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HOUSING, HEALTH & SOCIAL CARE CONSULTANCY

DERBY SUPPORTED ACCOMMODATION STRATEGY
October 2005

Final Report by
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and
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DERBY SUPPORTED ACCOMMODATION STRATEGY

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EXECUTIVE SUMMARY

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The Supported Accommodation Strategy was jointly commissioned in April 2005 by Derby City Council's housing, social services and community policy Departments and Central Derby and Greater Derby Primary Care Trusts in partnership with Derby Hospitals NHS Foundation Trust and Derbyshire Mental Health Services NHS Trust. The strategy will contribute towards and inform the commissioning of health, social care and housing services for older people, the development of a Housing Strategy for Older People, the City's Vision for Ageing and the developing neighbourhood agenda.

The drivers for the strategy are to:

- Shift the balance of care in order to reduce the number of admissions to long-term care, and support more older people at home
- Diversify specialist accommodation away from reliance on long term residential/nursing home care into housing models such as extra care
- Develop a whole system approach for planning and commissioning housing, health and social care
- Explore the potential to invert the triangle of care – see Figures A and B below - and shift towards prevention and promotion of well-being
- Strengthen the neighbourhood approach to service planning
- Inform the Vision for Ageing in Derby and a quality of life approach

This approach is in line with the national context. The government is developing a cross departmental strategy for an ageing population, which recognises the changing population pattern and the need to challenge ageism and consider the contribution that older people make to society.

This same approach is also reflected in the recent Department of Health Green paper on Adult Social Care, which is built around a social inclusion approach for vulnerable older people. The starting point for the vision "is the principle that everyone in society has a positive contribution to make to that society and that they should have a right to control their own lives. Our vision is to ensure that these values will drive the way we provide social care".

Figure A - Support for People Today

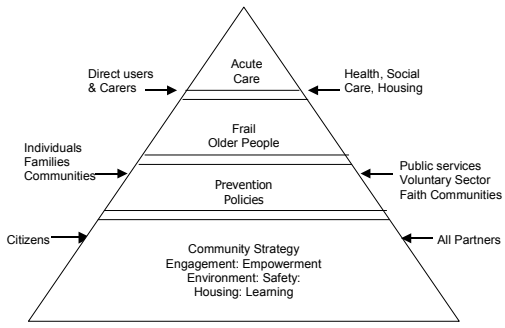
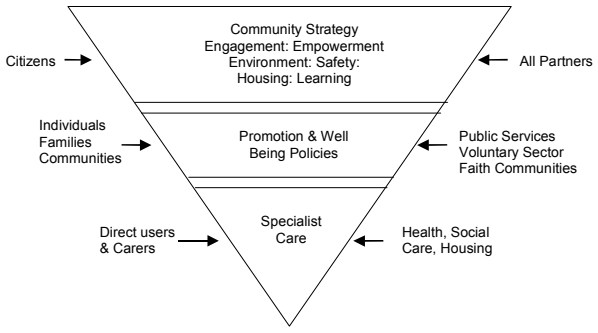


Figure B - Support for People Tomorrow



II. Older People in Derby City

- Derby has a significant older population with 20.8% of the total population over 60 and 16.2% over 65
- The older population is growing, over 65's by 13% and over 85s by 33% over the next 10 years
- The number of people aged 65+ with dementia is expected to rise by 17% over the next 10 years
- There is also a significant BME population in the city which is currently weighted towards the younger age groups but which is also ageing
- There is a higher level of limiting long-term illness than the England average
- There is a growing level of owner occupation (69.2%) and the number of older owner occupiers is growing

III. Supply and demand

The specialist accommodation system has been mapped geographically by the Area Panel areas, using the Geographical Information System (GIS) to bring together for the first time supply information across the nursing and care home and sheltered housing sectors. This will be a valuable planning tool for the city. In addition a point prevalence sample study was carried out of people in hospital and of admissions into care homes, and a further study was carried out of the standards of, and demand for, sheltered housing. Relating demand and supply shows the following picture:

a. A significant number of older people in both acute and community hospitals who could have been medically managed in the community, but the need to develop non hospital provision in the community, including intermediate care
b. A shortage of nursing/care home places for people with dementia and the need to further develop community services for this group
c. An adequate overall supply of nursing/ care home places but the need to rebalance current provision to meet changing needs
d. A shortage of extra care housing for rent and sale
e. An over supply of traditional sheltered housing for rent but a shortage of sheltered housing for sale and shared ownership and of floating support services for older people in ordinary housing

IV. Strengths and areas for improvement in the current system

There is a mixture of strengths and areas for improvement in the current system. Examples of these are illustrated below:

Strengths	Areas for Development
• Developing a Vision for Ageing in Derby • Joint commission across key agencies in developing this strategy • Plentiful supply of sheltered housing	• Develop stronger partnership and engagement approach with older people • Joint commissioning structures and systems; key commissioning agencies need a strategic investment

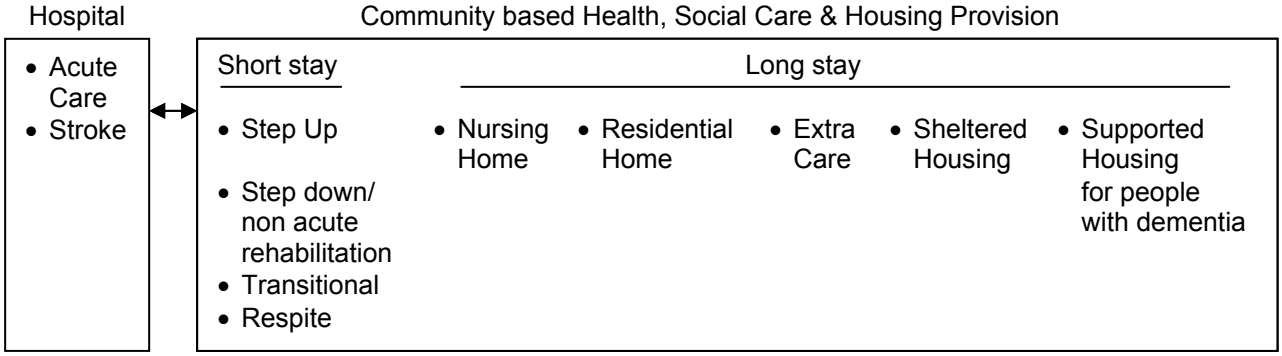
for rent • Some existing sheltered housing provision for BME elders and good models to build upon; well established and funded range of community groups for BME communities • Good Audit Commission inspection report for Supporting People and planning structures in place • Good Care Link service and potential to develop its role and capacity to support vulnerable older people within and beyond the City of Derby • Potential to use the SMART house to inform the development of new services including a local Telecare Strategy • Good DICES service • Range of housing assistance services: well established Home Improvement Agency; equity release; DFGs and Housing Options Centre • Adequate supply of standard residential and nursing home care Good performance in relation to delayed discharges from general acute care • Acute hospital plans for redevelopment underway and new community facility being built • Good outcomes from current IC services and pilot with ambulance service; residential intermediate care service developed; Successful road to integration within IC service • Re-provision plans for Older People Mental Health (OPMH) acute capacity; Development work for	plan for providing services and support to local Older People and their Carers in Derby City • Develop approach for extra care, including: local service, tenure and funding 'models' and partnerships with providers to re-model existing provision and bid to the Housing Corporation and DH for capital for new build • Modernise sheltered stock and serviced; de-commission some existing provision (based on the surveys and discussions with providers) and re-invest savings in new services • Work with sheltered housing providers to 'target' schemes for BME elders • Formalise links between Care Link and primary and secondary care • Set up a multidisciplinary group to develop and deliver a local telecare strategy with DH Preventative Technologies Grant funding • Improve the links between DICES and sheltered housing scheme managers • Use the HIA and Care Link to provide falls prevention services as part of an integrated falls strategy • A broad-based Older Persons Mental Health (OPMH) strategy for the whole service spectrum in Derby City • Inadequate supply of specialist residential and nursing home care • Domiciliary care services and implementation of BV Review recommendations

dementia resource centre taken place and options negotiated • Piloting of in reach and outreach work with independent sector for OPMH to support effective transfers of older people between services • Plans for enhanced day hospital service for OPMH • Plans for more joined up services in local areas	• Agreed Service models for OPMH within residential, nursing and domiciliary care • Planned use and management arrangements of new community facility at the Derby Royal Infirmary • Identification of resource shifts from secondary to primary care to support intermediate care developments • Community matron / specialist nursing roles within primary care services to develop case management approach • Provision of IC models with nursing / medical and mental health components • Increased capacity within current IC services • Targeting of LA residential capacity to meet specialist needs and reducing provision for low/ med needs • Psychiatric liaison service in general acute settings • Primary care support to independent sector homes • SAP implementation and assessments for IC • Development of more integrated service models for older people at a neighbourhood level

V. Proposals and recommendations

The recommendations in the strategy aim to bring the currently separate elements of the accommodation system closer together – see figure C below. The aim is to build ONE system for future planning purposes in terms of both care pathways which can be translated into commissioning services for individual older people, as well as in planning the overall scale and balance of the specialist accommodation system. This means developing a more integrated supported accommodation system which links together the nursing and care home sector with the sheltered housing sector, includes new models such as extra care housing, and rethinks the role of the council's care homes and sheltered housing.

Figure C Integrated Derby Supported Accommodation for Older People



The critical components of service change across the whole supported accommodation system for Older People in Derby City are to:

- Build a stronger community based infrastructure to reduce the reliance on the hospital system in terms of unnecessary emergency admissions, delayed discharges and discharges to the nursing/care home sector of people who could be supported in their own homes or supported housing setting such as extra care
- Enhance Primary Care services for all Older People and their Carers
- enablement home care) including for people with complex needs
- Developing a whole system approach to meeting Older People's Mental Health needs
- Rebalance the nursing/ care home system to provide more nursing home and fewer care home places, and more places for people with dementia
- Re-configure the city council's own care homes to provide more short-term/intermediate care or specialist care rather than long-term care, and improve the quality of provision to meet current standards and expectations
- Develop extra care housing for rent and sale, or other related models such as a care village, to provide greater choice for older people and more alternatives to residential care
- Reshape the sheltered housing sector and service by: addressing poor quality provision and over capacity where there is low demand; changing the balance between rented and leasehold sheltered housing; and developing a broader and more flexible range of warden/ housing support services to ensure value for money and support for people in ordinary as well as sheltered housing through floating support
- Build in a more explicit role for the housing system by developing the role and maximising the potential of housing related services to support older people in the

community and reduce the level of admissions to hospital and long-term care. These services include: the role of housing support staff, for example in relation to falls prevention and supporting older people with chronic conditions; the further development of community alarm services and assistive technology; home improvement agency and adaptations services; DICES

- Develop a locality pilot in one of the Area Panel areas to develop a more integrated approach to services for older people across housing, health and care and other services such as leisure and transport. This work would contribute to the development of the city's Strategy for an Ageing Population
- Develop specific initiatives to meet the needs of BME older people

The proposals for taking this strategy forward and developing a broader base of supported accommodation for Older People in Derby are structured within a three phased approach to managing the change.

- Phase One: Building the Baseline 2006-2007
- Phase Two: Re-balancing provision across the system and implementing service models 2007-2009
- Phase Three: Consolidating provision and reviewing direction of travel with emerging needs 2009 onwards

SECTION 1 – INTRODUCTION AND CONTEXT

1.1 Introduction

This commission
This Supported Accommodation Strategy from Sinead Brophy Consulting and Peter Fletcher Associates (PFA), was jointly commissioned in April 2005 by Derby City Council's housing, social services and community policy Departments and Central Derby and Greater Derby Primary Care Trusts in partnership with Derby Hospitals NHS Foundation Trust and Derbyshire Mental Health Services NHS Trust. The strategy will contribute towards and inform a Housing Strategy for Older People, the City's Vision for Ageing and the developing neighbourhood agenda.

The drivers for the strategy
The drivers for the strategy are to:

- Shift the balance of care in order to reduce the number of admissions to long-term care, and support more older people at home and intensively at home
- Diversify specialist accommodation for older people away from reliance on long term residential and nursing care and into housing based models such as extra care
- Develop a more whole system approach which brings together housing, health and social care planning and provision for older people into one commissioned system rather than separate systems as at present
- Explore the potential of the housing sector, in its widest sense to contribute to developing and delivering a shared vision based on the principles of inverting the triangle of care set out in ADSS/LGA report *All our Tomorrows*
- Strengthen the neighbourhood approach to service planning
- Use the strategy to inform the Vision for Ageing in Derby and a quality of life approach

Our approach
Our approach is founded on a model of social inclusion – citizenship, rights and responsibilities. This model recognises that older people with support needs have a right to live in the housing and community of their choice, and a right to live peaceably and with a sense of safety and security. This approach is in line with the philosophy and approach agreed by the Derby City Partnership for Older People.

How we carried out the work
For the housing elements of this strategy we worked through key contacts in the Housing Department. They have provided information, contact details and helped to arrange face to face meetings.

A member of the housing team has also provided a supply map, using the GIS (Geographical Information System) to inform the work.
A series of face to face meetings were conducted with sheltered scheme managers to ensure consistency and accuracy of data for the property and tenant surveys.

A mix of telephone interviews and face to face meetings took place with the following people:

- Care Link manager
- Head of Disability and Sensory Services in social services
- Manager of the Home Improvement Agency
- Private Sector Housing Manager
- Community Care Manager at the Housing Options Centre
- Supporting People Manager
- Staff at the Retail Trust
- Sheltered Housing Scheme Managers & housing managers

We also conducted interviews with black and minority elders, and ran a locality workshop in the Sinfin area.

Specific research was undertaken across local acute, psychiatric and community services for older people to determine the suitability of the current range of services and to determine the level and type of supported accommodation needed in the City. This research was supplemented by detailed analysis of activity and demographic data gathered across the key agencies and services in the City. The starting point for this research was an inter-agency workshop where current service pathways for older people in Derby were evaluated and new 'fit for purpose' pathways designed. Following this a set of point prevalence studies were undertaken by a multi-disciplinary group of staff and managers focussing on the service needs of patients and service users on a single day and using this information to model future need.

The staff we have met and talked to have generally been very helpful and positive. We believe that this augurs well for the future. In particular we would like to thank: the older people who have talked to us; the housing strategy team for producing the GIS supply maps, and for setting up the surveys with us; the social services and health staff who have worked with us on the point prevalence studies; and the staff from the Neighbourhood Co-ordination team who worked with us on the locality workshop.

The structure of the report
The rest of section 1 sets out in brief the national and local context for the strategy.

Section 2 provides a needs analysis.

Section 3 provides a supply analysis and looks at how the current system is working.

Section 4, sets out the way ahead and our recommendations, which are structured into a three phased approach to managing the change.
The report also includes a number of Appendices

1.2 Context

National Context
Improving services for Older People has been a key focus of central Government through the NHS Plan, Better Government for Older People, NSFs for Older People and Mental Health, and Better Care higher Standards. The most recent Health and Social Care legislation and policy guidance is building on developments to date and broadening the scope of this 'whole system' approach.

A key policy driver now is the **Department of Health Green paper on Adult Social Care**., The starting point for the vision "is the principle that everyone in society has a positive contribution to make to that society and that they should have a right to control their own lives. Our vision is to ensure that these values will drive the way we provide social care". The key recommendations include:

- Individual budgets and access to care navigators
- New models of provision including telecare and extra care housing
- Stronger co-operation and collaboration between social care, NHS and voluntary and community organisations
- A new Director of adult social services to provide local strategic leadership across all adult services
- Improved assessments
- Universal services and a shift towards prevention

The Department of Health has indicated that the Green Paper will be followed up by a white paper, probably in late 2005 on out of hospital services across health and social care.

The introduction by the Government in April 2003 of **Supporting People** funding has also helped to reinforce the importance of promoting independence and supporting older people (and other vulnerable groups) where possible at home or in a supported housing setting.

Opportunity Age a cross departmental strategy for an ageing population, recognises the changing population pattern and the need to challenge ageism and consider the contribution that older people make to society.

The priorities for action are:
- to achieve higher employment rates overall and greater flexibility for over-50s e.g. legislating against age discrimination in the work place;
- to enable older people to play a full and active role in society e.g. free off peak local area bus travel or providing more financial support for those who want to study;

- to allow everyone to keep independence and control over their lives even if constrained by health problems which can occur in old age e.g. extending individual budgets.

The Social Exclusion Unit's Interim report on **Excluded Older People** (March 2005) highlights three key ways in which respondents to the consultation say provision needs to improve if older people are to enjoy a better quality of life:

- Joined up services are key
- Intervening early is important and investment in low level prevention can reduce costlier interventions later
- Older people generally know what they need and want, and they should be involved in the design and, where practicable, the delivery of services

The recent new initiative **'Securing Better Mental Health for Older Adults'** from the Department of Health launched in July 2005, provides a vision for how all mainstream and specialist health and social care services should work together to improve services for older people with mental illness.

It covers priorities and functions of both mainstream and specialist services, relationship to working age adult mental health services and also other generic and older people's specialist services.

The key priorities in mainstream services are to change attitudes and improve skills in detection and assessment of mental illness and to equip staff with guidance on initial management and referral pathways to appropriate other services.

It goes on to identify potential components of a comprehensive specialist service including specialist support to care homes, inpatient assessment beds, liaison psychiatry and intermediate care services.

Intermediate care services, whether institution or home-based, are currently primarily focussed on physical disorders. However they should not exclude people with mental illness but provide person-centred, needs-based care whether provided by the rehabilitation staff or through input of specialist OPMH service personnel. Similarly people in intermediate care facilities for people with dementia should have their physical needs met by psychiatry staff that are well trained in physical care, or through input from the generic rehabilitation team.

Similarly, the management of long-term conditions should apply equally to mental illness as it does to physical illness. The DoH policy 'Supporting People with Long Term Conditions' (January 2005) aims to embed into local health and social care communities an effective, systematic approach to the care and management of patients with a long term condition, with an initial focus on the very high intensive users of secondary care services through a case management approach. Mental illness is associated with, and worsens the prognosis of, most common long-term physical conditions and requires treatment in its own right.

The **NHS Improvement Plan** is promoting a focus on addressing the needs of people in long-term conditions in the community, as a balance from the current domination of the acute sector agenda

DH has recently published its **Review of the NSF for older people** in which it endorses the approach of the *All Our Tomorrows* report (see ref. 12) around inverting the triangle of care

The recent DH public health white paper – **Choosing Health – Making healthy choices easier** (November 2004) - reinforces the importance of promoting good health and well-being for the population as a whole. The only explicit reference to older people relates to falls prevention, though other initiatives, such as promoting exercise will also benefit older people. The follow up best practice guidance **Delivering Choosing Health: making healthier choices easier** (DH, March 2005) outlines how the commitments identified in the white paper will be delivered over the next three years at national, regional and local levels, across all sectors. Delivery planning is to be an integral part of PCT Local Delivery Plans (LDPs) and should be developed in close consultation with local authority partners and other key stakeholders in LSPs.

Housing strategy is built around **The Communities Plan – Sustainable Communities: Building for the Future and The National Strategy for Neighbourhood Renewal**. There is a drive from both the ODPM and the Housing Corporation to promote both home ownership and shared ownership options for older people.

There are also a number of key policy documents which relate to housing for older people. **Quality and Choice for Older People's Housing (2001), Preparing Older People's Strategies (2003),** and the Housing Corporation's **Strategy for Older People (2003),** all promote choice and diversity, and building services around what older people want. They also stress that most older people live in ordinary rather than specialist housing, and that most older people are home owners.
Preparing Older People's Strategies provides a template for developing the housing component of older people's strategies. The guidance argues for a broad based approach which addresses the needs of all older people of all economic groups and all tenures. Older people's housing strategies that just focus on sheltered housing for the rented sector will not be seen by Government as adequate or comprehensive.

The Government has set targets for all social housing to meet minimum quality 'decent homes' standards by 2010. This is one element of the Housing renewal Strategies, which all local housing authorities need to develop. A further element is the promotion of equity release and home loan products to help older people pay for repairs, improvements and adaptations. For sheltered housing, this is a particular issue with at least 25% of the stock nationally unlikely to meet such physical standards without major investment or redevelopment.

In relation to planning the Government is requiring local planning authorities to bring together a range of current policies within a new **Local development Framework** (LDF). This will provide an opportunity to get older people's housing more explicitly recognised within the planning framework, for example through the Sustainability Appraisal, which is part of the LDF.

In addition, the Government is looking to develop more levers to encourage local authorities and LSPs to promote a broader citizen based approach to planning for an ageing society:

- The **Local Public Service Agreement** (LPSA) includes "improving the quality of life and independence of vulnerable older people by supporting them to live in their own homes wherever possible", and goes on to set targets for this
- The Development of **Local Area Agreements** (LAAs) includes as one of its three themes 'healthier communities and older people'.
- The **Comprehensive Performance Assessment** (CPA) – Draft Key Lines of Enquiry for Corporate Assessment - for 2005 includes a specific section on older people (see box below). This is highly significant since it goes beyond a narrow focus on health and social care to address the older population as a whole

Fig.1 CPA Draft Key Lines of Enquiry for Corporate Assessment for 2005

Older people

5.4.1 What has the council, with its partners and older people, done to develop an approach to older people as citizens that goes beyond health and social care and covers the area that older people say are important?

5.4.2 What has the council, both corporately and with its partners, done to undertake meaningful engagement with older people and their representative groups on all aspects of the strategic approach to older people and service provision?

5.4.3 What has the council, with its partners, achieved in its ambition to deliver a comprehensive, co-ordinated range of services for older people?

Local Context

The local policy context is moving ahead in line with the national policy context.

Derby City Council is currently developing an overall Vision for Ageing in Derby which parallels **Opportunity Age**, and which addresses the older population as a whole. These words are taken from that Vision:

"The objectives for this work (which are still subject to consultation with partners and older people) are:

- To make sure that all public sector and voluntary sector services provided in Derby are planned with an ageing population in mind and respond to the needs of older people, to roll this planning out to the private sector as the opportunity arises

- To create maximum joint working and effectiveness between services by co-ordinating effort and designing services to support the vision by

    - Addressing the whole range of issues that are important to older people
    - Jointly acknowledging and working with the full range of diversity among older people
    - Providing coherence to what can be a fragmented picture
    - Encouraging better use of resources through collaboration
    - Giving focus to the work on and with older people
    - Challenging the stereotype of older people as dependent
    - Increasing awareness of who the key service providers are
    - Stimulating partnership
    - Giving a future perspective and goal

- To develop a Vision for the whole range of quality of life issues related to ageing through consultation with older people and their representatives"

Health and social care organisations are looking to develop a more joined up system in their aim of modernising services for older people and to engage housing and other partners in this work. This strategy is an example of putting this aim into practice.

At present specialist accommodation for older people is planned in Derby as two separate systems – nursing and residential care as one system and sheltered housing as another. In addition to these there are a further 4 systems impacting on the needs and provision of specialist accommodation. These are acute hospital care, NHS primary care, community support such as home care and mainstream housing. These need to be brought together as one system for future planning purposes, and to reflect this both in services pathways which can be translated into providing services for individual older people, as well as in planning the overall scale and balance of the specialist accommodation system.

Links have been made with the current reviews of home care and day care and with the plan for Integration of Intermediate Care Services in Derby from March 2004, which is ongoing.

In relation to housing the results of this work will feed into the future development of an Older People's Housing Strategy, which the city council will be developing.

SECTION 2 – NEEDS ANALYSIS

2.1 Profile of Derby

Derby is the fastest growing city in the East Midlands, with a population of 233,200 (Census 2001, 2003 mid year estimate). It is expected to grow by 0.6% each year for the next ten years.

The 2001 census shows 69.2% of people in Derby to be owner-occupiers, around 20% renting from the local authority or Registered Social Landlord and a further 10% in private rented accommodation.

Derby lies 58th out of 354 local authorities in terms of the 2004 indices of deprivation, with five wards falling in the 10 per cent most deprived.

2.2 Older People

The 2001 census shows 46,152 people over the age of 60 living in Derby. This figure and other ONS figures used in this report may be an under estimate, since ONS has accepted that Derby's population was under estimated in the 2001 results.

People over the age of 60 make up 20.8% of the total population. Those over 65 make up 16.2% of the population.

There are 20,391 males over the age of 60 and 25,761 females.

The Older People's Housing Study in August 2004 identified isolation to be a key problem for many older people, especially women. Changes in circumstances, including reduced income, illness and bereavement all contribute to isolation. Isolation undermines well-being and contributes to failing physical and mental health.

The study shows that 50% of Asian elders visit family, friends or neighbours on a daily basis. 50% of Pakistani older people and 36% of Indian elders said that they would consider sheltered housing near their place of worship. 36% of Indian elders and 25% of Pakistanis elders in the survey said they wanted a scheme with a warden who spoke their language.

2.3 Population projections

People aged 65 years and over currently form 16% of the Derby Unitary Authority population. This percentage is projected to gradually increase over the coming years, with a projected 17.6% of the population in this age band by 2015. Projections suggest that there will be 42.3 per thousand older people at this time, about 5,000 more than currently. This is a 13% increase over 2005.

The table below shows the projected numbers of older people in the Derby UA area in 2005 and 2015 in the different age groups. The greatest percentage increase is seen in the 85 years and over age band, with an additional 33% projected from 2005 to 2015.

Table 1

Population of Older People in Derby UA 000's			
	2005	**2015**	**% Change**
AGES 65-74	19.0	22.1	16.3%
AGES 75-84	13.9	14.2	2.2%
AGES 85+	4.5	6.0	33.0%
All 65+	37.4	42.3	13.0%

Source: ONS projections 2003

The population projections for Derby show increasing numbers in all age-bands in the next decade but with striking higher percentages in the younger and older age-bands. This presents a challenging context for shifting the balance away from a focus on the frailest older people to a broader preventative approach with greater demands coming from both areas.

2.4 Dementia Care and Older People with mental Health needs

The table below gives prevalence rates developed in Europe based on studies dating from 1980 to 1990.

Table 2

Age Band	Male Prevalence Number per 1000 people	Female Prevalence Number per 1000 people
60-64	15.8	4.7
65-69	21.7	11.0
70-74	46.1	38.6
75-79	50.4	66.7
80-84	120.9	135.0
85-89	184.5	227.6
90+	320.0	328.2

Source:Hofman et al. 1991. The prevalence of dementia in Europe: A collaborative study of 1980-1990. *International Journal of Epidemiology*, 20(3), 736-48.

The table below applies the dementia prevalence rates to Derby UA population projections, assuming the age/gender prevalence rates remain constant over time, in order to estimate the number of older people with dementia in 2015.

Table 3

Projected number of people with dementia			
Age	**2005**	**2015**	**% increase**
65-74	544	617	13%
75-84	1,236	1,272	3%
85+	1,282	1,705	33%
All 65+	3,062	3,594	17%

Using the prevalence rates it is estimated that 3,062 people aged 65+ have dementia in 2005, and that this will rise to 3,594 people in 2015, an increase of 17%.

Figures quoted in the 'Securing better mental health for older adults' document suggest mental health problems in older adults are common: present in perhaps 40% of GP attendees, 50% general hospital patients and 60% of care home residents.

2.5 Black and Minority Ethnic Older People

1,277 people on the housing waiting list are over the age of 60. (Joint Housing Register data November 2004). Of these, 9.3% (around 119),are from a black or minority ethnic origin (BME).

2% of the over 50's population is Indian and a further 1% Pakistani. The figures for people aged 50+ from other BME groups are all less than 1% of the older population in the city.. The overall Black and minority ethnic (BME) population in Derby is 11% of the total. 51% of BME households are in the Normanton/Peartree area and a further 17% in Sinfin/Sunnyhill.

42.8% of all BME households are in housing need. The majority of these are located in the Normanton and Peartree housing market area.

Derby Housing Needs and Market Study 2001 identified a number of issues in relation to the inequality of housing and support in meeting the needs of BME households. The findings prompted the commissioning of the Black and Minority Housing Strategy 2005 – 08. It shows that almost 1 in 8 of Derby's population is from a black or minority ethnic group. Derby has a growing black and minority ethnic population as a result of a high number of asylum seekers and permanently settled refugee population as part of central governments dispersal programme for the East Midlands region.

