

Decision Report

Committee: Executive

Meeting or Proposed Decision Date –
02/12/24

Key Decision – yes



Report Title Decision to Award the Advocacy Contract

Chair of Committee:

Executive Member(s): Cllr Sarah Wakefield, Executive Lead member for Adults Services Housing and Homelessness

Local Member(s) and Division(s) affected: All

Executive Director: Mel Lock, Director of Adults Social Care

Executive Summary

Somerset Council needs to establish a contractual arrangement with an independent organisation to deliver a robust and independent advocacy service as per our statutory duty which is freely accessible to anyone that meets the eligibility criteria.

This decision confirms the successful award of a contract to provide these services, following a rigorous open tender exercise which has now concluded.

The Authority intends to enter a Contract for an initial period of 60 months, with an option to extend by mutual agreement for up to a further 36 months. The annual budget for the service is £655,524

This contract will be managed by Adults Commissioning (a named officer will be allocated once the current restructure has completed) That officer will ensure the delivery of a good service, all targets and KPI's are being reached and gather data to assist with improvements to our service offer and to support future procurement exercises for this statutory service.

Recommendations

The Executive agrees to:

- a. Endorse the procurement process and approve the contract award and recommendations detailed in Appendix B (Confidential Tender Evaluation Report) for the provision of Advocacy in Somerset
- b. Approve the commissioning of the successful bidder for an initial period of 5 years with an option to extend by 3 years.
- c. Provide a delegation to the Executive Director for Adults Services and Housing to agree the 3 year extension option in consultation with the Lead Member for Adult Services, Housing and Homelessness. The decision to implement the extension, or otherwise, will be assessed against an agreed set of performance and service measures.

- d. The Executive 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. Agree to exclude the press and public from the meeting where there is any discussion at the meeting regarding the confidential tender evaluation report (Appendix B) (to be treated as exempt information).

Reasons for Proposals

Somerset Council has a statutory duty to provide advocacy under the Care Act 2014. Local Authorities must involve people in decisions about their care and support discussions and provide an independent advocate where the person has substantial difficulty being involved and has no appropriate individual to support them.

Somerset Council's current contract for this statutory service expires on 31st March 2025.

The Somerset Independent Advocacy Service (SIAS) provides independent advocacy to eligible service users, the vast majority of whom will be Somerset residents. This includes:

- Current service users
- Service users who qualify under the Mental Capacity Act (MCA) 2005 or MCA 2005 Deprivation of Liberty Safeguards
- Service users who qualify under the Mental Health Act 2007
- Adults and children who qualify under the Care Act 2014
- Adults and children who want to complain about services provided or funded by the NHS in Somerset
- Adults with an identified need seeking non statutory advocacy: Rule 2.1, Litigation Friends and parental advocacy (for parents with impaired capacity e.g. a learning disability, in the child protection process)

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Main report and supporting information



Background and purpose of report

A full re-commissioning exercise has taken place ensuring the service specification is meeting the needs of the people who are eligible for support, is compliant with current legislation, and fit for the future delivering of the council best value. We have collaborated with people with lived experience and other stakeholders to re-design a new person-centred service specification for the new contract from 1st April 2025. We also invited professionals to give their feedback on the current service model and their experience and knowledge of how these services are supporting the people that need it.

An open procurement process has been undertaken during the summer of 2024 and the final service specification was published on 22nd July 2024 inviting bids from interested providers. We received 6 bids.

Somerset Council have several statutory duties to ensure access to advocacy, which include the following:

- Mental Capacity Act 2005 – The right to an independent mental capacity advocate (IMCA) was introduced through this Act and gives some people who lack capacity a right to receive support.
- Mental Health Act 2007 – Independent mental health advocacy (IMHA) was introduced through this Act to safeguard the rights of people detained under the Mental Health Act 1983 (amended) and those on Community Treatment Orders (CTOs). This is a statutory advocate given specific roles and responsibilities under the Mental Health Act.
- Health and Social Care Act 2012 – The NHS Complaints Advocacy Service aims to provide support to people who want to make a complaint about an NHS service and need some support to do this. Since April 2013 this service is commissioned by Local Authorities.

