

DERBYSHIRE COUNTY COUNCIL

CABINET

16 June 2015

Report of the Strategic Director for Adult Care

**STRATEGIC DIRECTION FOR DERBYSHIRE COUNTY COUNCIL
DIRECT CARE OLDER PERSONS RESIDENTIAL CARE SERVICES
2015-2020**

ADULT SOCIAL CARE

1. Purpose of the Report

To seek Cabinet approval of the strategy for the future of the Department's Direct Care¹ residential provision for older people. In particular the Report seeks approval to:-

- 1.1 Confirm the revised vision and commissioning strategy for Adult Care older people services.
- 1.2 Confirm the proposed balance of specialist, long term and short term residential provision within Direct Care which is responsive to market need.
- 1.3 Implement a range of efficiencies designed to ensure that Direct Care is able to retain its role as a significant sustainable provider.
- 1.4 Target investment of capital funding on the highest maintenance priorities identified for DCC homes for older people to support the ongoing delivery of a Direct Care residential service within Derbyshire.
- 1.5 Consult on the proposed closure of those Homes which, following evaluation, are proposed for the reasons set out in the report to be unsustainable in the long-term. These are:
 - The Willows, Ripley
 - Red House, Chesterfield
 - Ecclesfold Resource Centre (residential wing), Chapel-en-le-Frith

¹ Direct Care – Derbyshire County Council provision of Care Quality Commission registered personal care services

- The Glebe, Alfreton
- Hillcrest, Kirk Hallam, Ilkeston

2. Information and Analysis

2.1 Background

It is the statutory responsibility of Derbyshire County Council (DCC) Adult Care Department under the Care Act 2014 to ensure there is a range of good-quality accommodation options available for older people. Over the last 10 years, the balance of care options has shifted from “traditional residential care” to more community-based options, including extra care.

Despite this shift, Derbyshire, in comparison to similar authorities, has a higher rate of permanent admissions of older people into residential and nursing care (in 2013-14 DCC admitted 715 people per 100,000 population compared to the East Midlands average of 690 people per 100,000 population). As a result, Derbyshire has a higher level of additional expenditure (9.25%) on residential care services than its comparators. The Department is seeking to address this trend to ensure that more finance is made available to community-based alternatives whilst retaining good quality council residential care homes for older people.

The 2014 Care Act and demographic pressures, coupled with unprecedented financial constraints has required the Department to renew its Accommodation, Care and Support Strategy (Appendix 1). Adult Care’s Direct Care strategy is to have a sustainable balanced model of accommodation, care and support, with options tailored to the needs of each District Council population. This paper analyses the impact upon the Department’s own residential care provision and the proposed role of Direct Care within the overall market of providers of accommodation, care and support in Derbyshire.

The Accommodation Care and Support Strategy (February 2012) set out a plan which, if achieved, would have resulted in a significant shift in the use of residential care. It would have resulted in the closure of the majority of DCC residential care homes and a corresponding reduction in independent sector care home admissions.

The 2012 model of accommodation care and support was predicated on the assumption that extra care would reduce the need for residential accommodation for a number of people. Nationally there is a drive to increase accommodation options and reduce the number of inappropriate residential admissions to care for older people, but that is set in the context of a growing older person population.

Since the February 2012 plans were agreed the following steps have been taken:

- In the last five years the Authority has closed 5 homes for older people (Brendon House, Woodlands and Derwent House in Chesterfield, The Dales in Repton, Florence Shipley in Heanor). The closure of the homes has been balanced with the opening of new residential community care centres, in buildings specifically designed to support people with dementia and other complex needs to give them more dignity and control over their lives as they are supported by our highly trained care teams. One further home has been approved for closure, Southlands Home for Older People in Long Eaton. Southlands will close when residents move to the new purpose built residential wing at Lacemaker Court in summer 2015.
- In the last five years the Authority has opened two community care centres, one at Staveley and one in Swadlincote. Two more will open this summer in Darley Dale and Heanor. Each one provides a home for 32 older people, day care services and a range of other community facilities. Underhall (Darley Dale) and Amber Vale (Ripley) day services are to relocate into these new purpose built centres.
- The Authority is working in partnership with District and Borough Councils and Registered Social Landlords and is opening 6 new extra care schemes, where DCC will provide a 24/7 Direct Care domiciliary service response. They are:
 - Potters Place in Chesterfield, opened in September last year (providing 54 apartments).
 - Maple Mews in Alfreton (52 apartments) and Smithybrook View in Clay Cross (90 apartments) will open in Spring / Summer this year. Smithybrook View will include the day services currently in Clay Cross resource centre.
 - Lacemaker Court in Long Eaton (61 apartments) will open in summer this year with a residential wing (for 16 people).
 - Two further extra care schemes at Buxton and Belper are in the planning stages, offering over a hundred apartments, both with residential wings and day services. The residential and day services will be run by Direct Care.

The work set out above completes the first phase of the plans agreed in February 2012. The financial climate has changed since the February 2012. The County Council is facing the challenge of continuing to provide essential services to people in the face of severe budget cuts. A commitment was made by the Council in 2013 to review the balance of accommodation care and support being planned for each locality, which includes both health and District and Borough provision.

2.2 Adult Care Vision and Commissioning Strategy for Older People

The overarching Adult Care Accommodation Care and Support Strategy (2015-20) has been revised and aligned to the 5 year plans provided by the Clinical Commissioning Groups. Subject to Cabinet approval, the Accommodation Care and Support Strategy sets out the proposed vision and direction of travel for the next five years. Direct Care will remain as a major provider of home based and residential services for older people in Derbyshire (see Appendix 1).

The vision is that:

“Older people in Derbyshire are supported to live well and maintain their independence in their local community by having access to high quality care and support services appropriate to their levels of need.”

There will be improved:

- Environments within facilities to enable high quality care and support
- Integration with local health services through better planning and delivery
- Choice of accommodation, care and support in local communities which is stable and financially viable
- Rehabilitation services in the right place, at the right time
- Short-stay services provided in modern accommodation in central locations
- Working between Health and Adult Care services to maximise the use of facilities available to local communities.

There will be more:

- Locally available health and social care services that will help support people to remain living in their own home.
- Support and information given to people with complex conditions most at risk of hospital/institutional care to better manage their condition(s) and thus remain in their own home for longer.
- Assurance that high quality services will be delivered safely through compliance with Care Quality Commission standards.
- There will be more early identification of mental health needs and preventive strategies put in place so that mental health and physical health needs are treated in a joined up way.
- Effective use of Tele-health and Assistive Technology to support people to live independently and safely in their own homes.
- Timely diagnosis of dementia which will increase the availability of treatment and support to individuals.

There will be less:

- Avoidable emergency admissions to hospital
- Long term admissions to residential and nursing home care

- Unsuitable building environments that detract from the delivery of high quality care.

Whilst the ambition remains to continue developing extra care accommodation in Derbyshire, the financial constraints now require a more incremental approach.

The revised strategy outlines what services should look like in the future against a backdrop of market shaping, financial challenges and a growing older population and its associated social care needs. The revised strategy builds on the work undertaken as part of an initial review into the original Older People's Accommodation and Support Strategy that began in May 2014.

2.3 The Future of DCC Direct Care Provision

Adult Care must now determine the role of Direct Care within the revised strategy. In doing so, it will need to take the following key drivers into account.

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| Public Service Pressures: | <ul style="list-style-type: none">• The Council has to find £157million of savings in the five year period to 2018;• £65million of savings to come from Adult Care;• In 2014/15 the Adult Care Department achieved £12.3 million of cuts and efficiencies. The target for 2015/16 is anticipated to be £25.7m;• NHS services face flat funding whilst demand for services grows 5% per year |
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| Care Act 2014 (introducing new legal responsibilities): | <ul style="list-style-type: none">• Duty to promote wellbeing;• Required to assess and meet needs of carers as well as the cared for;• Promotion of choice/personalisation of services;• Cap on care costs, growth of self-funders and competitive costs, implications of deferred payment for care scheme;• Derbyshire County Council to be a market facilitator and shape both public and private sector care (Market Position Statement);• The Act also places a cap on the amount that people must contribute towards their care costs;• The Act will require councils to keep track of people's progress towards the cap, and management of upward pressure on residential costs will be important as more requests for residential support are facilitated through the local authority. |
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| Council Plan 2014-2019 priorities: | <ul style="list-style-type: none">• Develop our approach to whole person care across Derbyshire, reshape the services we provide to older people and improve services through joint working with the local NHS;• Implement the social care reforms recommended by Andrew Dilnot and set out in the Care Act 2014;• Provide high quality services for people with dementia |
| Better Care Fund 2015-16: | <ul style="list-style-type: none">• Derbyshire County Council and local NHS Commissioners to develop system plans for better delivery of services now and in the future;• Reduce the number of inappropriate admissions to hospital/long-term care. |
| Changing population: | <ul style="list-style-type: none">• Older people population in Derbyshire is ageing and growing - 11% increase over next five years;• Expected increase in social care needs over same time period particularly those with high/very high needs;• Trend of ageing and growing older population with high/very high social care needs expected to continue over the long-term;• Increasing number of people living with dementia;• Changing attitudes and expectations of what services should provide;• All partners across health, housing and social care are committed to work together to optimise the accommodation care and support responses available to an increasing population in need. |

The Care Act 2014 places a duty on Local Authorities to facilitate and shape the local market for adult care and support services, so that the needs of people in their area, whether funded or arranged by the local authority or by the individual themselves, are met. The Market Position Statement sets out how services funded from the public purse will be targeted in the near and longer term future.

A draft Market Position Statement is currently being finalised and will be available in the coming months. The market position statement seeks to understand people's changing needs and aspirations and thereby advise providers of the nature of resources that will be required in the future.

The key messages from the draft statement are:

Key message 1: The ageing population with growing social care need means greater demand on service but reduced resources available to meet this.

Key message 2: Increase rise in expectations of service quality arising from personalised care and choice.

Key message 3: Increase in the number of people self-funding services.

Key message 4: Closer relationship required with providers to ensure that the 'market' remains sustainable in the long-term.

Key message 5: Prevention strategy needs to address the current and future challenges facing services in a pro-active manner.

Key message 6: Carers need to receive improved support and information to assist them in their role.

Key message 7: Home Care services need to evolve to meet the demands of personalised care and support, changes in funding, and capacity of providers to deliver services.

Key message 8: Care Home market is changing with gradual shift away from use of traditional residential and nursing care home placements. This is a culmination of a number of factors such as rising costs, personalised care and support, self-funding, and more affordable and personalised alternatives e.g. Extra Care.

2.4 Direct Care provision

Direct Care is developing its service to be responsive to both the Market Position Statement and the Adult Care Accommodation Care and Support Strategy.

Direct Care currently provides the following accommodation care and support:

- 22 homes for older people, 2 resource centres with residential provision, and 2 community care centres, providing coverage across all 8 areas of the County, with 2 further community care centres due to become operational in summer 2015.
- 24/7 home care service provision in 4 of the five Direct Care supported extra care schemes, with plans to have further Direct Care provision in three more extra care schemes due to become operational in summer 2015.

Direct Care currently provides 27% of the contracted residential care provision in Derbyshire. This is higher than most other Local Authorities. It is proposed that DCC should retain its provider role for the following reasons:-

- To provide choice: In Derbyshire there are approximately 390 independent sector care homes that have contract arrangements in place with DCC, providing residential services to approximately 2880 people of which 964 are nursing placements and 1916 are residential placements. The Council wish to ensure that clients, wherever possible, should be offered the opportunity to live in a Local Authority residential care home.
- To protect against market failure: As outlined above, the Care Act 2014 requires the local authority to manage provider failure and market oversight. At any one time one could expect approximately 5 of Derbyshire's care homes to have closed to new admissions for a variety of reasons. Direct Care has an important role to play in ensuring a contingency service for the Local Authority should there be any independent sector provider failure.
- To maintain quality of care: Whilst the independent sector offers quality care, DCC has consistently achieved high-quality care over the decades. This has been externally acknowledged by consistently good regulatory inspection reports from the Care Quality Commission and by the high number of 'Dignity in Care Awards' achieved by Direct Care Homes. Due to the high level of accountability within the Local Authority Direct Care has a 100% record in addressing any issues raised by CQC.
- To provide specialist integrated provision: Derbyshire has a long-term history in providing integrated, flexible services with Health Partners and others within its Residential Care Homes. This is specifically beneficial to facilitate timely hospital discharge such as during times of winter pressures in the hospitals, and to respond to clients in crisis.

DCC's proposed strategy for accommodation care and support for older people summarises a direction of travel for Direct Care which includes:

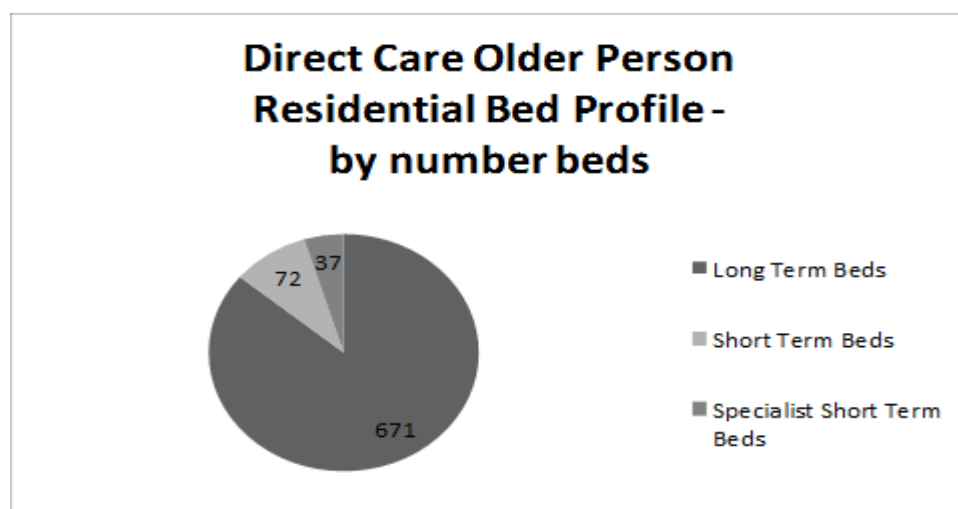
- Ensure individuals and carers are provided with the right service, in the right place at the right time;
- Ensure that there is a sustainable network of community care centres, extra care housing schemes, and residential homes for older people that meet local needs;
- Focus on the key strengths of each type of scheme to ensure environments are conducive to high quality personalised care;
- Equitable provision of short-term bed-based services in residential homes, community care centres or extra care schemes (whichever is locally appropriate);
- Maximising appropriate use of long-term and short term placements;

- Communication to the market of the role Derbyshire County Council will play in providing specialist or general services.

Increasingly Direct Care's expertise and priorities are in the provision of specialist environments and beds for people with dementia and other complex needs, for re-ablement or intermediate care and for provision of respite care.

