

# Public Document Pack



## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Wednesday, 15th January, 2020 at 10.00 am
<b>Place</b>	Ashburton Hall - HCC
<b>Enquiries to</b>	members.services@hants.gov.uk

John Coughlan CBE  
Chief Executive  
The Castle, Winchester SO23 8UJ

## FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

## AGENDA

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

### 2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

### 3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting.

### 4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. PROPOSALS TO VARY SERVICES** (Pages 11 - 38)

To consider the report of the Director of Transformation and Governance on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.

**Items for Monitoring**

- a. Integrated Primary Care Access Service Update
- b. Andover Hospital Minor Injuries Unit Update
- c. Out of Area Beds and Divisional Bed Management System

**7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES** (Pages 39 - 60)

To consider a report of the Director of Transformation and Governance on issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.

- a. CQC Inspection Update from Southern Health Foundation Trust
- b. CQC Inspection Update from Hampshire Hospitals Foundation Trust

**8. ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR PUBLIC HEALTH 2020/21** (Pages 61 - 74)

To consider the report of the Director of Public Health, Deputy Chief Executive and Director of Corporate Resources prior to the decision of the Executive Member for Public Health.

**9. ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE 2020/21** (Pages 75 - 92)

To consider the report of the Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources prior to the decision of the Executive Member for Adult Social Care and Health.

**10. ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2020/21 - 2022/23** (Pages 93 - 110)

To consider the report of the Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources prior to the decision of the Executive Member for Adult Social Care and Health.

**11. SOCIAL INCLUSION UPDATE** (Pages 111 - 122)

To receive an update on Social Inclusion from the Director of Adults' Health and Care.

**12. WORK PROGRAMME** (Pages 123 - 134)

To consider and approve the Health and Adult Social Care Select Committee Work Programme.

**ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Monday,  
18th November, 2019

Chairman:

\* Councillor Roger Huxstep

- |                             |                                  |
|-----------------------------|----------------------------------|
| * Councillor David Keast    | * Councillor Pal Hayre           |
| Councillor Martin Boiles    | * Councillor Neville Penman      |
| * Councillor Ann Briggs     | * Councillor Mike Thornton       |
| Councillor Adam Carew       | * Councillor Rhydian Vaughan MBE |
| * Councillor Fran Carpenter | * Councillor Michael White       |
| Councillor Tonia Craig      | Councillor Graham Burgess        |
| * Councillor Alan Dowden    | * Councillor Lance Quantrill     |
| * Councillor Jane Frankum   | Councillor Dominic Hiscock       |
| * Councillor David Harrison | Councillor Martin Tod            |
| * Councillor Marge Harvey   | Councillor Michael Westbrook     |

\*Present

## **Co-opted members**

Councillor Trevor Cartwright MBE, Councillor Alison Finlay, Councillor Diane Andrews and Cllr Dr Rosemary Reynolds

Also present at the invitation of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Judith Grajewski, Executive Member for Public Health.

## **170. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Martin Boiles and Tonia Craig. Councillor Lance Quantrill attended as Conservative Deputy.

## **171. DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

No declarations were made.

**172. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 8 October 2019 were confirmed as a correct record and signed by the Chairman.

**173. DEPUTATIONS**

The Committee received a deputation regarding the Orchard Close Respite Centre (Item 6) from Kathleen Tong (Parent of a Service User):

Mrs Tong read a statement on behalf of several parent carers on the Working Group, reflecting some of their views after careful review and consideration of the options. She thanked all the volunteer organizations for their help and all users, carers, and staff for their role in the consultation and engagement feedback.

She shared the parent carers' passionate views about Orchard Close – a valued service and a jewel in Hampshire's disability crown. Parent carers are largely supportive of recommendations and understand the need for the proposed changes. Should the financial future be brighter, further maintenance and upgrades can be made with more activities and better experiences. They favoured the proposed reduction over sale of beds and appreciate the effort for revenue generation from other options. They recognized that further savings and compromises need to be made.

Parent carers plan to start a "Friends of Orchard Close" organization and hope to provide stakeholder representation on any Hampshire County Council advisory groups to collaborate and promote engagement and transparency. They thanked officers and councillors who worked hard alongside parent carers and volunteer organizations.

**174. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman noted that the Hampshire and Isle of Wight Sustainability and Transformation Partnership final report (due on 15<sup>th</sup> November) had not yet been submitted to the Committee but would be circulated to Members for consideration once received. Additionally, several updates and briefings regarding CQC reviews as well as Proposals to Vary Services had been circulated to Members prior to the meeting.

**175. ORCHARD CLOSE TASK AND FINISH WORKING GROUP REPORT**

The Chairman acknowledged with thanks all Members of the working group, voluntary sector partners, officers, deputees, and Lee Culhane from Healthwatch, who served as the independent chair.

Members considered the Healthwatch Report (Appendix 1 to Annex A) and the Director of Adults' Health and Care presented the findings from their report to the Executive Member for Adults Social Care and Health (Annex A) for her 3

December Decision Day. The department thanked all users, parent carers, and the voluntary and independent sector for their collaboration and contribution to engagement.

Members heard:

- An overview of the Orchard Close Respite Centre services and building.
- Savings needed from transformation programme led to the public consultation, and eventually to the working group for consideration of all possible wider options.
- The service will continue to run, and it is important to note there are no plans to close Orchard Close Respite Centre as part of Transformation to 2021.
- Unprecedented savings are required and this reduction proposal and income from other respite units are being considered to address the £617,000 savings deficit.
- Many carers depend on the service and users appreciate the location and food.
- Due to current financial climate issues, savings must be considered but with equitable services and in keeping with the Care Act.
- More affordable service is being explored due to lower occupancy and previous usage patterns.
- The next public consultation (with concurrent staff consultation) will start after the general election to consider views before proposed changes are implemented.
- Equality Impact Assessments for both have been completed and shared.
- Full time equivalent staff would not be at risk with other Hampshire County Council employment available to them.
- The shortfall of £332,000 recurring per annum will be met from elsewhere in learning disability services and equitable to loss of other services.
- Successive transformations will incur more financial pressures and challenges.
- While minor building improvements have been taken on (e.g. a new Wi-Fi network has already been installed), more major adaptations lie with the Charity.
- The Council supports the “Friends of Orchard Close” group and the Leader has requested an advisory group regarding the Charity housing Orchard Close.
- Partnership with all stakeholders have contributed to these recommendations.

In response to questions, Members heard that bed capacity comparisons to counties similar to Hampshire are difficult as most do not provide and run in-house respite beds.

Members wished to thank all involved and commend the work of everyone involved. They admired carers for their extraordinary effort to keep Orchard Close open, alongside their difficult day to day commitments and responsibilities. Members noted their support of the recommendations and hoped that loss of

beds would not lead to further consequences down the line. Required savings are a significant and major challenge and under the circumstances, the outcome is positive to keep Orchard Close's trusted, highly valued, and wonderful environment available for service users.

Members thanked the Task and Finish Group and agreed to Recommendations A and B (see below). The Committee hoped the Executive Member would agree as well but noted that the financial consequences of a further third of a million savings would still be necessary.

## RESOLVED

That the Committee:

### Recommendation A

That the Task and Finish Group recommend to the Health and Adult Social Care Select Committee (HASC) that it endorses the following recommendations: That the Executive Member for Adult Social Care and Health:

- a. Acknowledges and thanks staff at Orchard Close, Healthwatch, Carers Together, Hampshire Advocacy and Orchard Close carers and service users for their contributions to the engagement process and to the Healthwatch engagement report (see attached).
- b. Confirms there are no proposals relating to the closure of the respite service at Orchard Close within the Transformation to 2021 plans considered by Full Council on 7 November 2019 and that the County Council will continue to run a respite service at Orchard Close.
- c. Gives permission to go out to consultation on the proposals contained in this report including the reduction in the number of respite beds offered at Orchard Close Respite Service from a total of 13 to 10 beds.
- d. Notes that the proposals for other Hampshire County Council Learning Disabilities respite services to increase their income from other public bodies will be included in the consultation as set out in this report.
- e. Notes that Officers will continue to support carers to explore further the possibility of a Friends of Orchard Close group.
- f. Notes that an advisory group for the Orchard Close Charitable Trust will be formed following a request by the Leader of the County Council. Any proposals in relation to the Orchard Close Charitable Trust will be subject to agreement by the Executive Member of Policy and Resources.

### Recommendation B

The Task and Finish Group have noted the significant financial implications on the Adults' Health and Care department budget as a result of continuing to run a respite service at Orchard Close and recommend that the HASC also note this impact – an estimated £332,000 deficit. This is a minimum level of financial deficit provided that proposals around bed reduction at Orchard Close and attracting income from other public bodies goes ahead following consultation.



*The Chairman called for a 10-minute recess until 11:00am*

*Cllr Quantrill arrived at 10:55.*

## 176. **ADULT SAFEGUARDING ANNUAL REPORT**

The Director of Adults' Health and Care provided a regular update on the Adult Safeguarding Annual Report for the 2018-19 financial year.

Members heard:

- The report covered several areas of activities implemented including key areas and overview of work undertaken.
- Work with partners has continued over the years to create awareness of when an adult may be at risk for safeguarding concerns and how they are dealt with.
- The number of inquiries that have progressed to investigation has remained constant in terms of numbers – a threshold of around a thousand.
- An achievements overview is included, and positive practice feedback has been received, as well as plaudit for decision making services for those who have no one able to help.
- This service is now being provided to Southampton City Council and CCGs for additional income that helps sustain the service.
- An overview of key priorities and varied work that must be undertaken is noted.
- Issues related to deprivation liberty safeguards and challenges have led to appropriate protections.
- New legislation was passed in May with precise secondary guidance to follow.
- Ongoing matters such as the Gosport War Memorial Hospital Inquiry by police colleagues are reviewed to ensure actions are being pursued.

In response to questions, Members heard:

- The service income comes from an administrative fee for financial resource management.
- Capacity is being created to prevent out of area placement as appropriate levels of accommodations are not available at this time, but placement numbers will be confirmed by the department.
- Out of area placements are being monitored where there is direct responsibility and work continues to ensure a keen interest and line of sight.
- Technology enabled care is implemented with full knowledge, permission, and necessary consideration to people's liberties i.e. data capture and sharing.
- Referrals for victims of trafficking are from partnership working through borders agency, home office, or police colleagues and the priority is individuals' welfare.

- Client affairs services are for circumstances where no one else is available to help and acting in the best interest of the individual for the management of their financial resources is the priority.

## RESOLVED

That the Committee:

- a. Receives this annual update report related to adult safeguarding and notes it will be received by the next Cabinet meeting.
- b. Notes the positive progress with regards to safeguarding adults in Hampshire and the commitment of a wide range of Adult Services officers in achieving this level of performance.
- c. Notes the developments and risks in relation to the remit of our local authority statutory duty to safeguard and keep vulnerable adults safe from abuse and/or neglect.
- d. Notes the contribution of the Hampshire Safeguarding Adults Board in leading the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight.
- e. Receive a further update on adult safeguarding in 12 months' time.

## 177. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme.

### RESOLVED:

That the Committee's work programme be approved, subject to any amendments agreed at this meeting.

*Meeting closed at 11:27am.*

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Chairman,

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	15 January 2020
<b>Report Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Director of Transformation & Governance

**Contact name:** Members Services

**Tel:** (01962) 845018      **Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Purpose

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving updates on the following topics:
  - a. Integrated Primary Care Access Service Update
  - b. Andover Hospital Minor Injuries Unit Update
  - c. Out of Area Beds and Divisional Bed Management System

### Summary

2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
6. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
7. This Report is presented to the Committee in three parts:

- a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
  - b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
  - c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
8. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

### **Items for Monitoring**

The recommendations for each topic are also given under the relevant section below, regarding each item being considered at this meeting:

#### **9. Integrated Primary Care Access Service Update**

##### *Context*

10. A written notification was sent out in May regarding GP extended access service being piloted across the Fareham and Gosport and South Eastern Hampshire CCG areas. An email update followed due to the decision to vary the initial hub plan as a result of building works and the Fareham and Gosport weekend hub has been moved to Fareham Community Hospital. This item came HASC first in July 2019 and an update was requested for January 2020.

##### *Recommendations*

11. That the Committee:
- Note the update and current challenges as well as any recorded issues addressed and/or resolved
  - Determine if and when a further update is necessary.

## 12. **Andover Hospital Minor Injuries Unit Update**

### *Context*

13. Following up from the April 2019 HASC meeting, an update will be shared regarding progress on transitioning the MIU at Andover War Memorial Hospital to an Urgent Treatment Centre. West Hampshire CCG will present jointly with Hampshire Hospitals Foundation Trust.

### *Recommendations*

14. That the Committee:
- Note the progress update and current challenges as well as any recorded issues addressed and/or resolved
  - Determine if and when a further update is necessary

## 15. **Out of Area Beds and Divisional Bed Management System**

### *Context*

16. Plans have been put into place by Southern Health to tackle Out of Area (OOA) bed issues within the adult mental health services to benefit future patients who need an inpatient stay and ensure a more effective use of the Trust's resources, as the costs of OOA beds are a significant financial burden. The proposal was implemented for six months, from 8 July 2019, with a three-month review at the end of September. This item first came to HASC in September and an update was requested for January 2020.

### *Recommendations*

17. That the Committee:
- Note the update and current challenges as well as any recorded issues addressed and/or resolved
  - Note whether the proposed change is in the interest of the service users affected
  - Request a written update for March 2020

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	No

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Proposals to Vary Services	<u>Date</u> April 2019, May 2019, July 2019, September 2019
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

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# Integrated Primary Care Access Service

## 1. Purpose

This paper provides an update on the development of the Integrated Primary Care Access Service (IPCAS) provided by the Southern Hampshire Primary Care Alliance across Fareham, Gosport and south east Hampshire.

The IPCAS service was developed to bring together two services: the GP Extended Access Service, which was a pilot, and the GP Out of Hours Service. These were delivered by two separate providers with differing access points for local people. The contract runs until 2021 when it is anticipated that Primary Care Networks may become responsible for providing extended access to their patients.

The new combined service was developed taking into account the findings from the pilot evaluation, which included some changes to the sites used to provide the service, and started in June 2019. Some local people raised concerns about the changes, so Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups (CCGs) asked the Primary Care Alliance to reinstate provision of a service hub in Whitehill & Bordon whilst a period of engagement across both CCG areas was undertaken to better understand local views.

During the summer in 2019 the CCGs and Primary Care Alliance worked together to seek the views of local people about the services hubs, travel, and their preference for accessing the service.

This paper sets how the views of local people were sought, the themes from the feedback received, the ongoing issues with operating the service and the next steps in developing the service model.

## 2. Current service model

The Integrated Primary Care Assess Service is currently available across both CCGs as below:

	Site	Opening times
Patients ring their practice to book an appointment (both routine and urgent) or NHS111 when their practice is closed for an urgent appointment	Fareham Community Hospital	<ul style="list-style-type: none"> <li>Mon to Fri 6.30pm to 10.30pm</li> </ul>
	Forton Medical Centre, Gosport	<ul style="list-style-type: none"> <li>Tues and Thurs 6.30pm to 10.30pm (for urgent appointments)</li> <li>Sat and Sun 8am to 10.30pm</li> </ul>
	Portchester Health Centre	<ul style="list-style-type: none"> <li>Sat and Sun 8am to 10.30pm</li> </ul>
	Chase Community Hospital	<ul style="list-style-type: none"> <li>Fri 6.30pm to 10.30pm</li> </ul>
	Swan Surgery, Petersfield	<ul style="list-style-type: none"> <li>Tues and Thurs 6.30pm to 10.30pm</li> <li>Sat and Sun 8am to 10.30pm</li> </ul>
	Waterlooville Health Centre	<ul style="list-style-type: none"> <li>Mon, Wed and Fri 6.30pm to 10.30pm</li> <li>Sat and Sun 8am to 10.30pm</li> </ul>

Local people can make an appointment to be seen by the service by either contacting their practice, for both routine and urgent appointments, or by calling NHS111 when their surgery is closed and they need an urgent appointment. This is set out in more detail in Appendix One.

Site locations:



Figure 1: Map source: Google Maps Map data@2019

In addition, since December 2019 the service has been supporting a new pilot designed to treat patients who present to the Emergency Department at Queen Alexandra Hospital in Portsmouth with a primary care need. These patients are largely seen in a dedicated clinic close to the hospital. However, when these clinics are either full or do not have a doctor to staff them, these patients may be offered an urgent appointment in an IPCAS hub (if they are from the area covered by the service).

### 3. Seeking the views of local people

During the summer 2019 the CCGs and Primary Care Alliance sought the views of local people through a survey about a number of primary care services including the IPCAS.

People were invited to share their views on the use of online services, travel, awareness of the services, and what would make them more likely to use them.

The survey was available online and was promoted through social media, media promotion, partner newsletters and websites, CCG and GP Alliance websites, GP practices websites and newsletters, voluntary sector newsletters and the CCG Locality Patient Groups.

The CCGs and GP Alliance also attended the following local groups, meetings and venues to speak to people with copies of the survey available:

- Whitehill Town Council public meeting – September 2<sup>nd</sup>, 2019
- Whitehill Community Centre – September 4<sup>th</sup> 2019, (surveys provided for people to complete)
- Whitehill & Bordon Disability Action Group – September 4<sup>th</sup>, 2019
- Gosport Older Persons Forum – September 5<sup>th</sup>, 2019
- Xchange (Whitehill & Bordon) – September 12<sup>th</sup>, 2019
- NHS Guildford and Waverley CCG urgent care engagement event (Haslemere) – September 16<sup>th</sup>, 2019
- NHS Guildford and Waverley CCG urgent care engagement event (Liphook) – September 17<sup>th</sup>, 2019
- Highlands Hub, a community venue and cafe, Fareham – September 24<sup>th</sup>, 2019
- Portsmouth Hospitals NHS Trust Open Day – September 28<sup>th</sup>, 2019 (surveys provided for people to complete)
- Fareham Shopping Centre – September 30<sup>th</sup>, 2019.

The survey was completed by 475 people in the following areas:

- 33.5% live in Gosport
- 22.3% live in Whitehill & Bordon
- 19.6% live in Fareham
- 14.7% live in Waterlooville, Horndean, Havant, Emsworth, Hayling Island and the surrounding areas
- 9.9% live in Liphook, Haslemere, Petersfield, Liss and the surrounding areas.

Of the respondents:

- The majority (30.1%) were aged 65 to 74 years with:
  - 0.2% under 18 years
  - 5.9% 18 to 34 years
  - 11.4% 35 to 44 years
  - 18.5% 45 to 54 years
  - 19.8% 55 to 64 years
  - 12.2% 75 years or over
  - 1.9% preferred not to disclose their age
- 31.6% said their day-to-day activities were limited because of a health problem or disability
- 93.0% described themselves as white
- 57.3% described their religion as Christianity with 38.2% stating they didn't have a belief
- 70.1% were female and 26.7% were male with 3.2% preferring not to disclose
- 83.3% were heterosexual and 2.8% were gay or bisexual
- 13.4% said they were a carer.

