



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**10 March 2022**

**Report of the Executive Director - Adult Care**

**Older People's Independent Living Services Consultation and Review  
(Cabinet Member for Adult Care)**

**1. Divisions Affected**

1.1 Countywide

**2. Key Decision**

2.1 This is not a Key Decision

**3. Purpose**

3.1 To seek agreement to undertake a 12-week consultation on the future provision of the Derbyshire County Council funded Older People's Independent Living Services (OP ILS) and Falls Recovery Service (FRS)

3.2 To inform Cabinet of a system-wide review of the Falls Recovery Service this is currently embedded in the Older People's Independent Living Services Contract

**4. Information and Analysis**

**4.1 Background**

4.2 The Council has been funding a range of legacy low-level OP ILS support for many years. These services were initially set up after the

Government's Supporting People programme was launched in 2003. This funding was ringfenced until 2009 and from 2010 DCC has funded OP ILS from its core ASC budget.

- 4.3 The purpose of the funding was to deliver older people's floating support to people across all tenures to enable them to maintain their tenancy. The key aim of floating support was to promote personal independence through the development of skills and support networks therefore reducing reliance on formal provision. However, in some areas the expected outcomes are not being realised and there is a lack of equity in accessing the service depending on the kind of tenure the person holds.
- 4.4 Since 2019, new service specifications for OPILS have been in place at a total cost of £1.543m and are delivered in lots across the county on a district/borough footprint as follows:
- i. Chesterfield Borough Council Housing Services Team deliver provision in Amber Valley, Chesterfield and North East Derbyshire across three contracts as an Inter Authority Agreement (IAA)
  - ii. Bolsover District Council Housing Team deliver provision in Bolsover (IAA)
  - iii. High Peak Borough Council Housing Team deliver provision in High Peak (IAA)
  - iv. South Derbyshire District Council Housing Services deliver provision in South Derbyshire (IAA)
  - v. Revival, an independent commissioned provider, deliver services in Derbyshire Dales and Erewash via two contracts.
- 4.5 The current service specifications clearly set out that the service providers should pro-actively work with individuals in receipt of the service to promote their independence and progression through the service, helping to engage service users with other support and community activities
- 4.6 Commissioners and contract managers have worked hard with providers over the past two years to transform current provision from an 'output and task-focused service', to one which is linked to personalised support and delivers outcomes set out in the current service specification. However, monitoring data indicates that most of the contracts are still not being delivered in the way outlined and are instead continuing to reinforce dependence on the service.

#### 4.7 **Analysis of People Currently Accessing OP ILS.**

4.8 The monitoring data shows that the majority of people currently using the service live in social housing and that the Local Authority or Housing Association are their Registered Social Landlord (see Table 1). This strongly suggests that the services are not being adequately targeted to all Derbyshire residents, including owner occupiers and those renting their home privately, as set out in the current service specification.

4.9 Table 1- from contract management date for Q1 2021/2022

<b>Tenure</b>	<b>Percentage</b>
Council Stock or Housing Association	92.10%
Owner Occupier	6.86%
Unknown	1.75%
Private Rented	0.21%
Other	0.05%
Shared Ownership	0.03%

4.10 Due to the way the contract is delivered as a rolling programme of referrals and closures, and the differences in how monitoring data is submitted by providers, it is not possible to give an accurate in year count of people who are currently supported by this service. Actual start and end dates for each client are not reported so identifying the number of unique clients is not possible. Using the quarterly reports however, and the number of new and closed clients, offers a snapshot of utilisation.

4.11 In quarter one reporting for the period 2021/22, there were 2,874 people accessing an OP ILS offer across the County. Of these, on average, 39% were male and 61% female.

4.12 The demographic data indicates that on average, of people currently utilising the service, 56% are over 75 years of age, 42% between 55 – 74 and 2% under 55. However, due to the different methods of data recording of age range by providers, this is an estimate.

4.13 The monitoring data over the past 18-month period, where the Districts and Boroughs deliver the service, show very little progression of people moving through the service towards independence. The number of people accessing the service has fluctuated very little in these areas and the number of people exiting the service has been limited to those whose life circumstances have changed significantly. It could be inferred from the balance of new referrals vs old referrals that new people taking

up the tenancy of the vacated social housing stock are automatically being referred to the OP ILS.

4.14 In contrast, data from the recently commissioned voluntary sector provider delivering the service in Derbyshire Dales and Erewash, shows a clear progression model of delivery, with a steady flow of people moving in and out of service over a 12-week period. This evidence indicates a higher rate of enablement for individuals in supporting them to overcome any difficulties, maintain their independence and access activities and support in their local community (see Table 2).

