



Derby City Learning Disabilities and Autism Younger Adult Supported Accommodation Strategy 2025 to 2040



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EXECUTIVE SUMMARY

- E.1** The purpose of this Strategy is to describe the current and future accommodation needs for younger adults, aged 18-64, with a learning disability, or autistic people who live in Derby City, and/or who have Care Act 2014 eligible support needs that are the responsibility of Derby City Council, that includes an accommodation-based support need.
- E.2** Supported Accommodation in this Strategy refers to Care Homes, Supported Living settings, Extra Care and Shared Lives schemes. The focus is on a person's main home rather than respite accommodation.
- E.3** The audience for the Strategy includes people with a learning disability or autistic people, their families and carers, health, social care, housing and planning partners, and providers

What we are going to need

- E.4** Improved diagnosis in recent years has identified an increasing number of people with learning disabilities and autism spectrum condition. However, Care Act eligibility is based on need rather than diagnosis.
- E.5** Population data suggests there will not be any growth in demand for supported accommodation between 2025 and 2040, though there is anticipated to be a change in demographic, notably growth in the 18-24 and over 50 age groups with these care and support needs, with learning disabilities and an autism spectrum condition,
- E.6** The current local requirement to meet existing care and support needs is for 370 to 380 beds in supported accommodation, of which 280 to 290 beds are for main home and approximately 90 for respite or short breaks.
- E.7** This Strategy focuses on 'main home', which shows (based on a 5-year average of 288 beds):

	Total (%)	Care Home	Supported Living	Extra Care	Shared Lives
In Area	207 (68%)	28	151	14	14
Out of Area	81 (32%)	74	7	0	0



- E.8** The split of in-area versus out-of-area for care homes is 27% to 73% and for supported living is over 95% to less than 5%. Additionally, 20 to 25% of people are out of area because they want or have to be.
- E.9** Recognising we cannot meet all demand within the City boundary and would still need to be considerate of choice, preference and professional judgement, we are expanding the idea of 'in-area' for commissioning purposes to a ten-mile radius around the edge of the City – as long as the placement is suitable and enables the person to be connected with family, friends, community and places in Derby.
- E.10** Even by way of this new expanded in-area definition, an additional 47 supported accommodation beds are still currently commissioned for this cohort of Derby customers out-of-area (living beyond 10 miles of the City boundary).
- E.11** Based on forecast demand and current local capacity, we need to explore options for an additional 35 to 45 main home beds in-area, of which could be met through 7 to 10 additional supported living tenancies and 28 to 35 care home beds (based on current profiling of support). However, it should be noted that some of the care home demand could be met through Supported Living, Extra Care and Shared Lives.
- E.12** This may look like a relatively small number of people but the impact on the lives of those people, their families, communities in Derby and on the costs and resources for Council and partner services is significant, so we need to get it right.
- E.13** As important to an expansion of local provision are the quality and standards of new and existing supported accommodation.
- E.14** The actions from the Strategy are:
- To work with planners, and housing and care markets to develop options for supported accommodation in and near to the City, for an additional 35 to 45 beds by 2030 and beyond to 2040.
 - To embed a ten-mile radius 'in-area' principle in commissioning of these supported accommodation placements and consider its use in commissioning other adult social care placements.
 - To develop the offer and planning support for people with learning disabilities and autism specifically aged 50-64 years of age.



- To map the journeys for people aged 16-24 years to understand and improve support and associated supported accommodation options for this cohort preparing for adulthood.
- To embed the Council's new supported living framework and build upon the work of the Supported Exempt Accommodation (SEA) and Decent and Safe Homes (DASH) teams, as well as the work of the Quality Monitoring Team, to improve quality and suitability of new and current supported accommodation.
- To consider the potential and repurposing of Council assets to meet some of the future needs for this cohort, in new hybrid relationships with care providers and through the provision of innovative Technology-Enabled Care (TEC).
- To improve awareness of Shared Lives and increase the numbers of Shared Lives carers, in particular to provide long-term accommodation-based support including to people with more complex support needs.
- To ensure that the objectives and approaches of the are aligned with and will be embedded within adult social care practice, consistent with the Council's ASC practice framework.



FOREWORD

Derby City Council and our partners are responsible for supporting some of the most vulnerable people in our communities. The support may entail offering advice to people, planning the care and support they need, helping them find a home and enabling them to be part of our local community. Support is available to people with learning disabilities and autistic people, some of whom need to have specially adapted (or supported) accommodation to ensure they can live fulfilling and safe lives in the community.

This Strategy aims to set out how much and what type of supported accommodation we need over the next fifteen years and the actions we plan to take to meet this aim. We will be working alongside younger adults (18-64 years of age) with learning disabilities, autistic people and their families and carers, as well as the collaborating with our partners in the NHS, social care and housing sectors and the wider community.

The number of people directly concerned is relatively small but the impact on them, their families and communities and on the Council and other services is significant, as are the personal and financial costs of not getting it right. It is, therefore, a priority for all of us to take forward these actions in order to deliver the homes that people need and deserve.

We would like to thank all those involved in shaping this Strategy and everyone who will continue to champion this work and help co-produce the activities needed to realise our goals.



Cllr Alison Martin
Cabinet Member for Integrated Health and Adult Care



Andy Smith
Strategic Director of People Services



1. INTRODUCTION – Purpose of the Strategy

- 1.1 The **aim** of this Strategy is to set out how much, and what kind of supported accommodation should be maintained and developed to sustainably house the current and future population of those with a learning disability and autistic people aged 18-64 in Derby City.
- 1.2 The **objectives** are to set out:
- The principles and values we look to work to in developing and delivering this Strategy.
 - The accommodation needs including gaps in provision.
 - Where we have greater certainty, what accommodation we think we need in the short and longer term.
 - Where we need to do more to develop options, the areas where we particularly want to engage with people, providers and other partners.
- 1.3 The Strategy aligns with and contributes to Derby City Council's wider aims and objectives as set out in the latest Council Plan (2025-28 at the time of publishing this Strategy), in particular the key strategic theme of being an Inclusive City where the Council works with communities to improve health, wealth and opportunity for all. And more specifically the range of policies and strategies including in the Derby Housing Strategy 2020-2029, Older Person's Housing Strategy 2019-2029 and our current and emerging Derby City Local Plans that look to ensure there is sufficient good quality affordable housing that means everyone has a safe and settle home that underpins their health and wellbeing. It also aligns with and will be embedded within the Council's adult social care practice framework which seeks to *"ensure every person lives in the place they call home with the people and things that they love, in communities where they look out for one another, doing the things that matter to them"*.
- 1.4 The **scope** of the Strategy includes the provision of a home for Younger Adults i.e. aged 18-64, with a Care Act 2014 eligible support need. This includes consideration of transitions both from children and young people's services i.e. 15/16 to 18-year-olds and where appropriate, those approaching older adulthood (50/55 to 64) where learning disability and/or autism spectrum condition is their primary support need or impacts on age related support needs. The Strategy focuses on accommodation specifically designed or adapted for people because of their learning disability and autism support needs as part of their overall support package. Accommodation includes care homes (including nursing), supported living, extra care, shared lives, and covers both a person's main home and respite. Whilst the Strategy



considers evidence for all supported accommodation needs, the focus is on a person's main home rather than respite accommodation.

