

Decision Report - Executive Decision

Forward Plan Reference: FP/23/07/05



Decision Date – 15th January 2024

Key Decision – Yes

Confidential Appendix - Yes

Decision to award Contracts for Early Help and Prevention Services in Somerset

Executive Member(s): Cllr Dean Ruddle - Lead Member for Adult Services

Local Member(s) and Division: N/A

Lead Officer: Mel Lock - Executive Director, Adult Social Care

Author: Vicky Chipchase, Laura Annandale

Contact Details: vicky.chipchase@somerset.gov.uk laura.annandale@somerset.gov.uk

1. Summary / Background

- 1.1 This report includes a conclusion and recommendations from a procurement process to award contracts to a successful applicant for early help and prevention services in Somerset. This involved a competitive procurement process to secure the continuation of these support services that include the following:

A Connector/navigator service - The connector role will take a whole population approach, working with a range of people who may benefit from support, including people who are lonely, have complex social needs, low level mental health, learning disability and/or autism related needs and long-term conditions. The service will support people by connecting them to community-based activities and through existing arrangements, support the development of accessible and sustainable community offers by working in partnership with Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations, local authorities and others. The service will also work directly with Adult Social Care in terms of identifying community solutions for those with assessed needs.

A Somerset Carers Service – A one stop shop approach to ensure that all unpaid Carers in Somerset can receive the support they require, when they need it, via a single point of contact. There will be a focus on early intervention and prevention and the service will enable Carers to self-help through the

provision of information and guidance that includes access via a digital portal as well as provide direct one to one support for those who need it. The service will provide seamless support to prevent Carers having to tell their story more than once.

- 1.2 The tender evaluation report is as Appendix A.
- 1.3 The ongoing delivery of these services through this procurement exercise will sustain and further embed the Connect Somerset model that will enable continued delivery of targeted community solutions that promote a modern effective way of delivering health and care that strengthens individual and community resilience and wellbeing, as well as preventing or delaying the needs for more costly statutory interventions.
- 1.4 By providing alternative targeted community support solutions, the VCFSE are reducing the need for paid for support. Collectively they are considered a key enabler to improving outcomes for Somerset's residents as well as deliver a sustainable model of care and support that is fit for the future and reduce pressure on Adult Social Care budgets, as well as health budgets.
- 1.5 The outcome of this procurement activity has identified one successful provider to deliver both services. There are significant benefits and advantages through having an integrated service offer that enables the provider to deliver a "one family, one agent" approach. This will reduce confusion in terms of the Agent role but more importantly improve the reach and access to support whilst also maintaining a very bespoke and clear carers offer. This service model has been recognised nationally as best practice in terms of delivering early help and prevention directly into communities.

2. Recommendations

- 2.1 The Executive:
 - a. Approves the outcome of the procurement process to award a contract to the supplier named in Tender Evaluation Report Confidential Appendix B to provide the following:
Lot 1 - Connector/Navigator Service -.
The contract will be for a four-year period with the opportunity for extensions.

Lot 2 - Somerset Carers Support Service.

This contract is jointly commissioned with NHS Somerset. The contract will be for a four-year period with the opportunity for extensions.

b. To grant a delegation to the Executive Director for Adult Services in consultation with the Lead Member for Adult Services to agree annual extensions to the initial 4-year contract up to a maximum of 4 further years.

c. Agrees the case for applying the exempt information provision as set out in the Local Government Act 1972, Schedule 12A and therefore to treat the attached confidential Appendix B in confidence, as it contains commercially sensitive information, and as the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information.

d. Agrees to exclude the press and public from the meeting where there is any discussion at the meeting regarding Appendix 1 (to be treated as exempt information).

3. Reasons for recommendations

3.1 The current contracts/agreements for these services are due to expire on 31st March 2024. We need to ensure a continued supply of high-quality early help and prevention services for Somerset's communities.

3.2 Somerset Council has statutory obligations in developing a local approach to preventative support. As quoted in the Care Act 2014 "A local authority must provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals' needs for care and support, or the needs for support of carers. Local authorities should develop a clear, local approach to prevention which sets out how they plan to fulfil this responsibility, considering the different types and focus of preventative support."

3.3 The service works directly with Adult Social Care in terms of identifying community solutions for those with assessed needs, reducing the need for paid for commissioned care. The service plays a fundamental role in Somerset

Council's financial decision-making process through active and equal engagement at Enhanced Peer Forums and Peer Forums, preventing the need for paid for commissioned care.

- 3.4 The current service has grown quickly over a short period of time, responding to the recent crises in the community – Covid, the Ukraine conflict and the current Cost of Living challenges we all face. The scale of the Agent service, and the organisation, and their resulting flexibility makes us able to do this. Reducing these interventions will mean losing the ability to respond almost overnight in a crisis, as the service has been able to do previously, for example when the service supported Public Health at the start of the Ukraine crisis.
- 3.5 One of the greatest strengths of the service is that there is flow between the different priority areas, which allows us to truly deliver the 'no wrong door' approach for vulnerable people in need and ensure that people do not fall through the cracks. For example, Hospital Home First Agents are able to move clients to the Village Agent local to them, who can then ensure that the client is connected to the community solutions they need; and be a 'helping hand' as they return to health. Specialist agents, such as the Homelessness Agent, or Children & Families Agent are able to connect their clients back into the community through the vast grassroots network of staff and community groups and individuals we have that covers the whole county.
- 3.6 14,287 people are being supported through this service in the last 12 months. In 2019/20 the Agent Service supported a total number of 13,461 new clients. New clients have been defined as people who have not previously received support, in any capacity, from the Agent Service. Of these new clients 54% (7,269) of Agent interventions and subsequent CLS prevented further input by ASC.
- 3.7 It is acknowledged that not all of the 54% who avoided further input from ASC would have gone on to receive a POC. Our data tells us that some of these will come back after 6-12 months or longer and need a POC and that 10% of all contacts go onto having a POC. We can cautiously utilise this data by looking at 2% avoided cost. 2% of the 7,269 who were resolved by the agents has a potential cost saving of £770k – £1,540k, based on six months - one years worth of average POC cost.

Of the total number (15,906) of new and existing clients seen in 2019/20, 23% (3,658) had an existing POC. Of these 3658 people who had an existing POC, 22% (805) had their POC reduced or removed as a direct result of the Agent intervention and CLS.

Of the 22% (805) who's POC was reduced as a result of the Agent intervention and CLS, this was an actual saving of 5074 POC hours, giving ASC an actual cost saving of £103k.

