



DERBYSHIRE
County Council
Improving life for local people

Adult Care

Service Plan 2010-2014 2012-13 Refresh

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Section 1

Adult Care Priorities

1.1 The 2010-2014 Council Plan "Derbyshire – Leading The Way" focuses on five key areas showing how we will contribute to improving the quality of life for local people:

- Leading the way – giving local people and communities better choice and more of a say;
- Good use of public money – providing value for money with effective financial management;
- Raising aspirations – giving children the best start in life and helping everyone achieve their full potential;
- High quality services that meet personalised needs – giving people the choice and flexibility to live safe and independent lives;
- Places where people want to be – creating confident, safe and strong communities.

1.2 The Adult Care priority outcomes for 2010-14, have been agreed with the Cabinet Member and show how Adult Care will contribute to the Council's priorities, as set out in the Council Plan. They have been developed to support the delivery of personalisation set out below (para. 1.3), and are based on the Joint Strategic Needs Assessment (JSNA) and national requirements:

- Universal access to information and advice services for all;
- Person centred planning and self-directed support to become mainstream activities with personal budgets which maximise choice and control;
- Individuals, carers and communities involved in supporting each other and influencing the development of services;
- Joint commissioning strategies, which maximise choice and control while balancing investment in prevention and early intervention;
- Re-provide traditional residential care into extra care housing and residential and community care centres;
- Appropriate safeguarding arrangements in place for all vulnerable adults.

1.3 The main elements of Adult Care personalisation are:

- **Comprehensive information, advice and guidance** to support people to have a good quality of life will be readily available. Services will be available for targeted groups of people to prevent ill-health and maintain their physical, emotional and financial wellbeing, with advocacy and support where required;
- **Individuals will have a sense of belonging** within strong communities served by good transport links. They will have access to cultural and leisure facilities, as well as to training and employment opportunities. Their health and wellbeing needs will be effectively supported by primary health care and social care services;
- **People will be helped to avert crises** with support from health and social care services working together. They will have access to emergency care, support to leave hospital, rehabilitation, and help with long-term conditions. Wherever possible, care will be provided locally, either at home or through services located together;
- **Homes and Neighbourhoods will be designed around people.** Housing will be adapted and equipment provided so people can continue to live where they want to, recognising the preference to remain in their own homes;
- **People will be supported to assess and review their own social care needs.** In cases where individuals are entitled to public funding for social support, individuals will know how much money they have to spend on their support package through the allocation of a personal budget from Adult Care;
- **Individuals will be able to spend their personal budget** on a local menu of services available from a diverse range of providers. They will be in control of developing their individual package. Service developments will be co-produced with local people, particularly those who use services, their carers and families. People will be able to have their support arranged by Adult Care; purchase services directly; employ their own staff; or do a combination of all three to develop a creative package of support. People who are not entitled to adult social care funding will also be able to get sound advice on how best to meet their support needs;
- **Individuals will choose and control how support is delivered** and will be enabled to take responsibility for their health and wellbeing. They will live as they wish, confident that services are of high quality, are safe and promote their independence, wellbeing and dignity;
- **Relatives and friends who are carers will be valued** as essential partners, fundamental to strong families and stable communities. Support for carers will be tailored to enable them to have a life of their own alongside their caring role;

- **People will access good quality services**, offering high standards of care, dignity and maximum choice and control. Innovation by the voluntary and independent sector will be supported, including local social enterprises and volunteering;
- **Specialist services** will be available for people with complex needs;
- Above all, support will be available for **those who need protection or help to keep them safe from harm**.

1.4 Key Corporate Challenge for Adult Care:

Building on previous work and expanding on specific programmes approved by Cabinet, Adult Care will lead on the **implementation of the Council's plans to modernise accommodation, care and support services** by responding to what people have told us is important to them:

Older People: From *'Shaping the Future of Care with Older People: consultation on the plans for new developments and their effects on existing services in Derbyshire'* November 2009

- Living in their own homes;
- Receiving care in their own homes;
- Fast assessments and response;
- Easily available information;
- Their own front door;
- More choice in residential care, including better amenities, bigger rooms, en-suite bathrooms and more staff;
- Services geared to all cultures;
- Privacy and independence if it is not possible to live at home;
- More support for carers;
- Easily available rehabilitation and re-ablement services;
- Specialist long-term services for people with higher levels of need, such as dementia.

People with Learning Disabilities: From *'Community Lives for People with Learning Disabilities in Derbyshire: Report of the Working Together for Changes Workshops'* March 2012

- **Listen to me** - Services offer people as much choice as possible based on people's expressed preferences;
- **Communication** - Staff with specialised training in communication skills to work with people with profound and multiple learning disabilities (PMLD) and training to work with people with behaviour that challenges;
- **Safety** - Services provided in a safe environment with suitable equipment;
- **Accessible and safe transport** - People who need specialised transport following assessment have it provided. People are appropriately supported to travel independently and to use public transport;
- **Variety of activities** - meaningful and stimulating activities, regardless of people's level of disability;
- **Wellbeing** - People with PMLD have their specific therapeutic and equipment needs addressed including posture support and epilepsy support. Specific support for people with behaviour that challenges;
- **Choice and control** - Everyone having a person centred plan;
- **Dignity and respect** - Standards set for how services will operate to ensure everyone is treated with dignity and respect. Work with other organisations to raise public awareness about learning disability and people's right to an ordinary life where they are treated with dignity and respect;
- **Individually tailored support** - based on person centred plans;
- **Friendship** - supporting people who wish to pool their personal budget with friends;
- **Future opportunities, new skills, jobs** - opportunities for people to undertake accredited learning; vocational projects; volunteering and be involved in 'place, train and maintain' projects. People who want paid work referred to suitable organisations to help them;
- **Importance of day services as respite for family carers** - Maximum support offered to the people who need it most. Assisting carers to remain in work and supporting older carers.

1.4 Adult Care Departmental Challenges: the specific challenges identified in the Council's Self-Assessment 2011, set out below, will be delivered and monitored through the Delivery Plan process:

- Further increase the number of social care clients receiving personal budgets or direct payments;
- Reshape workforce and professional practice to manage the pressures on the Self- Directed Support (SDS) budget;
- Continue to raise staff awareness about the new transition pathway (of vulnerable young people to adult care services) to assist in anticipating future care needs;

- Implement effective and sustainable personalised adult social care support that addresses the increased demographic need;
- Enhance integrated care and support for vulnerable people through joint commissioning.

