

Older People

*Derbyshire County Council
Adult Care
June 2015*

MARKET POSITION STATEMENT

We want to stimulate the development of innovative services that meet growing needs. Social care requires a diverse and active market where flexible services are created to enable clients to have greater choice and more control.

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Table of Contents

Foreword 2

Introduction: What is the purpose of this document and who is it for 11

Current & Future Demand 13

Current Service Use 19

Finance & Funding 27

Analysis..... 29

Evidence & Data 40

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Foreword

We are living in a rapidly changing world. Providers of social care services have to address key challenges if they are to make a difference to the lives of the people who rely on them for care.

The combination of very significant demographic change, increasing expectations of what is required from support providers and the reduction in the public purse present a serious challenge. This comes at a time when the population's social care needs have never been higher. We have to respond by providing high quality social care more efficiently, whilst ensuring we achieve the best outcomes.

Right across the County of Derbyshire, there are a great many dedicated social care staff who provide very high quality care daily, without whom the lives of the most vulnerable people would be seriously jeopardised. The increasing demand for more personalised support services that are purchased using a *Personal Budget*, on top of the unprecedented population growth means that we need more services that are local, flexible and better tailored to the diverse and changing needs of the Derbyshire communities. Whilst being a significant challenge, it also presents a real opportunity to improve our capacity and ability to respond to need.

This document sets out this new context in detail for older people with social care needs. It provides a description of the kinds of services that are needed. It illustrates where they are in demand and where they are likely to be in demand in the future.

It sets out how services funded from the public purse will be targeted in the near and also longer term future. It sets out as clearly as possible some key messages that may help potential providers of care to develop their services in ways that will best address the needs and demands of the people who will use them.

We need to be mindful that addressing social care need is a complex challenge with many factors to weigh up and consider. As such, our Market Position Statement should be viewed as “work in progress” which will be developed and honed as we get to grips with many changes which are taking place.

If you have any specific questions about services for older people, please contact: Julie Vollar, Assistant Director, Adult care Dept. Tel: (01629) 532004.

Councillor Paul Smith

Cabinet Member for Adult Care

Glossary

Care Act 2014	The Care Act will help to improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.
Personalisation	Personalisation is a social care approach described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings. While it is often associated with direct payments and personal budgets, under which service users can choose the services that they receive, personalisation also entails that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion.
Care Quality Commissic	The Care Quality Commission (CQC) makes sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high quality care, and encourages these services to make improvements.
Re-ablement	Re-ablement helps people learn or re-learn the skills necessary for daily living that have been lost through deterioration in health and/or increased support needs. A focus on regaining physical ability is central, as is active reassessment.
Social Enterprise	A social enterprise is an organization that applies commercial strategies to maximize improvements in human and environmental well-being - this may include maximizing social impact rather than profits for external shareholders. Social enterprises can be structured as a for-profit or non-profit, and may take the form (depending in which country the entity exists and the legal forms available) of a co-operative, mutual organization, a disregarded entity,[1] a social business, a benefit corporation, a community interest company or a charity organization.
Joint Strategic Needs Assessment	Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
Eligibility	The Care and Support (Eligibility Criteria) Regulations 2014 set out national eligibility criteria for access to adult care and support, and for access to carer support. This replaces the existing eligibility framework, which was set out in the 2010 Department of Health guidance Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care, and was also referred to as Fair Access to Care Services (FACS) and local thresholds.

Key Messages for the Market

The Social Care landscape, both Nationally and Locally, is changing.

Given the likely nature of this change, it is difficult to forecast with precision and deliver clear signals for the social care market in Derbyshire.

In order for this document to be of use to existing and potential providers, therefore, it will be necessary to ensure that it is reviewed and updated regularly.

Key Message 1

Derbyshire intends:

To deliver high quality care and support that is person-centred. Guidance on building a person-centred team can be found at:

www.scie.org.uk/publications/perstool/teamresources.aspx

Key Message 2

It is the expressed intention of the County Council to continue to be a substantial provider of services to older people. This facilitates fullest client choice, knowledge of and influence over costs and capacity to respond to our new duty in respect of market shaping. The evidence base for this older persons market position statement has beneficially influenced the County Council's strategic direction for Derbyshire County Council's direct care older person's residential care service 2015-2020.

Key Message 3

There is, nationally and locally, a growing need for social care and support services. This increase is happening in the context of on-going austerity measures resulting in changes to eligibility criteria and co-funding policy – so, more people needing services, but there are reduced resources available to meet those needs.

Key Message 4

As well as there being an increased level of need there is a simultaneous rise in expectation about the quality of services. The continued development and implementation of *Personalisation* is changing the way people shape their care and support plans

Key Message 5

In Derbyshire, recent changes to national eligibility criteria mean fewer people are entitled to a publicly funded service, and more people may pay privately for services (self-funders).

Key Message 6

The Care Act requires Adult Care to assist self-funders along with providing more support for carers; services will also be required to be provided in settings adult care has not previously been involved in (eg prisons) and new duties mean adult care will need to work more closely with all providers

(including non-accredited providers) in cases of provider failure. The Care Act makes it clear that local authorities have a temporary duty to ensure the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they receive. The local authority will have a duty towards all people receiving care. This is regardless of whether they pay for their care themselves or whether the local authority pays for it. In these circumstances, the local authority must ensure that the person does not experience a gap in the care they need as a result of the provider failing.

This temporary duty, until the local authority is satisfied that the person's needs will be met by the new provider

Key Message 7

There is a pressing need to improve the health and wellbeing of the next generations of older people to prevent future need continuing to outweigh resources to meet the need.

Key Message 8

There are high numbers of informal Carers in Derbyshire already, and these numbers will continue to grow in the short and medium term. As people may receive less funded support, informal carers need increased levels of support.

Whilst recognising how well Adult Care has done to improve services to carers, this is yet to achieve the necessary level. Carers need greater knowledge of the care system, need to

understand conditions like dementia better, need greater access to emergency care for the cared-for person, and need better access to breaks and other stress-reduction techniques. There is a potential growth area for small and medium-size, not-for-profit, social enterprises to provide increased service provision for carers.

Key Message 9

Derbyshire County Council currently purchases home based care from 50 approved home care providers that are regulated by the Care Quality Commission. All work is purchased based on the needs of each individual as part of a spot contract; providers on the approved list receive no assurance from the Council about the amount of work they may be asked to complete. The Council also has its own home care team that provides about 34% of the home care activity in the County ([Figure 16](#)).

In anticipation of the Care Act, from the 29th September 2014 the Council increased the eligibility criteria for Council support from "Higher Moderate" to "Substantial".

It was also agreed from this date that clients with capital of over £50,000 would be responsible for all of their care costs. All clients in receipt of a needs assessment with capital of over £50,000 are supported to identify the most appropriate way to meet their assessed needs. Clients are then supported through our Brokerage Team to find a provider to meet these needs as part of a self-funding arrangement. Clients can either ask

providers on the Council's approved list or can use the non-approved home care providers that operate in the County.

Obtaining the appropriate support in some Districts has been difficult. In some cases this is due to difficulties in recruiting and retaining staff particularly in rural areas. Most need is concentrated in urban areas with fragmented/scattered need across rural areas. The supply of suitable staff is an issue affecting all providers; high staff turnover means that many providers spend significant amounts of time managing immediate staffing issues rather than on long term planning.

Due to the Council's efforts to help people live independently at home for longer, the needs of home based care recipients have increased and become more complex. This has led to a higher skill level required of staff. The Council is working with providers to promote the establishment of their staff being offered contracted hours rather than zero contracted hours.

Motivation and morale in the workforce has been affected by negative media coverage of home care. The council shares with the market on a weekly basis a report highlighting unmet need to help with service planning and investment.

Derbyshire intends:

- To promote dignity and respect by requiring all providers who contract with the Council to have

gained the Council's Dignity and Respect Award.

- To ensure that calls lasting up to 15 minutes continue to represent a small proportion of Council funded home based care visits, and that where they do take place they are not related to personal care (e.g. visits for safety and wellbeing checks)
- To have the future stipulation in contracts that providers should have an electronic monitoring system in place, to guarantee lengths of stay in care visits and to give assurance and alert to missed calls
- To ensure that there are a number of guaranteed providers that can respond in a timely and appropriate manner to hospital discharges, and to emergency/crisis placement requests
- To offer support to the sector with regard to improving staff supply and to offer access to council-run training and guidance.
- To provide guidance, advice, and support to local providers who are at risk of business failure, and ensure that emergency or planned closures minimise the risks to clients of the provider.
- To work with providers to resolve the capacity issues relating to

home based care for people living in rural areas of Derbyshire

- To embed re-ablement as a key approach to delivering care and support, so that individuals, where possible, can be helped to continue carrying out their activities of daily living and live as independently as possible.

http://www.derbyshire.gov.uk/social_health/care_and_health_services/providers/dignity_respect/default.asp

- To pilot individual service funds (ISFs) with home care providers to evaluate their effectiveness. ISFs are used to assist a client to exercise a wider choice of how their care needs are delivered but does not wish to initially manage the entire process themselves. In this case clients identify a provider to manage their care package through the ISF model.
- To further develop quality assurance processes to ensure that Homecare services are of the right quality. This will include the introduction of a new electronic record system.
- To recommend that potential providers should examine potential business opportunities in response to the Personalisation agenda, such as acting as an employment support organisation for people looking to employ personal assistants, or advertising short

term care services to help carers to have a break from their caring role.

- To ensure that staff delivering care to older people have dementia awareness training.
- To encourage business models to rely less on the Council as the primary purchaser of care as there is an increasing role to provide support for self-funders. This includes non-eligible clients.
- To encourage providers to market their services using the Derbyshire Care Directory and through the Derbyshire County Council Adult Care Brokerage Team.
- To increasingly move away from traditional contracts {the increased use of personal budgets and Direct Payments means there is an opportunity for the Personal Assistant market to grow to meet demand}. This is especially the case in those areas shaded lighter in [Figure 17](#).

Key Message 10

For several years the Council's strategic direction has been to provide additional support to carers and to diversify the range of community support on offer, so that people are able to live in their own homes for longer. The overall effect of this is a reduction in the number of Council-

funded residential and nursing care placements: It is unclear how long this trend may continue, and population pressures over the following years may mean that the number of funded beds will rise.

The market is diverse, with establishments ranging from small, family-run businesses, to well established providers with a national presence. Some parts of the market in Derbyshire are dominated by self-funders and as such these areas are seen as a very attractive development and potentially lucrative area for providers looking to expand their residential or nursing care businesses. Where the local area is already well supplied with residential and/or nursing care we would like providers to consider moving into less well supplied areas ([Table 2](#)).

Homeowners report that the Funded Nursing Care payments they receive for clients with nursing needs does not meet the costs associated with recruitment and retention of nursing staff.

There is also a shortage of well-trained committed, care staff especially in the rural parts of the county. Care home and home care providers describe a fluid recruitment market with staff moving between current care providers. Unfortunately, encouraging new recruits into the sector is difficult.

Providers may find it useful to draw on best practice from the Skills for Care website:

<http://www.skillsforcare.org.uk/Home.aspx>

The average level of need of people accessing residential or nursing care is rising, as more people access a variety of care and support services to stay at home for longer. ([Table 2](#)).

To counter this Derbyshire intends to build better links with Borough and District planners to help them evaluate local planning applications for care homes in the light of strategic and local knowledge.

We will also work with CCGs, specifically on appropriate training for care staff, quality of care and on reducing “avoidable” hospital admissions.

We will also develop a better understanding of future demand for residential/nursing care.

Derbyshire County Council will provide guidance and advice to local providers who are at risk of business failure, and ensure that emergency or planned closures minimise the risks to residents and explore the development of small-to-medium-sized block contracts to create an additional supply of Council and local NHS funded residential and nursing care beds.

We recommend that providers ensure attendance at Council run local care home forums to receive regular updates.

We recommend that providers review care home environment(s) and establish whether the design and decor supports people with dementia appropriately. It would also be timely for providers to prepare for the social

care funding changes proposed by the Government by splitting the elements of weekly charges into accommodation and care costs.

Derbyshire County Council further recommends the development of step-down services to facilitate a more successful discharge from acute hospital settings for older people, preventing hospital re-admission or permanent admission into Residential and Nursing Care.

It is expected that demand for traditional residential care will continue to decline in response to the growth in the number of affordable “accommodation with care” housing placements (Eg Extra Care).

Key Message 11

Day centres offer older people a range of activities, helping them to continue to live in their own home or with their family or carer. The Council operates a number of day care services and we operate a small number of block contracts for day care provision in the more rural parts of the county to ensure we can offer a local service. The majority of local provision across the county for older people is available within care homes as part of the home’s contract with the County Council as a service regulated by the Care Quality Commission.

When identifying day services, alternatives to building based provision will be considered.

We anticipate that day opportunities services will increasingly reflect the customer’s choice, which may include

an increased focus on accessing community resources. This will result in fewer block contracts and more spot contract/self-funding arrangements where providers have limited confidence in the consistent number or frequency of clients.

Derbyshire will work with the market to grow and nurture community-based alternatives including [social and community enterprises](#); to ensure choice for individuals to live independently and reduce social isolation.

The demographic trend towards Older People living with dementia means that there will be an increasing need for localised day centres and drop in services which support a range of stages along the dementia pathway, from diagnosis to carer support.

We are seeking to re-design our community support services for people with dementia. This includes lower level community and peer support. Over time the amount of people with dementia is increasing substantially and diagnosis rates are likely to increase. We therefore need to increase the range and type of community support options available to people to help them live well with dementia within their local communities and remain independent for longer.

There is a need for social and community enterprises across the county and Derbyshire are able to facilitate business development and planning if required.

In the event that Adult Care decides to advertise a tender for the provision of a service then this would be placed on Source Derbyshire¹, the Council's procurement website.

It is likely that for day care and home care we would advertise a "framework agreement" - a type of approved provider list. This kind of agreement offers no assurances about numbers or frequency of placements. However, it does allow the Council the opportunity to contract directly with a successful provider and provides greater choice for clients.

¹ www.sourcederbyshire.co.uk

What is the purpose of this document and who is it for?

The Care Act 2014 places a statutory duty on Local Authorities to facilitate and shape the local market for adult care and support services, so that the needs of people in their area, whether funded or arranged by the local authority or by the individual themselves, are met.

Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future.²

'Market Shaping' is about engaging with stakeholders to share information and develop a shared understanding of people's changing needs and aspirations; inform providers about the authority's own commissioning intentions; and encourage a culture of diversity, choice, and continuous improvement in the quality and sustainability of care and support services.

The Care Act Guidance suggests that one method of undertaking this new duty is through development of a *Market Position Statement*. This document should be helpful to existing and potential providers of social care

services and also to anybody else who has a stake in future services and how they might be designed. People who may be interested in local business development & the creation of social enterprises will also find this document of use.

In order to facilitate and encourage a growth in flexible, localised services, this document sets out what we know about the current and future population around the following key questions:

1. How many older people have social care needs and at what level?
2. How many older people are likely to need very high levels of care?
3. How do these numbers compare with total population numbers?
4. Who might be the target groups for preventative services?
5. Where are the areas of highest concentration of people with social care needs?
6. What is the current geographical spread and how is this expected to change in the short, medium and long term?
7. How much does Adult Care spend on the client group and how is this spent?
8. Where are the services, are they local, centralised, or regionalised?
9. Are these known to be the most effective services?