This specialisation has been possible because Direct Care has a highly trained workforce able to meet the complex needs of older people, including those with dementia. Direct Care is able to work flexibly and responsively to urgent requests to support individuals to avoid inappropriate hospital admissions and speed up hospital discharges, avoid unnecessary permanent admissions to residential or nursing care, and to prevent breakdown in family based care by providing regular and planned respite services.

Direct Care provides 780 beds, of which there are 671 (86%) long term beds (including 145 specialist long term beds). Direct Care also provides a range of short term beds which are used variously to support individuals with respite, re-ablement and intermediate care services. The 109 short term beds provided by Direct Care equates to 14% of its bed provision as illustrated in the two tables below.





Figures: Balance of Direct Care beds

As an Authority, DCC spends approximately £2.8m on short term residential provision. Direct Care currently has 72 designated short term care beds. On average 30 % of these beds are under-utilised. Of the specialist residential provision 32 beds are part-funded by the NHS through the Better Care Fund, and it has been agreed that an additional 16 beds will be part-funded in the two new community care centres at Darley Dale and Heanor as they open in summer 2015.

Appendix 2 sets out the different types of beds within each of the DCC homes and community care centres. It is Direct Care's intention to maintain coverage of short term beds across the county for preventative / responsive work to promote the wellbeing of local people and help prevent or reduce the demand for long term services².

2.5 The Future of Direct Care Residential Services

DCC has some 70 years of experience and expertise in providing residential care to Derbyshire people. DCC is now in a strong position to build on the very good care that has been provided over many years, maximise the potential of a large and skilled staff group, and to develop our accommodation with care services further going forward.

The February 2012 report on the plans to deliver the new accommodation care and support facilities set out that the revenue required for new community care centres and extra care schemes would be offset by a balancing dividend from the reduction in traditional residential placements

²Duty to promote wellbeing under the Care Act 2014

both in-house and in the independent sector, and by a contribution of health funding for the specialist beds.

In 2014/15 Adult Care had an overall budget allocation of £211,160,969, of which the Direct Care expenditure budget for residential homes for older people and community care centres was £19,165,375. A budget of £988,109 was allocated to extra care schemes during 2014/15, with a further £4.9m due to be added in 2015/16 and £1.2m in 2016/17.

In order to fulfil its goal of providing choice, responding to market failure, ensuring high standards of care and providing appropriate levels of specialist and integrated provision, Adult Care will be required to change the profile of its Direct Care provision. A full profile of the proposed service transition between 2012 and 2020 is shown in Appendix 3, with the key changes being:

- Residential care home provision will have reduced by 160 beds, from 799 to 639 resulting in a 20% reduction, subject to the outcome of the proposed consultation set out in this report
- Specialist beds in residential community care centres will have increased from 32 to 160 resulting in a 500% increase
- Apartments in extra care schemes will have increased from 127 to 438 resulting in 344% increase.

To maintain its role as a significant provider, Direct Care will need to adapt to the current needs and expectations of Derbyshire clients, and to take the following actions.

Proposed Actions:

1. Where available, offer extra care as an alternative option to traditional residential care

The Department will seek to identify all older people who may benefit from choosing extra care as their long-term accommodation option. The benefits of extra care are now being identified and appreciated by clients and their carers.

It will be essential to help individuals and their carers to make appropriate and timely decisions about a move to extra care. Extra care housing adds to the diversity of provision, an alternative way of living, providing balanced communities for people with a range of levels of needs, including those who otherwise would be expected to move into care homes³. It is generally

³ Darton et al., 2011, The characteristics of residents in extra care housing and care homes in England. Health and Social Care in the Community

anticipated that a minimum of one third of people moving into new extra care schemes will do so as an alternative to the more traditional residential placements or high cost community placements. Current targets include:

Scheme	Area	Target reductions in residential placements	Timescale
Maple Mews	Alfreton	17	April – June 15
Smithybrook View	Clay Cross	30	July – Oct 15
Lacemaker Court	Long Eaton	20	June – Sept 15
Brown Edge Road	Buxton	18	2017-18
Derwent Street	Belper	<i>To be confirmed</i> 17	2020

2. Increased specialist care provision in better environments

The Department has developed significant expertise in designing and building dementia appropriate facilities and providing dementia care. We will work with individuals and their carers to ensure that people with dementia and other specialist needs are appropriately accommodated and supported in purpose built community care centres or extra care schemes with specialist facilities. This includes short term as well as long term beds.

Scheme	Area	Places to be diverted from non-specialist homes	Timescale
Florence Shipley	Heanor	32	June – August 15
Meadow View	Darley Dale	32	Sept – Nov 15
Lacemaker Court	Long Eaton	16	June – Sept 15
Brown Edge Road	Buxton	16	2017-18

3. Optimise NHS funding

In 2015-16 this will include the Better Care Fund. Longer term commitment to health funding within adult care services is being reviewed by the Clinical Commissioning Groups as part of its overall review of community health service provision. The Better Care Fund has £2.2m currently allocated for short term specialist beds within Direct Care.

Longer term commitment will be subject to appropriate Clinical Commissioning Group public consultations in 2015-16, and emerging national and local health priorities.

4. Homes for Older People management and staffing structure

A separate report has been submitted for consideration by Cabinet on 16 June 2015 with recommendations to revise the management and staffing structures in Direct Care homes for older people. The purpose is to improve the quality and consistency of care. This will be achieved by increasing the number of staff working directly with residents in all establishments. Management time will be freed up to manage and lead the service, and to develop a culture of continuous improvement. Whilst this review is not dependent on the changes proposed in this report this will create opportunities for establishments to enhance effectiveness and efficiency in order to be a more viable competitor in the residential market for the future by making better use of the management and care staff resources available. It is anticipated that the revisions will have the potential to deliver minimum efficiencies of £0.38m. The proposed revisions should impact positively on the Accommodation Care and Support Strategy for Direct Care set out in this report. The anticipated savings will not be directly attributed to this plan.

5. Revision of long term / short term bed balance provided by Direct Care

The level of income received for short term beds is dependent on the designation of the bed and occupancy levels. Short term beds can be used for a variety of purposes including respite for carers, re-ablement and intermediate care.

On average, 30% of Direct Care short-term beds are not utilised. In order to maximise income and to ensure financial stability, approximately 20 of non-NHS funded short-term beds will be transferred for long-term care re-usage. In the event of an urgent requirement for short-term care, or to facilitate a hospital discharge, beds can revert back on an 'as-and-when' basis.

The average additional income generated by re-designating one short-term bed to a long-term bed is £6,406 per annum and 20 short-term to long-term is £128,127 per annum.

6. Consult on the future of a number of Direct Care residential care homes identified as the least sustainable homes which do not deliver strategic benefits to the organisation

Closure of a number of Direct Care's least sustainable homes would:

- Improve the overall unit costs of Direct Care residential homes. Initial modelling has been completed which demonstrates that removal of the five

of the higher unit costs from the average, the average unit cost could be reduced by 8.96%.

- Require current residents to be transferred to other homes incurring transition costs.

Using a proxy of the unit cost, number of residents, and split between transfer to another Direct Care home and independent sector homes it is anticipated that between £1.78m and £2.32m could be saved if up to 5 older person homes were closed. The variation reflects the potential to transfer people to either DCC homes or to independent sector homes. Subject to the outcome of consultation and further cabinet consideration, this could be realised in early 2017.

As set out earlier in the report it is proposed that DCC remain a significant provider of residential care, including specialist dementia care, and short term care to prevent inappropriate hospital admissions, support hospital discharges (especially at times of additional pressure such as the Winter Pressures experienced nationally), and to provide respite care. To achieve a sustainable long term service it is necessary to review DCC's current homes and prioritise those which can best deliver the required services within the mixed market of providers. As there are different populations and different care providers in each locality there will be local variations in the required DCC's accommodation care and support facilities.

To ensure Direct Care services are sustainable it is necessary to consider potential closure of some homes which are unviable and or not strategically significant to the proposed local service model. If DCC wishes to change its position in the market over a period of time it may be necessary to stimulate the local market to ensure complementary services to those provided DCC.

2.6 Key criteria to consider in making investment and disinvestment decisions for DCC residential homes:

Evaluation criteria have been previously used to assess DCC homes for older people, including for the Best Value review of Homes for Older People in 2001, and in the Stage 1 consultation of the Accommodation Care and Support Strategy in February 2012.

A refresh of those criteria has been undertaken (see Appendix 4). The refreshed criteria reflect the ability of the home to support the delivery of good outcomes for residents and local people as well as reviewing the financial viability of the home. The resulting four criteria are set out below:

- The quality of the physical environment
- Financial sustainability of the home including:

- Cost of maintaining the building to meet the needs of current residents and / or be adapted to meet the needs of people with dementia
- Cost of running the current service
- The fitness for purpose of the building to meet the future service delivery model
- Strategic benefits and position of the home in relation to other current residential and extra care provision in the market.

The information used to evaluate each of the criteria are derived from a range of sources including assessment of property performance; performance indicators on unit costs, occupancy levels, actual and expected expenditure and income for each home, and staffing levels; the homes ability to support Direct Care to meet its strategic priorities and its position in relation to other local residential care providers in the market. The table below sets out the sources of evidence that will be used to inform each of the four draft criteria.

Criteria	Source of Evidence
The quality of the physical environment	Assessment of Property Performance ⁴ (APP) using the following facets: <ul style="list-style-type: none"> • Quality • Physical condition • Health and safety
Financial sustainability of the home including	APP facet: <ul style="list-style-type: none"> • Future maintenance liability Unit cost of the home against the average benchmark.
The fitness for purpose of the building to meet the future service delivery model	APP facet: <ul style="list-style-type: none"> • Functional suitability
Strategic benefits: Its ability to deliver the stated direction for DCC homes (provision of specialist beds for people with dementia and other complex needs, for re-ablement or intermediate care,	Other provision in locality Capacity in the independent sector Other relevant strategic factors,

⁴ Property Performance, undertaken by DCC Property Services, in line with nationally recognised best practice. Eight facets or areas of performance are assessed – Appendix 5.

<p>to support timely hospital discharges, and for the provision of respite care)</p> <p>Overall market provision in the locality, including the offer of a DCC bed</p> <p>Capacity within locality to take Adult Care commissioned placements</p> <p>Factors that would be of strategic benefit e.g. no other provision within catchment area</p>	<p>including:</p> <ul style="list-style-type: none"> • Overall ability to contribute to longer term strategy • Requirement to retain provision until better suited facilities are available
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The process of evaluation involved considering the different sources of evidence for each individual criterion in order to arrive at an overall score for each individual criterion. Each of the first three criteria has been weighted to arrive at a total score or ranking for the home. The weightings given were:

Criterion 1: The quality of the physical environment	25%
Criterion 2: Financial sustainability of the home	45%
Criterion 3: The fitness for purpose of the building to meet the future service delivery model	30%

The financial sustainability of the home has been given the highest weighting. The ability of the building to meet current and future service needs is considered to be the second most important factor. This reflects that, for example, bedroom sizes become more important if moving and handling equipment is required for a particular resident and the physical lay-out of the building itself is important in making premises dementia-friendly. The lowest weighting has been given to the quality of the physical environment, recognising that if the budget were available this could most readily be addressed.

The first three evaluation criteria taken together give an indication of the sustainability of each individual home. In recognising DCC's statutory responsibilities to meet an individual's assessed needs and to protect against market failure, it is considered that there may be other strategic benefits that influence whether to retain a home where it might otherwise be determined as unsustainable.

The fourth criterion is therefore to assess other strategic benefits and was applied to each home. The result was taken into account with the outcome of the first three criteria in arriving at a recommended outcome for the home, which includes retaining the home as a part of Direct Care's service provision or proposing the home for consultation on its potential closure. In summary, if

the home were deemed unsuitable by reason of the application of the first three criteria, then it has been proposed for closure unless under the fourth criteria it is considered strategically desirable to retain it. If the home is deemed suitable after application of the first three criteria, then it is not proposed for closure.

More information on the detail used to assess each individual's property performance is set out in Appendix 5. Each of the current residential establishments has had an updated assessment of property performance undertaken in 2015. The results of the assessment of property performance will also be used to inform short, medium and long term capital investment priorities.

The four criteria have been applied to each of the current Direct Care residential homes for older people. The outcome of the evaluation of the homes against the criteria is set out in the following section of this report.

2.7 Application of the evaluation criteria

A summary of table of the outcome of the evaluations for the homes is set out in Appendix 9.

2.7.1 Quality of Physical Environment:

The results of the Assessment of Property Performance facets on quality, physical condition, and health and safety are set out in Appendix 6. When ranked within the summary table in Appendix 9 it can be seen that of a total weighted score available of 25%:

- eight homes scored above 20
- twelve homes scored between 15 and 20 and
- four homes scored below 15

The four scoring below 15 are The Red House in Chesterfield, The Willows in Ripley, The Leys in Ashbourne and Ada Belfield in Belper.

2.7.2 Financial sustainability of the home

The performance of Direct Care homes for older people is monitored and reviewed on a monthly basis. Two key performance indicators relating to the financial viability include the unit cost of the home against the average benchmark and full occupancy levels; Appendix 7 shows the position for each home as of February 2015. Unit costs based on full occupancy levels have been used to avoid any inconsistencies that are outside the control of the home, for example, the Glebe was under-occupied in 2014-15 due to a tree falling through the roof of a wing of the home.

The Assessment of Property Performance facet on future maintenance liability review is set out in Appendix 6.

The unit cost and the future maintenance liability has been used to inform the weighted score for the financial sustainability of the home, and the summary for each home is set out in Appendix 9. It shows that out of a maximum 45 points available:

- eight homes scored 30 and above
- eleven homes scored between 15 and 30
- five homes scored 15 and below

The five lowest scoring homes were The Red House in Chesterfield, The Willows in Ripley, Hillcrest in Kirk Hallam, and Thomas Colledge in Bolsover.

2.7.3 Fitness for purpose of the building to meet service delivery model

The result of the Assessment of Property Performance facet on the functional suitability of each home is set out in Appendix 6. The results have been summarised and weighted in Appendix 9, which shows that out of a maximum 30 points available:

- fourteen homes scored 25 and above
- seven homes scored between 20 and 25
- three homes scored less than 20

The three lowest scoring homes were The Red House in Chesterfield, Ada Belfield in Belper, and The Willows in Ripley.

As described above, each of the three criteria has been weighted to reflect their relevant importance to DCC in making a decision about their future. The criterion of the highest importance is the financial sustainability of the home, followed second by the ability of the home to meet the service delivery model required by Direct Care, and then the quality of the Physical Environment.

