



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

25 July 2024

Report of the Executive Director - Adult Social Care and Health

**PROPOSAL TO CONSULT ON FUTURE OPTIONS FOR THE
DERBYSHIRE HEALTHY HOME PROJECT (DHHP)
(Cabinet Member for Adult Social Care and Health)**

1 Divisions Affected

Countywide

2 Key Decision

This is not a key decision.

3 Purpose of Report

To seek Cabinet approval to consult with the public and stakeholders on future options to refocus the scope of the Derbyshire Healthy Home Project (DHHP).

4 Information and Analysis

4.1 Like every Council up and down the country, Derbyshire is facing significant financial challenges that are outside its control. These include inflationary pressures, staff pay awards agreed nationally but paid locally and continuing increasing demand on our services, particularly in adult care and children's services. This means in order to set a balanced budget as it is legally obliged to do, the Council must consider the continuance of discretionary provision of services against its statutory duties to assess and meet eligible needs of people in accordance with the Care Act 2014.

4.2 The DHHP has been running since October 2014 and is designed to help people with eligible social care needs who have long-term health conditions made worse by the cold to keep warm and stay well at home. It was designed by the Local Authority Energy Partnership and hosted by Public Health originally. The programme transferred to Adult Social Care and Health (ASCH), Contracting and Commissioning in 2017.

4.3 The current DHHP service provides warmth and wellbeing solutions for householders who own or rent their homes living in fuel poverty with long term health conditions that are made worse by the cold with heating repairs, insulation and managing fuel costs.

The DHHP aims to:

- Prevent unplanned admissions to hospital
- Reduce the risk of readmission
- Reduce the delayed transfer of care
- Provide a safe environment for carers to deliver services.

Over time the service's scope has developed in an unintended direction beyond its original boundaries and moved into a service that offered a fast response for referrers to alternative and potentially more appropriate offers for those referred. This has also created a benefit for professional referrers (including Social Care Teams, District and Borough Councils, Derbyshire Fire and Rescue) enabling them to circumvent other established routes to achieve outcomes that may have otherwise resulted in a longer wait time.

4.4 The service's funding is agreed on an annual basis which is agreed by Adult Social Care's Directorate Management Team under delegated powers.

4.5 As part of the initial stage of the review an Equality Impact Analysis (EIA) was started in early 2024. This draft EIA has highlighted that the current service offer and how it is financed, is very complex. It also identified that the DHHP supports a wide range of people outside the scope of Adult Social Care's statutory responsibilities.

4.6 The draft EIA found that the service provided:

- Support for 153 people with eligible adult social care needs in 2023-24, including having heating installed to enable hospital discharge or care to be delivered in their home

- Approval of OfGem's (Office of Gas and Electricity Markets) national grant fund applications to enable the general public in Derbyshire who meet the criteria to access energy efficiency grants (1269 applications for 2023-24).

Other works were identified as being undertaken but they were irregular and identified as outside the scope of the service.

4.7 The draft EIA explored the impact of changing the service and outlined three options for further consideration.

- To decommission the service,
- To re-model the existing service and reduce the funding required to support this work by tightening the scope of the current service to focus only on supporting people with eligible adult care needs and reinvest the surplus revenue created via the grant application approval element of the service. This remodelled service would continue to support the general public to access OfGem's national grant offer for energy efficiency grants and continue to focus support to those known to adult social care with an eligible need to be discharged from hospital or be able to receive care in a safe home environment.
- Remodel the existing offer and relocate the new offer to a Local Authority with a Statutory Housing responsibility.

5 **Proposed Consultation**

5.1 Consultation on the above options would be required to enable officers to seek the views of the general public, various stakeholders and people drawing on the service to understand the implications of the proposal. We also propose to formally engage with District & Borough Councils who may be impacted if either of the proposals were implemented in due course following the outcome of the consultation and further views of Cabinet.

5.2 The recommended timeline for the consultation would be seven weeks due to the relatively small number of people who are supported by DHHP. The nature of the service is such that once this is supplied there is no ongoing support provision arising.

5.3 The purpose of the consultation will be to seek stakeholders' views on the options proposed, outline how the proposal may

impact on them and offer consultees the option to offer viable alternatives.

