

Equality Impact Analysis (EIA) Record Form 2021 – Derbyshire County Council

Part 1. Introduction and context

Policy/ Service under development/ review	Older People's Independent Living Service (OP ILS)
Department/ Enterprising Council Workstream	Adult Social Care and Health Commissioning
Lead officer/ Workstream Lead	Sue Whetton – Group Manager - Commissioning
DCC ASCH EIA Team:	Commissioning Service Managers: Di Highton, Phil Wall, Steve Ball, Project Officer: Hannah Tyrrell Contract Manager: Julie Cole
Critical Review Team:	David Arkle, Head of Housing and Growth AVBC; Paul Whittingham, Head of Housing Services SDDC; Giles Parkyn, Head of Housing Management & Careline CBC; Helen Core, Head of Housing Services HPBC, Steven Shanahan, Housing Services Manager EBC, Victoria Dawson, Head of Housing Management and Enforcement: BDC Julie Russell, Head of Support and Wellbeing – Honeycomb/Revival Vicky Smyth Group Manager Public Health DCC.

Date analysis commenced:	23.07.21	Date completed:	14.10.22	Date approved:	
<p>Aims/ objectives of the policy/ service?</p> <p>Background:</p> <p>The Council has been funding a range of legacy low-level housing related 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 since 2010 DCC has funded what is now known as the Older People's Independent Living Service from its core ASC budget.</p> <p>The OP ILS service specification sets out provision for:</p> <p>Low level support related to maintaining/retaining accommodation offered across all tenures, to enable older people (55+) to live safely and independently in their own home and preferred community, for as long as practicable, by:</p> <ul style="list-style-type: none"> • Preventing, reducing or delaying the need for more costly care and support by delivering low level housing related support flexibly to meet needs of vulnerable adults • Promoting an asset and strengths-based approach to enable people to develop and maintain support networks to reduce social isolation, and encourage community engagement (including social activities, volunteering, employment and education) to maximise the number of people able to live independently at home. • Providing information, advice and support to ensure people's home environments are safe, suitable and maintained/adapted to meet their needs including referring to relevant services/providers and signing-up people for a community alarm/telecare service if required. <p>And is expected to deliver the following outcomes:</p> <ul style="list-style-type: none"> • support people to remain living independently in their own home in their community of choice • support people to obtain, manage and maintain their accommodation to ensure it meets their care and support needs • provide appropriate information and advice to support people to make informed decisions about current and future accommodation needs 					

- prevent or delay people's health and social care needs from increasing
- reduce the likelihood of people being admitted to hospital or residential care and support hospital discharges
- create social capital and enhance personal resilience

The Falls Recovery Service (FRS) is built in as an addition to the OP ILS contract. It uses the providers infrastructure, partly 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 service is designed to enable people who have experienced a non-injurious fall, access help to lift them safely from the floor without the need to call or involve ambulance services.

The arrangements for delivery of the OP ILS are via either commissioned contracts or inter-authority agreements split across eight Districts and Borough localities, with five different providers and is part of three distinct areas of work (OP ILS, Falls Recovery and Community Alarm / Telecare sign up), that utilise a proportion of the same work force to deliver the service in some areas. The OP ILS contracts/agreements have been varied over several years resulting in a very complex set of historical arrangements. The following grid illustrates the arrangements for current provision across Derbyshire by provider and service area.

June 2021				
Area	Independent Living Service (OP ILS)	Falls Recovery Service (FRS)	Community Alarm/Telecare (CAT)	Commissioned / Inter-Authority Agreement
Amber Valley	Chesterfield Borough Council	Revival	Futures Housing Group	IAA (OP ILS), Commissioned (FRS)
Bolsover	Bolsover District Council	Bolsover District Council	Bolsover District Council	IAA
Chesterfield	Chesterfield Borough Council	Chesterfield Borough Council	Chesterfield Borough Council	IAA

*Derbyshire Dales	Revival	Revival	Derbyshire County Council	Commissioned	*
*Erewash	Revival	Revival	Derbyshire County Council	Commissioned	
High Peak	High Peak Borough Council	High Peak Borough Council	High Peak Borough Council	IAA	
*North East Derbyshire	Chesterfield Borough Council	Chesterfield Borough Council	Derbyshire County Council	IAA	
South Derbyshire	South Derbyshire District Council	South Derbyshire District Council	South Derbyshire District Council	IAA	

The sign up of CAT for Self-funders is provided by the OP ILS providers i.e. Revival for Derbyshire Dales and Erewash and Chesterfield Borough Council (CBC) for North East Derbyshire

Current context

The current OP ILS offer has resulted from a long-standing legacy service that the commissioning team have tried to reshape into a more progressive strengths-based model of service delivery to increase the independence of people in receipt of it. However, in some localities the new delivery model has not been successfully implemented. Monitoring data suggests that the current offer is not targeting those most in need of support to maximise their independence and is not offering value for money for the Council. The data also suggests that the majority of people using the current service live in social housing and that the Local Authority or Housing Association are their Registered Social Landlord (see Graph 3 in the Contract Monitoring section). This strongly suggests that the services are not being adequately targeted to all Derbyshire residents, including owner occupiers and those renting their home privately, creating variation and inequity.

Joint system work is currently underway to realign the Falls Recovery Service within the wider Joined Up Care Derbyshire health and social care system. This will enable it to be integrated with the Urgent Community Response offer being developed by the Integrated Care System at a locality level and not be reliant on an individual having a

community alarm and/or telecare system installed in their home. This will 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 will also allow appropriate clinical input and oversight for people following a fall.

The Falls Recovery Service 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. Whilst the current service does deliver considerable benefits, the current delivery model has several risks associated with it, including:

- 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. This can mean a long wait on the floor for the person.
- 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.
- 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.

