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PUBLIC

To: Members of Cabinet Member - Adult Care

Thursday, 3 June 2021

Dear Councillor,

Please attend a meeting of the **Cabinet Member - Adult Care** to be held at **11.00 am** on **Friday, 11 June 2021** in Members Room, County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

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

Helen Barrington
Director of Legal and Democratic Services

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 - 2)
To confirm the non-exempt minutes of the meeting of the Cabinet Member

– Adult Care held on 29 April 2021.

4. Older People's Interim Market Position Statement and Engagement Report (Pages 3 - 74)
5. Review of Urgent Officer Decisions Taken to Support Covid-19 Response (Pages 75 - 132)

PUBLIC

MINUTES of a meeting of the **CABINET MEMBER – ADULT CARE** held on 29 April 2021

PRESENT

Councillor J Wharmby (in the Chair)

Also in attendance was Councillors C Dale and S Swann.

No apologies for absence had been received.

19/21 **MINUTES RESOLVED** that the minutes of the meeting held on 15 April 2021 be confirmed as a correct record.

20/21 **REVIEW OF URGENT OFFICER DECISIONS TAKEN TO SUPPORT THE COVID-19 RESPONSE** The Cabinet Member received an update in relation to Officer's Decisions utilising emergency decision making powers and assurance in relation to the reviews which had been made.

The decisions related to short-term temporary arrangements which were subject to regular review. It had been intended that as Cabinet was now able to function by meetings being held 'remotely' the need for officers to make urgent decisions would diminish, however, they would be kept under regular review by elected members and officers. On 4 June 2020, it had been agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member, with a summary of review decisions made be reported to Cabinet every two months.

The report detailed summary updates on the reviews taken place since the last Cabinet Member meeting on 15 April 2021. All review decisions had been discussed with the Executive Director and Cabinet Member following review by Senior Management Team. A copy of the most up to date version of the Officer Decision Records was attached at Appendix 1.

The Principal Social Worker had been engaged and consulted with over the initial decisions and had reviewed the latest updates. They were satisfied that the original decisions had been made with due regard for the Department of Health and Social Care Ethical Framework, the Care Act easement guidance and were aware of the review processes in place.

RESOLVED that the Cabinet Member note (1) the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and (2) that future review decisions would be made on a fortnightly basis by the Cabinet Member for Adult Care.

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Agenda Item No:

DERBYSHIRE COUNTY COUNCIL

CABINET MEMBER

11 June 2021

Report of the Executive Director for Adult Care and Health

**OLDER PEOPLE'S INTERIM MARKET POSITION STATEMENT AND
ENGAGEMENT REPORT**

ADULT SOCIAL CARE

1. Purpose of the Report

To seek approval for the publication of the Older People's Interim Market Position Statement and the underpinning Engagement Report.

2. Information and Analysis

The main aim of a Market Position Statement is to encourage commissioners, people who use services, carers, and provider organisations to work together to understand and define what care services and support is needed in the area and why.

Following the publication of the Older People's Housing, Accommodation and Support Strategy 2019-2035; an Older People's Nursing, Residential, Extra Care and Homecare Services Market Position Statement (MPS) was produced and published 27 February 2020.

However, as the impact of the Covid-19 pandemic became clearer, it was agreed that a refreshed Interim MPS was required – see Appendix One.

As part of the process to produce an IMPS, an engagement exercise to gather information about what is important to people when making decisions about their care and support, and where they live, took place from Monday the 25th of January 2021 through to Monday the 8th of February 2021. The engagement was targeted on a total of 1,000 individuals and family carers already known to Adult Social Care because they already received care services and were likely to have considered their current housing and accommodation options.

106 people took part in the engagement from all the identified cohort of stakeholders. The majority of people who did respond wanted to remain in

their own home, with additional support or adaptations as required. Details of the responses are set out in the Engagement Report – see Appendix Two.

The draft Interim Market Position Statement was shared with representatives of the Derbyshire Care Providers Association to ask if they had any feedback or comments. The production of the IMPS was welcomed and the suggestion that this will be part of an on-going dialogue to better understand impact of Covid-19 on the overall market. There was no disagreement about the content as we regularly share the information about occupancy and placement numbers with them and their colleagues.

3. Financial Considerations

The future commissioning model for older people's Housing, Accommodation Support inevitably links with the MPS and it is the MPS that will provide the basis for targeted funding for the next 5 to 10 years and the associated commissioning of beds. It is intended to produce a fully revised Older People's MPs during 2021-22.

4. Legal Considerations

The Care Act 2014 sets out the law around market development in Adult Social Care. It enshrines in legislation duties and responsibilities for market-related issues for the Department of Health, CQC and for local authorities.

- Section 5 - sets out duties on local authorities to facilitate a diverse, sustainable high quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.
- Sections 48 to 56 - ensures that no one goes without care if their provider's business fails and their services cease. It covers:
 - - CQC market oversight
 - local authority duties for ensuring continuity of care in the event of provider failure and service cessation

Because a Market Position Statement is often the starting point of a council's market shaping process, it is important to develop this in an equal partnership with people using services and other important stakeholders. This is emphasised within the 2017 Adult Social Care Market Shaping Guidance.

5. Other Considerations

In preparing this report the relevance of the following factors has been considered: Human Resources, Legal and Human Rights, equality of

opportunity, health, environmental, transport, property, social value and crime and disorder considerations.

6. Background Papers

Older People's Housing, Accommodation and Support Strategy 2019-2035.
Older People's Nursing, Residential, Extra Care and Homecare Services
Market Position Statement (MPS) 27 February 2020

7. Key Decision

No

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

No

9. Officer's Recommendation

That the Cabinet Member approves the publication of the Older People's Interim Market Position Statement and the underpinning Engagement Report.

Helen Jones
Executive Director – Adult Social Care & Health
County Hall
Matlock

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Interim Market Position Statement Older People's Nursing, Residential, Extra Care and Homecare Services 2021 - 2022

Introduction

This interim Market Position Statement focuses on what we see as our key pressures in Derbyshire Adult Social Care during 2021-2022, for Nursing, Residential care, Extra Care and Home Care provision for older people.

Page 8 This document is intended to give information and analysis which describes the type of care and support that DCC will wish to commission in the future, that will help people to increase their independence, choice and control and help us to address these pressures.

It sets out how we plan to purchase services and work with providers of care and support to promote best practice and understand the future environment and decide how to develop this in line with our vision in a post-Covid world.

Why do we need a Market Position Statement?

- To encourage commissioners, people who use services, carers and provider organisations to understand what resources are available.
- To set out what we think care provision in Derbyshire should look like in the future and why
- Duty under the Care Act (2014)
- The NHS 10 Year Plan

Who is this for?

- Existing and potential Providers of adult social care and support.
- Voluntary and community organisations as well as people interested in local business development and social enterprises.
- Derbyshire Citizens who are interested in co-producing services.



Executive Summary - Key Messages for the Market



We are now seeing a **reduction in the demand for long term residential care** which could lead to an oversupply in the current market.



Page 9

There is a predicted **increase in the demand for nursing care** (and the delivery of nursing support/staffing) of which there is an undersupply in the current market.



There is an **increase in the demand for homecare**, particularly in some geographical and rural areas, of which there is an undersupply in the current market.



There is a **need for quality, affordable and suitable housing and housing with care**, of which there is an undersupply in the current market.



We do not yet fully understand people's views of accommodation and support following the impact of the pandemic and **we plan to undertake more comprehensive citizens' engagement** in the near future, to further inform our direction of travel.

Key Messages for the Market



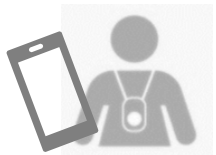
Through the Better Lives Programme, we will support Derbyshire citizens to **achieve the most independent outcome possible and live their best life regardless of age or disability.**



We need to ensure our Adult Care offer is sustainable within the current financial context.



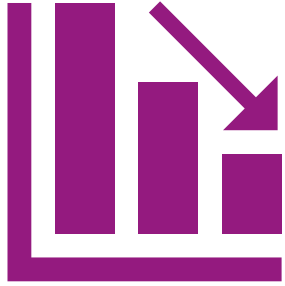
We want to **increase the availability and responsiveness of homecare and short-term care** provision to support hospital discharge.



There is a need for an increase in the **provision of assistive technology, digital solutions, equipment and adaptations** to enable people to remain independent for longer.



We will continue to **work collaboratively with providers, to address workforce challenges and support the development of the market** to ensure access to quality care and support.



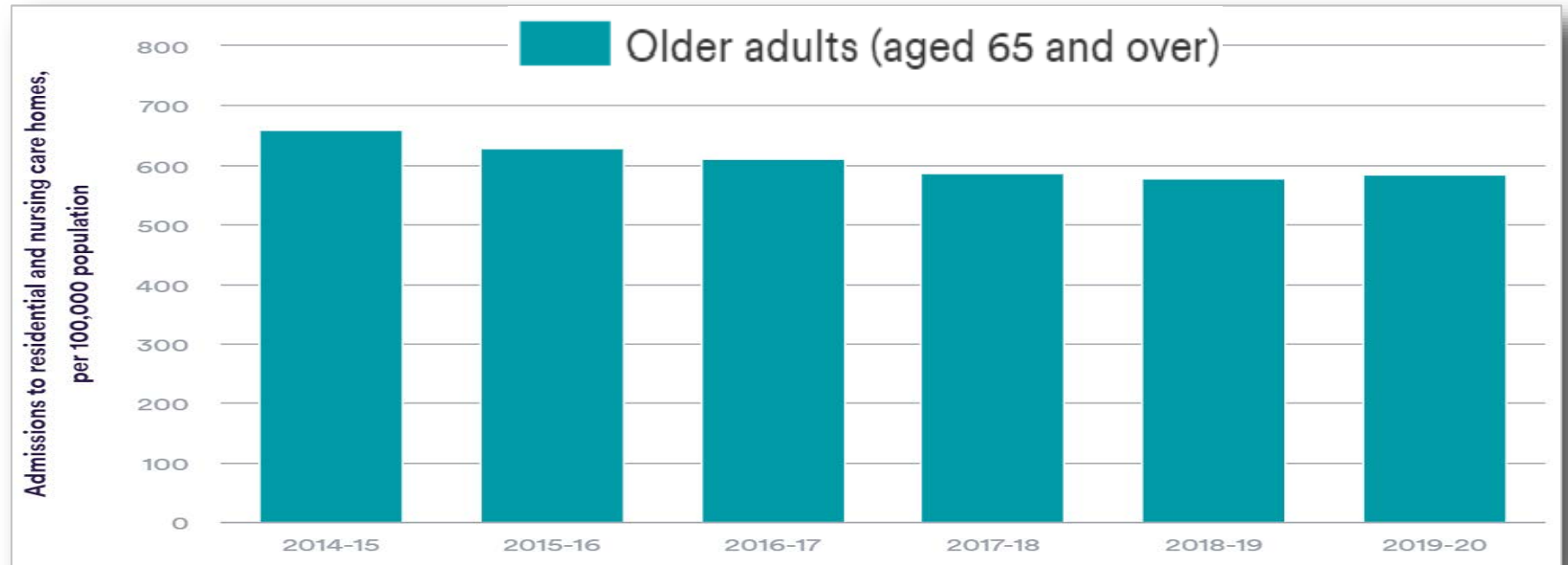
**What do we know that we want
to tell you?**

The National Picture

- ONS data from the 2011 Census tells us that from 2001 to 2011, the increase in the number of people in care homes (avg. 1.3%) did not rise in line with the general population (avg. 13%).
- Contrary to expectations, the 45% increase in the number of people aged 85+ since 2001 has not resulted in a corresponding increase in demand for residential care - in fact the opposite has occurred. There was a reduction of 4.4% in the number of people aged 85+ in residential care between 2001 and 2017 and a 10.4% reduction between 1996 and 2017 (LaingBussion 2017).
- The chart below shows that the number of Council supported admissions of older people (65+) to care homes has dropped by 11.3% over recent years, from 659 per 100,000 of the population in 2014-15 to 584 by 2019-20.

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There has been an overall reduction in the number of people being admitted to long term care

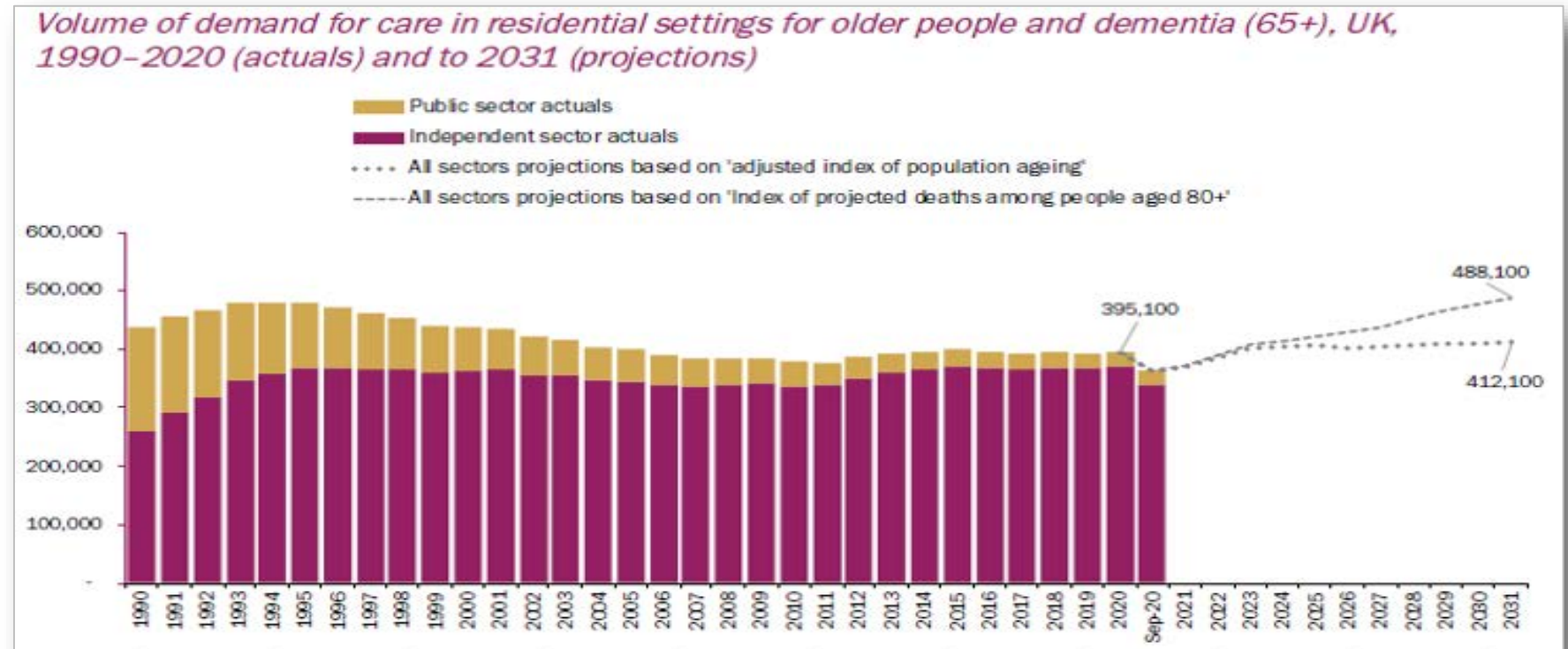


Source: NHS Digital, Measures from the Adult Social Care Outcomes Framework

The National Picture – The Future

- It is widely accepted that there will be increased demand for long-term care and support over the next 10-20 years.
- Recent modelling by Laing-Buisson (2021) suggests there will be a lower number of people accessing residential care in future than the ONS based figures suggest.
- The graph below shows two different projections for the next decade – the lower projection is in line with our current knowledge but could be further impacted by Covid-19 and more people staying at home.
- The higher figure is based upon ONS projections of deaths and an assumption that entering a care home is inevitable in later years, but we know people are choosing alternative long term care options.

Modelling suggests fewer people will access residential care in future

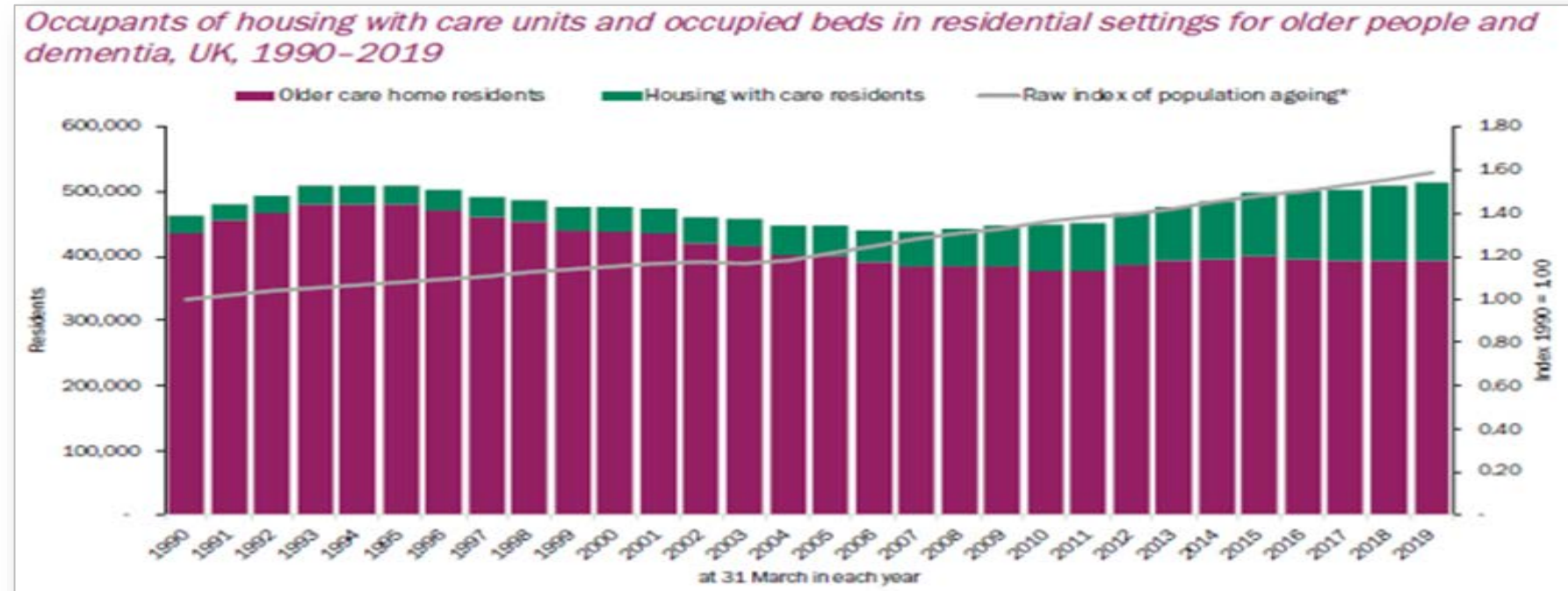


The National Picture – Housing with Care

- Modelling suggests around 17,000 residential care places will be needed nationally - this may reduce further for a myriad of reasons, including improved medical treatments, changes in lifestyle and people's expectations, changes in the economic and political landscape, and other societal variations which will occur over future decades.
- Growth in the housing with care sector has been instrumental in reducing demand and is likely to continue, as is the increased use of homecare. COVID-19 has now reduced confidence in care homes.
- The graph below shows a relatively static residential care home population over the past fifteen years, against an increasing housing with care population, filling the space between residential care occupancy and increase in the number of older adults.

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Growth in the housing with care sector and increased use of home care has reduced the demand for residential care

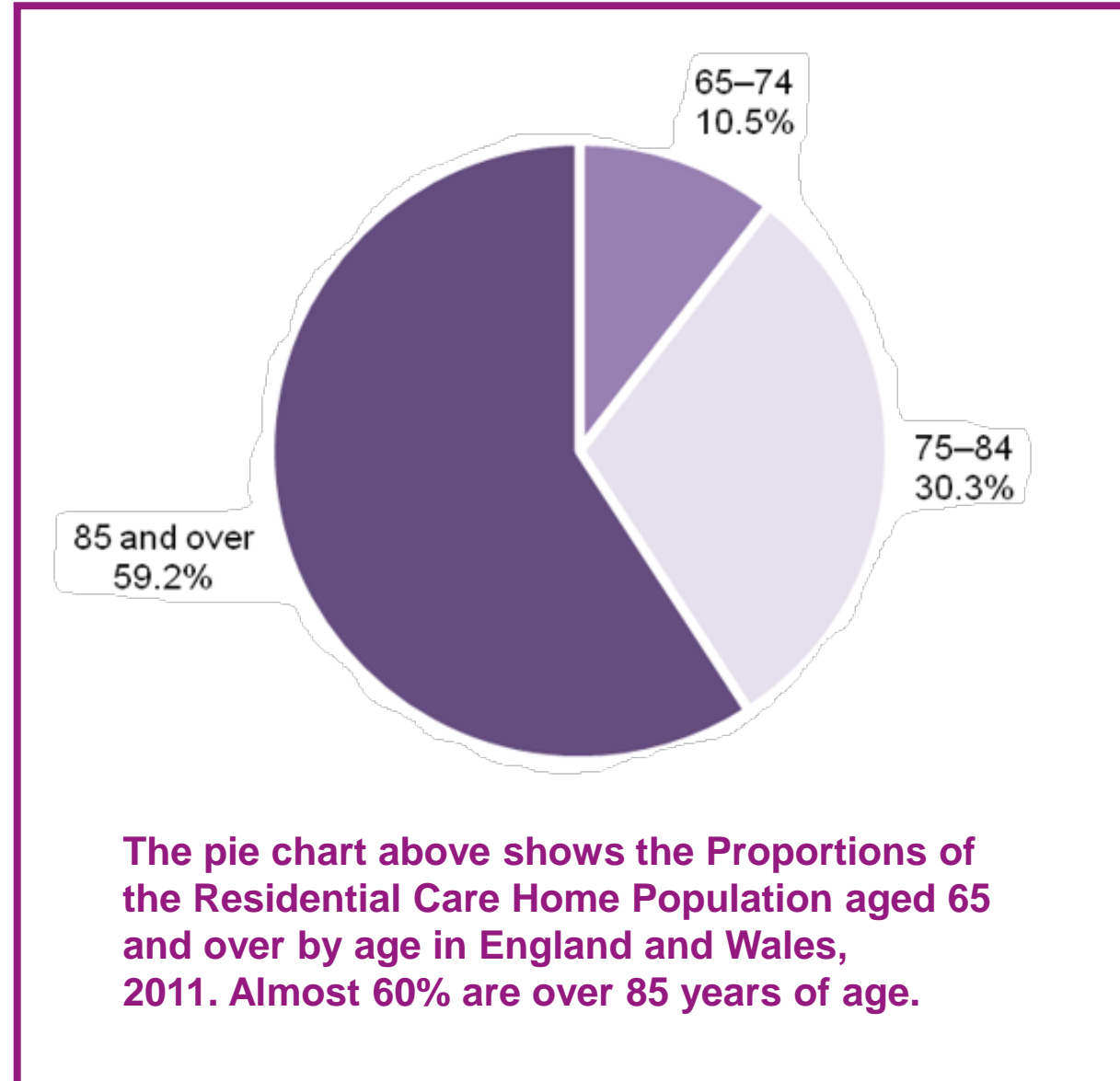


The National Picture – Home for Longer

People are choosing to live at home for longer and entering care homes later, with more acute needs

- We know more people are choosing to remain at home for longer or live in alternative types of long-term accommodation with care and support.
- More people are either living out their whole lives in their own homes with support, or move to a care home much later in life with increasingly complex needs.
- More people with less complex needs, who would have been in residential homes in the past, are now supported to remain at home.
- Residential home providers tell us they are now supporting people with more complex needs who would previously have had their needs met in nursing care homes.
- A survey of local authorities undertaken by The Family and Childcare Trust in 2017 found that 81% of local authorities in the UK said they had enough care home places, but only 37% reported that they had enough places in nursing homes with specialist dementia support.

