

## **Adult Social Care Older People's Accommodation Strategy**

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## 1. Introduction

- 1.1 This strategy outlines our plans for the accommodation needs of older people in Peterborough who require support from social care to live their lives. It refreshes the 2007 strategy when people told us as part of that consultation:

“Over 90% (of people) confirmed their wish to remain at home and be supported to do so, through the provision of aids and home adaptations wherever possible. Over 90% identified extra-care or supported housing as their preferred option if remaining in their current home became too difficult. At the same time, the vast majority recognised the continuing need for care home provision for the minority with particularly high levels of dependency/complex needs.” (page 16-2007 strategy).

- 1.2 At the centre of the strategy is the adult social care vision for people in Peterborough:

Our priorities:

- Promote and support people to maintain their independence
- Delivering a personalised approach to care
- Empowering people to engage with their communities and have fulfilled lives

- 1.3 This strategy sets out how we will support people to remain as independent as possible and make real choices about their lives – in line with the aims of ‘Our Health, Our Care, Our Say’ (DH 2006); ‘Putting People First: a shared vision and commitment to the transformation of adult social care’ (DH 2007); ‘Think Personal, Act Local’ (DH 2010), ‘A Vision for Adult Social Care : Capable Communities and Active Citizens’ (DH 2010) and ‘Laying the Foundations’: The Government’s National Housing Strategy for England (see Appendix 1 for a fuller list of publications). These emphasise the importance of independence, enabling people to live their own lives as they wish, make choices, and take risks within a market that provides high quality services that are appropriate to peoples’ needs.

- 1.4 In Peterborough we have developed the ‘Living My Life’ programme to take personalisation, choice and control forward. This accommodation strategy is set out as part of that programme, which supports how we deliver all adult social care in Peterborough. The programme identifies that everyone should be able to:

- Live as independently as possible
- Make their own choices to achieve their personal goals and aspirations
- Take appropriate risks
- Live their lives free from abuse and neglect
- Maximise their health and well-being.

- 1.5 This strategy is underpinned by a range of documents, including local previous accommodation strategies, government guidance and best practice including:

- Peterborough’s Older Peoples’ Accommodation Strategy (2007)
- National Dementia Strategy – Living Well with Dementia (2009)
- End Of Life Strategy (2008)
- Local Decisions – A fairer future for social housing (2010)
- Valuing people Now (2009)

- Peterborough's Joint Strategic Needs Assessment (2011)

## 1.6 What is the Purpose of the Strategy?

- To understand the progress in the development of Peterborough's accommodation options;
- To provide clear direction and targets for future housing developers;
- To improve opportunities for the people to live in suitable accommodation based on their current and potential future needs;
- To ensure people are able to access stable life long accommodation with their own tenancy, part ownership and full ownership;
- To promote choice;
- To promote care at home and avoid admissions to hospital or long-term residential care; and
- To ensure choice and a stable environment at end of life care.

## 1.7 What are the desired outcomes?

- Older People are provided with the right information in the right way to enable them to make real choices about their housing and accommodation;
- There is a range of good quality appropriate accommodation available;
- The market is responsive and provides good quality accommodation at realistic and competitive prices; and
- People are supported to live where they want and to make choices which are right for them.

## 2. About Peterborough

2.1 Population projections point to a significant growth in the numbers of older people in Peterborough over the next 10-15 years. There has already been growth of some 400 people in the older population aged 85 and over between 2008 and 2012.

