

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

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

Document

Location

None

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:

<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.