What outcomes will be achieved with the new or changing policy/ service?

The proposals are to redesign, improve and competitively tender for a new Low Level Support Service designed to work proactively with people to identify personal goals, agree any support needs and respond to any urgent needs. This would take a time limited (12 weeks), tiered approach, being a more intensive service initially, working through to a managed exit strategy. Regular reviews would be carried out to assess whether goals set out in the persons 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 would be made after three months of exiting the service. This would be to ensure that people are continuing to self-manage their housing support needs.

The new service offer 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 access advice and information more easily 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 future.

Support the Council to:

- deliver its statutory duties under the Care Act to prevent, reduce and delay eligible care and support needs and ensure timely access to statutory support is available to those who need it now and, in the future,

- deliver the ASCH priority of: Outcome focused support for people to live their best life independently at home, connected to their community and local resources, stepping in with help where needed
- Provide targeted early intervention and signposting to wider community offers to help to reduce eligible needs and in turn the demand on the need for statutory adult social care support
- target investment to those people with the greatest need and who will benefit from targeted support, providing better value for public money.

Support the JUCD system to

- embed an integrated Falls Recovery Service with system partners including primary care networks, Team Up and East Midlands Ambulance Service which will be made available to the wider population who are at risk of falling rather than those who have a community alarm.
- Reduce the number of EMAS callouts to recover people from non-injurious falls
- Reduce the number of conveyances to acute hospital where earlier community help can be mobilised via the Falls Recovery service

Please list any associated policies, services, or functions?

Legislation and National Policy

The Care Act (2014)

Section 2 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.

The Care and Support Statutory Guidance ([link to 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. Adults who are in receipt of preventative services will not necessarily require a wider package of care and may receive this support in isolation.

Section 5 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

The **white paper**, [People at the Heart of Care – Adult Social Care Reform White Paper](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612711/people-at-the-heart-of-care-white-paper.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk)) sets out an ambitious 10-year vision for how support and care in England will be transformed over the next ten years. The vision puts people at its heart and revolves around 3 objectives:

1. People have choice, control and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

People who draw on care and support have said that the core purpose of adult social care should be to help them to maintain or gain their independence, allowing them to have control over their lives. Rather than focusing on approaches to delivering care that intervene at a time of crisis, care and support services should intervene early to support individuals, helping people retain or regain their skills and confidence, and prevent needs from developing. When care supports people's independence, it allows them to have real choice and control over the things that matter, enabling them to live healthier, happier and more fulfilling lives in the place that they choose.

Local Policy and Plans Key Priorities

Derbyshire Council Plan 2021-2025

At the heart of our plan is ensuring we provide maximum value for money for the council tax our residents pay. We'll do this by delivering the most efficient and effective services we can. Our key priorities are:

- resilient, healthy and safe communities
- high performing, value for money and resident focused services
- effective early help for individuals and communities
- a prosperous and green Derbyshire

Adult Social Care and Health Departmental Service Plan

[Adult Social Care and Health Service Plan 2021-2025 2022-23 refresh \(derbyshire.gov.uk\)](#)

- Continuing to meet as the system leader for social care our statutory duties under the Care Act (2014), the Mental Health Act (1983) and the Mental Capacity Act (2005) and the new requirements outlined within People at the Heart of Care: adult social care reform white paper and ensure the department is ready for the new inspection regime.
- Working as part of Joined Up Care Derbyshire and alongside system partners to provide a seamless experience for individuals and joined-up, efficient provision of services.
- Continue to deliver and develop the 'Better Lives / Best Life Derbyshire' transformation programme alongside system partners to provide both improved outcomes for people and make more effective use of resources.

Derbyshire ASCH Accommodation and Support Strategies

[Older People's Housing, Accommodation and Support Strategy 2019-2035](#)

[Working age adults housing, accommodation and support strategy 2020 to 2035 \(derbyshire.gov.uk\)](#)

[Specialist Housing Accommodation and Support Strategy 2019 to 2024](#)

[Market Position Statement - Older Peoples Care and Accommodation \(derbyshire.gov.uk\)](#)

Key aims of all three strategies is for people who draw on care and support to:

- Be supported to live in their own homes in the community with support from local services.
- Be supported to live independently and with the right support to meet their specific needs and preferred outcomes.
- Be able to make a considered choice of housing that is appropriate to meet their needs now and in future
- enable them to maintain contact with family and friends.
- Have a choice about who they live with and the location and community in which they live.
- Be able to remain in their home where possible, even if their care and support needs change.

Please list the main people or groups that this policy/ service change is designed to benefit and any other stakeholder involvement:

- Any vulnerable adult or older adult living in Derbyshire who may benefit from receiving short term / medium term targeted support to increase their independence and help them to remain living independently at home, regardless of type of accommodation
- Any vulnerable adult or older adult that may benefit from information and advice 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 other sources of housing related support and to trusted traders to carry out minor repairs
- People at risk of falling in their home environment and their families and/or carers
- Wider JUCD system providers – East Midlands Ambulance Services (EMAS), General Practitioners (GP's), Acute Health Service, Districts and Boroughs, Place Alliance and the Team Up agenda part of the Ageing Well programme delivered through the NHS from NHS England.

Will the policy/ service and any changes impact on any other organisations such as community and voluntary sector groups?

Current providers of the OP ILS service and their employees. The providers of OP ILS were offered opportunity to respond to the consultation.

- Chesterfield Borough Council
- High Peak Borough Council

- Revival
- South Derbyshire District Council
- Bolsover District Council
- Charity and community groups will benefit from being able to signpost to a more accessible service to assist people to increase their independence
- Local community and voluntary groups would have the opportunity to bid for any future tender for the revised service offer
- The future service may increase the numbers of people who may access local offers delivered by the community and voluntary sector.