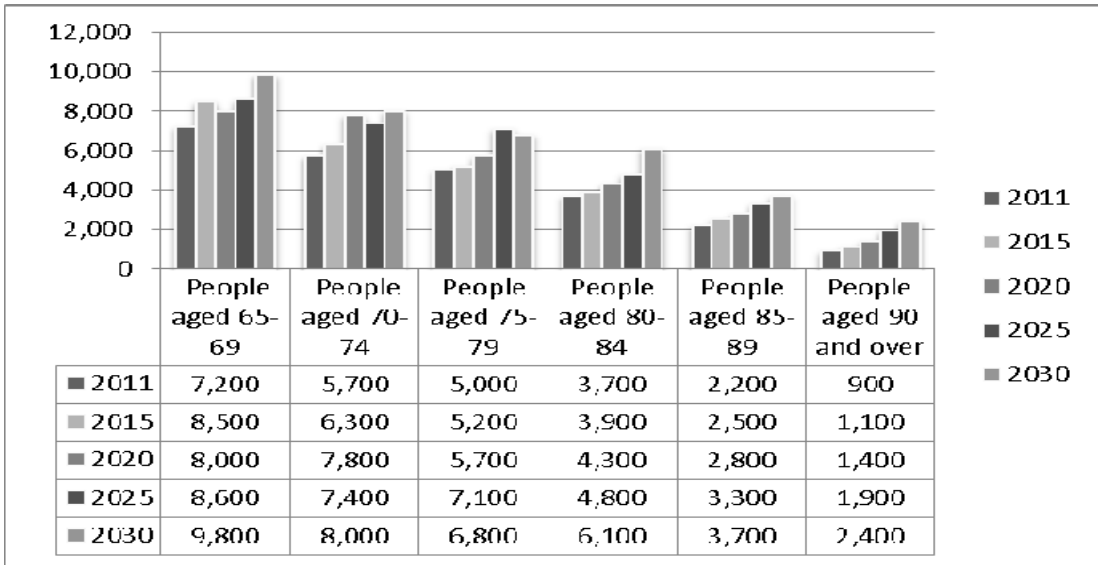
### Peterborough Annual Population Projections by Age Group to 2021

Peterborough Resident Population Projections by age group to 2021

Year	Thousands													
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
0-19	43.7	43.9	44.2	44.5	44.8	45.1	45.7	46	46.5	46.9	47.5	48	48.5	49.1
20-44	63.4	63.8	64.1	64.6	64.9	65.1	65.5	65.9	66	66.3	66.4	66.8	67.1	67.3
45-64	39.4	40	40.5	41.1	41.4	42	42.5	43	43.5	44	44.6	44.8	45.1	45.4
65-74	12.2	12.4	12.6	12.9	13.6	14	14.4	14.8	15.1	15.4	15.5	15.7	15.8	15.9
75-84	8.3	8.4	8.5	8.7	8.8	8.8	8.9	9.1	9.1	9.3	9.4	9.8	10	10.3
85+	2.8	2.9	2.9	3.1	3.2	3.3	3.5	3.6	3.7	3.8	3.9	4	4.2	4.4
Total	169.8	171.4	172.8	174.9	176.7	178.3	180.5	182.4	183.9	185.7	187.3	189.1	190.7	192.4

Source: ONS Sub-national Population Projections, mid 2008

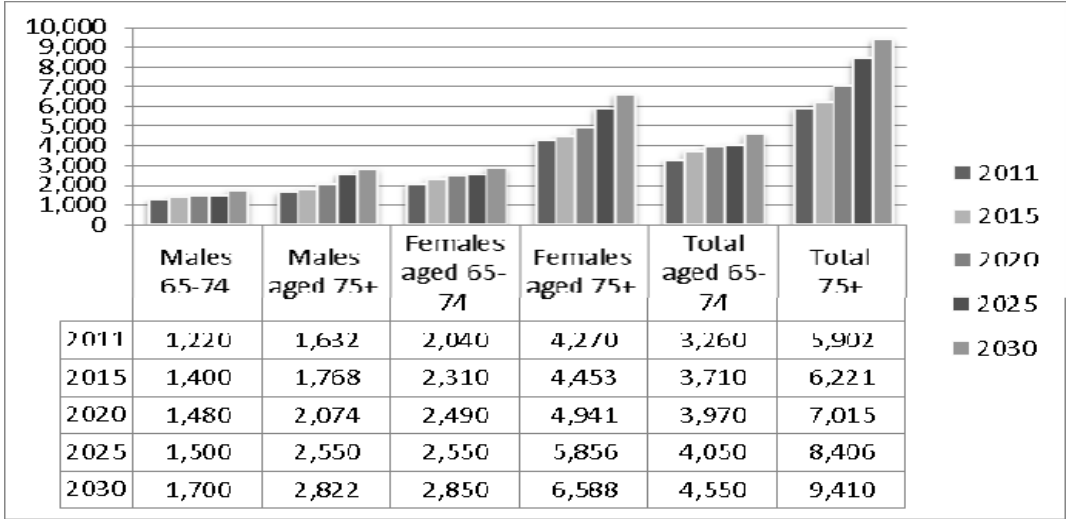
2.2 By 2016, there are expected to be 30,600 people over the age of 65 living in Peterborough with 4,400 of those being over the age of 85. .



