

# Public Document Pack



## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 27th June, 2023 at 10.00 am
<b>Place</b>	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

Carolyn Williamson FCPFA  
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 and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. 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 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 Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 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 - 8)

To confirm the minutes of the previous meeting held on 23 May 2023.

#### **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. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 9 - 18)**

- a) Southern Health Acute Mental Health Wards CQC Inspection Feedback (Southern Health NHS Foundation Trust)

#### **7. PROPOSALS TO VARY SERVICES (Pages 19 - 60)**

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

- a) Proposals to redesign inpatient Older Persons Mental Health services (Southern Health NHS Foundation Trust)
- b) Whitehill and Bordon Health and Wellbeing Hub Update (Hampshire and Isle of Wight Integrated Care Board)
- c) Integrated Primary Care Access Service (Hampshire and Isle of Wight Integrated Care Board)

#### **8. WORK PROGRAMME (Pages 61 - 76)**

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.

This page is intentionally left blank

# 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 Tuesday,  
23rd May, 2023

Chairman:

\* Councillor Bill Withers Lt Col (Retd)

- |                               |                             |
|-------------------------------|-----------------------------|
| * Councillor Ann Briggs       | * Councillor Phil North     |
| * Councillor Jackie Branson   | Councillor Kim Taylor       |
| * Councillor Pamela Bryant    | * Councillor Andy Tree      |
| * Councillor Graham Burgess   | * Councillor Pal Hayre      |
| Councillor Tonia Craig        | * Councillor Cynthia Garton |
| Councillor Debbie Curnow-Ford |                             |
| * Councillor Alan Dowden      |                             |
| * Councillor David Harrison   |                             |
| * Councillor Marge Harvey     |                             |
| * Councillor Wayne Irish      |                             |
| * Councillor Adam Jackman     |                             |
| * Councillor Andrew Joy       |                             |
| * Councillor Lesley Meenaghan |                             |

\*Present

## 113. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Curnow-Ford, Craig and Taylor.

Councillors Hayre and Hiscock were in attendance as the substitute members for the Conservative group and Liberal Democrat group respectively.

## 114. 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.

## 115. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 14 March 2023 were agreed as a correct record and signed by the Chairman.

116. **DEPUTATIONS**

The Committee did not receive any deputations.

117. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman updated the Committee on some changes to membership following District and Borough elections and the County Council's AGM. The Chairman thanked Councillors Hamilton, Butler, Cooper and Pankhurst for their contribution to the work of the Committee. The Chairman welcomed new Members.

The Chairman provided an update from Hampshire Hospitals and the Hampshire and Isle of Wight Integrated Care Board on progress with the new hospital programme. The update is below:

'We remain on course to deliver a new hospital for Hampshire as part of the government's national New Hospital Programme. We are currently waiting for an announcement about the capital funding allocation following discussions between colleagues at the Department of Health and Social Care working on the new hospitals programme and HM Treasury. We continue to work closely with our partners and New Hospital Programme colleagues and as soon as we receive a final capital budget, we will finalise our on-going work and take our proposals out for public consultation at the earliest opportunity.'

118. **PROPOSALS TO VARY SERVICES**

a) Building Better Emergency Care (Portsmouth Hospitals Foundation Trust)

The Committee received one of a series of regular updates on the BBEC programme to redevelop the Emergency Department at Queen Alexandra Hospital. Members heard that all preparatory works had taken place and groundworks and foundation were 75% completed. The main structure of the building was being erected and was on schedule for a Winter 2024 opening.

In response to Members' questions it was noted that:

- There would be enough bays for sixteen ambulances which was planned to significantly reduce waiting times.
- There would be the same amount of car parking provision as was previously available prior to the redevelopment. Staff car parking provision had moved to a nearby Park and Ride.
- The construction contract had a defined cost but that this did not mean a fixed cost. Inflation and cost increases had been planned for with contingency funding in place. It was confirmed that the programme was running to budget.

RESOLVED:

- i) That the Committee welcome the progress in the Building Better Emergency Care Programme and request a further update for the January 2024 meeting as construction work progresses.
  
- b) Proposal to create an elective hub (Hampshire Hospitals/Hampshire and Isle of Wight Integrated Care Board)

Members received a presentation on plans to develop an elective orthopaedic facility to address the backlog waiting list created by the COVID-19 pandemic. The Committee heard that the hub would contain two theatres and a twenty-eight bedded in-patient ward with associated facilities. The unit would be built within the Royal Hampshire County Hospital in Winchester was intending to deliver an additional 2,400 procedures each year. Members noted that the business case for the proposals was currently awaiting NHS England approval and that, subject to being approved, construction could start as early as September 2023 with the facility opening in November 2024. It was confirmed that the hub was planned to be in operation 6 days a week and that opportunities to enable Sunday working were being explored.

RESOLVED:

- i) That the Committee continue to monitor the progress of the elective hub development and request a further update at the November 2023 HASC meeting following the estimated construction start date.

#### 119. **DEVELOPMENT AND IMPLEMENTATION OF INTEGRATED CARE SYSTEMS**

The Committee received an update from the Hampshire and Isle of Wight Integrated Care Board and the Frimley Integrated Care Board (ICB) on the progress made since the implementation of Integrated Care Systems in 2022.

A timeline of key stages was shared including the development of each ICB's strategic priorities, vision statements being finalised, Charter of Behaviours being finalised and delivery in partnership linking to the Operating Plan. Members also heard of the governance arrangements which had been established including the Integrated Care Partnership (ICP) (an alliance of NHS, local government and other partners who work together to improve the care, health and wellbeing of the population) and the ICP Joint Committee; the membership for the Joint Committee was noted. The next steps for each ICB were confirmed in terms of establishing specific programmes to deliver transformed models of care and monitor their impact.

In response to Members' questions, it was confirmed that:

- Both Integrated Care Strategy documents were high level and covered a wide range of topics. Specific information on individual workstreams and care pathways was not detailed in the overview papers.
- Financial challenges being experienced by the H&IOW ICB were noted and, in reference to Appendix 2, section 6 of the report, a return to pre-pandemic levels of spend were not anticipated.
- Both ICB strategies were intended to bring about meaningful benefits to residents across Hampshire but they included long term aims which required commitment and partnership working to bring to fruition.
- Public Health colleagues at the County Council acknowledge the complexities around vaping as both a positive quit smoking and the concerns that young people taking up vaping is not a good thing. Work is taking place with Children's Services and Trading Standards to deter people from taking up vaping.

That the Committee:

- i. Note the progress made as outlined within the supporting reports and presentation slides.
- ii. Note the development of the joint forward plan and the separate Integrated Care strategies as set out in the appendices.
- iii. Continue to monitor and receive updates on the development and implementation of both Hampshire ICSs at appropriate intervals within the Work Programme.

## 120. **WORK PROGRAMME**

Members requested updates as set out below and it was agreed that the relevant organisations would be contacted to seek further information and provide updates in the most appropriate manner.

- Councillor Harrison sought more information from Southern Health on reported proposals to close Crowlin House in Totton.
- Councillor Harvey requested information on the criteria for providing Continuing Healthcare funding.
- Councillor Branson requested information on dementia care.
- Councillor Dowden requested information on autism support and support within schools for children with autism.

RESOLVED:

That the Committee's work programme be approved.



## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	27 June 2023
<b>Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Director of People and Organisation

**Contact name:** Democratic and Member Services

**Tel:** 0370 779 0507

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

### Purpose of this Report

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) Care Quality Commission Inspection – Mental Health Inpatient Units (Southern Health NHS Foundation Trust)

### Recommendation

5. That the Committee request sight of the CQC action plan and request a further update against the CQC's recommendations at the November HASC meeting.

## Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
a) CQC inspection/action plan re. mental health inpatient units	Southern Health NHS Foundation Trust	CQC carried out an inspection in October 2022. As a result, the overall rating for these services remains as 'Requires Improvement'.	New item to the HASC Work Programme. The CQC findings report was published in April 2023.

### Scrutiny Powers

9. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for 'Scrutiny of the provision and operation of health services in Hampshire'. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.
10. The Committee has a role to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire'. Health scrutiny functions are not there to deal with individual complaints, but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources for example local Healthwatch.
11. The Committee has the power 'to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised'. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g. the work of regulators.

### Finance

12. Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

## **Performance**

13. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Consultation and Equalities**

14. Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Climate Change Impact Assessment**

15. Consideration should be given to any climate change impacts where relevant.

**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>	<u>Date</u>
<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:**

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.

This page is intentionally left blank

## **Service development summary and updates**

Our ambition is to constantly improve our services and ensure they are responsive to the changing needs of our patients and communities. The below provides an overview of several service developments which have been delivered or likely to be proposed over the coming months, relating to our hospital services. These proposed changes are designed to improve access to the most appropriate type of care and to enable ongoing improvements to care quality and patient outcomes, whilst delivering the best possible value from finite resources.

### *Mental health services*

#### **Adult mental health inpatient care**

In recent years the Trust has carried out multimillion pound investments in improvements to ensure people receive inpatient care as close to home as possible, in the best environment. We have eliminated the use of 'out of area' placements and have reconfigured wards to ensure they are more therapeutic environments, geared for recovery, and meet national standards.

We have created new and refurbished wards at Parklands Hospital, Basingstoke and in the coming weeks we will be re-opening completely re-designed wards at Melbury Lodge. This includes Kingsley Ward, which will now be single sex compliant with separate male and female wards. We will also be opening Snowdrop, a specialist ward for older people with mental health needs, and a refurbished mother and baby unit. In addition, we have now opened a highly specialist psychiatric intensive care unit for women, Abbey Ward, at Antelope House, Southampton. The only such unit of its kind in Hampshire, this ward provides much needed intensive inpatient care for women in crisis and is part of our ambition to develop a complete, dedicated mental health care pathway for women. Abbey ward is being opened in a phased approach as we recruit to the full complement of staff.

#### **Older people's mental health**

The Trust is looking across the whole pathway for older people including community and inpatient provision, and considering the best practice for supporting people with mental health and dementia needs. We have recently refurbished Poppy and Rose wards at Gosport War Memorial Hospital and Elmwood ward at Parklands, Basingstoke. We have also been working with patients, families and professionals to begin designing what the future community provision for older people will look like. This includes enhancing memory assessment services and piloting intensive support services in the community.

Over the last two years we have been reviewing the demand for different types of inpatient care for older people. During the adult and older people's ward refurbishments highlighted above, we have successfully responded to the demand for inpatient care for people with dementia, with fewer overall beds (28). Over the same period we have seen a rise in demand for beds for older people with other mental health conditions (which we call 'functional' mental health). As a result, we are now proposing to reconfigure our mental health inpatient services for older people to ensure they are best shaped to respond to this demand. This will involve reconfiguring Beaulieu and Berrywood Wards at the Western Community Hospital to be a single space for functional mental health care.

Wards at Gosport and Basingstoke, which serve the whole Hampshire population, will remain as specialist dementia wards with the same overall number of beds as are currently in use (28), and we will continue to provide inpatient dementia care for any patients who need it across the county. We are beginning to talk with patients, families and staff about these proposals.

### **Rehabilitation in Mental Health**

Crowlin House is a residential unit in Calmore providing social care for people with long term mental health rehabilitation needs. The Trust and the Integrated Care Board have looked carefully at the care model and environment at Crowlin House within the context of national best practice and quality of care. The residents who were originally placed at Crowlin House have now moved on to more suitable accommodation and the transition of residents into more appropriate settings over time has meant that Crowlin House is now significantly under occupied. Of the remaining residents, all have move on plans in the coming months. In addition, the building is no longer fit for purpose as a modern, accessible residential unit and the service model doesn't enable people to receive support for their recovery in their local communities.

Our proposal, once all residents have moved on, is to develop more suitable mental health rehabilitation services in Southampton and Hampshire, which more closely fit with the long-term vision for mental health rehabilitation which we are in the process of co-designing. Once the building is no longer required, the Trust would engage with the market and with local stakeholders to understand options for the future use of the site.

The Trust has informed residents, their families and staff at the site about this recommendation and continues to engage closely.

### **Specialist services for young people**

Across England rates of mental health problems for children and young people have increased considerably with one in six (16.0%) children aged five to 16 years identified as having a probable mental disorder in 2020, increasing from one in 10 (10.8%) in 2017. In the South East of England this proportion is even higher, with 17.4% of children aged between five and 16 identified as having a probable mental health disorder. The increasing acuity and complexity of children and young people's needs is also having a huge impact on complex care providers, including Southern Health. Access is significantly challenged, it is becoming more difficult to place children and young people into appropriate residential, foster care, specialist educational and specialist health placements.

Locally, we have seen a 295% increase in demand for inpatient care for young people, and more than half of this demand is for specialist eating disorder care.

In this context and alongside partners, the Trust is developing proposals to increase capacity and support for young people with mental health needs.

We are planning to reconfigure inpatient capacity at Leigh House, an acute adolescent psychiatric service in Winchester, and developing an eating disorder day service. We are developing a 10 bedded residential unit for young people with acute and severe mental health needs (Leigh House currently has 8 beds). The refurbished residential unit would continue to support young people (aged 12-18) presenting with acute and severe mental disorders/mental health difficulties – such as emerging emotionally unstable personality disorder, deliberate self-harm, major mood disorders, psychoses, complex neuropsychiatric disorders, eating disorders and severe obsessive-compulsive disorders.