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The Derbyshire Picture

Care home buildings in Derbyshire

61% of homes were purpose built

39% of homes were not purpose built



There are **more self-funders** in the High Peak and Derbyshire Dales



Bed-based services	Total
Residential homes	146
Council owned residential homes	17
Extra care schemes	9
Council Community Care Centres	5



Population

By 2039 nearly 30% of people in Derbyshire will be aged 65 and over

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CQC Ratings of Services



Require Improvement or Inadequate



Good or Outstanding

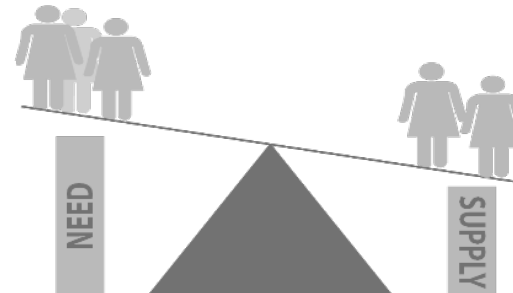
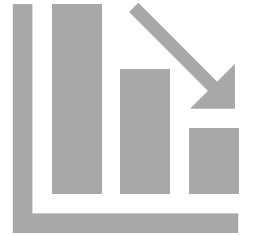
Care Providers

38 Sole Traders 26%

108 Regional/national companies 74%

Admissions to residential care homes

have reduced over the past two years (2019 and 2020)



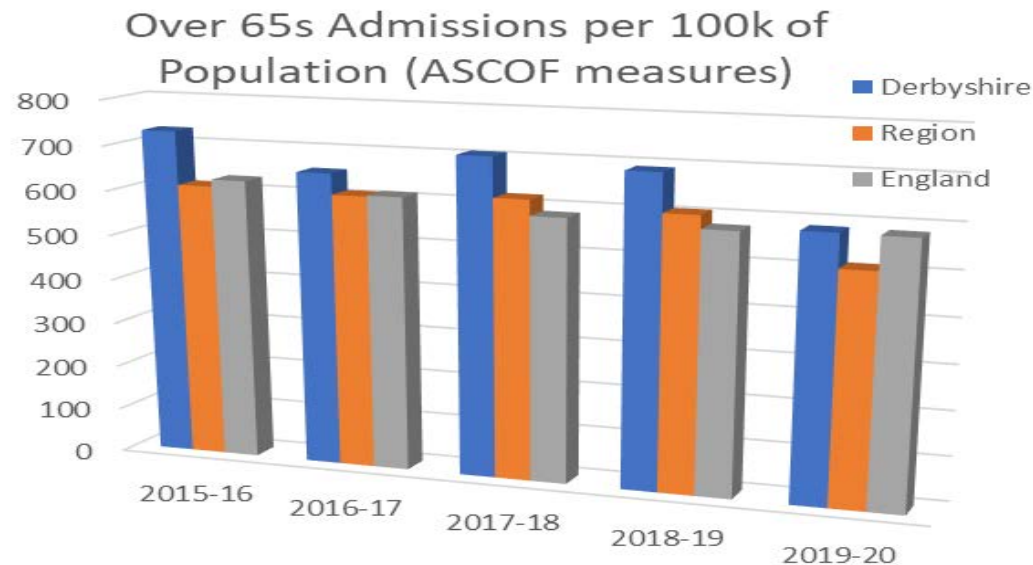
Staffing

There is a shortage of nursing and care staff, this is a particular issue in rural areas

The Derbyshire Picture – Long Term Care

- During 2018-19, the Council funded an average of 1881 placements in long-term residential care and 1308 in nursing homes every week.
- Our data shows admissions to residential care have been reducing over recent years, while the use of home care has been increasing.
- Data published by the Adult Social Care Outcomes Framework confirms the reduction but also shows Derbyshire historically, and still does, place more people aged 65+ into long-term care, compared to our regional neighbours and the average for England (see graph below).

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- Derbyshire's long-term care admission rate per 100,000 of population was 730.7 in 2015-16, this fell to 585.3 in 2019-20 - a drop of 25% (145.4) despite an expanding Derbyshire population.
- Local demand is following national trends and shows a period of decline prior to the pandemic
- Data from April 2020 to January 2020 confirms a significant COVID related reduction in monthly admissions to long-term care.
- By February 2021, 37% (118 of 317) of providers were reporting occupancy rates below 80%, compared with just 14 in March 2020.



- Lower levels of demand are likely to continue for an extended period: recent research by the Institute for Public Policy Research found 1/3 of people are now less likely to seek residential care for an elderly relative and 40% of over 65s are less likely to consider it for themselves.
- Fewer long-term residential placements are needed, and the shrinking market is likely to result in the closure of some establishments.

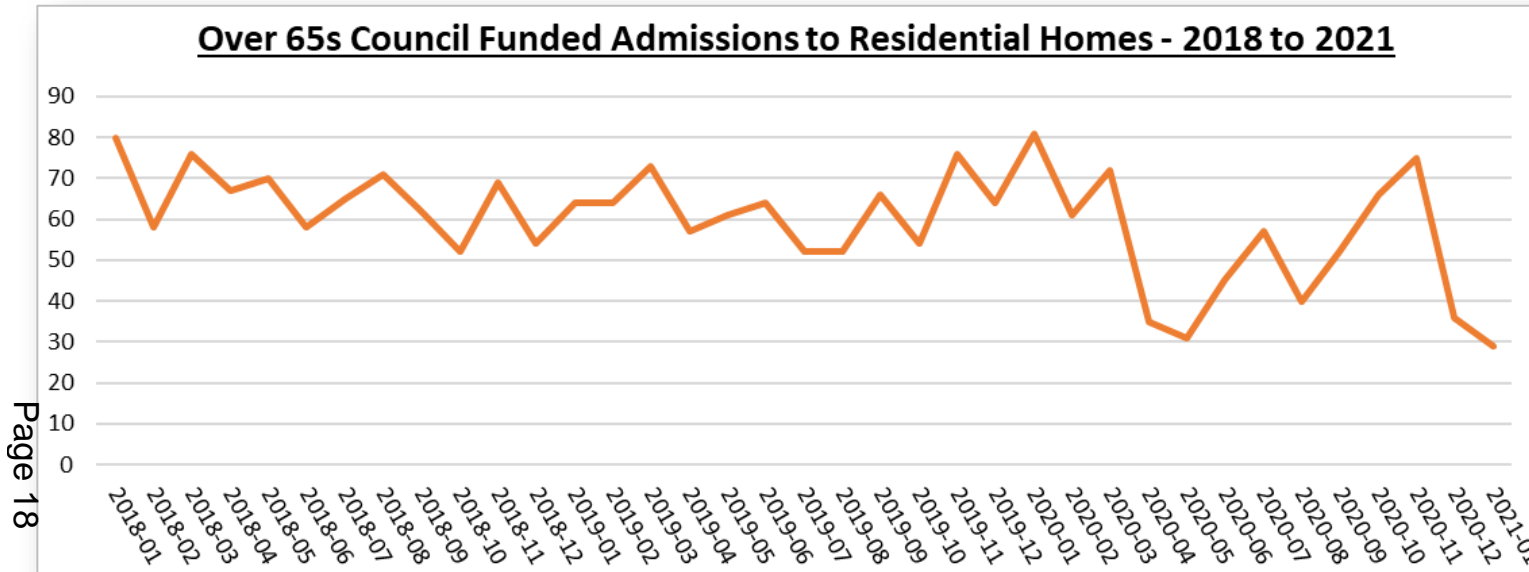
Residential Care in Derbyshire



There are currently 79 residential homes (Feb. 2021) contracted with the Council, providing a combined capacity of 2833 beds (CQC - 08/02/21).

Two are rated as outstanding, 61 are good, while 14 require improvement and 2 are inadequate.

[Derbyshire Care Directory](#)



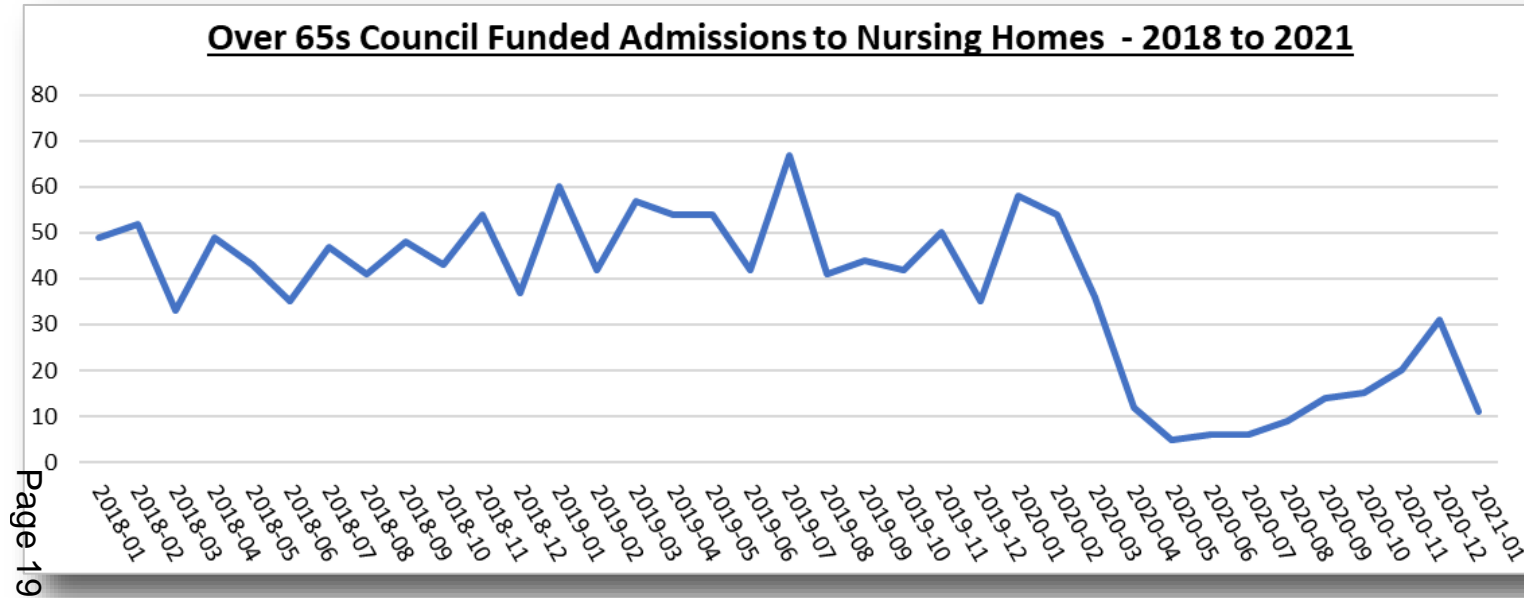
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- Derbyshire data tells us **782 people funded by the Council entered long-term independent sector residential care in during 2018**, reducing by 4% to 747 in 2019, an average of 65 and 62 respectively each month.
- **During 2020, admissions fell a further 13%** to 651 for the year, giving a monthly average of 54.
- From June 2016 to March 2020, the number of vacancies reported by residential care providers each month averaged 211 (range 170-254). **Since April 2020 the average number of vacancies per month has increased by 166%** to 559 (range 524-660). The national Capacity Tracker provided vacancy data from April 2020, which encouraged greater transparency for self reporting vacant beds.
- The graph on this page shows the **ongoing trend of declining council funded admissions to residential care** from January 2018 to January 2021.

Nursing Care in Derbyshire



Over 65s Council Funded Admissions to Nursing Homes - 2018 to 2021



The Council contracts with 67 (Feb. 2021) establishments registered to provide nursing care in Derbyshire, together they have a capacity of 2983 beds (CQC - 08/02/21). Two are rated as outstanding, 47 are good, while 15 require improvement and 2 are inadequate (plus 1 yet to be inspected).

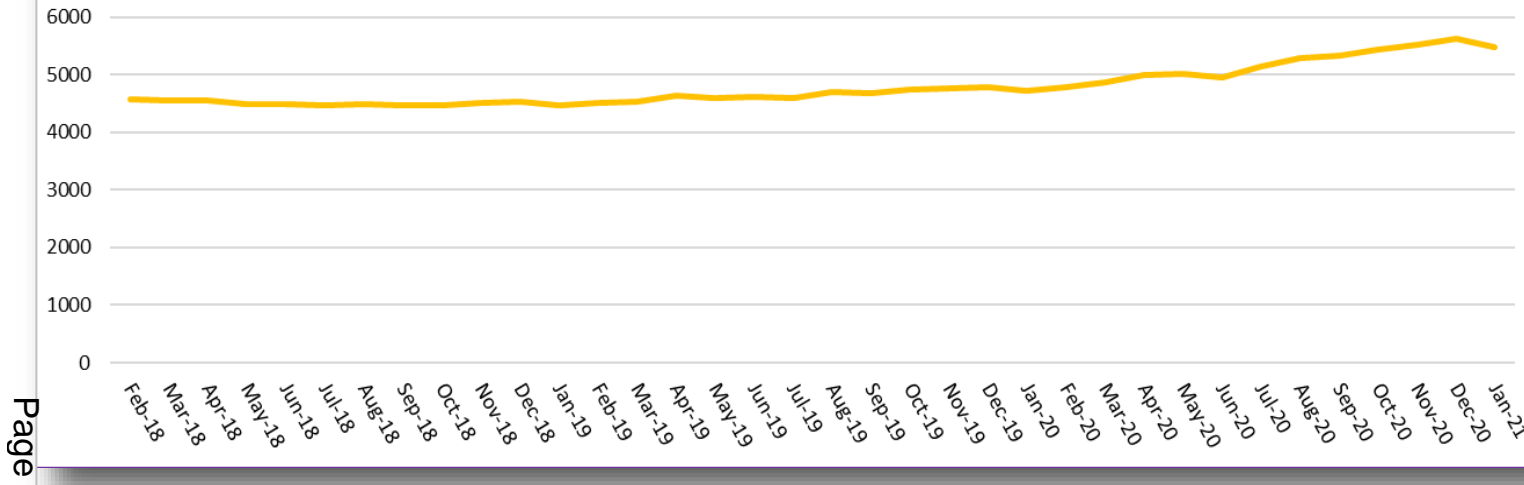
[Derbyshire Care Directory](#)

- Derbyshire data tells us **531 people funded by the Council entered long-term independent sector nursing care during 2018, increasing by 11% to 588 in 2019**, an average of 44 and 49 respectively, each month.
- **Total admissions during 2020 fell by 55% to 266**, a monthly average of 22. There has been a drop in Nursing Care placements during the pandemic, but **demand is expected to grow based on our increasing ageing population with complex needs.**
- From June 2016 to March 2020, the number of vacancies reported by nursing care providers each month averaged 214 (range 156-270), **from April 2020 to January 2021 the average number of vacancies per month was 508 (range 455-560), an increase of 137%.**
- The graph on this page shows **the increasing demand from January 2018 for council funded nursing placements** and the subsequent reduced demand during 2020 and the pandemic.

Home Care in Derbyshire



Number of People Supported to Live at Home by a Homecare Service 2018-2021



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As of February 2021, the Council contracts with 57 companies registered to provide home care and support in Derbyshire.

There are no companies currently rated as outstanding by CQC but 50 are good, while 6 require improvement and 1 is yet to be inspected (26/02/21).

[Derbyshire Care Directory](#)

- Demand for homecare services from people who live in their own homes and are aged 65 and over, has been increasing at pace. An average of **4504 people were supported by home care services every month during 2018. This increased by 3% to 4656 during 2019.**
- **The number of people supported during 2020 increased by a significant 12%,** or 5,201 per month average, in spite of people withdrawing from care due to the perceived risk of COVID infection. 5,439 people were supported in January 2021 and our area demand figures tell us that over the last 12 months on average there were **102 people waiting for a service** – this figure includes people currently without support and others who may already receive support but need to change the type of support or provider, e.g. transferring from short-term to long-term services and hospital discharges.
- Our data also tells us that in Q3 of 2020-21 (Oct - Dec 2020) 129 or **87.7% of people referred to the Council after being discharged from hospital were supported to remain at home.**
- There are particular challenges in recruiting and retaining home care staff in the rural areas of Derbyshire.

The Cost of Care in Derbyshire

During 2019/20, the Council spent **£263 million** on services for adults in Derbyshire, of this, **£113 million** was spent on services for older people. The 2019/20 costs of older people's accommodation and homecare support are summarised in the graph on this page.

Overall expenditure for 2020/21 increased to **£264.5 million** and the budget for 2021/22 has risen again to **£266.3 million**.

Page 21 Each year the Council undertakes fee setting to review and take account of the inflationary costs impacting on care providers and the services they deliver. Further information about current residential and nursing Care fee rates are available [on our website](#).

Derbyshire offers nursing and residential care home providers a **Dementia Care Payment** to encourage the use of evidence based standards in relation to dementia care practice and the care environment. This contributes towards the additional costs incurred supporting an individual with dementia.



Engagement and Key Themes

- During early 2021 an engagement exercise was undertaken to gather information about what is important to people when making decisions about their care and support, and where they live.
- We heard from 106 respondents who provided a range of important feedback.
- It is important to note that the impact of the Covid-19 pandemic will have been at the forefront of people's minds - we hope to run a broader engagement exercise at a future date.
- Following analysis of the responses we have extracted the following **key themes**:

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Quality of Care very important – people cited positive examples of person-centred care.



Choice and Control over care provision very important



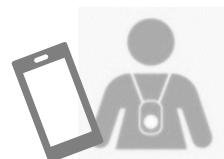
Increased **Social Isolation** was cited by many people and having increased due to Covid-19.



The majority of respondents did **not want to go into a care home**



Desire to receive support that increases **independence and confidence**.



Equipment and Adaptations have had a positive impact on keeping the person in their own home.



People overwhelmingly wanted to **stay in their own home as long as possible**.



Improved support for carers was highlighted as important by many.

What People Told Us

The key themes and what people told us **support the direction of travel that more people want to stay living in their own homes** and communities but with the right care, support and accommodation.

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“I want to care for my wife at home with support from carers as long as possible”

“I would like to see people as I felt lonely even before the pandemic. If not for the carers, I wouldn't see anyone”

“My home has been adapted to help me to remain here for as long as possible”

“I would be concerned about the regularity of care. My mum's carers never turned up on time.”



“There is a lack of accessible premises where you can meet people over 80 to have social time with”

“I don't think I can live in my own home for much longer as it doesn't meet my needs, however I don't want to be put in a care home”

“I have promised to keep my mother-in-law in our own home for the rest of her life.”

“I can't care for someone if I don't have the care and support in the future.”

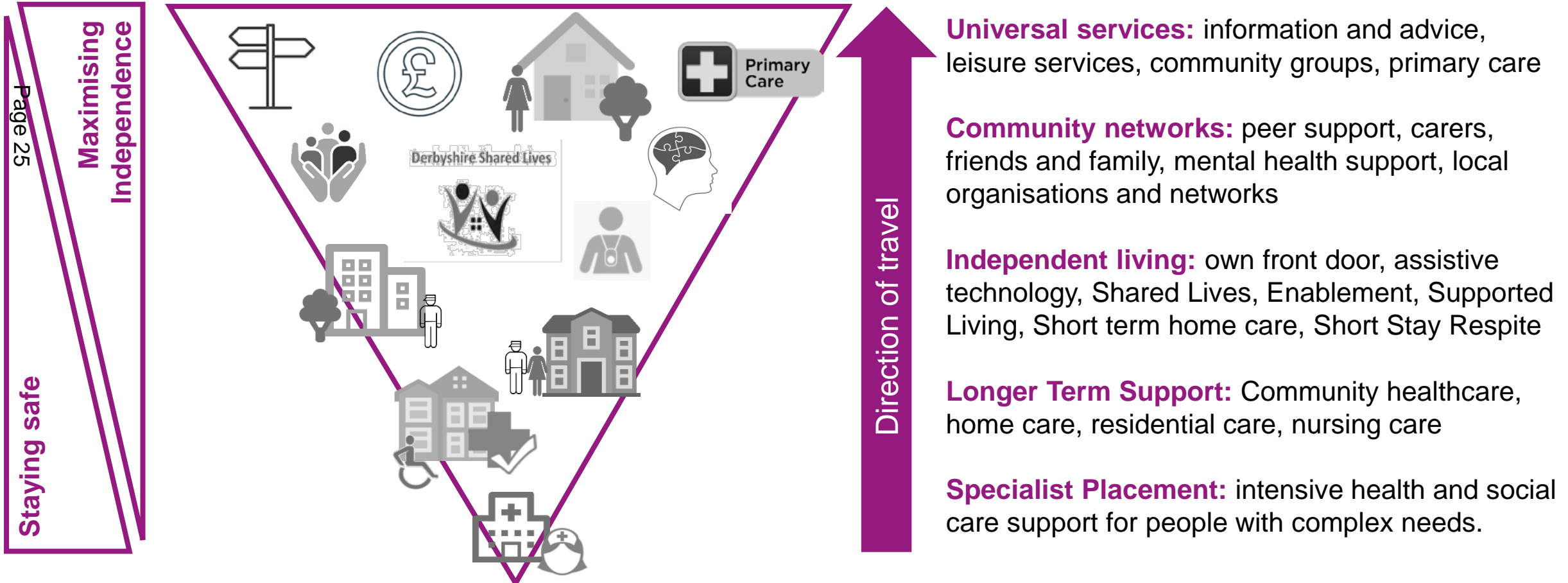


What are we doing about it?

Prevention and Early Intervention

People have told us they want to live at home for longer, they want support when needed and in a way that enables them to live as full a life as possible. We are taking steps to respond to this in the way we commission support and recognise the need to develop a much stronger emphasis on some existing types of support which are community and housing based as well as new and innovative forms of care for the future.

In recent years there has been a significant drive towards **prevention and early intervention** and we need to develop more options and best practice models to enable those who require support to access community services to help them live as independently as possible.



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Maximising Independence

Staying safe

Derbyshire Shared Lives

Primary Care

Universal services: information and advice, leisure services, community groups, primary care

Community networks: peer support, carers, friends and family, mental health support, local organisations and networks

Independent living: own front door, assistive technology, Shared Lives, Enablement, Supported Living, Short term home care, Short Stay Respite

Longer Term Support: Community healthcare, home care, residential care, nursing care

Specialist Placement: intensive health and social care support for people with complex needs.