The new specification fulfils the duties listed under the Equality Act 2010 including the Public Sector Equality Duty. The service understands and represents individuals from all Somerset communities and is freely accessible to all those eligible to receive the service.

This includes the provision of specialist support to people whatever their individual and communication needs. This includes people with physical disabilities, sensory impairments including those who are registered as deafblind, learning disabilities, mental health disabilities and those who either lack or have

fluctuating capacity. This is a freely available service to anyone meeting the set criteria as detailed within the service specification.

Links to Council Plan and Medium-Term Financial Plan

1. The service contributes towards Somerset Councils vision to improve lives “A County that provides you with the right information, advice and guidance to help you help yourself and targets support to those who need it most”.
2. The service aligns itself to the ASC strategy 2023-2026 priorities and commitments regarding Prevention and Early help with the sign posting and advice and supporting commissioning activities to be future focused with the responsibility towards making Health and Social Care existing and future commissioning activities meaningful to people of Somerset.
3. These services contribute towards the outcomes within Somerset Council’s Plan (2023-27) “A fairer ambitious Somerset” – A priority for the Council is to do whatever we can to reduce inequalities so that everyone in Somerset can live the life they choose.
4. 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.

Other options considered

5. Decision not to award the new contract: The contract will expire on the 31st March 2025, without an advocacy service in place Somerset Council will fail to meet its statutory obligations under the Care Act 2014, impacting hundreds, if not thousands of people across Somerset who need someone to be their voice to ensure they are heard.

Key considerations for the Council

Scrutiny comments / recommendations:

6. The report was circulated to Scrutiny on 5th November 2024 and no further comments received.

Consultation and feedback

7. We consulted with professionals using a questionnaire, current provider, other local authorities, ICB and other health agencies, via surveys and virtual meetings.
8. Feedback was positive regarding the current service and gaps that were mentioned have been included into the new service specification.

Financial and Risk Implications

9. The funding for this contract is already allocated within the existing Adult Social care budget, therefore no additional funding is being sought.
10. The Authority intends to enter a Contract for an initial period of 60 months, with an option to extend by mutual agreement for up to a further 36 months. The annual budget for the service is £655,524. Initial cost for 5 years is £3,277,620.00. Overall, the total sum would be £5,244,192.00 for the full 8 years.
11. If the new contract is not awarded, service requirements and provider purchasing prices are unable to be accurately determined. It is also safer and will provide the continuity of service once the new contract has been awarded. This award will bring minimal disruption to the people of Somerset that meet the deprivation of liberty safeguards requirements.

Current Risk Score:

Likelihood	2	Impact	2	Risk Score	4
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Projected risk score if recommended actions are agreed and delivered:

Likelihood		Impact		Risk Score	
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Legal and Procurement Implications

12. For this tender exercise, a competitive tendering process was entered into from December 2023 and placed onto the e-tendering system, Proactis, published 22nd July 2024, to allow sufficient time for the contracts to be awarded on 1st of January 2025 including the necessary standstill period, and for the successful provider to put TUPE arrangements in place, as appropriate.

HR / Workforce Implications

13. There are no HR implications identified.

Equalities Implications

14. The service is centred on the needs of eligible individuals, irrespective of any disabilities they may have. It ensures that it prioritises people who find it hard

to access services. As such, the provision of effective advocacy is fundamental to ensuring that the duties within the Equality Act are met for anyone who meets the criteria, receiving health and social care support.

15. A full Equalities Impact Assessment has been undertaken as Appendix 1

Community Safety Implications

16. The service provides positive opportunities to impact upon the quality of life and wellbeing of vulnerable and marginalised people. Vulnerable people are often targeted by specialist fraudsters and taken advantage of in a variety of ways. The service serves to decrease the exploitation of people by providing advocacy support which promotes the views and wishes of the person rather than professionals, relatives or carers. All advocates are trained in safeguarding and will work closely with formal services to protect targeted people from criminal activity.

