Hampshire County Council

NOTICE OF MEETING

Meeting	Executive Member for Public Health Decision Day
Date and Time	Wednesday, 25th July, 2018 at 2.00 pm
Place	Mitchell Room, EII Court, The Castle, Winchester
Enquiries to	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

KEY DECISIONS (NON EXEMPT/CONFIDENTIAL)

1. **NHS HEALTH CHECKS** (Pages 3 - 12)

   To consider a report of the Director of Public Health seeking approval to procure and spend for the NHS Health Checks Programme.

2. **APPROVAL TO SPEND FOR DOMESTIC ABUSE SERVICES** (Pages 13 - 22)

   To consider a report of the Director of Public Health seeking approval to spend for Domestic Abuse Victim and Perpetrator Services.

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 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.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	25 July 2018
Title:	NHS Health Checks
Report From:	Director of Public Health

Contact name: Sian Davies, Consultant in Public Health

Tel: 02380 383307 **Email:** Sian.davies@hants.gov.uk

1. Recommendation

1.1. The purpose of this paper is to seek approval from the Executive Member for Public Health to procure and spend for the NHS Health Checks programme, up to the maximum value of £9,100,000 due to commence from 1 April 2019 with a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to 2 years).

2. Executive Summary

2.1. The purpose of this paper is to seek Executive Member approval to spend for Public Health Services for adults aged 40-74 (NHS Health Check services) up to a maximum £9,100,000 due to commence from 1 April 2019 with a maximum contract term of 5 years (with an option to extend for a period or periods of up to 2 years) due to commence from 1 April 2019.

2.2. Under the Health and Social Care Act 2012 responsibility for commissioning and monitoring the programme moved from the NHS to local authorities establishing a legal responsibility for local authorities to offer a NHS Health Check to everyone within the eligible population every 5 years.

2.3. The County Council is redesigning the NHS Health Check service to ensure it delivers an effective programme and improved outcomes for those eligible and who take up the offer. There is an opportunity to make efficiencies whilst increasing uptake of the offer by those who could benefit most by having an NHS Health Check.

2.4. A trial is currently being undertaken with the Swan Medical Group. This is being run from June 2018 to October 2018. This is currently testing the specific mechanisms of a new invitation process and how to focus most effectively on increasing Health Check uptake by patients considered

most at risk of Cardiovascular disease (CVD). This will help inform best practice from April 2019.

2.5. The NHS Health Check helps the County Council meet its strategic goal; People in Hampshire live safe, healthy and independent lives.

3. Contextual information

Background

3.1. The NHS Health Check programme aims to prevent heart disease, stroke, type 2diabetes and kidney disease. It also aims to raise awareness of dementia both across the population and within high risk and vulnerable groups. CVD is one of the conditions most strongly associated with health inequalities, with death from CVD three times higher among people in the most deprived communities compared to those in the most affluent areas. The cost of social and health care from the rise in levels of obesity, type 2diabetes and dementia make the prevention and risk reduction of these conditions key drivers of the programme.

3.2. Modelling over a 1 year period shows that the NHS Health Check in Hampshire could result in 2,086 people being prescribed a cholesterol lowering drug and 1,311 people being prescribed an antihypertensive medication. In addition the programme in Hampshire has the potential to detect 353 cases of diabetes and 898 cases of chronic kidney disease earlier, allowing individuals to be better managed and improve their quality of life. Annually the programme could result in 2,528 additional people completing a weight loss programme, 649 additional people increase physical activity and 47 additional people give up smoking.

3.3. Local authorities are required to collect information on the numbers of NHS Health Checks offered and the NHS Health Checks received each quarter and return this data to Public Health England (PHE).

3.4. The NHS Health Check is made up of 3 key components: risk assessment, risk awareness and risk management. Once the assessment is complete, those receiving the check should be given clinically appropriate advice to help them manage and reduce their risk. This advice should be tailored to suit the individual's needs to help motivate them and support the necessary lifestyle changes to help them manage their risk. If necessary individuals should then be directed to either council commissioned public health services such as weight management services, or be referred to their GP for clinical follow up. This can include additional testing, diagnosis, or referral to secondary care. Additional testing and clinical follow up remains the responsibility of primary care and is funded through NHS England. Legal duties exist for local authorities in relation to offering an NHS Health Checks. Legal duties include giving patient information on element of the health check, for example Body Mass Index and cholesterol level. The specific tests and measures are listed in the NHS Health Checks Best Practice Guidance and Regulations (See Integral Appendix A).

