



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

CABINET

14 November 2024

Report of the Executive Director - Adult Social Care and Health

**Derbyshire Healthy Home Project (DHHP) Consultation Results and
Future Recommendation
(Cabinet Member for Adult Care)**

1. Divisions Affected

1.1 County wide

2. Key Decision

2.1 This is not a key decision.

3. Purpose

3.1 The purpose of this report is to inform Cabinet of the outcome of the consultation and review of the Derbyshire Healthy Home Project (DHHP)

3.2 Cabinet are asked to consider:

- a) the outcomes of the consultation regarding the proposals for any future provision of Healthy Home activities,
- b) the outcome of the Equality Impact Analysis,
- c) agreeing the recommendations laid out in this paper.

4. Information and Analysis

Background and context

- 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 A report was submitted to Cabinet by the Director of Finance and ICT on 11 January 2024, outlining the financial challenges faced by the Council and proposing budget saving measures for the period 2024-2029. Funding for the DHHP was highlighted as a potential budget saving in that paper.
- 4.3 On the 25 July 2024 Cabinet approved a public consultation to consider 3 proposals for the future of the Healthy Home Project, see Appendix 2 for full details. A seven-week public consultation commenced on the 2 August 2024 and ended on the 20 September 2024. The outcome of that Consultation will be covered in section 5 of this report and the full analysis in Appendix 3.
- 4.4 The DHHP has been running since October 2014 and was 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. In 2017, the programme transferred to Adult Social Care and Health (ASCH), Contracting and Commissioning. ASCH currently hosts a team of 3 fixed-term staff funded annually via the Improved Better Care Fund (iBCF). The number of staff has recently reduced due to retirements and requested reduction in hours to 2.6 full time equivalents (Fte).
- 4.5 The DHHP assists the health and social care system to implement swift interactions to help people stay in or return to their own home and to draw down, subject to eligibility, external government grant funding which support Derbyshire residents to improve the energy efficiency of their home.

The service provides free warmth and wellbeing solutions for homeowners who are:

- Living in fuel poverty

- Own their own property (an unrepresented group)
- Have an environmental cold related physical or mental health condition(s).

4.6 Many of those eligible also have comorbidity and multimorbidity issues such as:

- Cardiovascular conditions e.g., heart attacks, stroke, TIA's
- Respiratory conditions e.g., COPD, asthma
- Mental health issues e.g., dementia, depression, anxiety, autism
- Mobility issues e.g., arthritis, osteoporosis
- Cancer patients e.g., people with immunosuppressed systems, end of life pathway.

4.7 DHHP supports the delivery of health and social care system priorities of timely hospital discharge, reducing the risk of readmission, reducing delays when transferring care, preventing unplanned hospital admissions, and ensuring a safe working environment for professional carers to deliver services, by:

- Facilitating and supporting the installation of heating and energy efficiency measures through a procured Trustmark Registered installer for the most vulnerable homeowners. In some instances, clearance and cleaning may also be arranged to support this.
- Provision of clearance and cleaning without heating installation to support hospital discharge where care provision is required, when all other funding options have been explored.
- Provision of targeted body warmth for people in fuel poverty with health conditions affected by cold temperatures.
- Facilitation of the ECO 4 Flex (Energy Company Obligation) Flexible declaration process which enables a range of non-procured installers to access funding to fit free energy efficient measures to owner occupied and private rental properties across the whole of Derbyshire (where specific criteria are met).
- Advice and information to all Derbyshire residents about the ECO 4 Flex scheme and signposting to other agencies who can support with energy advice and information.

4.8 The service has in some instances served to provide the benefit of a faster response for some professional referrers (including Social Care Teams, District and Borough Councils, Derbyshire Fire and Rescue) enabling them to circumvent other established available routes to achieve the same outcomes that may have otherwise resulted in a longer wait time, such as speedier house clearance or boiler installation. This has resulted in service delivery outside of the DHHP's original scope.

