

## NOTICE OF MEETING

<b>Meeting</b>	Executive Member for Adult Social Care and Health Decision Day
<b>Date and Time</b>	Wednesday, 22nd November, 2017 at 3.00 pm
<b>Place</b>	Mitchell Room, Elizabeth II Court, The Castle, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

John Coughlan CBE  
Chief Executive  
The Castle, Winchester SO23 8UJ

## FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

## AGENDA

### NON-KEY DECISIONS (NON-EXEMPT/NON-CONFIDENTIAL)

**1. MOTOR NEURONE DISEASE CHARTER** (Pages 5 - 16)

To consider a report of the Director of Adults' Health and Care seeking Executive Member endorsement and support of the principles in the Motor Neurone Disease Charter.

**2. SUPPORTIVE COMMUNITIES GRANT AWARD** (Pages 17 - 24)

To consider a report of the Director of Adults' Health and Care seeking approval to make a grant award as part of the Supportive Communities Programme.

### KEY DECISIONS (NON-EXEMPT/NON-CONFIDENTIAL)

**3. HAMPSHIRE ACCOMMODATION DEVELOPMENT AND SUPPORT OPTIONS MODEL** (Pages 25 - 34)

To consider a report of the Director of Adults' Health and Care seeking approval to spend under the proposed Hampshire Accommodation Development and Support Options Model procurement vehicle.

**4. DEMENTIA ADVISORY SERVICES AND CARERS (Pages 35 - 46)**

To consider a report of the Director of Adults' Health and Care seeking approval to spend for the procurement of county wide carer support services.

**5. MEALS ON WHEELS SERVICE (Pages 47 - 54)**

To consider a report of the Director of Adults' Health and Care seeking approval for an extension to the Meals on Wheels contracts.

**KEY DECISIONS (EXEMPT/CONFIDENTIAL)**

**6. EXCLUSION OF THE PRESS AND PUBLIC**

To resolve that the public be excluded from the meeting during the following items of business, as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present during these items there would be disclosure to them of exempt information within Paragraph 5 of Part 1 of Schedule 12A to the Local Government Act 1972, and further that in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons set out in the reports.

**7. DEMENTIA ADVISORY SERVICES AND CARERS (EXEMPT APPENDIX) (Pages 55 - 56)**

To consider an exempt appendix to Item 4 on the agenda.

**8. MEALS ON WHEELS SERVICE (EXEMPT APPENDIX) (Pages 57 - 58)**

To consider an exempt appendix to Item 5 on the agenda.

**NON-KEY DECISIONS (EXEMPT/CONFIDENTIAL)**

**NONE**

**ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	22 November 2017
<b>Title:</b>	Motor Neurone Disease Charter
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Graham Allen

**Tel:** 01962 847200

**Email:** [Graham.allen@hants.gov.uk](mailto:Graham.allen@hants.gov.uk)

#### 1. Executive Summary

1.1. The purpose of this paper is to seek Executive Member endorsement and support of the principles in the Motor Neurone Disease (MND) Charter.

1.2. This paper seeks to

- Outline the standards and expectations of the MND Charter
- Outline how the MND Charter links with the County Council Strategic Plan

#### 2. Contextual information

2.1. Motor neurone disease is fatal and rapidly progressing, with no current cure. It describes a group of related diseases, affecting the motor nerves or neurones in the brain and spinal cord, which pass messages to the muscles telling them what to do.

2.2. Degeneration of the motor neurones leads to weakness and wasting of muscles, causing increasing loss of mobility in the limbs, and difficulties with speech, swallowing and breathing. Approximately one third of people die within a year of diagnosis and more than half within two years of diagnosis.

2.3. The Motor Neurone Disease Association has developed a Charter (Appendix 1) for people and organisations that have contact with sufferers of the disease, which sets out standards and expectations in five key areas.

2.5 The five areas within the MND Charter are in line with the way that the council seeks to support people, and their families and carers with complex conditions. By supporting and endorsing the principles Hampshire County Council will be making a clear and public commitment to the standards within the MND Charter that relate to adult social care and by working with its partners to do so.

### **3. The Motor Neurone Disease Charter**

3.1. The Motor Neurone Disease Association (MNDA) is the only national charity in England, Wales and Northern Ireland focused on MND care, research and campaigning.

3.2. The MNDA have developed a MND Charter setting out how everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND, and work towards the Charter's vision of the right care, in the right place at the right time. The Charter can be found at Appendix 1.

3.3. The MND Charter is divided into five areas:

#### **People with MND have the right to an early diagnosis and information**

- An early referral to a neurologist.
- An accurate and early diagnosis, given sensitively.
- Timely and appropriate access to information at all stages of their condition.

#### **People with MND have the right to high quality care and treatments**

- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
- Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
- Access to appropriate respiratory and nutritional management and support, as close to home as possible.
- Access to the drug Riluzole.
- Timely access to NHS continuing healthcare when needed.
- Early referral to social care services.
- Referral for cognitive assessment, where appropriate.

#### **People with MND have the right to be treated as individuals and with dignity and respect**

- Being offered a personal care plan to specify what care and support they need.
- Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
- Getting support to help them make the right choices to meet their needs when using personalised care options.
- Prompt access to appropriate communication support and aids.
- Opportunities to be involved in research if they so wish.

#### **People with MND have the right to maximise their quality of life**

- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
- Timely and appropriate access to disability benefits.

#### **Carers of people with MND have the right to be valued, respected, listened to and well supported.**

- Timely and appropriate access to respite care, information, counselling and bereavement services.
- Advising carers that they have a legal right to a Carer's Assessment of their needs, ensuring their health and emotional well being is recognised and appropriate support is provided.
- Timely and appropriate access to benefits and entitlements for carers.

3.4 There are some areas of the MND Charter which are within the influence of our partner organisations, such as the Health Service and District and Borough Councils. However all five areas of the Charter are consistent with the way that the council seeks to work with its partners to support Hampshire residents in a personalised, dignified way, that helps people to experience the best quality of life possible.

3.5 The Council has a clear role to play in the support of people with MND who are eligible for social care services and can work with its partners toward the aims set out in the Charter.

3.6 Encouraging local authorities to sign up to the MND Charter is part of the current phase of the MND Association's National Campaign, which seeks to positively influence outcomes for people in local communities who have MND. A number of other councils have already signed up to the Charter, including Oxford, Surrey and Portsmouth and Southampton City Council's.

#### **4. Finance**

4.1. There are no financial implications in supporting and endorsing the principles of this Charter.

#### **5. Legal Implications**

5.1. Under the Care Act 2014 the Council has a duty to assess any adult who may have needs for care and support. Subject to eligibility criteria being met, the Council must then consider what can be done to meet any identified eligible needs. The Charter itself has no legal implications for the Council.

#### **6. Consultation and Equalities**

6.1. An EIA has not been carried out for this decision, as endorsing the principles of the Charter shows a commitment from the council to meet the positive outcomes outlined for people with MND in the MND Charter. This does not signify a change in council policy; the outcomes align with the current aims of the County Council for people with complex conditions.

6.2. The County Council will include reference to its support for the principles of the Charter in appropriate pan-organisational communications.

## **7. Recommendation**

- 7.1. That the Executive Member for Adult Social Care and Health support and endorse the principles set out in the MND Charter on behalf of Hampshire County Council.



**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

#### **Due regard in this context involves having due regard in particular to:**

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

An EIA has not been carried out for this decision, as endorsing the principles of the Charter shows a commitment from the council to meet the positive outcomes outlined for people with MND in the MND Charter. This does not signify a change in council policy; the outcomes align with the current aims of the County Council for people with complex conditions.

### **2. Impact on Crime and Disorder:**

2.1. No impact has been identified

### **3. Climate Change:**

a) How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified



**CHAMPION  
THE CHARTER  
ON YOUR  
DOORSTEP**

# the mnd charter

Achieving quality of life, dignity and respect for people with MND and their carers

## **The MND Charter is a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect.**

We believe that everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

### **About MND:**

- MND is a fatal, rapidly progressing disease that affects the brain and spinal cord.
- It can leave people locked in a failing body, unable to move, talk and eventually breathe.
- A person's lifetime risk of developing MND is up to one in 300.
- It kills around 30% of people within 12 months of diagnosis, more than 50% within two years.
- It affects people from all communities.
- It has no cure.

