



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**Thursday, 08 December 2022**

**Report of the Executive Director - Adult Social Care and Health**

**Low Level Support**  
(Cabinet Member for Adult Care)

**1. Divisions Affected**

1.1 County-wide

**2. Key Decision**

2.1 Key Decision

This is a key decision because it is likely to result in the Council delivering savings of approximately £0.50m and it is likely to be significant in terms of its effect on communities living or working in Derbyshire.

**3. Purpose**

3.1 The purpose of this report is:

- a) To inform Cabinet of the outcomes of the Consultation regarding the Proposals for the future provision of the Older People's Independent Living Services (OP ILS),
- b) To inform Cabinet of the outcome of the Equality Impact Analysis.
- c) To update Cabinet on progress of the system wide review of Falls Recovery Service that is currently embedded in the OP ILS.
- d) To make recommendations about the preferred course of action

## **4. Information and Analysis**

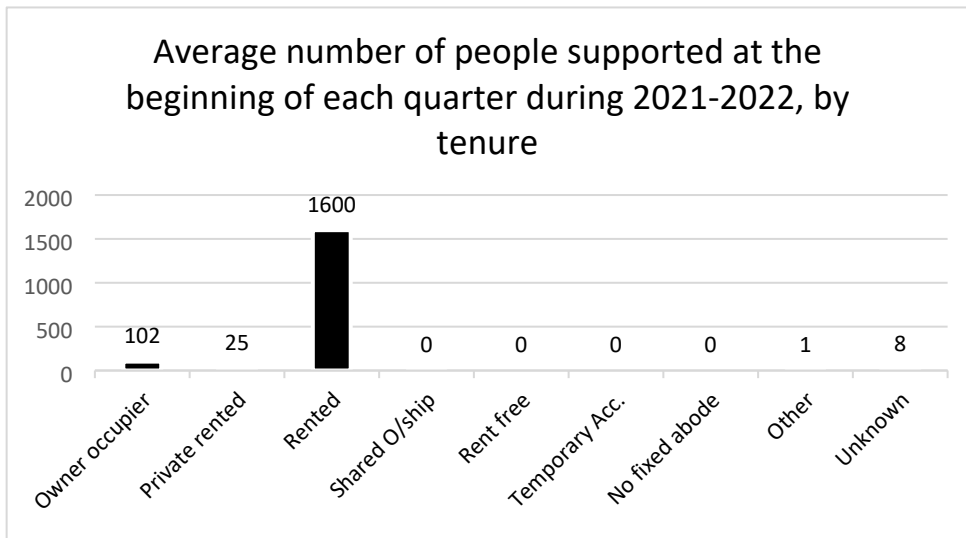
### Background and Context

- 4.1 The Council has been funding a range of legacy low-level OP ILS support for many years. The services currently being funded are not appropriately targeted to those most in need and are not a statutory duty for Adult Social Care (ASC) to fund or provide.
- 4.2 Our strategic aim and priority is to enable people to live their best life independently at home, connected to their community and local resources, stepping in with help where needed. We want to achieve this by providing appropriate, proactive, preventative low-level support, (non personal care) that identifies any personal or environmental issues impacting on a person's ability to live as independently as possible in their own home. It will be targeted to those most in need, delivered in a way that will be easily accessed and most effective in enabling people to regain or maintain their independence. Without a low-level preventative support service in place it is likely that there would be an increase in referrals for statutory care provision.
- 4.3 It is proposed to redesign the current provision, achieve identified ASCH savings, and re-invest an amount to fund a new preventative targeted service model.
- 4.4 Commissioners and contract managers have worked hard with providers over the past two years to transform the current provision from an 'output and task-focused service', to one which is linked to personalised support and delivers the 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.

### Analysis of People Accessing OP ILS

- 4.5 The monitoring data shows that the majority of people using the current service live in social housing and that the Local Authority (District or Borough Council) 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.

