

NOTICE OF MEETING

Meeting	Executive Member for Adult Social Care and Health Decision Day
Date and Time	Thursday, 24th October, 2019 at 10.00 am
Place	Nightingale Room, Ell 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 Decision

1. **RE-PROCUREMENT OF HAMPSHIRE ADVOCACY SERVICE** (Pages 3 - 12)

Non-key Decisions

2. **RE-PROCUREMENT OF SOCIAL CARE SERVICES INTO HMP WINCHESTER** (Pages 13 - 20)
3. **DEMAND MANAGEMENT AND PREVENTION GRANT: EMMAUS HAMPSHIRE** (Pages 21 - 26)

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 Adult Social Care and Health
Date:	24 October 2019
Title:	Re-procurement of Hampshire Advocacy Service
Report From:	Director of Adults' Health and Care

Contact name: Jess Hutchinson

Tel: 01962 847966

Email: Jessica.hutchinson@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to seek permission to spend up to £4,346,576 over a 4 year (2+1+1 year) contract to re-procure Hampshire advocacy services with a start date of 1 April 2020.

Recommendation

2. That the Executive Member for Adult Social Care and Health give approval to spend up to £4,346,576 over 4 (2+1+1) years for Advocacy services across Hampshire. This sum does not include the contributions made by Children's Services or Corporate Services.

Executive Summary

3. This report seeks the permission of the Executive Member for Adult Social Care and Health to spend £4,346,576 over the 4 year (2+1+1) term of the contract to re-procure Advocacy services from 1 April 2020. This value includes contributions by the Hampshire Five Clinical Commissioning Groups and NHS England but excludes the contributions from Children's Services and Corporate Services who will secure their own permission to spend for their own elements of the contract.
4. This report seeks to:
 - Set out the background of the current Advocacy services within Hampshire
 - Consider the finances for the existing and proposed new contracts.
 - Set out briefly the proposed timeline for re-procurement of the contract.

Contextual information

5. Advocacy services in Hampshire are currently provided by a consortium of providers under the title of "Hampshire Advocacy Community Interest

Company” (HACIC) – previously known as Hampshire Advocacy Regional Group (HARG) when the contract began.

6. The current contract will terminate on 31 March 2020. A new advocacy service is therefore required, to ensure continuity of statutory service provision. The current contract provides both statutory and non-statutory advocacy services with several partners providing financial contributions. The County Council is statutorily obliged to provide some advocacy services which are described as “statutory advocacy” and non-statutory advocacy may be provided at the discretion of the County Council.
 - **Care Act advocacy:** Statutory advocacy to support those who meet qualifying criteria to support them through assessments or reviews under the Care Act 2014 or to provide advocacy for those subject to safeguarding adults proceedings under section 42 of the Care Act 2014.
 - **Independent Mental Health Act (IMHA) Advocacy:** Statutory advocacy for patients detained under the Mental Health Act 1983 in both NHS and private hospitals within the boundaries of Hampshire County Council.
 - **Children’s statutory advocacy:** Advocacy provided under section 24D and section 26 of the Children Act 1989 and funded by Hampshire County Council Children’s Department.
 - **Independent Mental Capacity Act (IMCA) Advocacy:** This consists of 2 distinct elements of statutory service provision under the Mental Capacity Act 2005:
 - Advocacy for individuals assessed as lacking mental capacity to make specific decisions and where a “best interests” decision is required under the Mental Capacity Act. The Independent Mental Capacity Act Advocate (IMCA) will ensure that the individuals views and wishes are represented within the best interests decision making process.
 - Advocacy (via a paid “Relevant Persons Representative” (RPR) for individuals subject to “Deprivation of Liberty Safeguards”. Individuals deprived of their liberty who lack capacity to make decisions relating to their care are supported within the Mental Capacity Act by the “Relevant Persons Representative” (RPR). This will usually be a family member or friend but where there are no such suitable persons – the Mental Capacity Act allows for a paid RPR to be appointed by the Local Authority to ensure that the individuals views and wishes continue to be represented throughout the period they are subject to DOLS.
 - **General mental health advocacy:** funded by the Hampshire Five Clinical Commissioning Groups (CCG’s) to provide advocacy to individuals aged 18 to 65 with mental health problems. The service predominantly supports those in contact with specialist secondary mental health services (Community Mental Health Teams, or those in inpatient psychiatric units not eligible for IMHA advocacy due to not being detained under the Mental Health Act).