Part 2. Supporting evidence

Please list and/ or link to below any recent and relevant consultation and engagement that can be used to demonstrate clear understanding of those with a legitimate interest in the policy/ service and the relevant findings:

Best Life Derbyshire citizen engagement 2021/22 . Click [here](#) to see summary document.

The key findings were:

- People want to live where they live now, in a house, with their family / spouse and they want it to be a safe home.
- Family and friends are important to people, they want to be part of their community, and think that family and friends and the community should help when things go wrong.
- People wanted to access a range of things in their local community including social and leisure activities and also said that there is need for more digital support.

Older People's Care and Accommodation Market Position Statement engagement. Similar themes were identified in a smaller engagement exercise carried out in 2020. Click [here](#) to view

Targeted statutory consultation March to June 2022

A targeted public consultation in relation to proposals to change the current service offer, was undertaken between 28 March and 19 June 2022.

Information concerning the consultation can be found on the Council's website using this link: [Older People's Independent Living Services consultation and review - Derbyshire County Council](#). Current service users of the OP ILS service were encouraged to participate in the consultation.

A report on the outcomes of the consultation has been produced and circulated as an appendix in support of the decision being requested by the Council's Cabinet in November 2022. 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. Of those responding to the consultation

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

Analysis of the Quantitative data within the questionnaire

The following summary provides an analysis of the quantitative and responses to the questions asked within the survey.

Value of the service

The questionnaire asked people to consider what they most valued about the service. Respondents were offered a multiple choice and asked to tick all those that applied. The top three options were: 81% of respondents reported that

the service made them feel safe at home; 74% stated that the service helped them maintain their independence; and 56% had received information and advice to access other support. Five respondents said they didn't use the service.

Service Improvements

When asked how the service could be improved, again asked to review a multiple-choice list and tick all that applied 64% of respondents said they would benefit from help to find aids and adaptations; 35% advice about home security; 35% help to carry out small repairs to the home. Older people in the 70 -79 age band stated that practical tasks like changing a light bulb would be most beneficial to them and in the 80-89 age bracket there was an increase in people saying that help to find alternative housing would be appreciated.

Importance of the current service

The questionnaire asked how important or not the service was, 90% stated that the service was important or very important, 7% felt it was neither important or unimportant, 3% reported it was unimportant or very unimportant.

Targeting a new service

When asked about a targeted service 56% either agreed or strongly agreed that a new service should be targeted. 42% of the total who either agreed or strongly agreed were over 70 years of age. 25% either disagreed or strongly disagreed with the proposal to target the service.

Access to a new service

The questionnaire asked for people's feedback on the new service offer and whether they agreed or not to it being open to all vulnerable adults that live in different kinds of housing including social housing, owner occupier and private rented. 75% either agreed or strongly agreed that the offer should be available to anyone who needed a bit of extra support with their home environment not solely older people. Only 5% of people disagreed or strongly disagreed.

Linking the service to practical support.

It is proposed that the new offer be developed alongside a practical support offer to help people maximise access to other helpful interventions such as Disabled Facilities Grants and minor adaptations. 80% either agree or strongly agreed to the service being linked, 9% of respondents disagreed or strongly disagreed.

Review of existing service

When asked if existing service users should be reviewed to establish their current level of need of this kind of service 53% agree or strongly agreed and 20% neither agreed or disagreed. 27% disagreed or strongly disagreed.

Time limiting the service

The Questionnaire asked people if they agreed with support lasting 12 weeks. 55% either disagreed or strongly disagreed with time limiting the service. 17% neither agreed or disagreed and 28% agreed that a time limited would be appropriate.

Follow up call

74% agreed or strongly agreed to there being a follow up call post the ending of the service. 15% stated that they disagreed or strongly disagreed and 11% neither agreed or disagreed.

Scope of the summary of themes from the qualitative responses:

Responses from all qualitative information, from questionnaires, letters, emails, telephone calls, and meetings were put into themes by the Stakeholder Engagement Team (SECT). These are listed here in alphabetical order.

Access for all

Some respondents were very positive about widening who could access the service for all that would benefit from the service but there was concern about how it would be funded if more people were going to be able to use it.

Agree with the proposals

A good proportion of respondents felt that the proposal was acceptable

And that being able to target support where it was most needed was important. There were comments that offered ideas on how to make a new offer more supportive by building in a review point at the end of the period as well as a check-up call later on, post the intervention.

Alternative options

There were comments about alternative options that had a clear pathway but were not limited to twelve weeks but that flexibility about the amount of time that people may need support for to be built into the service. It was expressed that in some cases twelve weeks may not be enough time.

Already receiving the service

A number of respondents reported that they were already receiving this kind of service in the level of signposting and navigation to other services that the ILS officers were supporting them with.

Concern for others

This theme was picked up in many of the comments and even when agreeing with proposed changes people were evidencing concern for those who were more vulnerable and frail than themselves.

Disagree with the proposal

A number of respondents disagreed with the proposed changes and would prefer that it continues as it is for them and others. They expressed concern about what happens to people who following review are no longer able to access the support.

Distress caused

There were comments about the level of distress and upset that the consultation had caused to people who were worried that their service would be ended, that they would be left alone and what would they do without it.

Fluctuating need There were comments submitted that challenged the twelve week period based on their personal experience of how their needs changed at different times. They felt that the new service should review people's needs on a regular basis with suggestions that this needs flexibility as people aged differently and have varying levels of need and abilities to manage.

Length of service

A proportion of comments reflected on the time scales of support for the future service and that consideration should be given to individually reviewing each case on a regular basis as some people have peaks and troughs of need related to health and mobility issues particularly as they age. There were also comments that related to the capability of people

on a long term basis and that they needed some regular support on an ongoing basis because of their age and frailty whilst maintaining independent living in their own home.