1.5 The target **audience** for the Strategy includes customers of Derby City adult social care services and their carers; care and accommodation providers; planners and developers; Council, health, voluntary sector and other partners and their staff; and local communities.

1.6 This Strategy covers:

- Purpose: aims, objectives and scope.
- Principles and values.
- Constraints and enablers.
- Evidence including uncertainties and assumptions used in findings (more detail at appendix A).
- Current and future demand.
- Current provision.
- Current and forecast future gaps in provision.
- Known accommodation needs.
- Areas for engagement and development of specific market areas.
- Summary.
- Appendices including glossary of terms at appendix B.



2. PRINCIPLES AND VALUES

- 2.1 There are a number of key principles that underpin the Strategy and our approach to delivering the homes for people. These link to our belief that we want everyone to live in a place that they call home.
- 2.2 The first point is that we are seeking to work closely with and co-produce with people with lived experience. This means that we should be listening to them, so their voice is heard and what they tell us is taken into account in decisions about accommodation.
- 2.3 Where someone lives should complement their support package in supporting their enablement, independence, resilience and wellbeing so that the care and accommodation support purposeful outcomes for the individual.
- 2.4 We need to have the right accommodation and the right support in the right place. This will include some choice of where and how to live including options for a person to move on and change their home to suit changes in their lifestyle, preference, needs and independence. Within this it will be important for them to access wider support, relationships (including friends and family), community and activities.
- 2.5 Underpinning the right accommodation is that people should be living in good quality and affordable homes, this includes building, running and maintenance (i.e. the person should be able to sustain living in their home for as long as they want). This can be support by the use of appropriate building design and technology enable care and adaptations to support their independence and value for money.
- 2.6 In delivering this strategy a core principle for the Council is the to work in partnership: with customers, with families and other carers, with adult and children's social care, with NHS and other health organisations, with developers and landlords, with social care providers, with organisations including Council Teams working in and with the Community, and with the wider communities where people with learning disabilities and autistic people live. At the heart of this partnership working will be developing and maintaining open, honest, effective communications and collaborative relationships.
- 2.7 Alongside these principles Derby City Council commits to uphold its values which are that: we are bold, we are strong, we care, we have great people and are one team; and ask that others join us in adhering to these values as we work together to deliver this Strategy.



3. CONSTRAINTS AND ENABLERS

- 3.1** There are a number of factors which can constrain and/or enable the development of suitable accommodation to support people with learning disabilities and autistic people. Top of this list is costs and availability of funding. Budgets continue to be very tight for NHS and Council organisations, what developers and care providers can afford to do with the funding available to them and just as importantly on customers, their families and carers. This constrains what we can all do to develop and secure homes for people with learning disabilities and autistic people and means that we have to carefully prioritise what we are going to do and how we spend the limited funding we have.
- 3.2** New opportunities and developments for homes for people with learning disabilities and autistic people depend on us being able to identify and secure suitable locations, sites and properties within in and near to the City. This includes being able to make the case for specialist supported accommodation against the similarly high and competing national and local priority for general needs including affordable housing. We will therefore need to work closely with local City and neighbouring district Councils (e.g. South Derbyshire and Amber Valley) planning authorities and registered social housing providers to meet the City's supported accommodation needs.
- 3.3** This will include securing explicit identification of this needs in Derby and Derbyshire Local Housing Needs Assessment, to ensure Local Plans and planning policy including requirements for specialist support accommodation that support this Strategy. We will also need to be considerate of Local Government Reorganisation and whilst we do not yet know the agreed future Local Authority footprints for Derby and Derbyshire, these will have a bearing on all matters outlined in this Strategy. A particular issue will be around emerging policies that limit the establishment of HMOs (houses in multiple occupancy) in some parts of the city and surrounding areas which could run counter to our aims on available accommodation options.
- 3.4** One of the biggest practical challenges in developing the right supported accommodation will be in ensuring the right adaptations are made for people including where these need to be highly robust and adapted properties. This will require access to a range of expertise and support including for example to the Disabled Facilities Grants, involvement of occupational therapists and to specialists in designing, planning, building and assuring robust and adapted homes, both for care and accommodation providers and to support Derby City Council's assurance of properties.



- 3.5** The work under the Strategy will need to support and be supported by Derby City Council's *Ordinary Lives Housing Pathway*. This is the approach the Council uses to support customers who have complex disabilities and require social housing to live in the community but will struggle to find accommodation through the more conventional social or private housing options.
- 3.6** A good relationship with the accommodation and care support provider market will be important. This includes being able to be open and honest with each other about what is and is not possible, understanding and agreeing expectations, what the needs and requirements are for accommodation and developing business models that work for the Council, provider and most importantly provide flexible and adaptable homes and support for people living with learning disabilities and autistic people.
- 3.7** Effectively working in partnership requires the Council, providers, partners and people being supported to have a good and shared understanding of the risks associated with developing supported accommodation options and to be able to work together to take responsibility and manage these risks. One aspect of this is each organisation and person's risk appetite which will underpin discussions and decision-making on roles, responsibilities and investments. An area where partners need to develop is to understand the balance of different risks (personal, commercial, safeguarding etc.) and explore opportunities to improve how they share risks. An example is the relationships between people and their neighbours and local community, where disruption and a lack of awareness and understanding can cause tensions within a community. It will be important for providers to work in partnership with the Council and other partners, as set out in the processes and expectations/requirements within in Council contracts, to assess and manage positive community relationships for people moving into supported accommodation.



4. EVIDENCE

Overall context

- 4.1** The evidence for current demand for supported accommodation is based on data from Derby City's Adult Social Care database (LAS) for younger adults who have a primary or secondary support need that is learning disability and/or autism spectrum condition and need includes supported accommodation i.e. Care Homes, Supported Living, Extra Care and Shared Lives. Future demand uses this along with PANSI data looking at two timeframes, from 2023 to 2030 and to 2040. The gap in current and future provision is calculated from the difference between demand and provision.
- 4.2** The current population of Derby (at 2023) aged 18-64 is 156,100. The population is forecast to increase by 2030 to 157,500 and stabilise by 2040 at around 157,300 – an overall increase for this cohort of 0.8% over the next 15 years. This is set against an increase in the total population of Derby of 4.4% between 2023 and 2040, which indicates there will be more growth in young people aged under 18 and in older people 65+ years of age.
- 4.3** Prevalence rates for autism and learning disabilities are assumed to remain consistent over the period:

	Overall	Women	Men
Autism Spectrum Condition	1%	0.2%*	1.8%
Learning Disabilities	2%	2%	2%
People with a learning disability and also have a diagnosis of an autism spectrum condition	31%		

** Diagnosis rates of autism spectrum conditions in women are increasing but are recognised as likely to be under-reported. This is not expected to significantly impact the numbers of people eligible for and receiving Care Act support and in supported accommodation as the assessment is based on needs rather than diagnosis. However increasing rates of diagnosis of autism spectrum conditions may lead to a change in the types of the care and accommodation that are needed to support people.*

- 4.4** Not all autistic people and/or people with a learning disability have Care Act eligible (i.e. moderate to severe) support needs or where they do have Care act eligible support needs, these may not need supported accommodation so they will be able to live in general needs housing.