- **General (non-statutory) advocacy for people with a learning disability, autism, mental health issues, older adults or those with a physical or sensory disability.** This includes the provision of both group based and individual advocacy which is focused on enabling individuals to resolve particular problems or issues, including providing advice, information and sign posting on to other services as appropriate. This funding is also used to support the Learning Disability Partnership Board.
7. The County Council has Section 256 agreements (NHS Act 2006) with three of the five Hampshire Clinical Commissioning Groups to enable them to fund General Mental Health Advocacy and a contribution towards IMHA, although all five Hampshire CCGs are currently making financial contributions. The current Section 256 Agreements run until 31 March 2021 with the intention to secure new agreements with all five CCGs for the remaining duration of the new contract before commencement of the contract on 1 April 2020.
 8. The County Council also has a statutory duty to commission an Independent Health Complaints Advocacy Service (IHCAS) under the Health and Social Care Act 2012. This service has not been a part of the wider advocacy contract and has been previously commissioned by the Transformation and Governance department within Corporate Services. The intention is for the Independent Health Complaints Advocacy Service to be part of the new Hampshire advocacy contract from 1 April 2020, with the relevant funding provided by Corporate Services.
 9. Southampton City Council currently contract their own advocacy services. Hampshire residents who are patients at University Hospital Southampton can therefore receive advocacy from the Southampton advocacy contract (IMCA or IMHA) and the Hampshire advocacy contract (Care Act Advocacy). Best practice guidance states that one advocate should provide all advocacy functions.
 10. It is proposed to procure one provider across Hampshire and Southampton. The County Council and Southampton City Council would hold separate contracts with the provider, ensuring no financial risk to the County Council.

Existing Contract Financial Values:

11. The annual financial value of the Adults' Health and Care commitment is £971,953 (or £3,887,812 over the 4 year contract term). Table 1 below provides details of each advocacy partner's annual financial contributions towards the current contract together with the total overall 4 year contract value (excluding the Independent Health Complaints Advocacy Service which is not yet part of this contract).

Table 1: Advocacy Contract – current financial commitments by Agency:

Agency	Annual Financial Commitment to Advocacy Contract
Adults' Health and Care	£971,953
Hampshire County Council Children's Services	£27,000
NHS England	£91,000
Hampshire 5 CCG's	£84,691
Total Annual Contract Value (all partners)	£1,174,644
4 Year contract value (Adults' Health & Care only)	£3,887,812
4 year contract value (all partners)	£4,698,576
Independent Health Complaints Advocacy Service (annual contract value). Not part of the current advocacy contract but will be included from 1 April 2020. See Section 14 above.	£140,000

Financial risks and mitigation

12. NHS England financial contributions have been confirmed. Written confirmation regarding the CCGs' intention to provide financial contributions to IMHA and GMHA to the levels stated in table 2 has also been received. The transfer of monies is facilitated via section 256 agreements (NHS Act 2006) with three of the five Hampshire CCGs which expire on 31 March 2021. The financial contributions from three of the five Hampshire CCGs are therefore secured for year one of the new contract, but not beyond this. The County Council would be liable for any funding shortfall should the Hampshire CCGs not make the financial contributions outlined in this paper.
13. The relevant section 256 agreements for year two and beyond are currently in draft and it is anticipated that the new agreements will be in place with the five Hampshire CCGs before commencement of year two of the contract. The financial risk to the County Council is considered to be low and will be mitigated by proposed clauses in the future contract that non-statutory GMHA will cease if the relevant CCG financial contributions are not provided to fund this.

14. NHS England have confirmed that they will no longer fund IMHA (statutory advocacy) into four inpatient units as they do not have a duty to do so. Responsibility for funding these statutory services will move to Hampshire County Council from 1 April 2020 representing an approximate £36,000 per year financial pressure for Adults' Health and Care. It is expected that this pressure is absorbed within the contract.
15. There is a risk that demand on the IMCA element of the contract will exceed its current levels during the lifetime of the current contract placing a pressure on Adults Health and Care. IMHA advocacy demand within all hospitals (NHS and private) located within the boundaries of the County Council represent another area of potential future growth. These emerging risks will be closely monitored but will be mitigated through close work with the provider with the expectation that pressure is absorbed within the contract.