The 10-space day hospital programme will be for young people whose physical health is stable and with the aim of preventing admissions where possible and appropriate and any further decline in individuals' physical health. The focus of the day programme will be to empower families, helping young people and families to eat together again and supporting parents and carers to be able to feed their young person independently rather than the service managing the young person.

In addition, we are securing pilot funding for a new 'transitions team' to support young people leaving the residential unit and moving back into their community.

Finally, we are in the early stages of establishing a children's Psychiatric Intensive Care Unit (PICU) on the Bluebird House site at Tatchbury Mount. The recent national capital bid for this development has been approved and planning has commenced.

Conversations with young people, their families and our staff have begun to take place and we are keen to involve people with lived experience throughout the design of these new enhanced services.

### *Physical health services*

#### **Review of community hospitals**

Community hospitals play an important role in enabling people to be discharged from acute hospitals as part of their recovery and rehabilitation. They also host other services, such as diagnostics and community teams. The roles of these hospitals have evolved over many years – with some buildings pre-dating the formation of the NHS. The review of community and mental health services commissioned by the Integrated Care Board recommended a review of community hospitals across the county, to better understand the roles community hospitals play now and how this can be developed in the future to ensure they continue to best meet the needs of local people. Southern Health is working with commissioners and other partners to carry out this review, which is at the early stages and will include engagement with staff, patients and partner organisations.

#### **Expansion of beds at Alton Hospital**

In May 2022, the Trust opened a brand new 22-bedded ward at Alton Community Hospital. The purpose-built ward was created to increase the provision of rehabilitation and recovery inpatient care in the area. It also improves the care we give to patients who are coming to the end of their lives. Inwood Ward sees the number of beds available at Alton increase from 18 (on the existing Anstey Ward) to a new total of 40 beds. Patient and carer groups were involved in the clinical plans for the ward, as well as the ward layout and design, and a number of patients were also involved in the recruitment of staff to the new ward.

#### **Community Diagnostic Centre**

As part of the national drive to improve timely access to diagnostics, the Trust has worked with partners to develop a state of the art community diagnostic centre at Lymington Hospital. This facility includes a range of equipment and expert staff and means more people are able to receive potentially life saving diagnoses sooner. It also means that local people can access these services more conveniently, without the need to travel and park at a busy acute hospital. The Centre at Lymington was visited by the Chief Executive of NHS England as is seen as a very good example of community diagnostics in action. This service builds upon existing enhanced diagnostic facilities at the hospital, including a magnetic resonance imaging (MRI) scanner which was purchased with the generous support of the Friends of Lymington Hospital.

## **Response to Care Quality Commission (CQC) following inspection report**

In April 2023 the CQC published a report following inspections of the Trust's mental health inpatient units which took place in October 2022. Further to the briefing provided to Overview and Scrutiny on this matter, the Trust has developed a detailed action plan which has now been shared with the CQC.

The CQC found a number of areas of improvement and good practice. Inspectors also found some areas where there hadn't been as much progress as expected. As a result, the overall rating for these services remains as 'Requires Improvement'. These services remain rated 'Good' for the domains of Caring and Effective, and 'Requires Improvement' for the other domains. The overall rating for the Trust did not change as a result of this inspection report, and remains at 'Requires Improvement.' All of the Trust's community physical health services are rated 'Good' in all domains. The Trust remains rated 'Good' for being Well Led.

Overall the Trust is disappointed that the CQC found some issues which had not been progressed as quickly as expected when they visited in October 2022. The Trust has already been addressing areas for improvement in the months since the inspections took place and will carry out the action plan to respond to the outstanding areas highlighted in the recent report.

There continue to be significant staff shortages in some of our mental health units but the staff on all our mental health wards do an incredible job. We are focussed on recruitment and retention of staff, and have recently held successful recruitment open days and other activity.

### **Recommendation**

The panel is asked to note this paper and advise the Trust of any further information required. The Trust is willing to present and answer questions on any of these items in more detail, should the panel find this helpful.

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	27 June 2023
<b>Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Director of People and Organisation

**Contact name:** Democratic and Member Services

**Tel:** 0370 779 0507

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

### Purpose of this Report

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 an update on the following topics:
  - a) Proposals to redesign inpatient Older Persons Mental Health services (Southern Health NHS Foundation Trust)
  - b) Whitehill and Bordon Health and Wellbeing Hub Update (Hampshire and Isle of Wight Integrated Care Board)
  - c) Integrated Primary Care Access Service (Hampshire and Isle of Wight Integrated Care Board)

### Recommendations

2. That the Committee agrees the recommendations as set out below for each item.

a) Proposals to redesign inpatient Older Persons Mental Health services (Southern Health NHS Foundation Trust)

That the Committee determine whether the proposals constitute a substantial change to health services or not.

b) Whitehill and Bordon Health and Wellbeing Hub Update (Hampshire and Isle of Wight Integrated Care Board)

That the Committee continue to monitor the progress of the development of the hub and request an update at the January 2024 HASC meeting following anticipated planning determination for the site.

### c) Integrated Primary Care Access Service (Hampshire and Isle of Wight Integrated Care Board)

That the Committee continue to monitor the item given the importance of enabling access to primary care and request a further update at the January 2024 HASC meeting.

#### **Executive Summary**

3. 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.
4. 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 [Framework for Assessing Substantial Change and Variation in Health Services](#)). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS 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.
5. This Report is presented to the Committee in three parts:
  - a. *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
  - b. *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.
  - c. *Items for monitoring*: these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
6. 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 Information**

- a) **Proposals to redesign inpatient Older Persons Mental Health (OPMH) services (Southern Health NHS Foundation Trust)**

### *Context*

7. The Committee has been notified of proposals from Southern Health NHS Foundation Trust (Southern Health) regarding OPMH services delivered across Hampshire and Southampton. Namely, these proposals entail continuing delivery of dementia care from two wards at Gosport War Memorial Hospital and Parklands Hospital but to close and repurpose the dementia ward (Beaulieu Ward) at Southampton Western Hospital. A briefing note is appended to this report with more detailed information on the proposals.

### *Recommendation*

8. That the Committee determine whether the proposals constitute a substantial change to health services or not.

#### **b) Whitehill and Bordon Health Hub (Hampshire and Isle of Wight Integrated Care Board)**

### *Context*

9. In 2018 the Committee considered proposals to change the services provided from the Chase Community Hospital and the longer term aim to create a Whitehill and Bordon Health Hub. A briefing note circulated in November 2022 noted that the process of agreeing lease terms with the health hub developer (Whitehill and Bordon Regeneration Company) was ongoing, as was the detailed design of the Health Hub. Commissioners have been invited back to the Committee to present the most recent developments since they last attended in January 2023. An update report is attached as an appendix setting out programme milestones and an expected timeline for future progress.

### *Recommendation*

10. That the Committee continue to monitor the progress of the development of the hub and request an update at the January 2024 HASC meeting following anticipated planning determination for the site.

#### **c) Integrated Primary Care Access (Hampshire and Isle of Wight Integrated Care Board and Frimley Integrated Care Board)**

### *Context*

11. In July 2019 the HASC was notified of plans to integrate primary care services to bring together two services: the GP Extended Access Service, which was a pilot, and the GP Out of Hours Service. The HASC last received an update in January 2023, which noted that Primary Care Networks (PCNs) had become responsible for providing extended access to their patients in October 2022 having been postponed by a year in response to the additional pressure GP practices

were experiencing in continuing to support delivery of the COVID-19 vaccination programme. Commissioners have been invited to provide part of a series of regular monitoring updates to the HASC regarding extended access since the transfer to PCN's in October 2022. There is a briefing note appended to this report which outlines local developments and data and also contains more information on the Government's recovery plan for primary care which was published in May 2023.

### *Recommendation*

12. That the Committee continue to monitor the item given the importance of enabling access to primary care and request a further update at the January 2024 HASC meeting.

### **Finance**

13. Financial implications of any proposals will be covered within the briefings provided by the NHS appended to this report.

### **Performance**

14. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

### **Consultation and Equalities**

15. Details of any consultation and equalities considerations of any proposals will be covered within the briefings provided by the NHS appended to this report.

### **Climate Change Impact Assessment**

16. Consideration should be given to any climate change impacts of proposals where relevant.

**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

## **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.



## Proposals to redesign inpatient Older Persons Mental Health (OPMH) services

### 1. Purpose

The purpose of this paper is to outline our proposals in relation to Older Persons Mental Health services delivered by Southern Health NHS Foundation Trust.

These proposals are:

1. To continue to deliver organic dementia care on two wards (32 beds - the capacity we have been operating with for over two years) across Hampshire and Southampton. This means delivering organic dementia care on Poppy Ward at Gosport War Memorial Hospital and Elmwood Ward at Parklands Hospital, Basingstoke and repurposing Beaulieu Ward in Southampton Western Hospital.
2. To use identified capital funding to upgrade and repurpose Beaulieu Ward at Western Hospital (using additional space on Berrywood Ward) in Southampton to meet the needs of older people with a functional illness
3. Southern Health's proposed vision to transform and enhance OPMH community services to meet the future demands of older adults with mental health needs across Hampshire and Isle of Wight.

#### Glossary

Word	Description
<b>Dementia</b>	Dementia is a syndrome associated with an ongoing decline of brain functioning
<b>Organic illness</b>	An organic illness (mental Health) is a term used to describe a dysfunction of the brain that occurs in Dementia or Alzheimer's that excludes psychiatric disorders.
<b>Functional illness</b>	functional illness (Mental Health) applies to mental health illness that does not relate to dysfunction of the brain such as dementia and includes severe mental illness such as schizophrenia and bipolar mood disorder.
<b>Occupied Bed days (Bed Occupancy)</b>	the number of hospital beds occupied by patients expressed as a percentage of the total beds available

### 2. Summary

- 2.1 Southern Health operates specialist inpatient mental health services for older people at four hospital sites across the county, Parklands Hospital in Basingstoke, Gosport War Memorial in Gosport. Melbury Lodge in Winchester and The Western Hospital in Southampton. These hospitals each serve the entire Hampshire and Southampton population. At these sites, the Trust provides separate inpatient wards for older people with organic (dementia) mental health needs and functional mental health needs.
- 2.2 Over the last two years the Trust has undertaken extensive refurbishment across its acute adult mental health wards to improve the quality and safety of the clinical environment and to meet national standards. This work has required us to operate with a reduced number of beds to allow this refurbishment to take place. This has meant we have only had two organic dementia wards in use at

any time. During this period, the two wards in operation (32 beds) have seen occupancy levels similar to the nationally recommended occupancy of 85% and there have been no waits for access to Organic beds reported, demonstrating that the previous capacity (46 beds) for this type of care exceeds demand.

- 2.3 The Trust also provides support in the community through specialist older people's mental health community mental health teams, alongside memory assessment services and enhanced OPMH support into care homes, based across Hampshire and Southampton. It is the trust's ambition to develop these community services further, and we have been reviewing the delivery of its OPMH services benchmarking against evidence base and best practice models including piloting a crisis support model in the community alongside engaging with service users and families to design proposals to transform and enhance future OPMH service delivery and respond to future changing demands.
- 2.4 The ICB have supported this proposal by completing a Quality Impact Assessment (QIA) looking at risks and opportunities and their impacts and this has been presented along with this paper to the ICB QIA Panel who were supportive of this paper proceeding to overview and scrutiny committees for consideration. Minimum risks were identified, and the panel felt these were mitigated through the engagement Southern Health NHS Foundation Trust has and will continue to do with service user families and staff and with the assurance that there will be no redundancies as a result of this change and staff will be supported into vacant roles. A summary of engagement and communications to date, and planned, is provided below.
- 2.5 The ICB also found that the positive impacts of this change outweighed negative impacts and this included care closer to home, improved experience and environment for people with a functional illness, improved patient safety and clinical effectiveness and staff wellbeing. There is also acknowledgement that this proposed change is in line with meeting the values and principles of the NHS Constitution providing best value for taxpayers' money and the use of public funds for healthcare by not operating services which exceed demand.

### **3. Context**

- 3.1 Informed by national mandate and best practice (NHS Long Term Plan, NHS Community Framework Model), it is Southern Health NHS Foundation Trust's ambition to deliver evidenced based practice that leads to better outcomes for people who access our services, to move away from traditional models of mental health care and reliance on inpatient units and to enhance the community provision to meet growing needs in least restrictive way where and when service users and carers need it. For some, admission to hospital for their mental health needs is absolutely the right place to be, but only for as long as is necessary and with interventions aimed at supporting the person to live the life that they would prefer.
- 3.2 Southern Health currently provides specialist dementia wards in Southampton, Gosport and Basingstoke. This is a Hampshire (including Southampton) wide resource with one overarching bed management system, with people admitted to the closest ward to their home where possible. Please note, these inpatient facilities do not currently serve the population of the city of Portsmouth or the Isle of Wight, who come under the care of Solent NHS Trust and Isle of Wight NHS Trust respectively. However, we have been working in partnership with Solent and Isle of Wight to look at the overall bed provision across HIOW ICS to help meet future demand.
- 3.3 The below table outlines the older persons inpatient mental health provision across the trust for people with an organic or functional illness. Please note Snowdrop Ward (previously called the

Stefano Oliveri Unit) is currently closed due to refurbishment and upgrade work and Poppy Ward is hosting these patients with functional needs. Beaulieu and Elmwood Ward are operating as organic wards. Snowdrop Ward is due to re-open in June 2023 as a functional mental health ward.