5.4 It will include the following elements:

- Identification of people, groups, and other stakeholders who should be informed of and included in the proposed consultation.
- Online information and survey
- Information and survey available in hard copy or alternative language / format, on request.
- Report to Cabinet containing the consultation findings and recommendations.
- Equality Impact Assessment will accompany the Cabinet report

5.5 The table below outlines who the Council will be consulting or engaging with and why:

Who	Why
General Public	<ul style="list-style-type: none"> • The proposal could impact on future recipients and the service they receive. • To understand what impact the proposal could have on residents
Local Authorities with a Housing Responsibility	<ul style="list-style-type: none"> • Some use the service to support their local residents
Derbyshire Fire and Rescue Service	<ul style="list-style-type: none"> • Partner agencies may: <ul style="list-style-type: none"> - Signpost to the current grant recipients • To understand the potential impact the proposal could have on partners.
Health Watch	
Colleagues in the Council	

5.6 The table below describes the expected consultation activities and timelines:

Date	Action
July 2024	<ul style="list-style-type: none"> • Work with partners to identify stakeholders • The consultation will be publicised on the Council's website and various media, with information about the impacted services • Equality Impact Analysis commences.

Aug – Sept 2024	<ul style="list-style-type: none"> • Consultation opens for seven weeks. • Online Consultation Survey published, including format. Information and survey available in hard copy or alternative language / format, on request. • Outputs from the consultation collated, reviewed and considered. • Equality Impact Assessment updated. • Report for Cabinet to be drafted.
Nov / Dec 2024	Report to Cabinet sharing the findings of the consultation (14 Nov or 5 Dec).
Jan – March 2025	Implementation of Cabinet decisions, if relevant.

6 Alternative Options Considered

- 6.1 Option 1 – Maintain the status quo. Do not remodel the service and allow the service to continue in its current form. This option is not recommended as the current financial challenges facing the Council means it's essential that the limited funding available is spent wisely. To do this, budgets must be targeted and distributed carefully, to ensure public money goes to the right places and to those who need it most therefore a review is essential to ensure that the service is targeted appropriately and provides an efficient and effective service. To maintain the status quote will not offer any savings and is therefore not sustainable.
- 6.2 Option 2 - Do not consult. This will not be pursued as a viable option because proposals to make significant changes in service provision require consultation with the public and those directly affected and relevant stakeholders. This would be unlawful and would expose the council to legitimate legal challenge while at the same time undermining the quality of its decision-making.

7 Implications

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

8 Background Papers

- 8.1 Report to Cabinet – Budget Savings Proposals 2024/25 to 2028/2029, 11 January 2024

9 Appendices

9.1 Appendix 1 – Implications

10 Recommendation

10.1 That Cabinet:

- a) Approves the programme of formal public consultation for a period of seven weeks on the three proposed options to deliver future options to refocus the scope of the Derbyshire Healthy Home Project (DHHP).
- b) Receives a further report following the conclusion of the consultation, including an Equality Impact Analysis.

11 Reasons for the Recommendation(s)

11.1 The service delivered by the DHHP has over the years expanded from its original scope and requires careful review to realign its offer within the bounds of adult social care's statutory responsibilities.

11.2 Formal consultation is required to understand the full implications of the proposals contained within this report. Consultation for seven weeks is proposed to ensure the Council has adequate time to carry out a sufficient consultation exercise that considers the outcomes before any subsequent decisions are made.

11.3 The current financial challenges facing the Council means it's essential that the limited funding available is spent wisely. To do this, budgets must be targeted and distributed carefully, to ensure public money goes to the right places and to those who need it most. The proposed consultation will be a vital part of gathering the information and intelligence needed to inform Cabinet's future decision making.

11.4 A further report will be submitted to Cabinet following the conclusion of the proposed consultation if approved, to ensure that Cabinet is fully informed of the outcomes of the consultation and Equality Impact Assessment, before it makes a decision about the future of the DHHP.