17. Advocacy can have a powerful impact in supporting people from social isolation or exclusion, by assisting individuals to take action and help their voice to be heard and needs addressed. Many advocacy service users have multiple needs which can be compounded by debt and housing problems

Climate Change and Sustainability Implications

18. Impacts on the environment will be kept a minimum through the use of alternative methods of communication rather than face to face, unless this is deemed the most appropriate method of contact with the person. Online solutions such as Teams or Zoom can be utilised, telephone or email.

19. Advertising the service can be done electronically via social media and other channels reducing the need to print and copy vast amounts of paper methods

Health and Safety Implications

20. The service provider has policies and procedures in place setting out how it meets health and safety responsibilities. Individuals who are referred to the service are risk assessed as part of the referral process and the service can demonstrate a good understanding of Somerset's safeguarding policies and procedures.

21. The service has a stringent lone working policy and ensures all staff are thoroughly trained in lone working to reduce unsafe practice and to reinforce the lone working policy. All staff are clear about the importance of communicating their whereabouts and safe completion of visits by mobile phones for instance.

Health and Wellbeing Implications

22. The advocacy service provides a positive impact on Somerset's communities through improved health and wellbeing and more people living healthy and independent lives for longer.
23. People using the service's views are measured before and at the end of the advocacy intervention, to establish whether the person considers that their voice has been heard, they have been able to effectively engage with services, they have a better understanding and involvement in decisions about them, they were able to make informed choices, they were able to speak up for themselves where appropriate and they have greater control of their own lives.
24. The service also meets the requirements within the Care Act to promote the wellbeing of individuals and to enable individuals to engage in genuine conversations about how their needs for care and support can best be met.
25. Maintaining access to the current advocacy service whilst commissioners design a new specification will have a positive effect on the most vulnerable members of society and provide appropriate support when it is needed.

Social Value

26. Continuing to provide an advocacy service contributes to improving the health and wellbeing of Somerset residents, whilst supporting them to maintain independence and reduce inequalities.
27. Social Value was a key factor within the procurement process.

Background Papers

28. Non Key Decision Report

Appendices




- Appendix A and Appendix B (App B is confidential)

Report assurance

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	06/11/24
Finance & Procurement	Nicola Hix	19/11/24
Workforce (*)	Dawn Bettridge	08/11/24
Asset Management (*)	N/A	
Executive Director	Mel Lock	18/11/24
Executive Lead Member	Cllr Sarah Wakefield	19/11/24
Consulted:		
Local Division Members	N/A	
Opposition Spokesperson(s)	Cllr Lucy Trimnell	19/11/24
Relevant Scrutiny Chair(s)	Cllr Gill Slocombe	05/11/24

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)			
Version	V1 – Appendix 1	Date Completed	09/10/24
Description of what is being impact assessed			
Award of the new contract for advocacy services in Somerset.			
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			
Data on the general Somerset population and Joint Strategic Needs Assessment: http://www.somersetintelligence.org.uk/jsna/			
The Somerset Independent Advocacy Service (SIAS) is intended to achieve a more cohesive approach to service delivery, including a 'no wrong door' coupled with a single point of access to improve accessibility. This offers benefits people the support of a single advocate where required but it will require a responsive and flexible workforce. A funding model is in place to allow for future increases to footfall and demand for advocacy.			

The SIAS service provides independent advocacy to eligible service users, the vast majority of whom will be Somerset residents. This includes:

- Current service users
- Service users who qualify under the Mental Capacity Act (MCA) 2005 or MCA 2005 Deprivation of Liberty Safeguards
- Service users who qualify under the Mental Health Act 2007
- Adults who qualify under the Care Act 2014
- Adults and children of all NHS services
- Adults with an assessed eligible need seeking non statutory advocacy

The service fulfils the duties listed under the Equality Act 2010 including the Public Sector Equality Duty. The service understands and represents individuals from all Somerset communities and is accessible to all those eligible to receive the service. This includes the provision of specialist support to people whatever their individual and communication needs. This includes people with physical disabilities, sensory impairments including those who are registered as deafblind, learning disabilities, mental health disabilities and those who either lack or have fluctuating capacity.

