the residents or clients.

This guidance sets out how the process should be conducted from inception of the proposal to Cabinet through to supporting individuals affected to make the change. The guidance is set out in four sections:

First Stage: Agreeing the strategy and plan

Second Stage: Consulting on the delivery plans

Third Stage: Working with individuals to manage the change or closure

Fourth Stage: Making the transition – the practical steps.

The guidance in this document is based on established and emerging best practice using information gathered from other Local Authorities, research based evidence, guidance from the Association of Directors of Adult Social Services, and the outcomes of judicial reviews and legal challenges. As such, any new change or closure being considered by the Authority will also need to be considered in the light of any recently issued best practice and guidance.

2. First Stage: Agreeing the strategy and plan

The modernisation and maintenance of accommodation, care and support to meet the needs of a rapidly ageing population has to respond to increasing expectations around choice and personalised outcomes as well as regulatory requirements.

2.1. The case for change

Reviewing services, and considering alternative proposals, should fit within a strategic framework or plan. A sound plan should:

- Serve as a framework for decisions or for securing support/approval.
- Provide a basis for more detailed planning.
- Explain the business proposal to others in order to inform, motivate & involve.
- Assist benchmarking & performance monitoring.
- Stimulate change and become a building block for next plan.

It is important that the strategy or plan is backed up by a business case to support any proposals within it. As the Authority is governed by the County Council Cabinet any strategy or plan for major changes or closure will need to be approved by Cabinet.

2.2. Consulting on the strategy or proposals

In preparing the business case or report for Cabinet it is important to take into account the views of the local populations that could be affected by the proposals. Some large scale changes require statutory consultation, others do not. Specific guidance should be sought from the Authority's legal department on whether statutory consultation is required.

The Cabinet Office Code of Practice on Consultation¹ provides seven criteria that should be considered if consultation is to be carried out at this strategic level. They are:

Criterion 1 When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2 Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales if required by the particular circumstances of the service concerned.

¹ HM Government, Cabinet Office Code of Practice on Consultation, July 2008

Criterion 3 Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4 Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5 The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6 Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7 Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

Derbyshire County Council is keen to ensure that consultation is appropriate and meaningful. The Authority aims to optimise the way it consults by adopting a proportionate and targeted approach, so that the type and scale of engagement is proportional to the potential impacts of the proposal. The emphasis is on understanding the effects of a proposal and focusing on real engagement with key groups.

The Derbyshire County Council Adult Care Consultation and Engagement team and/or the Authority's legal section will be available to provide guidance and advice on appropriate consultation for each individual circumstance in line with the criteria and principles set out above.

2.3. Criterion for agreeing change or closure

A proposal for strategic change, which could include closure of a service, will be based upon a set of key objectives. A criteria should be agreed and used to analyse the relevant factors set out within the proposal or business case. These should be published within the consultation documentation.

Criterion could include such issues as:

- Changes in demand based on Joint Strategic Needs Assessment and current service provision
- Any agreed commissioning priorities
- Performance data, including service delivery and financial costs
- Condition of any buildings
- Regulatory compliance issues, including both building quality and service e.g. health and safety and Care Quality Commission

Once printed, this is an uncontrolled document - Page 6 of 31

- The current circumstances of the service including location, ability to adapt within the proposed strategy, and any opportunity costs for the service, building or land
- Availability of comparable or complementary services within the locality
- Potential impact on different groups with protected characteristics as defined by the 2010 Equality Act.

The criteria selected for consultation should be based on the specific requirements of any proposed strategy.

2.4. Preparing for the consultation

In order to undertake an effective consultation the following checklist should be used:

	Task	
1.	Gain cabinet approval, if required, to go out to consultation by setting out for them the subject of consultation, the proposed methodology and the proposed target group(s)	
2.	Identify the criteria to be used during the consultation	
3.	Prepare the consultation document – make it useful and accessible. It should include:	
3.1.	Introduction – does it recap the situation; does it set out what is non-negotiable; does it give feedback on what people have said previously?	
3.2.	Outline of the proposal and elements within it	
3.3.	Description of the benefits of the proposal and planned services or facilities	
3.4.	Description of the rationale for the changes eg demographic changes, available funding etc	
3.5.	Description of any background analysis that will need to be done, and set out the criteria that will be used to inform any specific proposals within the strategy; and where there are a number of options for consideration, be clear what the preferred option(s) is / are	
3.6.	How individuals or groups can have their say, any support that may be available to help them have their say, and how long the consultation period will last	
3.7.	Description of what options might be available to individuals who currently use services or facilities that might be affected	
3.8.	Description of what will happen once the consultation period has closed	
3.9.	Confirmation of how individuals can contact the organisation / submit their views and confirm any confidentiality issues	
3.10.	How individuals can obtain any supporting documents	
4.	Review whether the documentation is transparent	

5.	Agree what formats the consultation documentation should be available in; digital, hard copy, large print, other languages etc	
6.	Set out the dates for the consultation, and who will lead / support in the consultation itself	
7.	Set out the recording and reporting procedures to be used	
8.	Set out the timescale for analysing the feedback from the consultation	
9.	Set out the timescale for reporting the outcome of the consultation to the appropriate decision making group (including Cabinet where necessary)	
10.	Discuss the consultation plan and any likely risks or issues with the Authority's public relations team	

2.5. Undertaking the consultation

Once the preparations have been made, the consultation should be undertaken over the required period. It will be important to ensure:

- Consultation should be undertaken simultaneously in all services affected
- An [equality impact analysis](#) should be undertaken at the same time as the consultation
- All staff involved in facilitating the consultation are briefed in advance
- There is ongoing support for those undertaking the consultation
- Appropriate support is provided for anyone who has identified communication needs
- There is a central co-ordinating role to ensure consistency where the consultation involves multiple groups, services or facilities
- Records of meetings and consultation events are stored in an appropriate format and in a timely manner. They should be easily retrievable in the event that they are required during or after the end of the consultation (for further guidance see [Meeting Standards](#)).

2.6. Analysis and submitting the proposal for consideration and approval

2.6.1. Gathering and analysing the information

Supporting information should be gathered in parallel with the consultation being undertaken, so that the analysis can take into account:

- Qualitative and quantitative data regarding the relevant criteria as set out in section 2.3 above
- Feedback provided by all groups and individuals as part of the consultation.

Involvement of partner organisations will be required at this stage, where appropriate, to help complete the analysis and formulate any revisions to the proposed strategy or plans.

2.6.2. Selecting the best format to present the proposals

The outcome of the consultation and the resulting proposal should be set out in a format that can be used to inform and seek approval from Cabinet.

In addition to this, other means of presenting the proposals may be required to inform a wider audience of the outcome of consultation. These could include:

- An information sheet such as the Adult Care ‘Perspectives’
- A powerpoint presentation / DVD.

2.6.3. Including key information in the report or presentation

The format of the report should be appropriate to the intended audience, but should include some or all of the following:

- The background and reason for the proposed strategy or plan (eg financial effectiveness of the service, service no longer appearing to meet required standards, changes in demand for the service etc)
- The criteria used to develop the proposal
- The methods used to analyse the information
- The process used to consult on the criteria
- Any changes to the criteria that need to be considered as a result of consultation
- The main points arising from any options considered (any detail should be included as appendices)
- The outcome of any option appraisal
- The preferred option and the reason for it being the preferred option
- Any property, financial, human resource, legal, equal opportunities and other consideration (which could include prevention of crime and disorder, environmental, health and transport considerations)
- Any specific officer recommendations for approval.

2.6.4. Confirming the outcome of the consultation and the proposed strategy

There may be a range of outcomes once Cabinet has considered the report, including:

- The officer recommendations are not approved, and an alternative proposal or strategy may need to be developed and consulted upon
- The officer recommendations are approved with conditions, and the proposal or strategy may need to be revised (with or without further approvals required)
- The officer recommendations are approved without conditions, and more detailed planning will start.

In all cases it will be necessary to feedback the outcome to all relevant parties, with information on what will happen next and when. The level and method of communication should be appropriate to the target audience, and should form part of a project or service communication plan. Close working with the Authority's public relations team will be essential at this stage.

2.7. Preparing for the next stage – consultation on proposed delivery plans

At the conclusion of the first stage, if approval has been given for the proposals to be implemented there will be detailed planning work to set out a delivery plan for the approved strategy. The delivery or implementation plan will require an appropriate level of governance and programme or project management supported by necessary specialists across the Authority. Consideration should be given on how best to include current clients or other potential stakeholders in taking forward the implementation plan. The Adult Care Consultation and Engagement team will be able to support in identifying and initiating contact with potential community reference group members.

The delivery plan will include proposals for managing the change of individual services or facilities. The delivery plan will include contingencies or alternatives should it not be possible to proceed with any one specific element of the proposals.

Where individuals or groups are going to be directly affected by the specific delivery plans it will be necessary to consult on those plans.

3. Second Stage: Consulting on the Delivery Plans

3.1. Background to consultation on specific delivery plans

Consultation will be required on a specific proposal for change of service or service closure. It is important to differentiate between consultation about the proposed closure (with residents, families and other key stakeholders) and subsequent consultation with staff once a decision to change or close a specific service has been made. Second stage consultation on the delivery plans is aimed at the former. Consultation with staff about their employment will only start once Cabinet has made its decision on the future of the service in which they work. This consultation will take place in line with human resource policies agreed with trade unions.

Second stage consultations should be carried out as and when required to ensure people are given timely information, at a point when a decision on the future of their individual service is business critical, so that they can contribute fully to the process.

3.2. Good practice in second stage consultation

This round of consultation will provide information about the implications of the previously approved strategy, the likely timescales, options and choices,

and any special considerations that should be applied to their specific service that might prevent their establishment being taken forward as proposed. As well as providing information, the consultation must seek to gather the views of all with a legitimate interest who wish to participate in the consultation. An equality impact analysis should be conducted in parallel with the consultation.

Good practice guidelines set out in the section on first stage consultation should be adhered to. The following checklist should be used to prepare and undertake the consultation on delivery plans:

	Task	
1.	The consultation teams and equality impact analysis are in place (consider any need for independence from either the current service or the proposed changes)	
2.	The consultation timetable is agreed	
3.	Public Relations are advised of the consultation proposals and timetable	
4. 4.1. 4.2. 4.3. 4.4. 4.5.	Supporting materials are in place, including: Key messages from any first stage consultation Background analysis on the circumstances surrounding the particular establishment affected An outline of any options that can be considered / or any items that are non-negotiable Any list of pledges that may be relevant to the service or people affected Any press releases that may support the consultation process	
5.	Advocacy eg Independent Mental Capacity Advocate is available if needed	
6.	The consultation team and those facilitating the consultation are briefed and the consultation plan agreed	
7. 7.1. 7.2.	Those directly affected by the proposal are notified of the consultation process: <ul style="list-style-type: none"> Those receiving the service Family carers, advocates and any close friends acting in effect as next of kin Staff are notified that the process will begin and their role within it 	
8.	Consultation start and finish dates are adhered to but with flexibility to extend the finish date in exceptional circumstances	
9. 9.1. 9.2. 9.3. 9.4. 9.5.	The views and comments of all stakeholders are captured and recorded. Stakeholders are encouraged to express their views in a manner that suits them which may include some or all of the following: <ul style="list-style-type: none"> Digital or hardcopy questionnaires Group meetings or one to one conversations *Note1 Web-based comments Letters and emails Telephone enquiries 	

10.	A communication plan is in place to ensure that the broader range of agencies and voluntary sector groups with a legitimate interest in the future of the particular service are contacted and asked to contribute their views	
11.	Clear lines of accountability are in place in Adult Care to respond to ad-hoc queries from interested parties and the press, and to disseminate the outcome of any considerations, approvals, or agreed actions	
12.	Time and resources are allocated to analyse the information and write the consultation outcome report including the conclusions of the consultation and the draft recommendations on the future of the service or establishment	
13.	The report and officer recommendations are prepared and submitted to appropriate approval processes, including Cabinet where required	
14.	A briefing session is held with managers as soon as possible after the approval process has completed to provide them with information about any decisions made, the implications of any outcome to the report and our next steps, enabling them to manage communication with staff and residents/clients to ensure the right messages are being received	

*Note 1: it is recommended that:

- A minimum of two group meetings will take place within each affected service. The first meeting should take place in day-time and the second meeting should take place in the evening. The two meetings should take place no less than two weeks apart. These steps will ensure relatives and residents/clients have an option of when to attend to suit them.
- A lead officer from the consultation team should attend each meeting plus the service's manager or deputy manager.
- A stakeholder event for agencies and voluntary sector groups with a legitimate interest in the proposal should be organised approximately half way through the consultation process and will involve those stakeholders identified within the communication plan.