12 Is it necessary to waive the call-in period?

No

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Implications

1 Financial Considerations

- 1.1 The 2024-25 Approved Revenue Budget includes an efficiency of £0.370m over financial year 2025-26 in relation to a review of DHHP as set out in this report.
- 1.2 The current service is funded through the iBCF for both the staffing and the interventions. However, some funding is drawn in from District and Borough areas on an adhoc basis to either match fund or fully support **their** residents but not all District and Borough Councils engage in this way. For the 2023-24 period this equated to £0.080m
- 1.3 The breakdown of the funding for 2024/2025 is as follows:

DHHP funding from iBCF	2024/25	
Materials	£0.188m	
Staffing	£0.192m	
Total	£0.380m	

- 1.4 Any funding saved from the iBCF would be reallocated to specific iBCF priorities to support ASC statutory responsibilities.
- 1.5 The income from the ECO grants (National grant fund managed by OfGem for energy efficiency grants) for DCC equates to approximately £80,000 per annum. This grant approval activity enables £6.7m of grant funding for Derbyshire Residents eligible to access the national grant scheme. This is additional to the Derbyshire £ and is at risk if a Local Authority does not support the grant approval process as part of OfGem's criteria.

2 Human Resources Considerations

- 2.1 Any workforce implications arising from the proposals will be the subject of further reports on the conclusion of public consultation. Staff will be included in engagement and there will be HR support as part of any consultation exercise.

3 Legal

- 3.1 The Council is a member of the Local Authority Energy Partnership (LAEP). The LAEP, formed in 1996, is a non-statutory partnership of all 20 councils across Nottinghamshire and Derbyshire. The LAEP acknowledges the legal requirements for local government to improve the energy efficiency of residential accommodation as outlined in the Climate Change Act 2008. The LAEP supports the general aims of and contribute to the delivery of the carbon emission reduction targets presented in the DECC Carbon Plan 2011.
- 3.2 Whilst the Council has no statutory duty to provide a DHHP service, it is noted that the service provides preventative services, and some support to individuals with eligible care and support needs. The Care Act 2014 places statutory duties on local authorities in this respect. Section 78 Care Act 2014 provides that a local authority must act under the general guidance of the Secretary of State; the Care and Support Statutory Guidance ('the Statutory Guidance'). Local authorities must follow this guidance unless they have very strong reasons for not doing so. A departure from the guidance would be unlawful unless there is cogent reason for it, and the greater the departure, the more compelling the reason must be.
- 3.3 Section 1 Care Act 2014 places a general duty on local authorities to promote an individual's well-being whenever it exercises a function under Part 1 Care Act 2014.
- 3.4 Well-being is not defined within statute, but it is a broad concept. Section 1(2) Care Act 2014 lists nine particular aspects of well-being as follows:
- a) personal dignity (including treatment of the individual with respect);
 - b) physical and mental health and emotional well-being;
 - c) protection from abuse and neglect;
 - d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
 - e) participation in work, education, training or recreation;
 - f) social and economic well-being;
 - g) domestic, family and personal relationships;
 - h) suitability of living accommodation;
 - i) the individual's contribution to society.

- 3.5 The Care and Support Statutory Guidance states that the well-being principle applies equally to those with eligible social care needs and those who do not have eligible social care needs but come into contact with the system in some other way. It should inform the delivery of services to the community as a whole and should be considered when the local authority undertakes broader, strategic, functions such as this proposal.
- 3.6 In exercising a function under Part 1 Care Act 2014, local authorities must also have regard to (amongst other things) the importance of preventing or delaying the development of needs for care and support or needs for support and the importance of reducing needs of either kind that already exist.
- 3.7 Section 2 Care Act 2014 reiterates this duty and states that local authorities must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:
- a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;
 - b) contribute towards preventing or delaying the development by carers in its area of needs for support;
 - c) reduce the needs for care and support of adults in its area;
 - d) reduce the needs for support of carers in its area.
- 3.8 This preventative duty is owed to all adults, including those who do not currently have any care and support needs, those with eligible needs and carers. The policy aim is to reduce the future burden on local authorities of more substantial support packages.
- 3.9 The Statutory Guidance is very clear that prevention is critical to the vision in the Care Act and that the system should actively promote well-being and independence, not just wait to respond when people reach crisis point. It also advocates the 'co-production' of preventative approaches, not just in relation to individual support packages but also when services are designed, commissioned and delivered so as to ensure services reflect what the people who use them want.
- 3.10 There is no single definition for 'prevention' but the Statutory Guidance breaks it down into three approaches:
- a) Primary prevention – aimed at individuals who have no current health or care needs but services may help an individual avoid developing needs for care and support. These are generally

universal services which may include, but are not limited to, befriending schemes or community activities.

