

EXECUTIVE DECISION DAY NOTICE

Executive Lead Member for Adult Social Care and Public Health
Decision Day & Executive Member for Health and Wellbeing
Decision Day

Date and Time Tuesday 3 December 2024 at 2.00 pm

Place Remote Decision Day - Remote

Enquiries to members.services@hants.gov.uk

Carolyn Williamson FCPFA
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This decision day is being held remotely and will be recorded and broadcast live via the County Council's website.

AGENDA

Executive Lead Member for Adult Social Care and Public Health

Deputations

To receive any deputations notified under Standing Order 12.

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

- 1. DISCHARGE TO ACCESS ARRANGEMENTS: PARTNERSHIP ARRANGEMENTS BETWEEN HAMPSHIRE COUNTY COUNCIL AND LOCAL INTEGRATED CARE BOARD(S)** (Pages 3 - 14)

To consider a report of the Director of Adults' Social Care.

Executive Member for Health and Wellbeing

Deputations

To receive any deputations notified under Standing Order 12.

KEY DECISIONS (NON-EXEMPT/NON-CONFIDENTIAL)

- 2. APPROVAL TO SPEND ON DOMESTIC ABUSE SERVICES** (Pages 15 - 24)

To consider a report of the Director of Public Health.

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 SESSION:

The press and public are welcome to observe the public sessions of the decision day via the webcast.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Executive Lead Member for Adult Social Care and Public Health
Date:	3 December 2024
Title:	Continuation of Discharge to Assess arrangements: Short term Partnership arrangements between Hampshire County Council and Local Integrated Care Board(s)
Report From:	Director of Adults' Health and Care
Contact name:	Michael Burton
Email:	Michael.burton@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to seek approval to continue arrangements with the Local Integrated Care Board(s) under S75 NHS Act 2006 agreed previously by Executive Lead Member on 16 January 2024.

Recommendations

That the Executive Lead Member for Adult Social Care and Public Health gives approval for:

2. The County Council to extend the short-term partnership arrangements under Section 75 NHS Act 2006 with the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and NHS Frimley Integrated Care Board for hospital discharge services as set out in this report.
3. That the Executive Lead Member for Adult Social Care and Public Health continues to give delegated authority to the Director of Adults' Health and Care in consultation with the Executive Lead Member for Adult Social Care and Public Health to agree the terms and conditions of any long-term Section 75 Agreement for hospital discharge services and to approve associated spend.

Executive Summary

4. This report seeks to.
 - a. Reconfirm the background to the project.
 - b. Set out reasons that a continuation is required
 - c. Set out the service arrangements included within this agreement.
 - d. Set out the reasons for the recommendations.

Contextual information

Background

5. The County Council have been working in close partnership with Health partners in Hampshire for several years. The previous Executive Lead Member decision enabled The County Council and Local Integrated Care Boards (ICB) to enter a specific section 75 Agreement for the purposes of supporting a Discharge to Assess (D2A) approach for people who may be eligible for NHS Continuing Healthcare (CHC) funding.
6. D2A is the principle that, for most individuals in hospitals, the assessment for their long-term or onward care takes place outside of the hospital environment. A D2A pathway discharges individuals from a hospital setting to an appropriate and preferred setting for that assessment to take place, offering an individual and their family the best opportunity to be able to engage and be part of said assessment. This includes individuals needing consideration for NHS Continuing Health Care.
7. There is clear evidence gathered over the last 10 months that there are areas of opportunity within this area of work. We continue to believe that, through working in partnerships, we could further influence positive outcomes for Hampshire residents. The ambition remains to create sustainable integrated and collaborative arrangements between the County Council and ICB(s), that ensure reliable and resilient D2A pathways for individuals who need these services.
8. This has implications for operational colleagues' activity, the ways in which we commission care, legal arrangements and the way in which services are delivered.
9. Should such an aspiration appear unworkable for any reason, both the County Council and the respective ICB(s) are committed to working through all options before deciding to withdraw from this aim. Any withdrawal would result in a return to the consideration of CHC eligibility taking place while a person is in an acute hospital, which preserves the public's legal entitlements.
10. The robust programme of collaborative working described in the previous paper has continued. But the programme's efforts have been affected as HIOW ICB were required to undertake a consultation on its workforce and to then implement this. This has taken a significant amount of 2024. The result of this consultation was changes were made in the relevant ICB workforce and a change in leadership and accountability for this work. This has delayed the County Council and the ICB(s) in progressing to an outcome, prompting the need to extend the Section 75 arrangements.