3.5. One of the programme's objectives is to reduce health inequalities and local authorities may tailor the delivery of the programme in order to achieve this. Although local authorities have a duty to offer the NHS Health Check to all eligible people, PHE supports approaches that prioritise invitations to those with the greatest health risk. Local authorities are also required to continuously improve the percentage of eligible people having an NHS Health Check. PHE aspires to achieve a national take-up rate of 75% of the eligible population having an NHS Health Check once every five years.

Current Programme

3.6. The current NHS Health Check contracts are due to finish on 31 March 2019. There are 118 contracts with General Practice, 20 with pharmacies and 3 with community providers. The annual spend for this service from the Public Health budget in 2017/18 was £1,221,000. Payments are made to service providers based on the number of patients invited for an NHS Health Check and subsequent uptake of the NHS Health Check. The programme provides a universal offer where every eligible 40-74 year old is invited for a check once over a five year period (approximately 20% of the eligible population each year). A reminder letter is sent out approximately 1 month after the initial invitation letter. People are invited to make an appointment through their GP practice and attend accordingly.

3.7. PHE has published statistics on the proportion of the eligible population offered and proportion of the invited population taking up the NHS Health Check for the last five years. The data shows that from 2013/14 to 2017/18 100% (414,477) of eligible people in Hampshire were offered an NHS Health Check and that 46.5% (194,205) of those people received an NHS Health Check over the same period. The vast majority of NHS Health Checks are delivered in General Practice. In 2017/18, 41,635 (98.52%) health checks where delivered in General Practice, 238 (0.56%) where delivered in pharmacies and 387 (0.92%) where delivered by the two community providers.

3.8. Whilst the current programme invites all eligible residents it only achieved a 46.5% uptake rate over the 5 year period. A Health Equity Audit completed in March 2018 on NHS Health Checks delivered from 2013 to 2016 indicated that there is low uptake of the service from those considered to be most at risk, therefore increasing inequalities in health. The Health Equity Audit therefore confirmed the need to target specific 'at risk' groups.

3.9. Previous reviews of the NHS Health Checks Programme in Hampshire (January & August 2016) showed that uptake of the health checks has not generated the expected number of referrals into existing healthy lifestyle/risk management interventions. Only 3% of people undergoing an NHS Health Check were diagnosed with a cardiovascular or metabolic risk factor/condition. By modelling national expectations, it was found that

less than half of the numbers of people expected were prescribed with statins/anti-hypertensives. Few people with recognised lifestyle risk factors were recorded as being referred to lifestyle services. A recent patient satisfaction survey identified mixed feelings about the effectiveness of the NHS Health Check. There needs to be greater consistency in its delivery to help build patient confidence in the programme.

3.10. In January 2018 there was consultation with GP leaders about how the NHS Health Check could be improved locally. Whilst the potential value of the programme was recognised, it was stated that the utility would be increased by focussing on patients at higher risk of cardiovascular disease. They also commented that the NHS Health Check is process driven; there is no incentivisation for GPs to refer patients to lifestyle interventions and there are inconsistencies in the delivery of the NHS Health Check.

3.11. A bespoke time limited training offer, which ends on 31 March 2019, has been commissioned as part of the current NHS Health Check programme for Hampshire. This is available for all providers of Health Checks locally and intends to establish a standard service delivery so that all patients receive the same high level standard of care associated with the Health Check. To date, around 70 practices have accessed the training and work continues to encourage those remaining practice to take up this free training offer. There is also free online training available via the National NHS Health Check website and providers are also encouraged to access this resource.

Future Programme

3.12. A new service specification will be developed in accordance with the NHS Health Check Best Practice Guidance (PHE). It will describe the population needs, key service outcomes, scope of the service, quality standards and performance measures, pricing and include patient pathways for risk assessment and management. The service specification will retain the universal invitation element which is essential to meet the 100% target.