When the relative weightings are taken into account for all three criteria, of a total 100 points available:

- fourteen homes scored over 70
- six homes scored between 50 and 70
- four homes scored below 50

The four lowest scoring homes were The Red House in Chesterfield, The Willows in Ripley, Hillcrest in Kirk Hallam, and Ecclesfold Resource Centre (residential wing) in Chapel en le Frith.

Before making a recommendation on the least viable homes, it was agreed that a fourth criteria would be applied to review the strategic significance of the homes.

2.7.4 Market position and strategic significance of establishments

As stated earlier, Direct Care is developing expertise in the provision of specialist beds for people with dementia and other complex needs, for reablement or intermediate care and for provision of respite care. That expertise has to be seen in the context of other market providers of residential care or accommodation with support such as extra care. For example, in a local area without any extra care, and without any residential homes run by the independent sector it will be important that DCC continues to provide general residential beds until alternatives can be developed. There will continue to be the offer to Derbyshire residents of a general residential bed in a Direct Care home, but this may involve longer journeys for visiting family and friends.

In considering the future of Direct Care residential homes, each one should be considered in the light of:

- Its ability to deliver the stated direction for DCC homes (provision of specialist beds for people with dementia and other complex needs, for reablement or intermediate care and for provision of respite care)
- Overall market provision in the locality, including the offer of a DCC bed
- Capacity within locality to take Adult Care commissioned placements
- Factors that would be of strategic benefit e.g. no other provision within catchment area

The evaluation results are set out in as Appendix 8. It can be seen that:

- There are seven homes that provide a specialist service, including those that provide an environment that is dementia friendly and those that provide short term specialist beds.
- There are eleven homes where there is concern about the capacity of the market if the home were to close.

Taken together, that resulted in 14 homes having some or significant strategic benefit to the Authority in the immediate future. Potential closure of those homes, even if they are classed as some of the least viable homes, could destabilise the market. DCC has a responsibility under the Care Act 2014 to manage market stability, and on that basis serious consideration would need to be given before recommending them for potential closure.

As stated earlier in this report, one of the purposes of applying the criteria is to determine the most appropriate level of investment in each homes future.

Where homes do not meet the criteria, it is recommended that consultation is undertaken on their proposed closure. The proposed consultation process is set out in Appendix 10. It is recommended that consultation is undertaken with stakeholders both on the criteria themselves and on the application of the criteria used alongside undertaking an Equality Analysis on the proposed changes to identify an detriment to protected groups that might occur as a result of implementing the resulting recommendations.

The results of the individual home consultations including the application of the criteria and Equality Analysis would be the subject of a future Cabinet Report, and no decisions about the future of any individual home will be made until Cabinet has considered the responses to the consultation and the results of the equality analysis.

A summary of the outcome of the evaluation of homes against the criteria is set out in section 2.7 below.

2.8 Summary of the proposals

Direct Care residential homes for older people provide high quality person-centred services by trained and committed staff teams. However, given the review that has been undertaken, a summary of proposals to improve the long term sustainability of Direct Care residential provisions is set out below.

- Six homes are viable and strategically beneficial providing a specialist dementia environment - Castle Court at Castle Gresley, Oakland Community Care Centre in Swadlincote, Whitestones at Chapel en le Frith, The Staveley Centre in Middlecroft, The Grange in Eckington, and Thomas Colledge in Bolsover.
- Thirteen homes are seen as either having a strategic benefit, or are of local market importance, and are recommended for retention as part of the future service model. They are Ladycross House in Sandiacre, Briar Close in Borrowash, Gernon Manor in Bakewell, The Leys in Ashbourne, The Spinney in Chesterfield, East Clune in Clowne, Goyt Valley House in New Mills, Ada Belfield in Belper, Holmlea in Tibshelf, Rowthorne in Swanwick, Beechcroft in West Hallam, New Basset House in Shirebrook, and Hazelwood in Cotmanhay. Each home will need an action plan to ensure that it optimises its operating costs and occupancy levels to maximise its contribution to the overall Direct Care portfolio of homes for older people.
- Five of the establishments deemed to be least sustainable are located in areas where there is already a range of local alternatives. They are The Glebe in Alfreton, Ecclesfold Resource Centre in Chapel en le Frith, The Willows in Ripley, Red House in Chesterfield, and Hillcrest in Kirk Hallam.

It is recommended therefore that these five homes are proposed for closure subject to the outcome of consultation with key stakeholders including residents and their families.

If the proposal to consult on the closure of the residential wing at Ecclesfold Resource Centre short term beds is agreed, consideration will need to be given to the implications of its potential closure on the continued operation of the existing day service at Ecclesfold alongside the sheltered housing scheme within the centre. Whilst the short term residential beds are contained within one part of the building, the opportunity of consultation on the proposed closure of the residential wing should be used for initial engagement with service users and stakeholders regarding the long term use of the day services.

If following consultation a decision were subsequently to be made by Cabinet to close five residential establishments, the resulting profile of beds across the county by the Spring 2016 likely to be provided by Direct Care would be:

18 homes for older people providing:

- 662 long term beds
- 45 short term beds
- 29 short term specialist beds

Four residential and community care centres and two combined extra care and community care centres providing:

- 88 long term beds
- 32 short term beds
- 40 short term specialist beds

8 extra care schemes providing:

- 383 apartments
- 12 apartments for short term provision

If the residential closures proposed are implemented it is anticipated that Direct Care's market share would reduce from 27% to approximately 22%.

One of the establishments proposed for consultation on potential closure is Hillcrest Home for Older People in Kirk Hallam. The home currently provides a service to a large number of people with dementia. If it were agreed that the home should close, special consideration will need to be given to how best to transfer the dementia service to an alternative home, where the environment could be suitably adapted to be dementia friendly.

Hazelwood home for older people in Cotmonhay is already subject to a feasibility study to consider an upgrade to be dementia friendly. If the feasibility study were positive, Hazelwood could provide a suitable alternative home should the decision be taken to close Hillcrest.

3 Property Considerations

3.1 Site assembly

The original Cabinet report of February 2012 for the older persons Accommodation Care and Support Strategy allocated £46.6 million of capital spend with an additional £8.7 million to be generated from capital receipts resulting in net borrowing of £37.9 million.

The capital expenditure is detailed in the financial considerations to this report. Capital receipts were anticipated through the sale of sites that would no longer be required once the 2012 accommodation plans were implemented. As the intended surplus sites have not been made available or sold, the capital receipts of £8.7 million have not been realised to date. The breakdown of the £8.7m is set out below. The table also includes an updated estimated valuation of the sites since the 2012, together with additional capital receipts that could be realised as a result of land which is surplus to requirements due to the revision of the plans. It is noteworthy that the land valuations have dropped significantly since the valuations were undertaken for the 2012 plan.

In summary, if all potential capital contributions were to be realised (subject to consultation on proposed closures), there will be a £2.49m shortfall in capital receipts for home for older people against the 2012 plan.

Name	Capital contribution 2012 plan	Potential capital contribution from proposed home closures (subject to consultation) (2015 valuations)
Ada Belfield House	400,000	n/a
The Glebe	600,000	360,000
The Willows	300,000	190,000
East Clune	450,000	n/a
Red House	850,000	600,000
Gernon Manor	1,250,000	n/a
The Leys	1,400,000	n/a
Briar Close	600,000	n/a
Hillcrest	450,000	200,000
Ladycross House	500,000	n/a
Southlands	1,200,000	n/a

Name	Capital contribution 2012 plan	Potential capital contribution from proposed home closures (subject to consultation) (2015 valuations)
Goyt Valley House	700,000	n/a
Subtotal	8,700,000	1,350,000
Establishments surplus to requirements since 2012		
Derwent House		950,000
Brendon House		350,000
The Dales		1,100,000
Ashbrook		1,100,000
Caretakers House - Long Eaton		10,000
Total	8,700,000	4,860,000

Capital receipts of £785k from the disposal of day care sites was also set out in the 2012 accommodation plans. These have not been realised to date.

3.2 Planned maintenance and priority investments in Direct Care homes for older people

DCC homes for older people are maintained from a number of budgets, both within Adult Care and corporate. The work is agreed against different priorities for investment including:

- (1) Urgent work to prevent serious risk or cessation of operation by external regulatory bodies
- (2) Essential work normally required within 2 years
- (3) Desirable work required within 3 – 5 years

In the last three years the following capital investment has been made:

Year	HOP investment £m	Resource Centre investment £m	Total £m
2012/13	1.32	0.06	1.38
2013/14	1.50	0.08	1.58
2014/15	1.41	0.09	1.50
2015/16	1.55	0.06	1.61
Total	5.78	0.29	6.07

A review of current investment priorities has been undertaken and across the homes the following capital commitment would be required to address the highest demands across the three priority areas:

Review for 2015-16	Priority 1 investment £m	Priority 2 investment £m	Priority 3 investment £m	Total £m
Homes for long term delivery of residential care	1.6	1.43	1.03	4.06
Homes identified for consultation on proposed closures (potentially required for immediate work to keep home operational)	0.3	0.26	0.28	0.84
Total	1.9	1.69	1.31	4.90

It is intended that immediate priorities identified above will be funded from the balance of capital from the Accommodation Care and Support Strategy (Feb 2012), and the Building Maintenance Revenue budget.

Further work is required to establish a robust maintenance and investment plan for each home, to spread the investment priorities over a rolling five year period. This will ensure that all ongoing maintenance and life-cycle requirements of each home are appropriately assessed and planned for. The work undertaken within the Assessment of Property Performance around the facet for future maintenance liability will be used to complete this work. A revised 5 year plan for the homes will need to be considered as part of the 2016-17 capital programme bids.

One of the homes, Hazelwood home for older people at Cotmonhay currently has a wing which is not utilised. A feasibility study is being undertaken on adaptation of the wing, together with a general upgrade of the home, to provide a dementia friendly environment. The outcome of the feasibility study will be the subject of a future Cabinet report and would require allocation of capital funding if agreed.

4 Financial Considerations

4.1 Capital funding

The 2012 accommodation plan set out a capital allocation as detailed in the table below. The table also sets out the department's commitment of £27.9m capital to the current schemes.

Scheme	2012 Budget £m	Currently Committed £m
2 residential and community care centres:	21.50	
Florence Shipley residential and community care centre, Heanor		10.50
Meadow View residential and community care centre, Darley Dale (*Note 1)		11.20
Purchase of 6 day care centres within extra care (Clay Cross, Long Eaton, Buxton (*Note 2) Smithybrook View)	2.00	0.40
Purchase of 56 care beds	6.72	
Lacemaker Court, Long Eaton 16 bed specialist accommodation and day care		2.50
Brown Edge Road, Buxton 16 bed specialist accommodation and day care		2.50
Refurbishment of 3 existing homes: (*Note 3) Thomas Colledge, Bolsover The Grange, Eckington Whitestones, Chapel-en-le-Frith Castle Court, Castle Gresley	2.75	
Purchase of 32 independent sector beds	3.84	
Site Purchase:	9.80	
Potters Place, Chesterfield extra care land acquisition and demolition *Note 4		0.80
Total	46.61	27.90

Notes:

1: Includes site purchase which was more than originally anticipated.

2: Day care figures for three day care centres allocated within 3 specific commitments to Smithybrook, Clay Cross; Lacemaker Court, Long Eaton and Brown Edge Road, Buxton.

3: Achieved 4 homes with the support of £623,000 DH grant funding (Cabinet Report 10 September 2013)

4: Demolition costs and security costs still ongoing

In addition the department has provisionally committed an additional £150k for inflation and other material changes to the original brief on the Brown Edge Road project due to the requirement to re-submit for planning determination.

The Authority is currently planning for the development of an integrated extra care and specialist scheme in Belper, which has been subject to separate Cabinet reports. The current estimate of Adult Care capital required for the scheme which will include a 24 bed specialist residential wing is between £8.8m and £10.5m. A detailed report will be submitted to a future Cabinet when the business case is complete.

Item	Anticipated capital expenditure/ receipt £m	Commitment / potential receipts £m	Capital balance without receipts £m	Capital balance with receipts £m
Feb 2012 Strategy:				
Capital expenditure	46.60		46.60	
Capital receipts from homes/ establishments declared surplus since 2012	(8.70)			37.90
Subtotal			46.60	37.90
Expenditure to date on current schemes		27.90		
Additional provisional allocation to Brown Edge Road		0.15		
Provisional commitment to Belper		10.50		
Revised potential capital receipt		(4.86)		
Subtotal			38.55	33.69
Balance			8.05	4.21

This reflects a balance of £8.05m capital available from the original 2012 accommodation plans allocation. If the actual loss of capital receipts and potential capital receipts now available are taken into account, the capital balance available from the 2012 plan reduces to £4.21m.

As set out in the section on Property Considerations, there is an initial estimate of £4.9m priority capital investment required to maintain Direct Care

homes for older people. At this stage no assumption has been made about the outcome of the proposed closures. Subject to the outcome of the consultation and further cabinet consideration, the capital investment requirement may be reduced to £4.36m as there may not be a requirement to undertake the priority 2 and 3 work identified for these homes. Priority 1 work would continue to be undertaken on all homes whilst ever they are operational. Depending on the outcome of the consultation if the capital requirements were taken from the capital balance from the 2012 accommodation plans there would be a shortfall of between £150,000 and £690,000 which could be met from the Building Maintenance Budget.

4.2 Revenue funding

The proposed actions set out earlier in the report are summarised below, and should deliver the following revenue savings which will be reinvested in residential and home care services:

Action		Anticipated impact on budget £m	Comments
1	Offering extra care as an alternative option to residential care	1.3	
2	Increased specialist care provision in better environments		Better outcome for individuals will be achieved.
3	Optimise NHS funding	2.2	(Not included in savings as using existing Better Care Fund monies)
4	Homes for Older People management structure	0.38	Better outcome for individuals will be achieved. Anticipated savings included as part of the Adult Care Cuts programme
5	Revision of long term / short term bed balance provided by Direct Care	0.13 per annum	
6	Close a number of DCC's least sustainable homes if they do not deliver strategic benefits to the organisation	1.78 to 2.32	Subject to the outcome of consultation

Action		Anticipated impact on budget £m	Comments

5. Human Resources Considerations

In attempting to provide an early indication of the workforce profile affected by the potential closures, there are in the region of 35 individuals (including regular relief workers) employed in a home for older people. The vast majority are female, part-time workers employed across a range of occupational groups including care, domestic/cleaning, catering and management and individuals holding dual employments in common.

Any subsequent decisions taken to close an establishment will require formal consultation with the recognised trade unions, the issue of Section 188 and 193 notices and the application of associated processes and procedures. Once public consultation is concluded there is typically a minimum lead-in period for implementation of 6 months, which enables statutory requirements to be met and appropriate support to be provided.