3.8 Social return on investment for current provision of work is at least £2.23 for every pound invested. 2022/23 funding creates value (including additional funding and savings in health and social care) of at least £1,794k. In terms of break even the value created exceeds the total annual investment after five/six months.

On average the cost per carer or vulnerable person has been £133, and this has created an average value per carer or vulnerable person of £306.

The value created can be broken down as follows (UN Sustainable Development Goals, the social value gold standard):

| | |
|--|------------|
| 1. No Poverty | £72,364 |
| 2. Zero Hunger | £24,880 |
| 3. Good Health and Well-Being | £1,156,861 |
| 4. Quality Education | £25,175 |
| 10. Reduced Inequalities | £164,576 |
| 11. Sustainable Cities and Communities | £193,090 |
| 12. Responsible Consumption and Production | £17,580 |
| CCS Defined (including grants and | £139,724 |
| | £1,794,252 |

- The estimate of yearly return on investment is based on activity recorded in the six months April-September (ie. most recent available) or client surveys undertaken in the last six months.
- We have been cautious not to overclaim value created (if anything we are underestimating).
- Value added from various outcomes is based on a database of research included within the Social Value Engine (a tool used by over 100 local authorities and accredited by Social Value UK).
- They have generally used an aggregated attribution figure of 76% (meaning only 24% of the value is claimed as being due to our intervention). This figure comes from other (larger) studies.
- In the case of attribution of complex and/or very high value outcomes we have used a higher attribution figure (90%, meaning only 10% is claimed as being due to us).
- The current provider has made no claims in respect of some outcomes which they can evidence have been achieved but they have (as yet) been unable to cost. These include:
 - 3,900 carers and vulnerable people felt better informed about services they need to help them.
 - 3,800 carers and vulnerable people felt more able to ask for help.
 - 2,300 carers and vulnerable people felt safer and more able to manage independently.
- The current provider has made no claims in respect of community capacity outcomes (new groups/networks created, or people accessing myriad other organisations).
- The discount rate they have used (3.5%) is lower than latest CPI but in line with current projections for April 2024.

3.9 The Agent Service is one part of a wider integrated service of social prescribing, delivered by one community organisation. This links into a network of social prescribing roles that includes Intermediate Care

Community SPOC Service (with the Red Cross), Agents within Public Health, Social Prescribing Link Workers and Health Coaches in primary care.

From April 2023 we have made a commitment with colleagues from across the Integrated Care System, including Integrated Care Board, Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) and Public Health to develop a social prescribing framework for Somerset, which will be linked to the Neighbourhood Approach that is being developed as part of the Improving Lives Strategy.

The framework will set out what we collectively mean by social prescribing, the key learning that has got us to this consensus, key elements of the Somerset Model, outcomes, metrics and aspects that require resourcing over time.

The priority for the first year (2024/25) is to co-develop with ICS colleagues a number of fundamental aspects of Social Prescribing, irrespective of the agency involved. This will support the process of creating efficiencies and making best use of the collective resource.

With the intention from April 2028 Somerset Council and the Integrated Care Board will create further efficiencies by consolidating and developing Social Prescribing, through joint commissioning, as part of a core offer to Somerset people.

The framework is intended to be outcome focused and will cover the following areas:

- The context, rationale and importance of social prescribing
- Learning from local schemes
- The Somerset model, key outcomes, key principles, resources to move towards over time
- The Commissioning Approach
- Fostering the right relationships through the use of partnership agreements

3.10 The VCFSE sector is an important element of the Connect Somerset way of working which have contributed to preventing costly interventions into Adult Social Care. By providing alternative targeted community solutions, Somerset's VCFSE sector are reducing the need for paid for support, thus avoiding expenditure within Adult Social Care budgets.

Improving health and wellbeing cannot be achieved by any one organisation alone. If preventative working is to be successful, then there is a need for greater onus on the statutory sector to fully recognise and support the richness and diversity which the VCFSE presents. Something that is recognised in the Target Operating Model

There is good evidence of the importance of working with partners across the VCFSE sector to address the causes of ill health – with services that can address the conditions that contribute to people becoming ill; issues such as social isolation, mental ill health, financial or housing needs, support to live with a long-term condition or disability.

Without these services many more people would make demands on health and social care services that would require costly care and support for longer.

The VCFSE is also recognised as an equal partner in the new Integrated Care System in Somerset and will support the system with understanding and responding to population health needs at source, reducing a potential rise in demand for health and social care services.

As services provided by the VCFSE sector are reduced or cut then there is likely to be increased costs to the Council as they are faced with having to take on direct service delivery, particularly in areas where the services are helping to meet statutory requirements e.g. in Adult Social Care and Children and Young Peoples Services. This is particularly the case when one of the sector's strengths is the ability to deliver at lower cost.

Pressure on families and residents has become acute. Developing a longer-term partnership with the VCFSE sector contribute to the delivery of the following objectives:

- Helping vulnerable and elderly people.
- Ensure that the Council is financially sustainable.
- Support development of stronger communities including working with them to increase their resilience.
- Explore, define and implement robust health and social care integration.

The core function of the VCFSE sector is to enable and support people to remain independent in their homes and communities, to prevent and reduce the need and dependency on paid for social care support wherever possible and for as long as possible.

4. Other options considered

- 4.1 The contract/agreement for these services will expire on the 31st March 2024. The decision not to tender these services was not put forward as without these services in place, Somerset Council will fail to meet its statutory obligations under the Care Act 2014, impacting hundreds, if not thousands of vulnerable people across Somerset. This could include more admissions to hospital that could have been avoided and /or delayed and an increase in demand to front long term health and social care services which will have a significant impact on finances as well as negative impact on people's outcomes.

5. Links to Council Plan and Medium-Term Financial Plan

- 5.1 These services contribute towards the Council Plan's (2023-27) objectives for a "Healthy and Caring Somerset". We want all our residents to stay as healthy as possible, for as long as possible. Promoting health and wellbeing is a crucial part of this strategy, to help people live full and healthy lives for as long as they are able.
- 5.2 These services also contribute towards the priorities set out within the Adult Social Care Strategy 2023-26.

Prevention and Early Help – People in Somerset should be assisted to get information and advice about their health, care and support and how they can be as well as possible – physically, mentally and emotionally. They should be supported to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and, where possible, reduce future needs for care and support.

Right Support at the Right Time - People in Somerset should have care and support that is coordinated and enables them to live as they want to, being seen as a unique person with skills, strengths and goals. We must work with people and our partners to maintain safe systems of care, ensuring continuity when people move between different services and making safeguarding personal by concentrating on improving people's lives.