The strategy includes the need for:

- Culturally specific supported housing for the elderly Asian population
- Improvement in the availability of interpretation services as part of the delivery of support services
- Culturally specific support to address the needs of specific communities rather than the wider black and minority ethnic population
- Delivery of support services in a way that enables access, promoting flexible support models
- Provision of accessible and meaningful information about support services

The strategy concentrated, in its consultation work, on the main BME groups in the city. However, it also includes plans to for further research and consultation with other BME groups omitted from the initial research.

Current support services for black and minority communities are as follows:

- 20 units of sheltered accommodation for Asian elders provided by Derwent Living
- 47 units of accommodation for refuges provided by Refugee Housing
- 27 units of accommodation for black and minority ethnic women fleeing domestic violence

When planning services for local BME Older People it is important to look at a wider range of ages as research has shown the prevalence and onset of physical illness and disabilities and mental health problems is at a much earlier age than the white population. To account for this in the planning of supported accommodation this report therefore uses an estimate of 4.5% BME in the age group 60 years and above applied to the total numbers of Older People to estimate the level of services required for local BME Older People.

2.6 Limiting Long-Term Illness

The census of 2001 collected data on limiting long-term illness. This is a self-assessment of whether or not a person has a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age.

Derby UA has 36% of households with one or more members having a limiting long-term illness. This is slightly above the England average of 34%. However, this figure rises to 49% of the population aged 60 plus.

2.7 Demand and capacity

DH PAF indicators

The Performance Assessment framework shows Derby as supporting a relatively high number of older people both at home (C32) and in residential / nursing home care (C26), indicating a lack of effective intensive care options (C28 / C51) that support high levels of dependency in community settings. The performance outcomes are illustrated in the table below:

Table 4

Indicator	03/04	04/05	Direction
C32 – older people helped to live at home	112.6	107.8	⇩
C26 – supported admissions to res. / nurs. Care	128.7	118.8	⇧
C28 – intensive home care	8.4	10.4	⇧
C51 – direct payments	67.8	87.5	⇧
B11 – proportion of intensive home care to supported residents	16.2%	20.6%	⇧

04/05 figures are draft as they have not yet been audited

These measures however do not fully illustrate the challenging position locally in relation to Older People with dementia and mental health needs due to the absence of separate PAF measures for this service users group as part of the PAF.

2.8 Demand for Supported Accommodation

In terms of Intermediate Care Services and Extra-Care provision there are no specific recommended ratios per head of population. The only exception to this were the Government targets within the NHS Plan to increase the number of Intermediate Care beds nationally by 5000, day care places by 1700 and increase access to rapid response and other forms of admission prevention to an additional 70,000 individuals by 2003/04. The table below indicates the number of beds required to meet NSF & NHS Plan requirements in Derby City:

Table 5

	baseline	2003/04	2004/05	2005/06
Number of intermediate care beds	34 (includes 9 at The Grove Community Hospital, 9 at Babbington Community Hospital, 10 at Tomlinson Court and 6 at Cherry Tree Unit.	42	49	53

For extra care the government expects local authorities to determine the appropriate number based on a range of population and health factors and the current balance of supply. PCTs are expected to set a figure in their Local Delivery Plans, but these are not based on need.

In order to consider service levels required in Derby this study has given consideration to the number of older people who:

- are admitted to hospital on an emergency basis
- could have been diverted from admission to hospital if a suitable community alternative existed
- need rehabilitation in an acute setting
- could benefit from rehabilitation in a community setting
- could have been treated in their own homes
- require extra-care housing

This study has taken the age of 65 years for modelling purposes. Figures for admissions to care, residential and community intermediate care are estimates of the likely activity emerging from the pathway modelling – not an illustration of current activity.

Findings from studies in other local authorities have found **at any one point about 30% of older people in hospital beds were there because of the absence of more appropriate alternatives**, either when their treatment was finished or at admission. This is broadly the same percentage that the Kings Fund has found in similar studies carried out in hospitals nationally. The consequences for individual older people and the health and social care system generally are significant in terms of treatment outcomes linked to hospital acquired infections, delays in patient

transfers and readmission rates, increased demand for long term care and overall cost and financing of the system. **Investigating this situation in detail offers the**

opportunity to identify possible transfers of resources from the acute to the community sector.

2.9 Sheltered housing and floating support

National Context

Government began encouraging local authorities to develop what we now recognise as sheltered housing in the 1960's. The design guidance of accommodation for a warden, alarm system and communal lounge set the standard for category 2 sheltered housing for the next 30 years. During the 70's and 80's public subsidy was made available to Housing Associations and the number of units of sheltered housing increased rapidly. The market for this accommodation was younger fit older people whose primary need was for decent housing and this is reflected in scheme design. This period also saw the development of category 1 sheltered housing for more active older people. This was generally groups of self contained flats and bungalows designed for older people. During this period demand outstripped supply, all providers had long waiting lists and sheltered housing was perceived as universally popular.

However, things began to change in the early 1990's, by then it was accepted that most parts of the country had a sufficient supply and funding flows slowed down. It was also around this time that many providers realised that they were seeing a fall in demand as a result of the following:

- rising expectations of older people for larger accommodation
- poor access to shops and other local facilities in the vicinity of many schemes
- old and/or unattractive buildings
- poor access to common parts and individual flats

Overall there has been a shift away from sheltered housing for younger fit older people making a housing choice, towards a need for accommodation that meets the needs and expectations of frailer more vulnerable older people. In addition tenure patterns have changed significantly and many older people wish to continue owner occupation in retirement housing. Many housing associations and private providers have developed leasehold and shared ownership models to meet these needs.

It is now widely agreed and endorsed by the Audit Commission that conventional sheltered housing needs a thorough appraisal of the purpose of the scheme and the needs of the older people it is seeking to serve. Analysis of experience in 47 local authorities led the Audit Commission to conclude a lack of vision for the future and little evidence of joint working between landlords and social services to include sheltered housing in the wider strategic approach to planning and commissioning older people's services. This lack of coherence presents a challenge to the development of local strategies that bring together housing, health and social care.

Similar to many other local authorities sheltered housing in Derby has the following features:

- It has sat outside health and social care planning frameworks
- There are a range of providers, buildings and services
- Providers are experiencing difficulties letting properties
- Significant numbers of schemes are old and not up to contemporary standards
- The profile of residents has changed significantly with some schemes supporting very frail older people and others with residents in the 50's and 60's with a range of social problems

Local Context
In March 2002 11% of all the sheltered accommodation in the city was void. All landlords are reporting problems letting some flats in some schemes. Even schemes in good areas, close to transport and shops have severe problems letting bedsit accommodation.

The PFA sheltered housing property survey carried out for this report showed 15 schemes (out of 51 sheltered schemes that answered this question in the survey) which assessed themselves as difficult or very difficult to let, with a further 7 schemes describing lettings as fair. Further information on the surveys is given in section 3 and the Appendices.

The same survey shows that the main reason that sheltered tenancies end are because people die. However, the survey also shows that 1 in 5 people leave sheltered housing to move to a care or nursing home. This breaks down as follows:

- To move into residential home – 15%
- To move into nursing home – 6%

There is one scheme for BME elders run by Derwent Living and based in Normanton. Several years ago this scheme was unpopular, suffering high void levels and tenants with a range of social problems, making it difficult to manage and giving it a 'bad' reputation in the local community. Derwent Living made a decision to market the scheme to Asian elders and it is now extremely popular. This indicates that there may be a hidden demand for sheltered housing for BME older people

2.10 Point Prevalence Studies

Hospital Based
This study was carried out across Derby City Hospital, Derbyshire Royal Infirmary and The Grove Community Hospital over a day and a half. It involved surveying Derby City patients over 65 on a sample of wards as listed in the table below. The case notes were reviewed and discussed with ward staff to reach consensus on whether the person could be medically managed in the community through the presence of more appropriate alternative services.

Table 6

	Medical Mgt in	**Number**	**% of Sample**

	Community Possible	Sampled	
City/DRI – Acute care	54	115	47%
Grove Community Hospital	28	33	85%
Kings Lodge community hospital	2	2	100%
All	84	150	56%

The results show that 47% of people in the acute setting and 85% of those in the community hospital could have been medically managed in the community on that particular day.

Particular features of the cohort include

- Age – patients ranged from 65 to 96 years, with an average age of 80.
- Ethnicity – 4% of patients were from BME populations
- 19% of those sampled were found to have a mental health need, this ranged from 14% in the acute wards to 30% in the community hospital.

The menu of services that was proposed as more appropriate alternative provision is listed below with relative findings of likely use from the cohort surveyed.

Of the 98 people currently in an acute hospital bed (non-stroke), it was considered that 46 could be medically managed in the community. Of these, 8 could be discharged home (3 out of these 8 will need a social care package), whilst 2 needed long term care.

The requirements for the remaining 36 people are tabulated below:

Table 7

Service	**Number**	%
Community Matron / Consultant/trained spec nurse	10	28%
Intermediate Care Packages	10	28%
Intermediate Care Residential	10	28%
Palliative Care	4	11%
Extra Care Housing	2	5%
All	36	100%

Considering the 33 people currently in a community hospital bed, 28 would be able to be medically managed in the community. Of these, 4 could be discharged home (2 with a social care package) and 2 need long term care.

The requirements for the remaining 22 people are tabulated below:

Table 8

Service	**Number**	**%**
Intermediate Care Packages at home	12	55.0%
Intermediate Care - Residential	8	36.0%
Palliative Care	1	4.5%
Extra Care Housing	1	4.5%
All	22	100.0%

Of the others sampled the following conclusions were drawn.

There were 12 people reviewed on the Stroke Unit or in identified stroke beds. Of these, 7 people were able to be medically managed in the community and 4 of these would require supported services as follows :-

Consultant/trained specialist nurse : 2 people
Intermediate Care Package with therapy : 1 person
Intermediate Care residential with therapy : 1 person

There were 5 people sampled at Accident and Emergency, and of these 4 could not be managed in the community. The 1 person who could be managed in the community was able to go home.

There were 2 people sample at the Kings Lodge rehabilitation unit. Both of these could be medically managed in the community with the support of an Intermediate Care Residential place with therapy.

It was considered that 5 out of the 98 patients reviewed on the acute wards could have avoided a hospital admission.

4 out of 5 of these patients may have avoided their admission had they had a Community Matron - Chronic Diseases service. The fifth patient may have avoided admission with a homecare (social services) package.

Intermediate Care: where some form of intermediate care is indicated, the broad split is for 50% residential and 50% non-residential. The proportion of Intermediate Care both residential and home-based where therapy input would be required was 88%.

Through the provision of these alternative services there will be a reduction in the use of acute and community hospital beds by older people having their needs met more appropriately in a community setting and implications for shifting resources from secondary care into primary care activity.

There are also implications for the planning and provision of community hospital facilities. The reprovision of the Grove Community Hospital on the Derby Royal infirmary site poses challenges to the whole system in terms of its role and function and the contribution it will make to the shift to community and primary care based alternatives. Resources are potentially going to be tied up in a buildings-based hospital solution to meet rehabilitation needs where obvious disinvestment from this type of provision could be planned for with alternative community services in place.

Community Admissions to Residential / Nursing Homes

A sample was used to compare current community care activity with the hospital based study.

There were 18 admissions to residential or nursing home care straight from the community over a 4 week period in May/June 2005. Of these, 7 were to residential care and 11 were to nursing homes.

3 of the 18 admissions (17%) could potentially have been avoided for three different reasons (all were related to admissions to nursing homes). The services needed to potentially avoid admission were:

- Rehabilitation ward
- Rapid diagnostics including MH assessment
- Community Matron and intensive nursing support at home

SECTION 3 – SUPPLY AND CURRENT SYSTEM ANALYSIS

3.1 Current Social Care and Health Specialist Accommodation Supply

Residential and Nursing homes

The current Social Services database of care providers shows that there are the following places specifically registered for older people:

Table 9

	Residential	**Nursing**
Old age	876	703
Dementia 65+ / dementia	54	111
Total	**930**	**814**

These figures include the 257 long-term residential places provided by the Local Authority in Derby but do not include places registered specifically for learning disability, mental disorder or physical disability. These figures are less than those reported in the Best Value review in 2001 where independent sector capacity alone, excluding dual registered homes, exceeded 2000 places. That would imply that there might have been a rapid decline which if it continues could mean a supply problem in the future The introduction of the Care Standards Act did lead to several homes closing in the 2000 – 2003 period but the rate of closures has since reduced and the sector is now more stable.

A snapshot survey carried out by Derbyshire Mental Health Services NHS Trust in May 2005 reported that on 10/05/05 there were 43 empty beds within the residential and nursing home provision in Derby City (including LA homes) and 32 people on waiting lists across 11 homes. They used these findings to calculate a predicted number of available beds per month using DoH average length of stay figures.

Across nursing and residential care the predicted number of available beds per month was 39.0. The Local Authority supported permanent admissions average per month (04/05) was 36.75. In terms of numbers of places alone there is an adequate supply but demand will need to be managed to sustain this.

The strength and capacity of the local nursing and residential care sector in terms of its ability to continue and change function is highly dependent on the ongoing relationship with the Local Authority and health organisations due to the relatively high proportion of publicly funded placements. There is a strong market for nursing home care but gaps in the availability of specialist nursing and residential home care for people with dementia. This is reported as being the most common reason for delayed discharges within the Mental Health Trust and the most significant challenge for Social Services Care Managers.

Local Authority Residential Provision

The Local Authority currently provides 257 long term residential places across 7 homes including 12 places for people with dementia in a specialist unit at Coleridge House. A further 28 short stay beds are being developed at Warwick House, (including six Intermediate Care at the Cherry Tree Unit), although currently there are 8 people still permanently resident there.

The Best Value Review of Residential and Nursing Home Care in 2001 recommended that the Local Authority refocus all its residential services to provide more dementia care, high dependency care for those with physical disabilities, intermediate care and planned and emergency short breaks.

This has been achieved in part with the refocusing of Warwick House into a short stay unit and, in June 2004, the opening of 6 intermediate care beds at the Cherry Tree Unit there. There has also been an increase in the number of residents with mental health needs, particularly dementia, across all units but particularly Bramble Brook.

A home for Older People at Kingsway (Lois Ellis) was closed and subsequently demolished to allow the development of a new multi-agency resource centre for older people with dementia comprising 18 specialist NHS beds and 22 residential beds. The development of this resource centre forms part of a Batch PFI programme with Derbyshire Mental Health Trust and is progressing according to plan. The option for the Council to enter the agreement on the site is open until 31st January 2006.

A survey of needs was completed in August 2003 using CSCI dependency guidance across the Local Authority homes. A high percentage of residents had low (85%) to medium (11%) level needs. This information was used to support a bid for DoH funding for an extra care scheme on the site of Merrill House, one of the existing LA homes for older people, although this bid was not successful.

For this study visits were made to all Local Authority homes. A qualitative review was made of current needs being met within each of the homes comparing outcomes from the August 03 study. In 4 of the 7 long term units there continues to be >50% of residents with low to medium needs. The prevalence of people with mental health needs is significant in shifting levels of dependency higher in the other 3 units. This view is supported by local managers who report a higher prevalence of residents with mental health needs and challenging behaviour.

The Local Authority homes do require modernisation and have limited long-term service viability. The BV Review identified that the homes fell short of national minimum standards for room size, toilet and bathing facilities and electric sockets. Any developments would need to take this into consideration and aim to meet expectations with respect to disabled access and facilities, en-suite facilities and average bedroom sizes.

Intermediate Care

Local health and Social Care services in Derby have a history of successful joint working and, following a report in March 2004, are implementing a plan to integrate separate intermediate care services provided by the NHS and Social Services. Currently there are two separate intermediate Care services in Derby, one hosted by Greater Derby PCT for Greater and Central Derby and the other delivered by Derby Social Services. There are three key components to the service:

- Crisis Intervention – provided for up to 5 days at home to prevent inappropriate admissions to hospital or care home
- Rehabilitation and recovery – support and therapy for up to 6 weeks to enable a person to rehabilitate and recover to maximise independence and can follow on from crisis intervention/multi-disciplinary assessment and is delivered away from an acute hospital bed
- Multi-disciplinary assessment – a team provides an assessment for a person who needs intervention to maximise their independence.

Within the NHS Intermediate Care service there are a further two discreet elements that are provided which draw on the same pool of staff. These are responses to some palliative care referrals and also hospital at home services. The staff employed in the NHS intermediate Care Service do not work exclusively for one element of the service but rather work across all elements depending on the geography of the current service users. There is not a set number of places on any one scheme either and the number of people receiving either immediate response or rehabilitation is dependent on local need at the time.

The Social Services run Community Rehabilitation Service is a time-limited (6 week Maximum) service, again aiming to maximise independence through provision in community settings including in-reach into Tomlinson Court.

The location depends on the independence and wishes of the person receiving the care but currently can be provided at:

- A person's own home
- Tomlinson Court Independent Living Unit (in partnership with Housing 21)
- Cherry Tree Intermediate Care Unit at Warwick House (LA residential unit)

Activity levels for Social Services and NHS Intermediate care services are shown in the table below.

Table 10

	Referrals April 04 – March 05
Non-residential Intermediate Care	597
Facilitating early discharge	233
Preventing Admission	297
Community rehabilitation (ss)	66
Residential Intermediate Care	56
Cherry Tree Unit	40 (opened July 04)
Tomlinson Court	16

People were being referred to Intermediate Care through a number of different routes, which led to some confusion. However, following the recommendation in the integration report in March 2004, a single point of access was launched in June 2005.

Discharge outcomes are positive in terms of enabling people to return to their original home. The tables below detail this.

Discharge Outcomes: Non-residential Intermediate Care (see IC section now)

Table 11

Outcome for Older Person	Rehab & Recovery	Immediate Response
Independent at home	81%	39%
Hospital	11%	17%
Long term care	2%	3%
Transfer to Other services	4%	27%
Other	2%	2%
Died	2%	12%
All	100%	100%

Discharge Outcomes: Residential IC (from Cherry Tree Unit)

Table 12

Outcome for Older Person	
Original Homes (Care Home or own home)	86%
Admit to LT residential care	9%
Tomlinson Court	5%
	100%

It is more difficult to include comparative outcomes from Tomlinson Court as eight out of the sixteen residents admitted during the period had associated housing difficulties which prevented them returning to their normal place of residence to complete their rehabilitation. However, the evaluation carried out by the Nuffield Institute for Health at Leeds University showed that a high percentage of residents do return to independent living following the provision of effective rehabilitation packages. Of the first 25 residents in the intermediate care scheme at Tomlinson Court, 60% came from hospital, 20% from their own homes and 20% from residential care. 19 of these 25 residents (76%) returned to independent living.

Cost analysis in March 2004 demonstrated that weekly unit costs of intermediate care compared favourably to the National Average Acute bed cost of £2300 per week – with most of health intermediate care provision facilitating early discharge or preventing admissions. The analysis showed costs per week ranging from £300 to £1118 (? For 6 week period) for the NHS Intermediate Care Service. Further analysis of the NHS unit cost is needed but may in part reflect the intense work done to meet palliative care needs, emergency service provision to prevent admission and hospital at home services.

Key developments within the Intermediate Care Service:

- Joint Head of Intermediate Care was appointed in January 2005 to lead the integration of health and social services intermediate care teams;
- A single point of access was launched in June 2005 for both health and social services I/C teams;

- A pilot is underway to commission Four - five intermediate care beds within an independent sector nursing home;
- Using Care Link as part of community based intermediate care services. Funding for this is temporary (a grant from South Derbyshire Health and Housing Forum) and needs evaluation and consideration for mainstream funding
- Pilot between East Midlands Ambulance Service, Social Services and Intermediate Care, responding to appropriate Cat C calls and preventing A&E attendances was successful and has been continued as a mainstream service;
- 2 staff nurses appointed in August 2004 to support the admission of patients 7 days a week and a clinical nurse specialist in October 2004 to strengthen clinical quality;
- A 'Partnerships for Older People' (POPP) bid was prepared that sought to expand the range of existing intermediate care services for older people, including those with mental health needs, through the redevelopment of an existing care home into an innovative residential intermediate care unit. The bid was not successful but important planning discussions have taken place.

Key Challenge within the Intermediate Care service

Tomlinson Court Rehabilitation Scheme consists of 10 individual, independent living units in Alvaston, situated in a sheltered housing complex owned by Housing 21. It is a joint funded, multi-agency project involving Housing 21, Derby PCTs and Derby Social Services. It has been operational since May 2000. The viability of this unit is in question as there is consistent under-occupancy and possible opportunities to achieve the outcomes in a more cost effective way. Under-occupancy is thought to be related to:

- Flats are not DDA compliant and not optimum for wheelchair users. This was because when the flats were upgraded for intermediate care use, it was agreed with the city council that they should simulate an ordinary housing setting in design terms
- Follow-on assessment within an independent living facility from Cherry Tree Unit not suitable due to lack of facilities for specialist rehab and the location across the city
- Advances in the skills and equipment available to support people within their own homes
- Inappropriate use of skilled rehab support workers who have to clean and prepare flats
- Same staff used to support people in their own homes therefore there is no benefit on staffing levels to admit someone from home.

Also, of the 16 users of the unit in 04/05, 8 were unable to return home at the time of admission due to housing difficulties and referrals to the unit are frequent for people without rehabilitation needs but who have housing related needs. If the unit is fully occupied the average cost per person is £110 per week (based on 03/04 evaluation). These costs would fund extra 3-4 residential Intermediate Care beds per annum which are in high demand. With an average length of stay of 4 weeks in Cherry Tree, this would benefit an extra 50 people p.a.

Domiciliary Care

Domiciliary care has been the focus of a Best Value Review in 2004/5 and from that work clear priorities for developing services have emerged. It is important in the context of planning supported accommodation and what is needed that the potential for services supporting people to remain in their own homes is fully realised.

Households receiving homecare in 2004 numbered;

In-house : 2743; Independent sector: 314
Total : 3057

Key features of existing provision are;

- dominant position of the Local Authority across the range of needs met including low level and intensive services
- independent sector activity focussed on intensive provision only
- Targeting of service across all levels of eligible needs (FACS)
- Delivery of LA service not person-centred or with enablement objectives established
- Traditional contracting arrangements for staff in the service prohibits flexibility of provision
- Undeveloped commissioning arrangements with independent sector and contracting options
- Core business and specialist service developments undefined and needs not identified

A commissioning response has been developed from the BV Review and identifies the elements and activities needed for service redesign. These include:

- adopting more partnership approaches to commissioning, particularly where there are benefits around crisis intervention and rapid access
- developing contract options with the independent sector that secure more efficient business processes as well as developing capacity
- define and differentiate the types of services needed and who will provide them across both in-house and independent sector
- focus domiciliary care on those with greatest need to free up resources to be shifted into the wider prevention
- strategically plan for the provision of preventative services that are evidence-based and empower older people
- recognise the increasing role and importance of direct payments in meeting needs for domiciliary support
- Introduce needs-led frontline delivery through adopting tolerance for flexing individual packages within certain limits by service providers

Older People's NHS Mental Health Services
The key specialist provider is Derbyshire Mental Health Trust. There is currently a reprovision plan underway of their in-patient provision and this will see a reduction in beds from 90 to 80 (but not just for Derby City residents), from 6 to 4 wards and from 3 sites to one based at the Derby Royal infirmary. There are 2 Community mental health teams for older people and one day hospital, taking 40 people per day. There are emerging pressures in the current system that are likely to be exacerbated by the reduction in beds, until more long term residential and nursing home capacity is developed. It relates in part to delayed discharges in the current system where at any one time over 50% of delays are due to lack of move-on accommodation. A particular problem is provision for those older people with challenging behaviour and especially those younger older people in their late 60s.

The Trust is developing initiatives to try and keep the system more fluid with outreach pilots from dementia care wards with staff modelling appropriate care when patients move into care homes. In-reach is also trying to be promoted with staff from homes being urged to support admissions. This work is also aimed at trying to avoid re-admissions which could be avoided.
The day hospital facility is also being looked at to reduce in-patient stays by extension of its opening hours to provide a 12 hour service.
Intermediate care services for older people with mental health problems would have a role in supporting the shift from inappropriate in-patient stays.

3.2 Housing Related Support Services

Home Improvement Agency
The service is run by Walbrook Care and Repair, part of Walbrook Homes. The HIA provides services in Derbyshire and another neighbouring authority.

The Agency is funded £52,000 by SP, £55,000 by Housing, £10,000 by Social Services and a contribution from Health. Services to clients are funded as follows:

- Minor repairs – the HIA administer Derby City Minor Repairs Grant on behalf of the city
- Charitable funding – staff assist applicants to apply
- Equity release – June 05 the HIA started offering Houseproud as an equity release vehicle

Services are planned with Social Services (Head of Disability and Sensory Impairment Team) and housing and advice Private Sector Manager). There are quarterly planning and performance meetings. The group is responsible for monitoring existing services and performance, planning new services and identifying funding sources.

Recently this group approved the setting up of a handyperson service, with one whole time equivalent member of staff, available to provide a range of low level services such as fixing locks and putting up grab rails.

Home Improvement Agencies are universally recognised for the effective outcomes they deliver for older people as well as being good value. Many of the services they provide have been highlighted in recent government policy documents including:

- Opportunity Age published by The Department of Work and Pensions
- The Green Paper; Independence Well-being & Choice, published by the Department of Health
- Excluded Old Age published by the Social Exclusion Unit

There is potential to increase the numbers of older people who receive HIA services and to make more effective and explicit links with Care Link and health and social care services.

The HIA receives no funding to undertake falls assessments and/or prescribe fall detectors or make referrals into local falls prevention services. Similarly they are not part of the hospital discharge pathway but they do receive referrals from the hospital discharge teams. There is no performance data on the contribution the agency makes to falls prevention or hospital discharge.

Private Sector Housing Renewal

In accordance with the Regulatory Reform order 2002 the City Council provides a range of services including grants, loans, advice and materials for the purpose of repairing, improving, extending, converting or adapting housing. This includes Disabled Facilities Grants which are mandatory and provided to adapt the home of a disabled person so that it meets their needs. This can involve installing a stair lift or providing a level access shower.

Based on private sector stock condition information and the Private Sector Housing Services Review in 2001 the main priorities are:

- To remedy the estimated £120 million backlog of disrepair in the private sector
- Invest in the private rented sector
- Improve home energy efficiency
- Reduce crime and fear of crime

Programmes include:

- Area renewal – an area based approach to securing investments in older inner-city areas with housing problems. Areas are identified through the Neighbourhood Renewal Assessment
- Helping vulnerable people – Disabled Facilities Grants and minor repairs grants for older homeowners. The latter are delivered by the Home Improvement Agency
- Empty properties – grants to bring long term empty properties back into use
- Energy Efficiency

The programme that impacts most significantly on older people is advice and access to disabled facilities grants (DFG's). The Pathways exercise identified a number of issues, including:

- Social workers lack of understanding and expertise about the qualifying criteria for DFG's and the different pathways depending on the nature of an individuals

landlord, for instance that RSL's are expected to undertake adaptations without recourse to DFG's. This is a policy issue and one that could be challenged. RSL's do not receive funding from the Housing Corporation for DFG's. Adaptations are funded from their own resources.

- The need for a comprehensive directory of adapted properties. Most of the RSL's do not contribute information on adapted properties

Nationally the Office of the Deputy Prime Minister and Department of Health are reviewing Disabled Facilities Grants and a report is due for publication in the Autumn.

Community Alarm Service – Care Link

The community alarm service Care Link provides a range of services including:

- Emergency (Lifeline) service linked to a 24/7 call centre and team of support officers
- Safe and well package – visits and calls in addition to the basic package
- Intermediate care service – free service for 6 weeks as from June 2005. Care Link installs equipment for patients being discharged home with an intermediate care package. They receive referrals (often at short notice) from the hospital discharge teams. Care Link is provided alongside other elements of a community based intermediate care service.
- Lifting service for fallers – started December 2004. The service has lifted a total of 43 people from January to May 2005

The call centre is funded through the Housing Revenue Account. Services are funded under contracts with individual housing providers, with charges varying according to the level of service provided and the numbers of service users. Approximately 4,500 people receive Care Link services. 1,252 older people have a dispersed alarm and of these around 1,000 are self-funders. The majority of service users, around 3,250 older people, live in sheltered housing and have their service funded through the Supporting People programme. However, as a result of historical funding arrangements and cuts to the Supporting People budget it has not been possible to extend the range of services to older people in their own homes.