The Council has in place a number of processes, mechanisms and procedures to support the effective management of workforce reductions and to mitigate against compulsory job losses. The fact that many of the individuals affected by these potential closures will be working to particular shift patterns, are limited as to the level of potential travel for other jobs and are committed to social care work, will make the identification of suitable alternative employment with the Council very challenging. There is a significant proportion of the workforce potentially affected, that are aged over 55, that as a pocket of difficulty would have potential eligibility for access to the Council's voluntary release schemes and early release of pension.

Given the possibility of closures identified, the Council will adopt vacancy control mechanisms in the intervening period in an attempt to maximise any potential re-deployment opportunities in the event that the potential closures outlined are subsequently implemented.

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

6. Legal Considerations

The Council is required to consult on the proposed closures of residential care homes identified in the report before any decisions are made. It considered that the period of consultation proposed in Appendix 10 is appropriate.

In this context the consultation should cover each of the following:

- (1) the criteria it is proposed to apply – referred to in paragraph 2.6 and Appendices 4 and 5 of the report.
- (2) the proposed application of these criteria, including the proposed weightings - referred to in paragraph 2.7 and Appendices 6 - 9 and
- (3) the homes that it is proposed to close as a consequence of (1) and (2) - referred to in paragraph 2.8 of the report .

The requirement is to consult with all persons and stakeholders whom it is reasonable to think may be affected by the proposals.

The Council is also required to take into account the impact that changes to policies and services can have on the different groups of people protected under the Equality Act 2010. Any final decisions must also take into account the rights of service users as set out in the Human Rights Act 1998, particularly Article 8, “Right to respect for private and family life” and Article 2, “Right to life”.

An Equality Impact Analysis was undertaken as part of the February 2012 Revised Plans to Deliver the Accommodation Care and Support Strategy for Older People. Given the changes in financial climate that have occurred since 2012, and given the proposed changes set out in this report, a new Equality Impact Analysis is being undertaken to ensure that the Council has due regard to the impact of the proposed decisions on affected accommodation care and support for older people in Derbyshire.

An update of the demographic information, level of need, and access to accommodation and support facilities has been undertaken in preparation of this report. This has led to the proposal that a number of Council homes will be subject to further investment, a number may be subject to a change in service model, and a number will be recommended for closure. Under the Care Act 2014 the Council has a responsibility to work with providers in the market to ensure appropriate services are available to meet the needs of local populations.

The process by which the equality impact analysis and the consultation will be undertaken is set out in Appendix 10. Given the level of analysis that has already been undertaken on the proposed plans in preparing this report, it is recommended that consultation and equality analysis of both the proposed

criteria and the detailed plans for specific homes is undertaken simultaneously.

Members need to be aware that the Council must be able to demonstrate that it remains open minded during the consultation process, both as to the appropriateness of the draft criteria it is proposed to use to identify potential closures and as to the appropriateness of the proposed method of implementation of these criteria. If, in due course and following Cabinet's consideration of the responses to the consultation and equality impact process, it was to decide to amend the criteria or the method of application and this results in a change to the homes proposed for closure, then it will be necessary to consult further.

In addition if the decision were to be made to close a particular home then, prior to any residents being moved, a comprehensive risk assessment would be conducted for each affected individual. The Council would need to be mindful of the fact that moving frail and elderly people presents a potential risk to them and therefore the home could not close were the risk assessment to conclude that any risk to residents cannot be minimised to an acceptable level.

Local Authorities have a general duty under the Care Act 2014 to promote diversity and quality in the care and support provider market (*section 5, Care Act 2014*). The purpose is to produce a sustainable and diverse range of care and support providers to deliver better, innovative and cost-effective services and support and promote the well-being of every person with need of care and support (*paragraph 4.2, Care Act 2014 statutory guidance*).

Under paragraph 4.12 of the statutory guidance local authorities must ensure that the promotion of the wellbeing of individuals who need care and support, and the wellbeing of carers, and the outcomes they require, are central to all care and support functions in relation to individuals, emphasising the importance of enabling people to stay independent for as long as possible.

7. Other Considerations

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

8. Background Paper

Draft Market Position Statement.

9. Key Decision

Yes.

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

No.

11 . Officer's Recommendation

It is recommended that the contents of this report are noted and specifically that:

- 11.1 the revised Vision and Commissioning Strategy for Adult Care Older People Services is approved.
- 11.2 the proposed balance of specialist, long term and short term residential provision within Direct Care set out in the body of this report is confirmed.
- 11.3 implementation of a range of efficiencies designed to ensure that Direct Care is able to retain its role as a significant sustainable provider is agreed.
- 11.4 investment of capital funding is targetted on the highest maintenance priorities identified for DCC homes for older people to support the ongoing delivery of a Direct Care residential service within Derbyshire.
- 11.5 the criteria for the evaluation of homes as set out in the report is agreed, subject to consultation.
- 11.6 consultation is undertaken on the proposed closure of those homes for older people which, following initial evaluation, are considered least sustainable in the long-term. These are:
 - The Willows, Ripley
 - Red House, Chesterfield
 - Ecclesfold Resource Centre (residential wing), Chapel-en-le-Frith
 - The Glebe, Alfreton
 - Hillcrest, Kirk Hallam, Ilkeston
- 11.7 to receive a further report following the carrying-out of the consultation process and the completion of equality analyses.

Mary McElvaney
Strategic Director – Adult Care

Appendix 1: Adult Care Accommodation Care and Support Strategy



DERBYSHIRE COUNTY COUNCIL

**ACCOMMODATION CARE AND SUPPORT
STRATEGY (DRAFT)**

2015-2020

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Executive Summary

The Vision

“Older people in Derbyshire are supported to live well and maintain their independence in their local community by having access to high quality care and support services appropriate to their levels of need”

What will be different over the next five years?

There will be improved:

- Environments within facilities to enable high quality care and support;
- Integration with local health services through better planning and delivery;
- Choice of accommodation, care and support in local communities which is stable and financially viable;
- Rehabilitation services in the right place, at the right time;
- Short-stay services provided in modern accommodation in central locations;
- Working between Health and Adult Care services to maximise the use of facilities available to local communities.

There will be more:

- Locally available health and social care services that will help support people to remain living in their own home;
- Support and information given to people with complex conditions most at risk of hospital/institutional care to better manage their condition(s) and thus remain in their own home for longer;
- Assurance that high quality services will be delivered safely through compliance with Care Quality Commission standards;
- Early identification of mental health needs and preventive strategies put in place so that mental health and physical health needs are treated in a joined up way;
- Effective use of Tele-health and Assistive Technology to support people to live independently and safely in their own homes;
- Timely diagnoses of dementia which will increase the availability of treatment and support to individuals.

There will be less:

- Avoidable emergency admissions to hospital;
- Long term admissions to residential and nursing home care;
- Unsuitable building environments that detract from the delivery of high quality care.

Summary of key drivers

Care Act 2014
(introducing new legal responsibilities)

- Duty to promote wellbeing;
- Required to assess and meet needs of carers as well as the cared for;
- Promotion of choice/personalisation of services;
- Cap on care costs, growth of self-funders and competitive costs, implications of deferred payment for care scheme;
- Derbyshire County Council to be a market facilitator and shape both public and private sector care (Market Position Statement);
- The Act also places a cap on the amount that people must contribute towards their care costs;
- The Act will require councils to keep track of people's progress towards the cap, and management of upward pressure on residential costs will be important as more requests for residential support are facilitated through the local authority.

Better Care Fund
2015-16

- Derbyshire County Council and local NHS Commissioners to develop system plans for better delivery of services now and in the future.
- Reduce the number of inappropriate admissions to hospital/long-term care.

Council Plan 2014-2019 priorities

- Develop our approach to whole person care across Derbyshire, reshape the services we provide to older people and improve services through joint working with the local NHS;
- Implement the social care reforms recommended by Andrew Dilnot and set out in the Care Act 2014;
- Consult on a new accommodation strategy;
- Provide high quality services for people with dementia.

Context

Public Services Pressures

- The Council has to find £157million of savings in the five year period to 2018;
- £65million of savings to come from Adult Care;

- In 2014/15 the Adult Care Department achieved £12.3 million of cuts and efficiencies. The target for 2015/16 is anticipated to be £25.7million;
 - NHS services face flat funding whilst demand for services grows 5% per year
- Changing population
- Older people population in Derbyshire is ageing and growing- 11% increase over next five years;
 - Expected increase in social care needs over same time period particularly those with high/very high needs;
 - Trend of ageing and growing older population with high/very high social care needs expected to continue over the long-term;
 - Increasing number of people living with dementia;
 - Changing attitudes and expectations of what services should provide;
 - All partners across health, housing and social care are committed to work together to optimise the accommodation care and support responses available to an increasing population in need.

Summary of direction of travel:

- Ensure individuals and carers are provided with the right service, in the right place at the right time;
- Ensure that there is a sustainable network of community care centres, extra care housing schemes, and residential homes for older people that meet local needs;
- Focus on the key strengths of each type of scheme to ensure environments are conducive to high quality personalised care;
- Equitable provision of short-term bed-based services in residential homes, community care centres or extra care schemes (whichever is locally appropriate);
- Maximising appropriate use of long-term and short term placements;
- Communication to the market of the role Derbyshire County Council will play in providing specialist or general services.

Introduction

It is over five years since the Council first set out its programme for meeting the needs of Older People's Accommodation, Care and Support in Derbyshire. There have been a number of significant changes that have taken place

during this period and some significant challenges that lie ahead so it is now the most appropriate time to revisit the vision and strategy.

This document, therefore, sets out the direction of travel for Older People's Accommodation, Care and Support in Derbyshire over the next five years, up to 2020. It outlines what services should look like in the future against a backdrop of market shaping, financial challenges, integrated working with health services, a growing older population and its associated care need across a diverse county.

It is the Council's vision that over the next five years:

“Older people in Derbyshire are supported to live well and maintain their independence in their local community by having access to high quality care and support services appropriate to their levels of need”

Background and context

There are a number of key national, regional and local strategies and reports that have influenced the development of this strategy. Some have more of a direct impact than others but are all relevant in the wider context in which this strategy sits. A summary of these is provided below.

National

The Care Act 2014 places a duty on Local Authorities to facilitate and shape the local market for adult care and support services, so that the needs of people in their area, whether funded or arranged by the local authority or by the individual themselves, are met. In undertaking this role the Council, through the Adult Care department, has to be clear in communicating to the market what its role will be in the provision of accommodation, care and support services for older people. An Older People's Market Position Statement has been produced which provides this information. The key messages from which have been taken into account in producing this strategy.

Prime Minister's Challenge on Dementia 2020 is the successor to the 2012 challenge and sets out actions and objectives to be delivered over the next five years. By 2020 there is an ambition in England to see:

- All hospitals and care homes meeting agreed criteria to becoming a dementia friendly health and care setting; and
- Increased numbers of people with dementia being able to live longer in their own homes when it is in their interests to do so, with a greater focus on independent living.

Changes to National Planning Guidance, announced in March 2015 by the Department for Communities and Local Government, will make clear the responsibility councils have to take better account of the needs of their older

residents when planning new homes in their area. With the aim that Older People have greater choice and options as to where to live as well as the support to remain in their own home if they chose to do so. This will require closer working between the planning authorities in Derbyshire and the County Council.

The Public Services (Social Value) Act 2012 places a duty on commissioners of public services to consider securing wider economic, social and environmental benefits from their procurement processes. The aim of the Act being to get better value for money out of procurement whilst designing better and/or innovative new services through engagement with local provider markets or communities.

Improving Housing with Care Choices for Older People: An Evaluation of Extra Care Housing was a Department of Health evaluation of 19 Extra Care Housing Schemes in England during April 2006 and November 2008. The evaluation, published in 2011, found that Extra Care Housing could deliver person-centred outcomes - with the majority of people moving into schemes enjoying a good social life and cognitive functioning improving for most people 30 months after the study period. The report also suggested that with better outcomes and similar or lower costs, extra care is a cost-effective alternative for people with some characteristics that would otherwise be moving into residential care.

Regional and local

Derbyshire Health and Wellbeing Strategy - refreshed in 2015 following a peer review by the Local Government Association and consultation with Health and Wellbeing Board members. The refreshed strategy for 2015-2017 highlights four key areas for improvement, three of which will impact on the work of Adult Care in developing services for Older People:

- Develop sustainable multi-agency approaches to keep people healthy and living independently in their own home;
- Develop a collective approach to social capital;
- Create Healthy Communities with reduced health inequalities

The Derbyshire Better Care Fund 2015-16 will contribute to the delivery of the aims of the refreshed Health and Wellbeing Strategy as it seeks to deliver its vision for 2019-20 which focusses on achieving a seamless health and social care system involving:

- Maximising the health and wellbeing of the population;
- Making best use of our funding; and
- Ensuring organisational boundaries do not get in the way of a seamless service for local people.

21st Century Healthcare Guiding Principles are a set of guiding principles that Health and Social Care organisations in Derbyshire have agreed to use in their decision making and support the delivery of the vision of the Better Care programme. These principles are:

- All services will be person-centred and will meet the needs of the person and their families or carers rather than meeting the needs of the system;
- Care will be provided flexibly across all health and social care organisations by listening to, and understanding the person's complete needs and meeting them by using all services and resources available;
- Challenge assumptions about the ways of working and have the courage to make changes for the better that will improve the patient experience and obtain the best value for money;
- Respect and value the people who use and work in health and social care services in Derbyshire and invest resources to support the health and wellbeing of communities;
- Actively seek and listen to the views of people who use and work in health and social care in Derbyshire so that services are planned and delivered in partnership and accountable to them;
- Support people to help them to make an informed choice about lifestyle and services and identify and provide extra support for those who need and want to make positive lifestyle changes.

Derbyshire County Council's Council Plan 2014-2019 has, as its priorities, the following in relation to Older People's services:

- Develop our approach to whole person care across Derbyshire, reshape the services we provide to older people and improve services through joint working with the local NHS;
- Implement the social care reforms recommended by Andrew Dilnot and set out in the Care Act 2014;
- Consult on a new accommodation strategy;
- Provide high quality services for people with dementia.

Commissioning services for an ageing population and those living with frailty is a report published by the East Midlands Clinical Senate in 2014 outlining the importance of meeting the needs of older people living with frailty (a state of vulnerability due to accumulated impairments in physical, mental, or environmental wellbeing). It recommends that:

- Commissioned services for older people should include an assessment that helps to identify individuals who have frailty;

- Care and engagement of people living with frailty should promote autonomy. To be less restrictive, allow choice and control, and provide rehabilitation and reablement wherever possible;
- The vision, strategy and detailed plans of commissioners should be enhanced by the involvement of patients, carers and experienced health and social care professionals.

The financial challenge

The County Council is facing unprecedented financial challenges, by 2018 it has to save £157million across all services with £65million coming from Adult Care. At the same time, however, the department is facing growing financial pressures of £10.5million in meeting the needs of an ageing population and increases in the number of disabled adults and people with the early onset of dementia.