3.3. Next steps after the second stage consultation

If, as a result of the approval process, it is decided that a major change or closure will go ahead, then time and energy must centre on how the needs of residents/clients are to be best met during a period of transition to assist them in making the right choices for their future.

Underpinning this will be the set of pledges, tailored to the service and target group of individuals involved, set out in the consultation process detailing how the Authority would address the concerns of residents/clients.

4. Third Stage: Working with individuals to manage the change or closure

When a decision has been made to change or close a service currently being provided to individuals, the Authority has a duty to assess the needs of **all** residents/clients irrespective of the individual arrangements for paying for their care.

This section sets out the process by which fieldwork service case workers and direct care staff will support individuals to manage the change or closure. A basic principle running throughout the process is that relevant agencies should work together in the best interests of the residents.

4.1. Process of Assessment

Fieldwork services case workers need to undertake individual assessments of the residents/clients, using the standard documentation on the Case Management System, taking into account all appropriate elements of the pledges and ensuring these are covered within the documentation. The process will include family carers, advocates (where required), staff at the home/unit and relevant health care professionals to ensure that the fullest picture possible is gained of needs, wants and aspirations of the individual resident/client. Ensuring the health and wellbeing of all individuals throughout this very significant change will be of central importance.

An assessment must be carried out by a fieldwork services case worker with an individual resident/client within an appropriate timescale relevant to the timescales for decommissioning of the service. The assessment should be carried out no sooner than 5 months before they would be resettled and allow plenty of time once the assessment has been completed to allow that information to be used to identify options and choices for the individual. Given that in any care setting, friendship groups will have been formed, it is important that close consideration is given as to how these can be maintained, either by friends moving together if they so wish or by making arrangements for continued contact to be made through, for example, visits. These friendships may in some instances be as important, or indeed more important, than the relationships individuals have with people visiting them.

4.1.1. Supporting individuals to communicate their needs and wishes

Any specific communication needs of individuals will be addressed to ensure they play the fullest possible part in setting out their needs, wishes and aspirations and how these are best met.

The provisions of relevant legislation such as [the Mental Capacity Act 2005](#) and [the Mental Health Act 1983](#) will be considered wherever appropriate and where required a referral made to the IMCA service requesting support for the individual resident/client.

4.1.2. Consideration of risks

Particular attention in the assessment and the subsequent recording must be paid to the risks involved in a resident /client moving from their current setting. As with any major change in the circumstances of an individual, significant life changes (of which moving home/day-care setting is one) can be traumatic and in extreme cases life threatening, and this may be exacerbated if the resident/client has had to deal with other major changes in their lives. Risk cannot necessarily be eliminated but good planning will help to mitigate the impact of risk.

Some individuals are more susceptible to the impact of relocation than others. They are likely to be more affected by any life event. Characteristics which identify people likely to encounter the greatest difficulty include:

- Evidence of previous breakdown in response to stress
- Age, with very advanced age making it more difficult to adapt
- Gender – men by and large adapt less well to change and stress than women
- The presence of pathological impairments which may produce physical impairments, reduced mobility or urinary incontinence and/or make it more difficult to understand the environment (e.g. reduced eyesight, reduced hearing or deafness or other loss of sensory facility)
- The presence of depression, anxiety or a demonstrated vulnerability to such symptomology is likely to be exacerbated by any move
- The presence of cognitive impairments, such as impairment of the facility to understand, comprehend, remember and reason with the information that a move is to be made makes the individual particularly vulnerable. No matter how much effort is put into explaining the situation and to help them come to terms with it, all that work may be lost because of the failure to register and remember. In addition to this, fragments of an understanding and the anxieties associated with that understanding or half understanding may come back repeatedly to haunt the individual.

Combinations of these vulnerability factors increase the risk of adverse reactions to the relocation stress and their presence should be noted.

Additionally, residents with a history of falls are more at risk of increased falls in a new environment and so this should be highlighted so that additional falls precautions/preventions can be considered in any future location.

4.1.3. Multi-disciplinary contribution to the assessment

As part of the assessment process, the fieldwork services case workers must obtain the views of the GP or consultant in writing as to what risks there may be in a resident/client moving, whether these can be mitigated and if so what needs to be done to achieve this. This could involve medical supervision during the transfer process.

Contributions from other members of multi-disciplinary teams should be sought as appropriate to the individual.

4.1.4. Important and useful information about an individual

All residents/clients should be offered the opportunity to complete a Life Book and Move Book. The content of the former will be determined by the individuals though the suggested framework is likely to cover such areas as personal history, likes and dislikes relationships, education, memories and interests. It could also include photographs (past or present). The contents of the latter will focus on what important factors need to be taken into account in the move itself. This will be more appropriate where the client is moving into a care setting supported by a different group of staff rather than circumstances where there is continuity of care and support.

4.2 Care and Support Planning

A new and detailed Care and Support Plan will be produced in conjunction with residents/clients. This document will provide clear statements of future care needs and of the preferred way this care should be provided in the new care setting. It will specify in detail the ways the resident/client's care and support should be provided so as to ensure that their personal dignity, independence, abilities and control over services is maximised.

4.3. Monitoring the transition arrangements

Internal monitoring processes, overseen by a member of the senior management team, need to be in place to ensure that progress is being made at an appropriate rate on the assessment and future care and support planning for all residents/clients. It is important that residents do not feel rushed into making a decision.

4.4. Providing independent information and support

Residents/clients and families/carers will have access to an independent information, support and advocacy service. The advocacy service is primarily aimed at those people who lack capacity or have communication difficulties and do not have other support available or where there is conflict between the views of the resident/client and others involved in the process.

4.5 Resettlement

The identification of the appropriate resource to meet the needs and preferences of individuals will be based on the assessment and the resulting agreed care and support plan.

4.5.1. Choice and control

It will be important for people to feel that they are given the maximum amount of control over their future care provision. This will be enhanced by them being able to consider all available options, and to make an active positive choice about which provision they prefer. They will be facilitated to visit alternative provisions that appear to be able to meet their support needs and for which they appear to meet any admission criteria. Fieldwork services case workers will provide details to individuals of the current potential resources that are available. The Care and Support After-care (Choice of Accommodation) regulations (number 2670), 2014 are applicable in the selection of a new home.

4.5.2 Financial implications

The financial implications to the individual of the various options they are considering will be carefully explored with them in order to assist them to make the best decision for themselves. For many clients this will involve the use of a personal budget if they are living independently. If they are in a residential home this will cover primarily the costs of a new potential placement and how any difference in cost between current and future fee levels are met.

4.5.3. Considering the options available

Fieldwork services case workers will be updated about vacancies across a range of services by Brokers on a regular basis so that as vacancies occur residents can be informed of potential opportunities for moving. Care Qualities Commission inspection (CQC) care home reports will be made available to assist individuals to make a comparative judgement on the quality of homes.

4.5.4. Making the transition

In order to facilitate the smoothest possible transition from the present home to the new care setting, a number of checklists have been drawn up to provide guidance on issues that need to be covered. The checklists cover the areas of:

- Pre move arrangements (Appendix 1)
- The process of the move (Appendix 2)
- Post move arrangements and review (Appendix 3)
- Transfer to New Provision Summary and Feedback Sheet (Appendix 4).

The day of the move will be a particularly significant event in the life of an individual. No matter how much planning goes into this to make it as

positive and supportive as possible, some factors cannot be accurately foreseen. These include the health of the resident, the weather and the last-minute unavailability of key staff in the actual move. However advanced the plans may be, it may be necessary for the move date to be re-scheduled rather than to keep to a date despite changing or unforeseen circumstances. This should be kept under close review by the Fieldwork services case workers, care staff and relatives/advocates.

The pre-move checklist and process of move checklist (appendices 1 and 2) are designed to ensure that all aspects of the move have been considered in advance and that all arrangements have been made for a smooth transition, ensuring that the resident/client moves to a new setting with the maximum possible continuity of care to meet their health and social care needs.

4.5.5 Reviewing the transition and new arrangements

A review of the new arrangements for each individual will be co-ordinated by the Fieldwork services case workers no later than 28 days after the move. An earlier review can be arranged if required at the request of any party. The Fieldwork services case workers will arrange for notes and outcomes of the review to be provided to all those in attendance and to those who it is agreed should also receive them. The review will consider all aspects of the new support package.

Particular attention needs to be paid in the review to the health and well-being of the resident in the light of the risks identified in the assessment and how effective the mitigation has been. The review must also consider whether fresh risks have been identified now the move has taken place and how these can be addressed through mitigation.

After the first review the fieldwork services case workers must complete on the Case Management System the Transfer to New Provision Summary and Feedback Sheet, available as Appendix 4. These will be read by the senior manager involved in the re-settlement process for that particular care setting to address any lessons that need to be learnt for the current process of re-settlement and any future similar events.

Further reviews need to be carried out on a minimum of an annual basis once all parties have agreed that the placement is settled. Up to that point reviews need to be carried out at a frequency which enables all parties to discuss and resolve how best to ensure the resident/client becomes settled in their new setting. If this proves to be unachievable, a fresh assessment will be required to consider other options which need to be explored.

4.5.6 Timescales for making the move

Research undertaken by the University of Birmingham summarises the recommendation by individuals and relatives about closure timescales for care homes. The key recommendation made is that notice of closure

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(or departure date) should be flexible and sufficient to allow time for alternatives to be properly explored and choices considered. Some establishments have waiting lists and these must be taken into account. At least two months is recommended, more in areas where there is limited supply. A specific day should not be named.

In order to ensure that sufficient time is available for assessments and resettlement plans with all individuals at a home, it is anticipated that the assessments and resettlement process will take about 6 months to complete.

4.6. Managing any complaints

A fast track complaints process will be in place so that if any party is concerned about any aspect of the process, then they can draw this promptly to the attention of the Adult Care complaints manager.

5. Fourth Stage: Making the transition – the practical steps

If the building is to be replaced and there is a particular item that clients and staff would like to be put in the building, ensure the new build design team knows this at an early stage. Examples of things that can be incorporated into the scheme are stained glass, a fire surround.

5.1. Closing down a service or building

The closure tasks will be phased over a period of approximately three months:

This needs to be flexible and require handling sensitively to allow the service to operate normally until all the effected individuals have moved.