Direction of travel

Working Together Across the System

People have also told us they want services that work together with all stakeholders, to improve quality and develop the range of support options available.

We are working to join up health and social care because we know people want seamless services that talk to each other and support each other, and we know providers want consistency from Commissioners.

Joined Up Care Derbyshire brings together NHS organisations, local authorities and the voluntary sector working together to improve health and social care outcomes for local people.

Joined Up Care Derbyshire is moving towards an **Integrated Care System** model which will increasingly have a critical role in shaping health and social care delivery in local areas.

Our combined focus across Derbyshire will be to support people to stay well, living independently at home for longer.



Derbyshire Better Lives Programme

People have told us they want more innovative support options, now and in the future.

The Council's Better Lives Programme was established to redesign existing services to ensure that we are putting people at the heart of everything we do, to challenge the old ways of thinking and to make sure the right solutions are available in the right place, at the right time.

It's about maximising and regaining independence and reducing the need for intervention, focussing on resilience, social connection and health and wellbeing.

There is a clear link between the outcomes we seek to achieve via our Better Lives Transformation Programme and our vision to ensure a range of housing and care options will be available for all Derbyshire residents.

The programme is expected to provide a springboard for imaginative partnerships and ventures with Providers and Developers, to introduce greater investment into the care and support sector.



We consider certain parts of the market to be critical to the Better Lives vision:

- **Expanding community based support**
- **Improving specialist nursing care provision**
- **Increasing age designated housing options**

Key Challenges – Covid-19



Whilst the Covid-19 pandemic has highlighted the importance of care, it has also raised many questions about the perception of care homes as a safe environment. We have seen a reluctance in the take up of long-term residential care, as fears around contracting the virus, the imposition of visiting restrictions, being cut off from loved ones and the possibility of dying alone have been apparent.



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We recognise that Covid-19 has affected the market. There have been several financial interventions from National Government to support the social care sector. We know care homes have been doing their utmost to keep their residents safe and well in these most challenging circumstances.



We will continue to work collaboratively and share intelligence on the changing care market to inform commissioning activity, enable care providers to make informed decisions and support service development in response to the ongoing challenges of the pandemic over the next 12-18 months.



The Council, along with Derby and Derbyshire Clinical Commissioning Group are very grateful for the system response to the Covid-19 pandemic from local providers, who have risen to the challenges, responded quickly and been prepared to deliver services differently.

Key Challenges - Workforce



We recognise there are challenges in terms of recruiting and retraining appropriately skilled staff, especially regarding nursing care and dementia specialisms. We are working to ensure that these workforce challenges are addressed through Joined up Careers Derbyshire.

Joined Up Careers Derbyshire brings together local partner organisations to support the current and future health and social care workforce. It seeks to find the best candidates for roles within the health and social care sector and support them on their career journey. Find out more on the [Joined Up Careers website](#)

We are keen to hear from providers who would be prepared to work alongside us and health partners to test and prototype innovative solutions to support and strengthen the workforce.

Over the coming years we want to work collaboratively with providers and health colleagues to ensure that there is an integrated approach to the workforce to ensure that we have the right talent mix across the sector.





What do we need?

Summary: Market Planning - Community

We need to **strengthen the sustainability of our care market** and increase our commitment to support local people to live independently in their own communities.

We expect to do this by **investing in a range of alternative models of care.**

Housing for rent or sale including new build developments, the reuse of sites and re-modelling of existing provision

Supported living and Extra Care facilities for mixed communities and in different localities

Increasing **homecare** and **short term care** provision

Quality, affordable and suitable housing and housing with care options

Housing and accommodation that can **support people with dementia**

Provision of **assistive technology, digital solutions, equipment and adaptations** to support independence

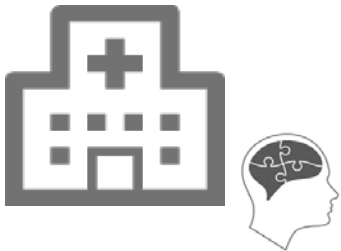
Community Support Beds that enable timely hospital discharge and promote reablement



Summary: Market Planning - Nursing, Complex and Specialist

We also want to support new and existing Providers to develop care models in Derbyshire that will ensure:

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Affordable **nursing care** that will support people with more **complex needs and dementia**.



Residential care that supports older people with **complex needs**



A care market that supports **self-funders**, as well as those funded by the Local Authority and the NHS



A predicted **increase in nursing home capacity**



Work with us in Derbyshire

Work in Partnership With Us

- We are really keen to work in partnership with providers and investors to deliver the aims and ambitions outlined in this document.
- We can support with engagement, consultation and co-production opportunities with older people.
- We have a number of care provider networks that we want to work with proactively to help improve the market so our residents have a variety of high quality options available should they require care and support.
- We want to have conversations about how we can expand choice of provision, particularly for older people staying at home for longer.
- We can support providers looking to build new housing with care for older people to have further conversations with our planning team.
- We work closely with partners including District and Borough Councils, [NHS Derby and Derbyshire CCG](#), [Homes England](#), [Public Sector PLC](#) and [Skills for Care](#).
- We're a great Council to work with, **we're open for business, come and talk to us!**

We are open for business, come and talk to us



We want you to invest and be part of our development

How We Work With Local Partners

We are working proactively with local district and borough councils regarding land use planning and actively commenting on planning applications.

We are also encouraging local planning authorities to think about accessible design standards in all types of older people's housing, including residential and nursing care.

For large strategic sites and local planning development, we are encouraging local district and boroughs to include opportunities for older people's housing development, including where appropriate residential and nursing care, but also some of the more innovative housing models.

The council owns a number of pieces of land that could be released to support older people's housing developments and for a number of these we are collaborating with Homes England.

We are seeking to work proactively with any developers / providers interested in pursuing development opportunities and would welcome discussions.

Please contact us at asch.ac-commissioning@derbyshire.gov.uk

In December 2020 we held a virtual Investment Event to share key information about our future accommodation and care needs.

Presentations were also provided by Homes England, Skills for Care and Public Sector PLC.

We outlined a need for:

- A range of affordable **independent living options for older people countywide.**
- **Affordable housing with care** in towns such as **Belper, Heanor, Ripley, north Bolsover, Chesterfield, Matlock, Ashbourne and towns across High Peak.**
- Additional **affordable nursing care** provision across Derbyshire.

Our Investment Event information pack is available on [our website](#).

Further Information

Further demographic need analysis and information linked to the Derbyshire Joint Strategic Needs Assessment is available on the [Derbyshire Observatory website](#).

The Council plans to develop a detailed investment prospectus to invite the right kind of housing developers to respond to identified gaps in the next 12-18 months

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Adult Social Care and Health, Contracts and Commissioning Team

Derbyshire County Council

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Derbyshire, DE4 3AG

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ENGAGEMENT REPORT ADULT SOCIAL CARE AND HEALTH OLDER PEOPLE'S INTERIM MARKET POSITION STATEMENT

Purpose of the Report

In December 2020 the Senior Management Team approved Derbyshire County Council Stakeholder Engagement and Consultation Team (SECT) to gather information about what is important to people when making decisions about their care and support, and where they live. Adult Social Care and Health wanted to understand more about people's needs and expectations for their care, and how they would prefer to be supported, and what type of accommodation they would prefer to be supported to live in.

Methodology

The period of engagement took place from Monday the 25th of January 2021 through to Monday the 8th of February 2021. This report will summarise views and opinions obtained by SECT from stakeholders including clients and carers during this period.

The engagement used a mixed method approach of quantitative and qualitative questions to gather people's views through an online questionnaire about what is important to people when making decision about their care and support, and where they live.

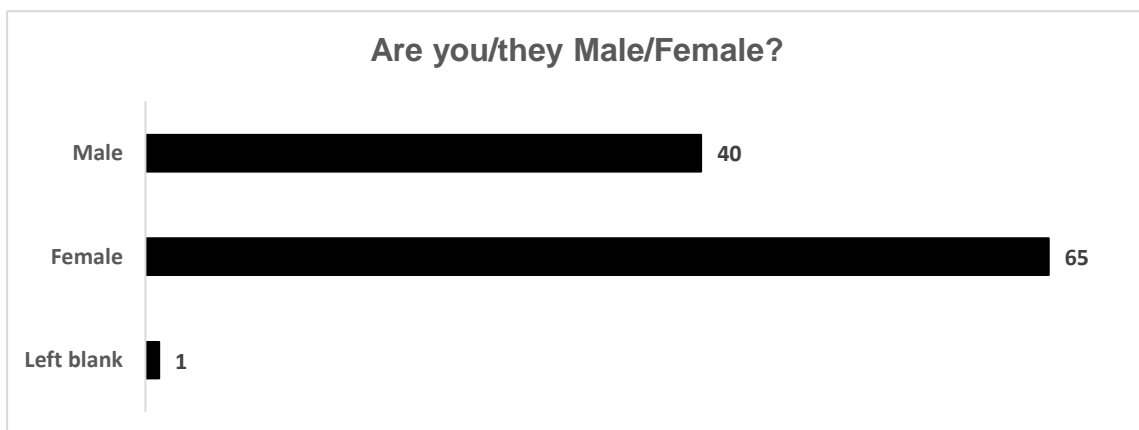
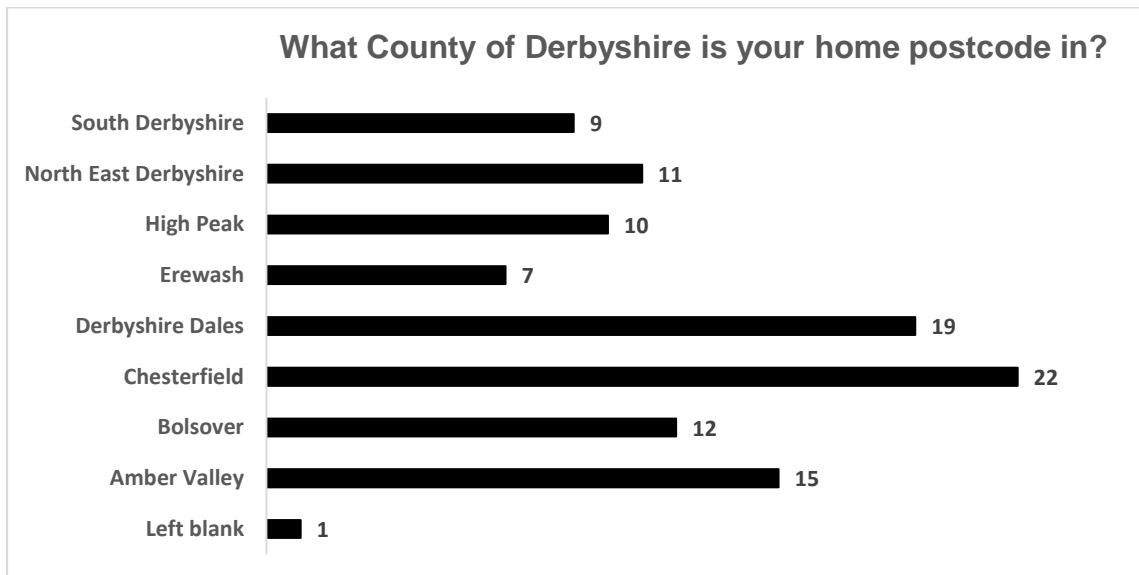
A list of 500 clients aged over 65 and 500 carers who care for someone aged over 65 (Total 1,000 individuals) was obtained by SECT via the Management information Team from records kept on the ASC Client Record System (Mosaic). A letter was sent to this cohort informing them of the engagement and inviting them to take part via an on-line link. Within the letter the cohort were encouraged to contact SECT should they require assistance with completing the questionnaire. The engagement was also publicised on Derbyshire County Council website and was open to the general public should they wish to complete the survey. The initial response online and any requested support from SECT was low and clearly there was a significant impact from Covid-19. SECT acted proactively to this by contacting via telephone a random selection of the cohort, inviting them to complete the survey via a telephone interview with the aim of reaching the 10% of responses required to validate the engagement.

Who took part in the engagement?

In total 106 people took part in the engagement from all the identified cohort of stakeholders. For the purpose of this report we looked at the stakeholder groups as a whole and then analysed and themed the responses.

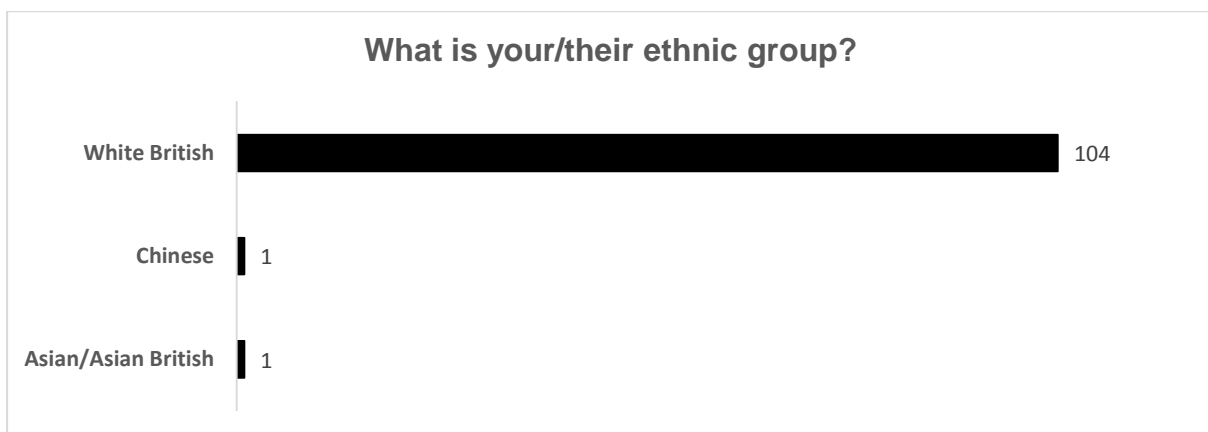
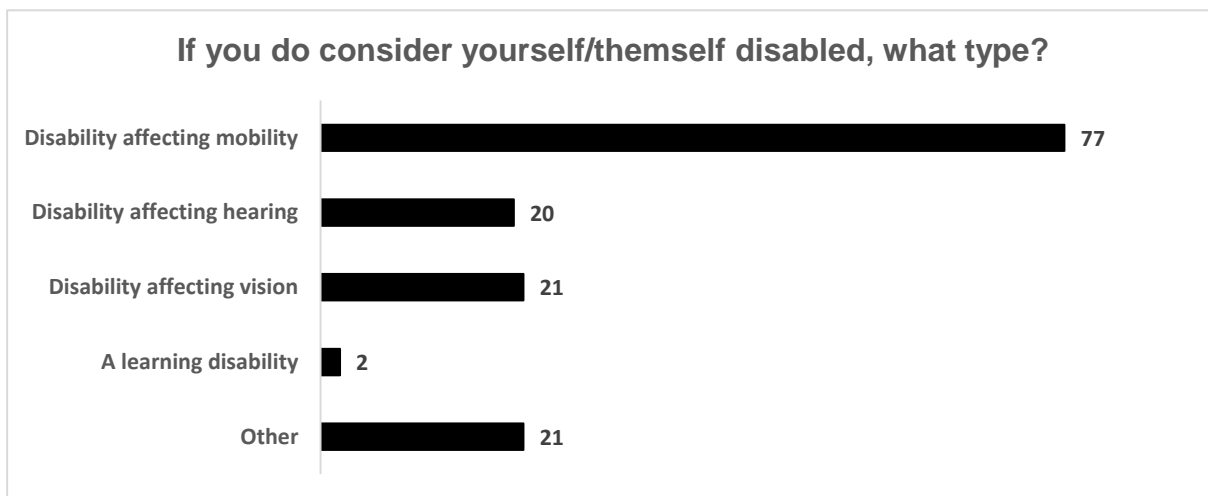
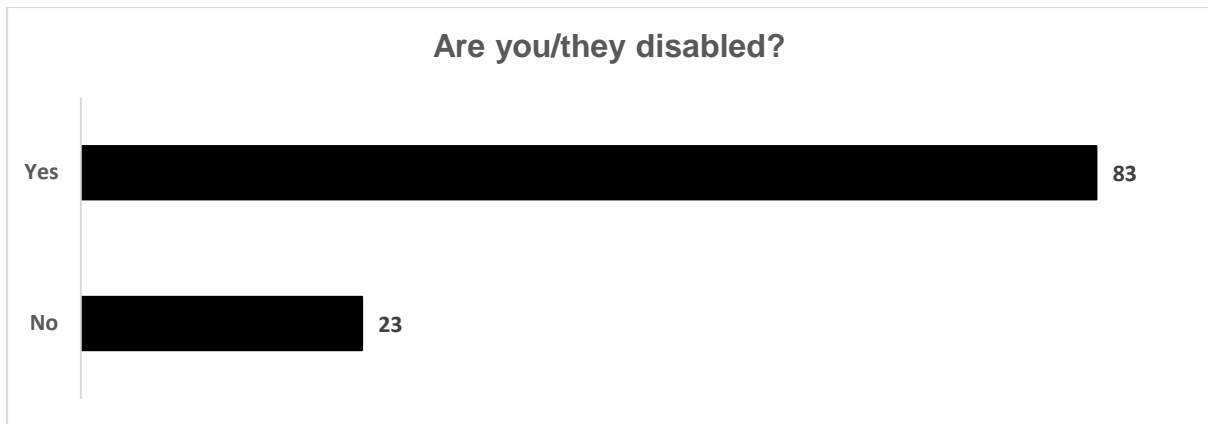
Demographics

The following is a breakdown of the demographics for all the respondents.



What was your/their age at your/their last birthday?

Count	Minimum	Maximum	Range
106	42	94	52



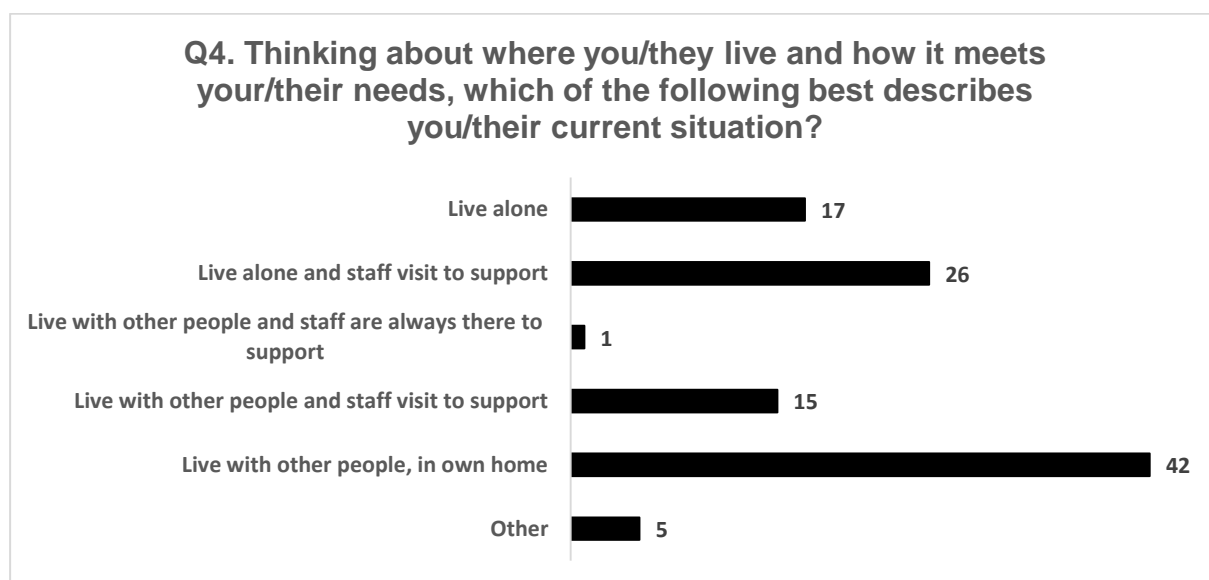
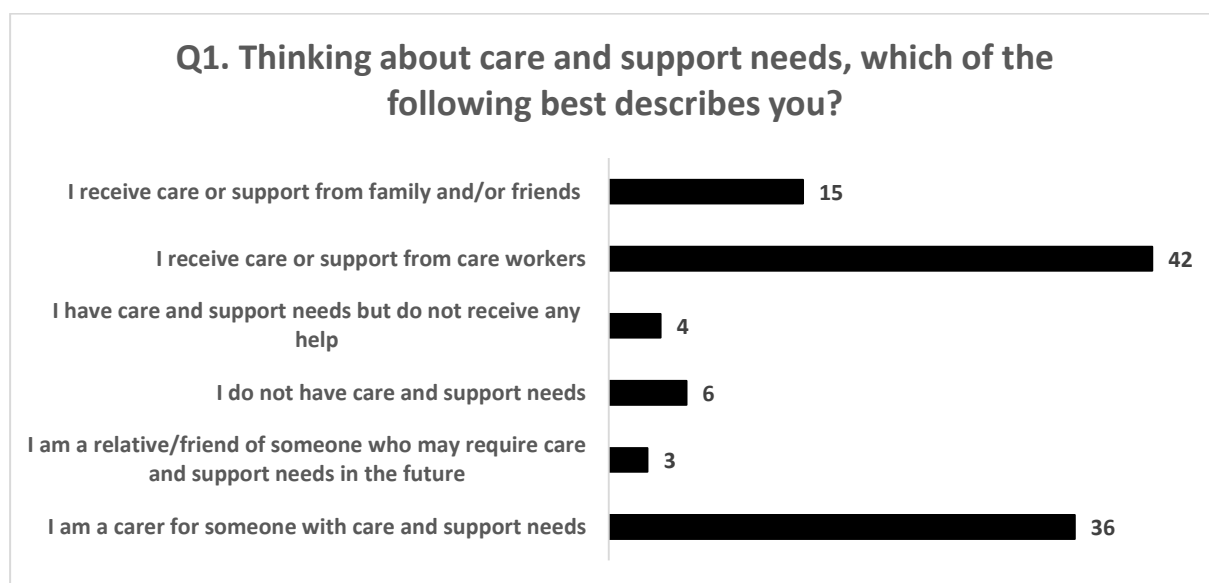
Analysis of the engagement responses and stakeholder feedback

The engagement was an opportunity for stakeholders to register their views via an online questionnaire. All responses were collected and collated by SECT and a thorough analysis was made of the quantitative and qualitative feedback.