Respondents were asked about their experience of the services with 48.8% saying they had heard of the IPCAS with 13.0% saying they had used it. Of those who had used it 71.9% said they would use it again. Those who had not used the service said they didn't know about it, hadn't needed to use it or hadn't been offered an appointment with the service by their practice.

Respondents were asked to score the importance the following factors to inform the development of the service in the future. Scores are between 1 (not very important) and 5 (very important).

Factor	5	4	3	2	1
Distance/time needed to travel by car	62.7%	14.2%	13.1%	4.3%	5.6%
Distance/time needed to travel by public transport	75.5%	8.8%	8.2%	2.6%	4.9%
Being able to see the right person for your need at the right time	77.5%	15.7%	3.8%	1.7%	1.3%
Being given an increased choice of when you can make a routine GP/nurse appointment	60.4%	24.8%	10.6%	1.9%	2.3%
The service being located as close to where you live as possible	59.6%	19.8%	14.7%	3.8%	2.1%
The service being located where it covers a larger area to ensure it can be staffed by the right people and has consistent opening times	41.2%	28.7%	20.9%	5.6%	3.5%
Healthcare professionals being able to access your medical record	80.9%	11.0%	4.5%	1.1%	2.5%
Being able to see a GP	66.9%	18.9%	11.3%	1.5%	1.5%

Respondents were asked if the service name should be changed. The majority asked for it to be simpler and clearer with the name clearly saying what the service does.

Respondents made a number of name suggestions, including GP Appointments Service, Appointments Plus, GP Weekend Service and GP Xtra.

Respondents were asked if there was anything in particular they thought needed to be considered as the service was developed in the future. 310 respondents answered with the following themes:

Theme	Number of people
Appointments, especially for urgent issues, need to be available and timely without long waiting times with priority for patients who cannot go to their surgery during the day	68
Promote the service and benefits more effectively, especially through practices	59
Ensure the hubs are not too far from where people live and accessible	50
Public/voluntary sector transport to the hubs needs to be available and not take too long to travel or be expensive	48
Ability to book an appointment at the best hub for you needs to be improved with phone calls answered more quickly or online booking	22
Increase the range of services provided by the IPCAS, eg phlebotomy, health visitors, walk in service, telephone consultations	19

Increase the provision in areas where the local population is growing or has higher demand, eg Bordon	18
The clinics need to be consistent and not cancelled	15
Ensure the service and number of hours is equal across the hubs	13
Provide more GPs	10
Ensure medical records are fully accessible by the service	8
Ensure service is fully staffed and staff are fully trained	7
The needs of people with disabilities, long-term conditions or are elderly need to be considered	5
Change the service name	5
Patients should be assigned to a local hub which is manned by their practice to ensure patient privacy	3
Ensure service is has enough funding and is value for money	3
All practices should provide evening and weekend appointments	3
Increase the number of hubs	2
Bring the IPCAS and Same Day Access Service together or have the same access criteria	2
Being able to see a specific GP	2
Focus on slightly extending in-hours access rather than out of hours	2
Make it a seven day service	2

Respondents were asked how they normally travel to health appointments:

- 72.2% travel by car, including lifts from family/loved ones
- 40.8% walk
- 12.6% use public transport, including taxis
- 5.3% cycle
- 2.4% use voluntary sector car schemes.

Respondents were invited to make any other comments they had. 181 respondents answered with the following themes relevant to the IPCAS:

Theme	Number of people
Promote local services and how/when to use them more effectively, including having simple and clear names and descriptions	26
The IPCAS service provision needs to be equitable across all areas and to all patient groups	23
Accessibility of appointments needs to be improved and simplified, including online and by phone	16
Ease of travel/distance to locations needs to be considered, including parking, for patients without transport or are too poorly to drive	15
Concerns about the sustainability of the IPCAS service – lack of GPs or perceived commitment to providing it	6
Supportive of the approach to out of hours GP appointments	2
Prefer face-to-face appointments/discussions	2
Happy to travel further for urgent issues to see the right person	2
Urgent appointments/services need to be available in more local areas	2

#### **4. Themes from the engagement**

The main themes from the feedback received relating to the IPCAS were:

- There are mixed levels of awareness of the service but the majority of those who have used it would use it again
- People would like more information about the service
- GP practices need to actively promote the service to their patients, for example by offering appointments at the hubs
- People thought healthcare professionals being able to access medical records (80.9%) was the most important factor to be considered as the IPCAS is developed followed by being able to see the right person for their need at the right time (77.5%) and the distance/time needed to travel by public transport (75.5%)
- People felt the IPCAS needs to be renamed to something simpler and clearer
- Transport to alternative sites for services needs to be considered, both in terms of the availability of public transport but also if car drivers are too ill to drive.

#### **5. Learning from running the service**

After seven months of operating IPCAS, the Primary Care Alliance has gained some important experience on how the service works, and the changes that it feels must be considered for improvement. The main points from the perspective of the Alliance are:

- The service has high satisfaction ratings from patients – although more engagement needs to be undertaken to obtain a wider sample of feedback from service users
- Patients are travelling to hubs that are further away, especially for appointments booked through NHS111 for an urgent need. The service monitors how many appointments are declined due to distance and to date is only aware of one case
- Greater awareness of the IPCAS service is required. Some ‘mystery shopping’ of practices, asking for out of hours routine appointments, highlighted that practices do not always give the option of using the IPCAS services to the caller
- The number of hub sites currently provided is difficult to staff with two GPs for each operating session
- Staffing the full number of hubs has led to GPs being spread thinly across many sites. If a GP cancels a session in an IPCAS hub then all appointments there need to be cancelled, including those for Advanced Nurse Practitioners (APN) or Practice Nurses (PN) as they can’t work unsupervised, under the current model
- Many GPs prefer to work in a service where there are other GPs on duty
- Some hubs have proved to be more attractive for GPs to work in than others, this means rotas at Fareham Community Hospital and Swan Surgery, Petersfield are often filled while rotas in Gosport are often unfilled and the service has to be cancelled and Waterlooville is increasingly reliant on the same small number of GPs
- GPs have said that travel times to the hub (Gosport) and general working environment (mainly Portchester and Waterlooville) are important to them when they are considering working for the service
- A significant number of sessions have not gone ahead from the original schedule due to the inability to secure GPs to fill the sessions. This leads to uncertainty for the staff and service providers, and for patients who request regular evening or weekend appointments. The number of cancelled clinics are detailed in Appendix Two
- The balance of effectively managing both pre bookable and urgent appointments in the same sessions needs constant attention to ensure that slots are available when needed, but also not left unfilled.

## 6. Short-term improvements

To ensure the service operates as effectively as possible over the remaining winter period the Primary Care Alliance is working on the following improvements:

- Improve the consistency and reliability of service provision by offering services from the hub sites that have proven success with filling rotas. This will create a more robust mix of GPs and other clinicians working consistently from certain hubs
- Improve weekend service provision by temporarily alternating clinics each weekend between Waterlooville and Swan Surgery in Petersfield and between Fareham Community Hospital and Portchester, and providing an evening weekend service in Forton Medical Centre, Gosport
- Improve appointment uptake across the range of clinicians that are available by increasing awareness and certainty for practices when they book appointments
- Working with, and seeking feedback from all the GPs who currently work shifts in the service, and those who don't, to understand what would make working in the service more attractive to them
- Continuing to ensure the service provides flexible shift times for clinicians and is flexible to accommodate GPs' individual requirements, so long as there is a longer-term commitment to the service
- Flexing the mix of appointment types (urgent and routine) to ensure the service can meet the demand for urgent appointments.

The proposed temporary consolidated service model for the winter is:

Site	Current opening times	Proposed temporary opening times	Proposed change
Fareham Community Hospital	<ul style="list-style-type: none"> <li>• Mon to Fri 6.30pm to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• Mon to Fri 6.30pm to 10.30pm</li> <li>• Sat and Sun 8am to 10.30pm (alternative weekends)</li> </ul>	<ul style="list-style-type: none"> <li>• No change to weekday sessions</li> <li>• Alternate weekend sessions with Portchester Health Centre</li> </ul>
Forton Medical Centre, Gosport	<ul style="list-style-type: none"> <li>• Tues and Thurs 6.30pm to 10.30pm (for urgent appointments)</li> <li>• Sat and Sun 8am to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• Tues and Thurs 6.30pm to 10.30pm (for urgent appointments)</li> <li>• Sat and Sun 5.30pm to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• No change to weekday sessions</li> <li>• Change weekend provision to evening sessions</li> </ul>
Portchester Health Centre	<ul style="list-style-type: none"> <li>• Sat and Sun 8am to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• Sat and Sun 8am to 10.30pm (alternative weekends)</li> </ul>	<ul style="list-style-type: none"> <li>• Alternate weekend sessions with Fareham Community Hospital</li> </ul>
Chase Community Hospital	<ul style="list-style-type: none"> <li>• Fri 6.30pm to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• Fri 6.30pm to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• No change to sessions</li> </ul>
Swan Surgery, Petersfield	<ul style="list-style-type: none"> <li>• Tues and Thurs 6.30pm to 10.30pm</li> <li>• Sat and Sun 8am to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• Tues and Thurs 6.30pm to 10.30pm</li> <li>• Sat and Sun 8am to 10.30pm (alternative weekends)</li> </ul>	<ul style="list-style-type: none"> <li>• No change to weekday sessions</li> <li>• Alternate weekend sessions with Waterlooville Health Centre</li> </ul>

Waterlooville Health Centre	<ul style="list-style-type: none"> <li>• Mon, Wed and Fri 6.30pm to 10.30pm</li> <li>• Sat and Sun 8am to 10.30pm</li> </ul>	<ul style="list-style-type: none"> <li>• Mon, Wed and Fri 6.30pm to 10.30pm</li> <li>• Sat and Sun 8am to 10.30pm (alternative weekends)</li> </ul>	<ul style="list-style-type: none"> <li>• No change to weekday sessions</li> <li>• Alternate weekend sessions with Swan Surgery, Petersfield</li> </ul>
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## 7. Longer-term improvements

The Primary Care Alliance and CCGs are working together to develop the longer-term model further taking into account the views of local people, the lessons from running the service to date and aligning the service to the wider vision for urgent care services in Portsmouth and South East Hampshire. It is expected these developments will be implemented during 2020. This includes considering:

- Consolidating the number of sites to ensure GP cover is in place in order to reduce the number of cancelled clinics and enable the service to increase its use of Advanced Nurse Practitioners (ANP) and Practice Nurses (PNs) under the supervision and support of GPs
- Introducing a new employment model to ensure that clinicians are available to work the least popular shifts
- Providing a transport service for patients who need to be seen urgently but are unable to travel to a hub
- Introducing telephone/online consultations for patients who are happy to receive the support they need in this way meaning they do not need to travel to a hub.

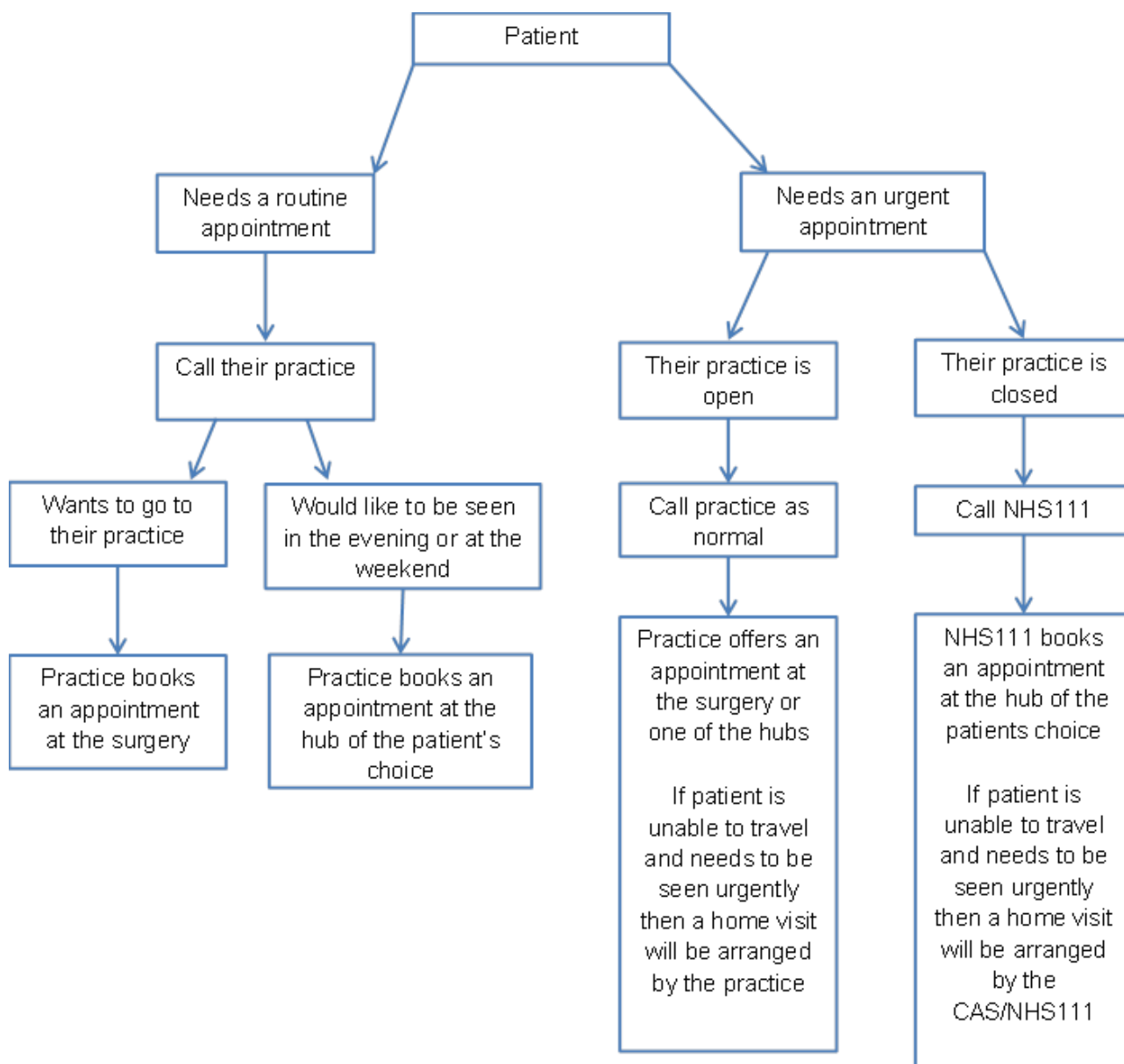
## 8. Recommendation

It is recommended that the Committee notes the short-term improvements, including the proposed temporary weekend provision, and that a further report is brought to a future meeting of the HASC once the future service model has been finalised.



## Appendix One

The Integrated Primary Care Access Service (IPCAS) is accessed as follows:



## Appendix Two

A significant number of sessions have not gone ahead from the original schedule due to the inability to secure GPs to fill the sessions:

<b>Site</b>	<b>Number of clinics planned</b>	<b>Number of clinics held</b>	<b>Number of clinics cancelled</b>
Fareham Community Hospital	166	154 (92.8%)	12 (7.2%)
Forton Medical Centre, Gosport	113	72 (63.7%)	41 (36.3%)
Portchester Health Centre	48	42 (87.5%)	6 (12.5%)
Chase Community Hospital (Commenced 16/8/19)	20	17 (85.0%)	3 (15.5%)
Swan Surgery, Petersfield	113	102 (90.3%)	11 (9.7%)
Waterlooville Health Centre	153	137 (89.5%)	16 (10.5%)
<b>TOTAL</b>	<b>613</b>	<b>524 (85.5%)</b>	<b>89 (14.5%)</b>

## Report to Health and Adult Social Care Select Committee: Andover Minor Injury Service / Urgent Treatment Centre

### 1.0 Purpose

Further to the Andover UTC development briefing provided to this committee in March 2019, West Hampshire CCG (WHCCG) and Hampshire Hospitals Foundation Trust (HHFT) wish to update Hampshire Health and Adult Social Care Select Committee (HASC) on the proposed vision for future urgent care in Andover and request the committees' input and guidance.

To support discussion with HASC this report has been provided to:

- provide the outcome of the co-production work undertaken to develop a viable service model for the delivery of an Urgent Treatment Centre (UTC) in Andover
- describe the key milestones to re-design urgent care services to provide a high quality, consistent service offer to the Andover population, which delivers improved patient experience

### 2.0 Background

#### 2.1 National Drivers

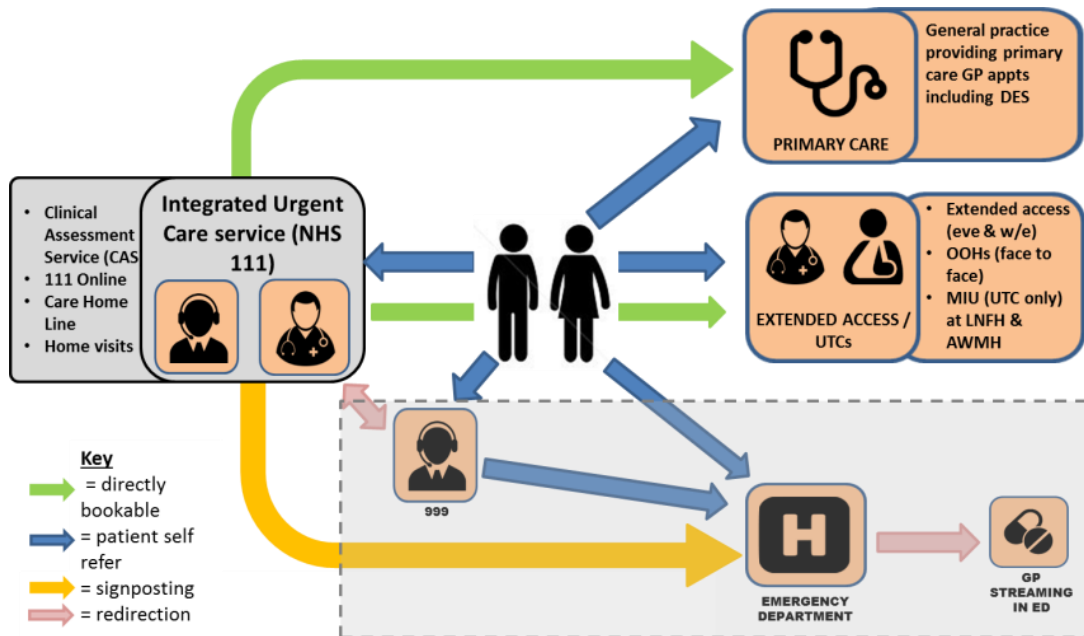
As part of the national Urgent Care Strategy, CCGs are required to redesign urgent care services outside of A&E to provide a consistent and standardised service offer and reduce public confusion on where to access urgent care in their locality. UTCs are GP-led, open 12 hours a day, every day, offering appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments with which people present to A&E. NHSE Core Standards for UTCs ([Urgent Treatment Centres: Principles and Standards](#)) stipulate the main requirements are for centres to:

- consistent opening, ideally 12 hours per day, 7 days a week, including bank holidays
- provide services for minor illness and injury in adults and children of any age
- have access to a range of diagnostics, including (but not limited to): x-ray; swabs; pregnancy tests; urine dipstick and culture; near patient blood testing; and ECG
- provide both pre-booked same day and 'walk-in' appointments, however patients and the public will be actively encouraged to access the service via NHS 111
- deliver a GP-led service staffed by an appropriately trained multidisciplinary clinical workforce
- offer appointments that can be electronically booked directly via NHS 111
- have protocols in place to manage critically ill and injured adults and children who arrive unexpectedly, with onward referral and transport to appropriate acute hospital departments

*Where local needs and priorities are evidenced, exceptions to the above can be requested and agreed by NHS England Regional Director. However, this must be balanced with the aim to provide a consistent service offer and recognisable brand for UTCs that enables patient to navigate urgent care pathways.*

## 2.2 Procurement

In line with national policy direction at the time, West Hampshire CCG developed a model for delivering UTCs which integrated Improved Access for Primary Care (evenings and weekends), Out of Hours (OOH) (face to face/base visits) and Minor Injury Units (MIU) at Lyminster and Andover War Memorial (as outlined below).