Location	Hospital name	Ward Name	Dementia/Functional (number of beds)	Number of beds
Southampton	Western Hospital	Berrywood Ward	Functional	14
		Beaulieu Ward	Organic Dementia	14
Portsmouth & Southeast Hampshire	Gosport War Memorial Hospital	Rose Ward	Functional	14
		Poppy Ward	Organic Dementia	14 (Poppy Ward is currently caring for patients from Snow drop at Melbury Lodge in Winchester while it is being refurbished)
Mid & North Hampshire	Parklands Hospital	Beechwood Ward	Functional	18
		Elmwood Ward	Organic Dementia	18
Southwest Hampshire	Melbury Lodge	Snowdrop Ward	Functional	15 (currently undergoing refurbishment, due to open June 2023)
<b>Total Beds</b>			<b>Functional</b>	<b>61</b>
			<b>Organic Dementia</b>	<b>46 but the Trust has been operating on 32 for the past two years</b>

#### 4. Proposal: To continue to deliver organic dementia care at two wards across Hampshire and Southampton, instead of three.

4.1 For over two years (October 2020 to date) Southern Health NHS Foundation Trust has operated on a reduced dementia bed capacity (32 beds) to allow for several ward refurbishments to be carried out across the Trust's mental health inpatient estate. During this period, we have been able to observe demand and capacity requirements for organic dementia beds which has demonstrated that with one ward closed, the two remaining dementia wards were able to meet the demands for older persons organic mental health needs.

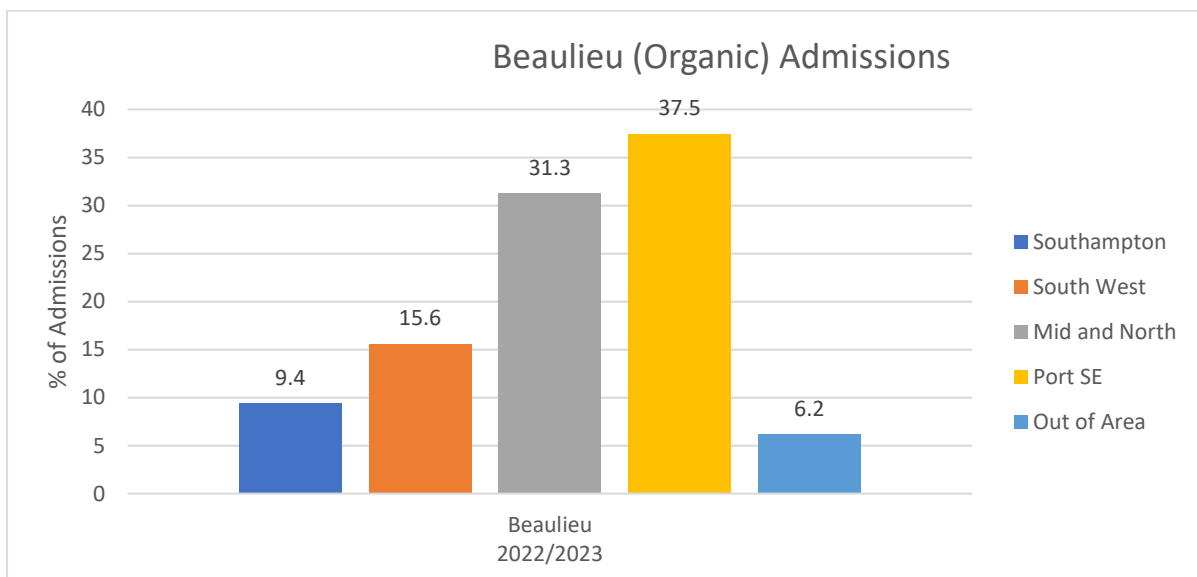
4.2 Based on predicted growth in dementia prevalence across Hampshire and Southampton, if there were no improvements made to the existing models of care (both within the inpatient units and in the community), 32 beds would remain sufficient to meet the needs of the local populations until 2028 (albeit with a potentially higher occupancy rate than 85%). The greatest area of growth over the time period is for the severe end of illness, these are the people who are more likely to require future acute/intensive support. Utilising the projected number of older people living with severe dementia as an indicator to predict demand on specialist dementia inpatient care, the 32 beds would become fully occupied at the end of 2025. This represents the worst-case scenario, and there is work that can be done to improve capacity. For example as detailed below there are several patients in hospital waiting for onward care either in the community or waiting for a care home placement. Development of community services to support patients at higher level of need will further mitigate the demand for inpatient care and this is our ambition for the future. Furthermore, we are constantly monitoring

demand and capacity and have the ability to review and increase capacity within our functional and organic units should this be necessary in the coming years.

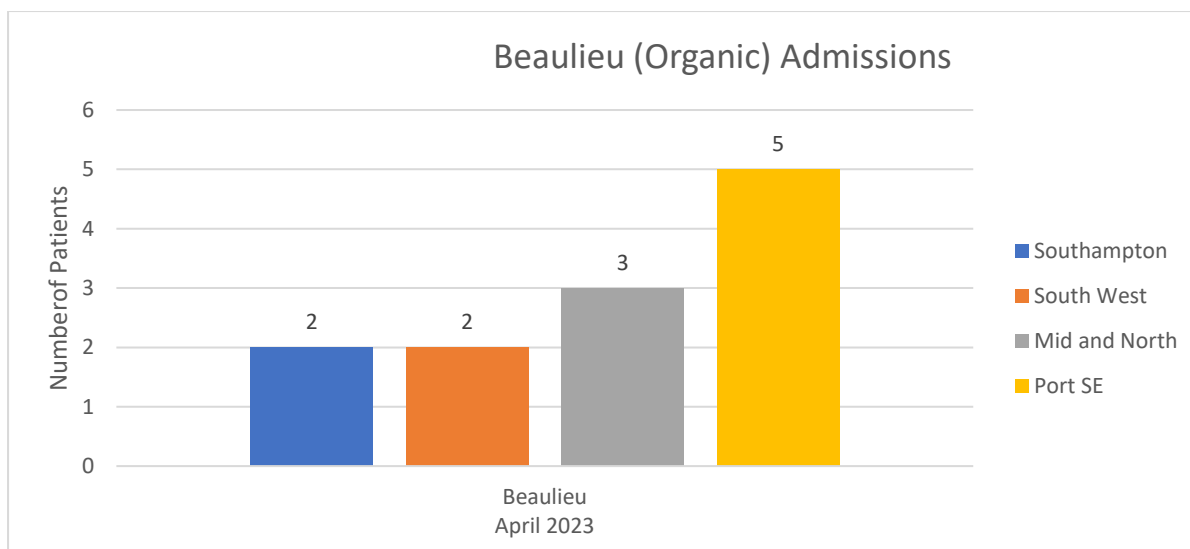
4.3 Even if the worst-case scenario is encountered in the future, in the interim years we cannot justify operating at a level which exceeds current demand when there is immediate need across other services.

#### 4.4 Patient demographic

4.4.1 When reviewing the data looking at patients' admissions over the last two years to the organic ward (Beaulieu) it is evident that in 22/23 there are a higher % of patients who live in wider Hampshire who are admitted to the ward than Southampton or Southwest Patients indicating that for 75% of patients care is not being provided closer to their home. The projected number of older people living with severe dementia is predicted to grow by 42.2% in Southampton and 62.3% in Hampshire by 2030. This could further increase the proportion of specialist dementia inpatient care beds being occupied by Hampshire residents.



4.4.2 As of 17 April 2023 there are 32 patients in organic beds with 4 beds available across the two wards for admissions. Within Beaulieu we currently have 12 patients being cared for, of which seven are currently fit for discharge, five are waiting for placement care providers from Hampshire County Council and two from Southampton City Council. The table below demonstrates the mix of patients on the ward currently.



#### 4.5 Organic wards options appraisal

4.5.1 As part of the Trust’s transformation programme, a clinically led OPMH inpatient review group has been working across Hampshire and Southampton to critically evaluate each of our dementia wards to understand suitability and sustainability of our inpatient model.

4.5.2 As part of this review, a dementia beds options appraisal has been carried out with the following objectives as the assessment criteria:

- The correct number of beds to meet the demand of the older population
- Make best use of limited resources
- Physical environment of wards will meet Quality Network for Older Adults Mental Health Services (QNOAMHS) accreditation
- Wards will be able to mitigate single sex breaches highlighted by CQC inspection
- Wards in appropriate locations to meet population demand
- ‘Ward environment meets Southern Health PLACE assessment standards (including minimising ligature risks)
- Dementia Friendly environment (meet national standards)

#### 4.6 Recommendation of review group

4.6.1 The review group assessed three options (see Appendix 1) and following this they recommend option two of their appraisal, which proposes that we remain operating out of 32 organic beds across two wards/sites (the capacity we have been operating with for over two years) with 14 beds in Poppy ward at the Gosport War Memorial Hospital site and 18 beds in Elmwood ward at Parklands Hospital site.

4.6.2 Poppy and Elmwood were identified by the review group as the preferred organic wards as not only was it identified that the demand profile of the population demographic sat at a much higher % for Hampshire patients than Southampton it was also recognised that Poppy Ward benefited from the Governments £400 million national grant scheme in 2020 when the ward was refurbished with individual en-suite rooms and upgrades to meet accreditation standards. Elmwood ward has also recently received investment and upgrades and is adjoining five other mental Health wards at Parklands hospital (Male/Female Adult acute wards, PICU ward, MOJ ward, Functional ward). These ward upgrades were co-produced with service users and staff. The Trust Dementia Environment

steering group created the Trust Standard for wards, the core group comprised of carers, service users, clinical experts and estates colleagues.

#### **4.7 Impacts of proposed change**

##### *4.7.1 Staff*

There are 33.27 whole time equivalent number of substantive staff working on the ward who will be affected by this proposal. We will engage and consult with them including a one-to-one meeting with their managers and will be offered vacancies across the Trust (in both inpatient and community settings). As of 31 March 2023, there are currently 99.46 vacancies across the Southampton Division and 109 vacancies in the South West Division which are within the geography of the Western Hospital.

##### *4.7.2 Patients*

When planned works on Beaulieu ward are due to begin patients will either be discharged to their onward care arrangement or if patients are still in treatment and requiring an inpatient stay, they will be transferred to Poppy Ward or Elmwood ward which ever ward is closest to their home. At the time of writing (17 April 2023) seven patients are fit for discharge.

##### *4.7.3 Families and carers visiting loved ones*

As previously stated, there is a higher percentage of patients who live in wider Hampshire who have organic mental health needs than those who live in Southampton. Therefore for most patients' admission to Poppy and Elmwood wards will result in care being provided closer to their home. For those who live in Southampton a train journey to Basingstoke is 34 minutes and then a link bus direct to Parklands Hospital is an eight minute journey. Similarly there is a direct train from Southampton to Fareham which takes 21 minutes with a direct link bus to Gosport war memorial hospital which takes a further 20 minutes.

4.7.4 We acknowledge that a small number of Southampton and south-west Hampshire residents may need to travel further to visit loved ones, that would otherwise have been admitted to a bed in the city. If any difficulties arise, we would support any family and carers who contact us on a case-by-case basis, without any need for means testing or any other qualification for support. Over the past two years the trust has received no complaints in relation to geographical placement of service users to wards and there has been one occasion where we have supported a relative with their travel arrangement.