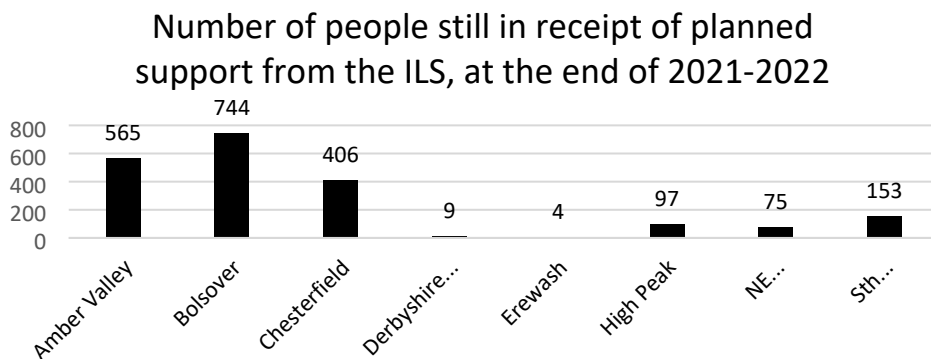
Table 1



4.6 Due to the way the contract is delivered 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 unique cases is not possible. Using the quarterly reports however, and the number of new cases and cases closed, offers a snapshot of utilisation.

4.7 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).

Table 2



- 4.8 One Local Authority provider undertook 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.
- 4.9 Of the individuals reviewed by the provider 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 community alarm 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 community alarm 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 community alarm type service, low food stocks, unable to top up gas and electric meters independently and are receiving regular hospital/ medical treatment
- 4.10 Those rated as Green, are all individuals who do not currently meet the eligibility criteria set out in the OP ILS service specification/description. Those classed as having higher needs, would still not necessarily meet the Care Act eligibility threshold for adult social care.
- 4.11 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.
- 4.12 This offers ASCH an opportunity to carefully consider the purpose of the current service in fulfilling its statutory duties.

10 March 2022 Cabinet decision:

- 4.13 On the 10 March 2022 Cabinet agreed:
- a.) The commencement of a 10-week consultation on the future provision of the Derbyshire County Council funded Older People's Independent Living Services (OP ILS).
  - b.) The report also asked Cabinet to note that a system-wide review of the Falls Recovery Service that is currently embedded in the Older People's Independent Living Services contract was underway.
- 4.14 The report to Cabinet sought permission to consult with people in receipt of support from the OP ILS for their views and comments on what they valued about the service, what it would mean for them if their current service was to come to an end and to gain their views on proposals for a short-term, targeted service offer. Consultees were informed that the proposals for a 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.
- 4.15 The formal public consultation ran for a 12-week period between 28 March 2022 to 19 June 2022.

#### Response to the Consultation

- 4.16 In total, 138 people responded to the consultation, including respondents who completed questionnaires on behalf of an existing recipient of the service and those who chose to respond via email, letter, or via telephone call.
- 4.17 Overall, 375 individual comments were submitted.
- 4.18 The consultation used a combination of quantitative and qualitative approaches to gather people's views about the proposed changes.

#### Analysis

- 4.19 Of those who responded:
- 82% of lived alone
  - 62% of were female
  - 79% of were over 70 years of age
  - 86% of stated they had at least one disability
  - 98% of identified themselves as White British
  - 64% of lived in either Chesterfield, Bolsover or Amber Valley.

- 4.20 The comments received, were analysed and coded by the ASCH Stakeholder Engagement and Consultation Team (SECT) into several themes arising from the data.
- 4.21 Detailed information about the consultation and feedback received is set out in Appendix 2 and should be read alongside this report.
- 4.22 The consultation responses have been very carefully considered and have helped shape the recommendations made in this report.

#### Equality Impact Analysis (EIA)

- 4.23 In response to the consultation, an EIA has been completed to understand the impact on protected characteristic groups who may be receiving the OP ILS. The EIA utilises the data from the consultation report to help populate the impact analysis and to develop appropriate mitigations to reduce the impact of any proposed changes.
- 4.24 The EIA is set out in Appendix 3 and should be read alongside this report.
- 4.25 The EIA has been carefully considered alongside the recommendations within this report.

