

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 1 NOVEMBER 2023

REVIEW OF HOMELESS SUPPORT SERVICES REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of this report is to inform the Committee of the outcome of the consultation on the proposed delivery model for homeless support and to present the recommendation that Cabinet will be asked to approve.

Policy Framework and Previous Decisions

- 2. The Medium Term Financial Strategy 2023/24 2026/27 (agreed by the Council on 22 February 2023) includes a target of saving £300,000 by 1 April 2024 through a review of homeless support services.
- 3. In June 2023, a paper with a recommended draft service model, and request for permission to consult on the proposed model was presented to the Cabinet. This was approved and formal consultation commenced on 28 June 2023.
- 4. The proposal is aligned with the Public Health Strategy "Delivering good health and prevention services 2022-2027", the Leicestershire Joint Health and Wellbeing Strategy 2022-2032 "Staying Healthy, Safe and Well", and the County Council's Strategic Plan 2022-26, in particular the outcome keeping people safe and well: ensuring that people are safe and protected from harm, live in a healthy environment and have the opportunities and support they need to live active, independent and fulfilling lives.

Background

- 5. The Homelessness Reduction Act 2017 amended the Housing Act 1996 to place duties on housing authorities to prevent homelessness (referred to as the prevention duty) and to provide homelessness services (referred to as the relief duty) to all those affected.
- 6. Locally, these responsibilities sit with district councils as the Housing Authority. Funding through the Homelessness Prevention Grant has been provided by The Department for Levelling Up, Housing and Communities (DLUHC) to support district councils to deliver against these responsibilities. The total allocation for 2023/24 is £1,176,448 and for 2024/25 is £1,210,843. In addition, DLUHC has provided housing authorities with long-

- term funding to support those sleeping rough or at risk of rough sleeping (Rough Sleeping Initiative 2022-25). The total allocation for 2022-25 is £1,773,687.
- 7. It is not a statutory responsibility for the County Council to provide specific services for individuals who are homeless, and the Council is not a recipient of grant funding that is focused on preventing or relieving homelessness.
- 8. The County Council has a statutory responsibility to take appropriate steps to improve the health of people living in Leicestershire, including the provision of health improvement information and advice and support services aimed at preventing illness.
- 9. People experiencing homelessness have far worse health and social care outcomes than the general population. The average age of death for people sleeping rough is 46 for men and 42 for women, compared with 78 and 82 respectively for the general population. People experiencing, or at risk of, homelessness are therefore one of several populations of concern for the County Council in terms of their health and wellbeing.
- The County Council's Medium-Term Financial Strategy 2023/24 2026/27 includes a target of saving £300,000 by 1st April 2024 through a review of homeless support services.
- 11. The Council currently commissions, on a discretionary basis, a homeless support service which aims to improve the health of this population by providing support to adults who are homeless or at risk of becoming homeless. This is provided for the Council by Falcon Support Services (Falcon) and Nottingham Community Housing Association (NCHA). The contract value is £300,000 per annum and ends on 31st March 2024.
- 12. This provides an opportunity to review the need, existing service provision, and responsibilities of the County Council, and propose a recommended future service delivery model.

Review of Existing Provision

- 13. The support commissioned from FSS and NCHA is aimed at adults who are homeless or at of risk becoming so. The key elements of provision include:
 - A referral hub to process and assess all referrals received to determine the most appropriate course of action.
 - In-reach support provided within hostel accommodation across Leicestershire.
 - Outreach support provides services such as telephone support, group work, benefits advice surgeries, signposting, and one-to-one support.
- 14. The aim of the service is to improve the health and wellbeing of those that are homeless or at risk of homelessness. This is achieved by supporting access to health and wellbeing services and by building the resilience of this cohort, by supporting independent living. It should be noted that the funding does not pay for the running of homeless hostel buildings. The funding is for the support provision outlined in paragraph 13.