5.1.1. Pre-planning: at least three months before closure

At least three months before closure it will be necessary to prepare for the move ahead. At this stage it is important to think about what, if anything will need to move into any new build, or will need to be taken by current clients / residents to their new facility or home. The following checklist can be used.

Task	
Start to clear out all unwanted items, furniture and rubbish.	
Check existing inventory for accuracy, have items to be disposed of written off. This inventory must be retained, and must be accurate for audit purposes	
Ask for confidential waste to be removed when required	
Advertise a list of items available for re-use, first to local Adult Care establishments, then to all Adult Care establishments. Ensure they know they will have to make arrangements for collection. If there are still items available advertise to other departments	
REMEMBER chairs, settees, beds and mattresses that do not meet FIRE STANDARD IGNITION SOURCE 5 must be put in a skip and disposed of	
Label items with the name of the establishment it is to go to and keep a list where everything has gone	
REMEMBER a skip must be 10 meters away from the building and if it is to stay on the grounds overnight should have a lockable lid. If rubbish is to be collected it should not be piled up next to a building	
Label all keys to building	

5.1.2. Four weeks notification of closure

The following tasks include the formal notifications that will be required to ensure that a building can be closed down and will not be liable for any ongoing amenity bills etc.

The following list is not comprehensive and each establishment should ensure it has notified any other organisations or sections relevant to their establishment or service.

Task – The following external organisations have been notified in writing:	
District Council for Business/Council Tax	
Utilities for gas, electric and water (with a copy to County Procurement Section to ensure the establishment is taken off any contract lists)	
Post Office, with provision of a forwarding address for mail	
Waste companies, sanitary bin suppliers, food suppliers, papers, linen hire, call system, burglar alarm	

Task – The following internal organisations have been notified by e-mail:	
Insurance Section	
The Adult Care General Office with provision of a forwarding address for mail	
Audit Services	

Exchequer Division	
Human Resources	
ICT Section for telephones, MDF and computer equipment. BT for final telephone bill	

5.1.3. Reminders to agencies and contractors: one week before closure

As the date of closure approaches it is important to ensure that the final practical and safety arrangements are in place. These will include, but may not be limited to:

Task	
Inform Property Services to collect fire-fighting equipment, turn off gas, electric and water. Drain down the heating system. Board up windows and doors if required	
Inform the Police and ask them to keep an eye on the property	
If the property is to be sold, when the building is completely empty all the keys are to be given to the Estates Department. Fixed items must not be removed without prior consent	
If the building is to be demolished fixed items are not to be removed unless permission has been given before the demolition contract is awarded	
During the period leading-up to the closure of an establishment the Unit Manager should seek the co-operation of the suppliers of goods and services by asking them to render their final few invoices promptly, thereby enabling as many invoices as possible to be processed for payment before the property is vacated.	

5.1.4. Final task for closure: on the last day and beyond

Task	
Take meter readings and keep a record of them	

5.2. Preparing to take up occupancy in a new building

As with closure of a facility, preparation for opening a new facility will need to be planned ahead and phased. Colleagues from property services or any relevant project teams will be able to assist the new manager in this process.

5.2.1. Ordering furniture and equipment: four months ahead of completion

All furniture and equipment will be purchased from approved suppliers on the Derbyshire County Council Framework Agreement. This will optimise purchasing power, reduce administrative costs and meet DCC financial Regulations.

Task	
Place orders with Manufacturers.	
Give Manufacturers estimated delivery dates	
Arrange for quotation for the supply and fitting of curtains and bed throws	
Arrange with builder when curtain contractors can take an accurate measurement	
8 weeks before occupation start the registration of the service with Care Quality Commission.	
Contact the Accountancy Section to arrange for a new imprest account, if required.	

5.2.2. Confirm delivery dates – one month before completion

Task	
Confirm delivery dates with builders and manufacturers	
Arrange contracts for waste disposal, window cleaning etc.	

5.2.3. Initial tasks upon occupancy

The manager of the new facility will need to:

Task	
Ensure registration of service has been approved by Care quality Commission.	

Update Travel Plan to reflect journeys of staff appointed.	
Complete fire risk assessment. This will need to be reviewed when the building is occupied and as and when required	
Prepare Fire Evacuation procedures	
Prepare booking in and out procedure for tracking fob / pagers	
Accept delivery of remaining furniture and equipment	
Arrange for Commissioning/demonstration/instruction of equipment such as baths, cooking equipment, call system, fire alarm, heating controls	
Ensure all operating manuals and certificates are handed over to the manager	

5.2.4. Settling in: the first twelve months

Task:	
Ensure staff are aware of who to contact about any defects in the fabric of the building, fire alarm and electrics. (The builder for the first 12 months)	

Ensure staff are aware of who to contact about any defects in the cooking equipment, dishwasher, laundry equipment and baths. (The manufacturer for the first 12 months or until extended guarantee expires)	
Ensure staff are aware of who to contact about any defects in any installed telecare or nurse call system (contact the supplier)	
Where accommodation and services are provided through partnership arrangements, ensure all staff are aware of whether the initial contact as set out above is direct or via partners and any differences to contact points in and out of hours	

Please note: If Property Services are called to repair equipment in the first twelve months the guarantee is invalid.

6. Urgent vacation of a care home in emergency situations

Sometimes it is unavoidable that a building needs to be urgently vacated because of a catastrophic occurrence. These kinds of occurrences although rare give rise to concerns about the immediate health and safety of the residents and staff in the building. Some examples are as follows:

- Major failure of electrical systems which cannot be rectified immediately
- Major failure of heating systems which cannot be rectified immediately
- Structural damage caused by flooding, trees falling, or other severe weather related incidents
- Disruption to essential services or supplies for example gas, water, drainage or electricity
- A dangerous occurrence in the local area (e.g. major fire or gas leak)

In these circumstances a decision would be made by a member of the Adult Social Care and Health Senior Management Team (in consultation with relevant Senior Managers from the Council's Property Team) to immediately vacate the building. The Senior Manager will appoint a Group Manager to lead and co-ordinate the arrangements required.

6.1 Given the urgency of the situation the majority of the arrangements described in the Major Change and Closure Guidance do not apply. It is however essential that communication with staff, residents and their families is facilitated as soon as practicable. This needs to include:

- The reason why it is necessary to evacuate the building
- What arrangements are being made for residents to move to other suitable facilities
- If possible how long these arrangements might be required

A nominated Direct Care Service Manager should take responsibility for coordinating contact with residents' families to inform them of the situation as soon as practicable.

- 6.2 All Unit Managers of establishments have a responsibility to keep and maintain a Business Continuity Plan. If the emergency occurs outside of normal office hours, or if a place of safety is required on a temporary basis, it may be necessary to use an emergency rest centre. The Council's Emergency Planning Team will be able to assist with arrangements in these circumstances.
- 6.3 If it is anticipated that the care home needs to be vacated for more than 8 hours the priority must be to find alternative placements for residents to move to. Where it is possible to make arrangements for residents to move to other local care homes this will be facilitated. The local Social Work team Service Manager will be responsible for identifying any local available care home places and securing these for residents to move to.
- 6.4 A nominated Direct Care Service Manager will be responsible for arranging transport for residents to a rest centre (if required) or directly to another care home if this is practicable. The Service Manager will be responsible for ensuring that the resident's belongings (sufficient for the immediate requirements) plus any equipment and medication are transported with the resident to the new care home.
- 6.5 A nominated Direct Care Service Manager will be responsible for ensuring that an up to date Personal Service Plan is transferred with the resident to any temporary placement. This should include all of the necessary documentation to support the provision of support to the resident (i.e. risk assessments, moving and handling plan, medication records, log sheets, etc.)
- 6.6 It may be that depending upon the nature of the situation parts of the building may not be accessible and that arrangements will need to be made to secure clothing or equipment from another source. The nominated Group Manager will need to liaise with the relevant Property Services and Health and Safety advisors on this matter and instruct a Service Manager to make the necessary arrangements.
- 6.7 The nominated Group Manager will confirm to Property that the building has been evacuated in order that arrangements can be made for security and turning off of utilities (if appropriate). It may be possible (depending on the nature of the incident) for the Unit Manager or Deputy Manager to remain in the building in order to close down finances and empty the contents of the safe, but this would only be after consultation with the relevant Property and Health and Safety advisor.

7. Temporary vacation of a care home

It may become necessary to vacate a care home, either fully or partially, on a temporary basis whilst work is carried out on the building. This is normally the case when health and safety concerns indicate it would not be safe for residents and staff to remain in the building whilst work is undertaken. The kind of situations where this might apply are as follows:

- When rewiring is required meaning that the electrical systems need to be out of action for prolonged periods
- Any works which involve large scale removal of asbestos material from the building
- Roof replacement or major repairs to the structure of the roof
- Heating system replacement requiring new pipework and boilers which mean that the heating and hot water systems are out of action for prolonged periods

Wherever possible the provisions in the Major Change and Closure Guidance will still apply, the following key points and exceptions should be noted however.

- 7.1 Consultation and communication with residents and their families should be undertaken in the same way as for a proposal to close a care home. It may be necessary to adjust the arrangements depending on the planned work programme. If there is concern that the home is unsafe and work is required immediately then this is covered by the arrangements set out in section 6 above.
- 7.2 The resident and their family's choice of a temporary placement in another care home will also apply as far as possible as per the provisions of section 4.5.1 in the Major Change and Closure Guidance above.
- 7.3 The sections of the Major Change and Closure guidance which do not apply in the case of a temporary vacation of a care home in large part relate to the building once it has been vacated. It will not be necessary to shut down systems as these are likely to still be required to be in operation whilst work is undertaken. It may still be necessary to arrange for security at the building at night, the Unit Manager should consult with Property about these arrangements.

Appendix 1: Pre-move checklist

Task	Person responsible
Are all relevant assessments up-to-date, detailed and available?	Case worker
Has the new Support Plan been completed and made available?	Case worker
Have the new Personal Support Plan, Life Book and Moving Book been completed and made available?	Unit manager
Is there a contingency plan for what happens if the person is not fit to move on the day?	Case worker
Have arrangements been made for a settling in period in the receiving care setting?	Case worker
Has there been discussion with the manager in the receiving care setting who will be responsible for the resident/client?	Case worker
Does the resident/client and their relatives or carers know who this will be?	Case worker
Have arrangements been made for staff in the receiving care setting to get to know the resident/client prior to transfer through one or more visits to the new care setting?	Unit manager
Are the staff of the receiving care setting familiar with the resident/client's personal support plan, including issues such as how to handle distress and any necessary falls prevention considerations?	Case worker
Have the staff of the receiving care setting been involved in drawing up the transfer plan?	Case worker
Has medical cover been discussed and arranged – in particular what arrangements are in place for transfer to another GP where this is necessary? Also has access to District Nursing support been confirmed where required?	Case worker
Has an adequate (at least two weeks) supply of medication, dressings, and equipment been ordered to cover the post transfer period?	Unit manager
Has the local pharmacy been informed about any special needs?	Unit manager
Have the assessed needs and the support plan been reviewed in the 3 to 4 weeks before the planned transfer?	Case worker
Has it been decided who will be travelling with the resident/client during the transfer?	Unit manager
Has transport been arranged taking account of how many people will be travelling with the resident/client and who they will be?	Unit manager
Have arrangements been made in the new setting for relatives and carers or friends to be able to contact or visit the resident/client?	Case worker
Does this allow for continuation of previous visiting patterns?	Case worker
Has the resident/client had the opportunity to say goodbye to friends and staff?	Unit Manager
Has it been agreed what the individual is taking with them? This will include the personal possessions they have in their room. It may also include a particular item such as a picture or ornament which belongs to the home	Unit Manager