1.6 In addition, there is a suite of **joint strategic commissioning priorities** between Adult Care, the local NHS, and other key partners, these include:

Safeguarding: protecting vulnerable adults from abuse by getting help to those at risk quickly and work with local NHS partners to ensure a full range of high quality health and care services is available. Continue the roll-out of the Dignity and Respect Challenge across the county;

Frail Older People and Dementia: modernising accommodation care and support involving investment in Specialist community Care Centres and Extra Care housing developments providing a range of services including: respite and intermediate care. Access to good quality information and advice; developing integrated pathways, with a particular focus on urgent care 24/7 aimed at keeping people at home, hospital discharge and access to respite for carers; early diagnosis and specialist care for people with dementia; choice and flexibility in day opportunities and high quality of care;

Carers: Carers' breaks that are flexible and responsive to carers' needs; information and advice available in a range of places, including libraries and GPs' surgeries. Adult Care is intending to be the Lead Commissioner for carers;

Learning Disability: continue with of the Community Lives programme, Person Centred Planning and the outcomes of the plans to be monitored, working in partnership to improve the range of housing available and ensuring more people have a Health Action Plan. Adult Care is intending to be the Lead Commissioner for Learning Disability;

Disabled People or people with a sensory impairment: improving access to community transport and social care transport services, equality of access to health provision and health care for people with long term conditions, improvements to the availability of accessible housing and support disabled people to remain in work;

Transition to Adult Life: joint working to support younger people in transition to adult life;

Implementation of the Autism Act: ensure that the service developments are in place to fulfil statutory requirements;

Mental Health Services: Deliver 'No Health without Mental Health' including revising commissioning arrangements and implementation of the jointly agreed position statement.

1.6 Summary of Key Achievements 2011-12

Derbyshire continues to perform well in the delivery of adult social care and satisfaction with the service is high at 91%, as measured by the 2011 User Experience Survey. In 2010/11 Adult Care provided a wide range of services to more than 80,000 people in Derbyshire from tailored advice and blue badge renewals to assessments for personalised social care and individual budgets.

Derbyshire ranks highly on a series of national performance indicators of adult care based on data for the first two quarters of 2011/12, which compares eight local authorities in the East Midlands

Adult Care has made significant improvements to the lives of vulnerable people. To address both emerging national policy initiatives and local need, the Council has developed plans to deliver the Strategy for Accommodation, Care and Support for older people in Derbyshire. The plans place a high priority on enabling people to stay in their own home, whilst offering an opportunity for that home to be in a more supported environment, such as Extra Care, when appropriate. The aim is to provide individuals with an alternative model that facilitates a real choice between supported living at home and living in residential care, which will be retained for those with the most complex needs. **A key challenge for the Council will be to implement these plans to modernise accommodation, care and support services.**

Personalisation

A key demographic change in Derbyshire is that people are living longer. Consequently there is an increasing demand for personal care services. Implementing effective and sustainable personalised adult social care support which addresses the increased demographic need continues to be a challenge. To address the associated funding implications of this, and following widespread public consultation, the department has made changes to how services are delivered and funded. Co-funding has been introduced, so that, following a financial assessment, people in receipt of Personal Budgets are now required to make a contribution. Eligibility for social care (Personal Budget) has changed to Higher Moderate needs and above. Following an Equality Impact Assessment, a number of actions have

been identified to remove or reduce any negative or differential impacts that may arise from these changes. An evaluation of their effectiveness is scheduled after 12 months post implementation.

A major re-structuring has resulted in over £2m of management savings. Fieldwork staff have been reorganised into generic fieldwork teams. Additional social workers have been recruited, the skills of experienced care managers have been enhanced through social work training and the focus is now on path-finding and advocacy to support clients to achieve the outcomes that are important to them.

Following these changes many people have better choice about their care. This is because more people are receiving Self-Directed Support (SDS), which allows them to spend their Personal Budgets on care arrangements that are tailored to their specific needs and that suit them best. The number of social care clients receiving personal budgets or direct payments for quarter 3 of 2011/12 has increased to 8,814 compared to 4,219 for the year end 2010/11.

Strategies are in place to address the needs of those individuals and their carers who do not meet the Council's eligibility criteria for social care, but who still need access to support in order to maintain their independence and well-being. The department places high importance on the development of accessible and universal services. This includes the implementation of the Prevention Strategy through voluntary and community sector organisations, and pre-invested early intervention, re-enablement and specialist services.

The quality of person centred assessment work is increasing. This is reflected in the low level of complaints or referrals to the review process established to deal with cases where clients dispute the outcome of their assessment, including the level of Indicative Budget or Personal Budget. There is also substantial consultation underway to assist with the re-shaping of day services and related activities for people with learning disabilities, in line with personalisation, as part of the Community Lives Programme.

Independent Living

More vulnerable people are living independently. In comparison to other East Midlands local authorities, Derbyshire is performing well. In a series of measures of independent living, based on 2010/11 data, Derbyshire is ranked first or second. The number of vulnerable and older people who are supported to live at home through directly provided services, housing related support such as the Handy Van and Trusted Trader schemes and services through the voluntary and independent sector increased in the first two quarters of 2011 from 32,068 to 33,180. To maintain this

good performance will require the modernisation of accommodation, care and support services for older people and people with a learning disability. 91% of clients received a review in 2010/11 which was above the target of 85%.

Support for Carers

There are up to 90,000 carers in Derbyshire providing invaluable support to people living at home, who would otherwise require support from local services. Derbyshire compares favourably with other East Midlands Councils in assessing and reviewing carers' needs. Successful initiatives include increased provision of respite care through the Staveley Community Care Centre. More than 500 carers attended a range of social activities and breaks. Emergency Cards were issued to 692 carers, at least 2,085 carers were given support by the Council and more than 4,550 were provided with information. A Carers Directory was published and launched, giving details of all local services available to carers in one guide. Consultation was also carried out with carers living with people with dementia to identify service improvements. The percentage of carers being assessed in Derbyshire has steadily increased throughout 2010/11 to 34%, although the target of 35.5% has not been met.

End of Life Care

The service has been working jointly with health colleagues to improve people's experience at end-of-life, this has included streamlining the referral and assessment processes so that appropriate and timely services are delivered in the way that the individuals and their families have requested. Supporting people at end-of-life can be complex as it requires very swift input from a wide range of disciplines, for example, pain control and continence services, as well as personal care, and support for the families. This is an area that requires constant vigilance to ensure that high quality services are co-ordinated and delivered quickly.