15. Public Health assessed the associated challenges identified around the current provision which were analysed and summarised in the table below:

Provision	Description of provision	Challenges
Referral hub	Service users and professionals refer into the	The service holds a waiting list leading to delays in service users
	service via telephone or email.	accessing support.
	An assessment is carried out and the service user is	There is an eligibility criterion; only
	assigned a case worker.	those that have a non-priority need can access the in-reach hostel
		based support.
Hostel based (in-reach) support	Support provided within hostel accommodation across Leicestershire.	Limited to 30 service users at any one time.
Соррон		Support offer is concentrated within the Falcon Centre in Loughborough.
		Support offer is concentrated towards non-priority need individuals.
		Service is underutilised due to slow move-on of service users into alternative accommodation.
		Support offer is more focused on welfare rights and tenancy rather than health and wellbeing.
Outreach	Case worker works with a	Predominantly focused on
support	service user on a short-term	signposting and providing
	basis on any areas where they require support.	information and advice.
		Specialised support on areas such as substance misuse is not provided.

Review of need

16. A period of engagement on current service provision across Leicestershire for homeless individuals took place in spring 2022 in preparation for a potential redesign of services. This involved service users, service providers and stakeholders, which included district representatives, homeless support providers, domestic abuse services and substance misuse services. It is important to note that the scope of this engagement exercise included all services available for homeless individuals in Leicestershire, not just the service described within this report. This was on the basis that the County Council intended to work with district housing leads via the Chief Housing Officers Group to potentially pool resources and co-design services across Leicestershire, but despite showing initial interest, districts were not in a position to pursue this option further at the time.

- 17. There were a number of areas of work that were identified as working well. These include:
 - accessibility of services e.g., drop-in sessions, face to face support, open door day centres, access to hostels;
 - types of support available e.g., support to complete application forms, support to maintain living situation, move-on support, bespoke support for street homeless;
 - links with the substance misuse service.
- 18. Areas of work that were identified as a gap or requiring improvement included:
 - lack of suitable and affordable housing;
 - access to health care, particularly mental health services;
 - access to dental care;
 - access to social care;
 - need for multi-agency working including better data sharing;
 - need for Leicestershire wide support;
 - need for a flexible offer;
 - need for greater emphasis on life skills and resilience building.
- 19. Data from DLUHC on support needs of households in Leicestershire that are owed a prevention or relief duty showed that in 2022/23, 24% of households identified mental health as a support need, 15% identified physical ill health as a support need, 4% identified alcohol use as a support need, and 3% identified drug use as a support need. This highlights a gap in accessibility of healthcare services for this cohort.
- 20. A report published by the Local Government Association in 2022 'Making the case for investing in homelessness prevention' recognises the importance of upstream cross-service prevention work in local homelessness systems. In addition, the Kerslake Commission on Homelessness and Rough Sleeping calls for action to address rapidly rising rates of homelessness with one of the key principles focusing on preventing people from becoming homeless.

Consultation

- 21. A public consultation was approved by Cabinet on 23 June 2023. The consultation launched on 28 June 2023 and ran for 10 weeks (closed on 3 September 2023) to seek views on the proposed model which is for the County Council to cease funding a dedicated homeless support service, and instead to provide support via the Council's existing public health services where eligibility is wider.
- 22. The consultation was aimed at the general public, users of the service, service providers, and a range of additional stakeholders including NHS service providers, district councils, voluntary sector providers, and Leicestershire Police. The consultation was promoted through several routes, including social media, council website, current providers, emails to key stakeholders, and through newsletters.
- 23. The consultation comprised of an electronic questionnaire and supporting information that was accessible on the County Council's website with hard copies (with a freepost return) and easy read options available on request. A telephone line and email address were provided to enable all residents and stakeholders to ask questions about the

consultation if they needed to. The consultation documentation can be viewed here: https://www.leicestershire.gov.uk/have-your-say/you-said-we-did/engagement-2023