4.15 Table 2 Open Cases in Q1 2021-2022

Area	Open Cases Q1
Amber Valley	679
Bolsover	941
Chesterfield	465
Derbyshire Dales	4
Erewash	11
High Peak	522
North East Derbyshire	83
South Derbyshire	169

4.16 **The current OP ILS Service Specification**

4.17 The Service is designed to deliver housing related support, it does not deliver any element of personal care which would necessitate registration with the Care Quality Commission, as required by the Health and Social Care Act 2012.

4.18 The Service is designed to be tenure neutral, to enable people to live safely and independently in their own home and preferred community for as long as is practicable. The Service provides information, advice and support to ensure people's home environments are safe, suitable and maintained to meet their needs – including onward referral to other relevant services where appropriate.

4.19 **Eligibility**

4.20 Eligibility for the OP ILS is not based on any assessed eligible needs as defined in the Care Act 2014. People wishing to access the service must meet all of the following key criteria. It is the provider of the service who checks that a person meets the eligibility criteria:

- Resident in the administrative county of Derbyshire

- Have an identified housing support need
  - Risk management
  - Tenancy support – helping people retain their accommodation or support to gain the skills to live independently
  - Health and Safety support
  - Health and wellbeing
  - Accessing other services
- Be aged 55 or over (people under this age can be considered if they have support needs preparing for adulthood which cannot be met by any other service in Derbyshire. This has to be in agreement with Commissioners).
- Assessed as being in receipt of a low income, usually being in receipt of welfare benefits.

4.21 The above represent only the key elements of the criteria, see Appendix 2 for a detailed breakdown of eligibility.

4.22 The service is designed to work proactively with people to identify personal goals, agree any support needs and respond to any urgent needs. This should take a time limited tiered approach, being a more intensive service initially, working through to a managed exit strategy. Regular quarterly reviews should be carried out to assess whether goals set out in their support plan have been met and to set new goals if required. For those who no longer require support because their needs have been met, a follow up check-in call should be made after three months of exiting the service. This is to ensure that people are continuing to self-manage their housing support needs.

4.23 One Local Authority provider has recently undertaken a desktop review of their ILS clients to determine their need for the service, to support its own planning for local priorities and to work in a more efficient and system focused way. By using a Red (high needs), Amber (some needs) and Green (very low or no needs) methodology, a significant number of users of their service were identified as not requiring the level of regular service they were receiving.

4.24 Of the individuals currently in receipt of the OP ILS service,

- 81% were rated as Green (very low or no needs), having regular and sustained family support and/or carers, independent travel, able to access services and local amenities, financially stable with accessible funds, have a Careline type service and have stocks of food in the home.
- 15% were rated as Amber (some need), having limited local family support and/or carers, limited access to amenities, limited

access to funds to pay for home delivery or pre-prepared meals, small stock of food and basics like toilet paper, do have a Careline type service and may require assistance to top up gas/electricity

- 4% were rated as Red (high needs), meaning they have no support networks, are unable to access local amenities, don't have a Careline type service, low food stocks, unable to top up gas and electric meters independently and are receiving regular hospital/ medical treatment

4.25 Those rated as Green, are all individuals who do not currently meet the eligibility criteria set out in the service specification/description. Those classed as having higher needs, would still not necessarily meet the eligibility criteria for adult social care. We would expect to find consistent results across the county if a similar exercise by providers delivering under an Inter Authority Agreement (IAA).

4.26 There is no statutory duty for ASCH to provide or fund this very low level of support. However, there is a Care Act duty for ASCH to 'prevent, reduce and delay' eligible needs and now a strong emphasis within the Adult Social Care Reform White Paper 'People at the Heart of Care' to ensure that every decision about care is also a decision about housing. This offers ASCH an opportunity to carefully consider the purpose of the current service in fulfilling its statutory duties.

#### 4.27 **Falls Recovery Service**

4.28 The Falls Recovery Service (FRS) is built in as an addition to the OP ILS contract. It uses the providers infrastructure financed through the OP ILS contract (contact centre, response staff and management) to deliver an as needed FRS that is linked directly to a community alarm. Only people signed up to a community alarm service are able to access the FRS. The FRS has been in place for several years and is funded via a Better Care Fund (BCF) budget of £0.157m per annum (2021/22). The BCF additional contribution covers a £34 fee paid for each call out the service providers attend.