3.13. The future programme will be refined using the emerging findings from a trial that is being run at the Swan Medical Group, Petersfield from June 2018 to October 2018. The Swan Medical Group is managing the invitation process directly with their eligible patients, and testing electronic searches, invitation methods, the reporting of outputs and payment thereof.

3.14. A pricing incentive is being proposed to incentivise practices to increase the uptake from patients at higher risk of cardiovascular disease. These have proved successful elsewhere in increasing the proportion of people from key risk groups attending an NHS Health Check. The four higher or ‘at risk’ criteria, which are based on clinical evidence, are:

- residing in the most deprived quintile (explain quintile)

- has a BMI =>30
- is a current smoker
- has an immediate family history of CVD.

3.15. Payment will be given on evidence of NHS Health check uptake and the outputs from the health checks leading to subsequent health improvement. We want to see evidence of improved outcome recording and reporting. Examples where appropriate are:

- Communication of CVD risk score to patients
- Assessment and diagnosis for diabetes or hypertension
- Prescription of statins or anti-hypertensives
- Referral to stop smoking or weight management services

It is expected that the service specification will be modified further following any findings from the trial NHS Health Checks programme which focuses on increasing uptake from a more deprived/at risk group cohort. The final service specification is expected to be ready by end of July 2018.

3.16. Market engagement events will be organised to inform the, development of the final NHS Health Check service specification. A communications plan is being developed to discuss future commissioning intentions with the current service providers which will include market engagement opportunities. The views and experiences of 40-74 year olds who receive the trial programme NHS Health Check will be considered and integrated where possible and practicable for the final service specification.

4. Finance

4.1. Within both the current and future budget plans there are sufficient funds available to meet the cost of the proposed contract value of up to £1,300,000 per year. This contract value is based on an increased uptake of the NHS Health Check by patients that fall in to at least one of the 'at risk' criteria (3.14 above). It is anticipated that the proposals contained within this report for the future programme will deliver efficiencies through greater use of electronic communications to reduce costs associated with the printing of results booklets, the invitation process and the end of the training contract described in 3.11 above.

4.2. The estimated annual saving is expected to be in the region of up to £100,000 per annum. This saving will contribute to the programme to reduce total Public Health expenditure to meet reductions of £8,290,000 in the ring fenced grant that commenced 2015/16 and are set to continue through to 2019/20.

5. Consultation and Equalities

5.1 Within the service being proposed there will be positive impacts for people with disabilities or who are from ethnic minority groups: the focus on

people considered ‘at risk’ should increase uptake by patients from these groups and thus allow them to benefit from any necessary interventions put in place following their Health Check.

5.2 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

5.1. Refer to full Equality Statement in Integral Appendix B.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
Title Previous member decision on Health Check commissioning	Date
Direct links to specific legislation or Government Directives	
Title Health and Social Care Act 2012 (s.12)http://www.legislation.gov.uk/ukpga/2012/7/section/12 Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (regulations 4 and 5), S.I. 2013/351 http://www.legislation.gov.uk/uksi/2013/351/regulation/4/made NHS Health Check Best Practice Guidance https://www.healthcheck.nhs.uk/	Date 2013 2017

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

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 disproportionally low.

1.2. **Equalities Impact Assessment:**

A full Equality Impact Assessment has been carried out.

If funding is approved to commission NHS Health Check services for Hampshire residents there will be a neutral impact for the majority of adults currently eligible to access the service.

Within the service being proposed there will be positive impacts for people with disabilities or who are from ethnic minority groups: the focus on people considered 'at risk' should increase uptake by patients from these groups and thus allow them to benefit from any necessary interventions put in place following their Health Check.

The service will also focus invitations on eligible patients living in the most deprived communities across Hampshire and they too should get the benefits from receiving appropriate health improvement interventions.

2. Impact on Crime and Disorder:

2.1. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and wellbeing.

3. Climate Change:

3.1 Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.