#### Falls Recovery Service (FRS) Update

- 4.26 At the point of writing this report and following the system-wide review of the current FRS, proposals have been agreed to run three pilot schemes for an Enhanced Falls Recovery Service (EFRS) commencing October 2022. The intention of the pilots is to test a new integrated delivery model for the EFRS prior to wider implementation from 01 April 2023.
- 4.27 These pilot schemes have been approved by Joined Up Care Derbyshire (JUCD) Integrated Place Executive Board and are being overseen by the JUCD Clinical Lead for Urgent Care Response and a multi-agency steering group including representation from health and social care and current providers of the service.
- 4.28 The new EFRS will be embedded within community based Urgent Care Teams providing access to a multi-disciplinary team to support people who fall to access the correct interventions. These will be designed to prevent further falls, reduce unnecessary EMAS call outs and/or conveyance to hospital or the need for more intensive social care

support. This may include medication reviews, occupational therapy assessment, prescription of telecare / falls detectors and/or community alarm and/or access to falls prevention information and support for small aids and adaptations or a combination of all. Referrals will be made into the proposed new low level support offer where applicable.

- 4.29 The new integrated model will include robust clinical oversight and will have a preventative approach to support people to continue to live independently but safely in their own home.

#### Current Contractual and Inter Authority Agreements for OP ILS

- 4.30 As laid out in the [Cabinet 10 Mar 22 - Older People's Independent Living Services](#) paper, the current arrangements for the provision of the OP ILS are complex. There are five providers covering eight geographical areas aligned to District and Borough boundaries. The FRS is linked to the OP ILS and is only currently available to those that have a community alarm. Not all people that have a community alarm receive the OP ILS.

- 4.31 The OP ILS is currently inequitable and inconsistent in its approach to delivering support with the majority of people currently receiving the service living in social rented housing

#### Recommendation

- 4.32 The recommendation is to redesign and reprocure a flexible term, targeted low level support service. The proposed new service would work proactively with people to identify any personal or environmental issues impacting on a person's ability to live as independently as possible in their own home. Support would be targeted and tailored to individual needs using a strengths based methodology and would be delivered via a mutually agreed support plan. The support would be time limited and would:

- Be available to Derbyshire adults of working age as well as older people
- Enable, a greater number of people to access targeted preventative support when needed
- Enable people to more easily access advice and information about adapting their home to meet their needs, making best use of technology, aids and adaptations, Disabled Facilities Grants, warm home schemes / grants and signposting to trusted traders to carry out minor repairs

- Prevent the need for people to have to move into residential care by improving their home environment or by providing support to move to more appropriate accommodation
  - Introduce equity of access to support for all residents of Derbyshire across all tenures of accommodation, not just to those in social housing
  - Enable people to connect with their local communities and develop local circles of support to maintain their wellbeing and enable them to live their best life.
  - Support people to maximise their income through welfare benefits checks and signposting to other community sources of support
  - Support the system to prevent, reduce and delay people needing more complex health and social care interventions, now and in the future.
- 4.33 Proposals for the new service offer have taken into account feedback from the consultation that 12 weeks may not always be enough to meet some people's needs. Therefore, rather than a set period of 12 weeks, the new service would offer a tiered, flexible approach in line with the person's identified needs. However, the support would be regularly reviewed to check progress against meeting identified goals in the support plan and to check if anything else had changed for the person during the planned intervention period.
- 4.34 Planned contact with the person post-intervention would be included to ensure that they were maintaining their levels of independence. This call would enable further interventions to be scheduled if required.
- 4.35 The service would be accessible to any adult who would benefit from targeted time-limited support to help them overcome issues impacting on their ability to continue to live independently and would link people to a range of wider preventative offers and community-based activities in their local area.