Potential Impact of Legislative Changes

16. The Mental Capacity Amendment Act 2019 will be implemented on 1 October 2020 and introduces fundamental changes to the current system of "Deprivation of Liberty Safeguards" (DOLS) – replacing this arrangement with "Liberty Protection Safeguards" (LPS).
17. Where currently the Local Authority is the only "Responsible Body" able to authorise an individuals' deprivation of liberty, this will change when the Liberty Protection Safeguards are introduced. This will have a number of impacts upon the way advocacy services are commissioned, funded and provided.
18. The scope of LPS will include 16 and 17 year olds who are currently excluded from the current DOLS arrangements. The demand impact of this change will need to be considered by Children's Services and be reflected in their financial contribution to the advocacy contract from 01 April 2020.
19. The impact of the change from DOLS to LPS's from 1 October 2020 could increase demand on the contract. However, it is not possible to determine the financial impact of future additional pressures due to these legislative changes. These legislative changes may make it necessary to seek permission during the lifetime of the contract to increase its value to meet additional demand. Suitable modification clauses would be built into the future contract to facilitate these increases if required, and subject to the relevant permissions.

Proposed Financial Values for contract commencing 1 April 2020

20. Table 2 below provides a breakdown of each agency's financial contribution towards the new advocacy contract.

Table 2: Proposed Annual & 4 Year Contract Financial Commitments from 1 April 2020

Agency	Value
Annual Adults' Health and Care commitment:	£971,953
Annual Hampshire County Council Children's Services commitment:	£80,000 (subject to confirmation of value of CSD contribution)
Annual NHS England commitment:	£30,000
Annual Hampshire 5 CCG's commitment:	£84,691
Annual Hampshire County Council Corporate Services (for Independent Health Complaints Advocacy Service) commitment:	£140,000
Total annual contract value (all partners)	£ 1,306,644 (subject to confirmation of value of CSD contribution)
4 year total contract value (Adults' Health and Care only)	£3,887,812
4 year contract value (Adults' Health and Care, CCG's & NHS England)	£4,346,576
4 Year total contract value (all partners)	£5,226,576 (subject to confirmation of value of CSD contribution)

Consultation and Equalities

21. Consultation with stakeholders via an online SNAP survey was conducted during the period 11 July to 4 August 2019. This was promoted to the following: service users (all client groups), learning disability carers (via Learning Disabilities LIGs email distribution lists and via current advocacy provider), inpatients detained under the Mental Health Act within Southern Health NHS Foundation Trust hospitals, partner agencies including - Southern Health NHS Foundation Trust staff, Hampshire 5 Clinical Commissioning Groups, NHS England, Wellbeing Centres, supported housing services (mental health & learning disability contracts), current

advocacy contract provider staff, service users and carers being currently supported by the Hampshire advocacy contract, Hampshire County Council front line practitioners, Best Interests Assessors (BIA's) (both Hampshire County Council employed and Independent BIA's) and Psychiatrists involved in the DOLS assessment process.

22. Statutory advocacy must be provided under the following pieces of legislation: Mental Health Act 1983 (MHA), Children Act 1989, Mental Capacity Act 2005 (MCA) and the Care Act 2014. Eligibility for advocacy is determined by each individual piece of legislation which is prescriptive in terms of who it does (and does not) apply to. This includes restrictions in relation to age or disability.
23. All advocacy is provided free of charge to the person and regardless of their gender, sexual orientation, race or marital status. Advocacy can be provided in a person's home (or via technologies such as Skype where appropriate) or place of their choosing so will not disadvantage people living in rural areas or who find travelling difficult.

Conclusion

24. The current advocacy contract represents an effective partnership arrangement, through which Hampshire County Council and other statutory agencies commission a range of statutory and non-statutory advocacy services in Hampshire. The proposal outlined in this paper represents a continuation of these effective partnership arrangements and would demonstrate the County Council's ongoing commitment to maintaining its current level of investment in these services.
25. There has been growth in demand for statutory advocacy services over the course of the current contract. Further growth is predicted due to impending legislative changes. The County Council would work closely with the provider to monitor activity within the proposed contract.

REQUIRED CORPORATE AND 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:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Advocacy Services	<u>Date</u> 17 September 2015
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>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.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) 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 protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are 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.