Quantitative Approach

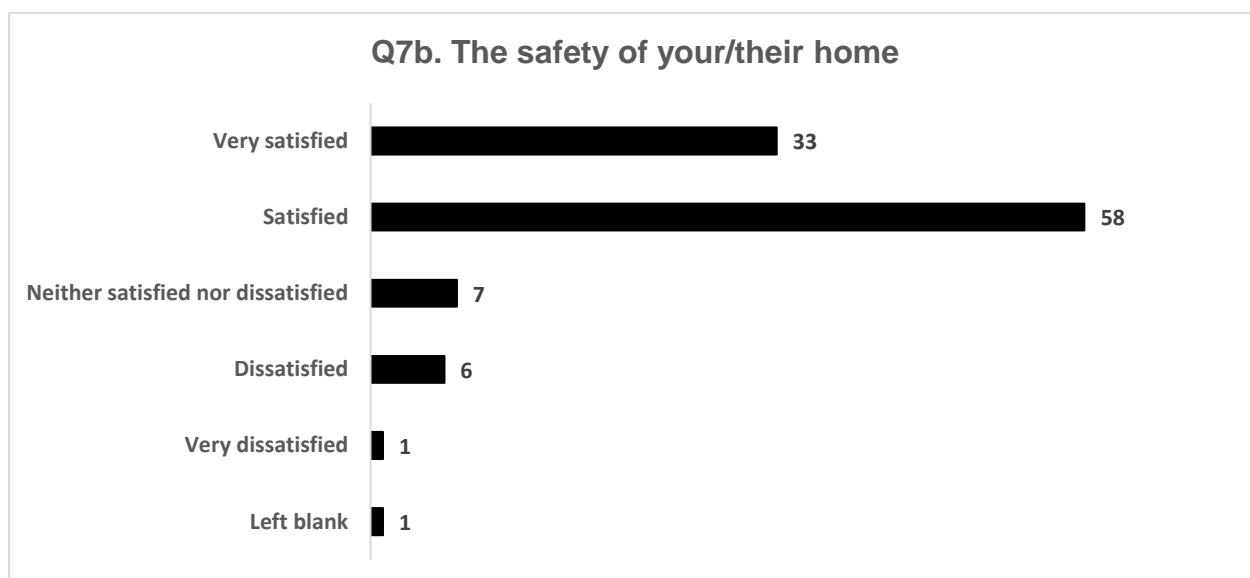
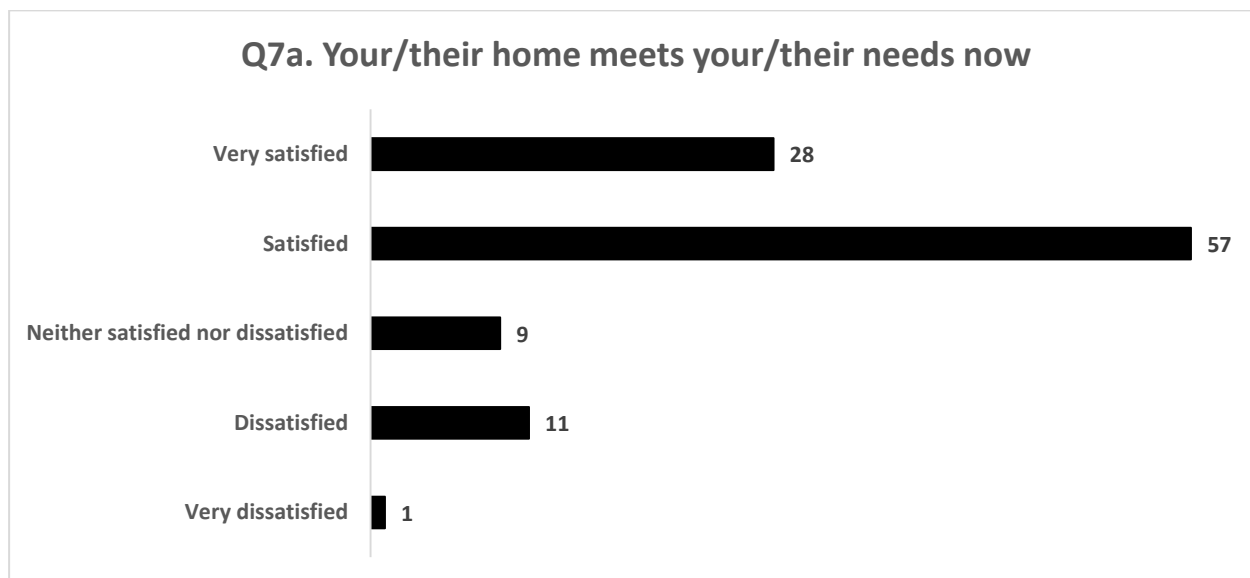
The quantitative data was drawn from questions 2,3,5,6,8,10,11,12, and 14 and the analysis of this is shown below in graphs.

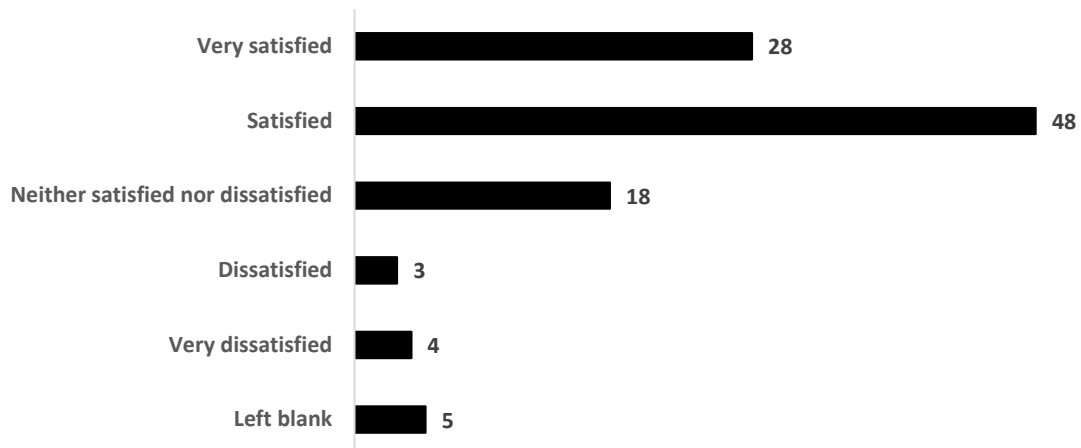
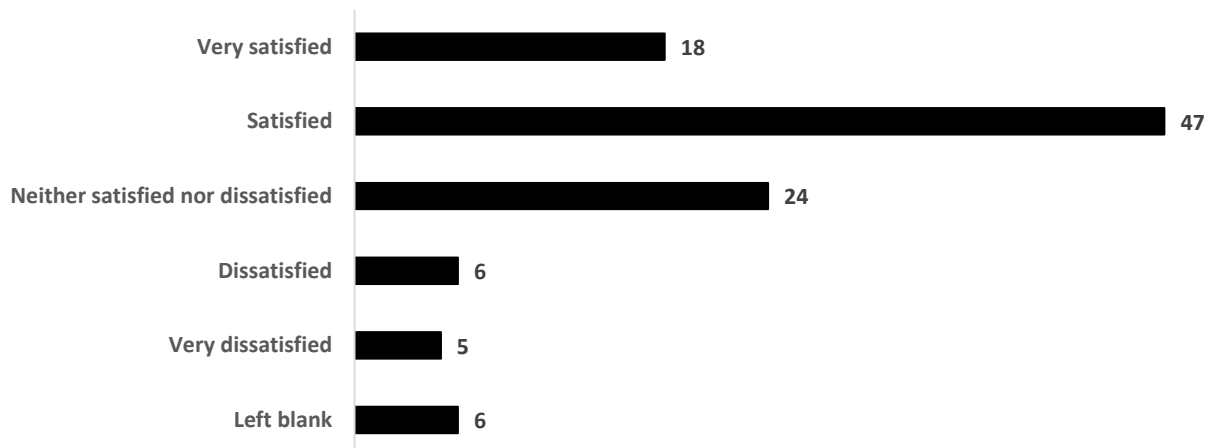
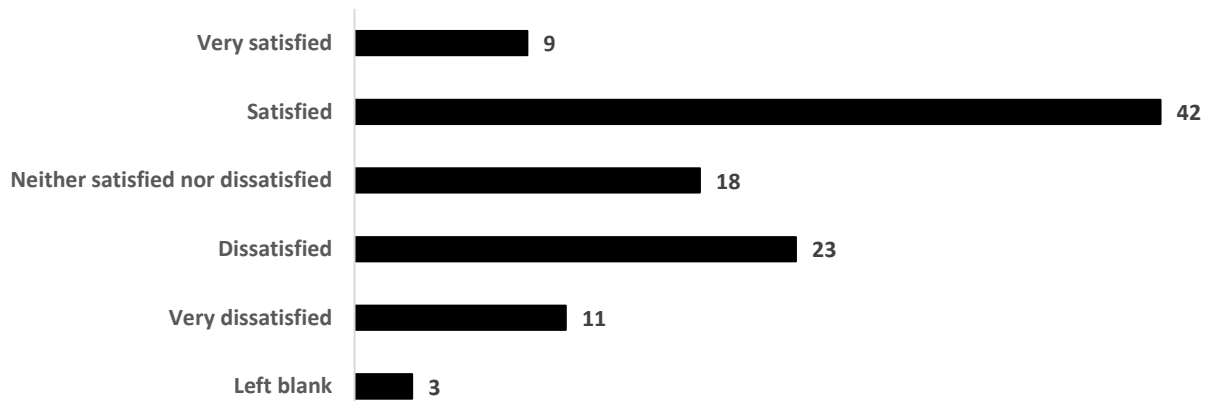
The following quantitative questions were asked:



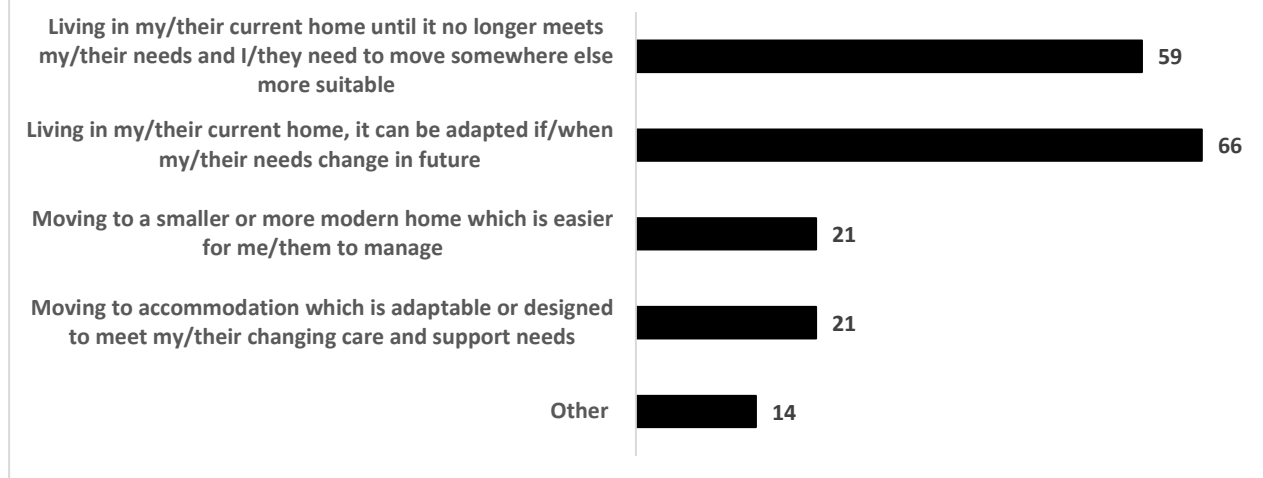
There was an opportunity for people to expand on their choice in this section and these were some of the responses:

- *“Mum has had a bungalow built at the bottom of our garden.”*
- *“Live in own house - I am sole carer with no family or friend support. My husband is totally blind and has other medical complications.”*
- *“My husband and myself live alone with no support.”*



Q7c. The quality of care and support you/they receive now?**Q7d. The amount of care and support you/they receive now****Q7e. The amount of social contact you/they have now?**

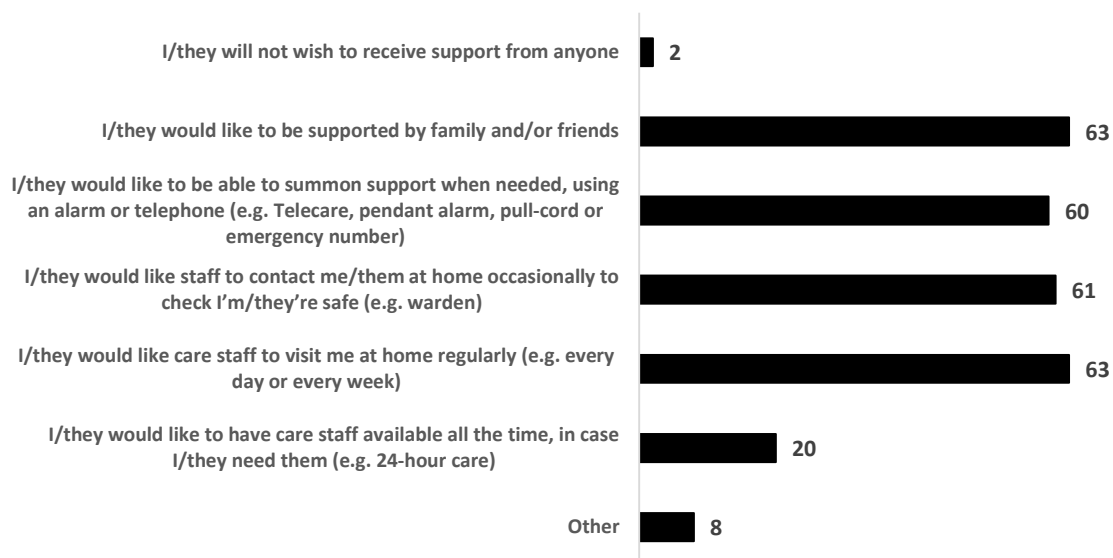
Q9. Thinking about you/their future living situation should you/their care and support needs increase, which of the following options would you/they consider?



Due to this being a multiple-choice question there were 181 answers to question 9. There was an opportunity for people to expand on their choice in this section and these were some of the responses:

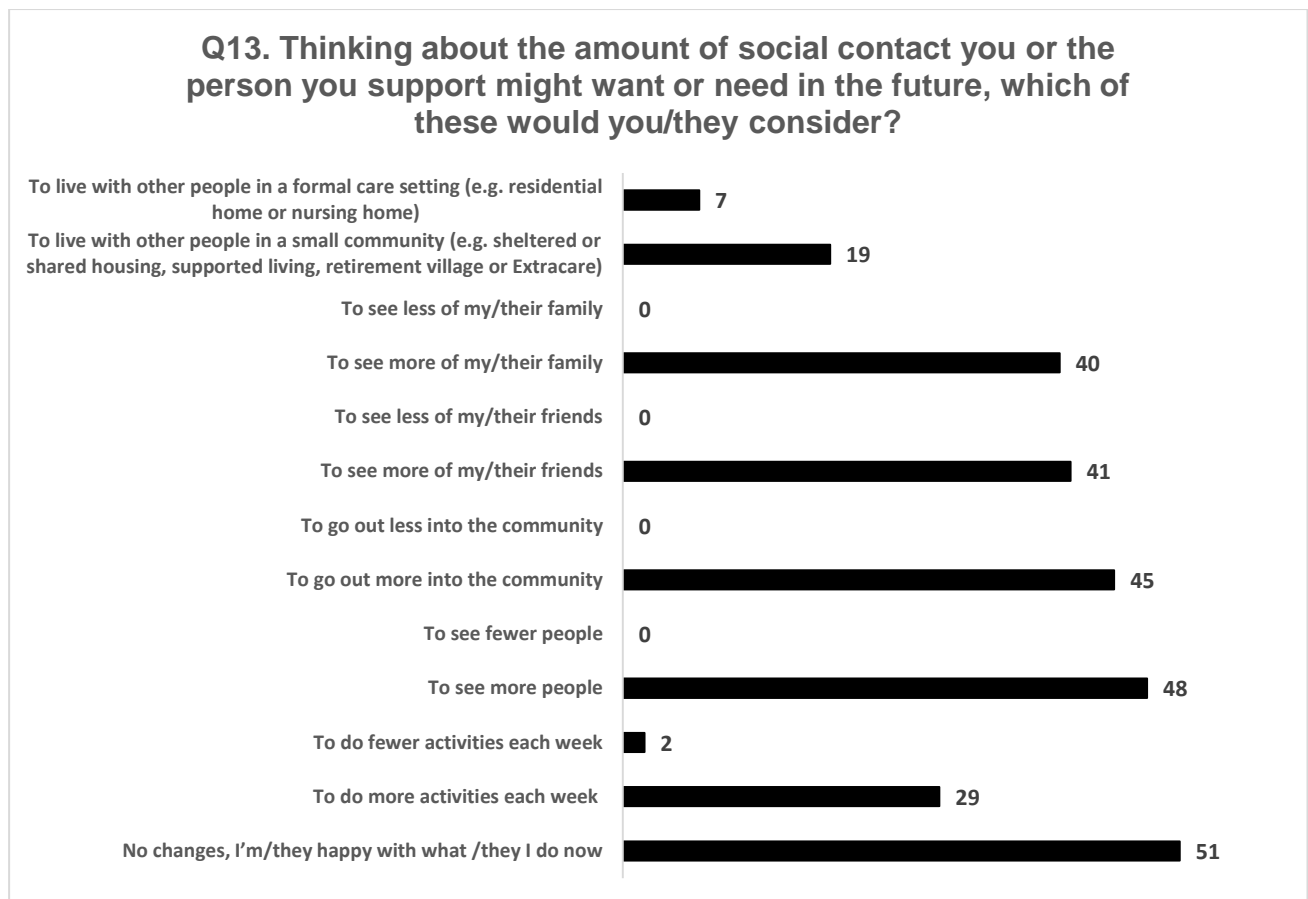
- *“If it came that I couldn't cope where I live, I would have to consider something like extra care.”*
- *“I don't want either of us to go into a residential care home, we want to stay at home or in a bungalow with no stairs in our local area in the future.”*
- *“I have already moved into a one bedroomed flat but need a bit more help with meal preparation and to keep the place tidy and clean.”*

Q11. Thinking about any care and support needs you/they may have in the future, which of the following options would you/they consider?



Due to this being a multiple-choice question there were 277 answers to question 11. There was an opportunity for people to expand on their choice in in this section and these were some of the responses:

- *“Additional help like shopping and cleaning - it’s so frustrating when you can’t do this but are willing to pay but you can’t keep the staff to help you - they keep leaving.”*
- *“I would consider moving somewhere smaller if it meant I could see more people.”*
- *“I would like longer call times for the carers who visit me to support me and enable me to stay in my own home - this would allow me to stay in my own home for as long as possible and this is what I want.”*



Due to this being a multiple-choice question there were 282 answers to question 13.

Qualitative Approach

The qualitative data was drawn from questions 2,3,5,6,8,10,12 and 14 and the analysis of this is shown below. By collating the data into a spreadsheet, this enabled the team to work through the information allowing classification, sorting and arranging into summary categories or themes for analysis. The top three themes were drawn out and are recorded as follows:

Q2. Thinking about any current support you/or the person you support may receive, what works well?

93 respondents chose to answer this question with the top theme being **quality of care** with 48 comments such as:

- *“Carers coming in 4 times a day and careline have made such a big difference.”*
- *“We have a carer coming in 3 times a week to help to shower him and dress him.”*
- *“We have a carer who comes in to help with personal care and help putting my wife to bed.”*

- *“My carer has a set number of hours a week which is flexible which really meets my needs.”*

The second theme with 20 comments which emerged was **ability to remain independent** with comments such as:

- *“I have carers come in and they shower me and wash my hair and prepared my meals, this enables me to remain as independent as possible and remain in my own home.”*
- *“I have a stair lift and a shower adaptation without which I would not be able to live in my home of 56 years +.”*
- *“The carers provide personal care and prepare meals and do shopping for me which enables to carry on living in my own home.”*

The third theme was joint with 5 comments each for **lack of support** and **having a choice**. Comments logged under the theme **having a choice** were:

- *“That I have a choice in who I employ and with the one to one support I have full autonomy over my care needs.”*
- *“Direct payment gives me some flexibility in arranging care.”*

Comments logged under the theme **lack of support** were:

- *“I have to do everything; he can't even make a cup of tea. He also soils himself. We get no help.”*
- *“It is all very difficult when I am 93 and my husband is 90 and we don't receive any help.”*

Q3. Thinking about any current support you/or the person you support may receive, what does not work well?

87 respondents chose to answer question 3 with the top theme being **dissatisfied with support** with 28 comments such as:

- *“Time allocated for getting up is a little rushed in the morning and for them to prepare my meals and tidy afterward. If my daughter couldn't help, then I would be in a mess. She also brings me drinks in-between carer visits.”*
- *“We don't have adequate support and the agency support have not been reliable.”*
- *“They don't have long enough with me I sometimes feel rushed.”*
- *“It does not seem fair to put the need onto my family to help me when they have to juggle caring for me and running and house and doing a job.”*

The second theme which emerged with 19 comments was **happy with current situation** with comments such as:

- *“No, not at the moment. We have worked hard over the years to get here, but at the moment it is working well.”*
- *“Everything works well at the moment and am pre warned of any changes for time attendance.”*
- *“She has everything in order that she needs.”*

The third theme which emerged with 17 comments was **lack of support** with comments such as:

- *“Doing everything by myself even though he has dementia and can't do anything by himself. I never get a break as a sitting service is £15 an hour and I can't afford that.”*
- *“The support is essential and without this I couldn't live here - my daughter does not get any support/respite from helping me.”*

Q5. Thinking about where you/they live and how it meets you/their needs, what works well?

106 respondents chose to answer this question with the top theme **being content with current accommodation** with 45 comments such as:

- *“The fact that we live in a bungalow this helps as we don't need to manage any stairs.”*
- *“Local to family, good family and friends on hand. The area he has known for 50 years.”*
- *“The house has been adapted to help support me to live here.”*
- *“I live in a bungalow and this works well.”*

The second theme emerging with 35 comments was **good adaptations** with comments such as:

- *“The adaptations we have had put in place has helped for us to support my mother in law to continue to live with me - a downstairs wet room has been built.”*
- *“Adaptions. The OT assessment and the thoroughness of that to ensure I can live as independently as possible.”*
- *“My home has been adapted to help me to remain here for as long as possible.”*

The third theme with 16 comments was **content with current care** with comments such as:

- *“It works very well with carers going in to help. I have asked if she would prefer to go in a home, so she isn’t lonely, but she has said no. She would like to remain at home.”*
- *“I have befriending society that does a food shop for me and that really helps.”*

Q6. Thinking about where you/they live and how it might not meet your/their needs, what does not work well?

106 respondents chose to answer question 6. The top theme was **everything is OK** with 29 comments such as:

- *“Nothing at the moment all my home is on the ground floor.”*
- *“Struggled with stairs before the stairlift was fitted.”*
- *“No, things work well as they are.”*
- *“The bungalow is already adapted to meet our needs.”*

The second theme with 20 comments was **need for adaptations/equipment** with comments such as:

- *“Can’t get into the shower relying on bed baths.”*
- *“There are still too many steps to outside the house and I am frightened of slipping.”*
- *“The bathing arrangements needs to be improved so I can get in and out or have a level access shower.”*

The third theme with 17 comments was **more support needed** with comments such as: -

- *“I really could do with a cleaner as I am unable to do this myself.”*
- *“A shortage of carers can cause a problem with helping my wife - I do my best but I am not that mobile either.”*

Q8. Is there anything else you would like to tell us about the responses you have given above?