The Andover UTC service specification was developed in line with this integrated model, however, despite market engagement, no bid was received for the Andover UTC lot and procurement was ceased.

## 2.3 Co-production

The three incumbent providers for the Andover area ((HHFT, Mid Hampshire Healthcare (MHH) & Partnering Health Ltd (PHL)) were invited to enter into a process of open dialogue with the CCG to co-produce the service model and contracting arrangement for Andover UTC. Providers highlighted from the offset that a key reason for not tendering for the Andover UTC was based on concerns that the financial and operating model was not sufficient to meet the needs of the local Andover population. Over the last 12 months, providers have worked together to co-produce (led by HHFT & MHH) a number of costed service models to meet the local needs in accordance with national standards.

## 3.0 Outcome of co-production with incumbent providers

Commissioners have worked with providers to design service models to meet the national standards for UTCs. However, additional costs of these proposed models attributed to increased opening hours and the provision of a GP within the service has made this challenging, with providers and commissioners identifying only one viable potential model to meet the local demand.

### 3.1 Proposed Service model (Open 10am-8pm, GP provision 5-8pm Mon- Friday and 4 hours on both Saturday & Sunday/Bank holidays)

This option was designed to focus on maintaining 10 hours of provision, however, opening hours have been shifted to prioritise delivery out of hours (proposed change from 8am-6pm to 10am to 8pm). This shift in opening hours is required to meet the demand for the service; the integration of OOH and Improved access would result in the UTC being the only face to face service in the Andover locality out of hours. Opening later in the morning has also been considered as a strategy for the management of minor illness activity from primary care services; GP provision in the evenings enables the service to address demand increases commonly experienced across urgent care services after school hours.

A critical appraisal of this option has highlighted the following areas of concern:

### *3.1.1 Meeting local needs*

- The staffing establishment for the UTC at the weekends, particularly in the afternoons when there would be no onsite GP cover, would be lower than currently provided by all three existing services. However, it is acknowledged that staffing consistently at the current level is a challenge for MIU & OOH, resulting in a reduced service offer at times
- This option would have an impact on Andover patients that currently access OOH GPs at the weekend. Under the new model, 47% (between 8-15 patients a day) of these patients would be required to access alternative services (either OOH at Winchester or Basingstoke sites, Home visits, primary care on Monday morning or A&E).
- Analysis of current activity indicates whilst a maximum of 10 Andover patients could potentially be redirected to Andover UTC (who currently access BNHH & RHCH A&Es) there is a greater local need amongst the Andover population to support patients to manage complex health problems as opposed to minor injury and illness.

### *3.1.2 Patient Safety*

Although the proposed staffing establishment provides safe staffing levels in terms of managing minor illness and minor injury, there are concerns that operating under the nationally recognised brand of UTC could increase the likelihood of more complex patients walking in to the service. It is acknowledged that the UTC service offer targets wider patient groups including children under two and those with minor illness, which is likely to result in an increase in patients with complex medical conditions presenting to the service. Although protocols would be put in place to ensure the service had off site access to advice (both a GP and A&E Consultant) through networked models of care and that staff will be trained and skilled in managing illness and injury, this is recognised as an increased clinical risk that would need to be effectively managed by staff. There are concerns that the proposed staffing levels, particularly in the afternoon at weekends when no GP is present, would not provide sufficient on site medical cover to manage the more complex patients that may present.

### *3.1.3 Value for Money*

- Due to the infrastructure costs of the service and relatively low activity level the average cost of treating a patient at the UTC would be approximately £66.60. This

is comparatively high compared to alternative care settings (i.e. lowest A&E Attendance £63, Lymington UTC £50, average cost of a GP appointment £31 (Curtis & Burn, 2016)).

- Learning from implementing the UTC in Lymington indicates that demand is likely to inflate when operating as a UTC. This aligns with national evidence that stand alone UTCs have the potential to increase costs (Shifting the balance of Care, Great Expectations (Nuffield Trust, 2017)).

3.2 The issues highlighted above raise concerns that the local demand and needs of the Andover population could be met by the principal model developed. The process of both market testing and co-production has therefore concluded that it is not feasible to provide a service offer in Andover to meet the enhanced national UTC standards within available resources.

#### **4.0 Proposal for future Andover urgent care provision**

##### *4.1 Short Term*

To ensure the continuity of existing service provision for the Andover population existing contracts have been extended until April 2020 and all current services will be maintained by the incumbent providers (MIU, OOH & Improved Access).

##### *4.2 Medium Term*

It is proposed that all existing services continue to be provided as currently commissioned until April 2021. This provides an opportunity to consider how the three existing urgent care services can better align with wider service developments such as Integrated Urgent Care model across Hampshire and inclusion of Improved Access Funding with Primary Care Networks from April 2021, both of which have been developments since the decision to procure a UTC in Andover.

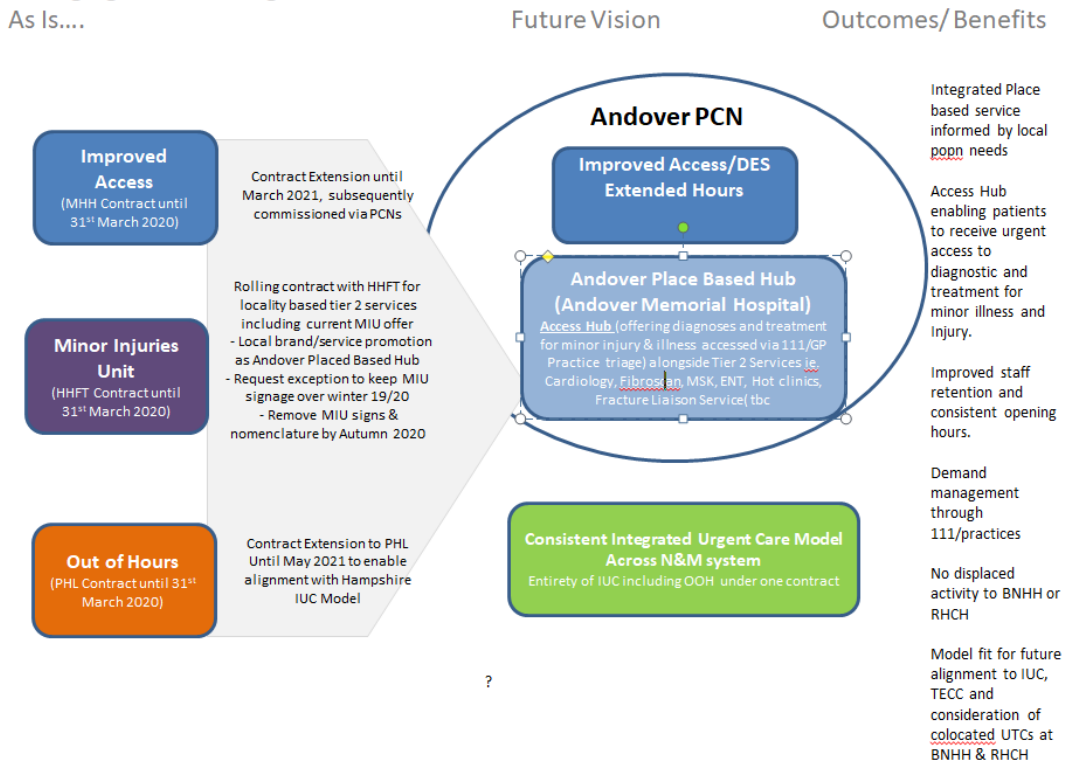
##### *4.3 Longer Term*

The proposed vision for Urgent Care in Andover beyond March 2021 will be:

- Improved Access provision within Andover via Andover Primary Care Network (PCN) from April 2021.
- Minor injury provision will be delivered 8am-6pm (as per current hours) as a component of a range of tier 2 services provided by HHFT to the Andover Locality. This Service will be locally branded as part of the 'Andover Integrated Health and Well Being Hub'. Access will be predominately managed and directly booked via NHS 111 or practices, although patients walking in will be seen. There is an intention to dual train staff to manage minor illness and injury so that more patients presenting with minor illnesses can be managed at this service and improve patient experience, however this development will depend on discussions and integration with the PCNs.
- Ambition to integrate the existing minor injury provision with PCN developments to offer patients an Access Hub that enables patients to gain access to diagnostics and treatment for both minor illness and injury within the Andover locality. Discussions will be undertaken over the next 3 months to explore the potential for such a locality Access Hub.

- OOH provision will be maintained via PHL with the intention to align future contracting with the Hampshire IUC Model. From April 2021 (or as IUC pipeline requires), OOH provision would be delivered and contracted as a core element of Hampshire IUC service model. Although this model is not yet finalised, integrating OOH and 111 provision is key to national requirements. This may mean that the majority of access to base visits may continue to occur at Winchester; however provision will be consistent and adequately staffed.

## Emerging Vision for Urgent Care in Andover



## 5 Timeline & Next Steps

- 5.1 Agree contract extensions for MIU, OOH and Improved Access with incumbent providers until 31 March 2021 and discuss opportunities for closer working across providers over next 18 months.
- 5.2 Submit an exemption request to NHS England to continue to use the MIU classification until Autumn 2020 to allow the alternative local service model for 'Andover Integrated Health and Well Being Hub' to be developed and promoted locally.
- 5.3 Undertake a review of UTC standards and agree what would be valuable to incorporate into short term and longer term developments across Improved Access and Andover's Integrated Health & Wellbeing Hub'.
- 5.4 Undertake Equality Impact Assessment on proposed service model and engage with patients and public regarding the decision not to implement the UTC Model within Andover.
- 5.5 Engage with Andover and Rural PCNs, local stakeholders and patients to ensure the needs of staff and patients are understood and incorporated within a sustainable model of access to Andover patients.

5.7 The Health and Adult Social Care Select Committee is asked to:

- Review and comment on the outlined draft proposals for urgent care services in the Andover locality.



01 2020

Communications and Engagement Team

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## **Briefing note:**

# **Tackling Out of Area Beds – an update on our model**

### **Overview**

Last year (in July 2019), we presented to you at HASC to outline our plans for Out Of Area (OOA) bed placements. Sending patients miles away from their family and friends for treatment, is a serious issue affecting many mental health providers across the country. However, it was highlighted at the time that Southern Health had more OOA bed placements than some other trusts. We were keen to address this, making it one of our key priorities.

Last summer, we put together plans to help address this by changing to a ‘Divisional Bed Management’ system. This meant that each of our four geographical areas/divisions - North and Mid Hampshire, South West Hampshire, East Hampshire and Southampton - would have more control over the beds in their area, rather than them being centrally managed by the Trust. The concept was that, by ‘ring-fencing’ their own beds, divisional teams would be able to more efficiently manage the beds available.

By ‘owning’ the beds, each division would be better placed to identify individuals likely to require admission earlier and be confident that if admission was required a bed would remain available (without other divisions filling it). By having this control over the acute resource, each division would also be in a position to manage the whole clinical pathway (community and acute inpatient), rather than the previous model where care was more fragmented.

Working in this manner, division by division, to reduce the number of OOA bed placements would also benefit the Trust’s finances, OOA beds being a significant burden with £12.6million spent on them in 2018/19.

This paper aims to update Councillors on the impact of the change to the Divisional Bed Model and how successful it has been in helping us to curb the use of OOA beds within our adult mental health services.

### **Is it working?**

**Since being introduced the new model has, broadly speaking, helped to reduce our use of OOA beds. Whilst they are still higher than we want, the following information shows a gradual decline in OOA usage across the majority of divisions.**

The graphs overleaf show the average distance between a patient’s home address and the unit in which they are receiving care. This is purely for acute adult mental health units (excluding PICU) and includes internal beds, contracted beds and spot purchase beds. The numbers are standardised by occupied bed day (OBD) to ensure that we are looking at the experience of the patient, regardless of how many patients are on a specific ward at any one time.

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### **OUR VALUES**



As you can see, the overall picture (first graph) shows a peak around July/August when the divisional bed model was introduced and numbers have since steadily declined each month to levels slightly below the beginning of the year.

**Trust wide average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)**



The model depends on each division's strict management of its own bed stock. Below is the same data but separated out into each division.

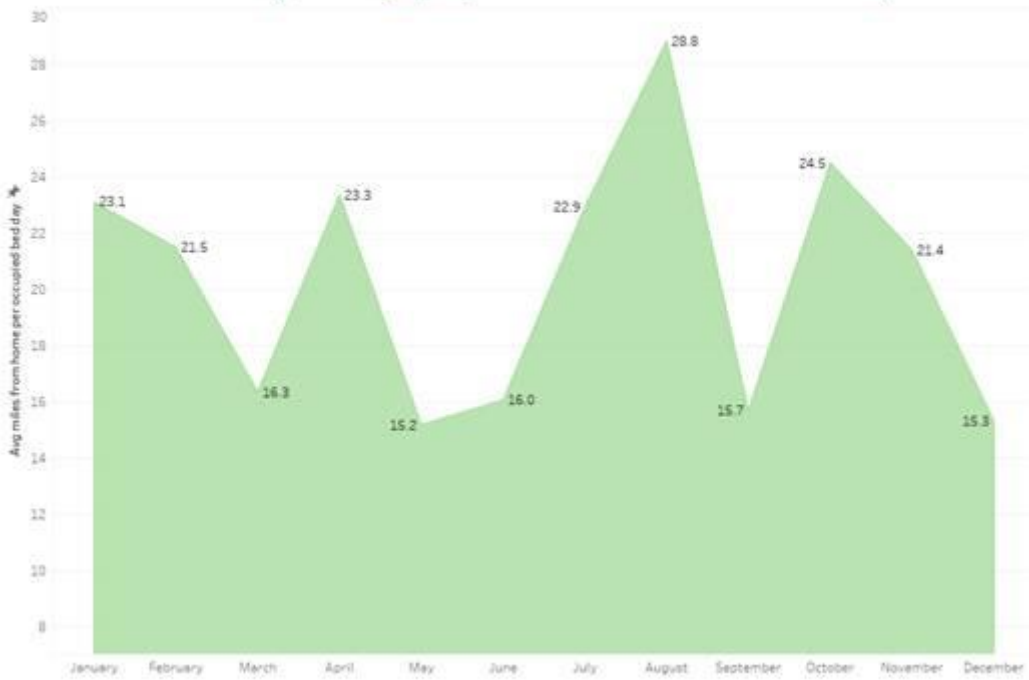
**Mid and North Hampshire Division**

**Mid and North Hampshire division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)**



## South West Hampshire Division

South West Hampshire division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)



Whilst more variable across the first few months, the average distance from home in December is now lower than any other point of the year in the division.

## Southampton Division

Southampton division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)



## South East Hampshire Division

Portsmouth and South East Hampshire division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)



Unfortunately in the South East Division, following an initial decline there has been a steady increase in placements. There are a number of issues which we believe are causing this. The Divisional Bed Model relies on the careful management of bed stock. Unfortunately a number of experienced clinical staff have left the division, individuals who we have struggled to replace. This has impacted the division and has contributed to the rise in placements.

### What are the challenges?

Reducing the number of OOA bed placements is not a simple task and it is complicated by a number of factors. Some of these are system issues and will affect a number of our partners and providers, others are factors within our own gift to change.

As a Trust we are facing a number of challenges which are impacting on our ability to fully deliver the Divisional Bed Model. The biggest of these is, without doubt, recruitment and retention of staff. The effect this has on the Divisional Bed Model includes:

- Lack of experienced leaders on wards to make decisions relating to the management of beds.
- Fewer staff on wards, meaning more people stay in a bed for longer, slowing patient flow.
- Fewer community staff able to support people in their homes, resulting in admission to hospital.

The challenges within the system include:

- An increase in the number and acuity of the patients we see in Hampshire, with 57.3% of admissions being detained under the Mental Health Act, compared to 45.5% in 2016/17.
- Fewer acute beds in Hampshire than the national average (14 per 100,000 compared to 19 per 100,000) - national benchmarking would suggest we have 40 too few beds compared to similar populations.

- Longer average lengths of stay in Hampshire (44 days compared to the national average of 32) - with 39% of beds occupied by patients who have been in them more than 100 days.
- A historical lack of investment in alternatives to inpatient care - such as community mental health services, home treatment and crisis response.

### **What are we doing to support this?**

As previously outlined in our July 2019 paper, we are working on a number of projects to support the Divisional Bed Model. These include opening a community-based Crisis Lounge in Southampton, improving our psychiatric liaison services in acute hospitals and placing mental health nurses in the NHS111 call centre. Over the last six months we have:

- Identified a location and begun estates work on our Community Crisis Lounge.
- Worked with our colleagues in the acute sector to improve our psychiatric liaison services, including as part of the Accident and Emergency redesign at Queen Alexandra Hospital.
- Placed a number of mental health nurses in the NHS111 call centre. The project has been highly successful with expansions planned.

The importance of the patient journey beyond hospital has also brought into sharp focus how we support individuals once they have been discharged and the need for appropriate accommodation. We are particularly proud of our recent work with local housing providers and charities, including Radian Home and Two Saints, who have helped provide us with community flats for suitable patients so they can be discharged back to the community in a supported manner.

We continue to take part in a number of multi-agency meetings in order to ensure better system working and to work with our partners to find solutions. These include:

- Local meetings in all areas with Hampshire County Council; unblocking issues and delays to discharge
- Weekly 'Stranded Patient' Meetings with HCC, Southampton City Council and local commissioners
- Strategy meetings between HCC and Southern Health senior managers
- Meetings with different housing providers to explore further housing options
- Weekly meetings with local authority colleagues to look at any delays in the transfer of care
- Monthly mental health directors meetings – where it was agreed that OOA placements were a system-wide, multi-organisational priority and an ECR programme board was established as a result.