2. Equalities Impact Assessment:

The Equality Impact Assessment can be found here:

<http://documents.hants.gov.uk/equality-impact-assessments/AdvocacyContractRe-Procurement.pdf>

The Equality Impact Assessment (EIA) noted that advocacy by its very nature is focused upon ensuring that service users are supported to ensure that their views and wishes are heard and represented. The outcome of the EIA was therefore felt to be positive for those with a disability in particular, but also positive for those from Black and Minority Ethnic backgrounds (who can be over represented within the cohort of patients detained within psychiatric hospitals and therefore potentially eligible for IMHA support) and also positive for both poverty and rurality as the service provision is flexible enough to delivery support in the most appropriate and convenient place for service users. This ensures that those who are unable to travel (or unable to afford to travel) or where public transport

services may be limited are still able to access and receive appropriate advocacy support.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Executive Member for Adult Social Care and Health
Date:	24 October 2019
Title:	Re-procurement of Social Care Services into HMP Winchester
Report From:	Director of Adults' Health and Care

Contact name: Neil Lovell

Tel: 07834 123 447

Email: Neil.Lovell@hants.gov.uk

Purposes of this Report

1. The purpose of this report is to seek permission from the Executive Member for Adult Social Care and Health to enter into a Section 75 NHS Act 2006 Agreement (Section 75 Agreement) for NHS England to be lead commissioner and host of the pooled budget for the purposes of commissioning an integrated health and social care service into Her Majesty's Prison (HMP) Winchester.

Recommendation:

2. That the Executive Member for Adult Social Care and Health give approval to enter into a Section 75 (NHS Act 2006) Agreement for NHS England to be lead commissioner and host of the pooled budget for the purposes of commissioning an integrated health and social care service into Her Majesty's Prison (HMP) Winchester section 75 agreement for NHS England to be lead commissioner including the creation of a pooled budget with terms and conditions to be finalised by the Director of Adults' Health and Care.
3. That the Executive Member for Adult Social Care and Health give approval to contribute up to £378,000 to the pooled budget to enable the procurement over a 7 year contract of an integrated health and social care service in HMP Winchester.

Executive Summary

4. This report seeks to:
 - Set out the background of the current social care services within Winchester Prison.
 - Provide the rationale for the Section 75 Agreement with NHS England.
 - Set out briefly the proposed timeline for re-procurement and the creation of the Section 75 Agreement.

Contextual information

5. The County Council currently commissions a service in line with its Care Act responsibilities to assess and meet eligible care and support needs of prisoners within HMP Winchester. The County Council meets its obligations to prisoners at HMP Winchester under the Care Act in two ways.
6. Firstly, through the assessment of their social care needs by a dedicated social care practitioner for HMP Winchester hosted within the Winchester & Andover Mental Health & Substance Misuse social care team. Prisoners with eligible social care needs under the Care Act 2014 will have a care plan devised by the social care practitioner. Their care needs could be met in one of 4 ways:
 - Support from HMP Winchester Prison Officer staff (low level needs);
 - Peer Support from specially trained prisoners (eg assisting with mobility issues or activities of daily living such as washing of clothes).
 - Support with personal care needs – via our contract with the current social care provider within the prison
 - Provision of equipment or adaptations to assist with mobility issues or risk of falls.
7. Secondly through the provision of support from current provider to provide up to 37 hours of care and support per week to prisoners at HMP Winchester. This is predominantly the provision of personal care such as assistance with washing/showering, dressing, but could include assistance with mobility issues where these are more complex (eg those at risk of significant injury from falls).
8. The current contract comes to an end on 30 June 2020. The intention is to subsequently procure an integrated health and social care service within HMP Winchester from 1 July 2020 via a Section 75 Agreement with NHS England with NHS England as the lead commissioner.
9. The section 75 agreement would have no end date but would allow either party to bring the agreement to an end with an agreed notice period.

Financial implications

10. The proposed annual contract value £54,000 equating to £378,000 over a 7 year period is within the existing budget envelope for this service held by the Department.

Section 75 NHS Act 2006 with NHS England

11. Prior to the current contract an extensive scoping exercise took place surveying the costs of providing social care into prisons in other local authority areas together with soft market testing within Hampshire. The results demonstrated that in areas where a provider external to the prison

environment delivered social care into the prison - costs ranged from two to three or more times more expensive per hour compared to an in-situ model where the healthcare provider also delivers the social care. Where the provider is having to in-reach into the prison additional time has to be allowed for entry and exit of the prison and time taken to move around within a restrictive environment. There is also the potential for staff either being shut out or shut in to the prison if there is a major incidence placing the prison into lockdown.