Peterborough Older People Population projections

2.3 The number of people with dementia (including early onset) living in Peterborough will increase from 1,686 in 2010 to 1,882 in 2015 and 2,142 in 2020 – an increase of 27% over the next ten years. The largest increase is expected to be seen in women, increasing from 1,074 currently (2010) to 1,309 in 2020 (Dementia UK Report, Alzheimer’s Society, 2007).

2.4 The numbers of people living alone will also increase. The table below sets out data on populations of older people predicted to live alone.



2.5 The table below sets out ethnicity data for Peterborough for the whole population and for those over 65 years.

Experimental Ethnic Group estimates for Peterborough, Persons				
	Peterborough			
	All ages		65 +	
	Number	%	Number	%
White: British	134,200	82.2	24,300	89.3
Asian or Asian British: Pakistani	7,400	4.5	400	1.5
White: Other White	6,000	3.7	1,000	3.7
Asian or Asian British: Indian	4,400	2.7	400	1.5
Black or Black British: African	1,800	1.2	100	0.4
White: Irish	1,500	0.9	500	1.8
Black or Black British: Caribbean	1,300	0.8	200	0.7
Asian or Asian British: Other Asian	1,200	0.7	100	0.4
Mixed: White and Black Caribbean	1,000	0.6	0	0.0
Chinese or Other Ethnic Group: Other Ethnic Group	1,000	0.6	0	0.0
Mixed: White and Asian	900	0.6	0	0.0
Chinese or Other Ethnic Group: Chinese	800	0.5	0	0.0
Mixed: Other Mixed	700	0.4	0	0.0
Mixed: White and Black African	300	0.2	0	0.0
Asian or Asian British: Bangladeshi	300	0.2	0	0.0
Black or Black British: Other Black	300	0.2	0	0.0
White	141,700	86.8	25,800	94.9
Mixed	3,000	1.8	100	0.4
Asian or Asian British	13,300	8.1	900	3.3
Black or Black British	3,500	2.1	300	1.1
Chinese or Other Ethnic Group	1,800	1.1	100	0.4
All Ethnic Groups	163,300	100.0	27,200	100.0

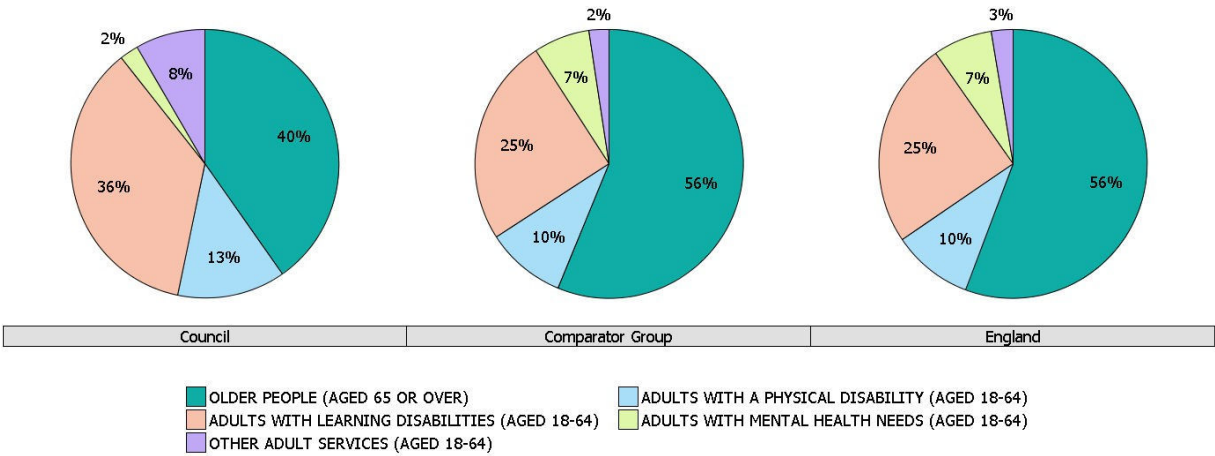
Source: ONS Experimental Population Estimates by Ethnic Group, June 2007