Section 75 Agreement

11. Section 75 of the NHS Act 2006 and accompanying regulations support flexible working between the NHS and local authorities by enabling lead commissioning, pooled budget, and integrated management arrangements to be put in place.

12. As lead commissioner the County Council can contract for both health and social care provision with the arrangements being agreed between the County Council and ICB(s)
13. It is proposed that the continuation of the previous Section 75 Agreement will be in place for up to 1 year and not beyond this. It will be a priority to move on from these arrangements much sooner than this. Whether this generates a new Section 75 arrangement, or the termination of the current Section 75 Agreement will depend on the outcome of the joint work. Any new Section 75 Agreement would be subject to a further Executive Lead Member decision. This extension of the Section 75 Agreement is subject to approval by the ICB Board(s).

Finance

14. The detailed financial arrangements underpinning the continuation of the Section 75 Agreement will be subject to discussions held between ICB(s) and Director of Adults' Health and Care and will take into account the performance and costs encountered in the last year.
15. It is anticipated that the current forecast expenditure position for Hampshire County Council will not be adversely affected by entering into the proposed agreement.
16. Should there require any transfer of funds within this arrangement these will be set up in accordance with the payment and reporting principles applied as standard for Section 75 Agreements including any negotiated agreement in respect of risk and benefit share.
17. As stated previously this arrangement is for a further year only. At the end of this period, it is anticipated that a longer-term agreement will be in place to continue this service development on a financially sustainable basis and will be subject to any further approval by the Executive Lead Member for Adult Social Care and Public Health, as required. Alternatively, the arrangements will have terminated leading to a return to working in hospitals as opposed to a D2A approach.

Risks & Issues

18. If the current programme of work is discontinued, it is likely to have a negative impact on individuals as they are likely to remain in hospital longer than is necessary. This may lead to an increase in individuals with No Criteria To Reside (NCTR). Individuals who are classified as NCTR, are deemed by clinicians to be fit for discharge and ready to leave hospital.
19. There are financial and legal risks to Hampshire County Council if a long term resolution to supporting these individuals out of hospital is not reached with the ICB. A condition on continuing this arrangement on a short term basis is that a resolution is reached as a priority and as urgently as possible.

Consultation and Equalities

20. 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.

21. Hampshire County Council undertook an Equalities Impact Assessment in December 2023 which remains applicable.
22. It is considered that the project will not impact negatively on groups with protected characteristics.
23. The majority of patients going through the CHC D2A pathway will be older persons or people with physical disabilities. Ensuring that the CHC process (assessment and decision support tool meeting) is carried out in a more suitable environment will be beneficial to these individual's wellbeing and improve their experience of the CHC pathway.

Conclusion

24. The efforts to support the initial Section 75 Agreement has demonstrated the positive impact that this collaborative working can have for individuals and on the performance of Adult's Health and Care.
25. It can also enable a joined-up approach in supporting the individual through the related pathways and that the process is carried out in a timely manner.
26. Ensuring that a higher number of assessments are completed in the community can help to improve acute hospital flow and thus reduce the level of NCTR, a key priority for the NHS and the County Council.
27. The D2A pathway model can enable closer integrated working to develop services within the residential and domiciliary care markets.
28. In conclusion, it is considered that extending the Section 75 Agreement, as outlined above, will support us in achieving the objectives outlined above.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title:</u> 2024-01-18 Discharge to Assess arrangements: Partnership arrangements between Hampshire County Council and Local Integrated Care Board(s) 2023-12-04 Residential and Nursing Care New Contract Arrangements Report 2019-06-03 Continuing Healthcare – Discharge to Assess Pathway –2019/20 Section 75 Agreement Decision report	<u>Date</u> 18 January 2024 4 December 2023 3 June 2019
Direct links to specific legislation or Government Directives	
<u>Title</u> Section 75 of the NHS Act 2006	<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

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited 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.