#### Next steps

- 4.36 Should Cabinet agree to the recommendations set out in this report, work would commence on the development of a detailed service specification for the new offer of support.
- 4.37 Commissioners would work with current service providers to begin a service exit strategy which would include a review of current clients to



ascertain their level of ongoing need in preparation for the implementation of a new service.

- 4.38 A soft market testing exercise would be undertaken to gain feedback from potential providers on the new service specification.
- 4.39 This would be followed by a competitive procurement process and a contract award being made for the new service offer to commence from 1<sup>st</sup> April 2024.

## **5. Consultation**

- 5.1 The Council conducted a public consultation exercise, including consultation with current service recipients. The consultation has enabled the Council to:
- Provide information on the proposal for a new service offer and seek views and concerns in relation to this
  - Use the information from the public consultation to refine the outline proposals for any new service, taking into consideration the specific comments and concerns submitted

- 5.2 The results of the consultation were presented to the Improvement and Scrutiny Committee (People) on the 09 November 2022:

They noted the responses to the public consultation and that responses to the consultation will be considered and included within a comprehensive and robust EIA which will be incorporated within any future Cabinet Report which may be presented in due course, and further notes that in the event of this occurring Cabinet will fully consider the EIA as part of its decision making

## **6. Alternative Options Considered**

### Option 1: Do Nothing and continue with existing service

- 6.1 The current service agreements end on 31 March 2024 at the end of a period of variations and extensions to the current IAA's and commissioned contracts.
- 6.2 The level of investment required for this current specification requires competitive tendering under financial regulations. Continued use of IAA's is not recommended as it is not a robust procurement methodology.

- 6.3 Some providers inform us that the current service specification and financial investment does not offer them a financially sustainable business model.
- 6.4 Current provision does not offer an equitable or consistent offer across the county and excludes anyone under the age of 55.

Option 2: Procure Short term (12 weeks only) targeted support offer

- 6.5 Feedback from the consultation and the EIA indicates that a fixed period (12 weeks), short term support model as outlined in the consultation would not offer the level of flexibility that people may require to address their varying needs.

Option 3: Cease all current contractual arrangements and delivery of any low-level support

- 6.6 Without a low-level preventative support service in place, it is likely that there would be an increase in referrals for statutory care provision.
- 6.7 It would be very difficult for people who may require help to maintain their independence at home, to access any support.

## **7. Implications**

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

## **8. Background Papers**

- 8.1 Cabinet Report 10 March 2022: Report of the Executive Director for Adult Social Care and Health: Older People's Independent Living Services Consultation and Review click [here](#) for link. To seek permission to commence a consultation.
- 8.2 Improvement and Scrutiny Committee – People - 09 November 2022 Report of the Executive Director for Adult Social Care and Health: Proposals for the future provision of ASCH low level prevention services. Click [here](#) for link to paper.

## **9. Appendices**

- 9.1 Appendix 1 – Implications

9.2 Appendix 2 – Consultation report

9.3 Appendix 3 – Equality Impact Analysis

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

That Cabinet:

- a) Following consideration of the full report on the consultation responses received and the detailed analysis of the feedback in Appendix 2 and the Equality Impact Analysis (EIA) in Appendix 3 approves the redesign and procurement of a low-level support service in line with the proposal laid out in section (4.32-35) of this report
- b) That the current commissioned contracts and Inter Authority Agreements that deliver the Older People’s Independent Living Services be allowed to come to their natural end on 31 March 2024.
- c) Notes the progress of the system wide review of the Falls Recovery Service that is currently embedded in the OP ILS (section 4.27 of this report).

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

11.1 The reasons for the recommendation to redesign and reprocur a new targeted low level support service is:

- a) To provide more equitable access to preventative low-level support, targeted to those most in need, delivered in a way that will be easily accessed and most effective in enabling people to regain or maintain their independence
- b) Support ASCH’s legal duty to ‘reduce, prevent and delay’ people requiring more intensive statutory care.
- c) To ensure that the Council complies with its legal obligations under statute or guidance.