Maximising income

A small number of comments noted that the proposed service would be beneficial to them in helping them maximise their income.

Negative impact on long term support

There were a range of comments that illustrated concern for people who had received a service from the OP ILS for a long period of time and what would they do should they be reviewed as having no ongoing need. Others were concerned for their own ongoing support and that older people would be losing a service.

No change needed

There were a number of comments that stated that no change was needed and that the service delivered the support they wanted and had done for some considerable time.

Praise

Some respondents took the opportunity to praise the current service as a general comment and in some cases named their Independent Living Services Officer (or warden in one case) as being important to them remaining independent.

Preventative

People stated a range of additional activities that the current service is supporting them with that are preventative, for example, with support to order aids and adaptations or liaise with other professional services preventing them requiring more intensive interventions from health or social care.

Promoting Independence

A number of respondents reported that they wanted a service that promoted their independence and helped them to remain in the home of their own choosing for as long as possible.

Reassurance

A significant number of the respondents live alone and many expressed how reassured they felt and the peace of mind they had that there was someone there if they needed them.

Service not required

A number of people said they had the service but had no call to use it and didn't know why they had it. In one case they stated that it came with their tenancy.

Visit more often

A number of the older respondents expressed that they would like a greater number of visits not less because they spent many hours alone everyday.

If there is insufficient consultation or engagement information, please explain what action is being taken to obtain this information and when this consultation/ engagement will be completed and available:

Soft market testing with current and prospective providers will be undertaken if Cabinet approve proposals to design a new service offer.
Current Providers of the OP ILS have been invited to act as a critical friend to review the draft EIA and mitigation action plan.

Please list or link to any relevant research, data or intelligence, Observatory or any other information that is available and will be used to help complete the analysis?

The following lists sources of information that have been utilised in considering the equality impact of the proposals whilst also considering wider national context and background.

- Extensive contract monitoring data
- Snap shot data - a RAG rated exercise to identify level of current client need undertaken by one Local Authority provider who did 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.

RAG rating feedback

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

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.

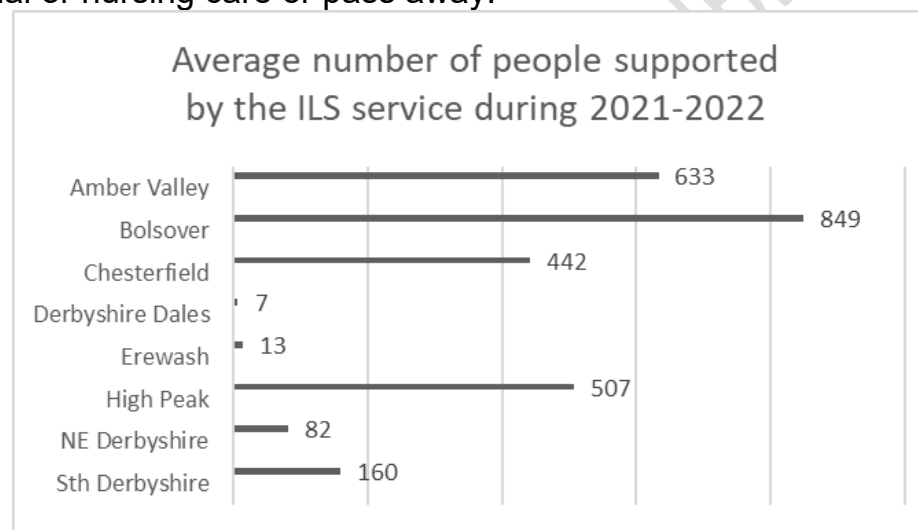
Contract monitoring data

Service numbers the 2021-2022 period:

The contract monitoring data indicates in the areas where the service is commissioned and delivered by a social enterprise (Erewash and Derbyshire Dales) that there is a higher use of the service by owner occupiers and those that live in privately rented accommodation. This is in contrast to monitoring data where District and Borough Council's are providers of the service where social housing tenants make up the majority of service recipients. There is also a higher

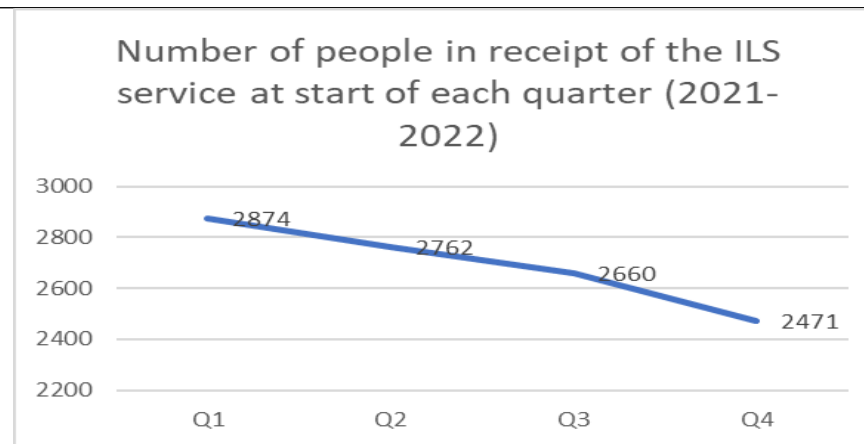
throughput of people using the service in Erewash and Derbyshire Dales indicating that people's independence is being maximised and the service is being successful in delivering shorter term targeted interventions and positive outcomes for individuals. By contrast services being delivered elsewhere in the county show that most clients remain in receipt of the service indefinitely as opposed to being supported to achieve greater independence and progression.