In understanding the diverse health and care needs of our local communities, care should be joined-up, flexible and support choice and continuity.

6. Financial and Risk Implications

6.1 Please see below a summary of risks if **we were to discontinue this service**:

| | |
|---------------------|--|
| Statutory | Not meeting the Care Act 2014 statutory duty to have a developed approach to prevention |
| Statutory | Residents at greater safeguarding risk due to lack of visibility through reduced detection methods |
| Financial | 5% increase in commissioned care which equates to a £13m annual increased spend ¹ |
| Financial | Further demand on acute services – average package of care £344.75 (£17,927 per year) ² |
| Financial | Loneliness is shown to cost £6k-9k per person per year ³ |
| Reputational | Contravention of commitment to carers and VCFSE investment |
| Reputational | Contravention of CQC assessment criteria |
| Operational | Loss of knowledge and experience through destabilising a key VCFSE organisation |
| Operational | No Criteria to Reside figure increased by >5 per day through lost D2A capacity ⁴ |
| Operational | Increase in primary care appointments by up to 30% ⁵ |

6.2 There is a risk that Somerset Council will not meet its statutory obligations in developing a local approach to preventative support. As quoted in the Care Act 2014 “A local authority must provide or arrange for services, facilities or resources which would prevent, delay, or reduce individuals’ needs for care and support, or the needs for support of carers.

6.3 Safeguarding Risk - Safeguarding is the action that is taken to promote the welfare of children and vulnerable adults and protect them from harm. Protecting children and vulnerable adults from:

- abuse and maltreatment
- preventing harm to children’s health or development
- ensuring that they grow up with the provision of safe and effective care enabling them to live free from harm, abuse and neglect

Removing this service will have a catastrophic impact on how effectively Somerset Council can safeguard Somerset’s families and resident.

6.4 There are other impacts in relation to this decision.

- Increase to an already pressured Adult Social Care system in terms of increase in the number of people requiring an Adult Social Care Assessment. 140 Carers and 881 Somerset residents already waiting for an Assessment as well as 3,221 outstanding reviews. Therefore, there could be up to a further 14,287 that will require a contact with Adult Social Care, plus further Carers and people within the community who will not receive targeted prevention through this prevention and are likely to reach crisis.
- Increase in the number of people requiring statutory more costly service provision to meet their needs as community solutions will be reduced. This is not limited to Adult Social Care Services but will also impact increase in demand on Children's Social Care services; Mental Health services; housing; revenue and benefits; displaced people and Somerset Council Customer Services.
- Increase in the number of people seeking help from GPs who are already under extreme pressure, a recent report demonstrates a 40% increase through reduced community solutions.
- Hospital flow will be less effective with a rise in the number of people needing more acute services and a reduction in the solutions to be able to have an effective discharge as well as an increase in bed blocking. A significant reduction to Pathway 0 discharges resulting in an increase in demand throughout bedded pathways which will be a significant impact on health and social care budgets. There will be up to 10% or 400 referrals per month into the funded Pathway 1 D2A service which would impact flow and cost of the service would increase by up to £3.5 million per year. Re-admissions will increase, with each re-admission costing around £3k per episode to the NHS.
- The Adult Social Care transformation programme (My Life, My Future) will be significantly impacted through a reduction in the ability to be able to deliver on the savings identified, through reduced community solutions.
- Inability to be able to successfully evidence against CQC assessment criteria due to lack of support for unpaid carers and no clear plan for

targeted prevention services - this risks a negative inspection outcome and damage to the Council's reputation.

- Somerset' VCFSE reduce the need for more costly statutory services. The negative impacts of reduced funding to the VCFSE, particularly at a time of increased vulnerability as they recover from the effects of both Covid19 and the Cost-of-Living Crisis, include: -
 - A reduction in service delivery and innovation
 - Staff redundancies
 - Reduced sustainability with potential closure of organisations
 - Fewer active volunteers
 - Devaluing their economic contribution
 - An ability to visibly follow through the commitment to invest in places.
 - Health and Wellbeing impacts
 - Emergency response undermined
 - Potential breach of the Public Sector Equality Duty
 - Reputational damage to the council
 - Increased costs to the council

6.5 There are risk implications in relation to ensuring sufficient continuity of high-quality early help and prevention services for Somerset's communities beyond 31 March 2024. These have been mitigated through this procurement exercise and ensure that Somerset Council meet's the Care Act obligations to develop a clear, local approach to prevention.

| | | | | | |
|-------------------|----------|---------------|----------|-------------------|----------|
| Likelihood | 2 | Impact | 4 | Risk Score | 8 |
|-------------------|----------|---------------|----------|-------------------|----------|

7. Legal Implications

7.1. Legal advice was obtained with regards to the approach to this re-commissioning exercise.

7.2 For this tender exercise, a competitive, above threshold tendering process was delivered from July 2023 (advertised through Find a Tender Service, previously OJEU), to allow sufficient time for the contracts to be awarded in January 2024

including the necessary standstill period, and for providers to put TUPE arrangements in place, as appropriate.

7.3 Care was taken to ensure all applicable procurement legislation was properly observed (the tender exercise was conducted in line with the Public Contracts Regulations 2015); and that UK regulations concerning the provision of home care services are fully complied with. The new service specification promotes a reablement approach that contributes towards the improvement of an individual's wellbeing. The model therefore meets our statutory duties under the Care Act 2014.

7.4 The new contracts include robust break clauses enabling rapid termination in the event of inadequate delivery.

8. HR Implications

8.1 There are no relevant HR implications for Somerset Council.

9. Equalities Implications

9.1 The new service specification is person centred and focussed on outcomes rather than matching services to particular types of need. Needs that arise from or are closely related to protected characteristics are recognised within the service specification. An awareness of the needs and how to meet them of different cultures; races; religious beliefs; gender reassignment; sexual orientation will be a requirement within contracts. This decision is unlikely to have a significant impact on human rights. An Equalities Impact Assessment can be found as Appendix C.

10. Community Safety Implications

10.1 The contracts will have a positive contribution towards the safety of Somerset's communities. The services will help to connect people to their local communities, reducing the impact on social isolation and exclusion.

11. Climate Change and Sustainability Implications

11.1 The service specification requires delivery of services within local neighbourhoods broadly aligned to the Primary Care Networks. This will reduce the need for travel and enable service providers to plan more effectively in terms of making efficiencies through the deployment of locally

based teams, including locally recruited volunteers. This will have a direct impact on reducing emissions through less travel time through local teams with knowledge and experience of the needs within each area.