Appendix 2: Process of the move

Task	Person Responsible
Is the resident well enough to move and if not what contingencies are in place?	Unit Manager
Is all the following documentation completed, dated and ready to travel with the resident/client? <ul style="list-style-type: none"> • Moving Book • Life Book • Personal Service Plan • Manual Handling Plan • Medication Assessment Record Sheet • Key contacts for family, friends and Adult Care staff • Details of when the most recent medical examination took place 	Unit Manager
Has the Assessment documentation been shared with special note made of any significant risk factors identified and an agreed plan of action if intervention is required?	Case worker
Are the identified equipment, aids and supplies, either ready for travel with the client or in place in the receiving setting?	Unit Manager
Have arrangements for packing and transporting the resident/client's possessions been made which include: <ul style="list-style-type: none"> • identifying the items to travel with them and those to arrive in advance? • packing personal possessions in a suitcase or suitable travel bag (not in a plastic bag)? 	Unit Manager
Have travel arrangements been made which include: <ul style="list-style-type: none"> • who is to travel with the resident/client (eg, key worker, relative or carer, or a combination)? • the date and time of day travel is to take place, avoiding times that would disrupt routine? 	Unit Manager
Have arrangements been made for the resident/client to be received in the new setting which include: <ul style="list-style-type: none"> • confirmation, in advance, by staff in the receiving care setting that the new setting is fully prepared? • identification of the manager on duty in the new setting to receive them? 	Unit Manager

Task	Person Responsible
Is the resident well enough to move and if not what contingencies are in place?	Unit Manager
<ul style="list-style-type: none"> whether the resident/client and their relatives or carers accompanying them are to receive a meal or snack and drink on arrival? the receiving staff knowing what is likely to be the resident/client's greatest concern - for example where their personal possessions are? informing relatives and carers or friends of their safe arrival The capacity of the receiving setting to cope with the new arrivals if a large group are arriving on one day 	

Appendix 3: Post move arrangements and review

Task	Person Responsible
<p>Have the following contact details been provided to the receiving home?</p> <p>Originating home Health contacts, particularly the GP / District Nurse / CPN with responsibility for the client at the new home Fieldwork services case workers Partner /family / next of kin Contact details of residents/clients of the previous setting that the person wishes to continue have contact with.</p>	Unit Manager
Have arrangements been made for a follow up visit by the Fieldwork services case worker?	Case worker
Has a provisional date for reviews been set for no later than 28 days after the move? Are all potential attendees aware of at least the date?	Case worker
Are arrangements clear for any agreed visit from staff of the previous setting – date / time, for how long? This may be to support the resident or to offer advice to the new care setting.	Unit Manager
Has the Transfer to New Provision Summary and Feedback Sheet been completed and passed to the Group Manager (Performance)?	Case worker
Has the required review or reviews been held?	Service Manager
Was it on schedule? If not, why not?	Service Manager

Task	Person Responsible
Has the care and support plan been revised if necessary to address any identified risks and issues?	Case worker

Appendix 4: Transfer to new provision – summary and feedback sheet

This feedback sheet is designed to collect information about the experience of each of the moves arranged. This information will be used to inform the way other moves are arranged.

NAME OF CLIENT:

Summary of move:
Aspects of the move that went well:
Aspects of the move that did not go well:
Any general comments or observations:

Fieldwork services case workers:

Date of move:

Date sheet completed:

Appendix 8

Direct Care Homes for Older People: Timeline of events

February 2012: Cabinet approves report on the “Revised plan to deliver the strategy for accommodation, care and support for older people in Derbyshire”. This was followed by consultation on the proposals and subsequent development of Community Care Centres and Extra Care developments, and then the closure of some Council run care homes in line with the Strategy.

June 2015: Cabinet approves report on the “Strategic direction for Derbyshire County Council Direct Care older persons residential care services 2015-2020”. This changed the direction of travel for the Council’s Homes for Older People with a proposal that all would be retained except for 4 homes and 1 respite care facility which it was proposed to close. Following consultation these closed during 2016. In addition £4.2m was made available to undertake refurbishment works at the remaining homes.

January 2016: refurbishment works commenced at Rowthorne with a view to residents from The Glebe moving in when works were completed.

October 2016: Cabinet approves following consultation the closure of Ada Belfield when a new homes is built on Derwent Street, Belper.

January 2017: Cabinet approves report seeking to undertake essential capital works in all homes plus full refurbishment of The Leys.

June 2017: Evaluation of works required at Hazelwood which includes recommendation that the home needs the roof replacing.

September 2017: Cabinet approves consultation on proposal to close Hazelwood.

February 2018: Cabinet considers outcome of consultation on the proposal to close Hazelwood and approves that it will close when a new care home is built to replace it in the Cotmanhay area.

July 2018: assisted bath installation at Ladycross causes electrical system to fail. Full evacuation of all residents undertaken to other local Council run care homes.

August to November 2018: essential repairs to the electrical system undertaken at Ladycross.

November 2018: Faithful and Gould commissioned to undertake facet surveys due to concerns about general building conditions and electrical systems in the older homes.

December 2018: works completed at The Leys (including rewiring).

February to June 2019: Facet survey reports received and developed into project plans.

May 2019: Cabinet approves a report on the “Older People’s Housing, Accommodation and Support Commissioning Strategy”

September 2019: work begins to develop options for consideration which culminate in the January 2020 Cabinet report.

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Derbyshire County Council**Improvement and Scrutiny Committee – People****12 February 2020****Assurance Measures following LGO investigation****Background**

In relation to the death of a resident at The Grange Care Home in 2016, The Council received a notice of prosecution in 2019 from the Care Quality Commission for failure to provide safe care and was subsequently prosecuted in December 2019. A review commenced following the CQC notice and has subsequently taken into account the Local Government Ombudsman (LGO) report published on the 29th November 2019.

Lessons Learnt

The following 6 key Learning Lessons have been identified and these have been used to inform and drive the actions within an improvement plan.

- **Quality Monitoring and Improvement:** Mechanisms for Quality monitoring were not sufficient to ensure problems existing at the Grange were highlighted.
- **Effective Policies and Procedures:** Policy, Process and pre-established systems were not followed by staff at The Grange or some other DCC professionals.
- **Quality Recording:** Recording was inconsistent and not always of high quality. The use of electronic and paper records increased the risk of missed or inaccurate documentation.
- **Safeguarding arrangements:** Processes were not followed appropriately.
- **Quality Workforce:** Mechanisms to ensure staff were clear on their roles and responsibilities and were suitably trained and supported to deliver them were insufficient and more robust arrangements to ensure capability or conduct of individual staff was sufficiently investigated and followed up needed to be in place.
- **Strengthening Communication:** There was recognised missed opportunities in communicating with family members.

Summary of Key Actions

1. A Quality Improvement Board has been established. The Board is chaired by the Assistant Director and involves Group Mangers (Heads of Service) across the directorate in order to ensure that the quality and improvement of the Council's directly provided services is the responsibility of the whole directorate and not just Direct Care. The work of the board has been split in to six critical work streams which were identified in response to the LGO's findings (as above)
2. The Council has conducted a review of all its safeguarding policies, all of which are available on the Safeguarding Adults Board website. This review included an appraisal of the information available regarding communication with families during safeguarding investigations. To ensure that staff working within the Council's directly provided services understand their responsibilities with respect to safeguarding, the Council's Lead for safeguarding conducted two workshops for all Unit Mangers and service mangers to provide guidance and answer questions.
3. An Incident Reporting form has been created where all incidents of harm or possible harm are logged centrally and feed in to the central Dashboard which reports on themes and trends.
4. A pilot is currently being undertaken within the homes to look at having hand held electronic devices for staff to record observations.
5. The Council has employed three additional officers to work within its central Quality and Compliance Team, a Group Manager and two Senior Project officers. The Group Manager has been employed to lead this team with a focus solely on quality and compliance. The two Senior Project officers have been appointed to deliver new, centrally managed, monitoring arrangements within the Quality and Compliance team.
6. The Council has established a central 'Dashboard' which monitors the performance of its care homes by measuring across six key metrics; staffing vacancies, occupancy, incidents (including trips and falls and medication errors), training, complaints and CQC rating. This allows for central monitoring of themes and trends.
7. A quality assurance strategy and Framework has been developed.
8. A report identifying lessons learned, actions taken and actions planned was presented to the Standards, ethics and governance scrutiny committee on 9th January 2020 and a commitment to report on progress to the same committee has been made for six months' time.
9. An independent expert has been commissioned to provide a further report commenting upon the Council's proposals for the continued monitoring and improvement of its services with particular reference to the LGO report and the Action Plan devised by the Quality and Improvement Board.

10. Derbyshire Learning online has been developed for the use by Direct Care and information about completion of mandatory training by all staff is now available centrally.

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Intelligence Report

December 2019

Please direct enquiries to our enquiries line:
enquiries@healthwatchderbyshire.co.uk or 01773 880786

All our reports can be found on our website:
<http://www.healthwatchderbyshire.co.uk/category/our-work/>

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- STOP! I have a Learning Disability
- Top Tips for Carers
- Good Practice Guide to Consultation

Our most recent work:

Homelessness:

During November to December 2019 we planned a joint venture with Healthwatch Derby to investigate homeless people's experiences of health and social care in Derby City Derbyshire.

We engaged with those who were homeless or at risk of becoming homeless to ask them about their experiences of using health services (including mental health services). We also wanted to find out whether they had encountered any difficulties in accessing services, and what these difficulties were.

The information gathered will be shared with those who run, choose and buy health services in Derby and Derbyshire to help ensure services provided are easy to use and of good quality.

Next steps: The full report will be available on our website once complete and responses have been received.

Domiciliary Care:

Healthwatch Derbyshire (HWD) volunteers are continuing to gather experiences of homecare services (domiciliary care services) in Derbyshire to make sure people are receiving a good quality of care and support.

We have decided to extend this engagement up until March 2020, to enable us to gather more experiences to gain a more detailed picture of what it is really like to use homecare.

The information gathered, along with any recommendations will be shared with the relevant service providers, the Care Quality Commission (CQC) and the commissioners in Derbyshire.

If you would like to complete our survey please visit:
<https://www.surveymonkey.co.uk/r/RVDQNSL>

All responses will be treated confidentially and will remain totally anonymous.

Next steps: The full report will be available on our website once complete and responses have been received.

Falls Prevention:

A number of people who had experienced a fall shared their experiences with HWD, therefore between September and November 2019, HWD undertook a number of engagements within falls clinics and Strictly No Falling (SNF) classes across Derbyshire to explore two themes:

1. Are people provided with falls prevention information when attending their GP or hospital following a fall?
2. Are people being referred and/or made aware of SNF classes?

We spoke to a total of 154 people who had experienced a fall within Derbyshire.

Summary of findings:

- People are referred to a falls clinic for non-injury falls and this was not always felt to be appropriate
- GPs do not always seem to be referring patients following a fall
- People shared positive experiences of the fall prevention pilot scheme in South Derbyshire
- Some people are not provided with further information following discharge from the falls team
- There were mixed experiences of attending hospital following a fall, with many people not being able to recall undergoing a falls assessment or receiving any falls information
- People felt care coordinators could be more proactive in referring people to SNF classes
- People shared very positive experiences and outcomes of attending SNF classes.

Next steps: Our engagement team has decided they would like to explore some of the themes/findings in more detail, therefore this work will continue into early 2020.