Service User Engagement

The department makes good use of existing forums to actively involve and engage users about their service needs. There are now fifteen 50+ Forums spread across the county and the total membership has expanded to more than 3,000 individuals. The network of county and local Learning Disability Partnership Boards meet regularly and consider topics important to them, for example access to accommodation and also the Community Lives Programme. Adult Care has been working with the BME (Black and Minority Ethnic) Forums to improve service uptake of BME community members. A pilot project has been run to support BME community groups to do outreach work to identify BME carers and raise awareness of carer support. Two development workers worked to improve housing related support provided to BME, gypsy and traveller communities. In addition, the BME Forums contributed to a DVD to improve understanding of the personalisation agenda.

Where specific consultation networks do not exist, the department provides opportunities for older and vulnerable people to influence service delivery decisions. For example, a series of “Working Together for Change” workshops have just been completed to hear the views of people with learning difficulties, family carers and staff about what’s working, what’s not working and what’s important for the future, as part of the Community Lives programme.

Transition to adulthood

A challenge identified by both Adult Care and CAYA concerned the transition of disabled young people to the services provided by Adult Care. The Council has adopted a more strategic approach in order to plan more effectively for vulnerable young people as they grow into adults. A Transition Pathway has been agreed and is now being implemented. Further work is taking place to raise staff awareness about this new strategy, which will assist in anticipating future care needs.

Adult Care is also putting measures in place to meet the anticipated 70% increase in the number of people with dementia by 2030. It is estimated that over the next 15 to 20 years an additional 6,000 people with dementia, aged over 65, will need care and support. Staveley is the first of the planned Community Care Centres to be completed, which will play a pivotal role in modernising services: it provides a range of long-stay and short-stay beds, day care and assessment facilities, all designed with the needs of people experiencing varying degrees of dementia.

Safeguarding

More safeguarding episodes are being reported and fewer repeat notifications are being received. During the first six months of 2011/12 693 notifications and 42 repeat notifications were received, compared to 1318 notifications and 175 repeat notifications for the whole of 2010/11. These changes point to improvements in information sharing and training about the identification of potential safeguarding situations. This suggests that the support being offered to people at risk is having an impact on reducing re-victimisation. Responses to the 2011 User Experience Survey suggest that the majority of service users feel safe.

Dignity and Respect

Adult Care is promoting dignity and respect through the introduction of Dignity Champions, Standards and Awards. These are being rolled out across the whole department and becoming part of the required standards for all providers offering domiciliary care, residential care, day services and supported housing. 14 service teams, Adult Care and independent sector providers, were presented with their Bronze Awards at the event held in November 2011. Responses to the 2011 User Experience Survey suggest that the majority of service users feel they are being treated

with dignity and respect. Over 91% felt that the way they were helped made them feel better about themselves and more than 95% said they were able to present themselves the way they wanted

Section 2

Performance and Operational Context

2.1 The implementation of Personalisation in Adult Care reflects the drive to decentralise and develop local activity to deliver improved Health and Wellbeing for all adults. This has led to changes in the organisation and management structure of Adult Care to assist strategic and local managers to develop new and creative partnerships to respond to the needs and aspirations of local people, and to ensure that these developments are inclusive. As well as helping us to fully implement the personalisation of Adult Care services, the new structure significantly reduced management costs to protect frontline services.

Organisational Development: Adult Care has implemented significant changes to the organisational structure to:

- Deliver essential management cost reductions to protect frontline care services, and support the development of a sustainable system of personalised Adult Care;
- Strengthen our relationship with local people, local communities and the organisations important to and for them by establishing 21 community social work teams based on the 8 districts of the county;
- Develop a range of strategic services provided directly by the department by establishing a Direct Care division and bringing forward investment plans for enhanced accommodation and support services;
- Improve strategic commissioning and service development work with partners including the NHS, and independent and third sector organisations.

The Adult Care structure comprises three Divisions:

- Fieldwork (North and South) – 21 generic teams based in 8 areas based around District Council boundaries, with responsibility for social work activities, safeguarding, performance and efficiency, prevention, engagement and business services, and the development of effective partnerships with local organisations;
- Direct Care – structured around 3 geographical zones: with responsibility for delivering high quality flexible in-house care, including home care, day care and residential care;

- Strategy and Commissioning – 5 teams with responsibility for the Joint Strategic Needs Assessment (JSNA), finance, strategic commissioning, information, contracting including brokerage and purchase support services, and the development of supported accommodation strategies including telehealth/telecare.

2.2 Population - Derbyshire's resident population continues to grow. Between the years 2011 and 2013 the population will grow to 776,300. By 2013 there will be 7,900 more residents in Derbyshire than there were in 2011.

The growth in the number of people is underpinned by a significant structural change to the underlying age composition. Overall, the population is ageing and has been doing for the last few years. Between 2011 and 2013 the number of people under 64 will reduce from 623,200 to 619,700, a difference of 3,500. In contrast, the number of people aged over 65 will go up by 11,200, from 145,400 in 2011 to 156,600 in 2013. The net effect is an increase in the population count by 7,700, all of whom are aged 65 or over.

This change in the population is a national pattern brought about by the post-war baby-boomer population along with the impact of medical advance; people are living longer.

There are some smaller additional demographic changes which have an impact on social care delivery. The number of people with a Learning Disability surviving into old age is showing significant growth. For example, people aged 85 and over with a Learning Disability in 2011 numbered 369. This will increase to 391 by 2013, a difference of 22 people. Although the increases are small relatively, they can have significant cost implications for social care. Overall, the number of people with a learning disability aged over 65 will increase by 7% from 3003 in 2011 to 3237 in 2013.

2.3 The Policy Framework within which Adult Care responsibilities are carried out includes, but is not limited to the following. There are a number of other significant policies and guidance documents which will impact on Adult Care during 2012/13 and beyond – see Appendix 1.

1. Councils will publish a local account on their priorities for quality and outcomes in social care, as a key tool for transparent reporting to their local population. This will replace the Care Quality Commission's annual assessment of Councils as commissioners (including the former requirement for a Self-Assessment) from 2011/12.

2. Consultation on “*Caring for our future: shared ambitions for care and support*” ended on 2nd December 2011. The consultation document brought together recommendations from the Law Commission and the Commission on Funding of Care and Support with the Government’s “*Vision for Adult Social Care*”. Feedback will be used to help Government understand the immediate and longer-term priorities for social care reform, and will inform the development of policy recommendations for the White Paper and the progress report on funding reform that will be published in spring 2012. The White Paper is intended to set out Government’s approach to reform and to start the process of transforming the care and support systems.
3. “*Making it Real: Marking Progress towards personalised, community-based support*” was issued in October 2011 and is a new citizen-led approach to help organisations involved in commissioning and delivering care and support – from councils to providers of in-home, residential or nursing care – to look at their current practice, identify improvements and develop plans for change.
The document is a set of statements from people who use services and carers setting out what they would expect, see and experience if personalisation is working well in an organisation. These statements are then set against key elements that would need to be in place within an organisation to make personalisation possible:
 - Information and Advice - having the information I need, when I need it;
 - Active and Supportive Communities - keeping friends, family and place;
 - Flexible, integrated care and support - my support, my way;
 - Workforce - my support staff;
 - Risk enablement - feeling in control and safe;
 - Personal budgets and self-funding - my money.