12. Health and Safety Implications

- 12.1 The health and safety of Somerset's communities is fundamental to the successful delivery of this contract. The successful bidder has their own Health and Safety plan and as part of the tender process successfully demonstrated how they will ensure positive outcomes in terms of the health and safety of their workforce and the people in receipt of the services.

13. Health and Wellbeing Implications

- 13.1 The decision aims to have a positive impact on the health and well-being of Somerset's communities as the contracts will focus on the delivery of personalised support which will promote the health and well-being of individuals through outcome-based planning and assessment. This will also have a positive impact on preventing ill-health through a service that enables people to be independent at home for as long as possible.

14. Social Value

- 14.1 As part of the procurement process, bidders were asked to submit proposals of how they will deliver against social value as part of these contracts. The successful applicant effectively demonstrated how they will develop and implement plans to deliver the proposals they put forward as part of their submission. These included a variety of outcomes that included, but are not limited to:

- Environmental benefits through reduced travel
- Economic benefits through local recruitment and employment
- Health and wellbeing benefits for local communities
- Reduced isolation through putting people in touch with their local communities.

15. Scrutiny comments / recommendations:

- 15.1 The proposed decision has not been considered by Scrutiny Committee.

16. Background

- 16.1 Somerset Council, in conjunction with NHS Somerset, Public Health and VCFSE partners, and people who use services, have co-designed this community support offer. This joined up approach to prevention and early help will provide a “one stop shop” approach which will enable people to be supported flexibly, receiving the right care, at the right time, in the right place.
- 16.2 Through a partnership approach the focus will be on creating systemic change: changes to culture, commissioning and policy which support a new way of working. Together we will create a contractual environment where a range of specialist providers share responsibility for achieving outcomes and are mutually supportive, making decisions based on the best outcome for people.
- 16.3 The main aims of these services are to:
- Enable people to fulfil their potential by enabling the resolution of underlying issues and cause.
 - Support to enable people to become independent and step down from services.
 - Provide access to the right support at the right time, reducing reliance on crisis and emergency services and enabling people to move towards independence and wellbeing.
 - Support people to achieve their goals (the things that matter most to the individuals) through an honest relationship that changes over time as aspirations grow, develop and are achieved.
- 16.4 These services promote independence through focusing on early intervention and prevention and ensure that care and support is provided in accordance with people’s needs and goals that improves wellbeing, which includes their connectedness with others.
- 16.5 By investing in targeted preventative interventions more people and their families are living the life they want, where they want; people and their families are more resilient and have choice and control over their support; local services & support are creative, high quality, cost effective and sustainable, and there is a significant decrease in the number of people needing more intensive, long term costly services.

- 16.6 Our aim is to improve the lives of Somerset's communities by supporting the whole person to meet their aspirations and to participate in and contribute to all aspects of life. These services promote independence and improve people's lives by working with our communities - harnessing the skills and expertise of a huge range of organisations and volunteers. It's problem-solving close to home by understanding what matters to the people we work with and knowing what's going on in their local area.
- 16.7 These contracts will enable Somerset Council to continue to develop the early help and prevention offer, in line with its statutory duties under the Care Act. These services will ensure that the Council's model for the provision of care and support is sustainable for the long term with the focus being on "think community" thus reducing the need for statutory interventions and placing further financial pressure on Adult Social Care budgets.

17. Background Papers

N/A

18. Appendices

A – Tender Evaluation Report




B – Tender Evaluation Report CONFIDENTIAL (not for publication)

Report Sign-Off

| | Officer Name | Date Completed |
|-------------------------------------|--------------------|----------------|
| Legal & Governance Implications | David Clark | 08.12.23 |
| Communications | Peter Eliot | 08.12.23 |
| Finance & Procurement | Nicola Hix | 08.12.23 |
| Workforce | Alyn Jones | 12.12.23 |
| Asset Management | Oliver Woodhams | 08.12.23 |
| Executive Director / Senior Manager | Mel Lock | 07.12.23 |
| Strategy & Performance | Alyn Jones | 12.12.23 |
| Executive Lead Member | Cllr Dean Ruddle | 18.12.23 |
| Consulted: | Councillor Name | |
| Local Division Members | | |
| Opposition Spokesperson | Cllr Sue Osborne | 12.12.23 |
| Scrutiny Chair | Cllr Gill Slocombe | 12.12.23 |

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment

| | | | | | | |
|---|---|--|---|-------------------------------|---|--|
| Organisation prepared for (mark as appropriate) |  Somerset Council | |  NHS Somerset | |  NHS Somerset NHS Foundation Trust | |
| Version | V1 | | Date Completed | 11 th October 2023 | | |
| Description of what is being impact assessed | | | | | | |
| To award contracts to deliver early help and prevention services that includes a Carers Support Service and Connector/Navigator Service | | | | | | |
| Evidence | | | | | | |
| What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics , Somerset Intelligence Partnership , Somerset's Joint Strategic Needs Analysis (JSNA) , Staff and/ or area profiles ,, should be detailed here | | | | | | |
| Reports issued from the Integrated Care System, Department for Education, Department for Health and Social Care and the Department for Levelling Up, Housing and Communities all outline the role that Local Authorities must play in supporting these Community Commissions. Somerset Intelligence Partnership; Office of National Statistics; Census 2021; Somerset's Joint Strategic Needs Analysis; Equality Act 2010 | | | | | | |

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

Engagement and consultation has taken place with key stakeholders including ICB colleagues to co-produce the new model of early help and prevention that improves access for Somerset's communities.