Due to the nature of the contract monitoring data and the service model where there is a rolling number of people entering and exiting the service the following graph illustrate the average number of people supported over the 2021-2022 period. The majority of these individuals remain in service and do not progress out of the service unless they move into long term residential or nursing care or pass away.



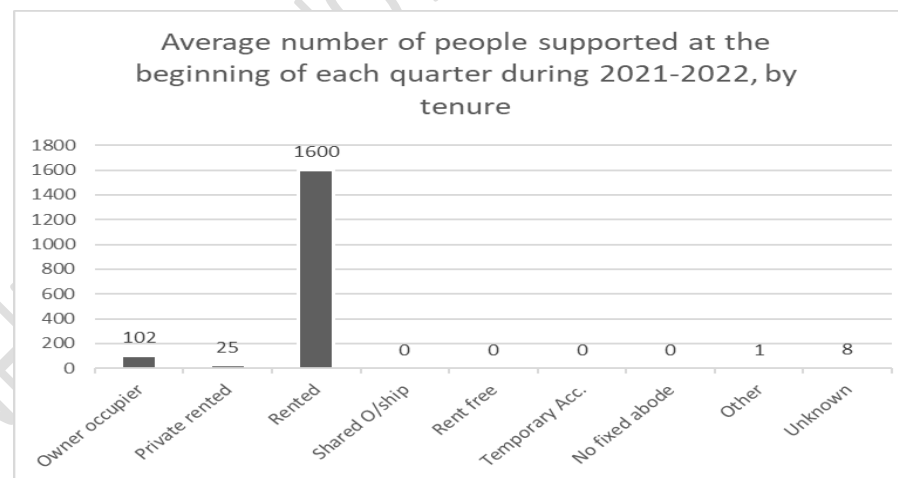
Graph 1

There is some indication with the numbers decreasing over the period as providers start to implement the progression model of support for people in service, see following chart.



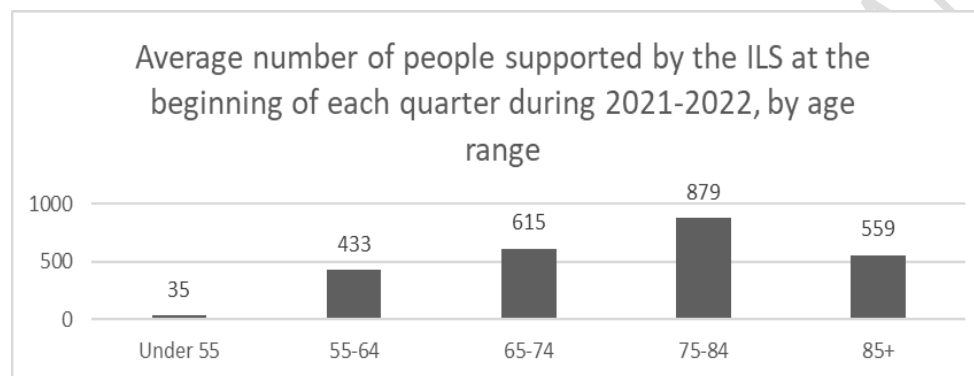
Graph 2

The service was provided across the following tenure for the illustrated period: Note that a significant number are in social rented accommodation.



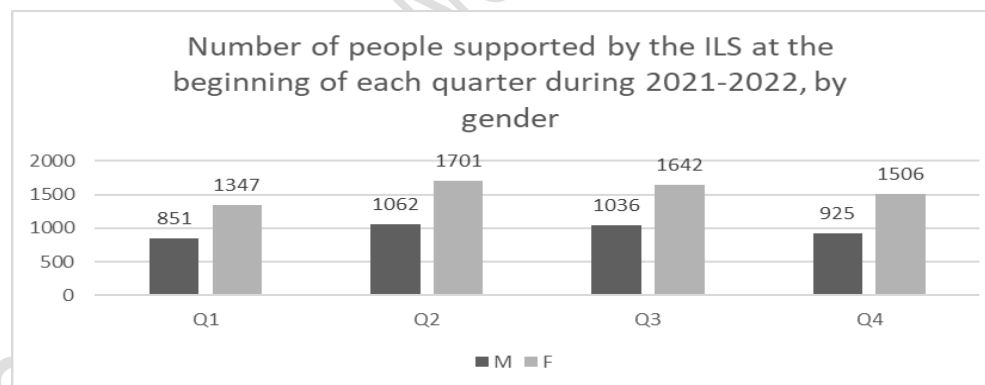
Graph 3

Please list or link below to any relevant service user/ customer or employee monitoring data and what it shows in relation to any Protected Characteristic (Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race and ethnicity, Religion and belief including non-belief, Sex or gender, Sexual orientation)

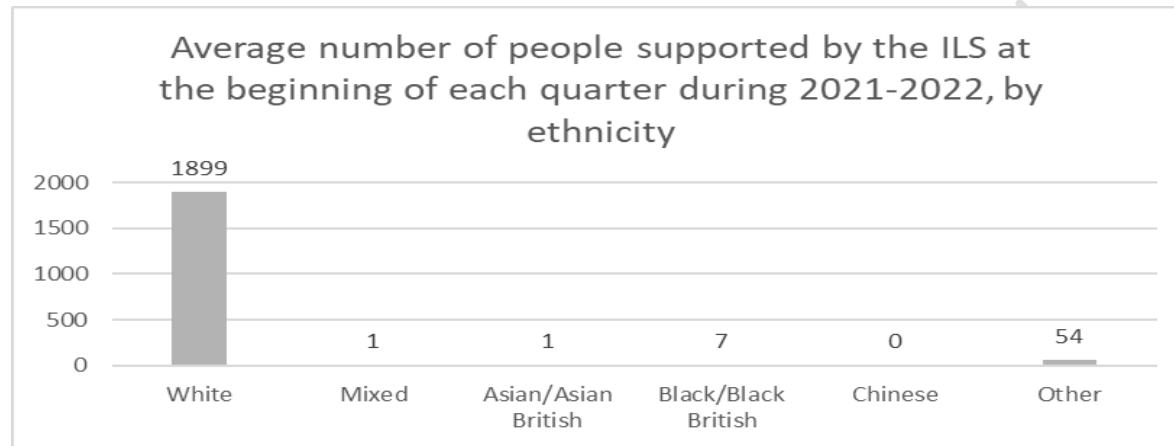


Graph 4

please note the below data is based on averages for 2021-2022 per quarter as there is a rolling entrance and exit programme to referrals.