4.5 Most of the supported accommodation market in Derby is Council-funded, and whilst direct payments can be used for Supported Living, the evidence is that they are not widely nor generally used for supported accommodation except for periods of respite.

4.6 More detail on evidence including uncertainties and assumptions can be found in appendix A.

Current demand (based on data from October 2023)

4.8 There are currently about 875 people in Derby aged 18-64 with Care Act eligible support needs associated with a learning disability and/or autism. Adult Social Care data shows that at any time we have around 730 people with a learning disability and/or autism spectrum condition that have an active care service.

4.9 A little over half of these people, around 370 to 380 people, have supported accommodation needs, of which 280 to 290 are for their main home and 90 are for respite or short break accommodation.

4.10 Of these, 65% are male and 35% are female and they have an age breakdown of:

Age	%
18-24	13%
25-34	27%
35-44	18%
45-54	18%
55-64	24%

4.11 More detail on current demand can be found in appendix A.



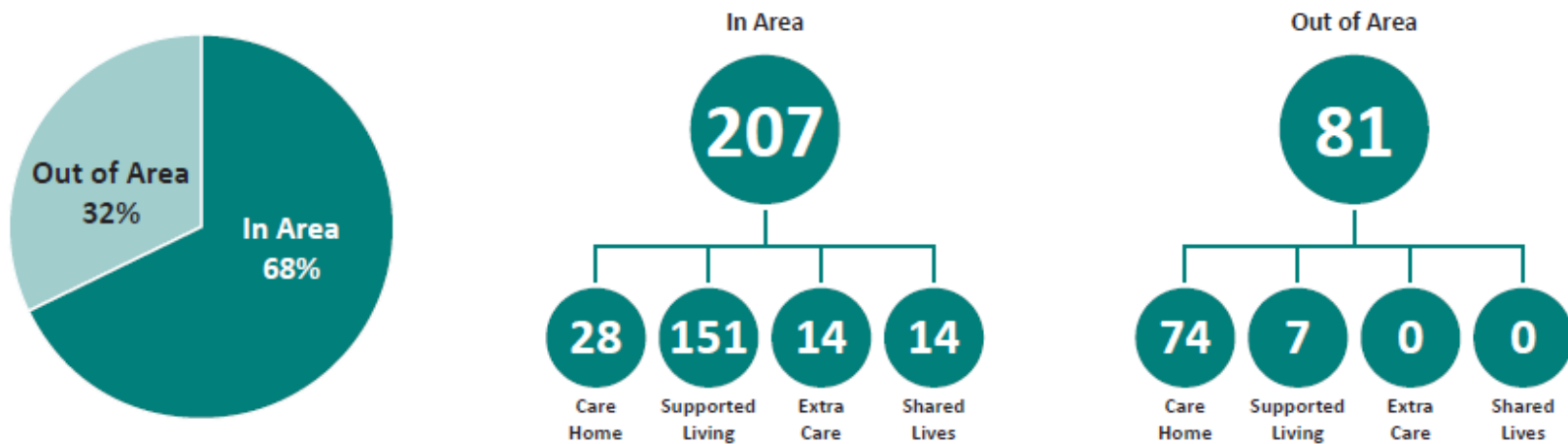
Forecast future demand to 2030 and 2040

- 4.12** It is forecast that by 2030 there will be 890 people aged 18-64 in Derby with Care Act eligible support needs associated with learning disabilities and autism. This represents an increase of 1.6%; and by 2040 there will be 895 people, an increase of 2.2%. In terms of how that translates to those in receipt of active care services at any time, this is forecast to increase to 745 by 2030 (1.3%) and nearly 750 (1.6%) by 2040.
- 4.13** These are relatively small, predicted increases in overall social care support demand for this cohort, but it is important to note and plan for. Supported accommodation needs are expected to stay stable over this period with around 280 to 290 people with learning disabilities and autistic people needing this for their main home, with the proportion of men and women with support needs is forecast to remain consistent over this period,
- 4.14** There is expected to be some changes in the age profile of people with learning disabilities and autistic people receiving support and needing supported accommodation. The main changes are a projected significant increase in 18–24 year-olds from 13% to 18% (of the overall 18-64 population) by 2030, but then reducing slightly to 16 to 17% by 2040 and a decrease in 55-64 year olds to 18% to 19% by 2040. Compensating for this is predicted growth in those with a learning disability and autistic people aged over 65 (out of scope in this Strategy).
- 4.15** Our work with people and partners we have identified a number of specialist areas where we would benefit from some development both in the context of the overall need and to better meet the needs of people already living in supported accommodation within and outside of the City, in particular:
- Complex dementia.
 - Autism only.
 - Deaf-Autism.
 - Learning Disability/Autism and Forensic.
- 4.16** More detail on current and future demand in appendix A.



Current provision

- 4.17** Consideration of current provision of supported accommodation focuses on the number of beds that are needed as the main accommodation for people with learning disabilities and autistic people; it excludes beds for respite and short breaks.
- 4.18** The total number of supported accommodation beds need for people with learning disabilities and autistic people is 280 to 290 beds and based on average of variation over the last five years of 288 beds. The split of in area versus out of area for care homes is 27% to 73% and for supported living is over 95% to less than 5%. This breaks down as:



- 4.19** Overall there is insufficient provision of supported accommodation for people with learning disabilities and autistic people in Derby City, with a lack of care home beds accounting for most of the shortfall. This suggests that this group of people is fairly well provided for in terms supported living, but good provision of supported living can also lessen requirement for care home admission (needs depending). What is clear is that we have a dependency on out-of-area provision.
- 4.20** We need to look more carefully at our out of area placements in more detail to better understand what our gaps are for care home and supported living beds (see section 5). In addition there are questions around the quality and suitability of current supported living accommodation as a home for people with learning disabilities and autistic people throughout Derby. This issue is being picked up through our new supported living framework with stronger links to the Council's DASH and SEA teams who will support to inspect and assure supported accommodation housing quality standards.