Over the summer of 2005 Care Link are undertaking a marketing campaign using the local media, press and publicity to increase the numbers of private customers. In addition it is likely that a significant number of people who use the service as part of an intermediate care package will decide to stay with Care Link, paying for the service themselves.

There is huge capacity to significantly increase the numbers of older people who use Care Link services, both within the city and from neighbouring authorities and RSLs.

Care Link has obtained funding to develop a SMART house in a local sheltered housing scheme. The house will be equipped with all the latest technology including passive sensors and devices that monitor daily living and well being. The house will be open to all agencies and the general public to learn more about service availability, installation and costs. Details of the house will also appear on the Elderly Accommodation Counsel website as a resource for other authorities and interested parties.

Housing Options Centre
This service forms part of the housing advice service for the city. The service includes a Community Care Manager responsible for:

- Prioritisation of housing applications for individuals with special needs. Many of these are older people who are living in unsuitable accommodation that cannot be adapted to meet their needs. Referrals to housing options come from social services and hospital based occupational therapists (OT's). The community Care Manager can move individuals up into the top priority category (banding 1)
- Providing advice on other options and services, including Derby City Homefinder which advertises private sector rented accommodation and shared ownerships and/or affordable housing. Advice to owner occupiers is often a referral to the Elderly Accommodation Counsel.

The Housing Options Centre also operates the Choice Based Lettings Scheme, which for older people operates across the city.
CBL requires applicants to be active in searching for vacancies and bidding. For vulnerable applicants this may present a problem. The evaluation of the 27 CBL pilots carried out for the ODPM identified that for some rates of bidding were low among homeless households and older people.

The dominant approach to supporting vulnerable people was to seek the co-operation of a network of statutory and voluntary organisations and train them so that they are able to assist their vulnerable clients.

In Derby lists of properties are sent out each week to over 200 organisations dealing with vulnerable people including older people. Organisations include Social Services and Age concern. Derby Homes has an officer to market their sheltered housing, including escorted viewings. In addition older people are invited to ring the Housing Options Centre and have the staff there bid on their behalf.

Some local authorities have removed sheltered or supported housing from the CBL process. There is a view that where sheltered housing is managed as well as the rest it is down to commitment and a will to make it succeed.

In Harborough District Council for example customers are provided with market information on other housing options such as Care and Repair and the availability of other tenures such as shared ownership and other mixed tenure options.

In the time available it was not possible to get customers' views on the services provided. It is suggested that consideration is given to focus groups with services users as well as with individual older people. However, we believe that there may be potential to develop the role of the Housing Options Centre further to provide information and advice on housing options for older people across all tenures

Supporting People
Introduced in April 2003 this programme brought together a mix of funding streams for sheltered and supported housing. It funds housing related support in a variety of settings and tenures. It is a preventative programme designed to improve the quality of

life for vulnerable people and to allow them to live more independently. The objectives of the programme are:

- To deliver quality of life and promote independence
- To deliver high quality, strategically planned services that complement care services
- To be needs led
- To be a working partnership of local government, probation, health, voluntary sector, housing associations, support agencies and service users

The Office of the Deputy Prime Minister (ODPM) prescribed the format for planning and commissioning Supporting People services, namely:

- Commissioning Body – a strategic partnership group responsible for the local strategy, funding, contracts and performance reporting to central government
- Core Strategy Group – a partnership group responsible for developing the local strategy, consulting with service providers and users, reporting to the commissioning body

Supporting People brings together partners from health, housing, social care, probation and the voluntary sector to plan and commission housing related support services and the opportunity to join this up with the wider planning and commissioning agenda. Like all other local authorities Derby has inherited a number of historical funding streams. Older people's services are tied to bricks and mortar in sheltered housing schemes. Changes to funding flows to release money for joint commissioning and the development of new services will mean decommissioning existing provision in negotiation with providers.

In November 2004 the Audit commission review of the Supporting People programme in Derby rated the authority as delivering 'a fair service with promising prospects for improvement'.

The Supporting People five year strategy (April 2005) sets out expenditure by client group. The total annual spend on older people's services is £1,948,111. This represents 17% of the total budget. Issues include:

- Vulnerable older people living in their own homes and other tenures are unable to access support services. This raises specific issues for the BME community since the Housing Needs Survey shows high numbers of home owners for this group

In addition there are no services for:

- Frail older people either accommodation based such as extra care or floating support services
- Older people with mental health problems
- Floating support services such as community alarm service and telecare (there are a small minority of older people who use Care Link, but do not have access to Supporting People funding and fund the cost of the service themselves)

The Supporting People budget is suffering cuts amounting to £569,000 for 2005/06 and this takes no account of inflationary pressure. If an inflationary uplift of 2.5% is added this increases the deficit by a further £282,000. Further 5% reductions in each of 06 / 07 and 07 / 08 are indicated by the ODPM draft redistribution formula.

Because the Supporting People budget is based on historical and inherited services, money for older people's services is tied up in bricks and mortar, specifically sheltered housing. In order to develop the priorities outlined in the strategy money will have to be released from the current range of services.

Derby Integrated Community Equipment Service (DICES)
Housing were never part of the action planning group for DICES. It is recognised that better links with housing providers could help the service meet its targets. The action plan for the service includes;

- Increasing collections of equipment
- Checking that equipment is continuing to be used effectively and correctly
- Providing training for prescribers

Sheltered housing and scheme managers could help to deliver the following outcomes:

- To return unused equipment. Anecdotal research shows that many schemes have stores of equipment for use in emergencies. An equipment amnesty should be considered. This is based on work in other authorities and with sheltered housing providers.
- Ensure that equipment is being used correctly by supporting and advising residents and relatives
- Being trained as prescribers for basic items of equipment and ensuring that equipment is correctly used
- Knowing what DICES can offer and advising residents and relatives accordingly

The Head of Disability and Sensory Services, plans to attend the Social Housing Forum to identify areas where sheltered housing scheme managers could be more involved in the provision of equipment to their residents.

3.3 Sheltered Housing

Sheltered housing supply
In February 2001 Derby had the highest number of sheltered housing units per head for people aged over 60 of all 11 major cities in England. The Sheltered Housing Review of 2003 shows 95 sheltered housing schemes with 3,423 units of accommodation. Of these units 49% are owned and managed by Registered Social Landlords (RSL's) and 51% by Derby Homes.

Almost all the sheltered housing is for rent, a total of 2,495 units, which are a mix of flats and bungalows. There are 199 leasehold flats and bungalows and a further 140 units of shared ownership. Around 49% of the RSL stock and 53.2% of Derby Homes sheltered housing is one bedroom accommodation. 9.3% of the accommodation is bedsits.

There are no extra care housing schemes for any tenure in Derby.

Sheltered Housing Surveys

As part of the work to assess the quality of the sheltered housing in Derby and to identify the potential to develop some existing sheltered housing into extra care schemes, two surveys have been carried out, using tools developed and used by Peter Fletcher Associates (PFA) in a number of other local authorities. Not all of the forms were returned. 62 out of a total of 95 schemes returned the information requested. All providers were followed up and encouraged to return the surveys. The purpose of both surveys is to be indicative rather than definitive about the future of buildings and services. The results should be used to undertake more detailed work including options appraisals of schemes which score low in the property survey (see Appendix 2). This work would also include discussions with the relevant landlord about their plans for major works and future capital investment.

Sheltered residents' survey

This PFA survey tool

- Assesses dependency levels of residents under 5 categories
- Identifies care and support services received. – this is carried out via wardens/scheme managers not face to face with residents
- Highlights those schemes already providing high levels of care and support
- Identifies schemes with a high level of tenants who have behaviour causing concern (confusion) and/or substance misuse
- Provides age, gender and ethnic origin information scheme by scheme and across the stock
- Provides baseline data for negotiation with social services and health about matching services to dependency levels
- With the property survey, highlights the potential for:
  - Evolving extra care models in existing sheltered housing
  - Improving the quality and effectiveness of services to residents

The Sheltered stock survey

- This survey is used to assess the future viability of sheltered schemes, covering:
  - Age and type of scheme and units
  - Standards and accessibility (including in relation to decent homes standards); facilities; location
  - Demand and lettability; voids; moves to higher care provision
- The survey is completed by housing staff and provides quantitative and qualitative results

Schemes are scored across a number of elements

Set out below is a summary of the key findings of both surveys. More detailed information on the survey tables is provided in Appendix 1. The total scores for the property survey are provided in Appendix 2.

Conclusions from the tenant survey

The tenant survey covered 62 category 1 and category 2 sheltered schemes with a total of 2,407 residents

- Two thirds of tenants are women, one third men. Nearly 14% of residents are couples
- The age profile is slightly older in the category 2 housing
- Most tenants are aged between 66 and 85 years with around 13% aged over 85 and 15% aged 65 or under
- 91% of residents are white, with around 3% from BME groups. The ethnic origin of 6% is unknown
- Dependency levels are slightly higher for the ALMO category 1 than category 2 schemes, which is unusual. For the RSL schemes they are higher for the category 2 schemes. Dependency levels are slightly higher than most other authorities surveyed by PFA
- 6 schemes have 3 or more people who have behaviour which is causing concern because of confusion or wandering; and a further 7 schemes have 3 or more residents who have alcohol related behaviour causing concern
- Service levels are higher for the category 2 than the category 1 schemes even though dependency levels are higher for the category 1 schemes; service levels are comparable with other authorities surveyed
- The survey identifies a number of schemes which have a significant number of people receiving home care services and which might provide a springboard for basing one or more dedicated home care staff at the scheme and developing it as an extra care scheme. This is addressed further in section 4

Conclusions from the property survey:

- The property survey covered 62 schemes, and a total of 2,200 units of which 1570 were flats and 630 bungalows
- 277 (17.6%) of the flats were bedsits, with 78% one bedroom, and only 3.2% two bedroom and 1.1% wheelchair flats
- 76.5% of the bungalows were one bedroom, with 18.4% two bedroom and 5.1% wheelchair
- Over 80% of the stock is more than 20 years old and no schemes are less than 10 years old
- However, just under three quarters of the schemes have had some major improvements in the last 10 years
- Only 0.4% of units have had major adaptations for people with disabilities
- Most new ALMO tenants came from the joint housing register, whereas most new RSL tenants came from their own waiting lists. Almost all lettings were to people already living in the city
- Over a third of new tenants (35.3%) were previously owner occupiers, with a further 17.6% living with their families
- 15 schemes, nearly 25%, assessed themselves as being difficult or very difficult to let

- 21% of schemes did not have lift access to upper floors, a significant factor in lettings
- Most schemes had good access into the scheme and to the common areas for people with limited mobility. 71% of schemes had flats which were small or moderate in size
- 3 schemes have units which are not self contained
- A number of schemes have a range of facilities for community use, including 6.5% (4 schemes) which have assisted bathrooms as in extra care schemes
- Only 2 schemes have additional assistive technology
- Only 2 schemes said that the quality of facilities in the area were poor
- The highest priority identified by tenants as being important in choosing sheltered housing was the flats themselves, followed by location, facilities and services
- Overall, the age of some of the stock, together with issues such as bedsit flats, small flats, lack of lift access to upper floors, and difficulties with lettings raise major concerns about the future lettability and sustainability of a proportion of the sheltered stock in the city

We have not had the time in this study to undertake a detailed assessment of the sheltered stock and service. However, from the work we have undertaken it is clear that there is a need to rebalance the specialist housing stock and support services for older people to offer a wider choice to reflect: the level of owner occupation in the city; the wish of more older people to stay in general needs housing and for a wider housing choice than sheltered housing. The key issues are:

- The need for a clear plan for the development of Extra Care Housing in Derby, including: ‘quick wins’ based on our survey data; and long term planning for capital funding to re-model existing provision and/or develop new build, including leasehold, shared ownership and mixed tenure.
- There is a higher level of sheltered housing compared with the national average and although the level of sheltered housing is in line with the regional average, there is a well recognised over provision in some parts of the city which needs to be addressed
- The need to re-brand sheltered housing according to the levels of need and support provided (currently it is based on scheme managers roles and responsibilities and original funding routes). This might mean a substantial re-think around the future service model particularly in relation to the local authority schemes. The is potential for staff to work in locality teams covering both tenants in sheltered housing and other vulnerable older people living in general needs housing, and with flexibility over resident or non resident staff
- The need to link sheltered housing schemes and the models of housing support more closely with support and care services and reflect this in marketing and allocations and outcomes for residents
- Most of the provision is rented with relatively small amounts of leasehold and shared ownership. There is a need over time to develop a tenure balance in the sheltered stock which reflects the growing level of home ownership for older people in the city
- The city council’s sheltered housing review (2002 onwards) also highlighted an interest in exploring other options such as an older people’s village

- There are no specific housing based services for older people with dementia and mental health needs
- There are no floating support services for older people

3.4 Services for Black and Minority Ethnic Elders

Based on the evidence that 51% of BME households live in the Normanton and Peartree area, research was carried out in this locality.

Several interviews were undertaken for this work, including:

- Asian residents of a sheltered housing scheme in Normanton
- Manager at Hallmark Housing (responsible for managing Anchor Fold which has a majority of Asian tenants)
- Asian mens lunch club

The key messages from the BME older men's consultation were:

- Most did not know what a sheltered housing scheme was, or thought it was the same as a nursing home
- None knew of anyone who lived in a sheltered scheme or had visited a scheme
- All were wiling to visit a scheme
- All stated that the scheme must be close to appropriate amenities, and could be mixed with white people

The Rawdon Street sheltered housing scheme managed by Derwent Living has a number of Asian tenants. They highlighted their reasons for moving into the scheme as:

- Being near to religious and community facilities
- Proximity to familiar shops and local facilities
- Support services provided by the staff, specifically staff who speak their language, who understand their culture and beliefs and who can explain letters and other correspondence

This scheme runs a weekly lunch club and is very popular both with residents and other local Asian elders.

Residents of this scheme have an extremely positive view of their housing and promote the scheme to other Asian elders through the local Gudwara, social clubs and friends and relatives. The scheme itself would benefit from better communal facilities which would allow services to be provided for the wider community as well as residents.

The scheme manager, supported by managers in Derwent Living and Supporting People grant, ensures that the support services needed to enable Asian elders to remain living in the local community are provided.

Another local scheme Anchor Fold also has a majority of Asian tenants. This scheme has good communal facilities including a large lounge and a catering kitchen. However, this scheme does not run any regular social activities and the facilities are largely unused.

The scheme is owned by Anchor Trust, but managed by Hallmark Community Housing Association under a management agreement. The agreement was made in 1996 and was intended to be temporary until Hallmark took over ownership of the scheme, but this has never happened. Since the time the agreement was signed a number of important things have changed, including health and safety legislation and the Supporting People programme. Anchor Trust employs the scheme manager but Hallmark are responsible for scheme management. The Supporting People contract is with Hallmark, but is in line with Anchor contracts, the support level is relatively low – lower than other sheltered schemes in Derby.

It is suggested that discussions take place with Anchor Trust and Hallmark Community Housing Association to review the existing management arrangements and clarify roles and responsibilities, including that of the scheme manager and the provision of support services to tenants. There is potential in partnership with the scheme manager and residents of the Derwent Living Scheme to develop a number of activities for tenants and other older people in the local community.

Derby Homes also have a scheme in the area – Fairdean Court - and it is suggested that the scheme manager and tenants are also invited to join a potential partnership for service provision in the area.

One of the aims of the Sheltered Housing Review was 'to encourage and promote sheltered housing providers to meet the needs of BME elders and provide culturally sensitive services'. It is suggested that you target all the sheltered housing schemes in wards with significant populations of BME elders. This could be done by bringing providers together and using the positive experiences and good practice at the Derwent Living scheme in Normanton.

A similar approach needs to be taken across broader Health and Social Care services where cultural sensitivity must be built in at each point on the service pathway along with access to specialist BME services where appropriate.

3.5 Developing a locality approach

As part of the Vision for Ageing we worked with the city council's Neighbourhood Co-ordination Team to run a development workshop in the Sinfin area of Derby on 21st July which brought older people living in the area and local agencies together to:

- identify the issues around quality of life in older age and what was needed to retain choice, control and independence
- identify what older people want to do themselves to address their lives and aspirations
- look at how local agencies and staff could respond in a more joined up way, working with and alongside local older people

The write up of the workshop is provided in Appendix 3.

The key issues identified from this event were:

- There are a number of organisations that would all benefit from consultation and involvement from older people. One of the issues is that they all hold

separate consultative events. There is potential to consider whether the resources of the partner agencies in the Derby City Partnership could be re-directed into local events across the five localities and for each locality to hold an event for older people. One way of engaging might be to run the event on the day that older people have their bus pass renewed (in Sinfin this happens at the library)

- Making information available to front line staff about the range of services available. Consideration should be given to making use of Derby City Council website
- Making information accessible to older people. This is potentially more difficult. Consideration should be given to testing out using the library as a focus for this and also sheltered housing schemes, lunch clubs etc. Many older people would benefit from face to face meetings with service provider staff and the opportunity to ask questions and learn about their services
- To make better links between older people and local schools following the model used by Housing 21 (a national housing providing sheltered housing)
- Making better use of communal facilities in sheltered housing and ensuring that schemes are part of the local community
- It is probable that the GP surgery and health centre will move out of Sinfin making it difficult (because of poor transport) for parents and young children and older people to attend. Consideration should be given to identifying an appropriate local facility for primary care outreach services
- There are issues about young people in the Sinfin precinct at lunchtimes and at the end of the school day. Arriva does provide separate bus services for scholars. However, there appears to be a problem with the buses leaving early and not picking up all of the pupils. A further issue is whether the regular bus service avoids stopping if it sees pupils waiting with other passengers. This makes it difficult for other passengers to use the buses
- There are currently no opportunities to plan and deliver services on a locality basis. It is suggested that each of the five localities develops a planning group for older people's services. Without this there cannot be whole system working

3.6 Planning and Commissioning Arrangements

Current Activity

A significant amount of joint planning work already takes place across the key agencies in Derby City but it is not yet set within an overarching framework for 'whole system' approach to older people's services.

There are a number of housing groups that meet regularly including:

- RSL strategic liaison group – led by the city but with extensive RSL membership
- Social Housing Forum – chaired and led by the RSL's. Role is to discuss performance and plan operational issues
- Development Forum – responsible for the development programme and planning

The Supporting People Core Strategy Group and Commissioning Body bring together officers from housing, health, social care, probation and the voluntary sector.

A group from social services and housing met to develop the extra care housing bid to the Department of Health. In addition there have been meetings to consider how some of the existing sheltered housing schemes could be shifted along the continuum to become extra care. There is some desktop survey work and information on this.

In addition to the above there is a Special Needs Housing Group, but this has not met for 10 months. It appears not to have any formal terms of reference and its work has been subsumed by the Supporting People groups.

Health and Social Services partners meet in the following planning and commissioning groups :

- **Integrated Community Equipment Services Management Advisory Board**
  This group is responsible for overseeing the integrated community equipment services and ensuring it meets commissioner's requirements. It is chaired by the Assistant Director Community Care – Social Services. Members include health (primary and secondary care) and the voluntary sector. Housing are not members of this group.

- **Older People's Partnership Group**
  This group is responsible for ensuring the delivery of the National Service Framework for Older People and has an effective planning and operational focus. This is chaired by the Assistant Director for Community Care – Social Services.

- **Derbyshire Mental Health Strategic Commissioning Group**
  This group includes older people's mental health services. There are no housing representatives on the group, but contact with them is made as required for example on Supporting People and the Rehabilitation Review

- **Learning Disability Joint Commissioning Board**
  There is a jointly appointed lead commissioner for Derby. Housing have been involved in the development of the Valuing People Housing Strategy

Moving from a standard to a strategic commissioning cycle

So while Housing, Social Services and NHS bodies are coming together locally in the provision of services for Older People and incremental improvement is being achieved a more strategic partnership approach is recommended to:

- Take a long term perspective on needs, costs and solutions
- Share risks, costs and rewards
- Have agreed problem resolution methods
- Have joint governance arrangements and
- Ensure capability of change and development

Creating an Older People's Partnership Board, with an executive sub-group focussed on operational issues and a stakeholder forum for advice and consultation would facilitate a more strategic approach to commissioning and bring the current various planning strands together within the context of the Vision for Ageing Strategy.

There is also a need to develop a much more dynamic model of commissioning than a standard commissioning approach – see example of standard commissioning cycle below.

Standard commissioning cycle

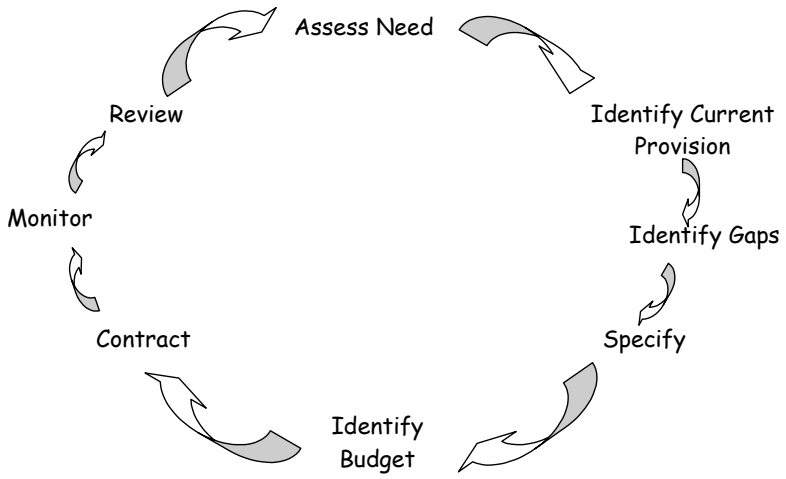


Figure 2

The strategic commissioning cycle set out below adopts a much more dynamic approach, building on a whole system vision which all commissioning partners have to sign up to, then going through a planned process which leads to system and service redesign and a commissioning model which supports such an approach.

Strategic commissioning cycle

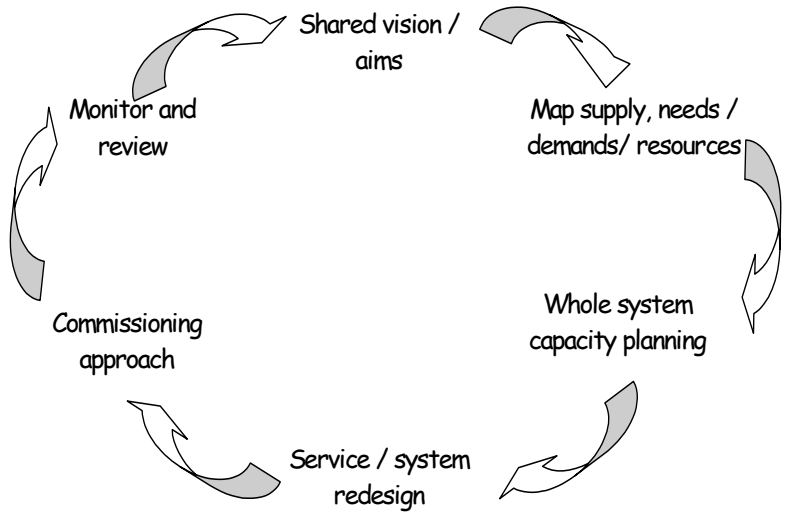


Figure 3

This new planning and commissioning structure could then be used to implement this inter-agency Supported Accommodation Strategy in a 'whole system' approach to developing services for older people.

SECTION 4 – THE WAY AHEAD & RECOMMENDATIONS

4.1 Shifting the Balance of Support

The existing Older People's services in Derby have generally been developed and provided by the individual agencies of Housing, Social Services and the NHS outside an overarching joint strategy. There has been increased understanding between agencies though of the possibilities of changing the pattern of investment to providing a better balance of resources between acute and community services to move from a vicious to a virtuous cycle of support for Older People and their Carers. The recent Intermediate Care developments reflect this.

Figure 4 - Vicious Cycle of Support

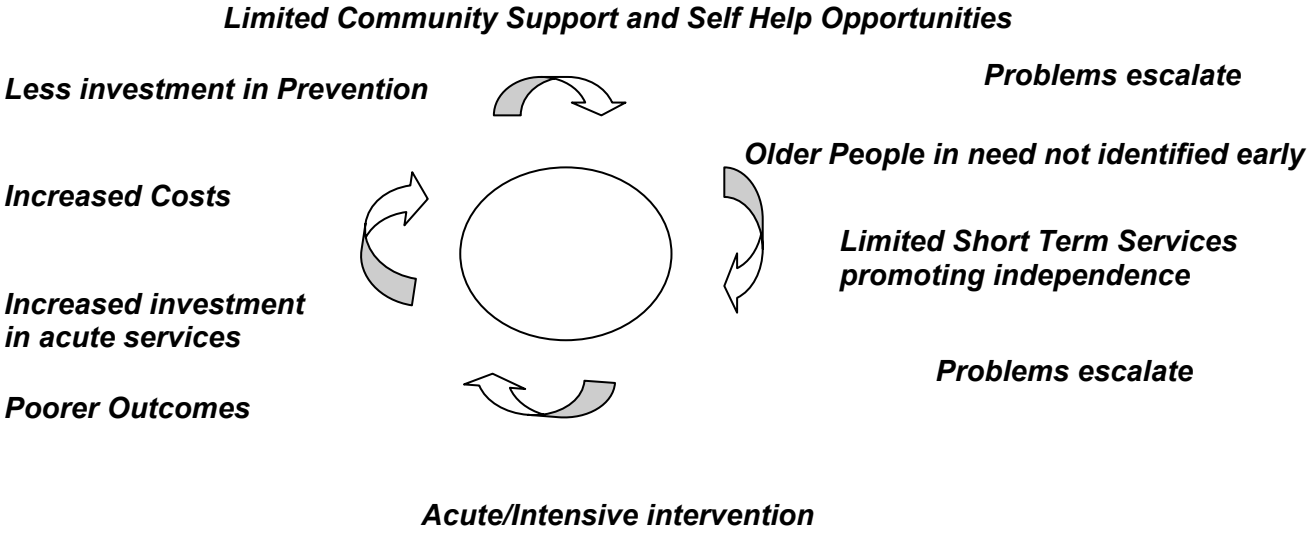
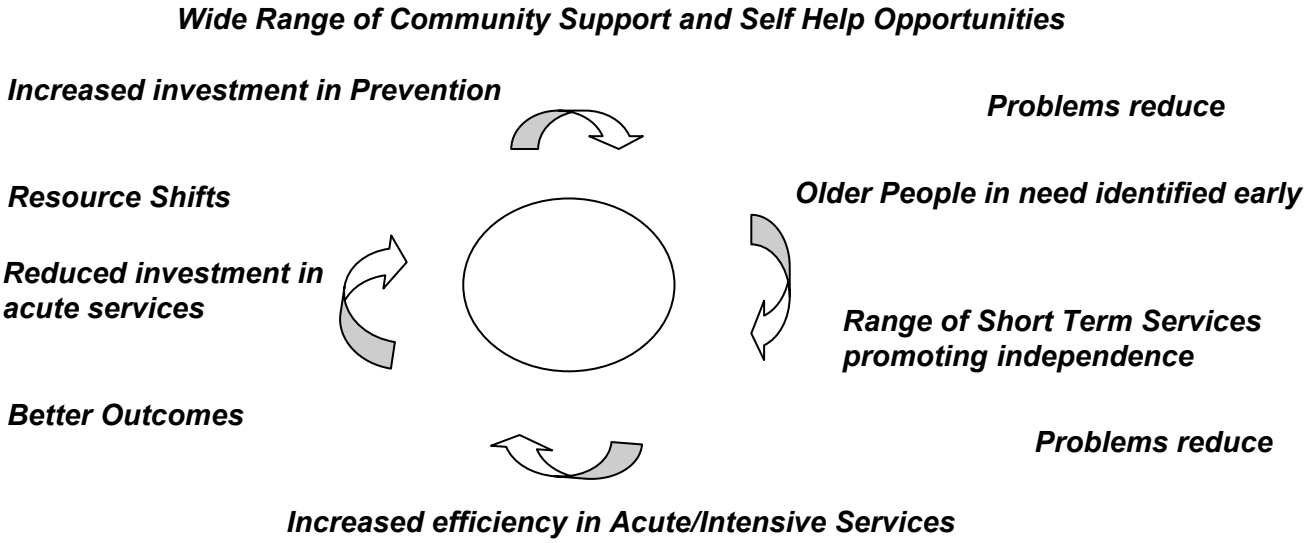


Figure 5 - Virtuous Cycle of Support



While gaining acceptance of the need to re-balance the system of care is a challenge in itself, an even greater challenge is to identify methods by which this re-balancing can take place that work for all sectors of the system.