² *What is Market Facilitation?* Institute of Public Care, 2013

10. What do clients/carers/citizens say about the services that are commissioned?
11. What are the trends in demand for publicly funded services and how does this fit with eligibility?

Future Numbers

12. How will the numbers of people with social care needs change as a result of changing demographics?
13. How will this number change in the short, medium and long term?
14. What will the future service requirements and costs be, based on current baseline patterns?
15. What are the cost implications of the changes in needs and aspirations?
16. What are the future service requirements and costs based on alternative service patterns?
17. What are the current and future expectations amongst relevant groups?
18. What are the costs against the relative gains or outcomes of changes in provision of care?

Joint Strategic Needs Assessment (JSNA) & Joint Health and Wellbeing Strategy (JHWS)

The JSNA is a statutory duty placed on directors of adult care, directors of children's services, and directors of public health to co-operate in assessing the local population's wellbeing and health, with particular regard to eradicating health inequity and thereby reducing health inequalities.

The JSNA forms the body of evidence and analysis upon which the Health and Wellbeing Board (the statutory body charged with improving health and wellbeing) will base its strategy to raise and improve its population's healthy life expectancy. This is known as the *Health and Wellbeing Strategy*.

Improving the health and wellbeing of older people is a priority commitment in Derbyshire's Joint Health and Wellbeing Service.

Document Organisation

This document comprises 5 main Sections

Section 1 Current & Future Demand

This section contains our analysis of the population of older people and their carers. It describes the numbers by age groups, by the district they live in and by the severity of their needs.

It provides the number of people now and also projects the numbers over the next 20 years. The numbers provide a clear view of how many services and what type of services will be needed between now and the early 2030's.

Section 2 Current Service Use

In this section, we provide a detailed account of which services are currently used and by how many people. We also describe recent trends in newly emerging services, and we try to estimate and predict the degree to which these newly evolving services will become the preferred way for older people to receive their care.

This Section also includes a look at quality and how we ensure services are “fit for purpose”.

Section 3 Current & Future Costs

We provide a full breakdown of how much money has been spent on commissioning services such as day and residential care.

This Section also projects the likely future costs of the various forms of care and how much public money will be available to meet the future requirements.

Section 4 The Analysis

This Section contains the analysis of the evidence presented in the first 3 Sections. It makes some first steps towards identifying the likely future service requirements for older people. It is the chapter that can stand alone for those readers who want a quick and easy summary of the wider document.

Section 5 Evidence & Data Sources

In order to keep the document clear and simple, the detailed evidence is presented at the back. Reference is made to the evidence provided, and [hyperlinks](#) enable the reader to click to the evidence on which the statement is based. The evidence is presented in the form of charts and tables with accompanying brief summary statements which interpret them below the chart.

Current & Future Demand

In 2015 there are around 783,700³ people living in Derbyshire. 163,900 of these are older people.

We have greater numbers of older people and fewer young adults and children compared with other authorities and it is projected that by 2033 our population structure will be older still with 28% aged over 65, 15% over 75 and 6% over 85. This has major ramifications for health and wellbeing services and future planning.

Generally over the last 10 years the rates of death in Derbyshire from all causes, and the rates of death from cancer and heart disease and stroke specifically, have all improved and are close to the average for England; and on average the health and prosperity of our residents is as good as anywhere else, or even a little better.

However, there are significant variations between the most and least deprived areas of Derbyshire and these are reflected in a range of statistics around health outcomes: People in the least deprived areas can expect to live 10 or more years longer than their fellows in the most deprived

areas and to be in good health for many more of those years too.

We estimate that just over 61,500 (37.5%) of the older population have social care needs. This is based on our statistical model (*Planning4care*) which provides a reliable estimate of the number of older people who have difficulties with activities of daily living.

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

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

Derbyshire Dales has a population of 71,900, the smallest of Derbyshire's districts despite covering the largest area – by a considerable margin. It is also a part of Derbyshire characterised by an older population: 24% are aged over 65, the highest rate of all our districts. The low population density and older population makes the generation of reliable services that are localised a matter of particular importance. Derbyshire Dales has one of the higher *proportions* of people providing unpaid care, although the actual number is the lowest in the county. It ranks highest in England and Wales for the proportion of people

³ Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 29 May 2014, are full 2012-based and project forward the population from 2012 to 2037.

providing 1-19 hours a week⁴ of care and 8th for total care provision.

High Peak has a population of 92,100 people, the third lowest population of Derbyshire's districts. It occupies the second largest area meaning that like Derbyshire Dales it has a comparatively low population density. This makes the provision of services which meet the demands of rurality of importance here too.

The proportion of people over 65 in High Peak is somewhat lower, at 19%. The proximity of parts of High Peak to Stockport and Manchester and the fact that Glossopdale is covered by Tameside and Glossop CCG adds further complexity to the profile of this district.

Derbyshire's other districts can be put into a second group: the eastern districts. These areas have a stronger industrial history and heritage and have more urban centres – mostly small, with the exception of Chesterfield. The eastern districts present different challenges to those found in the western districts.

Chesterfield has a population of 104,300 people (the third highest number in Derbyshire) and being a comparatively small area, has by far the highest population density in the county. According to Index of Multiple Deprivation (IMD) scores, Chesterfield is the second most deprived part of Derbyshire.

⁴ Carer data is divided into 3 duration of care periods: 0-19 hours per week, 20-49 hours per week & 50 hours or more per week.

20% of Chesterfield's population are aged 65 and over, which is about average for the county. It should be noted that the legacy of its industrial past is higher levels of deprivation which in turn are associated with certain lifestyle issues that impact on health and wellbeing, notably poor diet, smoking, a higher level of alcohol consumption and a lack of exercise. Chesterfield also has a relatively high proportion of people providing unpaid care.

Bolsover has a population of 77,300 people, 19% of whom are aged over 65. Although population density is lower than Chesterfield, it is one of the highest in the county. Bolsover is also the most deprived of Derbyshire's districts and so is likely to be affected by the lifestyle issues mentioned above. The main industry in the Bolsover area for a long time was coal mining. This has had a direct effect on the prevalence of certain health conditions in the area, particularly respiratory diseases. Bolsover has a relatively high proportion of its population who are informal carers, ranking 6th in England and Wales overall, 7th for those providing 20-49 hours a week of care, and 17th for those providing 50 or more hours a week of care. The rate for those providing up to 19 hours per week is also above the regional and national average.

North East Derbyshire has a population of 100,200. It has the second highest proportion of inhabitants aged over 65: 23%. Like Bolsover this is an area with a strong

background in mining and so the same concerns apply. It differs from Bolsover in having a higher proportion of older people.

North East Derbyshire is the district with the highest proportion of people providing unpaid care: 13% or about 13,000 people. In fact, this is also the district with the highest proportion of carers in England.

Amber Valley has the highest population in Derbyshire: 124,300. 20% of its inhabitants are over 65. Parts of Amber Valley border Derby City which may be important from the point of view of health provision, and also preferred locations of other services. The district combines small towns with rural areas and it covers a fairly large area making rurality a potential issue for some of its inhabitants. Amber Valley has the highest number of people providing unpaid care in Derbyshire.

Erewash has a population of 114,400 and covers a fairly small area bordering Derby City to the west and extending very near to Nottingham to the east. The two main towns: Ilkeston and Long Eaton are both on the east of the district. This geography may lead to some variability in where people might wish to go for service provision. It has the third highest level of deprivation in the county and so there may be concerns around lifestyle issues. Erewash has the second highest number of informal carers in Derbyshire.

South Derbyshire has a population of 99,100 and has the lowest proportion

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

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

The Number of Older People

We have compiled comprehensive need profiles of Derbyshire's districts which we use to inform strategic decision making. The information that the profiles contain is drawn from both national and local sources and are as reliable as it is possible to be. Of course, detailed information about population characteristics are based on "snapshots" at a single point in time and in a sense are out of date as soon as they are published.

However, at a strategic level the data can be reliably used because trends do not change even over quite a lengthy period of time. The profiles can be accessed below:

[Amber Valley Needs Profile](#)

[Bolsover Need Profile](#)

[Chesterfield Need Profile](#)

[Derbyshire Dales Need Profile](#)

[Erewash Need Profile](#)

[High Peak Need Profile](#)

[North East Derbyshire Profile](#)

[South Derbyshire Need Profile](#)

Where are the areas of highest concentration of people with social care needs?

The need for social care exists in every district of Derbyshire. So it is important that there are sufficient resources right across the County to enable older people to live independently with dignity in the way that they choose to.

Of course, with differences in population numbers and density across the Districts, there are some areas where social care need amongst older people is more concentrated.

[Table 2](#) summarises the number of people in each district by levels of need. Not surprisingly it is the most densely and highly populated district in terms of older people where the need is greatest. The top three districts are Amber Valley Chesterfield and North East Derbyshire.

How will this number change in the short, medium and long term?

Social care needs amongst older people will rise significantly in the short-term. It will reach the highest levels of all time in 2017/18 as the cohort of people aged 65 and over ages further. It will remain high through the 2020's and on to 2030. Although the "younger-older age group" (eg 65-74, 75-80) numbers will fall during the 2020's, the number of very older people (80 years plus) will continue to rise up to 2030.

This is a national trend; it is particularly marked in Derbyshire and clearly has significant bearing on health and social care services.

The Number of Carers

The number of people providing unpaid care has increased since the 2001 Census. The increase can be seen at a national level, in the East Midlands, and across Derbyshire as a whole .

In [Derbyshire](#) in 2011 there were 6,320 more people carrying out significant caring duties than there were in 2001. In total, around 12% (or 92,761) of people in Derbyshire were providing unpaid care at some level or another. This is higher than the percentage for either England or the East Midlands.

It is the highest percentage of all the counties in the East Midlands region. It is also higher than any of Derbyshire's CIPFA "family" counties.

Compared to the rest of the region Derbyshire has the highest number of

carers providing 1-19 hours a week of care and 20-49 hours of care and the second highest number of people providing 50+ hours of care.

In fact, Derbyshire's districts are amongst those with the highest proportions of people providing care in England and Wales.

The Growth in Informal Care

The number of people providing unpaid care will increase by 3% between 2011 and 2015. The increase will occur consistently across all three intensity categories. Year-on-year the increases will be steadily consistent at about 0.7%.

We have developed close working relationships with Derbyshire carers over the last few years, both with individuals and with carers groups.

We recognise that in a great many cases, carers want to continue to look after their family member. Carers take their role very seriously, they see it as their duty to ensure their spouse or their neighbour gets the best possible care and attention and quite often they are the best-placed and most expert person available to provide that care.

We also recognise that, given the increasing number of people with a social care need, informal carers are a crucial and key resource, without whom significantly more public funds would be required to be spent looking after people. It is vital that we work closely with carers to shape current and future services for older people.

Through our past close working, we know it is of paramount importance to carers that, in the event of an emergency involving themselves, that somebody will immediately provide cover and be available to ensure that the cared-for person continues to be looked after. The Emergency Carers' Scheme has been developed for precisely those situations.

Since 2008/09, over 3,500 carers have registered with the Scheme. The numbers though are still relatively small. Compared with the total number of carers in the County, the number of carers with an *Emergency Card* is just 4%.

The Department is currently reviewing how it can reach more carers and convince them of the prudence of planning ahead.

It is very important that the proportion of carers who are registered under the "Emergency Carers Scheme" is significantly improved to at least 25% over the next 4 years.

We have developed and continue to develop closer links with carers. It is important that we are able to promote carer wellbeing in future to maximise their capacity to remain caring.

Summary of Numbers

There are 163,900⁵ older people living in Derbyshire in 2015.

⁵ Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 29 May 2014

Just over 61,500 (37%) of these people have social care needs.

Many of those people will have low level needs – about 15,490 and will be able to cope with minimal support, usually provided by informal care.

A further 16,850 people have moderate needs and may require more formalised care to remain independent. These people benefit from targeted preventive measures to help them stay independent.

12,450 will have high needs and 16,770 very high needs and will require support.

There will be an increasing number of older people who have both high physical needs along with cognitive impairment / dementia who will be at risk of needing very high levels of support. These are the people who are most likely to be receiving publicly funded care, although a proportion will be self-funders.

Across all needs groups there is a projected 11% growth in numbers up to 2020. So by that year, the number of older people with social care needs will total around 68,300.

By 2020, there will be just over 17,100 older people with low needs. The number of people with moderate needs will be around 18,700; People with high needs will number about 13,870 and the number of older people with a very high physical impairment along with a cognitive/memory impairment will be just over 18,600.

Current Service Use

This Section provides a description of the people who are currently using a service that has been commissioned by Derbyshire Adult Care. The data source is *Frameworki*, Adult Care's client database. It is based on a single *snapshot* taken from the database in January 2015.

The data describes the common client characteristics, the point of which is to identify the kinds of services that are needed to address the needs of the clients that live in Derbyshire.

How Many Clients?

The number of adult social care clients aged 65 and over constantly changes. New clients start services and established clients leave services daily, so the net number of clients from day-to-day is continuously revised.

It's important to keep in mind two kinds of count:

- a) A "snapshot": this is the number of clients with an active open service at a single point in time. Snapshots taken at different points in time will vary due to turnover.
- b) An aggregated count: this is the number of clients who have received a service over a certain period of time. This will typically be greater than the snapshot count because it will include clients who have an open, ongoing

service as well as clients whose service has ceased being provided.

When this snapshot was taken there were 13,415 clients with an open service recorded on *Frameworki*.

What are their Characteristics?

The analysis which follows describes just those who currently use a service that has been commissioned by Derbyshire Adult Care. The detail of each characteristic is provided in the charts & tables in the appendices to this document.

Age

Adult Care works with the most vulnerable older people. As we would expect, the number of clients increase with increasing age, and greater proportions of older age people receive residential and nursing home services than receive community-based services (see [Figure 9](#)).

In future, the proportion of older age people will increase as the population ages further, with smaller proportions of younger age people accessing services (see [Figure 9](#)).

Gender

Females usually outnumber males by about 2:1. The ratio increases to 3:1 with increasing age because females live longer. [Figure 8](#) illustrates this according to type of service.

Ethnicity

It is important that services are sensitive to the range of different client needs. Sometimes need varies by

ethnic background. Derbyshire's population is predominantly from a White background. Adult care clients are also predominantly white. [Figure 7](#) illustrates there are a significant number of older people who receive a service who are from an ethnic minority.

Client Group and Health Conditions

Primary Client Group describes in broad terms why a client has a need for a service. This is supplemented by a knowledge of any other health conditions that a client may have. Increasingly, older people in Derbyshire experience more than one health condition that limits their daily activity. This is known as "co-morbidity". [Figure 3](#) and [Figure 5](#) show the predominant client group and health conditions.

As we would anticipate, older people in the main need social care help due to a physical impairment, reflected in [Figure 5](#), with 84% being physically disabled. The remainder need help because they have a mental health problem (12%) or a learning disability (2%). 2% are categorised under "Other".

The predominant health conditions are arthritis, dementia, heart disease and mobility impairments. [Figure 3](#) illustrates the range. Note that rarely does an individual have one sole health issue; their day-to-day challenges increasingly stem from the interaction of at least 2 conditions.

Where do People live?