1.2 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:

2.1 It is considered that the project will not impact negatively on groups with protected characteristics.

2.2 The majority of patients going through the CHC D2A pathway will be older persons or people with physical disabilities. Ensuring that the assessment is carried out in a more suitable environment will be beneficial to these individual's wellbeing and improve their experience of the CHC pathway.

EIA

Service Affected: Hospital Discharge services.

Service Description: The Executive Member Report and two programmes that this EIA support relates to lead commissioning arrangements for both Health pathways/Continuing Health Care (CHC) arrangements and Short Term Services (STS)

Currently HCC teams engage with all hospital sites in Hampshire and the surrounding areas to support the safe discharge of Hampshire residents. This involves individuals being discharged to several places, including back to their own home or an alternative temporary placement or to long term placements. Where care is short term, this is provided under a discharge to assess principle in line with government guidance. There are several services supporting individuals, dependent on their need. HCC also have a role in supporting discharge to assess health related discharges.

CHC

Hospital Discharge services are to be provided in conjunction, or in future on behalf of, Hampshire and Isle and Wight Integrated Care Board (HIOWICB) and other health partners, for individuals who require support to leave hospital due to a health need and either require health services to resolve that need or consideration for eligibility under discharge to assess, under the Care Act (2014) and the national framework for Continuing Healthcare (CHC)

This area of work has been undergoing a review which has been agreed to be led by Hampshire health and social care colleagues involved in the Specialist Pathways Programme (SPP) and their supporting governance structures.

The ambition for CHC is to create a sustainable integrated and collaborative arrangement between HCC and HIOWICB, that ensures a reliable and resilient discharge pathway for individuals who need these services. This ambition will have significant implications for operational colleague activity, the ways in which we commission care, legal arrangements and the way in which services are delivered. Therefore, a robust programme of work has commenced to support these changes and the wider and longer-term ambition.

Short Term Services

For STS's, HCC have supported the hospital systems since the start of Covid and HCC provided home and bed-based services, as lead commissioner under the provision of the Hospital Discharge Fund. Now that Fund and associated policy has ceased, we need to move to a robust legal arrangement with Health partners to enable the continuation of those services, led by HCC Commissioning Team Service Change

The primary decision making for both CHC and STS is due to their eligibility, or potential eligibilities. Service delivery outcomes are whether the individual is:
- eligible for services post hospital discharge

- eligible for CHC funding via the NHS
- eligible for Local Authority /Council funding under the Care Act (2014)
- able to be sign posted to non-chargeable services for support within their community

This new service delivery function across the varied options for discharge to assess and care are likely to require a new legal function and agreement.

This EIA supports an Executive Member decision to enable legal arrangements to ensure that those decisions are made under the appropriate shared legal framework.

The continuation of the CHC arrangement will:

- support maintenance of hospital discharge performance during a period of change.
- support the creation, agreement, and implementation of a new integrated and long-term arrangement between Hampshire County Council and the HIOWICB to support specialist discharge pathways out of hospital.
- describe HCC's offer to the HIOWICB in support of Interim ICB and HCC D2A pathway individuals – defined as Category C and their discharge as part of the long-term ambition.
- meet the needs of the National framework for NHS continuing healthcare and NHS-funded nursing care and the requirements of the Care Act, working to National discharge guidance at the time, which is currently to maintain discharge to assess principles.

A continuation of the STS services and new legal arrangements will support rapid hospital discharge for those who are No Criteria to Reside and improve long term outcomes for individuals through a supportive and intense period of reablement post hospital discharge.