There are ten markers (for details, see Appendix 1) which are intended to help organisations involved in commissioning and delivering care and support, from councils to providers of in-home, residential or nursing care, to look at their current practice, identify areas that need improvement and develop plans for change.

The Care Quality Commission is mapping the markers to see how they fit with essential standards of safety and quality. As part of the Zero Based Review of performance data being undertaken to reduce burdens on councils, a working group that is specifically focusing on personalisation will be informed by *Making it Real*. Strong connections are being made with the work of the Excellence in Councils Adult Social Care Board, which is leading support to councils and a joint Department of Health, ADASS and Local Government Group work on

personal outcomes. The Department of Health has also said that *Making it Real* will complement and inform the development of their outcomes framework - ensuring that citizen experience and local leadership is central.

4. The National Indicator set previously used to monitor success in Adult Care was replaced with effect from April 2011. The NHS Outcomes Framework, together with the Adult Social Care Outcomes Framework, and the forthcoming Public Health Outcomes Framework aim to support Government's desire to improve integration of services. The framework signals a move away from top-down performance management and centrally driven process targets towards a system focused on quality and the issues that matter most to those with care and support needs. It follows the publication in November of the *Vision for Adult Social Care* and the consultation *Transparency in Outcomes: a framework for Adult Social Care*.

Describing a set of outcomes for people who use social care services, their carers and families, the statements outline what people should expect from high quality services and will be key to helping them hold local organisations to account.

The *Adult Social Care Outcomes Framework* (ASCOF) 23 November 2011 outcome measures span four domains measured through 17 indicators covering:

- Enhancing quality of life for people with care and support needs;
- Delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support;
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

5. "*NHS Operating Framework 2012/13*" (24 November 2011) sets out the planning, performance and financial requirements for NHS organisations in 2012/13 and is the basis on which they will be held to account. There are four key themes:
 - Putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care;
 - Completion of the last year of transition to the new system, building the capacity of emerging clinical commissioning groups (CCGs) and supporting the establishment of Health and Wellbeing Boards so that they become key drivers of improvement across the NHS;
 - Increasing the pace on delivery of the quality, innovation, productivity and prevention (QIPP) challenge; and

- Maintaining a strong grip on service and financial performance, including ensuring that the NHS Constitution right to treatment within 18 weeks is met.

There are 36 Performance Measures for national accountability for all NHS organisations during 2012/13; and four key areas have been identified as requiring particular attention during 2012/13:

- Dementia and the care of older people;
- Carers;
- Military and veterans' health;
- Health visitors and Family Nurse Partnerships.

The Secretary of State will use the NHS Outcomes Framework as the basis for the mandate to the NHS Commissioning Board; and PCT clusters and emerging CCGs are asked to ensure that they are in a position to publish data when available and certainly from 2013/14.

6. The *NHS Outcomes Framework* 7 December 2011 is structured around five domains:

- Preventing people from dying prematurely;
- Enhancing quality of life for people with long-term conditions;
- Helping people to recover from episodes of ill health or following injury;
- Ensuring that people have a positive experience of care;
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

There are twelve overarching indicators covering the broad aims of each domain, 27 improvement areas looking in more detail at key areas within each domain, and 60 indicators measuring the overarching and improvement outcomes. 7 indicators are a shared responsibility with the public health system and Public Health and Local Authorities (subject to the publication of the final Public Health Outcomes Framework); and one is a whole system indicator located in the ASCOF, two are replicated in the ASCOF and four have a complementary indicator included in the ASCOF.

7. The *Public Health Outcomes Framework - Healthy Lives, Healthy People: Improving outcomes and supporting transparency* January 2012 It is set out in three parts: 1) the vision, outcomes and indicators; 2) technical details of each indicator; 3) impact and equalities impact assessments. It recognises that the factors influencing public health are wide ranging, occur over the life-course and require collective action. Its aim is to deliver the high-level

vision for public health to “*improve and protect the nation’s health and wellbeing, and improve the health of the poorest fastest*”.

This vision is underpinned by two over-arching outcomes:

1. Increased life expectancy (considering health quality as well as length of life);
2. Reduced differences in life expectancy and healthy life expectancy between communities.

The indicators of the outcomes framework are split across four domains (three corresponding to the pillars of public health):

- 1) Improving the wider determinants of health;
- 2) Health improvement;
- 3) Health protection;
- 4) Healthcare public health and preventing premature mortality.

There is a continued commitment to alignment with the NHS and Adult Social Care Outcomes Frameworks and wider, for example, a Children and Young People’s Outcomes Strategy is in development. There are, however, fewer shared indicators. The local authority, NHS, Public Health England and wider partners will have some responsibility and accountability for the delivery of the public health outcomes. It is a multi-year framework but will be annually updated. Indicators are in a range of stages of development – from “ready now” to some not expected to be ready for a number of years. It is stated that the framework will “not be used to performance manage local areas”.

Section 3

Cross Cutting Council Strategies, Policies and Plans

There are a number of cross cutting themes that are relevant to the work of all departments regardless of the services that they deliver:

3.1 Statement of Commitment for Environmental Sustainability: Delivery of the Department’s services and operations will be guided by the principles in the Corporate Environmental Policy in order to minimise our environmental impact. The Department will work to ensure that services are resilient to a future changing climate and reduce the carbon emissions associated with service delivery and operations by improving resource efficiency, reducing energy consumption, fuel use and encouraging smarter travel choices.

3.2 Equality and Diversity: The Department will continue to implement the requirements of the Equality Act 2010 in relation to employment and the delivery of services. This will include work to deliver the Council's equality objectives, consultation on proposed changes to services and consideration of the impact of any such changes on different groups.

3.3 Risk Management: Adult Care supports people to maintain their independence, enabling them to play a fuller part in society and protecting them in vulnerable situations. This includes taking a positive approach to risk, recognising that risk is part of everyday life. People with capacity have a right to take decisions about their lives. There is a balance to be found between participation in everyday activities, the duty of care to workers and people accessing services, and the council's legal responsibilities. It is impossible ever to fully eliminate risk but is possible to minimise and prepare for risk by preventative action.

Adult Care follows the Council's Risk Management policies and procedures with the objective of ensuring that the risks facing the council in achieving its objectives are evaluated and regularly reviewed and that risk mitigation strategies are developed; the Risk Register is monitored and reviewed by the Adult Care Senior Management Team.