A referral pathway is set out within the service specification, which explains how people can access all the service elements. The service provider works closely with the relevant statutory agencies to ensure that referrals are made to the service. Key stakeholders are SCC Adult Social Care including Locality, Safeguarding and DoLS teams, Somerset Direct, Somerset Foundation Trust including the Community Mental Health Service, specialist teams and community hospitals and the NHS Acute Hospitals, Patient Advice & Liaison Services (PALS) and private hospitals in Somerset.

The service also networks extensively and works collaboratively with local infrastructure by linking closely with relevant organisations and providers of services. This includes user and carer groups, specialist representative groups, people who are experiencing (or who have experienced) domestic abuse, voluntary organisations, user led organisations and other protected groups covered by the Equality Act 2010.

Currently there is little analysis around the referrals for people who have been identified as having protected characteristics. More work needs to be done around this to ensure the advocacy service is reaching everyone that needs to access the service. Commissioners will be working with the provider over the next 12 months to produce more detailed reports, identify areas and set actions to address improvements to delivery.

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?

A full engagement and consultation plan will be developed and delivered as part of the new service. This will include consultation from current users of the service and people with lived experience.

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.

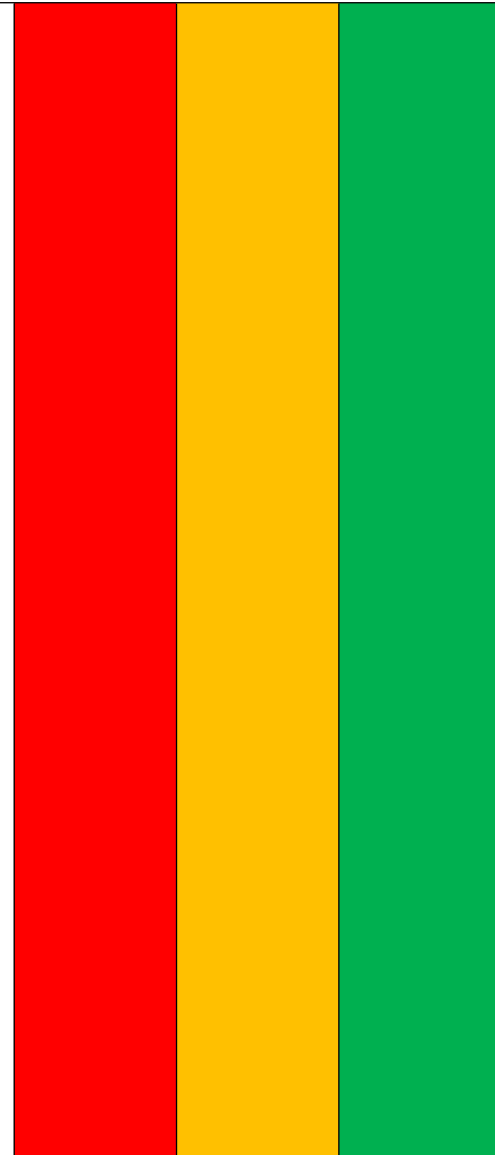
Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> The Census of 2021 places the the population of Somerset at 571,600, an increase of around 41,600 people since 2011. This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years 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. Below is the most recent data from the quarter performance report that shows the current ages of people using the service: 	□	□	☒

Protected Characteristic	IMCA	DoLS	Paid Rep	IMHA	IHCA	Care Act	Generic			
Age										
Under 18				2						
18-25		1	1	6		2	3			
26-50	5	3	6	24	3	2	22			
51-64	12	5	13	9	3	6	9			
65 & over	49	9	97	14	5	16	5			
	<ul style="list-style-type: none"> Performance reports and records show that under the current service specification that the provider is successful in supporting both young and older people in making decisions about their care and support, although services are predominantly provided for those between 26-50. The new service specification will continue to request for provision of Advocacy under current legislation for both older and younger people that meet the criteria. Advocates will need to be trained accordingly based on the clients needs. The service specification will recognise the challenges of working with younger adults and children and therefore the required training in order to do this effectively. 									
Disability	<ul style="list-style-type: none"> 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. 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. 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).