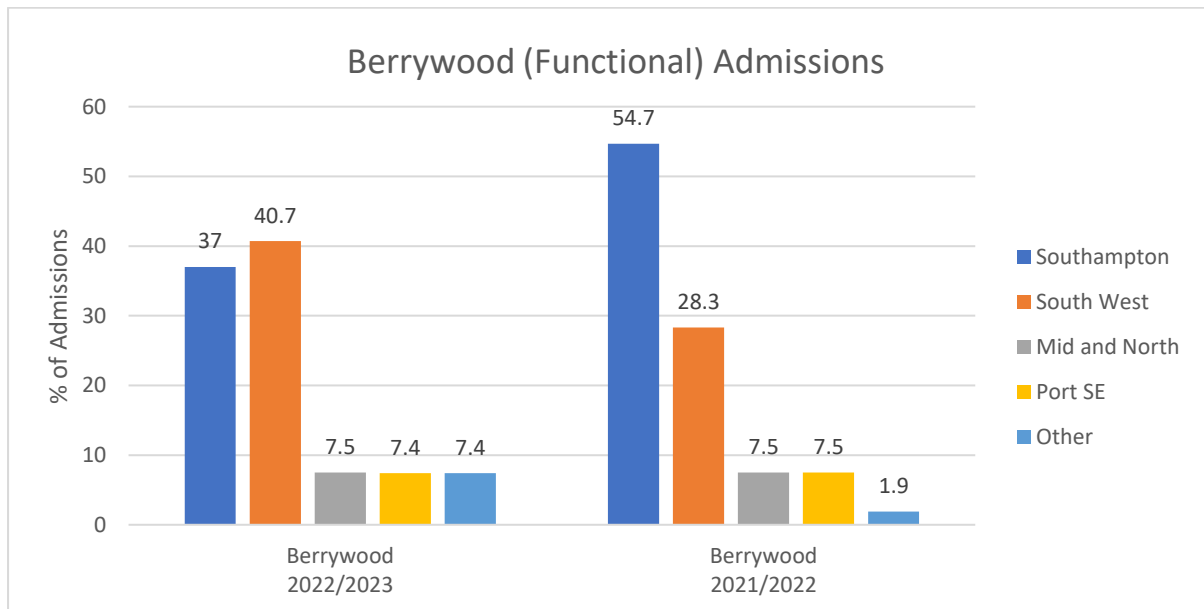
#### **5. Refurbishment Plan: Use identified capital funding to upgrade and repurpose Beaulieu Ward at Western Hospital (using additional space on Berrywood Ward) in Southampton to meet the needs of older people with a functional illness**

5.1 We propose that Beaulieu ward is refurbished and repurposed using additional space from Berrywood ward to create an improved functional ward at the Western site in Southampton. This repurposed ward will still maintain 14 functional beds, however it will be bigger, at a higher specification and will meet single sex national guidance and the Royal College of Psychiatry accreditation standards. This approach will also make better use of the public purse as the findings of the review group identified that Beaulieu is a higher specification than Berrywood ward, as it underwent a refurbishment in 2018 where it was upgraded to become dementia friendly whereas Berrywood Ward would require significant investment to bring it up to national standards. This upgrade would benefit from the following:

- Further ligature improvement work to become a safer ward environment.
- Additional bathroom/toilet facilities in male and female wings improving single sex compliance
- A Physical Health treatment room
- Separate patient dining/activity areas (male/female)
- A Carer/Family room
- Staff shower facilities to support prevention and control
- Quiet/de-escalation room
- Additional office space
- Additional room for therapeutic activities
- The rest of the original space on Berrywood Ward will be utilised as a base by local physical and mental health community teams.

## 5.2 Patient demographic

When reviewing the data, it is evident that there are significantly higher admissions of people with a functional mental health illness, living in Southampton and Southwest Hampshire demonstrating the continued need for a functional ward to remain at the Western Hospital in Southampton.



## 5.3 Funding

Solent NHS Trust and Southern Health have agreed 840K investment in estates improvements for the Southampton OPMH ward estate, £600K from national mental health funding.

## 6. Proposed mitigations

- We would offer 'no-quibble' support for any individual who will struggle with any transport challenges if their loved one is placed further from home
- We would be able to use space in the proposed combined Beaulieu / Berrywood environment to flex the number of beds to meet potential future increase in demand for functional MH inpatient care, should the need arise
- Wards across the county would have the ability to flex to meet possible future increased demand for inpatient dementia care, should the need arise

- We will continue to undertake engagement with patients and partners to gain their feedback and address any concerns

## **7. Communication and engagement about proposed changes at the Western Hospital**

7.1 A communications plan is in place to communicate regularly with patients, families/carers, staff and other stakeholders about the proposals. These plans include:

- For staff: One to one meetings, regular updates, clear contact points for questions, face-to-face team meetings, dedicated intranet page with FAQs, letters to staff
- For patients and families/carers: Informal face to face meetings FAQs, formal letter (with details of temporary relocation), contact details for questions (telephone and email), opportunity for families and carers to visit the temporary ward in advance of moving date, and spring/summer workshop (also involving staff).
- Wider stakeholders: Website, social media, briefing papers, letters, and articles in Southern Health's bi-monthly newsletter.

7.2 To date, ward staff, families and carers have been informed about proposed plans from May via letters, telephone contact and meetings, and this activity is ongoing. Generally, families have been positive about the proposals and although some concerns have been raised about transport, there has been acknowledgement that a high quality care environment is important. The Trust will be liaising with local Healthwatch and other partners in the coming weeks to ensure they are aware of plans, to listen to their views and address any concerns or questions.

## **8. Proposed Timeline**

### **June 2023**

- Carry out further ongoing engagement with patients, families, staff and partners with regards to the proposals

### **July 2023**

- To commence the necessary refurbishment work at Western Hospital to improve the quality of the care environment

### **TBC 2023**

- To reopen Beaulieu Ward as a functional Mental Health Ward
- To decant any current patients being cared for on Beaulieu Ward to Poppy Ward in Gosport War Memorial Hospital or Elmwood ward in Basingstoke
- To start works to repurpose Beaulieu Ward using some additional space from Berrywood Ward

## **9. Future Model: Our vision to transform and enhance OPMH community services to meet the future demands of people with older persons mental health needs across Hampshire and Isle of Wight.**

9.1 The population is growing and living longer and healthier lives due to improvements and advancements in treatments and care. Our ambition for OPMH care is to move away from traditional models of mental health care and reliance on inpatient units and to enhance the community provision to meet growing need in least restrictive way and with better outcomes. The NHS Long Term Plan and the vision set out in the National Community Mental Health Framework states all NHS Trusts will need



to achieve improvements in access and treatment for older adults in line with local demographics within all adult mental health services.

## **9.2 Our vision**

Our vision across Southampton and Hampshire is for seven-day alternatives to hospital admission for older people with mental health needs would offer high quality care closer to home with better experience and offering better value for money. We currently have provision for community services in core hours Monday to Friday and in inpatient OPMH wards, but we do not have bespoke urgent community response for mental health and dementia crises seven days a week, support is currently provided through the adult mental health crisis teams. To achieve this, we will be assessing and aiming to replicate the model used in the Community Intensive Support Team piloted in Southeast Hampshire and the community support for older people with organic dementia needs.

## **9.3 Engagement with patients, families, carers and staff about future models of care**

We have been conducting a number of engagement sessions with service users, their families, and carers and with key stakeholders across Hampshire to help us to develop our new OPMH model. (see Appendix 2). The below vision statement was co-produced by service users, carers and our VCSE partners, and is the guiding statement for the Southern Health NHS Foundation Trust OPMH Transformation programme.

*“Older people in Hampshire and Isle of Wight have timely access to specialist mental health services where care is informed by evidence based best practice. Health, Social and Voluntary care services work together with service users and carers to create a package of care that is centered around individual needs, enabling them to recover and live well.”*

## **10. Recommendations**

- The committee is asked to consider the proposed changes.
- The Trust will provide progress reports to the committee as requested.

### **For more information**

- Sarah Olley, Divisional Director of Operations, Mental Health Services in Southampton  
[Sarah.olley@southernheath.nhs.uk](mailto:Sarah.olley@southernheath.nhs.uk)
- Dr Victoria Osman-Hicks, OPMH Liaison Consultant Southampton  
[victoria.osman-hicks@southernhealth.nhs.uk](mailto:victoria.osman-hicks@southernhealth.nhs.uk)

## Appendix 1: Appraisal of Bed Options

### Options Matrix (explanation of scores)

Objectives	Option 1	Option 2	Option 3
	Keep Poppy and Beaulieu Wards open	Keep Poppy and Elmwood Wards open	Keep Poppy, Beaulieu and Elmwood Wards open with reduced beds
Correct number of beds to meet population demand	5 – meets 28-30 bed ambition	5 – meets 28-30 bed ambition	5 – meets 28-30 bed ambition
Makes best use of limited resources	5 – opportunity to build IST in Mid and North Hampshire from workforce and/or reduces reliance on Bank & Agency.	5 – opportunity to build IST in Southampton from workforce and/or reduces reliance on Bank & Agency.	3 – does reduce reliance on bank & agency, does not release funds of workforce to establish ISTs. Does not reduce spend on wards (buildings)
Can meet QNOAMHS standards	1 – Beaulieu cannot meet QNOAMHS standards without further reduction of beds	3 – Elmwood does not currently meet QNOAMHS standards but could with maintaining 14 beds	1 – this would require significant investment to 2/3 wards to meet standards. Beaulieu would need to reduce to max 8 beds
Single sex compliance	2 – possible with significant investment on Beaulieu	4 – possible with minor refurbishment on Elmwood	3 – possible with minor refurbishment on Elmwood and major refurbishment on Beaulieu
Appropriate location to meet population demand	2 – South & South east (clustered)	3 – mid & South east (wider patch of Hampshire covered)	5 – current locations
Meets SHFT PLACE assessment standards	3 – significant work required on Beaulieu	4 – minor work required on Elmwood	3 – work required on both Elmwood & Beaulieu
Meets Dementia Friendly standards	4 – minor work for Beaulieu	5 – standard are met	4 – minor work for Beaulieu
<b>Success Factors</b>			
Acceptability: Service users and Carers, workforce, provider collaborative (Solent & IOW), Local authority	3 – consultation required	3 – consultation required	5 – no ward closed, increased substantive posts, geographic spread of beds.
Affordability: within current OPMH funding. Funds are saved for redirections to enhanced community services	4 – no additional spend	4 – no additional spend	1 – additional funds required to establish ISTs and two wards required improved spec to meet objectives.
Achievability: effort to achieve model vs impact. Workforce to support development inc. estates, HR, corporate services.	2 – significant work required to bring Beaulieu up to spec & would required bed reduction to meet standards	3 – minor work required to bring Elmwood up to spec for standards, keeping 14 beds	5 – no significant change, bed reductions on existing foot print.
Strategic Fit: Aligns to developing ICS dementia strategy. Improves quality and effectiveness	3 – increased community services, major work required for ward spec	4 – increased community services, minor work for ward spec	1 – no increased community services, continued reliance on inpatients for dementia care, works required on 2/3 ward
Decision	34	<b>43 (preferred way forward)</b>	36 (short list)

## Appendix 2: Engagement with Our service users and carers:

Over the last two years, the OPMH QISG have sought to understand the experience of using our services from the perspectives of service users and their carers to inform the direction of the programme and ensure we are co-designing our future services to improve health outcomes and reduce inequality. This engagement is described as “discovering work” to help us understand where the gaps in our services.

As well as additional engagement planned specifically for those living in care homes in Hampshire and those from the Black, Asian & Minority Ethnic (BAME) community, who have so far been under-represented. Our ambition is to now create a co-production group to help us design our models of care to ensure the services meet the needs of our communities now and in the future.

Our service users and carers have told us. (Paraphrased, not verbatim)

- *Advance care planning is important for people, whilst they still have capacity.*
- *Carers need to be involved in care coordination and treatment discussions.*
- *Assessment for dementia needs to be holistic, not just based on scores from a memory test, it needs to consider an individual's "usual state" and history.*
- *Post-diagnostic support is more important than the diagnosis*
- *Many people would prefer to stay where they are (whether in their own home or residential/care home) and receive care in a familiar environment.*
- *"Seeing somebody regularly, having an appointment in my diary is important to me... "knowing I'm seeing somebody soon helps when I'm having a dip"*
- *Apart from Andover Mind, it doesn't feel like there's much in the community to support those with a functional illness. Either groups aimed at younger people or groups aimed at those with dementia and/or their carers.*
- *Mental Health crisis should be treated with the same urgency as a physical health crisis.*
- *Liked the idea of more mental health support and social prescribers for older people in GP surgeries, in general the older population are engaged with their GP surgery.*
- *Service users in crisis are more likely to call carers support (Andover mind). They like the idea of talking to somebody they know and trust.*
- *Transition from AMH to OPMH - Once you're across the 65 years age threshold to OPMH, the services seem to have more focus on dementia and services sign posted for dementia rather than functional illnesses.*
- *Transition between services could be smoother, discharged from secondary care to VSCE or back to Primary care, can feel confusing.*
- *Working in silos - Communication between services can be a barrier with professional boundaries that are ridged. Some service users see several people a week in their home, it doesn't always feel like the teams are coordinated and never should one work with or support the other.*

The table below summarises the programmes engagement with service users, carers and Voluntary, Community & Social Enterprises (VCSE) partners to date.

