

## NOTICE OF MEETING

<b>Meeting</b>	Executive Member for Adult Social Care and Health Decision Day
<b>Date and Time</b>	Tuesday, 16th March, 2021 at 2.00 pm
<b>Place</b>	Virtual Teams Meeting - Microsoft Teams
<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 is being held remotely and will be recorded and broadcast live via the County Council's website.

## AGENDA

### DEPUTATIONS

To receive any deputations notified under Standing Order 12.

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

1. **WOODCOT LODGE** (Pages 3 - 14)

To consider a report of the Director of Adults' Health and Care regarding Clarence Unit, Woodcot Lodge Discharge to Assess Service, seeking approvals to enable the continuation of the service into 2021/22.

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

2. **DEMAND MANAGEMENT AND PREVENTION GRANTS** (Pages 15 - 26)

To consider a report of the Director of Adults' Health and Care seeking approval for making grant awards to the voluntary and community organisations outlined in the report as part of the Demand Management and Prevention Programme.

### KEY DECISIONS (EXEMPT/CONFIDENTIAL)

None

**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 observe the public sessions of the meeting via the webcast.**

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	16 March 2021
<b>Title:</b>	Clarence Unit, Woodcot Lodge
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Paul Archer, Deputy Director, Adults' Health and Care

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#### **Purpose of this report**

1. The purpose of this report is to update the Executive Member for Adult Social Care and Health regarding the Discharge to Assess service, known as the Clarence Unit (located in Gosport) and operated by HCC Care as part of a multi-agency venture with the NHS. The service has so far served some 280 Hampshire residents. These are vulnerable and complex older adults who have been supported at the Clarence Unit immediately upon discharge from Portsmouth Hospitals NHS Trust since its inception at the beginning of June 2020.
2. The Clarence Unit was established at speed last year partly in response to the overall local system response to the first Covid-19 wave but with one eye on the future and sustained/improved patient flow and outcomes. Clarence enabled quick but safe discharges to take place daily, fitting with evolving Government guidance and short-term funding in respect of Discharge to Assess (D2A) and has meant that frail, vulnerable, elderly patients have been able to be discharged from hospital very close to the point that they are deemed medically fit to leave.
3. Individual assessments and recovery, including reablement and therapy type support has been expertly delivered from within the Clarence service and typically after a length of stay of close to 25 days, Clients longer-term destinations have been carefully organised and implemented. Less than 25% of those moving on from Clarence have required a long-term social care arranged Residential or Nursing Care provision with many (just under 60% prior to the latest extreme Covid-19 wave) able to return home.
4. The report provides summary detail of the Clarence operation and looks ahead to 2021/22, headlining the opportunity (and the challenges) that exist to build on the successes to date and to put the service on a longer-term footing. The site is currently available to the local system on a short-term lease arrangement which is due to expire at the end of March. Discussions are currently progressing with the landlord to extend the lease for at least a further

12 months to enable time to work on a longer-term arrangement that will provide more certainty for staff, partners, and all concerned.

5. The report also seeks approval for the County Council to enter into further agreements including those in partnership with the NHS under S75 NHS Act 2006 to enable the County Council to deliver services in respect of discharge to assess, intermediate care, step down (including designated settings for Covid-19 positive clients) and step-up, to prevent hospital admissions at the Clarence Unit and other HCC Care settings as appropriate.

### **Recommendations**

6. That the Executive Member for Adult Social Care and Health note the significant system benefits, and outcomes for people, of vastly improved patient flow and reduced discharge delays (bed days lost) as a direct result of the discharge to assess service at the Clarence Unit.
7. That the Executive Member for Adult Social Care and Health note the opportunities and challenges of sustaining the Clarence Unit Discharge to Assess service for the medium to long term.
8. That the Executive Member for Adult Social Care and Health approves the spend of up to £7million which will be reimbursed via a cost agreement with the NHS as outlined in the finance section, save for a contribution of £500,000 from the County Council per the next recommendation. The spend figure above includes the costs associated with a further one-year lease.
9. That the Executive Member for Adult Social Care and Health approves a financial contribution from the County Council of £500,000 towards the operating costs of the Clarence Unit in 2021/22.
10. That the Executive Member for Adult Social Care and Health approve the continuation of HCC Care facilitating the Discharge to Assess (short stay) Care Home with Nursing service operation at Clarence Unit, Woodcot Lodge, Gosport, for up to one more year i.e. up to the end of 2021/22
11. That the Executive Member for Adult Social Care and Health gives delegated authority to the Director of Adults' Health and Care in consultation with the Executive Member to approve required variations to existing agreements and /or the entering into further agreements including those in partnership with the NHS under S75 NHS Act 2006 to enable the County Council to deliver services in respect of discharge to assess, intermediate care step down and step-up to prevent hospital admissions and designated settings for Covid-19 positive residents at the Clarence Unit and other HCC Care settings as appropriate.