Therefore, what matters most is that people with MND receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

MND is a devastating, complex disease and particularly difficult to manage. We believe that if we get care right for MND we can get it right for other neurological conditions, and save public services money in the long run. But more importantly, we can make a positive difference to the lives of people with MND, their carers and their loved ones.



# 1

## People with MND have the right to an early diagnosis and information

- THIS MEANS:**
- An early referral to a neurologist.
  - An accurate and early diagnosis, given sensitively.
  - Timely and appropriate access to information at all stages of their condition.

There is no diagnostic test for MND – it can only be diagnosed by ruling out other neurological conditions. People with MND can be halfway through their illness before they receive a firm diagnosis.

GPs need to be able to identify the symptoms and signs of a neurological problem and refer directly to a neurologist in order to speed up diagnosis times for MND.

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge

and experience of treating people with MND<sup>1</sup>. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

At diagnosis people with MND should be offered access to appropriate information and should be informed about the MND Association. Appropriate information should be available at all stages of the person's condition in a language of their choice.

# 2

## People with MND have the right to high quality care and treatments

- THIS MEANS:**
- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
  - Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
  - Access to appropriate respiratory and nutritional management and support, as close to home as possible.
  - Access to the drug riluzole.
  - Timely access to NHS continuing healthcare when needed.
  - Early referral to social care services.
  - Referral for cognitive assessment, where appropriate.

People with MND may need care provided by health and social care professionals from up to 20 disciplines. This clearly needs co-ordination to work effectively. Co-ordinated care can improve the quality of life of people with MND and provide value for money for the NHS by preventing crises and emergency hospital admissions. The care should be co-ordinated by a specialist key worker with experience of MND who can anticipate needs and ensure they are met on time. Ongoing education for health and social

care professionals is important to reflect advances in healthcare techniques and changes in best practice.

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care<sup>2</sup> soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND have equitable access to hospice care. Hospices can

provide high-quality respite care, which can benefit both the person with MND and their carer.

As MND progresses, the respiratory muscles and muscles of the mouth and throat may be affected. People with MND may therefore need respiratory and nutritional support. It is important that these services are available as close to the person's home as possible so that travelling is minimised and support is available quickly.

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for

side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

As the disease progresses, people with MND may need more intensive health care. It is important that people with MND have timely access to NHS continuing healthcare when they need it.

People with MND are likely to need help with getting up, washing, dressing and preparing food as the disease progresses. Access to social care services is therefore important to maintain quality of life. People with MND may also need access to cognitive assessment, as up to half of people with the disease experience changes in cognition.

### 3

## People with MND have the right to be treated as individuals and with dignity and respect

- THIS MEANS:**
- Being offered a personal care plan to specify what care and support they need.
  - Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
  - Getting support to help them make the right choices to meet their needs when using personalised care options.
  - Prompt access to appropriate communication support and aids.
  - Opportunities to be involved in research if they so wish.

Everyone with MND should be offered a personal care plan<sup>3</sup> to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan<sup>4</sup> to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

Some people with MND will need support to help them make the right choices to meet their needs when using personalised care options, such as personal budgets.

As the disease progresses, some people with MND will experience difficulty speaking. It is important

that people with MND can access speech and language therapy to help them maintain their voice for as long as possible. However, as the disease progresses, people with MND may need access to communication aids including augmentative and alternative communication (AAC)<sup>5</sup>. The ability to communicate is a basic human right. For people with MND, communication support and equipment are vital in order to remain socially active and to communicate their wishes about their care, especially during hospital stays and other medical environments.

Many people with MND value the opportunity to be involved in research as it provides hope that one day an effective treatment will be developed. Everyone with MND who wishes to should be able to participate in research as far as is practicable.

# 4

## People with MND have the right to maximise their quality of life

- THIS MEANS:**
- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
  - Timely and appropriate access to disability benefits.

People with MND may find their needs change quickly and in order to maximise their quality of life, they may need rapid access to equipment, home adaptations, wheelchairs and suitable housing. These needs should be anticipated so that they are met in a timely way. This is particularly true of wheelchairs which are important for maximising independence and quality of life.

People with MND need timely and appropriate access to disability benefits to help meet the extra costs of living with a disability. Information on appropriate benefits needs to be readily accessible in one place and easily understandable.

# 5

## Carers of people with MND have the right to be valued, respected, listened to and well supported

- THIS MEANS:**
- Timely and appropriate access to respite care, information, counselling and bereavement services.
  - Advising carers that they have a legal right to a Carer's Assessment of their needs<sup>1</sup>, ensuring their health and emotional well being is recognised and appropriate support is provided.
  - Timely and appropriate access to benefits and entitlements for carers.

Caring for someone with MND is physically and emotionally demanding. Carers need to be supported in order to maintain their caring role. Every carer should have their needs assessed and given timely and appropriate access to respite care, information, counselling and bereavement services. It is important to support the emotional and physical needs of the

carer in a timely way so that they can continue their caring role.

Carers should also have timely and appropriate access to benefits and entitlements to help manage the financial impact of their caring role.

<sup>1</sup> Recommendation in the NICE guideline on MND.

<sup>2</sup> Specialist palliative care – palliative care is the active holistic care of patients with progressive illness, including the provision of psychological, social and spiritual support. The aim is to provide the highest quality of life possible for patients and their families. Specialist palliative care is care provided by a specialist multidisciplinary palliative care team.

<sup>3</sup> Personal care plan – a plan which sets out the care and treatment necessary to meet a person's needs, preferences and goals of care.

<sup>4</sup> Advance care plan – a plan which anticipates how a person's condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide or communicate their decision when their condition progresses.

<sup>5</sup> Augmentative and Alternative Communication (AAC) – is used to describe the different methods that can be used to help people with speech difficulties communicate with others. These methods can be used as an alternative to speech or to supplement it. AAC may include unaided systems such as signing and gesture as well as aided systems such as low tech picture or letter charts through to complex computer technology.



“Many people with MND die without having the right care, not having a suitable wheelchair, not having the support to communicate.

We have got to set a standard so that people like us are listened to and treated with the respect and dignity we deserve.

We have got to stop the ignorance surrounding this disease and have to make sure that when a patient is first diagnosed with MND, they must have access to good, co-ordinated care and services.

One week waiting for an assessment or a piece of equipment is like a year in most people’s lives, because they are an everyday essential to help us live as normal a life as possible and die with dignity”

*Liam Dwyer, who is living with MND*

**For more information:**

[www.mndassociation.org/mndcharter](http://www.mndassociation.org/mndcharter)

Email: [campaigns@mndassociation.org](mailto:campaigns@mndassociation.org)

Telephone: 020 7250 8447

We are proud to have the following organisations supporting the MND Charter:

**Royal College of General Practitioners**

**Association of British Neurologists**

**Royal College of Nursing**

**Chartered Society of Physiotherapy**

**College of Occupational Therapists**

**Royal College of Speech & Language Therapists**

**British Dietetic Association**

**MND Association**

PO Box 246 Northampton NN1 2PR

[www.mndassociation.org](http://www.mndassociation.org)

Registered charity no 294354



## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	22 November 2017
<b>Title:</b>	Supportive Communities Grant Award
<b>Report From:</b>	Director of Adults' Health and Care

**Contact names:** Peter Stokes, Commissioning Officer

**Tel:** 01962 845389

**Email:** [Peter.Stokes@hants.gov.uk](mailto:Peter.Stokes@hants.gov.uk)

#### 1. Executive Summary

- 1.1. The purpose of this paper is to seek Executive Member approval to make a grant award to the voluntary and community organisation outlined in this report as part of the Supportive Communities Programme.
- 1.2. The Voluntary and Community Sector (VCS) contributes to improving people's quality of life. The grants programme is one of the ways in which County Council supports the sector to support people to live fuller more independent lives and to reduce the demand for County Council services.
- 1.3. The report outlines a proposal for funding towards a project to support formerly homeless people within Hampshire.