We would expect clients to be spread across Derbyshire in the same way as the population is distributed.

We can see from [Figure 10](#) that the data between distribution of population and distribution of clients correlates quite highly eg Chesterfield makes up about 14% of the population and has about 16% of the adult social care need.

Need for Adult Care and proportionate size of the total Derbyshire population are closely related for all other Derbyshire districts.

That said, the north-eastern and eastern districts do tend to have slightly higher proportions and the western side slightly lower proportions than their respective populations, due to increased need on the eastern side due to higher degrees of health and economic deprivation.

Fair Access to Care Service (FACS) Criteria

After the introduction of the Care Act on April 1st 2015, FACS was replaced by Eligibility.

<https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained>

Following assessment, a decision is made by adult services, based on the information provided, about which of these bands best describes a persons' level of needs.

From September 2014, Derbyshire meets the eligible needs of people assessed as being at Substantial and Critical level of need.

From April 2015, The Care Act 2014 specified the eligibility criteria for what levels of need all Local Authorities in England must meet.

[Figure 6](#) shows that at the present time, as we'd expect, the majority of clients are in the top 2 eligibility bands, with a small number remaining from when the Department's threshold was set at Higher Moderate.

So the majority of older people have either Critical need:

- when life is, or will be, threatened; and/or significant health problems have developed or will develop; and/or there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or serious abuse or neglect has occurred or will occur; and/or there is, or will be, an inability to carry out vital personal care or domestic routines; and/or vital involvement in work, education or learning cannot or will not be sustained; and/or vital social support systems and relationships cannot or will not be sustained; and/or vital family and other social roles and responsibilities cannot or will not be undertaken

- or Substantial: – when there is, or will be, only partial choice and control over the immediate environment; and/or abuse or neglect has occurred or will occur; and/or there is, or will be,

an inability to carry out the majority of personal care or domestic routines

Which Services do Clients Use?

The majority of clients have a community-based service with almost 9,200 (68%) in this group.

The remaining 32% is divided amongst nursing care (10%, 1380 people) and residential care (22%, 3005) ([Figure 1](#))

Community-based services refers to home care (6690, 59%) in the main. The other 41% comprises the use of a day centre (1290, 11%), and the provision of equipment and an adaptation (1655, 15%) to help a person carry out an activity of daily living. The range of other client service includes professional support (310, 3%), meals (330, 3%), short-term residential care (95,1%) and "other" services. An increasing number of clients use a *Direct Payment* (740, 7%) to access services. It is likely that this option will continue to increase in popularity in future and will encourage the growth of extra localised and flexible service responses to individual need ([Figure 2](#)).

Clearly, from the above most people require regular, daily contact to help them with personal care tasks that they are no longer able to do themselves. This they get through a care at home service (Home Care). Just how much help they need determines the "intensity" of the care package. [Figure 4](#) shows that this breaks down into a range of "hours per week" categories ranging from 2 hours or less (405, 8%), between 2 and 5

hours (24%, 1325), between 5 and 10 hours (2020, 37%) and more than 10 hours (1680, 31%) which includes those people who require an overnight service.

How Many Services per Client?

Most clients receive a single service; but a small number do receive a number of different ones which make up their care package. For example, home care and day care together is perhaps the most common combination.

Typically, as people become older they become less mobile and increasingly prone to experiencing a fall. As a result, they are unable to leave the house and can become social isolated and lonely. Quite often, older people report that it is the loneliness and isolation that is actually harder to bear than the pain and discomfort of their conditions.

Service Quality

Service quality refers fundamentally to how well something fulfils its purpose. Given the complex nature of social care, it is difficult to assess & measure its success. It is not surprising therefore to find a number of different approaches to tackling social care service quality, none of which singularly and solely does the job.

At a national level the CQC (Care Quality Commission) are responsible for upholding health and social care standards. They routinely publish annual statements that are aggregated from their various inspection

programmes. Click here [to link to the 2013/14 State of Care infographic.](#)

If you are interested in the full report, [click here.](#)

Dignity Award

Adult Care in partnership with the NHS Derbyshire promotes a County-wide dignity campaign. This has established 10 key principles on which all services should be delivered:

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Bronze Award

It is policy for all teams to appoint a dignity champion who then works with their team to achieve a bronze dignity award. The award is related to a national DH 10 point dignity challenge. It requires concise evidence for each standard and an answer to the question 'is this the best we can do?' If not, action needs to be set out about what will be done.

To date 310 applications for the bronze award have been received with 228 current achievers (the difference being for various reasons, some teams holding the award now ceased; some due to resubmit; some withdrawn; some to be assessed)

Silver Award: A format for the silver award was devised with members of the public and launched in 2013. Silver applications involve a piece of work offering an enduring improvement to the experience of people who have the service. To date 39 applications for the silver award have been submitted with 22 achievers so far (the main reason for the difference is applications being made before sufficient results are available).

[For further information about the Derbyshire Dignity Award click here.](#)

Outcomes framework

At a broader level the *Adult Social Care Outcomes Framework (ASCOF)* comprises over twenty performance indicators that enable comparison of performance of adult social care across England. ASCOF contains 15

indicators that are directly relevant to older people's services. To link to the data showing Derbyshire's performance on these indicators for 2013/14, click

[..\Local Account\Local Account 2014 15 Master.docx](#) .

How well local authorities provide for people who have social care needs is monitored by the Adult Social Care Outcomes Framework (ASCOF). It is a tool devised by central government and enables us to check how we compare with all other local authorities.

However, ASCOF is not a perfect system for measuring something as complex as social care provision. For example, it doesn't identify the variability in the extent to which authorities address the range of needs in their populations; nor does it explicitly identify varying levels of social deprivation.

Nevertheless it is useful for giving us a broad indication of some of the things we do well and what we need to work harder at.

During 2013/14, on 26% of the measures, we have done better than average. So for example, we help a larger proportion of people with a learning disability and people with a mental illness to have a stable housing situation. Similarly, we have a larger proportion of adults in contact with mental health services in paid employment and we have a higher proportion of clients who are satisfied with the level of care and support that they receive. Derbyshire also has a

higher proportion of clients who find it easier to get information.

On a range of other measures, we are “on a par” with other authorities, meaning that we do as well as most others. So our clients rate their *social care related quality of life* as well as clients in most other authorities. They feel they have as much control over their lives as clients of most other authorities. The proportion of our clients who feel they have as much social contact as they would like is similar to most other authorities. The proportion of clients who feel safe, and the proportion of clients who say services have made them feel safe, is likewise at the level of most other authorities. Our Department is also as good as most other authorities when it comes to the proportion of “re-abled” clients still at home after 3 months.

There are a few areas where our performance during the year is not as good as our peers:

- The proportion of people receiving self-directed support
- The proportion of people receiving direct payments
- Adults with learning disabilities in employment
- Admissions to care homes for people aged 18-64 and 65 and over
- Delayed transfers of care from hospital generally and delayed transfers of care attributable to social services

Each of the areas where we are below par on average will be performance managed over the coming year as part

of the requirements under the Care Act and Better Care Fund.

Other Aspects of Quality

Adult Care has undertaken an analysis of trends in comparison with comparator authorities⁶ as can be seen in [Table 1](#) which helps us to understand areas where outcomes for people may need to improve.

The following points can be made relating to the table:

For older adults, the rate of clients in community services is higher than our comparators. This reflects on-going work to ensure that older adults retain independence within their own homes.

However, Derbyshire still has more older adults per 100,000 population in nursing and residential care than the comparator average. This demonstrates a need for further community-based work, both within social care and health, to ensure that more older adults retain their independence

Re-ablement services following discharge from hospital are around the comparator average.

Delayed Transfers of care from hospital pose a challenge for Derbyshire. All delays and those attributable to Derbyshire County Council are higher than the comparator average. Work is needed to ensure that services are available to

⁶ E.G. Leicester, Staffordshire, Nottinghamshire, Lancashire, Cheshire, Cornwall, Warwickshire, Worcestershire

patients waiting to be discharged from hospital. This information also illustrates a need for services designed to prevent admission to hospital in the first place. The *Better Care Fund* is being targeted to address these issues as a priority.

What do users/carers/citizens say about the services that are commissioned?

Adult Care regularly seeks feedback from clients about their service experience. The findings are published regularly in [Perspectives](#), the Department's consultation report document.

The Personal Social Services Adult Social Care survey (ASCS) is a statutory annual survey carried out by local authorities with social care responsibilities. The survey aims to capture the views of clients aged 18 and over who are funded in full, or in part, by Derbyshire and other Councils to gain opinions about clients' satisfaction with services, impact of support and services on their quality of life, knowledge and information about services, and their health and surroundings. The survey is also used to populate some of the measures in the Adult Social Care Outcomes Framework.

In total 743 clients responded to the survey out of 1996 clients who were sent the questionnaire. This represents a 37.2% response rate.

Perspectives 67 presents findings that are used to benchmark performance at a national, regional and local level, as well as monitoring changes over time.

The results also help us to understand the impact of Adult Social Care services on people's quality of life and key areas for improvement.

Satisfaction with Services

Most clients, almost 72%, were extremely or very satisfied with the help they received from Derbyshire Adult Care with only 3% of clients expressing dissatisfaction;

Quality of Life

More than half of respondents (64%), said that their quality of life was either so good that it couldn't be better or very good or good. 25% said their quality of life was alright whilst 8% of clients said that their quality of life was bad or very bad; and 3% of clients said that it was so bad that it could not be worse.

Choice and Control in Daily life

75% of respondents reported having adequate choice and control over their daily lives; The majority (95%) of respondents felt that they were adequately clean and able to present themselves the way they wanted; 96% of respondents said that they get all the food and drink they like, when they want it;

97% of respondents described their homes as being clean and comfortable enough to meet their needs;

The majority (68%) of all respondents felt safe, 26% felt safe but not as safe as they would like and 5% felt less than adequately safe

75% of all respondents have as much or adequate contact with the people they want to;

58% of clients felt that having help made them think and feel better about themselves whilst 32% felt that the help they received did not affect the way they thought or felt about themselves;

Overall, (68%) of respondents found access to information and advice about support, services or benefits either “easy”, or “fairly easy”.

Overview

Adult Care provides a service to around 13,500 people. This number fluctuates as turnover is high.

68% (9,180) of clients have a community-based service. The other 32% (4,320) have a residential or nursing care place.

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

Amongst clients of community-based services, most receive one service, which is most likely to be home care. A small number of clients receive more than one service, typically a combination of home care and day care. Amongst home care clients, most receive more than 5 hours of care per week, with a substantial proportion

(31%) receiving more than 10 hours per week. There are increasing numbers of clients who are receiving a direct payment as a way of receiving their service.

There are a number of different ways to assess the quality of social care provision, none of which are able to do so adequately by itself; this reflects the complex nature of social care work.

Derbyshire compares to other similar authorities well on a number of service aspects as well as having some aspects that it needs to improve upon.

These service improvement areas are addressed by the [Departmental Service Plan](#).

Finance and Funding

Derbyshire County Council Adult Care spent almost £237 million on social care services for adults during 2013/14. The largest proportion of this amount went on services for older people; this amounted to £109.4 million, representing 46% of the total budget for Adult Care⁷ ([Figure 11](#)).

Expenditure is divided up between 9 broad areas:

- Residential care,
- Nursing Care,
- Community Services (ie Home Care, Day Care)
- Direct Payments,
- Assessment & Care Management,
- Supported Accommodation,
- Equipment & Adaptations,
- Meals
- “other” services.

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

Roughly, half the expenditure is on commissioning community care service and half on residential and nursing care places. A fraction of the

overall expenditure is on assessment and care management resources.

Relatively small amounts are spent on “other” and services which support independent living.

Annually the bulk of the expenditure has been on community-based services (around £46.0 million), followed by residential care placements (£34.0 million rising to £39.3 million), followed by nursing home placements (£11.3 million).

Direct payments account for almost £6 million (5%).

The above tells us the broad areas where the bulk of the money is spent. If we look now at the expenditure for the last 3 years and compare the proportions for each year, we can glean some idea of how things might be changing in the market and where there might be market growth in the future ([Figure 11](#) & [Figure 12](#)).

We need to be mindful at this point that we are dealing with a complex interaction of multiple variables here, some of which may not be totally apparent, even though they may add considerable drive and impact to outcomes.

Figure 11 illustrates 3 significant issues occurring:

1. A £5.6 million increase in expenditure on residential care

⁷ Source: PSSEX1 2013-14

placements during 2013/14 compared with the previous 2 years.

2. A concomitant £5 million decrease in expenditure on community based services.

3. We need to keep in mind also the £300,000 increase in expenditure on Direct Payments which goes some way to offset the reduction of expenditure in community based services; but it doesn't cover the full difference.

How do we account for the observed pattern in expenditure when we know that it is always older people's expressed intentions to remain at home for as long as possible?

The answer almost certainly is about demographics being an underlying driver of pressure on the system, which resulted in an increased admission rate to residential and nursing home placements in the face of an insufficient level of community care resource to absorb the extra demand.

Evidence for the demographic pressure is well-known: the number of people aged 80 or over in the Derbyshire population has shown a consistent growth between 2006 and 2013 of an annual average of 600.

However, 2014 to 2021 will see an even larger growth in the number of people aged 80 and over with the average annual increase of 1400. This has very significant impact for Adult Care.

The figures portray a stark illustration: Between 2006 and 2013, the number of people aged 80 years or over increased by just over 4,100. Between 2014 and 2021 it is a difference of

11,381, with an average annual increase between those years projected at just over 1400⁸.

Despite the significant spike in demand and need, there will not be a proportionate rise in public service delivery because the next few years will see less public money available to run services; the council has had to cut £13 million from the adult care 2014/15 budget and has to cut a further £25 million in the current financial year.

It is in this context that we need to shape and develop new ways of doing things.

⁸ Figures are taken from Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections available for England, published 29 May 2014, are full 2012-based and project forward the population from 2012 to 2037.

Analysis: Shaping the Future

This Section uses the information presented in the previous ones and attempts to draw out and analyse how service requirements are changing and what this may mean for the development of services now and in the near (2015-2020) and longer-term future (2020-2030).

How many people have social care needs and at what level?

There are in 2015 just over 61,500 older people resident in Derbyshire who have social care needs. The majority of these people (15,340) have “low” or “moderate” social care needs and are unlikely to require statutory social care intervention, at least in the near future.

These are the people who would benefit from targeted, preventative services such as those designed to improve mobility and fitness and participation in community social activities.

How many people are likely to need very high levels of care?

About 29,220 people have “high” or very “high” needs. Of these around 12,600 have a very high physical need and 4,500 a very high cognitive or functional related need.

Our analysis of service delivery to clients in 2014/15 shows that there were just over 13,500 people receiving

a service commissioned by Derbyshire Adult Care. The difference between the numbers (about 16,000) will comprise people who are either self-funders or who are being looked after *intensively* by an informal carer.

How do they compare with total population numbers?

Derbyshire’s total population at 2015 is just over 783,700 people. So older people likely to require a statutory social care service is just under 2% of the total population. Currently, expenditure on services for older people accounts for about 46-47% of Adult Care’s budget.

Where are the areas of highest concentration of people with social care needs?

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

Even though other areas have lower concentrations (eg Derbyshire Dales and High Peak, with 5,520 and 6,050) of people with social care needs, this should not in any way diminish those areas’ requirements for flourishing care services.

