

Public



Adult Care

Service Plan 2015-2016

Mary McElvaney
Acting Strategic Director

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Section 1

1.1 Introduction

Derbyshire is facing unprecedented government cuts over our budget due to reductions in Government grants, inflation and greater demands including on Adult Social Care; by 2018 the Council will have to cut £157 million, which is almost a third of the Council's spending. Adult Care's contribution to the cuts during 2015/16 will be £21,815,000. The cuts will affect all services provided by the Adult Care Directorate.

The Derbyshire Challenge - [The Derbyshire Challenge: Your council - Derbyshire County Council](#) is about how the Council will deal with the budget cuts. We will continue to:

Put our own house in order by:

- scrutinizing all areas of spending to ensure the cash is used where it is needed most
- reviewing senior management structures and introducing strict vacancy controls
- disposing of redundant land and buildings.

Work closely with other public services, councils, community and voluntary groups by:

- sharing services
- integrating health and social care priorities
- Identifying the needs of every community to see how they can best be met.

Maximise income and grants by:

- ensuring Derbyshire benefits from the Local Enterprise Partnership funds to help deliver more jobs and growth
- using every opportunity to bid for extra cash to support specific projects.

Continue our fight to secure a Fair Deal for Derbyshire by:

- pressing the Coalition Government for more resources
- joining with other councils to highlight how local government is being unfairly targeted
- working with local MPs, communities and community leaders.

1.2 The 2014/2017 Council Plan focuses on five pledges showing how we will contribute to improving the quality of life for local people and Section 4 ‘Delivering the Service Plan’ shows how Adult Care will contribute towards the Council’s priorities:

- **A Derbyshire that Works:** Building a strong economy that creates jobs, grows businesses and gives young people a future;
- **A Healthy Derbyshire:** Defends the NHS and improves health inequalities;
- **A Safer Derbyshire:** Fights crime and builds stronger communities;
- **A Derbyshire that Cares:** Offers practical support for children and families and high-quality council-run services for older people, people with disabilities and their carers;
- **A Local Derbyshire:** Puts local people at the heart of decision-making.

1.3 Health and Wellbeing Strategy priorities to 2017

- Develop sustainable multi-agency approaches to keep people health and living independently in their own home (Joint Leads Strategic Director Adult Care/Clinical Commissioning Group Chief Executive Officer)
- Develop a collective approach to resilience/social capital of people with chronic conditions and their carers (Joint Lead Derbyshire Healthcare Foundation Trust Chief Executive Officer /Voluntary and Community Sector)
- Adopt the healthy communities approach in localities (Joint Lead – Director of Public Health/District Council Chief Executive Officer)

- Focus on children's mental health and emotional wellbeing (Lead Strategic Director for Children and Younger Adults)

Section 2

Adult Care Policy and Operational Context

2.1 Main Elements of Adult Care and Support: Drawing on a range of local and national policies and strategies we know that people want:

- To live in their own homes with support and care if needed
- Assessments and support/service response to be timely
- To be well informed about the choices that they can make about care and support
- To be treated with dignity by a skilled, confident and respected social care workforce
- To have choice about where they live
- To be safe with good quality care and support
- Support to be able to live as independently as possible
- To have social care and health services that are personalised to their particular needs and preferences
- Their carers to be well supported
- To know who to contact if there is an emergency

2.2 During 2014/15 we made a start in delivering the Council Plan priorities by:

- Working with and consulting with our partners to engage and develop an agreed strategic integration plan for Derbyshire, and approval of the Better Care Fund Plan, which pools a range of health and social care budgets
- Working successfully with the NHS to further develop integrated care services to enhance support for people at risk of admission to hospital or residential and nursing home care:

- Aligning community social work teams and Direct Care services with GPs and primary and community health services across the county contributing to new local integrated care arrangements.
- Establishing social work services Saturday and Sunday at Chesterfield Royal and Royal Derby hospitals and achieving a reduction in the overall number of delayed transfers of care.
- Enhancing access to community Re-ablement and specialist residential care services
- Successfully implemented revised eligibility criteria for Adult Care funded care and support.
- Updating the Derbyshire Dementia Strategy 2014-19 and setting out clear and ambitious targets for improving dementia care in Derbyshire.
- Rolling out the dementia training programme
- Continuing to develop our Community Lives Programme to find new and better ways to support people with learning disabilities and their family carers
- Supported people with complex learning disabilities to move from hospital settings outside of Derbyshire to community based accommodation within the county (Transforming Care)
- Launched a Carers reference group which will feed into the strategic processes of Adult care
- Putting in place with partners, services and support to help prevent people with mental ill health experiencing a crisis, where possible, and to offer an appropriate response should a crisis occur.
- Delivering an extra care scheme Potters Place in Chesterfield to provide integrated direct personal care and housing support within peoples own homes
- Developing two new community care centres in Heanor and Darley Dale to provide a wide range of services to support older people in the community and integrated services tailored to the needs of the community they serve. These will be operational in 2015-16
- Enhancing the environment of four of our homes for older people to improve the lives of people with dementia; Whitestones in Chapel en le Frith, Castle Court in Castle Gresley, The Grange in Eckington and Thomas College in Bolsover.
- Supported the development of befriending services for adults available in Bolsover and South Derbyshire districts, and completes countywide coverage of befriending provision.

- Derbyshire Discretionary Fund successfully established and between April 2014 and December 2014, processed 12,705 applications for support, and awarded £846,630.00 in emergency financial help to Derbyshire people.
- Improving leadership skills using the National Skills Academy for Social Care Leadership Qualities Framework
- Recruiting people with the values and behaviours that match those of Adult Care.
- Adopting the national Professional Capabilities Framework for Social Workers as the basis for professional development and career progression.
- Introducing the Care Certificate qualification for newly employed Care Workers.
- Derbyshire Dignity Campaign has increased the number of current bronze award holders to 228 and the number of silver award holders to 22
- Continued to invest in the training and development of a skilled, confident and respected adult social care workforce, achieving Silver Award Winner - Adult Social Worker of the Year 2014 in the Social Worker of the Year Awards 2014.

2.3 FUTURE OF ADULT SOCIAL CARE: There are a number of significant policies and guidance documents which will impact on Adult Care during 2015-2017 and beyond; these include, but are not limited to the following:

2.31 The Care Act

The Care Act received Royal Assent on 14 May 2014. The first phase of the Care Act 2014 comes into force in April 2015 and places a range of new statutory duties on local authorities.

Phase 2 is concerned with the major reforms in the way that social care is funded, including the care cap and the care account, which will not come into operation until April 2016.

The Care Act has three main themes: wellbeing, prevention and integration.

Wellbeing Principle

A new statutory principle of individual wellbeing underpins the Act and is the driving force behind care and support. All local authorities have a general duty to promote individual wellbeing and it applies equally to adults with care and support needs and to their carers. In certain circumstances it can also apply to children, their carers and to young carers.

Prevention

Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.

The Act attempts to rebalance the focus of social care on postponing the need for care rather than only intervening at crisis point. The aim is that the care and support system intervenes early to support individuals, helps people retain or regain their skills and confidence, and prevents needs or postpones deterioration wherever possible.