2.6 There are still significant health inequalities in life expectancy within Peterborough - parts of Central, East and Paston wards have the highest poverty levels for older people. There are a growing number of vulnerable people independently funding their own care.

2.7 The numbers of people supported in permanent residential care has fallen by 26% between 2007-08 and 2009-10 (significantly lower rates than our comparator local authorities or the national average) but we also have significantly higher availability of extra care housing per 10,000 of the population aged 65+.

# Peterborough Adult Social Care Expenditure 2010-11 Report

Percentage distribution of total gross current expenditure on adult social services by client group 2010-11 (note: percentages have been rounded so may not add up to 100%).



### 3. Adult Social Care Commissioning

- 3.1 2012 saw the return of ASC from the PCT to the City Council. As part of that move a new ASC department has been created within the council - a commissioning ASC department. Working with other council departments, the council's strategic partners and wider partners within the city, including the voluntary and independent sectors as well as housing providers, we are reviewing the way ASC is commissioned in Peterborough.
- 3.2 There is national agreement that the current pattern of commissioning and delivering services is unsustainable as it will not meet the expectations of future service users, and the workforce requirements and costs of increased demand for residential and home care cannot be achieved or afforded.
- 3.3 'Fairer Care Funding – The Report of the Commission on Funding of Care and Support' (Dilnot Commission Report) 2011 highlighted that the current funding system is in urgent need of reform: it is hard to understand, often unfair and unsustainable
- 3.4 People want to remain at home with care and support if possible, and support for family carers is recognised as a key element of service provision to enable this.
- 3.5 The aims and outcomes set out in the government White Paper 'Our health, our care, our say' (2006) signaled the Government's intention to shift the emphasis of health and social care from acute and intensive services towards prevention, health promotion and community services. Better prevention, more choice, tackling health inequalities and support for people with long term needs were the main goals.
- 3.6 'Putting People First' (DH 2007) later identified the government's vision and commitment to the transformation of adult social care. The document calls for system wide transformation, developed and owned by local partners. The key values that sit behind this policy relate to quality of life and 'the equality of independent living' which are seen as 'fundamental to a socially just society'. The transformation required means a shift from paternalistic, reactive care to a new mainstream system that is

focused on early intervention, reablement, prevention, and high quality personally tailored services.

3.7 Adult Social Care in Peterborough is being re-shaped based on The vision for quality in social care ('A Vision for Adult Social Care: Capable Communities and Active Citizens', DH 2011) and on the outcomes framework principles including: prevention; personalisation; partnership; and providing protection.

3.7.1 The document highlights the importance of ensuring that the variety of people's needs is matched by a diversity of support within a broad market of high quality provision. The vision endorses the role of councils working to develop markets with the full engagement of people with support needs, their carers and families and a wide spectrum of providers:

"Social care already involves a diverse range of providers, including the voluntary and private sectors, but more can be done to make a reality of our vision of a thriving social market in which innovation flourishes. Councils have a role in stimulating, managing and shaping this market, supporting communities, voluntary organisations, social enterprises and mutual to flourish and develop innovative and creative ways of addressing care needs. Local government has already made great strides towards developing local services with their local communities and voluntary organization.." (paragraph 5.2).