4.29 The FRS delivers considerable benefits to the wider health and social care system in Derbyshire by utilising resources within the OP ILS to support people who have fallen and are not injured, to be lifted safely from the floor and remain at home, rather than be attended by ambulance services to carry out the lift and potentially be conveyed to

hospital. However, it is only people in receipt of the OP ILS who have a community alarm that are able to benefit from this offer.

- 4.30 Whilst the current service does deliver considerable benefits, the current delivery model has several risks associated with it, including:
- i. The service is not currently registered with the Care Quality Commission (CQC) and unable to provide personal care, despite the service often visiting people who may have a personal care need due to nature, duration of response or location of the fall. In these instances, a family member needs to attend or if no one available, then there is no option other than to call out East Midlands Ambulance Service.
  - ii. FRS response teams have only received basic first aid training. They respond to a call following a telephone triage assessment done with the client via the community alarm response call centre. There are potential risks associated with a responder attending a person who may not have been fully able to verbalise their physical injuries. This might result in a responder attending a call out where there may be a risk of inflicting further injury where they are unable to clinically assess the actual extent of injuries to an individual.
  - iii. There is very limited follow up from any clinical professionals following the notification that a person has fallen. Ideally a check by a suitably qualified clinician should follow to ensure that the person has no undiagnosed underlying health condition and a medication review undertaken and referrals made into the falls prevention programme to prevent further repeated falls.
- 4.31 The service is currently linked to the community alarm and telecare response systems. Realigning the service within the wider health and social care system would enable it to be integrated with NHS 111, out of hours and urgent care response provision and not be reliant on an individual having a community alarm and/or telecare system installed in their home. This would widen out the offer to other citizens of Derbyshire who are at risk of repeated falls and currently rely on a purely EMAS response. Aligning with NHS resources would also allow appropriate clinical input and oversight for people following a fall.
- 4.32 Changes made to the existing OP ILS will impact on the continuation of the FRS in its current format. Work is already underway with Joined Up Care partners to review how the FRS could be delivered more equitably and effectively. ASCH commissioners are working

with Public Health, ICS colleagues and Providers to explore how the FRS could be better integrated into the wider health system.

4.33 ASCH is currently the only funder for the infrastructure used to deliver this service that is providing significant financial benefits to NHS partners across the County (including Acute Hospitals, East Midlands Ambulance Service (EMAS) and Primary Care Networks (PCNs). The multi-agency review team described above are developing options for alternative methods of delivering a FRS, which will be considered by Joined Up Care Derbyshire Place Board. This will include proposals for an integrated falls recovery service funded by all system partners. The paper will present a range of matters that includes data sharing, system costs built on evidence from the whole system (PCNs, DCHS, EMAS, PH, District and Borough Providers, ASCH), the implications of changing the current service, and benefits for the system and citizens. This jointly authored paper will mitigate the impact of the proposal to cease funding the OP ILS in its current format and offer a more equitable offer to all citizens at risk of falling, not just those who have a community alarm. It is anticipated that this work will be completed before the proposed cessation of the OP ILS and it may transpire that the outcome of the FRS review recommends that FRS should operate entirely independently of the OP ILS infrastructure in any event.

#### 4.34 **Previous Contract Engagement**

4.35 Prior to the onset of the COVID-19 pandemic, engagement had commenced with partners regarding the re-design of the OP ILS service provision. Due to the significant impact of the pandemic, this engagement had to be paused whilst emergency responses were delivered throughout the whole health and social care system. This means that existing contracts and IAA's that had been extended to enable a collaborative approach to service redesign are now coming to an end before this complex work with partners is able to be completed

4.36 The current contracts were previously extended to 31 March 2022. Business cases have now been agreed to extend these contracts on a further one year plus six months plus six months basis. These contract extensions (to 31 March 2024) will allow sufficient time to carry out proposed consultation with people who currently receive this service. They will also allow the necessary time needed for collaboration and co-production with district and borough colleagues and other providers to consider the future support offer within the emerging Integrated Care System and Vision Derbyshire framework.