### **In summary**

We believe that the new Divisional Bed Model is having a positive impact. The data shows gradual decreases across all but one of our divisions. Where it is not working (i.e. in the East of Hampshire), we know there are other significant issues to address.

January is a significant time for mental health services with a traditional increase in demand across the system. We will continue to closely monitor bed usage during this time and to assess the effectiveness of the divisional model.

### **Any questions?**

If you have any questions, please contact Graham Webb (Divisional Director of Transformation, Mental Health and Learning Disabilities) on 02380 874335 or email: [Graham.Webb@southernhealth.nhs.uk](mailto:Graham.Webb@southernhealth.nhs.uk)

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	15 January 2020
<b>Report Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Director of Transformation and Governance

**Contact name:** Members Services

**Tel:** (01962) 845018

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Summary and Purpose

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
  - a. CQC Inspection Update from Southern Health Foundation Trust
  - b. CQC Inspection Update from Hampshire Hospitals Foundation Trust
5. The recommendations for each topic are also given under the relevant section in the table below, regarding each item being considered at this meeting.

**Table 1**

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) Inspection Update – Southern	Southern Health Foundation Trust CCGs and partner	The HASC received the last full CQC report at the November 2018 meeting with	The HASC requested an update in January 2020 and the Trust

Health Foundation Trust	organisations CQC	an update in July 2019.  The Trust overall rating remains "Requires Improvement".	have provided a paper on actions taken and progress.
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**Recommendations-**

That Members:

- a. Note the approach and actions of the Trust to respond to the findings and address areas of concerns.
- b. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission report.
- c. Make any further recommendations as appropriate.

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) Inspection Update – Hampshire Hospitals Foundation Trust	Hampshire Hospitals Foundation Trust  CCGs and partner organisations  CQC	The HASC received the last full CQC report at the November 2018 meeting with an update in May 2019.  The Trust overall rating remains "Requires Improvement".	The HASC requested an update in January 2020 and the Trust have provided a paper on actions taken and progress.

**Recommendations-**

That Members:

- a. Note the approach and actions of the Trust to respond to the findings and address areas of concerns.
- b. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission report.
- c. Make any further recommendations as appropriate.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	No

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Issues relating to the planning provision and/or operation of health services	<u>Date</u> April 2019, May 2019, July 2019
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

## **Briefing note:**

### **Update on Progress against Southern Health's CQC Report**

#### **Overview**

On 3 October 2018, the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. A summary of the key findings from the inspection, as well as the latest update on progress against these is contained in this briefing paper.

This is in addition to update briefing papers we provided to HASC in November and June 2019.

#### **A recap of the CQC report**

The Care Quality Commission published its comprehensive report in October 2018, following a series of inspections that year – the first report of its type since 2014.

Whilst the Trust overall rating remains one of 'requires improvement', significant and numerous positive changes were recognised by the regulator and the overall picture is one of steady progress. More than 84% of service areas are now rated as 'good' or 'outstanding'. Of particular note, our community services across Hampshire are now rated 'good' overall, and our learning disability inpatient services and our long stay mental health rehabilitation wards are rated 'outstanding' overall.

The report also reflects the significant strides the Trust has made to improve its relationship and involvement with patients/service users and their families and carers, with the CQC feedback showing that: *'Staff had made a genuine commitment to engaging with patients. We saw that they were patient and diligent in helping patients express their views, and liaised with them in all aspects of their care. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.'*

The report describes how staff told inspectors they now feel more valued and supported, and that the CQC has seen a positive change in culture at Southern Health. The report has provided additional confidence that the organisation's approach is making headway, and the Trust remains committed to building on this as there is clearly more work to do - particularly in relation to our staffing levels and ensuring there are enough trained staff to best support patients. Southern Health remains committed to continuously improving its services to deliver the best possible care.

#### CQC ratings summary table

On the next page are the Trust CQC summary rating tables which show ratings for each domain (safe, effective, caring, responsive, well-led, and overall) against each core service from 2014 and the report from October 2018 (note, I=inadequate, RI=requires improvement, G=good, O=outstanding) – as a point of comparison:

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#### **OUR VALUES**



CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>2014</b>						
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services - adults	RI	G	G	RI	G	RI
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	RI	G	G	G	G	G
Community end of life care	RI	RI	G	G	G	RI
Urgent care	RI	RI	G	RI	RI	RI
Acute wards for adults of working age & PICUs	RI	RI	G	RI	RI	RI
Long-stay/rehab mental health wards	G	G	G	G	G	G
Forensic inpatient or secure wards	I	G	G	G	RI	RI
Child/adolescent mental health wards	RI	RI	G	G	G	RI
Wards for older people with MH problems	RI	G	G	G	G	G
Wards for people with a learning disability/autism	RI	RI	G	G	RI	RI
Community mental health services	G	G	G	G	G	G
MH crisis services / health-based places of safety	RI	RI	G	RI	RI	RI
Community mental health services for older people	G	G	G	G	G	G
Community services for people with a learning disability/autism	G	G	G	G	RI	G
Eating Disorder service (not inspected in 2018) *	G	G	G	G	G	G
Perinatal services (not inspected in 2018) *	O	O	O	O	O	O

\* These services were not included in the aggregation of the overall provider rating

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>2018</b>						
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services for adults	G	G	O	G	G	G
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	G	G	G	G	G	G
Community end of life care	G	RI	G	G	G	G
Urgent care	G	G	G	G	G	G
Acute wards for adults of working age & PICUs	RI	G	G	G	RI	RI
Long-stay/rehab mental health wards	G	G	G	O	O	O
Forensic inpatient or secure wards	G	G	G	G	G	G
Child/adolescent mental health wards	RI	G	G	G	RI	RI
Wards for older people with MH problems	RI	RI	G	I	RI	RI
Wards for people with a learning disability/autism	G	G	O	O	G	O
Community mental health services	G	RI	G	G	G	G
MH crisis services / health-based places of safety	G	RI	G	G	RI	RI
Community mental health services for older people	G	RI	G	G	G	G
Community services for people with a learning disability/autism	G	G	O	G	G	G
Eating Disorder service (not inspected in 2018)	G	G	G	G	G	G
Perinatal services (not inspected in 2018)	O	O	O	O	O	O

In summary, as well as some encouraging feedback, the CQC report also recommended:

- 20 actions the Trust 'must' take in order to comply with its legal obligations
- 74 actions the Trust 'should' take to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in the future or to improve services
- 7 Requirement Notices relating to the legal requirements the Trust was not meeting

Some of the recommendations were the same across different core services. We therefore recorded one overall action and recorded the others as duplicates.

Note: The two uncompleted actions in the 2017 Improvement Plan (CQC) have been added to the current plan – these were to improve response times to complaints and to implement Self Administration Policy on (ISD) wards. With the addition of the two actions above, a total of 71 actions are being tracked in the QIP.

### **Progress**

A Quality Improvement Plan (QIP) was developed in collaboration with clinical and corporate leads, using the CQC actions/recommendations and quality metrics, and submitted to the CQC in November 2018.

In order to more effectively address the issues raised by CQC, the Trust then introduced a themed approach to management of the plan with a focus on quality improvement methodologies and the outcomes we want to achieve to improve patient care and experience. The actions are grouped into seven overarching themes with identified executive/theme leads and action owners and mapped to existing reporting structures.

The seven themes are:

- Workforce
- Safeguarding
- End of Life Care
- Records Management
- Medicines Management
- Privacy and Dignity
- Operational/Patient Safety

This Trust-wide Quality Improvement Plan has executive-level ownership for each theme, and it is hoped that the themed approach will ensure staff and stakeholders better understand the improvements required and how progress is being made against each theme.

Monitoring of progress and initial validation of the evidence to record an action as 'complete-unvalidated' takes place at the relevant workstream reporting meeting. Final validation that there is sufficient evidence to record an action as complete takes place at a monthly evidence review panel chaired by the Director of Nursing.

Progress dashboards and exception reports provide an update for the action plan with a summary of completed actions and any risks to actions not being completed within the deadlines identified. Exception reports are submitted to the Trust Executive Committee (weekly), Senior Management Committee (monthly) and to the Quality and Safety Committee, with a summary presented to Trust Board.

**The Quality Improvement Plan has 63/71 (89%) process actions completed and 45/71 (63%) outcome actions achieved, as at 12 December.**

This compares to 58/71 (82%) and 37/71 (52%) as at 4 November 2019 – when we last shared a progress update with the HASC.

In total, there are three (4%) process actions overdue and five (7%) outcome actions overdue, as at 12 December. (As noted in the last update, there have been some challenges to completion of actions during the transition to the new divisional structures; in the light of changes to action owners and infrastructures for monitoring and driving through actions).

Quality Improvement Plan (CQC) 2018 Dashboard																				
RAG status	Overdue (P/O): 4% 7%		At risk (P/O): 0% 0%		On track (P/O): 0% 8%		Unvalidated (P/O): 7% 21%		Completed (P/O): 89% 63%											
	Mar-19		Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Oct-19		Nov-19		Dec-19	
	Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	4	2	3	6	2	6	2	5	5	5	6	6	3	5	3	6	3	6	3	5
At risk	2	2	1	0	0	1	2	1	0	3	1	5	1	3	0	0	0	0	0	0
On track	38	53	26	45	19	35	11	32	8	26	3	18	2	12	0	7	0	7	0	6
Complete- Unvalidated	10	7	14	9	15	12	13	12	12	16	10	17	11	22	10	21	5	13	5	15
Completed	17	7	27	11	35	17	43	21	46	21	51	25	54	29	58	37	63	45	63	45
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71

In conclusion, we are on track to complete the majority of the Quality Improvement Plan actions by the end of December 2019 with one action to be completed in 2020 as it is linked to a national programme.

Some examples of completed actions, where real progress has already been made, include:

- We have increased the number of staff on duty at night at Romsey Hospital with two nurses and two healthcare support workers now rostered at night to ensure a better patient experience and ensure patient safety.
- We have transferred some beds from Romsey Hospital to Lymington Hospital to improve the privacy and dignity of patients at Romsey Hospital.
- We have introduced specific clinics to complete health reviews for children in care which has reduced waiting times for assessment and meant children are being seen in a timely way.
- We have developed a bereavement survey which is being piloted in our community hospitals between January and March 2020 to gain feedback from families to improve our service to people who are at ‘end of life’.

**CQC 2019 Inspection: Core Services with Well-led Inspection**

Further to its 2018 inspections and subsequent report, the CQC also visited the Trust in October 2019 and completed the inspection of four of the Trust’s Core Services - Acute and PICU, Crisis, CAMHS and OPMH.

These unannounced visits gave teams the opportunity to demonstrate the changes they have been making since the previous year’s inspection. Initial informal feedback following these visits was shared

by the CQC; they told us that they found the inspections to be a positive experience overall and commented on the caring, compassionate and welcoming staff they met and spoke with during their visits.

A 'well-led' review then took place on the 19 and 20 of November 2019 with the CQC interviewing Executive and Non-Executive Directors as well as some other senior managers and user involvement facilitators. The CQC attended the Board meeting on 19 November and listened to a presentation about the Trust and all the transformation that has occurred thus far, as well as plans for the future. Initial informal feedback following the well-led inspection was shared by the CQC - they told us they saw positive changes in the culture and the way the Trust works and commented on 'step change' improvements made in user engagement.

The draft CQC inspection report is now expected in January 2020. Recommendations made in this report will form the basis of the next quality improvement plans and we will share the findings with the HASC at the earliest opportunity.

### **Any questions?**

If you have any questions or would like further information, please contact:

- Quality Improvement Plan 2018 - Briony Cooper, Programme Lead: on 023 8087 4009 or via email: [qualityPMO@southernhealth.nhs.uk](mailto:qualityPMO@southernhealth.nhs.uk)
- CQC Inspections - Tracey McKenzie, Head of Quality Assurance (interim): on 023 8087 4288 or via email: [qualityPMO@southernhealth.nhs.uk](mailto:qualityPMO@southernhealth.nhs.uk)

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# Hampshire Hospitals NHS FT Update of Progress since CQC Inspection July 2018

**Julie Dawes – Chief Nurse**

**Sarah Mussett – Head of Quality Programme**

# This is where we were.....

## CQC published inspection to HHFT in September 2018:

Section 31 notice of decision(urgent and emergency care)

Section 29a warning notice (privacy and dignity, equipment, training)

8 requirement notices

A number of 'must-do's'

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# Our Progress.....

Our weekly meeting reviews the key issues we are concerned about and reviews the Quality Recovery Plan Dashboard to ensure we are regularly reviewing progress.

Our CQC action plan has the following status to its actions:

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<b>Overdue</b>	<b>0</b>
<b>Partially met</b>	<b>26</b>
<b>On track</b>	<b>0</b>
<b>Complete</b>	<b>190</b>
<b>New actions</b>	<b>0</b>
<b>Completed but needs to be monitored</b>	<b>13</b>
<b>Total number of actions</b>	<b>229</b>

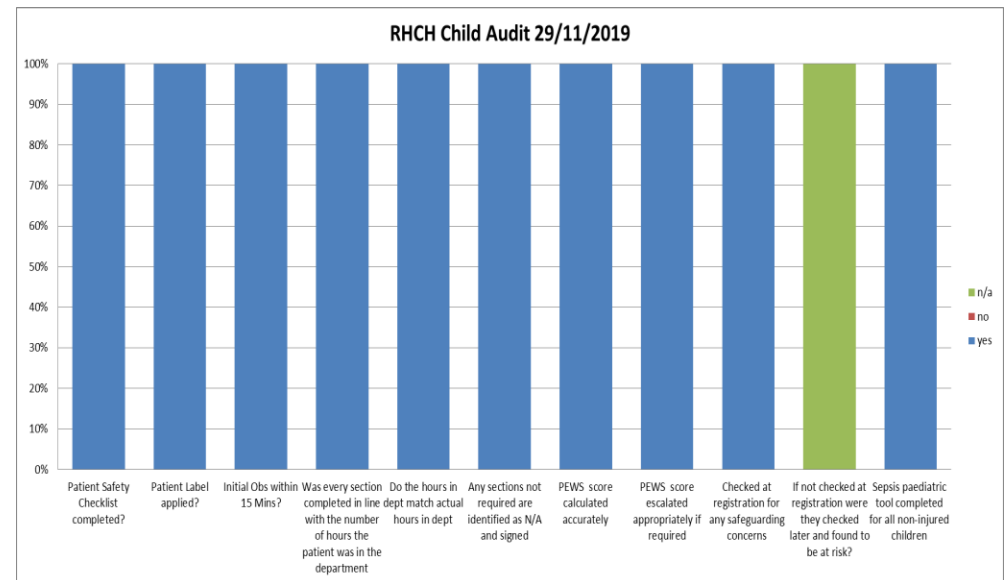
# Our Progress – Emergency Care

We are delighted to report that CQC lifted the section 31 notice to improve on our Emergency Departments.

They have recognised the improvements that have been made in all the 5 conditions from the 2018 inspection and the 4 must dos from the January 2019 inspection to Basingstoke.

Page 46

- Paediatric Care
- Staff Recruitment
- Safety Checklist
- Paediatric Environment
- Staff Training



# Our Progress – Emergency Care

## Environmental Changes

Both Emergency Departments have;

- New Rapid Assessment and Treatment areas (RAT's) to help the flow of patients
- New Paediatric Assessment Units

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# Our Progress – Mental Health and Learning Disabilities

## Recruitment of Lead Nurses for Mental Health and Learning Disabilities

- Educate staff
- Provide specialist advise on patient care
- Link with the Mental Health and Learning Disabilities services

## Core24 Mental Health Liaison Services

- Now agreed with CCG and in place

## Mental Health Act Manager

- Expert in the application and paperwork supporting the Mental Health Act

# Our Progress – Medical Equipment and Health & Safety

- Separate Committees reporting directly to Quality and Performance Committees – Executive Oversight
- Equipment asset tagging, servicing and training improved
- Capital replacement programme
- Environmental risk assessments – all clinical areas
- Ligature management programme

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## Mandatory Health and Safety Training

HHFT Mandatory Health and Safety Training

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## H&S Risk Assessment

This course aims are to give an understanding of the importance of risk assessment and current applicable legislation, to promote awareness and understanding of what constitutes a hazard,

to promote understanding of the 5 steps of carrying out a risk assessment, and to give an understanding of different control measures and how these might be implemented.

By the end of this session, candidates will understand the importance of risk assessment and current applicable legislation, understand what constitutes a hazard, understand the hierarchy of controls, and be able to carry out a risk assessment.



# Our Progress – Good Governance

- Duty of Candour Training
- Mental Capacity Training
- Implementing Accessible Information Standard
- Improving complaints handling

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## Reduction in Mixed Sex Accommodation Breaches

### Your information your way

Do you need information  
in a different way?



Do you need support?





# Our Progress - Well-Led Domain

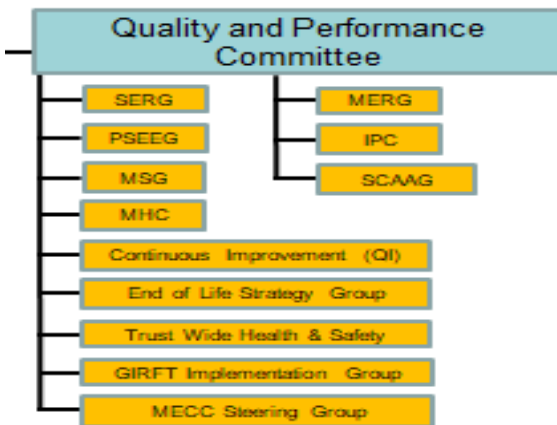
## Recruitment of Two Non-Executive Directors for Quality

Simon Holmes  
and Ruth Williams



## New Quality and Performance Committee & Quality Structure

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### Key

- PSEEG** – Patient safety effective experience group
- PEG** – Patient Experience Group
- DTC** – Drugs and Therapeutics Committee
- H,S&R** – Health, Safety and Risk
- TRAPAG** – Trust Radiation Protection Advisory Group
- PAG** – Policy Approval Group
- SERG** – Serious Event Review Group
- EOLC** – End of Life Care
- MERG** – Medicines Event Review Group
- IPC** – Infection Prevention Committee
- HTA** – Human Tissue Authority
- MCEG** – Membership and Community Engagement Group
- MSG** – Mortality Surveillance Group
- MHC** – Mental Health Committee
- IPC** – Infection, Prevention and Control
- SCAAG** – Safeguarding Children and Adults Assurance Group

# Our Progress – Continuing to Improve

- Staff Engagement / Culture Change Programme
- Appraisal rates currently 84% against a 90% target
- Board Assurance Framework Revised – Divisions now renewing their Risk Registers
- Complaints response time – now a Quality Improvement project
- Clinical Recruitment – Overseas Nurses Recruitment and support in place
- Estate maintenance
- Continued focus on Mental Health Act training
- Patient Flow / Bed Moves

# Forthcoming Inspection

- CQC inspection will take place during January 2020
  - Focus groups took place in November
  - Unannounced inspection
  - Four core service lines
- Page 53
- CQC attending January Trust Board and Quality and Performance Committee
- Well-led interviews with the Board and key members of staff scheduled for 11 / 12 February 2020
  - Report and outcome for factual accuracy – April / May 2020

# Rating at Previous Inspection

	Safe	Effective	Caring	Responsive	Well-led
CQC	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

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# Trust Self-Assessment prior to Inspection

	Safe	Effective	Caring	Responsive	Well-led
Provider wide	Requires Improvement ↔	Good ↑	Good ↔	Requires Improvement ↔	Good ↑

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee		
<b>Date:</b>	15 January 2020		
<b>Title:</b>	2020/21 Revenue Budget for Public Health		
<b>Report From:</b>	Director of Public Health and Deputy Chief Executive and Director of Corporate Resources		
<b>Contact name:</b>	Simon Bryant, Director of Public Health Dave Cuerden, Finance Business Partner		
<b>Tel:</b>	01962 845875 01962 847473	<b>Email:</b>	<a href="mailto:simon.bryant@hants.gov.uk">simon.bryant@hants.gov.uk</a> <a href="mailto:dave.cuerden@hants.gov.uk">dave.cuerden@hants.gov.uk</a>

#### Purpose of this Report

1. The purpose of this report is to set out proposals for the 2020/21 budget for Public Health services within the Department in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2019.
2. The Executive Member for Public Health is requested to approve the budget proposals for submission to Cabinet and full County Council in February 2020.