#### 2. Background

- 2.1. The aim of the Supportive Communities Programme is to increase community self-sufficiency, help build inclusive, strong communities and promote individual independence. This will help to reduce, delay and/or divert demand on Adults' Health and Care.
- 2.1. A voluntary organisation may be considered for grant aid from Adult Services only if its services, projects or activities are in compliance with the aims and objectives, priorities and policies of the Adult Services Department.
- 2.2. Grants are awarded to support services that are better provided by the voluntary sector e.g. the mobilisation of community resources to help vulnerable people maintain their independence.
- 2.3. A grant is defined as a sum of money to support a particular activity. It does not usually cover the entire cost of the activity and it is legally considered to be a one-sided gift, rather than a payment in exchange for services.
- 2.4. Voluntary and community organisations provide valuable locally based services that are often rooted in the communities which they serve. Significant benefit is produced through this activity, often through voluntary action and focused towards activity that clearly assists in providing early

intervention and prevention initiatives. Grant funding by Adults' Health and Care contributes to and helps sustain this activity.

- 2.5. As grants are a contribution to service or activity costs the economic benefit to the department can be significant, leveraging in additional funding, the benefit of volunteer time and therefore providing good value for money to the authority.
- 2.6. Organisations will not normally be eligible for grants where they hold balances in excess of one year's running costs. Those organisations receiving recurring funding which hold in excess of three months' running costs, and where they cannot demonstrate through their reserves policy that these reserves are justified, may receive a reduced grant. To establish the level of reserves, organisations are required to provide a set of their latest accounts and annual report with their application and before grant payment is made – in the case of organisations with an income of £10,000 or above, these must be independently examined or audited. If organisations have reserves in excess of three months, we will apply the reserves policy which is inline with the Charity Commission's policy on these matters.

### **3. Emmaus Hampshire**

- 3.1. Emmaus Hampshire is a charitable social enterprise aimed at supporting homeless people in Hampshire. Emmaus Hampshire provide accommodation and meaningful work experience through retail, catering, distribution and DIY services along with personal development for all individuals, which can help maximise their potential and secure their entry back to independent living.
- 3.2. Currently Emmaus Hampshire provide accommodation on their main site in Winchester for twenty six formerly homeless people, known within the service as Companions. The trustees of Emmaus Hampshire have successfully withdrawn the need for an on-site staff role on the site, with the companions empowered to operate the community themselves, with on-call staff back up. As a result the charity are seeking to repurpose the space of the former staff flat in to an additional three rooms that will be used to accommodate an additional 3 Companions. The works to redevelop the staff flat will not be detrimental or cause disturbance to the existing Companions residing in the building.
- 3.3. In order to fund the redevelopment, Emmaus Hampshire are seeking to raise £60,000. It is proposed that the County Council will award a grant of £10,000 towards the cost of the redevelopment. Emmaus Hampshire have secured an additional £25,000 from donors, and have submitted grant applications to provide the remaining balance of the funds required. As a result it is expected that the project will have the funds to enable the building work to begin in January 2018 for a six week period.
- 3.4. Based on their current outcomes, Emmaus Hampshire expect 1 in 3 of the Companions leave us for work and their own home (independent living) each year, this project can reasonably expect to see at least 1 of the 3 companions allocated to these flats successfully leave within a year, for an

independent lifestyle. Emmaus Hampshire estimate the financial pay back to the project of less than 4 years on the capital investment proposed for this project.

#### **4. Supportive Communities Grants Process**

4.1. All grant applications received are considered in relation to how well they link with current Adults' Health and Care priorities, in particular:

- Maximising independence and inclusion;
- Right support in the right place at the right time for users;
- Vulnerable people are protected;
- Delivering a high quality, cost-effective service to the vulnerable people of Hampshire.

4.2. Applicants have to demonstrate how they would work with people aged 18 years and over at risk of social isolation and diminished independence. Applicants are required to demonstrate their ability to help people with various levels of need through a wide range of solutions based upon an asset based approach. These approaches are based on creating and sustaining broadly based support in the community, outside the traditional boundaries of health and social care services, to promote good health and wellbeing as well as strong social connections. An asset-based approach takes account of how people live and how they can be enabled to realise their potential.

#### **5. Financial Implications**

5.1. The grant proposals in this report will commit additional expenditure of £10,000 in 2017/18. Subject to approval of this report the total grants committed for payment in 2017/18 will remain within the current annual budget envelope for the Supportive Communities Programme.

5.2. Payments of the grant award set out in this report will be made in one instalment. The payment of the award will be made on signature of the grant agreement. The grant agreement has conditions that enable the County Council to require repayment of the award or any part of it if it remains unspent, or if there is a material breach of the grant agreement.

#### **6. Equalities**

6.1. It is for the Executive Member as decision maker to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.2. The grant awarded to Emmaus Hampshire will increase the number of people who can access the service, but it is not expected that the profile of individuals accessing the project will alter as a result of the extra rooms being built. The project currently has Companions of both genders accessing

the service aged from 21 to 64 years of age, some of whom identify as having a disability. The grant is expected to have a positive impact on reducing those affected by poverty, as it will enable more people to be supported on the pathway to independent living.

## **7. Risk Assessment and Management**

- 7.1. The provision of grants to voluntary and community sector organisations by statutory bodies always presents a degree of risk. Specific risks that statutory bodies are required to manage include voluntary and community organisations accepting funding without providing any activity; organisations not delivering the service as expected; and there being an under spend on the expected activity. This applies to all grants; however larger grants represent a potentially higher risk to the County Council.
- 7.2. A number of mechanisms have been employed successfully over a number of years to mitigate and alleviate these risks. These include nominating a Liaison Officer from the County Council whose responsibility is to monitor how the grant is spent, specifying within the grant agreement that the grant is 'restricted' funding for the provision of the specified activity only and phasing the payment of grants over the course of the award duration..
- 7.3. All organisations awarded a grant sign a declaration stating they accept that grant funding can only be awarded for the given period and no commitment exists from the County Council to continue funding after this time, or in subsequent years.

## **8. Recommendations**

- 8.1. That the Executive Member for Adult Social Care and Health agrees to award a grant totalling no more than £10,000 to Emmaus Hampshire towards the development of additional accommodation for formerly homeless people.

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1.1 Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

#### **Due regard in this context involves having due regard in particular to:**

- i) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- ii) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- iii) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2 Equalities Impact Assessment:**

The grant awarded to Emmaus Hampshire will increase the number of people who can access the service, but it is not expected that the profile of individuals accessing the project will alter as a result of the extra rooms being built. The project currently has Companions of both genders accessing the service aged from 21 to 64 years of age, some of whom identify as having a disability. The grant is expected to have a positive impact on reducing those affected by poverty, as it will enable more people to be supported on the pathway to independent living.

## **2. Impact on Crime and Disorder:**

2.1 The County Council has a legal obligation under Section 7 of the Crime and Disorder Act 1998 to consider the impact of all decisions it makes on the prevention of crime. The proposal in this report aims to improve the safety of vulnerable Hampshire residents and reduce the risk of crime occurring

## **3. Climate Change:**

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

The Adults' Health and Care Grant Programme proposes to support local organisations providing services within local communities. This reduces the need to travel and therefore reduces both the carbon footprint and energy consumption.

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

The proposal recognises the need to adapt to climate change and issues will be addressed throughout the period of the grant award through the monitoring of outcomes.