This financial challenge is not exclusive to the County Council. Local Health partners are also under pressure with no new money coming into the local NHS but demand on services is growing at 5% per year. Combined, the Health and Social Care challenge for Derbyshire is £150million.

Current and future demand and need

There are 163,900 older people in 2015 living in Derbyshire. Of these people 65,500 have social care needs. Most of those people have low level needs – about 40,650 and will be able to cope with minimal support, usually provided by informal care. A further 6,500 people have moderate needs and may require more formalised care to remain independent.

These people benefit from targeted preventive measures to help them stay independent. A similar number (6,500) will have high needs and will require support. There will also be about 10,800 who have both high physical needs along with cognitive impairment/dementia who will be at risk of needing very high levels of support. These are the people who are most likely to be receiving publically funded care, although a proportion will be self-funders. Across all needs groups there is a projected 11% growth in numbers up to 2020. So by that year, the number of older people with social care needs will total around 72,600. By 2020, there will be just over 45,000 older people with low needs. The number of people with moderate needs will be around 7,250; and the number of older people with a very high physical impairment along with a cognitive/memory impairment will be just under 13,100.

Around a third of older people in each of Derbyshire's districts have a social care need. The district with the highest number of older people with a social care need is Amber Valley with just over 9,800 people. Chesterfield and North East Derbyshire both have just over 9,100 people resident with a social care need.

Current service use

Adult Care provides a service to around 13,500 people. This number fluctuates day-by-day as turnover is high; at present 68% (9,180) of clients have a community-based service. The other 32% (4,320) have a residential or nursing care place.

Adult Care clients are more likely to be female (66-70%) and very vulnerable (with “Substantial” or “Critical” needs), and aged 85 and over (38%). They have a physical impairment (and increasingly more likely to have multiple impairments), and are increasingly likely to be developing dementia.

Amongst clients of community-based services, most receive one service, which is most likely to be home care. A small number of clients receive more than one service, typically a combination of home care and day care.

Amongst home care clients, most receive more than 5 hours of care per week, with a substantial proportion (31%) receiving more than 10 hours per week. There are increasing numbers of clients who are receiving a direct payment as a way of receiving their service.

Services like home care are fairly local, enabling them to be sufficiently flexible and sensitive to changes in circumstance. There are, however, areas of the county, e.g. High Peak and Derbyshire Dales, where rurality is a barrier to the provision of sufficiently localised services; so travel time becomes an added cost. An additional factor is the availability of the workforce to offset those problems. Other services such as residential and nursing care tend to more centralised or at least not sufficiently localised. The areas of highest need in relation to residential and nursing care in the county are currently Bolsover, Chesterfield and Erewash.

Current and future costs

During 2013-14, the Adult Care service spent £237million on social care services for adults. The largest proportion of this amount went on services for older people, £109.4million. This represents 46% of the gross total budget for Adult Care.

Expenditure is divided up between 8 broad areas: Residential Care, Nursing Care, Community Services (i.e. Home Care, Day Care) Direct Payments, Assessment & Care Management, Supported Accommodation, and meals and “other” services.

Residential care placements (£39.3million) and Nursing care placements (£11.3million) together account for 47% of the older people budget (£50.6million). The bulk of the remainder (£40.6million, 38%) is taken by community services such as home care and day care. Assessment and Care Management services account for just 6% (£6.4million).

Therefore, roughly, half the expenditure of older people's services (just over a quarter of all Adult Care spend) is on commissioning community care service and half on residential and nursing care places. A fraction of the overall expenditure is on assessment and care management resources.

Analysis

The information used in this section is drawn from the Older People's Market Position Statement for Derbyshire and summarises the county and district picture. A set of detailed district profiles have been developed which include mapping of current service provision. These profiles are available on request.

County

There are currently 63,280 older people resident in Derbyshire who have social care needs. This is about 41% of the current population aged 65 and over. The majority of these people (33,240, 53%) have "low" or "moderate" social care needs and are unlikely to require statutory social care intervention, at least in the near future.

About 30,040 people have "high" or "very high" needs. Our analysis of service delivery to clients in 2014/15 shows that there were just over 13,400 people receiving a service commissioned by Derbyshire Adult Care. The difference between the numbers (16,640) will likely comprise people who are either self-funders or who are being looked after intensively by an informal carer.

Districts

It is useful, however, to consider each of the districts in a little more depth to get a clearer picture of the spread of people and needs. Derbyshire's districts can be broadly divided into two sections: those to the West of the County and those to the East of the County. The western districts are characterised particularly by their rurality, whilst the eastern districts are more urban and are more variable with regard to deprivation and health inequalities.

The two districts which make up the area to the west are High Peak and Derbyshire Dales.

Derbyshire Dales has a population of 71,266, and as such has the smallest population of Derbyshire's districts despite covering the largest area – by a considerable margin. It is also a part of Derbyshire characterised by an older population: 24% of its population are aged over 65, the highest of all our districts. The low population density and older population makes the generation of reliable services that can easily reach the people a matter of particular importance. Derbyshire Dales has one of the higher proportions of

people providing unpaid care, although the actual number is the lowest in the county. It ranks highest in England and Wales for the proportion of people providing 1-19 hours a week of care and eighth overall for total care provision.

Key points for Derbyshire Dales

- 1,546 people providing 50 hours or more informal care each week;
- 5,770 people aged 65 and over have social care needs (2,460 'high' and 'very high');
- 1,200 people over the age of 65 living with dementia;
- 15% of households (7% of the population) are people aged 65 and over living alone;
- 720 residential and nursing care beds currently available in 22 settings (734 beds by end of 2015 with the opening of Meadow View Community Care Centre in Darley Dale);
- 39 Extra Care apartments at Waltham House;
- 340 day care places across five locations (will decrease to 240 following transfer day service of Underhall to Meadow View);
- 23 private home care agencies alongside Direct Care's domiciliary care.

High Peak has a population of 91,111 people, the third lowest population of Derbyshire's districts. It occupies the second largest area meaning that like Derbyshire Dales it has a comparatively low population density. This makes the provision of services which meet the demands of rurality of importance here too. The proportion of people over 65 in High Peak is somewhat lower, at 19%. The proximity of parts of High Peak to Stockport and Manchester and the fact that Glossopdale is covered by Tameside and Glossop CCG adds further complexity to the profile of this district as the connection to Derbyshire for some people can be rather less than for those in other parts of the County.

Key points for High Peak:

- 2,037 people providing 50 hours or more informal care each week;
- 6,230 people aged 65 and over have social care needs (2,720 'high' and 'very high');
- 1,050 people over the age of 65 living with dementia;
- 13% of households (5% of the population) are people aged 65 and over living alone;
- 663 residential and nursing care beds currently available in 21 settings;
- 45 Extra Care apartments at Whitfield House;
- 411 day care places across five locations;
- 10 private home care agencies alongside Direct Care's domiciliary care.

Derbyshire's other districts can be put into a second group: the eastern districts. These areas have a stronger industrial background and have more urban centres – mostly small, with the clear exception of Chesterfield. The eastern districts reflect the different challenges that background and urbanity raise as well as including the rurality and ageing populations found in the western districts.

Chesterfield has a population of 104,030 people (the third highest number in Derbyshire) and being a comparatively small area, has by far the highest population density in the county. According to Indices of Multiple Deprivation (IMD) scores, Chesterfield is the second most deprived part of Derbyshire. 20% of Chesterfield's population are aged 65 and over, which is about average for the county. It should be noted that higher levels of deprivation are correlated with certain lifestyle issues that impact on health and wellbeing, notably poor diet, smoking, a higher level of alcohol consumption and a lack of exercise. Chesterfield also has a relatively high proportion of people providing unpaid care.

Key points for Chesterfield:

- 3,358 people providing 50 hours or more informal care each week;
- 9,510 people aged 65 and over have social care needs (4,800 'high' and 'very high');
- 1,350 people over the age of 65 living with dementia;
- 14% of households (6% of the population) are people aged 65 and over living alone;
- 887 residential and nursing care beds currently available in 25 settings;
- 55 Extra Care apartments at Potters Place;
- 220 day care places across ten locations;
- 11 private home care agencies alongside Direct Care's domiciliary care.

Bolsover has a population of 76,729 people, 19% of whom are aged over 65. Although population density is lower than Chesterfield, it is one of the highest in the county. Bolsover is also the most deprived of Derbyshire's districts and so is likely to be affected by the lifestyle issues mentioned above. The main industry in the Bolsover area for a long time was coal mining. This has had a direct effect on the prevalence of certain health conditions in the area, particularly respiratory diseases. Bolsover has a relatively high proportion of its population as carers, ranking 6th in England and Wales overall, 7th for those providing 20-49 hours a week of care and 17th for those providing 50 or more hours a week of care.

Key points for Bolsover:

- 2,690 people providing 50 hours or more informal care each week;

- 7,420 people aged 65 and over have social care needs (3,900 'high' and 'very high');
- 920 people over the age of 65 living with dementia;
- 13% of households (6% of the population) are people aged 65 and over living alone;
- 728 residential and nursing care beds currently available in 21 settings;
- 271 day care places across four locations;
- 13 private home care agencies alongside Direct Care's domiciliary care.

North East Derbyshire has a population of 99,281. It has the second highest proportion of its inhabitants aged over 65: 23%. Like Bolsover this is an area with a strong background in mining and so the same concerns apply. It differs from Bolsover in its higher proportion of older inhabitants, and this should be noted. North East Derbyshire is the district with the highest proportion of people providing unpaid care: 13% or about 13,000 people. In fact, this is also the district with the highest proportion of carers in England.

Key points for North East Derbyshire:

- 3,011 people providing 50 hours or more informal care each week;
- 9,400 people aged 65 and over have social care needs (4,580 'high' and 'very high');
- 1,400 people over the age of 65 living with dementia;
- 14% of households (6% of the population) are people aged 65 and over living alone;
- 716 residential and nursing care beds currently available in 18 settings;
- 108 day care places at one location (100 when Clay Cross Resource Centre moves to Smithybrook View Extra Care);
- 90 Extra Care apartments available when Smithybrook View opens in 2015, with 48 currently available at Stonelow Court;
- 15 private home care agencies alongside Direct Care's domiciliary care

Amber Valley has the highest population in Derbyshire: 123,498. 20% of its inhabitants are over 65. Parts of Amber Valley border Derby City which may be important from the point of view of health provision, and also preferred locations of other services. The district combines small towns with rural areas and it covers a fairly large area making rurality a potential issue for some of its inhabitants. Amber Valley has the highest number of people providing unpaid care in Derbyshire.

Key points for Amber Valley:

- 3,312 people providing 50 hours or more informal care each week;

- 10,150 people aged 65 and over have social care needs (4,820 'high' and 'very high');
- 1,580 people over the age of 65 living with dementia;
- 13% of households (5% of the population) are people aged 65 and over living alone;
- 1,140 residential and nursing care beds currently available in 34 settings (1,172 across 35 locations when Florence Shipley Community Care centre opens in 2015);
- 482 day care places across three settings (472 when Ambervale relocates to Florence Shipley);
- 52 extra care apartments when Maple Mews opens in 2015;
- 14 private home care agencies alongside Direct Care's domiciliary care

Erewash has a population of 113,170 and covers a fairly small area bordering Derby City to the west and extending very near to Nottingham to the east. The two main towns: Ilkeston and Long Eaton are both on the east of the district. Like in Amber Valley this geography may lead to some variability in where people might wish to go for service provision. It has the third highest level of deprivation in the county and so there may be concerns around lifestyle issues. Erewash has the second highest number of carers in Derbyshire.

Key points for Erewash:

- 2,917 people providing 50 hours or more informal care each week;
- 8,480 people aged 65 and over have social care needs (3,830 'high' and 'very high');
- 1,500 people over the age of 65 living with dementia;
- 12% of households (5% of the population) are people aged 65 and over living alone;
- 1,065 residential and nursing care beds currently available in 32 settings (1,058 when Southlands Care Home closes and Lace Maker Court opens);
- 50 day care places in one setting (200 across 2 settings when Lace Maker Court opens);
- 61 extra care apartments when Lace maker Court opens in 2015;
- 12 private home care agencies alongside Direct Care's domiciliary care.

South Derbyshire has a population of 97,075 and has the lowest proportion of people who are aged over 65: 17%. It is the area of Derbyshire where the greatest population increase in coming years is expected. It borders both Derby City and Burton upon Trent bringing up some of the same issues mentioned for Erewash and Amber Valley. The district covers a large area and there may be some of the rural concerns mentioned with regard to High

Peak and Derbyshire Dales, particularly to the west. South Derbyshire is the district with the lowest proportion of people providing unpaid care.

Key points for South Derbyshire:

- 2,202 people providing 50 hours or more informal care each week;
- 6,320 people aged 65 and over have social care needs (2,930 'high' and 'very high');
- 990 people over the age of 65 living with dementia;
- 10% of households (4% of the population) are people aged 65 and over living alone;
- 738 residential and nursing care beds currently available in 22 settings;
- 140 day care places in one setting (Oakland Community Care Centre);
- 88 extra care apartments at Oakland;
- 13 private home care agencies alongside Direct Care's domiciliary care.

There is a lot of variation in Derbyshire's population and service provision as well as the challenges faced by each of its districts, but it is clear that health inequalities, rurality, respiratory disease and ageing are among the most important of those.

Comparison with other authorities

Adult Care has undertaken an analysis of trends in comparison with comparator authorities⁵, as can be seen in Table 1 below, which helps us to understand areas where outcomes for people may need to improve.

Table 1: A Comparison of Service Outputs & Outcomes

Indicator	2011/12		2013/14	
	Derbyshire	Comparators	Derbyshire	Comparators
65+ in community-based services (/100,000)	7,373	4,885	4,432	3,768
65+ in residential care (/100,000)	1,345	1,359	1,391	1,277
65+ in nursing care (/100,000)	520	483	551	458

⁵ E.G. Leicester, Staffordshire, Nottinghamshire, Lancashire, Cheshire, Cornwall, Warwickshire, Worcestershire

65+ rate of admission to care homes (/100,000)	787	716	738	690
% of 65+ offered re-ablement	1.4	2.9	1.0	3.3
% of 65+ still at home 91 days after re-ablement	84.0	83.1	79.7	81.2
Delayed discharges attributable to social care	4.2	2.9	4.8	2.6
Delayed discharges (all)	11.4	9.5	13.2	10.0
% of people self-directing their support	34.7	39.0	47.6	55.9
% of people receiving direct payments	15.0	12.3	10.8	17.8

The following points can be made relating to the table:

- For older adults, the rate of clients in community services is higher than our comparators. This reflects on-going work to ensure that older adults retain independence within their own homes.
- However, Derbyshire still has more older adults per 100,000 population in nursing and residential care than the comparator average. This demonstrates a need for further community-based work, both within social care and health, to ensure that more older adults retain their independence.
- Re-ablement services following discharge from hospital are around the comparator average. However, when compared with all patients discharged from hospital only 1% is offered a re-ablement service. This indicates a potential need for enhanced re-ablement/intermediate care.
- There is a need to improve the proportion of people still at home three months after re-ablement, although there might be underlying reasons for the apparent difference.
- There are also clear differences in self-directed support levels, both generally and in terms of those who receive a Direct Payment, which needs further explanation and investigation.
- Delayed Transfers of care from hospital pose a challenge for Derbyshire. All delays and those attributable to Derbyshire County Council are higher than the comparator average. Work is needed to ensure that services are available to patients waiting to be discharged from hospital. This information also illustrates a need for services designed to prevent admission to hospital in the first place.