Graph 5



Graph 6

If there is insufficient information, please outline any plans to remedy this?

Not applicable

Part 3. Analysing and assessing the impact by equality Protected Characteristic group

Use the information, customer feedback and other evidence to determine upon whom the policy/ service and any proposed changes will impact upon and how, highlighting where these are negative or positive, including where this could constitute unfair treatment, additional inequality or disadvantage or result in hardship and exclusion.

Against any identified negative potential impacts, you must provide details of any action or options which could mitigate against this, and in serious cases, you should highlight where the Council would be advised not to proceed with a new or changing policy or service, including any proposals which are being considered.

Please use your action plan attached to this analysis to record the action and the monitoring which will take place to deliver such mitigation.

<i>Protected Characteristic or Group</i>	<i>Actual or potential positive outcome/ impact</i>	<i>Actual or potential negative outcome/ impact</i>
1. Age	<ul style="list-style-type: none"> • Greater number of adults to be able to access the service across ALL ages • People of all ages linked into wider community increasing opportunities to engage and reduce isolation. • Increases support/investment for local market shaping and innovation to support people of all ages to live their best life in their chosen environment. • Opportunities to increase independence through reviewing the current historical / traditional services • Increase coordination and partnership working with other preventative services. 	<ul style="list-style-type: none"> • Changes to service offer for the existing recipients could cause confusion and anxiety. • It is likely that a number of older people will no longer be eligible for support from the service due to the new service parameters that could take into account their circles of support. Some may be put at risk if their current low level support service is no longer available for them, or an alternative community support offer not identified. • Potential for increased isolation for those who live alone if the service is withdrawn,

<i>Protected Characteristic or Group</i>	<i>Actual or potential positive outcome/ impact</i>	<i>Actual or potential negative outcome/ impact</i>
		and the current service is their only contact.
2. Disability	<ul style="list-style-type: none"> • Greater number of disabled people able to access the service • People linked into wider community increasing opportunities to engage and reduce isolation. • Increases support/investment for local Market Shaping and innovation to help disabled people live their best life in their chosen environment. • Opportunities to increase independence through reviewing the current historical / traditional services • Increase coordination and partnership working with other preventative services. 	<ul style="list-style-type: none"> • Changes to service offer for the existing recipients could cause confusion and anxiety. • It is likely that a number of disabled people will no longer be eligible for support from the service due to the new service parameters that could take into account their circles of support. Some may be put at risk if their current low level support service is no longer available for them, or an alternative community support offer not identified. • Potential for increased isolation for those who live alone and if the current service is their only contact, and if the service is withdrawn
3. Gender re-assignment	The proposed new service would be offered to people irrespective of gender reassignment.	Not known the service does not collect data relating to this protected characteristic. This service is offered to people irrespective of their gender status, therefore it is believed the

<i>Protected Characteristic or Group</i>	<i>Actual or potential positive outcome/ impact</i>	<i>Actual or potential negative outcome/ impact</i>
		proposals will not have a significant negative impact on this protected characteristic.
4. Marriage & civil partnership ¹	The proposed new service would be offered to people irrespective of their marital or civil partnership status.	Not known the service does not collect data relating to this protected characteristic. This service is offered to people irrespective of their marital status, therefore it is believed the proposals will not have a significant negative impact on this protected characteristic.
5. Pregnancy & maternity	As the new service would be extended to all adults including working age adults, then it is likely to positively impact people belonging to this protected characteristic group.	Not known the service does not collect data relating to this protected characteristic. This service is offered to people irrespective of their parental status, therefore it is believed the proposals will not have a significant negative impact on this protected characteristic.
6. Race & ethnicity	People who currently access the service are predominantly white British. Changes to this service that would support a more local and community based approach to encourage people from the BAME communities to seek support when needed.	As the majority of people accessing this service are white British, work will need to be undertaken to ensure that people from other the BAME community are able to access this service

¹ Under EA 2010 – someone in a CP must not be treated less favourably than a married person

<i>Protected Characteristic or Group</i>	<i>Actual or potential positive outcome/ impact</i>	<i>Actual or potential negative outcome/ impact</i>
7. Religion/ belief ²	The proposed new service would be offered to people irrespective of their religion or belief.	Not known the service does not collect data relating to this protected characteristic. This service is offered to people irrespective of their religion or beliefs, therefore it is believed the proposals will not have a significant negative impact on this protected characteristic.
8. Sex or gender ³	<ul style="list-style-type: none"> • More individuals will have access to information and advice about preventative services at an earlier stage, delaying and reducing the need for social care or health care interventions. • Reviews of legacy clients are likely to result in people being signposted to alternatives sources of support to increase their independence. 	<ul style="list-style-type: none"> • A greater number of women access the current service and therefore it is likely that following re-assessment there may be an increase in older, frail females who live alone that may no longer receive a service and may be at risk • Potential for increased isolation for those who live alone and the current service is their only contact, if the service is withdrawn
9. Sexual orientation	The proposed new service would be offered to people irrespective of their sexual orientation	Not known the service does not collect data relating to this protected characteristic. This service is offered to people irrespective of their sexual orientation, therefore it is believed the proposals will not have a significant