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## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	22 November 2017
<b>Title:</b>	Hampshire Accommodation Development and Support Options Model
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Jenny Dixon

**Tel:** 07739 050567

**Email:** Jenny.dixon@hants.gov.uk

#### 1. Executive Summary

- 1.1 The purpose of this paper is to request permission from the Executive Member for Adult Social Care and Health to approve spend under the proposed Hampshire Accommodation Development and Support Options Model procurement vehicle (HADSOM).
- 1.2 It is proposed that the procurement vehicle would run for a maximum of twelve years from May 2018, on a 4+4+4 basis, with a total cost to the County Council of up to £820m.
- 1.3 It is proposed that contracts for care and support of varying value and length would be called off from the procurement vehicle. Initially the majority of contracts called off would be for adults (predominantly under the age of 65) with learning disabilities and autism spectrum conditions. It is envisaged that services for people with physical disabilities and mental health needs could also be called off from HADSOM in the future. Additionally, there would be scope for Children's Services to call off contracts as well, predominantly for those of age 16 and over.
- 1.4 It is intended that the Hampshire Clinical Commissioning Groups (CCGs) would also be able to call off contracts from HADSOM for services to meet identified healthcare needs.
- 1.5 This paper seeks to
  - Set out the background to the proposed approach
  - Set out the key issues
  - Outline proposed procurement and contract arrangements
  - Set out the financial impacts
  - Set out briefly the next steps required to deliver the proposed vehicle

## **2. Contextual information**

### *Accommodation*

- 2.1 The County Council places a heavy reliance on the use of residential care placements for people with learning disabilities, more so than peer authorities. This reliance has increased in recent years due to a lack of suitable alternative accommodation and support options. This is particularly the case for younger adults with complex needs leaving education placements for whom residential care may not be the most desirable or enabling option.
- 2.2 Service users in residential care have considerably fewer rights and less access to benefits than those in supported accommodation. Care home residents have no security of tenure in their accommodation, and less choice and control over how and when their care is provided, than those in supported accommodation.
- 2.3 Furthermore, residential care is a relatively expensive model of care for the County Council as compared to supported living. Therefore the County Council is committed to increasing the range of accommodation and support available to service users by developing this area of the market and ways in which service users are able to access it.
- 2.4 The County Council has an obligation under the Care Act 2014 to encourage quality, choice and sufficiency of provision through market shaping activity. It is therefore a requirement for the County Council to continue to stimulate the development and availability of supported accommodation whilst working with the eleven District and Borough Councils within the county in order to maximise choice and housing options for service users.
- 2.5 The County Council is in the process of developing a number of new supported accommodation properties using capital funds, in order to increase the volume of supported accommodation available within the county. In order to meet the County Council's stated strategic aims, additional opportunities need to be identified. The County Council wishes to implement a clear process for communicating the housing needs of service users to the market and to receive, evaluate and progress offers of accommodation for use as supported accommodation.

### *Support*

- 2.6 At present the County Council procures most domiciliary care and support, particularly for service users with a learning disability, via the Hampshire Framework for Shared Living and Learning Disability Support ("the Framework"). The majority of contracts already let through the Framework may run to 2022 if all available extension options are taken up.
- 2.7 The Framework itself would expire in September 2018, meaning no new contracts can be procured from it after this date. Therefore a replacement procurement vehicle would need to be in place no later than August 2018 in order for the County Council to continue to provide care and support to service users with assessed eligible social care needs. It is intended that

the HADSOM procurement vehicle would become operational in May 2018.

### **3. Future Direction**

#### *The Proposed Model*

- 3.1 It is proposed that the HADSOM procurement vehicle is implemented to provide a solution to the County Council's care and support procurement needs, whilst also increasing the number of accommodation options open to service users. This model would be a hybrid of the traditional framework and dynamic purchasing system models under the Public Contracts Regulations 2015, taking features from both to form a flexible and responsive model which is able to accommodate changes and developments in the market over the course of a number of years.
- 3.2 HADSOM would provide a register of care and support providers who are able to tender for care and support contracts. HADSOM would also provide a register of landlords who are interested in providing accommodation for use as supported accommodation.
- 3.3 HADSOM would be a flexible vehicle. It would operate on an "always open" basis, meaning that support and housing providers may apply (or re-apply) to join at any time during the life of the model. They may also apply to change what they have signed up for should they so choose (e.g. a provider wishing to expand their business may opt to sign up for new geographical areas). HADSOM would remain open for applications and call offs for a maximum period of twelve years on a 4+4+4 basis. The County Council would also reserve the right to terminate HADSOM early should it wish to do so.
- 3.4 HADSOM would be comprised of two distinct work streams:
  - 3.4.1 *Stream 1 – Care and Support:* As a mechanism for the County Council to call off care and support contracts of varying length and value. (This stream would essentially replace the functions of the current Framework). HADSOM would also incorporate a mechanism for identifying, developing and calling off providers to administer Individual Service Funds (ISFs) for service users who choose to take this option.
  - 3.4.2 *Stream 2 - Accommodation:* As a mechanism for the County Council to maintain a register of accommodation providers who are interested in the provision of supported accommodation and who meet the quality criteria for entry to the register. This would support the County Council to make known the accommodation requirements of service users to providers, stimulating market growth and increasing the quality, choice and sufficiency of provision of supported accommodation to service users. The County Council would also consider the option of implementing Voids and/or Nominations Agreements on a case by case basis.
  - 3.4.3 In situations where the Council is seeking access to supported accommodation whilst putting in place a contract for care and

support, HADSOM would provide an effective procurement mechanism as providers on the care and support register could submit joint bids with providers on the accommodation register.

- 3.4.4 In the case of a provider who has accommodation and is willing to offer it to the County Council for use as supported accommodation. The provider may wish to provide the support required for a limited time, in order to transition their business model. In these circumstances, the County Council would determine whether such services were required. If so, the County Council would undertake a mini competition. This would ensure that all providers on HADSOM have the opportunity to bid for these opportunities and enable the County Council to ensure high quality standards are met at the most competitive price available.
- 3.5 The Light Touch Regime (LTR) (under Chapter 3, Section 7 of the Public Contracts Regulations 2015) permits contracting authorities to take into account any relevant considerations when awarding contracts, including the specific needs of different categories of service users. The County Council would continue to promote high levels of service user involvement in the design of services, and would take into account service user choice in procurement processes where this is practicable.

#### **4. Finance**

- 4.1 HADSOM would allow for a total spend of up to £1.120 billion during its lifetime of twelve years. This figure is based on current spend activity through the Learning Disability Framework, predicated growth in this area of provision and access from other commissioners as set out below.
- 4.2 The total maximum spend on Adults' Health and Care contracts would be up to £720 million.
- 4.3 The total maximum spend on contracts procured by Hampshire Children's Services would be up to £100 million (This figure represents the maximum value of contracts that Children's Services may choose to procure over the lifetime of HADSOM. Actual spend on specific contracts will be subject to Children's Services financial governance processes).
- 4.4 The total maximum spend on contracts procured by Hampshire CCGs would be up to £300 million. (This figure represents the maximum value of contracts that the CCGs may choose to procure over the lifetime of HADSOM. Actual spend on specific contracts will be subject to the CCG's financial governance processes).
- 4.5 It is envisaged that NHS Commissioners will use HADSOM to commission their own NHS contracts initially, although greater integration under a Section 75 Lead Commissioner Agreement remains a possibility in the future.
- 4.6 The total County Council funding to meet the cost of this proposal would be met from within the existing departmental budgets and would not generate an additional pressure.

- 4.7 Whilst a maximum spend level for the twelve years has been estimated for this approval the annual spend would be monitored and managed within the value of the annual budget approved by Full County Council in each of the years.
- 4.8 As regarding price, the County Council would make a decision based on the specific nature of the service in question and local market conditions in determining whether to apply a rate range to specific call offs.
- 4.9 HADSOM aims to promote stability in the market and allow the County Council to manage unforeseen pressures in the future, over its twelve year life cycle.
- 4.10 In order to be able to take advantage of innovative new service ideas within the scope of HADSOM it is proposed that the County Council would retain the option to commission new and additional service types through HADSOM as required.

## **5. Performance**

- 5.1 It is anticipated that a set of standard KPIs would be developed for support contracts, similar to those used under the current Framework. There would also be the option to add additional, more specific KPIs to individual contracts where this is necessary for a particular requirement.
- 5.2 In respect to the register of accommodation providers, the County Council would develop a set of quality requirements such as the upkeep and maintenance of the properties in question, the financial viability of the provider and the accessibility of tenancy documentation. More specific quality requirements may also be specified on a case by case basis.