Integration

The Act includes a statutory requirement for local authorities to collaborate, co-operate and integrate with other public authorities when carrying out their care and support functions, e.g. health and housing. It also requires seamless transitions for young people with disabilities moving to adult social care services. The guidance identifies that it is important that engagement in the planning, preparation and delivery of the Act is wider than the adult social care function elements of local authorities, for example in relation to prevention, and information and advice.

- **Key areas of change for April 2015 include:**
- General responsibilities on local authorities including promoting wellbeing, focusing on prevention and providing information and advice
- The introduction of a consistent national eligibility criteria
- New rights to assessment for carers, on an equivalent basis to the people they care for
- Legal right to a personal budget and direct payment where suitable
- The extension of local authority adult social care responsibility to include prisons, and

- New responsibilities around transition, provider failure, supporting people who move between local authority areas, and safeguarding.
- **Major reforms to the way that adult social care is funded will be effective from April 2016, including:**
- A lifetime cap of no more than £72,000 for individuals on reasonable care costs to meet their eligible needs ,and
- A deferred payment scheme to prevent people selling their home to pay for their care.

Adult Care Actions to prepare for the implementation of the Care Act

- The implications of the proposed new measures for funding care have been scoped and a project plan has been created to prepare to implement the changes to the way people pay for their care and support
- All Adult care policies and procedures have been reviewed to ensure they are compliant with Care Act requirements
- Staff training across the council, voluntary and community sector, independent sector and the NHS is being organized to prepare staff to carry out new duties.
- The Care Act is being publicized locally linking into national publicity

2.32 The Better Care Fund Fund (BCF)

The Better Care Fund (BCF) was announced by the Government in June 2013 spending round, to ensure a transformation in integrated health and social care. It provides an opportunity to transform local services so that people are provided with better integrated care and support that will support the aim of providing people with the right care, in the right place, at the right time, including through a significant expansion of care in community settings.

The BCF is intended to be an important enabler to take the integration agenda forward at scale and pace by acting as a significant catalyst for change. It is aligned to local government planning, and is a critical part of the

NHS 2 year operational plans and 5 year strategic plans. It has been signed-off by the Health and Wellbeing Board.

The BCF is a single pooled budget of existing expenditure, to support health and social care services to work more closely together in local areas. Nationally, the Fund provides for £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users and carers. In 2015/16, in addition to the £900m transfer already planned from the NHS to Adult Social Care, a further £200m will transfer to enable localities to prepare for the Better Care Fund in 2015/16. In Derbyshire, this means the Better Care Fund will be £ 61.489M in 2015/16.

Joint approaches to services have worked well in Derbyshire for many years, delivering both improved services and value for money. The local implementation of the national integration agenda will increase the range, scope, scale and pace of the delivery. We will build further on our well established joint working arrangements by improving our integrated response to individuals.

The BCF has four national conditions which must be met:

- Protecting social care services;
- 7 day services in health and social care to support people being discharged from hospital and prevent unnecessary admissions at weekends;
- Data sharing arrangements between the local NHS and the Council;
- Health and social care use a joint process to assess risk, plan care and allocate a lead professional for the adult population identified as at high risk of hospital admission.

There are also five national outcome measures and one local measure that will be monitored via NHS England, these are part of the suite of returns that already have to be made by Adult Social Care and the NHS; the detailed targets are set out in Section 5 on page 40:

National:

- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/ re-habilitation services
- Delayed transfers of care from hospital
- Avoidable emergency admissions
- Patient / service user experience. This will be based on a local metric which is from the GP Patient survey.

Local

We are encouraged to have at least one local measure out of a list provided and it has been provisionally agreed to develop a local target around the numbers of people being diagnosed with dementia.

25% of the Better Care Fund minimum allocation will be subject to payment by performance in 2015/16 based on agreed targets for the above.

Derbyshire's BCF plan received full approval from government on 22 December 2015. The plan is available on the county council website:

Link to Part 1

[http://www.derbyshire.gov.uk/images/Better%20Care%20Fund%20Derbyshire%20Plan%20\(Part%20One\)_tcm44-257096.pdf](http://www.derbyshire.gov.uk/images/Better%20Care%20Fund%20Derbyshire%20Plan%20(Part%20One)_tcm44-257096.pdf)

Link to Part 2

http://www.derbyshire.gov.uk/images/Better%20Care%20Fund%20Health%20and%20Wellbeing%20Board%20Financial%20Plan_tcm44-256911.pdf

Adult Care Actions

- Adult Care will implement the BCF projects as set out in the BCF Plan

2.33. Integration

The Adult Care approach towards integrated care is shaped by the NHS structures within which it is being developed. There are 5 Clinical Commissioning Groups (CCGs); more than 100 GP practices; 12 Acute hospitals (only one of which is in Derbyshire) and 2 Community Health services NHS Foundation Trusts.

The focus is on organizational development that facilitates skilled, confident and respected adult care professionals (at all levels and across all functions). Staff operate in constantly adapting collaborations – the team around the person/community.

We have focused on strengthening operational relationships at all levels and supporting frontline staff to engage and take forward improved collaboration to deliver safe, sustainable integrated care that delivers optimal efficiency.

In the north Unit of Planning (North Derbyshire and Hardwick CCGs) we support the development of Community Support Teams built around 8 GP practices that cut across district and borough boundaries.

In north east Derbyshire we have piloted an Integrated Care service with health at Clowne and Tibshelf. This has demonstrated good outcomes.

In both south Derbyshire and the Dales, adult care staff have joined the Community Support teams at local surgeries.

Our development work with Acute hospitals includes co-location with Clinical Navigation teams and excellent joint work on admission avoidance and transfer to assess in both the north and south of the county. We are supporting acute Trusts out of hours with social work staff established on site at Royal Derby hospital and Chesterfield Royal hospital.

A major enabler for integration will be work being carried out to enable Adult care staff to access their drives and systems via Wi-Fi in all health settings.

2.4 Operational Context

Population / Demographic Trends

Derbyshire has an estimated resident population of 783,700 according to the *Office for National Statistics Population Projections¹*. This figure is set to increase at an average rate of 0.5% year on year leading to approximately 20,200 additional people living within the County by 2020 (Figure 1).

This is of particular significance to Adult Care when taking account of the age profile of the county. Historically the need for and receipt of social care increases with age. The number of older aged people in Derbyshire is forecast to increase significantly; this trend is expected to continue over the next 5 years and beyond. The age profile of Derbyshire is both older than that forecast nationally and within the East Midlands (Table 1 and Figure 2).

In total it is estimated that there will be an additional 10,700 older aged people living in Derbyshire by 2018, an increase of 6.4%. The only expected decrease amongst the older population by 2018 is in the 65-69 age group (- 7.6%). The biggest increase is expected in the 70 – 74 (20.5%) age group which equates to an additional 8200 people, there is expected to be an additional 2,600 people in the 75- 79 age group, 1,600 in the 80 – 84 age group, 1,300 in the 85 – 89 age group and 1,000 in the 90+ age group.