54 respondents chose to answer this question with **lack of support** being the top theme with 15 comments such as:

- *“We need more support with Mum to help her to live more independently.”*
- *“He is frustrated because he sits and looks at the garden, he used to go in. From his point of view, the house is as safe as we can make it. When he came out of hospital, we had physio in. It would be nice to have more help, but I don't know where and how. Social contact is low at the moment because of Covid.”*
- *“I need help with shopping and cleaning and would pay for this but struggle to get help.”*
- *“I really need more care and support as I am struggling to get a meal prepared for me in the afternoon.”*

The second theme with 13 comments is **impact of Covid** with comments such as:

- *“Due to lockdown I don't see anyone all week only my carers.”*
- *“Covid restrictions have drastically reduced social contact.”*
- *“Only the pandemic is impacting on the social contact, we have people to see we just can't.”*

The third theme with 10 comments is need for **more social contact** with comments such as:

- *“Even before Coronavirus there is not enough social activities for people of my age who are still more than capable and don't want to spend time in a care setting - but there is a lack of accessible premises where you can meet people who are over 80 to have social time with.”*
- *“Would like to see more people as I felt lonely even before the pandemic. If it was not for the carers, I would not see anyone.”*

Q10. Do you have any hopes or concerns about where you/they could be living in the future?

96 respondents chose to respond to this question with the top theme being: **Stay in own home as long as possible** with 42 comments such as:

- *“I have promised to keep my mother in law in our own home for the remainder of her life and provide that care.”*
- *“Would hope to stay in his own home and would be concerned if had to move somewhere else.”*
- *“We do not want to live in a residential care home - we want to stay in our local area in either a bungalow or in our own home and have it adapted.”*
- *“I want to stay in this flat for as long as I can as I am happy here, I just want a bit more help. I definitely don't want to go into a care home - I wouldn't be able to smoke and I am not going to stop smoking now.”*

The second theme was **concerns if need for care home** with 15 comments such as:

- *"I do not want to go into a care home - "I would rather be shot than be put in one of those care homes."*
- *"I don't think I can live in my own home for much longer as it does not meet my needs now however, I don't want to be put into a care home."*
- *"I really don't want to be put into a care home."*

The third theme with 13 comments was **no concerns** with comments such as:

- *"Well, no, not really. We take it one day at a time."*
- *"No concerns! I am very blessed to have the landlords I have who couldn't be more supportive."*

Q12. Do you have any hopes or concerns about the support you may need in the future?

92 respondents chose to answer question 12 with the following top three themes emerging.

Top theme with 24 comments was **not able to live in own home in future** with comments such as:

- *"I really want to stay in my own home for as long as possible and I don't want to go into a care home."*
- *"If the care company couldn't provide the help that I need this would worry me and again I really don't want to move out of my own home."*
- *"That I won't be able to live here anymore, and I definitely don't want to go into a care home."*
- *"I don't want to go into a care home and just want help and support in my flat so I can stop here for as long as possible."*

Second theme with 22 comments was **concerns about care and support in the future** with comments such as:

- *"I would be concerned about the regularity of care and support in my own home. My mum had carers, but they never turned up on time - they were very irregular, and I would not want this for me."*
- *"That there won't be enough carers to visit everyone."*
- *"I just hope that I continue to get the fabulous support that I get now from carers."*

Third theme with 8 comments was **support for carers with comments** such as:

- *“I am concerned that if as my mother in laws carer with dementia that we have to have her go into respite care - the support for carers needs to be far better than it is at present.”*
- *“I can’t care for someone if I don’t have the care and support in the future.”*
- *“What I need the most is to have my wife beside me to help me but also to ensure that she is getting the support as well to help me.”*

Q14. If you have any other comments about the responses you have given above, please provide details below?

36 respondents chose to answer this question, the top theme with 13 comments was **stay in own home for as long as possible** with comments such as:

- *“We are quite happy at home and want to stay here for as long as possible.”*
- *“I want to stay in my own home for as long as possible with support (cleaners, gardeners, carers with personal care and food prep) in place to enable me to do this.”*
- *“Mum does not want to go into a care home and wants to stay in her own home for as long as possible.”*
- *“I want to care for my wife at home for as long with support from carers.”*

Second theme with 7 comments was **impact of Covid** with comments such as:

- *“I am not enjoying lockdown at all; I am sad, and I feel lonely.”*
- *“Corona virus restrictions have left me feeling very isolated. Once my family can visit again things will improve.”*
- *“This is down to the pandemic otherwise we would be content.”*

Third theme with 3 comments was **deteriorating health** with comments such as:

- *“It would be lovely to do more, but my husband is just not up to it any longer.”*
- *“Due to the onset of dementia, currently contact is made via telephone calls, however this is becoming a nuisance with friends due to the number of calls made to them every day, e.g. an average of 250 per month with some friends receiving up to 9 calls in a day and repeating the same information to them.”*

In total SECT analysed 670 comments which had been captured to the qualitative questions and these are listed in Appendix One.

Appendix One – list of comments captured for qualitative data

Q2

- That I have a choice in who I employ and with the one to one support I have full autonomy over my care needs
- I have carers come in and they shower me and wash my hair and prepared my meals this enables me to remain as independent as possible and remain in my own home
- I have to do everything; he can't even make a cup of tea. He also soils himself. We get no help
- Carers coming 4 times a day self-employed, I know who I am going to get and what time they are going to come because they are independent of the Council
- I am totally dependent on my husband and I would not feel happy with care from anyone else
- We have carers come in 4 day his needs are met well on the whole
- The care and support she received prior to going into hospital was good and appreciated
- I have had my staircase adapted to have another bannister rail put in to help me get up the stairs and steady me. I have a handrail on my back door
- I have a stair lift and a shower adaptation, without which I would not be able to live in my home of 56 years +
- Using the agency for my social care needs has worked really well. It has taken a huge burden off my husband
- Adaptation of the bathroom and a ramp to access the house and handrails for toilet and front doors. Carers coming in 4 times a day and the community alarm have made such a big difference
- I have 3 different carers which come to help me in the morning for a maximum of 2 hours during the day and without this support it would be difficult to remain in my current home
- I receive support by 4 visits daily by two carers and my daughter, as I don't have sufficient time allocated for the carers to do everything I need. I couldn't manage with my daughter alone as I need to be hoisted. The carers get me up in the morning and wash/dress me and change me during the day. My daughter does my meals, washing, some cleaning, and shopping assisted by her husband due to her health not being great
- The flexibility. The personal assistant is brilliant
- All of it
- Personal social care at home
- The only support we receive is the community alarm which is working well
- All of it works well for me, the carers are always here
- I have a personal assistant through direct payment. I am pleased with my assistant
- The superb communication I have received to date from two amazing ladies XX and XX. They have both offered fantastic advice and information to help me support my mother. Information I would never have obtained by myself. They have been a huge help
- My wife has Alzheimer's so needs assistance carrying out everyday tasks
- Not a lot really. If I need support aids it's quite easy to arrange

- I've never asked for help
- Knowing who and when the carers are attending
- The support given by XX visiting twice a day to prepare my meals, and giving any help needed at that time
- I am self-sufficient with caring for my wife at the moment as I am used to cleaning cooking etc. so it is not a problem as my wife has got dementia but not too bad at the moment. we also have a really good support worker who checks in on us and we also have really good support from family
- We have had nothing at all
- I do all the cooking cleaning basically everything to help him stay at home. We also have the help from our family
- We have a carer coming in 3 times a week to help to shower him and dress him
- We have carers who come in to help to support us and this helps with respite for caring for my wife
- My wife is in a care home and I am satisfied with the Social Care which found a place for her to live
- We have a carer who comes in to help with personal care and help putting my wife to bed
- We have adaptations to our home that has helped us to stay here
- XX Care 2x day half an hour each this works well
- She has her house adapted and that helps her to live in her own home which she wants to stay in her own home as long as possible. She also has carers come in to help with personal care
- Currently getting support with shopping and cleaning because I am high risk so cannot do this
- I have a stair lift and a shower adapted so I can remain as independent as possible - but I also get help from my family
- The carers come in and help me and I wouldn't be able to live here if they didn't
- I have adaptations to my home and they really help me to stay here
- I have carers four times a day and without their support I would not be able to live here
- My carer has a set number of hours a week which is flexible which really meets my needs
- The carers that come in 4 times a day and they hoist him from his bed to his chair and then back
- I have carers come into help me
- Just how things are at the moment, we are coping well, so if things stay like this, I can manage
- My house is adapted with stairlift and shower and handrails
- My wife helps me
- Carers doing personal care and I do everything else
- I have a really caring family who help and support me
- I like to be amongst other people and like to see the same care staff who know me and I know them as I have a learning disability
- Our daughter does our caring need this works well at the moment
- Dad is quite independent at the moment but needs help with shopping cooking and fine motor skills. He has my full-term care at the moment as he is living with us

- Nothing is working well
- I provide all the care for my wife it works really well at the moment. We have been given a bed especially for my wife, we have a wet room
- I have a carer come to wash him morning or evening. I also have support from my sister
- The carers come in 4 times a day they are my angels - they provide personal care and are very reliable
- I have carers come in to help me with personal care
- The carers provide personal care and prepare meals and do shopping for me which enables to carry on living in my own home
- My family are very supportive and I have also had the house adapted and have a stairlift and shower
- I have a really good network of friends and family that help me, so I need to stay in the area where I live and where everyone knows me and is willing to help as I am now struggling with my memory
- I have a hoist fitted and get personal care from carers who come in 4 times a day
- Someone comes in to help my husband to shower a male staff member and then a lady comes every other day to help for a couple of hours a day
- Carer workers come to get him up in the morning
- Carers coming in 2x a day
- Carers come 5 days a week this works well
- The carers coming in 2 times a day
- Care workers used to come in 2 x a day when she was living with us
- That I am able to still be with my partner
- He gets 4 visits a day, double calls. We privately pay for extra care
- Carers help to get up showered dressed and get breakfast
- It all works well we have 2 visits a day
- Having a flat of mums own where she can retain independence but with 24 hour care on site. During Covid this has also meant I have still been able to visit and provide care which I may not have been able to do if in a care home. Safety is also better as all residents in individual flats which are self contained so no cross contamination of Covid. Consistency of carers is also better for someone with dementia as they like routines.
- It all works well we have 3 visits a day
- That we have each other and not isolated somewhere
- We muddle through nicely together at home
- That someone turns up
- I don't receive any formal help I am supported in my caring role by my daughter and that works well
- It all works well
- XX has been very supportive as a Social Worker. The previous Social Worker was very unhelpful. The Reablement Service which XX organised which was provided by Council was excellent when we both had a bad flu in 2018 and when my husband also had sciatica and could not move in bed for 2 weeks while we were ill and I was unable to cope
- That we have each other and our independence
- A carer comes in each morning this works well for my wife
- That we are together as a family

- 4 calls a day, it's a big help
- Just going in to see them, doing the shopping, cleaning & picking up prescriptions
- I have a good support network from my family who are doing my shopping and looking after me and my husband is doing my ironing for me
- I have a really good social worker and carer who supports me
- It is all very difficult when I am 93 and my husband is 90 and we don't receive any help
- I have a really good network of family and friends that help me and this is because I have always lived in this area
- The carers are fabulous and without their support I would not be able to stay in my own home
- The carers are nice, I like them coming
- The carers are great and without their support I would not be able to continue living in my own home
- I get everything that I need from the staff that come in twice a day
- We live in ground floor accommodation this works well
- Direct payment gives me some flexibility in arranging care.

Q3

- The difficulty in accessing a decent selection of potential P.A.'s / carers
- I can't have anyone at the moment come out to the house - I can't sleep at the moment because there are so many things going through my head
- I have had to pay for the support and the direct payment took a long time to sort out and I am actually suing DCC because of this. This inefficacy has made me have suicidal tendencies
- Doing everything by myself even though he has dementia and can't do anything by himself. I never get a break as sitting service is £15 an hour and I can't afford that
- Getting to the doctors is difficult as we don't drive and don't walk well either. My wife has dementia so to support her to go to the doctors for her appointments is very difficult
- There is nothing that is not working
- Nothing currently that is not working
- Nothing currently
- We only receive 3/4 hour of care in the morning to get my wife washed and dressed and we need to get this increased for when she comes out of hospital
- Not being able to get out at the moment. Our daughter shops for us at the moment
- I can only use one hand so I am limited in what I can do around the house - like cleaning. Stairs and steps are also an issue for me
- I am getting worse with steps and am frightened of tumbling. I also have to rely heavily on my daughter and her husband who help me and it does make me feel like I am taking away their time together in retirement
- No, not at the moment. We have worked hard over the years to get here, but at the moment it is working well
- Accessibility to visit for medical appointments and transport for this when we struggle with mobility

- I really need someone to help clean the house - I have severe osteoarthritis of the spine and really struggle
- Time allocated for getting up is a little rushed in the morning and for them to prepare my meals and tidy afterward. If my daughter couldn't help then I would be in a mess. She also brings me drinks in-between carer visits
- There isn't anything that doesn't work well
- None of it
- At this moment, everything is working well
- Assistance for my wife (the disabled person) was unavailable when I was hospitalised in July 2020
- Everything works well
- I do not receive information clearly enough on changes that happen and I am often expected to be able to use computers which I can not
- So far I have been overwhelmed by the support we have received so everything is working extremely well
- Meeting people, lockdown does not help
- Obviously under current restrictions getting through to someone
- I rely on family
- Everything works well at the moment and am pre warned of any changes for time attendance
- All ok
- None
- We have had not had any support and would really welcome being able to mix more socially
- I don't get any other help from anyone to care for my husband other than from my sons
- Since Covid we have stopped the carers and this has been difficult so we are hoping that the carers will come back
- We don't have adequate support and the agency support have not been reliable
- At the moment the obvious concern is not being able to visit because of Covid 19. Telephone calls are made and I am kept well informed regarding her condition
- We live in a house and my wife has moved downstairs to sleep but we do have a stairlift, but my wife needs help to use this as she is virtually bedbound
- We don't have enough support - Mum has dementia and we don't get any support at all
- We need more support and care as my husband has Parkinson's
- Having to sleep downstairs and have no bathroom downstairs
- She has everything in order that she needs
- It is costing a fortune, i do not know how long money will last
- I don't see as many people as I would like before the pandemic
- I live in a house and have had to move my bed downstairs - I would be better in a bungalow or something similar
- I could do with some help with shopping and cleaning but struggle to get anyone before Covid in X
- The support is essential and without this I couldn't live here - my daughter does not get any support/respite from helping me
- By the afternoon I sometimes struggle to get myself something to eat

- No, we are ok at the moment
- My wife needs some help to help me and also a break from caring for me
- Nothing
- My house is a bit too big and I could do with moving to somewhere smaller but am reluctant to do so as I love the area and being near my family and friends
- If my daughter is ill we do not have support
- We have little privacy we only have 1 sitting room and dad sleeps in the box room
- She is in a wheelchair and I can't get her in the shower
- Nothing
- There are times every day where I think I need a bit more help
- I am waiting for the go ahead for getting into the bath. I have a lift for the bath but haven't had a bath all during lock down just strip washes
- It would be great to get more social contact with people as I do feel isolated
- I have had carers that steal from me in the past. Some carers don't appreciate the professional relationship that they need to adhere to - I want them to be friendly with me - but there is a level and if you then have to ask them to help you with personal toileting needs
- Struggled before I had the house adapted and wouldn't have been able to live here any longer if it hadn't been
- I couldn't live anywhere that I was not familiar
- Nothing - I am now happy with the level of care and support I receive
- We could do with more help to get him into bed in the evening there is a hoist and I am finding the standing hoist difficult
- It would be more helpful for someone to stay longer and get him some breakfast.
- Need them coming more
- Not having enough time
- They don't have long enough with me I sometimes feel rushed
- Because we are out in the country the weather sometimes meant carers could not get here
- I don't believe they take him to the toilet each visit so I do extra calls
- Would prefer if we knew who was coming
- The length of calls is sometimes not enough e.g. 45 minutes to get up, showered, dressed, have breakfast and take several medications - dementia patients need time to process and assimilate all actions they take. I am personally not able to do all this in 45 minutes myself so think it unreasonable to expect that someone over 80 with dementia should be able to do it. There have also been issues with changes during Covid to medication deliveries
- The times don't work well for us
- Everything is ok
- I don't like to ask other people for help
- A lot of it, we have XX care for my mum but there is a distinct lack of communication. I have to call them all the time about things. e.g. my mum needs the light on at night. One night they left the bedroom light on but the blinds open so anyone could see in and there are controlled drugs left out
- It is beginning to have an adverse effect on my health
- Nothing

- When my husband came out of hospital after a fall and fracture XX could only find private reablement - this was very unsatisfactory as I reported to XX
- I don't get much time to myself
- Nothing
- It is very stressful having to do all the care myself with only 1 carer in once a day and not coming at weekends
- Everything ok
- No support at the present
- When I did get calls from carers to help me the timings of the calls were not good and did not fit in with the help that I needed
- I could really do with more care support
- We are isolated and getting out is difficult
- It does not seem fair to put the need onto my family to help me when they have to juggle caring for me and running a house and doing a job
- Even before the pandemic I felt lonely
- Nothing
- Before this agency the previous one was not reliable and that made me even more anxious as I just can't cope without care
- Nothing
- Carers come 2 times a day, but it is sometimes hit and miss the times they arrive and he gets agitated
- No real scope for any respite care.

Q5

- The space within my bungalow and its facilities
- I am asking for a transfer as it doesn't work well at the moment
- The house where I live now is the right size and is located in a place that suits my needs - I need to be able to walk to a shop - the location need to be near to local conveniences to get a pint of milk or bread etc
- When support is in place for my mother in law this works well - and the adaptations we have had put in place has helped for us to support my mother in law to continue to live with me - a downstairs wet room has been built
- Bungalow, can get around ok
- We live in an area that has local shops so we can get supplies if needed at the moment
- A new bungalow that meets my disability needs wheelchair access and wide doors etc
- I like being in our own home and having access to own garden and parking
- Mobile hoist system
- My wife will need more care through the night when she is discharged from hospital. We also have had one or two adaptations like a steady rail in the toilet and suction pads in the shower
- I've had a stairlift put in and that helps. We have a toilet downstairs
- The limited adaptations that I have had done to my house meets my current needs
- The adaptations that I have to my home - plus this is my home where my family has been raised that I shared with my late wife, so I don't want to leave it
- Our rented house provides adequate space for my needs

- Adaptions/ramp and 4 carers a day. The OT assessment and the thoroughness of that to ensure I can live as independently as possible
- I have befriending society that does a food shop for me and that really helps
- I like to be in my own home and that is fine, it works that I'm in my own home, I'd rather be here than in a home. I like my own company
- My space
- All of it
- Again, the arrangements for social care that are in place are fine. It would be nice if more regular visits from the health care sector to monitor any health issues would be nice
- We have adjustments within the house which enable my wife to get around the house, e.g. stairlifts
- I've been in my house 60 years and I am happy
- I have an accessible shower which works well for me. My husband and carers must do everything else for me we live in a two-bedroom property which works well as I am bedbound, so my husband needs the second bedroom
- My mother is living with me now permanently as she is unable to live independently, even with assisted support. So far it is working out ok, but I think that is also largely since I can call my support team at any time to get advice or additional support if I needs it.
- We just muddle through
- If as a carer I must be admitted to hospital care can be stepped up
- It's my home I know and love
- Being in an entry-controlled building works well while I can answer the intercom
- The staff from XX are local and are reliable
- We have had a handrail and a step put into the bathroom to help my wife
- It is companionship for my Mum we live together, and I support her with shopping and cleaning etc
- We have a car and I can drive so we are self-sufficient and have lots of support from our family
- We have had adaptations to meet my husband's needs which helps him around the house
- The fact that we live in a bungalow this helps as we don't need to manage any stairs
- Being kept informed and me knowing she is well looked after and safe.
- Carers coming in to help to support my wife with personal care
- The home she lives in now meets her needs, but we really could do with more support
- The adaptations work well
- It's a good house but difficult to meet some needs such as toilet
- Adaptions and the care and support she receives
- It works very well with carers going in to help. I have asked if she would prefer to go in a home, so she isn't lonely, but she has said no. She would like to remain at home
- I have a club that I attend with my peers (I am 90 this year) and I have some adaptations to my home
- Carers are fantastic
- My house has been adapted to help me

- The carers are brilliant
- I live in a bungalow with a level access shower and this meets my needs at the moment
- Carers are fantastic and I need 24/7 care in my own home which I share with my son in law and daughter
- I live in a one bedroomed flat and this is great because I can manage some of this myself
- We are happy as we are at the moment, we have facilities that work well
- The house has been adapted and so meets my needs at the minute
- All on one level
- I am near to my family and friends
- That familiar staff are here 24/7 and I know them really well and they know me really well and my care needs
- I live in a bungalow
- Dad has 24-hour support
- Rise and recline bed
- Specialist bed, wet room and mobility car living in a bungalow
- Everything
- I am in a bungalow, so this has been helpful and have had minor adaptations to my home
- My home has been adapted to help me to remain here for as long as possible
- I live in an area which I like and there are so many people who care here, and I also live close to the shop. I have already had adaptations to the property to assist me to live here for as long as possible
- The stairlift and shower have meant that I can live in my own home for as long as I am able
- I have had rails put in to help me and a stairlift
- I have the house adapted to support me to live here and carers come in to help me
- Standing hoist, downstairs bed facility, downstairs shower
- There is a lift in the house so he can get down stair's
- Bathroom and bed downstairs
- Having the independence
- My home works well for me
- I am happy here it's all ok
- Mum lived in an attached barn conversion all on ground level
- That we are together
- Local to family, good family and friends on hand. The area he has known for 50 years
- I live in a bungalow with adaptations
- We live in a bungalow it works well
- If café open mum would be able to go down and get a hot meal if she wished and get some interaction, currently gets no interaction apart from my visits and staff visits to give meds/meals. In addition, Covid has meant some visits have stopped (sit in calls) due to staffing constraints. The accommodation meets needs otherwise and in normal times
- Bed downstairs
- Everything is ok

- That we have each other and own independence overall
- It is our home, we are comfortable here
- She lives in a bungalow so suits her needs well
- All is working
- It is nice here a good community and the house suits us well
- There is enough room for all the disablement aids, which are necessary but add to clutter. He has a bedroom with easily accessible en-suite
- Nice home with large garden
- That we are in our home and have familiar surroundings
- The house in itself is working ok since our adaptations
- That we are together as a family
- It's a bungalow
- We are living now in a bungalow and have had handrails etc fitted
- I live in a flat and that helps
- We have lots of adaptations in the house that help us
- I live in a bungalow which has been adapted
- The house has been adapted to help support me to live here
- I like my house; I have lived here a long time. There are lots of happy memories of my wife and children here
- The house that I live in has been adapted so this really helps me and the carers to support me
- I live in a bungalow and this works well
- The bungalow is adapted to meet his needs
- Current situation satisfactory