## **6. Consultation and Equalities**

- 6.1 The HADSOM project is aligned with the County Council's responsibilities to the Learning Disability Plan for Hampshire, in particular "The Right Support" and the "The Right Place to Live" sections. These are concerned with service users having appropriate accommodation and support options. The Plan makes it clear that service users would prefer increased independence and security of tenure in their accommodation and supported accommodation fulfils this need effectively.
- 6.2 An Equality Impact Assessment was carried out on 3 July 2017 which identified that HADSOM is likely to have a high impact on individuals with a learning disability, physical disability and/or mental health need based on the fact that moving into supported accommodation may represent a significant change to the basis on which they reside in their accommodation, particularly those moving out of residential care. The overall impact would be positive as individuals would have improved access to and choice around accommodation offering security of tenure and more independence. The impact would be particularly positive for individuals able to move out of residential care as a result of increased

availability of supported living.

- 6.3 Individuals may also experience provider changes as a result of calling off care and support contracts from HADSOM. Any impact would be mitigated by communication with the service users affected and ensuring call offs take place with sufficient time to allow for a full handover between the outgoing and incoming provider so that service continuity is ensured for the individuals.
- 6.4 The County Council is also in the process of undertaking engagement with the relevant markets which the introduction of HADSOM would impact. HADSOM would act as a portal for the continuing communication of the County Council's requirements to the market and of the market's capability, capacity, constraints and requisites to the County Council.
- 6.5 The Equality Impact Assessment for HADSOM would be reviewed every four years, to account for changes in circumstance during its twelve year life cycle.

## **7. Key Risks and Issues**

- 7.1 Future workforce planning by the County Council and service providers needs to embed working practices that support the development of person centred services. These need to be focussed on outcomes, strength based approaches and a progression model of care and support.
- 7.2. The County Council will continue to work closely with providers to consider the commercial and financial needs of the provider sector, support sustainable business development, promote quality in service delivery and maintain a sustainable workforce.

Key headline risks include:

- 7.3. Macroeconomic factors and workforce challenges are key risks affecting the care and support market. Reducing entry barriers to the HADSOM procurement vehicle and employing the Light Touch Regime (LTR) is designed to ensure a sustainable and vibrant provider market, with opportunities for smaller providers. This will support the County Council to manage this risk and ensure sufficient capacity to meet the County Council's requirements.
- 7.4 Recent changes to Government policy have reduced some of the risks caused due to ongoing uncertainty over the application of the Local Housing Allowance exemption status for supported accommodation provision. However, in the absence of absolute clarity, there is a risk that Housing providers may withdraw from this area of provision, undermining the County Council's stated strategic aim to reduce reliance on residential and nursing care. HADSOM is designed to facilitate a closer working relationship with accommodation providers, supporting the management and mitigation of this risk. This approach would ensure that individuals have more choice in the provision of accommodation and support and are not overly reliant on residential and nursing care.

## **8. Legal implications**

- 8.1. Under the Care Act 2014 the County Council has a duty to meet the assessed eligible social care needs for care and support for people for whom the County Council is responsible.
- 8.2. HADSOM would be tendered in accordance with the Public Contracts Regulations 2015. HADSOM would be a bespoke procurement model under Chapter 3, Section 7 of the Public Contracts Regulations 2015 (the Light Touch Regime “LTR”)
- 8.3 It is for the Executive Member as Decision Maker to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristics and persons who do not share it.

## **9. Recommendation**

- 9.1 That the Executive Member for Adult Social Care and Health gives approval to spend up to £720 million for contracts for Care and Support awarded and provided under the HADSOM procurement vehicle to commence May 2018 for a period of up to 12 years on a 4+4+4 basis.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	yes
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

DocumentLocation

None



## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2 Equalities Impact Assessment:**

An EIA was completed on 3<sup>rd</sup> July 2017. The conclusions of that assessment were that the project may have the following levels of impact on the following groups:

An Equality Impact Assessment was carried out on 3 July 2017 which identified that HADSOM is likely to have a high impact on individuals with a learning disability, physical disability and/or mental health need based on the fact that moving into supported accommodation may represent a significant change to the basis on which they reside in their accommodation, particularly those moving out of residential care. The overall impact would be positive as individuals would have improved access to and choice around accommodation offering security of tenure and more independence. The impact would be particularly positive for individuals able to move out of residential care as a result of increased availability of supported living.

A potentially high impact may also be experienced by individuals whose care provider changes as a result of calling off support from HADSOM. It should be noted that this eventuality would occur whether HADSOM or another procurement process was employed. The impact would be mitigated by communication with the service users affected and ensuring call offs take place with sufficient time to allow for a full handover between the outgoing and incoming provider so that service continuity is ensured for the individuals.

**2. Impact on Crime and Disorder:**

2.1 The County Council has a legal obligation under Section 7 of the Crime and Disorder Act 1998 to consider the impact of all decisions it makes on the prevention of crime. The proposal in this report aims to improve the safety of vulnerable Hampshire residents and reduce the risk of crime occurring.

**3. Climate Change:**

d) How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified.

e) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified.

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	22 November 2017
<b>Title:</b>	Dementia Advisory Services and Carers
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Emma Dyer/ Andy Wilshire

**Tel:** 01962 847293      **Email:** [Andy.wilshire@hants.gov.uk](mailto:Andy.wilshire@hants.gov.uk)  
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#### 1. Executive Summary

1.1. The purpose of this paper is to seek approval from the Executive Member for Adult Social Care and Health to spend up to £6,000,000 over a five year period for the procurement of county wide carer support services (including carers support and information services, carers emergency planning services, dementia advisor services and mental health carers services) for new services to be operational from 1 April 2019.

1.2 The contracts would run for a period of up to five years on a three years plus one year plus one year (3+1+1) basis. The annual contract value, for which approval is being sought, is a maximum of up to £1,200,000 in each of the five years. Therefore the total contract value for up to the five years will be £6,000,000.

1.3 This paper seeks to:

- set out the existing support available to carers
- consider the finance implications
- highlight the impact that supporting carers has made on the performance of the County Council
- briefly consider the long term direction of support to carers

1.4 The current contract for Carers support and emergency planning services are due to expire on 31 March 2019. The current contracts for Dementia advisor services are due to expire on 31 March 2018. There is therefore a need to extend the delivery of the Dementia advisor services to align them with the carers support contracts and to tender for all future delivery from 1 April 2019 and beyond. See table below:

<b>Current Provision until 31 March 2018</b>	<b>1 April 2018 - 2019</b>	<b>1 April 2019 - 2024</b>
Carers Information and Advice Service	Extend existing contract – approval already in place	Recommendation to roll all services into one new contract
Carers Emergency Planning Service	Extend existing contract – approval already in place	
Dementia Advisor Services	Propose to extend provision via seven Single Tender Approvals	

1.5 This paper sets out the proposed approach to commission a county wide Carers support service that will look to maximise the potential that technology can play in supporting carers, and develop peer support.

1.6 The Department are currently working together with carers and other partners to develop a new Joint Health and Social Care Carers Strategy for Hampshire. The proposed approach is in line with strategic development in this area and the funding levels recommended in this report are in line with current spending.

## **2. Contextual information**

2.1. The word ‘carer’ refers to people of all ages who provide unpaid care to an adult who is in need of support because of mental or physical illness, age or disability. It does not include people who volunteer or are paid workers who work under a contract they should be referred to as ‘care workers’.

2.2 In 2011, the census recorded approximately 133,000 individuals in Hampshire who have defined themselves as a carer, with around 20% of those providing over 50 hours of care each week. They play a critical role in supporting people, ensuring they stay well and are involved in their communities, reducing the need for more intrusive and costly care.

2.3 Increasing demand for support and services is anticipated due to demographic changes and growth.

2.4 The Care Act 2014 strengthened carers rights, allowing carers similar rights to assessments and support as those they care for.

2.5 Services need to be aligned and coordinated across health, social care and voluntary sector systems in order to maximise capacity and improve support for carers.

2.6 The County Council, in partnership with Health Commissioning colleagues, has a strong track record in commissioning services that provide support to individuals caring for people with support needs.