#### Recommendations

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and:

3. Support the recommendations being proposed to the Executive Member for Public Health.
4. Agree any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision.

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## DRAFT

5. This strategy has served the County Council, and more particularly its services and community well, as it has delivered transformation programmes on time and on budget with maximum planning and minimum disruption. Put simply, it is an approach that has ensured Hampshire County Council has continued to avoid the worst effects of funding reductions that have started to adversely affect other local authorities and enabled us to sustain some of the strongest public services in the country.
6. In line with this strategy there will be no new savings proposals presented as part of the 2020/21 budget setting process. Savings targets for 2021/22 were approved as part of the Medium Term Financial Strategy (MTFS) in July 2018 and detailed savings proposals have been developed through the Transformation to 2021 (Tt2021) Programme which were agreed by Cabinet and County Council during October and November last year. Any early achievement of resources from proposals during 2020/21 as part of the Tt2021 Programme will be retained by departments to use for cost of change purposes.
7. Alongside this, delivery of the Transformation to 2019 (Tt2019) Programme continues. The anticipated delay to delivery of some elements of the programme has been factored into our financial planning and whilst sufficient one-off funding exists both corporately and within departments to meet any potential gap over the period, the need to commence the successor programme does mean that there will be overlapping change programmes.
8. The report also provides an update on the financial position for the current year within the context that the Public Health grant has been reduced by a further 2.7% (£1.3m) in 2019/20. Overall the outturn forecast for the Department for 2019/20 is a budget under spend of £0.1m. Although it should be noted that the budget for 2019/20 includes a draw on the Public Health reserve of £2.9m.
9. The proposed budget for 2020/21 analysed by service is shown in Appendix 1.
10. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2019/20 and detailed service budgets for 2020/21 for Public Health. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Social Care Select Committee. It will be reported to the Leader and Cabinet on 3 February 2020 to make final recommendations to County Council on 13 February 2020.

### **Section D: Contextual Information**

11. The current financial strategy which the County Council operates, works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of



## DRAFT

change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.

12. The County Council's action in tackling its forecast budget deficit and providing funding in anticipation of further reductions, has placed it in a very strong position to produce a 'steady state' budget for 2020/21, giving itself the time and capacity to develop and implement the Transformation to 2021 (Tt2021) Programme to deliver the next phase of savings totalling £80m. This also avoids the worst effects of sudden and unplanned decisions on service delivery and the most vulnerable members of the community. Consequently, there are no departmental savings targets built into the 2020/21 budget. However, other factors will still affect the budget, such as council tax decisions and inflation.
13. The Spending Round 2019 (SR2019) announcement took place on 4 September and the content of the proposed settlement and the issues it addressed were pleasing to see as they mirrored the key issues that we have been consistently raising for some time directly with the Government and through our local MPs.
14. In overall terms, there was a net resource gain to the County Council, albeit that is only for one year at this stage. However, the cost pressures we face, particularly in adults' and children's social care services are significantly outstripping the forecasts that were included in the original Tt2021 planning figures.
15. Without the additional injection of funding, the County Council would have faced a revised deficit position of nearly £106m by 2021/22, but the additional resources bring us back to a broadly neutral position. It is worth highlighting that the additional grant from the £1bn plus the 2% adult social care precept generates additional resources of around £29m for the County Council, but this must be measured against growth pressures and inflation across adults' and children's social care services which total nearly £57m for 2020/21 alone.
16. The Autumn Budget which was planned for 6 November was cancelled and it is now anticipated that there will be a Budget in Spring 2020. The provisional Local Government Finance Settlement was announced on 20 December 2019 and confirmed the grant figures and council tax thresholds for 2020/21 in line with the SR2019 and the clarification provided in the subsequent technical consultation. The final grant settlement for 2020/21 is not due out until this report has been dispatched, however it is not anticipated that there will be any major changes to the figures that were released in December 2019.
17. The Public Health team have been developing its service plans and budgets for 2020/21 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below.

### **Section E: Departmental Challenges and Priorities**

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18. The Health and Social Care Act (2012) transferred responsibility for the local leadership of public health from the NHS to upper tier and unitary authorities and conferred on them a new duty to take appropriate steps to improve the health of the people in their area.
19. Historically the ring-fenced Public Health grant enabled local authorities to discharge this responsibility. In December 2017 it was announced that the current ring-fence would cease from 2020/21. At this time, whilst there has not been an official formal notification to the contrary it remains uncertain that the ring-fence will be removed from April 2020. The removal of the ring-fence thereof continues to be the plan on which the future financial position for Public Health in 2020/21 is based upon.
20. As per the November 2015 spending review, there has been, since 2015/16, a programme of reductions in the Public Health grant allocation for Hampshire County Council. The total confirmed cash reduction in grant allocation from the 2015/16 baseline up to and including 2019/20 was £8.3m with no further cash reduction planned for 2020/21 as outlined in the table below.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
% Cash reduction	-6.20%	-2.30%	-2.50%	-2.60%	-2.60%	0.00%
£M HCC allocation reduction	-£3.05	-£1.24	-£1.32	-£1.34	-£1.34	£0
£M HCC allocation	£46.16	£53.49*	£52.17	£50.83	£49.49	£49.49

\*2016/17 includes an increase to reflect the full year allocation for the transfer of public health services for children aged 0-5 that began in October 2015.

The level of national grant for 2020/21 is subject to speculation but there has not been formal notification of individual allocations to local authorities to date. The budget has therefore been set on the expectation of a grant equivalent to that received in 2019/20 of £49.5m.

21. Since 2015/16, against the programmed reduction in grant of £8.3m, the Public Health team are forecast to deliver £2.1m in 2020/21, (bringing the total to £7.9m) in addition to delivering Tt2021 savings of £1.3m. In cash terms the total saving in year will equate to £3.4m. The Public Health team have developed a programme of work to build upon the efficiencies and savings that have already been achieved to meet the remaining saving of £2.5m to offset the grant reduction during 2020/21 and 2021/22 in addition to delivering the total Tt2021 savings of £6.8m by 2022/23.
22. It should be emphasised that the above are cash reductions of £8.3m in the ring-fenced grant. In real terms over the five years the level of reduction is significantly greater. To mitigate this, any inflationary pressures, for example, on staffing costs or existing contracts, have had to be accommodated within the available specific grant income.

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23. The recent reduction in the Public Health grant and the programmed Tt2021 savings inevitably presents challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Careful planning, delivery and evaluation of evidence-based interventions will ensure that the available public health resources are focused on the key public health priority areas identified in the Public Health Strategy 'Towards a Healthier Hampshire', and these are set out below.
24. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Hampshire's residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly dementia and cardio-vascular disease, and the demand for health and social care services; enabling access to comprehensive good value for money sexual health services through transformation providing public health expertise and leadership to NHS commissioners and the Sustainability and Transformation Partnership (STP) to inform the planning and commissioning of health services and delivering health protection responsibilities.
25. A focus on improved outcomes and increased quality in the public health commissioned services remains a priority alongside leadership of public health for Hampshire.
26. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems. The Public Health nursing service has recently been recommissioned with a view to supporting Hampshire's vulnerable families at a time of resource constraint. This will be led through an active partnership between commissioner and provider.
27. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge in Hampshire. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the

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norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. The Stop Smoking Service focuses on both the whole population and aims to increasing quit rates, especially in vulnerable individuals and communities. This requires strategic leadership and collaboration to change the system alongside effective services for the population.

28. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and for the Demand Management and Prevention Programme.
29. Public Health leadership of violence reduction has further progressed with leadership of the local Violence Reduction Unit for Hampshire. This sees the team working closely with the Office of the Police and Crime Commissioner and Hampshire Constabulary. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact.
30. Poor mental health represents a significant burden of disease in the County and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. An EU partnership grant focusing on improving male health is enhancing our capacity in this important area. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. An updated Emotional Health and Wellbeing Strategy for children and young people has recently been published. Partnership working across the County Council, the NHS, voluntary sector and service users will help to drive this agenda forward.
31. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Hampshire population and empowers and enables people to recover from alcohol and/or drug dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work.
32. Sexual Health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation and shifting more activity from face to face to digital interventions.

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33. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with Public Health England and NHS England. The Emergency Planning responsibilities are delivered through work with the Emergency Planning teams in the County Council and wider Local Resilience Forum (LRF) partners.
34. To ensure delivery of the Joint Strategic Needs Assessment on behalf of the Hampshire Health and Wellbeing Board the team continues deliver key analysis for partners including working with the developing Primary Care Networks. Our leadership of Population Health Management will enable more effective delivery of healthcare for the system.
35. Nationally and within the Hampshire and Isle of Wight STP there is a welcome renewed focus on population health and prevention. The north east of Hampshire is part of the Frimley Integrated Care System where there are similar focuses on population health, prevention and delivery through place. The DPH provides leadership to both these work programmes supported by the Public Health consultant team.
36. Hampshire County Council has now agreed a formal partnership to provide the leadership of public health on the Isle of Wight, (IOW). This arrangement commenced in September 2019 following eighteen months of interim leadership support. The partnership will be reviewed on an ongoing basis and is already demonstrating successes. The partnership has increased Public Health capacity across the councils, maintaining the high quality of services across Hampshire whilst improving the quality of service delivery on the Island.
37. In October 2016 the Public Health team and Adult Services Department were joined to form the Adults' Health and Care Department. Although Public Health is reported in detail within this report the position is summarised within the Adult Social Care report to provide a departmental wide view for Adults' Health and Care.

### **Section F: 2019/20 Revenue Budget**

38. The cash limited budget for 2019/20 was set to fully utilise the ring-fenced government grant for Public Health, together with planned use of £2.9m of the Public Health reserve.
39. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
40. The expected outturn forecast for 2019/20 is a budget under spend of £0.1m against the budget that includes both, the in year grant allocation and the budgeted use of £2.9m from the Public Health reserve. In effect this under spend reflects a lower than originally expected draw on the Public Health

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reserve and will therefore be reported at year end as a zero variance on the revenue budget with a greater balance being held on the Public Health reserve.

41. As at April 2019, the closing balance of the Public Health reserve was forecast to be £4.6m by 31 March 2020, after budgeted the use of £2.9m in year. In light of the early realisation of savings plans it is now forecast that the balance at year end will be £4.7m.
42. The under spend has been achieved by planned work to deliver efficiencies and innovation within existing services in advance of future reductions in funding. This work has included holding vacancies in the Public Health team and making reductions in contractual and non contractual spend. At the end of 2019/20, it is anticipated that there will be £2.5m outstanding to offset the grant reduction of £8.3m.
43. The budget for Public Health has been updated throughout the year and the revised budget is shown in Appendix 1.

### **Section G: 2020/21 Revenue Budget Pressures and Initiatives**

44. At a national level it has been confirmed that the Public Health grant will increase in line with inflation of 1% and the Department of Health and Social Care's contribution will grow in line with the additional investment in the National Health Service in 2020/21. However, in the absence of confirmed allocations for local authorities, the provisional Public Health grant for 2020/21 had been assumed as the starting point for this budget setting round. The provisional grant allocation for 2020/21 is £49.5m for Hampshire County Council, which represents a cash neutral position from the grant awarded for 2019/20. Should the grant allocation increase from this level this will be reflected within the Public Health budget for 2020/21 at a later date.
45. Whilst further cash reductions in grant are not anticipated for future years it is anticipated that Tt2021 savings of £1.3m will be delivered during 2020/21 in line with the programme targets and is reflected as such within the proposed 2020/21 budget. To meet the challenge presented by the confirmed reductions in the Public Health grant, the service has been reviewing and re-procuring existing service and contractual commitments to ensure the best use of resources to optimise outcomes for the residents of Hampshire.
46. The 2020/21 budget is based on the utilisation of £0.7m of the Public Health reserve to meet the difference between the grant funding and the planned one off and recurring expenditure of £50.2m for the year. The budgeted use of the Public Health reserve for 2020/21 coupled with the 2019/20 forecast under spend, leaves an anticipated £4.0m within the Public Health reserve available from 2020/21. This will be utilised to provide short term one-off funding allowing time to further review existing contracts and drive out more sustainable efficiencies as required by Tt2021.

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47. At the end of 2020/21 it is forecast that £2.1m of additional savings will be achieved to offset the grant reductions bringing the cumulative total to £7.9m out of the £8.3m required. This saving will be achieved alongside delivery of Tt2021 programmed savings of £1.3m.
48. The remaining saving of £0.4m to offset the grant reductions will be achieved during 2021/22 whilst the remaining Tt2021 saving of £5.5m will be achieved by 2022/23.

### **Section H: Revenue Savings Proposals**

49. In line with the current financial strategy, there are no new savings proposals presented as part of the 2020/21 budget setting process. Savings targets for 2021/22 were approved as part of the MTFs by the County Council in July 2018. Savings proposals to meet these targets have been developed through the Tt2021 Programme and were approved by Executive Members, Cabinet and County Council in October and November last year.
50. Some savings will be implemented prior to April 2021 and any early achievement of savings in 2020/21 can be retained by departments to meet cost of change priorities. It is anticipated that £1.3m of savings will be achieved in 2020/21 and this has been reflected in the detailed estimates contained in Appendix 1.
51. There has not been any formal announcement regarding the status of the Public Health grant in 2020/21. Should it be announced that the ring-fence remains in 2020/21 the approach required to meet the Tt2021 savings will need to be reviewed.

### **Section I: Budget Summary 2020/21**

52. The budget update report will be presented to Cabinet on 6 January and includes provisional cash limit guidelines for each department. The cash limit for Public Health in that report is £50.2m, a £2.2m decrease on the previous year.
53. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Public Health for 2020/21 and show that these are within the provisional cash limit set out above.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	<b>Yes / No</b>
<b>People in Hampshire live safe, healthy and independent lives:</b>	<b>Yes / No</b>
<b>People in Hampshire enjoy a rich and diverse environment:</b>	<b>Yes / No</b>
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	<b>Yes / No</b>

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Transformation to 2021 – Revenue Savings Proposals (Executive Member for Public Health) <a href="http://democracy.hants.gov.uk/documents/s38107/Report.pdf">http://democracy.hants.gov.uk/documents/s38107/Report.pdf</a>	16 September 2019
Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals <a href="http://democracy.hants.gov.uk/documents/s39439/MTFS%20Tt2021%20Report.pdf">http://democracy.hants.gov.uk/documents/s39439/MTFS%20Tt2021%20Report.pdf</a>	Cabinet – 15 October 2019 County Council – 7 November 2019
Budget Setting and Provisional Cash Limits 2020/21 (Cabinet) <a href="http://democracy.hants.gov.uk/documents/s42775/Dec%20Report%20-%20Cabinet%20-%20FINAL.pdf">http://democracy.hants.gov.uk/documents/s42775/Dec%20Report%20-%20Cabinet%20-%20FINAL.pdf</a>	6 January 2020
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p><b>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</b></p>	
<u>Document</u>	<u>Location</u>
None	



## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

The budget setting process for 2020/21 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2021 Programme were considered in detail as part of the approval process carried out in October and November 2019 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 5 to 8 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/documents/s39444/Appendix%205%20ASC%20EIAs.pdf>

## APPENDIX 1

### Budget Summary 2020/21 – Public Health

<b>Service Activity</b>	<b>Original Budget 2019/20 £'000</b>	<b>Revised Budget 2019/20 £'000</b>	<b>Proposed Budget 2020/21 £'000</b>
Children and Young People (*)	23,800	23,800	22,667
Infection Prevention and Control	5	5	5
Mental Health and Wellbeing	2,121	2,121	1,921
Older People	866	866	866
Central (*)	2,924	2,924	2,814
Information and Intelligence	16	16	17
Nutrition, Obesity and Physical Activity	515	515	515
Drugs and Alcohol	9,245	9,245	8,576
Tobacco	2,209	2,209	2,209
Dental	180	180	180
Health Checks (*)	1,211	1,211	1,211
Misc Health Improvements and Wellbeing (**)	108	108	108
Sexual Health (*)	9,218	9,218	9,130
<b>Net Cash Limited Expenditure</b>	<b>52,418</b>	<b>52,418</b>	<b>50,219</b>

\* Includes mandated services

\*\* Specific services include:

- Domestic abuse services
- Mental Health promotion
- Some Childrens' and Youth Public Health services

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee		
<b>Date:</b>	15 January 2020		
<b>Title:</b>	2020/21 Revenue Budget for Adult Social Care		
<b>Report From:</b>	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources		
<b>Contact name:</b>	Graham Allen, Director of Adults' Health and Care Dave Cuerden, Finance Business Partner		
<b>Tel:</b>	01962 845875 01962 847473	<b>Email:</b>	<a href="mailto:graham.allen@hants.gov.uk">graham.allen@hants.gov.uk</a> <a href="mailto:dave.cuerden@hants.gov.uk">dave.cuerden@hants.gov.uk</a>

#### Purpose of this Report

1. The purpose of this report is to set out proposals for the 2020/21 budget for Adult Social Care services within the Department in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2019.
2. The Executive Member for Adult Social Care and Health is requested to approve the budget proposals for submission to Cabinet and full County Council in February 2020.

#### Recommendations

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and:

3. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health.
4. Agree any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision.

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**HAMPSHIRE COUNTY COUNCIL**

**Decision Report**

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	15 January 2020
<b>Title:</b>	2020/21 Revenue Budget Report for Adult Social Care
<b>Report From:</b>	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

**Contact name:** Graham Allen, Director of Adults' Health and Care  
Dave Cuerden, Finance Business Partner

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01962 847473      [dave.cuerden@hants.gov.uk](mailto:dave.cuerden@hants.gov.uk)

**Section A: Purpose of this Report**

1. The purpose of this report is to set out proposals for the 2020/21 budget for Adult Social Care in accordance with the Council's Medium Term Financial Strategy (MTFS) approved by the County Council in November 2019.