- 24. The views of professional and partner stakeholders, as well as current and previous service users and support workers, was captured through:
 - Discussions at face to face and online information sessions to talk though the proposal, listen to views and provide information on how individuals could have their say. A total of 5 sessions (3 online sessions and 2 face to face sessions) were held during the consultation period.
 - Responses to the questionnaire (paper copy and online copy)
 - Responses received via the consultation email address
- 25. The information sessions were spread out over July and August, on different days, at different times of the day, and for different audiences, to provide a suite of options for people to attend at their convenience. The sessions aimed at professionals were held via Microsoft Teams and those aimed at service users were held both online and face to face.
- 26. Following queries/comments received during the first half of the consultation period, a set of FAQs were produced and available on the consultation webpage and as a hard copy on request.
- 27. Hard copies of the questionnaire were provided to the incumbent providers. This included 50 hard copies provided to Falcon Support Services. Hard copies of the questionnaire were also made available to Local Area Coordinators and Community Recovery Workers to disseminate to their service users.
- 28. After it was flagged that there were issues with submitting multiple responses from one computer, a separate inputter link was provided which successfully resolved the issue. 2 responses were received via this route. A request to increase the word limit for the questionnaire response was also made. This was actioned by removing the character limit.
- 29. At the face-to-face sessions which took place at Loughborough library, hard copies of the consultation information were made available to attendees. The information packs included: questionnaire with free post return, supporting information, easy read version of supporting information, and a set of Frequently Asked Questions. County council staff were also available to support completion of the questionnaire on-site. One individual accepted this offer. Space was also made available at Loughborough library for participants to complete a questionnaire.
- 30. The questionnaire asked for people's views on:
 - impact/s of the proposal;
 - access to other sources of homeless support;
 - · awareness of existing county council services;
 - alternative suggestions to provide support.

- 31. A total of 251 individuals/organisations completed the questionnaire and 131 individuals attended the information sessions. Out of these, 20 existing or previous service users attended the face to face sessions. Alongside this, the consultation included feedback via 2 letters from service users, and feedback from this Scrutiny Committee (see paragraph 39), Chief Housing Officers Group (attended meeting on 9 August 2023 and formal response received via email), and Charnwood Borough Council (formal response received via email). The proposal was also presented to the Leicestershire Equalities Challenge Group on 8 September 2023 to provide information on the consultation and seek advice on any potential equalities issues.
- 32. Most of the questionnaire responses were from someone who has been or is being supported by the homeless support service (25%), followed by an employee, volunteer or provider of support services (24%). In addition, the majority of respondents were male (56%), aged 55-64 (27%), white (87%), and live (68%) or work (35%) in Charnwood.
- 33. 74% of questionnaire respondents disagreed with the proposal. Out of those who disagreed with the proposal, the greatest proportion of responses came from an employee, volunteer or provider of homeless support service (29%), followed by someone who has been or is currently being supported by the homeless support service (22%).
- 34. Though concerns were expressed about the impact of a change to the service model (described in further detail in paragraph 35), one of the main concerns was expressed in relation to potential closure of the Falcon Centre (a homeless hostel provided by Falcon Support Services) in Loughborough. It should be noted that the funding does not pay for the running of homeless hostel buildings but in June 2023 (before a draft proposal on homeless support services had been presented to the Cabinet), Falcon Support Services distributed a survey amongst local stakeholders. The content of the survey gave the impression that the County Council funds the Falcon Centre and therefore sought views on the impact of closure of the centre e.g., impact on anti-social behaviour, increased rough sleeping etc. The survey also described a raft of services provided by Falcon Support Services that would potentially stop if the council's proposal is approved e.g. food parcels, emotional health and wellbeing support, dental checks and eye checks. These services are not funded by the County Council. As such Falcon Support Services' survey may have had an impact on responses to the County Council's consultation.
- 35. Key themes arising from the consultation are described below along with commentary that responds to the points made. A report summarising feedback from the consultation can be viewed in appendix A.