How much do Social Care spend on the user group and on what is it spent?

Derbyshire County Council Adult Care spent £109 million on services for older people during 2012/13. This represents 46-47% of the gross total budget for Adult Care.

Expenditure is divided up between several broad areas: Assessment and Care Management, Nursing Care Placements, Residential Care, Other Supported Accommodation, Fairer Charging - Community Services, Direct Payments, Equipment and Adaptations, Meals, Supporting people, and "Other".

47% of expenditure is taken up by funding of residential and nursing care placements (£39.3 million and £11.3 million respectively).

Fairer Charging - Community Services accounts for 38% of expenditure (£41million).

Assessment and Care Management accounts for 6% with Direct Payments accounting for 5% of expenditure. The remaining expenditure is taken up by Meals and Supporting People service.

This level of expenditure from the public purse will not continue. The council has had to cut £13 million from the adult care 2014/15 budget and has to cut a further £25 million in the current financial year.

How will the number of people change in the short, medium and long term?

Over the next 5 years the number of older people in Derbyshire will rise by 11% to just over 181,500. The proportion of older people with high or very high needs is expected to rise from 29,220 to 32,726 (a 12% increase).

Assuming that levels of health and wellbeing in the population do not change, numbers are expected to continue to grow and by 2035 it is projected that there will be over 101,100 people over 65 with a social care need, of which 48,780 will have high or very high needs.

It is essential that preventative services are successful in reducing need and improving health and wellbeing otherwise the cost of social care will become a considerable strain.

Where are the services, are they local, centralised or regionalised?

Overall, it depends on which part of Derbyshire that the focus is on. It is a mixture of all three.

Some services like home care are fairly local, enabling them to be sufficiently flexible and sensitive to changes in circumstance. That said, there are areas of the County (eg High Peak, Derbyshire Dales) where rurality is a barrier to the provision of sufficiently localised services; so travel time becomes an added cost. An added factor is the availability of care workers in the local workforce to offset those problems. Other services (eg

residential and nursing care) tend to be more centralised or at least not sufficiently localised.

[Table 2](#) illustrates where highest levels of need are not sufficiently addressed by the availability of residential and nursing care.

Are these known to be the most effective services?

Increasingly, people require localised services that are personalised. For home care this means a service that is person-centred and not task-focused. It means a service that arrives consistently at the appropriate time, with consistency of carer, especially when the personal care help is being provided. It means a service that enables the person to retain their dignity and which treats the person as an individual.

Our own research and evaluation has demonstrated high standards of care are provided across Derbyshire.

However, need and demand continue to outstrip supply. All too often this means that where there are consistently good services, the strains of excessive demand places services under daily pressures of time that then has a negative impact on quality.

What do users/carers/citizens say about the services that are commissioned?

There are high levels of satisfaction with services generally. However, due to insufficient supply of services there are small but significant proportions of clients and carers who feel that they

are unable to access the right quality of care.

What are the trends in need and demand for publicly funded services and how does this fit with eligibility?

Need will continue to grow in the short and medium term (ie to 2020). This will be the case across all of Derbyshire's districts. The highest concentrations of need in the short and medium term will continue to be in those areas that have traditionally had the most need: Chesterfield, North East Derbyshire and Amber Valley.

It is important that service development though is focused across **all** of Derbyshire's districts: the more traditionally affluent western districts of Derbyshire are still home to people with social care need, many of whom experience income deprivation (a high correlate of social care need, see [Figure 17](#)) and the potential for even greater social isolation.

In the longer term (ie to 2035), it is critical that the increasing contemporary emphasis on reducing need through prevention and increasing wellbeing and health has an impact throughout Derbyshire, otherwise the costs of care will become seriously prohibitive, in terms of both finance and informal carer efforts.

The increasing levels of social care need have translated into increasing demand for publicly-funded social care but not consistently so. Over the past few years, increasing numbers of

informal carers have taken on responsibility for looking after family members and neighbours ([Figure 13](#), [Figure 14](#)). This will continue to be the case, and the number of informal carers will continue to rise, especially now that the Care Act eligibility threshold has risen. The importance of supporting informal carers has been recognised for some time and is a major aspect in the Care Act.

More needs to be done to help carers better equip themselves for their role, including wider access to advice and guidance, wider access to regular breaks and stress reduction and wider understanding of how conditions like dementia affect people. The focus on work to help carers is all about helping them to continue to care for longer. The cost of failing to widen carer access to help, is an increase in demand on public services which cannot be met.

Predicting future service requirements and costs based on current baseline patterns.

Social care need has risen both in terms of the number of people who require help on a daily basis and in terms of the complexity of their needs; more often than not, those people in the high and very high needs categories have a number of chronic health impairments that seriously impact on their daily living and which means they have to rely on others for their personal care needs to be met.

Accordingly, service delivery has to be far more tailored and personalised

than has been the case before, if it is to meet an appropriate standard.

This means that social care staff have to be more knowledgeable about an increased range of health and wellbeing conditions than hitherto.

Most people with poor physical health will experience associated effects on their psychological wellbeing including feelings of depression and anxiety.

So increasingly, whilst we need to be able to commission higher quality more personalised care services to address the more complex and chronic needs of the people at the higher end of the need spectrum, we simultaneously need to be developing a more proactive approach to prevent people becoming quite so chronically affected in the longer term.

A great deal can be done through the provision of community-based initiatives like befriending services, and exercise classes and public health campaigns around the prevention of malnourishment.

The problem with the increasing requirements is that there will be considerable pressure on funding at precisely the time that publicly funded care is decreasing.

The change in eligibility and capital thresholds means that there will be increasing numbers of self-funders who will be required to pay for their social care package.

Key Messages for the Market

The Social Care landscape, both Nationally and Locally, is changing.

Given the likely nature of this change, it is difficult to forecast with precision and deliver clear signals for the social care market in Derbyshire.

In order for this document to be of use to existing and potential providers, therefore, it will be necessary to ensure that it is reviewed and updated regularly.

Key Message 1

Derbyshire intends:

To deliver high quality care and support that is person-centred. Guidance on building a person-centred team can be found at:

www.scie.org.uk/publications/perstool/teamresources.aspx

Key Message 2

It is the expressed intention of the County Council to continue to be a substantial provider of services to older people. This facilitates fullest client choice, knowledge of and influence over costs and capacity to respond to our new duty in respect of market shaping. The evidence base for this older persons market position statement has beneficially influenced the County Council's strategic direction for Derbyshire County Council's direct care older person's residential care service 2015-2020.

Key Message 3

There is, nationally and locally, a growing need for social care and support services. This increase is happening in the context of on-going austerity measures resulting in changes to eligibility criteria and co-funding policy – so, more people needing services, but there are reduced resources available to meet those needs.

Key Message 4

As well as there being an increased level of need there is a simultaneous rise in expectation about the quality of services. The continued development and implementation of *Personalisation* is changing the way people shape their care and support plans

Key Message 5

In Derbyshire, recent changes to national eligibility criteria mean fewer people are entitled to a publicly funded service, and more people may pay privately for services (self-funders).

Key Message 6

The Care Act requires Adult Care to assist self-funders along with providing more support for carers; services will also be required to be provided in settings adult care has not previously been involved in (eg prisons) and new duties mean adult care will need to work more closely with all providers (including non-accredited providers) in cases of provider failure. The Care Act makes it clear that local authorities have a temporary duty to ensure the needs of people continue to be met if

their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they receive. The local authority will have a duty towards all people receiving care. This is regardless of whether they pay for their care themselves or whether the local authority pays for it. In these circumstances, the local authority must ensure that the person does not experience a gap in the care they need as a result of the provider failing. This temporary duty, until the local authority is satisfied that the person's needs will be met by the new provider

Key Message 7

There is a pressing need to improve the health and wellbeing of the next generations of older people to prevent future need continuing to outweigh resources to meet the need.

Key Message 8

There are high numbers of informal Carers in Derbyshire already, and these numbers will continue to grow in the short and medium term. As people may receive less funded support, informal carers need increased levels of support.

Whilst recognising how well Adult Care has done to improve services to carers, this is yet to achieve the necessary level. Carers need greater knowledge of the care system, need to understand conditions like dementia better, need greater access to emergency care for the cared-for person, and need better access to breaks and other stress-reduction

techniques. There is a potential growth area for small and medium-size, not-for-profit, social enterprises to provide increased service provision for carers.

Key Message 9

Derbyshire County Council currently purchases home based care from 50 approved home care providers that are regulated by the Care Quality Commission. All work is purchased based on the needs of each individual as part of a spot contract; providers on the approved list receive no assurances from the Council about the amount of work they may be asked to complete. The Council also has its own home care team that provides about 34% of the home care activity in the County ([Figure 16](#)).

From the 29th September 2014 the Council increased the eligibility criteria for Council support from "Higher Moderate" to "Substantial" in anticipation of the Care Act .

It was also agreed from this date that clients with capital of over £50,000 would be responsible for all of their care costs. All clients in receipt of a needs assessment with capital of over £50,000 are supported to identify the most appropriate way to meet their assessed needs. Clients are then supported through our Brokerage Team to find a provider to meet these needs as part of a self-funding arrangement. Clients can either ask providers on the Council's approved list or can use the non-approved home care providers that operate in the County.

Obtaining the appropriate support in some Districts has been difficult. In some cases this is due to difficulties in recruiting and retaining staff particularly in rural areas. Most need is concentrated in urban areas with fragmented/scattered need across rural areas. The supply of suitable staff is an issue affecting all providers; high staff turnover means that many providers spend significant amounts of time managing immediate staffing issues rather than on long term planning.

Due to the Council's efforts to help people live independently at home for longer, the needs of home based care recipients have increased and become more complex. This has led to a higher skill level required of staff. The Council is working with providers to promote the establishment of their staff being offered contracted hours rather than zero contracted hours.

Motivation and morale in the workforce has been affected by negative media coverage of home care. The council shares with the market on a weekly basis a report highlighting unmet need to help with service planning and investment.

- To promote dignity and respect by requiring all providers who contract with the Council to have gained the Council's Dignity and Respect Award.
- To ensure that calls lasting up to 15 minutes continue to represent a small proportion of Council funded home based care visits, and that where they

do take place they are not related to personal care (e.g. visits for safety and wellbeing checks)

- To have the future stipulation in contracts that providers should have an electronic monitoring system in place, to guarantee lengths of stay in care visits and to give assurance and alert to missed calls
- To ensure that there are a number of guaranteed providers that can respond in a timely and appropriate manner to hospital discharges, and to emergency/crisis placement requests
- To offer support to the sector with regard to improving staff supply and to offer access to council-run training and guidance.
- To provide support and advice to local providers who are at risk of business failure, and ensure that emergency or planned closures minimise the risks to clients of the provider.
- To work with providers to resolve the capacity issues relating to home based care for people living in rural areas of Derbyshire
- To embed re-ablement as a key approach to delivering care and support, so that individuals, where possible, can be helped to continue carrying out their activities of daily living and live as independently as possible.

http://www.derbyshire.gov.uk/social_health/care_and_health_service_providers/dignity_respect/default.asp

- To pilot individual service funds (ISFs) with home care providers to evaluate their effectiveness. ISFs are used to assist a client to exercise a wider choice of how their care needs are delivered but does not wish to initially manage the entire process themselves. In this case clients identify a provider to manage their care package through the ISF model.
- To further develop quality assurance processes to ensure that Homecare services are of the right quality. This will include the introduction of a new electronic record system.
- To recommend that potential providers should examine potential business opportunities in response to the Personalisation agenda, such as acting as an employment support organisations for people looking to employ personal assistants, or advertising short term care services to help carers to have a break from their caring role
- To ensure that staff delivering care to older people have dementia awareness training
- To encourage business models to rely less on the Council as the primary purchaser of care

as there is an increasing role to provide support for self-funders. This includes non-eligible clients.

- To encourage providers to market their services using the Derbyshire Care Directory and through the Derbyshire County Council Adult Care Brokerage Team.
- To increasingly move away from traditional contracts {the increased use of personal budgets and Direct Payments means there is an opportunity for the Personal Assistant market to grow to meet demand}. This is especially the case in those areas shaded lighter in [Figure 17](#).

Key Message 10

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

The market is diverse, with establishments ranging from small, family-run businesses, to well established providers with a national

presence. Some parts of the market in Derbyshire are dominated by self-funders and as such these areas are seen as a very attractive development and potentially lucrative area for providers looking to expand their residential or nursing care businesses. Where the local area is already well supplied with residential and/or nursing care we would like providers to consider moving into less well supplied areas ([Table 2](#)).

Homeowners report that the Funded Nursing Care payments they receive for clients with nursing needs does not meet the costs associated with recruitment and retention of nursing staff.

There is also a shortage of well-trained committed, care staff especially in the rural parts of the county. Care home and home care providers describe a fluid recruitment market with staff moving between current care providers. Unfortunately, encouraging new recruits into the sector is difficult.

Providers may find it useful to draw on best practice from the Skills for Care website:

<http://www.skillsforcare.org.uk/Home.aspx>

The average level of need of people accessing residential or nursing care is rising, as more people access a variety of care and support services to stay at home for longer. ([Table 2](#)).

To counter this Derbyshire intends to build better links with Borough and District planners to help them evaluate local planning applications for care

homes in the light of strategic and local knowledge.

We will also work with CCGs, specifically on appropriate training for care staff, quality of care and on reducing “avoidable” hospital admissions.

We will also develop a better understanding of future demand for residential/nursing care.

Derbyshire County Council will provide guidance and advice to local providers who are at risk of business failure, and ensure that emergency or planned closures minimise the risks to residents and explore the development of small-to-medium-sized block contracts to create an additional supply of Council and local NHS funded residential and nursing care beds.

We recommend that providers ensure attendance at Council run local care home forums to receive regular updates.

We recommend that providers review care home environment(s) and establish whether the design and decor supports people with dementia appropriately. It would also be timely for providers to prepare for the social care funding changes proposed by the Government by splitting the elements of weekly charges into accommodation and care costs.

Derbyshire County Council recommends the development of step-down services to facilitate a more successful discharge from acute hospital settings for older people,

preventing hospital re-admission or permanent admission into Residential and Nursing Care.

It is expected that demand for traditional residential care will continue to decline in response to the growth in the number of affordable Accommodation with Care Housing placements.

Key Message 11

Day centres offer older people a range of activities, helping them to continue to live in their own home or with their family or carer. The Council operates a number of day care services and we operate a small number of block contracts for day care provision in the more rural parts of the county to ensure we can offer a local service. The majority of local provision across the county for older people is available within care homes as part of the home's contract with the County Council as a service regulated by the Care Quality Commission.

When identifying day services, alternatives to building based provision will be considered.

We anticipate that day opportunities services will increasingly reflect the customer's choice, which may include an increased focus on accessing community resources. This will result in fewer block contracts and more spot contract/self-funding arrangements where providers have limited confidence in the consistent number or frequency of clients.

Derbyshire will work with the market to grow and nurture community-based

alternatives including social and community enterprises; to ensure choice for individuals to live independently and reduce social isolation.

The demographic trend towards Older People living with dementia means that there will be an increasing need for localised day centres and drop in services which support a range of stages along the dementia pathway, from diagnosis to carer support.