<b>Where?</b>	<b>When?</b>	<b>Who? How Many?</b>
Online - OPMH strategy engagement	03/08/2021	4 x carers 11 x Mixed VCSE organisations
online - MAS engagement workshop	29/09/2021	27 attendees, mix of OPMH professionals, service users, carers and VCSE
Romsey - Carers together group (Face to Face)	25/10/2021	Attended group to present future ambitions for OPMH. Around 30 in attendance. Mix of members of the public and support services
Dementia and carer community groups - MAS feedback and future ambitions	09/12/2021	Online - 4 service users 2 carers
	15/12/2021	online - 8 carers
	18/01/2022	Winchester - 4 carers, 4 service users
	22/02/2022	Meon Valley - 6 carers, 4 service users
Romsey - SHFT hosted event. Connecting with your local health service. (Face to face)	25/03/2022	Attended and had a stall. Asked those in attendance their experience of OPMH and talked about future ambitions - around 30 members of the public in attendance
St Deny's - service user group (Face to Face)	23/06/2022	Attended St Deny's community group - 15 service users
SHFT FFC group (online)	10/11/2022	Core group members and additional 2 carers and 2 carers liaison roles
SHFT WIP group (online)	15/11/2022	Core members, reps from community, service users and carers
SHFT QISG public engagement.	Gosport 31/01/2023	1 x Andover Mind, 1x GVA, 1x Dementia Friendly Hampshire, 1 x carer feedback, 1x CAB Gosport 2 x SHFT employee
	Winchester 02/02/2023	2 x service users, 1 x service user feedback, 1 x carer feedback, 2 x Health watch Hampshire 3 x Andover Mind
	Totton 08/02/2023	2 x carers, 2 x Andover mind (carer support & Dementia Advisor, 1 x rep from Minstead Trust
	Romsey 09/02/2023	1 x service user, 3 x carers, 2 x members of Romsey dementia action group, 1 x health watch rep 1 x local solicitor (later life specialism)
	Online event 21/03/2023	33 in attendance, combination of service users, carers, VCSE, interested members of the public and staff

## **Hampshire County Council Health and Adult Social Care Select Committee Update June 2023 on progress of the Whitehill and Bordon Health Hub**

### **Background**

Hampshire & Isle of Wight Integrated Care Board (ICB) is working with the Whitehill & Bordon Regeneration Company (WBRC), East Hampshire District Council, NHS providers and other partners on the creation of a new Health Hub at Whitehill & Bordon.

The purpose-built health hub will combine primary care (provided by Badgerswood and Forest GP Surgery) and community health services currently delivered from the Chase Community Hospital onto a single site, located in the new town centre providing a vital part of the wider regeneration plans for the area.

### **Latest position**

Since our last update in January 2023 to HASC partners in the development have made progress on their organisations deliverables to progress the health hub facility. These include:

- Planning Application public consultation has been held over 6 days in late May 23 to understand the views and expectations of local residents
- Patient engagement with the Forest Surgery patient population held to run concurrently with the planning application consultation to capture views and concerns of patients registered with the surgery which will relocate to the new health hub once complete. The engagement report is attached to this paper.
- Progression of the detailed design for the facility which includes securing a facility which meets NHS Design Codes and BREEAM Excellent standards.
- Preparation of the planning application documentation ahead of the planned submission in early July 2023
- Southern Health NHS Foundation Trust (SHFT) have approved their internal business case reaffirming the Trusts commitment to the relocation of their services and operational teams when the health hub is available.
- Southern Health Foundation trust are engaging with Everyone Active to agree how they will deliver the future physiotherapy model within the leisure centre gym space.
- Southern Health Foundation Trust have begun to operationalise plans for the health hub with service managers, to ensure the service delivery teams remain engaged in future service planning.
- It has been agreed that the lease arrangements with Solent NHS Trust will be brought into the scope of the project Fusion workstream – the merging of the community Trusts programme

All partners in the health hub remain committed to the delivery of the facility the current status of which is provided below:

Milestone	Who	Date
EHDC approved £991k funding from s.106 and Eco-town grant as capital contribution for Health Hub	EHDC / DIO	Complete
Primary Care Commissioning Committee approve Health Hub GMS space and associated costs subject to application from GP practice	HIOW ICB	Complete
Funding agreement between EHDC & DIO signed.	EHDC / DIO	Target completion June 23
SHFT decision to re-locate community services to health hub	SHFT	Complete
Legal agreements with tenants signed (Heads of Terms and agreement to lease)	WBRC / B&FS / SHFT	Target completion June 23
Detailed design complete	WBRC / B&FS / SHFT	Target Completion June 23
Engagement with patient groups (formal consultation not required) And Planning Application consultation	HIOW ICB / SHFT	Complete
Planning application submission	WBRC	<i>Revised early July</i>
Planning application determination	WBRC	October 23
Construction – early 24 if planning consent granted October 23.	WBRC	spring/summer 24 to autumn 25
Tenant fit out, familiarisation and Operationalisation	WBRC / B&FS / SHFT	Autumn 25
Occupation	B&FS / SHFT / WBRC	From late 25

### Next steps

Plans for early delivery of a pharmacy within the new town centre are underway and are being co-ordinated with the delivery of the new supermarket.

Submission of the planning application for the health hub is the next critical milestone in the development of the health hub. The timeframes for this have slipped slightly from our original plans, which was due to ensuring the engagement process was planned around other key activities.

The financial appraisal is to be revisited in light of recent escalating inflation and construction costs. Though partners are confident that the costs of the development can be contained, the District Valuation Service will be required to review the costs of delivery from a value for money perspective. Affordability of the facility is the greatest for the health service in the delivery of the development.

Hampshire and Isle of Wight ICB remain committed to the delivery of the health hub and recognise our responsibility to keep stakeholders and public updated on the process. We will continue to engage with Patients and Service users on delivery plans and continue to meet regularly to ensure that all partners maintain traction on development milestones.

In the meantime, we will continue to update key stakeholders including East Hampshire District councillors, HealthWatch and individuals as requested.

## Whitehill and Bordon Health Hub

### Engagement Report

#### Executive Summary

Hampshire and Isle of Wight Integrated Care Board (ICB) carried out a period of engagement to support Whitehill and Bordon Regeneration Company (WBRC) with their proposed planning application for the new development of the Health Hub at Whitehill & Bordon.

This piece of engagement sought to build on earlier engagement with Whitehill and Bordon residents on the Health Hub proposal to inform and reduce fear of change, clarify any misunderstandings, and build confidence and trust in the community.

This report details the engagement process undertaken and provides a detailed overview of engagement activities and results, including key themes and what we heard via survey participation and the public exhibitions.

In summary, the key findings were as follows:

- **GP appointment availability**  
Many respondents spoke of difficulties experienced in obtaining an GP appointment within a timescale they felt was acceptable.
- **Accessibility**  
Traveling to and from the new proposed site was highlighted as an issue, respondents referring to transport issues related to both transport within the town and transport beyond the town to neighbouring towns such as Petersfield and Alton in order to access medical services.
- **Make use of existing facilities**  
A number of respondents expressed a viewpoint that rather than develop a new facility it would be preferable to improve the existing facilities, most notably Chase Community Hospital. In some cases, this was related to accessibility and the ability of the facility to serve the part of the town in which it is located. There was also present in the comments a perception that developing the existing facilities represented better financial value.
- **More services available locally/increased capacity**  
This theme concerned the desire for more services available locally and a feeling that these should be included in plans for the physical healthcare infrastructure in the area.  
Xray was the service which was most mentioned as a service respondents would like to see delivered locally, or delivered in the hub, along with a Minor Injuries Unit as a service people would like to see available locally.

## Introduction

Hampshire and Isle of Wight Integrated Care Board (ICB) is working with the Whitehill and Bordon Regeneration Company (WBRC), East Hampshire District Council, NHS providers and other partners on the creation of a new Health Hub at Whitehill and Bordon.

The purpose-built health hub will combine primary care (Forest Surgery) and community health services onto a single site, together with services currently provided at Chase Community Hospital. It will be a vital part of the wider regeneration plans for the area.

The proposal for a new health hub development will provide general primary medical care and community services and comprise two tenants: a local GP (Forest Surgery) and Southern Health NHS Foundation Trust. It would be built on a new, town centre site, as part of a residential development, providing appropriate clinical space for the proposed tenants, and other users of the Chase Community Hospital, Bordon. There are no plans for any change to the current service provision at both Chase Community Hospital and Forest Surgery. These services will continue to operate until the construction of the new site is complete, when they will move into the new facility.

Hampshire and Isle of Wight Integrated Care Board carried out a period of engagement to support Whitehill and Bordon Regeneration Company (WBRC) with their proposed planning application for the new development.

The public planning consultation included two exhibitions over six days, explaining the scheme with the project team and representatives of the organisations above on hand to provide information and answer questions, as well as a website source where the information was available online. The events were attended by approximately 390 people. We created a survey which was intended for patients of Forest Surgery, or those who were carers for a family member who was a patient of the surgery. The survey was hosted online and ran from Monday 8 May until Friday 2 June. Paper copies of the survey were made available at the engagement events and responses received from these have been included in this report.

There were 561 respondents in total. Of this number 25 were ineligible for the survey as they were not a patient, or caring for a relative who was. This left a response total of 536.

A full breakdown of the demographics of the respondents can be found in Appendix One and full survey responses in Appendix Two.

## Engagement Objectives

The objectives for the engagement were:

- To promote the existing healthcare services available to local people.
- For the engagement to inform and reduce fear of change, clarify any misunderstandings, and build confidence and trust in the community
- To find out how people currently travel to receive their health care
- To find out how frequently patients use existing health services
- To find out what is important to patients when accessing services ie travel time, frequency of appointments
- To understand patients' views and experience using existing services
- To offer reassurance that services will remain in operation and will not change once the new Health Hub is operational



- To ensure patients and stakeholders are fully informed and able to express concerns, show support and make comments

### Methodology

An online survey for patients registered with Forest Surgery was developed to gain feedback on current services provided. This was promoted electronically to patients by the practice and was also available in paper form at the two exhibitions. The public planning consultation included two exhibitions over six days, which was also attended by representatives of the Integrated Care Board.

Southern Health NHS Foundation Trust were also present at the exhibitions to talk to patients and members of the public about the services provided at Chase Community Hospital. This feedback was collated by the Trust.

The Patient Participation Group at Forest Surgery were also spoken to as part of the engagement process.

### Audience

The audience included, but was not limited to:

Forest Surgery General Practice staff, patients and members of the surgeries Patient Participation Group

Staff, patients and service users from Southern Health NHS Foundation Trust

Local residents/residents groups - with a focus on patients registered with The Forest Surgery and those currently accessing services provided by Southern Health NHS Foundation Trust

### Demographics

Below is a breakdown of the demographics of those residents who took part in the online survey.

Further details can be found in Appendix 1

#### Gender

Option	Total	Percent
Male	132	32.27%
Female	266	65.04%
Prefer not to say	11	2.69%

#### Age

Option	Total	Percent
--------	-------	---------

<b>55 to 64</b>	<b>81</b>	<b>19.66%</b>
<b>25 to 54</b>	<b>187</b>	<b>45.39%</b>
<b>65 to 74</b>	<b>86</b>	<b>20.87%</b>
<b>75 to 84</b>	<b>38</b>	<b>9.22%</b>
<b>Prefer not to say</b>	<b>9</b>	<b>2.18%</b>
<b>18 to 24</b>	<b>5</b>	<b>1.21%</b>
<b>Over 85</b>	<b>6</b>	<b>1.46%</b>

### Ethnicity

<b>Option</b>	<b>Total</b>	<b>Percent</b>
<b>White: English, Welsh, Scottish, Northern Irish</b>	<b>357</b>	<b>86.44%</b>
<b>Other White</b>	<b>28</b>	<b>6.78%</b>
<b>Other ethnic group</b>	<b>4</b>	<b>0.97%</b>
<b>Black, Black British, Caribbean or African</b>	<b>4</b>	<b>0.97%</b>
<b>Mixed or multiple ethnic groups</b>	<b>5</b>	<b>1.21%</b>
<b>Asian or Asian British</b>	<b>10</b>	<b>2.42%</b>
<b>other</b>	<b>5</b>	<b>1.21%</b>

### Disability

<b>Option</b>	<b>Total</b>	<b>Percent</b>
<b>No</b>	<b>318</b>	<b>77.18%</b>
<b>Yes</b>	<b>68</b>	<b>16.50%</b>
<b>Prefer not to say</b>	<b>26</b>	<b>6.31%</b>

### Religious Belief

<b>Option</b>	<b>Total</b>	<b>Percent</b>
<b>No religion</b>	<b>152</b>	<b>36.89%</b>
<b>Christian</b>	<b>208</b>	<b>50.49%</b>
<b>Prefer not to say</b>	<b>34</b>	<b>8.25%</b>

<b>Other religion or belief</b>	<b>10</b>	<b>2.43%</b>
<b>Muslim</b>	<b>5</b>	<b>1.21%</b>
<b>Buddhist</b>	<b>2</b>	<b>0.49%</b>
<b>Jewish</b>	<b>1</b>	<b>0.24%</b>

### Sexuality

Option	Total	Percent
<b>Straight / Heterosexual</b>	<b>398</b>	<b>89.64%</b>
<b>Prefer not to say</b>	<b>37</b>	<b>8.33%</b>
<b>Gay or Lesbian</b>	<b>7</b>	<b>1.58%</b>
<b>Bisexual</b>	<b>2</b>	<b>0.45%</b>

### Key findings

#### Questionnaire

- GP appointment availability**  
This was the single largest theme and was present in 32 responses. Many respondents spoke of difficulties experienced in obtaining an GP appointment within a timescale they felt was acceptable.
- Accessibility**  
Many respondents emphasised accessibility as a factor which was important to them with the theme present in 73 comments. A large proportion of these related accessibility to the geographic proximity of the existing facilities with a significant number commenting that they valued that these were within walking distance. Some respondents pointed out that the proposed new location would mean that they would have to change how they access the surgery traveling by either public transport, or cars.  
In total 22 comments contained a theme relating to transport. 18 respondents referred specifically to parking as something they felt was important with a number of these pointing to the need for free parking. A smaller sub-theme was the importance of a building which is accessible to those with mobility issues.
- More services available locally/increased capacity**  
Another popular theme was around maintaining and increasing services in the town. This included several references to a minor injury treatment unit. Xray and physiotherapy were also mentioned. An increase in the number of GPs was also raised as well as mental health services and coil fitting. This theme could be seen as in part related to the theme about the growing population which some respondents link to the need to have more locally available services and greater capacity.
- Make use of existing facilities**  
A number of respondents chose this section to express a viewpoint that rather than develop a new facility it would be preferable to improve the existing facilities, most notably Chase Community Hospital. In some cases, this was related to accessibility and the ability of the facility to serve the part of the town in which it is located. There

was also present in the comments a perception that developing the existing facilities represented better financial value.