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

| Protected group | Summary of impact | Negative outcome | Neutral outcome | Positive outcome |
|-----------------|---|------------------|-----------------|------------------|
| Age | The population of Somerset was 571,600, an increase of around 41,600 people since 2011. This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981. The population pyramid shows that for both male and female sexes the largest age groups are among the older age bands. The age bands with the highest population are 50-54 and 55-59. There were 84,700 people in their 50s accounting for nearly 15% of the total population. We traditionally see a thinning of the 'pyramid' in the late teens/early 20s due to people either leaving the county to attend University or to work. We then tend to see a rise in the population aged 40+ however in this census the rebound appears to be faster with the number of people in the 25-29 and 30-34 age bands rising and more similar to those in the 40s. | □ | □ | ☒ |

| | | | | |
|--------------------------|---|----------|----------|----------|
| | <p>In recent the last years, the Somerset Health and Wellbeing strategy key priorities for Somerset has been to strengthen families and communities, and highlight the importance of partnership working, providing the tools for families to help themselves and intervening early when needed</p> <p>The data show us that we have an increasing older population in Somerset and the service will need to continue to meet the needs of people now and into the future.</p> <p>This service is to support people 18 years and over. The specification reflects and responds to the full range of needs of people irrelevant of age. The re-commissioning plan and new service specification will ensure that individual outcomes are meet in a variety of ways.</p> <p>The Contracts and Quality Team alongside Commissioners of the service will ensure that the service is being delivered according to the services specification and quality standards and will take account of customer feedback.</p> | | | |
| <p>Disability</p> | <p>More than 100,000 Somerset residents have their day-to-day activities limited to some extent due to disability or a long-term health condition. This represents 18.7% of Somerset residents, or nearly one in five. These individuals meet the definition of being disabled under the Equality Act. A further 45,000 Somerset residents (7.9% of all residents) have a long-term health condition which does not limit their day-to-day activities.</p> | <p>□</p> | <p>□</p> | <p>☒</p> |

| | | | | |
|----------------------------|---|---|---|---|
| | <p>The number of Somerset residents with a disability in 2021 is 6.8% higher than in 2011, although as a proportion of the total Somerset population is broadly unchanged.</p> <p>When expressed as an age-standardised rate to enable comparison between areas of different population structures, Somerset has a rate of disability slightly below the national figure for England (17.4%, compared to 17.7% nationally).</p> <p>The service currently supports a large number of people with physical disabilities and also people with learning disabilities, hearing and sight loss. This might impact on their ability to engage with the service. The ethos of the new service will be to support people to remain/become as independent as possible. The specification therefore requires the provider to reflect and respond to the full range of needs of people with disabilities, based on supporting people to remain as independent as possible within their own home. This will also require the provider to provide information and advice in a range of formats to suit individual's needs.</p> <p>The Contracts and Quality Team alongside Commissioners of the service will ensure that the service is being delivered according to the services specification and quality standards and will take account of customer feedback.</p> | | | |
| Gender reassignment | <p>The Office for National Statistic tells us following the Census of 2021 that 0.5% of the population indicated that their gender identity was different from their sex at birth. It also identifies that the lowest percentage was the South- West with 0.42%.</p> | □ | □ | ☒ |

More than 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over.

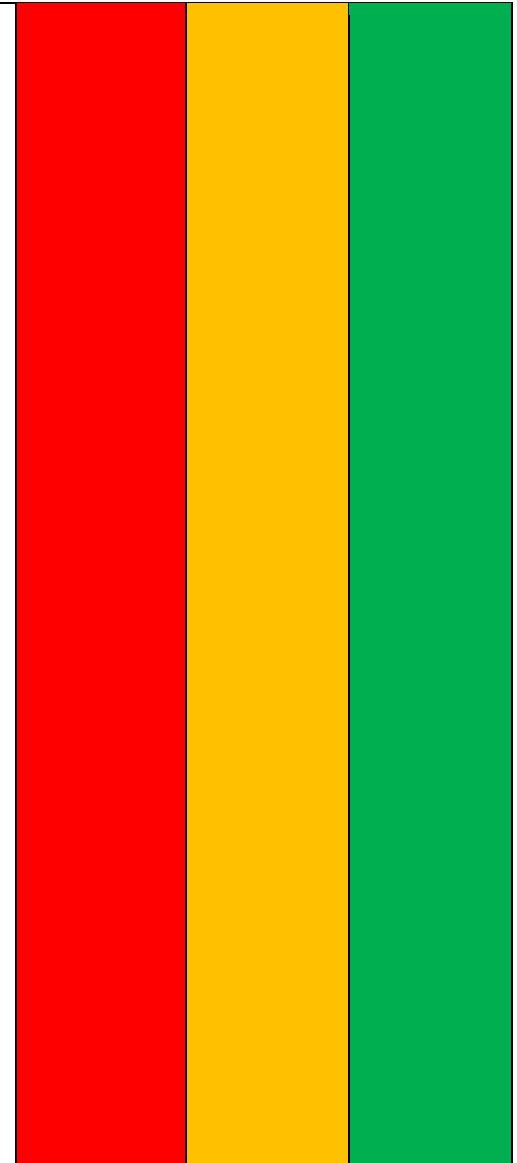
This is the first time that a question on gender identity has been included in the census, giving the first official data on the size of this population.

In this group we recognise, transman, trans woman, individuals that identify as non- binary Trans woman and trans man were the next most commonly identified gender identities, with over 300 Somerset residents identifying in each group. 5.7% of Somerset residents did not respond to the question on gender identity.

Gender reassignment is a personal process rather than a medical one. You don't have to undergo medical treatment or be under medical supervision to be protected under the Equality Act as a transgender person. Individuals experience mean that they may not wish to draw attention to themselves for fear of judgment or discrimination.

Those who have had gender reassignment may be concerned about being treated unfairly. The service specification requires the service provider to conduct its business in accordance with the principles of the support being focussed on enabling people to live independently, to stay healthy and make the most of their lives by managing their lives in the way they choose and to not discriminate.

The Service Provider will continue with their engagement with LGBTQIA+ community led organisations to appreciate individuals access to services, lived experiences and discrimination. This to create



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| | <p>an environment where people can feel safe to express themselves without judgment.</p> | | | |
| <p>Marriage and civil partnership</p> | <p>Marriages and civil partnerships are legal relationships that come with almost identical rights and benefits for the two parties involved.</p> <p>A civil partnership is a legal relationship which is registered between two people, as long as they're not related to each other.</p> <p>Civil partnerships were introduced with the Civil Partnership Act of 2004; in 2005, they became available to same-sex couples who were not yet allowed to marry, giving them similar rights and benefits as those enjoyed by married people.</p> <p>For years, understanding what is a civil partnership for UK residents meant understanding the legal union between a same-sex couple; this changed in 2019 when civil partnerships became available to opposite-sex couples, so now anyone can choose whether to enter a marriage or a civil partnership.</p> <p>The proportion of adults in Somerset who have never married and never registered a civil partnership has increased since 2011. The 2021 census shows that this group accounts for 31% of adults in Somerset. The figure for 2011 was 27.8%. Conversely, the proportion of adults in Somerset who are married has decreased, although this remains the largest group, accounting for 48.6% of adults in Somerset.</p> | <p>□</p> | <p>□</p> | <p>☒</p> |