Following the projected population rise amongst older age groups over the next 5 years Adult Care should anticipate increases in the following kinds of conditions/needs:

- Dementia - 1,869 additional people are expected to have dementia by 2020
- Mobility - 4,266 additional people will be unable to manage at least one mobility activity on their own

- Self-Care - 7,296 additional people will be unable to manage at least one self-care activity on their own
- Falls - 5,355 people are projected to have a fall; a significant number of these will require re-ablement

Younger People “in Transition”

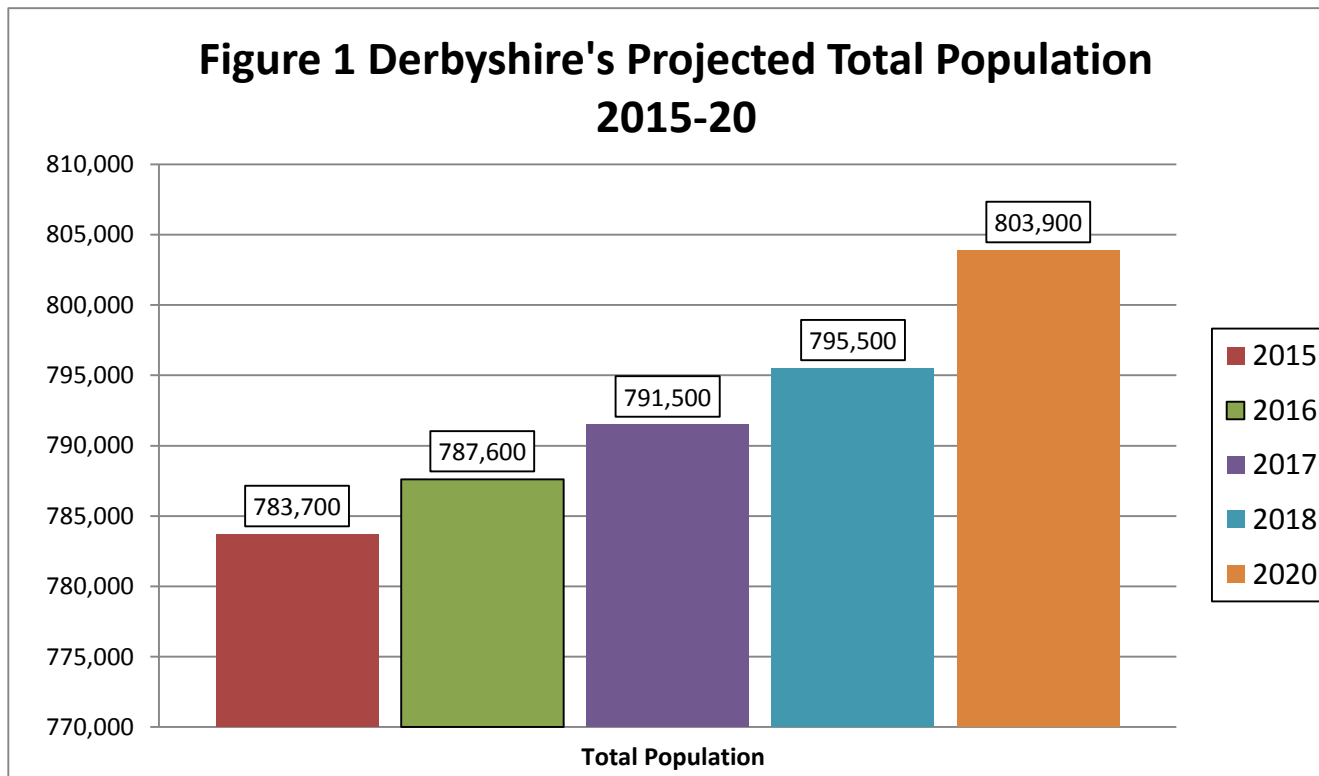
These groups are difficult to predict as they are historically low in number. However, because of the severity and complexity of their needs, their care package costs can be very high. For example, average weekly package costs can be as high as £1,500 for a young person with a learning disability and £800 per week for a young person with a physical disability. The latest demographic projections indicate that there will be additional young people with learning disabilities and younger physically disabled people who will require significant care packages. For example, there will be an increase of 14 young people with a learning disability and 28 young people with a physical disability during 2015/16, with similar increases year-on-year to 2020.

Adults with a Physical Disability and Adults with a Learning Disability

In addition to younger people, the next 5 years will see an increasing number of adults with either a learning disability or a physical disability who have a social care need. More successful medical care means that we are particularly likely to see larger numbers of people with a physical disability in the 45 and over age group. In 2015, there are over 9,000 with a severe physical disability in the 45 and over age group, and these numbers will rise year-on-year to 2020.

Older People with a Learning Disability

The numbers of people with a learning disability living into older age continues to increase. Table 2 shows the age profile of current clients. Although numerically low, the Department is now supporting clients with significant needs well into their late 60's and early 70's. Over the next 5 years, there will be an increasing number of older-age clients with a learning disability who have considerable support needs as the current client group aged 50 and over gets older.