Responses received to reports:

Offender health engagement:

During April to July 2019 we engaged with ex-offenders to explore their use of health services. We asked people about their experiences of using health services and if they had encountered any difficulties with knowing where to go and/or how to access a service.

We also wanted to find out about what information, help and support ex-offenders received whilst in prison, and what information they received on release.

To view the full report and responses please visit:

<https://healthwatchderbyshire.co.uk/2019/12/offender-health-report/>

Summary of findings:

- Most Youth Offenders (YOs) had registered with a GP and dental surgery and, although a large proportion of adult ex-offenders had registered with a GP, only half had registered with a dental surgery as this was not viewed as a 'priority'
- Many adult ex-offenders felt there was limited support for people with mental health issues, and felt there should be more emphasis on preventing mental ill health and ensuring people are signposted to appropriate support
- Some adults ex-offenders felt when they asked for help with their mental health they were often provided with medication, rather than offered support to help deal with any underlying issues
- YOs appeared to have no difficulties with finding and understanding health related information and support, whereas adult ex-offenders often relied on their probation officer or GP
- Adult ex-offenders felt there should be more information provided to offenders on release from prison, as many felt unprepared as they were unsure what to do, or where to go with regards to healthcare services
- Majority of the YOs were happy with the health of their lifestyle, however many adult ex-offenders explained they felt unhappy with their lifestyle due to poor diets and mental health.

Response provided by the Health Needs Assessment Group:

- The group agrees that ensuring that offenders released from prison have been provided with information, in an appropriate format, is important to allow them to access healthcare services in the community. The group has considered the information that is provided to all offenders in the community, including those released from prisons, and will continue to work across organisations to further develop information and materials provided to offenders
- There are a number of services that are provided to Derbyshire residents who need mental health support, to complement healthcare services and to help with promoting healthier lifestyles, accessing community groups, accessing education,

volunteering and work opportunities, overcoming barriers in day to day life
These include:

1. Adult Social Care Enablement service
 2. The Recovery and Peer Support Service
 3. The Independent Living Service (support to maintain tenancy)
- Development work is in progress to redesign access to community mental health support for those that fall between primary and secondary care and to develop closer working between primary care services and community-based provision (including peer support and self-help approaches). In Tameside and Glossop this is being taken forward by the Living Life Well approach and there are plans to implement a similar approach across Derbyshire
 - The group will continue to work to improve the pathways of care for offenders in the community. Three priority areas that have been identified already are ensuring access into substance misuse, mental health and learning disability and autism services. The group will finalise development and monitor implementation of these pathways
 - Co-location of lifestyle services within probation offices is currently being piloted in Derbyshire, thus providing easier access to specialist advice and support on adopting a healthier lifestyle
 - The group will continue to explore options for improving the health and wellbeing of offenders in the community, and are considering models of care that are commissioned specifically for this purpose in other areas.

Next steps: We will request an update on actions June 2020

DCHS Mystery Shop:

This mystery shop was conducted as a result of public and patient feedback collected by both HWD and DCHS. It was hoped the exercise would offer feedback into how accessible and understandable the Phlebotomy Clinic at Ripley Hospital is to people with a learning disability and offer insight as to the patient experience of attending the clinic.

The site at Ripley Hospital is managed by DCHS but the phlebotomy service and staff are from University Hospitals of Derby and Burton NHS (UHDB).

In partnership with DCHS and Ripley Hospital, HWD volunteers tested the process a patient would follow when attending the hospital for a blood test.

Two volunteers with learning disabilities visited the phlebotomy department at Ripley Hospital.

Summary of findings:

- Both volunteers found the hospital easy to locate with good signs on the approach roads. The entrance to the hospital was also clearly marked
- Limited onsite parking, including disabled parking spaces. Patients are not made aware of other local care parks
- Navigation from the car park to the hospital entrance on the day of the visit was found to be difficult due to a vehicle obstructing the path
- Volunteers did not see a sign for blood tests at the entrance to the hospital, one saw a sign for 'Phlebotomy' but did not know this meant blood test
- Reception staff were found to be friendly and helpful and created a positive experience for one of the volunteers
- The waiting area was described as 'difficult' and 'squashed' and there were not seats together, so the volunteer's supporter had to stand
- It was felt that the ticket dispenser could be more visible upon arrival at the clinic
- Volunteers felt it would be helpful for the clinic to display their current waiting times
- Volunteers felt the introduction of an audible display machine to assist waiting patients unable to see or understand the visual display would be very beneficial.

Summary of response provided by DCHS:

- Due to current restraints it is not possible to provide any further disabled spaces however, at present, they are compliant with their disabled to non-disabled parking space ratio
- They are currently exploring the possibility of providing details to patients of alternative parking in the local area. A map has been sourced with the intention to send this with appointment letters
- They already have a 'BLOODS' sign which will be made more visible
- Other clinics also use the waiting room and there is currently no other space in which to expand. DCHS are looking at this to see if they can make it more user friendly for people with mobility aids
- They will review the place and signage of the ticket machine to help with visibility and ease of use
- DCHS are looking to have volunteers available at key times to help and support vulnerable patients.

To view the full report and responses please visit:

<https://healthwatchderbyshire.co.uk/2019/11/mystery-shop-exercise-completed-at-ripley-hospital/>

Next steps: We will request an update on actions May 2020

Update on actions received to reports:

Mental health information and signposting in Erewash

In 2018, Mental Health Together (MHT) spoke to 105 mental health service receivers and carers in Erewash about their experiences of accessing information on mental health services from their GP surgeries.

To view the full report and the provider response/update please visit:

<https://healthwatchderbyshire.co.uk/2019/02/mental-health-information-and-signposting-in-erewash/>

Summary of update:

- There is a Mental Health Support Package on all Erewash Health Partnership Practice websites under 'Community Support and Events.' They are currently receiving patient feedback on the packages to be able to develop them and tailor them to meet the needs of patients
- Work is underway to set up social prescribing events i.e. Monthly Social Connector Information Drop-In and Appointments (Long Eaton, Ilkeston and Sawley)
- Community coffee mornings have been set up in Ilkeston and Long Eaton where patients can chat, meet others and socialise
- The waiting area screens are updated with local community events including the new chaplaincy service at Littlewick, Social Connector Information Drop-Ins etc.

Orthotics at London Road Community Hospital (LRCH):

Between November 2018 and January 2019 we visited a number of orthotic clinics at LRCH and spoke to a total of 60 patients about their experiences of the service.

LRCH have provided an update on the actions they had made in response to the recommendations made in the March 2019 orthotics report.

Summary of update:

- The administration services are now sending letters advising patients of the anticipated waiting times for appointments
- In order to reduce waiting times, receptionists have been informing patients of any delays in running times
- Information advising patients on the clinic's patient administration system has been made available to inform them on how they can receive text reminders for appointments
- The message on the orthotics answer phone has been updated to include advice that the call will be returned within 24 hours
- There has been an implementation of a BS 9001 quality assurance registration which has resulted in a decrease in the number of orthoses needing amendments

- Posters have been put up in the clinic to inform patients of their entitlements
- Personalised instruction templates including detailed clinical notes on how to use orthoses and the positive effects they can have on patients are now in full use.

To view the full report and the provider/update response please visit:

<https://healthwatchderbyshire.co.uk/2019/04/orthotics-report/>

Next steps: We will continue to monitor comments regarding orthotics at LRCH.

Experiences of discharge at the Royal Derby Hospital (RDH) and Queen's Hospital Burton (QHB):

During February 2019, Healthwatch Derbyshire and Staffordshire undertook a total of four engagements at the RDH and QHB discharge lounges to find out about people's experiences of being discharged from hospital. A summary of findings and the provider's initial response were highlighted in the May edition of the intelligence report.

Summary of update:

- They continue to work towards their discharge accreditation for the wards, which will include improved and timely communication with patients and carers. As a Trust they have recently started working on ensuring patients within their wards are having their care in a timelier way. This is an extensive piece of work that is challenging the time on internal waits. They are hoping this piece of work will improve the journey through their trust for patients
- The hospital-to-home team have been into the Trust and met with the integrated discharge support team, they have regular updates from the services which they share with the relevant teams within the Trust
- They continue to work on the length of time patients wait in the discharge lounge, and their aim remains no longer than two hours. They are trialling a pharmacy technician on the discharge lounge at Burton and capturing the effectiveness of this. If this proves a success they will look at this becoming a permanent position on both sites
- Patients waiting in the lounge should be offered the opportunity to be assisted to change into their own clothes. Where this isn't possible, a pair of disposable pyjamas are offered to maintain privacy and dignity
- They continue to review how they can ensure communication with patients and carers is better. They recently had a week-long event that focused on how to improve the discharge of patients from wards and following this event the ward teams involved are reevaluating information and considering new information leaflets.

Next steps: We will continue to monitor comments regarding discharge at UHBD.

Reports which require further updates:

Dementia services:

An update of actions pledged in response to our report were highlighted in the December 2018 edition of the intelligence report. We have now requested a further update on actions pledged against the recommendation made in response to this report.

The update will be available on our website once received and a summary will be provided within the next edition of the Intelligence report.

To view a copy of our dementia report and the update on actions please visit:
<https://healthwatchderbyshire.co.uk/2018/05/dementia-report/>

Improving Access to Psychologies Therapies (IAPT):

MHT was approached by the CCG to undertake a piece of work to support the recommissioning of IAPT services in 2020 as they want a new model which is more locality based and provides fairer access for those most in need. MHT was asked to gather the views of past and potential users of the service to feed into the service specification. Procurement is due to take place in 2019, we will soon request an update on progress.

To view a copy of our IAPT report and the update on actions please visit:
<https://healthwatchderbyshire.co.uk/2018/10/improving-access-to-psychological-therapies/>

Creative engagement with Children and Young People (CAYP):

In June 2018, HWD met with commissioners for children's services, who explained they would be keen to find out what helps CAYP to make healthy lifestyle choices. We spoke to approximately 900 CAYP and their parent/carers about the barriers to making healthy lifestyle choices, and we asked how they felt this could be improved. A summary of findings, along with the commissioners initial response were provided in the September edition of the Intelligence report. We will request an update on actions in February 2020.

To view a copy of our creative engagement report please visit:
<https://healthwatchderbyshire.co.uk/2019/08/children-and-young-people-creative-engagement/>

Chesterfield Royal Hospital (CRH) Mystery Shop:

In partnership with the RDH and CRH, HWD volunteers tested the journey patients would follow when visiting the hospitals for an outpatient appointment. A summary of findings and the provider's response were highlighted in the May edition of the intelligence report. We have now requested an update on actions, which will be available on our website once received and a summary will be provided within the next edition of the Intelligence report.

To view the report and the full CRH response please visit:
<https://healthwatchderbyshire.co.uk/2019/05/mystery-shop-exercise-completedatchesterfield-royal-hospital/>

Carer's engagement:

During January to March 2019, we engaged with carers around their experiences of health and social care services. Derbyshire County Council will use the findings from this report to inform the refresh of the Carers Strategy in 2019 and they are committed to working with key partners as part of Joined up Care Derbyshire to develop and improve support for carers through the strategy and multi-agency action planning. A summary of the findings and responses were highlighted in the September 2019 edition of the intelligence report and we will request an update on actions in February 2020.