- 2.7 The review of services being provided will be informed by the Carers Strategy that has been drafted over the last 12 months in partnership with carers, health and voluntary sector organisations. This is due to be launched in 2018.
- 2.8. Currently, support to carers is provided through a number of separate contracts. The carers support and information service provides accessible information to carers through consistent high quality and timely information. This is provided through a variety of means such as one to one support, telephone support and facilitating peer support groups. The carer's emergency planning service supports carers to develop individually personalised emergency plans which can be activated, with support, at any time through a twenty four hour telephone line, in case of emergency. The Dementia Advisor Services across the county support people on diagnosis of dementia and increasingly provide support to their carers as the illness progresses. These services are available to all carers in Hampshire.
- 2.9 Due to these services currently running at full capacity, the increasing number of carers and the increased hours of unpaid care provided by carers, the demand for support and services is increasing. It is essential that we continue to support our growing number of carers to enable them to maintain their own health and wellbeing to continue in their caring role for as long as they wish / are able to do so.
- 2.10 In order to ensure that people can continue to receive high quality care and support within the context of rising demand and reduced levels of funding, the new support services would follow the model of the strength based approach. This draws on an individual's strengths and assets, supporting them to stay connected in their local communities but with the County Council continuing to meet eligible social care outcomes. The aim is to ensure carers remain healthy and to focus preventative support on enabling carers to continue in their caring role, with access to signposting, information and advice and support when appropriate.
- 2.11 The Department is also committed to developing the roles of Community Connectors to support and signpost people using services and their carers to support, groups and activities in their local communities to keep them socially connected. This may also include other universal support such as advocacy, buddying and befriending, support to access employment, training and volunteering opportunities.
- 2.12 To be able to increase capacity in carers support and dementia advisor services, one to one support for carers would be available to those carers who require face to face support. However, carers support will develop more widely in other areas such as technology and local peer support to enable them to look after their cared for person for longer. This would include offers such as specialist technology for people newly diagnosed with dementia and their carers. For example, GPS technology can provide protection to help carers locate people with dementia who are at risk of wandering.
- 2.13 The new carers support service would be a 'one stop shop' for all carers and cover all client groups, including Mental Health and carers of people with Dementia. A specialist element of this service will also support people on diagnosis of dementia. This new service would be procured to bring together the

three existing elements of service to reduce resources in the tendering process, improve consistency of services and improve the links between the services.

- 2.14 The proposal would be to procure this service through three geographical lots as follows: Lot 1: North and North East (Basingstoke and Deane, Hart and Rushmoor), Lot 2: West Hampshire (New Forest, Eastleigh, Test Valley and Winchester), Lot 3: East Hampshire (Fareham, Gosport, East Hampshire and Havant). Successful providers will deliver the entire Carers Support Service for their locality.
- 2.15 Contract values for each of the Lot areas will be agreed with relevant Clinical Commissioning Groups (CCGs) after taking account of demographic information related to carers included within the Joint Strategic Needs Assessment.
- 2.16 Service specifications will be developed to ensure that the providers of the service will be directed by Hampshire County Council to modernise services in line with any future changes in legislation.
- 2.17 Additional services for carers who meet eligibility criteria under the Care Act, such as direct payments and Take a Break, will be available as appropriate to carers after a carers assessment has taken place.
- 2.18 In addition, the proposal to procure this service through three geographical lots would support the Council's duty to develop and shape the market of care and support services.

### **3. Finance**

- 3.1. The proposal is to continue funding at current levels from both Adults' Health and Care and the CCGs, in line with the strategic approach being developed in the new Carers Strategy.
- 3.2 The contract value based on current available resources is anticipated to be up to £1,116,000 per annum for up to five years. Therefore the values will be up to £3,348,000 for three years, up to £4,464,000 for four years and up to £5,580,000 for five years. However, permission is sought for the total value of £6,000,000 as this would allow for any additional investment from any agency if required.
- 3.3 The existing funding consists of the following elements as shown in the table below:

<b>Current Provision</b>	<b>Adults' Health and Care (AHC) Funding element (per annum)</b>	<b>Combined CCG Funding element (per annum)</b>	<b>Total funding per service (per annum)</b>
Carers Information and Advice Service	£162,000	£182,000	£344,000
Carers Emergency Planning Service	£190,000	£0	£190,000
Dementia Advisor Services (7 separate contracts)	£226,000	£356,000	£582,000
<b>Total funding element from AHC/ CCGs</b>	<b>£578,000</b>	<b>£538,000</b>	<b>£1,116,000</b>

- 3.4 Included within this proposal it is anticipated that funding of £538,000 per annum will continue to be received from the Hampshire CCG's through extensions to the existing S.256 arrangements included within the Integrated Better Care Fund, (IBCF). Whilst the detailed IBCF is agreed annually with CCG's the funding is secured through the life of the current Parliament. Current funding arrangements for these services with Health are in place until 2019/20.
- 3.5 As outlined above sufficient funding is available to meet an annual cost of £1,116,000 per annum. However, at any point, should the contract exceed £1,116,000 further resources will need to be identified from within the existing departmental budget to avoid creating an additional pressure.
- 3.6 Whilst a maximum spend level for the five years has been estimated for this approval the annual spend will need to be monitored and managed within the value of the annual budget approved by Full County Council in each of the years.
- 3.7 The expectation is that funding will move to providing less one to one support to make better use of technology and facilitating additional peer support, information and advice services.
- 3.8 The pooling together of funding from the separate contracts into one pot will provide a seamless 'one stop shop' for carers. This should enable a more consistent approach and increase capacity of services.
- 3.9 This model will enable providers to deliver provision in a more robust, agile and efficient way by responding to carer / service priorities.
- 3.10 To enable this new service to commence on 1 April 2019, the Dementia Advisor Service contracts would need to continue for the period 1 April 2018 to 31 March 2019 in order to align contracts. The services would continue during this period at the existing funding levels totalling £582,000, where £356,000 is funded by CCG's.

3.11 Confirmation of continued funding from the CCG's will be sought to cover the services from 2020 – 2024 through formally extending existing S.256 agreements. Extended agreements will cover the full contractual term proposed and will be agreed before the commencement of new contracts.

#### **4. Performance**

4.1. We know that demand for support far outstrips current supply and we will therefore work with provider(s) to develop more efficient ways of working (for example, through the use of technology and peer support).

4.2. Performance of the Carers support services will be monitored through performance workbooks completed by providers, as well as feedback from carers and stakeholders through contract monitoring meetings.

4.3. Work will be undertaken with providers to agree meaningful outcome measures and key performance indicators in line with performance monitoring. These will form part of the new contractual framework.

4.4. In addition, provision to use extra measures such as the Quality Assessment Framework will be included within the contract, as appropriate.

#### **5. Consultation and Equalities**

5.1 The 2011 census identified the population of Hampshire to be 1,317,800. 132,938 people (just over 10% of the population) stated they were providing unpaid care to family members or others because of long-term physical or mental ill health or disability, or old age.

5.2 Older people aged 65 and over made up 20.3% of the population in Hampshire compared to 17.6% nationally (Census 2011). The New Forest had the highest number of individuals aged 65 and over in 2011 with 44,140 and therefore approx. 4,414 carers over 65.

5.3 The Joint Strategic Needs Assessment, 2017 (Hampshire County Council Health and Wellbeing Board) states that the population of Hampshire is ageing with increases predicted mainly amongst the older age groups. The proportion of the 85 years and over population is expected to increase by almost 30%, to 54,600 people by 2023.

5.4 However, the age profile of carers has shifted since the last Hampshire Carers Survey (from 2014/15 to 2016/17), with a significant increase in the number of carers aged 55 – 74.

5.5 The most significant number of carers (38%) have been caring 1-5 years.

5.6 Therefore, although it is important to ensure that services are accessible to the older population, we must ensure that services are able to be accessed by all carers. For example, the specification will ensure that support can be accessed through a variety of means such as telephone support and local peer support groups, as well as by developing online support and through the use of digital technology. Support must also be accessible to carers who are in education or employment, reflecting the increase in numbers in the 55 – 74 age group cohort.