### **Executive Summary**

12. In June 2020 and partly as a local system response to the challenges of Covid-19, the Portsmouth and South-East Hampshire (PSEH) Integrated Care Partnership (ICP) agreed to commission and operate a new discharge to assess service operation for the benefit of vulnerable and often frail older adults who were deemed medically fit enough to be discharged from

Portsmouth Hospitals NHS Trust but not, at that point in time, able to return to their own home.

13. The establishment of the discharge to assess operation was in keeping with Government policy for local systems to be able to quickly and safely discharge patients well enough to leave hospital, back into the community as a means of maintaining maximum levels of Acute capacity in the wake of the evolving pandemic. The cost of the D2A bedded provision operationally led by HCC Care at the Clarence Unit and other HCC Care Homes in other parts of Hampshire, with support from the NHS, is covered by the national Covid-19 discharge fund that is still in existence, albeit on a lesser scale than when it was first introduced. The discharge fund will cover the costs of the Clarence operation (all and other D2A) for the entirety of the current financial year but is due to finish 6 weeks into 2021/22 meaning that the local system would be responsible for funding the operation thereafter.
14. The Clarence Unit currently provides 73 beds for vulnerable older adults being discharged from Portsmouth Hospitals NHS Trust. 48 of the beds being earmarked and available for patients who, at the point of being discharged, have returned a negative Covid-19 test, and a further 25 beds specifically designated for Covid-19 positive patients, with the appropriate infection control safeguards for staff and clients built into the 'designated facility' service which is sanctioned by the Care Quality Commission (CQC). Ordinarily, and subject to the securing of the necessary funding, the Clarence Unit could function to a maximum 80 beds, split across 3 floors, if it were not for some of the necessary restrictions placed on it as a result of operating in a Covid-19 environment.
15. At times, and certainly regularly over the past 2-3 months, in excess of 20 patients a week have been discharged from hospital and been admitted to the discharge to assess service. Typically, length of stay is around 25 days during which time assessment, recovery and rehabilitation takes place in order that the client's onward movement can be arranged in an orderly and optimum fashion. Outcomes for clients have been very positive to date with just less than 25% requiring an onward move to a long-term Residential and/or Nursing Care facility. Previously, a greater number of patients exiting the hospital via what is known as 'Pathway 3' would have ended up with a long-term care home placement and they typically would have resided in hospital for between 5 and 10 days longer (and sometimes more) prior to their placement being actioned, than they do now under the slicker discharge to assess arrangement.
16. The challenge for the local system is to build on the success story of the past 8-9 months, look to secure the full staffing footprint and 80 bed operation (as Covid-19 recedes) and to be able to repurpose sufficient existing funding to allow the service to have a secure medium to longer-term future. Whilst the overall strategy for people leaving hospital is to push towards a home first of 95% (it is currently around 92%), it has to be acknowledged that bed-based arrangements do have their place and against the backdrop of an ageing population and steadily increasing levels of acuity/complexity for frail elderly people, often with multiple conditions, it is likely to be some time before

facilities such as at the Clarence Unit can be scaled back. Add in the fact that step-up opportunities (an aid in terms of Acute hospital admission avoidance) for people struggling in their own homes and in need of focused recovery type support are all too scarce to non-existent, then securing the future of quality discharge to assess operations such as the Clarence Unit and other main centres in Hampshire is all the more important.