To view a copy of our creative engagement report please visit:
<https://healthwatchderbyshire.co.uk/2019/08/carers-report/>

NHS Long Term Plan (LTP):

Healthwatch England (HWE) was commissioned by NHS England (NHSE) to support public engagement around the plan across the 42 Sustainable Transformation Partnership (STP) areas. Derbyshire's STP is called Joined Up Care Derbyshire (JUCD), which brings together health and social care organisation across the county. For more information please visit:
<https://www.joinedupcarederbyshire.co.uk/>

Engagement took place between March and April 2019 and we were tasked to complete 250 surveys and facilitate two focus groups around how people think the NHS should change, including how people think support for long term conditions could be improved.

A summary of the findings and responses were highlighted in the September 2019 edition of the intelligence report. Once the plan has been published, we will monitor the implementation.

To view a copy of our NHS LTP report please visit:
<https://healthwatchderbyshire.co.uk/2019/08/nhs-long-term-plan-for-derby-derbyshire/>

Enter and View (E&V) Reports:

HWD maintains a statutory responsibility to undertake E&V visits to a variety of NHS and social care adult services which receive any income from public funding. An E&V visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the CQC.

For more information on our E&V programme please visit
<https://healthwatchderbyshire.co.uk/about/about-enter-and-view/>

Whittington Moor Surgery E&V visit:

The E&V visit was arranged to capture the views and experiences of patients and staff and to explore the overall patient experience when accessing and using the service. We aimed to identify areas of patient satisfaction, good practice and any areas that may need improvement.

Summary of findings:

- The authorised representatives (ARs) spoke to 11 patients and one member of staff
- Most of the residents were complimentary about the care and treatment they received, as were the ‘friends and family’ responses displayed in the waiting rooms
- Some comments around the difficulty in getting appointments
- Plenty of notice boards evident, the most important information were displayed on several, regularly updated screens
- Toilets appeared to be poorly signed

To view the full report and response please visit:
<https://healthwatchderbyshire.co.uk/2019/09/whittington-moor-surgery-enter-and-view-visit/>

Mental Health Together (MHT):

Physical health for people living with a serious mental illness project:

MHT received funding from Health Education England (HEE) to find out how services can best support people to stay physically healthy as well as mentally healthy. MHT has been listening to the views and voices of people living with schizophrenia, bipolar disorder and psychosis about their thoughts on health checks and experiences of accessing any service that supports them to be healthy.

MHT has been making good progress with its Severe Mental Illness Physical Health project. Over 150 surveys have been completed from across most parts of Derbyshire. We are now analysing the results so far and preparing to put together an interim report for commissioners in January 2020. This will then determine the future direction of the project. Healthwatch England (HEE) has agreed to allow funding for the project to be

carried forward after March 2020 which gives us plenty of scope to do a very comprehensive piece of work.

Where are MHT experts having an influence?

MHT has regular opportunities for their experts to attend a range of mental health and social care meetings. They do an excellent job of speaking up about issues related to the experience of living with, or caring for someone with, a mental health condition.

Over the last six months, MHT experts have had the opportunity to help Derbyshire Healthcare NHS Foundation Trust (DHCFT) reshape their services.

Experts have attended workshops on various service areas including:

- Older adults
- Working age adults
- Perinatal care
- Substance misuse
- Rehab and forensic
- Eating disorders.

If you would like to see some of the feedback from those who attended, this information is available in the MHT Autumn/Winter 2019 Newsletter. Please visit:
<https://healthwatchderbyshire.co.uk/mental-health-together/news/>

Current and future engagement priorities:

Over the next few months we will be undertaking further engagement to explore:

- Experiences of accessing the pain management service
- Diagnosis and support for people with COPD
- Communication between services i.e. hospitals and GP practices
- A&E process.

Useful tools and resources:

STOP! I have a Learning Disability:

HWD and the Good Health Group (part of Derbyshire County's Learning Disability Partnership Board) have developed a poster entitled - STOP! I have a learning disability.

It can be given to people with learning disabilities to take to appointments and can also be displayed in GPs, dentists and hospitals.

The poster includes prompts for practitioners and patients to agree non-verbal signals if they are in pain, want to ask a question or need further support at the beginning of treatment or a consultation.

To view the poster please visit: <https://healthwatchderbyshire.co.uk/2018/01/stop-i-learning-disability/>

Top Tips for Learning Disability Carers:

This leaflet is intended to provide information for learning disability carers regarding access to health and social care services for the cared for person and some additional information about carers' rights and support.

To view the leaflet please visit: <https://www.healthwatchderbyshire.co.uk/wp-content/uploads/2015/08/Top-tips-for-LD-Carers.pdf>

Good Practice Guide to Consultation and Checklist:

This has been produced to ensure meaningful and lawful public engagement in changes to health and social care services.

To view the guide please visit: <https://healthwatchderbyshire.co.uk/stp-derbyshire-joined-care/best-practice-guidance-consultation/>

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Offender Health Report

Experiences of offenders using health services in Derbyshire



Date: 9 December 2019
Author: Hannah Morton
Job Title: Insight and Intelligence Manager

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1. Thank you

Healthwatch Derbyshire would like to thank all participants who gave their time to talk to us about their experiences of using the health services whilst being involved within the Youth Offending Service in Derby/Derbyshire and/or following release from prison. We also extend our thanks to the National Probation Service, Community Rehabilitation Company, Derby City Youth Offending Service and Derbyshire County Youth Offending Service, who supported and cooperated with this engagement activity.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all youth offenders and adult ex-offenders who have experience of health services in Derbyshire, but nevertheless offer a useful insight. It is important to note that the engagement was carried out within a specific time frame and therefore this only provides a snapshot of patient experience collected at that point in time. The report outlines the genuine thoughts, feelings and issues that youth offenders and adult ex-offenders have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. Background

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England.

The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Rationale for the report

To ensure a diverse range of individuals are able to share their views on local health and social care services, Healthwatch Derbyshire undertake targeted pieces of work, paying specific attention to those who may otherwise struggle to be heard. We were asked by the Derbyshire Criminal Justice Board to undertake engagement with ex-offenders and within the youth offending service to understand more about the health services that people have used.

4.1 Definitions

According to Rethink Mental Illness (2017):

- “The National Probation Service (NPS) is a statutory criminal justice service. They supervise high risk offenders who have been released into the community

- Community Rehabilitation Companies (CRCs) are private sector companies. They supervise medium and low risk offenders who have been released into the community and are also responsible for providing resettlement services in prison and the community
- Probation officers supervise offenders when they are released into the community, they can work for either the NPS or CRC.”

Furthermore, Derbyshire County Council (DCC) explain that, “The Derbyshire Youth Offending Service (YOS) works with young people and their communities to tackle youth crime. It supervises and helps young people aged 10 to 17 who have committed offences and works with them to help prevent further offending”.

For more information please visits:

- <https://www.rethink.org/advice-and-information/rights-restrictions/police-courts-and-prison/prisons-planning-for-release/>
- <https://www.derbyshire.gov.uk/social-health/children-and-families/youth-offending-service/youth-offending-service.aspx>

5. What we did in brief

To collect consistent information, a series of questions (prompt sheets) were developed to provide a framework for discussions. The prompt was based around the themes shared with us by the Derbyshire Criminal Justice Board, which were:

- Navigating services
- Experience of using primary care
- Health literacy.

Prior to the engagement, the prompt was shared with the Derbyshire Criminal Justice Board to ask for comments to ensure that the feedback received from participants would be valuable and be used to influence future service delivery.

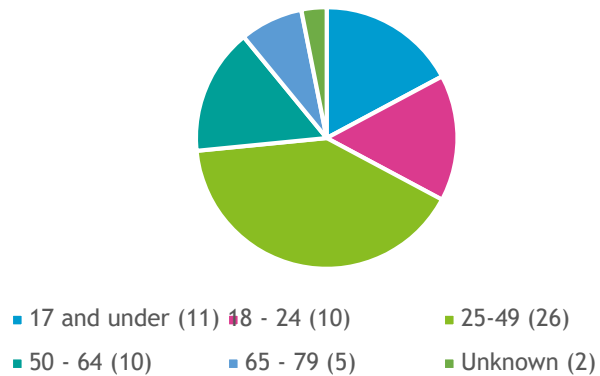
5.1. Methods of engagement

The engagement was carried out by Healthwatch engagement officers (EOs) between May and August 2019.

EOs spoke to 64 ex-offenders and youth offenders in total about their experiences of health services in Derbyshire. Our EOs visited NPS, CRC and YOS offices to be able to talk with people before and after their appointments.

The chart below shows the age of the participants:

Age of participant

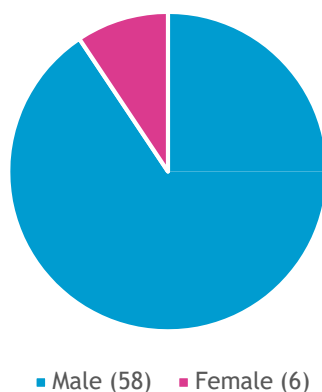


The table below shows what service the participant was using:

Name of service	Number of participants
Youth Offending Service - Derby City	4
Youth Offending Service - Derbyshire County	9
Community Rehabilitation Company	11
National Probation Service	40
Total	64

Gender of participants:

Gender



6. Key findings

- Most YOs had registered with a GP and dental surgery and, although a large proportion of adult ex-offenders had registered with a GP, only half had registered with a dental surgery as this was not viewed as a 'priority'
- Many adult ex-offenders felt there was limited support for people with mental health issues, and felt there should be more emphasis on preventing mental ill health and ensuring people are signposted to appropriate support
- Some adults ex-offenders felt when they asked for help with their mental health they were often provided with medication, rather than offered support to help deal with any underlying issues
- YOs appeared to have no difficulties with finding and understanding health related information and support, whereas adult ex-offenders often relied on their probation officer or GP
- Adult ex-offenders felt there should be more information provided to offenders on release from prison, as many felt unprepared as they were unsure what to do, or where to go with regards to healthcare services
- Majority of the YOs were happy with the health of their lifestyle, however many adult ex-offenders explained they felt unhappy with their lifestyle due to poor diets and mental health.

7. What people told us

7.1 Primary care

➤ Primary care registration

Majority of the youth offenders (YOs) we spoke to had registered with a GP (11), whilst two YOs were waiting for support from their probation worker or parent to enable them to register. In terms of dental registration, all (13) but one YO had registered with a dental surgery.

Similarly, for the adult ex-offenders 47 had registered with a GP whilst four had not, or were unsure if they were still registered with the same GP prior to their imprisonment. One adult shared a concern for ex-offenders who are released to unapproved accommodation as help would not be automatically received and it was felt that this is a big issue.

Furthermore, for dental health there appeared to be a fairly equal split of adults who had registered with a dental surgery (21) and those who had not (29) and one participant was unsure. Many participants who had not yet registered explained it is not at the top of their priority list and/or they have had no issues with their dental health yet.

One adult ex-offender explained, "They ensured I registered with a GP but no one ever mentioned a dentist or how to get your eyes tested. They do ask if you have drug and alcohol problems but not about any other sort of health problems".

➤ Primary care experience

In terms of GP and dental experiences within the last six months, the majority of the YOs and adult ex-offenders we spoke to described their experience as positive.

Many adults appeared to be happy with the quality and continuity of care received by GPs but highlighted issues around long waiting times for appointments, not always feeling listened to and some comments suggest signposting to mental health support could be improved.