Geographic Impact: All Hampshire

Engagement/Consultation: Yes

Engagement Consultation Detail

For STS, yes, consultation has taken place with providers and individuals in receipt of STS's. This continues daily as part of business as usual.

As part of the wider CHC programme planning, engagement will need to take place with individuals and families who have been through the new proposed pathway to understand what has worked well for them, what has been an issue and any feedback in relation to the service itself.

Details of Engagement/Consultation

For STS, yes, consultation has taken place with providers and individuals in receipt of STS's. This continues daily as part of business as usual.

As part of the wider CHC programme planning, engagement will need to take place with individuals and families who have been through the new proposed

pathway to understand what has worked well for them, what has been an issue and any feedback in relation to the service itself.

Additional Information: This is the continuation of a way of collaborative working between the HLOWICB and HCC and we are keen for this to be supported on a formal footing to ensure transparency for all. Further joint/collaborative work will follow under a formalised programme of work between the HLOWICB and HCC. This programme includes weekly meetings and review points to ensure any potential negative impacts are noted early and mitigations are enabled quickly.

Engagement - a leaflet is used jointly between HCC and the ICB that explains clearly to individuals and their families the process and expectations of the pathway.

Providers are confirmed as able to meet the requirements of the different protected characteristics to promote equality and change experience of service. This is embedded in the relevant current contracts and will be embedded in any new contracts and service specifications.

Formalised regular and reported data recording will include information pertaining to the protected characteristics of age and disability.

Overview Statement
Impact Assessment: Age
Public Impact: Positive
Staff Impact: Neutral

Decision Rationale: The majority of individuals who will be supported by this pathway will be older persons or people with physical disabilities. Undertaking assessments outside of the hospital setting will ensure that the individual is in a more suitable environment that is beneficial to their health and wellbeing whilst a long-term decision for their onward care can be made. Ensuring that the assessments are taken in a more timely manner with support from ICB and HCC staff throughout will also improve the individuals experience of the pathway. This new way of working enables better opportunities for individual to ensure that all those they wish to be involved, can be part of their decision-making process. For staff, this will enable a leaner and straightforward pathway.

The demographic of this group is clear through data gathered through the Performance and Information team and our own trackers - individual are generally above 75 years old.

Hampshire has a population of 1.4 million residents, of whom, circa 147K are over 75. The individuals impacted by this new service is small (maximum 100 individuals a month)

Disability
Public Impact: Positive
Staff Impact: Neutral

Decision Rationale: The majority of individuals who will be supported by this pathway will be older persons or people with physical disabilities. Undertaking assessments outside of the hospital setting will ensure that the individual is in a more suitable environment that is beneficial to their health and wellbeing whilst a long-term decision for their onward care can be made. Ensuring that the assessments are taken in a more timely manner with support from ICB and HCC staff throughout will also improve the individuals experience of the pathway. This new way of working enables better opportunities for individual to ensure that all those they wish to be involved, can be part of their decision-making process. For staff, this will enable a leaner and straightforward pathway.

Hampshire has a population of 1.4 million residents, of whom, circa 230K disabled individuals. The individuals impacted by this new service is small (maximum 100 individuals a month)

Gender Reassignment
Public Impact: Neutral
Staff Impact: Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to gender reassignment

This will be a neutral impact to staff.

Pregnancy & Maternity:
Public Impact: Neutral
Staff Impact: Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to pregnancy and maternity.

This will be a neutral impact to staff.

Race
Public Impact: Neutral
Staff Impact : Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to race.

This will be a neutral impact to staff.

Religion or Belief
Public Impact: Neutral
Staff Impact: Neutral

Decision Rationale

here is no identified disproportionate negative impact in relation to religion or belief.

This will be a neutral impact to staff.

Sex

Public Impact: Neutral

Staff Impact :Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to sex.

This will be a neutral impact to staff.

Sexual Orientation

Public Impact: Neutral

Staff Impact: Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to sexual orientation

This will be a neutral impact to staff.