Q6

- The high rent
- I have asked for a transfer from where I live now and the support that I am getting doesn't really meet my needs - I am looking to transfer to a different flat
- We didn't use to have a local shop - and I find for independence you need stores that are near to you
- The inefficacy of the paperwork for direct payments and poor communication
- The garden is becoming unmanageable for me as I've had breast cancer so shouldn't lift heavy things
- Accessibility to local healthcare - like visiting the doctors because of our mobility
- Outside it is dark and I can't see there is not sufficient light I tipped up my wheelchair and was very poorly
- Only having an upstairs bathroom and only a bath not a shower
- Not having a downstairs bathroom
- We will need increased care hours when my wife is discharged from hospital and We will need more things in place to help me to care for her - perhaps like a specialised bed
- Shower is upstairs so we must plan to get him showered before we go downstairs in the morning
- The steps in the house are becoming an issue
- It is a large house with a large garden, so I do need help, and this is costly
- The bungalow is at the bottom at a very steep drive. A rail has been put in, but it is metal so when it is wet or icy you cannot get a grip on it

- Stairs couldn't be managed at all - but I do live in a flat, so this is not an issue. Having facilities such as shops that are easily accessible in the local area
- I really could do with a cleaner as I am unable to do this myself
- I don't have an accessible ground floor bathroom which I really miss. I don't want the ceiling/upper floor cutting for lifts as the access through the doors can't be made wider, so I would be stuck. I live totally in one room
- Looking into the future and depending on my knee operation mobility could be an issue
- None of it
- Waiting for any health issues to arise before seeing a health worker
- Access to the rear patio for my wife as there are a few steps and a weather sill on the door
- I struggle to get into the garden now due to my mobility and the step down into the garden
- The flat has been slightly adapted for a disabled person and a ramp has been fitted but access is still difficult and extremely poor parking have made it impossible for me to be taken out forcing me to be housebound. A disabled parking space – a parking bay is essential for me to have any chance of a normal existence. I have made previous attempts to discuss this with the relevant departments but feel I have been passed backwards and forwards to different people and nothing has ever materialised. This has a huge impact on myself and my family and I do not understand how a property can be advertised as suitable for wheelchair users i.e. a disabled person and not have designated parking!!
- This isn't applicable to our situation
- Living on a steep hill with tiresome access particularly with back and leg issues
- It's very expensive
- I couldn't live here without family support
- Using a walker indoors can be difficult due to space restrictions particularly in the bathroom/toilet and kitchen
- All ok
- Not at the minute
- I never get a break from caring - putting some respite in place would be really welcome
- Nothing
- Not at the minute
- Having reliable support from support staff and having people that genuinely care and want to do the caring role and are adequately trained. My Mum has had to go to A and E a couple of times recently as the carers have fed her food that was far too hot and has severely burnt her mouth
- The bungalow is already adapted to meet our needs
- I have no concerns
- A shortage of carers can cause a problem with helping my wife - I do my best but I am not that mobile either
- Not at the moment
- Not being able to get upstairs is a problem
- Everything is ok at the moment, Covid aside. I have a long-term worry about her money, especially now she is incontinent
- I would like to see more people socially

- My house - I could do with living in a bungalow
- I could do with help around the house like cleaning and shopping
- If my son in law and daughter in law can't look after me any longer. Both of them have not had a proper holiday in years and have teenage children for whom they care for as well - there is no respite to give them a break
- No, things work well as they are
- I am a big lad and my wife now struggles to lift and carry me and we really could do with help with this
- Nothing
- My house is a bit too big
- If I get agency staff that I don't know I don't like this as I don't know them and don't do much to help me
- Nothing
- My health is not good so it's hard at times
- Can't get into the shower relying on bed baths
- Nothing
- Nothing
- I've thought about a stair lift because I'm starting to find it hard to get upstairs, but I haven't spoken to anyone about it yet
- The bathing arrangements needs to be improved so I can get in and out or have a level access shower
- I don't see anyone accept my carers even outside of Covid restrictions
- The standard of agency carers and the people employed to do adaptations in place did not help
- Struggled with stairs before the stairlift was fitted
- I don't see many people even before Covid as I am housebound
- Nothing
- Nothing at the moment
- Nothing
- Not having enough time
- Nothing at the moment all my home is on the ground floor
- Nothing
- It was part of the house and was not private enough for her
- Nothing
- Toileting as he needs support
- The back door is a difficulty, I would like to go outside but the garden is uneven
- Wish we had a bigger garage
- Changes to carers and this medication issues have been the most problematic areas. Messages about residents I understand are put in a book and staff should read them but sometimes this does not happen e.g. agency staff over Christmas period/ bank holidays
- Nothing
- The stairs are a bit difficult, but we manage
- Nothing it all works well
- Nothing
- Nothing
- He cannot use a stair lift being totally blind. The house does not lend itself to a downstairs bedroom with facilities. Extension is not easy because the garden is

on a sewer easement. This is not a problem at the moment - it was when he had sciatica and after fractures. It could become a problem again if he falls

- Nothing
- The kitchen is not a good designed, but she does not go in there much
- That a carer only comes in once a day on weekdays, I have to do everything
- He can't get upstairs and very isolated without a car
- Being able to get outside
- There are still too many steps to outside the house and I am frightened of slipping
- I get really worried about having to move or change and no-one really reassures me that I won't have to move in the future
- The shower does not work and struggle in the bath
- The step up to my bungalow even though I have a handrail - when it is icy, I don't like to go out in case I fall
- I just don't see enough people, and this can make me feel low even before the pandemic
- It is difficult for me to get about
- Some agencies were not reliable and if I was left or a carer didn't turn up on time I would try and do things for myself and that has left me going into hospital as I have fallen
- Nothing
- Nothing.

Q8

- Only that at this extremely difficult time, I'm sure I'm not the only one, even with a partner, who feels trapped indoors having been told to shield
- I have been in the house for a year now and I just don't see anyone at all other than the carers. The lock down means that i have stayed in my house for over a year now without any social contact
- The care is non-existent - I have to wait for someone to call me and then call someone - and then very often that can't help me with the problem I have
- The lack of communication from Social Services has left me feeling very unsupported and has meant that my mother in law at present can't be cared for by me at home. The financial burden of caring for someone and due to the assessing system, this is not working - My mother in law has Alzheimer's - the assessment system for this doesn't work
- We don't get any support despite the fact I do everything for my husband with dementia so couldn't answer 2 questions
- Additional support with things like cleaning
- The care company try to take the lead in the equipment my husband needs and don't take into to account what we say
- We are looking at increasing the amount of care hours my wife receives to assist her when she comes home from hospital particularly night sitter. I am hoping after the pandemic my wife and I can get a little bit more mobile and see and meet more people and socialise more
- He is frustrated because he sits and looks at the garden, he used to go in. From his point of view, the house is as safe as we can make it. When he came out of hospital, we had physio in. It would be nice to have more help, but I don't know where and how. Social contact is low at the moment because of Covid

- With coronavirus I am only seeing one son as I have bubbled with him - but under usual circumstance I do have social contact with people
 - Even before coronavirus there is not enough social activities for people of my age who are still more than capable and don't want to spend time in a care setting - but there is a lack of accessible premises where you can meet people who are over 80 to have social time with
 - I am satisfied with my current situation. This is the best we could get at the time. It has taken a long time to get here. The long steep drive is a bit of a safety concern, especially in bad weather. Given Covid rules amount of social contact is difficult - given the circumstances we are doing well
 - I are happy with the quality of care we receive but carers are limited to the times that they are allowed to stay and help me - this is one thing that I would change
 - overall, I am satisfied with carers, but the NHS Hub do not come along when they say they are coming tomorrow for pressure sores and for 8 days they did not turn up
 - I feel there could be more help given to the bathing situation and time allowed for incoming carers, but my home is where I want to be
 - No
 - The social contact is of course remote because of the Covid-19 situation
 - Due to lockdown I don't see anyone all week only my carers
 - Covid means I don't get out much
 - Covid restrictions have drastically reduced social contact
 - we have a really good network around us that help
 - Just need more respite
 - We have a really caring network of people who support us
 - We have support and help from XX at the Day Centre when it is open - we also have support from Adult Care and then ring fortnightly to check that everything is OK
 - Up to now we have not been happy with any of the agencies we have had to help. We are now on the 6th company to help us - the amount of care we have is not long enough
 - We live in a bungalow which we moved to in August and wanted to move closer to our daughter for additional help and support
 - Social contact is restricted to our son and grandsons - it would be nice to hear from other people our own age
 - We need more support with Mum to help her to live more independently
 - She does have some social contact, but it would be nice for her to have more social interaction
 - We have the thing where she can buzz if she needs help etc, so she is safe
 - I would like to see more people and I also have to arrange for a gardener as my garden is far too big for my family to manage as well as everything else, they do for me
 - I would like to see more people and I would like to live in a bungalow or something similar where everything is accessible
 - I need help with shopping and cleaning and would pay for this but struggle to get help
- The money that is provided to assist with helping care for me is another strain in allowing me to live at home for as long and the paperwork adds additional stress onto my daughter and son in law

- I really need more care and support as I am struggling to get a meal prepared for me in the afternoon
- We have a carer one afternoon a week to sit with my wife while I go shopping - this works well. The rest of the family think I am doing too much, but I am happy. We have good family around us
- I would like to see more people
- I want more help for my wife to help to support me as she struggles to help lift me
- I would like somewhere smaller but anything that has come up so far is outside of the area where I want to be so am not moving until something becomes free locally
- At the moment things are fine although in the future needs may change. It's hard for us all to get our own space
- No
- I wish I'd had a bungalow sooner rather than stay where we are. We get 20 minutes in a morning and evening, but outside of that my sister is a big help. I couldn't cope without her. I have friends that ring, but due to Covid I don't go out
- I would like to get out more to see people, but I am frightened of falling
- Staff don't come often enough for him to go to the toilet in between visits he is no pain
- I need the carers to stay a bit longer and not be in such a rush
- Only the pandemic is impacting on the social contact, we have people to see we just can't
- Social contact diminished due to Covid
- Social contact would be better, but the pandemic has stopped this
- Her home is safe what makes it unsafe are the staff doing silly things like putting her on the commode and not putting the brake on
- The mental health of my husband is being affect by the lockdown. We have had no visitors (only nurses to take blood) and even before the lockdown no one invites us around for a cup of tea. We have not had a holiday since 2011. I am a 24/7 carer - 365 days. Only used Respite when I had to have a colonoscopy. Given what has happened to people in care homes during lockdown, I am glad I struggled with everything and kept him at home
- More help would be useful
- I haven't been out for quite some time now and only see family who are supporting us
- Would like to see more people as I felt lonely even before the pandemic. If it was not for the carers, I would not see anyone
- I can't get out so only see people if they come to me
- No
- Caring significantly reduces social contact for both the cared for and care

Q10

- No, should the sad day arrive when I realise I can no longer live comfortably or safely in my own home; then as a 'War Pensioner', I have access through the Veterans Scheme to several excellent nursing homes for disabled ex-servicemen throughout the country
- I want to stay in my own home for as long as possible. But if anything happened to my husband so I was living on my own - I would then consider living somewhere smaller where I could meet with other people to socialise in a safe

environment. my biggest fear is to be on my own and if I am ill no-one would know

- I have promised to keep my mother in law in our own home for the remainder of her life and provide that care
- I assume eventually he will have to go in a home, but I don't want that. I'm going to look after him as long as possible at home. Care homes cost so much and as things are at the moment, I wouldn't be able to see him
- I would not like to move to somewhere where I do not know anyone, and everyone is a stranger
- My hope is to stay here it meets my needs and I feel can do so in the future.
- Fine currently but would need to make changes if my husband was not here, I would need to move but would prefer to stay in my own home with support
- Would hope to stay in his own home and would be concerned if had to move somewhere else
- In the future if I am unable to provide some of the care and support and my health deteriorates, I would look at something like a retirement village or extra care to meet our future needs
- Well, no, not really. We take it one day at a time
- I just want to stay in my own home for as long as possible. I have experienced a care home when I came out of hospital for a while - the room was lovely and the care and food was good - but it still wasn't home and the other residents didn't want to talk and it made me feel more lonely than living on my own. I don't want to go into a care home in the future
- I do not want to go into a care home - "I would rather be shot than be put in one of those care homes"
- No concerns! I am very blessed to have the landlords I have who couldn't be more supportive
- I would worry having to leave my own home where my surrounding area so familiar
- I have been in a residential care home in XX and had a really bad experience. My dietary needs were not met, and I had items stolen from me whilst I was in there and I really do not want to go into residential care
- I don't have any concerns about living in my home, except for the bathroom situation. While my daughter is managing assisting with my additional support, I am ok, but I would definitely need more carer time if she gets worse, I really don't want to move
- My kids will threaten to put me in a home
- Somewhere without a sloping driveway would be nice
- As long as it is close to family and obviously the costs involved
- Many Care homes do not seem adequate in the town
- I want to stay in my current home
- I hope to stay in my current home with the support I need
- I really want my mother to continue living with me until such a time I can no longer manage. Then she would benefit from being in either a nursing or care home environment
- A bungalow with parking would be nice
- The hope would be that when 24-hour care is required to go to XX at X as this is where previous care has been given for respite care, sometimes privately funded

and other times by DCC. Pre Covid, Tuesdays were spent at nursing home where social interaction played a major part

- I want to live in my own home for as long as I can. When that is no longer possible, I know I will have some difficult decisions to make
- We would like to stay in our local area as my wife is familiar with them all and it helps her to keep in touch
- Mum definitely does not want to go into a care home
- We do not want to live in a residential care home - we want to stay in our local area in either a bungalow or in our own home and have it adapted
- We just don't have the amount of support to help us to be able to help mum live with us for as long as possible
- We have just moved into a bungalow so now have the help and support we need as they live close by
- None
- The amount of care we can receive in our own home - the carers are fantastic. How we will manage if something happens to one of us and who will care for us in the future
- We have adapted the bungalow for her to live independently for as long as possible - but if something should happen to our health, we would struggle to help her
- I don't want him to go into a nursing home I want to care for him for as long as possible at home
- No not currently but would not want to leave the area
- It would be getting out and seeing other people in the future, so she has adequate social interaction
- No, we have done all we can to keep her happy and secure where she is
- I really don't want to be put into a care home
- I don't think I can live in my own home for much longer as it does not meet my needs now however, I don't want to be put into a care home
- I really don't want to go into a care home
- I want to continue to be able to rely on my carers turning up for support
- I want to stay in this bungalow that I have just moved into for as long as possible. I do not want to go into a care home - but I suppose it would depend on the home and the quality of care in that home if I was not able to live in my bungalow any longer
- I would like additional care and support in my own home if and when necessary
- I want to stay in this flat for as long as I can as I am happy here, I just want a bit more help. I definitely don't want to go into a care home - I wouldn't be able to smoke and I am not going to stop smoking now
- I do worry about what will happen to her if anything happens to me
- I don't want to go into a care home
- We want to stay in the home we are now as we have paid a lot of money for where we live now
- Having to move away from the area where I live because there aren't any bungalows or flats that become free
- I would still want to live with other people
- Yes

- Yes, we live in a home that does not meet the needs still paying the mortgage and can't afford to sell it there is no equity in it
- I think for us in the future we would hope to go and have something built at our daughter's in XX
- I try to not think about the future. It is always a concern, but I deal with things one day at a time
- I want to stay in my own home for as long as possible
- I want to remain in my own home for as long as possible with care and support in place and fear that this might be feasible in the future with all the cutbacks in services
- Due to negative experience in a care home I do not want to go into a care home in the future
- I want to stay in my own home for as long as possible and don't want to go into a care home
- I want to stay in my local area so anything or anywhere I move to in future when my health and memory gets worse needs to be somewhere, I know well and where my family and friends can visit me
- As I have now had my house adapted, I don't want to move particularly into a care home setting
- Would be very concerned if he had to go into a home, he has had respite in care homes, but I must go and fetch him back early he never settles
- He does not want to go into a care home he wants to stay in his own home
- Yes, I would want to stay close to friends and family
- Yes, I have been given notice to move
- I just want to live my life out in this house I am too old to move
- Concern that we won't be able to stay here
- Hope he slips away soon painlessly
- Does not want to go into a care home
- Don't see us living anywhere else
- To stay where they are
- That we wouldn't be able to stay at home
- I don't want either of us to have to leave our home
- Ending up in a care home
- Concerned if he had to go into a care home
- I was hoping that someone with a vocation to care for the blind would come forward under the Shared Lives scheme since it is overseen by the Council. Given his vulnerability, I am concerned about possible financial fraud and abuse
- The worry about the future is worse than death itself
- I want to continue living in my home, I have no desire to leave
- I want to stay at home if possible
- Yes, what would happen if anything happened to my husband and I would not want to go into a care
- I want to stay at home if possible
- I want to stay in my own home for as long as possible
- I don't want to move from where I live now
- No not currently
- I want to stay here where everybody knows me, and I know them

- I would like to stay in my current home but would like some more social interaction with other people in my area
- I would really like to stay here for as long as possible as I don't like change, and this is so familiar to me
- Not now
- I think I was not here he would need to be looking at a care home and he would hate that
- Hope that it could be designed for accessibility rather than adapted.

Q12

- No. Things will most certainly change as I continue to age, but I have every confidence in getting the timely and appropriate care I will need
- I just want to be safe in my own home - the house is not safe the windows are not safe - I am in a wheelchair and if there was a fire, I wouldn't be able to get out of my house
- I would be concerned about the regularity of care and support in my own home. my mum had carers, but they never turned up on time - they were very irregular, and I would not want this for me
- I am concerned that if as my mother in laws carer with dementia that we must have her go into respite care - the support for carers needs to be far better than it is at present
- What would happen if I am not here in the future to care for him?
- Our mobility is getting worse - so supporting someone to get the help that they need would be a concern. I have got a bed downstairs - my main concerns are not being able to live in our home - we have lived in this house since we first got married. We live-in close-knit community and this is something that we like
- No not at the moment
- Concerned for if my husband is not long able to take care of my, I would not like to think I needed to go into a care home and would hope other options were available
- We would be looking for progressive support to meet our future care needs - such as night care
- No, we deal with things as they come up
- I really want to stay in my own home for as long as possible and I don't want to go into a care home
- I really hope that I can see out my days in my own home - but that does not seem likely as I approach my 90th year. I really do not want to end up in a care home - but I also don't want to become a burden on my family
- I have a concern about how quickly I go blind and my husband's health because he has COPD. I take everything day by day though
- If the care company couldn't provide the help that I need this would worry me and again I really don't want to move out of my own home
- I really do not want to go into residential care - the experience that I had in residential care after I left hospital had made me really against doing this
- That there won't be enough carers to visit everyone
- My concerns would be my knee operation and how mobile I will be
- If it remains at its current level and not reduced
- Worry about availability of assistance if the carer must be hospitalised again

- I want to carry on receiving support from XX because they are great, they are my friends and I don't think I would've made it through the lockdown without them
- I hope that my support continues to meet my needs
- My mother's illness makes it difficult to plan. I have no idea how quickly or slowly her dementia will deteriorate but just knowing I have the support team there for us is very reassuring. I will certainly be calling on these resources when I absolutely needs to in the future but lime reluctant to use them unnecessarily now when we can manage ok
- I hope mum can remain in her own home as that is her wish
- Selling my home if I need care
- Hopefully when needs arise a care home place would be available
- At present I have all the support I need
- The support that we may receive in the future to help me care for my wife with dementia to live at home for as long as possible in the future
- Not really, we have a good support network from our family
- As we are both getting older, we might need support in the future, and we hope that this will be available when and if we need it
- We need properly trained staff to help us support us to care for my Mum - they need to be able to drive and help us independently and not the other way around
- We now have the support we need in the new bungalow that we have just moved into
- The questionnaire has been answered with my wife in care, however my circumstances may change when I will require support. For example, I am looking at the need for a walk-in shower for myself
- If I die before my wife - she would have to go into a care home and that frightens me as this is something that I don't want to happen
- I can't care for someone if I don't have the care and support in the future
- I want to know that care and support will be available for when we need it in the future
- I would like to keep my mum in her own home for as long as possible - but this might need me to have more support with lifting etc
- I don't want to go into a care home - but I would like to move to somewhere smaller which is all on one level
- I want a bungalow but don't want to be put into care
- That I won't be able to live here anymore, and I don't want to go into a care home
- I want to live here if possible and should be able to do this with the support that DCC have put in place to help me
- I just want to live in my bungalow for as long as possible
- Just the additional nursing care in the future if needed to let me live here if possible
- I don't want to go into a care home and just want help and support in my flat so I can stop here for as long as possible
- No, not now. I don't worry until I need to
- If I need support in the future I worry if I would be able to afford it or if they would be enough carers out there to help everyone
- What I need the most is to have my wife beside me to help me but also to ensure that she is getting the support as well to help me
- Nothing

- I don't want to move outside the area where I live, and I don't want to move into a care home
- I need medication all the time and need support to administer this
- Concerned that if my wife can no longer support me, I do not wish to end up in a home
- Dad has had spinal surgery and has little movement in his right hand. There may be concern if this deteriorates in the future
- It will become difficult in the future if my husband is not there
- Concerned that if I am no longer able to support my wife who would do this
- I don't think that far ahead
- I just want to continue with the support that I am getting now and continue to live in my bungalow
- I hope that the support I receive now can continue and that the cost of this support is not escalated again so we must think about if it is affordable any longer
- I want to be assured that the quality of carers is well trained in the future
- I want to stay in my own home for as long as possible and worry about the cost of care in the future
- I want to stay in an area I know where my friends and family can visit me, and I can still have some independence
- The cost of care in the future and the quality of the care that is provided. My current carers are brilliant, but I have had some that were not up to the job
- Nothing now
- Nothing currently
- Not having the support that I need
- Not currently
- Not being able to get the support in should we need it
- Would want similar set up if I ever get to need care myself
- The fear of not being able to stay at home
- Yes, who will care for me
- I'd like us to remain as we are
- I have wasted a lot of time talking to the XX Team and visiting possible accommodation with them. They have not responded to email for some years now - probably because they don't know what they can do. I suppose the situation may change if he develops dementia since there seems to be a lot more help for them
- Hopefully I won't need any, although the carers my wife had were amazing
- I don't want to have to leave home
- Just not to end up in a care home
- That me caring for my wife will mean it tips me over the edge and we both need care
- If we need carers in future again, I hope that they can come at a time that fits in with our needs
- I don't want to move from where I live now
- Yes, the bathing issue will become more difficult in time
- I do feel guilty and feel like I am a burden to my family
- I just hope that I continue to get the fabulous support that I get now from carers

- The quality and timing of care calls in the past has been patchy so I would really like reassurance that the standard of carers is vetted and checked better than they seem to be now
- Going into a care home would be the last resort unless it is for short respite for my wife
- Hope that we can continue to be supported in the way we are known with staff coming in it would be better if the times for visits was consistent.