We are seeking to re-design our community support services for people with dementia. This includes lower level community and peer support. Over time the amount of people with dementia is increasing substantially and diagnosis rates are likely to increase. We therefore need to increase the range and type of community support options available to people to help them live well with dementia within their local communities and remain independent for longer.

There is a need for social and community enterprises across the county and Derbyshire are able to facilitate business development and planning if required.

In the event that the Council decide to advertise a tender for the provision of day care then this would be placed on Source Derbyshire⁹, the Council's procurement website.

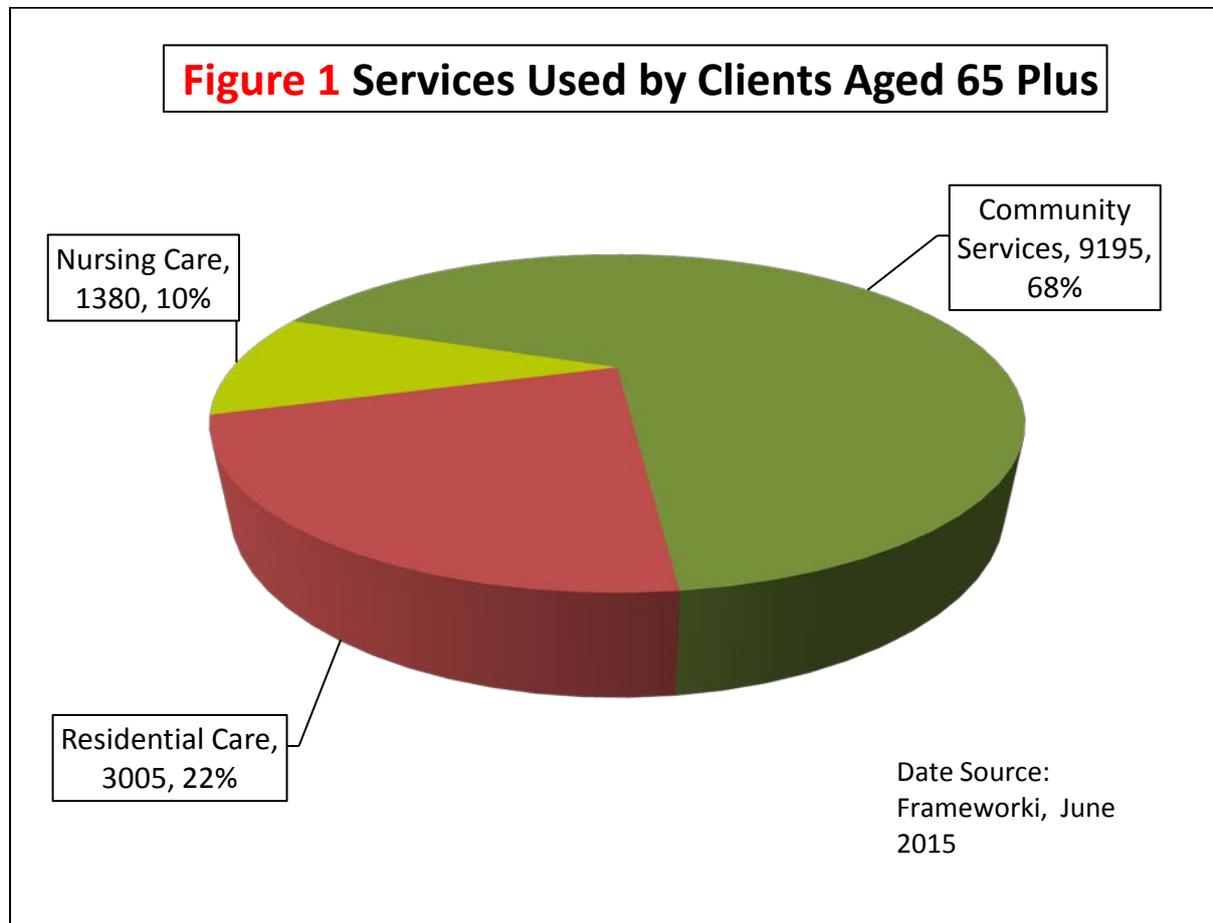
It is likely that for day care and home care that we would advertise something called a framework

⁹ www.sourcederbyshire.co.uk

agreement which is a type of approved provider list. This kind of agreement offers no assurances about numbers or frequency of placements. However, it does allow the Council the

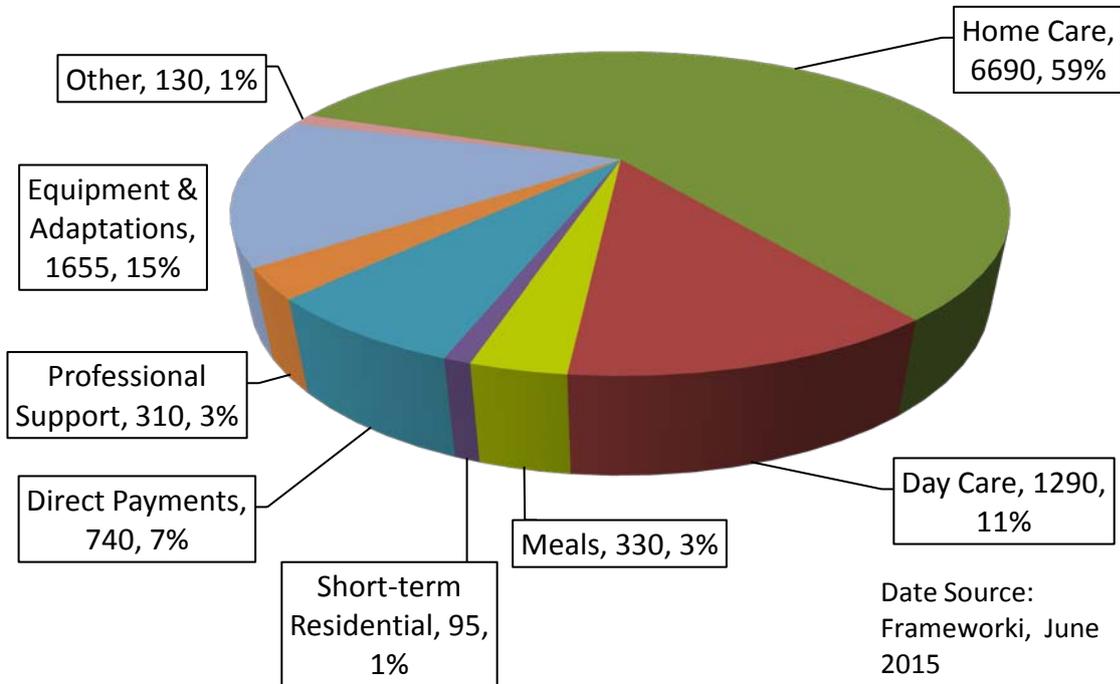
opportunity to contract directly with a successful provider and provides greater choice for clients.

Evidence & Data



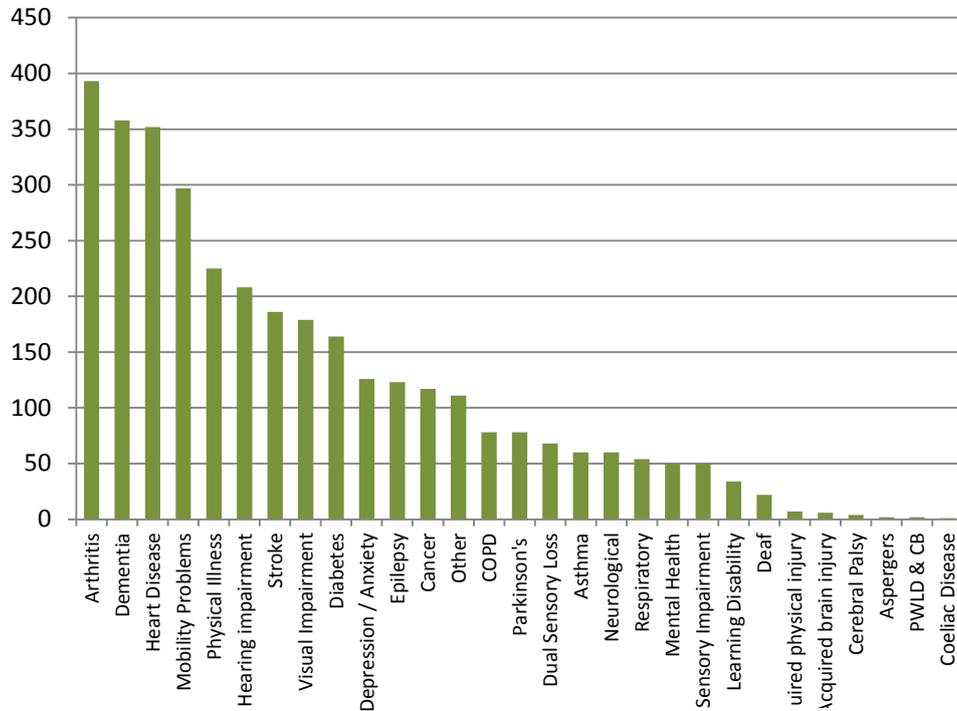
- Over 2/3rds are community services (68%, 9195 services).
- 22% (3005) comprise residential care places and 10% (1380) nursing care.
- Over the last decade there has been a growth in the proportion of people being cared for at home compared with those who are cared for in residential care.
- This trend is set to continue for the foreseeable future.

Figure 2 Community Services Used by Clients Aged 65 Plus



- The single-largest service used is home care with almost 6,700 clients or 59% of the total.
- The next highest proportions are equipment and adaptations (15%, 1655 services) and day care (11%, 1290).
- Direct Payments (740, 7%) are a growing proportion of services.
- Meals and professional support, short-term residential care and Other make up the balance of services.

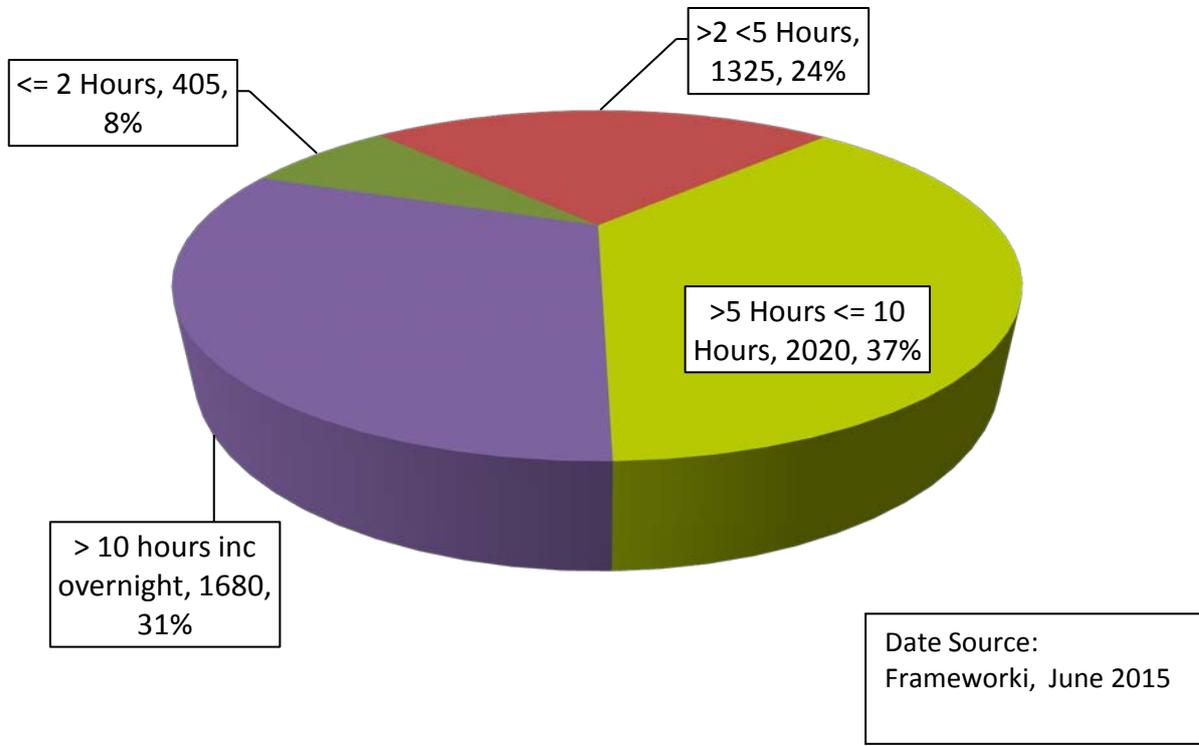
Figure 3 Clients 65+ By Health Condition



Date Source:
Frameworkki, June 2015

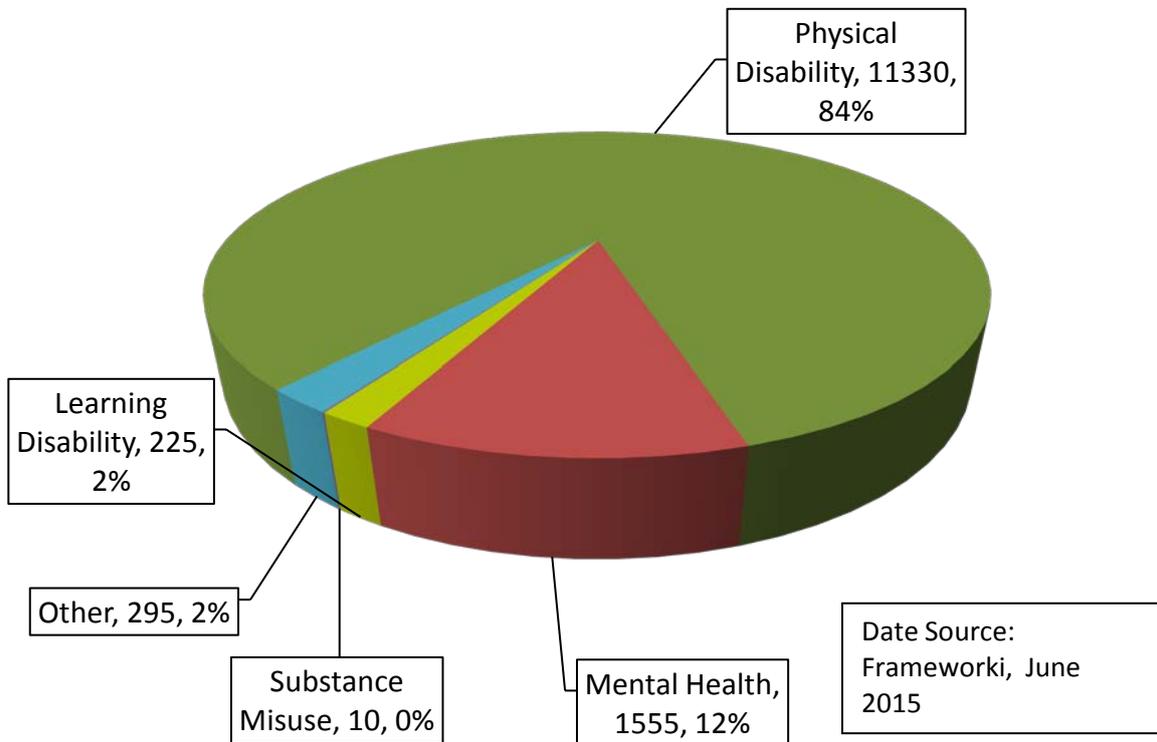
- The chart gives an insight into the most frequent and common health impairments which cause clients aged 65 and over to need a social care service.
- Top is arthritis, followed by dementia, heart disease and mobility issues.
- Clients most often have a number of impairments which affect them.
- Dementia features highly and is on the increase although often the clients do not have a formal diagnosis but clearly present to the Department with the main symptoms of the condition.