Theme	Commentary
Recognition of the need to focus more effort on preventing homelessness	The proposed model aims to achieve this through using First Contact Plus as the single point of contact and through strengthening links with existing public health services.

Recognition of the need to provide wider access to support i.e., wider geographical coverage, wider range of support that goes beyond housing	The proposed model aims to provide coverage across Leicestershire with a greater focus on improving health and wellbeing.
Recognition of the benefit of having a simplified single point of contact, streamlining the approach of obtaining support and avoiding potential duplication of service provision	The proposed model aims to achieve this through using First Contact Plus as the single point of contact.
Recognition that current provision is good and therefore there is a desire to keep services as they are	Challenges with the current model are described in paragraph 15.
Current offer is highly valued (with particular reference to Falcon Centre) with many respondents referencing their own personal experiences and the ways Falcon Centre has helped them, their loved ones, or the people that they supported.	
Potential negative impact on the Falcon Centre e.g., closure of centre, loss of housing benefit	The funding does not (and should not) pay for the running of Falcon Centre. National guidance indicates that for a claim
	to be treated as an 'exempt accommodation,' the care, support and supervision provided must be 'more than minimum'. A specific quantity is not stipulated. Falcon Support Services provide additional care, support and supervision that is provided in collaboration with other partners e.g., police, NHS, probation services, Turning Point which should qualify for exempt accommodation.
	Alternatively, eligibility for housing benefit can be determined on a case-by-case basis for each resident.
	Providers of accommodation can apply to become a registered social housing provider. One of many benefits of this approach is achieving 'exempt' status for Housing Benefit purposes which in turn provides Providers with greater financial stability.
	If the service was recommissioned with the same/similar model as it is currently, the tender would be an open tender process inviting bids from any interested bidder. As

Lack of awareness of services such as First Contact Plus and Local Area Coordinators, and existing homeless support services	such there are no guarantees that Falcon Support Services would be the successful provider in the future. It is the responsibility of the Provider to ensure they have robust contingency plans in place as part of their business model. This will be addressed during the implementation period subject to the proposed model being approved by the Cabinet. The approach is described in paragraph 49.
 Less than half of survey respondents (48%) were aware of First Contact Plus or Local Area Coordinators 	
Impact on accessibility/barriers of the proposed service e.g., loss of face-to-face support, digital front door, loss of 1-2-1 support, loss of drop-in service, loss of 24/7	Referrals into the proposed service can be made by individuals directly or on their behalf (e.g., by professionals or family members).
support	Referrals can be made 24/7. Current outreach support offer isn't 24/7 and this will remain unchanged.
	If the initial assessment indicates that face to face and/or 1-2-1 support is required, this will be provided through existing services e.g., Local Area Coordinators, substance misuse service etc.
	Local Area Coordinators provide drop-in sessions based on need. The sessions focus on health and wellbeing needs.
	Further information on impact is detailed within the Equality Impact Assessment (Appendix B).
Concerns regarding capabilities and capacity of the workforce delivering the future service	The proposal includes two well established teams that have extensive experience in working with individuals and communities to improve health and wellbeing.
Lack of multi-agency / partnership approach in relation to homelessness	A robust communications plan will be developed and implemented to strengthen the join up between the proposed model and existing services.
Lack of evidence base for the proposed offer	The evidence base is described in paragraphs 20 and 45.