Market shaping and choice

For several years the Council's strategic direction has been to provide additional support to carers and to diversify the range of community support on offer. This is to enable clients to live in their own homes for longer. The overall effect of this is a reduction in the number of Council-funded residential and nursing care placements. It is unclear how long this trend may continue, and population pressures over the following years may mean that the number of funded beds will rise.

Due to the increase in the levels of personal wealth amongst some of Derbyshire's population it is expected that there will be a continued growth in the self-funding market in the coming years, which is of particular significance to the older people's care sector. There tend to be more self-funders in the less deprived areas of the County, which are also characterised by people having lower levels of social care need. Areas where social care needs are higher tend to be in poorer communities where there is less personal wealth and the ability to self-fund, therefore creating pressure on Adult Social Care services.

Direction of Travel

Analysis undertaken as part of the Older People's Market Position Statement for Derbyshire has highlighted a number of key messages which have been summarised below:

Key message 1: The ageing population with growing social care need means greater demand on service but reduced resources available to meet this.

Key message 2: Increase rise in expectations of service quality arising from personalised care and choice; informed by

Key message 3: Increase in the number of people self-funding services.

Key message 4: Closer relationship required with providers to ensure that the 'market' remains sustainable in the long-term.

Key message 5: Prevention strategy needs to address the current and future challenges facing services in a pro-active manner.

Key message 6: Carers need to receive improved support and information to assist them in their role.

Key message 7: Home Care services need to evolve to meet the demands of personalised care and support, changes in funding, and capacity of providers to deliver services.

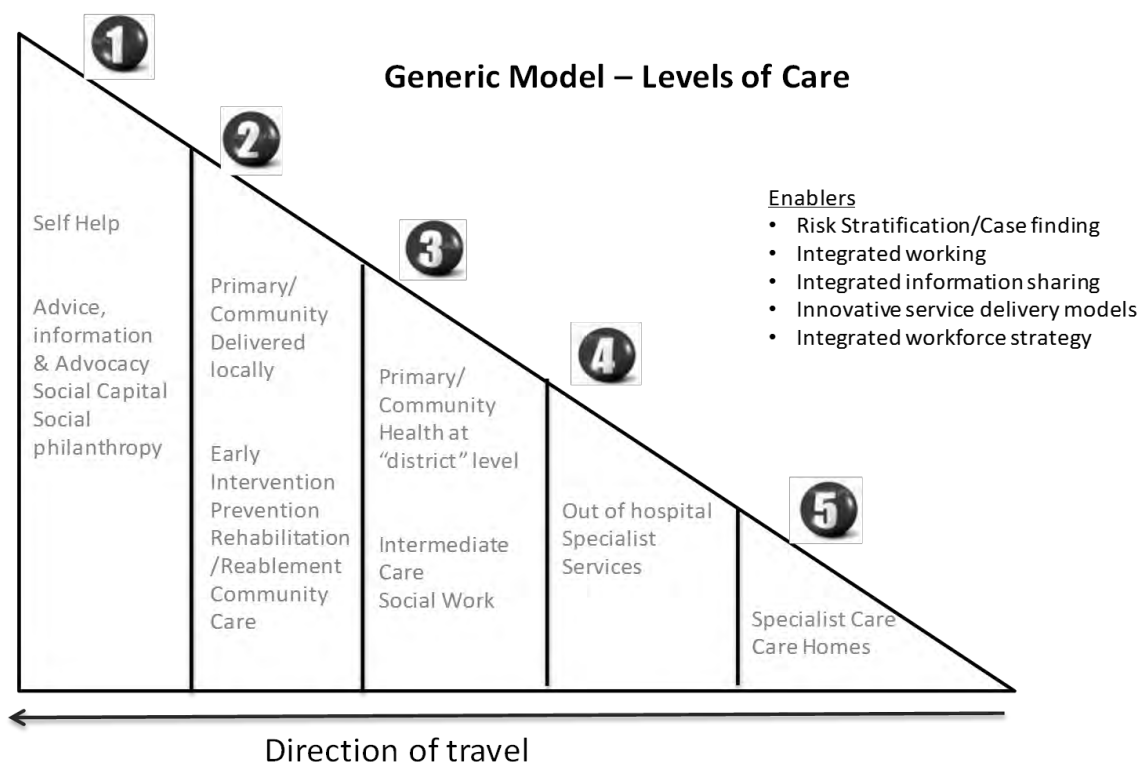
Key message 8: Care Home market is changing with gradual shift away from use of traditional residential and nursing care home placements. This is a culmination of a number of factors such as rising costs, personalised care and support, self-funding, and more affordable and personalised alternatives e.g. Extra Care. By the end of 2015 the Council will own 24% of the residential care beds available in the County.

Key message 9: Day Care services will need to be more localised and flexible in their delivery. Derbyshire County Council currently has 67% of day care places available in the County with the majority of places in fixed locations (some outreach services available).

These key messages, along with the information from previous sections, demonstrate that services cannot continue to be provided in the manner in which they have been if the Council is to meet the various challenges it, and other providers/partners, are facing. Changes, therefore, need to be put in place over the next five years that will secure long-term sustainability for services.

What will be different over the next five years?

This diagram, taken from the Derbyshire Better Care Fund (BCF) Plan, shows in more detail how the Council, and partners, intend to segment community based services to maximise individual independence and reduce dependency; together with the 'enablers' that have to be in place to support a revised approach.



Level 1 services will focus on information, advice and support that helps to empower individuals to live well and reduce the demands on the subsequent service levels. This is where the majority of people should be accessing services, particularly those who have been assessed as having low or moderate social care needs.

Level 2 services will be delivered on a localised community basis to meet the needs of that population and include early intervention and preventative services to help reduce the numbers of people going further up the levels. They will also provide rehabilitation and reablement services that help people to remain in their communities and, possibly, utilise the Level 1 'Self-help' services.

Some of these community services can be delivered through existing/planned facilities such as Day Centres and Extra Care and Community Care Centres or other community assets where the Council's presence would add social value and provide more efficient integrated services e.g. Community 'Hubs' or Health Centres.

Level 3 primary and community services will be delivered to larger populations akin to district areas (though not necessarily co-terminus with local authority boundaries). These services will aim to reduce delayed discharges, and admissions to hospitals and care homes – services such as Intermediate Care. As with level 2, such services are already being delivered

within Community Care Centres in Derbyshire and provide suitable environments for people to remain in their local community.

Level 4 services will be specialist in nature but ones that can be provided out of the acute hospital setting e.g. palliative care; where it may be more appropriate for an individual to remain in the community with the suitable package of support.

Level 5 services are the specialist services for those with very high level needs. As with previous levels of services, Extra Care and Community Care Centres can meet the needs of the individuals in this service area.

In working towards this community based model of care delivery there will be the opportunity to do more of the things that are working well and addressing some of the needs identified throughout this strategy, whilst reducing the number of things that are contributing the challenges.

There will be more:

- Primary and secondary health services and social care services will be delivered to people closer to their home or locality. This has implications for people living in Extra Care and residential facilities as it should mean that people are better able to remain living in their own home with health services delivered to them in situ.
- People with complex conditions most at risk of hospital/institutional care receiving increased support and given better information to manage their condition(s). This should ensure that people are better able to remain living in their own home.
- Parity of esteem ensuring that there will be earlier identification of mental health needs and preventive strategies put in place so that mental health and physical health needs are treated in a joined up way.
- Joined up reablement and intermediate care services so that people can receive the right degree of rehabilitation, in the right place, at the right time to maintain their independence. This has important implications for the mix of care and support options delivered by the Council in conjunction with health services, with appropriate accommodation delivered in partnership with registered providers.
- Effective use of Telehealth and Assistive Technology to support people to live independently and safely in their own homes. This will include people living in Extra Care and residential facilities where well-being, advice and support is an integral part of the service.
- Improved joint working will lead to more timely diagnosis of dementia which will increase the availability of treatment and support to individuals.

Building design and the support available in the community Care centres are both focused on removing the barriers for people with dementia.

There will be less:

- Avoidable emergency admissions to hospital (within the profile of predicted demographic change).
- Long term admissions to residential and nursing home care. The expectation will be that people receive more joined up health and social care support to enable them to continue to live in their own homes, which includes Extra Care and Community Care Centres.

Summary

In summary the key issues for Derbyshire are:

- An increasing ageing population which will bring with it an increase in the number of older people with high and very high social care needs;
- The majority of services need to be delivered at a community level to meet the differing socio-economic as well as social care and health needs. There will still need to be some consolidation of more specialist services to meet the smaller populations of high complex need;
- Continuing to deliver high quality person-centred services at local levels with reduced resources whilst ensuring that the wider social care market remains stable – possibly through new/different models of commissioning;
- Closer working with health partners and providers of social care services;
- Ensuring Older People have greater choice and options as to where to live as well as the support to remain in their own home if they chose to do so.

Appendix 2: Provision of beds across Direct Care

Establishment: 2014/15	Type of beds:				Part funded by the Better Care Fund
	Long Term	Short term	Specialist short term	Total	
Ada Belfield, Belper	22	1	2	25	2
Beechcroft, West Hallam	38	2		40	
Briar Close, Borrowash	37	3		40	
Castle Court, Castle Gresley	38	3		41	
East Clune, Clowne	25	2		27	
Ecclesfold, Chapel	0	4	2	6	
Gernon Manon, Bakewell	31	2		33	
Glebe The, Alfreton	30	2		32	1
Goyt Valley	28	1	1	30	1
Grange The, Eckington	15	2	8	25	
Hazelwood, Cotmanhay	27	2	1	30	1
Hillcrest, Kirk Hallam	23	1		24	1
Holmelea, Tibshelf	35	4	1	40	
Ladycross House, Sandiacre	29	5	1	35	8
Leys The, Ashbourne	33	1	1	35	
New Bassett, Shirebrook	36	4		40	
Oakland, Swadlincote	20	4	8	32	
Red House, Chesterfield	18	2		20	8
Rowthorne, Swanwick	38	2		40	
Southlands, Long Eaton	23			23	8
Spinney The, Chesterfield	35	2		37	1
Staveley, Middlecroft	16	8	8	32	
Thomas Colledge, Bolsover	18	3	3	24	
Underhall, Darley Dale	0	7	1	8	3
Whitestones, Chapel	38	3		41	
Willows The, Ripley	18	2		20	
	671	72	37	780	32

Appendix 3: Net Impact of proposed changes in service provision – subject to the outcome of consultation

	2012		2015		2016		2017		2018		2020	
	Number of beds available		Number of beds available		Number of beds available		Number of beds available		Number of beds available		Number of beds available	
	Overall total	By type	Overall total	By type	Overall total	By type	Overall total	By type	Overall total	By type	Overall total	By type
Hops	799		710		735		639		639		639	
Long term beds		718		637		662		571		571		571
Short term beds		81		45		45		40		40		40
Short term specialist beds				28		28		28		28		28
RCCCs	32		64		160		160		160		160	
Long term beds		16		40		88		88		88		88
Short term beds		8		8		32		32		32		32
Short term specialist beds		8		16		40		40		40		40
Resource Centres	14		14		0		0		0		0	
Long term beds		0		0		0		0		0		0
Short term beds		14		11		0		0		0		0
Short term specialist beds				3		0		0		0		0
Extra Care	127		215		383		383		438		438	
Apartments		115		203		371		371		426		426
Short term bed apartments		12		2		2		2		2		2
Short term specialist aparts				10		10		10		10		10
Notes:	In 2012:		In 2015:		By 2016		By 2017		By 2018:		By 2020	
	<ul style="list-style-type: none">• Direct Care had a total of 799 residential care beds comprising 718 long-term and 81 short-term.• Direct Care provided 24 Care Homes and 2 Resource Centres.• The Staveley Residential Community Care Centre in Chesterfield was opened in 2010• Three Extra Care Schemes two supported by Direct Care and one by an Independent Provider offering a total of 129 apartments.		<ul style="list-style-type: none">• Three Direct Care HOPS closed. Derwent House Chesterfield, The Dales Repton and Florence Shipley in Heanor with a loss of 88 beds• Southlands Care Home in Long Eaton will close summer 2015 with a loss of 23 beds .• Oaklands Village opened in 2013 providing 32 residential beds and 88 extra care apartments.• Lacemaker Court providing 16 residential beds and 61 extra care apartments will open summer 2015.• Three new Extra Care Schemes: Potters Place Chesterfield (opened Sept 14), Maple Mews Alferton (to open June 2015) and Smithybrook View Clay Cross (opening September 2015) Providing a total of 194 apartments.• Two new RCCCs will open – Florence Shipley (Summer 2015) and Meadowview (open Autumn 2015) with 32 new beds.• Underhall Resource Centre will transfer 8 beds to Meadowview (Autumn 2015)		<ul style="list-style-type: none">• Propose to close four Direct Care Care Homes – The Willows Ripley, The Glebe Alferton, Hillcrest Kirk Hallam and Red House Chesterfield, totalling 96 beds. All subject to consultation.• Proposal, subject to consultation, to close one Resource Centre - Ecclesfold, totalling 8 short-term beds.		Brown Edge Road Extra Care scheme to be confirmed and constructed to deliver 54 apartments and 16 beds .		Business case confirmed for Belper with potential construction of approximately 50 extra care apartments and 24 beds			

Appendix 4:

CRITERIA FOR EVALUATING INVESTMENT IN HOMES FOR OLDER PEOPLE:

Purpose of the Report:

This briefing note is to update on the criteria that were used in consultation within the Plans to Deliver the Accommodation Care and Support Strategy for Older People in Derbyshire, and to recommend revisions to help determine investment decisions in the current homes for older people.

Information and Analysis:

In February 2012 Cabinet agreed that the key design features within the physical resources from which accommodation and services would be delivered would:

- Incorporate high standards of dementia friendly design
- Promote independent living
- Exceed minimum standards
- Be suitable for a range of services including drop-in, day and residential services
- Have the ability to respond to changing needs
- Be flexible for future use.