² Under EA 2010 – must also consider non-religious belief

³ Sex and gender can be used at different times depending upon whether you are referring to the EA 2010 and the different duties which exist

<i>Protected Characteristic or Group</i>	<i>Actual or potential positive outcome/ impact</i>	<i>Actual or potential negative outcome/ impact</i>
		negative impact on this protected characteristic.
10. Human Rights	<p>Overall, a service redesign will enable the Council to be able to develop a new service offer that can target support for more individuals who would benefit from time-limited preventative and early interventions to maximise independent living, therefore reducing and delaying an escalation of their need for either more intensive health and social care services, admission to residential care or hospitalisation.</p> <ul style="list-style-type: none"> • Greater number of people able to access the service • People linked into wider community increasing opportunities to engage and reduce isolation. • Increases support/investment for local Market Shaping and innovation to help people live their best life in their chosen environment. • Opportunities to increase independence through reviewing the current historical / traditional services • Increase coordination and partnership working with other preventative services. 	<p>This service is offered to people to support their right to live independently in their home, therefore it is believed the proposals may infringe the Human Rights Act through the removal of this service by reducing their opportunities to maximise independent living.</p> <ul style="list-style-type: none"> • Changes to service offer for the existing recipients could cause confusion and anxiety. • It is likely that a number of people will no longer be eligible for support from the service due to the new service parameters that could take into account their circles of support. Some may be put at risk if their current low level support service is no longer available for them, or an alternative community support offer not identified. • Potential for increased isolation for those who live alone and if the current service is their only contact, and if the service is withdrawn

<i>Protected Characteristic or Group</i>	<i>Actual or potential positive outcome/ impact</i>	<i>Actual or potential negative outcome/ impact</i>
11. Thriving Communities	<ul style="list-style-type: none"> • The new service supports a strengths-based model of delivery that develops skills, promotes independence and self-reliance through engagement with people's local communities • Greater number of people accessing local community activities that will increase those services evidence base to attract more funding to develop capacity 	<ul style="list-style-type: none"> • Increased numbers of people requesting access to local community services and offers in local communities impacting on their capacity to deliver their services
12. Rural communities	<ul style="list-style-type: none"> • Increases support/investment for local market shaping and innovation to help people live their best life in their chosen environment. • Greater number of people able to access the service across ALL tenures. • People linked into wider community increasing opportunities to engage and reduce isolation. • Opportunities to increase independence through reviewing the current historical / traditional services • Increase coordination and partnership working with other preventative services. 	<ul style="list-style-type: none"> • Changes in current provision or provider may create uncertainty or confusion for existing clients. • Issues around the delivery of an offer in rural areas due to travel times and recruitment of staff, access to transport and lack of support networks. • Lack of available services, or capacity of services in rural communities.
13. DCC Employees	<ul style="list-style-type: none"> • Local offers developed to support the Better Lives transformation programme, enabling DCC employees to signpost more effectively 	<ul style="list-style-type: none"> • Current service users known to DCC may require increased support to manage the

<i>Protected Characteristic or Group</i>	<i>Actual or potential positive outcome/ impact</i>	<i>Actual or potential negative outcome/ impact</i>
	<ul style="list-style-type: none"> • Less confusion over local offers and how they intersect • Reduction in waiting lists for DCC staff to manage enabling those who have a social care need receive the support they need sooner. 	changes, thereby increasing the workload of DCC employees they interact with
14. Community and Voluntary sector organisations working with protected characteristic groups	<ul style="list-style-type: none"> • Increased opportunities for Community and Voluntary Sector organisations to engage with system wide innovation that supports local service development for example through opportunities to tender for service delivery • Greater number of people enabled to engage with local activities and services offered through the CVS • Supports system development of integrated offers across CVS, health and social care 	<ul style="list-style-type: none"> • Capacity issues in the sector following an increase in demand for locally delivered services provided by the CVS and other community groups. • Potential loss of income for current providers following proposed re-procurement of the new offer.
15. Other not listed above Financial inclusion	The current service offer is only available to people in receipt of a low income, usually that of being in receipt of welfare benefits. The new service offer will be open to all vulnerable residents who would benefit from a short term targeted intervention that helps them manage their home environment.	

Part 4. Summary of main findings

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, targeted, proactive, preventative low-level support (not 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.

There were some negative impacts highlighted for people. Particular concern was for those who currently receive a service and may, following review, no longer be eligible. If the proposed changes were made to this service, attention will need to be focused on developing robust processes for managing any transitions for those people who may, following review, exit the service.

The EIA has indicated that consideration will need to be given to the person's health and circles of support as well as alternative support options in their community. There would need to be a strengths-based approach to the review process, working with people to make the most of their individual strengths and skills to support them to live their best life.

The initial proposal this EIA has had, in part, regard to, suggested that a fixed 12 week period of support would be developed. The data from the consultation however suggests that this proposed fixed time frame needs further thought and a more flexible time frame should be considered to reflect that people's individual circumstances can vary significantly. Any new service would need to address this concern and the individual's personal circumstances be reviewed in a timely way to enable an appropriate timetable to be scheduled in order that any continuing eligible needs they may have are met.

There will be a positive impact for the citizens of Derbyshire. Overall, a service redesign will enable the Council to be able to develop a new service offer that can provide targeted support for more individuals who would benefit from time-limited preventative measures and early intervention to maximise independent living, therefore reducing and delaying

an escalation of their need for either more intensive health and social care services, admission to residential care or hospitalisation.