Loss of targeted / specialised support e.g., housing/tenancy support	Targeted/specialised support in relation to housing needs is the responsibility of housing authorities.
	The proposed model addresses the provision of specialised support to improve health and wellbeing of this cohort through its direct links with health and wellbeing services, including public health services.
Impact/additional pressures on other services e.g., police, social care, district services, increased homelessness	The proposal provides greater focus on prevention of homelessness through improving the health and wellbeing of the population, thus aiming to reduce pressures on acute services.
	Colleagues from Adults & Communities will play a key role in the implementation of the proposed model.
Lack of support for those with complex needs / chaotic lifestyles / complex mental health needs	The current model focuses on low to medium needs and wasn't designed or intended to support those with complex needs e.g., those individuals requiring complex healthcare support who would be expected to receive support from NHS
Concerns over reduced investment in	services. External sources of funding are detailed in
homeless services and the risk of	paragraph 6.
homelessness increasing	paragraph or
Tierriciocorioco incredenig	The proposal provides greater focus on prevention of homelessness through improving the health and wellbeing of the population, thus aiming to reduce the risk of crises occurring.
Lack of support for those who are rough	Support for those who are rough sleeping
sleeping	is funded through the Rough Sleeping
Lack of focus on housing	Initiative and provided by The Bridge. This legal responsibility sits with district councils not the county council.
Confusion over district responsibilities versus county council responsibilities, and responsibilities of health care services - confusion over county council homeless support service and district housing offer - homeless strategy / policy	A robust communications plan will be developed and implemented to strengthen the join up and awareness of the proposed model and existing services. Development of a homeless strategy is the responsibility of housing authorities (district councils).
Lack of impact assessment	Information on impact is detailed within the
	Equality Impact Assessment (Appendix B).
Concerns over accessibility and awareness of consultation	Consultation process is described in paragraphs 21 to 30 and Appendix A and

highlights the various methods used to promote the consultation and to engage with target groups.
There was a good response rate to the consultation questionnaire and good take-up of the information sessions.
Nearly half of responses were from someone who has been or is being supported by the homeless support service, or from an employee, volunteer or provider of support services, which highlights that the target groups were successfully reached.

- 36. During the consultation period, two letters were received from Falcon Support Services that were written by service users residing at the Falcon Centre. Both individuals included examples of the great support that the Falcon Centre provides and wrote about their own personal experience. One letter explained how the Falcon Centre had helped them gain qualifications, secure permanent housing and a job, and feel like a valued member of the community. The other letter mentioned that the help from the Falcon Centre had enabled them to gain confidence, secure housing, look forward to the future and change their life for the better.
- 37. The consultation questionnaire asked about alternative sources of help if the current offer was not available. Most respondents identified multiple sources of support with 68% stating they would seek support from a local charity/voluntary sector organisation, 63% said they would seek support from their local housing authority, 34% said they would seek support from family or friends, 30% said they would seek support from a health professional, and 24% said they would seek support from a social worker. This highlights the various sources of help that individuals would access in the absence of this service.
- 38. The consultation questionnaire asked the public for alternative suggestions for a service model. Some responses to this question deviated away from providing alternative suggestions and instead focused on impact of the proposal. Key themes arising from the responses, including commentary that responds to the suggestions made are described below.

Alternative suggestion	Commentary
Keep the offer as it is / no change	Challenges with the current model are described in paragraph 15.
Greater focus on accommodation	This is the responsibility of district councils
Greater focus on preventative services	The proposed model aims to achieve this through using First Contact Plus as the single point of contact and through strengthening links with existing public health services.