5. OUT-OF-AREA PLACEMENTS

- 5.1** An out-of-area placement refers to when a person, who is the responsibility of Derby City Council, lives outside of the geographical area under the Council’s control. This includes people living in other local Council areas but are still the responsibility of the City Council’s adult social care service.
- 5.2** At any time the City Council is responsible for between 70 and 80 people with learning disabilities and/or autistic people who are in supported accommodation are in out-of-area placements. The majority (over 95%) live in residential settings with a small number living in supported living.
- 5.3** We have carried out an assessment of the reasons people living out-of-area and have identified three cohorts:

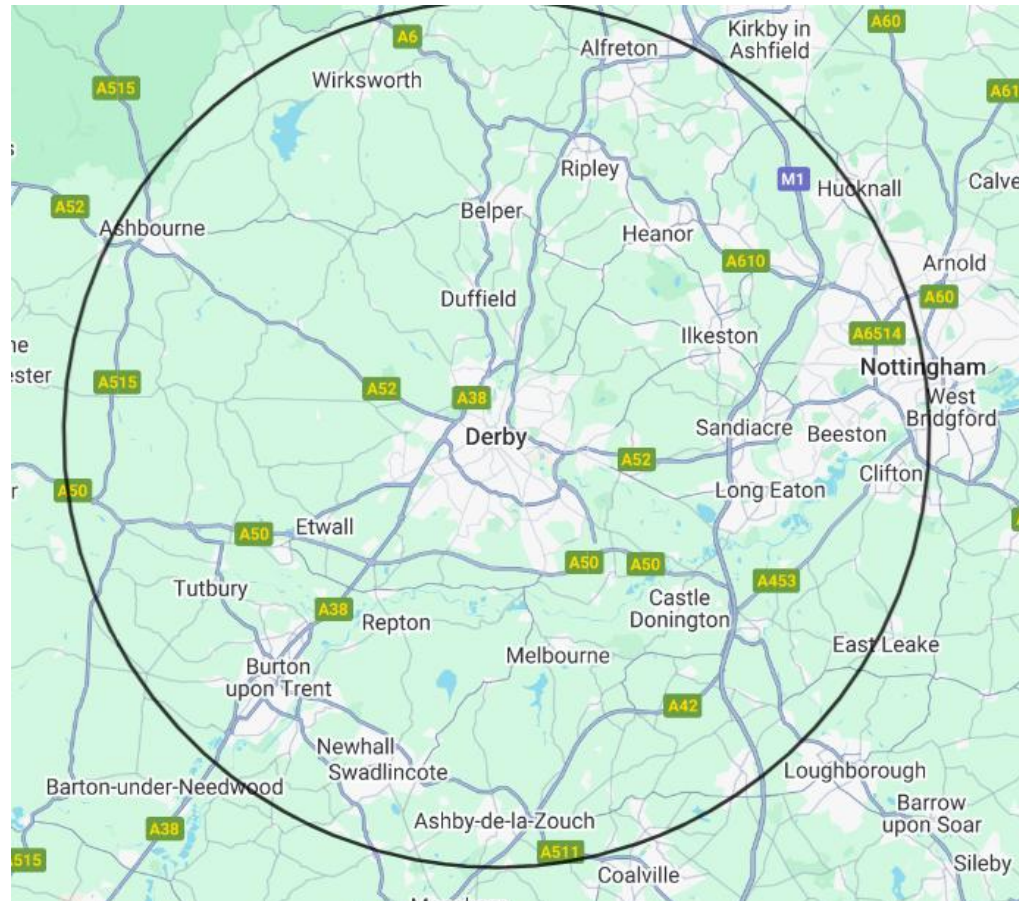
Reason	%
People who have to be or chose to be in an out-of-area residential home	20 to 25%
People who would have preferred an in-area residential home	60 to 65%
People who would have preferred their home to be in-area supported living	10 to 15%

- 5.4** From this we can conclude that the main reason for people who would like to live within Derby but are currently living out-of-area is because we are unable to meet demand for residential and to some extent supported living for people with learning disabilities and autistic people within the City.
- 5.5** Given the constraints on availability of locations, sites and properties in the City we are clear that we are not going to be able to meet this or any future increased in demand for supported accommodation within the City boundaries. We therefore plan to take a more proactive approach, by applying a 10-mile radius around the edge of the City, which for the purpose of commissioning supported accommodation for people with learning disabilities and autistic people we will consider to be “in-area”. The aim of incorporating a 10-mile radius around the City is to extend the area we want to commission within and so that accommodation and care providers know this when developing their services. This extension meets the principle of being “in-area” (rather than to arbitrarily set local authority boundaries) so that the



person can maintain links with and access to their family, friends and community within Derby as well as ensuring they live in a local area that meets their needs. We will also consider how this can be applied where we are commissioning other accommodation and services and there are similar constraints.

5.6 The map below provides an indicative picture of the area that would be included within the 10-mile radius of the City.



- 5.7** This stretches into the neighbouring local authority areas of Derbyshire, Nottingham, Nottinghamshire, Leicestershire and Staffordshire, as well as District Council, i.e. other housing authority areas including Amber Valley and South Derbyshire. We will therefore have to work collaboratively with these neighbouring local authorities to be able to meet our supported accommodation needs.
- 5.8** In terms of our current supported accommodation for people from Derby City this includes an additional 27 care homes beds, which means 54% of people are within the City and 10-mile radius. This leaves 47 people (46%) still living out-of-area even under this new definition.
- 5.9** There is clearly still a gap around care home provision for people with learning disabilities and autistic people in and near to the City. We want to see an increase in Care Home and Supported Living provision in the City (and within 10-miles) and will work with providers to understand and set out standards and expectations for this type of supported accommodation.



6. FUTURE NEED

Overview

- 6.1** For the periods up to 2030 and beyond to 2040, the additional supported accommodation we need in and around Derby City for people with learning disabilities and autistic people is 35 to 45 beds; of which up to half are likely to need to be for young people aged 16/18 to 24. This will enable us to accommodate people currently out-of-area who want to move back in-area and ensure we do not have to place so many people out of area in the future.
- 6.2** We do not forecast a significant increase in the need for supported accommodation associated with an overall growth of demand. However, within the overall figures we are forecasting a change in the support needs of people, in particular associated with increased complexity of support, better diagnosis of autism and a growth in the number of people aged 16-18 to 24 (see section 7) and 50/55-64 years (see section 8) needing supported accommodation, relative to other age groups.
- 6.3** In terms of meeting this additional demand for 35 to 45 supported accommodation beds the evidence suggests we need:
- 7 to 10 additional Supported Living beds within the City (and a 10-mile radius).
 - 28 to 35 additional Care Home beds within the City (and a 10-mile radius).
 - Although we recognise that developments in Extra Care and Shared Lives may be able to contribute to meeting some of this demand.
- 6.4** This future demand for supported accommodation will feed into the policy requirements for the emerging Derby City Local Plan to ensure allowances and expectations to ensure we can meet the identified need. In addition to the numbers, any developments will need to be of a high standard and quality that meets the needs, including supporting the health and wellbeing, of the people in these homes. Achieving improvements in the quality of new and existing supported accommodation will be supported by ongoing work as part of commissioning supported living and supported exempt accommodation in the City.



6.5 Whilst there is some evidence, in section 4 above, that there is demand for respite and short breaks accommodation, this is not the focus of this Strategy. The Council is planning separate work to consider short breaks and there will be the opportunity for people and partners to get involved.

Extra Care

6.6 Extra Care housing is a specialist type of accommodation that hosts a range of facilities and onsite care and support services which aim to allow people to stay in the community as they get older. Tenants have self-contained flats with full amenities and rights including security of tenure and control who enters their home. Extra care is intended to be accessible, promoting independence, enabling people to live in a community setting and preventing admission into residential care, whilst giving access to onsite day and night care and support. Extra care also enables couples and families to remain living together for longer.

6.7 Within Derby City, there are currently five extra care schemes of different sizes and types of tenure and there is an Assessment Flat within one of the schemes to allow people to trial living in an Extra Care setting before they make a permanent move. Our aspiration is to create vibrant and balanced communities where people have the option of a mix of housing and care support, and where communities are inclusive and flexible.

