

Forward Plan reference number: FP/508/09/22

Report title: Integrated Health and Justice Service Contract Extension	
Report to: Cabinet	
Report author: Councillor John Spence, Cabinet Member for Adult Social Care and Health	
Date: 15 November 2022	For: Decision
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County Divisions affected: All Essex	

1. Everyone's Essex

- 1.1 Everyone's Essex means exactly that: the aim is to reach out to all members of the community, however challenged or vulnerable they may be.
- 1.2 So many people who come into contact with the criminal justice system are vulnerable adults, often with multiple complex needs, whether relating to mental health, alcohol addiction, substance misuse or homelessness to name just a few of the challenges people face.
- 1.3 Essex County Council took the lead when, in 2015, we brought partners together to develop an effective, joined-up service that can catch these people and help support them to recovery and a productive and fulfilling life.
- 1.4 The Integrated Health and Justice Service does just this, supporting vulnerable adults detained in police custody and diverting them into appropriate community support. Addressing the underlying factors that may influence their behaviour can help prevent re-offending.
- 1.5 The Service is funded by a group of partner organisations who were originally convened by the Council to work together for this purpose. The contract has been running since 2018 and is proving very effective. The current contract comes to an end on 31 March 2023 and the purpose of this paper is to seek agreement to extend the contract for a further two years.
- 1.6 This work contributes to a number of commitments within the Council's four-year plan, Everyone's Essex, notably to support healthy lifestyles and level up health. It also has an impact on the Council's commitment to safety, by providing interventions to reduce re-offending.
- 1.7 It is anticipated that this decision will be carbon-neutral.

2 Recommendations

- 2.1 Agree to extend the current Integrated Health and Justice contract with the Essex Partnership University NHS Foundation Trust (EPUT) for a further 24 months commencing on 1 April 2023 at a cost of £7,969,000 for a further 24 months (£3,985,000 per annum).

3 Background and Proposal

- 3.1 As part of Everyone's Essex, the Council is committed to improving the health of Essex residents. Vulnerable individuals in contact with various elements of the Criminal Justice System (CJS) invariably have poor health outcomes and are further impacted by factors such as homelessness, poverty and unemployment.
- 3.2 ECC Public Health has been improving services for offenders and others in contact with the criminal justice system for a number of years, with a series of commissioned services. As part of this drive, Public Health has developed a local Integrated Criminal Justice Commissioning Group, made up of key local partners, including the Probation Service, the Office of the Police, Fire and Crime Commissioner, NHS England and the local Integrated Care Boards (ICBs). The Integrated Criminal Justice Commissioning Group has been operating for six years, developing health and justice pathways in Essex to reduce re-offending and improve the life chances for vulnerable Essex residents in contact with criminal justice agencies. The aim of the group is to develop local services which divert vulnerable individuals out of potential criminal activity and into more appropriate health and social care support.
- 3.3 Partners came together to join multiple services into one integrated service that seeks to address the unmet health and social care needs of vulnerable people from pre-arrest, arrest and through any court proceedings with the aim of thereby reducing re-offending. Only the Greater Manchester Combined Authority has attempted something similar, and their model does not include pre-arrest (Street Triage) services.
- 3.4 The procurement and subsequent contract award for this new service was approved by ECC in 2017 (FP/798/03/17). The contract was let for five years with an option to extend for two further years.
- 3.5 The service has performed well during its lifetime. Even during the pandemic, the service remained fully operational, despite increased pressure from the closure of courts and the rise in footfall in Essex Police Custody Suites. Recent benchmarking against national and regional Liaison and Diversion Services (the most similar services) has shown the service to be performing well and comparing favourably. Partner Commissioners are satisfied with the performance of the service which is why they are requesting the contract extension.
- 3.6 Appendix 1 shows the service to be performing well compared to services in other areas. Key areas of performance to note are that the service has helped to reduce the inappropriate use of police custody for people who are mentally

unwell by around 80% and that around 40% of people who engage with the service go on to be seen by mental ill-health services or drug and alcohol services (which compares favourably to regional and national services).