Principles that need to be applied to system changes that are consistent across agencies are:

- efficiency gains are required by all agencies but may accrue in one agency from changes in another
- that there are short, medium and long term phases to move through to re-balance the system
- resource investment plans are transparent and cover a minimum three year period across all agencies
- outcomes and measures of these are monitored and reviewed across the whole system so relative impacts of service changes are understood

4.2 Supported Accommodation Capacity Planning in Derby

Supported accommodation bridges primary and secondary care, health and social care and acute and chronic care and ranges from long term care, through intermediate care to extra-care schemes and sheltered housing. When services such as supported accommodation are subject to review and proposals for change it is vital for this to be based on a study of local need and the level of services required to meet that need. This Supported Accommodation Strategy for Older People attempts to bring together the key findings from local work to **identify and quantify need** for supported accommodation in Derby alongside benchmarking data from other authorities to **indicate broad levels of services required to meet this need**.
It does this with a model based around planned Care Pathways in Derby and a phased approach to putting the Supported Accommodation services in place. The services identified in the pathway are not definitive but act as a starting point building on current good practice in Derby, to be further built on and adapted as expertise and partnerships grow. It is set up to be able to respond to changing patterns of need and population trends.

The pathways identified cover Older People requiring long term support and those whose life has been interrupted by a ‘crisis’ leading to hospital admission. While proposals are made for services that enable them to return to maximum independence there are also important developments that are included that can contribute to crises being avoided.

It is generally important that care pathways make life as easy as possible for the older person and **minimise the numbers of moves they make** particularly during illness and recovery. In order to achieve this each service involved must be clear about what they offer and the appropriateness of the services for the older person, both now and in terms of their future. The Supported Accommodation Pathway uses both local experience and benchmarking data from elsewhere to identify the numbers of older people who could have been cared for in other settings. This leads to an identification of levels of service required across the range of specialist supported accommodation provision. **The pathway is not fixed but should change and flex as the Supported Accommodation system matures and the needs of older people in this area**

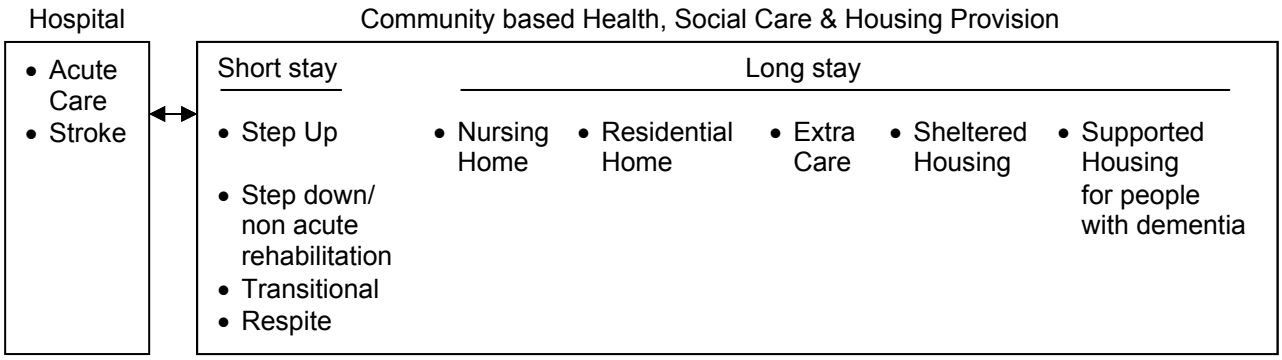
become better understood with services changing and developing to meet those needs. This an essential part of any capacity planning and service development as it ensures the pathway for an individual older person is not dictated by the services in place but instead by their personal needs. The aim is to move from a set of separate systems – see fig. 2 below – to a more integrated system – see fig.3 below.

Figure 6 Traditional specialist accommodation system for older people

• Acute care • Non acute rehabilitation	Short stay • Step Up • Step Down • Transitional • Respite Long stay • Nursing & • Residential Homes	• Sheltered Housing

The Supported Accommodation Strategy now brings these together as one system for future planning purposes in terms of both care pathways which can be translated into commissioning services for individual older people, as well as in planning the overall scale and balance of the specialist accommodation system.

Figure 7 Integrated Derby Supported Accommodation for Older People

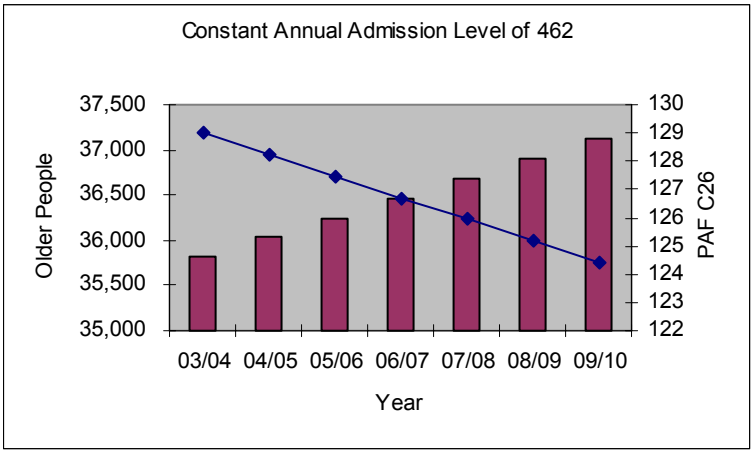


As part of helping to move towards one system for Supported Accommodation in the city we have worked with officers in the housing strategy team who have produced a GIS map which brings together the nursing and care home provision and the sheltered housing provision into ONE map, which identifies the different types of schemes and divides them geographically into the 5 Area Panel areas. The GIS map should be used as a planning tool across housing, social services and health in taking this strategy forward and building an integrated system for the future. The GIS maps could be used as a planning tool to identify sheltered schemes which are close to places of worship and community facilities, and which might be suitable to meet the needs of one or more BME groups. There may also be scope to consider the Estate Sustainability project as a tool for possibly predicting the impact of any proposed changes to tenure, for example as part of the planning process for housing.

4.3 Service levels, Location and Rate of Change

Residential and Nursing Home Care

Derby does not perform well on its PAF indicator for admissions to long term care although the 04/05 outturn has shown some improvement from 128.7 in 03/04 to 118.8 in 04/05. It is important to consider in planning for future levels of provision the increase in the older population and their different needs how this will impact on policies to reduce levels of admissions. The graph below illustrates how with a constant level of admissions year on year (of 462 older people) but a growth in the overall Older People's population (illustrated by the bars), there is a positive impact on C26 indicator (assuming definitions remain constant) (the blue line).



Hence the challenge is to recognise that activity levels may need to remain constant but the type and range of the residential and nursing home care will need to change to meet the changing needs of the increasing older population. To illustrate this, the need for residential and nursing home care in Derby has been estimated to the year 2010. The model used has been based on the following key features that will impact on levels of need locally:

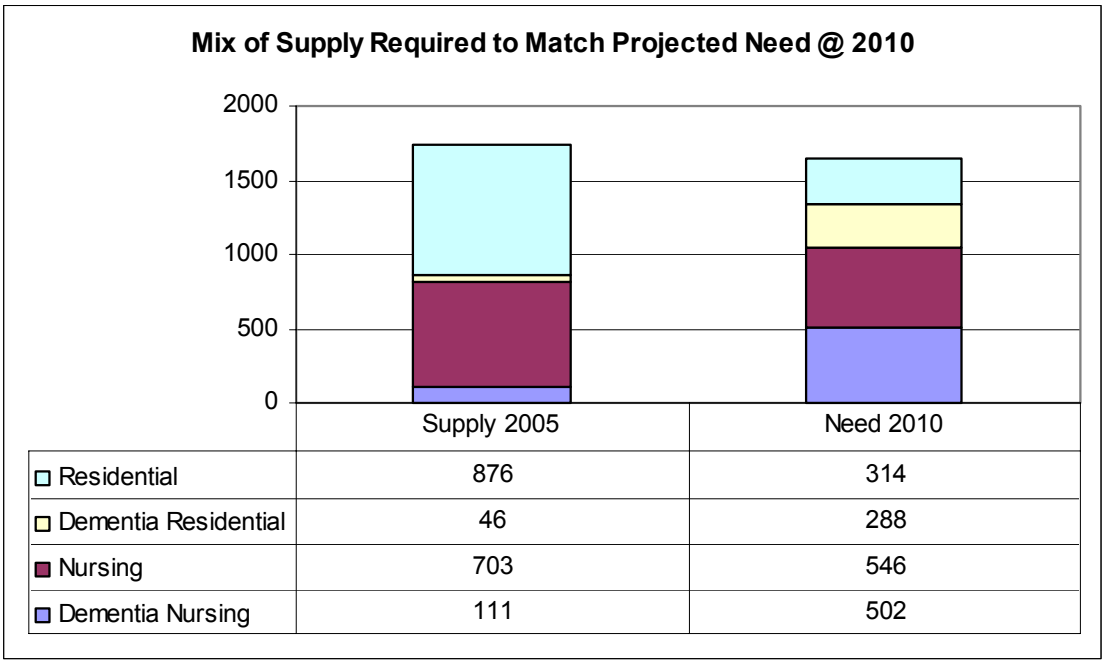
- Population rates
- National benchmarks about % of people admitted to care homes for mental health reasons
- Occupancy levels
- Increasing levels of intensive home care provision assuming a C28 value of 12.5 is achieved (median for the comparator group) which is an additional 158 households at any one time receiving intensive home care

Table 13

Comparison of Volume and Mix of Supply (2005) and Need (2010)		
	Supply 2005	**Need 2010**
Dementia Nursing	6%	30%
Nursing	40%	33%
Dementia Residential	3%	17%
Residential	50%	19%
All	100%	100%

Comparison of Volume and Mix of Supply (2005) and Need (2010)		
	Supply 2005	**Need 2010**
Dementia Nursing	111	502
Nursing	703	546
Dementia Residential	46	288
Residential	876	314
All	1736	1650

The graph below shows the impact of this needs analysis on the current supply within Derby City and the estimated levels of service required for 2010.



The key features of the supply in 2010 are:

- There is an overall reduction in total capacity of 86
- Total residential capacity reduces by 320
- Total nursing capacity increases by 234
- The proportion of specialist provision designated for people with dementia increases significantly for both residential and nursing home care

The challenge for the whole system is developing specialist provision for people with dementia as currently there is very limited capacity of this type as only 9% of available beds are specifically registered for this type of care. Anecdotal evidence does suggest that the current level of provision is much higher although not specifically registered and measured against national standards. There are occasions for example when people who are already resident in residential or nursing home care will develop dementia and remain in situ with those presenting needs. This therefore may mean that the needs of people with dementia are not necessarily

met adequately. There was no obvious strategy or specification for the type and quality of specialist residential or nursing home care for people with dementia in Derby. The important issue is that the standards of care provision for people with dementia are improved through more explicit specifications of what constitutes best practice in this specialist area and providers are supported to respond. This includes the development of models of care and standards for use by commissioners with providers and will need to involve both health and social care agencies. By articulating likely levels of need and planning for the necessary increases in this provision the whole system can maximise the opportunities for the growing numbers of older people with dementia to receive the best possible care.
The future service models for this specialist care need to be developed across agencies and sectors irrespective of whoever provides the service.

Intermediate Care and Community Care
There have been estimates made about the number of Intermediate care beds needed for Derby based on NSF and NHS Plan requirements as reported in (2.8) The Point Prevalence Study also produced information about relative needs for Intermediate Care Services. This information has been used to inform the development of a Derby Pathway Model that produces estimated numbers of older people moving through the system that will need different forms of intermediate care.
See Appendix 4

The model used included the following dimensions of activity:

- Annual emergency admissions (65+)
- Critical events where admission avoided, via A&E or community IC referral
- % of critical events where medical management in the community is possible
- % of all hospital admissions appropriate for direct exit after acute treatment
- % of all rehab following acute admission where medically unstable
- % of all those requiring Intermediate Care who require residential
- % dementia prevalent in all Derby aged 65+
- % BME in Age group 65+

The annual numbers flowing through the pathway are shown in the table below:

Table 14

	Admissions
Step Up	111
Step Down	714
Dementia Step Up	10
Dementia Step Down	62
All Community IC	**896**

The levels of service required to meet these activity levels have been estimated across both intermediate care residential and community care packages and are shown below:

Table 15

Location	Length of Stay (days)	No. of Units	BME	Non BME	Unit Description
intermediate Care Packages	42	12.76	0.64	12.12	Packages at one time
	42	82.15	4.11	78.04	Packages at one time
	42	1.11	0.06	1.05	Packages at one time
	42	7.14	0.36	6.79	Packages at one time
		103	**5**	**98**	Packages at one time
				-	
Residential Intermediate care	26	7.90	0.39	7.50	Beds at one time
	26	50.85	2.54	48.31	Beds at one time
	26	0.69	0.03	0.65	Beds at one time
	26	4.42	0.22	4.20	Beds at one time
		64	**3**	**61**	Beds at one time

The key features of this analysis are:

- a higher number of beds (+11) are required than estimated previously
- The level of non-residential Intermediate Care needs to grow substantially beyond current activity levels
- Account needs to be taken of meeting the needs of people with dementia and BME communities with and without dementia

The growth of Intermediate Care bed-based services supports the need to reduce the number of inappropriately placed patients within an acute hospital setting and acute hospital bed provision. A decision is needed about the number of NHS (community hospital) intermediate care beds that are needed and how many intermediate care beds are provided within a LA / NHS community residential home. This is particularly important with the reprovision of the Grove community hospital beds within the DRI site in December 2005. There is also a need to recognise the comparative cost effectiveness of the different types of intermediate care bed-based provision and the advantages of provision in a community setting rather than a hospital site. An estimate of the relevant proportion of residential and nursing home Intermediate Care beds required is shown in the table below:

Table 16

		BME	Non BME	Total
Nursing	**Dementia**	0.5	1.5	2
	Other	0.5	28.5	29
Residential	**Dementia**	1	2	3
	Other	1	29	30
Total		3	61	64

Account was also taken of the emerging role in primary care of the 'Community Matron' type function and case management of chronic diseases. The Point Prevalence study also took account of this role as a key feature within remodelled community services preventing emergency admissions. The outturn from the PPS and the % of admissions avoidable through this service has been used in the pathway modelling and applied to annual activity levels of emergency admissions.
The number of staff required is:

Table 17

Case Management of Chronic Diseases	
Annual Admissions	7,918
% of admissions avoidable through CMCD	4%
Number of avoidable admissions through CMCD	323
Average Case Load	65
Number of Staff required	5

Research by the Kings Fund concluded that to produce the most effective outcomes Community Matrons needed to work as part of local health, housing and social care system. Consideration should be given to using the DH Preventative Technologies Grant to identify and support some individuals with long term conditions with telecare and telemedicine within overall care management by Community Matrons.

There are a number of examples around the country, including Surrey and County Durham where telecare is being used as part of the health service delivered by Community Matrons and other clinicians to individuals with long term health conditions.

Telemedicine, in combination with clinicians can be used by patients to monitor their condition and provide vital signs monitoring electronically. The normal parameters are set by the patient's clinician. If data is outside these boundaries an alert is raised. The provision of an alarm service also means that patients can be contacted regularly, in a similar way to the Safe & Well calls that Care Link already make to many service users.

4.4 Local Authority Accommodation

The sections above clearly set target levels of service provision that can be used to inform and develop plans for the Local Authority stock of residential homes. There are several strands of activity that have already taken place in relation to these units including:

- The work to plan for a dementia care resource centre on the former Lois Ellis site, now due for revision following recent developments in Southern Derbyshire
- The extra-care housing bid based on a re-development of Merrill House
- Departmental work exploring the costs / potential for replacing some existing homes with new

- An analysis of site values and desktop conclusions about likely future uses for all the homes
- Consideration of the viability of Arthur Neal home related to its condition and proximity to the former Lois Ellis site

A range of options have been considered based on the following factors:

- *The need to secure specialist residential and nursing home care for people with dementia*. This is a priority for development to meet the needs of some of the most vulnerable people in Derby City and to 'future proof' the City's development plans. So far there has not been an effective response from independent providers operating in the City and therefore the role of the Local Authority can be considered critical in terms of its current residential capacity to contribute towards providing this service. A whole system strategy, that may include independent providers working with the Local Authority and health Trusts, can ensure the development of a quality service that can assist others entering the market. Dual registered, purpose built facilities could provide a benchmark for standards of care in this area
- *In recognition of dementia being a progressive illness and the need to provide both residential and nursing home care, it is proposed that the Local Authority pursue a path of dual registration to address this. There may be opportunities in the development of good service models of very dependent residential care that the anticipated levels of nursing provision will be reduced. Emerging evidence and national developments will help inform future planning*
- *Consideration needs to be given to meeting the needs of older people with a variety of mental health needs and not just dementia. The Lois Ellis development, or any other alternative model development could have a broader brief and encompass elements of both functional and organic illness service provision such as Intermediate Care, respite / short term care, NHS assessment beds and therefore be an 'Older Persons Mental Health resource centre'*
- *The level of refurbishment needed within most of the Local Authority homes*. A sustainable refurbishment and modernisation programme will need relatively high levels of investment that is unlikely to be realised across all 8 remaining homes. Therefore, release of capital and a strategy to meet building standards and user expectations is required
- *The levels of residential intermediate care that are needed*. A good start has been made with the Local Authority supporting the development of Intermediate Care models in residential care. A pilot with the independent sector for Intermediate Care nursing will need to inform the future commissioning of this service. However, the Local Authority can support the development of capacity by partly meeting the level of need required
- The development of dual registered facilities for Dementia Care and Intermediate Care is achievable through the units being transferred to the PCT under a Health Act 31 agreement to run the units on behalf of the Local Authority and PCT on a joint commissioning basis
- Recommendations for the contribution the Local Authority homes can make to meeting estimated levels of need to 2010

The table below sets out proposals for residential and nursing home provision by the local authority and independent sector informed by the factors noted above:

Table 18

Long Term Care	**2005 Local Authority**	**2005 Independent Sector**	**2010 Local Authority**	**2010 Independent Sector**
Nursing	0	703	0	546
Dementia Nursing	0	111	100	402
Residential	245	631	0	314
Dementia Residential	0 (registered)	46	20	233
Intermediate Care				
Residential	6	0	34 dual registered	12
Nursing	0	0	"	13
OPMH dual registered	0	0	10 (inc. 5 dementia)	

The key developments for the Local Authority are:

- A more targeted, specialist provision that ensures the needs of people with dementia are met through the development of models of care and specifications based on best practice. This can set standards of care and support improvements in provision across all sectors.
- Recognition that to achieve this there needs to be a reduction in the current capital stock of homes and the development of commissioning activity and purchasing activity with the independent sector.
- Geographical location becomes less significant when providing a more specialist service.
- Pursuing the development of dual-registered accommodation for people with dementia and intermediate care reflecting the transient, progressive and often combined presence of both physical and mental health needs.
- Recognition of the need to jointly commission the dual-registered and intermediate care provision with the Primary Care Trust and negotiate likely arrangements that will be needed using health act flexibilities to establish provider and commissioner roles across the Local Authority, PCT and Health Trusts for each unit. The Local Authority will therefore have no single agency responsibility for the development of any of its future provision unless it decides to retain a short stay facility. The recent ' Securing Better Mental Health for Older Adults' Department of Health publication clearly identifies the need for greater cross agency working between specialist mental health trust providers and generic older peoples health and social care services.
- The whole system shifts in the balance of care where the LA / PCT jointly commission intermediate care services in the community through a shift in resources to primary health and social care from acute hospital care.

4.5 Linking supported accommodation and housing and support services into the re-design plan

In order to achieve the goal of supporting as many older people in the community, housing based provision and housing services need to be linked into the re-design plan. This covers:

- Extra care housing
- Sheltered housing and floating support
- Care Link
- Linking housing and fall assessment
- DICES
- Adaptations and Home Improvement Agency
- Housing Options Centre

Extra care housing
Developing an agreed approach to Extra Care Housing

Derby does not yet have any extra care housing, and a clear approach to the future is required for both:

- Building based models of extra care
- A 'virtual service network' approach for older people living in general needs housing across all tenures. In terms of developing a virtual service approach for older people in ordinary housing there is potential to build on the pathways workshop. This identified the benefits of bringing together community health, social care, adaptations and equipment, housing support, community alarm and assistive technology services into a coherent and joined up approach

In terms of building based extra care there is a need for agreed local models that are owned and understood by all agencies. There are various different models of extra care housing, both for buildings and service delivery. In addition, housing is based on a culture of rights arising out of the tenancy agreement or lease and residents' choice about this type of housing care and support environment. This is especially true where residents own their property and have control over expenditure. Whether extra care is rented or purchased, residents have the right to hold their landlord or managing agent to account.

Good extra care housing (remodelled from existing building or new build) is based around a philosophy of independence and choice. Planning and managing extra care housing is very different from residential care, even though it can be suitable alternative provision for many older people.

Our experience is that all parties need to start with an agreed philosophy and test out what this means for their respective services across all areas of design and services delivery, including:

- Care provision – who provides and manages the care? Is it sufficiently flexible to meet residents' needs as they change?
- Who is responsible for managing the building and facilities (cleaning, maintenance etc.)?
- Who is responsible for providing housing related support services?

- How do you ensure that housing, care and support are seamless from the residents' perspective?
- What criteria are used for allocations if the scheme is for rent?
- What are the proportions of people with high, medium and low care needs (e.g.50/25/25, or 33/33/33) and how do these link to the allocation process?
- What criteria are written into the lease where the scheme is leasehold?
- Which agency is responsible for residents' meetings and the provision of financial expenditure for the scheme?

These are a few of the questions that need to be addressed before all partners can move to agreed models.

We suggest a day workshop with external facilitators to agree the philosophy and vision and to begin the process of agreeing models for the City. We also recommend visits to extra care schemes, and other related models such as retirement or older people's villages for managers in housing, health and social care, elected members and prospective residents and their families.

A development group is needed to pull together the approach to extra care which would link to the Older People's Partnership Board and the Supporting People Commissioning Body.

How much extra care housing

Local authorities are taking very different views about the level of extra care housing that is provided. Some, such as North Yorkshire, Cheshire and Wolverhampton have set ambitious targets, based on the premise that extra care will effectively replace traditional long stay residential care over the next 10-15 years, or significantly reduce the demand for it. Other authorities are taking a much more cautious approach to developing a new building based model, wishing to pilot a small number of schemes and then developing a longer-term strategy on that basis.

A key factor is whether extra care is being developed as an alternative to residential care or with a broader remit of widening housing choice for vulnerable older people as well as developing another alternative to residential care. As we have stated above, Derby City will need to decide the approach it wants to take.

Although there are no norms set by DH for the development of extra care, experience from other authorities shows that an authority the size of Derby City would expect to develop between 250 and 400 places of extra care for rent and sale. Some authorities are setting higher targets. For example Cheshire has set a target of 2,000 units of extra care by 2010. Comparing like for like in terms of population this would give a figure for Derby City of around 660 units of extra care.

If an average figure is used of 350 units for rent and sale and around 40% of people would otherwise have been in residential care, then this level of provision would potentially divert around 120 older people from residential care provision.

However, given the limitations in capital funding available to develop extra care housing it is suggested that Derby City sets an initial target of 150 units, which it then reviews.

Delivering an extra care programme
We propose that this initial target is delivered in 3 ways, which we set out below.

Developing sheltered housing into extra care
The sheltered housing property and tenants surveys have identified a number of schemes which have the potential to evolve as extra care because: they score well on the property survey and therefore are seen as sustainable; they already have some extra care design features such as assisted bathrooms; they already have a significant number of people receiving home care services; or a combination of these. Appendix 5 provides further information on these schemes and offers a basis for further work to identify one or more existing sheltered schemes which could be developed into an extra care model.

We recommend that consideration is given to reorganising the way that domiciliary care is provided into these schemes, either by;

- Providing a dedicated care team and working with the provider to make changes to the role of scheme manager in order to improve communication and provide flexible care and support services as residents needs change
- Commissioning the housing and support provider to provide care on a block contract basis. To do this in a way that allows care to be increased or decreased as required

The city has one scheme that is almost extra care. This is the Leylands Estate, Broadway, Derby. This scheme is owned and managed by The Retail Trust and provides a range of support services including:

- On site support workers 7 days a week
- On site lunch
- Minibus to the shops
- Prescription collection service
- Social activities and day trips.

The Retail Trust also has considerable experience of delivering health and care services from running a nursing home until recently.

The site provides accommodation in 102 cottages and flats spread across 8 acres of landscaped grounds. Also on site is a purpose built community hall, secure car parking, computer room, library and laundry room.

The dependency survey for this scheme shows that between 20 and 30% of the Leylands Estate tenants are being supported to remain living in the community through the delivery of home care and practical support services, some of whom might otherwise have to be in residential care (13 tenants are seen as being high or maximum dependency, using an activities of daily living assessment).

The Trust plans for the estate include:
- Offering access to some of their services such as lunch and social events to other older people in the local community

- Developing a disused former residential and nursing home into extra care
- Refurbishing kitchens and bathrooms in the cottages
- Re-modelling the two blocks of flats to provide one and two bedroomed accommodation in place of the current bedsits and one bedroomed flats

The estate is the subject of a preservation order and any changes to the existing building will need careful negotiation with local planners.

In the short term we suggest rationalising the way that domiciliary care is delivered onto the estate and creating an estate based care team to work alongside the support workers. Alternatively to pool existing Supporting People funding with costs of care provision and contract the Trust to provide a team of generic workers who provide both care and support. The team would need to be registered as a domiciliary care agency.

Developing new extra care schemes
Derby City should resubmit one or more bids to the DH for funding under the extra care capital fund during the next two bid rounds, and should also consider bidding for Housing Corporation funding.

Working with the independent sector
There is very little leasehold or shared ownership sheltered housing for older people in Derby and no leasehold or shared ownership extra care housing. This is an expanding market and providers such as BUPA, McCarthy & Stone and Peverel as well as some of the larger RSL's such as Anchor Trust, Housing 21 and Hanover are all interested in developing new provision. Other providers are developing mixed tenure older people's villages which include an extra care component.

A further route is independent care and nursing home providers who are developing assisted living models of flats and/or bungalows linked to extra care schemes.

Consideration should be given to meeting some of the private and independent sector providers to explore the possibilities for the development of retirement housing and/or extra care for sale. Local Authority planners will need to be involved at an early stage. One of the main obstacles to private sector development is problems with gaining planning consent and work will be needed with the planners to ensure that potential sites are not lost for general needs housing.

Sheltered housing and floating support
We have identified an over provision of sheltered housing for rent in some parts of the city. We are also aware that there is pressure on the Supporting People budget and the need to free up Supporting People funding both for extra care provision and for floating support services across all tenures.

We recommend a 15% overall reduction in sheltered housing for rent capacity based on the survey returns and what we know about bedsits being unpopular. This equates to around 375 flats (this number is an approximate one and will vary depending on the size of individual schemes).

We understand that around 70% of sheltered housing residents currently have their support costs met through the Supporting People budget. We also understand that the Supporting People database shows significant differences in contract figures ranging from £1.96 up to £46.30 per week for housing support costs in sheltered housing. If 70% of the proposed 375 places is assumed multiplied by the average weekly support cost per unit in Derby City of £12.38 per week, then potential savings in the Supporting People budget can be identified using the following calculation:

70% of 375 = 262 x £12.38 per week x 52 weeks = £168,665 per annum

These savings cannot be realised immediately. However, some savings could be realised in the short-term by:

- Using the results of the sheltered housing property survey to identify sheltered housing schemes which may not be sustainable or have a long term future (the survey was a desktop exercise and the results will need validating by on site visits)
- Using the results of the tenant survey to identify schemes with very low dependency levels and levels of service which may no longer merit a full warden service and where the service could be reshaped as a community alarm service provided through Care Link
- Looking at the service model of providers with high weekly Supporting People contract costs to see if more cost effective Supporting People service models could be introduced. This could include looking at options for achieving more cost effective resident warden/scheme manager models, moving to non resident wardens/floating support services or developing locality based support housing teams across the providers working in the area. The latter could link in with the proposals to develop a locality pilot for a more integrated service approach across housing, social care and health

Sheltered housing providers need to understand how older people's housing services will change and the timeframe for this. The city council will need to work with providers and sheltered housing residents in a planned and consistent way to agree a timetable for either change of service or de-commissioning schemes.