Q14

- All the above are of course subject to Covid and its demise. Getting back to my normal hectic social and work life
- I am very wary of getting to know other people as I have had a bad experience in the past where I made friends with a neighbour who was over 100 and I was accused of stealing money from her - which I was not - but this has made me be wary of making friends now
- I would not want to go into a care home unless I really must - as I had a negative experience with my father. I don't want to be put in a position where I am sat in chairs with urine all over
- I want to provide help and support for my mother in law at home for as long as I can
- We are quite happy at home and want to stay here for as long as possible
- The residential care home would be an option if my wife is unable to get more mobile - I want her to have a little more life that she has now where care is in place and I know that she is looked after
- It would be lovely to do more, but my husband is just not up to it any longer.
- I have a very supportive family which really help me to live in my own home as independently as possible
- During coronavirus I have bubbled with my eldest daughter - but still have daily calls with my youngest daughter - getting old does make you feel like you have to rely on them more and more which is not what you become a parent for
- Covid has made everything difficult now. I like contact and find people very interesting. I want to be able to help people but cannot get out to do it
- I want to stay in my own home for as long as possible with support (cleaners, gardeners, carers with personal care and food prep) in place to enable me to do this
- I really don't want to go into a care home - I want to die at home with dignity
- None
- We are thankful for what we have got
- Again, Covid colours this response
- I am not enjoying lockdown at all; I am sad, and I feel lonely
- Due to the onset of dementia, currently contact is made via telephone calls, however this is becoming a nuisance with friends due to the number of calls made to them every day, e.g. an average of 250 per month with some friends receiving up to 9 calls in a day and repeating the same information to them.
- Corona virus restrictions have left me feeling very isolated. Once my family can visit again things will improve
- With my wife having dementia it may come to me needing a care home for her in the future

- Mum does not want to go into a care home and wants to stay in her own home for as long as possible
- We would like a bungalow and then just be supported by family and friends
- We are happy with our lives now and just want to continue to live in the bungalow where we are
- Restrictions at the moment make it difficult for any visitors
- I want to care for my wife at home for as long with support from carers
- Pre covid we are happy with what we have
- I am hoping that I can support my Mum to live at her own home for as long as possible
- At the moment she is happy with her carers, but I don't know how long we can keep doing with this when it comes to money. I don't know what we will do if she ends up in a situation where she cannot stay where she is, it just isn't worth thinking about. I have power of attorney, which I didn't realise until it was too late - I'm hoping social can sort out, I don't want to be sorting this
- I want a bungalow or somewhere I can get around in easier
- I would like to see more people and also have a bit more help around the house to maintain my independence
- I want to live in my own home for as long as possible
- I want to live with my family for the rest of my life in our family home
- I really need more social contact now and, in the future,
- Things are working with dad's condition at the moment but in the future he may decide he wants his own space and probably a little one bedroom bungalow more designed for his needs
- This is down to the pandemic otherwise we would be content
- Going out into the community applies to myself and not mum as she is no longer able to do this
- People with severe visual impairment are vulnerable, especially when they are left on their own with no family or friends they can trust. I have lobbied for many years for support for them - in vain. I do feel that I have perhaps wasted my time again.

DERBYSHIRE COUNTY COUNCIL

CABINET MEMBER

11 June 2021

Report of the Executive Director for Adult Social Care & Health

**REVIEW OF URGENT OFFICER DECISIONS
TAKEN TO SUPPORT COVID-19 RESPONSE**

ADULT SOCIAL CARE AND HEALTH

1. Purpose of the Report

The purpose of the report is to provide the Cabinet Member with an update in relation to those actions which were the subject of Officer's Decisions utilising emergency decision making powers as detailed in the constitution and to provide assurance in relation to the reviews which have been undertaken.

2. Information and Analysis

The current challenges relating to the COVID-19 pandemic have necessitated urgent decision-making processes by the Executive Director for Adult Social Care and Health to be implemented to ensure the welfare of service users and the public and to safeguard the interests of the Council. The decisions have been made under the urgent delegated powers to Executive Directors as set out in the Constitution.

In the main, the decisions relate to short-term temporary arrangements which are subject to regular review. This is particularly important where subsequent Government guidance has been issued notably in the area of Adult Social Care. It is intended that as Cabinet is now able to function by meetings being held 'remotely' the need for officers to make urgent decisions will now diminish.

However, it is important that officer decisions are kept under regular review by elected members and officers. At the 4 June 2020 Cabinet meeting it was agreed that Cabinet would formally delegate review decisions to the relevant Cabinet Member (CABCO) meeting as these were meetings held in public, virtually if necessary, in order to ensure maximum transparency. A summary of review decisions made by Cabinet members will be reported to Cabinet every two months. As a further safeguard any significant reductions in service that have been reviewed and substantially maintained over any eight-week period

will be referred to Cabinet as soon as possible after the eight-week period for ratification.

Below, in table 1, is an update on the reviews that have taken place since the last Cabinet Member meeting on 27 May 2021. All review decisions to date have been discussed with the Executive Director and Cabinet Member following review by Senior Management Team. Any reviews undertaken during the election period, between 7th May and 26th May, have been discussed with the Executive Director and a summary of those decisions are included in the most up to date version of the Officer Decision Records which is attached at Appendix 1.

Table 1: Summary of officer decision record reviews.

<p>Cessation of planned respite breaks services for Older Adults and people with a Learning Disability (ASCODR4)</p>	<p>This has been reviewed on thirty-one occasions by Adult Social Care and Health Senior Management Team and a discussion between the Executive Director and Cabinet Member.</p> <p>The latest review on week beginning 31 May 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision is being offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so. Officers continue working towards re-opening respite in a Covid-secure environment when it is safe to do so.</p> <p>At the current time there is little change to the position and the majority of respite provision remains closed as people entering residential care provision are still required to isolate for 14 days. However, in line with the Governments roadmap to ease lockdown restrictions Adult Social care continues to review its approach to re-opening respite and a letter to Users of respite services and their Carers is due to be sent shortly to discuss how we can move forward safely.</p> <p>The following mitigations have been put in place since the original decision to temporarily close respite provision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered.
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	<p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 14 June 2021.</p>
<p>Financial Charging</p>	<p>This has been reviewed on thirty-one occasions by Adult Social Care and Health Senior Management Team and a discussion between the Executive Director and Cabinet Member.</p> <p>The latest review on week beginning 31 May 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements have changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements.</p> <p>This position continues to remain unchanged currently, however, as part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards and as Adult Social Care is beginning to re-open more services, we will continue to review our approach to financial charging in line with Government guidance as it emerges.</p> <p>There is no change to this decision at the current time and it will continue to be reviewed on a fortnightly basis.</p> <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 14 June 2021.</p>
<p>Shared Lives carers additional payments</p>	<p>This has been reviewed on thirty-one occasions by Adult Social Care and Health Senior Management Team and a discussion between the Executive Director and Cabinet Member.</p> <p>The latest review on week beginning 31 May 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the Adult Social Care: COVID Winter Plan 2020- 2021.</p> <p>Payments to full time-Shared Lives carers continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment. For full time carers</p>

	<p>we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and/or who are autistic return to re-opened day centres.</p> <p>This position continues to remain unchanged but under review as more services re-open in line with the Governments roadmap out of restrictions.</p> <p>There is no change to this decision at the current time and it will continue to be reviewed on a fortnightly basis.</p> <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 14 June 2021.</p>
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3. Feedback from Principal Social Worker

The Principal Social Worker has been engaged and consulted with over the initial decisions and has reviewed these latest updates. The Principal Social Worker is satisfied that the original decisions have been made with due regard for the Department of Health and Social Care Ethical Framework. Where appropriate Care Act easement guidance has been considered and formed part of the decision-making process. The Principal Social Worker is aware of the review processes in place.

4. Financial Considerations

As part of the urgent officer decision-making process, regard has been had to financial implications and these are detailed where appropriate on the original Officer Decisions.

5. Human Resources Considerations

As part of the urgent officer decision-making process, regard has been had to human resources implications and these are detailed where appropriate on the original Officer Decisions.

6. Legal Considerations

The reviews of the Officer Decisions made under powers delegated to officers in accordance with the Constitution have ensured that timely consideration is given to the necessity and proportionality of the continuation of those actions outlined in the Officer Decision Records.

The Council's Constitution provides that "notwithstanding any other provision of the Constitution Strategic Directors shall have the power, after discussion, if practicable, with the Leader of the Council or the relevant Cabinet Member or Chair, to take such actions deemed to be necessary and expedient in matters requiring urgent consideration and which, because of the timescale involved, or the need to safeguard the interests of the County Council, cannot be dealt with by submission to the next following meeting of the Council, Cabinet, Cabinet Member or Committee."

The preparation of an Equalities Impact Assessment in relation to all the Officer Decisions made using urgent delegated powers has been undertaken and will continue to inform decision making.

7. Equality implications

As part of the urgent officer decision making process, regard has been given to equality implications within the demand time scales applying. A consolidated Equality Impact Assessment is in development and was reported to the 4 June 2020 Cabinet meeting. Specific EIAs in relation to the decisions that affect visiting restrictions at older people's care homes, the closure of day centres and the closure of respite provision have been developed alongside a more comprehensive covering report.

8. Other Considerations

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

9. Background Papers

- Officer Decision Records considered by Cabinet on 23 April 2020, 14 May 2020 and 4 June 2020 and published on the county council website.
- Officer Decision Record considered by Cabinet Member 25 June 2020 and published on the county council website.
- Decision making process during Covid Epidemic – report to Cabinet 4 June 2020
- Review of urgent officer decisions taken to support COVID-19 Response – report to Cabinet Member 11, 25 June and 9 and 24 July 2020.
- Cabinet Report - 30 July and associated Equality Impact Assessments
- Equality Impact Analysis – Urgent decisions in relation to council services, functions and assistance
- Withdrawal of bi-weekly review of specific Urgent Officer Decisions during the Coronavirus Pandemic - Report to Cabinet 11 March 2021

10. Key Decision

As indicated in reports

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

No

12. Officer's Recommendation

The Cabinet Member for Adult Social Care and Health is asked to:

- i. Note the review of decisions made under urgent delegated powers arising from the COVID-19 Pandemic; and
- ii. Note that future review decisions will continue to be made on a fortnightly basis by the Executive Director for Adult Social Care and Health. A summary of which will be contained within this fortnightly review report.

**Helen Jones
Executive Director – Adult Social Care & Health
County Hall
Matlock**

Appendix 1 – Copy of Officer Decision Records

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Simon Stevens	Service: Adult Social Care
Delegated Power Being Exercised: Significant management decisions which could have an adverse or controversial impact on the delivery of services or achievement of agreed targets	
Day Care - Temporary Closure / cessation of Service	
Subject of Decision: (i.e. services affected)	Service closure – planned respite.
Is this a review of a decision? If so, what was the date of the original decision?	Yes, review of decision made 23/03/2020
Key decision? If so have Democratic Services been notified?	Yes – it will be significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions in the county area.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	<p>Cessation of planned respite breaks services for Older Adults and people with a Learning Disability with effect from 23/03/2020</p> <p>Review process Decision is subject to a minimum of fortnightly review by SMT and Cabinet Member, being reported to Cabinet Member on a fortnightly basis.</p>
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state	<p>Government and Public Health England advice in relation to reducing the risk of infection spread in relation to COVID-19 states that those aged 70 and over 70 should self-isolate and adhere to social distancing requirements.</p> <p>We need to reduce the risk of cross infection for both those using respite and long-term care home residents to reduce the number of individuals coming in and out of the services to reduce risks in relation to infection.</p>

<p>how this has been taken into consideration.</p>	<p>As the vast majority of users of our older adult respite care services are used by people aged 70 and over it is not possible to continue to operate those services safely.</p> <p>Similarly, significant numbers of the people using our learning disability respite services are likely to fall into the category of having an underlying ‘high risk’ health condition that means they would be advised to socially distance and minimise contact with others from outside of their household.</p> <p>In order to protect them and other residents within our residential care homes non-urgent respite provision remains closed.</p>
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>All individuals are being monitored and reviewed during the period the provision does not operate as normal to ensure that the withdrawal of planned respite does not lead to significant risks to their health and wellbeing.</p>
<p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p>	<p>Individual risk assessments have been undertaken in relation to this decision and concerns relating to long term emergency respite if appropriate and alternative arrangements are being considered.</p>
<p>Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision</p>	<p>Yes it would have been subject to consultation with service users. Consultation did not take place due to national advice being issued from the Government regarding the COVID-19 pandemic response which stated that vulnerable groups needed to undertake social distancing to protect their health and wellbeing. Therefore, an urgent decision needed to be taken.</p>
<p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p>	<p>The decision will have had an impact on older adults, people with a learning disability and their families and carers. The temporary suspension of the service, and the ongoing assessment of peoples care packages brings with it the potential for further risks to those who make use of the service. However, this risk needs to balance with</p>

	<p>the risk of infection from COVID 19 and adherence to national guidelines.</p> <p>Mitigations have been put in place through the regular review of people who would normally access the provision, and where appropriate care packages have been adjusted to accommodate the temporary cessation of the service Emergency respite services have continued to operate from a number of the Council's establishments, or as an outreach services for some people, to support both older adults and people with a learning disability and their family / carers – particularly in order to reduce the risk of carer breakdown.</p> <p>The Community Response Unit, a partnership between the County Council and a range of voluntary organisations and local businesses, has been established to make sure vulnerable residents are supported through the coronavirus outbreak. Whilst it is not known if people who have previously accessed respite services have been referred to or used the Unit, it is known that older adults and people with a learning disability who use other services such as building-based day care have accessed this Unit's services.</p> <p>Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of the cessation of planned respite and carers emergency plans are being offered.</p> <p>Whilst the Council continues to review the access restrictions imposed on all its buildings, in line with national guidance concerning social distancing and self-isolation requirements for vulnerable people, it is not expected that the building-based planned (bookable) respite service will return to normal operating arrangements in the short to medium term.</p> <p>An EIA was completed on 30 June and is being kept under review.</p>
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<p>Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))</p>	<p>Any excess staffing capacity generated as a result of this cessation of service will be temporarily redeployed to support other service areas responding to the COVID-19 pressures</p> <p>Feedback on original Officer Decision:</p> <p>Legal Decision is not time limited, if the problem persists in the longer then report would be beneficial to highlight longer term strategy to manage the needs of the affected cohort.</p> <p>Response: Two-week review process is now in place and captured on RODR pro forma</p> <p>ODR indicates that individual assessments are to be undertaken to ensure affected person receive the support necessary – update and assurance could be given in the report to confirm timescales and outcomes for these assessments</p> <p>Response: This will be detailed in Cabinet report and RODR document, but reviews have taken place and are being actively reviewed by P&P teams every two weeks.</p> <p>Finance There are no additional financial considerations in relation to this proposal.</p> <p>Principal Social Worker The Principal Social Worker has been engaged and consulted with this decision. The Principal Social Worker is satisfied that this decision has been made with due regard for the Department of Health and Social Care Ethical Framework. Whilst this decision was informed by the government’s guidance about social distancing and COVID-19 guidance in relation to residential care and supported living full consideration has been given to contingency discussions and planning for alternative support evidenced by the following statement: ‘All individuals will be monitored and reviewed during the cessation period to ensure that the withdrawal of planned respite doesn’t lead to significant risks to their health and wellbeing’.</p>
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	<p>Guidance has been issued to frontline assessment staff to inform their person-centred conversations when exploring equivalent levels of support. Associated RAG rating records have been regularly completed and updated.</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Discussion between Helen Jones and Cllr Jean Wharmby on 22/03/2020 Consultation with Cllr Wharmby on Review 19/05/2020 Consultation with Cllr Wharmby on Review 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee <u>11/06/2020</u>, <u>25/06/2020</u>, <u>9/07/2020</u>, <u>24/07/2020</u> and <u>6/8/2020</u>, <u>3/09/2020</u>, <u>17/09/2020</u>, <u>1/10/2020</u>, <u>15/10/2020</u>, <u>12/11/20</u>, <u>26/11/2020</u>, <u>10/12/2020</u>, <u>21/12/2020</u>, <u>7/01/2021</u>, <u>21/01/2021</u>, <u>4/02/2021</u>, <u>18/2/2021</u>, <u>3/03/2021</u>, <u>18/03/2021</u>, <u>1/04/2021</u>, <u>15/04/2021</u>, <u>29/04/2021</u>, <u>Week beginning 03/05/2021 – SMT report only during the election period</u>, <u>27/05/2021</u>,</p>
<p>Decision:</p>	<p>Agreed Review agreed by CMT 7/04/2020 and SMT 8/04/2020</p> <p>Review by SMT 22/04/2020, 6/05/2020, 21/05/2020, 4/06/2020, 18/06/2020 and 2/07/2020: It is considered necessary to continue to cease planned respite activity due to ongoing social distancing requirements in line with national Government guidance. Clear evidence that spread within care homes is due to bringing people in from the community.</p> <p>We continue to need to reduce the risk of cross infection for both those using respite and long-term residents and so reducing the number of individuals coming in and out of the service is essential.</p> <p>Clients who would normally attend a planned respite break have had their care package reviewed and it is continuing to be reviewed on a minimum of a fortnightly basis to check that no additional support is required as an alternative to the support which would have normally been</p>

received via respite. Derbyshire Carers Association is also offering support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

In addition, the respite beds are being utilised to support hospital discharge and increase bedded capacity in residential care.

Urgent respite provision is still in place as a mitigation where this is considered appropriate.

Review by SMT 16/07/2020: Following ongoing work by officers the current position is that building-based planned respite services will remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control).

The following mitigations have been put in place since the original decision was approved, including:

- Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted
- Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so.
- Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase as a result of day centre provision being closed and carers emergency plans are being offered.

Review by SMT 30/07/2020 notes: following ongoing work by officers that the current position is that building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and

	<p>appropriate to do so (in line with Government guidelines for use of PPE and infection control).</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so. This is in order to provide a period of respite during the day to support Carers as far as is possible to do currently. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite during the day reduce as a result of day centre provision being closed and carers emergency plans are being offered. <p>Review by SMT 12/8/2020 notes: that following ongoing work by officers the current position is that building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control).</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Parkwood Centre in Alfreton has been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so, with staff from other centres providing outreach services to people in place of opening a building (and in doing so
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	<p>following appropriate guidelines about use of PPE).</p> <ul style="list-style-type: none"> • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite during the day reduce as a result of day centre provision being closed and carers emergency plans are being offered. <p>Review by SMT on week beginning 24 August 2020 notes that following ongoing work by officers the current position is that building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control). There is currently no change to this position.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Five building based day services across the County for people with a learning disability have been providing emergency day service provision for those people for whom it has been identified as being appropriate to do so, with staff from other centres providing outreach services to people in place of opening a building (and in doing so following appropriate guidelines about use of PPE) in order to provide an element of respite to support Carers in their increased role. The bungalow at Newhall, which is a learning disability resource has also supported one individual with respite care. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of
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	<p>planned respite within residential care. Carers emergency plans are being offered.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team on 10 September 2020.</p> <p>Review by SMT on week beginning 7 September 2020 notes that following ongoing work by officers the current position is that building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control). There is currently no change to this position.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans are being offered. <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 21 September 2020.</p> <p>Review by SMT on week beginning 21 September 2020 notes that following ongoing work by officers the current position is that building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government</p>
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	<p>guidelines for use of PPE and infection control). There is currently no change to this position.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans are being offered. <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 5 October 2020.</p> <p>Review by SMT on week beginning 5 October 2020 notes that following ongoing work by officers the current position is that building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control). There is currently no change to this position.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans are being offered.
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The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 19 October 2020 and will take account of the newly published Adult Social Care: COVID Winter Plan 2020- 2021.

Review by SMT 19 October 2020 notes that following ongoing work by officers the current position is that building-based planned respite services will continue to remain closed.

Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control). There is currently no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 2 November.

Review by SMT week beginning 2 November 2020 notes that there is currently no change to this position

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 16 November 2020.

Review by SMT week beginning 16 November 2020 notes that following ongoing work by officers the current position is that most building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control).

Currently officers are working towards re-opening a centre within the County to offer respite in a Covid-secure environment. This planning is

	<p>currently in the preliminary stages and a location is yet to be fully finalised.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 30 November 2020.</p> <p>Review by SMT week beginning 30 November 2020 notes that following ongoing work by officers the current position is that most building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so (in line with Government guidelines for use of PPE and infection control).</p> <p>Currently officers are working towards re-opening a centre within the County to offer respite in a Covid-secure environment. This planning remains in the preliminary stages and a location is yet to be fully finalised.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision.
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- Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 14 December 2020.

Review by SMT week beginning 14 December 2020 notes that Currently officers are working towards re-opening a centre within the County to offer respite in a Covid-secure environment. This planning continues to remain in the preliminary stages and a location is yet to be fully finalised. The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 28 December 2020.

Review by SMT week beginning 28 December 2020 notes that the position remains unchanged in that currently officers are working towards re-opening a centre within the County to offer respite in a Covid-secure environment. This planning continues to remain in the preliminary stages and a location is yet to be fully finalised.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 11 January 2021.

Review by SMT week beginning 11 January 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so, however we are reviewing the safety of continuing this during the new national lockdown.

Officers will continue working towards re-opening a centre within the County to offer respite in a

	<p>Covid-secure environment when it is safe to do so. This planning continues to remain in the preliminary stages and a location is yet to be fully finalised.</p> <p>The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 25 January 2021.</p> <p>Reviewed by SMT week beginning 25 January 2021</p> <p>The latest review on week beginning 25 January 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so, however we are reviewing the safety of continuing this during the new national lockdown.</p> <p>Officers will continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care
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	<p>packages have been adjusted to reflect the additional care provision.</p> <ul style="list-style-type: none"> • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 8 February 2021.</p> <p>Review by SMT week beginning 8 February 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so, however we are reviewing the safety of continuing this during the new national lockdown.</p> <p>Officers will continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. <p>The position in relation to respite remains unchanged.</p>
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The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 22 February 2021.

Review by SMT week beginning 22 February 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services will continue to remain closed. Emergency respite provision continues to be offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so, however we are reviewing the safety of continuing this during the new national lockdown.

Officers will continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:

- Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision.
- Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered.

The position in relation to respite remains unchanged.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 8 March 2021.

Review by SMT week beginning 8 March 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision has been offered, both through building-based services or

	<p>through outreach services to an individual's home where safe and appropriate to do so.</p> <p>Officers will continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. <p>As part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards, Adult Social care will begin to review its approach to re-opening respite.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 22 March 2021.</p> <p>Review by SMT week beginning 22 March 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision has been offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so.</p> <p>Officers will continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:</p>
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- Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision.
- Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered.

As part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards, Adult Social care is beginning to review its approach to re-opening respite.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 05 April 2021.

Review by SMT week beginning 05 April 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision has been offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so.

Officers will continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:

- Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision.
- Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of

	<p>planned respite within residential care. Carers emergency plans have been offered.</p> <p>As part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards, Adult Social care continues to review its approach to re-opening respite.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 19 April 2021.</p> <p>Review by SMT week beginning 19 April 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision has been offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so.</p> <p>Officers continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. <p>As part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards, Adult Social care is continuing to review its approach to re-opening respite.</p>
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This decision will continue to be reviewed on a fortnightly basis by the Adult Care Senior Management Team.