12. HMP Winchester is a Category B local prison with a small Category C Resettlement Unit (Westhill). HMP Winchester takes people from local courts on remand while awaiting a court outcome, local prisoners with short sentences and those who have served long sentences elsewhere but who are from the local area and are returned to HMP Winchester in preparation for their return to the community. As such there is high turn over of prisoners. Additionally those with long term complex social care needs are usually transferred to a more specialist prison in Dorset better able to manage long term conditions. This is particularly the case for prisoners requiring wheelchairs as HMP Winchester is unable to manage wheelchair users due to the age and design of the prison and narrow width of its doors.
13. As a result, the level of demand for social care services within HMP Winchester is relatively low, making it financially unviable for a community based provider to set up a dedicated team to provide services into the prison 7 days a week, 365 days a year. In order for a community based organisation to deliver services into the prison - a dedicated prison team would be the only cost effective way of delivering the service but social care demand within HMP Winchester is insufficient to consider this option.
14. Additionally, few community based social care providers have the necessary experience of working within a prison environment and further - do not have staff with the necessary security clearance to work within a prison.
15. The only cost effective method of delivering social care into HMP Winchester is therefore felt to be a single agency with the necessary skills, knowledge and experience of working within prisons, together with staff with the necessary clearance to work within a prison to deliver both health and social care services. This is the current model of service delivery – however it is not an integrated service as NHS England and the County Council both hold separate and un-related contracts with the same service provider with separate and unconnected contract monitoring and governance arrangements.
16. NHS England invest approximately £5.5million per year into health care services within HMP Winchester. It is therefore proposed that the County Council delegates its commissioning responsibilities for social care in HMP Winchester to NHS England who would be lead commissioner and would manage the pooled budget. NHS England would procure an integrated health and social care service for HMP Winchester, putting in place a single contract monitoring process for both the health and social care elements of the service. The County Council would be fully involved within both the procurement process including design of the service specification and

contract award process and would undertake joint contract monitoring of the service provider with NHS England. This model is already in place within the 3 prisons in Dorset and is proving to be very successful.

Procurement Timeline

17. A draft Section 75 Agreement is being negotiated with NHS England with the intention of this being finalised by the end of October.
18. The intention is to evaluations and award contract before the end of Spring 2020, followed by a period of mobilisation and any handover required with the new contract starting on 1 July 2020.

Consultation and Equalities

19. In respect of the Section 75 Agreement a consultation process with stakeholders was undertaken jointly by the County Council during September 2019. There was also consultation required as part of the service re-procurement. In addition to the face to face consultations held with prisoners within HMP Winchester the following agencies and their staff were consulted via an online SNAP survey: HMP Winchester prison officer staff, current provider, staff within the prison plus the providers of other health services within the prison, National Offender Management Service (NOMS) representatives and County Council staff directly involved in the delivery of social work services into the prison. Additionally, a market engagement event for potential providers was held on 21 August 2019 which included details of the plans for an integrated health and social care service.
20. There was clear support from the agencies who attended the market engagement event for an integrated health and social care service within HMP Winchester. Prospective providers commented that they wished this was the approach taken in every prison and were extremely welcoming of the plans.
21. The Equality Impact Assessment (EIA) was completed following the end of the consultation period and the outcome of the EIA was felt to be positive in respect of those with a disability and those aged 55+ who are a significant and growing proportion of the prison population and are more likely to present with health and/or social care needs including frailty and risk of falls. The provision of an integrated health and social care service should enable joined up and seamless care to those with potentially complex health and social care issues. An integrated approach was felt to be a positive improvement in service delivery and one which should improve the quality of care provided.

Conclusion

22. The County Council has a statutory duty to provide social care services in HMP Winchester.

23. Market research and soft market testing have demonstrated that an Integrated health and social care contract would provide best value to the County Council. Integrated health and social care services by means of a Section 75 Agreement between commissioners are successfully in operation within the three prisons in Dorset. It is proposed that an Integrated health and social care contract will improve service delivery by ensuring joined up care planning and service delivery. This approach is also more cost effective compared to using a community-based provider in-reaching into the prison and consultation feedback was clearly in favour of this approach.

REQUIRED CORPORATE AND 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:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Section 100 D - Local Government Act 1972 - background documents

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Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

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- 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.

2. Equalities Impact Assessment:

<https://www.hants.gov.uk/aboutthecouncil/equality/equality-impact-assessment/adults-health-care>

The Equality Impact Assessment (EIA) was completed following the end of the consultation period and the outcome of the EIA was felt to be positive in respect of those with a disability and those aged 55+ who are a significant and growing proportion of the prison population and are more likely to present with health and/or social care needs including frailty and risk of falls. The provision of an integrated health and social care service should enable joined up and seamless care to those with potentially complex health and social care issues. An integrated approach was felt to be a positive improvement in service delivery and one which should improve the quality of care provided.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health
Date:	24 October 2019
Title:	Demand Management and Prevention Grant: Emmaus Hampshire
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 01962 847200

Email: Graham.allen@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to seek approval for making grant award to Emmaus Hampshire as part of the Demand Management and Prevention Programme.