The discussions with providers could take place through the sheltered housing sub group of the SP Core Strategy Group. Plans should be agreed for full options appraisals on all schemes identified (in some instances these will already be available). Appendix 2 provides further information on sheltered schemes in the survey and how well they scored in the property survey.

We need to make it clear that changes can be programmed in over a 10 year period, and linked to asset management strategies of individual providers. We also need to make it clear that we are NOT proposing closure of all 375 units but diversifying and broadening the range of provision of housing and services by:

- Developing some existing schemes, or parts of schemes as extra care
- Re-designating other schemes as alarm only
- Looking at the potential to shift the tenure in some schemes, depending on location, to shared ownership and/or leasehold to address the tenure mix of older people in general needs housing

- Refocusing some schemes, which are close to places of worship and community facilities, to meet the needs of the growing numbers of BME older people
- Changing use of some schemes to other service user groups
- De-commissioning some schemes which do not have a sustainable future

The existing forums and planning groups could be used to drive forward the Supporting People strategy and start to shift resources from some of the bricks and mortar to floating support services through Care Link.

We recommend the Supporting People Commissioning Body uses these savings, as they become available over time to:

- Invest in develop floating support services for older people across all tenures
- Invest in support services in extra care housing
- Make any required savings to bring the Supporting People budget back into balance

Care Link

In April 2006 the Department of Health are making £30 million available nationally to all Councils with Social Services Responsibilities with a further £50 million in 2007/08 in the form of the Preventative Technology Grant. The existing Care Link service could be used as the platform to deliver a range of telecare services either as stand alone services or to complement the existing community alarm service. There are a range of telecare services including sensors and remote monitoring of daily living, safety and security devices, including bogus caller and water and gas detection, plus a range of well-being services that can turn lights on when someone gets up during the night as well as more complex telemedicine devices which can be used as part of long term conditions management. More information on all of these is available at www.icesdoh.org and www.changeagentteam.org.uk. The Department of Health are launching their guidance on telecare on 19th July and following this up with a series of regional conferences in the New Year.

We would also recommend that existing Care Link services are developed and expanded. The lifting service and safe and well calls should be promoted to all health and social care professionals. Consideration should be given to including Care Link (and these services) into the Single Assessment Process (SAP) and offering the services to all older people in the following groups:

- Older people discharged from hospital
- Those eligible for social care through FACS
- Fallers known to health and social care professionals
- At risk from crime
- Applicants for Disabled Facilities Grants
- Applicants for Home Improvement Agency Services

Care Link collects information on all their service users including:

- Tenure
- Ethnicity
- Disablity
- Day centre attendance
- GP/social worker contacts.

In addition they have data on falls and lifting and all calls received from service users. Consideration should be given to using this data to inform health and social care commissioning

There is potential to market Derby Care Link to other Local Authorities. Arrangements have been made to include the SMART home on the Elderly Accommodation Counsel website which will be linked to information and good practice produced by the Department of Health.

Linking Housing and falls assessment

Consideration should be given to training staff at the Home Improvement Agency and Care Link to undertake falls assessments. Care Link could provide fall detectors to those most at risk. In addition Care Link could be offered to all older people as part of a hospital discharge package. This could be funded through the preventative Technologies Grant or offered as an option for self funders. In addition we suggest that Care Link and Home Improvement Agency services are incorporated into the local Integrated Falls Strategy (this is an NSF requirement for March 2005).

The following statistics on falls demonstrate some of the savings that could be made to the local health and social care economy as a result:

- Thirty percent of over 65 year olds fall at least once per year and half over 85 year olds fall at least once a year
- Falling is the leading cause of death from injury amongst people over the age of 75 and more than 85% of falls in the home involve people over 75
- Studies have shown that those who have fallen in the previous 12 months are twice as likely to fall again, 24% of falls result in serious injury and 6% in fractures
- Hip fractures are the most serious consequence of a fall, 95% of hip fractures in older people occur as a result of a fall. Hip fractures place a great burden on resources and have an enormous impact on patients, due to increased mortality, long term disability and loss of independence. Around 310,000 fractures occur each year in older people in the United Kingdom. The estimated cost of providing social care and support for these patients is £1.7b (DH 2001)
- After a hip fracture half of those who were previously independent become partly dependent, a third become totally dependent and 25% die. Hip fractures account for more than 20% of orthopaedic bed occupancy (DH).

Derby Integrated Community Equipment Service
The action plan for DICES was not developed in partnership with housing. There are a number of opportunities to bring sheltered housing providers and Care Link on board, including:

- Training scheme managers and/or other housing staff to prescribe basic equipment
- To include monitoring the effective use of equipment into support plans for older people in sheltered housing and to add this to Care Link safe and well calls service
- To raise awareness with scheme managers, residents and families about the importance of returning equipment

Further work to link in housing should be done as part of a joint planning and commissioning approach.

Adaptations and Home Improvement Agency
We have identified the need to develop the role of the HIA in relation to hospital discharge and around services for BME older people.

In addition there is a need for a register of adaptations.

Housing Options Centre
We have noted the potential of developing the role of the Housing Options Centre in relation to an information and advice services on housing and support options in relation to both staying put and moving home.

4.6 Putting it all together in a locality approach

The locality workshop in Sinfin highlighted the potential of 'thinking, planning and delivering at a local level across agencies and in partnership with older people. We have made two strategic recommendations in Phase 1 of the change plan around:

- The process of consultation with older people at a local level and the links with the Derby City Partnership
- The development in Sinfin of a local 'virtual service network' pilot to bring services for older people together in a more joined up way, building on the current plans in Sinfin for developing more integrated services for the population as a whole

These initiatives would fit well into the three main priorities already identified by the Sinfin Partnership, which between them have the potential to address a number of the issues raised in the workshop. The priorities are:

- Access to and co-location of services
- Neighbourhood Planning and prioritisation
- The development of the partnership itself

However, some of the issues raised at the workshop by older people need specific action to ensure that they receive sufficient priority in the work of the partnership to get attention. These recommendations for local action are also set out in Phase 1 of the change plan below.

The Phased Approach to Change - Proposals

The critical components of service change across the whole supported accommodation system for Older People in Derby City are:

1. Consolidating and expanding Intermediate Care (including time-limited re-enablement home care)
2. Developing a whole system approach to meeting Older People's Mental Health needs
3. Enhanced Primary Care services for all Older People and their Carers
4. Building in a more explicit role for the housing system
5. Reconfiguring the LA residential home provision and developing a more integrated supported accommodation system which links together the nursing and care home sector with the sheltered housing sector, and includes new models such as extra care housing

The proposals for taking this strategy forward and developing a broader base of supported accommodation for Older People in Derby are structured within a three phased approach to managing the change.

- Phase One: Building the Baseline 2006-2007
- Phase Two: Re-balancing provision across the system and implementing service models 2007-2009
- Phase Three: Consolidating provision and reviewing direction of travel with emerging needs 2009 onwards

Phase One Building the Baseline 2006 – 2007

There is the capacity within Derby to achieve some quick wins in terms of service re-design across the proposed supported accommodation service map, providing a whole system approach is sustained. Phase one seeks to do just this by identifying where key existing services need to expand, where new ones need to be put in place, where less effective services can be withdrawn and where planning for phase two can begin across the four key areas. An important activity in this phase is seeking approval and agreement to reconfigure the Local Authority stock of residential homes within Derby City Council.

(i) Intermediate Care

- Build on current services in place for step up and step down care in a residential unit and service users own homes by increasing the number of Intermediate Care beds and Intermediate Care packages of care in service users own home. The service levels identified in the pathway are broken down in to 'step-up services' that is those to which people are admitted straight from the community, and 'step-down services' that are provided for people being discharged from hospital
- Fully implement the plans for integration of Health and Social Services run Intermediate Care services using the efficiencies gained within health models of using staff across different types of services to maximise resources
- Re-deploy the resources from Tomlinson Court into residential IC and develop an independent living facility attached to a residential IC unit (flat available at Warwick). Review future use of Tomlinson Court as a potential extra care housing facility for older people

- Implement pilot Intermediate Care in nursing homes with careful review of needs, services, outcomes and resources to inform the future dual-registered facility. Consider and confirm cost and sources of funding based on comparative reductions in acute hospital activity and also review plans for Community Hospital reprovision and cost effective options for intermediate care bed-based provision.
- Revisit POPP bid and detail requirements more specifically to inform model of service when developed in Local Authority unit (see Intermediate Care section)
- Evaluate the use of Care Link as part of community based IC services and consider mainstream funding. Evaluation should also take account of numbers of older people to choose to retain the Care Link service following their period of Intermediate Care

(ii) Older People's Mental Health

- Develop a broad-based multi-agency strategy for Older People's Mental Health services in Derby City that confirms intentions for the Lois Ellis site (by January 2006), or proposes alternatives, makes explicit the respective roles and coordination between specialist and mainstream services, plans for models of Intermediate Care, confirms level of need for types of service (based on proposed levels in this strategy) and plans for models of care across hospital, institutional, home, day care and specialist community nursing. This strategy should also make explicit the financial, management and governance arrangements for planned joint Health and Social Care provision in LA homes.
- Begin using community specialist OPMH services to support EMI placements in residential and nursing homes beyond pilot phase.
- Introduce psychiatric liaison in the acute general hospital sector targeted for older people– resourced through reconfiguring nurse liaison.

(iii) Enhanced Primary Care Provision

- Review and confirm use and management of new Community facility at Derbyshire Royal Infirmary making explicit links and identifying necessary efficiencies across system based on the Community hospital Point Prevalence analysis undertaken for this report
- Introduce community matron models in the community for chronic disease management and ensure links are made with Single Assessment Process, community care assessment models and telecare and telemedicine, together with potential funding through the DH Preventative Technologies Grant
- Local Delivery Plan 06/07 to set out the resource shifts required in the context of the need for enhanced primary care provision including Older People with mental health needs such as a reduction in acute hospital beds to support developments in Intermediate Care and intensive Case Management – demonstrating ability to achieve the PSA target of reduction in emergency bed days used
- Revisit the Falls Prevention Strategy to ensure that both Care Link and the Home Improvement Agency are involved in falls assessments and referrals to falls services

(iv) Housing

- Work with providers to agree the local housing and service models for extra care housing; identify development options from this

- Use the information from the PFA property and tenant surveys to identify and agree:
  - sheltered schemes which have the potential to develop as extra care schemes; and sheltered schemes which should be re-designated as housing for older people with a lower level of support, or earmarked for de-commissioning and agree timetable for these
- Revisit the DH extra care housing bid and amend it in accordance with feedback and good practice from the Housing LIN and visits to 'local' extra care schemes
- Identify a 'preferred provider' RSL to bid for funding through the Housing Corporation Annual Development Programme (ADP) for new extra care housing
- Identify one or more private sector providers for development of extra care housing for sale
- Review the current service models into sheltered housing to agree more cost effective approaches which better meet the support needs of older people across all tenures
- Set up a project group under the Older People's Partnership Board to develop a telecare strategy and determine how to use the DH Preventative Technologies Grant 2006- 2008
- Bring together the three sheltered housing providers in Normanton/Peartree (Anchor Trust & Hallmark community Housing Association, Derwent Living and Derby Homes) to agree a good practice service model for Asian elders across all three schemes. Roll out the learning as good practice across other providers who have sheltered schemes close to places of worship and community facilities, which could become 'target' sheltered housing schemes for specific BME groupsAgree the role of sheltered housing scheme managers in DICES, including training for prescribers, information on the service to residents and families and equipment amnesty
- Build upon the good practice developed at the Derwent Living scheme in Normanton and as a first step negotiate joint working between the managers and housing managers of the sheltered housing schemes in this area to increase the social activities provided to the wider community and extend support services provided by scheme managers such as benefits advice and translation into the wider community
- Market the services provided by the Home Improvement Agency to BME communities
- Market the services provided by Care Link to BME communities, including staff who can speak appropriate languages
- Develop a Register of Adapted Properties
- Develop the role of the HIA in relation to hospital discharge and in relation to BME groups
- Develop the role of the Housing Options Centre around advice, information and housing choices for older people

(v) Joint Commissioning and locality planning

- Establish an Older People's Partnership Board and associated executive group and stakeholder forum

- Utilise this new co-ordinated planning and commissioning structure to implement the proposals of this report, with a project plan to manage the implementation.
- In order to overcome the current fragmentation around consultation with and involvement for older people identified at the Sinfin workshop on 21st July there is potential to consider whether the resources of the partner agencies in the Derby City Partnership could be re-directed into local events across the five localities and for each locality to hold an event for older people. This would fit in with the development of the Local Vision for Ageing, and support the aims of improving communication, developing consultation and empowerment and ensuring that the community is part of the process of awareness raising and decision making
- The City Council is currently looking at its future structures for adult services to parallel those being developed for children. Bringing better alignment of services at a local level will be a part of the approach. However, the workshop did identify the need for better joined up planning of older people's services at a local level. We would propose that a local planning group for older people's services is developed in Sinfin as a follow up to the 21st July workshop, as a 'pilot' for develop a 'virtual service network' which could then be replicated in the other areas.
- Address the local issues for action identified in the Sinfin locality workshop:
  - In response to the lack of awareness of what police are doing in the neighbourhood more liaison is needed between the police and the community about police priorities
  - Clarity is needed about the plans for the GP surgery and health centre. If these facilities are closing down then bus routes and timetables will need to be redirected and changed to enable local people to access primary health services. In addition outreach health services should be developed within Sinfin itself in order to improve accessibility
  - better information needs to be made available to front line staff and older people in the area
  - initiatives should be taken to improve links between older people and local schools
  - more use should be made of the communal facilities in sheltered housing schemes for older people in the local area

- Evaluate the learning from the 'virtual service network' pilot in Sinfin and agree whether to roll out to other parts of the city

Phase Two Re-balancing provision across the system and implementing service models 2007 – 2009

The scale and balance of the specialist accommodation system will begin to shift in Phase Two in the following ways:

- More non-acute activity will take place in the community through the expansion of capacity and types of service within intermediate care. This will need to include enhanced medical cover and nursing input and will be achieved with the development of the proposed dual-registered Intermediate Care facility. This will require a resource shift from acute to primary health and social care

  The level of emergency admissions will be reduced through the introduction of proactive case management of people with chronic diseases and long term conditions in the community. The approach will need to take account of not only the most complex cases with presenting health and social care needs but also older people who are likely to be the next emergency admissions and who are beginning to call on statutory interventions. The proactive, more upstream primary and social care interventions where older people are assessed and supported as they begin to lose independence through a variety of incidents e.g. bereavement, illness, development of a chronic disease, will support achievement of the LPSA (explain) target for reduction in emergency bed days. Consider telecare and telemedicine options for older people in the second group.
- There will be greater recognition, assessment and provision for older people with mental health needs across all services. Creating the local services required through the development of a Older Peoples resource Centre, specialist home care, intermediate care and respite / long term services and making appropriate links between specialist and mainstream services
- Increased range of specialist dementia care services
- A gradually growing supply of extra care places through development of some existing sheltered schemes into extra care schemes
- Increased range of health, social care, housing and housing support services to meet the needs of local BME older people
- Developing domiciliary services to provide more intense packages along with older people taking up direct payment options will reduce demand for standard residential care
- Securing lower level preventative services for older people including those already provided by the Home Improvement Agency and Care Link through contracting with voluntary organisations as part of a whole council initiative will release domiciliary care staff capacity within the in-house service for redeployment to service users with critical and substantial needs
- Gaining experience of developing a ‘virtual service network’

This will be achieved by:

- Establish dual-registered Intermediate Care facilities that have primary care medical and nursing support and build on learning from the nursing home pilot
- Expand level of Intermediate Care Service at Home to include specialist nursing input from Older People’s Mental Health services

- Set up older peoples mental health resource centre including provision of an Intermediate Care model for Older People with mental health needs and support to develop specialist home care service
- Divert people from acute care and long term residential/nursing home care through the provision of proactive case management and case finding by community matron type roles. Support management of chronic diseases within residential and nursing homes through in-reach work by the workforce
- Implement service model for dementia care in homes where large numbers of people with dementia remain (service model is transferable on successful completion of new facilities)
- Establishing a Joint Management Board between the PCT , Local Authority and Mental Health Trust to manage the dual registered homes for people with dementia and the older peoples mental health resource centre
- Ensure all Health and Social Care service level agreements and contracts include the requirement to appropriately meet the cultural needs of local BME older people and use this as a measure of the provider's general effectiveness suitability as a Derby City service provider

Housing

- Bid for funding for extra care housing to the Housing Corporation ADP. Bids are invited on a bi-annual cycle. The next round is 2007
- Evaluate the investment in telecare and telemedicine
- Continue re-designating and decommissioning sheltered housing and continue to reshape the sheltered housing service and invest in floating support services
- Consideration should also be given to working with private sector providers of leasehold accommodation for BME elders. This is not something we were able to explore in detail for the purposes of this strategy. However, significant numbers of BME households are home owners and will make this their tenure choice

Phase Three Consolidating provision and reviewing direction of travel with emerging needs 2009 onwards

The impact of the service changes will need to be reviewed along with emerging evidence of need and estimates of future levels of demand. It is likely that substantial research and evidence will be built up in the next few years based on the methodology of this report in the first instance, about what older people want and ways in which their needs are met. The involvement of older people in monitoring and reviewing the outcomes from the proposed service changes is paramount.

Similarly the on-going process of joint planning and commissioning of services across Health, Housing and Social Care will change the face of current partnership working over the years to come. It will open up ways for greater flexibility in commissioning and service delivery models in all areas of services for Older People, both at city wide and locality levels.

APPENDIX 1

SHELTERED HOUSING PROPERTY AND TENANT SURVEYS

1. Introduction

As part of the work to assess the quality of the sheltered housing in Derby and to identify the potential to develop some existing sheltered housing into extra care schemes, two surveys have been carried out, using tools developed and used by Peter Fletcher Associates (PFA) in a number of other local authorities.

Sheltered residents' survey

This PFA survey tool

- Assesses dependency levels of residents under 5 categories
- Identifies care and support services received – this is carried out via wardens/scheme managers not face to face with residents
- Highlights those schemes already providing high levels of care and support
- Identifies schemes with a high level of tenants who have behaviour causing concern (confusion) and/or substance misuse
- Provides age, gender and ethnic origin information scheme by scheme and across the stock
- Provides baseline data for negotiation with social services and health about matching services to dependency levels
- With the property survey, highlights the potential for:
  - Evolving extra care models in existing sheltered housing
  - Improving the quality and effectiveness of services to residents

The Sheltered stock survey

- This survey is used to assess the future viability of sheltered schemes, covering:
  - Age and type of scheme and units
  - Standards and accessibility (including in relation to decent homes standards); facilities; location
  - Demand and lettability; voids; moves to higher care provision
- The survey is completed by housing staff and provides quantitative and qualitative results
- Schemes are scored across a number of elements

The key points from both of the surveys are summarised in the main report. Set out below are the full survey results. Appendix 2 provides information on the scoring system and provides the scores for each scheme in the survey.

2. Results of sheltered residents survey

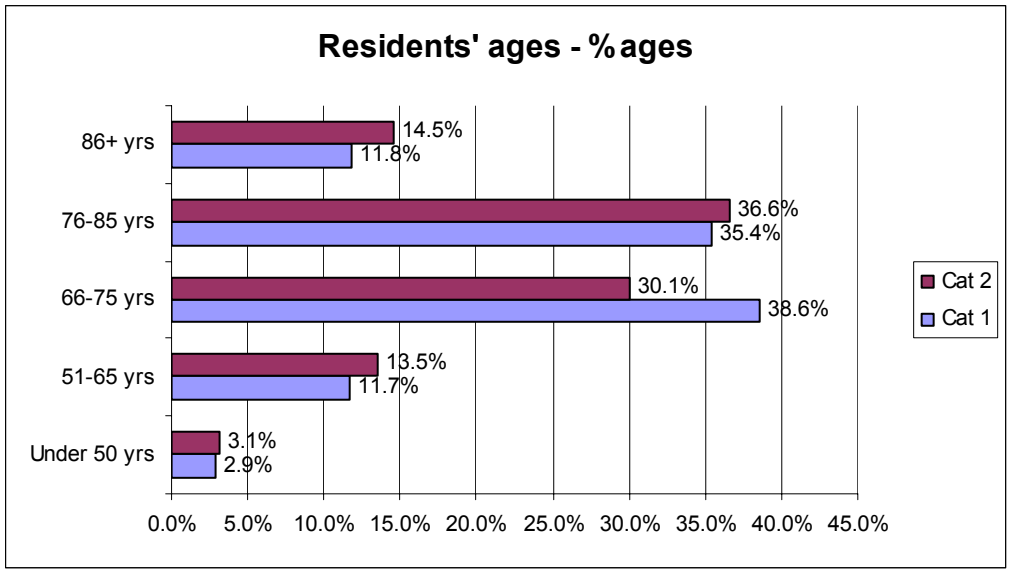
The residents survey results are based on 62 schemes with a total of 2,407 residents. They are divided between ALMO (Derby Homes) Cat 1 and Cat 2 schemes and RSL Cat 1 and Cat 2 schemes.

Ages of residents

Gender & Resident Nos.

	Male		Female		Total Residents		Couples	
	No.	%	No.	%	No.	%	No.	%
ALMO Cat 2	228	9.47%	300	12.46%	528	21.94%	52	2.16%
ALMO Cat 1	408	16.95%	751	31.20%	1159	48.15%	187	7.77%
RSL Cat 2	236	9.80%	386	16.04%	622	25.84%	81	3.37%
RSL Cat 1	31	1.29%	67	2.78%	98	4.07%	13	0.54%
TOTALS	**903**	**37.52%**	**1504**	**62.48%**	**2407**	**100.00%**	**333**	**13.83%**

The question on age was not answered by all schemes, but the chart below shows the ages of 99.2% of the residents.



Ethnicity

The charts below show the breakdown of tenants by ethnicity. 91% of tenants are white, with 1.4% Asian and 1.6% black African or afro Caribbean. This may be an underestimate since ethnicity of 6.1% is unknown.

	White UK	White European	White (other)	Black (African)	Black (Caribbean	Black (other)	Bangladeshi	Chinese	Indian	Pakistani	Asian	Other	Not known
ALMO Cat 2	456	7	16	0	3	1		1	2		3	1	38
ALMO Cat 1	964	43	16	1	6	0	1	3	6	4	3	2	110
RSL Cat 2	575	13	4	2	5	0	0	3	17	2	0	1	0
RSL Cat 1	97	1	0	0	0	0	0	0	0	0	0	0	0
Totals	**2092**	**64**	**36**	**3**	**14**	**1**	**1**	**7**	**25**	**6**	**6**	**4**	**148**

	White UK	White European	White (other)	Black (African)	Black (Caribbean	Black (other)	Bangladeshi	Chinese	Indian	Pakistani	Asian	Other	Not known
Percentages	86.9%	2.7%	1.5%	0.1%	0.6%	0.0%	0.0%	0.3%	1.0%	0.2%	0.2%	0.2%	6.1%

Dependency levels

Dependency levels are assessed in 5 levels

Dependency levels					
	Ind	Low	Med	High	Max
ALMO Cat 2	266	98	81	31	11
ALMO Cat 1	462	356	138	72	4
RSL Cat 2	272	205	99	41	5
RSL Cat 1	53	31	8	6	0

Dependency levels returned for 89.9% of Cat 1 residents
Dependency levels returned for 96.4% of Cat 2 residents

These dependency levels are shown as percentages in the table below and then compared with other authorities. Dependency levels show little variation between category 1 and 2 housing and are comparable to other areas surveyed by PFA.

% dependency levels of residents for whom returns have been received

	Ind	Low	Med	High	Max	Totals
ALMO Cat 2	54.6%	20.1%	16.6%	6.4%	2.3%	100.0%
ALMO Cat 1	44.8%	34.5%	13.4%	7.0%	0.4%	100.0%
RSL Cat 2	43.7%	33.0%	15.9%	6.6%	0.8%	100.0%
RSL Cat 1	54.1%	31.6%	8.2%	6.1%	0.0%	100.0%

Dependency levels in sheltered housing compared with other authorities

	Derby ALMO & RSL Cat 1	Derby ALMO & RSL Cat 2	Northern urban (1) Cat 1	Northern urban (1) Cat 2	Northern urban (2)	Midlands urban	Northern mix urban/rural
Ind	45.6%	45.4%	67.6%	54.9%	44.9%	54.3%	37.2%
Low	34.2%	32.0%	11.9%	21.5%	24.5%	29.0%	31.3%
Med	12.9%	12.5%	7.4%	8.4%	12.9%	12.2%	12.0%
High	6.9%	6.7%	3.9%	6.2%	9.3%	3.7%	6.3%
Max	0.4%	3.4%	0.3%	1.3%	1.8%	0.7%	1.2%

Behaviour

The survey identifies 6 schemes which have 3 or more people who have behaviour which is causing concern because of wandering or confusion and a further 7 schemes which have 3 or more people who appear to have alcohol problems.

Behaviour causing concern: schemes with 3 people or more

Scheme	Provider	Category	Nos.
Leylands Estate	Retail Trust	Cat 2	5
Eden St	Derby Homes	Cat 2	5
Tomlinson Court	Housing 21	Cat 2	3
Longstone Walk	Derby Homes	Cat 1	3
Collis Court	Derby Homes	cat 1	3
Denbigh St	Derby Homes	Cat 2	3

Alcohol related behaviour causing concern: schemes with 3 people or more

Scheme	Provider	Category	Nos.
Hillcrest Rd	Derby Homes	Cat 2	7
Leylands Estate	Retail Trust	Cat 2	5
Kestrel House	Derby Homes	cat 2	5
Longstone Walk	Derby Homes	Cat 1	4
Tomlinson Court	Housing 21	Cat 2	3
Churchside walk	Derby Homes	Cat 1	3
Plimsoll Court	Anchor Trust	cat 2	3

Services

The tables below show the number and percentages of people receiving home care and/or other services. The next table then benchmarks the Derby schemes with other authorities surveyed by PFA. Unusually there is a higher proportion of people in category 1 housing receiving home care services than in category 2 housing. The levels of services provided compared with other authorities look reasonably in balance in relation to the dependency levels shown earlier.

Residents receiving services

Service	Cat 1	Cat 2	Total
Home Care (SS)	180	266	446
Home Care (PFund)	36	67	103
Prac. Serv	21	225	246
Night sitting	3	2	5
Dist Nurse	66	96	162
Day Care	35	42	77
Respite Care	3	22	25
Meals on wheels	75	100	175
Care family	480	373	853
Int. warden	10	107	117

Shown below is the same table with the nos. shown as percentages.

Residents receiving services - %ages

Service	Cat 1	Cat 2	% age of total Cat 1 & Cat 2
Home Care (SS)	14.3%	23.1%	18.5%
Home Care (PFund)	2.9%	5.8%	4.3%
Prac. Serv	1.7%	19.6%	10.2%
Night sitting	0.2%	0.2%	0.2%
Dist Nurse	5.3%	8.3%	6.7%
Day Care	2.8%	3.7%	3.2%
Respite Care	0.2%	1.9%	1.0%
Meals on wheels	6.0%	8.7%	7.3%
Care family	38.2%	32.4%	35.4%
Int. warden	0.8%	9.3%	4.9%

Services in sheltered housing compared with other authorities

Services	Derby Cat 1	Derby Cat 2	Northern urban (1) Cat 1	Northern urban (1) Cat 2	Northern urban	Northern mixed urban/rural	Northern urban (2)
Home Care (SS&PF)	17.2%	29.0%	7.2%	10.4%	21.5%	28.9%	24.0%
Prac. Serv	1.7%	19.6%	0.0%	11.3%	12.0%	20.1%	28.0%
Night sitting	0.2%	0.2%	0.0%	0.0%	0.1%	0.3%	0.7%
Dist Nurse	5.3%	8.3%	2.4%	4.1%	3.2%	9.7%	7.0%
Day Care	2.8%	3.7%	1.7%	3.5%	2.9%	9.1%	9.0%
Meals on wheels	6.0%	8.7%	2.1%	4.1%	2.2%	11.5%	6.0%
Care from family	38.2%	32.4%	30.4%	30.1%	30.9%	38.6%	41.0%

Schemes with highest levels of home care services

The 10 schemes with the highest levels of home care services provided are given below. These are a mixture of ALMO and RSL schemes. Some schemes have a significant number of people receiving home care and might therefore provide a good base for developing an extra care approach, with one or more dedicated home care staff based at the scheme.