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| | <p>There are now over 1,000 residents of Somerset who are in a registered civil partnership, an increase of nearly 50% from 2011.</p> <p>The service will not have any negative impacts.</p> | | | |
| <p>Pregnancy and maternity</p> | <p>People in this group will encounter challenges in their workplace and may find themselves isolated.</p> <p>The service will not discriminate against this group and as for other protected characteristic overlaps will inevitably apply with other protected characteristics- so there would be an expectation for the Service Provider to be aware of the challenges faced by this group and create links with other specialist groups which are likely to be best placed to take issues forward and avoid duplication of activities.</p> | <p>□</p> | <p>□</p> | <p>☒</p> |
| <p>Race and ethnicity</p> | <p>94% of population is white British highly visible disparity.</p> <p>8.5% of Somerset residents on census day in 2021 were born outside of the UK. This is an increase on the 5.9% born outside the UK at the 2011 census. It should be noted that there have been some significant events in the interim period – notably the UK leaving the European Union, and the COVID-19 pandemic – and the census figures are not able to tell the story of any fluctuations in the years between censuses. The census 2021 does not reflect data regarding Ukrainian refugees that have come to Somerset since the start of the war.</p> <p>European countries account for over half of all Somerset residents born outside the UK. Poland is the most common non-UK country of birth for Somerset residents, with 1.3% of Somerset residents having</p> | <p>□</p> | <p>□</p> | <p>☒</p> |

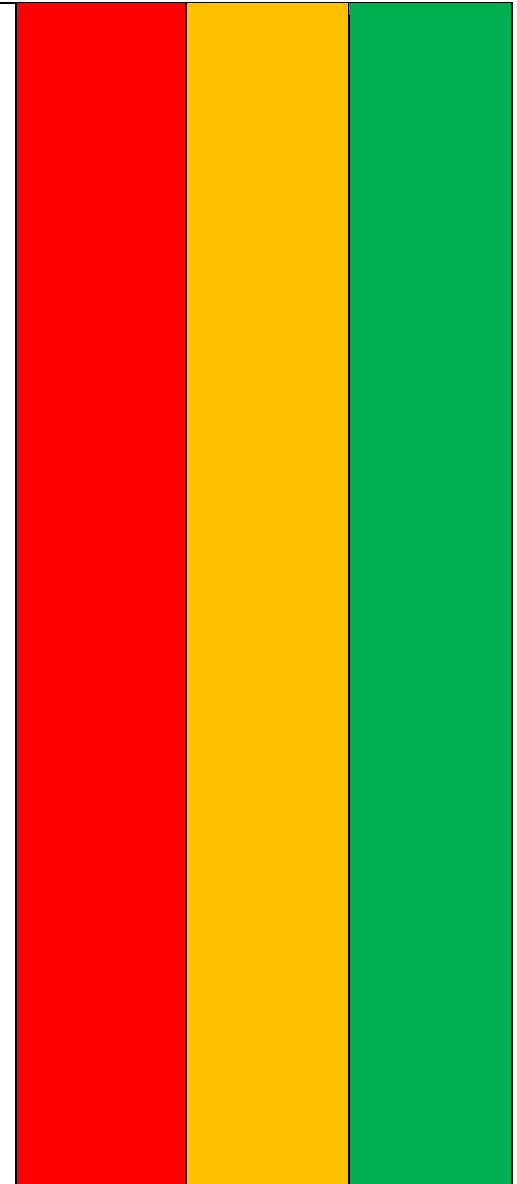
been born there. This is followed by Romania, which accounts for 0.75% of Somerset residents.

The biggest change over the 10 years since 2011 has been the number of Somerset residents who were born in Romania. There are nearly 4,000 more Somerset residents in 2021 who were born in Romania; a large increase from the 377 recorded at the 2011 census. This increase reflects a national rise of over 500% since 2011 in the number of residents born in Romania. The increase in Somerset has been greater than the national average over this period, which may be in part linked to the increased workforce at Hinkley Point C.

96% of Somerset residents speak English as their main language. This is a much higher proportion than the equivalent figure of 91% for England and Wales.

Polish remains the second most common first language spoken by Somerset residents, with nearly 7,000 Polish speakers. This is also true nationally, with Romanian also being the second common both in Somerset and nationally. The most common non-European main languages for Somerset residents are Malayalam (733 residents) and Tagalog/Filipino (602 residents). Tagalog/Filipino is the only one of the top 10 non-English main languages to have seen a small decrease since 2011.

The largest increase since 2011 has been amongst those who speak Romanian as their first language (increasing from 291 to 3,583); corresponding with a similar increase in numbers of Somerset residents born in Romania seen in the country of birth dataset.



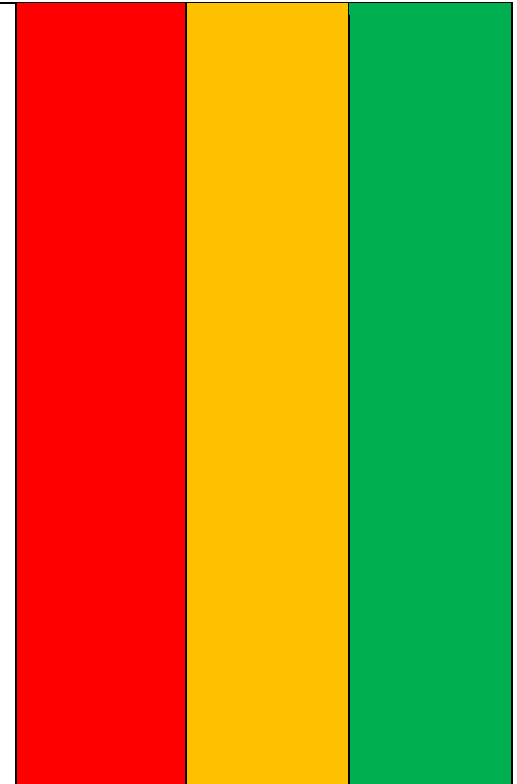
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| | <p>Gypsy and traveller group represent 0.1% of the population.</p> <p>The Service Provider will reach out to communities for whom English is not their first language and in doing so will also ensure that cultural backgrounds are understood to maximise the solutions for support. There may be barriers for people where English is not their first language in terms of accessing information and advice.</p> <p>The provision of early help and prevention is fundamental to ensuring that the duties within the Equality Act are met for the most vulnerable people, as they receive support. This will include providing accessible information and advice as well as direct support for all communities in Somerset. People from different backgrounds and of a different race may need to have information and support provided in a range of formats. Within the service specification it is a requirement for the provider to ensure that the information about the service will need to be made available in a variety of formats to suit individual needs. Also attention will be given to how support is delivered in order to achieve the outcomes agreed by the individual and tailored to suit their individual needs.</p> | | | |
| <p>Religion or belief</p> | <p>There has been a large increase since 2011 in the number of Somerset residents with no religion, and a corresponding decrease in the number of Christians. This reflects a similar national trend.</p> <p>Around half of the Somerset population now identify as Christian, with 4 in 10 not identifying with any religion. There have been increases in the number of Somerset residents identifying with other non-Christian</p> | <p>□</p> | <p>□</p> | <p>☒</p> |

major religions since 2011, although these groups remain a small proportion of the Somerset population.