3.8 The success of market shaping will depend on strong partnerships, shared risks and a willingness and ability by commissioners and providers to put people with support needs, their carers and families, in the driving seat. If councils are to lead the way in shaping local markets they will need to develop approaches that empower people to set the direction for change, and work closely with suppliers in the independent and third sectors to better understand their capacity and capability, so that innovation and best value are most effectively incentivised.

3.9 The challenges are significant and are described in the ADASS publication 'The Case for Tomorrow Facing the Beyond' (ADASS 2012):



#### **4. Current Housing Choices**

- 4.1 There are currently a number of accommodation types in Peterborough for older people who need different levels of support. These mirror what is available nationally.
- 4.2 Own home – people living in their own homes and are supported to help them to continue to live as independently as possible in their own home. While many people may make their own arrangements for support and pay for it themselves, there are currently just over 1,600 people with an ASC personal budget purchasing support to live at home.
- 4.3 Sheltered Housing - housing tends to be in a scheme of about 20 to 40 self contained flats or bungalows. There is almost always an alarm system and most schemes have an accommodation scheme manager. In Peterborough we currently have a range of schemes offering 1747 places.
- 4.4 Extra Care Schemes – these schemes tend to be larger than sheltered schemes and provide direct access to a care provider 24/7. All schemes have an accommodation scheme manager. In Peterborough we currently have five schemes offering 237 places.
- 4.4.1 The five extra care schemes in Peterborough have a capacity of 223 units. Excluding first occupations at The Spinney (a new scheme opened in 2011), 48 units became vacant during the year. This amounted to a 20% stock turnover, which is lower than during 2010/11.
- 4.4.2 One hundred and fifteen people joined the Extra Care Housing Register during 2011/12, and on 31st March 2012, 52 people were still on the EC Register awaiting an offer of Extra Care accommodation. Assuming the same number of people seek Extra Care housing during 2012/13 as in 2011/12, and the void turnover creates 46 vacancies, the number of people on the register could more than double, with 121 applicants on the Extra Care register on 31<sup>st</sup> March 2013.
- 4.4.3 Cross Keys Homes will shortly commence construction of a 79 unit Extra Care scheme in Stanground. This additional supply of units should help to reduce the number of applicants on the EC register.
- 4.5 Care Homes – including residential and nursing homes – Peterborough has 821 beds available in 17 homes within the City. Plans are underway to break ground this year for an additional care home providing 50 beds. This is a local independent provider who already has a presence in Peterborough.
- 4.6 Since November 2011 we have been collecting weekly vacancy levels in all the independent sector homes we purchase beds from in Peterborough. On average each week during this high need period there have been a total of 56 beds available, which has included just over 16 residential beds, 15 nursing beds and 25 dually registered residential/dementia beds.
- 4.7 A snapshot on 14<sup>th</sup> May 2012 showed 60 available beds of which 29 were registered for dementia or residential care, 19 for residential care and 12 for nursing care. All but 1 nursing bed and 3 residential beds were open to purchase by the council at our agreed rates.



4.8 The two homes still run by the council have 86 beds and 24 vacancies and were not included within the independent sector count in 4.7 above.

## 5. The costs of support

5.1 Laing & Buisson health and care market reports provide authoritative data and in-depth analysis of the UK health and care market.

Nationally the average cost of residential and nursing care for over 65s is £526 per week, including independent as well as council provided care. The average cost of residential care is nationally £522; however, when it is provided by a council, the cost is a national average of £895 per week compared to £470 when provided by others. (Personal Social Services: Expenditure and Unit Costs - England 2010-11 - Final Release - The information Centre 2012).

5.2 In Peterborough our current fee levels per week are set at:

Residential	£387.03
Residential/dementia	£440.58

These are in line with our neighbouring authorities and agreed with our local care home providers.