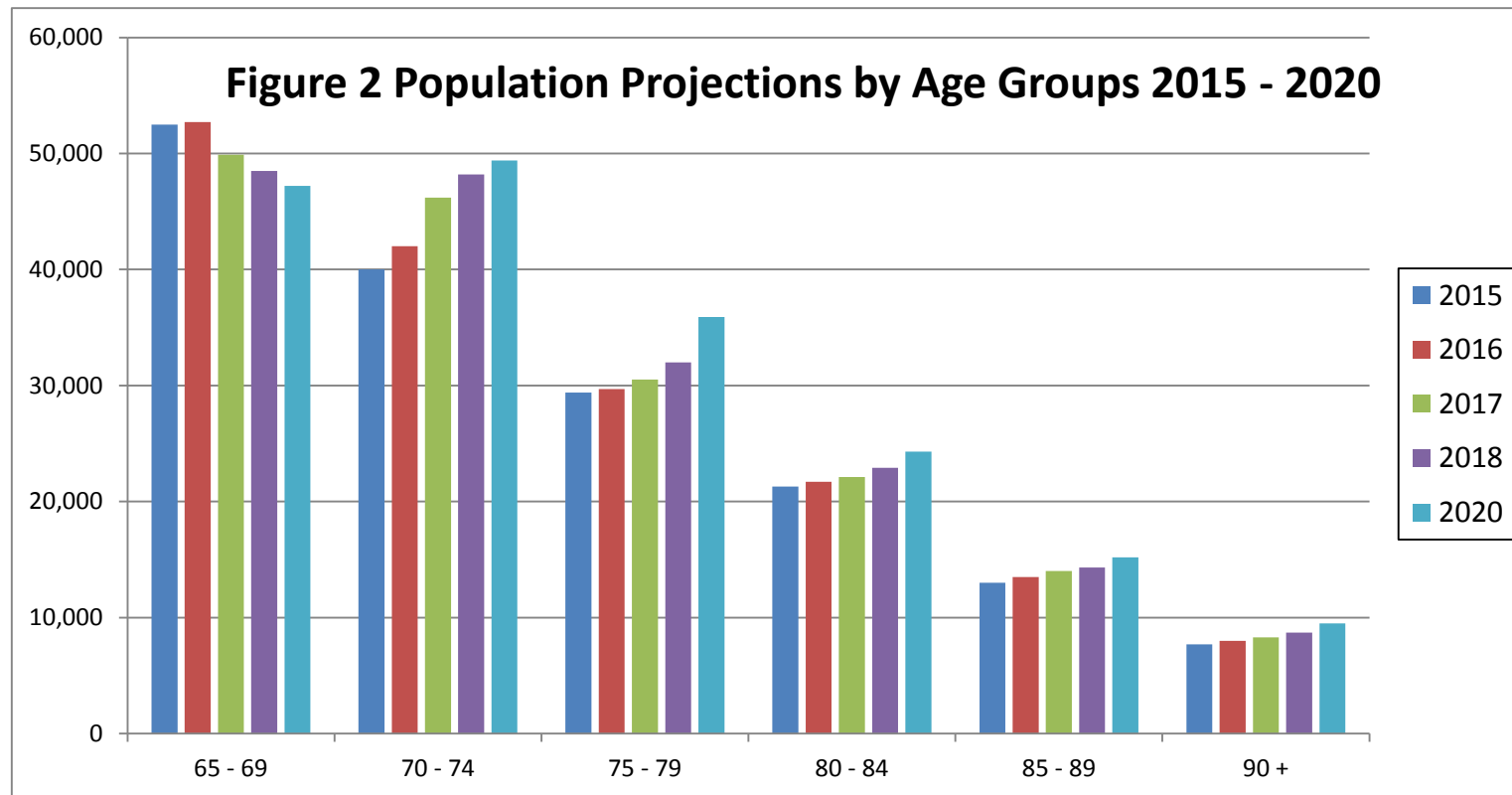


- Derbyshire's resident population will continue to rise over the next decade
- The population has risen by 3700 over the last year it is expected to reach 824,100 by 2025.
- Over the next 5 years the population average annual growth is 0.5%

Table 1 Derbyshire's Older Persons Population

| Age Group | 2015 | 2016 | 2017 | 2018 | 2020 | % Increase /Decrease over next 5 years 2015-2020 |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|--|
| 65-69 | 52,500 | 52,700 | 49,900 | 48,500(-7.6%) | 47,200 | -10% |
| 70-74 | 40,000 | 42,000 | 46,200 | 48,200(20.5%) | 49,400 | 24% |
| 75-79 | 29,400 | 29,700 | 30,500 | 32,000 (8.8%) | 35,900 | 22% |
| 80-84 | 21,300 | 21,700 | 22,100 | 22,900 (7.5%) | 24,300 | 14% |
| 85-89 | 13,000 | 13,500 | 14,000 | 14,300 (10%) | 15,200 | 17% |
| 90+ | 7,700 | 8,000 | 8,300 | 8,700 (13%) | 9,500 | 23% |
| Total population 65 and over | 163,900 | 167,600 | 171,000 | 174,600 | 181,500 | 11% |

- Currently 20.9% of the people normally resident in Derbyshire are aged over 65 years, and 2.6% of these are aged over 85. This compares to 18.9% and 2.5% for the East Midlands and 17.8% and 2.4% nationally.
- Nationally it is projected that there will be a 10% increase in the overall population of older aged people, with the individual age groups affected as follows: 65-69 (-8%), 70-74 (+24%), 75-79 (+13%), 80-84 (+12%), 85-89 (+15%), 90+ (+23%)



- The 65 – 69 age group will decrease by 10.1% by 2020 the only age range expected to decrease during this time period
- The greatest increase will be in the 70 -74 age group increasing by 24% closely followed by an expected increase of 23% in the 90+ age group

Table 2 Derbyshire Older Persons with LD Population

| Age Group | 2015 | 2016 | 2017 | 2018 | 2020 | % Increase /Decrease over next 5 years 2015- 2020 |
|---|--------------|--------------|--------------|--------------|-------------|---|
| 65-74 | 1,992 | 2,043 | 2,084 | 2,103 | 2104 | 6% |
| 75-84 | 1,016 | 1,031 | 1,056 | 1,104 | 1214 | 19% |
| 85 and over | 395 | 411 | 427 | 441 | 476 | 21% |
| Total Population over 65 with LD | 3,402 | 3,484 | 3,567 | 3,648 | 3795 | 12% |

- There are increasing numbers of clients with a learning disability living into old age
- Over the next 5 years or so, there will be an increasing number of older aged clients with a learning disability with significant support needs
- There are over 4,600 adults aged 18-64 with autism. The requirements set out in the new Autism Strategy mean we can expect to be required to address the needs of at least 43 people with autism during 2015-16 and beyond.

Joint Strategic Needs Assessment (JSNA)

Since 1 April 2008, local authorities and health partners have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). JSNAs establish the current and future health and wellbeing needs of a population, setting a path to improved outcomes and reductions in health inequalities. It is a partnership duty which involves a

range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

The JSNA identifies health and wellbeing needs and makes recommendations for those that should be treated as areas for priority attention. The JSNA has identified the following priority areas for action for 2015/16:

- Increased support for unpaid carers in the form of better access to timely advice and guidance about emergency care cover, carer breaks and funding arrangements. It is essential that better ways are found and implemented that inform carers simply and effectively of how to better prepare to be carers. This is especially important for carers in North East Derbyshire, where the proportion of unpaid care is highest in the population of Derbyshire. This will be addressed by the refreshed carers' strategy.
- More in-depth training for carers about caring for people with multiple impairments; in particular there needs to be a better understanding of how to help people dealing with mental health problems such as anxiety and depression as well as dementia. This needs to be targeted for carers in the 50 plus age group who are the group most likely to be undertaking significant caring responsibility. This will be addressed by the refreshed carers' strategy.

Case study analyses of *Frameworki* records illustrate that higher numbers of very vulnerable older people are being supported to live at home with the most minimal of care packages. This means that whilst people are having their personal care needs addressed very efficiently, increasing proportions of vulnerable older people have insufficient levels of social contact and spend longer periods on their own, increasing feelings of social isolation. There is a need for further development of be-friending services as part of a wider initiative to increase social networks for older and disabled people who live alone. This is being addressed through the Prevention strategy.

- A continued emphasis of the need for strong safeguarding practice of vulnerable older and younger disabled people.

- An estimate of between 22% & 24% of older people in Derbyshire who are in a care setting are malnourished. Urgent action is required to raise awareness and counter the factors that lead to malnutrition in older people.
- Improved understanding of the likely numbers of people with social care needs over the next 5 years who will be self-funders. The Department will take account of this in implementing the Care Act.
- Improvements in enabling access to timely and reliable guidance about options for long-term social care, especially for self-funders. The Department will take account of this in implementing the Care Act.
- In line with national priorities and local consultation with people who access Mental Health Services and their families and carers, to improve opportunities for easy access to early intervention (enablement model) and whole systems pathways aimed at promoting recovery, including raising awareness through the 'Time to Change' initiative.