- **Continuity of care**

This theme was for a number related principally to continuity of care around GP services and being able to see the same doctor.

- **Quality**

This theme referred to the feeling that the quality of services being received was important. This included better telephone systems, quicker referrals and friendly staff.

- **Other**

This theme consisted of all other comments which did not fit in the categories.

Growing population: This theme referenced the population growth in the area. The community has experienced considerable population growth which has impacted on residents and their views around services. Positive about the health hub

Seven comments expressed support for the new hub.

Co-location

This theme concerned the importance of co-locating services. In particular the co-location of the pharmacy and the surgery.

Support for staff

Four comments mentioned the need for medical staff to be supported.

## Events

At the six events visitors were invited to leave additional comments on a form. These were then posted into a secure box to ensure anonymity. Following the events the forms were collated and inputted onto Microsoft Word. These were then analysed for unique themes. In total 45 unique comments were recorded with 9 themes identified among these.

### More services available locally/increased capacity

This was the largest theme present in the comments being present in 13 comments. This represents just over a quarter of all comments. This theme concerned the desire for more services available locally and a feeling that these should be included in plans for the physical healthcare infrastructure in the area.

Xray was the service which was most mentioned as a service respondents would like to see delivered locally or delivered in the hub. This was followed by four mentions of a Minor Injuries Unit as a service people would like to see available locally. Two comments referred to a need for increased levels of staffing at the pharmacy. A range of areas received one single mention.

Xray	8
Minor injuries unit	4
More pharmacy staff	2
Cancer clinic	1
Podiatry	1
Audiology	1
Physiotherapy	1
Childrens clinics	1
Visiting consultants	1
More GPs	1
Mental health services	1

Clinics (not specified)	1
Extended surgery hours	1

### **Make use of existing facilities**

This was a theme which was present in nine comments. For these respondents there was a clear preference to make either continued, or greater use of existing facilities, most notably Chase Community Hospital. Comments included that the existing sites are fit for purpose and in the case of Chase relatively the building is new. Others expressed that their preference was for Chase to be modernised with one comment suggesting building the hub on the Chase site.

### **Accessibility**

Within nine comments a theme around accessibility of the hub and the accessibility of health services for those living in the town was present. Seven comments referred to transport issues related to both transport within the town and transport beyond the town to neighbouring towns such as Petersfield and Alton in order to access medical services. Two comments were site specific in terms of issues accessing the location of the health hub site, with one referencing the gradient of an access ramp at The Shed, a building adjacent to the proposed site, and another referring to potential difficulty crossing the new high street.

### **Community feeling**

This theme, present in eight comments, represents the voicing within the comments of community feeling and sentiment, particularly community tensions. A number of comments mentioned the feeling that the town was being 'left behind', or of tensions between the old town, in which Chase and Forest Surgery are located, and the new part of the town which is the location of the proposed new health hub. One comment referred to the history of Xray facilities at Chase, stating that these had been funded from charitable donations which had been part of the community's response to the loss of several children.

### **Questioning rationale**

Four comments were received in which the rationale for the development was questioned. In two cases this was a broad question as to why the development was needed. In the other two cases the comments put forward a view that the rationale was informed by financial gain.

### **Growing population**

Four comments referred to the growing population of the town. There was a close correlation between this theme and the theme concerning the need for increased levels of service. The feeling which these comments reflected was that with a growing population there was a need for an increased local capacity for healthcare services.

### **General questions**

Four of the comments contained a number of questions about the health hub development. These were:

What will the parking facilities be at the hub? Will these be free and how do they relate to the other elements of the town centre development?

Will any podiatry, dental, or optometry services being offered at the new hub be NHS, or will these be private?

What will the impact on the overall development be if Morrisons do not take up their unit. Has this risk been considered?

Have any issues arising from mixing healthcare and residential use been considered?

Can there be greater transparency around the business case for the hub?

What are the security considerations around the health hub?

Positive

Three comments received viewed the proposals for the new health hub positively.

Feelings about the engagement

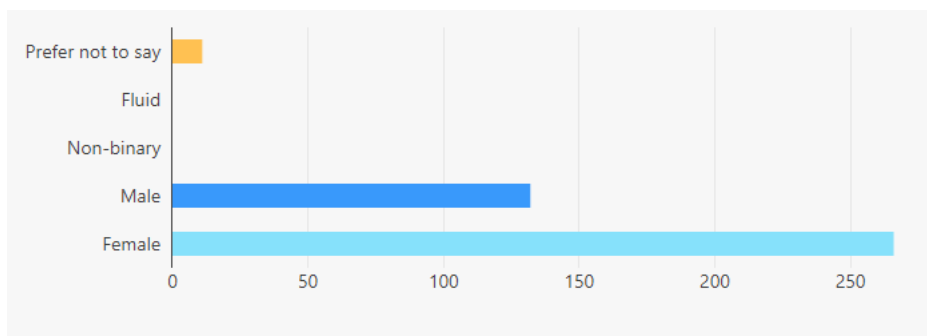
Two comments related to feeling about the engagement itself. These both expressed a view that the engagement activity would have a limited impact on the outcome.

## Appendix 1

### Engagement Demographics: Questionnaire Respondents

#### Your gender

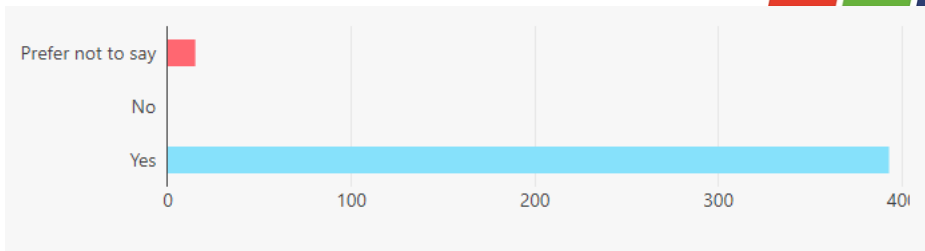
There are 409 responses to this question.



Option	Total	Percent
Male	132	32.27%
Female	266	65.04%
Prefer not to say	11	2.69%

#### Is the gender you identify with the same as your sex registered at birth?

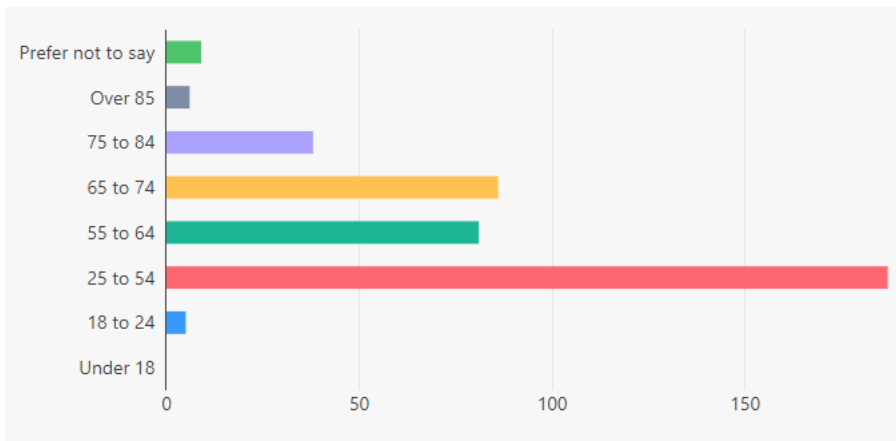
There are 408 responses to this question.



Option	Total	Percent
Yes	393	96.32%
Prefer not to say	15	3.68%

### Your age group

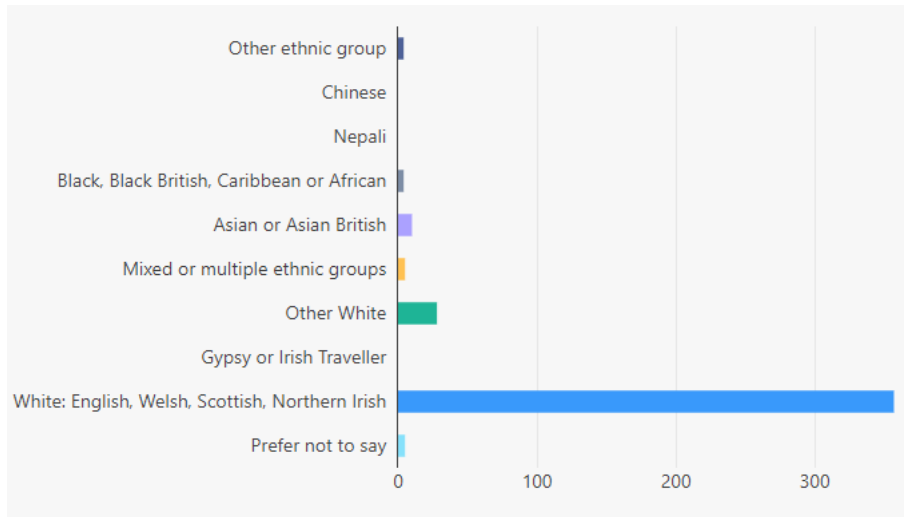
There are 412 responses to this question.



Option	Total	Percent
55 to 64	81	19.66%
25 to 54	187	45.39%
65 to 74	86	20.87%
75 to 84	38	9.22%
Prefer not to say	9	2.18%
18 to 24	5	1.21%
Over 85	6	1.46%

**Your ethnic background**

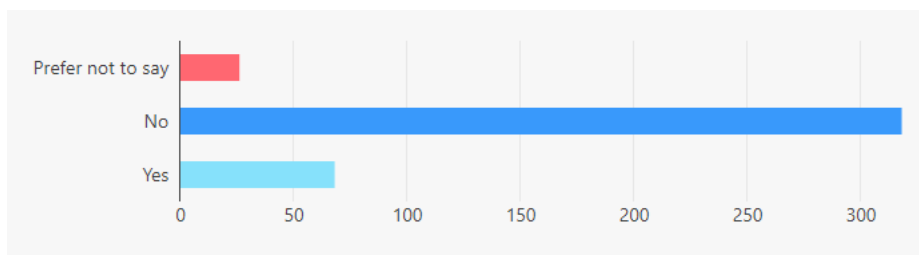
There are 413 responses to this question.



Option	Total	Percent
White: English, Welsh, Scottish, Northern Irish	357	86.44%
Other White	28	6.78%
Other ethnic group	4	0.97%
Black, Black British, Caribbean or African	4	0.97%
Mixed or multiple ethnic groups	5	1.21%
Asian or Asian British	10	2.42%
other	5	1.21%

**Do you consider yourself to have a disability?**

There are 412 responses to this question.

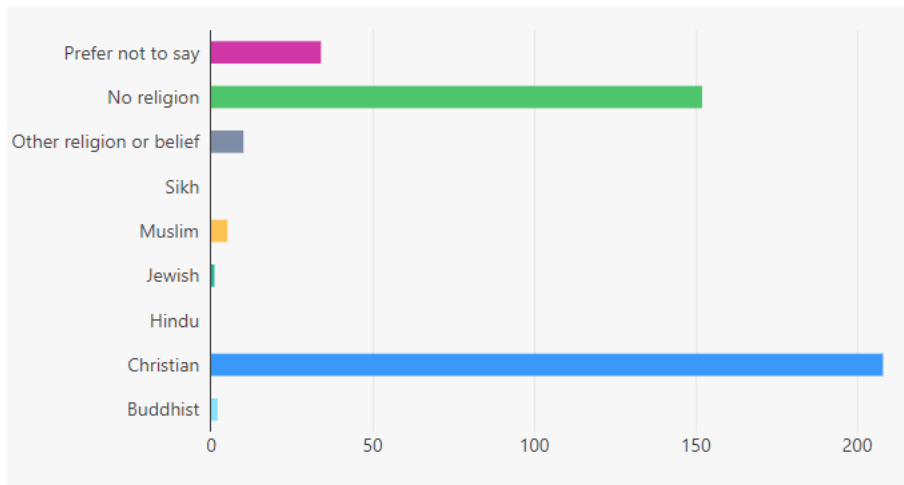




Option	Total	Percent
No	318	77.18%
Yes	68	16.50%
Prefer not to say	26	6.31%

### Your religion or belief

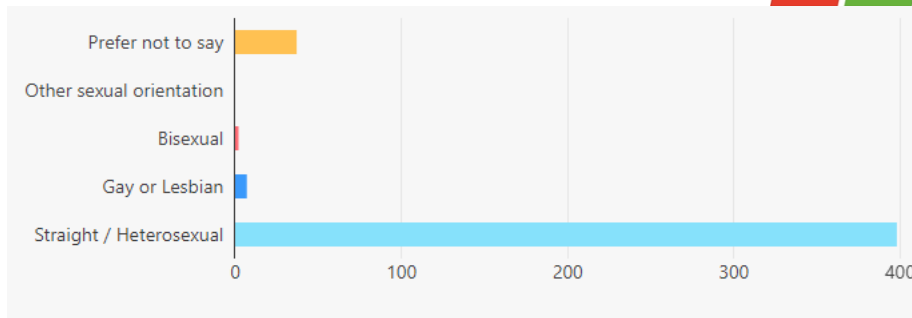
There are 412 responses to this question.