Cabinet agreed in September 2009 for consultation to be undertaken on the vision, outcomes and benefits of the Accommodation, Care and Support Strategy for older people in Derbyshire. The consultation was broad ranging and included consultation with residents of residential care homes and day centres for older people, their relatives / carers, and staff within units. The consultation set out that the Council's desire to develop Residential and Community Care Centres and add to the existing number of extra care housing schemes to replace older homes and services.

The consultation stated that the plan was to look closely at the current 27 residential homes for older people and day centres to establish which ones could be adapted and used alongside new services and facilities, and which ones would not be suitable to meet the challenges of the future. It stated that the proposal, over a number of years, was to close those homes and / or day services which could not be adapted as new services were developed. The consultation stated that no decisions had been made about the long term future of any individual home for older people at that stage.

The consultation set out agreed criteria to evaluate current residential facilities including resources centres within residential accommodation. Those criteria were:

- The quality of the physical environment
- The cost of bringing the building up to the Care Quality Commission's minimum standards for new facilities
- The fitness for purpose of the building to meet the future service delivery model
- The size of the land the facility or service sits on (possibility of developing the site for Residential and Community Care Centres or Extra Care Housing as part of the Extra Care Housing Strategy)
- The value of the land the facility or service sits on (to be used to continue to develop new services)
- The proximity of the service or facility in relation to services planned within the Residential and Community Care Centre programme and other service developments for older people

In August 2010 Cabinet received details of the positive feedback on the first stage of consultation on the development of the strategy for accommodation care and support. That report to Cabinet also provided feedback on the evaluation of the residential stock at that time (2011 – 2012).

The outcome of the evaluation was that none of the existing homes would meet the full set of requirements for the new service model. It was agreed that four homes had three star environmental ratings, which would make them most suitable to provide residential care to physically and mentally frail residents. These homes are Castle Court (Castle Gresley), The Grange (Eckington), Whitestones (Chapel en le Frith) and Thomas Colledge (Bolsover). These homes have since had further investment using a Department of Health Grant to enhance the environment for people with dementia.

Cabinet agreed in 2012 that second stage consultation would take place, as the proposals for the revised strategy to deliver the accommodation care and support plans for older people in Derbyshire were brought forward. It was agreed that the consultation would be on the potential impact of individual proposals for specific homes for older people as well as day care centres.

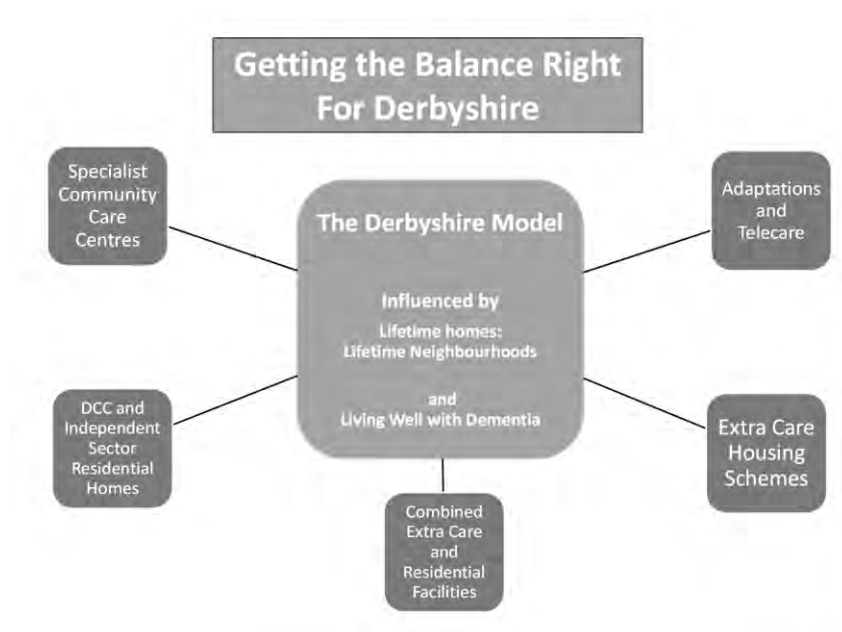
Cabinet were asked to note that the second stage of consultation would provide information on, and receive views on:

- Likely timescales for any changes affecting individual services and facilities
- Special considerations that should be applied to their specific services
- How the transitional process would take place
- How the process could be shaped to meet resident, relatives and staff needs

It was agreed that following individual consultations, further reports which would include the views of consultees would be brought to Cabinet on a home by home basis in order that decisions could be made on their future.

A decision was taken (insert date) to pause the accommodation care and support delivery plans at the end of the first phase to allow a further review of the appropriate balance of accommodation and support in each locality to be undertaken.

The balance of accommodation care and support for each locality will vary, but should include elements of the model set out below:



The model has placed a greater emphasis on residential accommodation, and as a result the following revised criteria for are suggested for determining future investment in (or decommissioning of) current DCC homes for older people.

Criteria	Suggested amends:	Source of evidence
The quality of the physical environment	No change	From conditions survey facets on: <ul style="list-style-type: none"> • Quality • Physical condition and fire safety • Health and safety assessment
The cost of bringing the building up to the Care Quality Commission's minimum standards for new facilities.	Replace with Financial sustainability of the home including: <ul style="list-style-type: none"> • Cost of maintaining the building to meet the needs of current residents and / or be adapted to meet the needs of people with dementia • Cost of running the current service 	From conditions survey facets on: <ul style="list-style-type: none"> • Future maintenance liability • Operating costs against DCC benchmark average unit cost for homes for older people
The fitness for purpose of the building to meet the future service delivery model	No change	From conditions survey facets on: <ul style="list-style-type: none"> • Functional suitability • Kings fund audit (??? Not yet been suggested)
The size of the land the facility or service sits on (possibility of developing the site for Residential and Community Care Centres or Extra Care Housing as part of the Extra Care Housing Strategy)	Remove	

Criteria	Suggested amends:	Source of evidence
The value of the land the facility or service sits on (to be used to continue to develop new services)	Remove	
The proximity of the service or facility in relation to services planned within the Residential and Community Care Centre programme and other service developments for older people	Replace with Strategic position in relation to other current residential and extra care provision in the market.	Market Position Statement Older Persons Commissioning Strategy Brokerage Service

It is proposed that the revised evaluation criteria be included in each of the profiles being developed for individual homes, together with a summary checklist as set out below:

Criteria	Source of evidence	Outcome of evaluation
The quality of the physical environment	From conditions survey facets on: <ul style="list-style-type: none"> • Quality • Physical condition and fire safety • Health and safety assessment 	
Financial sustainability of the home including: <ul style="list-style-type: none"> • Cost of maintaining the building to meet the needs of current residents and / or be adapted to meet the needs of people with dementia • Cost of running the current service 	From conditions survey facets on: <ul style="list-style-type: none"> • Future maintenance liability • Operating costs against DCC benchmark average unit cost for homes for older people 	
The fitness for purpose of the building to meet the future service delivery model	From conditions survey facets on: <ul style="list-style-type: none"> • Functional suitability • Kings fund audit if appropriate 	
Strategic position in relation to other current residential and extra care provision in the market.	Market Position Statement Older Persons Commissioning Strategy Brokerage Service	

Summary checklist:

Is the home viable? Y N

Recommendation:

Consult on proposed closure Y N

Retain as part of Direct Care service provision Y N

Appendix 5: Assessment of Property Performance Facets:

Area / Facet	Description	Specifics:
Functional Suitability	The functional suitability reviews the internal space relationships, support facilities and location of the premises for the purpose of being a residential care home.	<ul style="list-style-type: none"> • Internal space relationships focuses on critical dimensions required; the suitability of the shape and layout of spaces; staff observations; security; suitability of bedroom and toilet facilities and vertical and horizontal communication. • Support facilities focuses on the number of toilets and bathrooms available to users; the amount of storage space; seating and waiting areas; disabled access in and around the property and ICT provision • Location focuses on the physical location of the premise in relation to other services that it is beneficial to be closely located to; car parking and public transport links.
Quality	The quality assessment reviews the amenity, comfort engineering and design of the home.	<ul style="list-style-type: none"> • Amenity focuses on whether the premise offers an attractive and pleasing area for service users and staff in terms of privacy, dignity, comfort, working conditions and signposting. • Comfort engineering focuses on whether the premise offers an acceptable environment in terms of being adequately heated and ventilated, well lit, odour free and having acceptable noise levels • Design focuses on the internal and external environment being attractively designed in terms

Area / Facet	Description	Specifics:
		of good colour schemes, well furnished, and enhanced by art and craft work and good use of planting and landscaping.
Running Costs	An assessment of the property running costs focuses on costs related to caretaking and cleaning; building maintenance; grounds maintenance, rents; utilities; security; business rates; premises insurance and trade waste services.	<ul style="list-style-type: none"> • Costs are based on a three year average, to take any fluctuations into account, from postings that have been made in the council's accounting system from 2011/12, 2012/13 and 2013/14 and have been broken down into Corporate and Departmental Costs. • Property running costs are scored based on costs per m2 per hour.
Energy	An assessment of energy consumption focuses on the actual amount of energy utilised within the premise, in kilowatt hours per m2 (kwh/m2), in the previous full financial year (2013/14).	<ul style="list-style-type: none"> • Energy consumption is scored by comparing the energy used against national benchmarks.
Physical Condition	Physical condition surveys assess the building, electrical, mechanical and fire safety elements of the home along with an assessment of the external area of the whole site.	<ul style="list-style-type: none"> • Scoring is based upon the ability of the different elements of the building to perform now and over a defined period of time.

Area / Facet	Description	Specifics:
Future Maintenance Liability	An assessment of the Future Maintenance Liability of the premise is based on elemental replacement, over a fifty year period against the expected useful life of each element. This is a generic assessment based on the construction type and size of the building.	<ul style="list-style-type: none"> The element is scored by converting the fifty year elemental liability to a cost per m2 per annum.
Health and Safety	Property related health and safety management on site is assessed with a focus on lift safety; water safety; electrical safety; gas safety; asbestos; personal safety; servicing, testing and inspections; food hygiene heat emitting devices and Control of Substances Hazardous to Health Regulations (COSHH) and how documentation relating to these issues is stored on site.	<ul style="list-style-type: none"> The homes are ranked with regard to compliance and ability to meet compliance requirements.
Space Utilisation	An assessment of how space is utilised at the premise.	<ul style="list-style-type: none"> The assessment focuses on how well used the premise is as a whole for its primary purpose based on how intensively space is used and how this varies over time.

Appendix 6: Summary of Property Conditions Review

APP Scoring System For Properties Under Review

Property Type	UPRN	Property Name	QUALITY APP SCORE (25)	FUNCTIONAL SUITABILITY APP SCORE (25)	APP RUNNING COST SCORE (15)	APP ENERGY CONSUMPTION SCORE (15)	PHYSICAL CONDITION (10)	FUTURE MAINTENANCE LIABILITY APP SCORE (10)	TOTAL APP SCORE
Care Home	1647-01	Whitestones HOP	25.00	24.00	14.80	14.11	10.00	5.74	93.65
Care Home	1631-01	Oakland Village	23.90	24.78	15.00	12.74	10.00	5.69	92.12
Care Home	2777-01	Castle Court HOP	22.61	23.87	15.00	15.00	9.37	6.23	92.08
Care Home	1643-01	Thomas Colledge House HOP	24.38	22.65	15.00	13.00	9.44	5.61	90.07
Care Home	3631-01	Staveley Residential & Community Care Centre	23.66	21.26	15.00	14.24	10.00	5.87	90.02
Care Home	1621-01	The Grange HOP	25.00	25.00	12.02	10.50	9.16	6.12	87.80
Care Home	1615-01	East Clune HOP	22.74	23.82	15.00	15.00	4.35	6.45	87.35
Care Home	1626-01	Ladycross House HOP	20.23	21.99	15.00	13.34	8.09	5.64	84.30
Care Home	1623-01	Hazelwood HOP	22.40	22.08	11.43	11.52	7.75	5.64	80.82
Care Home	1625-01	Homlea HOP	21.44	22.61	14.58	10.08	5.91	6.12	80.73
Care Home	1641-01	The Spinney HOP	19.13	22.16	13.62	11.10	7.47	5.61	79.08
Care Home	1619-01	The Glebe HOP	19.20	19.74	13.49	12.83	7.62	6.21	79.08
Care Home	1618-01	Gernon Manor HOP	19.58	19.10	14.43	12.14	8.03	5.76	79.03
Care Home	1620-01	Goyt Valley House HOP	18.06	17.08	15.00	12.79	9.29	6.34	78.55
Care Home	1608-01	Briar Close HOP	16.63	21.99	13.68	13.41	6.33	6.08	78.12
Care Home	1604-01	New Basset House HOP	17.99	20.86	15.00	11.83	5.99	5.68	77.35
Care Home	1637-01	Rowthorne HOP	20.11	18.01	13.16	12.78	6.48	6.15	76.69
Care Home	1605-01	Beechcroft HOP	14.04	21.99	11.70	12.48	7.40	6.55	74.16
Care Home	1624-01	Hillcrest HOP	19.22	19.14	12.70	11.77	4.93	6.31	74.06
Care Home	1627-01	The Leys Resource Centre	15.31	19.87	13.49	12.14	5.33	5.64	71.79
Care Home	1601-01	Ada Belfield House HOP	14.93	14.85	14.46	13.34	5.14	6.32	68.83
Care Home	2910-01	Eccles Fold Elderley Resource Centre	17.51	18.65	7.12	11.18	7.97	6.26	68.69
Care Home	1636-01	Red House HOP	11.28	11.84	14.60	13.43	5.16	6.23	62.55
Care Home	1649-01	The Willows HOP	15.73	17.15	9.49	9.98	0.00	6.40	58.75

Appendix 7: Performance Management Indicators for Homes for Older People in DCC – February 2015