10 schemes with highest levels of home care services

Scheme	Provider	Home care ss	% of	Home care pri	% of	Prac serv	% of	Night sitting	% of	Dist nurs	% of	Day care	% of	Respite care	% of	Meals wheels	% of	Care family	% of	Int. warden	% of
Normanton Lodge	Anchor Trust	23	27.1%	10	11.8%	23	27.1%		0.0%	10	11.8%	6	7.1%		0.0%		0.0%		0.0%		0.0%
Denbigh St	Derby Homes	20	44.4%	8	17.8%	25	55.6%		0.0%	3	6.7%	3	6.7%	2	4.4%	18	40.0%	8	17.8%		0.0%
Leylands Estate	Retail Trust	16	14.0%	12	10.5%	22	19.3%	0	0.0%	8	7.0%	1	0.9%	2	1.8%	12	10.5%	78	68.4%	98	86.0%
Hillcrest Rd	Derby Homes	24	28.9%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%	15	18.1%		0.0%
Max RD	Derby Homes	20	55.6%	3	8.3%	15	41.7%		0.0%	4	11.1%	2	5.6%	1	2.8%	22	61.1%	26	72.2%		0.0%
Rebecca House	Derby Homes	21	30.9%	1	1.5%	21	30.9%		0.0%	11	16.2%	8	11.8%	4	5.9%	7	10.3%	34	50.0%	1	1.5%
Streatham RD	Derby Homes	20	33.9%		0.0%		0.0%		0.0%	7	11.9%	2	3.4%	1	1.7%	2	3.4%	26	44.1%		0.0%
Barncroft	Anchor Trust	11	36.7%	9	30.0%	16	53.3%		0.0%	6	20.0%	3	10.0%		0.0%	2	6.7%	12	40.0%		0.0%
Christchurch Court	Derwent Living	18	45.0%	0	0.0%	10	25.0%	0	0.0%	0	0.0%	2	5.0%	0	0.0%	7	17.5%	12	30.0%	0	0.0%
Garsdale Court	Derby Homes	16	41.0%	2	5.1%	10	25.6%		0.0%	7	17.9%	3	7.7%		0.0%	3	7.7%	35	89.7%		0.0%

Dependency levels of 10 schemes receiving highest levels of home care serivces

Scheme	Provider	Ind		Low		Med		High		Max	
Normanton Lodge	Anchor Trust	43	50.6%	16	18.8%	15	17.6%	11	12.9%		0.0%
Denbigh St	Derby Homes	29	64.4%	7	15.6%	8	17.8%	1	2.2%		0.0%
Leylands Estate	Retail Trust	0	0.0%	79	69.3%	22	19.3%	11	9.6%	2	1.8%
Hillcrest Rd	Derby Homes	54	65.1%	8	9.6%	21	25.3%		0.0%		0.0%
Max RD	Derby Homes	10	27.8%	15	41.7%	7	19.4%	3	8.3%		0.0%
Rebecca House	Derby Homes	30	44.1%	19	27.9%	13	19.1%	2	2.9%	1	1.5%
Streatham RD	Derby Homes	18	30.5%	18	30.5%	20	33.9%	3	5.1%		0.0%
Barncroft	Anchor Trust	9	30.0%	11	36.7%	6	20.0%	4	13.3%		0.0%
Christchurch Court	Derwent Living	13	32.5%	18	45.0%	3	7.5%	6	15.0%	0	0.0%
Garsdale Court	Derby Homes	23	59.0%	7	17.9%	4	10.3%	5	12.8%		0.0%

The table below shows a much lower percentage of residents in RSL than ALMO stock for whom a Supporting People Sheltered Housing Support Requirements Plan has been completed.

	Nos.	%age
ALMO Cat 2	530	100.4%
ALMO Cat 1	949	81.9%
RSL Cat 2	152	24.4%
RSL Cat 1	56	57.1%
Totals	**1687**	**58.0%**

3. Results of the property survey

The property survey results are based on 62 schemes and 2,200 sheltered housing units. They are broken down into the local authority (Derby Homes) Cat 1 and Cat2 and RSL Cat 1 and Cat 2 schemes.

Types of units

The two tables below show the types of units. 1,570 are flats, of which 17.6% are bedsits. 78% are one bedroom flats, with only 3.2% two bedroom and 1.1% wheelchair units.

630 units are bungalows of which 18.4% are two bedroom and 5.1% wheelchair. The no. of two bedroom bungalows is low.

Type of Unit - flats

Flats	Bedsit		1 bed		2 beds		Wheelchr		Total	Total
	No.	%	No.	%	No.	%	No.	%	No.	%
ALMO Cat 2	68	4.3%	193	12.3%	14	0.9%	14	0.9%	289	18.4%
ALMO Cat 1	28	1.8%	670	42.7%	7	0.4%	0	0.0%	705	44.9%
RSL - Cat 2	173	11.0%	295	18.8%	28	1.8%	3	0.2%	499	31.8%
RSL - Cat 1	8	0.5%	67	4.3%	2	0.1%	0	0.0%	77	4.9%
Totals	**277**	**17.6%**	**1225**	**78.0%**	**51**	**3.2%**	**17**	**1.1%**	**1570**	**100.0%**

Type of Unit - bungalows

Bungalows	1 bed		2 beds	Wheelchr			Total	Total
	No.	%	No.	%	No.	%	No.	%
ALMO Cat 2	184	29.2%	12	1.9%	3	0.5%	199	31.6%
ALMO Cat 1	215	34.1%	72	11.4%	29	4.6%	316	50.2%
RSL - Cat 2	83	13.2%	32	5.1%	0	0.0%	115	18.3%
RSL - Cat 1	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Totals	**482**	**76.5%**	**116**	**18.4%**	**32**	**5.1%**	**630**	**100.0%**

Age and improvements

The table below shows that the sheltered stock is ageing, with no schemes less than 10 years old and over 80% more than 20 years old.

Age of property

	Less 10yrs		10-20yrs		More 20yrs	
	Nos	%	Nos	%	Nos	%
ALMO Cat 2	0	0.0%	0	0.0%	12	100.0%
ALMO Cat 1	0	0.0%	3	9.7%	28	90.3%
RSL - Cat 2	0	0.0%	5	33.3%	10	66.7%
RSL - Cat 1	0	0.0%	2	66.7%	1	33.3%
Totals	**0**	**0.0%**	**10**	**16.1%**	**51**	**82.3%**

1 ALMO Cat 1 scheme - no age given for property

Just under three quarters of schemes have had some major improvements in the last 10 years.

Improvements to property

	Less 10yrs		10-20yrs		More 20yrs	
	Nos	%	Nos	%	Nos	%
ALMO Cat 2	9	75.0%	3	25.0%	0	0.0%
ALMO Cat 1	27	87.1%	3	9.7%	0	0.0%
RSL - Cat 2	8	53.3%	2	13.3%	3	20.0%
RSL - Cat 1	2	66.7%	1	33.3%	0	0.0%
Totals	**46**	**74.2%**	**9**	**14.5%**	**3**	**4.8%**

2 RSL Cat 2 & 2 ALMO Cat 1 schemes have had no improvements

Only 0.4% of units had been adapted for people with disabilities.

Units fully adapted for disabled use

	Units	
	No.	%
ALMO Cat 2	4	0.8%
ALMO Cat 1	3	0.3%
RSL - Cat 2	2	0.3%
RSL - Cat 1	0	0.0%
Totals	**9**	**0.4%**

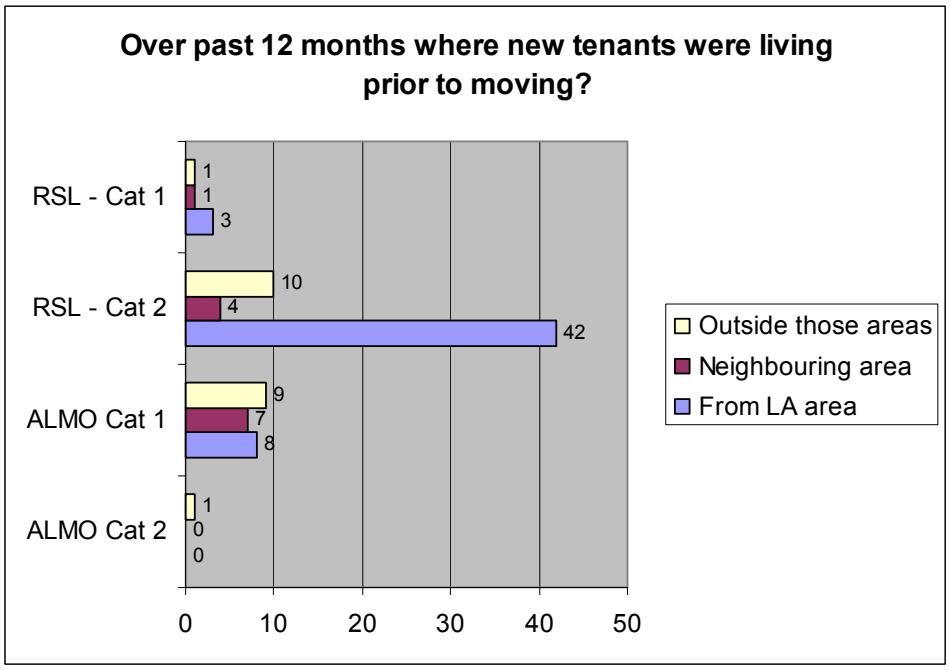
Tenants and lettability

More referrals for new tenants for RSL schemes came from waiting lists than from the local authority housing register. For the local authority schemes it was the other way round.

Referrals

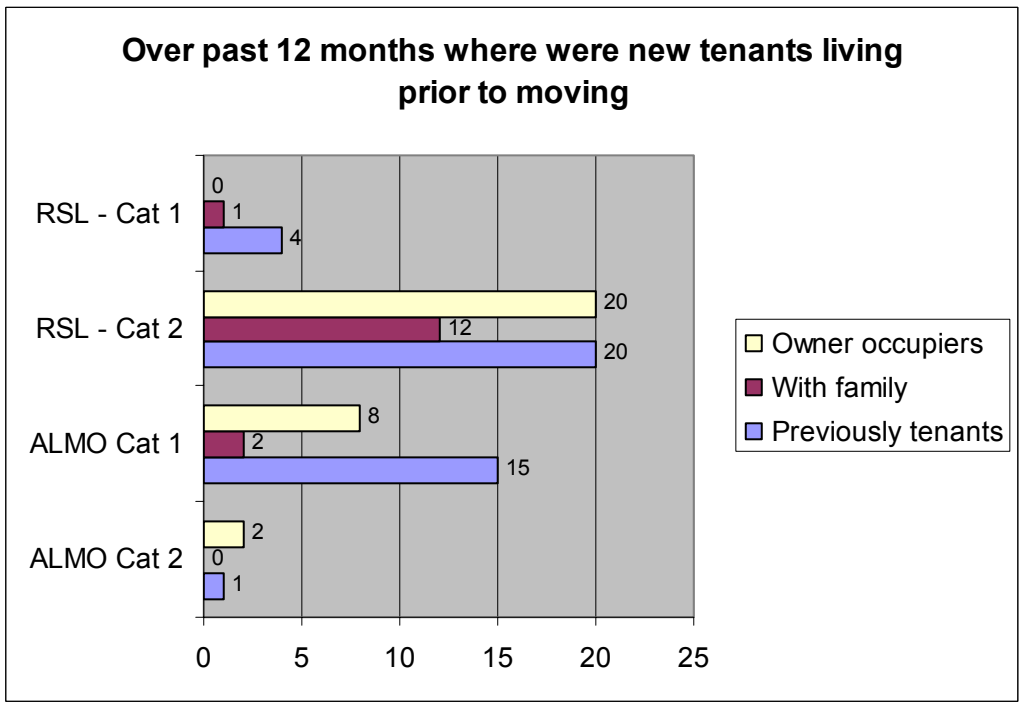
	Waiting list	LA hsg register	LA nomination	Referral agencies	Transfers
ALMO Cat 2	0	12	0	2	0
ALMO Cat 1	11	24	0	2	1
RSL - Cat 2	13	2	3	6	5
RSL - Cat 1	3	2	1	0	2

As the chart below shows, almost all lettings came from within the local authority area, with RSLs having a higher percentage of local lettings than the local authority schemes.



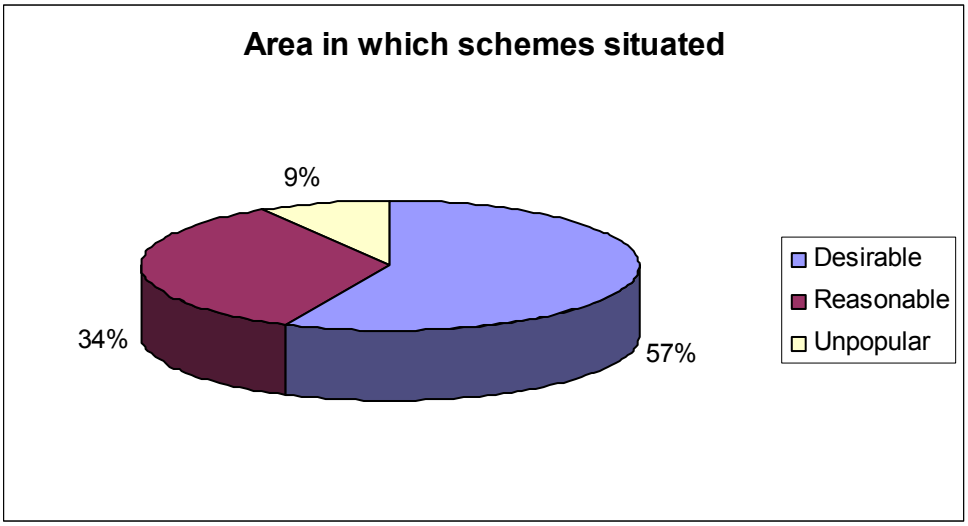
ALMO Cat 1 - from LA area - 2 schemes just answered yes and 2 more said all tenants from within the LA area - included as 4 in chart

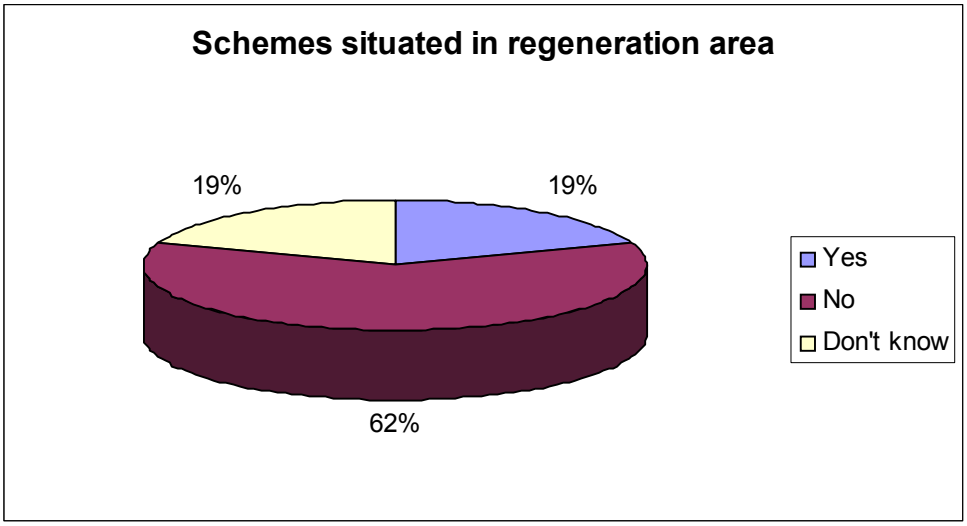
40 (47.1%) of new tenants were previously tenants, 15 (17.6%) were living with their families and 30(35.3%), over a third, were owner occupiers. This shows the interest of older owner occupiers in changing tenure to release equity. However it may also reflect a lack of suitable sheltered leasehold or shared ownership sheltered housing in the city.



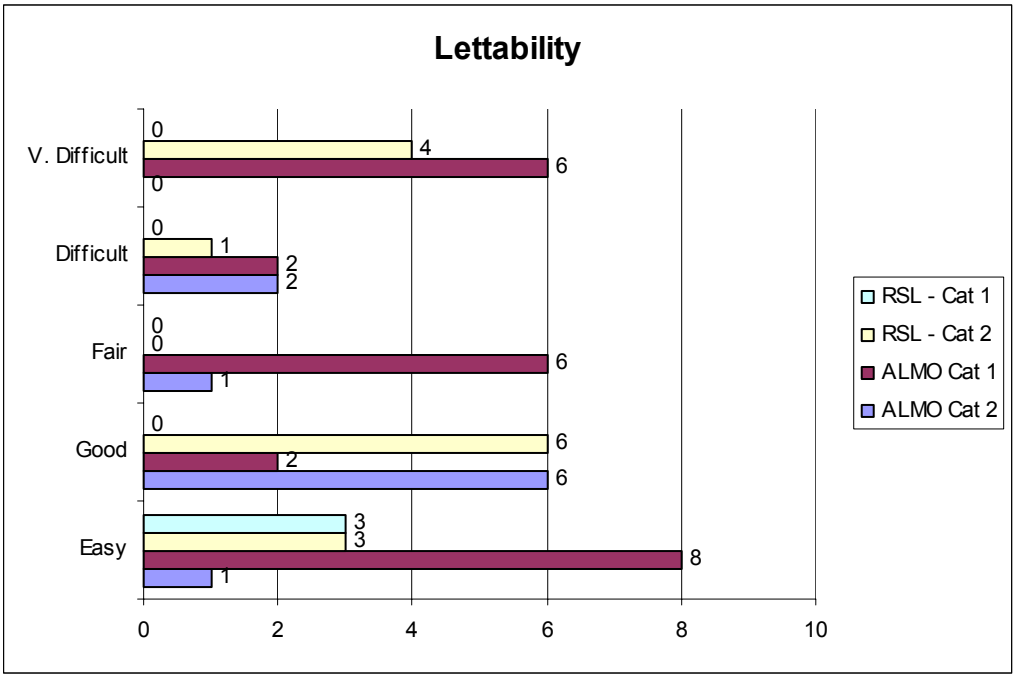
ALMO Cat 1 - 2 schemes just answered yes - these have been counted as 2 in new tenants who were previously tenants

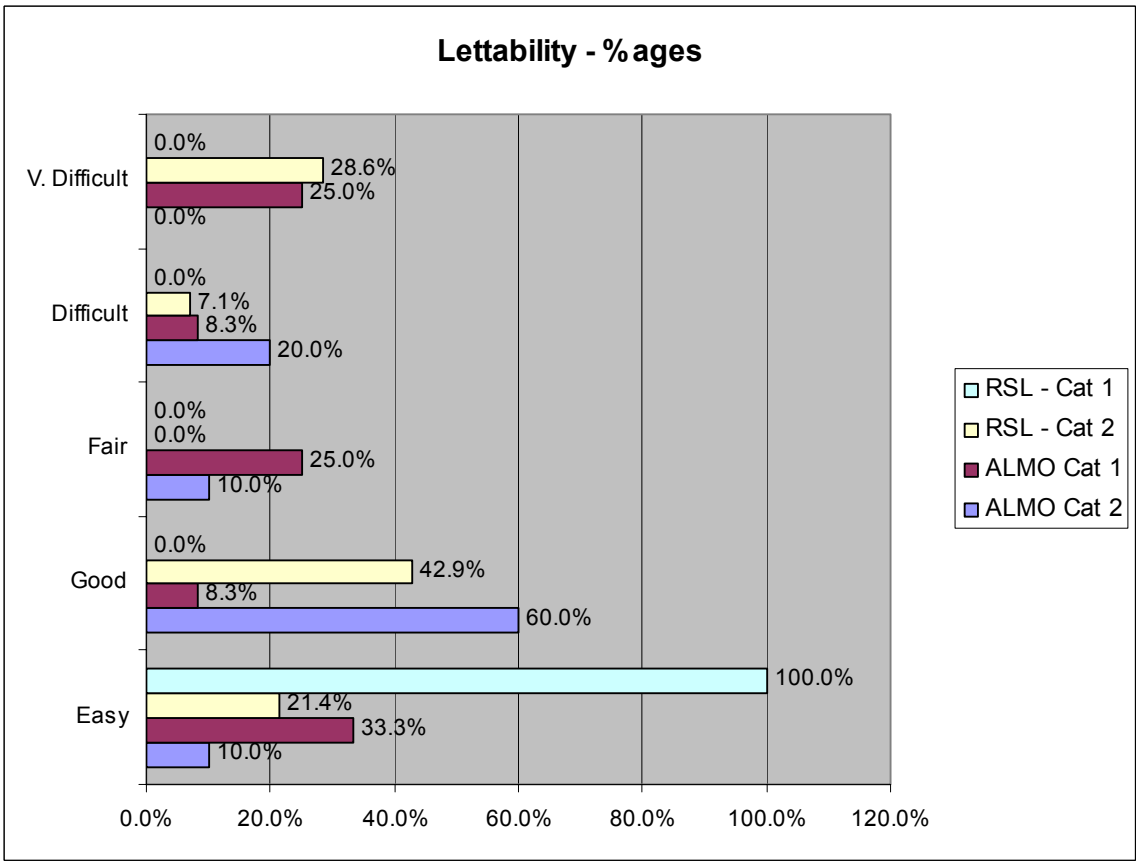
Another factor in ease of letting is location and the popularity of the area. As the chart below shows only 5 (9%) schemes said that they were in an unpopular area. 12 schemes said that they were in a regeneration area, which may have had an impact on the level of popularity of the area.





The tables below show the lettability of the schemes surveyed (this is a self assessment by the landlord), with 1 being easy to let and 5 being very difficult. 15 schemes (Nearly 25%) assessed themselves as being difficult or very difficult to let, with a further 7 schemes assessing themselves as fair. 29 schemes identified lettings as good or easy, with no response from a further 11.





Accessibility, facilities and standards

Only just over 30% of schemes assess the quality of access inside and outside the units as high, with 9.7% describing it as limited outside and 3.2% limited inside.

However, 13 schemes (21%) do not have lift access to upper floors. This is a significant factor in letting and in terms of accessibility for older people with disabilities.

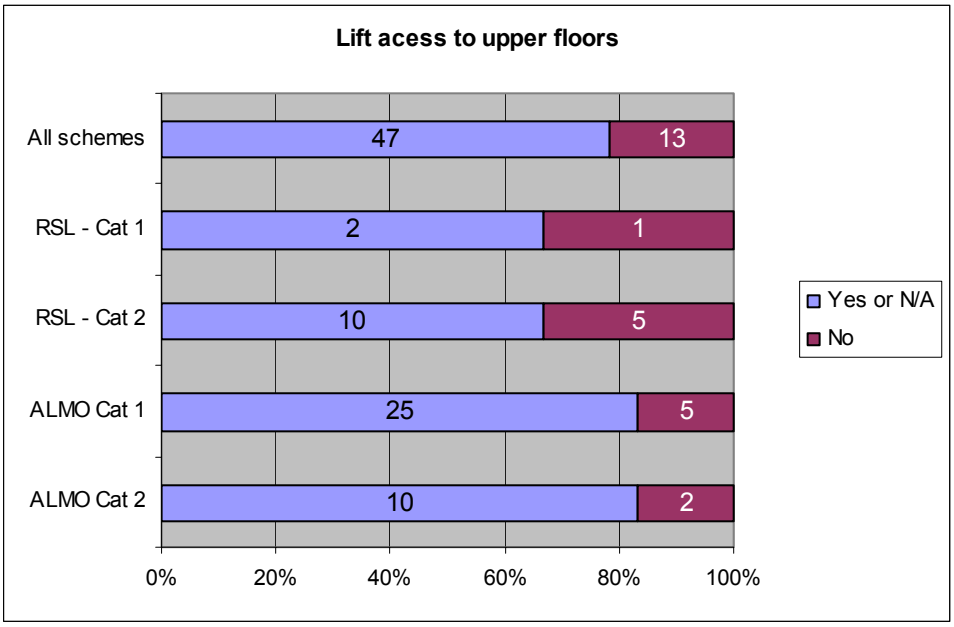
Almost all schemes identified access to common areas as good.

Accessibility

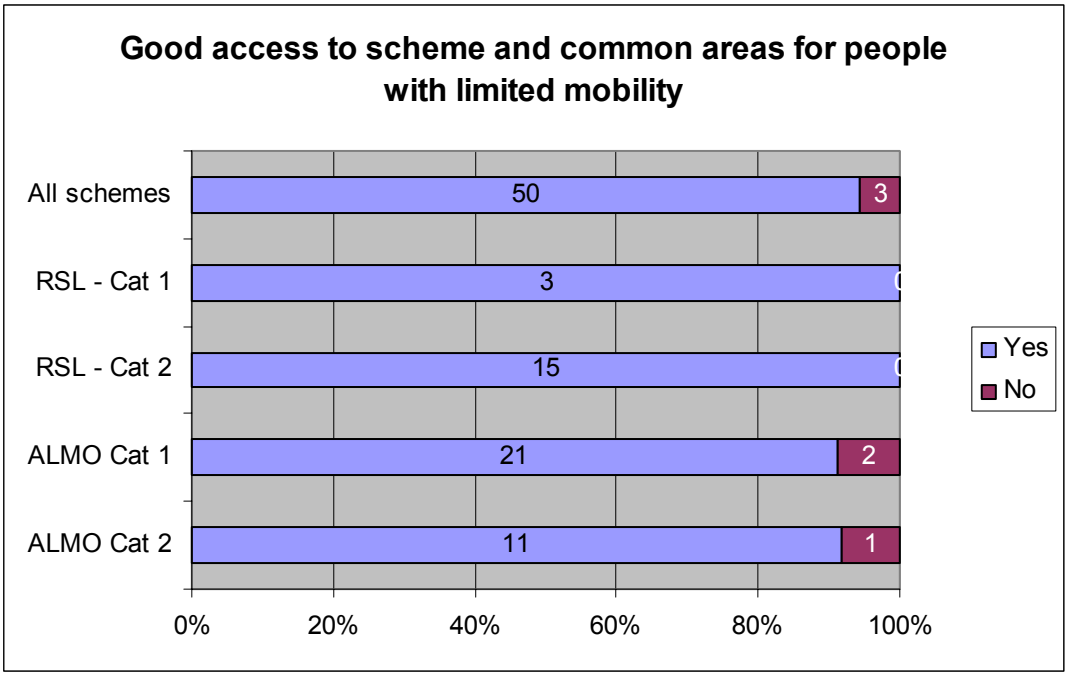
Quality of access in units - outside	High	% of total	Moderate	% of total	Limited	% of total
ALMO Cat 2	4	6.5%	6	9.7%	1	1.6%
ALMO Cat 1	7	11.3%	20	32.3%	4	6.5%
RSL - Cat 2	8	12.9%	6	9.7%	1	1.6%
RSL - Cat 1	1	1.6%	2	3.2%	0	0.0%
Totals	**20**	**32.3%**	**34**	**54.8%**	**6**	**9.7%**

1 ALMO Cat 2 and 1 ALMO Cat 1 scheme left this answer blank

Quality of access in units - inside	High	% of total	Moderate	% of total	Limited	% of total
ALMO Cat 2	2	3.2%	8	12.9%	1	1.6%
ALMO Cat 1	9	14.5%	23	37.1%	0	0.0%
RSL - Cat 2	8	12.9%	6	9.7%	1	1.6%
RSL - Cat 1	2	3.2%	1	1.6%	0	0.0%
Totals	**21**	**33.9%**	**38**	**61.3%**	**2**	**3.2%**

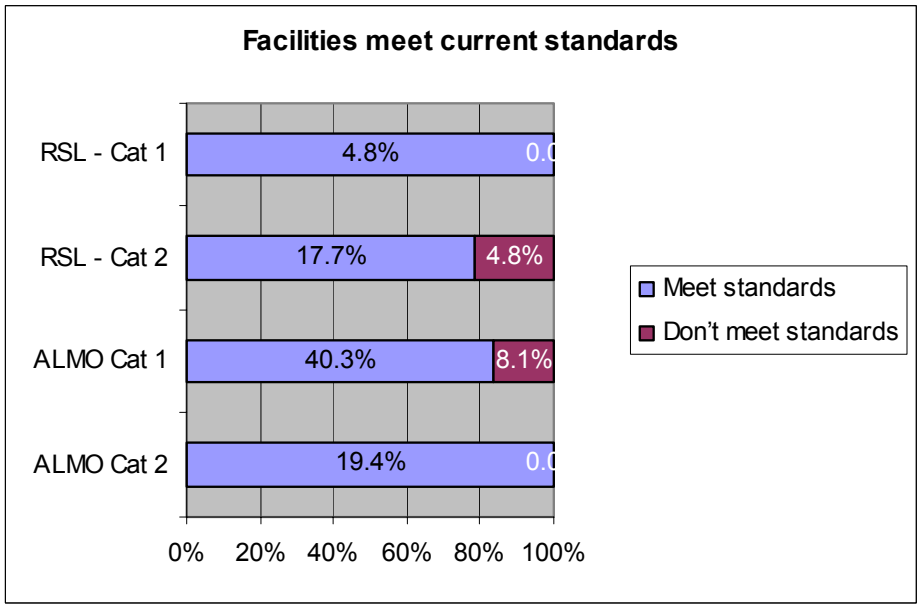


2 ALMO Cat 1 schemes left this answer blank

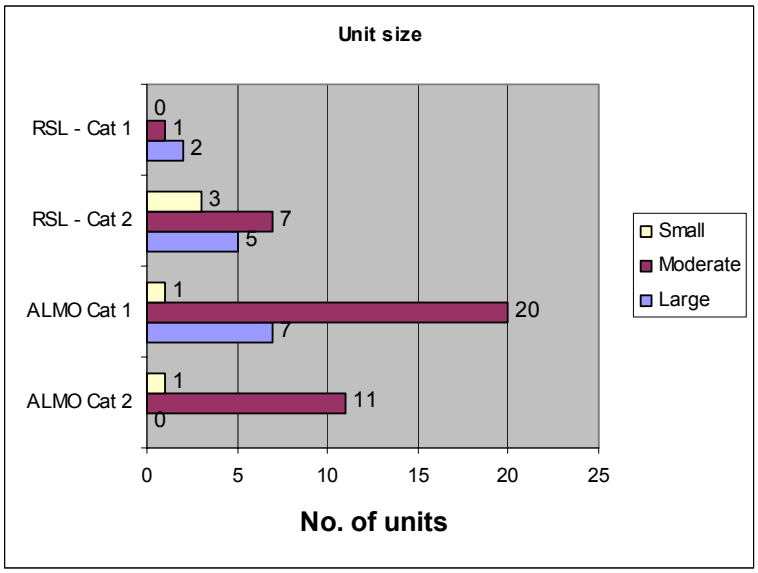


9 ALMO Cat 1 schemes left this answer blank

Only 2 ALMO Cat 1 schemes have units which are not self contained. 1 ALMO Cat 2 scheme has shared bathrooms, but none have shared toilets. However, 8 schemes felt that their facilities did not match current standards.