Risk Description	Department	Mitigation	Link to Council Plan
Continuing Health Care	Adult Care	See Departmental Risk Register for details	Good Use of Public Money
Central Government Reforms	Adult Care/ CAYA	See Departmental Risk Register for details	Leading the Way
Implementation of Self Directed Support in line with the Personalised Care Agenda	Adult Care	See Departmental Risk Register for details	High Quality Personalised Services that meet individual needs
Residential Care (Accommodation, Care and Support Strategy for Older People)	Adult Care	See Departmental Risk Register for details	High Quality Personalised Services that meet individual needs
Protection of Children and Vulnerable Adults	Adult Care/ CAYA	See Departmental Risk Register for details	High Quality Personalised Services that meet individual needs

3.4 Sector-wide Workforce Development: Adult Care has developed a staff training plan and is also responsible for whole sector social care workforce development. Workforce strategies will be co-produced, co-developed and co-evaluated with the private and voluntary sectors.

Local workforce development strategies focus on raising skill levels, developing competencies and providing career development opportunities across all sectors in response to the key service drivers outlined in the Service Plan.

The following provides an overview of key service developments that workforce planning will be responding to during 2012/13:

- Professional Leadership: Continue to develop the role of Senior Practitioners; review the new Social Work Career Progression Framework in light of developments arising from the Social Work Reform Board; ; change the role of Care Managers which will involve increasing the number of supported Social Worker training placements;
- Direct Payments: Further develop advice and training to assist people to directly and successfully manage their own support arrangements;
- Prevention and Early Intervention: Community social work – work with local people and communities to identify and strengthen the range of community support accessible to people;
- Fieldwork Service Managers: Develop the general management function and joint responsibility, with Senior Practitioners, for professional leadership and development;
- Direct Care: Further develop flexible and responsive services;
- Independent Sector: Continue to support workforce development for employees working in the independent sector, using the Integrated Local Area Workforce Strategies (InLAWS), a Skills for Care and ADASS project which aims to develop effective ways to support Adult Care with workforce commissioning across the local area. This currently includes access to Adult Care training, for example, safeguarding.

Section 4

Delivering the Service Plan

4.1 The following section sets out how Adult Care will contribute to the Council's priorities, as set out in the Council Plan, focusing on improving the quality of life for the residents of Derbyshire. These are being achieved through championing the needs and aspirations of all adults and promoting wellbeing across the council, local NHS partners and other statutory organisations, the voluntary and community sector and independent sector.

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Tier Three Delivery Plans.

The column "We will have succeeded if by 2014..." below shows the outcomes Adult Care aims to deliver by 2014 to achieve the Council Plan priorities. The 'Thematic Outcomes' column refers to the national and local outcomes themes used to group the outcomes measures in Section 5 below which sets out "How Success will be Measured". The indicators are mainly be those set out in the Department of Health document "*Adult Social Care Outcomes Framework – Handbook of Definitions*" ASCOF (23rd November 2011); together with two local outcome domains: Efficiency/ Budget and Market/ Workforce Development.

4.2 The Adult Care Key Corporate Challenge - implementation of the Council's plans to modernise accommodation, care and support services and the **five Adult Care Departmental Challenges** set out below, will be delivered and monitored through the Delivery Plan process:

- Further increase the number of social care clients receiving personal budgets or direct payments;
- Reshape workforce and professional practice to manage the pressures on the Self- Directed Support (SDS) budget;
- Continue to raise staff awareness about the new transition pathway (of vulnerable young people to adult care services) to assist in anticipating future care needs;
- Implement effective and sustainable personalised adult social care support that addresses the increased demographic need;
- Enhance integrated care and support for vulnerable people through joint commissioning.

Council Plan: In the next 4 years we will...	Adult Care: We will have succeeded if by 2014...	ASCOF Thematic Outcomes
LEADING THE WAY		
Giving local people better choice and more of a say		
Promote comprehensive information and advice services	<ul style="list-style-type: none"> • People can easily and reliably access health and wellbeing information and advice services and community resources: including Health and Wellbeing Zones 	Quality
Achieving more in partnership		
Ensure equitable opportunities for people to live fulfilling lives together with our District, Borough and health service partners	<ul style="list-style-type: none"> • The Prevention Strategy is successfully implemented, linked to the emerging Health & Wellbeing Strategy • Signposting to prevention services by Call Derbyshire has increased • More people are supported through more flexible housing-related support 	Prevention
Provide coordinated services which safeguard children and young people and vulnerable adults at risk of harm	<ul style="list-style-type: none"> • People report high levels of awareness about what to do if they encounter safeguarding issues • Evidence that when reported, safeguarding is tackled effectively and within procedures 	Safeguarding
Work with partners to increase prevention and early intervention services	<ul style="list-style-type: none"> • Fewer people will be unnecessarily admitted to long term care or hospitals • People who would benefit will have greater access to flexible, rapid response/re-ablement services that are available 24/7 • There is an increase in the early assessment of people with dementia and follow on support through the Dementia Pathway 	Prevention
Doing things differently and better		
Roll out the 'Changing the Way Derbyshire Works' programme to contribute to £60 million efficiency savings	<ul style="list-style-type: none"> • The agreed departmental contribution to the corporate target has been met 	Efficiency

GOOD USE OF PUBLIC MONEY

Services that provide excellent value for money		
Secure £30 million of efficiency savings	<ul style="list-style-type: none"> The agreed departmental contribution to the corporate target has been met 	Efficiency
Strong and effective financial management		
Continually review our financial position and 5 year forecast	<ul style="list-style-type: none"> There is balanced and sustainable investment in services Agreed efficiency programme has been effectively implemented Better and more cost effective alignment of Adult care and NHs resources 	Efficiency
Keep a constant eye on risk through the Council's Risk Register	<ul style="list-style-type: none"> Appropriate and effective mitigation is implemented 	Efficiency
Well Managed Assets		
Reduce our carbon footprint	<ul style="list-style-type: none"> The agreed departmental contribution to the corporate carbon reduction target has been met 	Efficiency
A valued workforce		
Work to improve the diversity of our workforce	<ul style="list-style-type: none"> The Council's workforce feels valued, respected and is reflective of the diverse communities it serves* More disabled people are employed by Derbyshire County Council and partner agencies 	Workforce Development
Implement a Workforce Development Programme	<ul style="list-style-type: none"> We have a highly motivated and competent workforce across all care sectors, delivering high quality care and support The workforce and professional practice has been re-shaped to manage the pressures on the Self- Directed Support (SDS) budget** 	Workforce Development