Increase awareness of existing services, including services provided by local charities	This will be addressed during the implementation period subject to the proposed model being approved by the Cabinet. The approach is described in paragraph 49.
Strengthening partnership working, including between housing authorities	A robust communications plan will be developed and implemented to strengthen join up between the proposed model and existing services.
Provision of bespoke / targeted services based on need e.g., better support for people with dual diagnosis (mental health and substance use), dedicated teams for each district	A robust communications plan will be developed and implemented to strengthen the join up between the proposed model and existing targeted services.
Workforce development and increased pay for those working with individuals who are homeless	This responsibility sits with each individual organisation.
	A strengthened partnership approach may support with workforce development.
Increase funding in this area / lobbying government for fairer funding	Paragraph 6 provides details on existing sources of national funding.
Utilise feedback from those with lived experience on a regular basis to shape service provision	This will be addressed during the implementation period subject to the proposed model being approved by the Cabinet.
Having multi-agency hubs within district areas	This requires the development of a partnership approach in the first instance to explore suitability and doesn't address the challenges in the interim period.
Need for a homeless policy/strategy across Leicestershire	This responsibility sits with district councils.
Transfer budget to district councils to enable direct delivery or to enable the commissioning of accommodation-based / floating support services	Paragraph 6 provides details on existing sources of national funding that has already been made available to district councils. One of the expectations of the use of the homelessness prevention grant is to prevent homelessness of single people. Other housing authorities across the country have used the grant to fund initiatives such as: outreach work for 21-35 year olds, safe accommodation and support, rough sleeper outreach, homeless prevention service for single individuals and childless couples.
Review the service specification and refine expectations to allow a service model that better meets needs and is more closely	The proposal presented in this report was developed following: - a review of existing provision

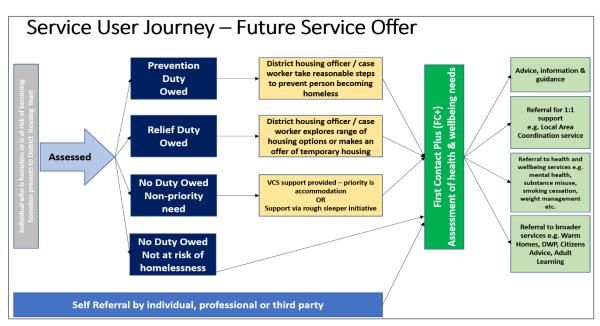
aligned to commissioners' priority	- a review of need
outcomes.	a review of roles and responsibilities of the county council

39. In September 2023, the Health Overview and Scrutiny Committee considered the new service model as part of the consultation process. The Committee supported the draft revised model for the delivery of homeless support and particularly welcomed the proposed use of the Local Area Coordination service.

Proposed new service model

- 40. Based on a review of need, existing service provision, responsibilities of the County Council, and a review of consultation responses, the recommended proposal is for the County Council to cease funding a dedicated homeless support service, and instead to provide support via the Council's existing public health services where eligibility is wider.
- 41. This will be achieved primarily through the universal offer of First Contact Plus and the Local Area Coordination service as opposed to a bespoke offer specifically for individuals who are homeless or at risk of becoming homeless.
- 42. First Contact Plus helps adults in Leicestershire to access information, advice, help and support on a range of services. Referrals to First Contact Plus are made via an online form. For those individuals who may have difficulties in self-referring via an online platform, a referral can be made on their behalf by a professional or friend/family member/carer. Local Area Coordinators work with individuals who may be vulnerable or at risk of crisis by building a supportive community around them thereby reducing social isolation.
- 43. The principles of the future approach centre around the following:
 - a. Coverage across the whole of Leicestershire.
 - b. Eligibility that includes any individual who is currently homeless or at risk of becoming homeless, irrespective of whether they fall under the priority need group or not.
 - c. Access to support via a central point of access.
 - d. Support that is tailored to the needs of each individual with no defined timescales for the support offer.
 - e. Greater focus on improving the health and wellbeing of individuals.
- 44. This model will include using First Contact Plus as the referral hub into services which include the following:
 - Department for Work and Pensions for support to access the right benefits.
 - Citizens Advice for debt management support.
 - Community Recovery Team and Local Area Coordination Team for one-to-one support.