- 4.9 In September 2023 it was agreed by Adult Social Care's (ASC) Directorate Management Team (DMT) under delegated powers, to continue to fund the DHHP for a further 12 months with a recommendation that a review of the current service be undertaken.
- 4.10 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 duties and responsibilities.
- 4.11 The consultation along with engagement with District and Borough Housing colleagues and other stakeholders, has provided additional information for the EIA (see Appendices 2 and 3).

Analysis of the work/people accessed via the DHHP.

- 4.12 During 2023-2024:
- 315 people were referred to the service,
 - Over 55% of the referrals were for those aged 65+
 - 95% were known to ASCH and were recorded on DCC's Electronic Case Management System (Mosaic) but not all have an eligible Care Act need.
 - 57 installations were supported that involved heating works, the majority of these (37) involved the replacement of old or broken boilers with newer more energy efficient models.
 - Other works (66) included heating related works, such as repairs to existing heating systems and clearance and cleaning (26 properties).
 - 117 people were provided with heated blankets, chair covers, cushions and/or a microwaveable hot water bottle.
 - 1,278 flexible declarations were issued for ECO 4 Flex

5. Consultation

5.1 The Council has a duty to consult where proposals are made that may result in the reduction or cessation of a service provision. ASCH proposed three options to the current service provision.

5.2 The three proposals considered were:

- Proposal one: To remodel the service and introduce an eligibility criterion to ensure those with adult social care needs and low incomes can access help which Derbyshire County Council would continue to manage.
- Proposal two: To work with the District & Borough Councils who have a housing responsibility to support vulnerable people with their homes or a third party to introduce a new service that they will manage.
- Proposal three: To decommission the service.

5.3 The consultation was carried out to seek the views of current stakeholders of the service, and what the proposals to change the service would mean for them, and the impact they feel that it could have. They were also asked for feedback on how the service could be improved.

5.4 The consultation ran for seven weeks between 2 August 2024 and 20 September 2024

Response to the Consultation

5.5 In total, 126 people responded to the consultation. The responses to the consultation include 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.

5.6 Feedback and comments were collected from District and Borough colleagues who have engaged the DHHP offer to support their residents. All District and Borough areas were offered a one-to-one engagement meeting however three of these did not take up the offer. The feedback collected from Amber Valley Borough Council, Chesterfield Borough Council, Erewash Borough Council, Derbyshire Dales District Council and South Derbyshire District Council has been included in the Equality Impact Analysis (Appendix 3) and Consultation Report (Appendix 2) for full details.

5.7 The consultation used a combination of quantitative and qualitative approaches to gather people's views about the proposed changes.

- 5.8 The comments received, were analysed and coded into several themes arising from the data.
- 5.9 Detailed information about the consultation and feedback received is set out in Appendix 2 and should be read alongside this report.
- 5.10 The consultation responses have been very carefully considered and have helped shape the recommendations made in this report.
- 5.11 There is no statutory duty for the Council to specifically provide this service or to specifically fund this service using the iBCF funding. However, s2 Care Act 2014 imposes a duty to contribute towards preventing or delaying and also reducing adults needs for care and support and the support needs of carers. There is also 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.
- 5.12 The current service does enable people who may not necessarily be offered support through other means to be able to be discharged from hospital or receive care in their home. It also enables a small number of people eligible for support under the Care Act 2014 to access more timely interventions to support them to avoid hospital admission, be discharged from hospital or receive care in their home.
- 5.13 The existing service has also supported District and Borough Housing Authorities to discharge some of their duties in relation to the Housing Act 2004 that includes the housing conditions and suitability of properties for habitation. This Act encompasses all dwellings across all tenures. Districts and Boroughs, through their Environmental Health teams, can assess a property against the Housing, Health and Safety Rating System (HHSRS) to identify the level of risk and likelihood of harm to the occupier. This assessment then rates the property's risk to the occupier. Housing Authorities have a power to act for Category 1 hazards, considering the nature of the risk, who lives in the home, their vulnerability and the views of the person or anyone who supports them, for example an informal family carer or social care services. The DHHP has previously provided a service to a number of the District and Borough councils to enable these hazards to be resolved.
- 5.14 The Improvement and Scrutiny Committee – People were given the opportunity to consider the consultation and provide its views to Cabinet. On 30th October 2024, the Committee considered and noted the public consultation undertaken and the key themes raised.