Summary

As people are living for longer with multiple impairments and the population of older people continues to rise, both the number of people with needs and their level of need is increasing. This is placing an unprecedented demand for attention on the NHS and public care. In addition, we now have the highest ever recorded number of informal carers, many of whom are at the outset of their care 'career' and are quite unprepared for this demanding role.

It is expected that the impact of local authority cuts will reduce the amount of support available, and in order to mitigate this there is a need to provide preventative services and enhance social capital and good-neighbourliness. A widespread 'culture of care' needs to be developed in Derbyshire, through the provision of good quality, accessible public information and also simple and effective advice.

In particular, more needs to be done to provide for the increasing numbers of older people living with dementia and we are encouraging the creation of dementia friendly communities to enhance the care and quality of life for this sector of our community.

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:

Derbyshire County Council has adopted eight equality objectives, to help drive its work to advance equality, eradicate discrimination and harassment, and help improve relations between the different people who live, work and visit Derbyshire:

- Our services are accessible and welcoming to all communities and are capable of responding to the different needs and aspirations of our customers.
- Partnership working is helping to reduce health and other inequalities, reduce deprivation and support rural areas.
- More young people are working for us and being helped to gain employment.
- We are improving the life chances of vulnerable young people through our corporate parenting and education work.
- Vulnerable people are being protected from the harmful impact of crime and anti-social behaviour.
- Equality is integrated into the work of departments across the council and we are able to show how it embraces its public sector equality duties.
- The diversity of Derbyshire is celebrated and the county is a cohesive place where people from all communities get on well together.

- Our workforce feels valued and respected, and is reflective of the diverse communities it serves.

Adult Care 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 taking preventative measures.

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.

3.4 Sector-wide Workforce Development:

Adult Care has developed a Learning and Development programme which is available to the entire social care workforce across Derbyshire to access including employees the Private, Independent and Voluntary sector organisations.

Workforce strategies are developed following consultation with and feedback from the whole of the social care sector and interested parties, inclusive of the Private, Independent and Voluntary sector organisations.

The following provides an overview of workforce development objectives for 2015/16:

- Support Derbyshire County Council's (DCC) aim to be a market leader in providing high quality services
- Support the introduction and implementation of the Care Act across the Council and Private, Independent and Voluntary sectors organisations.
- Support managers in workforce changes arising from the Better Care Fund Programme
- Support workforce development in relation to integration of health and care services
- Human Resources implications or measures resulting from the Comprehensive Spending Review and cuts to departmental budgets
- Workforce redesign arising from the Accommodation and Support Strategy, Community Lives and other service redevelopments
- Maintain workforce planning and development for the whole of the social care sector in Derbyshire, with a focus on quality of care and Dementia.
- Improve the management of attendance to reduce levels of absence in Adult Care and encourage a culture of high attendance.
- Increase the number of apprenticeships in Adult Care
- Implement the Social Care and Inclusion Job Family
- Implement the Health and Safety Development Plan
- Promote diversity and inclusion through promoting the employment of disabled people including people with learning disabilities or mental ill-health, by Derbyshire County Council and other local employers
- Workforce development for employees in commissioning roles
- Implement the Social Worker progression framework
- Develop and promote e-learning around the Care Act

Section 4

Delivering the Service Plan

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.

Adult Care has established a programme management approach to deliver the Council Plan priorities, including the following themes:

- Achieving the agreed budget cuts (subject to the outcomes of consultation);
- Integrated Care/ Better Care Fund;
- Care Act and Dilnot implementation;
- Accommodation, Care and Support for Older People and People with Learning Disabilities;
- On-going projects across Adult Care - as set out in the following table

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Team/ Unit Delivery Plans, and individual My Plans.

In the table below, the column "We will have succeeded if by 2016..." below shows the outcomes Adult Care aims to deliver by 2016 to achieve the Council Plan priorities. Section 5 on page 40 sets out "How Success will be Measured".

A Derbyshire that works:

| Council Plan Priorities: | Adult Care: We will have succeeded if by 2016... |
|--|--|
| A skilled and confident workforce | |
| Continue support for the Derbyshire Apprenticeship Scheme. | <ul style="list-style-type: none"> • We have provided 17 additional apprenticeships making a total of 55 since the scheme began in June 2012. |
| Provide a range of employment opportunities and recruitment initiatives to encourage people from a diverse range of backgrounds to work for the Council. | <ul style="list-style-type: none"> • We have supported 50 people with disabilities into employment with DCC, including apprenticeships, work placements and voluntary work. |
| Provide a range of supported employment opportunities for vulnerable young people, adults with learning disabilities and people with mental ill health. | <ul style="list-style-type: none"> • We have supported 250 adults and young people with disabilities, including people with learning disabilities and people with mental ill health, to achieve their agreed employment outcomes. |
| Provide a comprehensive offer of adult and community learning to support adults into work. | <ul style="list-style-type: none"> • We have awarded 80 Derbyshire Volunteer Passport for adults who wish to work with adults, including to volunteers who want to work with people with dementia, mental illness, and learning disability, including autism. |

A Healthy Derbyshire

| Council Plan Priorities: | Adult Care: We will have succeeded if by 2016... |
|--|---|
| Healthier communities with reduced health inequalities | |
| Develop and roll out whole person care across Derbyshire. | <ul style="list-style-type: none"> • We have consolidated the development of integrated community health and social care services and a close alignment with GP Practices and Primary Care across the eight districts and boroughs of the county. • We are implementing the Adult Care Prevention Strategy 2015 – 2018, and can demonstrate through regular monitoring that we are maintaining and extending our capability to prevent or reduce the need for funded adult social care support. |
| Develop and promote the use of Health and Wellbeing Zones in libraries to reduce health inequalities. | <ul style="list-style-type: none"> • We have increased the number of Adult Care information points in places accessible to the general public, and the number of information points in restricted access locations. • We have delivered 10 events for local people held at Health and Wellbeing Zones to promote prevention provision. |
| Work with partners and local communities to promote healthy lifestyles and encourage more people, particularly children and older people with learning disabilities, to participate in sports and recreational activities. | <ul style="list-style-type: none"> • We have provided accessible information about recreational opportunities including the '12 month challenge' to improve health and fitness and distribute to libraries, GP surgeries and learning disability services including care homes, day services and supported housing. • We have with partners implemented and promoted the '12 month challenge' ensuring people with a learning disability aged over 55 are identified as a priority group. |

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| <p>Better integrate health, housing and social care to secure improved support to Derbyshire's ageing population.</p> | <ul style="list-style-type: none"> • The Older Persons Accommodation Care and Support Strategy will be partially implemented with: <ul style="list-style-type: none"> ○ Two further Specialist Community Care Centres, Meadow View in Darley Dale and Florence Shipley in Heanor are open ○ Two extra care schemes are open; Maple Mews at Alfreton and Smithybrook View in Clay Cross both in partnership with Chevin Together Housing ○ An extra care scheme with specialist residential facilities is open at Lacemaker Court in Long Eaton in partnership with Housing and Care 21 ○ Plans for schemes in integrated or combined schemes in Buxton and Belper are being taken forward with partners. The proposed integrated scheme in Belper to include a library service. |
| <p>Improve mental health awareness and integration of mental health services with other services in the county.</p> | <ul style="list-style-type: none"> • We have Delivered our shared commitments set out in the <u>Mental Health Crisis Care Concordat</u> • We have provided comprehensive on-line mental health information on the DCC website. |
| <p>Agree an action plan to tackle the stigma relating to Learning Disabilities.</p> | <ul style="list-style-type: none"> • The Corporate Diversity and Inclusion Board sub group has taken forward the agreed Action Plan. • Corporate publications regularly feature positive images of people with a learning disability. Press releases which are about people with learning disabilities should routinely include quotes from people with learning disabilities. |