Marriage & Civil Partnership

Public Impact: Neutral

Staff Impact: Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to marriage and civil partnership.

This will be a neutral impact to staff.

Poverty

Public Impact: Neutral

Staff Impact: Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to poverty.

This will be a neutral impact to staff.

Rurality

Public Impact: Neutral

Staff Impact: Neutral

Decision Rationale: There is no identified disproportionate negative impact in relation to rurality.

This will be a neutral impact to staff.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Health and Wellbeing
Date:	3 December 2024
Title:	Approval to spend for Domestic Abuse Services
Report From:	Director of Public Health

Contact name: Helen Cruickshank, Consultant in Public Health
Julia Waters, Public Health Principal

Email: Helen.Cruickshank@hants.gov.uk
Julia.Waters@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to seek approval to spend from the Executive Member for Health and Wellbeing to procure domestic abuse services to be provided after current contracts end on 31 March 2026. The maximum value for the proposed services is up to £38,500,000, from 1 April 2026 to 31 March 2033. Any spend approved will be allocated in accordance with the current procurement regulations. In addition, the report sets out a proposed change in the commissioning arrangements for one element of the domestic abuse services. This is the part of the service that delivers behaviour change interventions to perpetrators of abuse.

Recommendations

2. That the Executive Member for Health and Wellbeing provides approval for permission to spend up to £38,500,000 on domestic abuse services from 1 April 2026 to 31 March 2033. This spend covers support services for victims and survivors as well as behaviour change services for perpetrators of abuse.
3. That the Executive Member for Health and Wellbeing gives approval to spend up to £1,500,000 of the total amount over the same seven-year period on perpetrator behaviour change services. This spend would be via a change in the commissioning arrangements as set out in the report, with the final amount to be delegated to the Director of Public Health.

4. That the Director of Public Health has delegated authority to spend for domestic abuse services within the overall approval value, noting that the amount and service level will be dependent on national domestic abuse funding allocated to Hampshire County Council.

Executive Summary

5. Hampshire County Council currently commissions services for victims and survivors of domestic abuse, and services for people using abusive behaviour (also known as perpetrator services). The services for victims and survivors include support in refuge accommodation across the Hampshire County Council area as well as community support for adults and children. Services for people using abusive behaviours include specialist behaviour change programmes and support for partners and ex-partners.
6. Since the introduction of the Domestic Abuse Act in 2021, Hampshire County Council has had a specific statutory duty around the commissioning of support in safe accommodation for victims and survivors of domestic abuse and their children.
7. This report seeks approval from the Executive Member for Health and Wellbeing to spend up to £38,500,000 to continue to provide domestic abuse services over the seven-year period between 1 April 2026 to 31 March 2033.

Contextual information

8. Domestic abuse has significant and devastating impacts on the health and wellbeing of victims and survivors and their families. It is a widespread crime that includes violence, controlling or coercive behaviour, economic abuse, psychological or emotional abuse. It is estimated that in the last year, more than 52,000 people over the age of 16 and 43,000 children and young people were subjected to domestic abuse in Hampshire.
9. Hampshire County Council commissions specialist domestic abuse services in line with its duties under the Domestic Abuse Act 2021. There are separate services for victims and survivors of domestic abuse, and for perpetrators of abuse.
10. Under the Domestic Abuse Act, the Council must ensure that specialist domestic abuse support is available to victims and survivors of domestic abuse and their children in safe accommodation. Safe accommodation is a term that is used to cover:

- i. refuges - single sex accommodation, generally women-only which is usually shared accommodation in a single premises
- ii. sanctuary schemes - enhanced security measures to enable victims and survivors of abuse to remain safely in their own homes
- iii. dispersed accommodation - self-contained accommodation which is accessible to a more diverse population than refuge.