**Section B: Recommendation(s)**

To approve for submission to the Leader and the Cabinet:

2. The revised revenue budget for 2019/20 as set out in Appendix 1.
3. The summary revenue budget for 2020/21 as set out in Appendix 1, subject to approval by Cabinet of the provisional cash limits.
4. The proposed fees and charges as set out in Appendix 2.

**Section C: Executive Summary**

5. The deliberate strategy that the County Council has followed to date for dealing with grant reductions and the removal of funding that was historically provided to cover inflation, coupled with continued demand pressures over the last decade is well documented. It involves planning ahead of time, through a two-yearly cycle, releasing resources in advance of need and using those resources to help fund transformational change.

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6. This strategy has served the County Council, and more particularly its services and community well, as it has delivered transformation programmes on time and on budget with maximum planning and minimum disruption. Put simply, it is an approach that has ensured Hampshire County Council has continued to avoid the worst effects of funding reductions that have started to adversely affect other local authorities and enabled us to sustain some of the strongest public services in the country.
7. In line with this strategy there will be no new savings proposals presented as part of the 2020/21 budget setting process. Savings targets for 2021/22 were approved as part of the Medium Term Financial Strategy (MTFS) in July 2018 and detailed savings proposals have been developed through the Transformation to 2021 (Tt2021) Programme which were agreed by Cabinet and County Council during October and November last year. Any early achievement of resources from proposals during 2020/21 as part of the Tt2021 Programme will be retained by departments to use for cost of change purposes.
8. Alongside this, delivery of the Transformation to 2019 (Tt2019) Programme continues. The anticipated delay to delivery of some elements of the programme has been factored into our financial planning and whilst sufficient one-off funding exists both corporately and within departments to meet any potential gap over the period, the need to commence the successor programme does mean that there will be overlapping change programmes.
9. The report also provides an update on the financial position for the current year. Overall the outturn forecast for the Department for 2019/20 is a budget under spend of £0.4m.
10. The proposed budget for 2020/21 analysed by service is shown in Appendix 1.
11. The report also reviews the level of charges for the provision of services which require approval and provides a summary of these charges in Appendix 2.
12. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2019/20 and detailed service budgets for 2020/21 for Adult Social Care within the Adults' Health and Care Department. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 3 February 2020 to make final recommendations to County Council on 13 February 2020.

### **Section D: Contextual Information**

13. The current financial strategy which the County Council operates, works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of

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change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.

14. The County Council's action in tackling its forecast budget deficit and providing funding in anticipation of further reductions, has placed it in a very strong position to produce a 'steady state' budget for 2020/21, giving itself the time and capacity to develop and implement the Transformation to 2021 (Tt2021) Programme to deliver the next phase of savings totalling £80m. This also avoids the worst effects of sudden and unplanned decisions on service delivery and the most vulnerable members of the community. Consequently, there are no departmental savings targets built into the 2020/21 budget. However, other factors will still affect the budget, such as council tax decisions and inflation.
15. The Spending Round 2019 (SR2019) announcement took place on 4 September and the content of the proposed settlement and the issues it addressed were pleasing to see as they mirrored the key issues that we have been consistently raising for some time directly with the Government and through our local MPs.
16. In overall terms, there was a net resource gain to the County Council, albeit that is only for one year at this stage. However, the cost pressures we face, particularly in adults' and children's social care services are significantly outstripping the forecasts that were included in the original Tt2021 planning figures.
17. Without the additional injection of funding, the County Council would have faced a revised deficit position of nearly £106m by 2021/22, but the additional resources bring us back to a broadly neutral position. It is worth highlighting that the additional grant from the £1bn plus the 2% adult social care precept generates additional resources of around £29m for the County Council, but this must be measured against growth pressures and inflation across adults' and children's social care services which total nearly £57m for 2020/21 alone.
18. The Autumn Budget which was planned for 6 November was cancelled and it is now anticipated that there will be a Budget in Spring 2020. The provisional Local Government Finance Settlement was announced on 20 December 2019 and confirmed the grant figures and council tax thresholds for 2020/21 in line with the SR2019 and the clarification provided in the subsequent technical consultation. The final grant settlement for 2020/21 is not due out until this report has been dispatched, however it is not anticipated that there will be any major changes to the figures that were released in December 2019.
19. Adults' Health and Care has been developing its service plans and budgets for 2020/21 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below.

### **Section E: Departmental Challenges and Priorities**

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20. At a national and local level, the long term financial forecast for Adult Social Care remains challenging as we are seeing demand continuing to increase at a faster rate. This includes the growth in the numbers of adults with eligible care needs, including an increase in the number of vulnerable/frail older people (particularly those aged 85 or above), growing complexity of care needs e.g. the increasing prevalence of multiple conditions including higher levels of dementia, and sustained increases in the numbers and costs associated with supporting children with disabilities and complex needs transitioning to adulthood.
21. Furthermore, other factors such as the financial challenges being experienced by NHS organisations which have a direct bearing on social care pressures, regulation and the National Living Wage (NLW) are also impacting on direct provision and the independent sector in terms of increasing inflationary pressures. These pressures are also not unique to Hampshire and are representative of the position nationally. Together, growth and price pressures as outlined, have created a significant pressure on the Adult Social Care budget in 2019/20 as reported throughout the year.
22. In recent years the pressures have been partially offset through the availability of non-recurrent funding within the Integrated Better Care Fund (IBCF) and Winter Pressures grant. However, in Hampshire we have also invested a proportion of this invaluable resource to influence and implement much needed system change in particular to reduce numbers of delayed transfers of care, (DToC) out of hospital. These efforts whilst effective in the short term, will not sufficiently, over the medium term, impact on the underlying increase in demand in clients requiring adult social care services alone. This is further compounded as the element of this short-term funding used to date to directly support the underlying client base has inherently been at risk.
23. Subsequently, contained within the SR2019 it was confirmed that all non-recurrent grants received by Adult Social Care departments in 2019/20 will continue into 2020/21 at the same level thereby alleviating the immediate risk outlined above. However, as the SR2019 announcement only confirms funding for one year (2020/21) this offers security and certainty only in the short term.
24. In addition to the continuation of non recurrent grants it was also announced within the SR2019 that a further additional funding resource of £1bn nationally, alongside the possibility of local authorities being able to continue the 2% adult social care precept, would be made available to Social Care departments in 2020/21. However, this also only offers certainty for the stated period.
25. Whilst this funding is most welcome, within the context of the Department's current financial position it will only be sufficient to ameliorate a proportion of the increases in care costs over the last year, with the residual gap being subject to the achievement of a departmental cost recovery plan.
26. In essence the impact on Adults' Health and Care of the recent funding made available through SR2019 will be to partially offset the increases in costs seen over the last year alone, with no further scope to impact on likely future pressures or affect the departmental transformation targets.



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27. Due to the increasing demand pressures in the form of both volume and complexity of clients the Department is therefore required to be ever more innovative in its engagement with providers to maintain prices at a sustainable and affordable level. The need to maintain a fair price for services purchased from provider partners is critical for the stability of this market which in turn will allow the Department to ensure adequate services remain available to meet client needs into the future.
28. The recent unprecedented increases in the volumes and cost of care has made it increasingly more challenging for the Department to continue to manage the budget pressure. Despite this, at the same time, the Department has responded positively to the on-going and increasing requirement to reduce cost to offset reductions in overall Council funding. With this in mind the full Transformation to 2019 (Tt2019) saving of £55.9m was removed from the budget in 2019/20, with a further £43.1m set to be removed in 2021/22 in respect of Tt2021. These reductions in funding will be offset, in part, by regular additional annual investments of approximately £13.5m from corporate support to mitigate known areas of demographic and complexity growth.
29. In contrast to the last three years, the Department is finding it increasingly difficult to report positively when compared to earlier forecasts, indeed the position for 2019/20 has been adversely affected due to the scale of the increase in care costs which had not been fully foreseen. Consequently, this has meant that the Department will be required, in 2019/20, to make full utilisation of all available corporate support and likewise its own Cost of Change Reserve. That said the current position forecast for the Departments' Tt2019 programme would indicate that the saving is on track to be delivered in line with the agreed timescales. This has been achieved through the adoption of a challenging transformation programme that continues to be particularly successful in enabling; Social Workers to increasingly adopt a strengths-based approach, better and wider use of technology and increased Extra Care and Supported Living as an alternative to higher cost residential care.
30. 2019/20 has been a period of consolidation with small number of local structural changes such as the standing up of a separate Physical Disability Care Management team, but with no major organisational change implemented in the year. However, the Department has continued developing plans for major organisational changes as part of Tt2019 culminating in proposals with staff for consultation that will conclude in February 2020. Once finalised the changes will be fully implemented within the first six months of 2020/21.
31. Within the last two years considerable work has been undertaken by the Department to ensure that sufficient controls and approvals are in place to support the processes to maintain a reconciled budgeted staffing establishment at all times. In turn this solid platform has helped to facilitate sufficiently robust proposals to deliver staffing savings for Tt2019 and to effectively manage the budget throughout the year.
32. The supply of affordable staffing resource within the In-House Residential and Nursing Care homes continues to be a major challenge for the Department in

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part due to wider labour market challenges. There continues to be significant levels of vacancies and staff absences that are covered through higher cost agency staff, although this has reduced significantly in the last year. In large part this is due to the Department investing both time and short term financial resources to address the issue. The scale of the remaining reduction required is still material and work in this area will need to continue at pace over the next two years. The cost reduction will continue to be achieved through measures that improve permanent recruitment to vacant posts, right sizing roles and through the more efficient rostering of staff. The budget for 2020/21 is set on the basis of a full establishment and cover for absence and vacancies based on levels observed in 2019/20 with the expectation that further savings will accrue during the year. Furthermore, gains achieved in the last year on agency spend through the new agency arrangement between Hampshire County Council and Commercial Services Kent Ltd (Connect2Hampshire) are anticipated to continue and grow through a greater degree of consistency and continuity in staff resource available.

33. The demand from people of working age with physical and learning disabilities is growing more rapidly and although positive work to improve value for money in commissioning has created good financial and quality outcomes, the increase in demand through transition from childhood is beginning to outweigh this. Advances in medical care have had a positive impact on life expectancy and have meant that people with very complex needs are surviving into adulthood when historically they might not have done so. They are also living a fuller adult life and are demanding support to live as independently as possible.
34. Whilst in the medium term, this represents a growing pressure on Adult Social Care budgets the Department are focussing efforts through the Tt2019 and Tt2021 Programmes to minimise the impact of this pressure whilst improving outcomes and life experiences for service users, including employment opportunities. This will be achieved through innovation (including multi million pound investment in Technology Enabled Care and modern Extra Care housing / Supported Living) alongside efficiencies and service reductions. Additionally, the strengths-based way of operating, coupled with Least Restrictive Practise approaches have been increasingly working to mitigate costs and provide better alternatives for clients within the younger adults' service area.
35. The Government's commitment to the NLW will continue to have a substantial impact on the purchased care budget. The increase in the NLW from April 2020 was announced at the end of December 2019 and will see it rise to £8.72 from £8.21, an increase of £0.51, (6.2%) for all working people aged 25 and over. When taking decisions to set the 2020/21 budget, prior to this announcement, the Department had assumed a more modest increase of 4.8%, which was consistent with previous year increases and this was able to be met within the proposed 2020/21 budget for care packages. The subsequent announcement that the NLW would rise by a further 1.4% than had been assumed does present the possibility of a further pressure to the Department. However, should the impact of this cost filter through to the price paid for care

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in 2020/21 this cost will be met from contingencies held corporately specifically to mitigate this risk.

36. The Department is faced with care pressures arising both from the changing demography and complexity of clients, as well as the complex factors, such as tougher regulation, that change the nature of the market in which suppliers and the County Council engage. The frequency upon which we can secure Nursing and Residential care at the County Council's rates is continuing to lessen which is consequently pushing up the average cost per placement. Although difficult to attribute to any single reason it is believed a major factor is shortages in the supply of care workers, which comes against a backdrop of high employment within the county. Furthermore, reductions in the number of registered providers are both increasing costs and shifting the balance of the market. This is against the backdrop of the increasing need for the County Council to make greater volumes of placements to improve performance in terms of more timely discharges from hospital. Within the last year the Department has worked tirelessly to prevent these pressures from becoming unsustainable through work with the market, however this has had limited impact when considered alongside the scale of the recent increase in demand. Within the next year there will be a further review of the Department's standard rates for older adults, which will be concluded and implemented during 2020/21. Alongside this the Department are developing a more innovative strategic approach to the commissioning and procurement of Residential and Nursing care that will seek to make available greater volumes of care at affordable rates.
37. The purchase of care for clients within their own home continues to be a challenging area for the Department. However, in the last year the new non-residential framework and the introduction of a new process for making payments has streamlined and simplified the transactional engagement with providers. Evidence to date would support that it is has improved relationships with providers and made available greater levels of care provision with waiting lists at their lowest point for many years and new entrants to the market secured. Consequently, the ability to meet a greater volume of need has been a contributory factor in the level of financial pressure observed in the last year.
38. In response the Department has implemented a series of workstreams designed to both reduce the average hourly price of care and ensure consistently that only appropriate care is secured. Progress against the plan is being monitored at a granular level on a weekly basis ensuring that work is being consistently applied across the County and is delivering the necessary cost reductions. Furthermore, it is anticipated that the planned greater coverage of reablement across the County will enable the Department to increase the client base, to meet demand, whilst ensuring that appropriate levels of support are provided in each case, thereby reducing the volume of care overall. To date there has been a significant reduction achieved but there is still much further to travel to maintain this position and deliver further required reductions within the set eighteen month timeframe.
39. Access to both Residential/Nursing care and Home Care have a major impact on the Department's capacity to support flow from NHS hospitals, as pressure

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is maintained to reduce the number of DToC, in line with the lower trajectory agreed with the NHS. To address the national deterioration in DToC an improvement at a local level became a dependency for the additional IBCF funding from 2017/18. Hampshire's performance in this area, partly linked to focused leadership and significant financial input, has improved markedly in the last two years, especially since the summer of 2018. That said, local delivery on DToC continues to be challenging although recent funding announcements have provided much needed resource to support work to achieve the ongoing targets. DToC performance continues to be monitored closely by the government through quarterly IBCF performance outcome statements and DToC returns from the NHS.

40. The other key priority is the Adults' Health and Care Transformation Programme, which is currently forecast to successfully complete delivery of £45.8m of the £55.9m Tt2019 savings by the end of 2019/20. The Department remains focussed and committed to the full delivery of the £55.9m saving by the end of 2020/21, notwithstanding that the final savings will be the hardest to achieve at the same as mitigating the significant operational pressures that have been outlined above. The cash impact of this is reflected accordingly within the proposed budget for 2020/21.
41. Additionally, the Department are set to secure cumulative savings of £13.2m for Tt2021 by the end of 2020/21 which is also reflected within the budget. It is essential that these savings are achieved within the currently planned timeframes in order to secure the much needed cash injection to the departmental Cost of Change Reserve, that in turn, will be utilised to support the forecast transformation costs associated with these programmes.

### **Section F: 2019/20 Revenue Budget**

42. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
43. There is an expected favourable outturn forecast for 2019/20 of £0.4m. However, this is after the utilisation of all non recurrent funds including the Cost of Change Reserve to offset significant service pressures that have materialised in the year. This position is also dependant on securing Tt2019 cash savings of £41.5m and Tt2021 early savings of just under £0.1m. The forecast under spend of £0.4m will be transferred to the Cost of Change Reserve, bringing the reserve balance to £0.4m by the end of 2019/20. This sum will be utilised in full, within the following year to help fund planned delays in savings and one-off project costs.
44. Whilst the net position on the Adult Social Care service budgets is a £0.4m under spend, there are some key variances. The main recurrent pressures in

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2019/20 relate to the provision of care, both purchased and provided in house with pressures of £11.4m and £1.0m respectively.

45. The pressure on purchased care is primarily within the Older Adults service area with a net pressure of £7.3m. This has arisen from sustained increases in care volumes and average price increases since the latter half of 2018/19 with the full year effect of those increases becoming apparent in 2019/20. This has largely arisen due to the need to support greater throughput of clients out of hospital. In the last months there has been a stabilising of the position with limited further increases overall and indeed some reductions.
46. Furthermore, there are various savings across the Departments' non care budgets, including departmental wide staffing budgets, that total £0.3m.
47. In response the Department is utilising the full balance of their Cost of Change Reserve to offset these pressures in 2019/20. The Department started the year with a balance of £38.6m in cost of change and will use £26.1m to offset planned late delivery of Tt2019 and in year transformation costs, with £12.1m used to offset the recurrent service pressures outlined above, leaving the residual balance of £0.4m to carry forward into 2020/21.
48. In addition, to reach this reported position for 2019/20 the Department have fully utilised all available corporate support for recurrent activity.
49. The 2019/20 forecast outturn has also been reliant on the availability of both the Winter Pressure Grant of £4.8m and the third year of the additional IBCF allocation which totalled £6.8m. Both of these amounts have been utilised in accordance with the purpose upon which they were given, namely additional social care activity to alleviate pressures on the NHS in accordance with an expenditure plan that has been discussed with NHS partners and has been submitted to the Department of Health and Social Care. These funds will be sufficient to cover all related costs in year to deliver the associated projects.
50. However, as a consequence of creating greater flow of patients leaving hospital there is a subsequent impact on volumes of clients in receipt of long-term care packages. To meet this need the Department have had to, and will likely need to further, increase capacity for long term care. This further cost has a lasting impact beyond the year in which these grants have been awarded and, as has been observed in the latter half of 2018/19, if left unaddressed will likely create a pressure in later years.
51. The budget for Adult Social Care has been updated throughout the year and the revised budget is shown in Appendix 1.

### **Section G: 2020/21 Revenue Budget Pressures and Initiatives**

52. The Departments' budget has been reviewed in detail as part of the 2020/21 budget preparation process. Significant recurrent contingencies are not being held by the Department as all available recurrent funding has been allocated to service budgets to meet the assessed cost for 2020/21.

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53. As outlined in the previous section a significant pressure has occurred against the budget for purchased care in the last year. Whilst in 2019/20 departmental cost of change reserves are expected to be sufficient to meet this pressure this is a non-recurrent funds which once exhausted cannot be utilised again. Therefore from 2020/21 budget setting this pressure has been met by the County Council, in the main, through the additional funding made available as part of the SR2019. The total additional funding for 2020/21 that the Department have built into the proposed budget is shown below and reflects the additional levels approved at Cabinet in October:
- £13.5m - Complexity and demography
  - £3.3m - Re-baselining of the budget to reflect the additional growth to date

The continuation of the IBCF and Winter Pressures grants into 2020/21 as announced at the SR2019, also represents a positive change from previous assumptions. This has ensured that the pressure has not been further exacerbated. This, together with the £3.3m re-baselining figure form the £10.0m step change as reported within the MTFs that went to Cabinet in October and County Council in November 2019.