A Safer Derbyshire

| Council Plan Priorities: | Adult Care: We will have succeeded if by 2016... |
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| Resilient and safe communities | |
| Offer better support to victims, especially those experiencing hate crime. | <ul style="list-style-type: none"> • We have implemented the Hate Crime and Staying Safe Project in 6 new locations, provided training for people with Learning Difficulties on hate crime and 'mate crime', and recruited more Keeping Safe Champions. |
| Work to build wider community resilience so that local communities can support themselves during emergencies as resources become limited. | <ul style="list-style-type: none"> • We have implemented a Local Area Coordination initiative for Bolsover and have staff operational. • We have established 'Timeswap' (time banking) initiatives in Dronfield and Long Eaton. • We have increased the membership and number of social events of 50+ forums. • We have continued to deliver a programme of inter-generational work that includes work in care homes with people with dementia. |
| People supported in hard times | |
| Develop an Anti-Poverty Strategy to focus effort and resource. | <ul style="list-style-type: none"> • We have put in place a multi-agency programme of action to reduce poverty through income maximisation. • We have campaigned successfully to maintain funding for the Derbyshire Discretionary Fund (DDF). |

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| | <ul style="list-style-type: none"> • We have an agreement in place between DDF and Credit Unions operating in Derbyshire that enhances our local welfare provision offer for residents. |
| Work with partners to tackle fuel poverty. | <ul style="list-style-type: none"> • We have made payments from the DDF to support heating costs through Emergency Cash Payments. • We have delivered income maximisation checks via the Welfare Rights Service, as a contribution to the delivery of the Anti-Poverty Strategy 'fuel poverty' strand. • We have implemented a First Contact interagency referral pathway for those struggling to afford heating costs. |
| Support specialist, community based and welfare rights advice services. | <ul style="list-style-type: none"> • We have worked with Citizens Advice Bureaux (CAB) and local advice agencies, to receive complex casework and appeal referrals. • We have delivered training events on benefit issues to CAB's and other voluntary sector advice agencies, including on Universal Credit. • We have produced a research report on the impact of benefit sanctions in Derbyshire. • We have operated the Welfare Rights Service public facing Benefits Helpline 11am to 4.30pm, Monday to Friday, throughout the year. |

Green and Sustainable Communities

Explore ways of further reducing carbon emissions within the Council and implement innovative plans to reduce the energy use of our street lights.

- We have delivered full utilisation of the Staff Plan electronic rostering tool to ensure all domiciliary care staff are allocated calls in the most efficient and effective way.
- We have reduced management staff mileage through more effective use of Skype for meetings.
- We have included systems to minimise carbon and energy use in new DCC run accommodation for older persons residential and day services

A Derbyshire that Cares

Council Plan Priorities:

Adult Care:

We will have succeeded if by 2016...

Thriving children, young people and families

Strengthen multi-disciplinary approaches and inter-agency working to improve outcomes for children and young people.

- We have maintained consistent and effective support for young people with significant additional needs in their transition to adult life as measured by the percentage of young people with assessed eligible adult social care support needs with an agreed transition plan at 18 years of age.

| Independent and supported older people | |
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| Implement a multi-agency response to falls and bone health | <ul style="list-style-type: none"> • We have carried out home safety checks and tele-care installations to mitigate falls in the home through Handy Van 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. | <ul style="list-style-type: none"> • We have consolidated Community Support Teams and further developed integrated community health and social care services and a close alignment with GP Practices and Primary Care across the eight districts and boroughs of the county. (Implementing elements of the agreed System Plans for the 3 Units of Planning). • We have delivered improved performance as measured by the Better Care Fund key performance indicators. • We have successfully implemented the Better Care Fund • We have met the priorities agreed with the three NHS units of Planning |
| Implement the social care reforms recommended by Andrew Dilnot and set out in the Care Act | <ul style="list-style-type: none"> • We have put in place the new duties set out in the Care Act • We have completed planning for the 2016/17 Phase Two changes |
| Lobby government for a sustainable national funding model for social care. | <ul style="list-style-type: none"> • We have continued to make a contribution to Association of Directors of Adult Social Services, Local Government Association and relevant consultations |

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| Consult on a new accommodation strategy | <ul style="list-style-type: none"> • There is a plan in place to optimise or change the current residential and extra care accommodation options available for older people in Derbyshire |
| Provide high quality services for people with dementia. | <ul style="list-style-type: none"> • We have worked with the Derbyshire Dementia Action Alliance to make communities in Derbyshire Dementia Friendly – this includes making DCC ‘dementia friendly’ as provider of services & employer • We have opened three new Community Care Centres specially designed to facilitate dementia care in Darley Dale, Heanor and Long Eaton (as part of Extra Care Scheme). This will complement existing centres in Staveley and Swadlincote. • We have increased the early assessment and follow on support of people with dementia with funding from the Better Care Fund. |
| Continue to ensure that independent sector care services are of a good quality and responsive to client’s needs. | <ul style="list-style-type: none"> • We have minimised the number of poorly performing independent sector providers that Adult Care has contractual relationships with through improved joint working with the independent sector, local NHS and CQC. This will be measured by the number of providers subject to ‘suspensions of new placements’, number of unplanned service closures, and number of providers in CQC special measures. |
| Improve our safeguarding procedures to protect our most vulnerable residents from maltreatment and abuse. | <ul style="list-style-type: none"> • We have established a statutory Adult Safeguarding Board with statutory partners • The Safeguarding Board has mechanisms in place to review Safeguarding work and instigate changes in policy and practice that might be required. |

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| | <ul style="list-style-type: none"> • We have embedded the Making Safeguarding Personal approach in the practice of all staff in all agencies who respond to enquiries that are made in response to expressions of concern about vulnerable adults. • We have communicated to staff and communities information about the extension of categories of abuse in the Care Act. |
| Support independent living and healthier lives for older people through a range of physical activity opportunities in the community and adult care settings. | <ul style="list-style-type: none"> • We have delivered a programme of inter-generational work that includes work in care homes, particularly with people with dementia. |
| Adults with physical and learning disabilities leading independent and fulfilling lives | |
| Continue to monitor the assessment processes in place for adults with disabilities. | <ul style="list-style-type: none"> • We have revised documentation and practise to implement the Care Act 2014, carrying forward the further streamlined and simplified assessment tools and procedures developed during 2014/15; and we are utilising tools and learning available from national development work - Think Local Act Personal and Social Care Institute for Excellence |
| Develop more collaborative approaches to assessing need and designing services with clients and family carers | <ul style="list-style-type: none"> • Ensured that opportunities for supported self-assessment are promoted and responded to when requested • That the number of people reporting in the annual survey that they feel in control of planning their support needs has increased |