11. The current contracts for domestic abuse services include the following specialist provision:

- i. Refuge accommodation
- ii. Sanctuary scheme
- iii. Dispersed accommodation support
- iv. Community support
- v. Support for patients accessing Hampshire hospital settings
- vi. Services for people using abusive behaviours (perpetrator services)

12. In 2023/24, the commissioned services for domestic abuse supported:

- i. 298 adults and 381 children and young people in specialist refuge accommodation across 11 refuges in Hampshire.
- ii. 954 victims and survivors in community services, many of whom received more than one service. This included 696 people who received a sanctuary scheme to remain safe in their own homes (positively impacting 1,079 children and young people); 832 victims who received outreach support; 625 victims who received intensive support; 717 victims who received group work support.
- iii. 169 victims and survivors (including 42 pregnant women) to receive domestic abuse support in Basingstoke, Winchester, and Andover hospital settings (positively impacting 177 children and young people).

13. Alongside the commissioned domestic abuse services, Hampshire County Council leads the Hampshire Domestic Abuse Partnership Board to deliver shared strategic priorities through action with key partners. This is also a requirement of the Domestic Abuse Act 2021.

14. Since April 2021, Hampshire County Council has been allocated funding on an annual basis by the Ministry of Housing, Communities and Local Government (MHCLG, formerly the Department for Levelling Up, Housing and

Communities) to deliver its duties under the Domestic Abuse Act 2021. In 2024/25, this allocation is £2,397,120. There is no confirmation of additional funding from MHCLG after April 2025.

15. The current commissioned domestic abuse services for the Hampshire county area are primarily funded by the Public Health Grant and the Office of the Police and Crime Commissioner for Hampshire, and the additional MHCLG funding. Given the uncertainty over the national funding allocation for domestic abuse services, the future services from April 2026 are being planned using a range of funding scenarios. The upper limit for approval in this paper is based on the current core funding with the maximum allocation received from MHCLG in 2024/25.
16. Currently, Hampshire County Council is the lead commissioner for the service for victims and survivors, as well as the service for people using abusive behaviours, working in partnership with the co-funders. It is proposed that the Council will continue to be the lead commissioner for the service for victims and survivors from April 2026, but that the Office of the Police and Crime Commissioner will take the lead for commissioning perpetrator services from that date, with continued co-funding from Hampshire County Council. This will enable economies of scale and consistency for perpetrator services across the Hampshire Constabulary geography, which also includes Southampton, Portsmouth and the Isle of Wight.
17. The future services to commence in April 2026 are being informed by the voices of victims and survivors of abuse, engagement with the provider market, the specific needs of the Hampshire population (assessed through data and intelligence) and the statutory requirements. The services for victims and survivors will include the following elements:
 - a) Specialist domestic abuse support in safe accommodation
 - b) Community support
 - c) Domestic abuse support in health care settings

Finance

18. The present contracts for Hampshire's domestic abuse services are due to expire on 31 March 2026. This report seeks approval from the Executive Member for Health and Wellbeing to spend up to £38,500,000 to continue to provide domestic abuse support services in Hampshire between 1 April 2026 and 31 March 2033.
19. Included in this spend is up to £1,500,000 over seven years for the Office of the Police and Crime Commissioner to commission co-funded perpetrator services on the County Council's behalf. This funding will be spent in line with legal and procurement requirements.

20. The domestic abuse services commissioned by Hampshire County Council will be funded from the Public Health Grant, additional allocated national grant funding and contributions from co-commissioning arrangements with other organisations where appropriate.
21. In previous years, there has been additional funding allocated to Hampshire County Council via non-recurrent grants for domestic abuse services. There has been no confirmation to date as to whether this will be allocated in 2025/26 or beyond. As a result, the upper limit of the approval to spend has been calculated on the basis of the maximum external funding that might be allocated. If it is not allocated, the contract value will be based on the budget available and the service specifications will reflect this.