RAISING ASPIRATIONS

Helping people achieve their full potential		
Provide support to disabled children, young people and adults to help them achieve	<ul style="list-style-type: none"> Partnership working has helped reduce health inequalities and deprivation, including rural based deprivation and isolation* Opportunities have been maximised through the successful 	Personalisation Workforce

	<p>implementation of Self Directed Support and Transition Services</p> <ul style="list-style-type: none"> • The Community Lives Programme has been implemented leading to more disabled people are employed by Derbyshire County Council and partner agencies • More people are supported to maintain their independence taking a positive approach to risk • Continue to raise staff awareness about the new transition pathway (of vulnerable young people to adult care services) to assist in anticipating future care needs** 	Development
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HIGH QUALITY PERSONALISED SERVICES THAT MEET INDIVIDUAL NEEDS AND PROVIDE GOOD VALUE FOR MONEY

Giving people the choice and flexibility to live independent lives		
Actively support carers, particularly recognising the importance of respite provision	<ul style="list-style-type: none"> • More carers receive support and we have increased the range of respite care • Plans and budgets to support carers have been agreed with Local NHS partners and published • Joint review of short breaks for people with Learning Disabilities has been completed • Working jointly with Local NHS partners we have implemented our 'Commitments to Carers' from the Carers' Strategy 	Personalisation
Ensure all people eligible for local authority funding, accessing community-based services access personal budgets	<ul style="list-style-type: none"> • Services are accessible and welcoming to all communities and are capable of responding to the different needs and aspirations our customers have* • A 'personal budget' has been introduced for all people eligible for local authority funding, accessing community-based services, • People are satisfied that their support plans meet their agreed outcomes • More people receive self directed social care support to improve their choice and control • There is improved value for money 	Personalisation

	<ul style="list-style-type: none"> • Implemented effective and sustainable personalised adult social care support that addresses the increased demographic need** • Enhanced integrated care and support for vulnerable people through joint commissioning** 	
Increase the range of supported accommodation	<ul style="list-style-type: none"> • Achieved key milestones in the delivery of the Strategy for Accommodation, Care and Support for older people • The availability of extra care housing across the county has been increased • We have invested in more flexible housing-related support 	Personalisation
Ensure that there is comprehensive information for local people to improve or maintain their health and wellbeing	<ul style="list-style-type: none"> • People can easily and reliably access health and wellbeing information and advice services and community resources: including Health and Wellbeing Zones • Access to appropriate end of life care has improved 	Personalisation
Extend the range of prevention and early intervention services	<ul style="list-style-type: none"> • Supported more people to maintain their independence 	Personalisation
Maximise people's independence	<ul style="list-style-type: none"> • We have increased the number of vulnerable people who continue to be able to live independently, including enhanced intermediate care • Re-ablement is available to all who would benefit from it to gain/regain as much independence possible including people with mental ill health and learning disabilities • Fewer people will be unnecessarily admitted to long term care or hospitals through the joint development of 24/7 services • Achieved key milestones in the delivery of the Community Lives Programme for People with a Learning Disability • Joint commissioning priorities have been delivered against agreed targets 	Personalisation

Safeguarding and providing excellent support to those who need it most		
Protect children and vulnerable adults from abuse by getting help to those at risk quickly	<ul style="list-style-type: none"> • An increasing proportion of Derbyshire residents say that they feel safe • A Befriending Service has been established • The number of people experiencing abuse for a second time has been minimised 	Safeguarding
Encourage community support for children, older and vulnerable people through support mechanisms	<ul style="list-style-type: none"> • A broad range of effective and efficient preventative and early intervention services are available across the county • Support available through Social Capital has increased, thereby contributing to the Big Society 	Personalisation
Work with our Local NHS partners to ensure a full range of high quality health and care services	<ul style="list-style-type: none"> • More people are safely supported in the community with joint integrated care • Delayed transfers from hospital and avoidable admissions are minimised • There has been an increased proportion of high quality providers supported by the joint Adult Care/ local NHS quality initiatives • Increased number of Community Care Centres providing specialist support for older people with dementia/ complex needs and their family carers • Achieved key milestones in the delivery of the Strategy for accommodation, care and support for older people 	Prevention

PLACES WHERE PEOPLE WANT TO BE

Confident and safe communities		
Improve support to victims of domestic and sexual violence	<ul style="list-style-type: none"> • Vulnerable people are being protected from the harmful impact of crime and anti-social behaviour* • The reporting incidents of domestic or sexual violence have increased • Incidents of domestic or sexual violence are effectively responded to 	Safeguarding

A county of cultural opportunity		
Increase participation and satisfaction across a range of cultural activities, including the arts, music and dance	<ul style="list-style-type: none"> • The diversity of Derbyshire is celebrated and the county is an increasingly cohesive place where people from all communities get on well together* • Increase access through Self Directed Support • People are supported to maintain or become involved in a range of cultural activities • Increased access to and use of libraries 	Prevention

*Council's Equality Objectives

** Adult Care Departmental Challenges

Section 5

How Success will be Measured

The outcomes set out in the column "We will have succeeded if by 2014..." in Section 4 above shows how Adult Care will contribute to the Council's priorities, as set out in the Council Plan, focusing on improving the quality of life for the residents of Derbyshire.

Section 5 sets out "How Success will be Measured"; and the indicators are mainly be those set out in the Department of Health document "*Adult Social Care Outcomes Framework – Handbook of Definitions*" (23rd November 2011); together with two local outcome domains: Efficiency and Market/ Workforce Development; and as required, Adult Care-related measures from the NHS and Public Health Outcomes Frameworks.

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Third Tier Delivery Plans.

The Adult Care Key Corporate Challenge - **implementation of the Council's plans to modernise accommodation, care and support services** and the **five Adult Care Departmental Challenges** as set out in 4.2 above, will be delivered and monitored through the Delivery Plan process.

NATIONAL OUTCOMES:

- **Personalisation:** Promoting personalisation and enhancing quality of life for people with care and support needs
- **Prevention:** Delaying and reducing the need for care and support
- **Quality:** Ensuring that people have a positive experience of care and support
- **Safeguarding:** Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

LOCAL OUTCOMES:

- **Efficiency/ Budget:** Services are delivered with balanced and sustainable investment
- **Market/ Workforce Development:** Able to provide sector-wide care and support with skill, compassion and dignity in care.