Figure 4 Home Care Hours by Clients Aged 65 Plus



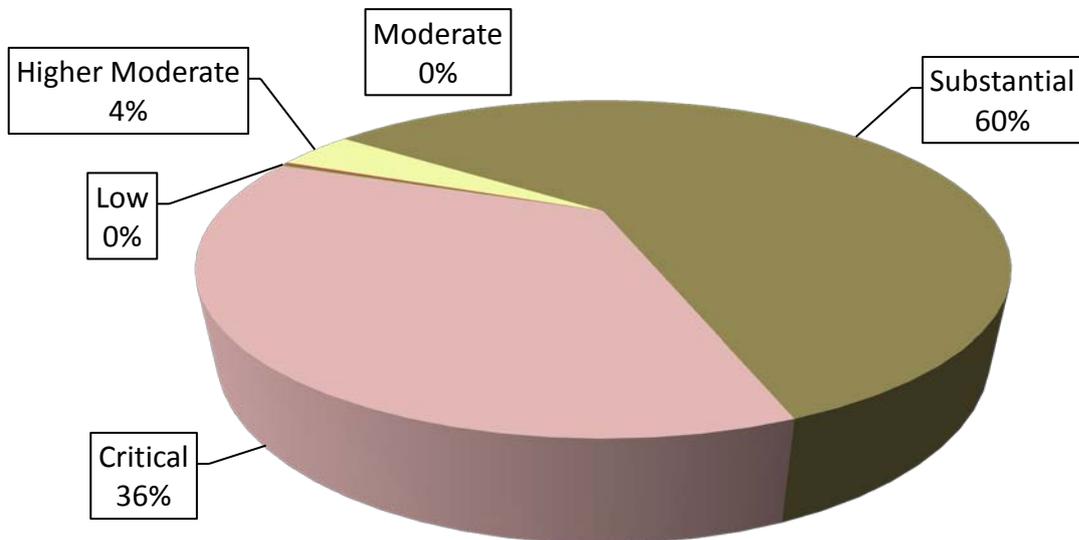
- Figure 2 illustrated that home care is the largest single service provided to clients;
- Figure 4 shows a breakdown of the intensity levels of the home care packages used by clients
- The different intensity levels are fairly evenly spread across the range; about 1700 older people require high intensity packages (>10 hours per week including overnight); 37%, 2020 require more than 5 hours and less than 10 hours per week, with just about 25% requiring between 2 and 5 hours per week.
- A small proportion of people (405, 8%) are kept at home on the basis of less than or equal to 2 hours of care per week.
- Short periods of service delivery have received critical attention in the Media. However, for some people it is entirely appropriate for them to receive just a short visit.

Figure 5 Client Group by Clients Aged 65 Plus



- The majority of Adult Care clients (84%) have social care needs due to at least one physical impairment. Increasingly they have more than one physical condition that affects their routine daily living.
- Mental health problems are the next most frequent reason for requiring social care help with over 1500 people affected. It's likely to be higher in reality as many people experience mental health issues (eg depression & anxiety) but these go undetected and undiagnosed.
- There are 225 people aged 65 and over who have a learning disability. This group is set to rise quite substantially over the next 10 years because people with a learning disability are surviving longer into older age.

Figure 6 Fair Access to Care Services by Clients Aged 65 Plus



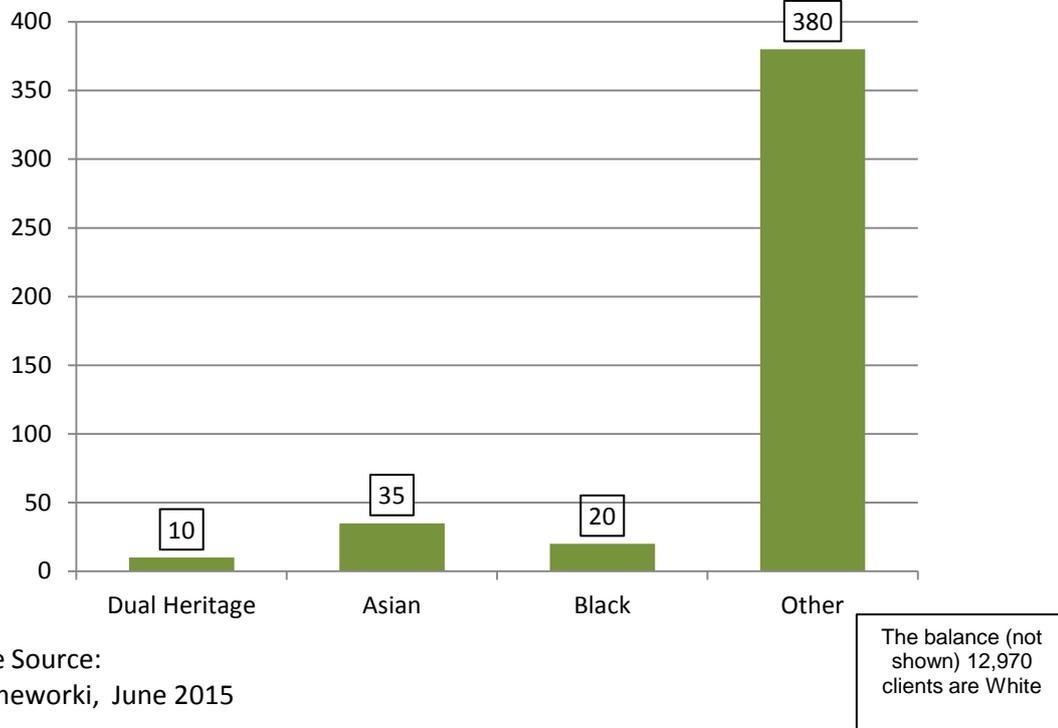
Date Source:
Frameworkki, June
2015

- As we'd expect, the majority of clients are in the top 2 FACS bands, with a small number remaining from when the Department's threshold was set at Higher Moderate.
- The eligibility framework is graded into four bands, which describe the seriousness of the risk to independence or other consequences if needs are not addressed. The four bands are :
- **Critical** – **when** life is, or will be, threatened; and/or significant health problems have developed or will develop; and/or there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or serious abuse or neglect has occurred or will occur; and/or there is, or will be, an inability to carry out vital personal care or domestic routines; and/or vital involvement in work, education or learning cannot or will not be sustained; and/or vital social support systems and relationships cannot or will not be sustained; and/or vital family and other social roles and responsibilities cannot or will not be undertaken.
- **Substantial** – **when** there is, or will be, only partial choice and control over the immediate environment; and/or abuse or neglect has occurred or will occur; and/or there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or involvement in many aspects of

work, education or learning cannot or will not be sustained; and/or the majority of social support systems and relationships cannot or will not be sustained; and/or the majority of family and other social roles and responsibilities cannot or will not be undertaken.

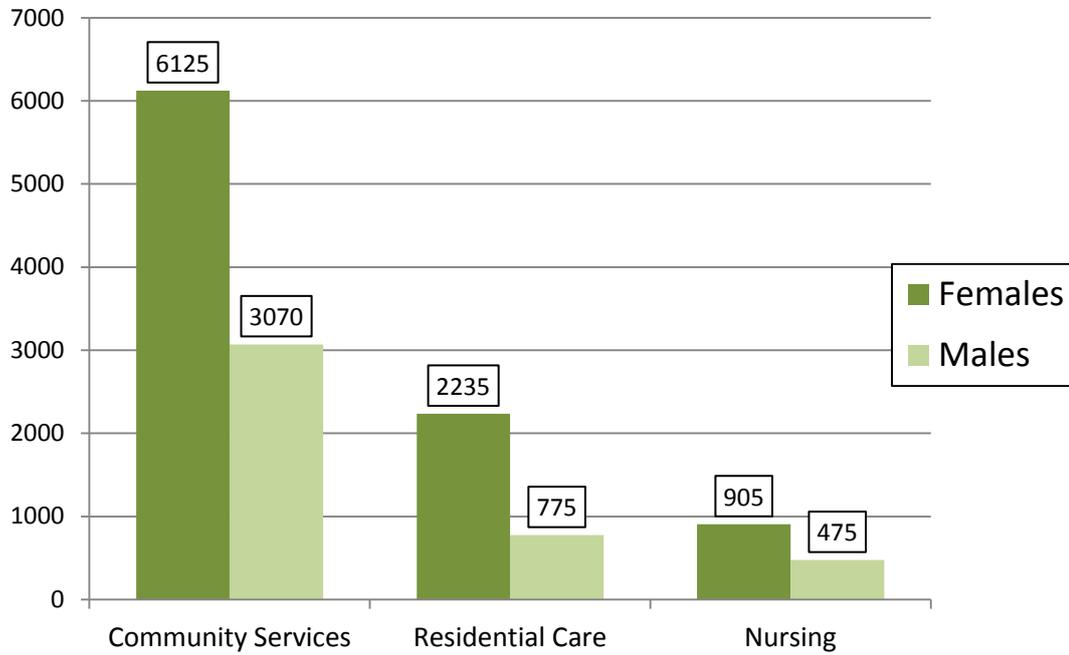
- **Moderate – when** there is, or will be, an inability to carry out several personal care or domestic routines; and/or involvement in several aspects of work, education or learning cannot or will not be sustained; and/or several social support systems and relationships cannot or will not be sustained; and/or several family and other social roles and responsibilities cannot or will not be undertaken.
- **Low – when** there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or one or two social support systems and relationships cannot or will not be sustained; and/or one or two family and other social roles and responsibilities cannot or will not be undertaken. In constructing and using their eligibility criteria, and also in determining eligibility for individuals, councils should prioritise needs that have immediate and longer-term critical consequences for independence ahead of needs with substantial consequences. Similarly, needs that have substantial consequences should be placed before needs with moderate consequences; and so on.

Figure 7 Ethnic Group of Clients Aged 65 Plus



- Whilst the county's BME population has grown since the last Census, Derbyshire has a significantly lower ethnic population than both the East Midlands and England.
- In 2011, the county's BME population was just over 32,600. This represents 4.2% of Derbyshire's total population, a percentage increase of 59.0% (12,064 people) since 2001.
- The BME population in Derbyshire resides mainly in five areas; Stenson, Long Eaton, Chesterfield, Shirebrook and Buxton.
- As in 2001, the ward of Stenson in South Derbyshire, an area of housing adjacent to Derby City local authority area, has by far the highest percentage of ethnic minority population in the county. Doveridge & Sudbury ward has the second highest percentage of BME population.
- The wards of Shirebrook South East in Bolsover and Buxton Central in High Peak areas that have experienced more recent increases in their black and minority ethnic populations. The rural wards of Tideswell and Hartington and Taddington in Derbyshire Dales had the lowest numbers.
- Older people who are clients of Adult Care are predominantly from a White background with black and minority ethnic groups being under-represented compared with population norms.

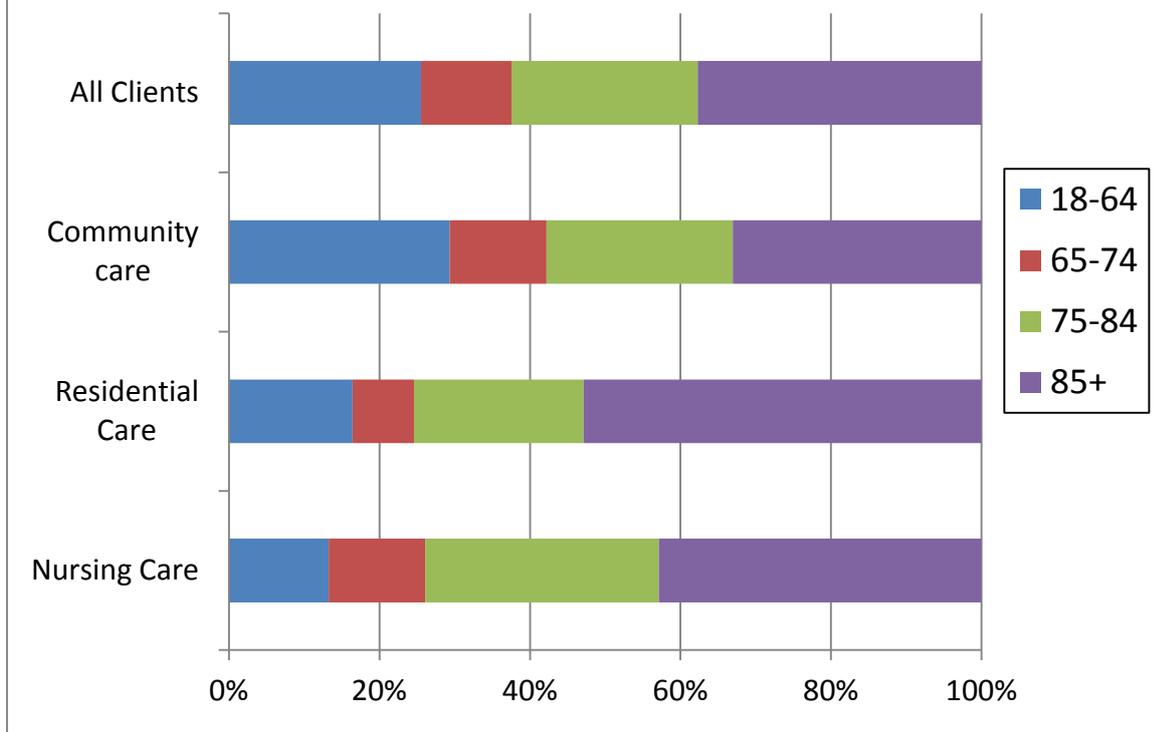
Figure 8 Clients 65+ By Gender



Date Source:
Frameworkki, June 2015

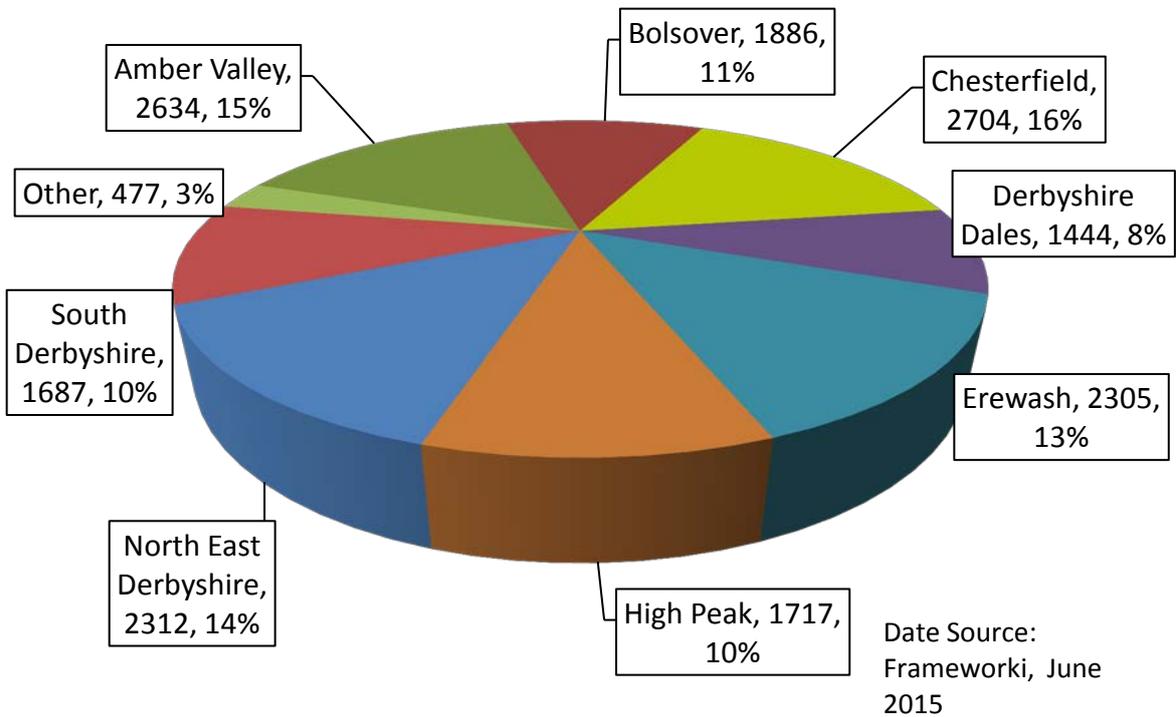
- Historically, females comprise the highest proportion of clients by about 2:1 and we can see from this snapshot that this continues to be the case.
- For both community services and residential and nursing care, proportions are consistently 66%:34% give or take some variation within tolerable limits.
- This is an important consideration when making workforce and other related decisions as people often prefer same-sex carers when being helped with personal care.