Option	Total	Percent
No religion	152	36.89%
Christian	208	50.49%
Prefer not to say	34	8.25%
Other religion or belief	10	2.43%
Muslim	5	1.21%
Buddhist	2	0.49%
Jewish	1	0.24%

### Your sexuality

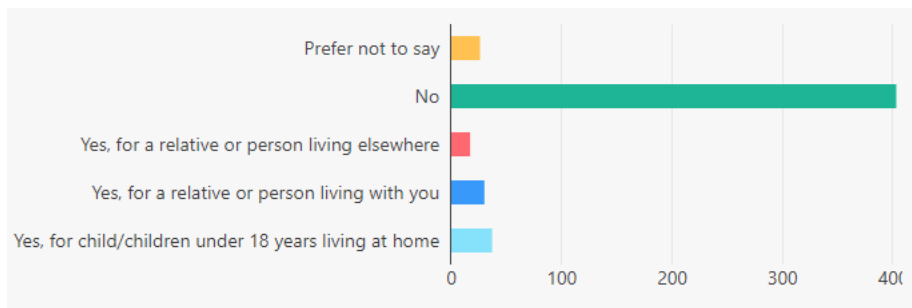
There are 444 responses to this question.



Option	Total	Percent
Straight / Heterosexual	398	89.64%
Prefer not to say	37	8.33%
Gay or Lesbian	7	1.58%
Bisexual	2	0.45%

**Are you an unpaid carer? (You care, unpaid, for a friend or family member)**

There are 513 responses to this question.



Option	Total	Percent
No	403	78.56%
Yes, for a relative or person living elsewhere	17	3.31%
Yes, for child/children under 18 years living at home	37	7.21%
Prefer not to say	26	5.07%
Yes, for a relative or person living with you	30	5.85%



This page is intentionally left blank

## **Primary care update, June 2023**

### **Context**

1. This report provides an update on primary care services across Hampshire. It includes an update on enhanced access services, as requested by the committee, and further local updates on wider access and estate issues raised previously. The report also includes a summary of national developments which may be of interest to the committee.
2. General practice continues to the foundation upon which effective patient care rests. NHS health services are divided into primary care, secondary care, and tertiary care. Primary care is the first point of contact for the majority of people in need of healthcare, and may be provided by professionals such as GPs, dentists and pharmacists.
3. There are three types of contract used for primary care nationwide, the most common is the General Medical Services (GMS) contract. This is a nationally negotiated GP contract and the most common type of primary care contract in Hampshire. It is negotiated annually between the British Medical Association's General Practitioners' Committee and NHS Employers. The Carr-Hill Formula has been used as the basis of core funding for GMS practices for over fifteen years, which is a nationally set formula but also takes into account patient needs, demographics such as age and gender, mortality ratios, and cost of living in geographical areas.
4. A GMS contract exists in perpetuity. Unlike other areas of the health service, primary care services are predominantly delivered by small businesses (GP partnerships) and shifting market forces are placing considerable strain on this operating model. In a review of the partnership model, commissioned by the Secretary of State for Health in 2018, it was concluded that if the GP partnership model were to survive in the future, then changes would be necessary. The review recognised the benefits of GP partnerships in terms of their efficiency and ability to be highly patient centred but also recommended the need for practices to work together to promote resilience and to bring in more skill-mix to support GPs in their working day.
5. GP services in England are independently regulated by the Care Quality Commission (CQC), which monitors and inspects providers of health and care services on quality and safety standards. Practices rated as good or outstanding usually receive inspections at least every 5 years; practices rated requires improvement or inadequate will be inspected within twelve and six months respectively of the previous inspection.

### **Appointments and access**

6. We recognise patients continue to share concerns around difficulties in accessing GP appointments. In response to this, GP services are currently offering more appointments year on the year but demand for these services also continues to rise

significantly. The data below, which is published by NHS Digital, compares the January to March period in 2023 to 2022 for practices across the Hampshire and Isle of Wight Integrated Care Board area.

	<b>January 2023 to March 2023</b>	<b>%</b>	<b>January 2022 to March 2022</b>	<b>%</b>
Total no. of appointments	2,787,105		2,509,344	
Did not attend	125,001	4.5%	105,871	4.2%
GP appointments given	1,319,767	47.4%	1,227,574	49%
Other healthcare professional staff	1,395,688	50.1%	1,201,260	48%
Face-to-face appointments	1,797,743	64.5%	1,460,537	58%
Home visits	22,903	0.82%	18,355	0.73%
Telephone	885,663	31.8%	946,568	37.7%
Same day appointment	1,220,795	44%	1,104,687	44%
Next day appointment	227,478	8.16%	228,990	9.16%
2-7 days appointment	543,249	19.4%	511,108	20.3%

7. All of these appointments have been offered in addition to delivering the COVID-19 and flu vaccination programmes.
8. Face to face appointments have risen in January to March 2023 compared to the previous year, at almost 65%. There has been a small decline in telephone appointments, reflecting the rise in face to face appointments. 44% of appointments are offered to patients on the same day.
9. While the data provides an overview in terms of what is being offered, it does not necessarily show the true picture of demand or provide narrative as to a practice's circumstances. The data may show some inaccuracies with how practices record interactions with patients.

## **Enhanced access services**

10. Last Autumn new arrangements came into place across our area for additional primary care capacity outside the core hours of GMS contracts (8.00am to 6.30pm Monday to Friday excluding public holidays), formally known as enhanced access services. These are available from 6.30pm to 8.00pm Monday to Friday and 9.00am to 5.00pm on Saturdays. The changes are designed to improve access, promote patient choice and support primary care resilience.
11. A Primary Care Network (PCN) comprises of GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. The new arrangements aim to remove variability across the country by putting in place a more standardised and better understood offer for patients. It is for the PCN to determine, based on discussions with their ICB and engagement with their patients, the exact mix of in person face-to-face and remote (telephone, video or online) appointments, how many appointments are for emergencies, same day or pre-booked (including screening, vaccinations and immunisations) and which services should be available when and what skill mix is needed to deliver these.
12. Specific data on uptake on these services is not yet available. However at this time we understand demand is high, in line with demand for primary care services more broadly. Feedback over many years has been that patients would like more choice over timing of appointments and access to a greater range of clinical support.

## **Additional roles in primary care**

13. GP practices offer a wide range of specialist roles, alongside GPs, to ensure you get the right help as soon as possible. These include:

### **Clinical pharmacists**

Undertake medication reviews for patients with complex, long-term needs and helping them to manage their conditions. They also work closely with the practice team to help with prescription and medication enquiries, supporting the repeat prescription system, dealing with acute prescription requests, and providing expertise in clinical medicines advice and medicines optimisation.

### **First contact physiotherapists**

They are usually physiotherapists with enhanced skills that can help patients with issues such as back, neck and joint pain. By making it easier for patients to see a physiotherapist, they will have quicker access to diagnosis and treatment, helping them to manage their conditions more effectively and recover faster, so they can get back to normal life quickly. They will also help GPs to manage their workload more effectively and reduce the need for onward referrals.

### **Physician associates**

A physician associate is a clinical graduate who, while not a doctor, has the skills and knowledge to help diagnose and manage the treatment and care of patients,

alongside the practice team, under the supervision of an experienced GP. They can provide extra capacity to help with continuity of patient care and help free up consultants to concentrate on more complex cases.

### **Nursing associates**

Nursing associates help bridge the gap between healthcare support workers and registered nurses to deliver hands-on care as part of the nursing team. They allow nurses to focus on more complex clinical work. Nursing associates work with people of all ages and in a variety of settings.

### **Pharmacy technicians**

Pharmacy technicians work alongside the clinical pharmacists and the wider practice team. They help with prescription and medication enquiries, providing safe and effective medicines optimisation as well as ensuring any hospital medication changes are up to date and accurate.

### **Occupational therapists**

Occupational therapists work with people who have difficulties carrying out various day to day activities because of disability, illness, trauma, ageing, and a range of long-term conditions. They help people to get on with their every-day activities and stay in their own homes by providing adaptations.

### **Dietitians**

Dietitians are experts in nutrition. They work with patients to alter their diets based on their medical condition and individual needs. Dietitians advise people and help them make informed and practical choices about their food and nutrition. This could include people with digestive problems, those who want to lose weight, or who need to put on weight after an illness, or people with an eating disorder or a food allergy.

### **Social prescribers**

Sometimes people visit their GPs for issues caused by non-medical things like loneliness, anxiety, debt and unemployment, where a medical prescription is not the best solution. A social prescriber works with patients and their families to help them access a range of local community services that provide practical or emotional support and guidance of a non-medical nature. This helps improve the health and wellbeing of people in the community and allows people to remain independent and live their best lives.

### **Health and wellbeing coaches**

Health and wellbeing coaches engage with people to support them in taking an active role in their health, by providing advice and support. They take a holistic approach, helping people to identify difficulties or issues in all areas of their life and helping them find solutions and lifestyle changes that mean they can lead happy and fulfilled lives. Health and wellbeing coaches can also play a key role in helping to tackle health inequalities.



### **Care co-ordinators**

A care coordinator is a trained health professional that helps to support people's care. They offer a range of support such as monitoring and coordinating treatment plans, help educate people about their condition, connect people with services, and evaluate people's progress.

### **Patient advisors**

Receptionists are trained as patient advisors to ensure you get the right care, from the right person at the right time. Providing them with brief information means they can signpost you accordingly. This can save you time if an appointment is not needed or there are other services that can also support your needs. For example other members of the practice team or community services.

### **Paramedics**

Paramedics work in a variety of roles within a general practice. Their background in pre-hospital care means that they are used to working with people with a variety of health conditions from coughs and minor injuries to more serious conditions such as asthma and heart attacks. They work alongside GPs and help manage routine or urgent appointments, telephone triage (assessment of urgency of illness or injury) and home visits.

## **National developments to support primary care and improve access**

14. In May 2023 the government published its recovery plan for primary care, and it was launched by the Prime Minister during a visit to nearby Southampton. The plan aims to:
  - Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.
  - Implement modern general practice access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
  - Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
  - Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.
15. We are well placed in our area to take forward this plan. Our additional roles in primary care are established and already working to support patients and we are building up better relations with pharmacy providers in light of our newly delegated responsibilities.
16. The Government's recovery plan followed the publication of the Full Report a year earlier in May 2022. Dr Claire Fuller, a practicing GP and Chief Executive for Surrey Heartlands NHS Integrated Care Board, was asked by NHS England and Improvement to carry out a stocktake of primary care.

17. The report set out how systems can accelerate implementation of the primary care, out of hospital care and prevention ambitions in the NHS Long Term Plan and drive more integrated primary, community, and social care services at a local level. The stocktake shares views on how services should develop, as well as setting up short-term next steps. To address health inequalities and improve the health of the local population, it considered how primary care networks can support Integrated Care Systems (ICSs) by bringing key partner organisations together.
18. The report centred on three essential offers it recommends are at the heart of integrating primary care:
- streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
  - providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
  - helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

## Local updates

- **Bury Road Surgery, Gosport**

19. We are pleased to provide an update on the future of Bury Road Surgery. As a reminder, the Hampshire and the Isle of Wight Integrated Care Board wrote to patients in January 2023 to confirm that, just before Christmas, the GP Partner at Bury Road Surgery resigned his contract to deliver General Medical Services. Since that time we have been working with our stakeholders and engaging with the patient community to consider all the options available to the ICB. We are pleased to confirm that we have now successfully approved for Blossom Health Partnership (an existing Partnership of GPs, Nurses and other healthcare professionals already operating in Hampshire) to take on Bury Road Practice from 1st July 2023. This means that the Bury Road Surgery site will continue to offer Primary Care services from this location. Existing staff will be able to remain at the practice should they wish to do so.

- **Merger of Willow Group and Gosport Medical Centre**

20. In April 2023, The Willow Group and Gosport Medical Centre merged to form a single practice. There will be no staff redundancies and all existing sites will remain open for patients. The practice has engaged with its patient population, to address queries raised and showcase all the improvements and services available to patients.