The NHS Health Check encourages service users to increase levels of physical activity which includes implementing active travel for both leisure and work purposes. This could therefore reduce levels carbon emissions from motorised transport.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	25 July 2018
Title:	Approval to spend for Domestic Abuse Services
Report From:	Director of Public Health

Contact name: Simon Bryant, Public Health Consultant
Jude Ruddock-Atcherley, Strategic Domestic Abuse Manager

Tel: 01962 832172 **Email:** Jude.Ruddock-Atcherley@hants.gov.uk

1. Recommendation

1.1. That the Executive Member for Public Health gives approval to spend for Domestic Abuse Victim and Perpetrator Services up to the maximum value of £13,459,800, for a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to a total of 2 years) commencing on 1 April 2019.

2. Executive Summary

2.1 The purpose of this paper is to seek approval from the Executive Member for Public Health to procure and spend for Domestic Abuse and Perpetrator Services, up to the maximum value of £13,459,800 for a maximum contract term of 7 years (5 years with an option to extend for a period or periods of up to 2 years) commencing on 1 April 2019.

2.2 This funding represents the total maximum contract amount for Domestic Abuse Victim and Perpetrator Services funded by the County Council (£10,537,300), The Office of the Police and Crime Commissioner (OPCC) (£2,551,500) and for Perpetrator services funded by Southampton City Council (SCC) (£371,000).

2.3 The contracts for services will be between the County Council and the commissioned providers. The OPCC and SCC have confirmed that formal approval has been obtained for their funding contribution for the initial 5 year period. A formal legal agreement will be put in place with the Police and Crime Commissioner and Southampton City Council to cover arrangements for the payment of funding contributions over the life of the contract. Both the agreement with partners and the contract with the provider will stipulate that the value of any extension beyond the initial 5 years will be subject to available funding arrangements between the three organisations. The formal legal agreement with partners is expected to be in place prior to the publication of the tender in September and will be concurrent to the contract with the

provider. The contract with the provider will not be signed until the formal agreement with partners is signed**.**

3. Contextual information

2.1 The public health strategy outlines a key strand of work about reducing the impact of violence for the population of Hampshire.

2.2 We know that investing in domestic abuse services makes a difference for victims and their families and that for every victim there is a perpetrator. Compared to the number of victims, a small number of perpetrators are participating in prevention and/or behavioural change programmes and a large proportion (approx. 30%)[1] of both victims and perpetrators are repeat cases, whether that is multiple incidents of abuse within one relationship or a perpetrator moving from one relationship to another, resulting in multiple victims over time. Unless perpetrator behaviour is addressed, victimisation will continue.

2.3 Public Health has the opportunity to transform and redesign domestic abuse services to ensure that they deliver effective and improved outcomes that meet our population's changing needs whilst also making efficiencies within the system.

2.4 Currently there are a number of separate contracts with different providers delivering domestic abuse victim/survivor and perpetrator services to Hampshire residents:

2.4.1 Integrated Domestic Abuse Service for Hampshire (IDASH) for victims; there are currently 3 contracts with 2 different providers, which expire on the 31 March 2019. The service also includes provision of 14 refuges/crisis accommodation (a total of 92 units) across Hampshire. These buildings are leased by commissioned providers from a number of third party providers.

2.4.2 The Domestic Abuse Prevention Partnership (DAPP) for Perpetrators: there is one Hampshire wide contract for this service. Most work is delivered in a group setting; however some individuals may be referred for more intensive 1:1 work. The contract for this service expires on 31 March 2019.

2.5 During 2016/17 the commissioned services contracts delivered the following:

- Over 4,500 adults and children supported by victim services through either community based support or in crisis accommodation
- 84% of planned exits reported increased perceptions of safety and were accessed as having a reduced level of risk.
- 160 perpetrators accessed as suitable for the programme with 36 completing the 26 week programme.

[1] Hampshire Police statistic

4. Current Issues

1.1. Domestic abuse is perhaps most commonly thought of as violence between intimate partners, but it can take many other (non-violent) forms (in particular coercion and control) and be perpetrated by a range of people. Much safeguarding work that occurs at home is, in fact, concerned with domestic abuse.

1.2. Applying national rates to the Hampshire population, we expect that:

- Around 38,000 women
- Around 17,000 men
- And 40,000 children and young people aged under 18 will have been affected by domestic abuse in the last year.

1.3. This is thought to include;

- at least 544 men and 705 women who identify as lesbian, gay, bisexual or transgender
- 1,000 women and 368 men of Asian origin
- 481 women and 323 men of Black origin
- 13,296 women and 5,799 men with some degree of limiting disability or health problem.