## **5. Consultation**

- 5.1 The Council has a duty to consult where proposals are made that may result in the reduction or cessation of a service provision. ASCH's proposal is to cease the current contracted service provision. The consultation will be carried out to seek the views of current recipients of the service, what cessation of the service would mean for them, and the impact they feel this will have on them. It will also ask what they value about the current service and how it might be improved.
- 5.2 The consultation will clearly state the proposals to cease the current OP ILS service provision, with the intention to develop a new, improved offer that is available to all adults (rather than those over 55) that targets those most in need of short-term support to maximise their independence. This offer would be developed alongside a practical housing support offer which will aim to maximise access to other helpful interventions such as Disabled Facilities Grants and minor adaptations that will help people to remain in their own homes for as long as possible.
- 5.3 The proposed short-term targeted support service would be similar to that described in the current service specification. The eligibility criteria may change to ensure that the new offer would target the prevention, reduction and delay of eligible Care Act needs, and support those who already have Care Act eligible needs, for example those who are most in need of help to remain living independently and who will benefit the most.
- 5.4 Adult Social Care is seeking to consult for 10 weeks with all individuals who are currently in receipt of the OP ILS. It is proposed that the consultation will run from the 28 March 2022 to the 19 June 2022.
- 5.5 Consultation activity will include an online questionnaire, paper version (on request) and letters to the OP ILS clients. The consultation will be promoted at existing stakeholder groups and networks. There will also be an option for telephone conversations with the Stakeholder Engagement and Consultation Team and attendance at online virtual meetings.
- 5.6 The results of the consultation will enable ASCH, working collaboratively with partners, to undertake a full equality impact assessment. This will set out considerations of the impact of any proposed changes on people who use the service, help to develop appropriate mitigations and to inform future proposals for a targeted offer for those most in need of

support to help them to continue living independently in their own homes.

- 5.7 Some current users of the IAA provided services may continue to be supported by the relevant housing authority under the registered social housing providers responsibility as outlined in the regulator of Social housing Tenancy Standards 2012. Discussions around the detail of what this could look like will form part of the equality impact analysis.
- 5.8 Following the consultation, results will be analysed, and a further report tabled to Cabinet for consideration, outlining the key themes, issues and findings which need to be considered to inform the future of OP ILS and Falls Recovery Service provision.
- 5.9 System partners and current providers have expressed their willingness to collaborate in supporting these changes and help to shape the development of a new offer of integrated support for people most in need.
- 5.10 Irrespective of the consultation outcome, individuals in receipt of the service will be made aware of further changes to service provision as the current contracted arrangements will need to be re-procured on a competitive basis and a new service model developed and implemented.

## **6. Alternative Options Considered**

### **6.1 Option 1**

- 6.2 The alternative to consulting on future arrangements would be to do nothing. The Council could continue with current arrangements i.e. providing the OP ILS and FRS with the current providers. This would require an ongoing annual investment of £1.543m from the Adult Care core budget. However, this would not address the needs of a growing number of people who require targeted support alongside practical housing interventions to remain living independently in their own home and does not represent value for money for the Council.
- 6.3 Since the current service specifications were put in place under the new contractual arrangements in 2019 commissioners and contract managers have worked intensively with providers of the service to ensure the outcomes of these specifications were being met. Despite this the monitoring data indicates that most of the contracts are still not being delivered in the way outlined.

- 6.4 The current offer is no longer fit for purpose as it relies on out-dated methods of delivery and engagement which no longer offer effective support in line with the Council's duties under the Care Act. It is also inequitable in that the current eligibility criteria excludes people under the age of 55 and it continues to offer support to many for whom it is not necessary as their level of need is very low.
- 6.5 **Option 2:**
- 6.6 Not to consult on the future arrangements, let the current contracts come to a natural end and competitively tender a like for like service on the current specification on the open market.
- 6.7 However, this would not address the needs of a growing number of people who require targeted support alongside practical housing interventions to remain living independently in their own home and does not represent value for money for the Council.
- 6.8 As outlined above, the current offer is no longer fit for purpose as it relies on out-dated methods of delivery and engagement which no longer offer effective support in line with the Council's duties under the Care Act. It is also inequitable in that the current eligibility criteria excludes people under the age of 55 and it continues to offer support to many for whom it is not necessary as their level of need is very low.

## **7. Implications**

- 7.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

## **8. Background Papers**

- 8.1 [People at the Heart of Care: Adult Social Care Reform White Paper.](#)
- 8.2 [Improving Health and Care through the home: A National Memorandum of Understanding February 2018.](#)
- 8.3 [Regulator of Social Housing: Tenancy Standards 2012](#)

## **9. Appendices**

- 9.1 Appendix 1 – Implications
- 9.2 Appendix 2 – Eligibility Criteria for current OP ILS.