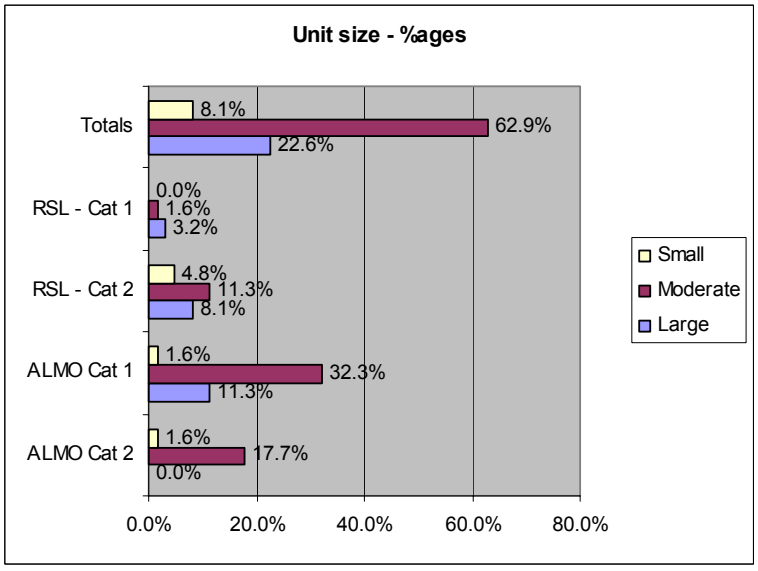


1 RSL Cat 2 & 2 ALMO Cat 1 schemes left this answer blank



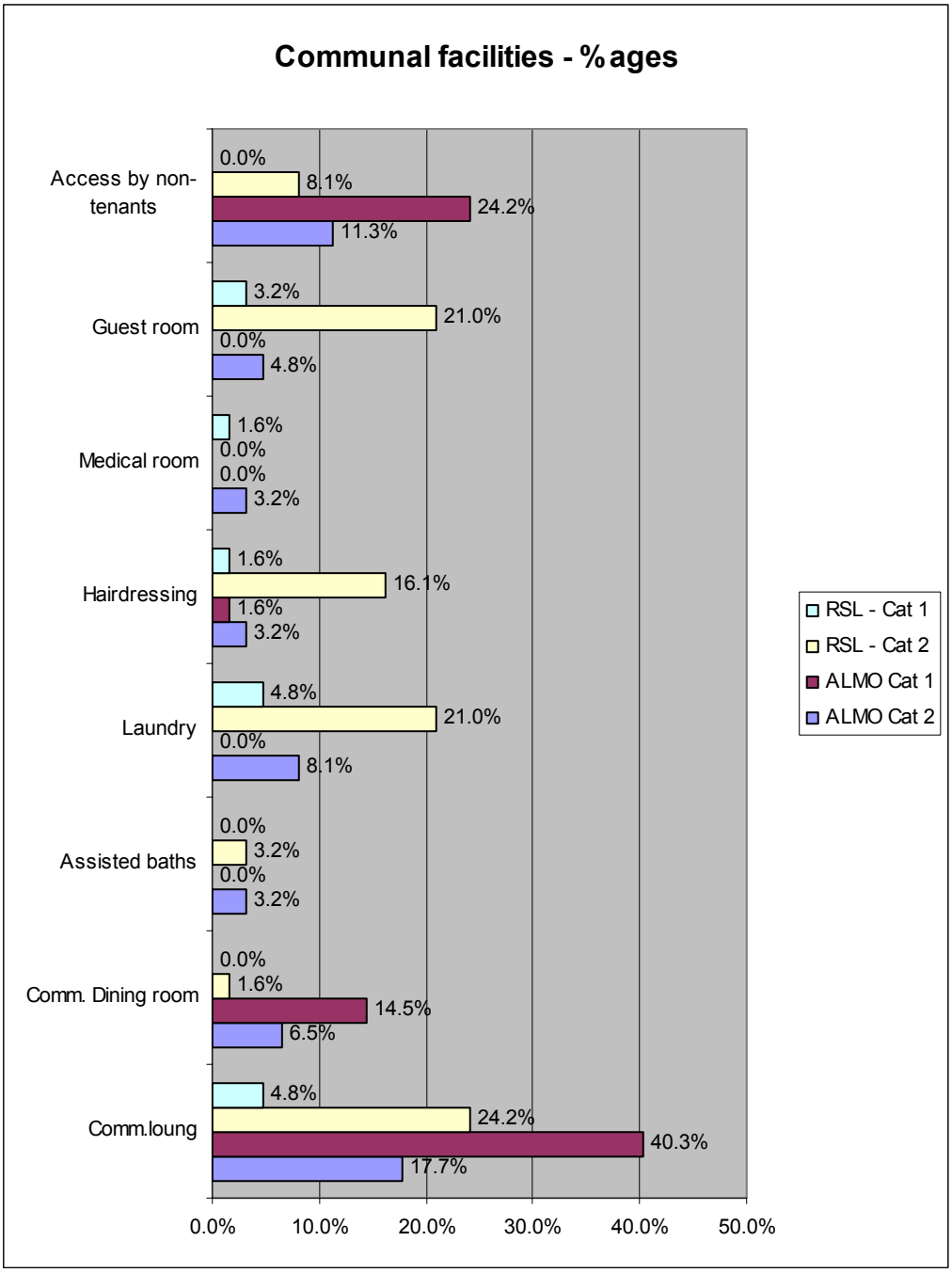
4 ALMO Cat 1 schemes left this answer blank

The above chart is repeated below using percentages, which shows that 71% are moderate or small in size with 22.6% considered large.

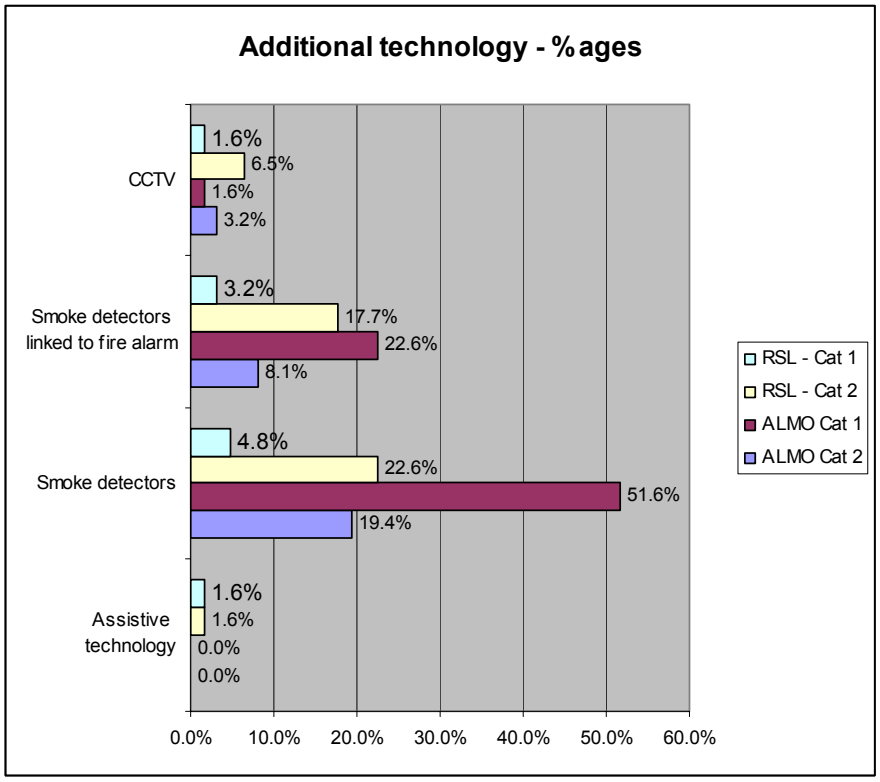


A further issue is the range of facilities available in the schemes. As the table below shows less than 50% of schemes have communal lounges, and only 6.5 % of schemes have assisted bathrooms. A more detailed breakdown of facilities is shown in the chart following the table of total percentages.

	Comm. Lounge	Comm. Dining room	Assisted baths	Laundry	Hairdressing	Medical room	Guest room	Access by non-tenants
Total Cat 2	**41.9%**	**8.1%**	**6.5%**	**29.0%**	**19.4%**	**3.2%**	**25.8%**	**19.4%**
Total Cat 1	**45.2%**	**14.5%**	**0.0%**	**4.8%**	**3.2%**	**1.6%**	**3.2%**	**24.2%**

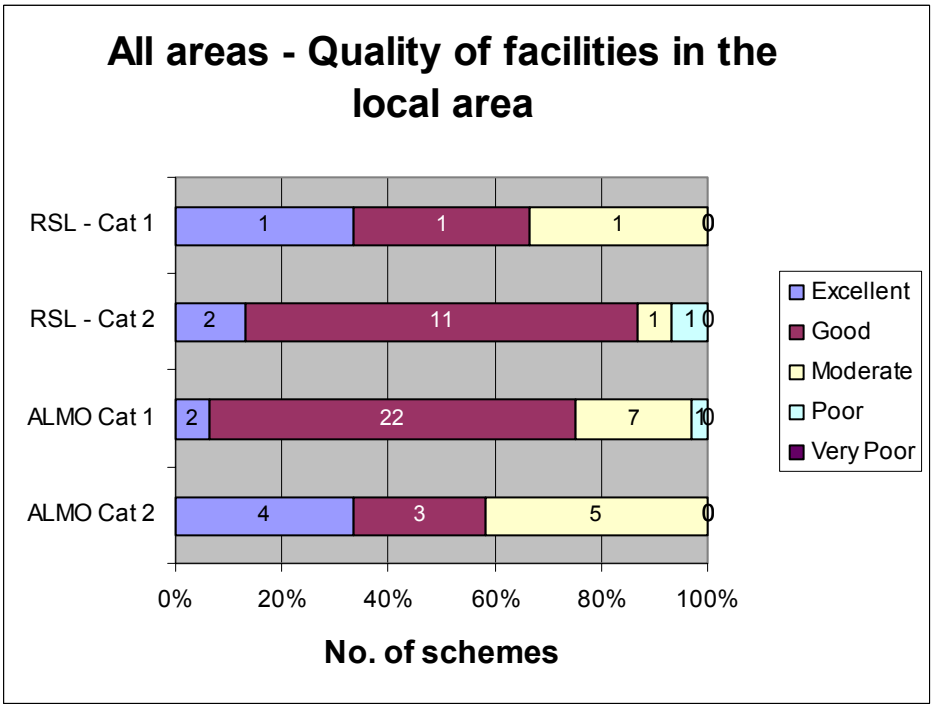


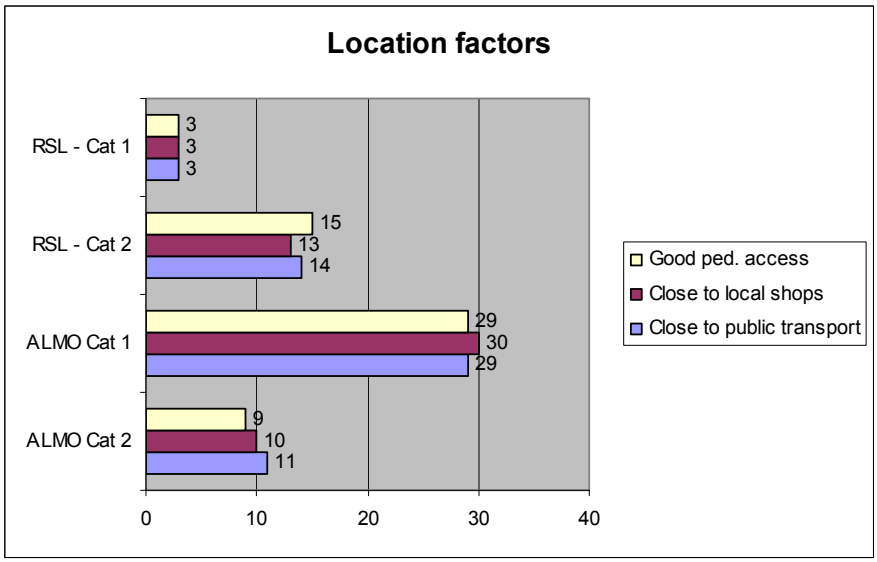
In terms of other facilities, almost all schemes have smoke detectors, with just over half linked to community alarm services, but only 2 schemes have additional assistive technology.



Local facilities

The quality of facilities in the area in which the scheme is situated is also a key indicator as to the future of the scheme. Only 2 schemes described these as poor or very poor.



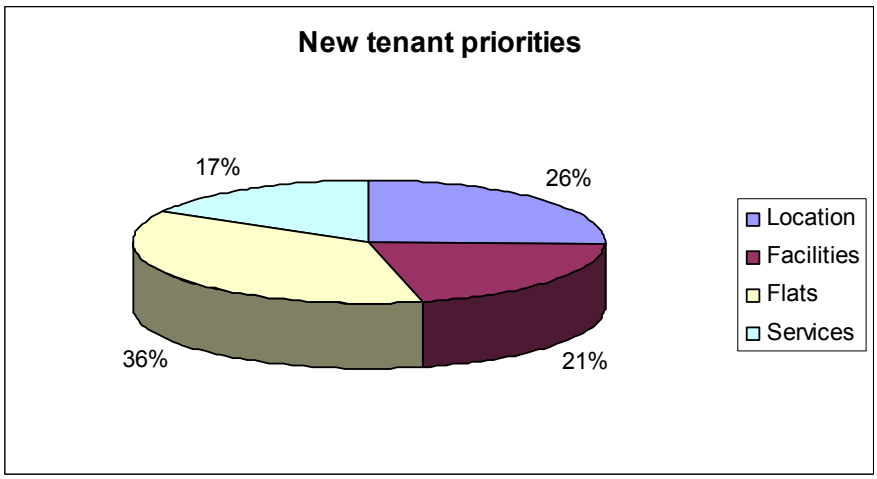


Staffing

	Resident Warden	% of total	Non-resident Warden	% of total	Mobile warden	% of total	Cover other properties	% of total
ALMO Cat 2	5	8.1%	7	11.3%	8	12.9%	2	3.2%
ALMO Cat 1	13	21.0%	20	32.3%	20	32.3%	8	12.9%
RSL - Cat 2	12	19.4%	2	3.2%	2	3.2%	1	1.6%
RSL - Cat 1	3	4.8%	0	0.0%	0	0.0%	0	0.0%
Totals	**33**	**53.2%**	**29**	**46.8%**	**30**	**48.4%**	**11**	**17.7%**

New tenant priorities

Schemes are asked what priorities new tenants identify as important in choosing sheltered housing. Some schemes identified more than one issue (hence the total equals more than the total number of schemes). The flats themselves scored highest (30 schemes), followed by location (21 schemes), then facilities (17 schemes) and services (14 schemes).



Total scheme scores

Set out in Appendix 2 is a table providing the total scores for all the schemes in the survey. This appendix also explains the scoring system.

APPENDIX 2

Information about the survey scoring system

In evaluating sheltered housing we are effectively trying to establish:

- The ability of the scheme to support ageing in place
- Its attractiveness to potential tenants
- Overall, how fit for purpose the scheme is

We focus on the following areas to assess this:

- Accessibility – the extent to which limited mobility is catered for in design and facilities both within flats and within the scheme overall
- Location: proximity to shops, transport and the quality of local amenities
- Lettability – how easy is it to let voids?
- Standards: does the scheme meet current standards in terms of facilities, space standards and access? Are all upper floor flats serviced by a lift; size of flats; are they self contained units?

Scheme scoring table

Category Two

Category	Feature	Answer range	Scoring range	Total Category Score
Age	How old is the scheme	Less than 10, 10-20 years, more than 20 years	5, 0, -5	-10 to +10
	How long since major improvements	Less than 5 years, 5 – 10 years, more than 10 years	5, 0, -5	
Lettability	Lettability	Easy to let – difficult to let scale of (1= easy - 5 = very difficult)	10, 5, 0, -5, -10	-10 to +10
Accessibility	Accessibility outside	High, moderate, limited	5, 0, -5	-20 to +20
	Accessibility inside	High, moderate, limited	5, 0, -5	
	Lift access	Yes, no, n/a	0, -10, 0	
	Access in common areas for limited mobility	Yes, no	10, 0	
Flat information	Size of units	Large, moderate, small	10, 5, 0	-25 to +20
	Bedsitters	None, more than 50%, less than 50%	0, -10, -5	

	Self-contained	Yes, no	10, -5	
	Share bathrooms	Yes, no	-5, 0	
	Share toilets	Yes, no	-5, 0	
Location	Close to public transport	Yes, no	5, 0	-10 to +25
	Close to local shops	Yes, no	5, 0	
	Good pedestrian access	Yes, no	5, 0	
	Amenities & facilities for tenants	Excellent, good, moderate, poor, very poor	10, 5, 0, -5, -10	
Facilities	Facilities in scheme	Communal lounge, laundry, guest room	5, 0	0 to +20
	Additional facilities	Assisted baths, and/or dining room	10, 0	
	Assistive Technology – please specify, Grade high, medium* (we need to agree some grading for this or simply have yes / no)	No Yes – high Yes - medium	0 5 2	
Scheme Condition	Current Standards	Met, not met	7, 0	0 to +21
	Smoke Detectors Linked to fire alarm?	Yes, No Yes, No	1, 0 1, 0	
	<u>Forms of heating</u> Central Heating Electric Space Heating Other		 3 1 0	
	CCT Security	Yes, No	1, 0	
	Double Glazing?	Yes, no	3, 0	
	Does the scheme meet the Decent Homes Standard?	Met, not met	4, 0	
Response Services	Hard wired alarm system?	Yes, No	1,0	-5 to+5
	Is system linked to a central control?	Yes, No	1, -5	

	If no hard wired system, is there a link to a central control via residents phones?	ONLY IF NO TO HARD WIRED SYSTEM Yes, No	1, -5	
	Does the alarm service include a 24 hour mobile warden response service?	Yes, No	3, 0	

Scoring range for Cat 2 schemes -80 to 131

Category One

Category	Feature	Answer range	Scoring range	Total Category Score
Age	How old is the scheme	Less than 10, 10-20 years, more than 20 years	5, 0, -5	-10 to +10
	How long since major improvements	Less than 5 years, 5 – 10 years, more than 10 years	5, 0, -5	
Lettability	Lettability	Easy to let – difficult to let scale of (1= easy - 5 = very difficult)	10, 5, 0, -5, -10	-10 to +10
Accessibility	Accessibility outside	High, moderate, limited	5, 0, -5	-20 to +10
	Accessibility inside	High, moderate, limited	5, 0, -5	
	Lift access	Yes, no, n/a	0, -10, 0	
Flat info	Size of units	Large, moderate, small	10, 5, 0	-25 to +20
	Bedsitters	None, more than 50%, less than 50%	0, -10, -5	
	Self-contained	Yes, no	10, -5	
	Share bathrooms	Yes, no	-5, 0	
	Share toilets	Yes, no	-5, 0	
Location	Close to public transport	Yes, no	5, 0	-10 to +25
	Close to local shops	Yes, no	5, 0	
	Good pedestrian access	Yes, no	5, 0	
	Amenities & facilities for tenants	Excellent, good, moderate, poor, very poor	10, 5, 0, -5, -10	

Facilities	Assistive Technology – please specify, Grade high, medium* (we need to agree some grading for this or simply have yes / no)	No Yes – high Yes - medium	0 5 2	0 to +5
Scheme Condition	Current Standards	Met, not met	7, 0	-0 to +21
	Smoke Detectors Linked to fire alarm?	Yes, No Yes, No	1, 0 1, 0	
	<u>Forms of heating</u> Central Heating Electric Space Heating Other		 3 1 0	
	CCT Security	Yes, No	1, 0	
	Double Glazing?	Yes, no	3, 0	
	Does the scheme meet the Decent Homes Standard?	Met, not met	4, 0	
Response Services	Hard wired alarm system?	Yes, No	1,0	-5 to+5
	Is system linked to a central control?	Yes, No	1, -5	
	If no hard wired system, is there a link to a central control via residents phones?	ONLY IF NO TO HARD WIRED SYSTEM Yes, No	 1, -5	
	Does the alarm service include a 24 hour mobile warden response service?	Yes, No	3, 0	

Scoring range for Cat 1 schemes -80 to 106

Total scheme scores

Scheme scoring Cat 2 schemes

Scheme	Provider	Score
Rebecca House	Derby Homes	100
Whitecross House	Derby Homes	93
Appleby Court	Derwent Living	89
Garsdale Court	Derby Homes	89
Rawdon Street	Derwent Living	84
Bradbourne Court	Derwent Living	84
Oakvale House	Derby Homes	81
Inverarby Close	Derby Homes	81
Dayton Court	Housing 21	76
Chester Court	Anchor Trust	76
Oakwood Green	Longhurst Housing	75
Kestrel House	Derby Homes	75
Chellaston Park Court	Derwent Living	73
Max Rd	Derby Homes	73
Beckitt Close	Derwent Living	70
Newport Court	William Sutton Hou	68
Leylands Estate	Retail Trust	68
Denbigh Street	Derby Homes	68
HillCrest Rd	Derby Homes	64
Harold Court	William Sutton Hou	62
Rodney House	Derby Homes	57
Normanton Lodge	Anchor Trust	50
Coniston Crescent	Derby Homes	48
Barncroft	Anchor Trust	47
Plimsoll Court	Anchor Trust	34
Tomlinson Court	Housing 21	28
Sancroft Court	Derby Homes	28
Sutton House	William Sutton Hou	27

For some Cat 1 schemes all sections of the survey were not completed and they have consequently scored lower than might otherwise have done.

Scheme scoring Cat 1 schemes

Scheme	Provider	Score
All Saints Court	Derwent Living	76
Boyer St	Derby Homes	75
Acorn Close	Derby Homes	74
Oakliegh Avernue	Derby Homes	74
Slindon Croft	Derby Homes	74
Madeley Court	Derby Homes	72
Longstone Walk	Derby Homes	70
Christchurch Court	Derwent Living	69
Humber Close	Derby Homes	69
Centurion Walk	Derby Homes	64
Filbert Walk	Derby Homes	64
Craddock Avenue	Derby Homes	63
Sheldon Court	Derby Homes	63
Beresford Drive	Derby Homes	61
Eden st	Derby Homes	61
Wood Rd	Derby Homes	58
Haddon Drive	Derby Homes	58
Shirland Court	Derby Homes	58
Hinton Close	Derby Homes	55
Fairdene Court	Derby Homes	54
Donington close	Derby Homes	50
Colville	Derby Homes	49
Bloomfield Close	Derby Homes	48
Streathan Rd	Derby Homes	46
Holly Court	Derby Homes	45
Collis Court	Derby Homes	43
Tintagel Close	Derby Homes	43
Glengarry Way	Derby Homes	38
Wilkins Drive	Derby Homes	37
Thorndike Ave	Derby Homes	36
Lea Close	Derby Homes	34
Wyndham Street	Derby Homes	29
Trvone Court	Derby Homes	24
Churchside Walk	Derby Homes	24

APPENDIX 3

Report of Sinfin Locality Workshop on Issues for Older People held on 21 July 2005 at Sinfin Social Club

Who came to the workshop
Social Services
Primary Care
Police
Neighbourhood Co-ordination Team
Home Improvement Agency
Care Link
Housing
Older People who live in Sinfin (no-one from any of the sheltered housing schemes including Anchor Trust scheme Heath Court which is almost next door to the venue) and members of Seniors Forum

The workshop was facilitated by Denise Gillie from Peter Fletcher Associates (PFA), who are currently working for Derby City Council and the PCT to develop a Supported Accommodation Strategy for Older People in Derby.

Morning presentations
The morning session followed the previously circulated agenda. The following presentations were given:

Introduction - Denise Gillie from PFA set out the work on a Supported Accommodation Strategy for Derby. She also said that the City Council recognised it needed to consult with older people in order to deliver appropriate services

National and local policy context – Richard Talaska explained the development of the Derby Vision for Ageing and the national policy context around *Opportunity Age* and the Department of Health Green Paper on Adult Social Care

Views of Older People - Dotty Wicks, a local resident of Sinfin, talked about what it was like to live in Sinfin

Discussion Groups
There were then two discussion groups, one for older people and the other for organisations providing services into the area.

Feedback from Older People's Group
The questions and answers from the older people's group:

What are the good things about living in Sinfin?

- Well integrated multi-cultural society
- Agreed with what Dotty said in her speech – lots of positive things about Sinfin leisure, social activities, neighbours etc.
- Local availability of services is excellent

What do you think the priorities are and the timescales for action?

- More police officers on the beat not in vehicles
- Retain some medical services in Sinfin or provide a community bus service to the new facility
- No bus service going into the Kingsway shopping centre – need more modern low level buses and drivers need training in good manners
- Redesign bus route on Arleston lane to meet needs of older residents
- Bus service to new medical/health centre
- Police and community warden supervision of children at lunchtime and after school on the buses
- Develop a befriending scheme to combat isolation
- More litter bins and more efficient street cleaning
- More public toilets especially in Old Sinfin

What would you like to be more involved in?