Figure 9 Age Group by Service



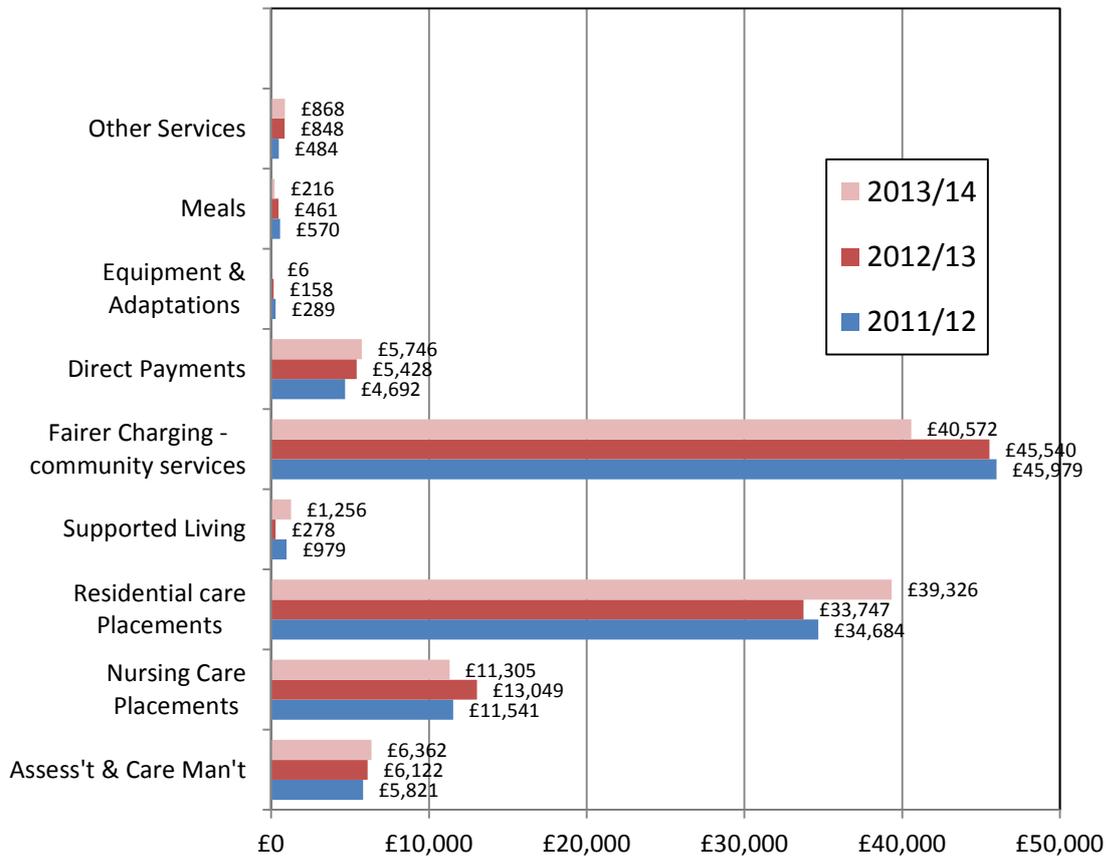
- The bars in the chart show proportionate ages by type of service with the top bar showing all services.
- Clients aged 85 and over are the largest age group as we would expect given that impairment increases significantly with age.
- 65-74 age group are the smallest proportion consistently.
- Clients aged 85 and over in residential care are the single largest group.
- Over 4300 clients aged 85 and over live in community settings, twice as many than those aged 85 and over living in residential care.
- It's likely that the proportion of older people aged 85 and over living in community settings will continue to increase compared with residential and nursing care in future as sheltered housing and extra care facilities are developed further across Derbyshire.

Figure 10 Services Open by District



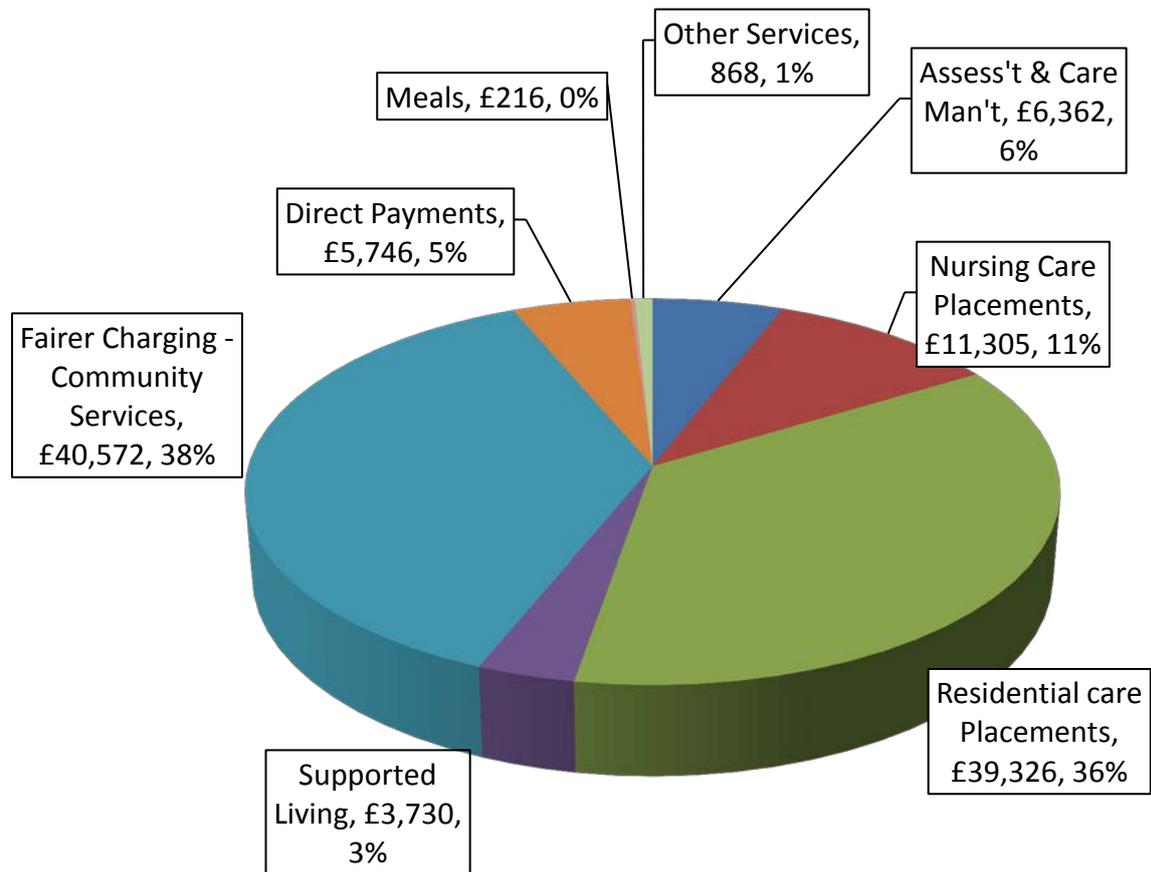
- We'd expect clients to be spread across Derbyshire in the same way as the population is distributed
- We can see from Figure 10 that the correlation between distribution of population and distribution of clients correlates quite highly eg Chesterfield makes up about 14% of the population and has about 16% of the adult social care need.
- Need for Adult Care and proportionate size of the total Derbyshire population are closely related for all other Derbyshire districts.
- That said, the north-eastern and eastern districts do tend to have slightly higher proportions and the western side slightly lower proportions than their respective populations, due to increased need on the eastern side underpinned by higher degrees of health and economic deprivation.

Figure 11 Total Net Expenditure on Services for Older People 2011/12, 2012/13 and 2013/14 (£'000s)



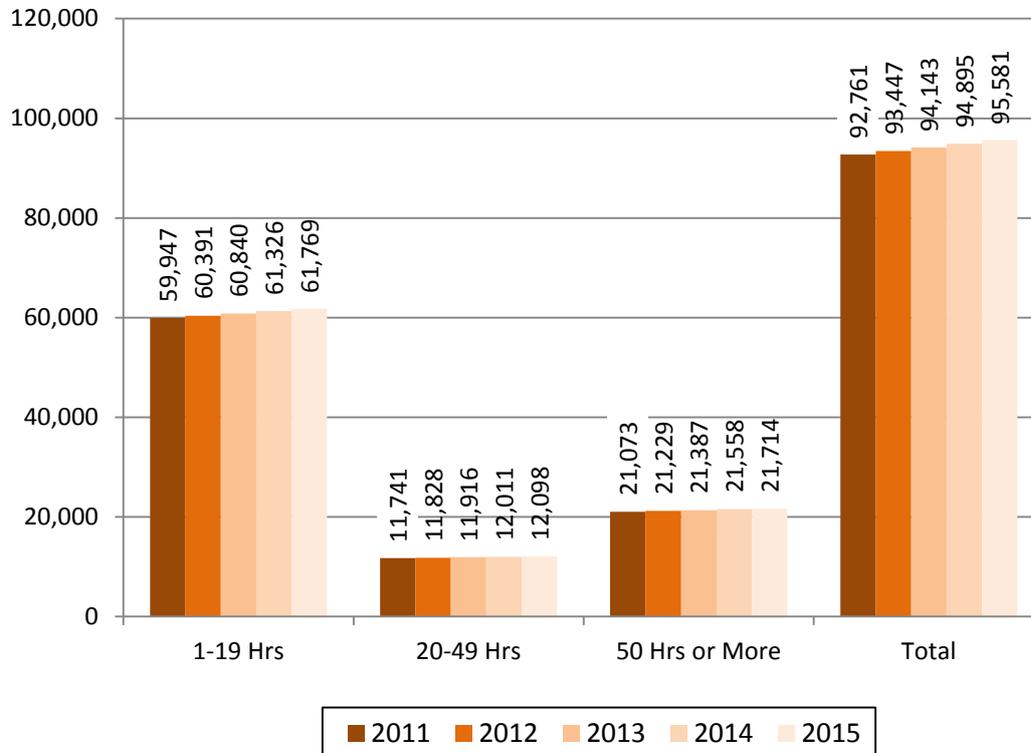
- Total net spend on Older Person’s services for the last 3 full financial years has been on or around £105 million.
- There have been slight rises year-on-year of just about half-of-one per cent
- Annually the bulk of the expenditure has been on community-based services (around £46 million), followed by residential care placements (£34 million rising to £39 million), followed by nursing home placements (£11.4 million).
- Between £5 million and £6 million is spent on providing people aged over 65 with a Direct Payment.

Figure 12 Total Net Expenditure on Services for Older People 2013/14 (£'000s)



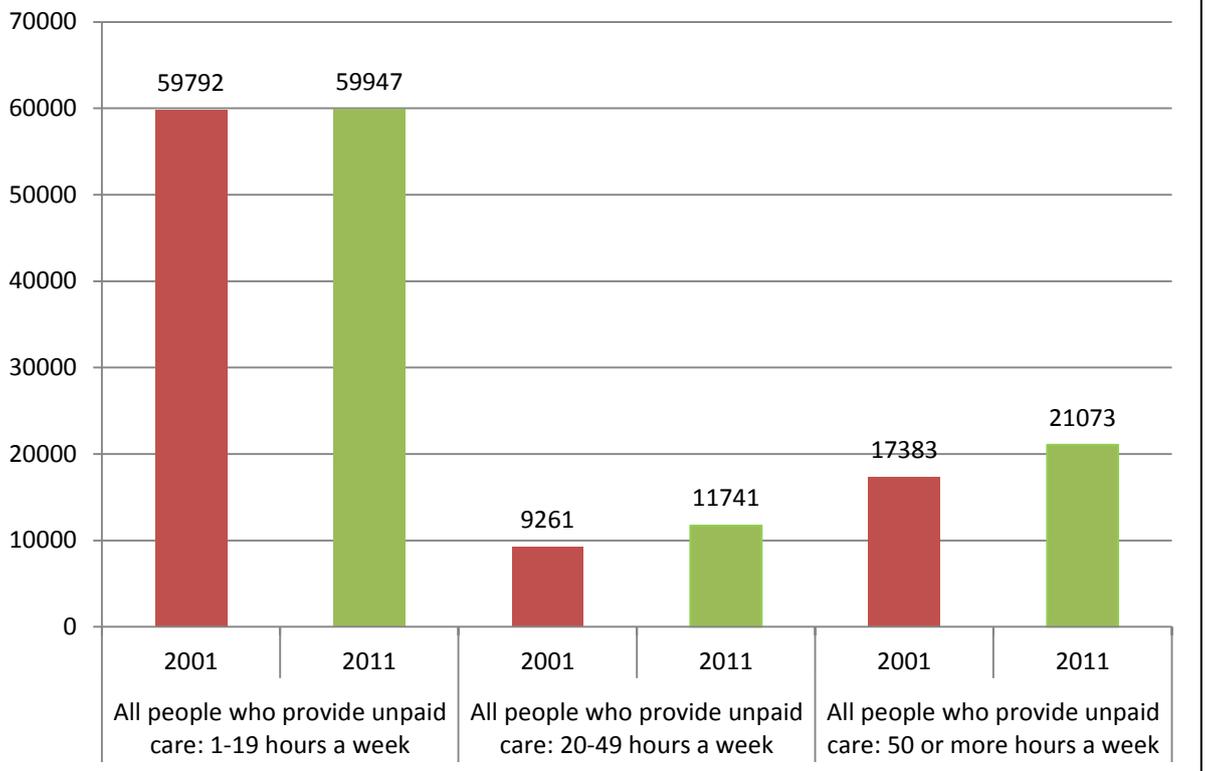
- Roughly, half the expenditure is on commissioning community care service and half on residential and nursing care places.
- A fraction of the overall expenditure is on assessment and care management resources.
- Relatively small amounts are spent on “other” and services which support independent living.
- Annually the bulk of the expenditure has been on community-based services (around £46 million), followed by residential care placements (£34 million rising to £39 million), followed by nursing home placements (£11.4 million).