- The Advocacy Services provider will be expected to make information accessible to all and easy to read formats including access to British Sign language interpreters. The provider will ensure that events and venues for engagement are accessible and that the physical environment support and maximise disabled people participation.
- As well as recognising the physical needs of disability, the provider will also recognise the impact that disability can have on people 's ability to express themselves and recognise the need of family, carers and advocacy to reduce barriers to communication and again ensure participation.
- Developing link with village agents and other community groups re access via provider will also be key to getting a good understanding of issues face by disabled people and best ways to raise their voices.
- Below is the most recent data from the quarter performance report that shows the needs of clients accessing the service.

Autism	2
Brain	
Dementia	
Learning Disabilities	4
Mental health	22
Other	1
Physical Disabilities	7
Sensory Impairment	



	<p>Predominantly the needs of clients fall under mental health and Advocates are required to be trained in order to meet the needs of these individuals and also have relevant links to mental health service providers in Somerset in order to provide an integrated approach to support.</p> <ul style="list-style-type: none"> • 			
<p>Gender reassignment</p>	<ul style="list-style-type: none"> • 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% • 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. • In creating relevant links with community organisations or support groups, the Advocacy provider needs to establish sounds understanding of the group experience in Somerset and work to enhance the support that they provider. 	<p>□</p>	<p>□</p>	<p>⊗</p>

- Below is the most recent data from the quarter performance report that shows the gender of people accessing the service:

Protected Characteristic	IMCA	DoLS	Paid Rep	IMHA	IHCA	Care Act	Generic
Gender							
Male	29	13	51	34	4	17	21
Female	33	5	56	41	10	9	17
Male not from birth							
Female not from birth							
Prefer not to say				1			

Marriage and civil partnership

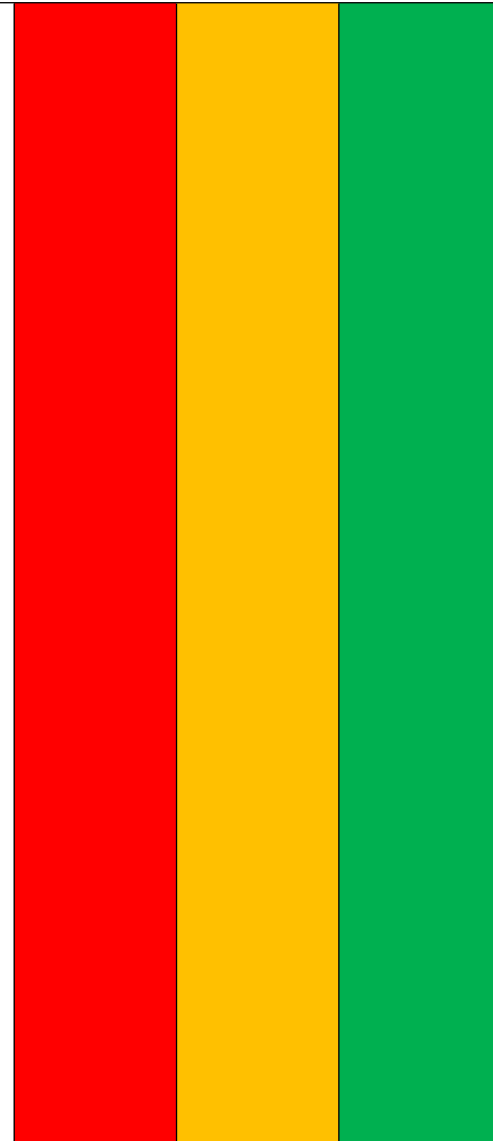
- Marriages and civil partnerships are legal relationships that come with almost identical rights and benefits for the two parties involved.
- A civil partnership is a legal relationship which is registered between two people, as long as they're not related to each other. Civil partnerships were introduced 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.
- 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.
- 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