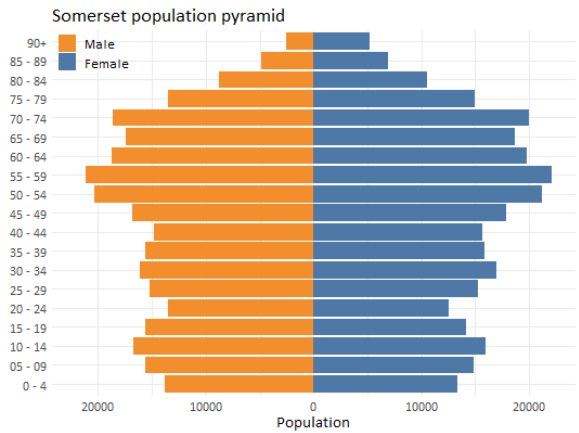
The Somerset population as a whole is less likely to identify with a religion than the population of England and Wales (52% in Somerset as no religion or not stated, vs 56.8% nationally).

The Service Provider will reach out to community leaders of different religious background and create opportunities for engagement.

These services will provide Somerset's communities with a single point of access to early help and prevention and by having a combined workforce the service strives to accommodate individual needs. People with different religions or beliefs may need to receive information in a variety of formats. Within the service specification it is a requirement for the provider to ensure that the information about the service will need to be made available in a variety of formats. Also attention will be given to how care and support is delivered in order to achieve the outcomes agreed by the individual and tailored to suit their individual needs.



Sex



The population pyramid above shows that for both male and female sexes the largest age groups are among the older age bands.

The Service Provider will ensure that its own organisation is balanced and both sex are represented across the organisation as well as ensuring that activities are reaching to both genders.

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Sexual orientation

For the first time in a national census, individuals aged 16 and over were asked a question on their sexual orientation.

In Somerset, 90% of residents identified as being Straight or Heterosexual. The next largest groups were Gay or Lesbian (1.2%), Bisexual (1.1%), and Pansexual (0.2%). A total of nearly 12,000 Somerset residents selected a sexual orientation other than Straight or Heterosexual: representing 2.5% of the population aged 16 and over,

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| | <p>or around 1 in 40 people. 7.5% of the Somerset population did not respond to this question.</p> <p>Nationally, the proportion of people with a sexual orientation other than Straight or Heterosexual was slightly higher, at 3.2% - or around 1 in 31 people.</p> <p>The Service Provider will continue with their engagement with LGBTQIA+ community led organisations to appreciate individuals access to services, lived experiences and discrimination. This to create an environment where people can feel safe to express themselves without judgment.</p> <p>The service specification will require the service provider to conduct its business in accordance with the principles of the support being focussed on enabling people to live independently, to stay healthy and make the most of their lives by managing their lives in the way they choose and to not discriminate.</p> | | | |
| <p>Armed Forces (including serving personnel, families and veterans)</p> | <p>Somerset has long-standing links with the armed forces; particularly the major units based here, such as RNAS Yeovilton and Norton Manor Camp (40 Commando). Local organisations, including councils, already have good relationships with these bases in September 2020 and the charities that support in-service and ex-service ('veterans') personnel, their families and dependants.</p> <p>The Somerset Armed Forces Covenant Partnership (SAFCP) brings together charities, local authorities, other public sector organisations, businesses, communities, individuals and the military in a pledge of support between local residents and the armed forces community in Somerset.</p> | <p>□</p> | <p>□</p> | <p>☒</p> |

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| | <p>The Somerset Covenant builds on existing relationships between these organisations and provides a more consistent and comprehensive approach to a range of priority areas including education, employment, health and welfare. It supports the key principle of ensuring members of this community experience no disadvantage in accessing timely, comprehensive and effective services.</p> <p>The 2021 Census reveals that there are 27,902 armed forces veterans living in Somerset. This is the first time that this information has been asked in the census.</p> <p>The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923.</p> <p>The Service Provider will be aware of the issues faced by serving personnel, veterans and their families such as</p> <ul style="list-style-type: none"> • Deployed coming back with PTSD - • Isolation heightened for families. • Impact of children having to regularly move home. <p>The Service Provider is already embedded within these partnerships to create links to ensure their services are known to this group.</p> | | | |
| <p>Other, e.g. carers, low income, rurality/isolation, etc.</p> | <p>Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. In particular, West Somerset's density of 0.5 per hectare is one of the five lowest of any local authority in England.</p> | □ | □ | ☒ |

The JSNA 2015 acknowledged some good points about the rurality of Somerset and positive impact such as longer life expectancy, healthier life style, strength and friendliness of communities but also raise the challenges such social isolation, access to services, lack of appropriate housing, poor connection (mobile, broadband system) etc..