5.3 The two homes run by the council – based on current running costs and if they had no voids and continued to operate with the same number of beds – would have weekly costs of:

Greenwood House	£714.89
Welland House	£665.94

## 6. What is needed in the future?

6.1 The Case for Tomorrow sets out eight areas that need to be addressed which include:

- A range of different types of housing which allows people to remain at home as long as they wish
- Real choice and control over services which are fairly priced and affordable

Effective prevention in supportive communities which promote good health, wellbeing and involvement.	Community health and care services working together to aid recovery and provide ongoing support to reduce the need for acute care.	A range of different types of housing which allows people to remain at home as long as they wish.
Good quality information and advice and straightforward access to health, care and support services.	THE CASE FOR TOMORROW	Better recognition and support for carers, particularly for older carers.

Safe, good quality services from reliable and skilled people.	Real choice and control over services which are fairly priced and affordable.	Services which are effective, efficient and accessible when and where needed.
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6.2 It goes on to identify a way forward (8.3):

- Better planning for the likely future demand for housing suitable for older people, including greater co-ordination between the planning authority and social and health care.
- Health and wellbeing boards with a better understanding of what good housing can deliver, and with access to planning specialists.
- Strong local commitment to accessible housing and good neighborhood design that supports older people remaining within the community.
- Local authorities working with RSLs to review the local sheltered housing stock, and ensure that all provision over time can be fully accessible for the delivery of health and care services.
- Specialist housing for older people which can also support people with dementia.
- Investing in new designs and technology in aids and adaptations which support older people and carers to remain at home.
- Establishing local targets for private sector extra care housing proportionate to home ownership by older people.

6.3 'Laying the Foundations', the Government's national Housing Strategy for England, sets out a number of key themes which relate to older people, including:

- The introduction of a 'New Deal for Older People', to help older people to continue living comfortably in their own homes;
- the need for communities to have more say over new housing developments in their own area to ensure they meet local needs, including the needs of older people; and
- the importance of good accessible design in both housing and in neighbourhoods, to enable older people to remain independent and included in their communities.

6.4 It is estimated that people aged 65 and over in local authority residential care, independent sector residential care, and nursing care during the year, purchased or provided by Peterborough City Council will be:

	2011	2015	2020	2025	2030
Peterborough:	731	814	888	979	1,089

While the actual numbers for Peterborough in 2011 are likely to be about 100 less – this does give an indication of need into the future (from the Peterborough JSNA).

- 6.5 Given the levels of residential/nursing beds provided in the independent sector in Peterborough, people's wish to remain at home longer, and the additional planned residential care beds and extra-care housing being available in the next 2 years – it is unlikely that we will require additional residential care beds in the near future. We may however require additional dementia care and in particular extra care dementia care. We have begun to talk to providers about developing this.
- 6.6 As part of this strategy we would want to move to a Peterborough standard for new residential care developments, ensuring CQC standards are seen as a minimum and aim for room sizes of 25 m<sup>2</sup>, all en-suite provision and buildings which allowed for a modern and good quality service to be provided.

## **7. Future plans**

- 7.1 In Chapter Five of the 2007 strategy the key objectives were set out to:
- Meet the needs of older people in general needs accommodation;
  - Make better use of existing sheltered housing and encourage the rationalisation of existing provision; and
  - Work in partnership with the PPCT and others to:
    - facilitate investment in Extra Care/Very Sheltered Housing
    - facilitate the provision of sufficient care home provision for older people, including those with mental health needs
    - facilitate the provision of sufficient short-stay, intermediate care residential nursing rehabilitation resources to enable timely hospital discharge and avoid unnecessary hospital admissions;
    - facilitate the provision of adequate capacity for short-term breaks (respite care)
- 7.2 These were further defined as:
- 7.2.1 Ensure good quality and effective advice and information services (and materials) are available to support older people in making choices about future options. The needs of Peterborough's BME communities should be reflected in this approach.
- 7.2.2 Maximise the availability of adaptable (lifetime homes standards), affordable housing options for older people through ensuring the needs of this section of the community are fully represented in negotiations with developers and through the PCC Planning Obligations Strategy. This is in line with emerging practice.
- 7.2.3 Review the level of demand and current level of funding for Disabled Facilities Grants to ensure adequate growth provision is planned for – a key element of promoting independence. Part central government funded, part locally funded.
- 7.2.4 Regularly review the level of demand and current resources for minor aids and adaptations, and access to the services of Home Improvement Agencies (HIAs) to ensure adequate growth provision is planned for. This will have clear links to the assistive technology initiatives already in place.
- 7.2.5 Review of the current regime for linking Supporting People funding to housing schemes/services, and develop a joint commissioning model with PPCT for Floating Support Services. These will be tenure neutral and enable people to