However, only a small proportion of these people either report an incident or access services.

2. Future Direction

2.1. It is proposed to further align the contracts for the above service for 1 April 2019 to improve the delivery of a consistent and integrated approach for service users and facilitate efficiencies across the whole system with a focus on earlier identification and engagement. The County Council will continue to deliver services to victims, children and perpetrators of domestic abuse.

2.2. The group of funding partners with other key stakeholders are currently planning the re-procurement. A project plan is in place and key documents are being prepared to be in a position to fully tender the service. The contracts will be between the County Council and the commissioned providers.

2.3. Priorities for the new Domestic Abuse Service for Hampshire have been identified following a local mapping of services, needs analysis and stakeholder engagement. These are as follows;

Priority	Rationale
Single point of access for all domestic abuse cases	Stakeholder feedback demonstrates this, particularly in relation to perpetrator services. Victim and perpetrator services are regarded as distinctly separate and there is inconsistent knowledge of how to refer to services.

Increase the range of crisis/emergency accommodation and use of 'target hardening' where appropriate	Current crisis accommodation is currently not suitable for all people in need, particularly men, or women with high levels of complexity. Alongside the current shared housing stock there is a need for single-let units. 'Target hardening' schemes, coupled with police-issued prevention orders can avoid the need for victims and children to enter crisis accommodation.
Better outcomes for families – whole family approaches including the victim, perpetrator and children where appropriate to support those who wish to remain in their relationships;	Costs and impact of parental domestic abuse both on children and on social care. Viewing every family member as one part of a complex picture. Working towards breaking the cycle of abuse in a coordinated way, with the family at the heart of the process.
Support for children and young people	Although high numbers of children are affected by domestic abuse and the effects of adverse childhood experiences profound, a relatively small number are supported by specialist domestic victim abuse services, as demonstrated in the needs assessment.
Improved engagement and retention rates of perpetrators of domestic abuse	Currently there is a high drop out rate from referral and assessment to starting a group programme. Take-up of services amongst 18-24 year olds referred is also low.
Collaborative working and capacity building with skilled agencies to improve earlier identification and interventions	Referral patterns into victim services indicate that too many cases are coming from police (i.e., at a late stage) and not enough from other sources. Health services and adult Multi Agency Safeguarding Hub referrals are particularly low, and initiatives which support healthcare in increasing referral rates should be developed for the Hampshire population. Given the potential gap between estimated need and the capacity of commissioned specialist services there is a requirement to increase the ability of frontline services already working with adults and children to deliver evidenced based domestic abuse interventions at a secondary prevention level
Equity of access	Reaching all groups affected by domestic abuse and ensuring equality of access to support services with a focus on the following groups; male victims, people with a physical or learning disability, Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender

	communities.

2.4. Given the wide range of needs for domestic abuse services a core offer will be commissioned complemented by targeted priorities to address wider needs.

Domestic Abuse Victim/Survivor Service

Core Offer

- Elements of prevention and early intervention
- Crisis accommodation, including move on and resettlement
- Community based interventions and support
- A service that addresses the individual needs of victims within a risk based framework
- Dedicated support for children and families
- Longer term recovery mechanisms (e.g. personal support networks and group work)

Perpetrator Service

Core Offer

- Community based interventions with perpetrators of abuse to prevent further incidents of domestic abuse, whether within existing relationships, or in future ones.
- Client led approaches to interventions
- Focussed and targeted work with key groups, for example, repeat and persistent perpetrators, high risk offenders and young perpetrators in the 18-24 year age category, aiming to increase engagement and prevent future patterns of abuse.

Joint Targeted Priorities

- Integrated single point of contact and assessment for victims and perpetrators / whole family front door.
- Peer Support and Mentoring
- Whole family approach for those wishing to remaining in their relationships;
- Capacity building – professionals
- Engagement of priority groups and communities underrepresented in services

3. Equality Impact Assessment

5.1 Within the service being developed positive impacts of the procurement include: the focus on a whole family approach, where appropriate, working with each member of the family separately to increase awareness and safety of victims and survivors and to increase accountability and responsibility of perpetrators. Other positive elements include the increased focus on supporting children and young people and expectation that providers will demonstrate how they will support/reach out to people from the different protected characteristics to improve access to services. This will include a specific focus on the following groups; male victims, people with a physical or

learning disability, Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender communities.