Recommendations

2. That approval be given by the Executive Member for Adult Social Care and Health to award a grant to Emmaus Hampshire of £7,500 toward the capital cost of additional 'companion' rooms.

Executive Summary

3. The report outlines a proposal for funding towards a project to support formerly homeless people within Hampshire.
4. 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.

Contextual information

5. The Voluntary and Community Sector (VCS) contributes to improving people's quality of life. The grants programme is one of the ways in which the County Council supports the sector to support people to live fuller more independent lives.

6. A voluntary organisation may be considered for grant aid from the County Council only if its services, projects or activities are in compliance with the aims and objectives, priorities and policies of the County Council.
7. 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.
8. 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.
9. 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 the County Council contributes to, and helps sustain, this activity.

Demand and Prevention Programme

10. Prevention, incorporating Demand Management is one of the three key areas identified to achieve the Vision of Adults' Health and Care, as detailed in the Adult's Health and Care Strategy 2018. The Demand Management and Prevention work will build on people's strengths, enabling them to improve their health and take more personal responsibility for looking after themselves with support from their family, friends and community network. The County Council will encourage this by making the healthy choice the easy choice and developing accessible, inclusive and readily available information and advice services.
11. In alignment with the overall Demand Management and Prevention Programme Strategy, the five-year objectives for the Demand Management and Prevention Programme are:
 - More people will be keeping fit and well in the community, reducing the need and demand for health and social care services.
 - Information and advice via Connect to Support will be routinely accessed to enable people to make informed choices about their care and support.
 - The County Council's contact centre will resolve the majority of client enquiries for help and support.
 - Private pay care technology solutions will be routinely requested and provided.
 - Community support offers will be increasingly known about, better trusted and more widely used.
 - Fewer people will be socially isolated or people will be better connected and Carers will be better supported.

Emmaus Hampshire

12. 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.
13. The project requiring funding is the delivering of a further 8 new studio flats within the existing Emmaus Community and maximise the asset that Emmaus already own. This delivers to their core strategic aim of supporting 40 companions (ex-homeless people) by 2020 and to increase their accommodation by 78%, from their inception 10 years ago.
14. The Community opened in 2009 with 23 rooms. Subsequently Emmaus have expanded twice, including three additional rooms in 2018, which means they now have 29 high quality studio flats on site, with an additional “move on flat” externally for up to 3 people. Emmaus therefore provide services to 32 companions currently.
15. Hampshire County Council originally provided the land for their Community and holds a vested interest in their mission.
16. A recent survey (undertaken by Emmaus) of Companions demonstrated the impact Emmaus has on ex – homeless people and the cost benefits to local services within Hampshire. All the benefits described are fully funded by the income generated from their recycling stores and have no costs, but significant benefit to Hampshire County Council.
17. Delivery of this project is fundamental to their strategic plan and to support the ever-increasing number of homeless people in Hampshire.
18. Emmaus Hampshire has secured over £200k of the targeted £280k (plus a contingency) that they require to build these 8 extra studio flats. This grant of £7,500 will go towards the remaining funds required to undertake this project.

Finance

19. The grant proposal of £7,500 in this report will be one off in year funding from non-recurrent savings. Payments of the grant award set out in this report will be made in one instalment.

Performance

20. 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.

21. 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.
22. 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.

Consultation and Equalities

23. 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.
24. 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.

Conclusion

25. Emmaus Hampshire have a proven track record in supporting homeless people in Hampshire. The development of further accommodation to assist in the resettlement and supported move-on of individuals who the charity supports. The development of additional accommodation will continue to enable the organisation's mission to be achieved.
26. The provision of a one-off grant of £7,500 to support the capital costs of the proposed development is in line with purposes defined within the overall demand and prevention programme and the grants that support community capacity building and resilience.

REQUIRED CORPORATE AND 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:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Supportive Communities Grant Award	<u>Date</u> 22 November 2017
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>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.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) 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 protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are 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.

2. Equalities Impact Assessment:

The award of grants to the voluntary and community sector to support people to live long, healthy and happy lives with the maximum possible independence, as part of the demand management and prevention programme and in-line with Adult's Health and Care Strategy 2018.

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.