6.8 Typically people living in of Extra Care housing are over 55, however in recent years there has been a shift in relation to age and support needs to include more people younger people with learning disabilities and autistic people. We particularly see a role for Extra Care for people with mild to moderate learning disabilities and autism spectrum conditions, including where the need for supported accommodation is more age related, so will be looking to work with providers that can support these appropriately.

6.9 The demand for Extra Care housing in the City remains high and is expected to continue to grow. Derby City Council is committed to the delivery of additional Extra Care services within the city that accommodate people of mixed age and with a range of social care needs This includes people with a learning disability and autistic people aged 18-64, where this could best meet their care and accommodation support needs. Our Older Persons Strategy 2019 to 2029 included the ambition for an additional 360 Extra Care units by the end of 2025, some of which have been delivered and others that are being planned.



Shared Lives

- 6.10** Derby Shared Lives aims to provide vulnerable people, being supported by and/or living with Shared Lives Carers, with the opportunity to be part of the family and community of a Shared Lives carer, who in turn will provide friendship, support and care. The Service looks to deliver high quality and person-centred support to vulnerable adults that helps them to live a full life, maintaining their independence and connections within their community.
- 6.11** Shared Lives carers are self-employed Derby City residents who support and care for some of the City's vulnerable adults. The Council recruits and supports new Shared Lives carers within the Derby City boundary who are trained and supported by Council Shared Lives Co-ordinators.
- 6.12** We are looking to develop and expand the Shared Lives service offer by:
- Increasing the number of carers able to support vulnerable adults in Derby.
 - Increasing the number of long-term carers to offer live in support within their own home.
 - Increasing the number of respite carers.
 - Increase number of carers to support customers with complex needs / disabilities.
 - Increase the understanding and visibility of Shared Lives with partners.



7. PREPARING FOR ADULTHOOD (people aged 16-24)

- 7.1** The evidence we have used so far in this Strategy is for people aged 18 and older, but we recognise the need to develop approach that starts to support young people at an earlier age, which for supported accommodation means starting from 16 years old. This evidence shows that there will be an increase in demand for supported accommodation for people aged 16-24, with a significant increase to 2030 and then at a slower rate to 2040.
- 7.2** In addition to the supported accommodation available for people with Care Act eligible support needs the City Council has an accommodation offer available to children and young people both with and without a diagnosed special educational need and/or disability (SEND). When young people are approaching or reach 18, if they still have a learning disability or autism related need they will need to move into supported accommodation. The offer for children and young people includes:
- Residential Care.
 - Foster care (until 18 and possible Staying Put over 18).
 - Supported Accommodation (which has a specific definition that is different to the definition used for the rest of this Strategy).
 - Staying Put.
 - Staying Close.
 - YMCA flats.
 - Independent living.
- 7.3** Working with people and partners we have established a number of assumptions about younger adults in Preparing for Adulthood age range, including:
- People should be placed and repatriated into or near to (within 10-miles of) the City.
 - We should look for a mix of accommodation options that include step-through rather than a home for life.
 - Many young people will need to live somewhere that will support their transition into adulthood, developing their independence, resilience and skills to achieve their outcomes and reach their potential.



- Some people will develop to be able to live independently in general needs housing (probably with tenancy support) whilst others will continue to need supported accommodation as they get older.
- People want a choice of where to live and who to live with, in Derby and elsewhere.

7.4 Understanding, planning and developing supported accommodation options depends on these assumptions and the pathways for young people as they transition from childhood (15/16) into early adulthood (18 to 20/21), through their early twenties (21-25) and into their full adult life (post-25)

7.5 To better understand the supported accommodation that we need in and around Derby we would like to work with people, providers and partners to:

- Develop an understanding of the journeys that young people with learning disabilities and autistic young people take, as they go from 16-25, identify and describe a range of typical good journeys and look at options for meeting their care and supported accommodation needs to support developing independence, resilience and skills.
- Develop strategic relationships with providers. This includes to consider opportunities for dual registered residential/ and supported living accommodation for earlier transition especially for children and young people with possible Care Act support needs that relate to emotional and mental health, learning disabilities, autism spectrum conditions and associated needs.
- Develop accommodation options for young people from 16 into adulthood (i.e. 25 years and over).
- Understand who young people want to live with and why (e.g. people of the same age, older, mixed age groups etc.).



8. OVER 50s (up to 64 years)

- 8.1** The number of people with a learning disability and autistic people who are living longer is increasing and is expected to continue to increase. Whilst this is a positive development, there are risks and support needs for these people associated with ageing, including frailty and cognitive decline that occur at a younger age than in the general population i.e. people with learning disabilities and autistic people aged 50/55 and over are more likely to have age related conditions that are more typical of people in the general population aged 65 plus. There are some specific, known risks for some people with learning disabilities and autistic people around age-related conditions, for example, people with Down's Syndrome are at greater risk of dementia at an earlier age.
- 8.2** This has implications for their care and where they live as they experience age related support needs in addition to their learning disability and autism spectrum condition related support needs. This may be additional but there can be intersectionality between age and learning disability and autism related conditions exacerbating each other.
- 8.3** We have identified three principal groups of people with learning disabilities and autistic people who may be affected and require care and supported accommodation to meet their particular needs:
1. People living at home with ageing parents (in their 70s/80s) who can no longer support the individual, so they need alternative care provision.
 2. People who live in general needs housing with limited care support who develop a need support for age related conditions, which is their primary support need, but this needs to account for learning disabilities and/or autism – this may in part explain older age range of people with learning disabilities and/or autism who are in extra care.
 3. People in supported accommodation where learning disabilities and/or autism continues to be their primary support need, who develop a need for age related conditions, which must now be taken into account.
- 8.4** We would like to engage and work with people with learning disabilities and autistic people, their carers and families, providers, and partners to discuss the issue of future care planning including the accommodation and care needs for this group of people, the best supported accommodation options and how we work together to develop the supported accommodation and care markets to meet these needs.



9. PARTNERSHIP WORKING

9.1 As set out in section two (above) one of the principles of this Strategy is to work together with people and partners to deliver the supported accommodation that we need. In some areas of the Strategy this will mean supporting providers to help us fill the gaps in provision. In other areas of the Strategy it will be about co-producing options to meet emerging supported accommodation needs.

9.2 We would like to work a range of people and organisations including (but not limited to):

- People with learning disabilities and autistic people.
- Carers and families of people with learning disabilities and autistic people.
- Derby and Derbyshire NHS Integrated Care Board commissioners.
- NHS primary and secondary care organisations.
- Derby Homes.
- Derby City Council planners.
- Property developers/providers and landlords (Registered Providers).
- Supported Living providers.
- Care Home providers.
- Extra Care providers.
- Shared Lives carers.
- Respite and Short Break providers.
- Neighbouring local authority adult social care and housing/planning teams.
- Neighbouring NHS Integrated Care Boards.