Equality Impact Analysis

- 5.15 In response to the consultation, an EIA has been completed to understand the impact on protected characteristic groups who may access the DHHP offer. 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 to stakeholders.
- 5.16 The EIA is set out in full in Appendix 3 and should be read alongside this report.
- 5.17 The contents of the EIA have been carefully considered alongside the recommendations within this report.

Recommendation

- 5.17 It is intended that the service is remodelled in line with Option 1 of the consultation. The changes set out below will enable the Derbyshire Healthy Home offer to be simplified to focus on a core offer of:
- providing information and support via signposting people to other agencies for direct support with applications for the ECO4 Flex Grant. A comprehensive 'how to' information and advice webpage will be developed for both internal and external use that outlines the key messages around warmth in the home, enables access to ECO4 Flex Grants and signposts people to organisations who can support people to engage with the process, e.g. the ASCH commissioned Derbyshire Low Level Support service or one of the many external energy efficiency organisations.
 - administering declarations under the ECO4 Flex Grant Scheme. A grade 8 officer role is already operational within the current staffing structure supporting DHHP outlined in 4.4 above and could be utilised to undertake the work associated with the declaration process. It is considered this responsibility would best sit within the Public Health personnel structure rather than within Adult Care, as at present. The internal transfer of departmental responsibility can be achieved via due process; and
 - Implementing a pathway to support home clearance and deep cleaning activity. A collaborative working group involving Joined Up Care Derbyshire, Adult Social Care officers and District and Borough Housing colleagues would be established for this purpose, with the intention of developing an understanding of

individual agencies responsibilities and agreeing an approach to working collectively to address house clearance and deep cleaning and specifically properties identified as hazards under the Housing Act 2004 Health and Housing Hazard Rating System (HHRS)

- 5.18 It is also recommended that new eligibility criteria for Derbyshire County Council funded home clearance and deep cleaning activity necessitated due to hazardous home conditions is introduced. This would enable the Council to best support the most vulnerable and those at highest risk.
- 5.19 Eligibility would be limited to only those who:
- (a) Are age 18 or over
 - (b) have been assessed as having eligible needs under s18 Care Act 2014 and eligibility for support
- 5.20 It should be noted that home environments assessed as Category 1 hazards would be expected to be referred to the relevant Housing Authority to address in accordance with their statutory powers.
- 5.21 Those deemed eligible would receive support via contractors appointed under an existing deep cleaning and clearance contract that is operational until June 2026, financed by Adult Social Care and Health's Home Emergency budget.
- 5.22 The current staffing structure will be remodelled, with an increase of 1 FTE within Public Health, as described in 5.17, and a net reduction of 3 fixed-term staff (headcount 2.6 FTE, as of 18 October 2024) within Adult Social Care.
- 5.23 The collaborative working group referred to at 5.17 will explore solutions to ongoing funding from June 2026 onwards.

6. Alternative Options Considered

- 6.1 Do nothing and continue with existing service: This is not an option as the current service has expanded beyond the initial remit and is not financially sustainable in its current form.
- 6.2 Continue the existing service in its current format and relocate it to another Local Authority provider with a housing responsibility to host. This is not an option as District and Borough Councils within Derbyshire are also under considerable financial and resourcing strains and do not have the capacity to undertake the full breadth of the current model. In

addition, their duty would only be to address Category 1 hazards under the Housing Act 2004 and their focus is to their residents not the whole county.

- 6.3 Cessation of the whole service: This has been discounted as the service currently supports countywide residents to access the national ECO 4 Flex grant scheme via OfGem, which brought in £6.9m to the Derbyshire economy in 2023-2024 and supports a small number of individuals to access energy efficiency grants that enables either hospital avoidance, hospital discharge or the delivery of Care into the home.