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| Work with carers to better understand their needs and improve support services | <ul style="list-style-type: none"> • Carers Reference group will be making strong contribution to redesign and development of carers services • A new joint Carer's Strategy has been agreed together with an Action Plan • Changes to carer's eligibility for assessment and support from the Care Act are in place |
| Ensure all those eligible for local authority funding have a personal budget. | <ul style="list-style-type: none"> • That the proportion of people in receipt of a personal budget has continued to increase • All people whose support needs are re assessed or reviewed will transfer to a personal budget where they continue to be eligible for funded care and support. • We provide those people who request a Direct Payment with the help and support they need to take effective responsibility for organising their care. |
| Improve information, advocacy and advice services to ensure people receive benefits to which they are entitled. | <ul style="list-style-type: none"> • Local people are able to receive the benefits to which they are entitled • Appropriate information, advice and advocacy is made available in line with Care Act requirements |
| Reduce the inappropriate use of residential care and seek alternative accommodation options. | <ul style="list-style-type: none"> • Completion, approval and implementation of Learning Disability Accommodation and Support strategy • Continue to reduce the inappropriate use of residential care by developing a range of quality and innovative alternatives. |

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| | <ul style="list-style-type: none"> • More individuals supported to move from hospital to local community based accommodation as part of the Transforming Care programme. |
| Increase the number of teams and organisations signed up to the Derbyshire Dignity challenge. | <ul style="list-style-type: none"> • Increased the number of bronze award holders by 50 from the current level of 228 and the number of silver award holders by 25 from the current level of 22 |
| Securing the future of Bolsover Woodland Enterprise | <ul style="list-style-type: none"> • The future of Bolsover Woodland Enterprise has been secured |

A local Derbyshire

| Council Plan Priorities: | Adult Care: We will have succeeded if by 2016... |
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| An ambitious and dynamic Council | |
| Radically reshape the Council due to reduced resources so that it is the best it can be to meet future challenges and opportunities. | <ul style="list-style-type: none"> • We have identifiable initiatives that support budget cuts and cost savings required by the <u>Derbyshire Challenge</u>, from the development of whole person integrated care delivered by the System Plans agreed for the 3 Units of Planning. |
| Make sure that our limited resources are allocated fairly. | <ul style="list-style-type: none"> • As agreed by Cabinet during 2014/15 we have controlled the overall spending on personal budgets (cut by £8m for 2015/16), which people use to buy their care and support, by ensuring assessments are consistent and only people's eligible assessed needs are met through their personal budgets. |
| Work with our public, private and voluntary and community sector partners, through our three key partnerships – the Derbyshire Partnership Forum, the Health and Wellbeing Board and Local Enterprise Partnerships - to find opportunities for joint working, shared services, integration and growth. | <ul style="list-style-type: none"> • We have implemented the Integration Programme through the following projects: <ul style="list-style-type: none"> ○ Self help, prevention and community resilience ○ Integrated community based support/Integrated episodes of care ○ Reducing admissions to hospital and care homes and delayed discharges ○ Enablers ○ Care Act implementation • We have worked with the local NHS on the increased use of Personal Health Budgets (PHBs), particularly for people who also receive Direct Payments and those people with Learning Disabilities who are part of the Transforming Care Programme |

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| | <ul style="list-style-type: none"> • We have implemented the agreed projects to improve the efficacy of adaptations to people's lives, including Disabled Facilities Grants (DFGs) • We have extended the use of Telecare, particularly when it will reduce the need for care and support services • We have reviewed the existing 2nd Homes programme and priorities given the expected budget pressures on Housing-Related Support services |
| Ensure that our workforce is flexible, adaptable and can meet the future needs of Derbyshire residents. | <ul style="list-style-type: none"> • We have maintained the extension of planned weekend working at Chesterfield Royal Hospital and Royal Derby Hospital, strengthening our contribution to preventing avoidable hospital admissions and delivering care and support for patients who can be discharged Saturday and Sunday. • We have consolidated Community Support Teams and further developed integrated community health and social care services and a close alignment with GP Practices and Primary Care across the eight districts and boroughs of the county. (Implementing elements of the agreed System Plans for the 3 Units of Planning). • We have reduced sickness absence in Direct Care • All staff have a My Plan • The Value-based recruitment toolkit has been implemented • Leadership Qualities Framework will form part of the relevant My Plans |

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| <p>Celebrate the county's diversity and work hard to ensure that fairness is at the heart of everything we do.</p> | <ul style="list-style-type: none"> • We have a vibrant and active Departmental Diversity and inclusion group • We have identified diversity allies across the work places who have an interest in promoting diversity awareness. • We have actively promoted diversity issues within Adult Care to coincide with the calendar of events. |
| <p>Communities at the heart of decision making</p> | |
| <p>Better understand the needs and challenges facing our communities so that we can target reduced resources effectively.</p> | <ul style="list-style-type: none"> • We have made effective use of the information available to Adult care and the council including: <ul style="list-style-type: none"> ○ Joint Strategic needs assessment ○ Surveys of clients and carers ○ Health and Wellbeing strategy • We have worked with partners to support community capacity and community development as part of the agreed System Plans for North Derbyshire and Southern Derbyshire Units of Planning. |
| <p>Develop a comprehensive programme of engagement and consultation to support decision making.</p> | <ul style="list-style-type: none"> • We have maintained the involvement of client and carer stakeholders in the existing forums we help convene as part of our continued commitment to engagement • We continue to have a significant level of input by clients, carers and the public into formal consultations we hold • We continue to contribute fully in forums with members of the health and |

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| | social care economy in discussions about the future direction of services. |
| Identify more opportunities to involve local people and communities in the co-design and co-delivery of Council services. | <ul style="list-style-type: none"> • We have continued to work with communities of interest, individual clients and carers to make sure that an increased number of local people are able to play a role in the co-design and co-delivery of services. |

Section 5

How Success will be Measured

This section sets out “How Success will be Measured”; and the indicators are mainly those set out in the Department of Health document “*Adult Social Care Outcomes Framework – Handbook of Definitions*”; and as required, Adult Care-related measures from the NHS and Public Health Outcomes Frameworks. A link to the web page is provided below.

[Adult Social Care Outcomes Framework \(ASCOF\) - Health & Social Care Information Centre](#)

The six Better Care Fund measures are also included below.

The detailed implementation and monitoring of the outcomes are set out in the relevant Divisional and Team/ Unit Delivery Plans, and individual My Plans.