**Figure 13 People who provide Unpaid Care:
Projected Numbers in Derbyshire
2011-2015**



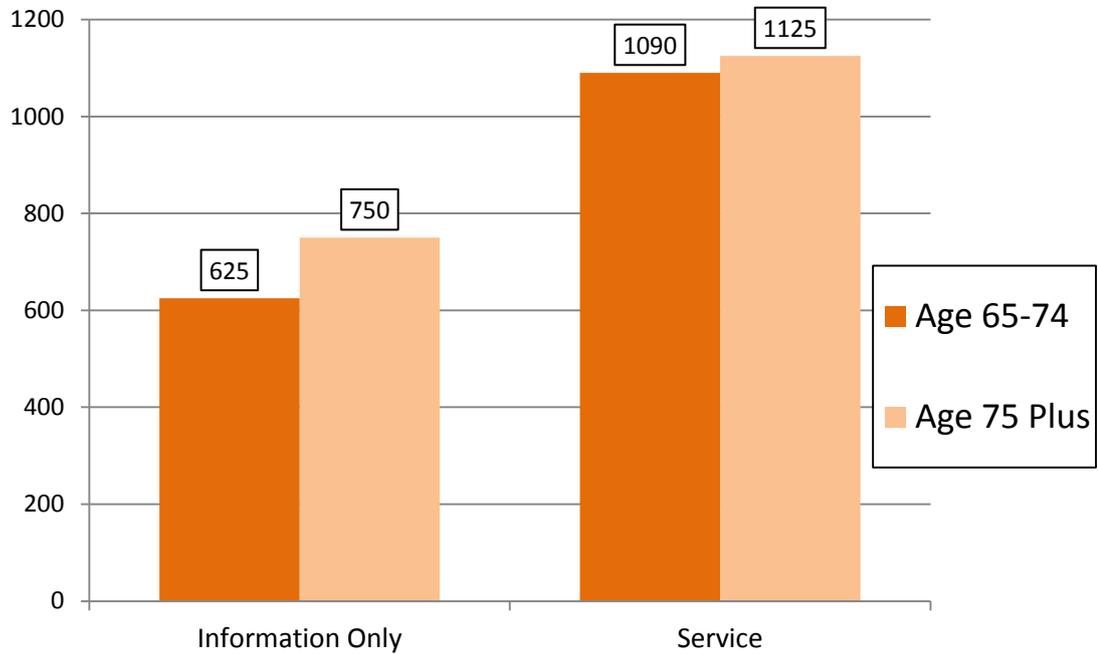
- There were over 92,000 people living in Derbyshire who were providing informal care to a family member or friend.
- A significant proportion of them (35%) were providing very intensive care (ie for 50 or more hours per week).
- The largest proportion (65%) were providing up to 19 hours per week of care. Many of these people, we know from anecdotal evidence, were also working a 40 hour week.
- Each of these carer groups have increased in number year-on-year and will continue to do so for the next decade.
- We need to become much better at supporting informal carers by giving them regular breaks, giving them better and more timely advice, giving them moral support, helping them to “offload their worries” and giving them other practical support.
- Many carers do not recognise themselves as such, do not look after themselves properly and are at risk of “burnout”.

Figure 14 Number of People Providing Unpaid Care in Derbyshire in the 2001 and 2011 Census



- We are confident about the reliability of the number of informal carers because it appeared as a question on the national Census in 2001 and again in 2011.
- The numbers in each carer group rose over the 10 year census comparison period, as we expected from our knowledge of the projected population numbers.
- Although the single, smallest group, those in the 20 hour per week bracket are the carers who need the most prioritised support since they are the people who are most likely to be trying to work full-time as well as juggle the demands of being a carer.

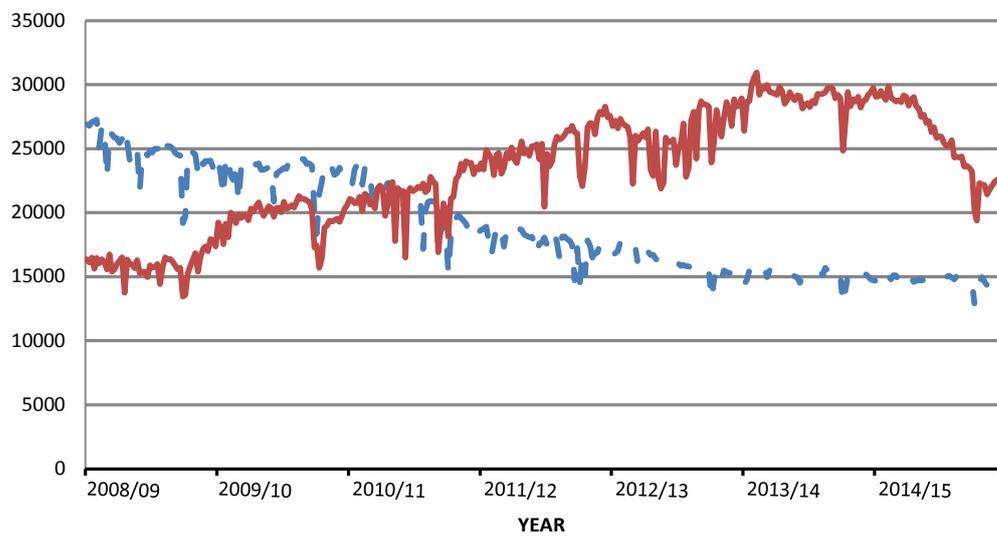
Figure 15 Carers 65+ By Gender



Date Source:
Frameworkki, June 2015

- We provided a service to just over 3000 carers between 2013/14
- About 66% of these services were for carers aged 75 and over
- Just over 33% of these services were “Information Only”
- It’s likely that those carers coming to public care for help are those whose needs would be deemed to be “highest priority”
- There is a need for carers’ services to be enlarged, expanded and improved and this is echoed by the terms of the Care Act 2014.

**Figure 16 The Provision of Home Care:
Weekly Hours Provided by Sector**



— In-House — Independent

- Figure 16 illustrates the relative amount of home care provision between “In-House” (ie DCC care) and Independent Sector (solid line).
- In-house were the major providers of service in 2008/9 but this has changed with the transition occurring between 2010 and 2011.
- The Independent Sector achieved peak provision in 2013/14 with 30,000 hours (66%) with In-house stabilising at about 15,000 hours.
- During September 2014, Independent providers showed a marked reduction in DCC supported clients; this coincided with DCC’s change to eligibility from “Higher Moderate” to “Substantial”. The rate steadied at about 22,500 hours.
- We do not know if this loss of care provision was permanent; anecdotal evidence from our Brokerage service indicates that a proportion of this “lost delivery” was picked up again by the Independent Sector with former DCC clients now as “Self-funders”.

Table 1 A Comparison of Service Outputs & Outcomes

Indicator	2011/12		2013/14	
	Derbyshire	Comparators	Derbyshire	Comparators
65+ in community-based services (/100,000)	7,373	4,885	4,432	3,768
65+ in residential care (/100,000)	1,345	1,359	1,391	1,277
65+ in nursing care (/100,000)	520	483	551	458
65+ rate of admission to care homes (/100,000)	787	716	738	690
% of 65+ offered re-ablement	1.4	2.9	1.0	3.3
% of 65+ still at home 91 days after re-ablement	84.0	83.1	79.7	81.2
Delayed discharges attributable to social care	4.2	2.9	4.8	2.6
Delayed discharges (all)	11.4	9.5	13.2	10.0
% of people self-directing their support	34.7	39.0	47.6	55.9
% of people receiving direct payments	15.0	12.3	10.8	17.8

Adult Care has undertaken an analysis of trends in comparison with comparator authorities¹⁰ as can be seen in the table below which helps us to understand areas where outcomes for people need to improve.

The following points can be made relating to the above table:

- For older adults, the rate of clients in community services is higher than our comparators. This reflects on-going work to ensure that older adults retain independence within their own homes.
- However, Derbyshire still has more older adults per 100,000 population in nursing and residential care than the comparator average. This demonstrates a need for further community-based work, both within social care and health, to ensure that more older adults retain their independence.
- Re-ablement services following discharge from hospital are around the comparator average. However, when compared with all patients discharged from hospital only 1% are offered re-ablement services. This indicates a potential need for enhanced re-ablement/intermediate care.
- Delayed Transfers of care from hospital pose a challenge for Derbyshire. All delays and those attributable to Derbyshire County Council are higher than the comparator average. Work is needed to ensure that services are available to patients waiting to be discharged from hospital. This information also illustrates a need for services designed to prevent admission to hospital in the first place.

¹⁰ E.G. Leicester, Staffordshire, Nottinghamshire, Lancashire, Cheshire, Cornwall, Warwickshire, Worcestershire

Table 2 Need by District by Bed Numbers by Carer Numbers

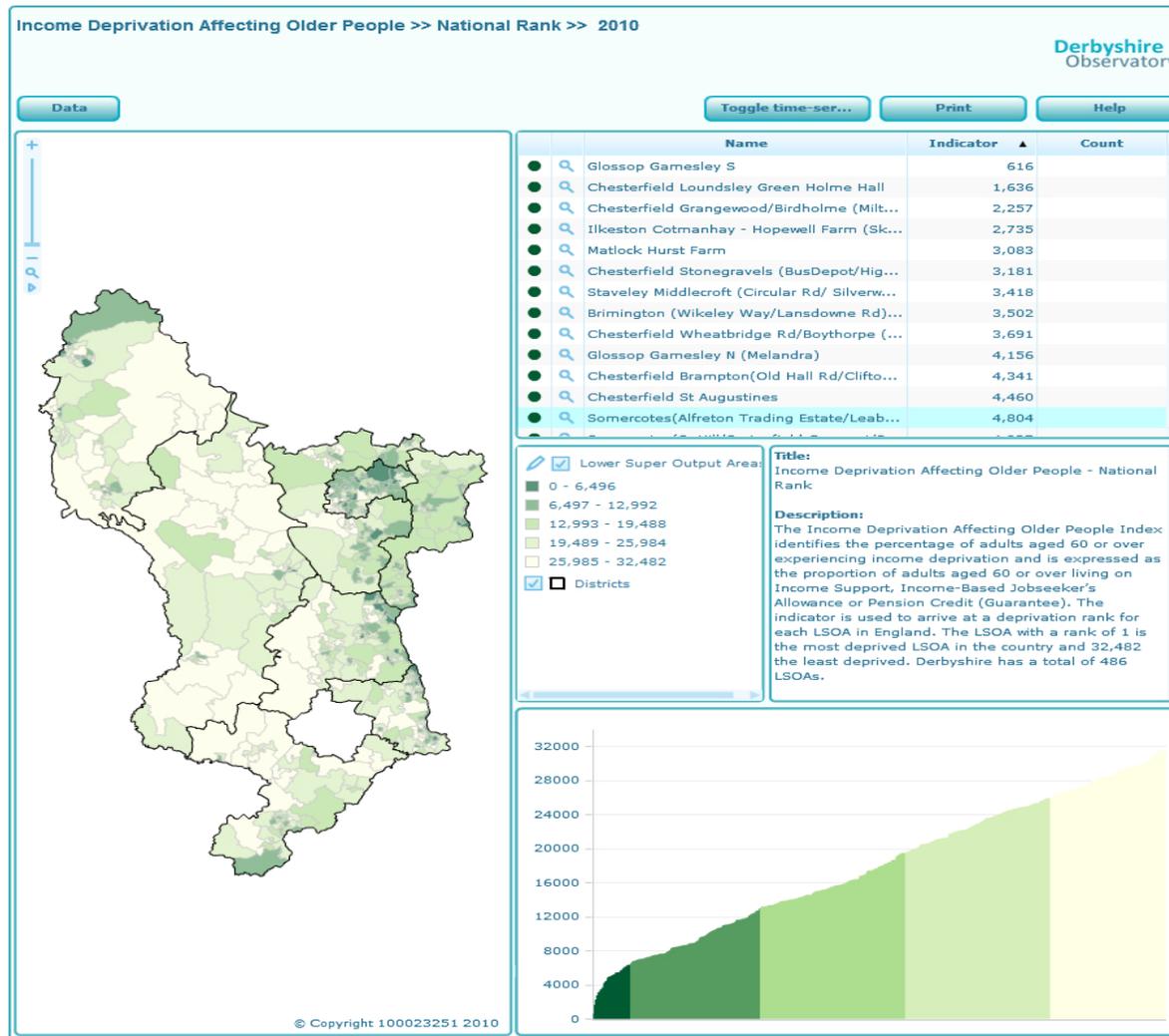
Area	Very High	z score	High	Moderate	Low	Total	H & VH	z score	beds	ratio beds: need	z score	CARERS	z score
High Peak	1510	-1.09	1120	1560	1860	6050	2630	-1.09	776	0.30	0.93	10314	-0.64
SD	1620	-0.88	1210	1640	1630	6100	2830	-0.88	767	0.27	0.63	10482	-0.56
BO	2200	0.19	1630	2150	1310	7290	3830	0.19	649	0.17	-0.64	9624	-0.99
CH	2660	1.05	1970	2620	1930	9180	4630	1.04	539	0.12	-1.30	13034	0.72
DD	1350	-1.39	1000	1400	1770	5520	2350	-1.39	822	0.35	1.62	9003	-1.30
ERE	2180	0.16	1620	2230	2370	8400	3800	0.16	552	0.15	-0.94	12562	0.48
NED	2560	0.86	1900	2550	2140	9150	4460	0.86	846	0.19	-0.38	13135	0.77
AV	2690	1.10	2000	2700	2480	9870	4690	1.11	1060	0.23	0.07	14607	1.51
TOTAL	16770		12450	16850	15490	61560	29220		6011			92761	
Avge	2096						3653			0.22		11595	
SD	539						938			0.08		1998	

Key:

	Low
	Medium
	High

- The table shows the number of people within each Need category (Very High, High, Moderate, Low) by District.
- The associated z score illustrates the highest concentrations eg for “Very High” needs, Amber Valley, Chesterfield and North East Derbyshire
- The Ratio of Beds to Need illustrates where the number of residential and nursing care beds is low compared with the number of people with very high and high social care needs eg Chesterfield, Erewash and Bolsover

Figure 17 Income Deprivation Amongst Older People



South.

- The Income Deprivation Affecting Older People Index identifies the percentage of adults aged 60 or over experiencing income deprivation and is expressed as the proportion of adults aged 60 plus living on Income Support, Income-Based Jobseeker's Allowance or Pension Credit .
- The indicator is used to arrive at a deprivation rank for each LSOA in England. The LSOA with a rank of 1 is the most deprived in the country and 32,482 the least deprived. Derbyshire has a total of 486 LSOAs.
- On the map, the heavier the green shading, the higher the proportion of older people aged 60 and over who are income deprived.
- Whilst the north-east of Derbyshire tends to have the highest concentrations of income deprived older people, High Peak has the highest ranked LSOA with Gamesley