Legal

22. The procurement will be conducted in accordance with the current procurement regulations.

Performance

23. The MHCLG has mandatory annual reporting on domestic abuse safe accommodation measures.
24. In addition, qualitative and quantitative measures will be collected via quarterly contract management including demographics, access and quality indicators, risk and safety measures, health outcome measures and measures related to resilience to re-victimisation and to negative mental health outcomes. The statutory duty to have victims' and survivors' voices represented at the Hampshire Domestic Abuse Partnership Board will also enable objective collection of service user insights and experiences.

Consultation and Equalities

25. The Domestic Abuse Act (2021) guidance sets out the requirement of local authorities to commission specialist domestic abuse support in safe accommodation. The guidance stipulates that this should be designed specifically for victims and survivors with relevant protected characteristics.
26. Domestic abuse is a gendered crime, with a greater proportion of women being subjected to abuse than men. This fact will inform how the services are configured, and although services need to be tailored and responsive to

women as the population group most impacted, it is also important to recognise that men can be subjected to domestic abuse and need to access services. Therefore, the domestic abuse services will be commissioned in a way that is inclusive, whilst also being responsive to the evidence showing that some groups are more significantly impacted.

27. Engagement is taking place with service users, key partners and agencies during October and November 2024 through focus groups, interviews and surveys. This will inform the shape of future services.
28. The full Equalities Impact Assessment has been undertaken, reference number 713, and is included in Appendix B.
29. Delivery of domestic abuse support services will be available to all victims and survivors of all ages in the Hampshire County area requiring support for domestic abuse, with specialised services provided in safe accommodation, community, and health care settings. Annual equity audits will be undertaken to monitor uptake of people with protected characteristics with actions plans implemented to address any identified access issues.
30. The Impact Assessment identified potential positive impacts on age, disability, gender reassignment, pregnancy and maternity, race, sex, sexual orientation. In addition, positive impacts were identified for people experiencing poverty. Positive impacts will be achieved through ensuring a varied workforce of specialist/intensive support, advocacy, peer supporters and volunteers are aware of the additional needs and barriers faced by individuals and have the ability to tailor support approaches to meet these needs. This includes ensuring the service is non-judgemental, offers choice, and locations are accessible, service user feedback is utilised to continually improve the services delivered, and partnerships and pathways are developed with related organisations in the voluntary and statutory sectors such as health services.

Climate Change Impact Assessment

31. Climate change considerations are included as a core element of the Public Health service specification which is tailored to each service. For domestic abuse services, the key opportunities for action around climate change mitigation are in relation to travel and accommodation. Consideration will be given to: ensuring that locations of domestic abuse services will promote and enable sustainable travel; the balance of virtual appointments and meetings versus face to face; and the standard and environmental sustainability of safe accommodation options secured by providers. These factors will be taken into account alongside the emergency nature of some aspects of domestic abuse services, for example where face to face support must be prioritised.

32. A full assessment of climate change vulnerability has been considered but the initial vulnerability assessment showed that the project is at minimal risk from the climate vulnerabilities.

Conclusions

33. Hampshire County Council has duties around domestic abuse under the Domestic Abuse Act (2021). The current contracts which enable the Council to meet these duties expire in 2026.
34. This report seeks approval to spend up to £38,500,000 from the Executive Member for Health and Wellbeing for domestic abuse services from 1 April 2026 to 31 March 2033.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u> Domestic Abuse Act Part 4 (Safe Accommodation) Domestic Abuse Act 2021 (legislation.gov.uk)	<u>Date</u> 2021

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:

2.1 The Impact Assessment identified potential positive impacts on age, disability, gender reassignment, pregnancy and maternity, race, sex, sexual orientation. In addition, positive impacts were identified for people experiencing poverty. Positive impacts will be achieved through ensuring a varied workforce of specialist/intensive support, advocacy, peer supporters and volunteers are aware of the additional needs and barriers faced by individuals and have the ability to tailor support approaches to meet these needs. This includes ensuring the service is non-judgemental, offers choice, and locations are accessible, service user feedback is utilised to continually improve the services delivered, and partnerships and pathways are developed with related organisations in the voluntary and statutory sectors such as health services.

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