The specification will ensure that some carers support is accessible outside working hours of 9am – 5pm Monday to Friday.

- 5.7 The specification will include that staff will be trained appropriately to ensure that they are able to provide specialist support when appropriate, for example to people on diagnosis of dementia and to carers of people with a mental illness.
- 5.8 Healthwatch Hampshire were commissioned by the North East Hampshire CCG to undertake a consultation on Support for Carers (February 2016, June 2016 and April 2017). This highlighted four areas which were of key importance to carers: peer support, information and advice, respite (or having a break) and health and wellbeing.
- 5.9 The results also highlighted that most carers would like one point of contact for support, a 'one stop shop' to access support, advice and signposting. This is the proposed approach for the future of the service.
- 5.10 The report recommended ways to reach certain communities (such as the Nepali community, the military community or those effected by mental health issues) who are currently under represented users of commissioned support services e.g. by working closely with the agencies who work with seldom heard groups and providing up to date information for them to disseminate or by promoting services on Gurkha Radio. A number of these recommendations will be included in the new service specification and the report will be shared with future providers of the service.
- 5.11 An Equalities Impact Assessment has been undertaken in respect of the proposed recommendation. The impact has been assessed as either neutral or positive as the new service will be able to work with more carers across Hampshire due to an increased capacity and in particular will be able to enhance its work with rural communities and provide more support for younger carers.
- 5.12 Carers support services will target a relatively disadvantaged group with a view to promoting social inclusion and addressing barriers to accessing services and support that could potentially meet needs. The commissioning intention is to positively promote carers' rights and work towards removing all discriminatory barriers.
- 5.13 The Department will monitor delivery to ensure that provider's service delivery and staffing reflects local populations, for example the Nepalese community in North East Hampshire and the gypsy and traveller communities in West Hampshire. We will also ensure that other groups such as carers in rural communities, mental health and sensory loss carers are able to access these services.
- 5.14 The proposal is to complete a competitive tender exercise for a range of carer support services. These will include information and advice services, emergency planning services, and mental health carer support services. New services will ensure a comprehensive range of high quality support services are available to carers across Hampshire.
- 5.15 Services will be monitored to ensure they deliver support to all carers and take account of likely impacts and equality issues that need to be addressed to provide services to all carers in Hampshire. Potential providers of these services will be required to demonstrate through the tendering process how they will

ensure the service delivers support to carers from the whole population in Hampshire and in particular, those groups that may have not previously been in receipt of support services. Providers will also actively seek to promote the services within communities that have previously not used carer support services.

## **6. Legal**

- 6.1. The proposals to tender the contracts for these schemes will be compliant with Hampshire County Council Standing Orders, and are subject to the Public Contracts Regulations (2015). Legal advice is contained in the exempt appendix.
- 6.2 In exercising its functions an authority must have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 6.3 To meet statutory requirements under The Care Act, Hampshire County Council has a duty to provide information and advice to carers and to support carers who meet the eligibility criteria for carers services.

## **7. HR Implications**

- 7.1. TUPE may apply should current providers of services change. This will be dealt with in accordance with normal procurement processes and the staffing situation at the relevant times.
- 7.2. Existing Hampshire County Council staff will not be affected by this proposal.

## **8. Future direction**

- 8.1 The new services would be developed in line with the direction of the new Joint Health and Social Care Carers Strategy, which is being developed together with carers and other partners.
- 8.2 The new contract would bring carers support and dementia advisor services together to increase capacity of services, with no additional investment.
- 8.3 The new services would be flexible in order to respond to individual carers needs and strategic needs, as appropriate.
- 8.4 A new service specification will be developed in consultation with the Hampshire 5 CCG's who jointly fund the service.

## **9. Recommendations**

- 9.1 That the Executive Member for Adult Social Care and Health gives approval to spend up to £6,000,000 in order to procure county wide carer support services (including carers support and information services, carers emergency planning services, dementia advisor services and mental health carers services), for up to 5 years, to commence on 1 April 2019 on a 3+1+1 basis.

9.2 That the Executive Member for Adult Social Care and Health gives approval to modify the seven existing contracts by extending them to enable the delivery of the dementia advisor services for the period 1 April 2018 to 31 March 2019 and gives approval to spend up to £582,000 to cover the period of extension.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	yes
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
The Care Act 2014	

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2 Equalities Impact Assessment:**

An Equalities Impact Assessment has been undertaken in respect of the proposed recommendation. The impact has been assessed as either neutral or positive as the new service will be able to work with more carers across Hampshire due to an increased capacity and in particular will be able to enhance its work with rural communities and provide more support for younger carers.

Carers support services will target a relatively disadvantaged group with a view to promoting social inclusion and addressing barriers to accessing services and support that could potentially meet needs. The commissioning intention is to positively promote carers' rights and work towards removing all discriminatory barriers.

The Department will monitor delivery to ensure that provider's service delivery and staffing reflects local populations, for example the Nepalese community in North East Hampshire and the gypsy and traveller communities in West Hampshire. We will also ensure that other groups such as carers in rural communities, mental health and sensory loss carers are able to access these services.

The proposal is to complete a competitive tender exercise for a range of carer support services. These will include information and advice services, emergency planning services, and mental health carer support services. New services will

ensure a comprehensive range of high quality support services are available to carers across Hampshire.

Services will be monitored to ensure they deliver support to all carers and take account of likely impacts and equality issues that need to be addressed to provide services to all carers in Hampshire. Potential providers of these services will be required to demonstrate through the tendering process how they will ensure the service delivers support to carers from the whole population in Hampshire and in particular, those groups that may have not previously been in receipt of support services. Providers will also actively seek to promote the services within communities that have previously not used carer support services.

## **2. Impact on Crime and Disorder:**

2.1 Carers support services are not likely to have a large impact on crime, but will enable carers, some who may also be victims of crime, to have the information, support and advice that they need in order to remain safe in their own homes and communities.

## **3. Climate Change:**

a) How does what is being proposed impact on our carbon footprint / energy consumption?

Services will be provided locally and in a consistent manor across the county of Hampshire. This will have a positive impact on the environment as people will have their needs met locally, reducing the use of transport.

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified.

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	22 November 2017
<b>Title:</b>	Meals on Wheels Service
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Alexia Mawdsley

**Tel:** 01962 832039

**Email:** [alexia.mawdsley@hants.gov.uk](mailto:alexia.mawdsley@hants.gov.uk)

#### 1. Executive Summary

1.1. The purpose of this report is to seek Executive Member for Adult Social Care and Health approval to modify, by extension, the three Meals on Wheels contracts for a period of six months from April 2018. The estimated value of these modifications total £1.3 million over the extended period.

#### 2. Contextual Information

- 2.1. The current contracts were devised to reduce variation caused by the number of different approaches and services across Hampshire. Prior to 2012 the services operated differently in parts of the county. District council areas had different providers, a varying number of days that hot meals were provided and different amounts of meal choice. There were different charging rates and levels of financial support from the different councils. This resulted in variation in quality and customers paying different prices for their meals.
- 2.2. The existing contracts provide a Hampshire wide service to supply and deliver Meals on Wheels 365 days a year. These contracts are due to end 30 March 2018.
- 2.3. On average there are 1,780 active customers receiving Meals on Wheels from 1 to 7 days a week. The service primarily delivers a two course hot lunchtime meal and drivers are trained to carry out a well-being check in addition to delivering the meal. Customers can also request delivery of an afternoon tea.
- 2.4. For some people the service assists in meeting an eligible need to manage and maintain nutrition while for others it is a preventative service that helps maintain independence.
- 2.5. In April 2017 the contracts became self financing, with each customer paying £4.55 for their meal.