10. TECHNOLOGY AND ADAPTATIONS

Adaptations

- 10.1** Accommodation based support for people with a learning disability and autistic people is likely to include adaptations which will support making a person's home safe, accessible and will also support their independence within their home. In some cases, where people have complex support needs and behaviours this can include the need to increase the robustness of their home so they can live safely their and so can the people caring for and supporting them.
- 10.2** Adaptations can include level access wet rooms, soundproofing, adjustable and flush lighting, safety features in the kitchen, under floor heating, lockable sockets etc.
- 10.3** We will work with individuals, carers, social workers, therapists, providers and other experts to ensure that appropriate adaptations and technology are available and used to support people's safety and independence in their home.

Technology Enabled Care (TEC)

- 10.4** The Council is creating a TEC Strategy and is committed to co-produced solutions in harnessing TEC with relevant partners. The strategy will set the direction for outcomes focussed services enabled by technology. The Council will be working with and encouraging partners to be innovative and dynamic in embedding technology enabled care to continually improve care, wellbeing and accommodation options.
- 10.5** We expect providers to work with the Council to adopt new technologies as part of care and accommodation support plans to effectively meet customer eligible needs and desired outcomes. This extends to the role of intelligence building design and appropriate and considered use of AI. In addition and incorporated as part of new and forthcoming commissioned Frameworks, the Council has outlined future potential requirements for Providers to become accredited under the TSA (TEC Services Association) Quality Standards Framework.
- 10.6** The Council is committed to strengthening the role of its Carelink service in procuring, installing and monitoring TEC, where appropriate, and working closely with professionals, providers, customers and their representatives, to explore the availability of and introduce existing technologies that can better support people in the place they call home.



11. CONCLUSION AND NEXT STEPS

- 11.1** This Strategy has aimed to set out the current and future supported accommodation needs for younger adults with learning disabilities and autistic adults, aged 18-64 who live in Derby City. Supported Accommodation includes Care Homes, Supported Living settings, Extra Care and Shared Lives schemes and the focus of the Strategy is on a person's main home.
- 11.2** Based on the best available data we have calculated that we will need supported accommodation for between 35 and 45 people within the City or a 10-mile radius. Of these 7 to 10 are for supported living tenancies and 28 to 35 are care home beds, although some of this demand could be met through Extra Care and Shared Lives
- 11.3** This may look like a relatively small number of people to find supported accommodation for but the constraints on land and resources make it a challenge; and benefits in terms of the impact on the lives of those people, their families, communities in Derby and on the costs and resources for Council and partner services are significant, so we need to get it right.
- 11.4** Getting it right also means that we people are living high quality supported accommodation, which means working effectively with partners and making best use of new approaches and technology.
- 11.5** The actions from the Strategy are therefore to:
- Work with planners, and housing and care markets to develop options for supported accommodation in and near to the City, for an additional 35-45 beds by 2030 and beyond to 2040.
 - Embed a ten-mile radius 'in-area' principle in commissioning of these supported accommodation placements and consider its use in commissioning other adult social care placements.
 - Develop the offer and planning support for people with learning disabilities and autism specifically aged 50 to 64 years of age.
 - Map the journeys for people aged 16-24 years to understand and improve support and associated supported accommodation options for this cohort preparing for adulthood.



- Embed the Council's new supported living framework and build upon the work of the Supported Exempt Accommodation (SEA) and Decent and Safe Homes (DASH) teams, as well as the work of the Quality Monitoring Team, to improve quality and suitability of new and current supported accommodation.
- Consider the potential and repurposing of Council assets to meet some of the future needs for this cohort, in new hybrid relationships with care providers and through the provision of innovative Technology-Enabled Care (TEC).
- Improve awareness of Shared Lives and increase the numbers of Shared Lives carers, in particular to provide long-term accommodation-based support including to people with more complex support needs.
- Ensure that the objectives and approaches of the are aligned with and will be embedded within adult social care practice, consistent with the Council's ASC practice framework.



12. CONTACTS DETAILS

12.1 For further information about this Strategy:

- If you are a housing or care provider, please contact: commissioningsupport@derby.gov.uk
- If you are interested in getting involved in any of the engagement activity and projects including around preparing for adulthood, future care planning for over 50s and the use of technology to support people in their homes please contact: coproduction@derby.gov.uk.

Please clearly state that you are getting in touch about the “Supported Accommodation Strategy”.

12.2 You can find out more about support available for people with a learning disability and autistic people on the Derby City Council website at <https://www.derby.gov.uk/health-and-social-care/your-life-your-choice/support-from-adult-social-care/> or get in contact on 01332 640777.

12.3 Carers can get support from the Universal Services for Carers in Derby at <https://www.derbycarers.co.uk/> and you can contact the Service on 01332 228777 or the online referral form at <https://www.derbycarers.co.uk/carers-referral-form/>.



APPENDICES

A. Summary of the evidence base for the Strategy

B. Glossary of terms



Appendix A: Summary of the evidence base for the strategy

This appendix provides a summary of the data and evidence gathered, including assumptions and uncertainties, and the conclusions drawn, in support of the Strategy.

Scope

The first stage of developing the strategy was to gather evidence on past and current demand and capacity data for people with learning disabilities and autistic people who need and live in supported accommodation, where:

- Permanent accommodation is defined as a person's home, where that home is not their family home, and where the housing/tenancy is associated with/ dependent on the person having care needs in line with the Care Act 2014.
- Respite/short breaks accommodation is defined as the provision of overnight care for an intermittent or regular - but not long-term consecutive period, during which the customer requires care in line with the Care Act 2014.
- People included are those who have recourse to Derby City Council adult social care funding, meaning that they would reach the threshold of Care Act assessment level care needs and be eligible for funding following a financial assessment; are aged 18-64, and who have a Learning Disability recorded as either their Primary or Secondary Support Reason, and/or have a recording of Autism Spectrum Condition as a Health Condition, on the Council's social care database. This latter includes any variation of the diagnosis, including Asperger's Syndrome.

Note that this therefore excludes any person who may have a Learning Disability and/or Autism Spectrum Condition and have high level housing needs, but not high-level care needs (i.e. populations in need of temporary housing accessed via Homelessness teams, or domestic violence refuges).

In social care, care packages are usually categorised by the model (markets) of care and accommodation provision including Care Homes (Residential and Nursing), Supported Living/Housing, Extra Care, and in some cases, ad hoc provision of intermittent overnight stays such as overnight provision with a Shared Lives Carer, or a Personal Assistant.

Forecast Methodology

The purpose of the evidence base is as a forecast model for needs (demand), and the capacity of current provision to accommodate this demand. In order to decide on a methodology for forecasting, internal and external data was reviewed for reliability, accessibility, and completeness. Two methodologies for forecasting demand were possible:



- Method 1: To gather data on prevalence rates for learning disabilities and autism spectrum conditions in the local population, including co-morbidity and trends in prevalence/incidence, and apply this to local population forecast rates to produce a forecast of future demand.
- Method 2: To assume that current funded cohort is equivalent to total demand, and to use recent trends in this plus local population forecasts to produce a demand forecast.