- Warm Homes Service for support on housing issues such as damp, mould, draught proofing, and signposting to funding for energy efficiency measures.
- Health and wellbeing services such as smoking cessation, drug and /or alcohol misuse, healthy weight, physical activity, and sexual health services.
- Mental wellbeing services such as Vita Minds (a talking therapies service for low level mental health support).
- Services provided by the Council's Adults and Communities Department, including community support workers and social care.
- Adult Learning and Multiply for support on accessing learning and educational courses, including support on budgeting. Multiply is a programme aimed at helping adults to improve their numeracy skills.
- 45. Where one-to-one support or face to face support is required, the Local Area Coordination service is well established within communities and so can meet this need through their links with community groups, drop-in sessions and through the direct provision of one-to-one support. Other services commissioned by Public Health such as the substance misuse treatment service and the sexual health service already provide outreach services on a one-to-one basis. A report on Local Area Coordination (*Catalyst for a System Wide Prevention Approach*) highlights how the service can assist in reducing some of the potential causes of future homelessness by addressing the circumstances that cause people to experience chaotic lifestyles. The report also describes how Local Area Coordination can support housing workers to be more preventative in their approach, with a focus on self-help and solution finding rather than service and crisis management.
- 46. A key strength of this proposal is that links can be made to a broader range of health and wellbeing services therefore providing a more holistic support offer for individuals. In addition, this approach enables better links into existing public health services and wider onward referrals including to the district housing authorities.
- 47. A process map describing a service user journey under the proposed model is shown below.



Implementation

- 48. If the proposal is approved following a decision by Cabinet on 24 November 2023, the County Council will work collaboratively with districts councils and other key stakeholders with the aim of developing strong and robust referral pathways into the service ensuring a joined-up approach to meet people's needs. The Council will also work with the current providers to ensure a robust exit strategy is in place and implemented.
- 49. Feedback from the consultation highlighted limited awareness of First Contact Plus and Local Area Coordination Services. If the proposal is approved, the Council will develop a robust communications plan to increase awareness of the service offer and to strengthen referral pathways into and out of the service.

Resource Implications

50. The proposed model is expected to achieve savings of £300,000 per annum which would contribute to the Medium Term Financial Strategy (MTFS) savings target.

Timetable for Decisions

- 51. A report will be presented to the Cabinet on 24 November 2023 on the outcome of the consultation and to seek approval of the recommended service model.
- 52. The existing contract ends on 31 March 2024. If the proposal is approved following a decision by Cabinet, the County Council will work collaboratively with districts councils and other key stakeholders with the aim of developing robust referral pathways into and out of the service ensuring a joined-up approach to meet people's needs. The Council will also develop a robust communications plan to increase awareness of the service offer. The new offer will be in place from 1 April 2024.

Background papers

Report to the Cabinet - Medium Term Financial Strategy 2023/24 - 2026/27 - 22 February 2023 https://politics.leics.gov.uk/ieListDocuments.aspx?Cld=134&Mld=6913

Report to the Cabinet – Review of homeless support services - 23 June 2023 https://politics.leics.gov.uk/documents/s177126/2023.06.23%20Cabinet%20Report%20Homelessness%20Consultation.pdf

Report to Health Overview and Scrutiny Committee – Review of homeless support services – 13 September 2023

https://politics.leics.gov.uk/documents/s178338/Homeless%20scrutiny%20paper%20Sept %202023.pdf

Circulation under the Local Issues Alert Procedure

53. None

Equality Implications

- 54. Under the Equality Act 20210 the County Council is required to have due regards to the need to:
 - a. Eliminate unlawful discrimination, harassment and victimisation
 - b. Advance equality of opportunity between people who share protected characteristics and those who do not; and
 - c. Foster good relations between people who share protected characteristics and those who do not.
- 55. An Equality and Human Rights Impact Assessment (EHRIA) has been completed and updated using feedback from the consultation (Appendix B). Specific actions have been included to ensure awareness of the offer and on accessibility of the offer.

Human Rights Implications

56. There are no human rights implications arising from the recommendations in this report.

Health Implications

57. It is intended that the proposed model will enable individuals to access a broader range of health and wellbeing services therefore providing a more holistic support offer for individuals.

Appendices

Appendix A – Summary report of public consultation
Appendix B – Equality and Human Rights Impact Assessment (EHRIA)

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