- **Shakespeare Road, Basingstoke**

21. From December 2022 Shakespeare Road Medical Practice has been run by Southern Health NHS Foundation Trust, in collaboration with Hampshire Hospitals NHS Foundation Trust, Solent NHS Trust and North Hampshire Urgent Care. The practice is starting to recruit more staff and making positive improvements.

- **Chineham Medical Centre, Basingstoke**

22. We have been working with Chineham Medical Practice to secure new accommodation. As part of any process to secure new accommodation for primary care, the NHS is required to seek the views of the District Valuer on the proposed lease or purchase of a building. In this case, the District Valuer determined that plans to refurbish and extend Jameson House would not represent value for money to the NHS. We have therefore unable to proceed with this option and are now working closely with our public sector partners to explore alternative, local, accommodation for Chineham Medical Practice.

- **St Clement's Surgery, Winchester**

23. Construction work has now begun for the much-anticipated new St Clements GP surgery in Winchester. The multi-million-pound building is being built on the car park site on the corner of Friarsgate and Upper Brook Street, replacing the current St Clement surgery on Tanner Street. Construction work began in March 2023. The new development will include state-of-the-art accommodation for staff and patients, featuring 15 consulting rooms, 3 treatment rooms, admin facilities and larger reception and waiting areas. The new building also includes an interactive health hub, space for Primary Care Network Services, a Chiropractor plus other ancillary health services. Expansion space has also been built in for additional services to be delivered from the newbuild in the future too.

24. As part of the relocation to a new facility, the NHS and Assura have co-commissioned a study by Wessex AHSN to assess the benefits the new facility will bring, with further research planned once the GPs have moved and are seeing patients. The new building will be delivered to the latest sustainability standards and energy efficient with a BREEAM 'Excellent' rating for its performance. It will have the ability to generate onsite energy through the installation of PV Panels on the roof and is designed with regard to Net Zero Carbon principles.

- **Primary Care Network review, North Hampshire**

25. In 2022 we undertook a review of primary care in the North Hampshire area. This review was conducted following a number of practice mergers and difficulties experienced by primary care colleagues in the area. The review found that patients wanted improved communications with general practice, shorter waits for routine appointments, easier telephone access, a greater emphasis on supporting mental health, and improved relationships between patients and GPs. Since the review,

PCNs have recruited to additional roles to support with appointments including mental health practitioners, as outlined above, patient participation groups have been expanded to have more regular meetings, and wider improvements have been recommended nationally to improve access for same day care. We continue to support practices experiencing difficulties and welcome to moves nationally to further improve this support.

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of meeting:</b>	27 June 2023
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Director of People and Organisation

**Contact name:** Democratic and Member Services

**Tel:** 0370 779 0507

**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	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
<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.</p> <p><b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>									
<b>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	Hampshire and IOW ICS	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update Jan 2023. Requested June 2023.	x				
<b>Integrated Primary Care Access Service</b>	Providing extended access to GP services via GP offices and hubs. (also to incorporate concerns accessing GP appointments)	Living Well Ageing Well Healthier Communities	Both Hampshire ICSs	Presented July 2019, March 2022. Latest update Jan 2023. Requested further update June 2023.	x				
<b>Hampshire Together: Modernising our</b>	To receive information about a new hospital	Starting Well	HH FT and	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec	Joint Committee to continue to monitor progress				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
<b>Hospitals and Health Infrastructure Programme</b>	being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Living Well Ageing Well Healthier Communities Dying Well	Hampshire ICSs	Council established joint committee with SCC. Met Dec 2020, March 2021, Sept 2022. Last update to HASC - July 2022.	as appropriate going forward.				
<b>Building Better Emergency Care Programme</b>	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire ICSs	Presented in July 2020 following informational briefings. Last update rec'd May 2023. Requested update Jan 2024.				x	
<b>Proposal to create an Elective Hub</b>	Spring 2022 notified of plans to create an elective hub to help manage the backlog of elective appointments	Living Well Ageing Well Healthier Communities	HLOW ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide additional theatre space specifically as an elective hub for the Hampshire area. Autumn 2022 – nothing further to note. Defer update to 2023. Next update – Nov 2024.			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
<b>Project Fusion: Recommendation to create a new community and mental health Trust</b>	October 2022 notified of plans to create a joint organisation combining community and mental health services for Hampshire and IOW.		Southern Health FT and Solent NHS Trust	Initial presentation to HASC – Nov 2022. Last update, March 2023.			x		
<b>Andover Community Diagnostic Centre</b>	Expansion of community diagnostic services – opening January 2023.	Starting Well Living Well Ageing Well Healthier Communities	HHFT	Some services opening Autumn 2022 with main opening January 2023. Last update Jan 2023. Requested update 2023.		x?	x?		
<b>Acute Services Partnership</b>	Proposal to bring together senior leadership and clinical teams from IOW Trust and PHU to form a partnership.	Starting Well Living Well Ageing Well Healthier Communities	Portsmouth Hospitals University NHS Trust	First presented at HASC – March 2023. Requested update June 23.		x			



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
<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/ individual Trusts	To await notification on inspection and contribute as necessary.  PHT last report received Jan 2020, update March 2020.  SHFT – latest full report March 2022. Action Plan received May 22. Requested confirmation when all actions completed. Acute mental health wards CQC inspection feedback – to be presented to HASC.  HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Update Nov 22.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
				<p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p> <p>SCAS – inspection re safeguarding concerns reported Feb 22. Update on CQC rating given July 22. Further update on action plan - Nov 22, Mar 23.</p>					
<b>Dental Services</b>	Concern over access to NHS dental	Starting Well Living Well	HLOW ICB	Initial Item heard Nov 2021, written update March 2022. Last		x?			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
	appointments post pandemic			updated Nov 22. No progress with national contracts – Feb 2023 – suggest Chairman to write to Minister.					
<b>Community pharmacies</b>	TBC		HIOW ICB			x?			
<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 department.	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 (January) Transformation savings pre-scrutiny alternate years at Sept meeting.		x		x	
<b>Working Groups – currently none active</b>									
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	Regular performance	Living Well	Hampshire County	For an annual update to come before the					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
	monitoring adult safeguarding in Hampshire.	Healthier Communities	Council Adults' Health and Care	Committee. Last update Nov 2022. Next update due Nov 2023. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)			x		
<b>Health and Wellbeing Board</b>	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	Hampshire County Council Adults' Health and Care	Annual item – normally June/July.			x		
<b>NHS 111</b>	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Both Hampshire ICSs	Updates rec'd – March 2021, Nov 2021, July 2022, Mar 2023.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	27 June 2023	19 Sept 2023	21 Nov 2023	16 Jan 2024	5 March 2024
<b>Development of Integrated Care Systems (ICS)</b>	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well Ageing Well Healthier Communities Dying Well	Both Hampshire ICSs	Updates rec'd - Jan 2022, July 2022, May 2023. Keep on work programme for monitoring. Request further update 2024.					

**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.

This page is intentionally left blank



## Hampshire County Council: Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)

### Glossary of Commonly used abbreviations / acronyms across Health and Social Care

Please note this is not exhaustive and is revised on a regular basis.

<b>AAA</b>	Abdominal Aortic Aneurysm
<b>A&amp;E</b>	Accident and Emergency or Emergency Department (ED)
<b>AMH</b>	Adult Mental Health
<b>AOT</b>	Assertive Outreach Team
<b>AWMH</b>	Andover War Memorial Hospital
<b>AS</b>	Adult Services
<b>BCF</b>	Better Care Fund <i>This is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.</i>
<b>BNHH</b>	Basingstoke and North Hampshire Hospital (part of HHFT)
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CCG</b>	Clinical Commissioning Group <i>A clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area up to June 2022</i>
<b>CHC</b>	Continuing Healthcare
<b>CPN</b>	Community Psychiatric Nurse
<b>CQC</b>	Care Quality Commission <i>The Commission regulate and inspect health and social care services in England.</i>
<b>CX</b>	Chief Executive
<b>DGH</b>	District General Hospital
<b>DH / DoH</b>	Department of Health
<b>DTC</b>	Delayed Transfer of Care
<b>ED</b>	Emergency Department / A&E
<b>ENP</b>	Emergency Nurse Practitioner
<b>F&amp;G</b>	Fareham and Gosport
<b>FHFT</b>	Frimley Health NHS Foundation Trust
<b>FT</b>	Foundation Trust
<b>GP</b>	General Practitioner
<b>G&amp;W</b>	Guildford and Waverley
<b>HASC</b>	Health and Adult Social Care (Select Committee)
<b>HCC</b>	Hampshire County Council
<b>HES</b>	Hospital Episode Statistics
<b>H&amp;IOW</b>	Hampshire and Isle of Wight
<b>HHFT</b>	Hampshire Hospitals NHS Foundation Trust
<b>HWB</b>	Health & Wellbeing Board <i>Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult</i>

	<i>social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health</i>
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICU</b>	Intensive Care Unit
<b>ICB</b>	Integrated Care Board (part of the ICS)
<b>ICP</b>	Integrated Care Partnership (part of the ICS)
<b>ICS</b>	Integrated Care System (came in to force 1 July 2022, replaces CCG as local commissioning structures. Hampshire population included in the 'Hampshire & Isle of Wight ICS' and the 'Frimley ICS')
<b>ICT</b>	Integrated Care Team
<b>IRP</b>	Independent Reconfiguration Panel
<b>JHWS</b>	Joint Health and Wellbeing Strategy
<b>JSNA</b>	Joint Strategic Needs Assessment <i>This document looks at the specific health and wellbeing needs of the local population and highlights areas of inequality. It helps public bodies decide what type of local services to commission.</i>
<b>Local HW</b>	Local HealthWatch <i>An organisation who represents the patient voice in Hampshire. They are commissioned by HCC and conduct research and investigations into patient experience and are part of a parent organisation Healthwatch England.</i>
<b>MHA</b>	Mental Health Act
<b>MIU</b>	Minor Injuries Unit
<b>NED</b>	Non-executive Director
<b>NEH&amp;F</b>	North East Hampshire and Farnham
<b>NHS</b>	National Health Service
<b>NHS FYFP/V</b>	NHS Five Year Forward Plan / View <i>This is a national strategy which sets the direction for better prevention, new models of coordinated and personalised support and for localities to decide for themselves how best to make progress.</i>
<b>NHSE</b>	<i>NHS England NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England. It holds the contracts for GPs and NHS dentists, although some of these are co-commissioned with CCGs.</i>
<b>NHSI</b>	NHS Improvement <i>NHSI is responsible for overseeing all NHS trusts, as well as independent providers that provide NHS-funded care. Its focus is to ensure that patients receive consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It includes the functions previously carried out by Monitor.</i>
<b>NHSP</b>	NHS Property Services
<b>NICE</b>	National Institute for Clinical Excellence <i>This body provides national guidance and advice to improve health and social care outcomes.</i>

<b>NSF</b>	National Service Framework
<b>OAT</b>	Out of Area Treatment
<b>OBC</b>	Outline Business Case
<b>OBD</b>	Occupied Bed Days
<b>OOA</b>	Out of Area
<b>OOH</b>	Out of Hours
<b>OP</b>	Out-patients
<b>OPMH</b>	Older People's Mental Health (services)
<b>PCN</b>	Primary Care Network
<b>PFI</b>	Private Finance Initiative
<b>PH</b>	Public Health
<b>PHE</b>	Public Health England <i>PH England is an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.</i>
<b>PHU</b>	Portsmouth Hospitals University NHS Trust
<b>QAH</b>	Queen Alexandra Hospital, Cosham
<b>QSG</b>	Quality Surveillance Group <i>The aim of this group is to identify risks to quality at as early a stage as possible. They do this by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role.</i>
<b>RHCH</b>	Royal Hampshire County Hospital (part of HHFT)
<b>RTT</b>	Referral to Treatment Time (performance indicator)
<b>S&amp;BP FT</b>	Surrey and Borders Partnership NHS Foundation Trust
<b>SCAS</b>	South Central Ambulance NHS Foundation Trust (Service)
<b>SECAMB</b>	South East Coast Ambulance NHS Foundation Trust
<b>SEH</b>	South Eastern Hampshire
<b>SEN</b>	Special Educational Need
<b>SGH</b>	Southampton General Hospital
<b>SHFT</b>	Southern Health Foundation Trust
<b>SHIP</b>	Southampton, Hampshire, Isle of Wight and Portsmouth
<b>SPFT</b>	Sussex Partnership Foundation Trust (provider of CAMHS)
<b>STP</b>	Sustainability (and) Transformation Plan / Partnership / Programme <i>These local plans aim to achieve the goals of the NHS Five Year Forward to achieve better health, transformed quality of care delivery, and sustainable finances. It is a partnership to improve health and care developed proposals built around the needs of the whole population in the area, not just those of individual organisations.</i>
<b>UHS FT</b>	University Hospital Southampton NHS Foundation Trust
<b>UTC</b>	Urgent Treatment Centre
<b>WCH</b>	Western Community Hospital
<b>WiC</b>	Walk in Centre

This page is intentionally left blank