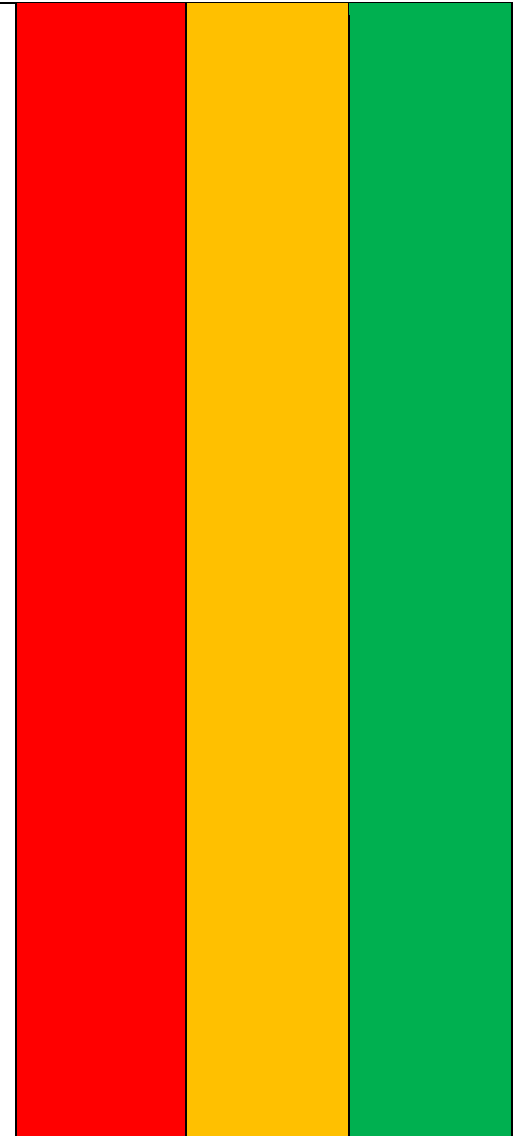
Nationally, those aged 65-79 have the highest levels of life satisfaction, happiness and sense that what one does in life is worthwhile. However, people aged 85 and over have the lowest sense of any age group that what one does in life is worthwhile (see [Subjective Wellbeing](#))

Social isolation and loneliness are key factors contributing to the health and wellbeing of older people in particular.

Around 1 in 10 people aged 65 or older are thought to experience chronic loneliness at any given time.

- With an ageing population, numbers affected are rising to an estimated 12,000 in Somerset,
- 1 in 7 Somerset households contain someone aged 65 or older living alone

- Thousands of older people rely on public transport to get out and about, which can be problematic in rural areas.
- About 1 in 6 social care users aged 75 or older in Somerset said they had insufficient social contact and/or felt socially isolated.



- Loneliness can affect both mental and physical health and wellbeing and increases the risk of disability, cognitive decline and the onset of dementia

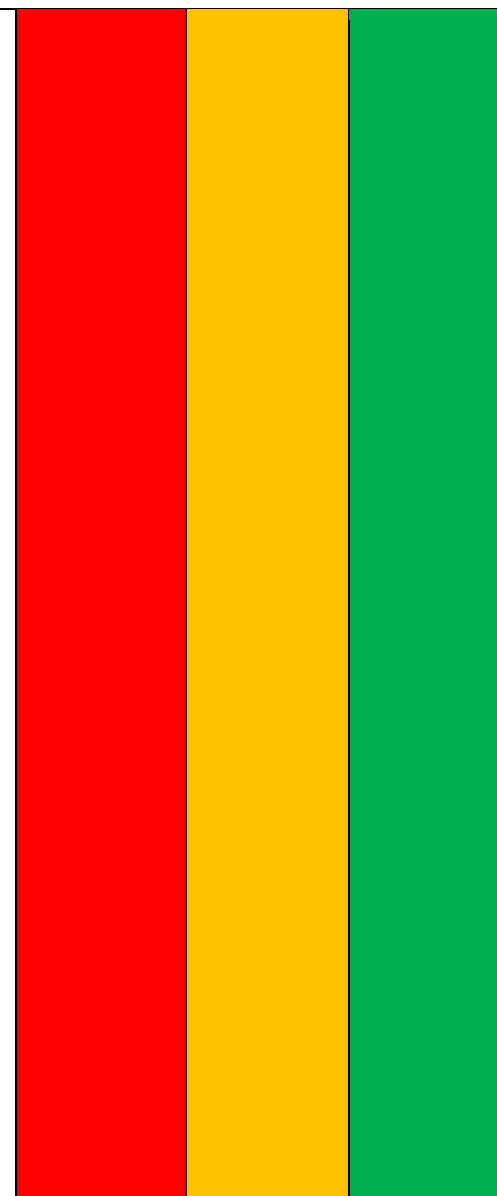
There will be a range of opportunities in Somerset for older people who are most at risk, such as Somerset Active Living groups, various social and activity groups and volunteering services.

The Southwest has the highest rate of formal volunteering of any region in England. Many of these volunteers will be over retirement age and contribute substantially to communities and individual's wellbeing and we need to promote and nourish this.

A recent publication from the Campaign to End Loneliness and Age UK, '[Promising Approaches](#)', is very helpful as a guide to solutions to reduce loneliness and social isolation.

There were around 50,000 Somerset residents who were providing unpaid care to a friend or relative at the time of the 2021 census. Of those, 26,000 – or 30% - provide more than 50 hours of care each week.

- When expressed as an age-standardised rate to account for differences in population structure, the proportion of unpaid carers in Somerset is in-line with the national figure.
- Numbers of unpaid carers – both locally and nationally – have decreased since the 2011 census. Within Somerset, the number of residents providing unpaid care has decreased by over 13% in the 10-year period. This decrease has not been evenly distributed, with the number of residents providing care for fewer



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| | <p>than 20 hours each week dropping by 34%, whilst numbers providing over 20 hours have increased by 25%.</p> <p>However, we know that the time of the Census was during the Pandemic and also that the questions were different so is likely to have an impact on the number of Carers identified through this survey. There are likely to be significantly higher numbers of unpaid carers in Somerset.</p> <p>The services are open to all people over the age of 18 in Somerset. Within the service specification the provider will be required to ensure that people will have the best possible quality of life, including life with other family members supported in a caring role. The approach to the re-commissioning of the services includes having local teams to support across neighbourhoods broadly aligned to the Primary Care Networks, this is to reduce the need for travel and improve reach to rural areas of Somerset.</p> | | | |
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Negative outcomes action plan
Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

| Action taken/to be taken | Date | Person responsible | How will it be monitored? | Action complete |
|---|-------------|---------------------------|----------------------------------|--------------------------|
| Review current service user data with service delivery partners | 01/10/2023 | Vicky Chipchase | Service Delivery Partnership | <input type="checkbox"/> |
| Co-design an outcomes-based performance management framework and incorporate into the new contract. This will | 01/01/2025 | Vicky Chipchase | | <input type="checkbox"/> |

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| help to determine the both the impact on users of the service as well as other services. | | | | |
| | Select date | | | <input type="checkbox"/> |
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If negative impacts remain, please provide an explanation below.

N/A

| | |
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| Completed by: | Vicky Chipchase |
| Date | 12th October 2023 |
| Signed off by: | Tom Rutland |
| Date | 12th December 2023 |
| Equality Lead sign off name: | Tom Rutland |
| Equality Lead sign off date: | 12th December 2023 |

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| To be reviewed by: (officer name) | Vicky Chipchase |
| Review date: | December 2025 |