### **Contextual information**

17. Hampshire County Council is a partner in the Portsmouth and South Eastern Hampshire (PSEH) Integrated Care Partnership (ICP) which comprises:
  - Fareham and Gosport Clinical Commissioning Group
  - Hampshire County Council
  - Portsmouth City Clinical Commissioning Group
  - Portsmouth City Council
  - Portsmouth Hospitals Trust
  - Solent NHS Trust
  - South Eastern Hampshire Clinical Commissioning Group
  - Southern Health NHS Foundation Trust.
18. The ICP continues to work collaboratively to plan, commission and operationally establish the required level of bedded and non-bedded capacity for all patients both during the different and on-going phases of Covid-19, winter and into the medium/longer term. Since March of 2020 and the first wave of Covid-19 it has also been operating to new Government discharge guidance, policies and funding arrangements which are increasingly being orientated to a discharge to assess way of working that involves assessments being completed in community settings wherever possible, with the main emphasis on a 'home first' model and same day (safe) discharges for the majority of patients. It is recognised that the more complex, vulnerable older patients will not always be able to go home immediately upon discharge and the local system in concert with the rest of Hampshire and the Isle of Wight (this is replicated regionally and nationally) also provides bed-based capacity to help optimise discharge to assess way in practice.
19. As part of the overall planning responsibility and given the imperative to speed flow through the hospital system to protect capacity for anticipated Covid-19 demands, the ICP agreed last Spring to enter into a lease with an independent sector landlord to utilise a mothballed Nursing Home known as Woodcot Lodge in Gosport and to use the facility (now known locally as the Clarence Unit) initially up to the end of the current financial year as a discharge to assess service operation for vulnerable and complex older adults who were deemed medically fit to leave the hospital but not fit or well enough to go home.
20. The Government discharge fund that has been in place for the entirety of this financial year, has covered the cost of what has been an improving and

increasingly important operation for the ICP and for which some 280 patients leaving hospital have benefitted to date. One of the challenges for the system partners which is currently being tackled, is how to repurpose existing business as usual resources to enable the service to continue not only for 2021/22 but at least for the medium term. The system is working hard to secure the necessary finances and to that end, discussions with the landlord regarding a minimum one-year extension to the lease arrangements are also well advanced and due to be finalised in March.

### **The Clarence Unit Operation 2020/21**

21. At the point of writing this report (mid-February 2021) some 280 patients leaving Portsmouth Hospitals NHS Trust have benefitted from the Clarence discharge to assess service since its inception in early June last year. The operation at Clarence effectively began back then from scratch, with staff recruited and/or sourced from agency arrangements to enable the ground floor of the three-floor facility to begin operating on 6 June 2020.
22. Admissions to the site steadily built over the first two months of operation and successful outcomes were immediately being realised. Hospital flow for frail elderly patients (tested Covid-19 negative at the point of discharge) was improved, reducing delays and thus lost bed days and thus protecting important Acute hospital capacity. The Clarence operation enabled clients to be safely isolated for an initial 14 days upon admission but to steadily benefit from rehabilitation and therapy specialist support which resulted in an initial 60% or so to return to their own homes at the conclusion of a 21-28 day stay.
23. By the end of the summer, the first floor of the facility was 'stood up' which increased the available bed numbers from 24 to just above 50. Admission levels increased accordingly and pleasingly performance levels as described above, were largely maintained. Recruitment continued over the immediate period in anticipation of opening the second floor from early November so that the usual higher service demands of winter could be catered for.
24. Before the final floor was ready for operations, the Government introduced a new policy in respect of patients who were testing positive for Covid-19 at the point of hospital discharge. Namely they either needed to complete a full 14 day isolation period in hospital or that they could be discharged but only to a care facility that acquired Designated Facility status from the CQC. These settings would be homes that could operate to the highest possible infection control standards and for which there was clear separation between 'hot' and 'cold' areas and staff within the settings. For clarity, anyone able to leave hospital and go home was not impacted by the new policy but in the case of Clarence, we are describing frail elderly patients who required an onward bedded service for at least an interim period.
25. Clarence was put forward for and secured Designated Setting status at the beginning of November. This disrupted plans to open the final floor for Covid-19 negative patients and also impacted on the staffing arrangements and recruitment as a higher ratio of staff to clients work within a Designated Setting. Initially just 5 beds operated to the Designated Setting Policy but the

higher requirements around infection control and separation meant that capacity for Covid-19 negative patients remained at the 50 bedded level.