	<p>are married has decreased, although this remains the largest group, accounting for 48.6% of adults in Somerset.</p> <ul style="list-style-type: none"> • There are now over 1,000 residents of Somerset who are in a registered civil partnership, an increase of nearly 50% from 2011. • It is considered there is no negative impact on this cohort in terms of their ability to access services under this contract. 			
Pregnancy and maternity	<ul style="list-style-type: none"> • People in this group will encounter challenges in their workplace and may find themselves isolated. • It is worth noting the well documented discrepancy in the access to health care for women from a Black Asian and minority ethnic background which leads to higher death rate in newborn babies and mothers. • Somerset Foundation Trust has a separate contract in place via the Maternity Voices service. Although we would not expect the Advocacy Service Provider to discriminate against that group and as for other protected characteristic overlaps will inevitably apply with other protected characteristics- so there would be an expectation for the provider of the new contract to be aware of the challenges faced by this group and create links with Maternity Voices which are likely to be best placed to take issues forward and avoid duplication of activities. 	□	□	☒
Race and ethnicity	<ul style="list-style-type: none"> • 94 percent of population is white British highly visible disparity. • 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. • 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 been born there. This is followed by Romania, which accounts for 0.75% of Somerset residents.

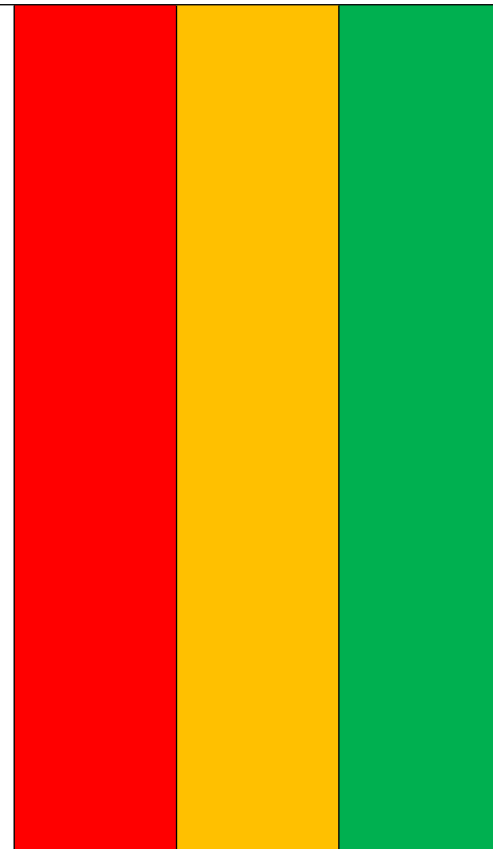
- The biggest change over the 10 years since 2011 has been the number of Somerset residents who were born in Romania. There are nearly 4,000 more Somerset residents in 2021 who were born in Romania; a large increase from the 377 recorded at the 2011 census. This increase reflects a national rise of over 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.
- Below is the most recent data from the quarter performance report that shows a breakdown of race and ethnicity of people accessing the service currently:



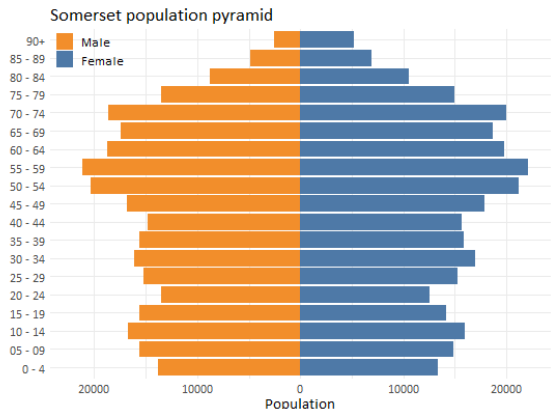
	Protected Characteristic	IMCA	DoLS	Paid Rep	IMHA	IHCA	Care Act	Generic			
	Ethnic Origin										
	White British	54	11	43	18	5	22	24			
	Any other white background	2			1	1					
	Black/African/Caribbean		1								
	Mixed and multiple ethnic groups	1		1	3			1			
	Asian										
	<ul style="list-style-type: none"> It shows that currently the client group is predominantly white British, with lower numbers from different backgrounds. Within the service specification the provider will be required to tailor services for communities for whom English is not their first language and in doing so will also ensure that cultural backgrounds are understood to maximise effectiveness of the service. 										
Religion or belief	<ul style="list-style-type: none"> 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. 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 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). Below is the most recent data from the quarter performance report that shows a breakdown of the religion/beliefs of people accessing the service currently: 								□	□	☒

Protected Characteristic	IMCA	DoLS	Paid Rep	IMHA	IHCA	Care Act	Generic
Religion							
Bahi							
Buddhism							
Christianity						1	3
Hinduism							
Humanism							
Islam							
Judaism							
Paganism							
Sikhism							
Other						1	
Prefer not to say						3	
None							
Not completed	67	18	117	87	14	12	36

- From the current data it is evident that people accessing the service have not completed this section.
- The new Advocacy provider will ensure that the service does not discriminate dependant on the client's beliefs.



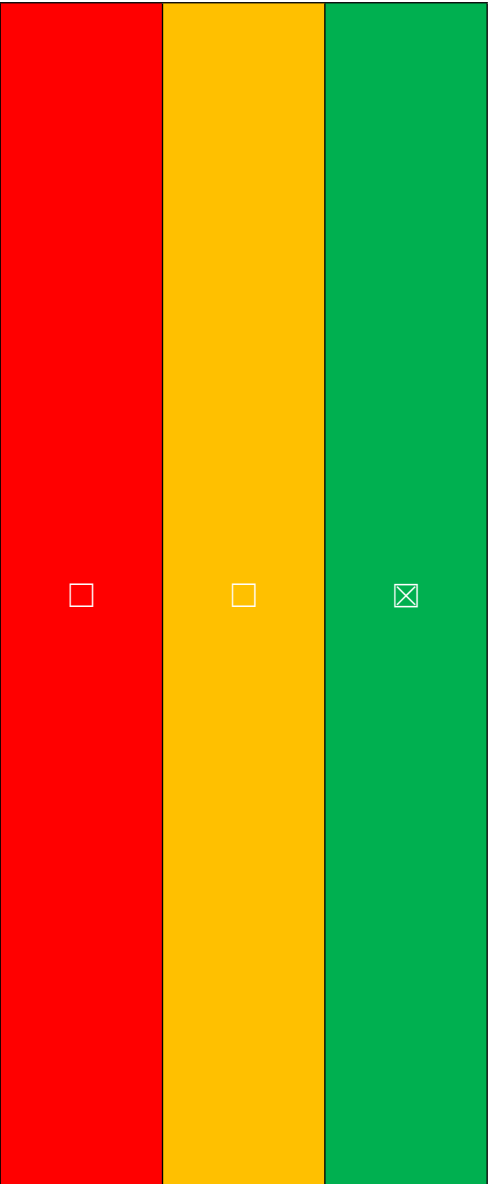
Sex



-
- The population pyramid above shows that for both male and female sexes the largest age groups are among the older age bands.
-
- Below is the most recent data from the quarter performance report that shows a breakdown of the gender of people accessing the service currently:

Protected Characteristic	IMCA	DoLS	Paid Rep	IMHA	IHCA	Care Act	Generic
Gender							
Male	29	13	51	34	4	17	21
Female	33	5	56	41	10	9	17
Male not from birth							
Female not from birth							
Prefer not to say				1			
Not completed	5		10	11			1

- The data shows a balance in terms of males and females accessing support.