access those support services traditionally associated with sheltered housing schemes. This would be funded through realignments of existing budgets.

- 7.2.6 Work with RSLs to review the continued viability and, where appropriate, possible alternative uses for all current Supported Housing Schemes located in the area served by the Council. Those unsuitable or no longer attractive to older people may offer solutions for other sections of the community.
  - 7.2.7 Press forward with the plan to expand the number of extra-care housing units in line with the local calculated demand projections – a baseline of 400 units by 2011 and 500 by 2016. This is to include significant provision for people with dementia.
  - 7.2.8 Refine modelling projections on the continued demand for residential care provision across all sectors – including the viability of continuing to directly provide long-stay residential care places through homes run by PPCT, and options for specialist provision.
  - 7.2.9 Facilitate the growth in demand through the commissioning of short-stay and rehabilitation services and develop capacity in line with projections. This would include intermediate, interim and respite care.
  - 7.2.10 Facilitate the growth in demand for nursing care provision to inform PPCT commissioning strategy. Develop capacity in line with projections. This will include provision for older people with dementia, multiple and complex needs, palliative and terminal care.
- 7.3 In relation to 7.2.8 above the 2007 strategy also noted (page 5) that ‘whilst this work will impact on all sectors providing residential care homes, there will need to be a consideration of the future role of the six directly provided care homes operated through PPCT. These decisions are strongly linked to the following two points:
- Facilitate an increase in the availability of short-stay and rehabilitation services, developing capacity in line with projections. This will include intermediate, interim and respite care.
  - Refine modelling projections on the demand for nursing care provision to inform PPCT commissioning strategy. Develop capacity in line with demand projections. This will include provision for older people with dementia, multiple and complex needs, palliative and terminal care needs.’
- 7.4 Over the last five years much work has been undertaken in these areas. There has been a significant increase in extra care housing, with flats for dementia care. We have intermediate, interim and respite care beds purchased from the independent sector. The PCT has been developing an ‘end of life’ pathway which is now in place to ensure that people who wish to die in their home are supported to do so.
- 7.5 We plan to continue with this strategy but also to refresh and update it to reflect personalisation; reablement and the new economic climate to ensure services are fairly priced, affordable and provide value for money.
- 7.6 Our refreshed plan is to:
- 7.6.1 Ensure good quality information and advice is available for all people whether they fund social care themselves or it is funded by the council;

- 7.6.2 Invest in new designs and technology in aids and adaptations which support older people and carers to remain at home (Tele care);
- 7.6.3 Better planning for the likely future demand for housing suitable for older people, including greater co-ordination between the planning authority and social and health care;
- 7.6.4 To work with the market and ensure that the needs of most older people are met within general needs accommodation;
- 7.6.5 To work with partners within the City Council and with RSLs to ensure effective use of existing sheltered housing;
- 7.6.6 To review the use of Supporting People funding to ensure it is directed in the right places to maximise outcomes for older people;
- 7.6.7 To look for new ways of creating new investment in Extra Care Housing;
- 7.6.8 To stimulate and shape the market to ensure the provision of sufficient good quality care home places for older people, including those with mental health needs, which is fairly priced and affordable;
- 7.6.9 To commission specialist housing for older people, which can also support people with dementia;
- 7.6.10 To consult on the potential decommissioning of the relatively expensive and physically outdated in-house residential care homes for older people;
- 7.6.11 To stimulate and shape the market to ensure the provision of sufficient short break places for older people including those with dementia; and
- 7.6.12 To stimulate and shape the market to ensure the provision of sufficient reablement; short-stay; intermediate care; and residential nursing resources to enable timely hospital discharge and avoid unnecessary hospital admissions.