## **10. Recommendation(s)**

That Cabinet:

- a) Approves a programme of formal consultation for a 12-week period on the future provision of the Derbyshire County Council funded Older People's Independent Living Services (ILS) and Falls Recovery Service (FRS)
- b) Notes and supports the system-wide review of the Falls Recovery Service
- c) Receives a further report following the conclusion of the consultation process, including a full Equality Impact Analysis

## **11. Reasons for Recommendation(s)**

- 11.1 The current OP ILS service is not meeting the Council's statutory duties in relation to the Care Act, it is not targeting those most in need of support to maximise their independence and is not offering value for money for the Council.
- 11.2 DCC has a responsibility to oversee the financial use of the Better Care Fund budget alongside the NHS and will need to be kept informed of the wider review of the FRS being undertaken by Joined Up Care Derbyshire and the implications this work may have on the BCF budget for Derbyshire citizens

## **12. Is it necessary to waive the call in period?**

- 12.1 No

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**Implications****Financial**

1.1 Regard has been made to financial implications. The current contractual commitment for the OP ILS for 2021-22 is summarised in the table below. Falls Recovery funding is drawn down on a case by case basis from the Better Care Fund with a current budget for 2021/2022 of £0.157m.

1.2

<b>Service number</b>	<b>Area</b>	<b>Provider</b>	<b>Annual contract value</b>
AT11336	Amber Valley	Chesterfield BC	£ 0.353m
AT11337	Bolsover	Bolsover DC	£ 0.280m
AT11338	Chesterfield	Chesterfield BC	£ 0.200m
AT11339	Derbyshire Dales	Revival	£ 0.144m
AT11340	Erewash	Revival	£ 0.144m
AT11341	High Peak	High Peak BC	£ 0.220m
AT11342	NE Derbyshire	Chesterfield BC	£ 0.072m
AT11343	South Derbyshire	South Derbyshire DC	£ 0.130m
<b>County wide cost</b>			<b>£1.543m</b>

1.3 the current total cost of the Older People's Independent Living Service is £1.543m and is covered by the ASCH core budget. It is highly likely that savings could be realised for ASCH alongside continued investment to develop a more targeted offer of support. Further proposals would be brought back to Cabinet for consideration following completion of the proposed consultation.

**Legal**

- 2.1 Section 2 Care Act 2014 requires local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:
- contribute towards preventing or delaying the development by adults in its area of needs for care and support.
  - contribute towards preventing or delaying the development by carers in its area of needs for support.
  - reduce the needs for care and support of adults in its area.

- reduce the needs for support of carers in its area.
- 2.2 The Care and Support Statutory Guidance is clear that the care and support system must work to actively promote well-being and independence and does not wait to respond until people are in crisis by ensuring early interventions which prevent need or delay deterioration wherever possible. The importance of preventative services is highlighted further within Section 1(3)(c) Care Act 2014, which requires local authorities to have regard to the importance of preventing or delaying the development of needs for care and support.
- 2.3 Adults who are in receipt of preventative services will not necessarily require a wider package of care and may receive this support in isolation.
- 2.4 Section 5 Care Act 2014 places a separate duty on the Council to promote an efficient and effective market, with a view to ensuring that any person in its area wishing to access services in the market:
- a) has a variety of providers to choose from who (taken together) provide a variety of services;
  - b) has a variety of high quality services to choose from; and
  - c) has sufficient information to make an informed decision about how to meet the needs in question.
- 2.5 The Council has a duty to consult where proposals are made that may result in the reduction or cessation of a service provision with those directly affected, including service users and their family/carers. ASCH's proposal is to cease the current contracted service provision.
- 2.6 Case law has established minimum requirements of consultation, which are:
- a) Consultation must be at a time when proposals are at a formative stage;
  - b) Sufficient information must be given to permit a person to "give an intelligent consideration and response";
  - c) Adequate time must be given for consideration and response; and
  - d) The results of the consultation must be conscientiously taken into account in finalising any proposal and provided to the decision maker to inform their decision
- 2.7 In assessing these proposals, the Council should also have regard to the Public Sector Equality Duty (PSED) under the Equality Act 2010.

2.8 The PSED requires public authorities to have "due regard" to:

- The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 (*section 149(1) (a)*).
- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (*section 149(1) (b)*). This involves having due regard to the needs to:
  - remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
  - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (*section 149(4)*); and
  - encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it (*section 149(1)(C)*).

2.9 Preliminary consideration has been given to the impact of the proposals on persons with protected characteristics in drawing up these proposals. In particular, it is recognised that the methods and content of the consultation will need to be designed so as to fully reflect the needs of the relevant protected groups, in particular older people and disabled people.