- b) Secondary prevention – more targeted interventions aimed at individuals who have an increased risk of developing needs and services may help to slow down or reduce further deterioration or prevent other needs from developing. This could include, but is not limited to, telecare services, adaptations to housing and handyman services.
- c) Tertiary prevention – interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions; supporting people to regain skills and manage or reduce need where possible. This could include, but is not limited to, rehabilitation/reablement services and respite.

3.11 Section 2(2) Care Act 2014 states that local authorities must have regard to what is already available in the authority's area and the extent to which the authority could involve or make use of that local resource in performing this duty. These readily available services, facilities and resources may form part of the overall local approach to preventative activity.

3.12 The Statutory Guidance states that local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility. Should the proposal to consult be approved, any subsequent decision to restructure the service must take into account the potential impact on the availability of preventative services, facilities and resources in the local area. It is crucial that local demand and resource and is fully understood to allow consideration to be given to any gaps which remain and what further steps are required to meet this duty. There must be sufficient services, facilities or resources to adequately fulfil the prevention duty.

3.13 The Statutory Guidance is clear that the preventative duty under section 2 Care Act 2014 extends to how the authority facilitates and commissions services and how it works with other local organisations to build community capital and make the most of the skills and resources already available in the local area.

3.14 This report highlights that the DHHP may not just be providing a preventative service but may also be meeting the needs of individuals with eligible needs. Section 18 Care Act 2014 provides that where an individual is assessed as having eligible needs, there is a duty to meet those needs. Should the DHHP be withdrawn, and the service cease to operate or reduce their

capacity, the local authority will continue to be under a duty to meet that individual's eligible needs and alternative arrangements must be made. This would need to take into account (amongst other things), the outcomes the individual wishes to achieve and the impact on their well-being.

3.15 The proposal triggers the duty to consult with the public and those directly affected including the organisations, service users and relevant stakeholders.

3.16 Case law has established the minimum requirements of consultation, which, if not met, usually renders the consultation unlawful and any consequential decision liable to be quashed. When undertaking a consultation exercise, a public authority must:

- a) undertake the consultation when the proposals are at a formative stage;
- b) provide sufficient reasons for the proposal, so as to permit intelligent consideration and response;
- c) provide adequate time for consideration and response; and
- d) take the products of consultation conscientiously into account.

3.17 Whilst there is a requirement to undertake the consultation when the proposals are at a formative stage, this does not preclude the local authority from consulting on its preferred option, provided the decision maker's mind remains open to change. The proposed consultation will provide an opportunity for consultees to provide wider comments and suggestions, which will be duly considered.

- In assessing these proposals, the Council should also have regard to the Public Sector Equality Duty ('PSED') under the Equality Act 2010. 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)).
- 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 need 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.
- foster good relations between persons who share a relevant protected characteristic and those who do not share it (section 149(1)(C)).

3.18 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.

3.19 In addition, regard has been given to the draft Equality Impact Analysis (EIA), as referenced within the report. A full EIA will be prepared 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.

4 Information Technology

4.1 None directly arising.

5 Equalities Impact

5.1 The Council has a duty to recognise and mitigate the impact of any changes it proposes upon people in protected groups. The proposals in this report affect people with disabilities needing adaptations to their homes. These people have protected characteristics.

5.2 The Council will take account of the challenges which the people affected by the proposals in this report face, both in terms of participation in the consultation and in ensuring that the impact of any changes is mitigated if they are to be implemented. Those with pending DFG applications and grant projects underway will be invited to participate in the consultation.

5.3 A full Equality Impact Analysis will be undertaken and this will be reported to Cabinet on the completion of the consultation on the proposals in this report, should a consultation exercise be approved by Cabinet.

6 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 matter most to people, as being a core value.

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.

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

7.1 As set out in the report.