Homes for Older People (HOP's) Unit Costs based on Actual Occupancy																							
Unit Costs based on Actual Occupancy										Full Occupancy			Occupancy										
Home	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Average	Most Expensive	Feb-15	Most Expensive	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Average		
WEST DIVISION																							
Gernon Manor	449.15	451.91	452.29	451.25	445.76	443.56	452.87	457.17	450.50		417.17		90.8%	90.8%	89.7%	90.4%	91.7%	92.0%	91.1%	91.0%	91.0%		
The Leys	486.97	492.41	487.34	479.60	480.94	478.94	480.77	483.20	483.77		454.52		91.1%	90.5%	92.0%	93.1%	93.4%	93.8%	94.0%	93.8%	92.7%		
Goyt Valley	478.34	471.39	475.18	480.51	484.88	483.54	483.82	463.92	477.70		446.58		98.5%	98.3%	98.3%	97.1%	96.3%	96.6%	96.4%	96.0%	97.2%		
Whitestones	513.36	526.26	502.24	505.43	520.21	515.28	522.03	519.49	515.54		489.91		94.0%	92.4%	97.3%	96.8%	94.2%	95.1%	93.5%	94.0%	94.7%		
Castle Court	432.28	438.76	446.69	456.94	466.99	467.80	469.76	462.28	455.19		436.30		99.3%	96.5%	95.9%	94.8%	93.2%	92.8%	93.3%	94.1%	95.0%		
	472.02	476.15	472.75	474.75	479.76	477.82	481.85	477.21	476.54		448.90		94.8%	93.7%	94.7%	94.5%	93.7%	94.0%	93.6%	93.8%	94.1%		
NORTH EAST																							
New Basset House	493.18	493.90	511.41	514.55	538.28	538.82	540.56	528.13	519.85		410.22		81.7%	81.0%	80.1%	79.0%	76.1%	75.2%	75.4%	77.5%	78.3%		
East Clune	564.15	548.20	544.73	550.37	559.69	563.96	568.13	571.53	558.85	8	522.07	6	92.6%	93.0%	93.8%	93.6%	92.7%	92.1%	91.8%	91.1%	92.6%		
Holmlea	467.62	476.55	484.88	480.02	491.63	508.80	508.84	508.21	490.82		410.73		81.2%	80.3%	80.3%	81.7%	81.0%	79.9%	80.2%	80.6%	80.6%		
Thomas Collodge	599.12	606.30	606.40	630.54	617.93	604.88	601.16	601.54	608.48	7	537.73	5	89.9%	88.6%	88.6%	88.0%	89.0%	89.9%	89.7%	89.1%	89.1%		
Red House	603.43	601.21	613.74	620.28	629.11	622.41	612.66	605.24	613.51	6	557.94	2	93.9%	92.7%	93.6%	92.1%	90.2%	89.9%	91.9%	91.9%	92.0%		
The Spinney	474.52	459.65	464.54	465.50	467.74	472.77	475.83	480.49	470.13		460.49		95.7%	96.8%	96.5%	97.0%	97.2%	96.2%	95.9%	95.6%	96.4%		
The Grange	635.80	643.31	646.05	611.98	605.63	595.58	590.02	599.69	616.01	5	519.74	8	82.9%	80.5%	80.5%	82.8%	83.7%	85.2%	86.5%	86.4%	83.6%		
	548.26	547.02	553.11	553.32	558.57	558.17	556.74	556.40	553.95		488.42		87.6%	87.0%	87.0%	87.2%	86.5%	86.1%	86.4%	86.7%	86.8%		
SOUTH EAST																							
Ada Belfield	539.53	540.74	552.82	546.34	558.95	564.83	569.44	577.71	556.30		515.05	7	90.1%	89.5%	89.3%	89.8%	89.4%	89.6%	89.3%	88.9%	89.5%		
The Glebe	692.27	690.30	670.06	651.12	632.37	614.29	600.86	660.39	651.46	3	474.66		61.8%	61.3%	63.0%	64.3%	66.7%	69.2%	70.9%	71.7%	66.1%		
Rowthorne	405.14	407.53	409.56	392.93	409.64	420.27	439.37	448.99	416.68		380.36		91.6%	91.9%	91.7%	91.6%	90.2%	88.7%	86.5%	84.5%	89.6%		
The Willows	652.18	661.25	675.48	663.04	667.68	679.84	706.33	683.41	673.65	2	556.34	3	83.4%	83.9%	83.7%	83.0%	82.9%	82.2%	79.5%	81.2%	82.5%		
Beechcroft	429.47	427.47	437.62	433.50	439.00	445.94	445.23	446.66	438.11		401.32		92.3%	91.9%	90.3%	89.3%	89.3%	89.2%	89.2%	89.6%	90.1%		
Briar Close	433.36	437.62	446.12	436.49	450.51	460.49	471.29	490.71	453.32		394.90		89.2%	89.4%	88.0%	89.1%	85.8%	84.6%	83.2%	80.3%	86.2%		
Hazelwood	490.96	510.07	508.15	515.26	517.45	507.13	511.18	497.06	507.16		447.39		89.7%	86.2%	85.9%	86.0%	86.8%	87.5%	87.7%	89.8%	87.4%		
Hillcrest	673.64	707.49	712.62	720.48	729.01	749.89	704.61	700.14	712.23	1	636.64	1	90.2%	88.1%	87.6%	86.1%	85.6%	84.2%	89.6%	90.7%	87.8%		
Ladycross House	473.85	483.75	483.55	490.07	484.31	479.39	489.23	495.74	484.99		424.64		87.5%	85.4%	86.2%	85.9%	86.4%	86.8%	86.3%	85.4%	86.2%		
Southlands	661.62	640.00	645.54	622.78	625.26	621.99	620.54	632.35	633.76	4	544.61	4	77.8%	80.5%	80.6%	84.0%	84.4%	85.3%	86.2%	85.9%	83.1%		
	545.20	550.62	554.15	547.20	551.42	554.41	555.81	563.32	552.77		477.59		85.8%	85.2%	85.0%	85.3%	85.0%	84.9%	84.9%	84.6%	85.1%		
TOTAL HOPS																							
	521.83	524.60	526.67	525.09	529.92	530.13	531.47	532.31	527.75		471.63		88.7%	87.9%	88.1%	88.2%	87.7%	87.6%	87.6%	87.6%	87.9%		
Residential Community Care Centres Unit Costs based on Actual Occupancy																							
WEST DIVISION																							
Underhall	Not Availat	1,143.46	1,159.47	1,112.95	1,196.16	1,205.98	1,126.37	1,313.32	1,179.67		962.56			73.7%	73.9%	74.4%	70.9%	70.9%	75.9%	73.1%	73.2%		
Ecclesfold	Not Availat	1,631.25	1,669.62	1,662.34	1,767.75	1,759.32	1,814.98	2,089.25	1,770.65		1,609.92		84.6%	84.9%	82.9%	79.5%	79.5%	77.1%	76.8%	80.8%	80.8%		
Oakland Village RCCC	Not Availat	1,025.63	1,026.26	1,020.71	1,000.14	1,011.54	992.00	1,028.78	1,015.01		889.05		82.1%	82.8%	83.1%	84.0%	84.0%	85.7%	86.2%	84.0%	84.0%		
		1,266.78	1,285.12	1,265.33	1,321.35	1,325.61	1,311.12	1,477.12	1,321.78		1,351.40		80.2%	80.5%	80.2%	78.1%	78.1%	79.5%	78.7%	79.3%	79.3%		
NORTH EAST																							
Staveley CCC	Not Availat	976.88	965.48	980.10	992.55	1,002.74	999.67	994.47	987.41		905.58		90.8%	92.9%	91.1%	90.7%	90.7%	91.0%	90.8%	91.1%	91.1%		
		976.88	965.48	980.10	992.55	1,002.74	999.67	994.47	987.41		905.58		90.8%	92.9%	91.1%	90.7%	90.7%	91.0%	90.8%	91.1%	91.1%		
TOTAL RCCC's																							
		1,121.83	1,125.30	1,122.72	1,156.95	1,164.18	1,155.40	1,235.79	1,154.60				85.5%	86.7%	85.6%	84.4%	84.4%	85.3%	84.8%	85.2%	85.2%		

Appendix 8: Criteria 4 Strategic benefits and position in the market review

Property Name	Background Information								Strategic Benefits		Market stability: summary judgement
	Total number of long term beds	Homes with specialist dementia environment	Number of short term beds	Other DCC beds in area * currently April 2015	Average 3 month capacity / vacancies in DCC	Independent sector beds in area	Average 3 month declared capacity / vacancies in independent sector	Average proportion of independent sector taking DCC commissioned residents without a 3rd party top up as a %	Provides specialist care	Insufficient market capacity to accommodate a potential closure (Exc consideration of 3rd party)	♦ Significant benefit ♦ Some significant benefit ♦ Little significant benefit
Ada Belfield House HOP	22		3	164	46	412	29	23%	X	X	Some
Beechcroft HOP	38		2	67	37	326	28	0%	X	X	Little
Briar Close HOP	37		3	74	23	198	4	50%	X	√	Some
Castle Court HOP	38	√	3	32	0	268	18	75%	√	√	Significant
East Clune HOP	25		2	49	7	74	1	0%	X	√	Some
Eccles Fold Elderly Resource Centre	0		6						X	X	Little
Gernon Manor HOP	31		2	40	8	130	16	0%	X	√	Some
Glebe The HOP	30		2	157	37	458	30	40%	X	X	Little
Goyt Valley House HOP	28		2			361	20	23%	X	√	Some
Grange The HOP	15	√	10	143	7	283	12	50%	√	√	Significant
Hazelwood HOP	27		3	24	0	224	28	0%	X	X	Little
Hillcrest HOP	23		1	184	34	420	32	33%	x *note 1	X	Little
Holmlea HOP	35		5	32	1	167	20	50%	X	X	Little
Ladycross House HOP	29		6	64	9	150	4	66%	X	√	Some
Leys The Resource Centre	33		2	0	0	31	2	0%	X	√	Some
New Basset House HOP	36		4	86	3	112	14	75%	X	X	Little
Oakland Community Care Centre	20	√	12	41	0	313	20	33%	√	X	Significant
Red House HOP	18		2	69	4	369	29	53%	X	X	Little
Rowthorne HOP	38		2	129	49	487	46	30%	X	X	Little
Spinney, The HOP	35	√	2	52	1	369	29	45%	X	√	Some
Staveley Residential & CCC	16	√	16	57	4	316	100	73%	√	X	Significant
Thomas Colledge House HOP	18	√	6	62	0	117	7	75%	√	√	Significant
Whitestones HOP	38	√	3	36	6	154	16	33%	√	√	Significant
Willows, The HOP	18		2	159	43	510	31	30%	X	X	Little
									Note 1: provides higher staffing ratio to meet needs of current resident population of whom a large proportion have dementia.		

Appendix 9: Summary Review of Evaluations

Property Name	Criteria 1: Quality of physical environment	Weighted score (max 25)	Criteria 2: Financial sustainability of the home	Weighted Score (max 45)	Criteria 3: Fitness for purpose of the building to meet service delivery model	Weighted Score (max 30)	Total weighted score of criteria 1 - 3	Criteria 4: Strategic benefits in relation to market	Outcome	Recommendation
	Facets: ♦ quality ♦ physical condition		Facets: ♦ future maintenance liability ♦ Operating costs against DCC benchmark unit cost		Facets: ♦ Functional suitability ♦ Kings Fund audit as supplementary if required			Facets: ♦ Other provision in locality ♦ Average capacity in the locality ♦ Other relevant strategic factors including: ♦ Overall ability to contribute to Direct Care residential care strategic priorities	♦ Strategically significant ♦ some strategic significance ♦ Little strategic significance	♦ Retain ♦ Consultation on proposed closure
Weighting		25.00		45.00		30.00	100.00			
Ada Belfield House HOP		14.34		18.48		17.58	50.40		Some	Retain
Beechcroft HOP		15.31		33.83		26.39	75.53		Little	Retain
Briar Close HOP		16.40		33.12		26.39	75.91		Some	Retain
Castle Court HOP		22.84		32.61		28.64	84.10		Significant	Retain
East Clune HOP		19.35		18.68		28.58	66.61		Some	Retain
Eccles Fold Elderly Resource Centre		18.20		9.39		22.38	49.97		Little	Consult
Gernon Manor HOP		19.72		29.64		22.92	72.28		Some	Retain
Glebe The HOP		19.16		24.32		23.69	67.16		Little	Consult
Goyt Valley House HOP		19.54		27.51		20.50	67.54		Some	Retain
Grange The HOP		24.40		18.18		30.00	72.58		Significant	Retain
Hazelwood HOP		21.54		26.46		26.50	74.49		Little	Retain
Hillcrest HOP		17.25		18.47		22.97	58.68		Little	Consult
Holmlea HOP		19.54		33.18		27.13	79.85		Little	Retain
Ladycross House HOP		20.23		29.46		26.39	76.08		Some	Retain
Leys The Resource Centre		14.74		32.46		23.84	71.05		Some	Retain
New Basset House HOP		17.13		32.52		25.03	74.68		Little	Retain
Oakland Community Care Centre		24.21		30.00		29.74	83.95		Significant	Retain
Red House HOP		11.17		12.35		14.21	37.72		Little	Consult
Rowthorne HOP		18.99		36.23		21.61	76.83		Little	Retain
Spinney The HOP		19.00		23.42		26.59	69.01		Some	Retain
Staveley Centre		24.04		23.81		25.51	73.36		Significant	Retain
Thomas Colledge House HOP		24.16		14.42		27.18	65.75		Significant	Retain
Whitestones HOP		25.00		23.61		28.80	77.41		Significant	Retain
Willows The HOP		11.24		12.60		19.54	43.37		Little	Consult

Appendix 10: Proposed Equality Impact Analysis and Consultation Process

The consultation and equality analysis to be undertaken will seek the views of those groups of people who may be adversely affected by proposed changes, including proposed closures and will also seek the view of relevant stakeholders, including other providers, who may be affected by the revised strategy, the evaluation criteria proposed and the proposed closures of specific homes.

If agreed by Cabinet, consultation on the proposed closures of specific homes set out in the body of this document will take place. The consultation will close on 16 September 2015. As part of the consultation residents, carers and other interested stakeholders will be consulted on the evaluation criteria that are proposed to be used as well as being able to comment on how it is proposed to apply these and the identity of the homes proposed to be closed.

In line with the Authority's Major Change and Consultation Guidance, the consultation will:

- set out the background to the changes to service, the consultation, the consultation period and what feedback individuals or groups can provide.
- outline the proposals and specific elements within it
- describe the rationale for the changes and analysis already undertaken
- set out the four criteria that are proposed to inform the specific proposals for the investment in, or closure of, homes
- provide background analysis on the circumstances surrounding the particular home
- make available a list of pledges that may be relevant to the home or people affected
- Provide any press releases that may support the consultation
- Make available advocacy to support individuals if needed
- Make clear how the results of the consultation will be provided for a decision by Cabinet

The consultation with residents, families and other key stakeholders will provide the opportunity to comment on the criteria and its application, as well as on the detailed plans for the specific proposed closures of each home. Any formal consultation with staff about their employment, which may be required, would only start once Cabinet has made a decision on the future of the home in which the staff work. However staff of the homes potentially affected will be included as a stakeholder group in the current consultation.

Individual Equality Impact Analyses will be undertaken for each agreed proposed home closure and will be taken into account with the responses to the consultation process. No decision will be made to close a particular home

without full consideration being given to the outcome of the Consultation and the Equality Analysis carried out in respect of that home.

Should the outcome of any of the detailed consultations result in a decision by Cabinet to change or close a service, the Authority will have a duty to assess the needs of all residents impacted by the decision. Relevant agencies would work together in the best interests of the residents to consider any individual risks and agree a detailed support plan with the residents to support their move or transition to a new establishment in line with Adult Care's Major Change and Closure guidance.