ASCOF Thematic Outcomes	PROPOSED MEASURES	Baseline (Qtr. 3 2011/12)	Target 2012/13
NATIONAL OUTCOMES			
Personalisation	<ul style="list-style-type: none"> • Social care-related quality of life (ASCOF 1A) • The proportion of people using adult social care services who have control over their daily life (ASCOF 1B) • Proportion of people using social care and family carers who receive self-directed support (ASCOF 1C)*** • Carer-reported quality of life (ASCOF 1D) <i>Note: measure deferred in 2011/12 and will be published for the first time using 2012/13 data</i> 	<p>Not available until May 2012</p> <p>Not available until May 2012</p> <p>45%</p> <p>Not available until May 2012</p>	<p>Awaiting baseline</p> <p>Awaiting baseline</p> <p>56%</p> <p>Awaiting baseline</p>

	<ul style="list-style-type: none"> • Proportion of adults with learning disabilities, known to the council, in paid employment (ASCOF 1E) • Proportion of adults in contact with secondary mental health services in paid employment (ASCOF 1F) • Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G) • Proportion of adults in contact with secondary mental health services living independently, with or without support (ASCOF 1H) 	1.1% 20%* 51% 79%*	1.2% 20% 60% 80%
Prevention	<ul style="list-style-type: none"> • Permanent admissions to residential care homes, per 1,000 population (ASCOF 2A) <ul style="list-style-type: none"> ○ Part 1 – Younger Adults ○ Part 2 - Older Adults • Proportion of older people (65 and over) who are still living at home 91 days after discharge from hospital into rehabilitation, intermediate care or rehabilitation (ASCOF 2B) • Delayed transfers of care from hospital; and those attributable to social care 100,000 population (ASCOF 2C) 	16 544 84% 4.6	13 625 86% 4
Quality	<ul style="list-style-type: none"> • Overall satisfaction of people with adult social care services: <ul style="list-style-type: none"> → Service Users (ASCOF 3A) → Carers (ASCOF 3B)<i>Note: measure deferred in 2011/12 and will be published for the first time using 2012/13 data</i> • The proportion of carers who report that they have been included or consulted in discussions about the person they care for <i>Note: measure deferred in 2011/12 and will be published for the first time using 2012/13 data</i> 	Not available until May 2012 Not available until May 2012	Awaiting baseline Awaiting baseline

	<ul style="list-style-type: none"> The proportion of social care users and carers who find it easy to find information and advice about services <i>Note: measure deferred in 2011/12 and will be published for the first time using 2012/13 data</i> 	Not available until May 2012	Awaiting baseline
Safeguarding	<ul style="list-style-type: none"> Proportion of people who use services who feel safe (ASCOF 4A) 	Not available until May 2012	Awaiting baseline
	<ul style="list-style-type: none"> Effectiveness of Safeguarding - proportion of people who use services who say those services have made them feel safe and secure (ASCOF 4B) 	Not available until May 2012	Awaiting baseline
LOCAL OUTCOMES			
Efficiency/ Budget	<ul style="list-style-type: none"> Deliver agreed savings targets 		£9.075m
	<ul style="list-style-type: none"> Deliver balanced investment in prevention and personal care 		Balanced Budget
Market/ Workforce Development	<ul style="list-style-type: none"> Able to provide care and support with skill, compassion and dignity in care by ensuring all front-line care staff achieve Common Induction Standards*** 	100%	100%
	<ul style="list-style-type: none"> We have provided seven new apprenticeships for young people 	0	7
	<ul style="list-style-type: none"> More disabled people are employed by Adult Care 	4.14%	4.15%

*The latest data for this indicator is 2010/11. The next update will be available in November 2012

** This data represents the position at 30/09/2011

*** Adult Care Departmental Challenge

Section 6

Appendices

Appendix 1

Significant Policies and Guidance

There are a number of other significant policies and guidance documents which will impact on Adult Care during 2012-13 and beyond, including, but not limited to:

SOCIAL CARE

1. *'Making it Real: Marking Progress towards personalised, community-based support'* was issued in October 2011 and is a new citizen-led approach to help organisations involved in commissioning and delivering care and support – from councils to providers of in-home, residential or nursing care – to look at their current practice, identify improvements and develop plans for change. *'Making it Real'* markers:
 - Ensuring people have *real* control over the resources used to secure care and support;
 - Demonstrating the difference being made to someone's life through open, transparent and independent processes;
 - Actively engaging local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support;
 - Ensuring that leaders at every level of the organisation work towards a genuine shift in attitudes and culture, as well as systems;
 - Seeking solutions that actively plan to avoid or overcome crisis and focus on people within their natural communities, rather than inside service and organisational boundaries;
 - Enabling people to develop networks of support in their local communities and to increase community connections;
 - Taking time to listen to a person's own voice, particularly those whose views are not easily heard;
 - Fully consider and understand the needs of families and carers when planning support and care, including young carers;
 - Ensuring that support is culturally sensitive and relevant to diverse communities across age, gender, religion, race, sexual orientation and disability;

- Taking into account a person's whole life, including physical, mental, emotional and spiritual needs.
2. The report of the Commission on the funding of care and support '*Creating a fair and sustainable care and support system*' was published 4 July 2011 and set out a number of recommendations about how, as a society, social care might be organised and funded.
 3. '*Think Local, Act Personal: Next Steps for Transforming Adult Social Care*' (January 2011) is a further sector-wide agreement to transform adult social care that makes the link between the Government's new vision for adult social care (see 2 below) and *Putting People First* (see Appendix 1). The agreement draws on learning from implementing *Putting People First* across England over the past three years and focuses on areas where further action is required. It asserts that councils, health bodies and providers need to work more collaboratively to personalise and integrate service delivery across health and adult social care and make vital public funding go further - reducing the need for acute health and care support. It aims to make sure people have more choice and control over public services and also recognises the contribution that individuals, families, carers and communities make in providing care and support.
 4. In November 2010 the Department of Health published "*A Vision for Adult Social Care: Capable Communities and Active Citizens*" which sets out how the Government wishes to see services delivered for people; a new direction for adult social care, putting personalised services and outcomes centre stage. The Vision is built on seven principles, for example 'Partnership' - to ensure that care and support is delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing. The focus is on the Government's commitments to:
 - a. Break down barriers between health and social care funding to incentivise preventative action;
 - b. Extend the greater rollout of personal budgets to give people and their carers more control and purchasing power; and
 - c. Use direct payments for carers and better community-based provision to improve access to respite care.
 5. '*Putting People First: a shared vision and commitment to the transformation of Adult Social Care*' (December 2007) sets out a sector-wide ambition for radical reform of public services, promoting personalised support through the ability to exercise choice and control against a backdrop of strong and supportive local communities. To broaden their focus beyond those with the highest needs, councils should ensure that the application of eligibility criteria is firmly situated within this wider context of personalisation, including a strong emphasis on

prevention, early intervention and support for carers. In practice, this may mean councils making adjustments where necessary to ensure a seamless approach between their personalisation programmes and the determination of eligibility for social care.