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

| ASCOF Thematic Outcomes | MEASURES | Baseline 2013/14 | Target 2015/16 |
|--------------------------|--|------------------|----------------|
| NATIONAL OUTCOMES | | | |
| Personalisation | • Social care-related quality of life (ASCOF 1A) | TBC | TBC |

| | | | |
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| | <ul style="list-style-type: none"> • 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) [NATIONAL TARGET] • Proportion of people using social care and family carers who receive direct payments (ASCOF 1C Part 2) • Carer-reported quality of life (ASCOF 1D) (Biennial survey) • 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 people who use services who reported that they had as much social contact as they would like (ASCOF 1I Part 1) • Proportion of carers who reported that they had as much social contact as they would like (ASCOF 1I Part 2) | <p>TBC</p> <p>78.3%</p> <p>20.6%</p> <p>TBC</p> <p>4.1%</p> <p>13%</p> <p>77.8%</p> <p>TBC</p> <p>TBC</p> | <p>TBC</p> <p>78%</p> <p>22%</p> <p>TBC</p> <p>6%</p> <p>16%</p> <p>78%</p> <p>TBC</p> <p>TBC</p> |
| Prevention | <ul style="list-style-type: none"> • Permanent admissions to residential care homes, per 100,000 population (ASCOF 2A Part 2 – Younger Adults) • Proportion of older people (65 and over) offered re-ablement/rehabilitation services following discharge from hospital (ASCOF 2B Part 2) • Welfare Rights Measure 1 relating to benefit take up • Welfare Rights Measure 2 relating to welfare benefits advice offered | <p>21.4</p> <p>1.5%</p> <p>TBC</p> <p>TBC</p> | <p>22</p> <p>2.8%</p> <p>TBC</p> <p>TBC</p> |
| 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) Biennial survey | <p>TBC</p> <p>TBC</p> | <p>TBC</p> <p>TBC</p> |

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| | <ul style="list-style-type: none"> • The proportion of carers who report that they have been included or consulted in discussions about the person they care for • The proportion of social care users and carers who find it easy to find information and advice about services • Increase the number of Dignity Challenge Awards achieved | TBC | TBC |
| | | TBC | TBC |
| | | 250 | 325 |
| Safeguarding | <ul style="list-style-type: none"> • Proportion of people who use services who feel safe (ASCOF 4A) • Effectiveness of Safeguarding - proportion of people who use services who say those services have made them feel safe and secure (ASCOF 4B) • All Residential Care and Nursing Homes to have a named community social work team contact • Winterbourne measures achieved | TBC | TBC |
| | | TBC | TBC |
| | | n/a | 100.0% |
| | | n/a | 100.0% |
| Better Care Fund | <ul style="list-style-type: none"> • Permanent admissions to residential care homes, per 100,000 population (ASCOF 2A and Better Care Fund measure) 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 and Better Care Fund measure) • Patient/ Service User Experience GP Patient Survey: Q32. In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? (Respondents answering "Yes, definitely" or "Yes, to some extent") • Delayed transfers of care from hospital; all days delayed (Better Care Fund measure) • Total non-elective admissions into hospital (general & acute), all- | 738.1 | 664.9 |
| | | 79.7% | 82.5% |
| | | 65.8 | 66.2 |
| | | 998.3 | 964.0 |

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| | age, per 100,000 population <ul style="list-style-type: none"> Number of people diagnosed and prevalence of dementia [NHS local indicator for use in the Better Care Fund] | 3,039 0.6 | 2,819 0.7 |
| LOCAL OUTCOMES | | | |
| Budget Cuts | <ul style="list-style-type: none"> Deliver agreed budget cut targets | £ 0 | £21,815,000 |
| 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 Adult Care front-line care staff achieve Common Induction Standards We have provided new apprenticeships for young people (cumulative total) More disabled people are employed by Adult Care Ethnicity of workforce – non-White British Workers under 25 Direct Care sickness absence | TBC 37 3.65% 5.19% 3.9% 9.6% | 100% 55 3.9% 5.2% 3.9% 10% |

Appendix 1

Adult Care Approved Budget 2015-16

| Area | Employee Related £ | Premises Related £ | Transport Related £ | Supplies & Services £ | Agency £ | Transfer Payments £ | Unallocated Budgets £ | Controllable Recharges £ | Gross Budget £ | Income £ | Grants £ | Net Budget £ |
|-------------------------------------|--------------------------|--------------------------|---------------------------|-----------------------------|--------------------|---------------------------|-----------------------------|--------------------------------|----------------------|---------------------|-------------|--------------------|
| Purchased Services | 0 | 0 | 2,369,870 | 0 | 160,071,330 | 0 | 0 | 55,704,574 | 218,145,774 | (48,529,750) | 0 | 169,616,024 |
| Assistive Technology & Equipment | 24,988 | 1,600 | 0 | 7,423,215 | 778,843 | 0 | 66,799 | 0 | 8,295,445 | (5,528,926) | 0 | 2,766,519 |
| Social Care Activity | 17,192,288 | 6,148 | 514,398 | 150,924 | 54,458 | 37,335 | 0 | 394,782 | 18,350,333 | (138,480) | 0 | 18,211,853 |
| Information & Early Intervention | 1,919,199 | 26,003 | 78,268 | 2,177,667 | 3,777,498 | 64,163 | 425,995 | 619,239 | 9,088,032 | (586,377) | 0 | 8,501,655 |
| Commissioning & Service Delivery | 3,195,847 | 832 | 52,500 | 168,487 | 0 | 0 | 0 | 0 | 3,417,666 | (2,653) | 0 | 3,415,013 |
| Housing Related Support | 0 | 0 | 0 | 140,000 | 13,437,374 | 0 | 0 | 0 | 13,577,374 | 0 | 0 | 13,577,374 |
| Derbyshire Discretionary Fund | 0 | 0 | 0 | 0 | 0 | 1,531,041 | 0 | 0 | 1,531,041 | 0 | 0 | 1,531,041 |
| Direct Care | 49,060,344 | 1,688,195 | 1,700,028 | 3,488,134 | 95,563 | 2,809 | 0 | (55,822,367) | 212,706 | (212,706) | 0 | 0 |
| External Funding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (16,866,695) | 0 | (16,866,695) |
| Unallocated Budgets | 0 | 0 | 0 | 0 | 1,760,000 | 0 | (13,970,188) | 0 | (12,210,188) | 0 | 0 | (12,210,188) |
| Business Support | | | | | | | | | | | | |
| Finance | 2,972,477 | 0 | 58,500 | 0 | 0 | 0 | 0 | 0 | 3,030,977 | (134,624) | 0 | 2,896,353 |
| Human Resources | 2,285,652 | 46,818 | 61,500 | 65,530 | 0 | 0 | 0 | 0 | 2,459,500 | (195,262) | 0 | 2,264,238 |
| Performance & Efficiency | 606,244 | 2,081 | 9,000 | 715,599 | 0 | 0 | 0 | 0 | 1,332,924 | 0 | 0 | 1,332,924 |
| Administration | 2,988,330 | 206,018 | 27,000 | 196,568 | 0 | 0 | 0 | 0 | 3,417,916 | (46,375) | 0 | 3,371,541 |
| TOTAL BUDGET | 80,245,369 | 1,977,695 | 4,871,064 | 14,526,124 | 179,975,066 | 1,635,348 | (13,477,394) | 896,228 | 270,649,500 | (72,241,848) | 0 | 198,407,652 |

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 in the Financial Regulations.