54. In addition to the above, up to £4.0m of one-off funding for Adults' Health and Care was approved within the MTFs to provide potential cash flow support that may be required given the current pressure on care packages. This sum is not included within the budget, as it has been retained in Contingencies, but will be available during 2020/21 should it be required by the Department.
55. As highlighted previously, the totality of additional funding is insufficient to meet the likely full extent of the pressure going into 2020/21, accordingly the Department is required to make additional cost recovery savings of £9.4m by end of 2021/22 of which £4.4m is planned to be achieved in 2020/21 and is therefore reflected within the proposed budget. Plans to achieve these savings have been drawn up and are currently being implemented. These plans hinge on ensuring that clients needs are minimised through reablement and subsequently only appropriate care is provided and is always purchased efficiently to take advantage of the best available price.
56. Whilst a prudent level of increase in pressure has been taken account of within the proposed budget this is a notoriously volatile area where projections are often difficult to make with precision. Should a further pressure materialise it would arise through increases in demand and complexity of clients. Despite this the current anticipated pressure is expected to be met in full, from the corporate support made available within the proposed budget for 2020/21.
57. For 2020/21 the budget for the In-House Care residential and nursing units has been increased to reflect the level of spend forecast in 2019/20. However, there is a significant amount of work being undertaken within the service to reduce costs, primarily those arising from agency usage, that will then enable the Department to release a saving in 2020/21 and later years

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58. The continuation of the IBCF and Winter Pressures grants into 2020/21 of £6.8m and £4.8m respectively, as announced as part of SR2019 will require a full spending plan to be developed and discussed with NHS partners as part of the wider Better Care Fund. It is intended that this funding will cover the direct costs associated with schemes to reduce the number of delayed transfers of care and contribute much needed funding to offset the associated impact on relevant ongoing long-term care package costs. The purpose and value of this funding in 2020/21 is the same as the 2019/20 grant.
59. The 2020/21 budget is set on the basis that the Department achieves £9.7m of early delivery Tt2021 savings. It is essential that this is achieved in order to fund the planned transformation costs, particularly as there isn't a material balance within the Cost of Change Reserve forecast to be brought forward from 2019/20. To supplement this however there is both the availability of agreed one-off support outlined in paragraph 54. above of £4.0m and the previously agreed corporate support to mitigate Tt2019 late delivery / programme costs of £7.2m in 2020/21. Both of these sums will be drawn down during 2020/21 by the Department in the event that they are required.

### **Section H: Revenue Savings Proposals**

60. In line with the current financial strategy, there are no new savings proposals presented as part of the 2020/21 budget setting process. Savings targets for 2021/22 were approved as part of the MTFs by the County Council in July 2018. Savings proposals to meet these targets have been developed through the Tt2021 Programme and were approved by Executive Members, Cabinet and County Council in October and November last year.
61. Some savings will be implemented prior to April 2021 and any early delivery of savings in 2020/21 can be retained by departments to meet cost of change priorities. It is anticipated that £9.7m of savings will be achieved in 2020/21 and this has been reflected in the detailed estimates contained in Appendix 1.

### **Section I: 2020/21 Review of Charges**

62. For Adult Social Care, the 2020/21 revenue budget includes income of £69.2m from fees and charges to service users. This is an increase of £5.7m (8.9%) on the revised budget for 2019/20.
63. Details of current and proposed fees and charges for County Council provided services for 2020/21 where approval is sought are outlined in Appendix 2.
64. The charges proposed reflect the full cost rate applicable for County Council clients where they are assessed as being able to afford this cost. Furthermore, where these services are purchased by external organisations this charge reflects the basic cost whereby additional specific charges will be levied dependant the additional resources required to safely support the client.

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65. As agreed by the Executive Member for Adult Social Care and Health (27 September 2018) delegated authority has been given to the Director of Adults' Health and Care to approve, in respect of Meals on Wheels, the annual price rises for the service users which will be capped to no more than 2.5% above the contractual annual uplift with the service provider. It has been agreed that this provision will remain in place until such time that there is no longer a subsidy provided on this service by the County Council.

**Section J: Budget Summary 2020/21**

66. The budget update report will be presented to Cabinet on 6 January and includes provisional cash limit guidelines for each department. The cash limit for Adults' Health and Care in that report is £421.3m which includes budgets for Adult Social Care (£371.1m) and Public Health (£50.2m). This is a £39.1m increase on the previous year. This report focusses on Adult Social Care with Public Health being covered in a separate report.
67. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Adult Social Care for 2020/21 and show that these are within the provisional cash limit set out above.
68. In addition to these cash limited items there are further budgets which fall under the responsibility of Adult Social Care, which are shown in the table below:

	<b>2020/21</b>	
	<b>£'000</b>	<b>£'000</b>
Cash Limited Expenditure	483,026	
Less Income (Other than Government Grants)	(111,909)	
<b>Net Cash Limited Expenditure</b>		<b>371,117</b>
Less Government Grants:		
• Local Community Voices Grant	(100)	
• Independent Living Fund	(4,082)	
• Better Care Fund	(18,907)	
• Improved Better Care Fund	(11,452)	
• War Windows Pension Grant	(505)	
• Social Care in Prisons Grant	(106)	
Total Government Grants		(35,152)
<b>Total Net Expenditure</b>		<b>335,965</b>



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	<b>Yes / No</b>
<b>People in Hampshire live safe, healthy and independent lives:</b>	<b>Yes / No</b>
<b>People in Hampshire enjoy a rich and diverse environment:</b>	<b>Yes / No</b>
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	<b>Yes / No</b>

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Transformation to 2021 – Revenue Savings Proposals (Executive Member for Adult Social Care and Health) <a href="http://democracy.hants.gov.uk/documents/s38112/Report.pdf">http://democracy.hants.gov.uk/documents/s38112/Report.pdf</a>	16 September 2019
Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals <a href="http://democracy.hants.gov.uk/documents/s39439/MTFS%20Tt2021%20Report.pdf">http://democracy.hants.gov.uk/documents/s39439/MTFS%20Tt2021%20Report.pdf</a>	Cabinet – 15 October 2019 County Council – 7 November 2019
Budget Setting and Provisional Cash Limits 2020/21 (Cabinet) <a href="http://democracy.hants.gov.uk/documents/s42775/Dec%20Report%20-%20Cabinet%20-%20FINAL.pdf">http://democracy.hants.gov.uk/documents/s42775/Dec%20Report%20-%20Cabinet%20-%20FINAL.pdf</a>	6 January 2020
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p><b>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</b></p>	
<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

The budget setting process for 2020/21 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2021 Programme were considered in detail as part of the approval process carried out in October and November 2019 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 5 to 8 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/documents/s39444/Appendix%205%20ASC%20EIAs.pdf>

## Budget Summary 2020/21 – Adults' Health and Care Department

<b>Service Activity</b>	<b>Original Budget 2019/20 £'000</b>	<b>Revised Budget 2019/20 £'000</b>	<b>Proposed Budget 2020/21 £'000</b>
<b>Director</b>	<b>1,481</b>	<b>1,691</b>	<b>1,511</b>
<b>Strategic Commissioning and Business Support</b>	<b>15,172</b>	<b>16,654</b>	<b>14,614</b>
<b>Transformation</b>	<b>3,714</b>	<b>5,548</b>	<b>4,013</b>
<b>Older Adults</b>			
Older Adults Community Services	125,484	134,546	120,407
Reablement	11,069	10,821	9,455
	<b>136,553</b>	<b>145,367</b>	<b>129,862</b>
<b>Younger Adults</b>			
Learning Disabilities Community Services	106,657	112,445	116,115
Physical Disabilities Community Services	-	-	31,399
Mental Health Community Services	16,998	17,736	18,576
Contact Centre	1,248	2,544	2,530
	<b>124,903</b>	<b>132,725</b>	<b>168,620</b>
<b>HCC Care</b>	<b>42,173</b>	<b>42,277</b>	<b>43,885</b>
<b>Governance, Safeguarding and Quality</b>	<b>3,559</b>	<b>3,937</b>	<b>3,650</b>
<b>Centrally Held</b>	<b>5,482</b>	<b>25,130</b>	<b>4,962</b>
<b>Total Adult Services</b>	<b>333,037</b>	<b>373,329</b>	<b>371,117</b>
<b>Public Health</b>	<b>52,418</b>	<b>52,418</b>	<b>50,219</b>
<b>Net Cash Limited Expenditure</b>	<b>385,455</b>	<b>425,747</b>	<b>421,336</b>

## Review of Fees and Charges 2019/20 – Adults' Health and Care Department

	Income Budget 2020/21 £'000	Current Charge £	Proposed Increase % (Rounded to 1DP)	Proposed New Charge £
<b>Charges for HCC provided care:</b>				
Full cost weekly charge (HCC in-house residential and nursing establishments, including respite)				
Nursing care for Older People (per week)	5,280	815.08	2.8	837.90
Residential care for Older People (per week)	6,000	735.49	2.8	756.07
Residential care for Dementia (per week)	In above	794.78	2.8	817.04
Residential care for Adults with a Learning Disability (per week):				
Orchard Close	94	1,036.91	2.8	1,065.96
Jacobs Lodge	In above	866.60	2.8	890.89
Meals on Wheels	2,034	4.90	4.7	5.13

### Other Charges:

Service users' contributions for non-residential care (chargeable services) are calculated on the actual cost of care provided to service users

In line with corporate policy all other charges will be increased by an inflation rate of 2.1%

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee		
<b>Date:</b>	15 January 2020		
<b>Title:</b>	Capital Programme for 2020/21 to 2022/23		
<b>Report From:</b>	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources		
<b>Contact name:</b>	Graham Allen, Director of Adults' Health and Care Dave Cuerden, Finance Business Partner		
<b>Tel:</b>	01962 845875 01962 847473	<b>Email:</b>	<a href="mailto:graham.allen@hants.gov.uk">graham.allen@hants.gov.uk</a> <a href="mailto:dave.cuerden@hants.gov.uk">dave.cuerden@hants.gov.uk</a>

#### Purpose of this Report

1. For the Health and Adult Social Care Select Committee to pre-scrutinize the Capital Programme for 2020/21 to 2022/23.
2. For the Select Committee to consider the recommendations proposed in the report to the Executive Member for Adult Health and Care and to agree and make recommendations to the Executive Member accordingly.

#### Recommendations

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and:

3. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health.
4. Agree any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member of Adult Social Care and Health when making their decision.

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**Decision Report**

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	15 January 2020
<b>Title:</b>	Capital Programme for 2020/21 to 2022/23
<b>Report From:</b>	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

**Contact name:** Graham Allen and Dave Cuerden

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[dave.cuerden@hants.gov.uk](mailto:dave.cuerden@hants.gov.uk)

**Purpose of this Report**

1. The purpose of this report is to seek approval for the submission of the Adult Social Care and Health capital programme to the Leader and Cabinet.

**Recommendation(s)**

2. To approve for submission to the Leader and Cabinet the capital programme for 2020/21 to 2022/23 as set out in Appendix 1 and the revised capital programme for 2019/20 as set out in Appendix 2.
3. It is recommended that the project to improve pedestrian and vehicle safety at the in-house units totalling £0.33m, being funded from the 2019/20 Capital Programme, be approved.

**Executive Summary**

4. This report seeks approval for submission to the Leader and Cabinet of the proposed capital programme for 2020/21 to 2022/23.
5. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 3 February 2020 to make final recommendations to County Council on 13 February 2020.

6. The report considers the schemes which it is proposed to include in the capital programmes for 2020/21, 2021/22 and 2022/23 and also presents the revised programme for 2019/20.
7. This report highlights that as part of the Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals Report that was approved by Cabinet in October 2019 investment of up to £70m investment in Older Persons and Younger Adults Extra Care was approved subject to a satisfactory business case being produced for each scheme.
8. The proposals contained in this report are derived from the departmental service plans which have been developed to support the priorities of the Strategic Plan.

### **Contextual information**

9. Executive Members have been asked to prepare proposals for:
  - a locally-resourced capital programme for the three-year period from 2020/21 to 2022/23 within the guidelines used for the current capital programme including the third year, 2022/23, at a similar level to 2021/22.
  - a programme of capital schemes in 2020/21 to 2022/23 supported by Government grants as announced by the Government.
10. The capital guidelines are determined by the medium term financial strategy which is closely linked to 'The 'Serving Hampshire - Strategic Plan 2017 – 2021' with its strategic aims and Departmental Service plans to ensure that priorities are affordable and provide value for money and that resources follow priorities.

### **Locally resourced capital programme**

11. The cash limit guidelines for the locally resourced capital programme for the Adult Services service set by Cabinet are as follows:

	£000
2020/21	481
2021/22	481
2022/23	481



12. Executive Members may propose supplementing their capital guidelines under the 'prudential framework' agreed by Cabinet at its meeting on 24 November 2003, as amended by Cabinet in February 2006, thereby integrating more closely decisions on revenue and capital spending in support of strategic aims. The additions may include virements from the Executive Member's revenue budget or use of temporary unsupported borrowing, to provide bridging finance in advance of capital receipts or other contributions.

**Proposed capital programme 2020/21 to 2022/23 – locally resourced schemes**

13. The Adult services capital programme for locally resourced schemes reflects the strategic aims of enabling people to live safe, healthy and independent lives, enjoy a rich and diverse environment and be part of a strong and inclusive community. It includes contributions towards the costs of the following:
- Priority works on residential and nursing care premises to meet the needs of residents and service users to satisfy the requirements of regulators including the Care Quality Commission, The Fire Service and the Health and Safety Executive.
14. The detailed programme in Appendix 1 and expenditure for 2020/21 is summarised in the table below:

	£000
Operational building, including residential and nursing care, improvements	481
Total	481

**Revised 2019/20 capital programme**

15. The revised 2019/20 capital programme for Adults is shown in Appendix 2 and totals £25.98m. The changes since the capital programme was approved in January 2019 are summarised below:

	2019/20 £000
Approved Programme	13,422
Carry Forward from 2017/18	11,638
Disabled Facilities Grant (Better Care Fund)	920
Total	25,980

16. The schemes carried forward from previous years of £11.6m were agreed by Cabinet on 17 June 2019. These predominantly relate to the Extra-Care housing and Adults with a Disability Accommodation programmes.
17. Projects are being developed to undertake pedestrian and vehicle safety at a number of the in-house units at an estimated cost of £0.33m over the next year. It is recommended that this is funded from the 2019/20 capital programme.

### **Transformation of Adult Learning Disability Services**

18. On the 27 October 2011, the Executive Member for Policy and Resources approved the Adult Learning Disability (LD) Business Case for the early implementation phase of LD transformation and the broader programme. The business case links to the consultation of the transformation proposals reported to the Executive Member for Adult Social Care on 16 May 2011.
19. The Executive Member for Policy and Resources Decision Day on 21 July 2011 approved that 100% of LD capital receipts to be reinvested in LD service re-provision.
20. The Executive member for Policy and Resources on 9 March 2017 approved the revised Business case plan. The financial position has evolved since October 2011 largely as a result of the value likely to be secured by selling surplus property and the consequent impact on prudential borrowing. The business case improved with the use of the Community Grant funding of up to £3.4m.
21. The LD Transformation programme has been successfully delivering capital projects to update and improve the department's LD estate. In that time the programme has successfully delivered 7 schemes through the delivery of new facilities and significant improvements to existing assets. The programme has two further schemes in its programme and is expected to be operating within budget by the end of 2019/20.

### **Older Persons Extra-Care Housing**

22. On the 24 October 2011 Cabinet approved the strategy to extend the development of Older Persons Extra-Care Housing. This included approval of an indicative maximum financial envelope of £45m of capital investment to deliver the programme of work, including transition cost.
23. Capital funding for the extensions to Westholme, Winchester and Oakridge, Basingstoke of £3m was formally approved by the Executive Member for Policy and Resources on 24 January 2013.

24. A review of the Older Persons Extra-Care programme was undertaken in early 2016 and the Executive Member for Policy and Resources reaffirmed the Older Persons Extra-Care programme to the original £45m capital envelope. With this in mind, further work on the remaining programme and project opportunities is being undertaken to ensure the most cost effective programme is identified. Capital funding for future Extra-Care developments will be subject to the development of individual business cases.
25. On 26 September 2018 the Executive Member for Policy and Resources identified three sites for development opportunities in Gosport, Petersfield and New Milton and detailed contract and design work is underway. This is in addition to previously approved schemes in Romsey and Havant.

### **Younger Adults Extra-Care Housing**

26. The Executive Member for Policy and Resources approved the strategic business case for the Adults with a Disability Housing programme in April 2016. The business case approved a borrowing envelope of up to £35m to support the programme to transition service users with a learning and/or physical disability from an existing care home setting to a shared house or individual groups of flats.
27. An update was taken to the Executive Member for Policy and Resources in June 2019, and now progressing the delivery of the last of three tranches of new or refurbished accommodation:

Tranche one – 63 units at a cost of £15.73m (complete)  
 Tranche two – 31 units at a cost of £11.15m (1 scheme left to complete)  
 Tranche three – 6 units at a cost of £2.20m (in development)

After spending across the three tranches, and allocated funds, there is currently £0.52m left unallocated, as per the table below.

	£000
Spend Tranche 1-3:	29,082
Modification	100
Deregistration allocation:	500
Re-provision allocation:	3,500
Land Value Transfer:	1,300
Unallocated budget remaining:	518
Total	35,000

## **Accommodation with Care**

28. In September 2018 the County Council identified a potential programme of capital investment for the Bed Based Programme. The programme looked to assess what bed based provision would be needed in the future, so that we could invest in the right facilities in the right locations.
29. From this analysis, it was clear that further investment in Extra Care would continue to provide high quality living environments at the same time as reducing the long term costs of care. In October 2019 Cabinet approved up to £70m of further investment in Older Persons and Younger Adults Extra Care funded from prudential borrowing, subject to business cases being approved by the Executive Member for Policy and Resources. As schemes are approved the relevant amount will be added to the Capital Programme and therefore is not included within the proposals contained within this report.
30. In respect of the remainder of the Bed Based Programme officers have been looking at the available data and condition of the existing premises, what investment may be required and what impact that may have on future care costs. From initial analysis it is anticipated that there is not a sufficient return on investment to meet the costs of prudential borrowing that would be required to fund the capital spend. Conversely however it did highlight the requirement for significant investment in our current estate if as a council we wish to retain our in-house provision of residential and nursing homes.
31. In response an in-house review is currently being undertaken that will consider our size and position in the overall market and the extent to which this helps to manage the demand and costs of adults' social care over the longer term. It is therefore proposed to await the outcome of this review and to continue to develop a potential investment plan that can be presented in the next iteration of the MTFs alongside other priorities for capital investment from other departments.

## **Capital programme supported by Government allocations**

32. The locally resourced capital programme is supported by Government grant received from the Ministry of Housing, Communities and Local Government. In 2019/20 the amount of capital funding to Adult Services was £12.56m for the Disabled Facilities Grant (DFG). This funding forms part of the Better Care Fund – Pooled budget which is overseen by the Hampshire Health and Wellbeing Board.
33. The Secretary of State has not yet announced details of individual local authority capital allocations for 2020/21. For planning purposes 2019/20 allocations are being assumed.