- 3.7 A key part of the service is the use of peer mentors – people who have been through the system - and service user groups. Therefore service user consultation and design are built into the service. Service user satisfaction is reviewed at quarterly contract review meetings.
- 3.8 The contract is held by EPUT. While there are undoubtedly issues in some parts of the EPUT operation, which are rightly receiving attention, the experience of the Council's Public-Health team in this arena is very positive. Appendix one highlights a range of positive service user feedback. A close and developmental approach to commissioning this service has resulted in a diligent, responsive, and genuinely person-centred service. While key vulnerabilities are recognised, diagnosis is not a pre-requisite for service input and the service works with many people who have potentially undiagnosed issues and are thus not eligible for community services. As noted, this is one of the key frontline services that kept running during the recent pandemic despite the conditions being less than ideal for social distancing in police custody suites and a number of front-line nurses and Health Care Practitioners who contracted COVID-19 in this environment. Also during the pandemic, our EPUT provided clinical substance misuse service did not resort to two week prescribing of substitute medication (for which there are patient safety issues) unlike other similar services, but continued to see services users regularly.
- 3.9 Whilst these ECC commissioned services are fully funded by others, the services link to a range of associated ECC services which form part of an overall vulnerable offender pathway. Maintaining our involvement continues to allow us to have greater influence on services for some of our most vulnerable residents. Without this, services such as these are generally commissioned at a national or regional level, with very little regard to the local area and in a more fragmented way which makes maintaining support for individuals much more difficult. Legal agreements currently exist with partner agencies for funding this service.
- 3.10 In Essex we know that where people take up the full offer of support, from arrest or pre-arrest right through to our commissioned community service (the full vulnerable offender pathway), there is a less than 4% representation rate within twelve months.
- 3.11 The service works to avoid custodial sentences where possible. Avoiding custodial sentences for female parents contributes towards keeping vulnerable children safe and keeping families together.
- 3.12 By ensuring that vulnerable people, who generally are appearing in police custody with a number of unmet needs, have these needs addressed, the service is both enabling people to live more independent and fulfilling lives and keep communities safe by reducing the effects of crime.

- 3.13 By providing direct primary care medical services to people in custody, and by referring people for ongoing mental and physical healthcare, the service is improving the health of people in Essex, particularly of people who do not/cannot generally access mainstream healthcare.
- 3.14 By aiming to reduce re-offending, through addressing unmet need and diversion to other support and recreational services, the service is helping to secure stronger and safer communities.
- 3.15 By acting as host commissioner, ECC is increasing the amount of revenue funding under its auspices and has greater influence over how a significant sum of money is spent locally.

4 Links to our Strategic Ambitions

- 4.1 This report links to the following aims in the Essex Vision
 - Enjoy life into old age
 - Strengthen communities through participation
- 4.2 Approving the recommendations in this report will have the following impact on the Council's ambition to be net carbon neutral by 2030:
- 4.3 This report links to the following strategic priorities in the emerging Organisational Strategy 'Everyone's Essex':
 - Health wellbeing and independence for all ages
 - A good place for children and families to grow

5 Options

- 5.1 Option 1 - Extend the current Integrated Health and Justice contract for a further two years until 31 March 2025 for the reasons detailed in this report. **This is the recommended option.**
- 5.2 Option 2 – Go to market to procure a new supplier to deliver the services outlined above. This is not recommended. Partner commissioners have signalled their request to extend this contract relatively late in the year. At this stage it is unlikely there is sufficient time to conduct a safe and thorough procurement. The contract is performing well and was originally let by comprehensive procurement, including obtaining legal agreements with partner commissioners. To signal to partner commissioners at this stage that we wish to re-procure would risk reputational damage to ECC and would likely result in partners ending the co-commissioning arrangements. This would impact on the services being delivered locally to vulnerable Essex residents.
- 5.3 Option 3 – Signal to partner commissioners that ECC no longer wishes to hold this contract. This is not recommended since it would also likely result in

reputational damage to ECC and remove our ability to influence services for this group of citizens.

6 Issues for consideration

6.1 Financial implications

6.1.1 The existing contractual spend for the Integrated Health and Justice Service contract is funded on an annual basis through specific grants. ECC use the receipt of these grants to fund the contractual payments and there are no funding calls on ECC as a result of doing so. The breakdown of funding for this contract is as follows;

Commissioner	Grant funding per annum £000
NHS England	2,217
Office of the Police, Fire and Crime Commissioner	1,555
Integrated Care Boards	213
Total	3,985

6.1.2 The proposal to extend the Integrated Health and Justice Service contract at a total cost of £7,969,000 for a further 24 months (£3,985,000 per annum) over the financial years 2023/24 and 2024/25 has been requested by the three partner commissioners. Partner funding is expected to continue at existing levels throughout the extension period and fully fund the service with ECC continuing to act as the host commissioner in making contract payments.

6.1.3 Extensions to the grant agreements are required to be negotiated and formalised. The risk of the extensions not being agreed is considered to be low, given that the contract extension has been requested by the partner commissioners.

6.2 Legal implications

6.2.1 It is lawful to extend the contract if there is a clear term authorising an extension which is understood to be the case here.

7 Equality and Diversity Considerations

7.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful

- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

7.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

7.3 The Equalities Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. The service seeks to work with anyone in police custody, at court or in contact with the police in the community based on each person's unique circumstances. Specific vulnerabilities are targeted, including those with protected characteristics, but it is not restricted to these and anyone who is felt by police or service staff to be vulnerable will be provided with support, including those with no official diagnoses.

8 List of Appendices

Appendix One – Summary Review of Integration

Appendix Two - ECIA

9 List of Background papers

Benchmarking information