2.10 In addition, regard has been paid to the Equality Impact Analysis (EIA) carried out in respect of the care pathway redesigns as is referred to in the report. A full EIA will be prepared during the consultation process reflecting issues that are raised during the consultation process. This will be reported in full to Cabinet and a full copy of the EIA made available to Members in order that any adverse impact along with any potential mitigation can be fully assessed. Cabinet members will be reminded at that time of the need to have careful regard to the conclusions of the EIA.

## **Human Resources**

- 3.1 There are no human resources considerations associated with this report.

## **Information Technology**

- 4.1 There are no information technology considerations associated with this report.

## **Equalities Impact**

- 5.1 An Equality Impact Analysis will be undertaken to assess the proposals on the protected characteristic groups. The Equality Analysis will include an assessment of the response to the consultation and engagement and will include a range of recommendations and potential mitigations

## **Corporate objectives and priorities for change**

- 6.1 Enterprising Council: Transforming the organisation, working as one council, ensuring we are prepared for the future and able to respond to the challenges and opportunities that lie ahead.

As part of the Enterprising Council approach and under the Moving Adult Social Care Forward agenda, ASCH intend to review and refine current legacy services to ensure that citizens of Derbyshire who are most in need of support to live independently in their own home, can access this easily and in a timely way t

- 6.2 Vision Derbyshire: It is proposed that this consultation will be the precursor to a wider engagement and collaborative review. Vision Derbyshire is a collective of local authorities within Derbyshire aiming to deliver priority projects which have a positive impact on people's lives and achieve greater council efficiency. Vision Derbyshire work collectively to maximise existing resources to address complex challenges and shape future services to delivery better outcomes for local people and places.
- 6.3 Joined Up Care Derbyshire: Also known as Derbyshire's Integrated Care System (ICS) brings together health and social care organisations across Derbyshire. Working together more closely than ever before, the ambition is to provide the best care and support for people in their local communities and ensure services are as efficient and effective as possible. The review process will engage with partners within the ICS to



ensure the design and delivery of any future offer can be delivered as effectively as possible, can be accessed seamlessly by those in need and reduce duplication.

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

- 7.1 In preparing this report the relevance of the following factors has been considered: Social Value, Human Rights, equality of opportunity, health, environmental, transport, property, social value and crime and disorder considerations

### Eligibility Criteria for the Current OP ILS

In line with the Equality Act (2010) requirements and subject to the eligibility criteria detailed in section 8.2, the Service will be accessible to and suitable for all sections of the community, including:

- people who are physically frail or disabled
- people with a long-term condition, such as a dementia or Parkinson's Disease
- people who have mental ill health, sensory or physical health needs
- people with a Learning Disability and/or Autistic Spectrum Disorder
- people of all ethnicities, and being sensitive to the cultural needs of the various groups
- people from other sections of the community who are identified as having difficulty accessing local services

People wishing to access the Service must meet **all** of the following eligibility criteria:

- Resident in the administrative county of Derbyshire or have a local connection as defined by the Housing Act 1996.
- Have an identified housing support need (see appendix 2)
- Be aged 55 or over (people under this age can be considered if they have particular support needs which cannot be met by any other service in Derbyshire – to be agreed with Commissioners)
- Assessed as being in receipt of a low income, as detailed in section 8.3 below.

Confirmation of low income eligibility will be subject to financial assessment undertaken by the Provider but is likely to be achieved if the person is in receipt of one or more of the following benefits: Income Support, Employment Support Allowance, Universal Credit, Housing Benefit, Income Based Job Seekers Allowance and guaranteed Pension Credit, Personal Independence Payment.

Where eligibility has been confirmed, the Service will be delivered across all tenures – i.e. Council/Private and Registered Providers (previously Registered Social Landlords), and homeowners.

In order to support the reduction of homelessness, referrals from/for people who have been offered a tenancy will be considered, subject to discussion with Commissioners.

The following people are excluded from receiving the Service:

- People who are not resident in, or do not have a local connection with Derbyshire.
- People who live in the Derby City Local Authority Area.
- People who are aged 54 and under (see section 8.2 for exceptions).

The Council reserves the right to alter the eligibility criteria for this Service throughout the contract period, if required.

The FRS element is available to all residents of Derbyshire who have a Community Alarm or Telecare equipment in their home, which is connected to a monitoring centre. The Telecare equipment is subject to separate commissioning and contracting arrangements and telecare providers will establish eligibility for clients to receive the FRS.

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