26. Recruitment continued through November alongside the evolving Covid-19 situation and whilst the plan was to introduce more general beds to accommodate the higher winter demands, the explosion of Covid-19 cases across the South in December meant a further change of plan with the Designated Setting part of the facility increased from 5 beds to 25 beds to provide for the clear and obvious higher Covid-19 positive demands.
27. Up to this point some 153 clients had benefitted from the Clarence operation between June and early December with 86 (56%) able to return to their own homes after an average length of stay of around 25 days. Just 35 clients (23%) required to move to a long-term care home placement following their stay at Clarence.
28. Since mid-December, and as expected given the extreme challenges of the third wave of the virus, throughput to Clarence has been much higher, helping to demonstrate the value of such an operation at such a difficult time for all concerned. In the past 8-9 weeks or so a further 128 admissions have been accommodated and whilst performance in terms of outcomes for clients has dipped, this is not an unexpected result given the double issue of higher numbers of Covid-19 positive patients in what is anyway a very vulnerable client group, coupled with winter illnesses and the flu season.
29. In summary, the Clarence operation has been a significant addition to the PSEH infrastructure since its inception last June and resulted in no end of benefits for the Hospital, for system partners and importantly for patients/clients especially in terms of improved outcomes. A bullet point list of the key benefits derived from the Clarence operation is included below:
  - Provides an opportunity to deliver an ICP system service for the benefit of Hampshire residents, managed by the County Council with local partners working together to contribute workforce resources
  - A large single site where complex discharges, particularly for Pathway 3 (including some CHC D2A), can be placed into at pace whilst longer-term needs and transition plans are being established
  - Discharge to Assess capacity for the most complex people and which has significantly (positively) impacted on Acute Trust performance and the wider system in terms of flow
  - Addresses the pre Covid-19 system challenges of high Medically Fit for Discharge Numbers, associated delays and potentially poorer outcomes due to very vulnerable people being in the wrong setting
  - Ensures systems resources are not stretched across multiple D2A sites, as has happened in previous Winters, which has resulted in more efficient use of resources from both a staffing and financial perspective. This also significantly reduces time needed to contact multiple providers and source individual placements
  - Flexibility for other step-down cohorts as and when needed



- Stand-by surge capacity during the Covid-19 third wave and ability to set up part of the operation as a Designated Setting.
- Capacity for 14-day isolation beds during the Covid-19 period for those being discharged into care settings, where the home is unable to accommodate them initially, due to all the beds on the site being single rooms.
- Ability to manage both hot and cold cohorts due to the three floors and single room set up – links to the Designated Setting point above
- Consistent discharge model ensuring better outcomes for patients with a homogenous service offer
- Offers additional capacity as business as usual begins to be turned back on to ensure the ICP does not see a return to pre Covid-19 acute bed capacity and system flow issues
- Enables us to utilise a more medium-term staffing model which provides a more stable and consistent workforce

### **Legal Implications**

30. The arrangements for discharge to assess in respect of Covid-19 are set out in the Hospital Discharge Service; Policy and Operating Model Guidance. Under Section 75 of the NHS Act 2006 and associated regulations, CCGs and local authorities can enter into partnership agreements that allow for local government to perform health related functions where this will likely lead to an improvement in the way these functions are discharged. Section 75 agreements include arrangements for pooling resources, lead commissioning and integrated management.

### **Consultation and Equalities**

31. The services provided at the Clarence Unit, Woodcot Lodge are aimed at adults and older people (generally people 55+). These people are likely to have long term conditions and may have manageable dementia. The service is a positive benefit to individuals who are supported by dedicated nursing, care, therapy and social work staff to recover and recuperate following their hospital admission.
32. The multidisciplinary team works with individuals, their carers and families to understand their on-going care needs and how they could be met after their 28 day stay, either returning to independence in their own home, receiving further reablement to increase their independence in the community at home, being supported by a package of care at home or a decision about a permanent care setting. By making this decision after a person has recovered from the acute phase of an illness, evidence suggests the outcome is more appropriate. Without these services, people may prematurely require other forms of permanent long-term care such as residential or nursing care.
33. The County Council recognises that there is a requirement to ensure that ongoing care arrangements should enable people to maintain their

relationships with their spouses, partners, wider family members and friends. When face to face contact is not possible during their stay virtual contact and other means of keeping in touch will be available.

### **Funding and Financial Implications**

34. The County Council is operating the discharge to assess service at Clarence under an agreement with the NHS and as stated earlier the full costs of the operation are being met from the Government's Discharge Funding arrangements that have been in place for the entirety of the current financial year and are due to end after 6 weeks of 2021/22.
35. The agreement is in the process of being varied to allow the discharge to assess operation to run for up to a further 12 months and will be finalised following the terms of the year-long lease extension being agreed between the County Council and the landlord. The arrangements will cover appropriate insurance cover and Clarence Unit exit costs should there be no medium-term future for the service and will ensure that, save for an earmarked contribution of £500,000 in 2021/22 (see paragraph 33) that the County Council is not liable for any such costs that could arise including but not limited to staff and building exit costs.
36. The local NHS have identified and earmarked funds such that the CCG and PSEH Executives have agreed to the continuation of the Clarence operation for 2021/22. The exact capacity trajectory (and therefore the exact service cost for the year) is still to be determined but may result in bed numbers reducing from their current 73 over the spring and through the summer, perhaps back to 55 (two floor operation) with the ability to flex upwards during the latter part of the year to enable winter surge demands to be accommodated.
37. The NHS approval to the continued operation of the Clarence Unit is also based on the County Council agreeing to contribute £500,000 towards the cost of operating the Clarence Unit throughout 2021/22. The County Council benefits from the lower service costs simply by virtue of vulnerable social care clients not needing to be placed into onward care services at the point of Hospital discharge and in keeping with the close partnership working in relation to Clarence, it is appropriate for the Council to contribute financially to help secure the running of the operation for a further year.
38. Upon the securing of the lease, the signing of relevant agreements and agreement on the service trajectory (accepting that Covid-19 could still play a part in future plans), focus during the first 3-6 months of the new year will be to look to determine the medium to longer term future of the Clarence operation. This time frame allows the NHS in particular, but all partners to understand the new financial frameworks being worked to but also time to repurpose existing funding so that priority service areas, such as bedded discharge to assess can have a secure future. With this in mind, a further report on the future of the Clarence operation and D2A generally will likely be prepared for the Executive Member in September 2021 at the latest.