5.2 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.

5.3 For further information refer to Integral Appendix B.

7. Finance

6.1 It is proposed that the total maximum spend under the contract would be £13,459,800 over the term of 7 years. These services will be funded from the Public Health grant for £10,537,300, with an additional £2,551,500 contribution from the Office of the Police and Crime Commissioner (for both victim and perpetrator services) and £371,000 from Southampton City Council perpetrator service only).

6.2 Over the life of the contract the annual value is expected to be £1,922,829 with annual contributions from partners to be as follows:

- HCC Public Health £1,505,329
- Police and Crime Commissioner £364,500
- Southampton City Council £53,000

6.3 There are sufficient funds within the current budget for this service to meet the HCC Public Health contribution proposed within this report. Not withstanding the approval value requested the annual spend on this contract will need to be monitored to ensure it remains within the budget, approved by Full Council, in each year of the contract.

6.4 In addition to reductions of £6,950,000 in Public Health grant up to 2018/19, a further reduction of £1,340,000 is anticipated in 2019/20. These reductions make it essential that all Public Health services continue to be reviewed with a view to achieving efficiencies. As the contracts for these services expire on 31 March 2019 it provides the ideal opportunity to seek the needed economies of scale from re-procuring a Domestic Abuse Service for the Hampshire population.

6.5 The contracts for services will be between the County Council and the commissioned providers. The OPCC and SCC have confirmed that formal approval has been obtained for their funding contribution for the initial 5 year period. A formal legal agreement will be put in place with the Police and Crime Commissioner and Southampton City Council to cover arrangements for the payment of funding contributions over the life of the contract. Both the agreement with partners and the contract with the provider will stipulate that the value of any extension beyond the initial 5 years will be subject to available funding arrangments between the three organisations. The formal legal agreement with partners is expected to be in place prior to the publication of

the tender in September and will be concurrent to the contract with the provider. The contract with the provider will not be signed until the formal agreement with partners is signed.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:		
Title None	Reference	Date
Direct links to specific legislation or Government Directives		
Title The UK Government's, Violence against Women and Girls Strategy 2016-20 Working together to safeguard children, Department of Education, 2013 Health and Social Care Act 2012 National Institute for Clinical Excellence (NICE): PH50 Domestic violence and abuse – how health service, social care and the organisations they work with can respond effectively		Date 2016-20 2013 2012 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.)

Document	Location
None	N/A

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:

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 disproportionally low.

1.2 **Equalities Impact Assessment:**

A full Equality Impact Assessment has been carried out.

If funding is approved to commission domestic abuse services for Hampshire residents there will be a neutral impact for the majority of adults currently accessing the service.

Within the service being developed positive impacts of the procurement include: the focus on a whole family approach, where appropriate, working with each member of the family separately to increase awareness and safety of victims and survivors and to increase accountability and responsibility of perpetrators. Other positive elements include the increased focus on supporting children and young people and expectation that providers will demonstrate how they will support/reach out to people from the different protected characteristics to improve access to services. This will include a specific focus on the following groups; male victims, people with a physical or learning disability, Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender communities.

If the funding is not approved a reduction in service availability will have a negative impact upon the identification, safety planning and harm reduction advice, targeted interventions and onward referral provided to the residents of Hampshire.

This could result in continued or increased levels of domestic violence and abuse with associated mortality, physical injury, crime, anti-social behaviour, adult and children's safeguarding issues, substance misuse, housing problems and homelessness, as well as mental and physical ill health. This is also likely to lead to higher demand on health and social care services and may increase health inequalities**.** It could also impact key stakeholders such as police, probation, ambulance and Emergency Department services.

2. Impact on Crime and Disorder:

2.1. By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and health outcomes

2.2 Domestic abuse is linked to crime and disorder. The commissioning of domestic abuse victim and perpetrator services contributes to improving the safety and reducing risk to those affected by domestic abuse and a reducing the incidences of abuse in perpetrators of abuse.

3. Climate Change:

3.1**.** Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health.