Method 1

It was found that much data on prevalence levels for autism spectrum conditions was either out of date, or experimental, and it is generally considered that these rates under-report autism in women and older populations. Incidence of autism has increased by 787% between 1998 and 2018 (Source: <https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcpp.13505>), and anecdotally it is felt that this increase will have continued, even accelerated, since 2018. We have therefore quoted a prevalence rate of 1% for the general population (1.8% for men, 0.2% for women) (Source: PANSI, v.14.2, Crown Copyright 2020), but did not feel that this was reliable enough to base a forecast model on, particularly as it is felt that this under-represents needs in some population segments.

Prevalence rates for Learning Disability were more reliable and up to date and is estimated for the general population at around 2%.

To calculate our total potential cohort, we needed to be able to calculate learning disabilities/autism spectrum conditions co-morbidity, and although there are experimental figures available on this (and they all roughly triangulate to 31% of those with a learning disability having an autism spectrum condition), they suffer again from the constraints in the data. Additional to these concerns, these prevalence rates do not take into account the further variables in defining our cohort:

- Having social care needs,
- Which rise to the level of Care Act eligible.
- And cannot be supported by the provision of informal care (such as unpaid care by family and/or friends).
- And being sufficient to require a specialist supported accommodation setting.
- In addition to which, the customer not having sufficient financial means to self-fund their care.

These variables cannot be modelled from population segmented data, except in proxy metrics which cannot consistently be combined, and we therefore concluded that Method 1 is insufficient for our forecast.



Method 2

Method 2 makes the assumption that all funded Derby City Council usage over a period of five years represents all demand to Council funded Learning Disabilities and Autism 18-64 Supported Accommodation. We believe that the number of people aged 18-64 self-funding formal care packages is low, based on experimental ONS data. We therefore assume that a high majority of total demand for this type of accommodation is represented in our data. However, this method, by proxy, can more accurately take into account the variables discussed that Method 1 cannot account for, and so was thought to produce the more accurate forecast.

Again, one consideration was the increase in autism incidence and whether this increase is an actual increase in the population of autistic people, or whether the increase represents a correction to a prevalence that has been consistent but under-recognised. This would be relevant to how much growth we should apply to our forecast of cohort size/demand.

It was considered that Care Act Assessments are not dependent on diagnoses, and instead take into account ability to perform Activities of Daily Living safely and reliably, i.e. support needs. If there is an increase in actual prevalence of autism, and this increase is equal across autism spectrum conditions (i.e. there is an increase in numbers of people with low-functioning autism equivalent to the increase in numbers of people with high-functioning autism, the latter of which are unlikely to be included in our cohort), then we would expect to see the numbers of people within our cohort increase over the five year period sampled.

If instead the increase is attributable to an increased recognition and diagnosis of autism in a population that has always had a higher prevalence rate than recognised, or the increase is disproportionately affecting people with high-functioning autism, we might expect to see a higher level of recording of autism as a health condition in our own data, but potentially no increase, or a disproportionately smaller increase in the numbers of people in the cohort overall.

In fact, we saw the latter. As at 2023, we saw a 25.6% increase in people with a recording of autism spectrum conditions on our social care system compared to 2019, but the cohort size overall increased by 4.4% over the same period, and 4.1% of this growth occurred between 2019 and 2020, which would imply a change in behaviours at the beginning of the Covid-19 pandemic.

We therefore cannot conclude whether population-wide increase in autism incidence is due to previous under-recognition or an actual increase in prevalence, but we can assume for our forecast that where social care need associated with autism is present, that need has been recognised as a social care need, whether it is recognised as associated with autism or not. We make this assumption in our model and will not therefore add a variable to forecast increase in demand in line with recent trends in either recording of autism spectrum conditions on our social care database, or external data on increasing incidence.



With this question answered, the variables for our forecast are decided as the number of people in cohort (and sub-divided by population segments) with learning disabilities and autism spectrum conditions, aged 18-64, funded by DCC to receive care within supported accommodation type settings, as at 2023 snapshot, and calculated as a population rate; applied to local population forecasts to 2040.

Key Cohort Characteristics

At any time, the number of people aged 18-64 with a learning disability and/or autistic people, and in receipt of Derby City Council funded services is approximately 730. Of these, approximately 370 to 380 people are in receipt of care in a supported accommodation with 280 to 290 reside in permanent accommodation; 90 are in receipt of respite or short break accommodation-based care. These figures have not changed significantly over the years 2019 – 2023, and so no growth in demand is applied to the forecast model separate to population growth.

The average age of the accommodation-based cohort is higher than the those with the same care needs but no accommodation needs (41 vs. 32 averaged over the five years), and within this former group, those who require permanent accommodation are older on average than those in receipt of respite accommodation (43 vs. 36 averaged over the five years). The average age for the accommodation-based cohort does appear to have been consistently decreasing over the last five years (45 in 2019 to 39 in 2023).

Approximately 35% of the cohort are female, 65% male. There is no difference in this between those in receipt of accommodation and those not, and this split has not changed over the five years sampled. Neither sex is more likely to require accommodation-based care than non-accommodation-based care.

There has been a 25% increase in the recording of autism spectrum conditions, but no equivalent increase in the size of the overall cohort (see further details under Method 2). In fact, the increase in autism is more substantial in those with learning disabilities and autism but not in receipt of accommodation-based care, than those with the same needs profile but in accommodation-based care.

92% of those in cohort have a learning disability (with or without an autism spectrum conditions); of those without a learning disability, approximately 30% have a primary support reason of mental health support, and 25% have a primary support reason of social support.



Key Accommodation Usage Metrics

Most of the 280-290 people in receipt of **permanent** accommodation-based care reside in either a Supported Living setting or a Residential Care Home. As at 2023, 158 people are in Supported Living and 91 are in residential care homes. A further 14 are in Extra Care, 14 live with their Shared Lives Carer, and 10 reside in a nursing care home.

Of the 90 in receipt of **respite** accommodation-based care, 35 are believed to be procuring their respite via a Direct Payment, 30 receive regular or intermittent overnight care via Shared Lives, 23 access rolling respite care at Bonsall View (a Derby City Council owned care home). Very few were found to be using externally owned care homes for respite.

Unmet Need

Mindful that our method can only project our current commissioning arrangements forward, and that we could therefore miss evidence of provision that is required but not yet available, we looked for any evidence of unmet need or needs are being met where the provision may not have been the customers or Social Workers' first choice. We did this by analysing the proportion of provision in settings outside of the City boundaries, and then triangulating this against a survey to Social Workers asking for their feedback on these out of City placements. Additionally, we analysed Brokerage logs for evidence of placements outside of Social Worker or Customer initial preferences, discussed these findings with the Brokerage team, and analysed NHS Capacity Tracker data for occupancy level data. We found that:

- Of the 102 placements in residential care homes, 74 (73%) were placed out of the City.
- Of the 134 placements in supported living, 6 were placed out of the City ***
- Of those 66 people in Out of City residential home placements whose Social Worker responded to our survey, 77% were not in the setting and location that would have been preferred by the worker, as follows:
 - 9 responses had preferred a Supported Living placement but had ultimately placed in a residential care home.
 - 42 responses preferred a residential care home setting, which was what was procured, but they would have chosen for the customer to go to a setting within the City, if possible; 39 of these responses report attempting to source an in-City placement, and 37 of these could not find any capacity when they did so.
 - 15 responses preferred a residential care home setting, and they preferred and/or required that the customer be placed in an out of City placement.
- Our data from the Broker Logs, and our meeting with Brokers, agreed that there was generally little provision for 18-64 learning disability and autism accommodation-based provision. They felt that capacity was limited for care homes



specifically; where Supported Living providers could generally acquire accommodation if the care package was accepted, care home capacity is not easily developed. Brokers felt that the majority of requests for placements for our cohort requested in-City capacity, but that in some cases, workers and families are aware of the limited capacity and so the preference is already tempered by this before the referral is made.