## Looking Ahead to 2021/22 and Beyond

39. As outlined throughout this paper, there are multiple benefits of the Clarence operation for an ICP that has consistently high demand from its resident population. As also stated above, whilst Clarence was established in part to help secure a better position for the system during the first wave of Covid-19, it was also developed with one eye on the future given that D2A has been a long-held ambition for partners as the means to both improve flow and to improve patient/client outcomes for what is a challenging and very vulnerable client group.
40. As we look ahead, the immediate priority is to secure the Clarence operation for 2021/22 and work both to extend the lease for at least that period and to secure the necessary finances to fund the operation for the forthcoming financial year, save for the first 6 weeks which will be covered by the extended national discharge fund. Progress is being made in both areas and an outline business case is in preparation to be debated by PSEH Executives at their March meeting.
41. HCC Care have performed exceptionally well in their operational leadership role to date and remain committed to continue to lead the operation of Clarence through 2021/22. Staffing levels are good and given that the Clarence operation is set to continue for the forthcoming financial year, albeit at fluctuating levels of capacity (to accord with the changing levels of demand typically experienced in any year) recruitment will continue, partly to increase the ratio of permanently employed staff and partly in anticipation that the service will be confirmed for the medium-term over the coming months.
42. The County Council's property team also continue to operate on the site with the permission of the landlord to ensure that necessary building improvements are made which in turn protects the entirety of what in time, as Covid-19 recedes, could be a fully functioning 80 bedded discharge to assess unit. Funding from the NHS has been secured to enable important works on the roof and cladding to be progressed this quarter following which Fire Safety works will then be taken forward. These works will be informed by surveys and analysis that will be completed during the roof repair work.

**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:	No
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u> <a href="#">Hospital discharge service: policy and operating model</a>	<u>Date</u> August 2020

**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:**

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.

### 2. Equalities Impact Assessment:

#### **Clarence Unit at Woodcot Lodge**

Initiative in response to COVID-19. Builds as business as usual in HCC Care, the services to be provided at the Clarence Unit, Woodcot Lodge are aimed at adults and older people (generally people 55+). These people are likely to have long term conditions and may have manageable dementia. The service will be a positive benefit to individuals who will be supported by dedicated nursing, care, therapy, and social work staff to recover and recuperate following their hospital admission.

**Geographical impact:** East Hampshire, Fareham, Gosport, Havant

The short stay facility will offer step down care to assess on-going care needs during a 28 day stay, either returning to independence in their own home, receiving further reablement to increase their independence in the at home, being supported by a package of care at home or a decision about a permanent care setting. By making this decision after a person has recovered from the acute phase of an illness, evidence suggests the outcome is more appropriate. It will also offer 14-day isolation. Without this service, people may prematurely require other forms of permanent long-term care such as residential or nursing care.

**Who does this impact assessment cover?:** Service users

**Has engagement or consultation been carried out?:** Yes

**Describe the consultation or engagement you have performed or are intending to perform.**

Engagement with system Partners has been constant throughout this project. Specific engagement has taken place regarding the service specification, health professionals input, service demand and service user type and communications have also occurred.

**Age:** Positive Impact:

Adults and older persons generally of age 55+ years experiencing hospital admissions have been shown to show some deterioration while remaining in hospital following an assessment of medically fit to discharge. This service will support quicker discharge into a reablement and therapy service and prevent prolonged stays in acute health settings, achieving a better outcome.