In turn this will help to manage demand on statutory social care assessment and service delivery and will enable ASCH to more quickly respond and assist those people with eligible Care Act needs.

Also, more people would be able to access support to recover from a fall and be helped to access falls prevention advice. There would be less demand on ambulance emergency response call outs to life people who have suffered a non-injurious fall. This in turn would ensure that over-stretched ambulance services can concentrate on responding to people who are at risk of death or serious illness.

The new proposals would further support the wider joined up care system to develop local relationships and support innovation that delivers the vision of JUCD *“Working together more closely than ever before, the ambition is to provide the best care and services for people and make them as efficient and effective as possible”* by delivering on the functions of the Integrated Care System priorities:

- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- supporting broader social and economic development.

Support the delivery of DCC priorities (Council Plan - 2021-2025):

- resilient, healthy and safe communities
- high performing, value for money and resident focused services
- effective early help for individuals and communities

Part 5. Equality Action Plan

Please complete this Action Plan for any negative or unknown impacts identified in the Analysis above.

Issue identified	Action required to reduce impact/ mitigate	Timescale and responsibility	Monitoring and review arrangements
Changes to the service offer could cause confusion and anxiety for some existing service recipients regardless of protected characteristics	<p>Robust and clear communication of any service changes and potential implications for each protected characteristic— identifying potential positive outcomes and alternative services available.</p> <p>Face to face conversations with people and support from providers.</p>	Ongoing – in line with implementation of Cabinet report recommendations.	<p>Monitoring will be undertaken by a working group that will oversee the implementation of any proposals agreed by Cabinet.</p> <p>Linked to contract monitoring and built into any new service implementation plan and outcomes of the new service/s</p> <p>Information related to the impact on individual legacy clients will be collated and managed as part of transition planning within the implementation of any new contract</p>
It is likely that a number of older people will no longer be eligible for support from the service due to the new service parameters that could take into account their circles of support.	Current service end proposed 31 March 2024, tailored plans to be developed 6 months prior to cessation of current service to ensure each individual has a clear exit agreed with them with a series of check in calls scheduled.	Ongoing – in line with implementation of Cabinet report recommendations.	<p>Data related to the impact on legacy clients from the reviews and service changes will be collated as part of the implementation process.</p> <p>Action plan model linked to contract monitoring and built into the service level agreement, the new service</p>

Issue identified	Action required to reduce impact/ mitigate	Timescale and responsibility	Monitoring and review arrangements
	Develop a robust tailored action plan for each individual to manage the transition from the service.		implementation plan and outcomes of the new service/s.
Some very frail, older people may be put at risk if their current low level support service is no longer available for them, or an alternative community support offer not identified.	<p>Work with current providers required to identify these individuals and support with any transition period.</p> <p>Eligibility Criteria to access the new service to be developed modelled on a strengths-based approach to support review process for current providers to undertake the reviews with the individual and identify local alternative offers or support.</p>	Reviews to be undertaken by current providers of the service minimum six months prior to end of the services contractual period.	<p>Linked to contract monitoring and built into the service level agreement, the new service implementation plan and outcomes of the new service/s</p> <p>Data related to the impact on legacy clients from the reviews and service changes will be collated as part of the implementation process.</p>
Potential for increased isolation for those who live alone, and the current service is their only contact, if the service is withdrawn	<p>Work with current providers required to identify these individuals.</p> <p>Eligibility criteria to access the new service to be developed modelled on a</p>	Reviews to be undertaken by current providers of the service minimum six months prior to end of the services contractual period.	Linked to contract monitoring and built into the service level agreement, the new service implementation plan and outcomes of the new service/s

Issue identified	Action required to reduce impact/ mitigate	Timescale and responsibility	Monitoring and review arrangements
	strengths-based approach to support review process for current providers to undertake the reviews with the individual and identify local alternative offers or support.		Data related to the impact on legacy clients from the reviews and service changes will be collated as part of the implementation process.
The majority of people accessing this service are white British, work will need to be undertaken to ensure that BAME groups are able to access this service if they have need.	Specific communication strategy to be developed to support a greater diversity of people to access the service	Ongoing – in line with implementation of Cabinet report recommendations. Work in progress – dependent on changes in the service level agreement and who the future provider/s is/are	Linked to contract monitoring and built into the service level agreement and outcomes of the new service/s
Increased numbers of people requesting access to local community services and offers in local communities impacting on their capacity to deliver their services	Review of existing CVS and community provision linked to the DCC grant funding review. Identification of appropriate services to signpost to, potential numbers of clients. Support to develop greater capacity in the VCS with	Ongoing – in line with implementation of Cabinet report recommendations.	Implement a reporting structure that encompasses the wider system and feeds into the various system boards including Health and Wellbeing. Develop a range of KPI's that includes regular review of signposting activity to support identification of market needs by localities

Issue identified	Action required to reduce impact/ mitigate	Timescale and responsibility	Monitoring and review arrangements
	health and social care system support		Utilise the contract management function to review the KPI's on a regular basis
Issues around the delivery of an offer in rural areas due to travel times and recruitment of staff and lack of alternative services in some rural areas.	Consideration required of a hybrid offer of face to face and telephone/digital support	<p>Ongoing – in line with implementation of Cabinet report recommendations.</p> <p>Work in progress – dependent on changes in the service level agreement and who the future provider/s is/are</p>	<p>Implement a reporting structure that encompasses the wider system and feeds into the various system boards including Health and Wellbeing.</p> <p>Develop a range of KPI's that includes regular review of signposting activity to support identification of market needs by localities.</p> <p>Utilise the contract management function to review the KPI's on a regular basis</p>

Part 6. Date of any Cabinet/ Cabinet Member or Council Report to which this was attached and their decision:

DCC Cabinet Report 08 December 2022

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