	<ul style="list-style-type: none"> The Somerset Advocacy Service will continue to 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. 																																																																											
Sexual orientation	<ul style="list-style-type: none"> 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, or around 1 in 40 people. 7.5% of the Somerset population did not respond to this question. 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. Below is the most recent data from the quarter performance report that shows a breakdown of the sexuality of people accessing the service currently: <table border="1" data-bbox="562 906 1715 1321"> <thead> <tr> <th>Protected Characteristic</th> <th>IMCA</th> <th>DoLS</th> <th>Paid Rep</th> <th>IMHA</th> <th>IHCA</th> <th>Care Act</th> <th>Generic</th> </tr> </thead> <tbody> <tr> <td>Sexuality</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bisexual</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gay</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Heterosexual</td> <td>22</td> <td>1</td> <td></td> <td>1</td> <td></td> <td>2</td> <td>7</td> </tr> <tr> <td>Lesbian</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Prefer not to say</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td>6</td> </tr> <tr> <td>Not completed</td> <td>45</td> <td>17</td> <td></td> <td>85</td> <td>14</td> <td>21</td> <td>26</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The data shows that many people do not complete this section. 	Protected Characteristic	IMCA	DoLS	Paid Rep	IMHA	IHCA	Care Act	Generic	Sexuality								Bisexual								Gay								Heterosexual	22	1		1		2	7	Lesbian								Other				1				Prefer not to say						3	6	Not completed	45	17		85	14	21	26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<ul style="list-style-type: none"> • The Advocacy Provider will continue to provide services that do not discriminate but deliver against the needs of the client and their desired outcomes. 			
<p>Armed Forces (including serving personnel, families and veterans)</p>	<ul style="list-style-type: none"> • 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. • The <u>Somerset Armed Forces Covenant Partnership (SAFCP)</u> 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. • • 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. • 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. • The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923. • The Advocacy Service Provider will be aware of the issues faced by serving personnel, veterans and their families such as <ul style="list-style-type: none"> ○ Deployed coming back with PTSD - ○ Isolation heightened for families. 	<p>□</p>	<p>□</p>	<p>☒</p>

	<ul style="list-style-type: none"> ○ Impact of children having to regularly move home 			
<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> <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..</p> <p>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)</p> <p>Social isolation and loneliness are key factors contributing to the health and wellbeing of older people in particular.</p> <p>Around 1 in 10 people aged 65 or older are thought to experience chronic loneliness at any given time.</p> <ul style="list-style-type: none"> ● With an ageing population, numbers affected are rising to an estimated 12,000 in Somerset <ul style="list-style-type: none"> ○ 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 are 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 than 20 hours each

	<p>week dropping by 34%, whilst numbers providing over 20 hours have increased by 25%.</p> <ul style="list-style-type: none"> The Advocacy Provider will ensure that they have appropriately trained staff that provide equity of access across Somerset. 			
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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
Service Specification to ensure that information and support is provided in a range of format to suit needs, irrelevant of age, ethnicity or race	22/07/2024	Vicky Chipchase	Contract Reviews	<input checked="" type="checkbox"/>
Service Specification to ensure all necessary information on the service is available in different languages and will support people with learning disabilities or with speech, language and other communication needs.	22/07/2024	Vicky Chipchase	Contract Reviews	<input checked="" type="checkbox"/>
The service specification and reporting requirements will include specific information to ensure that the provider does not discriminate against anyone and any minorities groups.	22/07/2024	Vicky Chipchase	Contract Reviews	<input checked="" type="checkbox"/>

If negative impacts remain, please provide an explanation below.

N/A

Completed by:	Vicky Chipchase
Date	25/04/24
Signed off by:	Tom Rutland
Date	16/05/24
Equality Lead sign off name:	Tom Rutland
Equality Lead sign off date:	16/05/24
To be reviewed by: (officer name)	Bernie Howard
Review date:	16/05/25