**Disability:** Positive Impact:

People with long term conditions will receive specific reablement and therapy services along with their day to day care. They will also receive a thorough assessment of needs to ensure their onward care is the most appropriate for their long-term conditions and aims to increase their independence

**Sexual orientation:** Neutral

**Race:** Neutral

**Religion or belief:** Neutral

**Gender reassignment:** Neutral

**Gender:** Neutral

**Marriage or civil partnership:** Neutral

**Pregnancy and maternity:** Neutral

**Poverty:** Neutral

**Rurality:** Neutral

**Any other brief information which you feel is pertinent to this assessment:**

The County Council recognises that there is a requirement to ensure that ongoing care arrangements should enable people to maintain their relationships with their spouses, partners, wider family members and friends. Whilst they will be in isolation during their stay virtual contact and other means of keeping in touch will be available. Furthermore, the service will be of positive benefit to the care market in limiting the spread of COVID-19 in the community.

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	16 March 2021
<b>Title:</b>	Demand Management and Prevention Grants
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Sarah Snowdon  
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#### **Purpose of this Report**

1. The purpose of this report is to seek approval for making grant awards to the voluntary and community organisations outlined in this report 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 the following grants:
  - i) To award Brendoncare Clubs a grant totalling £10,000 to cover a period of 1 year between 1 April 2021 and 31 March 22 as part of the Local Solutions Grant as detailed below
  - ii) To award Autism Hampshire a grant of £50,000 to cover a period of 1 year between 1 April 2021 and 31 March 2022 as part of the Autism Support Grant.

#### **Executive Summary**

3. This report seeks to...
  - Set out the background to the grants
  - Set out the reason for the recommendations
  - Consider the finance for the project

## **Contextual information**

### Background

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 the County Council supports the sector to support people to live fuller more independent lives.
5. 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.
6. 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.
7. 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.
8. 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.
9. As grants are a contribution to service or activity costs the economic benefit to the department can be significant, levering in additional funding, the benefit of volunteer time and therefore providing good value for money to the authority.
10. 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 more than three months, we will apply the reserves policy which is in line with the Charity Commission's policy on these matters.

### Demand and Prevention Programme

11. 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.
12. 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. The County Council will also carry out targeted prevention work for certain groups of people who are most at risk of poor health to keep them well and to avoid or delay the need for social care services. The County Council will work with partners, in particular the NHS, GPs and the Voluntary sector to achieve the above aims.

13. 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.
14. A number of countywide grants and contracts are awarded as part of the Demand Management and Prevention programme, all designed to complement and deliver the aims and objectives of the programme. These grants enable services to be delivered across Hampshire, such as the Autism Support Grant. In addition, a number of smaller place-based grants are also required awarded as part of the programme of work, in response to specific community needs identified within that locality. These place-based grants include the Local Solutions Grants discussed in this report.

#### Local Solutions Grant

15. It is recognised that across Hampshire there are local initiatives, support networks and services achieving positive outcomes for adults every day. A strength-based approach values these local provisions and seeks to enable them to further develop, be sustained and grow. This approach recognises that the County Council is often not the only, or the best, source of help for local people
16. Services developed through this locality focused approach (either through building capacity in existing provision or through new initiatives) are likely to enable early prevention support, as well as shaping options which may be attractive alternatives to some traditional services currently available for individuals, carers and families. The prioritisation of localities to focus upon within this approach has been informed by data on demographics, existing and projected social care demand, and feedback from stakeholders. This will

help to ensure that local people have effective support available now and into the future.

17. The focus and criteria for each Local Solution Grant has been shaped by engagement with local stakeholders. This engagement has informed identification of the local priorities, the outcomes which are important to be achieved and the potential type of solution which could be developed. They are also aligned to the NHS programme to support self-management, which assists individuals to remain independent and minimising their need for social care. Some grants are more specific in what is being asked to be delivered and others outline more generally the focus of the change required. Across all, it will be looked for the successful bidder(s) to ensure local insight and expertise continue to shape the support and services as they further develop, in order to deliver positive outcomes.
18. In this report, a local solutions grant is recommended to be awarded to Brendoncare Clubs for communities within Fareham and Gosport based on the local stakeholder engagement. The areas covered in this grant round build on those covered in previous Local Solutions grant rounds. The Local Solutions Grant is open to applications from any voluntary, community or not for profit organisation delivering services to resident in any part of Hampshire. The Local Solutions Grant is open to applications year-round, enabling further application that meet the grant outcomes and objectives in other areas to be funded at other points in the year.
19. The project recommended for funding seeks to act on data captured which shows that males over the age of 70 and people with a caring responsibility are significantly less likely to engage with online activities and groups or to access online support. The £10,000 requested will form part of a £15,000 project which seeks to remove the identified barriers for participation in the identified groups, trial new engagement initiatives and ensure that nobody is left behind, in terms of digital inclusion. The end objective is to enable participants to feel confident to engage with a range of tailored online groups, classes and resourced to break down social isolation and loneliness.
20. The benefits of the grant recommended for award is a reduction in participants social isolation and loneliness, a primary risk factor for physical and mental decline and increased risk of reliance on social care provision. With widespread Covid-19 restrictions in place and likely to continue, online social activity is essential to ensuring people remain connected to their communities and this project directly targets those least likely to engage with a digital service. Further benefit for Hampshire County Council will be derived from the regular reporting which will support a better understanding of which approaches work in addressing a lack of digital confidence in certain demographic groups which can be utilised across the county.