11.2 That the funding released from the provision of the current OP ILS will be reinvested in a new targeted low level support service from 01 April 2024 and realise £0.50m of efficiency savings to the ASCH budget for 2024-2025.

11.3 The review of the FRS and implementation of an enhanced FRS multi-disciplinary support offer will provide a more equitable service for people at risk of falling in the County and will mean that greater clinical oversight can be made available with no financial implications for ASCH main budget.

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

12.1 No

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**Implications****Financial**

- 1.1 Since 2019, revised service specifications for Older People's ILS have been in place at a total cost of £1.54m and are delivered in lots across the county on a district/borough footprint as follows:

<b>June 2021</b>			
<b>Area</b>	<b>Independent Living Service (OP ILS)</b>	<b>Value PA</b>	<b>Commissioned / Inter-Authority Agreement</b>
Amber Valley	Chesterfield Borough Council	£ 0.353m	IAA
Bolsover	Bolsover District Council	£ 0.280m	IAA
Chesterfield	Chesterfield Borough Council	£ 0.200m	IAA
Derbyshire Dales	Revival	£ 0.144m	Commissioned
Erewash	Revival	£ 0.144m	Commissioned
High Peak	High Peak Borough Council	£ 0.220m	IAA
North East Derbyshire	Chesterfield Borough Council	£ 0.072m	IAA
South Derbyshire	South Derbyshire District Council	£ 0.130m	IAA

- 1.2 It is anticipated that a redesigned and competitively procured new service will have a value not exceeding £1m.

**Legal**

- 2.1 While there is no statutory duty owed by the council specifically to provide or fund the level of support provided by the OP ILS, under section 1 of the Care Act 2014 it has a broader duty to have regard to the importance of preventing or delaying the development of needs for care and support or needs for support when exercising Care Act

functions. Under section 2 there is a requirement of a social services authority 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; and reduce the needs for support of carers in its area.

- 2.2 The Care and Support Statutory Guidance, to which the council must have due regard, 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.
- 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 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.
- 2.5 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
- 2.6 Decision makers must pay due regard to the outcome of any consultation and the consultation report appended to the report provides an opportunity to do so.
- 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:

- a) 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)*).
- b) The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. This involves having due regard to the needs to:
  - (i) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
  - (ii) 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; and
  - (iii) 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.
- c) The need to foster good relations between persons who share a relevant protected characteristic and those who do not share it.

2.9 The equality impact analysis appended to the report must be considered by the decision makers to ensure that the impact of the proposals on persons with protected characteristics is taken into account when making the decision and ensuring compliance with the PSED.

## **Human Resources**

3.1 None directly arising

## **Information Technology**

4.1 None directly arising.

## **Equalities Impact**

5.1 The delivery of this proposal will have some implications for some older, frail individuals but mitigations have been considered to reduce the impact and will be part of the future redesign of the service. It is not considered that anyone from a protected characteristic group(s) will be adversely impacted by the proposal. It should be noted that by widening access to the service more protected characteristic group(s) could benefit. A full Equality Impact Analysis has been undertaken and is at Appendix 3

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

- 6.1 In the Council Plan 2021-2025 the Council states that listening to, engaging and involving local people to ensure services are responsive and take account of what matters most to people, as being a core value. This report illustrates that through consultation the Council has listened and responded to the feedback from residents by reviewing the proposals submitted in the consultation and reviewing the recommendation to the Council.
- 6.2 The Council commits to work together with its partners and communities to be an enterprising council, delivering value for money and enabling local people and places to thrive, and to spend money wisely making the best use of the resources that it has. The recommendations within this report indicate that consideration has been given to spending money wisely whilst enabling people to live their best life in the home of their choice.

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

- 7.1 None directly arising



## **Appendix 2**

### **Consultation Report on Proposals for the future provision of the Older People's Independent Living Services**

## **Appendix 3**

### **Equality Impact Analysis (EIA) Older People's Independent Living Services**