Review by SMT on week beginning 03 May 2021 during the election period notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision has been offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so.

Officers continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:

- Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision.
- Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered.

As part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards, Adult Social care is continuing to review its approach to re-opening respite.

This decision will continue to be reviewed on a fortnightly basis by the Adult Care Senior Management Team.

Review by SMT week beginning 17 May 2021 notes that this has been reviewed on thirty occasions by Adult Social Care and Health Senior Management Team and a discussion between the Executive Director and Cabinet Member.

The latest review on week beginning 17 May 2021 notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision has been offered, both through building-based services or through outreach services to an individual's home where safe and appropriate to do so.

Officers continue working towards re-opening a centre within the County to offer respite in a Covid-secure environment when it is safe to do so. The following mitigations have been put in place since the original decision was approved, including:

- Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision.
- Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered.

As part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards, Adult Social care is continuing to review its approach to re-opening respite.

There is no change to this decision at the current time and it will continue to be reviewed on a fortnightly basis.

The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 31 May 2021 .

Review by SMT week beginning 31 May 2021
notes that following ongoing work by officers the current position is that most building-based planned respite services continue to remain closed. Emergency respite provision is being offered, both through building-based services or through outreach services to an individual's home

	<p>where safe and appropriate to do so. Officers continue working towards re-opening respite in a Covid-secure environment when it is safe to do so. At the current time there is little change to the position and the majority of respite provision remains closed as people entering residential care provision are still required to isolate for 14 days. However, in line with the Governments roadmap to ease lockdown restrictions Adult Social care continues to review its approach to re-opening respite and a letter to Users of respite services and their Carers is due to be sent shortly to discuss how we can move forward safely.</p> <p>The following mitigations have been put in place since the original decision to temporarily close respite provision was approved, including:</p> <ul style="list-style-type: none"> • Regular review of people who need to access respite provision, and where appropriate care packages have been adjusted to reflect the additional care provision. • Derbyshire Carers Association has continued to offer support to carers who may have seen their caring duties increase and therefore their ability to have any respite reduce as a result of day centre provision being closed and cessation of planned respite within residential care. Carers emergency plans have been offered. <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 14 June 2021.</p>
Signature and Date: Simon Stevens 22/03/2020	

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care and Health all care packages
Delegated Power Being Exercised: Emergency Powers	
Subject of Decision: (i.e. services affected)	To adjust the client contribution guidance to meet changes in service due to COVID-19

Is this a review of a decision? If so, what was the date of the original decision?	Yes, this is a review of a decision approved by CMT on 8 April
Key decision? If so have Democratic Services been notified?	Yes,
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	<p>That client charging for specific scenarios will be as outlined in the attached appendix.</p> <p>This decision will be subject to a fortnightly review to make sure that the change arrangements appropriately reflect operational service arrangements which are in place in line with national guidance regarding social distancing and supporting vulnerable people throughout the COVID-19 pandemic.</p>
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	A number of services have now been closed and some people are prevented from accessing other services. In these circumstances, guidance is required to outline which charging regime applies in these different scenarios.
Alternative Options Considered (if appropriate) and reasons for rejection of other options	The only alternative option would have been to continue to charge people, which we could technically have done under our current co-funding scheme. But as individuals are no longer receiving a service, it was thought that they would consider this to be unfair and would give rise to numerous complaints.
Has a risk assessment been conducted- if so what are the potential adverse impacts	No risk assessment was carried out with regards to the ceasing of charging. But risk assessments were carried out for all people to ensure that they would be safe when their services were removed.

identified and how will these be mitigated	
Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate the decision	No. We would not expect to go to consultation when removing a charge, only when introducing or changing a charging regime.
Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?	No.
Background/Reports/Information considered and attached (including Legal, HR, Financial and other considerations as required))	<p>There will be a reduction in income, but this is not expected to be significant, as the number of clients who cease to receive any services is a small proportion of the total client base.</p> <p>Feedback on original Officer Decision Principal Social Worker https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities#annex-b-guidance-on-streamlining-assessments-and-reviews</p> <p><i>Local Authorities should always ensure there is sufficient information and advice available in suitable formats to help people understand any financial contributions they are asked to make, including signposting to sources of independent financial information and advice.</i></p> <p><i>Legal approved – 07/04 No comments on ODR received from HR and Corporate Finance</i></p>

<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p>Consultation with Cllr Wharmby on Review 19/05/2020 Consultation with Cllr Wharmby on Review 27/05/2020 Consultation with Cllr Wharmby at Cabinet Member Committee <u>11/06/2020, 25/06/2020, 9/07/2020, 24/07/2020 and 6/8/2020, 3/09/2020, 17/09/2020, 1/10/2020, 15/10/2020, 12/11/2020, 26/11/2020, 10/12/2020, 21/12/2020, 7/01/2021, 21/01/2021, 4/02,2021, 18/2/2021, 3/03/2021, 18/03/2021, 1/04/2021, 15/04/2021, 29/04/2021, Week beginning 03/05/2021 – SMT report only during the election period, 27/05/2021,</u></p>
<p>Decision:</p>	<p>SMT Review 22/04/2020, 6/05/2020, 21/05/2020, 4/06/2020, 18/06/2020 and 2/07/2020: There are no changes and the interim arrangements are approved for a further two weeks as position remains the same. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed.</p> <p>Review by SMT 16/07/2020: Following ongoing work by officers the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person’s support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place.</p> <p>Review by SMT 30/07/2020: Following review by Cabinet Member and ongoing work by officers the current position is that the majority of scheduled work has taken place across the homes for older people estate, with only a small number of tasks</p>

	<p>outstanding and will be undertaken from the end of July and completed by the end of August. This work relates to tasks that have been delayed due to disruption with the supply chain for key supplies due to the COVID-19 pandemic.</p> <p>Review by SMT 12/8/2020 notes that following ongoing work by officers the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place.</p> <p>Review by SMT on week beginning 24 August 2020 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place. There is currently no change to this position.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team on 10 September 2020.</p> <p>Review by SMT on week beginning 7 September 2020 notes following ongoing work by officers, the current position is that these interim charging</p>
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arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place. There is currently no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 21 September 2020.

Review by SMT on week beginning 21

September 2020 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place. There is currently no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 5 October 2020.

Review by SMT on week beginning 5 October 2020 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support

	<p>requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place. There is currently no change to this position.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 19 October 2020.</p> <p>Review by SMT 19 October 2020 notes that there is no change to the above position. The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 2 November 2020.</p> <p>Review by SMT week beginning 2 November 2020 notes that</p> <p>There is no change to this position. The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 16 November 2020.</p> <p>Review by SMT week beginning 16 November 2020 notes that there is no change to this position.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 30 November 2020.</p> <p>Review by SMT week beginning 30 November 2020 notes that there is no change to this position and there is not anticipated to be for some time to come.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 14 December 2020.</p> <p>Review by SMT week beginning 14 December 2020 notes that this position remains unchanged.</p>
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	<p>Review by SMT week beginning 28 December 2020 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place. This position continues to remain unchanged.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 11 January 2021.</p> <p>Review by SMT week beginning 11 January 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place, and the new national lockdown. The position continues to remain unchanged.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 25 January 2021.</p> <p>Reviewed by SMT week beginning 25 January 2021</p>
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	<p>The latest review on week beginning 25 January 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place, and the new national lockdown.</p> <p>The position continues to remain unchanged.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 8 February 2021.</p> <p>Review by SMT week beginning 8 February 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place, and the new national lockdown.</p> <p>This position continues to remain unchanged. The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 22 February 2021.</p> <p>Review by SMT week beginning 22 February 2021 notes that following ongoing work by officers,</p>
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the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements needing to remain in place, and the new national lockdown.

This position continues to remain unchanged. The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 8 March 2021.

Review by SMT week beginning 8 March 2021

notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements.

This position continues to remain unchanged. The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 22 March 2021.

Review by SMT week beginning 22 March 2021

notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may

	<p>not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements.</p> <p>This position continues to remain unchanged.</p> <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 5 April 2021.</p> <p>Review by SMT week beginning 05 April 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements has changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements.</p> <p>This position continues to remain unchanged.</p> <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 19 April 2021.</p> <p>Review by SMT week beginning 19 April 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements have changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we</p>
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	<p>are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements.</p> <p>This position continues to remain unchanged currently, however, as part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards and as Adult Social care is beginning to re-open more services, we will continue to review our approach to financial charging in line with Government guidance as it emerges.</p> <p>This decision will continue to be reviewed on a fortnightly basis by the Adult Care Senior Management Team.</p> <p>Review by SMT on week beginning 03 May 2021 during the election period notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements have changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements.</p> <p>This position continues to remain unchanged currently, however, as part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards and as Adult Social Care is beginning to re-open more services, we will continue to review our approach to financial charging in line with Government guidance as it emerges. There is no change to this position.</p> <p>This decision will continue to be reviewed on a fortnightly basis by the Adult Care Senior Management Team.</p>
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	<p>Review by SMT on week beginning 17 May 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements have changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or have limited operational activity due to social distancing requirements.</p> <p>This position continues to remain unchanged currently, however, as part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards and as Adult Social Care is beginning to re-open more services, we will continue to review our approach to financial charging in line with Government guidance as it emerges.</p> <p>There is no change to this decision at the current time and it will continue to be reviewed on a fortnightly basis.</p> <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 31 May 2021.</p> <p>Review by SMT week beginning 31 May 2021 notes that following ongoing work by officers, the current position is that these interim charging arrangements need to remain in place to reflect that provision delivered by Derbyshire County Council or private and independent sector providers may not be fully operational or that a person's support requirements have changed. We are continuing to issue payments to providers, for example for a day service as if the person is attending, however we are not charging the person as they have not attended. This means we are doing what we can to support providers whilst services remain closed or</p>
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	<p>have limited operational activity due to social distancing requirements.</p> <p>This position continues to remain unchanged currently, however, as part of the Governments roadmap to ease lockdown restrictions from 8 March 2021 onwards and as Adult Social Care is beginning to re-open more services, we will continue to review our approach to financial charging in line with Government guidance as it emerges.</p> <p>There is no change to this decision at the current time and it will continue to be reviewed on a fortnightly basis.</p> <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 14 June 2021.</p>
Signature and Date: Julie Vollar	

DERBYSHIRE COUNTY COUNCIL

OFFICER DECISION AND DECISION REVIEW RECORD

Officer: Helen Jones	Service: Adult Social Care and Health
Delegated Power Being Exercised: Emergency powers	
Subject of Decision: (i.e. services affected)	The ability to make discretionary payments in order maintain our Shared Lives carer capacity and reliance with effect from 1 April 2020 to support placements.
Is this a review of a decision? If so, what was the date of the original decision?	Yes, 22 May 2020

Key decision? If so have Democratic Services been notified?	No – as it does not affect significant numbers of people in two or more electoral divisions.
Decision Taken (specify precise details, including the period over which the decision will be in place and when it will be (further) reviewed):	<p>From 1 April 2020 it is proposed to:</p> <ul style="list-style-type: none"> • Pay full time Shared Lives carers an additional £40 per week. • Pay short break and day support Shared Lives carers the amount which they ordinarily would have earned. <p>Due to the lack of day and residential short breaks being available to Shared Lives carers they are in effect being asked to provide unpaid care for three days per week 9am-5pm plus the four weeks 28 days per year (pro rata). Over the two months since the suspension of day and residential services this equates to a total of 27 days unpaid work.</p> <p>This proposal would be initially implemented for a period of eight weeks, after which a review will take place with the service manager responsible for Shared Lives and the appropriate Group Manager with Assistant Director oversight on a fortnightly basis. The review would ascertain whether the additional payments need to continue for a further period of time. This would be a delegated decision.</p>
Reasons for the Decision (specify all reasons for taking the decisions including where necessary reference to Council policy and anticipated impact of the decision) Where the decision is subject to statutory guidance please state how this has been taken into consideration.	<p>Shared Lives carers provide family based 24 hour accommodation and support primarily for people with learning disabilities.</p> <p>Some Shared Lives carers also provide both day care and overnight short break opportunities in order that carers of people who continue to live in a family home can have a break from their caring roles</p> <p>In order to sustain what can be a demanding role, the current offer to DCC Shared Lives carers who provide family type accommodation includes the following regular short breaks from their caring role</p> <ul style="list-style-type: none"> • three days daytime breaks per week between 9am to 5pm • four weeks residential short breaks

	<p>This is typically (though not exclusively) accessed through DCC Direct Care day services and DCC or health residential short breaks provision.</p> <p>The COVID-19 pandemic has resulted in closure of all day and short break services including those run by DCC and the NHS health trust. Consequently, this has curtailed available breaks for Shared Lives carers forcing them to undertake care on a 24/7 basis for the foreseeable future.</p> <p>Those Shared Lives carers who provide regular short breaks for the families/carers of people with learning disabilities and breaks during the day are currently unable to do so due to both the closure of day services and the rules on social distancing. Consequently, they have seen a significant drop in their income.</p> <p>These Shared Lives carers are not able to take advantage of government schemes for the self-employed throughout the pandemic response period and are therefore financially disadvantaged unless DCC makes an additional payment.</p> <p>Despite a recent local marketing and media campaign to highlight this valuable role, recruiting Shared Lives carers has been very difficult in Derbyshire. We are very concerned that without providing some additional support to this valuable resource we will be unable to sustain existing carers throughout the COVID-19 pandemic and may also risk losing those carers who may feel they are no longer able to, or afford to continue in this role. Consequently, we propose to make an additional £40 per week payment to all our Shared Lives carers until such times we can reintroduce our previously agreed respite/short breaks arrangements.</p>
<p>Alternative Options Considered (if appropriate) and reasons for rejection of other options</p>	<p>For short break and day support carers a 'one off' payment was considered, but this was thought to be unfair due to the different level of support that each carer gives. The proposed method better reflects the range of activities undertaken by the carer to support each individual/s they care for.</p>

<p>Has a risk assessment been conducted- if so what are the potential adverse impacts identified and how will these be mitigated</p>	<p>The ongoing risk for the department is that if we do not show some recognition of the role carers are undertaking in terms of providing increased support as part of as Shared Lives placement, they may potentially look to end the Shared Lives placement they support. There is a risk of losing some very good carers and the people they are caring for would then have to be place in significantly more expensive care and support packages put in place.</p> <p>For short break and day support carers the risk to them is they receive no or a reduced income and there is no opportunity to take advantage of the government support schemes. The risk to the department is the loss of Shared Lives carers.</p>
<p>Would the decision normally have been the subject of consultation with service users and the public. If so, explain why this is not practicable and the steps that have or will be taken to communicate he decision</p>	<p>No</p>
<p>Has any adverse impact on groups with protected characteristics been identified and if so, how will these be mitigated?</p>	<p>No groups are being negatively impacted as this involves increasing payment to enable individuals to continue to provide support to people with a long-term health condition or disability.</p>
<p>Background/Reports / Information considered and attached (including Legal, HR, Financial and other considerations as required))</p>	<p>Feedback on original Officer Decision: Finance The weekly costs of these proposals are estimated to be:</p> <ul style="list-style-type: none"> • Full Time Carers - £1,800 • Respite Carers - £1,500 <p>With the total monthly cost being £14,340</p> <p>This would be a commitment against council resources and partially offset from the non-ring-fenced COVID-19 Government Grant.</p>

	<p>All decisions around meeting COVID-19 costs are unlikely to be fully funded from current Government additional funding available. As such implications will fall on the ability to provide services for the rest of the financial year and into the medium term</p> <p>Principal Social Worker Shared Lives is an important way we can help support people to stay as independent as possible and our Shared Lives carers require both skill and commitment to values of caring for others. This commitment helps to ensure Shared Lives arrangements are safe, supported and valued. This in turn should support the wellbeing of people who are in a Shared Lives placement. Information about these arrangements need to be appropriately shared in accessible formats.</p> <p>Legal No implications from a Care Act perspective. It seems to be a financial decision around how much is allocated for this purpose. It is sensible to seek to support these providers, given the market shaping duties under the Care Act.</p>
<p>Consultation with relevant Cabinet Member (s) – please note this is obligatory.</p>	<p><u>Approval of ODR by Cabinet Member 25/06/2020</u> Consultation with Cllr Wharmby on decision 27/05/2020. Consultation with Cllr Wharmby at Cabinet Member Committee <u>11/06/2020 ,25/06/2020, 9/07/2020, 24/07/2020 and 6/8/2020 , 3/09/2020, 17/09/2020, 1/10/2020, 15/10/2020, 12/11/2020, 26/11/2020, 10/12/2020, 21/12/2020, 7/01/2021, 21/01/2021, 18/2/2021, 3/03/2021, 18/03/2021, 1/04/2021, 15/04/2021, 29/04/2021, Week beginning 03/05/2021 – SMT report only during the election period, 27/05/2021,</u></p>
<p>Decision:</p>	<p>Agreed by CMT 22/05/2020.</p> <p>Review by SMT 4/06/2020, 18/06/2020 and 2/07/2020: Due to the lack of day and residential short breaks being available to shared lives carers, individuals are in effect being asked to</p>

provide unpaid care for 3 days per week 9 to 5 plus and this needs to be recognised formally via additional payments.

Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. It is proposed that this arrangement continues.

Review by SMT 16/07/2020: Following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carer will continue to receive the amount they ordinarily earn. These arrangements remain subject to fortnightly review by Senior Managers to ensure they are appropriate. Shared Lives Carers have stepped up and taken on additional responsibilities to support people at home whilst day centre provision has been closed and these payments recognise those additional responsibilities. As noted in the section above day centre provision continues to remain closed, with only limited respite provision in place due to ongoing requirements in relation to social distancing which means that day centres cannot operate at fully capacity.

Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required.

Review by SMT 30/07/2020: Following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support

Shared Lives carer will continue to receive the amount they ordinarily earn. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required.

Review by SMT 12/8/2020: The latest review on 12 August 2020 notes following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carer will continue to receive the amount they ordinarily earn. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required.

Review by SMT on week beginning 24 August 2020 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. There is no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team on 10 September 2020.

Review by SMT on week beginning 7 September 2020 notes following ongoing work by officers the current position is that the additional

payments to Shared Lives carers need to remain in place for a further period. Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. There is no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 21 September 2020.

Review by SMT on week beginning 21 September 2020 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. There is no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 5 October 2020.

Review by SMT on week beginning 5 October 2020 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers

who may be returning to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. There is no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 19 October 2020

Review by SMT 19 October 2020 notes that there is no change to the above position. The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 2 November 2020.

Review by SMT week beginning 2 November 2020 notes that there is no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 16 November 2020.

Review by SMT week beginning 16 November 2020 notes that there is no change to this position.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 30 November 2020.

Review by SMT week beginning 30 November 2020 notes that there is no change to this position and there is not anticipated to be for some time to come.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 14 December 2020.

Review by SMT week beginning 14 December 2020 notes that payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn.

	<p>This position remains unchanged.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 28 December 2020.</p> <p>Review by SMT week beginning 28 December 2020 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the newly published Adult Social Care: COVID Winter Plan 2020- 2021.</p> <p>Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres. This position remains unchanged.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 11 January 2021.</p> <p>Review by SMT week beginning 11 January 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the newly published Adult Social Care: COVID Winter Plan 2020-2021.</p> <p>Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment, and</p>
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for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres. This position remains unchanged.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 25 January 2021.

Reviewed by SMT week beginning 25 January 2021

The latest review on week beginning 25 January 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the newly published Adult Social Care: COVID Winter Plan 2020- 2021.

Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres. This position remains unchanged.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 8 February 2021.

Review by SMT week beginning 8 February 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the newly published Adult Social Care: COVID Winter Plan 2020- 2021.

Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres. This position remains unchanged.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 22 February 2021.

Review by SMT week beginning 22 February

2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the newly published Adult Social Care: COVID Winter Plan 2020- 2021.

Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment, and for full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres. This position remains unchanged.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 8 March 2021.

Review by SMT week beginning 8 March 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the recently published Adult Social Care: COVID Winter Plan 2020- 2021.

Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment. For full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres.
This position remains unchanged.

The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 22 March 2021.

Review by SMT week beginning 22 March 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the recently published Adult Social Care: COVID Winter Plan 2020- 2021.

Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment. For full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres.

	<p>This position remains unchanged.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 5 April 2021.</p> <p>Review by SMT week beginning 05 April 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the recently published Adult Social Care: COVID Winter Plan 2020- 2021.</p> <p>Payments to full time-Shared Lives carers will continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment. For full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to the day centres.</p> <p>This position continues to remain unchanged.</p> <p>The next review of this decision will take place by Adult Care Senior Management Team in the week beginning 19 April 2021.</p> <p>Review by SMT week beginning 19 April 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the Adult Social Care: COVID Winter Plan 2020-2021.</p> <p>Payments to full time-Shared Lives carers continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers</p>
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are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment. For full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to re-opened day centres.

This position continues to remain unchanged but under review as more services re-open in line with the Governments roadmap out of restrictions.

This decision will continue to be reviewed on a fortnightly basis by the Adult Care Senior Management Team.

Review by SMT on week beginning 03 May 2021 during the election period notes that

following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the Adult Social Care: COVID Winter Plan 2020- 2021.

Payments to full time-Shared Lives carers continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment. For full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and or are autistic return to re-opened day centres.

This position continues to remain unchanged but under review as more services re-open in line with the Governments roadmap out of restrictions.

This decision will continue to be reviewed on a fortnightly basis by the Adult Care Senior Management Team.

Review by SMT on week beginning 17 May 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the Adult Social Care: COVID Winter Plan 2020- 2021.

Payments to full time-Shared Lives carers continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be put in place instead of providing this payment. For full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and/or who are autistic return to re-opened day centres. This position continues to remain unchanged but under review as more services re-open in line with the Governments roadmap out of restrictions.

There is no change to this decision at the current time and it will continue to be reviewed on a fortnightly basis.

The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 31 May 2021.

Review by SMT week beginning 31 May 2021 notes that following ongoing work by officers the current position is that the additional payments to Shared Lives carers need to remain in place for a further period. This review has taken account of the Adult Social Care: COVID Winter Plan 2020-2021.

Payments to full time-Shared Lives carers continue at £40 per week and short break and day support Shared Lives carers will continue to receive the amount they ordinarily earn. Officers are liaising with carers who have returned to work to consider if any additional support needs to be

	<p>put in place instead of providing this payment. For full time carers we are seeking to liaise with them in terms of accessing respite provision if required. Payments are also being reviewed as and when people with a learning disability and/or who are autistic return to re-opened day centres.</p> <p>This position continues to remain unchanged but under review as more services re-open in line with the Governments roadmap out of restrictions.</p> <p>There is no change to this decision at the current time and it will continue to be reviewed on a fortnightly basis.</p> <p>The next review of this decision will take place by the Adult Care Senior Management Team in the week beginning 14 June 2021.</p>
Signature and Date: Helen Jones 22/05/2020	