- 2.6. Meals are delivered to people who are struggling to manage and maintain nutrition. In addition, the provider supplies a small number of meals directly to people who independently contract with the provider.
- 2.7. The majority of referrals for this service are made by frontline care practitioners, including teams seeking to discharge people from hospital.
- 2.8. It is recognised that the Meals on Wheels service contributes to ensuring that people living in their own homes maintain independence. It prevents an increase in dependency, potentially resulting in more expensive care packages being required. It is also recognised that the service provides much needed human contact to people who might otherwise be totally isolated.
- 2.9. As the service provides a hot meal that does not need to be heated, this helps to minimise the need for lunch time visits by care staff to support an individual to prepare and eat a meal.
- 2.10. The inclusion of the welfare check ensures that wellbeing and safety concerns are identified and action is taken in a timely fashion. Drivers frequently report concerns to the relevant Hampshire County Council team or call for emergency services where necessary.

### **3. Single Tender Approval Rationale**

- 3.1. The current contracts cease in March 2018. The proposed six month extension would provide adequate time to undergo a rigorous process to identify the most appropriate future service as well as follow appropriate procurement processes.
- 3.2. Work has commenced to identify future service requirements and the most appropriate service delivery model. The solution will need to take into account the changes which have occurred over the last five years. These include the evolution of the service, changes in the financial landscape as well as the needs of people who might be eligible for the service.
- 3.3. The next iteration of the service specification can not be designed in isolation. It needs to be developed in line with the County Council's wider demand management and prevention strategy alongside an option appraisal. In order to ensure that there is continuity of service, it is proposed that the current contracts are modified to extend the term for an additional period of six months. The extension will not alter the nature of the contract.
- 3.4. The modification would enable support to be maintained and enable the service to be delivered without disruption to eligible people. It will also provide sufficient time for the wider dependency of the demand management and prevention strategy to inform the future specification.

### **4. Engagement**

- 4.1. In order to understand the provider perspective, an event took place on 4 September 2017. This gave an opportunity to hear concerns, ideas and questions, as well as offer an opportunity for providers to consider working



more collaboratively. It has also helped to inform the service specification and understand the providers' perspectives.

- 4.2. Specific issues were raised by providers which included; inclusion to under 55 year olds in regard to likely volumes, increased caloric amounts and risk assessments; assumptions as to the likely growth of customers; price point and sensitivity of customers to increases; quality standards and the most appropriate bodies to use as reference; key performance indicators and monitoring.

## **5. Financial Implications and Risks**

- 5.1. In line with Transformation to 2017 (Tt2017) savings, any proposal will require no additional investment from the County Council. People who purchase meals on wheels will continue to be required to pay the provider directly for their meal. This includes people referred by the Adults' Health and Care Department.
- 5.2. Extending the current contracts will provide continuity of service with little or no disruption to existing customers and staff. The current terms and conditions will apply. As the lifetime of the current contracts are coming to an end, the market is expecting an imminent procurement process. However a 6 month delay offers an opportunity to consider ideas expressed by providers and reflects a willingness to listen.
- 5.3. The County Council held a provider engagement session at the start of September 2017 which was attended by only two providers. This suggests that there is only limited interest in the opportunity at the present time. There would be high infrastructure requirements to deliver this opportunity meaning a six month opportunity would not be attractive to the market.
- 5.4. In order to ensure that the service continues to be self financing, it is important that the volume of people using the service is maintained. The contract allows for an inflationary meal price rise each April. It is likely that there will be an inflationary increase in meal price from April 2018. This may have a negative impact on customers and a number could cease using the service or reduce the number of days that they receive meals. Should the volume fall significantly, the provider may not be able to supply meals without financial support from the County Council. Current experience suggests that a modest increase will not result in sufficient reductions and is unlikely to require a reintroduction of a subsidy.
- 5.5. The Meals on Wheels service is a relatively high profile service within the community. It is held in high regard by customers, their families and the public. It has strong links to the demand management and prevention agenda and any decisions will need to address community concerns.

## **6. HR Implications**

- 6.1. By providing the Meals on Wheels service under contract to the County Council there would be no Hampshire County Council staff issues involved with this decision.
- 6.2. As the proposed modification extends the current provider's contract there will be no transfer of undertaking (TUPE) issues.

## **7. Legal implications**

- 7.1. Under the Care Act 2014 the County Council has a duty to meet a person's eligible needs including managing and maintaining nutrition. In addition, the County Council has a general duty to promote an individual's well-being and must have a regard to the importance of preventing or delaying the development of needs for care and support.
- 7.2. Separately the County Council must provide or arrange for the provision of services, or take other steps to contribute towards preventing or delaying the development of needs for care and support by adults and carers in its area.
- 7.3. The statutory guidance under the Care Act states that local authorities must ensure that a person's income is not reduced below a specified level after charges have been deducted. The purpose of this minimum income guarantee is to promote independence and social inclusion and ensure that people have sufficient funds to meet basic needs such as purchasing food.
- 7.4. It is for the decision maker to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.5. Legal advice is contained in the exempt appendix.

## **8. Equalities Impact Assessment**

- 8.1. In carrying out the Equalities Impact Assessment, those characteristics which relate specifically to the people using Meals on Wheels service have been considered. These are age, gender and disability. The impact of this proposal will be positive for all 3 characteristics. The proposed 6 month extension will prevent any disruption to the current customers while a future service is being developed.
- 8.2. Disability is of high relevance to the service as the majority of people have physical and mental disability, including dementia, sensory loss and frailty. Of those, a proportion will be unable to prepare a meal and require assistance to manage and maintain their own nutrition.
- 8.3. It is acknowledged that the service has a disproportionate impact on women. This is due to the fact that currently there are more women than men using the Meals on Wheels service. However, it is also acknowledged that many

widowed men use the service as their spouses had historically supported them.

- 8.4. Currently the majority of customers are over 55 years of age, with physical or mental disabilities. Over 64% of customers are aged 75 or over, with 36% aged between 55 and 75. Any changes in provision will have a high impact on this group of people.
- 8.5. The Meals on Wheels service is able to provide meals which meet religious requirements and beliefs. Any customers who require these meals will also experience no disruption while a future service is being developed.
- 8.6. There will be a positive impact with regard to rurality. The Meals on Wheels service operates across the full geographical jurisdiction of Hampshire County Council, so a proportion of customers live in rural areas.

## **9. Recommendations**

- 9.1. That the Executive Member for Adult Social Care and Health approves the modification of the existing contracts to extend the Meals on Wheels service by 6 months, to commence 1 April 2018.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	no

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Community Meals Service reference 3921	3921	29.06.12
Proposed Price Increase Meals on Wheels	8051	17.01.17
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>		<u>Date</u>
Care Act 2014		April 2014
Care and Support (Eligibility Criteria) Regulations		2015
Care and Support Statutory Guidance, Department of Health		September 2016 (revised)

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

DocumentLocation

NONE

## IMPACT ASSESSMENTS:

### 1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### 1.2 Equalities Impact Assessment

In carrying out the Equalities Impact Assessment, those characteristics that relate specifically to the people using Meals on Wheels service have been considered. These are age, gender and disability.

#### **Age: Positive impact**

The service is used by eligible residents aged 55 years and over 64% of active Meals on Wheels customers are aged 75 or over, with 36% aged between 55 and 75. The proposed 6 month extension will prevent any disruption to the current customers while a future service is being developed.

#### **Disability: Positive impact**

Disability is of high relevance to the service because the majority of people who access the service have either a physical or mental disability, including dementia, sensory condition and frailty. Of these, a proportion will be unable to prepare a meal for themselves and require assistance to manage and maintain their own nutrition. The proposed 6 month extension will prevent any disruption to the current customers while a future service is being developed.

**Gender: Positive impact**

It is acknowledged that this proposal would have a disproportionate impact on women. This is due to the fact that there are more women than men using the Meals on Wheels service. However, it is also acknowledged that many widowed men use the service because their spouses had historically supported them. The proposed 6 month extension will prevent any disruption to the current customers while a future service is being developed.

**Rurality: Medium Impact**

The Meals on Wheels service operates across the full geographical jurisdiction of HCC. Therefore, a proportion of customers live in rural areas. The proposed 6 month extension will prevent any disruption to the current customers while a future service is being developed.

**Impact on Crime and Disorder:**

2.1 No impact has been identified

**Climate Change:**

- a) How what does is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified

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of the Local Government Act 1972.

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of the Local Government Act 1972.

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