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 11 Jan 2024: Budget Savings Proposals 2024/25 to 2028/29
- 8.2 Cabinet report 25 July 2024: Future options for the Derbyshire Healthy Home Project (DHHP)

9. Appendices

- 9.1 Appendix 1- Implications
- 9.2 Appendix 2 – Consultation Report
- 9.3 Appendix 3 – Equality Impact Assessment
- 9.4 Appendix 4 – Indicative HR process timeline

10. Recommendation(s)

Following consideration of this report, the full report on the consultation responses received at appendix 2; the content of the Equality Impact Assessment at appendix 3, it is recommended that Cabinet:

- a) Notes the plan to transition the ECO4 Flex Declarations administration role (Grade 8) from Adult Care to DCC Public Health to specifically support the ECO4 Flex declaration process.

- b) Notes that a comprehensive information and advice webpage will be developed to support people with energy efficiency advice and will signpost to appropriate external organisations.
- c) Agrees that the Derbyshire Healthy Home offer is simplified to focus on a core offer as described in Section 5.17 of this Report.
- d) Approves the implementation of a new eligibility criteria for Derbyshire County Council funded home clearance and deep cleaning activity necessitated due to hazardous home conditions that is focused on supporting adults with eligible health and social care needs in accordance with the duties of the Care Act (2014) as outlined in paragraph 5.19 of this report.
- e) Notes that a collaborative working group involving Joined Up Care Derbyshire system partners, including District and Borough representatives, will be created with the intention of developing a shared process to address Category 2 hazards under the Housing Act 2004 Health and Housing Hazard Rating System (HHRS) to be operational from June 2026 onwards.
- f) Notes that a formal consultation with staff and trade unions representing staff affected by the remodelling of the service will commence and every effort will be made to assist employees in seeking suitable alternative roles to minimise the number of redundancies.

11. Reasons for Recommendation(s)

- 11.1 Supporting the ongoing access to ECO4 Flex grants enables Derbyshire residents access to in excess of £6.9m of national grant funding at no additional cost to the Council. It supports the Councils Climate Change agenda and working toward Net Zero homes and the wider health and social care system.
- 11.2 One of the key issues for people around accessing help to access energy efficiency advice is being able to feel confident that the information is unbiased and safe, and that the content is easy to follow. A step-by-step guide which links people to organisations that can support them will increase the uptake of the national grant scheme and help people to help themselves.
- 11.3 The home is identified by Health, Public Health, Social Care and District and Borough partners as a key factor in an individual's health and

wellbeing. By supporting more collaboration between partners to align their statutory responsibilities and clearly outline roles and responsibilities, a more efficient approach for all, including the people we serve, could be developed, therefore reducing the need for more complex interventions.

- 11.4 Hospital Discharge Teams and local area Social Care teams to enable those people who are eligible to be discharged from hospital, receive care and prevent hospital admission would be supported by these measures.

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

- 12.1 No

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Implications

1. Financial

- 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 estimated income from the ECO grants (National grant fund managed by OfGem for energy efficiency grants) for DCC equates to approximately £90,000 per annum based on 1200 units being completed. This income would enable the role that administers the declarations to be financially sustainable and therefore enable grant activity that previously brought £6.7m of grant funding for Derbyshire Residents eligible to access the national grant scheme. This is additional to the Derbyshire £.

2. Legal

- 2.1 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.

- 2.2 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.
- 2.3 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.
- 2.4 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.
- 2.5 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.

- 2.6 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.
- 2.7 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:
- contribute towards preventing or delaying the development by adults in its area of needs for care and support;
 - contribute towards preventing or delaying the development by carers in its area of needs for support;
 - reduce the needs for care and support of adults in its area;
 - reduce the needs for support of carers in its area.
- 2.8 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.
- 2.9 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.
- 2.10 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.

- 2.11 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.
- 2.12 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.
- 2.13 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.
- 2.14 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.
- 2.15 The improved Better Care Fund (iBCF) provides Local Government with funding for adult social care and must be used to support social care activity.
- 2.16 Section 5 Housing Act 2004 sets out the general duty of housing authorities to take appropriate enforcement action if a Category 1

hazard exists on any residential premises. S5(2) defines the courses of action open by way of enforcement. This includes (inter alia) serving an improvement notice, making a prohibition order or taking emergency remedial action. Section 40(1) provides a housing authority with the power to take emergency remedial action if they are satisfied the hazard represents an imminent risk of serious harm to the health and safety of any of the occupiers of those or any other residential premises.