34. The DFG of £12.56m is capital money made available to local authorities as part of their allocations to award grants for changes to a person's home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabilities facilities grant conditions of grant usage as made by the Ministry of Housing, Communities and Local Government under section 31 of the Local Government Act 2003. Therefore, although officially part of the fund, the money cannot be used for other things and will be paid back out of the fund to the relevant district councils.

### Capital programme summary

35. On the basis of the position outlined above, the total value of the capital programmes submitted for consideration for the three years to 2022/23 are:

	Schemes within locally resourced guidelines	Additional schemes funded within the prudential framework	Schemes supported by Government allocations (assumed)	Total
	£000	£000	£000	£000
2020/21	481	-	12,561	13,042
2021/22	481	-	-	481
2022/23	481	-	-	481

### Revenue implications

36. The revenue implications of the proposed capital programme are as follows:

	Full Year Cost	
	Current Expenditure £000	Capital Charges £000
Schemes within the guidelines		
2020/21	-	26
2021/22	-	26
2022/23	-	26
Total	-	78

37. The total revenue implications for the three years of the starts programme, including capital charges, represent a real term increase of 0.02% over the 2019/20 original budget of Adult Social Care Service.

## **Conclusions**

38. The proposed capital programme for Adult Services as summarised in paragraph 12 is in line with the guidelines set by Cabinet. In addition, it plans to use the allocated Government grants in full. The programme supports the delivery of services countywide and contributes to the strategic aims:

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

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Transformation of Adult Learning Disabilities Services- Property Issues	21 July 2011
Outcome of the Consultation on the proposed closure of four Residential Care Homes and One Day Centre	9 December 2013
Cabinet Capital Programme Review	21 July 2014
Older Persons Extra-Care Programme and update to the Winchester Extra-Care Business Case	21 September 2015
Adult Services Capital Programme 2017/18 to 2019/20 Strategy for the Older Persons Extra-Care Housing and Programme Update	20 January 2017
Transformation of Adult Learning Disabilities Services – Programme Update & Revised Business Plan	09 March 2017
Adults with a Disability Housing Programme: Phase 1 update and additional project approvals	22 September 2017
Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects	18 October 2017
Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects	9 March 2018
Medium Term Financial Strategy	20 September 2018
Three Extra Care Development Opportunities in Gosport, Petersfield and New Milton – Outcome of Procurement	26 September 2018

Learning Disability Housing - Programme Update	20 June 2019
County Council - Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals	7 <sup>th</sup> November 2019
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	
<u>Date</u>	

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	



## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

Equalities Impact Assessments outcomes will be carried out on the individual schemes within the capital programme in order to comply with the requirements of the Equality Act 2010

**Adult Services**

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles Grants	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
<b>2020/21 Schemes</b>							
<b>Schemes Supported from Local Resources</b>							
1	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
2	Disabled Facilities Grant	-	-	12,561	12,561	-	-
<b>Total Programme</b>		241	40	12,761	13,042	-	26

**Capital Programme - 2020/21**

Site Position	Contract Start		Remarks	Ref
	Date	Duration		
	Qtr	Months		
N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.	1
N/A	1	12	Grant paid to District Councils to fund adaptations to people's homes	2
+ Projects to be partly funded from external contributions.				

**Adult Services**

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
	<b>2021/22 Schemes</b>						
	<b>Schemes Supported from Local Resources</b>						
3	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
	<b>Total Programme</b>	241	40	200	481	-	26

**Capital Programme - 2021/22**

Site Position	Contract Start		Remarks	Ref
	Date	Duration		
	<i>Qtr</i>	<i>Months</i>		
N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.	3
			+ Projects to be partly funded from external contributions.	

**Adult Services**

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
<b>2022/23 Schemes</b>							
<b>Schemes Supported from Local Resources</b>							
4	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
<b>Total Programme</b>		241	40	200	481	-	26

**Capital Programme - 2022/23**

Site Position	Contract Start		Remarks	Ref
	Date	Duration		
	Qtr	Months		
N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.	4
			+ Projects to be partly funded from external contributions.	

## Adult Social Care 2019/20 capital programme

<b>Resources</b>	
1.	Latest programme limit: £000
	Approved Programme 13,422
	Carry Forward from 2018/19 11,638
	Disabled Facilities Grant (Better Care Fund) Adjustment 920
	<b>Total</b> <u>25,980</u>
 <b>Allocated to Projects / Schemes</b>	
2.	Project Extra-care Housing transformation project 3,117
	Maintaining Operational Buildings including Residential and Nursing Care 1,055
	Kitchenettes, Kitchens, Bathrooms Phase 1 Upgrade 211
	Pedestrian and Vehicle Safety 330
	Adults with a Disability Accommodation 7,406
	Disabled Facilities Grant 12,561
	Nursecall 1,300
	<b>Schemes controlled on a starts basis</b> <u>25,980</u>

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	15 January 2020
<b>Title:</b>	Homelessness Support Services: Implementation of changes to Social Inclusion services
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Sarah Jeffery

**Tel:** 01962 835210

**Email:** Sarah.Jeffery@hants.gov.uk

#### **Purpose of this Report**

1. The purpose of this report is to provide the Health and Adult Social Care Select Committee with an update on the development of Homelessness Support services following the changes made in August 2019.

#### **Recommendation**

2. For the Health and Adult Social Care Select Committee to note the contents of this report.

#### **Executive Summary**

3. The Executive Member for Adult Social Care and Health agreed changes to Social Inclusion services in December 2018 to deliver £1.8m savings for the department. These changes were proposed as part of the Transformation to 2019 programme to enable the County Council to meet a funding shortfall of £140 million by April 2019.
4. The changes agreed led to local partnership approach with the District and Borough Councils with the Council's continued £2.4m investment focussed on the provision of support for the most vulnerable homeless people who may have eligible care and support needs.
5. Savings were achieved through a reduction in services for people with less critical needs, for whom it was considered that support was available from other services.
6. Changes were made in August 2019 and a collaborative approach to implementation (with District and Borough Councils and service providers) over an 8 month period supported a smooth transition to the new arrangements and minimised impact on people directly affected by the changes.

7. This collaborative approach continues and has resulted in the piloting of new delivery models in some areas, supporting ongoing service improvement and providing evidence to inform future commissioning.

### **Context**

8. Social Inclusion Services (Homelessness Support Services) are accommodation based and community support services for people over the age of 18 who are homeless or at high risk of homelessness and have additional support needs.
9. The services offer personalised support to understand and manage the rights and responsibilities of a tenancy, manage debt and budget effectively, better manage physical health, mental health and substance misuse, and access healthcare and specialist services.
10. Following a comprehensive review carried out over 2017 and 2018 and in response to unprecedented financial challenges, the County Council agreed changes to services that reduced provision for people with less critical needs.
11. It was agreed that the focus for continued investment would be the support services in the intensive 24/7 supported accommodation used by people sleeping rough or at risk of sleeping rough.
12. The County Council also agreed continued funding towards services for people who move on from intensive 24/7 supported housing and for those who are sleeping rough or at risk of sleeping rough and have complex support needs which mean that they are unable to access support from other sources.
13. Whilst the County Council does not have a statutory responsibility to fund this type of service, it is recognised that services support a vulnerable group of people, who face multiple disadvantage and have limited alternative options. It is also recognised that traditional adult social care services may find it difficult to engage this group and that some may have eligible care and support needs as defined by the Care Act 2014 or may develop eligible needs without this service intervention.

### **Implementation and service development**

14. An 8 month transition period enabled a collaborative approach to the implementation of changes, allowing time for the development of more holistic in house services within District and Borough Council Housing Services to meet their statutory duties under the Homelessness Reduction Act 2017.
15. During this period, the County Council and service providers supported District and Borough councils with the promotion of the Homelessness Reduction Act, ensuring all partners were aware of the new legislation to ensure earlier intervention when a person is at risk of homelessness.



16. This period also enabled service providers to work intensively with people affected by the changes to support them to access other community services.
17. A fast track process for adult social care assessments was put in place to enable easy access to assessments for those who may have eligible needs under the Care Act. This process alongside short term social work interventions supported a strength based approach, maximised client engagement with alternative services and strengthened relationships between adult social care and the provider organisations.
18. Whilst the changes have been challenging, the review presented an opportunity for the County Council and District and Borough Councils to work more collaboratively to make to best use of collective resources. 7 of the District and Borough Councils now jointly fund services.
19. This collaborative approach has supported the continued development of services since the changes were made. One such development is the opening of a new accommodation based service in Winchester, jointly funded with Winchester City Council and part of the Hampshire County Council Social Inclusion contract. This service has been designed to take a personalised approach to the accommodation and support needs of people with a history of rough sleeping and creates a new housing and support offer for those who have been unable to progress within existing provision.

### **Monitoring impact**

20. A recommendation endorsed at the Executive Member for Adult Social Care and Health decision day in December 2018 was that Hampshire County Council Adults' Health and Care department should monitor the service impact of the changes made to services.
21. This process is ongoing, and it is still relatively early in terms of identifying the impact of the reduction in lower level support. Service providers are working hard to support those who move through services to engage with more mainstream support services and any impact from the loss of longer term tenancy support may not be seen within this contract term. Local homelessness forums and social inclusion partnerships are being asked to monitor any increase in demand for voluntary sector services and how this may relate to the changes in social inclusion services.
22. Some District and Borough Councils are reporting an increase in people requesting support to prevent or relieve homelessness, but this is to be expected given the new statutory responsibilities introduced by the Homelessness Reduction Act in 2018.
23. Between December 2018 and August 2019, 220 people using social inclusion services consented to referrals for adult social care assessments. 97 were assessed as having eligible care and support needs. Whilst some of these people continue to receive support from social inclusion services, others benefited from short term social work interventions and were supported to access more appropriate services. Whilst it was necessary to put in place costed services for some people, these were mainly individuals

who had a social care need that was not currently being met and the cost has been minimal.

### **Next Steps**

24. Current contracts have the option to extend to 2022 and discussions regarding re-procurement will commence early in 2020. District and Borough Councils are still waiting for confirmation from central government regarding flexible homelessness grant funding from 2021 and this is required before they can confirm any future joint commissioning arrangements.
25. Quantitative and qualitative data will continue to be collated and used to inform future commissioning strategies.

### **Conclusion**

26. The report presented to the Executive Member for Adult Social Care and Health in December 2018 highlighted the importance of collaboration and robust partnerships in mitigating the risks associated with changes to Homelessness Support Services. It is this collaboration that has supported the smooth transition to new arrangements and minimised the impact of changes.
27. Hampshire is fortunate to have a voluntary sector committed to supporting people who are experiencing or have experienced homelessness and the commitment evidenced by both service providers and other local voluntary sector partners to work strategically with the County Council and District and Borough Councils is essential for the continued development of services.
28. Funding challenges continue across the public sector and the County Council will carry on developing partnerships that support the best use of collective resources to prevent homelessness and help people who are homeless to get the right support.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	Yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Homelessness Support Services: Outcome of the Social Inclusion Transformation to 2019 Review	5 December 2018
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<p><b>Section 100 D - Local Government Act 1972 - background documents</b></p> <p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p> <table> <tr> <td><u>Document</u></td> <td><u>Location</u></td> </tr> <tr> <td><a href="#">Homelessness Support Services – Outcome of the Social Inclusion Transformation to 2019 review</a></td> <td></td> </tr> </table>	<u>Document</u>	<u>Location</u>	<a href="#">Homelessness Support Services – Outcome of the Social Inclusion Transformation to 2019 review</a>	
<u>Document</u>	<u>Location</u>			
<a href="#">Homelessness Support Services – Outcome of the Social Inclusion Transformation to 2019 review</a>				

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# Homelessness Support Services: Implementation of changes to Social Inclusion services

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## HASC Update

15<sup>th</sup> January 2020

# Background

## Outcome of the review of Homelessness Support Services (social inclusion services) agreed by the Executive Member for Adult Social Care and Health in December 2018:

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- Savings of £1.8m achieved through reducing services for those with less critical needs
- £2.4million investment in support services for the most vulnerable homeless people who are rough sleeping or at risk of rough sleeping
- Commitment to a collaborative approach to commissioning and service development
- Changes to be made 1<sup>st</sup> August 2019

# Context

- County Council funded supported accommodation and community support for people who are homeless or at risk of homelessness
- Reviewed as part of the Council's Transformation to 2019 programme
- Non-statutory services for the County Council but a recognition that people using services may have eligible needs under the Care Act 2014
- Changes proposed took into account the enhanced statutory duties for the District and Borough Councils introduced by the Homelessness Reduction Act in 2018

# Service model

- Intensive 24/7 accommodation based services for people who are sleeping rough or at risk of sleeping rough
- Short term, targeted community support
- Enhanced prevention offer from District and Borough Councils (HRA)
- Support to enable people to use more mainstream services people at the earliest opportunity



# Implementation and Service Development

- 8 month transition period and co-production of service changes
- Robust partnerships and shared objectives with district council partners enabled a smooth transition and minimised impact for existing service users
- 9 districts are jointly funding services
- Adult social care assessments and strengthening of relationships with the sector
- Development of new initiatives

# Moving forward....

- Continue to monitor service impact
- Contracts have an option to extend by 12 months to March 2022 if required

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District funding confirmation

Review of current services and outcomes

- Local partnerships

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	15 January 2020
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Director of Transformation and Governance

**Contact name:** Members Services

**Tel:** (01962) 845018

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### Purpose of Report

1. To consider the Committee's forthcoming work programme.

#### Recommendation

2. That Members consider and approve the work programme.

**WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
<p><b>Proposals to Vary Health Services in Hampshire</b> - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.  <b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>									
<p><b>Andover Hospital Minor Injuries Unit</b></p>	<p>Temporary variation of opening hours due to staff absence and vacancies</p>	<p>Living Well  Healthier Communities</p>	<p>Hampshire Hospitals NHS FT and West CCG</p>	<p>Update last heard April 2019, then September 2019  Next update Jan 2020, inc UTC developments (invite West CCG to joint present with HHFT).</p>	<p><b>x</b></p>				
<p><b>North and Mid Hampshire Clinical Services Review</b>  <b>(SC)</b></p>	<p>Management of change and emerging pattern of services across sites</p>	<p>Starting Well  Living Well  Ageing Well  Healthier Communities</p>	<p>HHFT / West Hants CCG / North Hants CCG / NHS England</p>	<p>Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.</p>	<p>If any changes proposed, HASC to receive an update.</p>				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
<b>Spinal Surgery Service</b>	Move of spinal surgery from PHT to UHS (from single clinician to team)	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Update on engagement received Sept 2018. Implementation update May 2019 (PHT) and Sep 2019 (UHS).		x			
<b>Chase Community Hospital (Whitehill &amp; Bordon Health and Wellbeing Hub Update)</b>	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Latest update Feb 2019 Health hub developments written update provided Sep 2019.		x			
<b>Mental Health Crisis Teams</b>	Proposed changes to the Mental Health Crisis Teams	Living Well Ageing Well Healthier Communities	Solent NHS and Southern Health for PSEH	Presented July 2019. Informed Nov 2019 of 9-12 month project delay. Update when there are new developments.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
<b>Integrated Primary Care Access Service</b>	Providing extended access to GP services via GP offices and hubs	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019	x				
<b>Beggarwood Surgery Closure</b>	Alternate plan to closing, continuing to provide GP services with NHUC provider.	Living Well Ageing Well Healthier Communities	NH CCG NHUC	Presented September 2019	x (Written Update)				
<b>Orthopaedic Trauma Modernization Pilot</b>	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019		x			
<b>Out of Area Beds and Divisional Bed Management System</b>	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
<b>Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.</b>									
<b>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</b>	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary.					
				PHT last report received Sept 2018, update heard April 2019. Requested paper update July 2019 and attendance Nov 2019. Focused Inspection of ED update provided May 2019. CQC Update provided July 2019. Follow up after inspection.					
				SHFT – latest full report received Nov 18. Update received April 2019, and further update with paper received July 2019.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
				<p>HHFT last update heard in May 2019.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019</p> <p>Frimley Health NHS FT inspection report published 13 March 2019 and update provided July 2019.</p> <p>UHS FT being inspected Spring 2019. Update provided July 2019.</p>	x				
<b>CQC Local System Review of Hampshire</b>	To monitor the response of the system to the findings of the CQC local system review, published June 2018.	Ageing Well Healthier Communities	AHC at HCC	Latest update received in April 2019 on 6-month milestones. Next update due July 2019 on 12-month milestones (including CCG rep to jointly present) - Presented October 2019.					



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
<b>Sustainability and Transformation Plans: One for Hampshire &amp; IOW, Other for Frimley</b>	To subject to ongoing scrutiny the strategic plans covering the Hampshire area	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I)					
<b>Assessments of Children in Schools and Change in Provider</b>		Starting Well Healthier Communities	CAMHS			x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
<b>Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</b>									
<b>Budget</b>	To consider the revenue and capital programme budgets for the Adults' Health and Care dept	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care  (Adult Services and Public Health)	Considered annually in advance of Council in February (next due Jan 2020) Transformation savings pre-scrutiny alternate years at Sept meeting. T21 at Sept 2019 and written response to concerns/queries.	<b>x</b>				
<b>Orchard Close</b>	To consider proposals to close Orchard Close Respite Service, Hayling Island	Living Well Ageing Well	HCC Adults' Health and Care	Workshop held 4 Dec 2018. Pre scrutinised at additional Feb 2019 HASC prior to Feb EM decision. Call In meeting 14 March 2019 recommended EM re-consider. EM re-considered 29 March and confirmed to undertake further work prior to decision in Nov. April 2019 Working		<b>x</b>			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
				Group agreed, to meet to consider options and fed back Nov 2019. To return in March 2020.					
<b>Integrated Intermediate Care</b>	To consider the proposals relating to IIC prior to decision by the Executive Member	Living Well Ageing Well	HCC AHC	To receive initial briefing on IIC May 2019, with pre-scrutiny of EM Decision due later in the year (tbc), last update Oct 2019					
<b>Working Groups</b>									
<b>Sustainability and Transformation Partnership Working Group</b>	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads  All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	<b>Will meet as needed going forwards.</b>				
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	Regular performance monitoring adult safeguarding in Hampshire	Living Well  Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Nov 2019.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	15 Jan 2020	4 Mar 2020	12 May 2020	6 Jul 2020	14 Sep 2020
<b>Public Health Updates</b>	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018.  0-19 Nursing Procurement pre scrutiny Jan 2019  Hampshire Suicide audit and prevention strategy provided July 2019					
<b>Health and Wellbeing Board</b>	To scrutinise the work of the Board	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Business plan update also expected in 2019.		x			
<b>Social Inclusion</b>	To receive an update	Ageing Well Healthier Communities	HCC AHC	Last received at HASC in November 2018 with an output report from the HASC working group, in advance of the December 2018 Decision Day.	x				

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	No

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.