- Data from the NHS Tracker bears out the idea that there is little vacant capacity within external care homes that may be appropriate for our cohort, locally and regionally. In Derby City, “Specialist” care homes had an occupancy level as at 10/04/2023 of 89%, vs. 83% in non-Specialist homes. Similarly, in the East Midlands, “Specialist” care homes had an occupancy level of 88% vs. 79% in non-Specialist homes.

These figures create a picture of low levels of vacant capacity in appropriate care homes, not just locally, but also regionally, and so having to seek out of City placements in order to provide an appropriate package of care. This does not suggest that customers’ in out of City placements are not having all needs met, and in fact many responses to the survey noted that customers were settled, integrated into the local Community, and had all needs met in their placement. It does however suggest that there is insufficient provision for demand locally, and this may create non-ideal provision, including in the Council’s lesser ability to monitor quality standards, manage contracts, and negotiate fees.

Demand Forecast

We have concluded that we do not find evidence of increased demand for services within the population to apply to forecast population growth, so our forecast calculates the number of adult social care users as at 10/04/2023 within gender and age band segments, and forecast this out to 2040, using population forecasts from PANSI v14.2.

The 18-64 population in Derby is forecast to remain stable between 2023 and 2040. Within this though, we expect to see a 16% increase in numbers of people aged 18-24, meaning that the characteristic of the cohorts may change to reflect this, particularly as this group have specific requirements for care that transitions into adulthood and promotes maximum independence, along with an expectation that a customer of this age will have several homes during this period as they gain independence.

Overall though, we expect the number of people with a learning disability and autistic people, aged 18-64, funded by Derby City Council, and requiring accommodation-based care to remain relatively stable, with very little change in absolute numbers of people, or gender split. By 2040, as now, we expect a total of 340 to 350 people requiring this kind of accommodation.



Conclusion

Assuming that there is no significant change in behaviours or actual prevalence of moderate to severe learning disability and/or low-functioning autism spectrum conditions, we conclude that whilst we do not expect a significant shift in demand for accommodation-based care from our cohort, we do conclude from the evidence that we have a current demand that exceeds current capacity – where capacity is taken to mean the ideal placement (including setting type and location) for all customers.

In calculating what permanent provision we need, we assume that each customer requiring permanent accommodation-based care requires 365 days of care per year, and that each customer requiring respite accommodation-based care will occupy that accommodation for an average of 41 days/nights per year. We also assume that a maximally efficient permanent setting can operate at an annual average 85% occupancy, and a maximally efficient respite setting can operate at an annual average 70% occupancy.

This being the case, this would mean that we currently use and expect to require the full annual use of 444 permanent beds, and 15 respite beds for our cohort every year. Note that this is estimated on the basis of maximal efficiency; this is likely to be significantly increased where care needs or behaviours are dissimilar or incompatible, and where settings could not (and should not) operate at the quoted occupancy levels (e.g. Shared Lives Carers would not operate at this level). The variance in how many beds are required depends largely on the care model preferred and each individual customers' particular needs and preferences.

We conclude that if we were to re-patriate each person who was in an Out of City placement who would have preferred to be in-City at the point of placement (which is not to say that they would now choose this), we would require an additional 28 to 35 additional Care Home beds, plus an additional 7 to 10 additional Supported Living beds. In development of this capacity, it is assumed that as customers require new placements, or transition into adulthood, that newly developed capacity would be used and over time the distribution of our placements would move into the City or in an area close to the customers' chosen location.



Appendix B: Glossary of terms

Term	Meaning
Autism (A) and Autism Spectrum Conditions (ASC)	A lifelong developmental condition that affects how a person communicates with and relates to other people. It also affects how they make sense of the world around them. It is a spectrum condition, which means that while autistic people may share certain difficulties their condition will affect them in different ways.
Care Act 2014	The law that sets out how adult social care in England should be provided including the rights and responsibilities of local authorities, care providers and service users.
Care Home	A place that provides accommodation, personal care services and support to people who are no longer able to live independently in their own homes. Some care homes also provide nursing support.
DASH	A private rented sector service for local authorities, landlords & tenants, hosted by Derby City Council that aims to improve the quality of housing in the private rented sector.
Extra Care	Specialist accommodation with a range of facilities and onsite care and support services which aim to allow people to stay in the community as they get older.
Learning Disability (LD)	A condition that means a person tends to take longer to learn and may need support to develop new skills, understand complicated information or interact with other people.
Older Adults	Adults aged 65 and over
ONS	Office for National Statistics
Out of Area	When a person, who is the responsibility of Derby City Council, lives outside of the geographical area under the Council's control.
PANSI	<i>Project Adult Needs and Service Information</i> - Provides access to projections of the numbers, characteristics and care needs of people aged 18-64 in England at national, regional and council level.



Preparing for Adulthood	Support for people aged 15/16 to 25 who have an EHCP and/or care act eligible support need to help them transition from children's to adult social care support and develop their independence.
Supported Exempt Accommodation (SEA)	Housing designed to assist vulnerable people in living independently and is exempt from the usual caps on housing benefit. Typically provided by housing associations, councils and charities
Shared Lives	Support to vulnerable people by Shared Lives Carers including the opportunity to be part of and live with the carer's family and community, who in turn provide friendship, support and care.
Supported Accommodation	Accommodation specifically designed or adapted for people because of their learning disability and autism support needs as part of their overall support package.
Supported Living	Schemes providing care and support to people to enable them to live in their own homes. Care and support are provided under a separate contract to those for the person's housing.
Technology-Enabled Care (TEC)	Technology used to provide health and social care services, often in their own homes monitoring, and manage support to help people live healthier and more independent lives.
Younger Adults	Adults aged 18 to 64



We can give you this information in any other way, style or language that will help you access it. Please contact us on **01332 640000** or **derby.gov.uk/signing-service**

Punjabi

ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਸਕਦੇ ਹਾਂ, ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਇੱਥੇ ਸੰਪਰਕ ਕਰੋ: **01332 640000** ਜਾਂ **derby.gov.uk/signing-service**

Polish

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku. Prosimy o kontakt: **01332 640000** lub **derby.gov.uk/signing-service**

Slovak

Túto informáciu vám môžeme poskytnúť iným spôsobom, štýlom alebo v inom jazyku, ktorý vám pomôže k jej sprístupneniu. Prosím, kontaktujte nás na tel. č.: **01332 640000** alebo na stránke **derby.gov.uk/signing-service**

Urdu

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