## **Countywide Grant**

### Autism Support Grant

21. The Autism Support Grant will continue to fund services to support people with autism before, during and post diagnosis with advice, guidance,

signposting/support through referrals from the diagnostic services across Hampshire. The advice, guidance, signposting and support will be tailored to the individual with the aim of promoting and supporting their independence wherever possible. The outcomes will include preventing escalation of situations into crisis for those within the diagnosis process, and providing support linked to the diagnostic assessment with recommendations to support the uniqueness of each person's individual autism needs. Consequently, these services will continue prevent, reduce and divert demand on County Council services.

22. The organisation recommended by the panel for the grant award next financial year are experienced in supporting Hampshire residents on the autism spectrum and have provided services to meet these individual's diverse needs for a number of years. Autism Hampshire were also awarded the Autism Support Grant last financial year and have since reported on a number of outputs that support the overall aim of promoting and supporting the independence of Hampshire residents with autism wherever possible. Further to this they have diversified their original offering in light of covid-19 restrictions to bring a greater digital emphasis to ensure they are able to support residents even with greater restrictions in place.
23. The top 3 areas of support requested by of this service in the last financial year were: advice and emotional support, employment and autism diagnosis. Overall, support has been provided in many different forms; telephone and email contact, face to face meetings, providing social group opportunities and supporting people to access appointments or interviews. The support provided by Autism Hampshire has resulted in outcomes such as: people accessing environments and services which they were unable to previously, increased understanding and awareness of autism within local communities, and increased resilience and opportunities for people.
24. Autism Hampshire also provides support and co-ordination for the Serendipity Social Groups. As part of this grant, Autism Hampshire is expected to continue assisting with the recruitment of volunteers for further establishment of Serendipity Groups, where there are currently identified gaps within Hampshire. Serendipity Groups are user-led social groups for those with Asperger's and High Functioning Autism. Many people with autism are severely disadvantaged by the difficulties they have with social interaction, communications and sensory issues and can easily become isolated from their community. The Serendipity Groups are designed to prevent this isolation, and receive positive feedback from users.
25. The grant-funded service will also provide 'light touch' support, as required, to accompany individuals to attend initial taster sessions to community-based services and activities, to enable the person to feel more confident in attending independently. The services provided by the Autism Support Grant will therefore help to reduce isolation through supporting social needs and goals and improve home life by providing stability for people with autism and their families through telephone support to people with autism, their families, and paid carers/professionals.

26. The successful applicant will also be expected to market and advertise the other autism services available in Hampshire to maximise their uptake and benefit as many as possible. The current service is referred to by the County Council's call centre, community teams, and other partner organisations, helping to reduce and divert demand away from County Council services. It provides a point of contact for professionals and supports the communication of services and opportunities to people with autism and their carers.
27. The proposed issuing of a 1 year grant will allow the services provided under the 2020/21 grant to continue, with outcomes monitoring and evaluation of the service demonstrating it is providing support to the services users and their families at a time of risk of increased vulnerability. Consideration will be given to working with other commissioners to explore whether a joint commissioning strategy maybe appropriate in the future.

## **Finance**

28. The grant proposal in this report will commit additional expenditure totalling £60,000 over a 1-year period commencing in 2021/22. The expenditure has been profiled between years as follows: £60,000 in financial year 2021/2022. Subject to approval of this report the total grants committed for payment will remain within the agreed, (2021/2) annual budget envelopes for the Demand Management and Prevention Programme.
29. Payment of the Local Solutions grant will be made in one instalment on receipt of the signed grant agreement. As the Autism Support Grant recommended for award is for a significantly higher amount, this will be paid in two equal instalments. The first payment for all grant awards will be made on signature of the Grant Agreement, with payment of the remainder of the grant being made at the agreed intervals outlined in the Grant Agreement. All Grant Agreements have conditions that enable the County Council to require repayment of the award or any part of it if it remains unspent at the end of the grant period, or if there is a material breach of the grant agreement.