Sample of comments:

- “They are very good and book my appointments for me as I go and see them every month. I always see a female GP and I am always able to see the same one to talk over my mental health”
- “I regularly see one particular GP at the surgery and they are helpful to me, however there is not enough help for my mental health to make sure I get well”
- “I have been to the doctor and they have given me anxiety medication ... but they did not tell me anything about mental health support”
- “I like to see [named professional] but there is often a four week wait, he listens a lot more to me than other doctors”
- “... I have noticed a big difference as now GPs do not really listen, I feel like a number and not a person, you are now only about to talk about one issue per appointment yet I have many conditions and I find it upsetting as they are often interconnected ... ”
- “Only the last GP really listened to me, the others were just telling me I had constipation”.

➤ Other healthcare experiences

A large proportion of adult ex-offenders used a pharmacy for prescriptions, with most experiencing a positive service.

In terms of other health services used by participants, there did not appear to be any themes amongst the feedback received.

Sample of comments:

- “I was admitted to Chesterfield Royal Hospital (CRH) four days after release from prison, I was released from prison with nowhere to go and was sleeping rough, I couldn’t walk and was admitted to CRH via ambulance and was in hospital for four weeks, the care was fantastic, they did not want to release me to no fixed abode but they needed the bed and were unable to find any support for me”
- “I go to the Royal Derby Hospital (RDH) to see people about my liver as I have problems with it as it is damaged. There are long waits to see the consultant and this worries me as I never know how long I will have to wait, the communication is poor around this and could be improved”
- “I have been waiting to see a psychiatrist since Christmas. My GP has tried their best to tell them it is urgent and I was told last week I am now at the top of the list. I was sent to IAPT services but they told me when I was too ill and they could not help me and it was an incorrect referral made by the GP”
- “I have tried to access mental health support since leaving prison but this has not been successful as full records have not been received from the prison healthcare service at HMP Whatton. My mental health is deteriorating ... and I feel I have been ‘pushed from pillar to post’ without getting anywhere”.

➤ Mental health services

A number of adult ex-offenders felt there was limited support for people with mental health, with many explaining there needs to be more emphasis on prevention and putting support in place for people at an early stage, so symptoms do not progress and they do not end up in a crisis or self-medicating with smoking, drugs or alcohol.

Some adult ex-offenders also explained that when they have reached out for help for their mental health they have just been provided with medication and have not been offered support to deal with any underlying issues.

Sample of comments:

- “The mental health crisis team is not very good, they give out inconsistent messages. Different staff say different things and it is not all written down so they do not stick to the plan ... They never follow through with things nor contact you when they say they will contact you. Some just want to give you sedatives to get you to shut up. This does not work I need help not to be put to sleep”
- “More investment in mental health ... waiting for mental health support but there is a lack of a Community Psychiatric Nurses (CPN) and I have no personal support, I just have medication for it”
- “GPs do not care I have mental health issues and get low due to many physical health problems. I find it hard to talk to GPs about it ... National Probation Service (NPS) staff do not all refer to services as their focus is to prevent reoffending. They do not realise that a lack of healthy lifestyle and lack of support will impact on this target”
- “I saw many people in prison who were delusional and tried to kill themselves ... trying to access mental health services in the community is virtually impossible as I have had many symptoms and different diagnoses over the years ... for some services I am not serious enough and for others I am too difficult to treat and manage. All I ever wanted was one-to-one support to sort out Post Traumatic Stress Disorder (PTSD) resulting from childhood abuse, as this was not treated when I was aged 10 so it led to a serious mental illness (SMI) and offending. There is a massive gap in services to treat people with PTSD”
- “There is still a long way to go to reduce the stigma of people needing help for mental health, especially men. My life went out of control when a relationship broke up and lost my job, house everything. I appreciate all the support I have got from probation and have linked to drug and alcohol support. There should be more money put into prevention and awareness raising of the impact of drug taking. Most of my old friends who worked used cocaine every weekend but they did not see themselves as drug addicts. It is a macho thing and that you have spare money to throw around and a lot of my friends do it because they are trying to make them feel better about themselves and their lives as there is something missing”
- “Since I have been involved with the criminal justice system it has been very shocking to see how many people have mental health problems. This should have been sorted out when they were children as there are so many people who are not well and so if they got the help they needed they would not have been involved in crime. There should be more emphasis and support from workers to improve your whole life e.g. smoking, drinking, drugs, exercise, diet etc rather than just focus on the crime as these are often a factor why people do things as there are gaps in their lives”.

7.2 Health information

➤ Findings and understanding health related help and support

Majority of the YOs we spoke to explained they had no difficulties finding out where to go for health related help and support and felt they understood the information they received. One YO explained they relied on their mother for help and support and another explained they would just go to the Emergency Department.

There were mixed responses from adult ex-offenders with regards to knowing where to go for health related help and support. A huge proportion relied on their probation officer for the information, whilst others explained they would go to a GP.

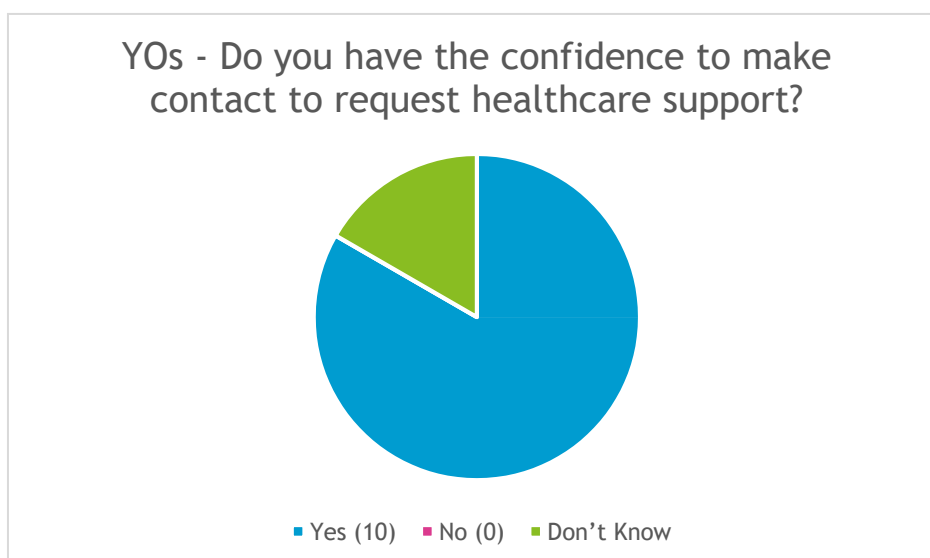
A number of adult ex-offenders felt there should be more information provided to offenders on release from prison, as people can be in prison for many years and the healthcare system can change rapidly, which results in ex-offenders not knowing where to go.

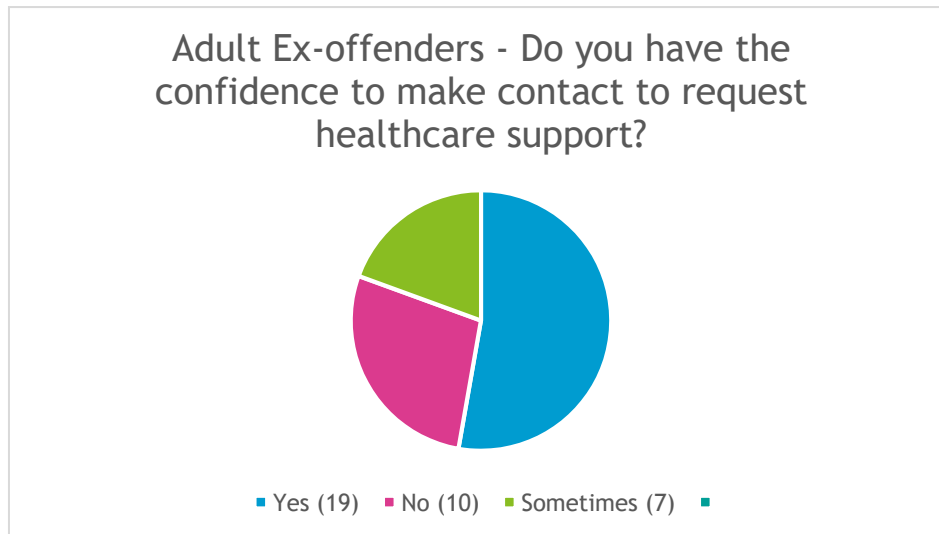
Furthermore, in terms of understanding the information received around healthcare the majority of the adults raised no issues, although a few comments were made around the complicated patient information leaflets within medication boxes.

Sample of comments:

- “I discussed with my probation officer who is supporting me to access healthcare and get the right paperwork to register”
- “I ring the probation officer for information, I go to them for most things”
- “I go to the GP to find things out”
- “I go to the GP to find things out as I like talking to people face to face. If people give me leaflets with numbers to ring I would not do it”
- “When in prison especially for many years, the professionals do not make it clear how much things have changed back in the community”
- “It took a while to get things sorted as when you are released after ten years a lot of things have changed”
- “It is hard to know where to find the right information and help for wellbeing and mental health as I know I need help to get me out and improve how I feel”
- “There are some issues when there is complex language on the tablets and leaflets but I do not mind asking if I do not understand”
- “You are given lots of leaflets with information on but really you need help to make the calls and make the initial visit to places. You need people to talk things through rather than giving you stuff to read on your own”
- “It was okay but a lot of the registration forms and health forms are very complicated and they do not need to be like this. Many people ‘kick-off’ when given things, it may just be because they do not understand it but time is not given to people to explain things. Illiteracy is a huge issue that I saw in prison especially the young people I saw inside”.

➤ Confidence to make contact to request healthcare support





Sample of comments:

- “I am confident to go to appointments but not sure how to make them” (YO)
- “I had been inside for ten years and so it was hard. The help from the hostel staff was invaluable” (adult ex-offender)
- “It is hard to motivate yourself when you feel depressed. Also I do not like having to telephone people as I find this induces anxiety. I prefer to contact people by email or on line” (adult ex-offender)
- “Sort of. After ten years you are used to being told what to do exactly and when to do it. It was confusing even for me” (adult ex-offender)
- “I am not always confident to ask. It depends on the person and how I feel about them”
- “Sometimes it depends on how I am feeling” (adult ex-offender).

➤ **Suggestions to improve health information for ex-offenders**

1. To be made aware of out-of-hours support
2. To better prepare offenders prior to release from prison
3. To provide information on all aspect of health i.e. GP, dentists, opticians and pharmacists
4. To provide online communication (or via email) for ex-offenders to be able to arrange appointments
5. To use less complicated language in information leaflets
6. For professionals to take the time to make sure people have understood what has been said.

7.3 Information, help and support whilst in prison

➤ **Were you told about how to use health services when released?**

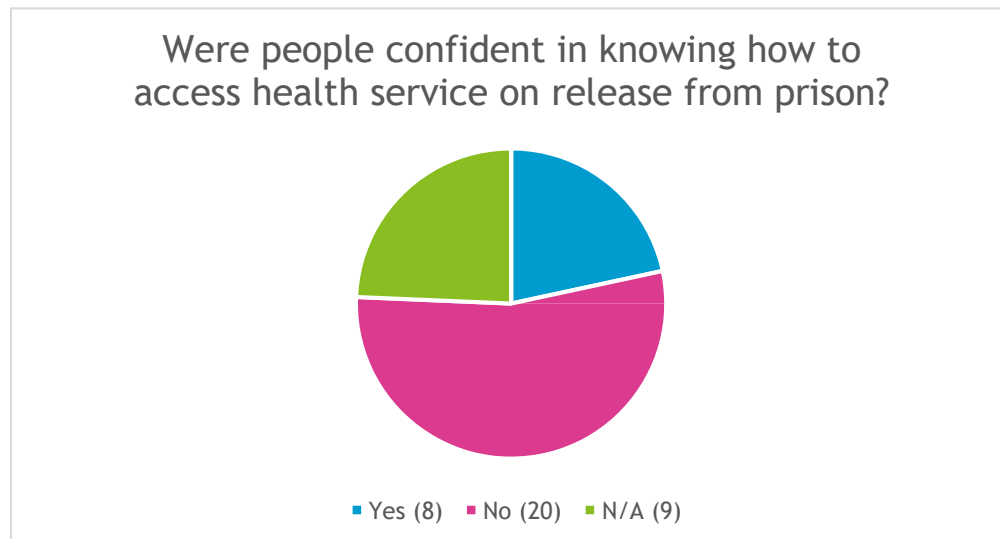
A large proportion of adult ex-offenders explained they did not receive a sufficient amount of information around how to use health services once released from prison.