To effectively deliver the transformation envisaged in *Putting People First* and beyond, councils are expected to have both a strong focus on the overall wellbeing of their communities and recognition that people should be helped in a way that may prevent, reduce or delay their need for social care support. This shift in focus to community wellbeing and preventative approaches is also fundamental to the effective application of eligibility criteria.

Putting People First asserts that personalisation will only flourish where investment is made in all aspects of support for individuals and their carers including:

- a. *Universal services* – the general support available to everyone within their community including information and advice, transport, leisure, education, employment, health, housing and community safety;
- b. *Early intervention and prevention* – helping people to live at home independently, preventing them from needing ongoing social care support for as long as possible and potentially creating future cost efficiencies;
- c. *Choice and control* – giving people a clear understanding of how much is to be spent on their care and support and allowing them to choose how they would like this funding to be used to suit their needs and preferences;
- d. *Social capital* – fostering strong and supportive communities that value the contribution that each of their citizens can make.

NHS

6. *'Equity and Excellence: Liberating the NHS'* (July 2010) – sets out the policy framework for the new NHS system. Local Authorities will have statutory Health and Wellbeing Boards which will play a key role in integrating commissioning of NHS, public health and social care services more locally. The Boards will be required not only to jointly assess need, but also to contribute to a joint strategy for addressing local needs, which will influence NHS commissioning plans, including evidence-based investments, and create a powerful mechanism for driving integration locally.

PUBLIC HEALTH

7. *Healthy Lives, Healthy People White Paper: Our Strategy for Public Health in England* (November 2010) expands on the Government's proposals for public health originally announced in *"Equity and Excellence: Liberating the*

NHS". It outlines a new public health system to protect the population from serious health threats, helping people to live longer and healthier lives and improving the health of the poorest fastest. The central theme of the White Paper is to make local government and local communities empowered, responsible, accountable and resourced to improve health, wellbeing and to tackle inequalities. Public health responsibilities currently undertaken by Strategic Health Authorities and Local NHS partners (PCTs) will be divided between a new national Public Health body, Public Health England and upper tier local authorities.

GENERAL

8. *'Health & Social Care Bill'* – introduced to Parliament on 19 January 2011; a crucial part of the Government's vision to modernise the NHS and takes forward *Equity and Excellence: Liberating the NHS* (July 2010) and the subsequent *Liberating the NHS: legislative framework and next steps* (December 2010.). It includes provision to strengthen public health services and reform arm's length bodies. The main aims are:
 - Putting patients and the public first;
 - Focusing on improvement in quality and healthcare outcomes;
 - Autonomy, accountability and democratic legitimacy; and
 - Cutting bureaucracy and increasing efficiency.
9. *'No health without mental health'* (February 2011) - the theme of the cross-Government Mental Health outcomes strategy is that mental health is everyone's business, whether employers, education, third sector or criminal justice and it takes a life course approach covering children and young people, adults to older people, to:
 - Improve the mental health and wellbeing of the population and keep people well, and
 - Improve outcomes for people with mental health problems through high quality services that are equally accessible to all.The aim is to mainstream mental health so that it becomes as important to people as their physical health.
10. Carers' Strategy - a cross-Government strategy *'Recognised, valued and supported: next steps for the Carers Strategy'* (November 2011) sets out how the Government will prioritise actions, over the next four years, to ensure the best possible outcomes for carers and those they support, including carers' breaks.
11. In line with the requirements of the Autism Act 2009, the Department of Health issued statutory guidance *'Implementing Fulfilling and Rewarding Lives'*: (December 2010). The purpose of the guidance is to secure the implementation of *'Fulfilling and Rewarding Lives: The strategy for adults with autism in England'* by giving guidance to local authorities, NHS bodies and NHS Foundation Trusts around training of staff, the

diagnosis of autism and the leadership and planning of services: to help these bodies to develop services that support and meet the locally identified needs of people with autism and their families and carers.

12. The Care Quality Commission (CQC) will continue to determine compliance of regulated adult social care services/ activities; and in addition a new scheme to '*recognize excellence*' in adult social care above the 21 compliance outcomes is due to start in April 2012. This will be open to all providers of regulated adult social care services/ activities.
13. '*Fulfilling Potential*' (1 December 2011) is a discussion with disabled people to gather suggestions for a new cross-government disability strategy. Government's ambition is to enable disabled people to fulfil their potential and have opportunities to play a full role in society. To realise this ambition, Government wants to tackle barriers to realising aspirations and individual control, as well as change attitudes and behaviour towards disabled people. The consultation ends on 9 March 2012.

Adult Care Approved Budget 2012-13

Area	Expenditure £	Income £	Internal Recharges* £	Net Budget £
Service Strategy and Regulation	579,453	0	0	579,453
Purchased Services (Net Budget)	159,790,508	(52,678,660)	53,489,490	160,601,338
Older People	1,043,933	(64,511)	397,506	1,376,928
Physical Disability	9,448,820	(5,653,394)	259,923	4,055,348
Learning Disability	3,094,804	(986,113)	236,180	2,344,871
Mental Health	3,758,060	(404,867)	0	3,353,194
Substance Misuse	199,422	0	0	199,422
Fieldwork	11,747,122	(158,115)	0	11,589,007
Other Adult Services	6,507,351	(491,822)	6,000	6,021,529
Strategy & Commissioning	2,817,063	(16,830)	0	2,800,233
Business Support	11,823,693	(383,759)	(75,496)	11,364,438
Unallocated Budgets	(3,304,556)	(14,634,000)	0	(17,938,556)
Supporting People	17,003,808	0	0	17,003,808
Direct Care	54,187,649	(1,015,909)	(53,171,740)	0
TOTAL CONTROLLABLE BUDGET	278,697,131	(76,487,980)	1,141,862	203,351,013
Depreciations	1,161,145	0	0	1,161,145
GRAND TOTAL	279,858,276	(76,487,980)	1,141,862	204,512,158

* Includes inter-departmental recharges e.g. Direct Care, and intra-departmental recharges e.g. transport charges from Environmental Services

Included in the above budget - fees for independent sector care homes providers will be increased by 2% in 2012/13; which is without prejudice to the outcome of the review of care home fees currently underway; independent sector domiciliary care providers' fees will be increased overall by 2% in 2012/13.

Appendix 3

Routine and Consumables

In delivering its services, the Department will incur expenditure on routine and consumable items for the activities identified in the Service Plan. Where the purchase is beyond those identified in the Plan, advice will be sought from the Director of Finance or reference will be made to additional guidance which is to be published in the revised Financial Regulations.

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