## **Performance**

30. 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.
31. 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.

32. Awards under the Autism Support Grants have all be made in previous financial years and as such performance will be measured against previous provision with the assigned Liaison Officer tasked with outlining success factors prior to the commencement of the grant. Future instalment payments will be decided upon based on performance against these success factors e.g. volume of referrals, growth in provision and HCC costs diverted.
33. The Local Solutions Grant will also include measures to define the volume of referrals taken and how much care costs have been diverted. The precise details of this performance framework will be subject to further discussion and subsequent agreement with the grant recipients prior to accepting the grant. The measures agreed will be used amongst other measures, including those collected in relation to the Countywide Grants, to quantify and qualify the cost avoidance of the Local Solutions grant spend, specifically in relation to the efficacy in offsetting demand that would otherwise fall on formal Social Care services. Performance will be monitored through senior internal governance structures. It is envisaged that the financial benefits derived will exceed the one-off cost invested provided that the activity undertaken is in accordance with the grants. The activity will be monitored and reviewed over the life of the award to ensure it remains on track.
34. A comprehensive evaluation assessment tool has been developed and is in use for the beneficiaries of previous grant rounds and will continue to be used for those awarded funding in this paper, ensuring consistency of data capture.
35. 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**

36. 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.
37. The Local Solutions Grant outlined in this report will have a positive impact on older adults aged 65 and over. The Autism Support Grant will have a positive impact on people with a disability.
38. The Local Solutions Grants have been shaped in their design by local stakeholder engagement, including those working in the local voluntary community sector, local councillors as well as staff working for Adults' Health and Care, Health and from local councils.
39. The Countywide grant has been funded before with similar criteria and so seek to continue the provision these services provide to the community.

## **Conclusions**

40. The organisation receiving a Local Solutions Grant will provide services identified at a local level as required to either prevent or delay adults from requiring social care involvement or will reduce their need for care by providing alternative solutions.
41. The Autism Support Grant will support residents living with autism and those who have been recently diagnosed and their families to understand their condition, support with lifestyle choices such as housing and employment and provide telephone support when needed for all users.

**REQUIRED CORPORATE AND 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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Demand Management and Prevention Grants Demand Management and Prevention Grants Demand Management and Prevention Grants	29 September 2020 18 March 2020 15 January 2020
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<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.

Grants in this paper:

Local Solutions Grant in Fareham and Gosport areas - period 01/04/2021 - 31/03/2022. Total Pot: £10,000

Autism Support Grant Awarded to Autism Hampshire – period 1 April 2021- 31 March 2022 Total award: £50,000

**Geographical impact:** Fareham and Gosport for Local Solutions Grant and Autism Support Grant for Autism Hampshire.



**Proposed Change:** All the Local Solutions Grants recommended for award are new and have not been awarded to any organisation for these purposes before. These are in addition to other grants currently awarded on behalf of Adults' Health and Care.

The Local Solutions Grant is a new grant to provide services addressing a locally identified need. The areas identified in this round have been chosen by scale of existing social care need and demographic data. There is intention to hold future grant rounds so that each district is reached.

The countywide grant has been provided before and funding proposed in this paper will seek to extend funding to continue the provision for an additional time period.

**Who does this impact assessment cover?:** Service users

**Has engagement or consultation been carried out?:** Yes

**Describe the consultation or engagement you have performed or are intending to perform:**

The Local Solutions Grants have been shaped in their design by continual stakeholder engagement, including those working in the local voluntary community sector, local councillors as well as staff working for Adults' Health and Care, Health and from local councils. Each of the grants panels carefully assessed the expressed needs and suggestions of the Hampshire County Council local teams and feedback from the voluntary sector.

The Autism Grant funds a service which has already been provided in the community with ongoing evaluation carried out on effectiveness by Officers reporting to the Autism Partnership Board for steer which including representation from service users and interest groups

**Age:** Positive

**Impact:** The Local Solutions Grant seeks alternative ways to engage older adults who have previously been reluctant to engage with digital upskilling and online activity in order to test out news ways of approaching this.

**Disability:** Positive

**Impact:** The Autism Support Grant seeks to continue the support offered to clients with Autism and their families.

**Sexual orientation:** Neutral

**Race:** Neutral

**Religion or belief:** Neutral

**Gender reassignment:** Neutral

**Gender:** Neutral

**Marriage or civil partnership:** Neutral

**Pregnancy and maternity:** Neutral

**Poverty:** Neutral

**Rurality:** Neutral