## **8. Knowing we are making a difference (performance management).**

- 8.1 The performance of the City Council is managed within a new Adult Social Care Outcomes Framework (ASCOF). The ASCOF consists of 4 key outcome domains. These were published in the document "Transparency in Outcomes: a Framework for Adult Social Care (DoH: March 2011).
- 8.2 The purpose of the ASCOF is for local authorities to use the framework as a basis for their own local performance management arrangements, and to assist in any local conversation concerning strengths in delivering better outcomes for people. It also allows the government to understand national trends around social care.
- 8.3 The ASCOF has four specific domains:
  - Enhancing quality of life for people with care and support needs;
  - Delaying and reducing the need for care and support;

- Ensuring that people have a positive experience of care and support;
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

8.4 The government no longer sets performance targets. However, it has published a set of “outcome measures” in the ASCOF. These 17 measures are based on pre-existing national collections and performance indicators and are collated nationally to specific standards. These performance measures will underpin the delivery of this strategy.

## Appendix 1

### Guidance includes:

- Our Health, Our Care, Our Say, DH January 2006
- A Vision for Adult Social Care: Capable Communities and Active Citizens (DH 2010)
- Commissioning Framework for Health and Well-Being, DH 2007
- Equity & Excellence - Liberating the NHS (NHS White Paper, July 2010)
- Fairer Care Funding – The Report of the Commission on Funding of Care and Support (Dilnot Commission Report) 2011
- Healthy Lives, Healthy People (Public Health White Paper, November 2010)
- Healthy Living, Healthy People : Transparency in Outcomes – Proposals for a Public Health Outcomes Framework (A Consultation Document, December 2010)
- Peterborough Joint Strategic Needs Assessment 2011
- Older People Accommodation Strategy 2001
- Law Commission Report – Adult Social Care (2011)
- Liberating the NHS: Legislative Framework and Next Steps
- NHS Future Forum Recommendations to Government and Government Response to the NHS Future Forum Report
- NHS Outcomes Framework
- Prioritising Need in the Context of Putting People First: A Whole System Approach to Eligibility for Social Care – Guidance on Eligibility Criteria for Adult Social Care, England 2010
- Promoting Independence, CSIP 2007
- Putting People First, DH 2007
- Statement of Government Policy on Adult Safeguarding
- Think Local, Act Personal – Next Steps for Transforming Adult Social Care
- Transparency in Outcomes: A Framework for Quality in Adult Social Care – The 2011/12 Adult Social Care Outcomes Framework
- Transparency of Outcomes: a framework for adult social care (DH 2010)
- Legislation and statutory obligations for social care services are, as follows:
- Carers (Equal Opportunities) Act 2004
- Carers (Recognition and Services) Act 1995
- Carers and Disabled Children Act 2000
- Chronically Sick and Disabled Person's Act 1970
- Community Care (Delayed Discharges) Act 2003
- Community Care Direct Payments Act 1996
- Disability Discrimination Act 1995 & 2005
- Disabled Persons (Services, Consultation, and Representation) Act, 1986
- Equality Act 2010
- Fair Access to Care Services: Guidance on Eligibility Criteria for Adult Social Care 2002
- Health & Social Care Act 2001
- Health and Social Care Act 2008
- Health and Social Care Act 2012
- Housing Act 1996
- Mental Capacity Act 2005
- Mental Health (Patients in the Community) Act 1995
- Mental Health Act 1983
- National Assistance Act 1948
- National Health Service and Community Care Act 1990
- National Health Service Act 2006
- Race Relations (Amendment) Act 2006
- Race Relations Act 1976
- Sustainable Communities Act
- The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care 2009.

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