2.17 s23 Care Act 2014 provides that:

- (1) A local authority may not meet needs under sections 18 to 20 by doing anything which it or another local authority is required to do under (a) the Housing Act 1996, or (b) any other enactment specified in regulations
- (2) "Another local authority" includes a district council for an area in England for which there is also a county council.
- (3) For the purposes of its application in relation to the duty in section 2(1) (preventing needs for care and support), this section is to be read as if, in subsection (1), for "meet needs under sections 18 to 20" there were substituted "perform the duty under section 2(1)".

2.18 Pursuant to Section H, Part A paragraph A4 of Appendix 1 of the Council's Constitution – Staffing Conditions, Executive Directors have delegated power and responsibility for appointing all employees with their Departments. Review and authorisation of changes to departmental structures and establishments are matters to be dealt with in conjunction with the Director of People and Organisational Change, and authorising payments for employees in cases of early retirement, voluntary redundancy and compulsory redundancy must be considered in consultation with the Director of Finance and ICT and the Director of Legal and Democratic Services. Adherence to Workforce Governance Group processes is required.

2.19 Case law has established the minimum requirements of public 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.

- 2.20 In considering these recommendations regard 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.
- 2.21 An Equality Impact Analyses (EIA) has been prepared and is exhibited to this report reflecting issues raised during the consultation process. Members should have regard to any adverse impact along with any potential mitigation set out. Cabinet members will need to have careful regard to the conclusions of the EIA.

3. Human Resources

- 3.1 If approved, the above recommendations will result in a net reduction of 2 fixed-term staff (headcount, 1.6 FTE, as of 18 October 2024) at a maximum within Adult Social Care and Health, with a net reduction of 3 fixed-term staff (headcount, 2.6 FTE, as of 18 October 2024) within Adult Social Care and an increase of 1 FTE (fixed-term until 31 March 2026 due to finite funding) within Public Health.
- 3.2 Any resultant staffing changes will be considered/approved by the Executive Director for Adult Social Care and Health in conjunction with the Director of People & Organisational Change, Director of Finance and Director of Legal & Democratic Services.
- 3.3 Where employees' roles have been removed from the Council's structure and no longer exist, any termination of employment will amount to a dismissal by reason of redundancy. The Council will meet its legal obligation to reduce the number of compulsory redundancies and consider appropriate alternative employment in accordance with statutory requirements. For employees on fixed term contracts, the non-renewal of that fixed-term contract constitutes a dismissal under s95 of the ERA. As this equates to a dismissal, the dismissal as with any other, must be for a fair reason under s98 of the ERA. A fair reason for dismissal is redundancy. Therefore, the Council's Redundancy,

Redeployment and Protection of Earnings Policy will also be followed for those on fixed-term contracts.

- 3.4 Informal engagement has taken place with those employees affected and the joint trade unions. As the proposed number of dismissals for reason of redundancy within the entity to which the employees are assigned is less than 20, there is no formal requirement to collectively consult. Engagement will be carried out to facilitate this process.
- 3.5 An indicative timeline for the review of the Derbyshire Healthy Homes Project is outlined within Appendix 4.

4. Equalities Impact

- 4.1 A full Equality Impact Analysis has been carried out and is included in this report at Appendix 3.
- 4.2 This has provided context for the recommendation laid out in this paper with particular focus about the residents in Derbyshire who may be impacted.

5. Corporate objectives and priorities for change

- 5.1 The Council has to deliver a balanced budget each year and the remodelling of the Healthy Home offer following review, has been identified as necessary to deliver efficiencies to meet the requirement.

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

**Appendix 2
Consultation Report**

**Appendix 3
Equality Impact Analysis**

**Appendix 4
Indicative HR timeline**