Sample of comments:

- “No on how to access healthcare i.e. a GP or dentist. I did meet with a mental health worker prior to release who provided information and a number to call for support and advice and arranged my first prescription”

- “No ... I received no information on how to access healthcare or where to go for support”
- “I was told very little before being released ...”
- “I was told nothing about how to use health services when released, they just read through the license conditions”
- “I was not told anything about what to do about dental problems ... or help for mental health, or even a GP. I was just told to get my things and then I was out after signing a piece of paper that I didn’t really understand”
- “Staff need to remember that it is such a big thing being released especially after ten years, so you cannot take it all in and then remember it all”
- “I was given quite a lot of information, I was lucky as I was sent to an approved hostel which meant they made sure I had registered with a GP and got all my medication sorted. It would have been very hard to do this for myself after so many years inside as it was so confusing ...”
- “This does not happen at all in my experience, maybe in smaller prisons but in a big prison there are too many prisoners for workers to spend time with and do what they should ...”.

➤ **Confidence in knowing how to access health services on release from prison**



Sample of comments:

- “No ... but fortunately was released into approved accommodation so I got help from the workers there”
- “I did not know what to do on release and did not really have the confidence as it was all a bit too much to take in when you have just been released”
- “Not everything, someone needs to check things through with you and maybe have a list to work through. You are just thinking about what will happen when you get out not about all the other stuff and the practicalities. The pressure and stress really increases when you are about to be released when you have been in for so many years”
- “I went into prison as a child and came out as an adult, I was never given any help, support or advice by staff to let me know how much things had changed and how I needed to look after myself and how to register with a doctor etc ...”.

➤ **Suggestions to improve health information on release from prison**

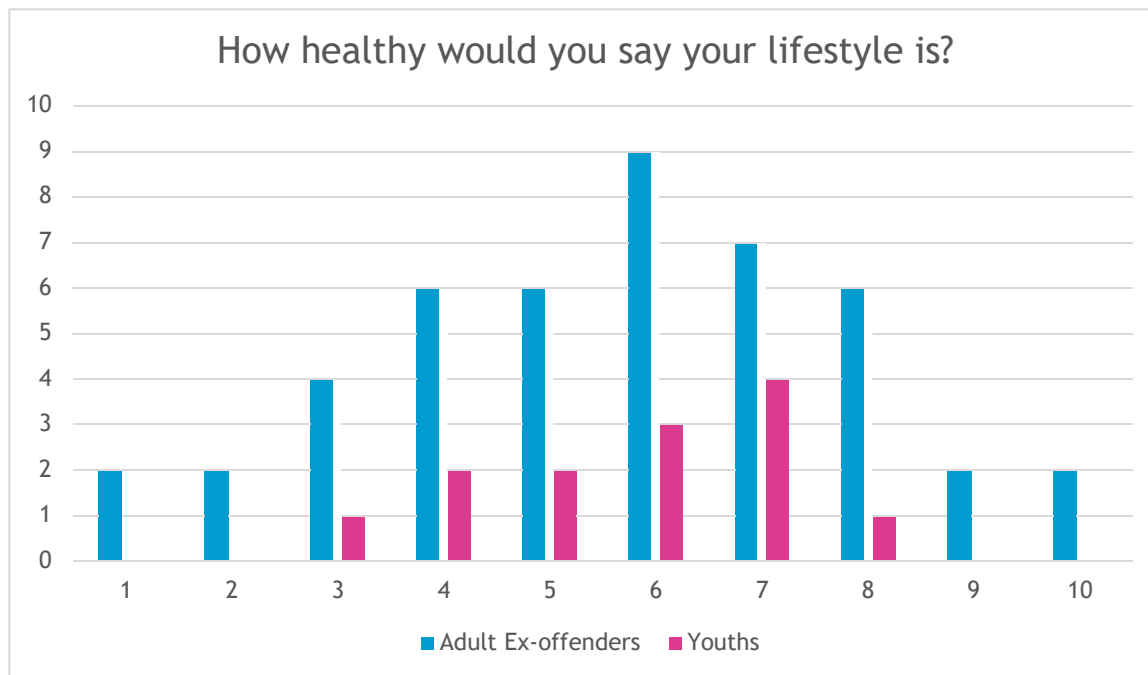
1. More support around mental health

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2. To receive sufficient information on release from prison in an accessible format
3. To be prepared and know what to do on release from prison
4. Less paperwork on release from prison so people have the time to read through the information they are given and digest it
5. Clear information around healthcare and better communication on release from prison.

7.4 Health and well-being

- **Rate how healthy your lifestyle is on a scale 1 - 10 (1 being really unhealthy and 10 being very healthy)**



Majority of the YO's were happy with how healthy their lifestyle was. However, many adult ex-offenders explained how unhappy they were due to poor diets and mental health.

Sample of comments:

- "I eat too much of the wrong foods and I drink too much carbonated drinks. It's not easy where I live, I am in a hotel room and have no cooking facilities"
- "I am not happy, my mental health prevents me from being at a place where I can make the changes that are probably needed as I know I should not drink or smoke and I should eat good things"
- "I am not happy with my mental health and feeling anxious"
- "I am okay but would like to get fitter and exercise more but it is expensive when you have little money"
- "Not happy, I would like to be more healthy but I don't not know what to do"
- "I was fit when I left jail and I have since put on weight, in jail I had a purpose but outside I have nothing".

- **Suggestions to improve health and wellbeing of ex-offenders**

1. To have support to get back to 'normality', for example suitable housing and work
2. Better access to dental services
3. Help to stop smoking and/or more publicity on who to contact
4. Affordable activities for people to participate in and keep fit
5. Quicker access to mental health support and more information on how to access support

6. Information and support on healthy food options and how to prepare/cook healthy, low cost meals.

8 What should happen now?

1. **To ensure that all offenders are provided with clear information and support on all relevant healthcare services prior, and on release from prison:**
 - Details of how to register and access a GP, dentist, opticians and pharmacist
 - What support is available out of hours (NHS111)?
2. **Improve mental health support:**
 - To improve signposting to mental health support in primary care
 - Quicker access to mental health support
 - More emphasis on preventing mental ill health and supporting people to deal with any underlying issues.
3. **Ensure that the information provided to offenders on release from prison is in an accessible format:**
 - Ensure people are able to digest and understand the information provided
 - For professionals to take the time to make sure people have understood what has been said
 - Ensure language used in paperwork/leaflets is understandable to all.
4. **Work to improve the health and well-being of ex-offenders:**
 - To support people to access work and suitable housing
 - Signpost people to affordable keep fit activities
 - Provide people with information and support on healthy food options and how to prepare/cook healthy, low cost meals.

9 Response from service providers and commissioners

The Reducing Reoffending, Offending and Offender Health Group commissioned a Health Needs Assessment to better inform decision-making relating to the health and care provided to offenders residing in Derby City and Derbyshire. A sub-group has been established, chaired by the Assistant Director of Public Health from Derbyshire County Council, and with a membership that includes representatives from commissioners and providers across both criminal justice and health and care. The remit of the group is to implement actions identified within the HNA recommendations.

The group welcomes this report that provides additional insight on how organisations can better meet the health needs of offenders in the community. Additional information relating to the specific recommendations are included in the table below.

What should happen now?	Service provider/commissioner response:
<p>1. To ensure that all offenders are provided with clear information and support on all relevant healthcare services prior, and on release from prison:</p> <ul style="list-style-type: none"> • Details of how to register and access a GP, dentist, opticians and pharmacist • What support is available out of hours (NHS111)? 	<p>The group agrees that ensuring that offenders released from prison have been provided with information, in an appropriate format, is important to allow them to access healthcare services in the community.</p> <p>The group has considered the information that is provided to all offenders in the community, including those released from prisons, and will continue to work across organisations to further develop information and materials provided to offenders. The group will also consider whether more can be done to ensure probation staff have the relevant skills to support offenders with health needs, for example being able to offer the right support from a place of knowledge and confidence, and to inform healthcare staff of the health needs of offenders in the community.</p>
<p>2. Improve mental health support:</p> <ul style="list-style-type: none"> • To improve signposting to mental health support in primary care • Quicker access to mental health support • More emphasis on preventing mental ill health and supporting people to deal with any underlying issues. 	<p>There are a number of services that are provided to all Derbyshire residents who need mental health support, to complement healthcare services and to help with promoting healthier lifestyles, accessing community groups, accessing education, volunteering and work opportunities, overcoming barriers in day to day life</p> <p>These include:</p> <ul style="list-style-type: none"> • Adult Social Care Enablement service • The Recovery and Peer Support Service • The Independent Living Service (support to maintain tenancy). <p>These services can be accessed by referral from professionals or by self-referral. To enable those leaving prison to access these services in a timely way, we need to ensure that Through the Gate workers make appropriate referrals to these services, prior to release, including sharing risk assessments where required. Partnership working/discussion could improve referral arrangements.</p> <p>The NHS Long-term plan includes a new community mental health framework that will improve support for living independently, healthy lifestyles, trauma based interventions</p>

	<p>and addressing co-existing substance misuse issues.</p> <p>Development work is in progress to redesign access to community mental health support for those that fall between primary and secondary care and to develop closer working between primary care services and community-based provision (including peer support and self-help approaches). In Tameside and Glossop this is being taken forward by the Living Life Well approach and there are plans to implement a similar approach across Derbyshire.</p> <p>In addition, Adult Social Care is currently developing a working age accommodation strategy which will encompass housing needs for vulnerable people or those with care/support needs.</p>
<p>3. Ensure that the information provided to offenders on release from prison is in an accessible format:</p> <ul style="list-style-type: none"> • Ensure people are able to digest and understand the information provided • For professionals to take the time to make sure people have understood what has been said • Ensure language used in paperwork/leaflets is understandable to all. 	<p>Please see response to recommendation 1.</p>
<p>4. Work to improve the health and well-being of ex-offenders:</p> <ul style="list-style-type: none"> • To support people to access work and suitable housing • Signpost people to affordable keep fit activities <p>Provide people with information and support on healthy food options and how to prepare/cook healthy, low cost meals.</p>	<p>The group will continue to work to improve the pathways of care for offenders in the community. Three priority areas that have been identified already are ensuring access into substance misuse, mental health and learning disability and autism services. The group will finalise development and monitor implementation of these pathways.</p> <p>Co-location of lifestyle services within probation offices is currently being piloted in Derbyshire, thus providing easier access to specialist advice and support on adopting a healthier lifestyle.</p> <p>There are good links in place between probation colleagues and housing and education and employment providers, both of which can be key determinants of an individual's health.</p>

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	<p>The group will continue to explore options for improving the health and wellbeing of offenders in the community, and are considering models of care that are commissioned specifically for this purpose in other areas.</p>
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