- Planning services for older people
- Getting more older people involved – we could try to recruit others
- Formation of a seniors forum for the Sinfin area

Feedback from Service Provider Group

The questions and answers from the service provider group:

What do you think works well in Sinfin?

- Social activities, social clubs/crafts/sports
- Handyperson service (this was not known about until the HIA manager explained it)
- Library and all the services it offers– computer class, life at home scheme
- Post office for all bills, car tax etc.
- Close to countryside
- Housing office
- Asda

What are the priorities for change?

- Do something about prostitution and drug users
- Bad buses and service
- Fear of crime
- No nursing home provision in the area
- Overlap with south derbyshire/staffing and funding of services
- Awareness of services – even involved older people do not know about or understand service provision
- Improve communication between professionals
- Accessible health facilities for older people – planned relocation of GP's and health centre
- Better publicity of services activities etc.
- Life long learning, access to new skills and qualifications e.g. literacy numeracy and ICT
- Transport to local leisure facilities

- Day care services for older people with disabilities and access to social activities – consider sheltered housing
- Respite services
- Local leisure facilities
- Link officer – central point of contact who can refer on to other appropriate services
- Citizen instruction for young people so they learn to interact positively with other members of the community
- Neighbourhood link office for service providers, advice on pensions etc.
- Meeting rooms to hire and use on a regular basis with good facilities

How can we work with older people to create these changes?

- Community champions – older people as a link with service providers and other older people in the community
- Newsletter
- Access to reliable good quality information on local services so that everyone can get in touch with services as required and not spend lots of time making abortive phone calls and enquiries
- Use bus pass renewal day (in the library) to provide information/advice on services for older people and for providers to consult with older people and avoid lots of duplication of meetings and consultation events
- Area panels and community panels
- Make better use of local events to consult and provide information e.g. Sinfin Carnival
- Consider running locality events (x5) including events for older people to inform the Derby City Partnership. Strong views that the partnership run as it is currently on a city wide basis is not meeting local needs and providing local feedback on needs Resources could be redirected to local events and consider linking with other existing local consultation such as Police liaison etc.
- Use library as a central information point for events
- Try harder at reaching vulnerable older people – consult with residents in sheltered housing and local residential care home (landemere managed and owned by Anchor Trust)
- Derby City newsletter (Goldrush) use this to promote forthcoming events in order to plan dates
- Population profile of the area

Discussion and questions

Only 10 older people attended the event, so the four discussion groups originally planned for the afternoon became one, with presentation and time for questions from the following:

Police Service

There was a lack of awareness of what the police are doing in the neighbourhood.

Home Improvement Agency
Older people were particularly interested in the handyperson service and wanted to know who was eligible and how to become a customer. The HIA manager distributed a number of leaflets. It was agreed that copies would be placed in the library.

Care Link
Lots of interest from older people, including someone who was interested in how the service could support her daughter who is deaf. Social services staff were surprised at the technology that is available to monitor well being such as bed sensors, falls detectors, gas and flood detectors etc.

Social Services
Staff explained the services they provide, how people can access them (everyone who attended the event got a pen with social services telephone number on it) and how the assessment process works. Older people were surprised and pleased to learn about direct payments and some of the other services on offer.

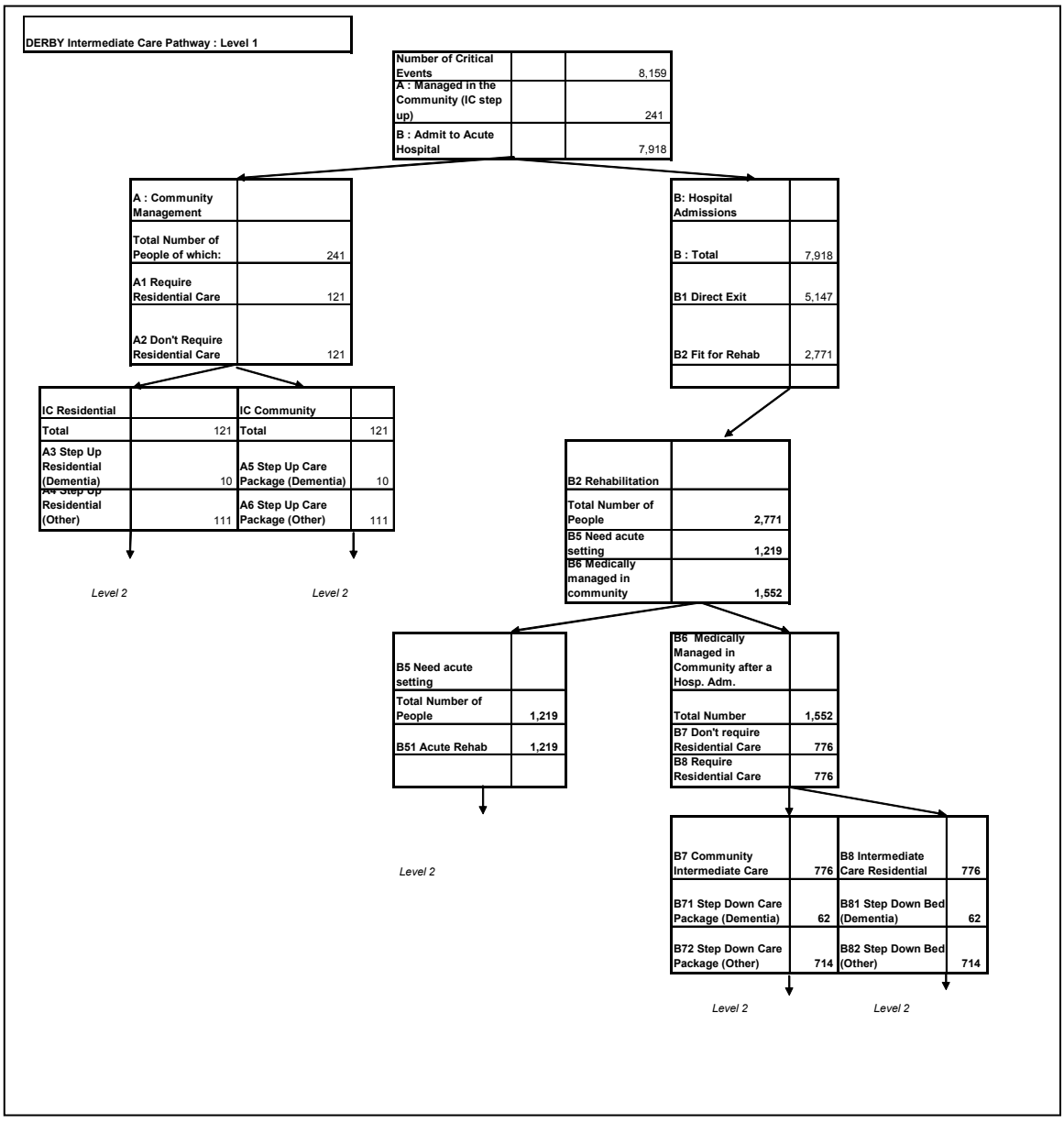
Enterprise Centre
Local centre that provides a range of benefits advice, education and learning and practical help with form filling. It is well known and well used.

Next steps
The event closed with a discussion on next steps. Pop Gill, Neighbourhood Coordination Manager identified three actions resulting from the workshop:

- Produce a report of the workshop
- The issues and actions from the day would be linked to the wider neighbourhood planning work we are involved in. Critically this will mean an amalgamation with the issues raised in Sinfin at the Neighbourhood Planning Workshop held on 13 July. Further development and consultation will ensue following a meeting with chief officers in September
- Key actions and priorities will be taken to the Sinfin Neighbourhood Partnership as part of the neighbourhood planning work. This will support the development of actions in response to the issues.

APPENDIX 4

Derby Level 1 Pathway



APPENDIX 5

Identifying existing sheltered housing schemes which have the potential to be developed as extra care schemes.

This Appendix provides information to help inform commissioners in Derby City as to which sheltered schemes have the potential to evolve their role into extra care housing

The first table prioritises the sheltered schemes in the order that they scored in the property survey, and identifies schemes which have facilities for extra care such as assisted bathrooms and dining rooms. It combines this information with information about levels of home care and other health, care and support services for older people.

The second table provides the same information but prioritises the schemes by the number of people receiving local authority funded and/or private home care services. It can be seen that there are a number of schemes where a significant level of home care services are provided, which could form the basis for a care team on site.

Looking across both these tables the following schemes are in the top twelve on both total scheme scores and levels of home care and should be appraised further as to their potential to be developed as extra care schemes. These are:

- Rebecca House
- Garsdale Court

In addition we would identify the following schemes as having significant potential to be appraised care schemes:

- Leyland Estate (scores high on level of services already provided and has all the communal facilities for extra care such as assisted bathroom and dining room, as well as having staff skills from running a nursing home until recently)
- Whitecross House (scores high on the property survey and has an assisted bathroom)
- Tomlinson Court (currently used for intermediate care and has an assisted bathroom)
- Rodney House (has an assisted bathroom)

We should stress that these schemes have NOT been visited by us, and that this information is based on desk top work as well as the survey returns. In addition there are other sheltered schemes in the city which did not send in survey returns.

Sorted on scheme scores

Scheme	Provider	Scheme score	Assisted baths	Dining room	Home care ss	% of	Home care pri	% of	Prac serv	% of	Night sitting	% of	Dist nurs	% of	Day care	% of
Rebecca House	Derby Homes	100		y	21	30.9%	1	1.5%	21	30.9%		0.0%	11	16.2%	8	11.8%
Whitecross Hous	Derby Homes	93	y		8	36.4%	1	4.5%		0.0%		0.0%	3	13.6%		0.0%
Garsdale Court	Derby Homes	89			16	41.0%	2	5.1%	10	25.6%		0.0%	7	17.9%	3	7.7%
Appleby Court	Derwent Living	89			6	15.8%		0.0%	11	28.9%		0.0%	3	7.9%		0.0%
Rawdon Street	Derwent Living	84				0.0%		0.0%		0.0%		0.0%	1	4.8%		0.0%
Bradbourne Cour	Derwent Living	84				0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Oakvale House	Derby Homes	81		y	5	26.3%		0.0%	5	26.3%		0.0%	5	26.3%		0.0%
Inverasay	Derby Homes	81		y	1	2.8%		0.0%	20	55.6%		0.0%		0.0%		0.0%
Dayton Court	Housing 21	76			3	15.0%	0	0.0%	5	25.0%	0	0.0%	1	5.0%	0	0.0%
All Saints Court	Derwent Living	76			2	8.3%		0.0%	2	8.3%		0.0%	1	4.2%	1	4.2%
Oakwood Green	Longhurst Prope	75			4	11.8%	2	5.9%	2	5.9%		0.0%	2	5.9%		0.0%
Kestrel House	Derby Homes	75		y	4	16.0%		0.0%	8	32.0%		0.0%	1	4.0%	1	4.0%
Boyer Street	Derby Homes	75		y	13	34.2%		0.0%		0.0%		0.0%		0.0%		0.0%
Slindon Croft	Derby Homes	74		y	13	38.2%	4	11.8%	4	11.8%	2	5.9%	8	23.5%	1	2.9%
Oakleigh Avenue	Derby Homes	74		y		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Acorn Close	Derby Homes	74				0.0%		0.0%	12	29.3%		0.0%	4	9.8%	5	12.2%
Max Rd	Derby Homes	73			20	55.6%	3	8.3%	15	41.7%		0.0%	4	11.1%	2	5.6%
Chellaston Park C	Derwent Living	73			0	0.0%	0	0.0%	5	8.3%	0	0.0%	2	3.3%	1	1.7%
Madeley Court	Derby Homes	72			2	4.5%	3	4.0%		0.0%		0.0%		0.0%		0.0%
Longstone Walk	Derby Homes	70		y	12	32.4%		0.0%		0.0%		0.0%		0.0%		0.0%
Beckitt Close	Derwent Living	70			8	27.6%	2	6.9%	10	34.5%	0	0.0%	2	6.9%	0	0.0%
Humber close	Derby Homes	69			12	36.4%	1	3.0%		0.0%		0.0%	2	6.1%	5	15.2%
Christchurch Cou	Derwent Living	69			18	45.0%	0	0.0%	10	25.0%	0	0.0%	0	0.0%	2	5.0%
Newport Court	William Sutton H	68			3	25.0%		0.0%	3	25.0%		0.0%	4	33.3%		0.0%
Leylands Estate	Retail Trust	68	y	y	16	14.0%	12	10.5%	22	19.3%	0	0.0%	8	7.0%	1	0.9%
Denbigh St	Derby Homes	68			20	44.4%	8	17.8%	25	55.6%		0.0%	3	6.7%	3	6.7%
Hillcrest Rd	Derby Homes	64			24	28.9%		0.0%		0.0%		0.0%		0.0%		0.0%
Filbert Walk	Derby Homes	64			2	6.9%		0.0%	5	17.2%		0.0%	3	10.3%	1	3.4%
Centurion Walk	Derby Homes	64			5	15.2%		0.0%	2	6.1%		0.0%	7	21.2%		0.0%
Sheldon Court	Derby Homes	63				0.0%	1	3.6%	4	14.3%		0.0%	1	3.6%	6	21.4%
Craddock Avenue	Derby Homes	63			6	21.4%		0.0%		0.0%		0.0%		0.0%		0.0%
Harold Court	William Sutton H	62			1	2.9%	3	8.8%	3	8.8%		0.0%		0.0%		0.0%
Eden St	Derby Homes	61			8	19.5%	4	9.8%		0.0%		0.0%		0.0%		0.0%
Wood Road	Derby Homes	58			7	19.4%	1	2.8%		0.0%	1	2.8%		0.0%	2	5.6%
Shirland Court	Derby Homes	58				0.0%	1	2.9%	1	2.9%		0.0%	1	2.9%		0.0%
Haddon Drive	Derby Homes	58			5	12.5%		0.0%	6	15.0%		0.0%	4	10.0%		0.0%
Rodney House	Derby Homes	57	y		4	14.8%		0.0%		0.0%		0.0%		0.0%		0.0%
Hilton Close	Derby Homes	55		y	5	13.2%		0.0%	4	10.5%	1	2.6%	2	5.3%	1	2.6%
Faredene Close	Derby Homes	54			6	19.4%	7	22.6%		0.0%		0.0%	3	9.7%	1	3.2%
Normanton Lodge	Anchor Trust	50			23	27.1%	10	11.8%	23	27.1%		0.0%	10	11.8%	6	7.1%
Donington Close	Derby Homes	50		y		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Colville st	Derby Homes	49				0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Coniston Crescer	Derby Homes	48			1	2.5%		0.0%		0.0%		0.0%	1	2.5%		0.0%
Barncroft	Anchor Trust	47			11	36.7%	9	30.0%	16	53.3%		0.0%	6	20.0%	3	10.0%
Streatham Rd	Derby Homes	46			20	33.9%		0.0%		0.0%		0.0%	7	11.9%	2	3.4%
Holly Court	Derby Homes	45		y	5	18.5%	3	11.1%		0.0%		0.0%		0.0%	1	3.7%
Tintagel Close	Derby Homes	43			8	19.5%		0.0%	8	19.5%		0.0%	4	9.8%		0.0%
Collis Court	Derby Homes	43			10	27.8%		0.0%	0	0.0%		0.0%	0	0.0%	1	2.8%
Wlkins Drive	Derby Homes	37			12	36.4%	2	6.1%		0.0%	1	3.0%	2	6.1%	2	6.1%
Thorndike Ave	Derby Homes	36				0.0%		0.0%		0.0%		0.0%	3	7.9%		0.0%
Plimsoll Court	Anchor Trust	34			9	24.3%	2	5.4%	9	24.3%		0.0%	3	8.1%	0	0.0%
Lea Close	Derby Homes	34			9	31.0%	3	10.3%	7	24.1%		0.0%	1	3.4%	2	6.9%
Wyndham St	Derby Homes	29			7	18.4%	3	7.9%	9	23.7%		0.0%	4	10.5%	2	5.3%
Tomlinson Court	Housing 21	28	y		8	53.3%	2	13.3%	6	40.0%	0	0.0%	3	20.0%	1	6.7%
Sancroft Court	Derby Homes	28			5	8.9%		0.0%		0.0%		0.0%	1	1.8%	1	1.8%
Sutton House	William Sutton H	27			10	45.5%	2	9.1%	11	50.0%		0.0%	2	9.1%	3	13.6%
Trevone Court	Derby Homes	24			7	21.9%	8	25.0%	7	21.9%		0.0%	2	6.3%	5	15.6%
Churchside walk	Derby Homes	24		y		0.0%	2	2.3%	10	11.6%		0.0%	2	2.3%	1	1.2%
The Maltings	Raglan Housing Association				6	13.0%		0.0%	6	13.0%		0.0%	6	13.0%	1	2.2%
Spodon Cluster	Derby Homes				8	17.8%		0.0%	7	15.6%		0.0%	10	22.2%		0.0%
Highgates	Raglan Housing Association				2	5.0%	1	2.5%	7	17.5%	0	0.0%	0	0.0%	2	5.0%
Gerry Blackwood	Derby Homes				5	14.3%		0.0%	5	14.3%		0.0%	2	5.7%		0.0%

Sorted on home care services

Scheme	Provider	Scheme score	Assisted baths	Dining room	Home care ss	% of	Home care pri	% of	Prac serv	% of	Night sitting	% of	Dist nurs	% of	Day care	% of
Normanton Lodge	Anchor Trust	50			23	27.1%	10	11.8%	23	27.1%		0.0%	10	11.8%	6	7.1%
Denbigh St	Derby Homes	68			20	44.4%	8	17.8%	25	55.6%		0.0%	3	6.7%	3	6.7%
Leylands Estate	Retail Trust	68	y	y	16	14.0%	12	10.5%	22	19.3%	0	0.0%	8	7.0%	1	0.9%
Hillcrest Rd	Derby Homes	64			24	28.9%		0.0%		0.0%		0.0%		0.0%		0.0%
Max Rd	Derby Homes	73			20	55.6%	3	8.3%	15	41.7%		0.0%	4	11.1%	2	5.6%
Rebecca House	Derby Homes	100		y	21	30.9%	1	1.5%	21	30.9%		0.0%	11	16.2%	8	11.8%
Barncroft	Anchor Trust	47			11	36.7%	9	30.0%	16	53.3%		0.0%	6	20.0%	3	10.0%
Streatham Rd	Derby Homes	46			20	33.9%		0.0%		0.0%		0.0%	7	11.9%	2	3.4%
Christchurch Court	Derwent Living	69			18	45.0%	0	0.0%	10	25.0%	0	0.0%	0	0.0%	2	5.0%
Garsdale Court	Derby Homes	89			16	41.0%	2	5.1%	10	25.6%		0.0%	7	17.9%	3	7.7%
Slindon Croft	Derby Homes	74		y	13	38.2%	4	11.8%	4	11.8%	2	5.9%	8	23.5%	1	2.9%
Trevone Court	Derby Homes	24			7	21.9%	8	25.0%	7	21.9%		0.0%	2	6.3%	5	15.6%
Wilkins Drive	Derby Homes	37			12	36.4%	2	6.1%		0.0%	1	3.0%	2	6.1%	2	6.1%
Boyer Street	Derby Homes	75		y	13	34.2%		0.0%		0.0%		0.0%		0.0%		0.0%
Faredene Close	Derby Homes	54			6	19.4%	7	22.6%		0.0%		0.0%	3	9.7%	1	3.2%
Humber close	Derby Homes	69			12	36.4%	1	3.0%		0.0%		0.0%	2	6.1%	5	15.2%
Eden St	Derby Homes	61			8	19.5%	4	9.8%		0.0%		0.0%		0.0%		0.0%
Lea Close	Derby Homes	34			9	31.0%	3	10.3%	7	24.1%		0.0%	1	3.4%	2	6.9%
Longstone Walk	Derby Homes	70		y	12	32.4%		0.0%		0.0%		0.0%		0.0%		0.0%
Sutton House	William Sutton H	27			10	45.5%	2	9.1%	11	50.0%		0.0%	2	9.1%	3	13.6%
Plimsoll Court	Anchor Trust	34			9	24.3%	2	5.4%	9	24.3%		0.0%	3	8.1%	0	0.0%
Collis Court	Derby Homes	43			10	27.8%		0.0%	0	0.0%		0.0%	0	0.0%	1	2.8%
Beckitt Close	Derwent Living	70			8	27.6%	2	6.9%	10	34.5%	0	0.0%	2	6.9%	0	0.0%
Tomlinson Court	Housing 21	28	y		8	53.3%	2	13.3%	6	40.0%	0	0.0%	3	20.0%	1	6.7%
Wyndham St	Derby Homes	29			7	18.4%	3	7.9%	9	23.7%		0.0%	4	10.5%	2	5.3%
Whitecross House	Derby Homes	93	y		8	36.4%	1	4.5%		0.0%		0.0%	3	13.6%		0.0%
Holly Court	Derby Homes	45		y	5	18.5%	3	11.1%		0.0%		0.0%		0.0%	1	3.7%
Spodon Cluster	Derby Homes				8	17.8%		0.0%	7	15.6%		0.0%	10	22.2%		0.0%
Tintagel Close	Derby Homes	43			8	19.5%		0.0%	8	19.5%		0.0%	4	9.8%		0.0%
Wood Road	Derby Homes	58			7	19.4%	1	2.8%		0.0%	1	2.8%		0.0%	2	5.6%
Appleby Court	Derwent Living	89			6	15.8%		0.0%	11	28.9%		0.0%	3	7.9%		0.0%
Craddock Avenue	Derby Homes	63			6	21.4%		0.0%		0.0%		0.0%		0.0%		0.0%
Oakwood Green	Longhurst Prop	75			4	11.8%	2	5.9%	2	5.9%		0.0%	2	5.9%		0.0%
The Maltings	Raglan Housing Association				6	13.0%		0.0%	6	13.0%		0.0%	6	13.0%	1	2.2%
Centurion Walk	Derby Homes	64			5	15.2%		0.0%	2	6.1%		0.0%	7	21.2%		0.0%
Gerry Blackwood	Derby Homes				5	14.3%		0.0%	5	14.3%		0.0%	2	5.7%		0.0%
Haddon Drive	Derby Homes	58			5	12.5%		0.0%	6	15.0%		0.0%	4	10.0%		0.0%
Hilton Close	Derby Homes	55		y	5	13.2%		0.0%	4	10.5%	1	2.6%	2	5.3%	1	2.6%
Madeley Court	Derby Homes	72			2	4.5%	3	4.0%		0.0%		0.0%		0.0%		0.0%
Oakvale House	Derby Homes	81		y	5	26.3%		0.0%	5	26.3%		0.0%	5	26.3%		0.0%
Sancroft Court	Derby Homes	28			5	8.9%		0.0%		0.0%		0.0%	1	1.8%	1	1.8%
Harold Court	William Sutton H	62			1	2.9%	3	8.8%	3	8.8%		0.0%		0.0%		0.0%
Kestrel House	Derby Homes	75		y	4	16.0%		0.0%	8	32.0%		0.0%	1	4.0%	1	4.0%
Rodney House	Derby Homes	57	y		4	14.8%		0.0%		0.0%		0.0%		0.0%		0.0%
Dayton Court	Housing 21	76			3	15.0%	0	0.0%	5	25.0%	0	0.0%	1	5.0%	0	0.0%
Highgates	Raglan Housing Association				2	5.0%	1	2.5%	7	17.5%	0	0.0%	0	0.0%	2	5.0%
Newport Court	William Sutton H	68			3	25.0%		0.0%	3	25.0%		0.0%	4	33.3%		0.0%
All Saints Court	Derwent Living	76			2	8.3%		0.0%	2	8.3%		0.0%	1	4.2%	1	4.2%
Churchside walk	Derby Homes	24		y		0.0%	2	2.3%	10	11.6%		0.0%	2	2.3%	1	1.2%
Filbert Walk	Derby Homes	64			2	6.9%		0.0%	5	17.2%		0.0%	3	10.3%	1	3.4%
Coniston Crescent	Derby Homes	48			1	2.5%		0.0%		0.0%		0.0%	1	2.5%		0.0%
Inverasay	Derby Homes	81		y	1	2.8%		0.0%	20	55.6%		0.0%		0.0%		0.0%
Sheldon Court	Derby Homes	63				0.0%	1	3.6%	4	14.3%		0.0%	1	3.6%	6	21.4%
Shirland Court	Derby Homes	58				0.0%	1	2.9%	1	2.9%		0.0%	1	2.9%		0.0%
Acorn Close	Derby Homes	74				0.0%		0.0%	12	29.3%		0.0%	4	9.8%	5	12.2%
Bradbourne Court	Derwent Living	84				0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Chellaston Park Co	Derwent Living	73			0	0.0%	0	0.0%	5	8.3%	0	0.0%	2	3.3%	1	1.7%
Colville st	Derby Homes	49				0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Donington Close	Derby Homes	50		y		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Oakleigh Avenue	Derby Homes	74		y		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%
Rawdon Street	Derwent Living	84				0.0%		0.0%		0.0%		0.0%	1	4.8%		0.0%
Thorndike Ave	Derby Homes	36				0.0%		0.0%		0.0%		0.0%	3	7.9%		0.0%

APPENDIX 6 – Summary of Strengths and Areas for Development

Strengths	Areas for Development
• Plentiful supply of sheltered housing • Good Audit commission inspection report for Supporting People – 'fair service with promising prospects for improvement' • Potential to increase the capacity of Care Link within and beyond the City of Derby • Potential to increase Care Link services to older people with health needs beyond the current intermediate care scheme • Potential to use the SMART house to inform the development of new services including a local Telecare Strategy • Potential to use Care Link client data to inform health and social care planning & commissioning • Developing a Vision for Ageing in Derby • Established Supporting People groups including commissioning body, core strategy group and sub groups that bring together housing, health, probation, social care and the voluntary sector • Good Audit Commission inspection report for Supporting People • Good DICES service • Well established Home Improvement Agency • Range of housing assistance	• Agree partnerships with housing providers to use sheltered housing as extra care • Agree local 'models' for extra care. Encourage the Housing LIN to be more active and visit local extra care schemes • Formalise links between Care Link and primary and secondary care • Work with providers through the housing forums and SP sub group to plan investment to re-model existing provision and bid to the Housing Corporation for capital for extra care • To use the SP planning groups to drive forward the SP strategy for older people's services, de-commission some existing provision (based on the surveys and discussions with providers) and re-invest savings in new services • Initiate discussions with private sector providers of sheltered/retirement and extra care housing to identify opportunities for development • Set up a multidisciplinary group to develop and deliver a local telecare strategy with DH Preventative Technologies Grant funding • Improve the links between DICES and sheltered housing scheme managers • Use the HIA and Care Link to provide falls prevention services as

services • Some existing sheltered housing provision for BME elders and good models to build upon • Well established and funded range of community groups for BME communities • Joint commission across key agencies in developing this strategy • Adequate supply of standard residential and nursing home care Good performance in relation to delayed discharges from general acute care • Acute hospital plans for redevelopment underway and new community facility being built • Good outcomes from current IC services and pilot with ambulance service • Residential intermediate care service developed • Successful road to integration within IC service • Reprovision plans for Older People Mental Health (OPMH) acute capacity • Piloting of in reach and outreach work with independent sector for OPMH to support effective transfers of older people between services • Plans for enhanced day hospital service for OPMH • Development work for dementia resource centre taken place and options negotiated	part of an integrated falls strategy (NSF for older people target March 2005) • Work with sheltered housing providers to 'target' schemes for BME elders • key commissioning agencies need a strategic investment plan for providing services and support to local Older People and their Carers in Derby City • A broad-based Older Persons Mental Health (OPMH) strategy for the whole service spectrum in Derby City • Inadequate supply of specialist residential and nursing home care • Domiciliary care services and implementation of BV Review recommendations • Agreed Service models for OPMH within residential, nursing and domiciliary care • Planned use and management arrangements of new community facility at the Derby Royal Infirmary • Identification of resource shifts from secondary to primary care to support intermediate care developments • Community matron / specialist nursing roles within primary care services to develop case management approach • Provision of IC models with nursing / medical and mental health components • Increased capacity within current IC

	services • Targeting of LA residential capacity to meet specialist needs and reducing provision for low/ med needs • Psychiatric liaison service in general acute settings • Primary care support to independent sector homes • SAP implementation and assessments for IC